


UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM
Name of Debtor: INSIGHT HEALTH CORP		Case Number: 10-16568-(AJG)
NOTE: <i>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.</i>		
Name of Creditor (the person or other entity to whom the debtor owes money or property):		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: Providence Imaging Consultants, P.A. c/o ScottHulse, PC, Chase Tower, 11th Floor 201 E. Main, El Paso, Texas 79901 Attn: G. Russell Hill and Bernard D. Felsen Telephone number: (915) 533-2493		Court Claim Number: _____ (If known)
Name and address where payment should be sent (if different from above): Providence Imaging Consultants, P.A. P.O. Box 920700, El Paso, Texas 79902 Attn: Kiron S. Master, M.D. Telephone number: (915) 533-9560		Filed on: _____
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED FEB 24 2011 BMC GROUP </div>		<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.
1. Amount of Claim as of Date Case Filed: \$See Exhibit "A" attached hereto and incorporated herein by reference for all purposes 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. <input type="checkbox"/> 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.		<input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
2. Basis for Claim: <u>Services Rendered</u> (See instruction #2 on reverse side.)		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.
3. Last four digits of any number by which creditor identifies debtor: _____		Specify the priority of the claim.
3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).
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.		<input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) 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).
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:		<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).
Value of Property: \$ _____ Annual Interest Rate _____ %		<input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).
Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____		<input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).
Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		<input checked="" type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(2).
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		Amount entitled to priority: \$ See Exhibit "A"
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.)		*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.		
If the documents are not available, please explain:		
Date: 2/22 /11	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. Providence Imaging Consultants, P.A. By: <i>Kiron S. Master</i> Kiron S. Master, M.D., President	FOR COURT USE ONLY  insight 00097

EXHIBIT "A"

Proof of Claim of Providence Imaging Consultants, P.A.

Providence Imaging Consultants, P.A., a Texas professional association, based in El Paso, Texas ("PIC") was a party to the following two contracts:

1. That certain Professional Services Agreement, dated as of September 22, 2004, as amended, by and between (i) InSight Health Corp., a Delaware corporation, dba Open MRI of West Texas; and (ii) PIC (the "Open MRI Agreement"); and
2. That certain Radiology Services Independent Contractor Agreement, dated as of July 16, 2007, by and between (i) Texas Imaging Services of El Paso, Inc., a Texas corporation now known as InSight Health Corp.; and (ii) PIC (the "Texas Imaging Agreement").

Notwithstanding that (i) the Open MRI Agreement required Insight Health Corp. to give PIC one hundred eighty (180) days' written notice of termination without cause; and (ii) the Texas Imaging Agreement required Insight Health Corp. to give PIC ninety (90) days' written notice of termination for no reason, InSight Health Corp. terminated both the Open MRI Agreement and the Texas Imaging Agreement effective immediately by letters to PIC, dated December 27, 2010.

Under the terms of the Open MRI Agreement, PIC is entitled to receive each month for its services an amount equal to seventeen and one-half percent (17.5%) of InSight Collections received during the preceding month. "Insight Collections" are defined as all collections, professional and technical, related to patient-related goods and services provided by PIC, but do not include (i) collections related to non-professional items, including film copies, subpoena fees, sedation charges, contrast media and drugs provided to patients; and (ii) collections related to services covered in Section 2.3 of the Open MRI Agreement.

Under the terms of the Texas Imaging Agreement, PIC is entitled to receive for its services fifteen percent (15%) of the monthly Net Collected Revenue defined as the cash collected by the Texas Imaging Facilities for the relevant month.

For purposes of this Proof of Claim, PIC does not have the collections information from InSight Health Corp. to determine the amount that PIC is owed for previous services rendered under the terms of both the Open MRI Agreement and the Texas Imaging Agreement. As a result, PIC hereby files a claim for its respective percentage share of all existing and future collections to which PIC is entitled for its services performed under the Open MRI Agreement and the Texas Imaging Agreement. PIC is also filing a separate Motion for Allowance and Payment of Administrative Priority Claim for services rendered from and after December 10, 2010 under the Open MRI Agreement and the Texas Imaging Agreement. PIC is not asserting a claim for the one hundred eighty (180) days termination notice period to which it was entitled under the Open MRI Agreement and the ninety (90) days termination notice period to which it was entitled under the Texas Imaging Agreement.

WARNING! You are attempting to file -- on the Court's CM/ECF system -- a proof of claim in a case where a claims agent has been retained. In cases with claims agents, the Court's ECF system is not being used to maintain the claims register. For instructions concerning the filing a proof of claim in this case, consult the notice (providing the last date to file proofs of claim) sent by the Debtor or contact the claims agent [the contact information for the claims agent should appear on the docket -- see the left-hand side of the bottom of the case caption (immediately above document # 1)].

Select a Creditor for Claim

Case 10-16568-ajg: InSight Health Corp.

No creditors found for selected search criteria

[Change search criteria](#)

[Add Creditor](#)

[Add Common Creditor](#)

[Edit Creditor](#)

ScottHulse PC
ATTORNEYS AT LAW

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OFFICES IN EL PASO AND LAS CRUCES

February 23, 2011

Via Overnight Delivery

BMC Group, Inc.
Attn: Insight Health Services Claims
Processing
18750 Lake Dr. E.
Chanhassen, Minnesota 55317

Via Overnight Delivery

Kirkland & Ellis LLP
Attn: Ryan Blaine Bennett and Paul Wierbicki
300 N. LaSalle St.
Chicago, Illinois 60654

Re: *In re: Insight Health Services Holdings Corp, et al.*; Case No. 10-16564 (AJG);
Chapter 11; United States Bankruptcy Court, Southern District of New York

Gentlemen:

Pursuant to the Prepackaged Joint Chapter 11 Plan of Reorganization filed in the above-captioned matter with the United States Bankruptcy Court, Southern District of New York, please find enclosed on behalf of Providence Imaging Consultants, P.A. ("PIC") copies of the following:

1. Proof of Claim of Providence Imaging Consultants, P.A., dated February 22, 2011, under Case No. 10-16564 (AJG), for services rendered ("Proof of Claim No. 1"). As evidenced by the electronic notice accompanying Proof of Claim No. 1, PIC was unable to file Proof of Claim No. 1 with the Court's CM/ECF system.

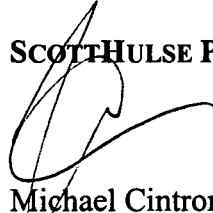
2. Proof of Claim of Providence Imaging Consultants, P.A., dated February 22, 2011, under Case No. 10-16568 (AJG), for services rendered ("Proof of Claim No. 2"). As evidenced by the electronic notice accompanying Proof of Claim No. 2, PIC was unable to file Proof of Claim No. 2 with the Court's CM/ECF system.

3. Providence Imaging Consultants, P.A.'s Motion for Allowance and Payment of Administrative Claim, filed with the Court on February 23, 2011, accompanied by a Notice of Electronic Filing evidencing the same and a related Order Granting Providence Imaging Consultants, P.A.'s Motion for Allowance and Payment of Administrative Claim.

We ask that BMC Group, Inc. please confirm receipt of the above-described documents by e-mail to our office at mcin@scotthulse.com. Please contact me if you have any questions.

Very truly yours,

SCOTTHULSE PC

A handwritten signature in black ink, appearing to read 'Michael Cintron', written over the printed name below.

Michael Cintron
For the Firm

MC/kb

Enclosures