

UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM
Name of Debtor: <b>Hutcheson Medical Center</b>	Case Number: <b>14-42863</b>	<b>RECEIVED</b>  <b>MAR 02 2016</b>  <b>UAC GROUP</b>  <b>COURT USE ONLY</b>
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): <b>Tamatha N. COLE</b>		<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 notices should be sent: <b>Tamatha N. COLE</b> <b>398 Guyler St., Ringgold, GA 30736</b>		
Telephone number: <b>423-667-3035</b>	email:	
Name and address where payment should be sent (if different from above):		<input 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.
Telephone number:	email:	
1. Amount of Claim as of Date Case Filed: <b>\$ 4,924.58</b> 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: <b>Unremitted employee contributions</b> (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: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:  Value of Property: \$ _____  Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> 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.		
<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 checked="" 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)(____).
*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		Amount entitled to priority: <b>\$ 4,924.58</b>
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)		

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: Tamatha N. COLE
Title:
Company:
Address and telephone number (if different from notice address above):
Telephone number: email:

Signature: Tamatha N. Cole Date: 2/29/16

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...
Creditor's Name and Address: Fill in the name of the person or entity asserting a claim...
1. Amount of Claim as of Date Case Filed: State the total amount owed to the creditor...
2. Basis for Claim: State the type of debt or how it was incurred...
3. Last Four Digits of Any Number by Which Creditor Identifies Debtor: State only the last four digits...
3a. Debtor May Have Scheduled Account As: Report a change in the creditor's name...
3b. Uniform Claim Identifier: If you use a uniform claim identifier, you may report it here...
4. Secured Claim: Check whether the claim is fully or partially secured.

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...
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...
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...
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.

## 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**

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## 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.

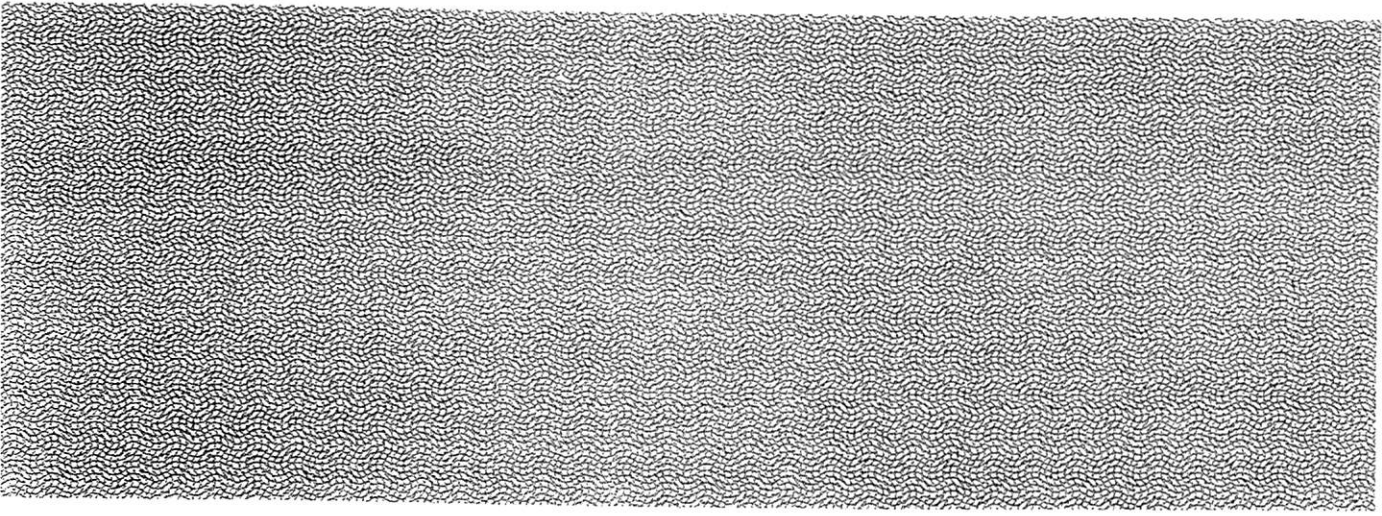
EMPLOYEE NAME		EMPLOYEE ID	DEPT	POSITION	BASE RATE	BEGIN DATE	END DATE	
TAMATHA N COLE		9014343	909	000131		11/09/14	11/22/14	
DESCRIPTION	SHIFT	HOURS	RATE	EARNINGS Y-T-D	CHECK DATE	CHECK NUMBER		
Regular		80.00			11/28/14	1565478		
EARNINGS				TAX WITHHOLDINGS				
DESCRIPTION	HOURS	RATE	S	CURRENT	Y-T-D	DESCRIPTION	CURRENT	Y-T-D
REGULAR	72.00					FED		
REGULAR TOTAL	72.00					FICA		
OVERTIME TOTAL						STATE		
SHIFT TOTAL						COUNTY		
VACATION	8.00					CITY		
PTO TOTAL	8.00					DISABILITY		
HOLIDAY TOTAL						EIC		
OTHER TOTAL						EMPLOYEE SUTA		
TOTAL TAXABLE						TOTAL TAX WITHHOLDING		
VOLUNTARY WITHHOLDINGS								
DESCRIPTION	CURRENT			Y-T-D				
403B EE CONT FL				1400.00				
HEALTH FLEX (FS)	76.92			1846.08				
MED-EE	42.69			1024.56				
VISION EE	2.95			70.80				
DENTAL EE	13.21			317.04				
AFLAC	10.98			263.52				
AD&D-100,000	1.20			28.80				
CREDIT UNION	102.00			1530.00				
FOUNDATION-GENE	10.00			240.00				
HMC PHARMACY	45.00			718.80				
STD	15.58			373.92				
EMPLOYEE SUPPLE	6.90			165.60				
UNIVERSAL LIFE	16.41			393.84				
LONG TERM DISAB	18.93			454.32				
THE HUTCH				29.38				
BENEFITS								
DESCRIPTION	CURRENT	REMAINING	Y-T-D					
SICK								
PTO	9.23	207.50						
DIRECT DEPOSIT								
DESCRIPTION	ACCOUNT NUMBER	AMOUNT						
TOTAL VOL WITHHOLDING								
TOTAL WITHHOLDINGS								
TOTAL FEDERAL PRE-TAX								
NET PAY								

Health Insurance Premiums Pre-Bankrupt

\*\*> 001 1565478 TAMATHA N COLE

9014343 11/22/14

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