

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor: INSIGHT HEALTH SERVICES HOLDINGS CORP.

Case Number: 10-16564-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): Dell/insite One

Name and address where notice should be sent: c/o Sabrina L. Strausand Esq.; Strausand & Landon, LLP 811 Barton Springs Rd., Ste. 811 Austin, Texas 78704 Telephone number: (512) 236-9900

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

Court Claim Number: (if known)

Filed on:

RECEIVED

Name and address where payment should be sent (if different from above):

FEB 10 2011 BMC GROUP

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: \$ 66,429.52

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:

\$

\*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.

2. Basis for Claim: Goods Sold (See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: n/a

3a. Debtor may have scheduled account no: (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 arrangement 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 or 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 the documents are not available, please explain:

Date: 2/11/2011

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.

Christoph Anacker, Sr. Credit Manager

FOR COURT USE ONLY

insight



00091

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.

**ATTACHMENT "A" TO PROOF OF CLAIM  
FOR DELL/INSITE ONE**

1. The basis of the debt is as follows: on various dates prior to the date of the Petition initiating this bankruptcy case Dell/Insite One (hereinafter referred to as "Dell"), supplied and sold to Insight Health Services ("Debtors") certain goods including computers, monitors, servers and related computer products and peripherals ("Products"). Dell supplied the Products to the Debtors from June 30, 2010 to the date of the Petition.

2. As of the Petition Date, the Debtors owed Dell \$66,429.52 for certain Products delivered by Dell to the Debtors prior to the Petition Date. True and correct copies of Dell's invoices are attached hereto as Exhibit "A."

3. The basis for the Debt and made the basis of this Proof of Claim is set forth, inter alia, in these invoices.

NOTE: CLAIMANT RESERVES THE RIGHT TO AMEND THIS PROOF OF CLAIM AS FURTHER INFORMATION BECOMES AVAILABLE

**CERTIFICATE OF SERVICE**

The undersigned hereby certifies that a true and correct copy of the Proof of Claim has been served via certified mail and/or U.S. Regular Mail on this 3<sup>rd</sup> day of February 2011 on the following:

BMC Group, Inc.  
Agent for InSight Health  
Services Holdings Corp.  
444 N. Nash Street  
El Segundo, CA 90245

Ryan Bennett, Esq.  
Kirkland & Ellis, LLP  
300 North LaSalle  
Chicago, IL 60654

U.S. Trustee  
U.S. Trustee's Office  
33 Whitehall Street, 21<sup>st</sup> Flr.  
New York, NY 10004



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Sabrina L. Streusand



**Invoice**

Date	Invoice
06/30/2010	131420

Bill To
Insight-West Thunderbird MIS 26250 Enterprise Court Suite 100 Lake Forest, CA 92630

PO Number	Customer	Salesperson ID
	INSIGHT-WTBIRD	
Payment Terms	Service For	Project
net 30 Days	June	

Item	Qty	Description	Rate	Amount
BD	262	BD (P0J6)	0.50	131.00
CR	5,703	Computed Radiography (P0J6)	0.50	2,851.50
CT	1,153	Computed Tomography (P0J6)	0.50	576.50
CT-CATH	38	Computed Tomography Study (P0J6)	0.60	22.80
DX	54	Digital X-Ray (P0J6)	0.50	27.00
MG	1,202	Mammography (P0J6)	0.50	601.00
MR	2,335	Magnetic Resonance (P0J6)	0.50	1,167.50
NM	99	Nuclear Medicine (P0J6)	0.50	49.50
OT	259	Other (P0J6)	0.50	129.50
OT-NONIMAGE	12,767	OT-NONIMAGE (P0J6)	0.05	638.35
PT	106	Positron Emission Tomography (P0J6)	0.50	53.00
RF	5	Radio Fluoroscopy (P0J6)	0.50	2.50
US	2,424	Ultrasound (P0J6)	0.50	1,212.00
XA-CATH	61	XA Cath Lab Study (P0J6)	0.60	36.60
			Subtotal	7,498.75
			Sales Tax	0.00
			Total	7,498.75



**Invoice**

Date	Invoice
07/31/2010	131888

<b>Bill To</b>
Insight-Lake Forest MIS 26250 Enterprise Court Suite 100 Lake Forest, CA 92630

PO Number	Customer	Salesperson ID
	SIGHT-LAKEFC	CC
Payment Terms	Service For	Project
net 30 Days	July	

