Fill in this information to identify the case:

Debtor 1 Hutcheson Medical Center, Inc.

Debtor 2
(Spouse, if filing)

United States Bankruptcy Court **Northern District of Georgia**

Case number: **14-42863**

FILED

U.S. Bankruptcy Court
Northern District of Georgia
1/7/2016

M. R. Thomas, Clerk

Official Form 410
Proof of Claim

12/15

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?

Allegiance Medical Partners LLC

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?

Allegiance Medical Partners LLC

Name

21 Little River Ln
Atkinson, NH 03811

Contact phone 603-515-9970

Contact email matthew@allegiancemedicalpartners.com

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

Name

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?

Hutcheson Med POC
00380

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?

$ 103273.57

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.

Post Petition Administrative Claim Expense for Physician staffing services provided under normal course of business

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*:

A claim may be partly priority and partly nonpriority. For example, in some categories, the lawl imits the amount entitled to priority.

	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 $2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	$
☐ 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).	$
☐ 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	$ 103273.57

* Amounts are subject to adjustment on 4/1/16 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 1/7/2016
MM / DD / YYYY

/s/ Matthew David Raciti
Signature

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

Name: Matthew David Raciti
First name Middle name Last name

Title: Principal

Company: Allegiance Medical Partners LLC
Identify the corporate servicer as the company if the authorized agent is a servicer

Address: 85 Stiles Rd. Suite 203
Number Street
Salem, NH 03811
City State ZIP Code

Contact phone 603–515–9970 Email matthew@allegiancemedicalpartners.com

LOCUM TENENS SERVICES ORDER

1. **Parties:** This Locum Tenens Services Order relates to the Locum Tenens Master Service Agreement dated June 4, 2015 between **Allegiance Medical Partners, LLC** and **Hutcheson Medical Center.** Capitalized terms used herein have the meanings given in the Agreement unless otherwise defined herein.

2. **Specialty and Physician to Provide Services**: **Frezghi Kebreab MD**
HOSPITALIST

3. **Assignment Terms**:

Location: Hutcheson Medical Center
100 Gross Crescent Circle, Fort Oglethorpe, GA 30742

Assignment Term: **Orientation: 5/14**
5/15 – 5/17
5/28 – 5/31
6/8 – 6/14
6/22 – 6/28
7/4 – 7/12
7/20 – 7/26
8/3 – 8/9
8/17 – 8/23
Revision: Adding 7/18 – 7/19
Revision 2: Adding 7/27 – 8/2
All shifts 7a – 7p

Services to be Rendered: **Dr. Frezghi Kebreab** will provide Locum Tenens Coverage for the Hospitalist Service on behalf of Hutcheson Medical Center at the assignment location identified herein, pursuant to the terms and conditions of the Locum Tenens Master Service Agreement and this Locum Tenens Services Order.

4. **Rate Schedule**:

Regular Rate – Weekday $210/ Hrs
Regular Rate – Weekend $210 / Hrs

Overtime Rate – Weekday $315/Hrs
Overtime Rate – Weekend $315/Hrs

5. **Special Terms**: *Overtime rate applies to any hours worked past 12 hours per day.
*Holiday rate at time and half rate applies to July 4

6. **Approved Expenses** – Client is responsible for reimbursing the Agency on behalf of physician expenses for the following:

*Hotel (Residence Inn)
*Rental Car (Mid-sized/Standard as local transportation)
*Airfare (Coach Class/standard)
*Tolls/Parking/Other
*Daily Malpractice Coverage at $6.50 / Hrs

Assignment terms agreed to:

CLIENT:

Hutcheson Medical Center

Date: 6/8/15

By: [signature]
Name:
Title: Administrator of Physician Services

AGENCY:

Allegiance Medical Partners, LLC
85 Stiles Rd. Suite 203
Salem, NH 03079
Phone: 603-515-9970
Fax: 844-206-5026

Date: 6/9/15

By: [signature]
Matthew D Raciti
Director

Please sign and either fax to the Agency at **1-844-206-5026** or email to the Agency at **matthew@allegiancemedicalpartners.com**. This Locum Tenens Services Order will be deemed agreed to when the Client has signed and returned this document by fax or email and the Agency has signed it.

