

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK	PROOF OF CLAIM
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Name of Debtor INSIGHT HEALTH SERVICES CORP.	Case Number: 10-16565
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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) Sprint Nextel	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim Court Claim Number: <i>(if known)</i> Filed on:
Name and address where notices should be sent: Sprint Nextel - Correspondence Attn: Bankruptcy Dept P.O. Box 7949 Overland Park, KS 66207-0949 Telephone Number: 866-393-5230	<div style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center; font-weight: bold; font-size: 1.5em;">JAN 17 2011</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">BMC GROUP</div>

Name and address where payment should be sent (if different from above): Sprint Nextel - Distributions Attn: Bankruptcy Dept PO Box 3326 Englewood CO 80155-3326 Telephone Number: 866-393-5230	<input type="checkbox"/> 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. <input type="checkbox"/> Check box if you are the debtor or trustee in this case
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1. Amount of Claim as of Date Case Filed: \$15,851.76 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 proprietary, complete item 5. <input type="checkbox"/> Check box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest	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. <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 \$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) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5). <input type="checkbox"/> 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). <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)().
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2. Basis for Claim Services Performed (See instruction #2 on reverse side)	
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3. Last four digits of any number by which creditor identifies debtor: See Attached 3a. Debtor may have scheduled account as: (See instruction #3a on reverse side)	
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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: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest rate: ____ % Amount of arrearage and other charges at time case filed including in secured claim, if any: \$ _____ Basis of perfection: \$ _____ Amount of secured claim: \$ _____ Amount unsecured: \$ _____	
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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 definition of redacted on reverse side) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING If documents are not available, please explain:	*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. Amount entitled to priority:
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Date 1/11/2011 Signature: The person filing this claim must sign it. Sign and print the 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. <div style="text-align: center;">/s/ Aaron Booton - Bankruptcy Analyst</div>	FOR COURT USE ONLY Insight  00039
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> PAYMENT OPTIONS

To Pay Your Bill Online Go To
www.sprint.com/mysprint
Sign up for Recurring Direct Debit

To Pay Your Bill By Phone Call
1-800-784-2608 or
*3 from your Sprint phone

To Pay Your Bill By Mail
See reverse side for details. >

> CUSTOMER CARE

Register and Logon
www.sprint.com

Call Sprint
1-877-639-8351

> SPRINT NEWS
AND NOTICES

This section contains
important updates about your
Sprint Services, including
Service or Rate Changes,
Promotions and Offers.

Correspondence

Please send all correspondence
including billing inquiries to:
Sprint Customer Service
PO Box 8077
London, KY 40742

Do not enclose your payment
with the correspondence.
You may also contact Sprint
Customer Care at the number
listed on your invoice or by
going to sprint.com.

> ACCOUNT INFORMATION

Account Name
INSIGHT HEALTH CORPORATION

Account Number
9813
TIN Number
47-0882463
ABA Number
111-000-012
Invoice Number
037

Invoice Date
January 08, 2011
Total Amount Due
\$19,513.01

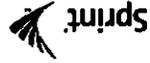
> MONTHLY INVOICE SUMMARY

December 05 - January 04, 2011	
Previous Balance	9,429.40
Adjustments to previous balance	-0.07
Outstanding Balance - Due Upon Receipt	\$9,429.33
0001-Access and Related Items	8,331.64
0002-Cellular Services	657.90
0004-Messaging Services	45.80
0005-Data and Third Party Services	114.96
0006-Equipment and Retail Purchases	523.64
0007-Sprint Surcharges	151.02
0008-Government Fees and Taxes	258.72
Total Current Charges for [redacted] -037 Due 01/28/11	\$10,063.68
Total Amount Due	\$19,513.01

PRO-RATED TO 12/10/10 @ 11,381.08

INSIGHT HEALTH CORPORATION
INSIGHT HEALTH CORP
26250 ENTERPRISE CT STE 100
LAKE FOREST, CA 92630-8407

MANIFESTINE
#0000 0810879813 B 4#
#BWNKCTX
PO BOX 8077
London, KY 40742



*Any unpaid balance after the due date may be subject to a late payment charge per your contract.

NOPR0003

INSIGHT HEALTH
MANAGEMENT BILLING ADVANTAGE.

1 ICO1
12/18/10
5223
5224
28121101006712

IMPORTANT NEWS FROM SPRINT:

Pursuant to the requirements of 35-A M.R.S.A, Section 7104 Sprint Nextel contributed \$156,761.06 during the 12 months ending December 2009 to the Maine Universal Service Fund.

