

UNITED STATES BANKRUPTCY COURT Southern District of New York

PROOF OF CLAIM

Name of Debtor: InSight Health Corp.

Case Number: 10-16568(AJG)

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): Southwest Gas Corporation

Name and address where notices should be sent: Southwest Gas Corporation PO Box 1498 Victorville, CA 92393-1498

Telephone number: (760) 951-4045

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Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: (If known)

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: \$ 518.92

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)( ).

Amount entitled to priority:

\$

2. Basis for Claim: Natural Gas Service (See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 8857

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: \$

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:

\*Amo 4/1/11 respe the date of



FOR COURT USE ONLY

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Date: 12/22/2010

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.

/s/Jaimie Shipp - Customer Specialist

Jaimie Shipp



**SOUTHWEST GAS CORPORATION**  
09095484

**Customer Assistance**  
**Asistencia al Cliente**  
Toll Free/Llamada Gratis  
1-877-860-6020

PO Box 98890  
Las Vegas NV 89193-8890

Hearing Impaired: Dial 711  
www.swgas.com

PLEASE RETAIN THIS TOP PORTION FOR YOUR RECORDS

INSIGHT HEALTH SVCS  
SWG BANKRUPTCY DESK  
PO BOX 1498  
VICTORVILLE CA 92393-1498

**DUPLICATE**

Service Address: 800 SHADOW LN 89106  
Rate Schedule: 537/SG-G(M) GENERAL SERVICE - MEDIUM  
Your Local Office Is 1374 W CHEYENNE SUITE 107, NO LAS VEGAS NV 89030

ACCOUNT NUMBER	CYCLE	DATE MAILED	PAST DUE AFTER	PLEASE PAY AMOUNT DUE
9158-023	03	12/21/10	01/03/11	\$310.84

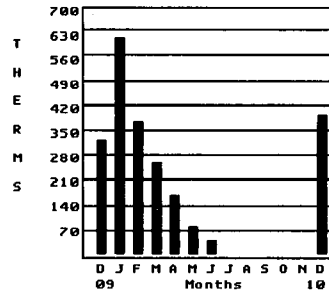
<b>PREVIOUS BILLING:</b>					
Previous Balance				268.06	
Payment(s) Since Last Bill				0.00	
<b>Balance Forward</b>					<b>\$268.06</b>
<b>CURRENT BILLING:</b>					
Meter Reading:	3 Days				
Current	Previous	Billing	Total		
Dec. 10	Dec. 07	Factor	Therms		
2350 -	2324 =	26 X .9796 =	25		
Delivery Charge	25 Therms X	.142010 =		3.55	
Gas Cost	Total Therms X	.479890 =		12.00	
Basic Service Charge				25.00	
Local Taxes				2.15	
Universal Energy Charge				0.08	
<b>Current Bill</b>					<b>\$42.78</b>

**Due on or before: 01/03/11 Amount due: \$310.84**

Important Messages:

**FINAL CLOSING BILL**  
\*\*\*\*\* CREDIT REFERENCE \*\*\*\*\*  
INSIGHT HEALTH SVCS HAS ESTABLISHED A GOOD  
CREDIT RECORD WITH SOUTHWEST GAS CORPORATION FOR  
ONE YEAR OR MORE. THIS INFORMATION MAY BE USED AS  
A CREDIT REFERENCE.  
\*\*\*\*\*

Gas Usage History Information:		Avg	Avg
		Daily	Monthly
Therms / Days =	Therms	Temperature	
This Month 392 / 36 =	10.89	51	
Last Month 1 / 29 =	0.03	62	
Last Year 320 / 33 =	9.70	49	



Previous Balance	Payments & Adjustments	Balance Forward	Current Bill	Current Balance	AMOUNT DUE
268.06	+ 0.00	= 268.06	+ 42.78	= 310.84	\$310.84

PLEASE SEE REVERSE SIDE FOR RULES AND REGULATIONS ● RETURN BOTTOM PORTION WITH PAYMENT

ACCOUNT NUMBER	CYCLE	DATE MAILED	PAST DUE AFTER	AMOUNT DUE
9158-023	03	12/21/10	01/03/11	\$310.84

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VICTORVILLE CA 92393-1498

**SOUTHWEST GAS CORPORATION**  
PO Box 98890  
Las Vegas NV 89150-0101

This bill is now due and payable. Please make check payable to **SWG** and write account number on front of check or money order. Do not send cash through the mail or place cash in the night depository.



Customer Assistance  
Asistencia al Cliente  
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Your Local Office Is 1374 W CHEYENNE SUITE 107, NO LAS VEGAS NV 89030

ACCOUNT NUMBER	CYCLE	DATE MAILED	PAST DUE AFTER	PLEASE PAY AMOUNT DUE
431-003	03	12/21/10	01/03/11	\$208.08

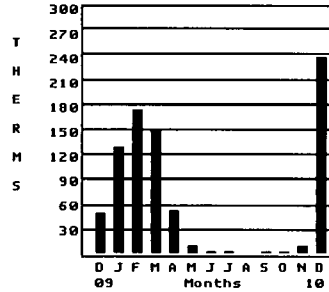
<b>PREVIOUS BILLING:</b>				
Previous Balance				165.30
Payment(s) Since Last Bill				0.00
Balance Forward				165.30
<b>CURRENT BILLING:</b>				
Meter Reading: Current	3 Days	Previous	Billing	Total
4446	Dec. 10	4420	Dec. 07	25
			26 X	.9796 =
Delivery Charge	25 Therms X		.142010 =	3.55
Gas Cost	Total Therms X		.479890 =	12.00
Basic Service Charge				25.00
Local Taxes				2.15
Universal Energy Charge				0.08
Current Bill				42.78

**Due on or before: 01/03/11 Amount due: \$208.08**

Important Messages:

**FINAL CLOSING BILL**  
\*\*\*\*\* CREDIT REFERENCE \*\*\*\*\*  
INSIGHT HEALTH SVCS HAS ESTABLISHED A GOOD CREDIT RECORD WITH SOUTHWEST GAS CORPORATION FOR ONE YEAR OR MORE. THIS INFORMATION MAY BE USED AS A CREDIT REFERENCE.  
\*\*\*\*\*

Gas Usage History Information:		Avg Daily	Avg Monthly
Therms / Days =	Therms	Temperature	
This Month 236 / 36 =	6.56	51	
Last Month 10 / 29 =	0.34	62	
Last Year 50 / 33 =	1.52	49	



Previous Balance	Payments & Adjustments	Balance Forward	Current Bill	Current Balance	AMOUNT DUE
165.30	+ 0.00	= 165.30	+ 42.78	= 208.08	\$208.08

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