

Fill in this information to identify the case:

Debtor 1 Hillcrest Enterprises, LLC

Debtor 2
(Spouse, if filing) _____

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

Case number 18-30047

FILED
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
FEB 04 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?	<u>Physicians Immediate Care - Chicago</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<u>Physicians Immediate Care - Chicago</u> Name _____ <u>PO Box 9799</u> Number _____ Street _____ <u>Carol Stream, IL 60191</u> City _____ State _____ ZIP Code _____ Contact phone <u>815-741-4300</u> Contact email _____	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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on ____ / ____ / ____	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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? \$ 1022.00 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.

Medical Services

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 1/20/2019
MM / DD / YYYY

Signature

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

Name

Jessica Lynn Lipe
First name Middle name Last name

Title

Company

Physicians Immediate Care - Chicago
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

PO Box 8799
Number Street

Carol Stream, IL
City

60197
State ZIP Code

Contact phone

815-741-4300

Email



**Thank you for choosing Physicians
Immediate Care - Chicago for your health
care needs.**

Statement date: 12/19/2018
Account Number: 1121628
Responsible Party: JESSICA LIPE
Due Date: 01/03/2019

REQUEST FOR PAYMENT

Account Summary (All Accounts)

Total Charges	\$ 652.00
Insurance Payments / Adjustments	\$ 0.00
Patient Payments	- \$ 30.00
Insurance Pending	\$ 0.00

AMOUNT YOU OWE \$ 622.00

Your prompt payment is appreciated.

Important Message

The balance provided is your responsibility. Please remit payment promptly. If you have insurance that we have not yet billed, please provide us with your information.

Thank you for your attention to this matter.

Payment and Other Information



To pay online, visit physiciansimmediatecare.com/pay-online/



Payment methods include mail, online and over the phone.



If you need to speak with Patient Services, please call 855-631-4563, M-F 8:00 AM - 6:00 PM EST.

physicians
Immediate Care
Physicians Immediate Care
- Chicago
PO Box 8799
Carol Stream, IL
60197-8799

Pay By Mail

Account #: 1121628

Amount Due	Due Date	Amount Paid
\$ 622.00	01/03/2019	\$



Pay by credit card online at
physiciansimmediatecare.com/pay-online/

Make checks payable to Physicians Immediate Care - Chicago.

004528



PRA002 1187604 604194122
JESSICA LIPE
1706 BURRY CIRCLE DR
CREST HILL, IL 60403-2012



Physicians Immediate Care - Chicago
PO Box 8799
Carol Stream, IL 60197-8799



physicians
immediate care



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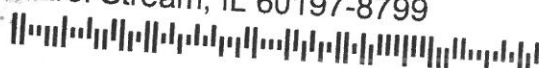


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JESSICA LIPE
1706 BURRY CIRCLE DR
CREST HILL, IL 60403-2012

Physicians Immediate Care - Chicago
PO Box 8799
Carol Stream, IL 60197-8799

004528



Northern District of Illinois Claims Register

[18-30047 Hillcrest Enterprises LLC](#)

Honorable Judge: Jacqueline P. Cox

Chapter: 11

Office: Eastern Division

Last Date to file claims:

Trustee:

Last Date to file (Govt):

Creditor: (27213469)
PHYSICIANS IMMEDIATE CARE-
CHICAGO
BILLING DEPARTMENT
PO BOX 8799
CAROL STREAM, IL 60197

Claim No: 45
Original Filed Date: 02/04/2019
Original Entered Date: 02/04/2019

Status:
Filed by: CR
Entered by: Kevin Lyons
Modified:

Amount claimed: \$622.00

History:

[Details](#) [45-1](#) 02/04/2019 Claim #45 filed by PHYSICIANS IMMEDIATE CARE-CHICAGO, Amount claimed: \$622.00
(Lyons, Kevin)

Description:

Remarks:

Claims Register Summary

Case Name: Hillcrest Enterprises LLC

Case Number: 18-30047

Chapter: 11

Date Filed: 10/25/2018

Total Number Of Claims: 1

Total Amount Claimed*	\$622.00
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		