Per-line or per-call blocking does not prevent transmission of your telephone number when you call a company using an 800, 888, or 900 number. Therefore, your number may be available to that company's service representative before your call is answered.

International Toll Free Service lines are subject to additional surcharges. Effective December 1, 2010, international toll free service lines in certain countries will be charged a country surcharge. The International Toll Free Country Surcharge is in addition to any other toll free service fees. The surcharges are country specific and are implemented on the first of the month and posted 15 days prior. Visit Important Sprint Wireline Changes at www.sprint.com/ratesandconditions for rates and details.

INSIGHT HEALTH
CARLOS MALINAO
26250 ENTERPRISE CT STE 10
0
LAKE FOREST, CA 92630-8407

INSIGHT HEALTH
26250 ENTERPRISE CT STE 10
LAKE FOREST, CA 92630

2 IVA1
12/18/10
12/19/10

USAGE CHARGES

INTRALATA	\$370.46	
IN-STATE	280.44	
STATE-TO-STATE	865.11	
CANADIAN	66.48	
OPERATOR SERVICES	6.39	
TOTAL USAGE CHARGES	\$1,588.88	
NON-USAGE CHARGES		
SERVICE FEE	\$880.00	
ACCESS	2,082.00	
TOTAL NON-USAGE CHARGES	\$2,962.00	
DISCOUNTS		
CONTRACTUAL DISCOUNT		-\$1,947.40
CONTRACTUAL PROMOTIONS		-440.00
TOTAL DISCOUNTS		-\$2,387.40
PAYPHONE SURCHARGE 3 CALLS @ .55/CALL	\$1.65	
GOVERNMENT TAXES AND FEES	26.97	
SPRINT SURCHARGES	310.18	
TOTAL CURRENT CHARGES	\$2,502.28	
BALANCE FROM LAST STATEMENT	\$2,635.67	

PRO-RATED TO 12/10/10
\$ 4,470.68

TOTAL AMOUNT DUE - PAYABLE UPON RECEIPT \$5,137.95

877 877-8748
TOTAL AMOUNT DUE: \$5,137.95

12/19/10

TOTAL AMOUNT DUE - PAYABLE UPON RECEIPT
AMOUNT ENCLOSED \$

INSIGHT HEALTH
26250 ENTERPRISE CT STE 10
0
LAKE FOREST, CA 92630

SPRINT
P O BOX 219100
KANSAS CITY, MO 64121-9100

MAKE CHECK OR MONEY ORDER PAYABLE TO SPRINT IN U.S. DOLLARS
DO NOT SEND CASH

PLEASE DETACH AND RETURN TO ENSURE PROPER PAYMENT

Thank You For Using Sprint.

281211010067125

INSIGHT HEALTH
26250 ENTERPRISE CT STE 10
LAKE FOREST, CA 92630

ACCOUNT NAME/ PLAN DESCRIPTION	PLAN	PERIOD	CONTRACT	UNIT	ATTAINMENT	ATTAINMENT
	START DATE	END DATE	END DATE	THRESHOLD	CURRENT MONTH	TO DATE
INSIGHT HEALTH	9/19/09	9/18/11	9/18/12	\$180,000.00	\$5,150.19	\$15,689.99

Southern District of New York Claims Register

10-16565-ajg InSight Health Services Corp.

Judge: Arthur J. Gonzalez **Chapter:** 11
Office: Manhattan **Last Date to file claims:**
Trustee: **Last Date to file (Govt):**

Creditor: (5408808) Sprint Nextel Correspondence Attn Bankruptcy Dept PO Box 7949 Overland Park KS 66207-0949	Claim No: 1 <i>Original Filed</i> Date: 01/11/2011 <i>Original Entered</i> Date: 01/11/2011	Status: Filed by: CR Entered by: Booton, Aaron Modified:
Unsecured claimed: \$15851.76 Total claimed: \$15851.76		
History: Details 1-1 01/11/2011 Claim #1 filed by Sprint Nextel Correspondence, total amount claimed: \$15851.76 (Booton, Aaron)		
Description: (1-1) Pro-Rated Amounts; Active Accounts (\$11,381.08 + \$4,470.68)		
Remarks:		

Claims Register Summary

Case Name: InSight Health Services Corp.
Case Number: 10-16565-ajg
Chapter: 11
Date Filed: 12/10/2010
Total Number Of Claims: 1

	Total Amount Claimed	Total Amount Allowed
Unsecured	\$15851.76	
Secured		
Priority		
Unknown		
Administrative		
Total	\$15851.76	\$0.00