Item	Qty	Description	Rate	Amount
BD	73	BD (POHB)	0.50	36.50
CR	1	Computed Radiography (POHA)	0.50	0.50
CR	650	Computed Radiography (POHB)	0.50	325.00
CT	537	Computed Tomography (POHB)	0.50	268.50
CT	9	Computed Tomography (POHA)	0.50	4.50
CT-CATH	6	Computed Tomography Study (POHB)	0.60	3.60
DX	4	Digital X-Ray (POHB)	0.50	2.00
ES	2	Endoscopy (POHB)	0.50	1.00
MG	24	Mammography (POHB)	0.50	12.00
MR	3,741	Magnetic Resonance (POHB)	0.50	1,870.50
MR	48	Magnetic Resonance (POHA)	0.50	24.00
NM	1	Nuclear Medicine (POHB)	0.50	0.50
OT	0	Other (POHA)	0.50	0.00
OT	37	Other (POHB)	0.50	18.50
OT-NONIMAGE	86	OT-NONIMAGE (POHA)	0.05	4.30
OT-NONIMAGE	5,555	OT-NONIMAGE (POHB)	0.05	277.75
PT	111	Positron Emission Tomography (POHB)	0.50	55.50
RG	2	Radiographic Imaging (POHB)	0.50	1.00
US	18	Ultrasound (POHA)	0.50	9.00
US	934	Ultrasound (POHB)	0.50	467.00
XA-CATH	43	XA Cath Lab Study (POHB)	0.60	25.80
STUDIES	630	Minimum Studles Fee	0.50	315.00
			Subtotal	3,722.45
			Sales Tax	0.00
			Total	3,722.45



**Invoice**

Date	Invoice
07/31/2010	131894

<b>Bill To</b>
Insight-West Thunderbird MIS 26250 Enterprise Court Suite 100 Lake Forest, CA 92630

PO Number	Customer	Salesperson ID
	INSIGHT-WTBIRD	
Payment Terms	Service For	Project
net 30 Days	July	

Item	Qty	Description	Rate	Amount
BD	305	BD (P0J6)	0.50	152.50
CR	4,861	Computed Radiography (P0J6)	0.50	2,430.50
CT	989	Computed Tomography (P0J6)	0.50	494.50
CT-CATH	75	Computed Tomography Study (P0J6)	0.60	45.00
DX	62	Digital X-Ray (P0J6)	0.50	31.00
MG	1,018	Mammography (P0J6)	0.50	509.00
MR	1,996	Magnetic Resonance (P0J6)	0.50	998.00
NM	78	Nuclear Medicine (P0J6)	0.50	39.00
OT	0	Other (P0J6)	0.50	0.00
OT-NONIMAGE	11,513	OT-NONIMAGE (P0J6)	0.05	575.65
PT	152	Positron Emission Tomography (P0J6)	0.50	76.00
RF	5	Radio Fluoroscopy (P0J6)	0.50	2.50
US	2,103	Ultrasound (P0J6)	0.50	1,051.50
XA-CATH	67	XA Cath Lab Study (P0J6)	0.60	40.20
			Subtotal	6,445.35
			Sales Tax	0.00
			Total	6,445.35



**Invoice**

Date	Invoice
08/31/2010	132603

Bill To
Insight-Lake Forest MIS 26250 Enterprise Court Suite 100 Lake Forest, CA 92630

PO Number	Customer	Salesperson ID
	SIGHT-LAKEFC	CC
Payment Terms	Service For	Project
net 30 Days	August	

Item	Qty	Description	Rate	Amount
BD	73	BD (P0HB)	0.50	36.50
CR	625	Computed Radiography (P0HB)	0.50	312.50
CT	516	Computed Tomography (P0HB)	0.50	258.00
CT-CATH	6	Computed Tomography Study (P0HB)	0.60	3.60
IW-THIN CLIENT	1	IW-THIN CLIENT (P04L)	670.00	670.00
MG	1	Mammography (P0HB)	0.50	0.50
MR	3,950	Magnetic Resonance (P0HB)	0.50	1,975.00
OT	50	Other (P0HB)	0.50	25.00
OT-NONIMAGE	5,669	OT-NONIMAGE (P0HB)	0.05	283.45
PT	161	Positron Emission Tomography (P0HB)	0.50	80.50
US	901	Ultrasound (P0HB)	0.50	450.50
XA-CATH	32	XA Cath Lab Study (P0HB)	0.60	19.20
			Subtotal	4,114.75
			Sales Tax	0.00
			Total	4,114.75



