

Fill in this information to identify the case:

Debtor 1 FP Retail Associates LLCDebtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: Northern District of Illinois - Eastern Div

Case number 18-30046**FILED**
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

JAN 22 2019

JEFFREY P. ALLSTEADT, CLERK
TEAM - CA

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?

Alicia Banda

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor _____

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?

Alicia Banda

Name

2208

Number

Northgate Ave

Street

North Riverside

City

IL

State

60546

ZIP Code

Contact phone (708) 703 8004Contact email aliciab1080@yahoo.com

Where should payments to the creditor be sent? (if different)

Name

Number

Street

City

State

ZIP Code

Contact phone

Contact email

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? \$ 319.75 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 health care information.

Unpaid Medical bills even though I was paying monthly insurance premiums AND services were covered under Policy

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 one:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits 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).

\$ _____

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

\$ _____

* Amounts are subject to adjustment on 4/01/19 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

01/17/2019
MM DD YYYY

Signature

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

Name

Alicia
First nameNicole
Middle nameBanda
Last name

Title

Company

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

Address

2208 Northgate Ave.
Number StreetNorth Riverside
CityIL
State60546
ZIP Code

Contact phone

(708) 703-8004

Email

aliciab1080@yahoo.com



651 Campus Drive, Suite 100
New Brighton, MN 55112

1 / 1

Save a stamp! Pay this bill online at:
www.usapayx.com/djo or by scanning the QR code
above.



Alicia Banda
2208 NORTHGATE AVE
NORTH RIVERSIDE, IL 60546-1340

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

☐ Please check box if above address is incorrect or insurance information
has changed and indicate change(s) on reverse side.

Patient Name: Alicia Banda

Prescribing Physician: Colleen Keleher

Date	Billing Code/HCPC Product Description	Charges	Adjustments	Insurance Payments	Patient Payments	Balance Due
03/20/18	L4361 AIRSELECT, SHORT, MEDIUM	319.75	0.00	0.00	0.00	0.00
07/23/18	Invoice total	319.75	0.00	0.00	0.00	319.75
	CIGNA	0.00	0.00	0.00	0.00	319.75

Please Pay This Amount ➡ **\$ 319.75**

During a recent visit to your physician's office, you were prescribed the above product(s). DJO Global provides these products in your physician's office or your home to assist in your recovery. DJO Global has billed your insurance provider and/or Medicare based on the information you and your physician provided at the time of service. The balance indicated is now your responsibility. Prompt payment is appreciated.

If you are unable to pay the balance in full, and would like to explore payment options or if you have any questions regarding this balance, please contact our customer service team at 1-888-225-4398.

You may pay your bill online at www.usapayx.com/djo after entering your account number, shown above, and your date of birth, or by scanning the QR code which will link you to the payment portal. You may also make a payment by phone by calling 1-888-225-4398 and following the automated prompts. If you are making a payment by mail, please use the payment coupon and enclosed return envelope.

****Payment due upon receipt - Thank You****

For any clarification please call 1-888-225-4398 Mon-Fri 7am to 5pm PST

If paying by Mastercard, Discover, Visa or American Express, please fill out below.

<div> </div>		
Card Number	Amount Paid	
Signature	Exp. Date	
Statement Date	Pay This Amount	Account Number
12/02/18	\$319.75	D1533879

Please remit payments to:

DJO, LLC
PO Box 660852
Dallas, TX 75266-0852

0000015338790000000319753

C1D101 - 11715410-000094-01/01-0-0-0

AIRCAST

chaifanooga

CMFV

Compex

djosurgical

DDNDJY

De Comfort

PRO CARE

Fill in this information to identify the case:

Debtor 1 FP Retail Associates LLCDebtor 2
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of Illinois - Eastern Div

Case number 18-30046

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Alicia Banda

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Other names the creditor used with the debtor

2. Has this claim been acquired from someone else?

☒ No☐ Yes: From whom?

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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? \$

2216.00

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 health care information.

Unpaid medical bills even though I was paying monthly Insurance Premiums AND services were covered under Policy.

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.)

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☐ 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. \$ _____

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☒ 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 one:

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☐ 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).

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

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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 01/17/2019
MM / DD / YYYY

Signature

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

Name

Alicia

First name

Nicole

Middle name

Banda

Last name

Title

Company

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

Address

2208

Number

Northgate Ave.

