Fill in this information to identify the case:
Debtor 1 OL Enterprises LLC
Debtor 2 (Spouse, if filing)
United States Bankruptcy Court **Northern District of Illinois**
Case number: **18−30056**

FILED
U.S. Bankruptcy Court
Northern District of Illinois
1/31/2019
Jeffrey P. Allsteadt, Clerk

Official Form 410
Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to $500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) **that you received.**

Part 1: Identify the Claim

1. **Who is the current creditor?**
   University of Chicago Medicine
   Name of the current creditor (the person or entity to be paid for this claim)
   Other names the creditor used with the debtor: Kathy Newton

2. **Has this claim been acquired from someone else?**
   ☑ No
   ☐ Yes. From whom? _____

3. **Where should notices and payments to the creditor be sent?**
   Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?	**Where should payments to the creditor be sent?** (if different)
University of Chicago Medicine	University of Chicago Medicine
Name	Name
LaMantia Law Associates 165 N. Canal Street, Suite 724 Chicago, IL 60606	Patient Financial Accounts 180 Harvester Drive, Suite 200 Burr Ridge, IL 60527
Contact phone 3126237161	Contact phone 3126237161
Contact email lamantia22@gmail.com	Contact email lamantia22@gmail.com

   Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____

4. **Does this claim amend one already filed?**
   ☑ No
   ☐ Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY

5. **Do you know if anyone else has filed a proof of claim for this claim?**
   ☑ No
   ☐ Yes. Who made the earlier filing? _____

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. **Do you have any number you use to identify the debtor?**
- ☑ No
- ☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. **How much is the claim?** $ 168469.18

Does this amount include interest or other charges?
- ☑ No
- ☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. **What is the basis of the claim?**

Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).

Limit disclosing information that is entitled to privacy, such as healthcare information.

Unpaid medical bills on health insurance premiums paid by employee but converted by debtor lapsing insurance.

9. **Is all or part of the claim secured?**
- ☑ No
- ☐ Yes. The claim is secured by a lien on property.

Nature of property:
- ☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410−A) with this *Proof of Claim*.
- ☐ Motor vehicle
- ☐ Other. Describe: _____

Basis for perfection: _____

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: $ _____

Amount of the claim that is secured: $ _____

Amount of the claim that is unsecured: $ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: $ _____

Annual Interest Rate (when case was filed) _____ %
- ☐ Fixed
- ☐ Variable

10. **Is this claim based on a lease?**
- ☑ No
- ☐ Yes. **Amount necessary to cure any default as of the date of the petition.** $ _____

11. **Is this claim subject to a right of setoff?**
- ☑ No
- ☐ Yes. Identify the property: _____

12. **Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?**	☐ No ☑ Yes. *Check all that apply*:	**Amount entitled to priority**
A claim may be partly priority and partly nonpriority. For example, in some categories, the lawl imits the amount entitled to priority.	☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	$
	☐ Up to $2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	$
	☐ Wages, salaries, or commissions (up to $12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	$
	☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	$
	☑ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	$ 168469.16
	☐ Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies	$

* Amounts are subject to adjustment on 4/1/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to $500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157 and 3571.

Check the appropriate box:

- ☐ I am the creditor.
- ☑ I am the creditor's attorney or authorized agent.
- ☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- ☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 1/31/2019

MM / DD / YYYY

/s/ John S. LaMantia

Signature

Print the name of the person who is completing and signing this claim:

Name John S. LaMantia

First name Middle name Last name

Title Attorney at Law

Company LaMantia Law Associates

Identify the corporate servicer as the company if the authorized agent is a servicer

Address 165 N. Canal Street, Suite 724

Number Street

Chicago, IL 60606

City State ZIP Code

Contact phone (312) 623−7161 Email lamantia22@gmail.com

LAMANTIA LAW ASSOCIATES

165 N. CANAL STREET, SUITE 724
CHICAGO, ILLINOIS 60606
TEL. (312) 623-7161
LAMANTIA22@GMAIL.COM

January 29, 2019

Via Regular Mail and Hand Delivery
Jonathan Friedland
Sugar, Felsenthal, Grais & Helsinger, LLP
30 N. LaSalle Street, Suite 300
Chicago, Illinois 60602

RE:	**Our Client:**	**Kathy Newton**
	Insurance:	**Cigna/Paradigm Health**
	Insurance ID:	**P89959555**
	Group:	**PA011**

Dear Mr. Friedland,

Please be advised that our office has been retained as attorneys to represent Ms. Kathy Newton with regard to unpaid medical bills under the above Insurance ID and Group that OL Enterprises, LLC d/b/a HOBO was supposed to be paying with insurance premiums deducted from our client's payroll.