LOCUM TENENS SERVICES ORDER

1. **Parties:** This Locum Tenens Services Order relates to the Locum Tenens Master Service Agreement dated June 11, 2015 between **Allegiance Medical Partners, LLC** and **Hutcheson Medical Center.** Capitalized terms used herein have the meanings given in the Agreement unless otherwise defined herein.

2. **Specialty and Physician to Provide Services: Marvin Lee III, MD**
HOSPITALIST

3. **Assignment Terms**:

Location: Hutcheson Medical Center
100 Gross Crescent Circle, Fort Oglethorpe, GA 30742

Assignment Term: 8/10 – 8/16, 7a – 7p
8/24 – 8/30, 7a – 7p

Services to be Rendered: **Dr. Marvin Lee III** will provide Locum Tenens Coverage for the Hospitalist Service on behalf of Hutcheson Medical Center at the assignment location identified herein, pursuant to the terms and conditions of the Locum Tenens Master Service Agreement and this Locum Tenens Services Order.

4. **Rate Schedule**:

Regular Rate – Weekday $195/ Hrs
Regular Rate – Weekend $195/ Hrs

Overtime Rate – Weekday $292.50/Hrs
Overtime Rate – Weekend $292.50/Hrs

5. **Special Terms**: *Overtime rate applies to any hours worked past 12 hours per day.

6. **Approved Expenses** – Client is responsible for reimbursing the Agency on behalf of physician expenses for the following:

*Hotel (Hampton Inn)
*Rental Car (Mid-sized/Standard as local transportation)
*Tolls/Parking/Other
*IRS approved rate per mile driven by physicians personal vehicle for travel to and from assignment location
*Daily Malpractice Coverage at $6.50 / Hrs

Assignment terms agreed to:

CLIENT:

Date: 6/12/15

Hutcheson Medical Center

By:
Name: Ginger Hullander
Title: Administrator of Physician Operations

AGENCY:

Allegiance Medical Partners, LLC
85 Stiles Rd. Suite 203
Salem, NH 03079
Phone: 603-515-9970
Fax: 844-206-5026

Date: 6/12/15

By: ______________
Matthew D Raciti
Director

Please sign and either fax to the Agency at **1-844-206-5026** or email to the Agency at **matthew@allegiancemedicalpartners.com**. This Locum Tenens Services Order will be deemed agreed to when the Client has signed and returned this document by fax or email and the Agency has signed it.

Allegiance
MEDICAL PARTNERS

TIME SHEET

Physician Name: Frezghi Kebreab

Worksite/Client: Hutcheson medical ctr

Specialty: HOSPITALIST

REGULAR HOURS

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Dates Worked:	7/27	7/28	7/29	7/30	7/31	8/1	8/2
Start Time:	7 am	7 am	7 am	7 am	7 am	7 am	7 am
End Time:	8:30 pm	7 pm	7 pm	7 pm	7 pm	7 pm	7 pm
Total Regular Hours Worked:	12	12	12	12	12	12	12

Total Regular Hours Worked: 84

OVERTIME HOURS

Start Time:							
End Time:							
Total Over Time Hours Worked:	1.5						

Total Overtime Hours Worked: 1.5

PLEASR RETURN TIME SHEET BY NOON EACH MONDAY FOR PROCESSING

Please submit your expense form with receipts for any approved expenses for reimbursement

Personal vehicle used - **Driven From:** __________ **Driven To**: __________ **Total Miles:** ______

For rental car use - Provide total amount for gas costs and include receipts. **Total Gas Cost:** $24.76

8/2/15

Locum Tenens Provider Signature - Date

Authorized Client Approval Signature - Date

Frezghi Kebreab

Print Name

Print Name

By signing above Physician acknowledges the hours are accurate, and client representative agrees with the hours recorded on this time sheet and authorizes billing based on the terms of the contract with Allegiance Medical Partners.