Street

North Riverside

City

IL

State

60546

ZIP Code

Contact phone

(708) 703-8004

Email

aliciab1080@yahoo.com

Account Details

Balance Summary

Outstanding Balance

\$2,216.00

Guarantor Demographics

Account Number #1864829

BANDA,ALICIA N

Address:

2208 NORTHGATE AVE

NORTH RIVERSIDE IL 60546

Home Phone:

708-703-8004

Work Phone:

708-422-9800

Mobile Phone:

708-703-8004

Outstanding Balance

0-30 days	31-60 days	61-90 days	91-120 days	Over 120 days	Total
\$0.00	\$0.00	\$228.00	\$0.00	\$1,988.00	\$2,216.00

Outstanding Accounts

Accounts with Collections Agency

Patient: Alicia N Banda

Description	Charges	Payments / Adjustments	Insurance Balance	Patient Balance
-------------	---------	---------------------------	----------------------	--------------------

Description	Charges	Payments / Adjustments	Insurance Balance	Patient Balance
Hospital Encounter at Loyola Center for Immediate Care at River Forest with Keleher, Colleen, MD on Mar 20, 2018			Account #301039900011	
Hospital Services	600.00	0.00	0.00	600.00
New Patient Visit at GMOP607 ORTHOPAEDICS with Prinz, Paul T., MD on Mar 22, 2018			Account #301039900014	
Professional Services	1,463.00	-75.00	0.00	1,388.00
Visit at GMOP607 RAD DIAGNOSTIC with Schiffman, Kenneth, MD on Apr 5, 2018			Account #301039900018	
Professional Services	114.00	0.00	0.00	114.00
Return Patient Visit at GMOP607 ORTHOPAEDICS with Prinz, Paul T., MD on May 3, 2018			Account #301039900020	
Professional Services	57.00	0.00	0.00	57.00
Visit at GMOP607 RAD DIAGNOSTIC with Schiffman, Kenneth, MD on May 3, 2018			Account #301039900021	
Professional Services	57.00	0.00	0.00	57.00

Current Accounts

Patient: Alicia N Banda

Description	Charges	Payments / Adjustments	Insurance Balance	Patient Balance
Hospital Encounter at Loyola Center for Immediate Care at River Forest with Keleher, Colleen, MD on Mar 20, 2018			Account #301039900012	
Professional Services	282.00	-25.00	257.00	0.00
Return Patient Visit at GMOP607 ORTHOPAEDICS with Shah, Ricki Upendra, MD on Apr 5, 2018			Account #301039900016	
Professional Services	57.00	0.00	57.00	0.00

Accounts with Collections Agency: \$2,216.00

Current Accounts: \$0.00

Total Outstanding Balance: \$2,216.00

Statements

Click on a row to view the statement.

Date

Amount Due

Date	Amount Due
12/17/2018	\$228.00
11/17/2018	\$228.00
10/18/2018	\$228.00
09/18/2018	\$600.00
08/19/2018	\$1,988.00
07/20/2018	\$1,988.00
06/18/2018	\$1,388.00
05/14/2018	\$1,438.00

Payments Since Last Statement

No payments have been made since last statement.

Letters

Click on a row to view the letter.

No letters are available for this account.

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


**LOYOLA
MEDICINE**
*We also treat the human spirit.**

Please Note: Payments are applied to oldest accounts first. If you wish to apply a payment to specific accounts, call Customer Service at 1-800-424-4840 Monday through Friday 8 am to 6 pm or pay online (www.loyolamedicine.org). Please contact Customer Service to request an itemized statement.

We have been unsuccessful in our attempt to obtain payment from you for the above named account. Consequently, this seriously delinquent account is eligible for referral to an outside Collection Agency.

In order to avoid a referral you must pay the balance in full today or contact our customer service department at 1-800-424-4840 to make special payment arrangements. If this matter is not resolved within 30 days, the account will be referred to our Collection Agency.

Thank you for your cooperation in this matter, if payment has been made within the last 30 days please disregard this notice.

GUARANTOR ACCT NUMBER		1864829			
Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Acct #301039900018 Banda,Alicia N Outpatient Schiffman, Kenneth, MD PROVIDER: Schiffman, Kenneth, MD					
04/05/18	IMAGING SERVICES	57.00			
04/05/18	IMAGING SERVICES	57.00			
	Total charges for SCHIFFMAN, KENNETH, MD	114.00			
	Total Charges	114.00			
06/20/18	CIGNA Payments		0.00		
	Patient Balance				114.00
Acct #301039900020 Banda,Alicia N Outpatient Loyola Center for Health at Gottlieb Prinz, Paul T., MD PROVIDER: Lomasney, Laurie M, MD					
05/03/18	IMAGING SERVICES	57.00			
06/20/18	CIGNA Payments		0.00		
	Patient Balance				57.00
Acct #301039900021 Banda,Alicia N Outpatient Schiffman, Kenneth, MD					


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Two Westbrook Corporate Center,Suite 700
Westchester,IL 60154

☐ Please check the box if below address is incorrect or if the insurance information has changed. Indicate the change(s) on the reverse side.