**Invoice**

Date	Invoice
08/31/2010	132609

<b>Bill To</b>
Insight-West Thunderbird MIS 26250 Enterprise Court Suite 100 Lake Forest, CA 92630

PO Number	Customer	Salesperson ID
	WSIGHT-WTBIRI	
Payment Terms	Service For	Project
net 30 Days	August	

Item	Qty	Description	Rate	Amount
BD	241	BD (P0J6)	0.50	120.50
CR	4,713	Computed Radiography (P0J6)	0.50	2,356.50
CT	1,120	Computed Tomography (P0J6)	0.50	560.00
CT-CATH	71	Computed Tomography Study (P0J6)	0.60	42.60
DR	0	Digital Radiography (P0J6)	0.50	0.00
DX	43	Digital X-Ray (P0J6)	0.50	21.50
MG	875	Mammography (P0J6)	0.50	437.50
MR	1,955	Magnetic Resonance (P0J6)	0.50	977.50
NM	60	Nuclear Medicine (P0J6)	0.50	30.00
OT	0	Other (P0J6)	0.50	0.00
OT-NONIMAGE	10,162	OT-NONIMAGE (P0J6)	0.05	508.10
PT	97	Positron Emission Tomography (P0J6)	0.50	48.50
RF	3	Radio Fluoroscopy (P0J6)	0.50	1.50
US	2,454	Ultrasound (P0J6)	0.50	1,227.00
XA-CATH	39	XA Cath Lab Study (P0J6)	0.60	23.40
			Subtotal	6,354.60
			Sales Tax	0.00
			Total	6,354.60





**Invoice**

Date	Invoice
10/01/2010	132954

**Bill To**

InSight Health-Imaging Center of Arlington  
 26250 Enterprise Court  
 Suite 100  
 Lake Forest, CA 92630

PO Number	Customer	Salesperson ID
	NSIGHT-ARLINC	ST
Payment Terms	Service For	Project
Due Upon Receipt	October	

Item	Qty	Description	Rate	Amount
INDEXWEB-MONTHLY	1	InDex Web Monthly Fee (P0E1)	750.00	750.00
			Subtotal	750.00
			Sales Tax	0.00
			Total	750.00



**Invoice**

Date	Invoice
10/01/2010	132955

Bill To
Insight-Fairfax MIS 26250 Enterprise Court Suite 100 Lake Forest, CA 92630

PO Number	Customer	Salesperson ID
	ISIGHT-FAIRFA	CC
Payment Terms	Service For	Project
net 30 Days	October	

Item	Qty	Description	Rate	Amount
INDEXWEB-MONTHLY	1	InDex Web Monthly Fee (P03L)	750.00	750.00
			Subtotal	750.00
			Sales Tax	0.00
			Total	750.00



**Invoice**

Date	Invoice
09/30/2010	133434

<b>Bill To</b>
InSight Health-Imaging Center of Arlington 26250 Enterprise Court Suite 100 Lake Forest, CA 92630

PO Number	Customer	Salesperson ID
	NSIGHT-ARLINC	ST
Payment Terms	Service For	Project
Due Upon Receipt	September	

Item	Qty	Description	Rate	Amount
CR	1	Computed Radiography (P0E1)	0.50	0.50
MR	629	Magnetic Resonance (P0E1)	0.50	314.50
			Subtotal	315.00
			Sales Tax	0.00
			Total	315.00



**Invoice**

Date	Invoice
09/30/2010	133435

<b>Bill To</b>
Insight-Biltmore MIS 26250 Enterprise Court Suite 100 Lake Forest, CA 92630

PO Number	Customer	Salesperson ID
	ISIGHT-BILTMO	BL
Payment Terms	Service For	Project
net 30 Days	September	

Item	Qty	Description	Rate	Amount
CR	14	Computed Radiography (P06Z)	0.50	7.00
CT	348	Computed Tomography (P06Z)	0.50	174.00
CT-CATH	3	Computed Tomography Study (P06Z)	0.60	1.80
DX	2	Digital X-Ray (P06Z)	0.50	1.00
MR	787	Magnetic Resonance (P06Z)	0.50	393.50
NM	1	Nuclear Medicine (P06Z)	0.50	0.50
OT	1	Other (P06Z)	0.50	0.50
OT-NONIMAGE	1,152	OT-NONIMAGE (P06Z)	0.05	57.60

	Subtotal	635.90
	Sales Tax	0.00
	<b>Total</b>	<b>635.90</b>



**Invoice**

Date	Invoice
09/30/2010	133436

Bill To
Insight-Broad Street MIS 26250 Enterprise Court Suite 100 Lake Forest, CA 92630