Please fax Time Sheet to 844-206-5026 or email: documents@allegiancemedicalpartners.com

INVOICE

INVOICE # 112
DATE August 3, 2015

85 Stiles Rd. Suite 203
Salem, NH 03079
P: 603-515-9970
F: 844-206-5026

FOR: Dr. Frezghi Kebreab 7/27 – 8/2

TO
Hutcheson Medical Center
100 Gross Crescent Circle
Fort Oglethorpe, GA

Description	Amount
84 Hours worked - regular rate	$17,640
1.5 Overtime Hours worked – time and half	$472.50
85.5 Hours Malpractice reimbursement at 6.50/Hrs	$555.75
Hotel Reimbursement	$0
Rental Car Reimbursement	$0
Gas reimbursement for rental car	$24.76
Airfare Reimbursement	$0
Taxi Fare Reimbursement – Airport Travel	$0
Total	$18,693.01

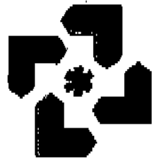
Payment is due per terms of Locum Tenens Master Service Agreement.
If you have any questions concerning this invoice, please contact Matthew Raciti | 603-515-9970

SIGNATURE ________________________ DATE ________________

PRINT NAME ________________________

THANK YOU FOR YOUR BUSINESS!

611.2500



Allegiance
MEDICAL PARTNERS

INVOICE

INVOICE # 113
DATE August 10, 2015

85 Stiles Rd. Suite 203
Salem, NH 03079
P: 603-515-9970
F: 844-206-5026

FOR: Dr. Frezghi Kebreab 8/3 – 8/9

TO

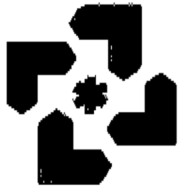
Hutcheson Medical Center
100 Gross Crescent Circle
Fort Oglethorpe, GA

Description	Amount
84 Hours worked - regular rate	$17,640
4 Overtime Hours worked – time and half	$1,260
Hours Malpractice reimbursement at 6.50/Hrs	$572
Hotel Reimbursement: 7/17 – 8/10	$2,926.56
Rental Car Reimbursement: 7/3 – 7/13 and 7/10 – 8/10	$1,822.24
Gas reimbursement for rental car	$25.87
Airfare Reimbursement	$0
Taxi Fare Reimbursement – Airport Travel	$0
Total	$24,246.67

Payment is due on August 26, 2015.
If you have any questions concerning this invoice, please contact Matthew Raciti | 603-515-9970

SIGNATURE [signature] DATE 9/1/2015
PRINT NAME Karen Hopkins

THANK YOU FOR YOUR BUSINESS!



Allegiance
MEDICAL PARTNERS

TIME SHEET

Physician Name: Frezghi Kebreab

Worksite/Client: Hutcheson medical ctr

Specialty: HOSPITALIST

REGULAR HOURS

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Dates Worked:	8/3	8/4	8/5	8/6	8/7	8/8	8/9
Start Time:	7 am	7 am	7 am	7 am	7 am	7 am	7 am
End Time:	7 pm	7 pm	11 pm	7 pm	7 pm	7 pm	7 pm
Total Regular Hours Worked:	12	12	12	12	12	12	12

Total Regular Hours Worked: 84

OVERTIME HOURS

Start Time:							
End Time:							
Total Over Time Hours Worked:			4				

Total Overtime Hours Worked: 4

PLEASR RETURN TIME SHEET BY NOON EACH MONDAY FOR PROCESSING

Please submit your expense form with receipts for any approved expenses for reimbursement

Personal vehicle used - **Driven From:** ____________ **Driven To:** ____________ **Total Miles:** ______

For rental car use - Provide total amount for gas costs and include receipts. **Total Gas Cost:** ______

[signature] 8/9/15
Locum Tenens Provider Signature - Date

[signature] 8/13/15
Authorized Client Approval Signature - Date

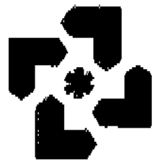
Frezghi Kebreab
Print Name

Angie Hullander
Print Name

By signing above Physician acknowledges the hours are accurate, and client representative agrees with the hours recorded on this time sheet and authorizes billing based on the terms of the contract with Allegiance Medical Partners.

Please fax Time Sheet to 844-206-5026 or email: documents@allegiancemedicalpartners.com

611.2500


Allegiance
MEDICAL PARTNERS

INVOICE

INVOICE # 115
DATE: August 24, 2015

85 Stiles Rd. Suite 203
Salem, NH 03079
P: 603-515-9970
F: 844-206-5026

FOR: Dr. Frezghi Kebreab 8/17 – 8/23

TO
Hutcheson Medical Center
100 Gross Crescent Circle
Fort Oglethorpe, GA

Description	Amount
84 Hours worked - regular rate	$17,640
0 Overtime Hours worked – time and half	
84 Hours Malpractice reimbursement at 6.50/Hrs	$546
Hotel Reimbursement	$975.52
Rental Car Reimbursement	$473.27
Gas reimbursement for rental car	$20.26
Airfare Reimbursement	$353.20
Taxi Fare Reimbursement – Airport Travel	$205
Total	$20,213.25

Payment is due on September 8, 2015.
If you have any questions concerning this invoice, please contact Matthew Raciti | 603-515-9970

SIGNATURE [signature] DATE 9/1/2015
PRINT NAME Kevin Hopkins

THANK YOU FOR YOUR BUSINESS!

