

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF GEORGIA
ROME DIVISION

IN RE:) CHAPTER 11
)
HUTCHESON MEDICAL CENTER, INC.) Jointly Administered Under
and HUTCHESON MEDICAL DIVISION,) CASE NO. 14-42863-pwb
INC.,)
)
Debtors.)

**REQUEST FOR ALLOWANCE AND PAYMENT OF
ADMINISTRATIVE EXPENSE CLAIM PURSUANT TO 11 U.S.C. § 503**

COMES NOW the claimant identified below and hereby requests the allowance of an administrative expense claim pursuant to Section 503 of the Bankruptcy Code, arising from November 20, 2014 through November 20, 2015, showing the following:

CLAIMANT'S NAME AND ADDRESS: Tamatha N. Cole
398 Guyler St.
Ringgold, GA 30736

Amount of 11 U.S.C. § 503 Administrative Expense \$ 964.57

1. The undersigned holds an administrative expense claim pursuant to 11 U.S.C. § 503 in the amount identified above against the following Debtor identified in these bankruptcy cases:

- Hutcheson Medical Center, Inc.
- Hutcheson Medical Division, Inc.

2. The consideration for this debt (or ground for this liability owed by the Debtor is as follows:

Unpaid insurance claims while insurance premiums were deducted from pay check. And, it appears 401K/403B loan payments taken out of my pay check were not forwarded to Valic.

3. The administrative expense is entitled to administrative priority under 11 U.S.C. § 503(b) and 11 U.S.C. § 507(a)(2) because:

I believe this is subject to priority because it is part of the employees' benefit plan and covered under ERISA.

RECEIVED

MAR 02 2016

BMC GROUP

Hutcheson Med POC
00416

4. A copy of the writing (invoice, purchase order, lease agreement, etc.) on which the administrative expense is founded, if any, is attached hereto or cannot be attached for the reason set forth in the statement attached hereto.

5. The amount of all payments on the administrative expense have been credited and deducted for the purpose of making this request.

6. The undersigned is aware that under 18 U.S.C. §§ 152 and 3571, the penalty for presenting a fraudulent claim in a bankruptcy case includes a fine of up to \$500,000 or imprisonment for up to five years, or both.

WHEREFORE, the undersigned requests that the Court allow the administrative expense or expenses requested herein, to be paid in accordance with the priorities set forth in the Bankruptcy Code and based upon availability of funds.

Dated: 2/29/16

Name of Claimant: Tamatha N. Cole

Signed: Tamatha N. Cole

By (if appropriate): _____

As Its (if appropriate): _____

INSTRUCTIONS:

Mail the completed form by March 7, 2016, to the Clerk, United States Bankruptcy Court, Northern District of Georgia, Room 339, 600 East First Street, Rome, Georgia 30161, with a copy served on Trustee's Claims Agent: (i) if by overnight or hand delivery: BMC Group, Attn: Hutcheson Medical Center, Inc. Claims Processing, 300 Continental Blvd., #570, El Segundo, CA 90245; (ii) if by first class mail: BMC Group, Attn: Hutcheson Medical Center, Inc. Claims Processing, PO Box 90100, Los Angeles, CA 90009.

Pre-Bankruptcy

Unpaid Medical Bills for Tamatha N. Cole Hutcheson Medical Center

From 8-21-2014 through 11-12-2014

Amount billed to insurance \$13,934.00

Contracted amount insurance should have paid \$4,924.58

Total Amount = \$4, 924.58

Post-Bankruptcy

Unpaid Medical Bills for Tamatha N. Cole Hutcheson Medical Center

From 11-26-2014 through 9-29-2015

→ Amount billed to insurance \$2,450.00

→ Contracted amount insurance should have paid \$833.45

**Unpaid 401K/403B Loan Payments, deducted from my check
but it appears not forwarded to Valic**

→ Two payments were outstanding @\$65.56 each = \$131.12

Total Amount = \$ 964.57

Some medical bills may be outstanding.



