UNITED STATES BANKRUPTCY COURT FOR THE CENTRAL DISTRICT OF CALIFORNIA

PROOF OF CLAIM

Schedule/Claim ID s12109

In re
WATTSHealth Foundation, Inc , dba UHP Healthcare, a California not-for-profit corporation

Case Number
LA 05-22627-TD

FILED
MAR 2 7 2006
CLERK, U.S. BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA
Deputy Clerk

REC'D MAR 2 9 2006

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

☐ Check 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 box if you have never received any notices from the bankruptcy court in this case

☐ Check box if this address differs from the address on the envelope sent to you by the court

Name of Creditor and Address

10116814012908

CARE LEVEL MANAGEMENT MEDICAL
23622 CALABASAS RD STE 250
CALABASAS CA 91302-3387

Creditor Telephone Number ( )

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor

Check here if this claim ☐ replaces ☐ amends a previously filed claim dated _____

1 BASIS FOR CLAIM

☐ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other (describe briefly) _____
☐ Retiree benefits as defined in 11 U S C § 1114(a)
☐ Wages salaries, and compensation (Fill out below)
Last four digits of SS # _____
Unpaid compensation for services performed from _____ (date) to _____ (date)

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT, DATE OBTAINED

4 Total Amount of Claim at Time Case Filed
Amount of Claim Listed on Debtor's Schedules
(Excludes any contingent unliquidated and disputed amount)

$	$5,400 00	N/A	N/A	$5 400 00
	(unsecured)	(secured)	(priority)	(Total)

Amount of Claim Asserted by Creditor
(To be completed if creditor disputes scheduled amount)

$				
	(unsecured)	(secured)	(priority)	(Total)

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim
Attach itemized statement of all interest or additional charges If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below

5 SECURED CLAIM

☐ Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

☐ Real Estate ☐ Motor Vehicle
☐ Other _____

Value of Collateral $ _____

Amount of arrearage and other charges at time case filed included in secured claim if any $ _____

6 UNSECURED NONPRIORITY CLAIM $ _____

☐ Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority

7 UNSECURED PRIORITY CLAIM

☐ Check this box if you have an unsecured priority claim

Amount entitled to priority $ _____

Specify the priority of the claim

☐ Wages salaries or commissions (up to $10 000)*, 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)(3)
☐ Contributions to an employee benefit plan 11 U S C § 507(a)(4)
☐ Up to $2 225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(6)
☐ Alimony maintenance or support owed to a spouse former spouse or child 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) ( )

Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

8 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

9 SUPPORTING DOCUMENTS *Attach copies of supporting documents,* such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous attach a summary

10 DATE-STAMPED COPY To receive an acknowledgment of your claim, please enclose a self-addressed, stamped envelope and an additional copy of this proof of claim (signed face page only)

The original of this proof of claim form must be sent by mail to the following address (FAXES NOT ACCEPTED) so that it is actually received on or before 4 00 P M prevailing Pacific Time on January 31, 2006

BY MAIL TO WATTSHealth Foundation, Inc , dba UHP Healthcare
United States Bankruptcy Court
PO Box 53229
Los Angeles, CA 90053-0229

THIS SPACE FOR COURT USE ONLY

DATE SIGNED

SIGN and print the name and title if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)

WATTSHealth Foundation Inc dba UHP
CLAIM 01452

Penalty for presenting fraudulent claim is a fine of up to $500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571

Care Level Management
5700 Canoga Ave, Suite 500
Woodland Hills, CA 91367

March 23, 2006

United States Bankruptcy Court
WATTS Health Foundation, Inc ,
dba UHP Healthcare
PO Box 53229
Los Angeles, CA 90053-0229

To the Court,

On behave of Care Level Management I am submitting all claims that still have an outstanding balance with us from UHP Healthcare I realize this submission is late, however, I plead with the court that it is expected