Allegiance
MEDICAL PARTNERS

TIME SHEET

Physician Name: Frezghi Kebreab

Worksite/Client: Hutcheson medical ctr

Specialty: HOSPITALIST

REGULAR HOURS

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Dates Worked:	8/17	8/18	8/19	8/20	8/21	8/22	8/23
Start Time:	7 am	7 am	7 am	7 am	7 am	7 am	7 am
End Time:	7 pm	7 pm	7 pm	7 pm	7 pm	7 pm	7 pm
Total Regular Hours Worked:	12	12	12	12	12	12	12

Total Regular Hours Worked: 84

OVERTIME HOURS

Start Time:							
End Time:							
Total Over Time Hours Worked:							

Total Overtime Hours Worked: ___________

PLEASR RETURN TIME SHEET BY NOON EACH MONDAY FOR PROCESSING

Please submit your expense form with receipts for any approved expenses for reimbursement

Personal vehicle used - **Driven From:** ___________ **Driven To:** ___________ **Total Miles:** ______

For rental car use - Provide total amount for gas costs and include receipts. **Total Gas Cost:** $ 20.26

[signature] 8/24/15
Locum Tenens Provider Signature - Date

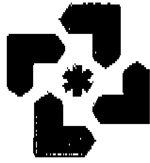
Frezghi Kebreab
Print Name

[signature] 8/28/15
Authorized Client Approval Signature - Date

Angie Hullander
Print Name

By signing above Physician acknowledges the hours are accurate, and client representative agrees with the hours recorded on this time sheet and authorizes billing based on the terms of the contract with Allegiance Medical Partners.

Please fax Time Sheet to 844-206-5026 or email: documents@allegiancemedicalpartners.com



611.2580

INVOICE

INVOICE # 114
DATE: August 21, 2015

85 Stiles Rd. Suite 203
Salem, NH 03079
P: 603-515-9970
F: 844-206-5026

FOR: Dr. Marvin Lee 8/10 – 8/16

TO

Hutcheson Medical Center
100 Gross Crescent Circle
Fort Oglethorpe, GA

Description	Amount
84 Hours worked - regular rate	$16,380
0 Overtime Hours worked – time and half	
84 Hours Malpractice reimbursement at 6.50/Hrs	$546
Hotel Reimbursement	$928.64
Mileage reimbursement to Physician - 492 miles at IRS rate $0.57/mile	$280.44
Total	$18,135.08

Payment is due on September 4, 2015.
If you have any questions concerning this invoice, please contact Matthew Raciti | 603-515-9970

SIGNATURE [signature] DATE September 1, 2015
PRINT NAME Kevin Hopkins

THANK YOU FOR YOUR BUSINESS!

Allegiance
MEDICAL PARTNERS

TIME SHEET

Physician Name: Marvin Lee III

Worksite/Client: Hutcheson Medical Center

Specialty: HOSPITALIST

REGULAR HOURS

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Dates Worked:	08/10/15	08/11/15	08/12/15	08/13/15	08/14/15	08/15/15	08/16/15
Start Time:	7AM	7AM	7AM	7AM	7AM	7AM	7AM
End Time:	7pm	7pm	7pm	7pm	7pm	7pm	7pm
Total Regular Hours Worked:							

Total Regular Hours Worked: 84

OVERTIME HOURS

Start Time:							
End Time:							
Total Over Time Hours Worked:							

Total Overtime Hours Worked: ____________

PLEASR RETURN TIME SHEET BY NOON EACH MONDAY FOR PROCESSING

Please submit your expense form with receipts for any approved expenses for reimbursement

ATL → CHAT 120 miles x 2 = 240

Personal vehicle used - **Driven From:** CHAT → Ft. Ogl ~~Oroude~~ **Driven To:** __________ **Total Miles:** 492

36 miles x 7 = 252

For rental car use - Provide total amount for gas costs and include receipts. **Total Gas Cost:** Ø

Marvin Lee III MD 08/18/15
Locum Tenens Provider Signature - Date

Marvin Lee III
Print Name

Angie Hullander 8/27/15
Authorized Client Approval Signature - Date

Angie Hullander 8/27/15
Print Name

By signing above Physician acknowledges the hours are accurate, and client representative agrees with the hours recorded on this time sheet and authorizes billing based on the terms of the contract with Allegiance Medical Partners.