P.O. Box 15648
Amarillo, TX 79105

VALIC.com

October 23, 2015

#BYNSGYF
Tamatha N Cole
398 Guyler St
Ringgold, GA 30736

RE: Group: [REDACTED]
Account: [REDACTED]

Dear Tamatha N Cole:

This letter concerns your enrollment in the VALIC electronic loan payment program for the above referenced account.

Your loan payment will begin on October 23, 2015 in the amount of \$196.68. Payments will be paid to your VALIC account one-time, as you requested. You will be notified if your financial institution denies our request to transfer your funds.

We understand how important financial security during retirement is to you. In fact, helping employees get one step closer to that goal has been our business for more than half a century. We look forward to serving your long-term retirement income needs. If you have questions please call our Contact Center at 1-800-448-2542.

Sincerely,

Contact Center

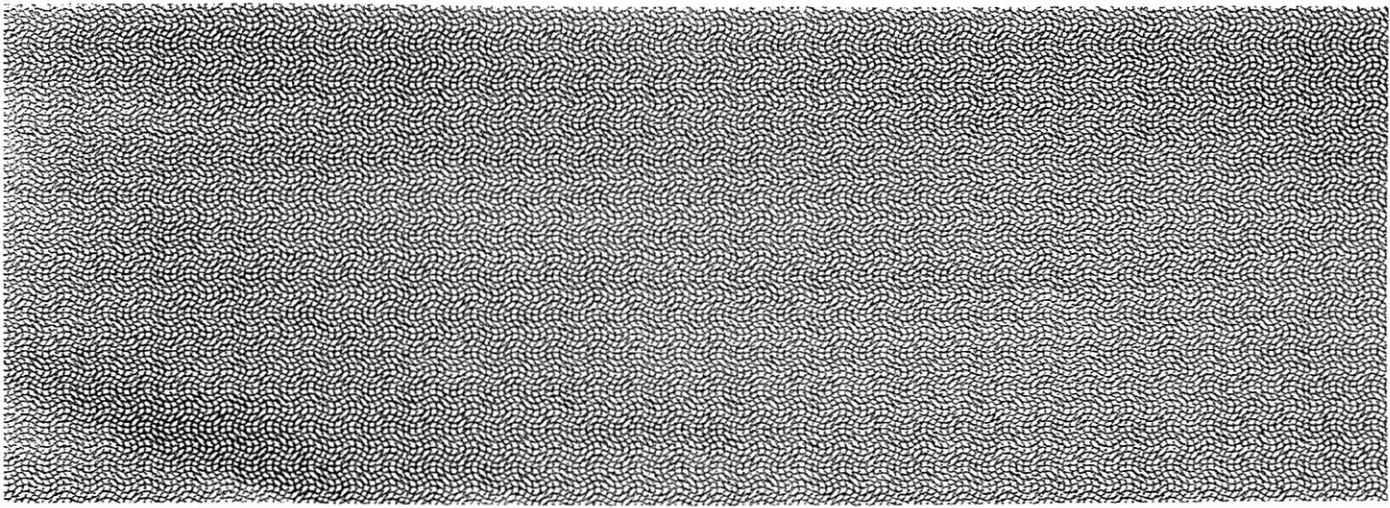
Valic made me pay a lump sum payment of \$196.68 before they would set up payment arrangements on 401K/403B Loan. Hutcherson was deducting payments out of ~~my~~ my paycheck. It was a new loan, so two payments were deducted and it appears not forwarded to Valic