Ms. Newton was an employee at HOBO in Oak Lawn whose insurance premiums were deducted for health insurance under the Cigna/Paradigm Health plan identified above. More than $168,000 in medical bills have been denied insurance coverage by Paradigm. Paradigm has informed our office that your client intentionally failed to pay health insurance premiums and converted the deductions taken from employee's payroll.

This is formal notice that claims are made against OL Enterprises, LLC for all medical expenses for 2017-2018 for Kathy and Greg Newton in the total amount of $168,000. Itemized billing statements will be forwarded at your request.

Please reply to this correspondence to indicate your client's position on paying the outstanding medical bills within 21 (twenty-one) days from the date of this correspondence. If we do not hear from you, we may have no choice but to file suit to protect our client's interest and to notify the Illinois Attorney General, Illinois Department of Labor, Illinois State's Attorney and Illinois Department of Insurance about potential fraudulent conversion and other conduct relating to our client's insurance payments. Please feel free to call me at (312) 623-7161 to discuss.

Sincerely,

John S. LaMantia
Attorney for Mrs. Newton

Account Details

Balance Summary

Outstanding Balance	
$168,469.16	Can't pay all at once? Set up a payment plan and pay **$84,234.58 a month.**

Guarantor Demographics

Account Number #1570095

NEWTON,GREGORY

Address:
4845 W 92ND ST
OAK LAWN IL 60453-1721

Home Phone:
708-227-6970

Mobile Phone:
708-227-6970

Outstanding Balance

0-30 days	31-60 days	61-90 days	91-120 days	Over 120 days	Total
$164,161.16	$0.00	$4,308.00	$0.00	$0.00	$168,469.16

Outstanding Accounts

Patient: Gregory Newton

Description	Charges	Payments / Adjustments	Insurance Balance	Patient Balance

Rad GI Cysto Visit at Radiology-GI-DCAM on Apr 10, 2018				*Account #2002385026*
Hospital Services	2,112.00	-946.17	1,165.83	0.00
Rad GI Cysto Visit at Radiology-GI-DCAM with Scott E Eggener, M.D. from Apr 17, 2018 to Apr 19, 2018				*Account #2002419112*
Hospital Services	2,112.00	-946.17	1,165.83	0.00
Rad Ct Adult No Port Visit at Radiology-CT-MITCHELL on Jun 29, 2018				*Account #2002761208*
Hospital Services	6,099.00	-3,640.94	2,458.06	0.00
Hospital Encounter at Pulmonary Procedure Unit on Jul 5, 2018				*Account #2002761287*
Hospital Services	33,949.54	-25.00	0.00	33,924.54
Rad Ct Chest Abd Visit at Radiology-CT-DCAM on Aug 17, 2018				*Account #2002881729*
Hospital Services	12,270.00	0.00	0.00	12,270.00
Pre Op Visit at Department of Anesthesia and Critical Care on Aug 17, 2018				*Account #5004935340*
Professional Services	668.00	0.00	0.00	668.00
Rad Ct Chest Abd Visit at Radiology-CT-DCAM with Heber MacMahon, M.D. from Aug 17, 2018 to Aug 19, 2018				*Account #5004984038*
Professional Services	782.00	0.00	0.00	782.00
Pre Op Visit at Clinical Laboratories on Aug 17, 2018				*Account #5005045454*
Professional Services	100.00	0.00	100.00	0.00
Admission at CENTER FOR CARE AND DISCOVERY from Aug 23, 2018 to Aug 26, 2018				*Account #2002882042*
Hospital Services	114,399.62	0.00	0.00	114,399.62
Hospital Encounter at CENTER FOR CARE AND DISCOVERY from Aug 23, 2018 to Aug 26, 2018				*Account #5004957928*
Professional Services	20,306.00	0.00	20,306.00	0.00
Anesthesia Visit at UCM Parent Hospital Location on Aug 23, 2018				*Account #5004980277*
Professional Services	3,690.00	0.00	3,690.00	0.00
Hospital Encounter at CENTER FOR CARE AND DISCOVERY from Aug 23, 2018 to Aug 26, 2018				*Account #5004980545*
Professional Services	1,863.00	0.00	0.00	1,863.00

