B10 (Official Form 10) (04/13)

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| UNITED STATES BANKRUPTCY COURT | | PROOF OF CLAIM | | | | |
|---|---|---|--|--|--|--|
| Name of Debtor: | Case Number: | | | | | |
| Hutcheson Medical Center | 14-42863 | RECEIVED | | | | |
| NOTE: Do not use this form to make a claim for an administrative expense that arises of may file a request for payment of an administrative expense according to | after the bankruptcy filing. You | MAR 02 2016 | | | | |
| Name of Creditor (the person or other entity to whom the debtor owes money or property | AC GROUP | | | | | |
| Tamatha N. COLE | Tamatha N. COLE | | | | | |
| Name and address where notices should be sent: Tamatha N. COLE | Check this box if this claim amends a previously filed claim. | | | | | |
| 398 Guyler St., Ringgold, GA | Court Claim Number: | | | | | |
| Telephone number: 423-667 - 3035 | Filed on: | | | | | |
| Name and address where payment should be sent (if different from above): | 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: 5 4 9 24 | 50- | | | | | |
| 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 princip | bal amount of the claim. Attach a | statement that itemizes interest or charges. | | | | |
| 2. Basis for Claim: Un remitted employee or (See instruction #2) | ontribution | 5 | | | | |
| 3. Last four digits of any number by which creditor identifies debtor: | 3a. Debtor may have scheduled account as: 3b. Uniform Claim Identi | | | | | |
| (See instruction #3a) | (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. | Amount of arrearage and (included in secured claim, | other charges, as of the time case was filed, if any: S | | | | |
| Nature of property or right of setoff: OReal Estate OMotor Vehicle OOther Describe: | Basis for perfection: | | | | | |
| Value of Property: S | Amount of Secured Claim | : \$ | | | | |
| Annual Interest Rate% OFixed or OVariable (when case was filed) | Amount Unsecured: | S | | | | |
| 5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of t the priority and state the amount. | the claim falls into one of the fol | lowing categories, check the box specifying | | | | |
| Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). Wages, salaries, or commissions (up teamed within 180 days before the case widebtor's business ceased, whichever is earned within 180 days before the case widebtor's business ceased, whichever is earned within 180 days before the case widebtor's business ceased, whichever is earned within 180 days before the case widebtor's business ceased, whichever is earned within 180 days before the case widebtor's business ceased, whichever is earned within 180 days before the case widebtor's business ceased, whichever is earned within 180 days before the case widebtor's business ceased, whichever is earned within 180 days before the case widebtor's business ceased, whichever is earned within 180 days before the case widebtor's business ceased, whichever is earned within 180 days before the case widebtor's business ceased, whichever is earned within 180 days before the case widebtor's business ceased, whichever is earned within 180 days before the case widebtor's business ceased, whichever is earned within 180 days before the case widebtor's business ceased, whichever is earned within 180 days before the case widebtor's business ceased, whichever is earned within 180 days before the case widebtor's business ceased. | vas filed or the employee ben | efit plan – | | | | |
| ☐ 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 government 11 U.S.C. § 507 (a)(8). | ☐ Taxes or penalties owed to governmental units – ☐ Other - S applicable pa 11 U.S.C. § 507 (a)(8). d | | | | | |
| *Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respec | ct to cases commenced on or after | r the date of adjustment. | | | | |
| 6. Credits. The amount of all payments on this claim has been credited for the purpose | e of making this proof of claim. (| See instruction #6) | | | | |
| | | Hutcheson Med POC | | | | |

| B10 (Official Form 10) (04/13) | 2 | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|
| 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. | | | | | | | | | |
| or their auth (See Bankn | trustee, or the debtor, orized agent. ptcy Rule 3004.) | | | | | | | | |
| I declare under penalty of perjury that the information provided in this claim is true | e and correct to the best of my knowledge, information, and reasonable belief. | | | | | | | | |
| Print Name: Tanatha N. COLE | | | | | | | | | |
| Company: | danaska n. Que 2/29/16 | | | | | | | | |
| Address and telephone number (if different from notice address above): | (Signature) (Date) | | | | | | | | |
| | | | | | | | | | |
| Telephone number: cmail: Penalty for presenting fraudulent claim: Finc of up to \$500.000 or | r imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571. | | | | | | | | |
| | PROOF OF CLAIM FORM | | | | | | | | |
| The instructions and definitions below are general explanations of the law. In a | reverain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, reneral rules may apply. | | | | | | | | |
| Items to be completed | d 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. | 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. | | | | | | | | |
| 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 | 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. | | | | | | | | |
| informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g). | 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 | | | | | | | | |
| 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. | any payments received toward the debt. 7. Documents: Attach redacted copies of any documents that show the debt exists and a lien | | | | | | | | |
| 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. | 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. | | | | | | | | |
| 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. | 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 | | | | | | | | |
| 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. | 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 | | | | | | | | |
| 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. | any, of the creation of other person adminized to the time that is batter that a 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. | | | | | | | | |
| 4 Secured Claim: | Commer bounded abbel to manuel a mage enserties on a brace of enserties | | | | | | | | |

4. Secured Claim: Check whether the claim is fully or partially secured. Skip this section if the

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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.

| TAMATHA N COLE | | EMPLOYEE ID | DEPT | | BASE RATE | 1 | BEGIN DATE END DATE 11/09/14 11/22/14 | | | | |
|--|---------|---|---------------|---------|---------------------------|--|--|--------|--|---|--|
| | | | 9014343 | 909 | 000131 | 11/09 | | | | | |
| Regular | | | SHIFT | HOURS | RATE | | EARNINGS Y-T-D | CHECK | DATE | CHECK NUMBER | |
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| **> 001 1565478 | TAMATHA | | | | 43 11/22/1 | | RFORATION | | ~ | | |

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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:

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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,

Samarla M. Cole

Tamatha N. Cole

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