B 10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT Northern District of Georgia

PROOF OF CLAIM

Name of Debtor: Hutcheson Medical Center, Inc.

Case Number: 14-42863PWB

NOTE: *Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.*

Name of Creditor (the person or other entity to whom the debtor owes money or property): Brinson, Askew, Berry, Seigler, Richardson & Davis, LLP

Name and address where notices should be sent:
Thomas D. Richardson
P.O. Box 5007
Rome, GA 30162-5007

Telephone number: (706) 291-8853 email: trich@brinson-askew.com

COURT USE ONLY

☐ Check this box if this claim amends a previously filed claim.

Court Claim Number: _____ (*If known*)

Filed on: _____

Name and address where payment should be sent (if different from above):

Telephone number: email:

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.

RECEIVED
FEB 17 2015
BMC GROUP

1. Amount of Claim as of Date Case Filed: $101,884.26

If all or part of the claim is secured, complete item 4.

If all or part of the claim is entitled to priority, complete item 5.

☐ Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.

2. Basis for Claim: Legal services
(See instruction #2)

3. Last four digits of any number by which creditor identifies debtor: — — — —

3a. Debtor may have scheduled account as: _____ (See instruction #3a)

3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)

4. Secured Claim (See instruction #4)
Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other
Describe:

Value of Property: $_____

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

Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: $_____

Basis for perfection: _____

Amount of Secured Claim: $_____

Amount Unsecured: $_____

5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.

☐ Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

☐ Wages, salaries, or commissions (up to $12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. §507 (a)(4).

☐ Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5).

☐ Up to $2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507 (a)(7).

☐ Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8).

☐ Other – Specify applicable paragraph of 11 U.S.C. §507 (a)(__).

Amount entitled to priority: $_____

**Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.*

6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)

Hutcheson Med POC
00111

7. Documents: Attached are **redacted** copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 8 has been completed, and **redacted** copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. *(See instruction 7, and the definition of "redacted".)*

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction 8)

Check the appropriate box.

☐ I am the creditor. ☒ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.) ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Thomas D. Richardson
Title: Attorney for Creditor
Company: Brinson, Askew, Berry, et al.
Address and telephone number (if different from notice address above):
P.O. Box 5007
Rome, GA 30162-5007
(706) 291-8853
Telephone number: email: trich@brinson-askew.com

(Signature) 2/11/15 (Date)

Penalty for presenting fraudulent claim: Fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:
Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:
Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:
State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:
State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:
State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:
Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:
If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:
Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).
If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:
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.

7. Documents:
Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:
The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically, or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

Hutcheson Medical Center, Inc.
Chapter 11 Case No. 14-42863PWB

ATTACHMENT TO PROOF OF CLAIM

Prior to filing Chapter 11, Claimant provided legal services to Hutcheson Medical Center, Inc. in connection with various matters. At the time of the bankruptcy filing, Debtor owed Claimant for legal services rendered and expenses advanced on its behalf. The total claim is $101,884.26. As for the breakdown of the claim, the breakdown is reflected in the attachments hereto, relating to the McCauley matter, the Andrea Johnson matter, and various workers comp and other matters.

Tabs3 Detail Accounts Receivable Report
Hutchison Askew, LLC Budget/Billing Rates & Data 3.3C

Primary Timekeeper: 3 R. L. Berry

		0-30	31-60	61-90	91-120	121-150	151+	Total
207080.0001 M Hutcheson Medical Center (10)								
RE: Re: Insured: Hutcheson Medical Center								
Hutcheson Medical Center	Fees	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Business: 706-858-2418	Expenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Business Fax: 706-858-2701	Advances	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E-mail:	Fin Charge	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Open Date: 02/23/2007	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Unapplied Payments:	0.02							-0.02
207080.0007 M Hutcheson Medical Center (7)								
RE: McCauley								
Hutcheson Medical Center	Fees	0.00	0.00	0.00	0.00	0.00	66,747.42	66,747.42
Business: 706-858-2418	Expenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Business Fax: 706-858-2701	Advances	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E-mail:	Fin Charge	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Open Date: 01/11/2008	Total	0.00	0.00	0.00	0.00	0.00	66,747.42	66,747.42
207080 Hutcheson Medical Center (7)	Fees	0.00	0.00	0.00	0.00	0.00	66,747.42	66,747.42
	Expenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Advances	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Fin Charge	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.00	0.00	0.00	0.00	0.00	66,747.42	66,747.42
Unapplied Payments:	0.02							66,747.40
Totals	Fees	0.00	0.00	0.00	0.00	0.00	66,747.42	66,747.42
	Expenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Advances	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Fin Charge	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.00	0.00	0.00	0.00	0.00	66,747.42	66,747.42
Unapplied Payments:	0.02							66,747.40