Please fax Time Sheet to 1-844-206-5026 or email: documents@allegiancemedicalpartners.com

HOMEWOOD SUITES BY HILTON

2250 Center Street • Chattanooga, TN 37421
Phone (423) 510-8020 • Fax (423) 510-9171
Reservations
www.homewood-suites.com or 1-800-CALL-HOME

Name & Address

EE, MARVIN
665 WATERWAY CROSSING SW

ATLANTA, GA 30331
JS

Room	406/KHWN	
Arrival Date	8/9/2015	9:43:00PM
Departure Date	8/17/2015	11:45:00AM
Adult/Child	1/0	
Room Rate	99.00	

RATE PLAN LV7
HH# 642146298 SILVER
AL:
CAR:

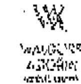
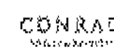
Folio

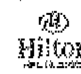
CONFIRMATION NUMBER : 81460181

8/21/2015 PAGE 1

HHONORS HILTON WORLDWIDE

DATE	REFERENCE	DESCRIPTION	AMOUNT
8/9/2015	908337	GUEST ROOM	$99.00
8/9/2015	908337	RM-STATE TAX	$9.16
8/9/2015	908337	RM-OCCUPANCY TAX	$3.96
8/9/2015	908337	RM-CITY TAX	$3.96
8/10/2015	908497	GUEST ROOM	$99.00
8/10/2015	908497	RM-STATE TAX	$9.16
8/10/2015	908497	RM-OCCUPANCY TAX	$3.96
8/10/2015	908497	RM-CITY TAX	$3.96
8/11/2015	908638	GUEST ROOM	$99.00
8/11/2015	908638	RM-STATE TAX	$9.16
8/11/2015	908638	RM-OCCUPANCY TAX	$3.96
8/11/2015	908638	RM-CITY TAX	$3.96
8/12/2015	908759	GUEST ROOM	$99.00
8/12/2015	908759	RM-STATE TAX	$9.16
8/12/2015	908759	RM-OCCUPANCY TAX	$3.96
8/12/2015	908759	RM-CITY TAX	$3.96
8/13/2015	908887	GUEST ROOM	$99.00
8/13/2015	908887	RM-STATE TAX	$9.16
8/13/2015	908887	RM-OCCUPANCY TAX	$3.96
8/13/2015	908887	RM-CITY TAX	$3.96
8/14/2015	909074	GUEST ROOM	$99.00
8/14/2015	909074	RM-STATE TAX	$9.16
8/14/2015	909074	RM-OCCUPANCY TAX	$3.96
8/14/2015	909074	RM-CITY TAX	$3.96



ACCOUNT NO.

CARD MEMBER NAME

ESTABLISHMENT NO. & LOCATION — ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT

CARD MEMBER'S SIGNATURE
X

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND.

DATE OF CHARGE	FOLIO NO./CHECK NO.
	230148 A
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	0.00

PAYMENT DUE UPON RECEIPT - 1.5% PER MONTH INTEREST CHARGE WILL BE APPLIED TO ALL PAST DUE INVOICES.

HOMEWOOD SUITES BY HILTON

2250 Center Street • Chattanooga, TN 37421
Phone (423) 510-8020 • Fax (423) 510-9171
Reservations
www.homewood-suites.com or 1-800-CALL-HOME

Name & Address

EE, MARVIN
865 WATERWAY CROSSING SW

ATLANTA, GA 30331
JS

Room 406/KHWN
Arrival Date 8/9/2015 9:43:00PM
Departure Date 8/17/2015 11:45:00AM

Adult/Child 1/0
Room Rate 99.00

RATE PLAN LV7
HH# 642146298 SILVER
AL:
CAR:

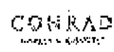
Folio

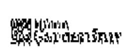
CONFIRMATION NUMBER : 81450181

8/21/2015 PAGE 2

HHONORS
HILTON WORLDWIDE

DATE	REFERENCE	DESCRIPTION	AMOUNT
8/15/2015	909215	GUEST ROOM	$99.00
8/15/2015	909215	RM-STATE TAX	$9.16
8/15/2015	909215	RM-OCCUPANCY TAX	$3.96
8/15/2015	909215	RM-CITY TAX	$3.96
8/16/2015	909347	GUEST ROOM	$99.00
8/16/2015	909347	RM-STATE TAX	$9.16
8/16/2015	909347	RM-OCCUPANCY TAX	$3.96
8/16/2015	909347	RM-CITY TAX	$3.96
8/17/2015	909411	VS *2456	($928.64)
		** BALANCE **	$0.00



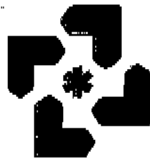


ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO. 230145 A
CARD MEMBER NAME	AUTHORIZATION	INITIAL
ESTABLISHMENT NO. & LOCATION (ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT)	PURCHASES & SERVICES	
	TAXES	
	TIPS & MISC	
CARD MEMBER'S SIGNATURE X	TOTAL AMOUNT	

MERCHANDISE AND/OR SERVICES PURCHASED ON THE CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND.

PAYMENT DUE UPON RECEIPT - 1.5% PER MONTH INTEREST CHARGE WILL BE APPLIED TO ALL PAST DUE INVOICES.

611.25W



Allegiance
MEDICAL PARTNERS

INVOICE

INVOICE # 116
DATE: September 2, 2015

85 Stiles Rd. Suite 203
Salem, NH 03079
P: 603-515-9970
F: 844-206-5026

FOR: Dr. Marvin Lee 8/24 – 8/30

TO
Hutcheson Medical Center
100 Gross Crescent Circle
Fort Oglethorpe, GA

Description	Amount
84 Hours worked - regular rate	$16,380
0 Overtime Hours worked – time and half	
84 Hours Malpractice reimbursement at 6.50/Hrs	$546
Hotel Reimbursement	$1027.12
Mileage reimbursement to Physician - 492 miles at IRS rate $0.57/mile	$280.44
Total	$18,233.56

Payment is due on September 4, 2015.
If you have any questions concerning this invoice, please contact Matthew Raciti | 603-515-9970

SIGNATURE [signature] DATE 9/8/2015
PRINT NAME Kristen Hopkins, [illegible]

THANK YOU FOR YOUR BUSINESS!

Allegiance
MEDICAL PARTNERS

TIME SHEET

Physician Name: Marvin Lee III, MD
Worksite/Client: Hutcheson Medical Center
Specialty: HOSPITALIST

REGULAR HOURS 8/24/15

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Dates Worked:	8/24/15	8/25/15	8/26/15	8/27/15	8/28/15	8/29/15	8/30/15
Start Time:	7A	7A	7A	7A	7A	7A	7A
End Time:	7p	7p	7p	7p	7p	7p	7p
Total Regular Hours Worked:	12	12	12	12	12	12	12

Total Regular Hours Worked: 84

OVERTIME HOURS

Start Time:							
End Time:							
Total Over Time Hours Worked:							

Total Overtime Hours Worked: 0

PLEASR RETURN TIME SHEET BY NOON EACH MONDAY FOR PROCESSING

Please submit your expense form with receipts for any approved expenses for reimbursement

ATL → Chattanooga then Chatt to ATL = 120 x 2 = 240 miles

Personal vehicle used - **Driven From:** Homewood Suites (18mi each way) **Driven To:** Hutcheson Med CTR **Total Miles:** 492

36 miles x 7 days = 252 miles

For rental car use - Provide total amount for gas costs and include receipts. **Total Gas Cost:** ______

Marvin Lee III MD 09/01/15
Locum Tenens Provider Signature - Date

Angie Hullander 9/8/15
Authorized Client Approval Signature - Date

Marvin Lee III, MD
Print Name

Angie Hullander
Print Name

By signing above Physician acknowledges the hours are accurate, and client representative agrees with the hours recorded on this time sheet and authorizes billing based on the terms of the contract with Allegiance Medical Partners.