Alicia N Banda
2208 NORTHGATE AVE
NORTH RIVERSIDE, IL 60546

IF PAYING BY CREDIT CARD, PLEASE FILL OUT BELOW.			
<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER		EXP. DATE	
CARD NAME		SIGNATURE	
ACCOUNT NUMBER 1864829	PAYMENT DUE DATE 01/14/19	STATEMENT DATE 12/17/18	
PLEASE PAY THIS AMOUNT \$228.00		AMOUNT PAID HERE \$	

*Make checks payable and remit to:
Loyola University Medical Center
PO Box 3021
Milwaukee, WI 53201-3021

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
PROVIDER: Schiffman, Kenneth, MD					
05/03/18	IMAGING SERVICES	57.00			
06/20/18	CIGNA Payments		0.00		
	Patient Balance				57.00
Balance Due					228.00

Itemized summaries of previous statements will be provided upon request.

**TOTAL AMOUNT
DUE**

\$228.00


**LOYOLA
MEDICINE**
*We also treat the human spirit.**

Please Note: Payments are applied to oldest accounts first. If you wish to apply a payment to specific accounts, call Customer Service at 1-800-424-4840 Monday through Friday 8 am to 6 pm or pay online (www.loyolamedicine.org). Please contact Customer Service to request an itemized statement.

myLoyola INFORMATION:

For your convenience, we offer you online access to pay your bill through myLoyola, our secure patient portal.

Use the code below to activate your account.

MJVMX-JQP38

Expires:9/19/18

How to access your myLoyola

Go to www.loyolamedicine.org

Select the link for myLoyola, then select the link for **New Users**

Enter the above Access Code, the last four digits of your Social Security Number and your Date of Birth

If you are having trouble accessing your account, please email our support team at Myloyolanotify@lumc.edu

GUARANTOR ACCT NUMBER		1864829			
Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
Acct #301039900011 Banda,Alicia N Outpatient RIVER FOREST Keleher, Colleen, MD					
05/18/18	Previous Charges	600.00			
	BCBS Payments		0.00		
	Patient Balance				600.00
Acct #301039900014 Banda,Alicia N Outpatient GOTTLIEB MEMORIAL OUTPATIENT Prinz, Paul T., MD PROVIDER: Prinz, Paul T., MD					
03/22/18	SURGERY	1,238.00			
03/22/18	PROVIDER VISIT	225.00			
	Total charges for PRINZ, PAUL T., MD	1,463.00			
	Total Charges	1,463.00			
05/11/18	CIGNA Payments				
03/22/18	POINT OF SVC COPAY		0.00		
04/05/18	POINT OF SVC COPAY			-25.00	
				-25.00	


**LOYOLA
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*We also treat the human spirit.**

Two Westbrook Corporate Center, Suite 700
Westchester, IL 60154

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Alicia N Banda
2208 NORTHGATE AVE
NORTH RIVERSIDE, IL 60546

IF PAYING BY CREDIT CARD, PLEASE FILL OUT BELOW.			
<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER		EXP. DATE	
CARD NAME		SIGNATURE	
ACCOUNT NUMBER	PAYMENT DUE DATE	STATEMENT DATE	
1864829	09/16/18	08/19/18	
PLEASE PAY THIS AMOUNT		AMOUNT PAID HERE	
\$1,988.00		\$	

*Make checks payable and remit to:
Loyola University Medical Center
PO Box 3021
Milwaukee, WI 53201-3021

1 00200000186482900001988004

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
05/03/18	POINT OF SVC COPAY			-25.00	
	Total Patient Payments and Adjustments			-75.00	
	<u>Patient Balance</u>				<u>1,388.00</u>
<u>Balance Due</u>					<u>1,988.00</u>

Itemized summaries of previous statements will be provided upon request.

**TOTAL AMOUNT
DUE**

\$1,988.00

Northern District of Illinois Claims Register

[18-30046 FP Retail Associates LLC](#)

Honorable Judge: Jacqueline P. Cox

Chapter: 11

Office: Eastern Division

Last Date to file claims:

Trustee:

Last Date to file (Govt):

Creditor: (27467308)

Claim No: 44

Status:

ALICIA BANDA

Original Filed

Filed by: CR

2208 NORTHGATE AVE

Date: 01/22/2019

Entered by: Kimetha Collier

NORTH RIVERSIDE, IL

Original Entered

Modified:

60546

Date: 01/22/2019

Amount claimed: \$319.75

History:

[Details](#) [44-1](#) 01/22/2019 Claim #44 filed by ALICIA BANDA, Amount claimed: \$319.75 (Collier, Kimetha)

Description:

Remarks:

Claims Register Summary

Case Name: FP Retail Associates LLC

Case Number: 18-30046

Chapter: 11

Date Filed: 10/25/2018

Total Number Of Claims: 1

Total Amount Claimed*	\$319.75
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		
Administrative		