PO Number	Customer	Salesperson ID
	SIGHT-BROADS	JPC
Payment Terms	Service For	Project
net 30 Days	September	

Item	Qty	Description	Rate	Amount
CR	3	Computed Radiography (P053)	0.50	1.50
CT	43	Computed Tomography (P053)	0.50	21.50
MR	279	Magnetic Resonance (P053)	0.50	139.50
			Subtotal	162.50
			Sales Tax	10.99
			Total	173.49



**Invoice**

Date	Invoice
09/30/2010	133437

<b>Bill To</b>
Insight-Fairfax MIS 26250 Enterprise Court Suite 100 Lake Forest, CA 92630

PO Number	Customer	Salesperson ID
	ISIGHT-FAIRFA	CC
Payment Terms	Service For	Project
net 30 Days	September	

Item	Qty	Description	Rate	Amount
CR	434	Computed Radiography (P03L)	0.50	217.00
CT	127	Computed Tomography (P03L)	0.50	63.50
MR	825	Magnetic Resonance (P03L)	0.50	412.50
US	301	Ultrasound (P03L)	0.50	150.50

	Subtotal	843.50
	Sales Tax	0.00
	<b>Total</b>	<b>843.50</b>



**Invoice**

Date	Invoice
09/30/2010	133438

Bill To
Insight-Fort Worth MIS 26250 Enterprise Court Suite 100 Lake Forest, CA 92630

PO Number	Customer	Salesperson ID
	SIGHT-FTWORT	CC
Payment Terms	Service For	Project
net 30 Days	September	

Rem	Qty	Description	Rate	Amount
CR	1,244	Computed Radiography (POJH)	0.50	622.00
CT	401	Computed Tomography (POJH)	0.50	200.50
DX	2	Digital X-Ray (POJH)	0.50	1.00
MG	720	Mammography (POJH)	0.50	360.00
MR	303	Magnetic Resonance (POJH)	0.50	151.50
OT	0	Other (POJH)	0.50	0.00
OT-NONIMAGE	2,805	OT-NONIMAGE (POJH)	0.05	140.25
PT	93	Positron Emission Tomography (POJH)	0.50	46.50
US	748	Ultrasound (POJH)	0.50	374.00
			Subtotal	1,895.75
			Sales Tax	0.00
			Total	1,895.75



**Invoice**

Date	Invoice
09/30/2010	133439

Bill To

Insight-Lake Forest  
 MIS  
 26250 Enterprise Court  
 Suite 100  
 Lake Forest, CA 92630

PO Number	Customer	Salesperson ID
	SIGHT-LAKEFC	CC
Payment Terms	Service For	Project
net 30 Days	September	

Item	Qty	Description	Rate	Amount
BD	14	BD (P0HB)	0.50	7.00
CR	363	Computed Radiography (P0HB)	0.50	181.50
CT	375	Computed Tomography (P0HB)	0.50	187.50
CT-CATH	6	Computed Tomography Study (P0HB)	0.60	3.60
IW-THIN CLIENT	1	IW-THIN CLIENT (P04L)	670.00	670.00
MG	3	Mammography (P0HB)	0.50	1.50
MR	2,036	Magnetic Resonance (P0HB)	0.50	1,018.00
OT	32	Other (P0HB)	0.50	16.00
OT-NONIMAGE	3,132	OT-NONIMAGE (P0HB)	0.05	156.60
PT	117	Positron Emission Tomography (P0HB)	0.50	58.50
US	574	Ultrasound (P0HB)	0.50	287.00
XA-CATH	17	XA Cath Lab Study (P0HB)	0.60	10.20
			Subtotal	2,597.40
			Sales Tax	0.00
			Total	2,597.40





**Invoice**

Date	Invoice
09/30/2010	133440

<b>Bill To</b>
Insight-Murfreesboro MIS 26250 Enterprise Court Suite 100 Lake Forest, CA 92630

<b>PO Number</b>	<b>Customer</b>	<b>Salesperson ID</b>
	INSIGHT-MURF	CC
<b>Payment Terms</b>	<b>Service For</b>	<b>Project</b>
net 30 Days	September	