EMPLOYEE NAME		EMPLOYEE ID	DEPT	POSITION	BASE RATE	BEGIN DATE	END DATE	
TAMATHA N COLE		9014343	909	000131	[REDACTED]	09/13/15	9/26/15	
DESCRIPTION	SHIFT	HOURS	RATE	EARNINGS Y-T-D	CHECK DATE	CHECK NUMBER		
Regular		64.00	[REDACTED]	[REDACTED]	10/02/15	1580397		
EARNINGS				TAX WITHHOLDINGS				
DESCRIPTION	HOURS	RATE	S	CURRENT	Y-T-D	DESCRIPTION	CURRENT	Y-T-D
REGULAR	40.00	[REDACTED]		[REDACTED]	[REDACTED]	FED	[REDACTED]	[REDACTED]
REGULAR	24.00	[REDACTED]		[REDACTED]	[REDACTED]	FICA	[REDACTED]	[REDACTED]
REGULAR TOTAL	64.00			[REDACTED]	[REDACTED]	STATE	[REDACTED]	[REDACTED]
OVERTIME TOTAL				[REDACTED]	[REDACTED]	COUNTY		
SHIFT TOTAL				[REDACTED]	[REDACTED]	CITY		
PFO TOTAL				[REDACTED]	[REDACTED]	DISABILITY		
HOLIDAY TOTAL				[REDACTED]	[REDACTED]	EIC		
OTHER TOTAL				[REDACTED]	[REDACTED]	EMPLOYEE SUTA		
TOTAL TAXABLE				[REDACTED]	[REDACTED]	TOTAL TAX WITHHOLDING	538.28	14664.63
BENEFITS				VOLUNTARY WITHHOLDINGS				
DESCRIPTION	CURRENT	REMAINING	Y-T-D	DESCRIPTION	CURRENT	Y-T-D		
SICK				MED-EE	42.69	853.80		
PTO	7.38	180.71		AFLAC	21.96	230.58		
				AD&D-100,000	1.20	24.00		
				NORTH GA COMMON		204.00		
				FOUNDATION-GENE		190.00		
				STD	16.62	332.40		
				EMPLOYEE SUPPLE	6.90	138.00		
				UNIVERSAL LIFE	32.82	344.61		
				LONG TERM DISAB	18.93	378.60		
				THE HUTCH		230.29		
				HMC PHARMACY		147.67		
				LOAN REPAY/401A	65.56	131.12		
DIRECT DEPOSIT								
DESCRIPTION	ACCOUNT NUMBER	AMOUNT						
				TOTAL VOL WITHHOLDING	[REDACTED]	[REDACTED]		
				TOTAL WITHHOLDINGS	[REDACTED]	[REDACTED]		
				TOTAL FEDERAL PRE-TAX	[REDACTED]	[REDACTED]		
				NET PAY	[REDACTED]	[REDACTED]		

Health Insurance Premiums Post Bankruptcy

Loan Repayment

**> 0001 1580397 TAMATHA N COLE 9014343 9/26/15 REMOVE DOCUMENT ALONG THIS PERFORATION



February 29, 2016

United States Bankruptcy Court
Attn: Court Clerk
Northern District of Georgia, Room 339
600 East First Street
Rome, GA 30161

To Whom It May Concern:

Enclosed are two separate claim forms regarding Hutcheson Medical Center. The first claim form is for unpaid medical expenses prior to the bankruptcy filing and the second claim form is for post-bankruptcy medical expenses and unpaid 401K/403B loan payments, which were deducted from my paycheck after bankruptcy was filed. I understand that the filing deadline for pre-bankruptcy claims has passed, but I am filing the claim as a matter of record.

I reserve my rights to protection under the U.S. Department of Labor's proof of claims for the employees' health insurance plan and 401K/403B retirement plan (pre and post-bankruptcy).

Please note, documents supporting the proof of claim for my medical bills are protected under the Health Insurance Portability and Accountability Act of 1996 (HIPPA) and have not been enclosed. I will be glad to provide these confidential documents to the trustee upon request.

In addition, claims for my medical expenses do not have to be paid directly to me but can be paid directly to my medical providers.

Sincerely,



Tamatha N. Cole

Cc: BMC Group
Attn: Hutcheson Medical Center, Inc. Claims Processing
PO Box 90100
Los Angeles, CA 90009