Tabs3 Detail Accounts Receivable Report
Hutcheson, Askew, Bailey, Sullivan, Richardson & Davis, LLP

Primary Timekeeper: 16 J. A. Davis

		0-30	31-60	61-90	91-120	121-180	181+	Total
207080.0004 M Hutcheson Medical Center								
RE: Pickett, Patricia								
Hutcheson Medical Center	Fees	69.00	0.00	0.00	0.00	1,173.00	34.50	1,276.50
Business 2: 423-265-0541	Expenses	27.87	0.00	0.00	0.00	0.00	0.00	27.87
Business Fax: 678-447-0031	Advances	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E-mail:	Fin Charge	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Open Date: 06/19/2007	Total	96.87	0.00	0.00	0.00	1,173.00	34.50	1,304.37
207080.0011 M AmTrust (4)								
RE: HMC/Young, Gregory vs								
AmTrust	Fees	78.00	0.00	0.00	0.00	287.50	4,069.00	4,434.50
Business: 1-877-638-7876	Expenses	27.87	0.00	0.00	0.00	0.00	74.07	101.94
Business Fax: 678-447-0031	Advances	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E-mail:	Fin Charge	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Open Date: 02/04/2009	Total	105.87	0.00	0.00	0.00	287.50	4,143.07	4,536.44
207080.0015 M Hutcheson Medical Center (2)								
RE: General								
Hutcheson Medical Center	Fees	69.00	0.00	0.00	0.00	0.00	0.00	69.00
Business: 1-877-638-7876	Expenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Business Fax: 678-447-0031	Advances	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E-mail:	Fin Charge	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Open Date: 09/18/2009	Total	69.00	0.00	0.00	0.00	0.00	0.00	69.00
207080.0030 M Hutcheson Medical Center								
RE: Bradley, Shirley vs. Hutcheson Medical Center								
	Fees	0.00	0.00	0.00	0.00	0.00	39.00	39.00
Business:	Expenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Business Fax:	Advances	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E-mail:	Fin Charge	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Open Date: 10/01/2010	Total	0.00	0.00	0.00	0.00	0.00	39.00	39.00
207080.0038 M Hutcheson Medical Center								
RE: Holder, Judy E. v. HMC								
	Fees	0.00	0.00	0.00	0.00	0.00	69.00	69.00
Business:	Expenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Business Fax:	Advances	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E-mail:	Fin Charge	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Open Date: 06/20/2012	Total	0.00	0.00	0.00	0.00	0.00	69.00	69.00
207080.0041 M Hutcheson Medical Center								
RE: Viar, Janice v. HMC								
	Fees	46.00	0.00	0.00	0.00	276.00	14,746.50	15,068.50
Business:	Expenses	27.87	0.00	0.00	0.00	0.00	223.48	251.35
Business Fax:	Advances	0.00	0.00	0.00	0.00	0.00	1,409.52	1,409.52
E-mail:	Fin Charge	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Open Date: 12/14/2012	Total	73.87	0.00	0.00	0.00	276.00	16,379.50	16,729.37
207080.0042 M Hutcheson Medical Center								
RE: Craig, Amanda v. HMC								
	Fees	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Business:	Expenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Business Fax:	Advances	0.00	0.00	0.00	0.00	0.00	29.76	29.76
E-mail:	Fin Charge	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Open Date: 01/18/2013	Total	0.00	0.00	0.00	0.00	0.00	29.76	29.76
207080.0043 M Hutcheson Medical Center								
RE: Harrison, Theresa								
	Fees	34.50	0.00	0.00	0.00	0.00	0.00	34.50
Business:	Expenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Business Fax:	Advances	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E-mail:	Fin Charge	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Open Date: 01/21/2014	Total	34.50	0.00	0.00	0.00	0.00	0.00	34.50
207080.0044 M Hutcheson Medical Center								
RE: Adams, Deadra								
	Fees	0.00	0.00	0.00	517.50	0.00	0.00	517.50
Business:	Expenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Business Fax:	Advances	0.00	0.00	0.00	0.00	0.00	0.00	0.00
E-mail:	Fin Charge	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Open Date: 03/21/2014	Total	0.00	0.00	0.00	517.50	0.00	0.00	517.50
207080 Hutcheson Medical Center	Fees	296.50	0.00	0.00	517.50	1,736.50	18,958.00	21,508.50
	Expenses	83.61	0.00	0.00	0.00	0.00	297.55	381.16
	Advances	0.00	0.00	0.00	0.00	0.00	1,439.28	1,439.28
	Fin Charge	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	380.11	0.00	0.00	517.50	1,736.50	20,694.83	23,328.94
Totals	Fees	296.50	0.00	0.00	517.50	1,736.50	18,958.00	21,508.50
	Expenses	83.61	0.00	0.00	0.00	0.00	297.55	381.16
	Advances	0.00	0.00	0.00	0.00	0.00	1,439.28	1,439.28
	Fin Charge	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	380.11	0.00	0.00	517.50	1,736.50	20,694.83	23,328.94