Item	Qty	Description	Rate	Amount
BD	24	BD (P01P)	0.50	12.00
CT	159	Computed Tomography (P01P)	0.50	79.50
CT-CATH	4	Computed Tomography Study (P01P)	0.60	2.40
DX	26	Digital X-Ray (P01P)	0.50	13.00
MG	327	Mammography (P01P)	0.50	163.50
MR	393	Magnetic Resonance (P01P)	0.50	196.50
OT	7	Other (P01P)	0.50	3.50
OT-NONIMAGE	1,172	OT-NONIMAGE (P01P)	0.05	58.60
US	393	Ultrasound (P01P)	0.50	196.50
XA-CATH	10	XA Cath Lab Study (P01P)	0.60	6.00
			<b>Subtotal</b>	<b>731.50</b>
			<b>Sales Tax</b>	<b>0.00</b>
			<b>Total</b>	<b>731.50</b>



**Invoice**

Date	Invoice
09/30/2010	133441

Bill To

Insight-Olive View  
 MIS  
 26250 Enterprise Court  
 Suite 100  
 Lake Forest, CA 92630

PO Number	Customer	Salesperson ID
	INSIGHT-OLIVE	CC
Payment Terms	Service For	Project
net 30 Days	September	

Item	Qty	Description	Rate	Amount
MR	40	Magnetic Resonance (P020)	0.50	20.00
			Subtotal	20.00
			Sales Tax	0.00
			Total	20.00



**Invoice**

Date	Invoice
09/30/2010	133442

Bill To
Insight-Polaris MIS 26250 Enterprise Court Suite 100 Lake Forest, CA 92630

PO Number	Customer	Salesperson ID
	ISIGHT-POLARI	CC
Payment Terms	Service For	Project
net 30 Days	September	

Item	Qty	Description	Rate	Amount
MR	270	Magnetic Resonance (P04T)	0.50	135.00
			Subtotal	135.00
			Sales Tax	0.00
			Total	135.00



**Invoice**

Date	Invoice
09/30/2010	133443

**Bill To**

Insight-San Francisco MRI Center  
 MIS  
 26250 Enterprise Court  
 Suite 100  
 Lake Forest, CA 92630

PO Number	Customer	Salesperson ID
	SIGHT-SANFRA	CC
Payment Terms	Service For	Project
net 30 Days	September	

Item	Qty	Description	Rate	Amount
CT	26	Computed Tomography (P0AC)	0.50	13.00
PT	5	Positron Emission Tomography (P0AC)	0.50	2.50
			Subtotal	15.50
			Sales Tax	0.00
			Total	15.50



**Invoice**

Date	Invoice
09/30/2010	133444

<b>Bill To</b>
Insight Health Corp.-UCLA MIS 26250 Enterprise Court Suite 100 Lake Forest, CA 92630

PO Number	Customer	Salesperson ID
	INSIGHT-UCLA	CC
Payment Terms	Service For	Project
net 30 Days	September	

Item	Qty	Description	Rate	Amount
CT	11	Computed Tomography (POOL)	0.50	5.50
MR	75	Magnetic Resonance (POOL)	0.50	37.50
			Subtotal	43.00
			Sales Tax	0.00
			Total	43.00



**Invoice**

Date	Invoice
09/30/2010	133445

<b>Bill To</b>
Insight-West Thunderbird MIS 26250 Enterprise Court Suite 100 Lake Forest, CA 92630

PO Number	Customer	Salesperson ID
	VSIGHT-WTBIRD	
Payment Terms	Service For	Project
net 30 Days	September	

Item	Qty	Description	Rate	Amount
BD	231	BD (P0J6)	0.50	115.50
CR	5,529	Computed Radiography (P0J6)	0.50	2,764.50
CT	1,305	Computed Tomography (P0J6)	0.50	652.50
CT-CATH	54	Computed Tomography Study (P0J6)	0.60	32.40
DX	54	Digital X-Ray (P0J6)	0.50	27.00
MG	888	Mammography (P0J6)	0.50	444.00
MR	2,284	Magnetic Resonance (P0J6)	0.50	1,142.00
NM	110	Nuclear Medicine (P0J6)	0.50	55.00
OT	0	Other (P0J6)	0.50	0.00
OT-NONIMAGE	11,015	OT-NONIMAGE (P0J6)	0.05	550.75
PT	107	Positron Emission Tomography (P0J6)	0.50	53.50
RF	17	Radio Fluoroscopy (P0J6)	0.50	8.50
US	2,719	Ultrasound (P0J6)	0.50	1,359.50
XA-CATH	52	XA Cath Lab Study (P0J6)	0.60	31.20

	Subtotal	7,236.35
	Sales Tax	0.00
	<b>Total</b>	<b>7,236.35</b>



**Invoice**

Date	Invoice
11/01/2010	133788

Bill To
InSight Health-Imaging Center of Arlington 26250 Enterprise Court Suite 100 Lake Forest, CA 92630

