

B10 (Official Form 10) (12/08)

UNITED STATES BANKRUPTCY COURT **PROOF OF CLAIM**

Name of Debtor: Debbie Hall / Hutcheson Medical Center Case Number: 14-42863-pwb

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property):
Chattanooga Skin, Cancer Clinic, PC
 Name and address where notices should be sent:
Chattanooga Skin, Cancer Clinic, PC
ATTN: Patient Accounts
6141 Shallowford Road
Chattanooga, TN 37421-1616
 Telephone number: 423-894-2234

Check this box to indicate that this claim amends a previously filed claim.
 Court Claim Number: (if known) 16 SEP 29 AM 11:11
 Filed on: _____

Name and address where payment should be sent (if different from above):
Same as above
 Telephone number: _____

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
 Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ 465.00
 If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.
 If all or part of your claim is entitled to priority, complete item 5.
 Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.
 Specify the priority of the claim.
 Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).
 Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4).
 Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).
 Up to \$2,425* 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).
 Other - Specify applicable paragraph of 11 U.S.C. §507 (a)().

2. Basis for Claim: Services Provided
 (See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 208180

3a. Debtor may have scheduled account as: _____
 (See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)
 Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.
 Nature of property or right of setoff: Real Estate Motor Vehicle Other Describe:
 Value of Property: \$ _____ Annual Interest Rate: %
 Amount of arrearage and other charges as of time case filed included in secured claim,
 If any: \$ _____ Basis for perfection: _____
 Amount of Secured Claim: \$ _____ Amount Unsecured: \$ 465.00

Amount entitled to priority: \$ _____
 *Amounts are subject to adjustment on 4/1/10 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.

7. 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. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain: _____

Date: 9-26-16

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.
Deborah S. Pool

FOR COURT USE ONLY

Penalty for presenting fraudulent claim: Fine of up to \$300,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Deborah S. Pool - Accounts Receivable

Hutcheson Med POC
 00467

**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**
et al.,) **CASE NO. 14-42863-pwb**
)
Debtors.)

NOTICE OF HEARING

PLEASE TAKE NOTICE that on September 8, 2016, Ronald L. Glass, as the duly appointed Chapter 11 Trustee for the bankruptcy estates of Hutcheson Medical Center, Inc. ("HMC") and Hutcheson Medical Division, Inc. ("HMD") (collectively, the "Debtors"), filed with the Court a *Motion Seeking Entry of an Order Authorizing Trustee to Settle Unpaid Self-Insured Medical Claims and Approve Proposed Settlement Procedures* (the "Motion"). The Motion, together with its exhibits, is on file with the Clerk of this Court and is available for review at the office of the Clerk, U.S. Bankruptcy Court between 8:00 a.m. and 4:00 p.m. or online anytime at <http://ecf.ganb.uscourts.gov> (registered users) or at <http://pacer.psc.uscourts.gov> (unregistered users). The Motion and its exhibits can also be viewed or downloaded at the website of the Debtors' noticing agent, BMC Group, at www.bmcgroup.com/hutcheson.

In the Motion, the Trustee requests that the Bankruptcy Court grant the Trustee the authority to settle unpaid claims against the Debtors' bankruptcy estates of medical service providers who had provided medical services to former employees of the Debtors. The Debtors had been "self-insured" with respect to such claims, but the Trustee does not have sufficient funds to pay such claims in full. In the proposed settlement procedures, the Trustee proposes to offer to pay each provider an amount equal to approximately 23.2% of the amount of the provider's claim in full settlement of that claim. The funds used to pay such settlements would come from a limited "carve out" from the collateral of the Debtors' senior secured creditor - Regions Bank - that has been specifically designated to pay towards the claims of medical service providers. If a provider does not accept the proposed settlement, it would retain any rights it would otherwise have to assert its claim against the Debtors' bankruptcy estate, but there is no guarantee that funds would be available to pay towards any claims of providers that do not accept the proposed settlements.



VAN SEWELL
Executive Director van_sewell@memorial.org
1949 Gunbarrel Road, Suite 305
Chattanooga, TN 37421
Ph 423-495-8423
Fax 423-495-7887

Financial Statement

3/2/2015 to 3/2/2015

208180 : Hall, Debbie
 322 Gracie Ave
 Ringgold, GA 30736

Provider: All Providers
Office: All Offices
Address: 6141 Shallowford Rd
 Chattanooga TN 374211616

Svc Date	Post Date	Ofc	Prv	Code	Meth	Modifier	Description/Source	Claim #	Amount	Ins Bal	Pt Bal
03/02/2015	03/02/2015	1	10	88305	TC		Tissue processing /slide prep	290801	170.00	0.00	170.00
							Balance		170.00	0.00	170.00
03/02/2015	03/02/2015	1	10	11101			Biopsy, skin add-on	290801	65.00	0.00	65.00
							Balance		65.00	0.00	65.00
03/02/2015	03/02/2015	1	10	11100			Biopsy, skin lesion	290801	130.00	0.00	130.00
							Balance		130.00	0.00	130.00
03/02/2015	03/02/2015	1	10	99202	25		Office/outpatient visit, new	290801	100.00	0.00	100.00
							Balance		100.00	0.00	100.00

	Current	31-60	61-90	91-120	121+	Unapplied	Total
Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Patient	\$0.00	\$0.00	\$0.00	\$0.00	\$465.00	\$0.00	\$465.00
Collections	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$465.00	\$0.00	\$465.00

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

<i>Creditor:</i> (20200249) Chattanooga Skin, Cancer Clinic PC ATTN Patient Accounts 6141 Shallowford Rd Chattanooga TN 37421- 1616	Claim No: 199 <i>Original Filed</i> Date: 09/29/2016 <i>Original Entered</i> Date: 09/29/2016	<i>Status:</i> Filed by: CR Entered by: rhg Modified:
Amount claimed: \$465.00		

History:

Details	199-1	09/29/2016	Claim #199 filed by Chattanooga Skin, Cancer Clinic PC, Amount claimed: \$465.00 (rhg)
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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*	\$465.00
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		