

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

UNITED STATES BANKRUPTCY COURT Northern District of Georgia		FILED IN CLERK'S OFFICE U.S. BANKRUPTCY COURT NORTHERN DISTRICT OF GEORGIA 2015 MAR 10 AM 9:06 M. REGINA THOMAS CLERK BY [Signature] DEPUTY CLERK COURT USE ONLY
Name of Debtor: Hutcheson Medical Center, Inc.		Case Number: 14-42863
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): Integrated Healthcare Strategies		
Name and address where notices should be sent: Susan McGannon, Exec Vice President 801 W 47th St, Suite 300 Kansas City, MO 64112 Telephone number: 816-795-1947 email: susan.mcannon@ihstrategies.com		<input type="checkbox"/> 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: _____		<input checked="" type="checkbox"/> 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.
1. Amount of Claim as of Date Case Filed: \$ <u>7,463.25</u> 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. <input type="checkbox"/> 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: <u>services performed</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <u>1 0 8 7</u>	3a. Debtor may have scheduled account as: <u>IHS or IHStrategies</u> (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: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____
Value of Property: \$ _____		Basis for perfection: _____
Annual Interest Rate: _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		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.		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> 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).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5).
<input type="checkbox"/> 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).	<input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8).	<input type="checkbox"/> 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



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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 4 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. ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)
(See Bankruptcy Rule 3004.)

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: Susan McGannon
Title: Executive Vice President
Company: Integrated Healthcare Strategies
Address and telephone number (if different from notice address above): _____

Susan McGannon 3/4/2015
(Signature) (Date)

Telephone number: _____ email: _____

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.

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DEFINITIONS**Debtor**

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).

Claim

A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. §506(a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien.

A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. §507(a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION**Acknowledgment of Filing of Claim**

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

[REDACTED]

From: Michele P. Madison [mmadison@mmmlaw.com]
Sent: Wednesday, January 14, 2015 10:45 AM
To: [REDACTED]
Subject: RE: Invoices we billed to Morris & Manning for Hutcheson

[REDACTED]

I did not include the IHS bills on any of our documents. It would have only included the MMM invoices.

Please let me know if I can be of assistance.

Best regards,



Michele P. Madison
Morris, Manning & Martin, LLP
1600 Atlanta Financial Center.
3343 Peachtree Road NE
Atlanta, GA 30326
Direct: 404-504-7621
Fax: 404-365-9532
mmadison@mmmlaw.com

Please consider the environment before printing this email.

For information on Morris, Manning & Martin, LLP, please visit www.mmmlaw.com.

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TREASURY DEPARTMENT CIRCULAR 230 DISCLOSURE: To ensure compliance with requirements imposed by the Treasury Department, we inform you that any U.S. federal tax advice contained in this communication (including any attachments) is not intended or written to be used, and cannot be used, for the purpose of (i) avoiding penalties under the Internal Revenue Code or (ii) promoting, marketing or recommending to another party any transaction or matter addressed herein.

From: [REDACTED]
Sent: Wednesday, January 14, 2015 11:43 AM
To: Michele P. Madison
Subject: Invoices we billed to Morris & Manning for Hutcheson

Hi Michele,

I am completing the Proof of Claim form for the Hutcheson bankruptcy. I need to know if you all included the IHStrategies bills to you that were for Hutcheson in your claim or if I need to include them.

Let me know.

700 West 47th Street
Suite 400
Kansas City, MO 64112



INTEGRATED HEALTHCARE
STRATEGIES™
www.IHStrategies.com

ph: (816) 795-1947
toll free: (800) 821-8481
fx: (816) 795-0301

Roger Forgey
President & CEO
Erlanger at Hutcheson
100 Gross Crescent Circle
Fort Oglethorpe, GA 30742

Invoice #: 20133253
Invoice Date: 05/31/2013
Terms: Net 20
Customer ID: 11087
Purchase Order:

Page 1 of 1

Project Name: Physician Fair Market Value Analysis

Project Number: 122544

	<u>Quantity</u>	<u>Rate</u>	<u>Amount</u>
Per Diem Consulting			
05/09/2013 50000 Comp Plan - Employed Physician C. Stutelberg Work on FMV opinion for [REDACTED] (SAC/Nursing Home)	4.00 hour(s)		1,600.00
05/10/2013 50000 Comp Plan - Employed Physician C. Stutelberg Finalize FMV opinion for [REDACTED] (SAC/Nursing Home)	3.00 hour(s)		1,200.00
Systems & Other Fees			
05/10/2013 54660 Phy Srv Administrative Charges	1.00		196.00

Please Remit to:
INTEGRATED HEALTHCARE STRATEGIES
Department 41173
P.O. Box 650823
Dallas, TX 75265

Invoice Total: 2,996.00

Amount Due: 2,996.00

700 West 47th Street
Suite 400
Kansas City, MO 64112



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fx: (816) 795-0301

Roger Forgey
President & CEO
Erlanger at Hutcheson
100 Gross Crescent Circle
Fort Oglethorpe, GA 30742

Invoice #: 20134210
Invoice Date: 07/23/2013
Terms: Net 20
Customer ID: 11087
Purchase Order:

Page 1 of 1

Project Name: Physician Fair Market Value Analysis

Project Number: 122544

		<u>Quantity</u>	<u>Rate</u>	<u>Amount</u>
Per Diem Consulting				
07/05/2013 54520	Phys Strategic Comp Consulting	S. Rice	3.00 hour(s)	1,275.00
	Conduct analysis of Physician and MLP compensation			
07/08/2013 50530	Compare Phys Comp to Market	S. Rice	2.00 hour(s)	850.00
	Pediatric Neuro Shunt FMV analysis			
Systems & Other Fees				
07/05/2013 54660	Phy Srv Administrative Charges		1.00	89.25
07/08/2013 54660	Phy Srv Administrative Charges		1.00	59.50

Please Remit to:
INTEGRATED HEALTHCARE STRATEGIES
Department 41173
P.O. Box 650823
Dallas, TX 75265

Invoice Total: 2,273.75

Amount Due: 2,273.75



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www.INTEGRATEDHealthcareStrategies.com

Michele Madison
Partner
Morris, Manning and Martin, LLP
1600 Atlanta Financial Center
3343 Peachtree Road, N.E.
Atlanta GA 30326-1044

Invoice # 201401933
Payment Terms Due Upon Receipt
Customer I.D. 46284
Customer P.O.
Invoice Date 04/25/2014

Project Name: Hospitalists (Hutcheson Medical Center)

Project Number: 131144

Hourly Consulting Fees

Activity Date	Work Performed	Consultant	Hrs	Rate	Amount
3/24/2014	General Consulting Services Market data – recommended range	Tony Kouba	1.00	\$300.00	\$300.00

Administrative Fee

Administrative Fee @ 7.00% \$21.00

Please Remit to:
INTEGRATED HEALTHCARE STRATEGIES
Department 41173
PO Box 650823
Dallas, TX 75265

Total Invoice Amount **\$321.00**



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Michele Madison
Partner
Morris, Manning and Martin, LLP
1600 Atlanta Financial Center
3343 Peachtree Road, N.E.
Atlanta GA 30326-1044

Invoice # 201402222
Payment Terms Due Upon Receipt
Customer I.D. 46284
Customer P.O.
Invoice Date 04/30/2014

Project Name: Cardiology (Hutcheson Medical Center)

Project Number: 131145

Hourly Consulting Fees

Activity Date	Work Performed	Consultant	Hrs	Rate	Amount
4/8/2014	Data Analysis Cardiology CPT Analysis	Pete Mitchell	1.00	\$250.00	\$250.00
4/7/2014	General Consulting Services [REDACTED] (Michele) - Cardiology Call Coverage market data/recommendation	Tony Kouba	1.00	\$300.00	\$300.00
4/9/2014	General Consulting Services [REDACTED] (Michele) - Cardiology reads/call	Tony Kouba	2.00	\$300.00	\$600.00

Administrative Fee

Administrative Fee @ 7.00% \$80.50

Please Remit to:
INTEGRATED HEALTHCARE STRATEGIES
Department 41173
PO Box 650823
Dallas, TX 75265

Total Invoice Amount **\$1,230.50**



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Roger Forgey
President & CEO
Hutcheson Medical Center
100 Gross Crescent Circle
Fort Oglethorpe GA 30742

Invoice # 201402930
Payment Terms Due Upon Receipt
Customer I.D. 35932
Customer P.O.
Invoice Date 05/31/2014

Project Name: Internal Medicine (Dr. David Boshardt) FMV Review

Project Number: 131204

Hourly Consulting Fees

Activity Date	Work Performed	Consultant	Hrs	Rate	Amount
4/23/2014	General Consulting Services Recommended payment range /model	Tony Kouba	1.00	\$300.00	\$300.00

Administrative Fee

Administrative Fee @ 7.00% \$21.00

Please Remit to:
INTEGRATED HEALTHCARE STRATEGIES
Department 41173
PO Box 650823
Dallas, TX 75265

Total Invoice Amount **\$321.00**



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Michele Madison
Partner
Morris, Manning and Martin, LLP
1600 Atlanta Financial Center
3343 Peachtree Road, N.E.
Atlanta GA 30326-1044

Invoice # 201406878
Payment Terms Due Upon Receipt
Customer I.D. 46284
Customer P.O.
Invoice Date 09/30/2014

Project Name: Hem/onc (Hutcheson Medical Center)

Project Number: 131146

Hourly Consulting Fees

Activity Date	Work Performed	Consultant	Hrs	Rate	Amount
4/7/2014	General Consulting Services	Tony Kouba	1.00	\$300.00	\$300.00
	(Michele) - Hem/Onc Admin Market data - hourly rate range				

Administrative Fee

Administrative Fee @ 7.00% \$21.00

Please Remit to:
INTEGRATED HEALTHCARE STRATEGIES
Department 41173
PO Box 650823
Dallas, TX 75265

Total Invoice Amount **\$321.00**

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: 05/01/2015

Trustee:

Last Date to file (Govt):

<i>Creditor:</i> (18880106) Integrated Healthcare Strategies Susan McGannon, Exec VP 801 W 47th St., Suite 300 Kansas City MO 64112	Claim No: 118 <i>Original Filed</i> Date: 03/10/2015 <i>Original Entered</i> Date: 03/10/2015	<i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> mrr <i>Modified:</i>
Amount claimed: \$7463.25		

History:

<u>Details</u>	<u>118-1</u>	03/10/2015	Claim #118 filed by Integrated Healthcare Strategies, Amount claimed: \$7463.25 (mrr)
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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*	\$7463.25
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		