PO Number	Customer	Salesperson ID
	VSIGHT-ARLINC	ST
Payment Terms	Service For	Project
Due Upon Receipt	November	

Item	Qty	Description	Rate	Amount
INDEXWEB-MONTHLY	1	InDex Web Monthly Fee (P0E1)	750.00	750.00
			Subtotal	750.00
			Sales Tax	0.00
			Total	750.00



**Invoice**

Date	Invoice
11/01/2010	133789

<b>Bill To</b>
Insight-Fairfax MIS 28250 Enterprise Court Suite 100 Lake Forest, CA 92630

<b>PO Number</b>	<b>Customer</b>	<b>Salesperson ID</b>
	ISIGHT-FAIRFA	CC
<b>Payment Terms</b>	<b>Service For</b>	<b>Project</b>
net 30 Days	November	

Item	Qty	Description	Rate	Amount
INDEXWEB-MONTHLY	1	InDex Web Monthly Fee (P03L)	750.00	750.00
			<b>Subtotal</b>	750.00
			<b>Sales Tax</b>	0.00
			<b>Total</b>	750.00





**Invoice**

Date	Invoice
10/31/2010	135525

<b>Bill To</b>
InSight Health-Imaging Center of Arlington 26250 Enterprise Court Suite 100 Lake Forest, CA 92630

PO Number	Customer	Salesperson ID
	VSIGHT-ARLINC	ST
Payment Terms	Service For	Project
Due Upon Receipt	October	

Item	Qty	Description	Rate	Amount
CR	1	CR(P0E1)	0.50	0.50
MR	721	MR(P0E1)	0.50	360.50
			Subtotal	361.00
			Sales Tax	0.00
			Total	361.00



**Invoice**

Date	Invoice
10/31/2010	135526

<b>Bill To</b>
Insight-Biltmore MIS 28250 Enterprise Court Suite 100 Lake Forest, CA 92630

PO Number	Customer	Salesperson ID
	ISIGHT-BILTMO	BL
Payment Terms	Service For	Project
net 30 Days	October	

Item	Qty	Description	Rate	Amount
AU	1	AU(P06Z)	0.50	0.50
CR	16	CR(P06Z)	0.50	8.00
CT	342	CT(P06Z)	0.50	171.00
CT-CATH	8	CT-CATH(P06Z)	0.60	4.80
DX	2	DX(P06Z)	0.50	1.00
MR	844	MR(P06Z)	0.50	422.00
NM	1	NM(P06Z)	0.50	0.50
OT	4	OT(P06Z)	0.50	2.00
OT-NONIMAGE	1,211	OT-NONIMAGE(P06Z)	0.05	60.55
US	1	US(P06Z)	0.50	0.50
XX	2	XX(P06Z)	0.50	1.00
			Subtotal	671.85
			Sales Tax	0.00
			Total	671.85



**Invoice**

Date	Invoice
10/31/2010	135527

Bill To
Insight-Broad Street MIS 26250 Enterprise Court Suite 100 Lake Forest, CA 92630

PO Number	Customer	Salesperson ID
	SIGHT-BROADS	JPCC
Payment Terms	Service For	Project
net 30 Days	October	

Item	Qty	Description	Rate	Amount
CT	55	CT(P053)	0.50	27.50
DX	1	DX(P053)	0.50	0.50
MR	306	MR(P053)	0.50	153.00
			Subtotal	181.00
			Sales Tax	12.23
			Total	193.23



**Invoice**

Date	Invoice
10/31/2010	135528

**Bill To**

Insight-Fairfax  
 MIS  
 26250 Enterprise Court  
 Suite 100  
 Lake Forest, CA 92630

PO Number	Customer	Salesperson ID
	ISIGHT-FAIRFA	CC
Payment Terms	Service For	Project
net 30 Days	October	

Item	Qty	Description	Rate	Amount
CR	397	CR(P03L)	0.50	198.50
CT	164	CT(P03L)	0.50	82.00
MR	877	MR(P03L)	0.50	438.50
US	310	US(P03L)	0.50	155.00
			Subtotal	874.00
			Sales Tax	0.00
			Total	874.00



**Invoice**

Date	Invoice
10/31/2010	135529

<b>Bill To</b>
Insight-Fort Worth MIS 26250 Enterprise Court Suite 100 Lake Forest, CA 92630