Please fax Time Sheet to 1-844-206-5026 or email: documents@allegiancemedicalpartners.com

BAKER DONELSON
BEARMAN, CALDWELL & BERKOWITZ, PC

MONARCH PLAZA
SUITE 1600
3414 PEACHTREE ROAD N.E.
ATLANTA, GEORGIA 30326

PHONE: 404.577.6000
FAX: 404.221.6501

www.bakerdonelson.com

KATHLEEN G. FURR
Direct Dial: 404.221.6533
Direct Fax: 404.238.9787
E-Mail Address: kfurr@bakerdonelson.com

November 12, 2015

VIA U.S. MAIL AND EMAIL(matthew@allegiancemedicalpartners.com)

Matthew Raciti
Allegiance Medical Partners, LLC
85 Stiles Road, Suite 203
Salem, NH 03079

Re: Hutchenson Medical Center | Baker Donelson October 2015 Invoice

Dear Matt:

Enclosed please find my firm's invoice for services rendered for the month of October.

Thank you.

Very truly yours,

Kathleen G. Furr

KGF:mb
Enclosure

cc: Jay Buller, Esq. - w/encl. - via Email

BAKER
DONELSON
BEARMAN, CALDWELL
& BERKOWITZ, PC

TAX NO. 62-1047356

MONARCH PLAZA
SUITE 1600
3414 PEACHTREE ROAD N.E.
ATLANTA, GA 30326
PHONE: 404.577.6000
FAX: 404.221.6501

www.bakerdonelson.com

SUMMARY

Allegiance Medical Partners
85 Stiles Road
Suite 203
Salem, NH 03079

November 12, 2015
Bill No.8140742
Client/Matter: 2935039.000001

KGF

Client: Allegiance Medical Partners
Matter: Hutchenson Medical Center

Current Professional Services Rendered	$	3,048.00
TOTAL AMOUNT DUE	$	3,048.00

ITEMIZED FEES

DATE	TKPR	DESCRIPTION	BILLED RATE	HOURS	AMOUNT
10/08/15	KGF	Initial review of client file and bankruptcy docket and email to Matthew Raciti outlining the same	435.00	1.70	739.50
10/09/15	KGF	Emails to/from Matthew Raciti regarding administrative claim arguments and review Locum Tenens Services Order (.2); Telephone call and email with Ron Glass regarding outstanding balance and administrative claim argument (1.2); Telephone call with Matthew Raciti regarding call with Ron Glass and email to Matthew Raciti regarding the same (.4)	435.00	1.80	783.00
10/13/15	KGF	Telephone call with Matthew Raciti regarding status of response from Chapter 11 trustee	435.00	0.30	130.50
10/15/15	KGF	Emails to/from Matthew Raciti regarding settlement negotiations with Chapter 11 Trustee and follow up email with Chapter 11 Trustee	435.00	0.20	87.00
10/16/15	KGF	Telephone call and voicemail from Hayden Kepner regarding status of documentation review, email to Matthew Raciti outlining update on the same and outlining recommendation regarding Motion for Payment of Administrative Expenses and review Rule 2002 of the Federal Rules of Bankruptcy Procedure for response deadline on Motion for Payment of Administrative Expenses (.4); Telephone call with Matthew Raciti regarding Motion for Payment of Administrative Expenses (.3)	435.00	0.70	304.50

DATE	TKPR	DESCRIPTION	BILLED RATE	HOURS	AMOUNT
10/19/15	KGF	Email to Melissa Walton outlining notices of appearance request and initial review of Motion to Sell, Notice of Hearing on Motion to Sell and Motion to Dismiss (.2); Email to Matthew Raciti enclosing the same and Telephone call with Matthew Raciti regarding the same (.2); Review and revise notice of appearances for Kathleen Furr and Kevin Stine (.1)	435.00	0.50	217.50
10/19/15	MHW	Assist attorney with preparation of draft notice of appearance for bankruptcy Chapter 11 case for Kevin Stine and Katy Furr	220.00	0.70	154.00
10/20/15	MHW	Assist attorney with final draft and filing of notice of appearance for bankruptcy Chapter 11 case for Kevin Stine and Katy Furr	220.00	0.50	110.00
10/22/15	KGF	Telephone call with Matthew Raciti regarding strategy for phone call with the trustee's counsel on unpaid invoices	435.00	0.10	43.50
10/23/15	KGF	Review articles forwarded by client regarding status of bankruptcy sale (.1); Telephone calls to Ron Glass (Chapter 11 Trustee) and Ron Glass' counsel regarding status of administrative claim payment (.2)	435.00	0.30	130.50
10/26/15	KGF	Review voicemail from Ron Glass (Chapter 11 Trustee) regarding administrative claim expense and email to Matthew Raciti (.1); Telephone calls with Matthew Raciti regarding strategy for proceeding with administrative claim (.4); Email to Ron Glass requesting conference call and telephone call with Ron Glass regarding payment status (.2)	435.00	0.70	304.50
10/27/15	KGF	Emails to/from Matthew Raciti regarding settlement discussion with Ron Glass	435.00	0.10	43.50
		TOTAL CURRENT FEES		7.60	$ 3,048.00