I am the new billing manager (start date 3/13/06) at Care Level Management, and while going through the previous manager's paperwork I came across the court paperwork I know that the lack of submission by the previous manager isn't the court's fault, however, I do plead that the court accepts my submission

Over the past couple of days I have gone through every outstanding claim (all insurance carriers) in our billing system All the while I printed all outstanding UHP Healthcare claims According to court documents UHP Healthcare states they owe Care Level Management a total of $66,140 80 (34,190 80 + 12,350 + 500 + 2,600 + 5,400 + 11,100) I have located claims totaling that and then some According to the claims I am submitting to the court UHP Healthcare owes Care Level Management $82,150

I again state that I hope the court accepts the late submission and recognizes the difference of $16,009 20

Sincerely,

Melissa J Clark
Billing Manager
Care Level Management

FedEx Express US Airbill

FedEx Tracking Number 847432748700

1A1363

1B1863

1C1863

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n [redacted]

ders JOSE AF AS

rre Phone

mpany US BANKRUP CY COURT

dress 300 N LOS ANGELES STREET

Dept./Floor/Suite/Room

LOS ANGELES State CA ZIP 90212

ur Internal Billing Reference UHP CLAIMS

ipient's me EVA VALLES Phone 310 321-5583

nnany BMC CORP

ipient's dress 1320 E FRANKLIN AVE

ot del er to PO boxes or PO ZIP codes Dept./Floor/Suite/Room

r ss

est a package be h ld at a sp f c FedEx cation pr nt FedEx address here

EL SEGUNDO State CA ZIP 90245

8474 3274 8700

0200

4a Express Package Service *Packages up to 150 lbs.* To most locations

- FedEx Priority Overnight* — Next business morning
- FedEx Standard Overnight — Next business afternoon
- FedEx First Overnight — Earliest next business morning delivery to select locations
- FedEx 2Day — Second business day*
- FedEx Express Saver — Third business day

FedEx Envelope rate not available. Minimum charge. One-pound rate

4b Express Freight Service *Packages over 150 lbs.*

- FedEx 1Day Freight* — Next business day*
- FedEx 2Day Freight — Second business day**
- FedEx 3Day Freight — Third business day

Call for Confirmation

5 Packaging Declared value limit $500

- FedEx Envelope*
- FedEx Pak* — Include FedEx Small Pak, FedEx Large Pak, and FedEx Sturdy Pak
- FedEx Box
- FedEx Tube
- Other

6 Special Handling Ex address in Section 3

- **SATURDAY Delivery** — Available ONLY for FedEx Priority Overnight, FedEx 2Day, FedEx 1Day Freight, and FedEx 2Day Freight to select ZIP codes
- **HOLD Weekday at FedEx Location** — Not available for FedEx First Overnight
- **HOLD Saturday at FedEx Location** — Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations

Does this shipment contain dangerous goods? One box must be checked

- No
- Yes — As per attached Shipper's Declaration
- Yes — Shipper's Declaration not required
- Dry Ice — Dry Ice 9 UN 1845 ___ x ___ kg

Dangerous goods (including Dry Ice) cannot be shipped in FedEx packaging

- Cargo Aircraft Only

7 Payment *Bill to.* Enter FedEx Acct. No. or Credit Card No. below — Obtain Recip Acct. No.

- Sender — Acct. No. in Section 1 will be billed
- Recipient
- Third Party
- Credit Card
- Cash/Check

Total Packages	Total Weight	Total Declared Value†	Total Charges
		$ 00	

†Our liability is limited to $100 unless you declare a higher value. See back for details

Credit Card Auth

8 Sign to Authorize Delivery Without a Signature

By signing you authorize us to deliver this shipment without obtaining a signature and agree to indemnify and hold us harmless from any resulting claims

Questions? Visit our Web site at fedex.com

or call 1 800 GoFedEx 1 800 463 3339

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RECEIVED ... 29 2006 ... OUP