<b>PO Number</b>	<b>Customer</b>	<b>Salesperson ID</b>
	SIGHT-FTWORT	CC
<b>Payment Terms</b>	<b>Service For</b>	<b>Project</b>
net 30 Days	October	

Item	Qty	Description	Rate	Amount
CR	1,274	Computed Radiography (POJH)	0.50	637.00
CT	449	Computed Tomography (POJH)	0.50	224.50
DX	0	Digital X-Ray (POJH)	0.50	0.00
MG	808	Mammography (POJH)	0.50	404.00
MR	390	Magnetic Resonance (POJH)	0.50	195.00
OT	0	Other (POJH)	0.50	0.00
OT-NONIMAGE	2,933	OT-NONIMAGE (POJH)	0.05	146.65
PT	122	Positron Emission Tomography (POJH)	0.50	61.00
RF	2	Radio Fluoroscopy (POJH)	0.50	1.00
US	774	Ultrasound (POJH)	0.50	387.00
			<b>Subtotal</b>	<b>2,056.15</b>
			<b>Sales Tax</b>	<b>0.00</b>
			<b>Total</b>	<b>2,056.15</b>



**Invoice**

Date	Invoice
10/31/2010	135531

<b>Bill To</b>
Insight-Lake Forest MIS 26250 Enterprise Court Suite 100 Lake Forest, CA 92630

PO Number	Customer	Salesperson ID
	SIGHT-LAKEFC	CC
Payment Terms	Service For	Project
net 30 Days	October	

Item	Qty	Description	Rate	Amount
CR	568	CR(P0HB)	0.50	284.00
CT	562	CT(P0HB)	0.50	281.00
CT-CATH	3	CT-CATH(P0HB)	0.60	1.80
DX	1	DX(P0HB)	0.50	0.50
MR	3,531	MR(P0HB)	0.50	1,765.50
OT	60	OT(P0HB)	0.50	30.00
OT-NONIMAGE	5,128	OT-NONIMAGE(P0HB)	0.05	256.40
PT	157	PT(P0HB)	0.50	78.50
US	854	US(P0HB)	0.50	427.00
XA-CATH	26	XA-CATH(P0HB)	0.60	15.60
IW-THIN CLIENT	1	IW-THIN CLIENT (P04L)	670.00	670.00
			Subtotal	3,810.30
			Sales Tax	0.00
			Total	3,810.30



**Invoice**

Date	Invoice
10/31/2010	135533

Bill To
Insight-Olive View MIS 26250 Enterprise Court Suite 100 Lake Forest, CA 92630

PO Number	Customer	Salesperson ID
	INSIGHT-OLIVE	CC
Payment Terms	Service For	Project
net 30 Days	October	

Item	Qty	Description	Rate	Amount
MR	37	MR(P020)	0.50	18.50
			Subtotal	18.50
			Sales Tax	0.00
			Total	18.50



**Invoice**

Date	Invoice
10/31/2010	135534

<b>Bill To</b>
Insight-Polaris MIS 26250 Enterprise Court Suite 100 Lake Forest, CA 92630

PO Number	Customer	Salesperson ID
	ISIGHT-POLARI	CC
Payment Terms	Service For	Project
net 30 Days	October	

Item	Qty	Description	Rate	Amount
MR	297	MR(P04T)	0.50	148.50
			Subtotal	148.50
			Sales Tax	0.00
			Total	148.50





**Invoice**

Date	Invoice
10/31/2010	135535

<b>Bill To</b>
Insight-San Francisco MRI Center MIS 26250 Enterprise Court Suite 100 Lake Forest, CA 92630

PO Number	Customer	Salesperson ID
	SIGHT-SANFRA	CC
Payment Terms	Service For	Project
net 30 Days	October	

Item	Qty	Description	Rate	Amount
CT	57	CT(P0AC)	0.50	28.50
MR	2	MR(P0AC)	0.50	1.00
PT	23	PT(P0AC)	0.50	11.50
			Subtotal	41.00
			Sales Tax	0.00
			Total	41.00



**Invoice**

Date	Invoice
10/31/2010	135536

Bill To
Insight Health Corp.-UCLA MIS 26250 Enterprise Court Suite 100 Lake Forest, CA 92630

PO Number	Customer	Salesperson ID
	INSIGHT-UCLA	CC
Payment Terms	Service For	Project
net 30 Days	October	

Item	Qty	Description	Rate	Amount
CT	8	CT(P00L)	0.50	4.00
MR	94	MR(P00L)	0.50	47.00
			Subtotal	51.00
			Sales Tax	0.00
			Total	51.00