TOTAL CURRENT AMOUNT DUE $ 3,048.00

BAKER
DONELSON
BEARMAN, CALDWELL
& BERKOWITZ, PC

TAX NO. 62-1047356

MONARCH PLAZA
SUITE 1600
3414 PEACHTREE ROAD N.E.
ATLANTA, GA 30326
PHONE: 404.577.6000
FAX: 404.221.6501

www.bakerdonelson.com

REMITTANCE

Allegiance Medical Partners
85 Stiles Road
Suite 203
Salem, NH 03079

November 12, 2015
Bill No.8140742
Client/Matter: 2935039.000001

KGF

Client: Allegiance Medical Partners
Matter: Hutchenson Medical Center

Current Professional Services Rendered	$	3,048.00
TOTAL AMOUNT DUE	$	3,048.00

TO MAKE A PAYMENT WITH A CREDIT CARD OR TO WIRE FUNDS PLEASE VISIT WWW.BAKERDONELSON.COM/PAYMENT

CLEVELAND, WATERS AND BASS, P.A.
ATTORNEYS AT LAW
TAX ID 02-0417574

October 15, 2015
INVOICE

MATTHEW RACITI
21 LITTLE RIVER LANE
ATKINSON, NH 03811

Client# 20031 00001
Invoice# 105836 DKF
Billing through 09/30/2015

ACCOUNT SUMMARY

CURRENT CHARGES

Total Services (details follow)	$704.00	
Total Expenses (details follow)	$0.00	
TOTAL CURRENT CHARGES		$704.00

TOTAL BALANCE NOW DUE; PLEASE PAY THIS AMOUNT

DETAIL OF CURRENT CHARGES

GENERAL BUSINESS

Date	ID	Services	Hours
09/02/2015	DKF	REVIEW FORM CONTRACTS AND TELEPHONE CONFERENCE WITH MR. RACITI.	0.75
09/03/2015	DKF	REVIEW AND EDIT EMAIL TO DOCTOR RE HUTCHESON CIRCUMSTANCES; TELEPHONE CONFERENCE WITH MR. RACITI RE SAME; EMAIL RE NEW CONTRACT LANGUAGE.	0.75
09/08/2015	MSD	TELEPHONE CONFERENCE WITH CLIENT RE CLAIMS IN CHAPTER 11 BANKRUPTCY CASE; PROCEDURES TO GET PRIORITY STATUS; OBTAIN INFORMATION.	0.50
09/09/2015	DKF	TELEPHONE CONFERENCE WITH MR. RACITI RE COLLECTION ISSUES.	0.25
09/15/2015	MSD	TELEPHONE CONFERENCE WITH CLIENT AND POTENTIAL COUNSEL IN GEORGIA FOR FILING BANKRUPTCY CLAIM - MOTION.	0.10

RACITI, MATTHEW **Invoice# 105836**

TOTAL SERVICES FOR THIS MATTER: $704.00

TIMEKEEPER SUMMARY

		Hours
MSD	DERBY, MARK S.	0.60
DKF	FRIES, DAVID K.	1.75

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:** 03/07/2016
Trustee: Ronald L. Glass	**Last Date to file (Govt):**

Creditor: (19590229) Allegiance Medical Partners LLC 21 Little River Ln Atkinson, NH 03811	**Claim No: 187** *Original Filed Date*: 01/07/2016 *Original Entered Date*: 01/07/2016	*Status:* *Filed by:* CR *Entered by:* ePOC *Modified:*

Amount	claimed:	$103273.57	
Priority	claimed:	$103273.57	

History:

Details	187-1	01/07/2016	Claim #187 filed by Allegiance Medical Partners LLC, Amount claimed: $103273.57 (ePOC)

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*	$103273.57
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	$103273.57	
Administrative		