Hospital Encounter at CENTER FOR CARE AND DISCOVERY from Aug 23, 2018 to Aug 26, 2018				*Account #5004983770*
Professional Services	106.00	0.00	0.00	106.00
Hospital Encounter at CENTER FOR CARE AND DISCOVERY from Aug 23, 2018 to Aug 26, 2018				*Account #5004996108*
Professional Services	763.00	0.00	0.00	763.00
Hospital Encounter at CENTER FOR CARE AND DISCOVERY from Aug 23, 2018 to Aug 26, 2018				*Account #5005068136*
Professional Services	20.00	0.00	20.00	0.00
Rad Gmi Pa/Ap/Lat Visit at Radiology-GMI-DCAM on Aug 31, 2018				*Account #2003049207*
Hospital Services	1,073.00	-505.38	567.62	0.00
Rad Gmi Pa/Ap/Lat Visit at Radiology-GMI-DCAM with Alexandra N Funaki, D.O. from Aug 31, 2018 to Sep 2, 2018				*Account #5005020358*
Professional Services	63.00	0.00	0.00	63.00
Rad Gmi Pa/Ap/Lat Visit at Radiology-GMI-DCAM with Mark K Ferguson, M.D. from Sep 28, 2018 to Sep 30, 2018				*Account #2003074920*
Hospital Services	1,073.00	-505.38	567.62	0.00
Rad Gmi Pa/Ap/Lat Visit at Radiology-GMI-DCAM with Heber MacMahon, M.D. from Sep 28, 2018 to Sep 30, 2018				*Account #5005102992*
Professional Services	63.00	0.00	0.00	63.00
Voice Evaluation Visit at Speech & Swallowing on Oct 3, 2018				*Account #2003203142*
Hospital Services	3,567.00	0.00	0.00	3,567.00

Total Outstanding Balance: $168,469.16

Statements

Click on a row to view the statement.

Date	Amount Due
12/31/2018	**$164,927.16**
11/29/2018	$4,308.00

Payments Since Last Statement

Date	Description	Source	Amount
01/13/2019	PATIENT PAYMENT	Check (x06694)	25.00

Total: $25.00

Letters

Click on a row to view the letter.

Date	Account	Description
01/15/2019	2003203142	Billing Letter
01/08/2019	2002761287	Billing Letter
12/26/2018	2002761287	Billing Letter
12/10/2018	2002761287	Billing Letter
12/05/2018	2002882042	Billing Letter

There may be prorated balances on your current statement that are not included in the total.

MyChart® licensed from Epic Systems Corporation © 1999 - 2018

Northern District of Illinois
Claims Register

18-30056 OL Enterprises LLC

Honorable Judge: Jacqueline P. Cox
Chapter: 11
Office: Eastern Division
Last Date to file claims:
Trustee:
Last Date to file (Govt):

Creditor: (27494746) University of Chicago Medicine LaMantia Law Associates 165 N. Canal Street, Suite 724 Chicago, IL 60606	**Claim No: 62** *Original Filed Date*: 01/31/2019 *Original Entered Date*: 01/31/2019	*Status:* *Filed by:* CR *Entered by:* EPoc ADI *Modified:*

Amount claimed: $168469.18
Priority claimed: $168469.16

History:

Details	62-1	01/31/2019	Claim #62 filed by University of Chicago Medicine, Amount claimed: $168469.18 (ADI, EPoc)

Description:

Remarks:

Claims Register Summary

Case Name: OL Enterprises LLC
Case Number: 18-30056
Chapter: 11
Date Filed: 10/25/2018
Total Number Of Claims: 1

Total Amount Claimed*	$168469.18
Total Amount Allowed*	

*Includes general unsecured claims

The values are reflective of the data entered. Always refer to claim documents for actual amounts.

	Claimed	Allowed
Secured		
Priority	$168469.16	
Administrative		