**Invoice**

Date	Invoice
10/31/2010	135537

<b>Bill To</b>
Insight-West Thunderbird MIS 26250 Enterprise Court Suite 100 Lake Forest, CA 92630

PO Number	Customer	Salesperson ID
	VSIGHT-WTBIRI	
Payment Terms	Service For	Project
net 30 Days	October	

Item	Qty	Description	Rate	Amount
BD	267	BD(P0J6)	0.50	133.50
CR	6,124	CR(P0J6)	0.50	3,062.00
CT	1,479	CT(P0J6)	0.50	739.50
CT-CATH	45	CT-CATH(P0J6)	0.60	27.00
DX	63	DX(P0J6)	0.50	31.50
MG	1,461	MG(P0J6)	0.50	730.50
MR	2,690	MR(P0J6)	0.50	1,345.00
NM	126	NM(P0J6)	0.50	63.00
OT	223	OT(P0J6)	0.50	111.50
OT-NONIMAGE	12,324	OT-NONIMAGE(P0J6)	0.05	616.20
PT	117	PT(P0J6)	0.50	58.50
RF	16	RF(P0J6)	0.50	8.00
US	3,025	US(P0J6)	0.50	1,512.50
XA-CATH	48	XA-CATH(P0J6)	0.60	28.80
			Subtotal	8,467.50
			Sales Tax	0.00
			Total	8,467.50



**Invoice**

Date	Invoice
11/30/2010	136011

Bill To
Insight-Forest Lane MIS 26250 Enterprise Court Suite 100 Lake Forest, CA 92630

PO Number	Customer	Salesperson ID
	INSIGHT-FORES	CC
Payment Terms	Service For	Project
net 30 Days	November	

Item	Qty	Description	Rate	Amount
MG	2	Mammography (P0JJ)	0.50	1.00
OT	1	Other (P0JJ)	0.50	0.50
US	1	Ultrasound (P0JJ)	0.50	0.50
			Subtotal	2.00
			Sales Tax	0.00
			Total	2.00



**Invoice**

Date	Invoice
11/30/2010	136013

Bill To
Insight-Lake Forest MIS 26250 Enterprise Court Suite 100 Lake Forest, CA 92630

PO Number	Customer	Salesperson ID
	SIGHT-LAKEFC	CC
Payment Terms	Service For	Project
net 30 Days	November	

Item	Qty	Description	Rate	Amount
CR	537	Computed Radiography (POHB)	0.50	268.50
CT	552	Computed Tomography (POHB)	0.50	276.00
CT-CATH	7	Computed Tomography Study (POHB)	0.60	4.20
IW-THIN CLIENT	1	IW-THIN CLIENT (P04L)	670.00	670.00
MR	3,900	Magnetic Resonance (POHB)	0.50	1,950.00
OT	42	Other (POHB)	0.50	21.00
OT-NONIMAGE	5,314	OT-NONIMAGE (POHB)	0.05	265.70
PT	206	Positron Emission Tomography (POHB)	0.50	103.00
US	775	Ultrasound (POHB)	0.50	387.50
XA-CATH	18	XA Cath Lab Study (POHB)	0.60	10.80
			Subtotal	3,956.70
			Sales Tax	0.00
			Total	3,956.70

February 3, 2011

**Via Certified Mail RRR**

BMC Group, Inc.  
Claims Agent for InSight Health  
Services Holdings Corp.  
444 N. Nash Street  
El Segundo, CA 90245

Re: Case No. 10-16564; *In re: InSight Health Services Holdings Corp.*; in the United States Bankruptcy Court for the Southern District of New York

Dear Sir/Madam:

Enclosed are an original and one copy of Dell/Insite One's Proof of Claim for filing in the above-referenced matter. Please file-stamp the copy and return it to me in the enclosed self-addressed stamped envelope.

Thank you for your assistance in this matter.

Sincerely,



Donna Bateman

Legal Assistant to Sabrina L. Streusand

\djb

Enclosures

Streusand & Landon, LLP  
811 Barton Springs Rd., Suite 811  
Austin, TX 78704

7010 1670 0000 4948 9923

BMC Group, Inc.  
Claims Agent for InSight Health  
Services Holdings Corp.  
444 N. Nash Street  
El Segundo, CA 90245

RECEIVED  
FEB 07 2011  
BMC GROUP



OF THE RETURN ADDRESS, FOLLOW A DOTTED LINE  
**CERTIFIED MAIL**<sup>SM</sup>