Tabs3 Detail Accounts Receivable Report
Brinkley, Askew, Berry, Seigler, Richardson & Davis, LLC

Primary Timekeeper: 13 B. G. Speed

		0-30	31-60	61-90	91-120	121-180	181+	Total
206338.0017 M Allied Claims Administration								
RE: Johnson, Andrea vs Hutchoson Medical Center								
	Fees	0.00	0.00	0.00	0.00	0.00	9,249.07	9,249.07
Business:	Expenses	0.00	0.00	0.00	0.00	0.00	73.95	73.95
Business Fax:	Advances	0.00	0.00	0.00	0.00	0.00	460.24	460.24
E-mail:	Fin Charge	0.00	0.00	0.00	0.00	0.00	2,024.66	2,024.66
Open Date: 11/30/2009	Total	0.00	0.00	0.00	0.00	0.00	11,807.92	11,807.92
Totals	Fees	0.00	0.00	0.00	0.00	0.00	9,249.07	9,249.07
	Expenses	0.00	0.00	0.00	0.00	0.00	73.95	73.95
	Advances	0.00	0.00	0.00	0.00	0.00	460.24	460.24
	Fin Charge	0.00	0.00	0.00	0.00	0.00	2,024.66	2,024.66
	Total	0.00	0.00	0.00	0.00	0.00	11,807.92	11,807.92

Northern District of Georgia
Claims Register

14-42863-pwb Hutcheson Medical Center, Inc.

Judge: Paul W. Bonapfel **Chapter:** 11
Office: Rome **Last Date to file claims:**
Trustee: **Last Date to file (Govt):**

Creditor: (18815197)
Brinson,Askew,Berry,Seigler,Richardson&Davis, LLP
P.O. Box 5007
Rome, GA 30162-5007

Amount claimed: $101884.26

Claim No: 101 *Status:*
Original Filed Date: 02/12/2015 *Filed by:* CR
Original Entered Date: 02/12/2015 *Entered by:* Thomas D. Richardson
Modified:

History:

Details	101-1	02/12/2015	Claim #101 filed by Brinson,Askew,Berry,Seigler,Richardson&Davis, LLP, Amount claimed: $101884.26 (Richardson, Thomas)

Description:
Remarks:

Claims Register Summary

Case Name: Hutcheson Medical Center, Inc.
Case Number: 14-42863-pwb
Chapter: 11
Date Filed: 11/20/2014
Total Number Of Claims: 1

Total Amount Claimed*	$101884.26
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		