

Fill in this information to identify the case:

Debtor Borrego Community Health Foundation

United States Bankruptcy Court for the: Southern District of California
(State)

Case number 22-02384

**Official Form 410
Proof of Claim**

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Guadalupe Marquez, DDS</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<u>Guadalupe Marquez, DDS</u> <u>Lupe</u> <u>2452 Fenton Street, Suite 200</u> <u>Chula Vista, CA 91914</u>	
	Contact phone <u>619-934-6620</u>	Contact phone _____
	Contact email <u>infodental@otaylakessmiles.com</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	



Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 0021 ____

7. How much is the claim? \$ 92460.00. Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
Dental Services Performed

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature or property:
 Real estate: If the claim is secured by the debtor's principle residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

No

Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,350* 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"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies.	\$ _____

* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim pursuant to 11 U.S.C. § 503(b)(9)?

No

Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ _____

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 11/16/2022
MM / DD / YYYY

/s/GiadaLupe Marquez
Signature

Print the name of the person who is completing and signing this claim:

Name GiadaLupe Marquez
First name Middle name Last name

Title President

Company Guadalupe Marquez DDS Inc.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____

Contact phone _____ Email _____



KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 967-0670 | International (310) 751-2670

Debtor: 22-02384 - Borrego Community Health Foundation		
District: Southern District of California, San Diego Division		
Creditor: Guadalupe Marquez, DDS Lupe 2452 Fenton Street, Suite 200 Chula Vista, CA, 91914 Phone: 619-934-6620 Phone 2: Fax: 619-9344503 Email: infodental@otaylakessmiles.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Creditor	
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: Dental Services Performed	Last 4 Digits: Yes - 0021	Uniform Claim Identifier:
Total Amount of Claim: 92460.00	Includes Interest or Charges: No	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:	
Submitted By: Giadalupe Marquez on 16-Nov-2022 1:41:21 a.m. Eastern Time Title: President Company: Guadalupe Marquez DDS Inc.		



Explanation of Benefits (EOB)

Summary Page

Invoice Date 2021-02-19

Practice Information

G Marquez DDS Inc - Chula Vista
2452 Fenton Street #200
Chula Vista CA 91914

EOB Details

Invoice Date: 2021-02-19
Claim Count: 34
Total Amount: \$5,970.00

#	BILLING PROVIDER	CLAIM COUNT	TOTAL CHARGES
1	Guadalupe Marquez	7	\$610.00
2	Victor Felix	22	\$4,040.00
3	Ruth Garcia Rosas	5	\$1,320.00
Total for Invoice Date 2021-02-19			\$5,970.00



Explanation of Benefits (EOB)

Summary Page

Invoice Date 2021-02-05

EOB Details

Invoice Date: 2021-02-05

Claim Count: 62

Total Amount: \$11,685.00

Practice Information

G Marquez DDS Inc - Chula Vista

2452 Fenton Street #200

Chula Vista CA 91914

#	BILLING PROVIDER	CLAIM COUNT	TOTAL CHARGES
1	Guadalupe Marquez	2	\$210.00
2	Ruth Garcia Rosas	60	\$11,475.00
Total for Invoice Data 2021-02-05			\$11,685.00



Explanation of Benefits (EOB)

Summary Page

Invoice Date 2021-01-29

Practice Information

G Marquez DDS Inc - Chula Vista
2452 Fenton Street #200
Chula Vista CA 91914

EOB Details

Invoice Date: 2021-01-29
Claim Count: 52
Total Amount: \$8,265.00

#	BILLING PROVIDER	CLAIM COUNT	TOTAL CHARGES
1	Guadalupe Marquez	8	\$1,090.00
2	Victor Felix	17	\$2,370.00
3	Ruth Garcia Rosas	27	\$4,805.00
Total for Invoices Date 2021-01-29			\$8,265.00



Explanation of Benefits (EOB)

Summary Page

Invoice Date 2021-01-22

Practice Information

G Marquez DDS Inc - Chula Vista
2452 Fenton Street #200
Chula Vista CA 91914

EOB Details

Invoice Date: 2021-01-22
Claim Count: 34
Total Amount: \$8,120.00

#	BILLING PROVIDER	CLAIM COUNT	TOTAL CHARGES
1	Guadalupe Marquez	1	\$130.00
2	Ruth Garcia Rosas	33	\$7,990.00
Total for Invoice Date 2021-01-22			\$8,120.00



Explanation of Benefits (EOB)

Summary Page

Invoice Date 2021-01-15

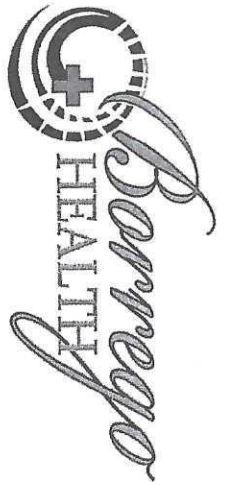
Practice Information

G Marquez DDS Inc - Chula Vista
2452 Fenton Street #200
Chula Vista CA 91914

EOB Details

Invoice Date: 2021-01-15
Claim Count: 123
Total Amount: \$19,980.00

#	BILLING PROVIDER	CLAIM COUNT	TOTAL CHARGES
1	Guadalupe Marquez	12	\$1,625.00
2	Victor Felix	66	\$11,330.00
3	Ruth Garcia Rosas	45	\$7,025.00
Total for Invoice Date 2021-01-15			\$19,980.00



Practice Information
G Marquez DDS Inc - Chula Vista
2452 Fenton Street #200
Chula Vista CA 91914

Explanation of Benefits (EOB)

Summary Page

Invoice Date 2021-01-08

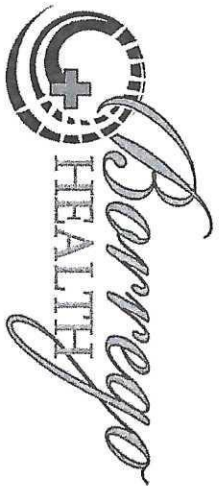
EOB Details

Invoice Date: 2021-01-08

Claim Count: 80

Total Amount: \$12,045.00

#	BILLING PROVIDER	CLAIM COUNT	TOTAL CHARGES
1	Guadalupe Marquez	34	\$4,040.00
2	Victor Felix	24	\$3,690.00
3	Ruth Garcia Rosas	22	\$4,325.00
Total for Invoice Date 2021-01-08			\$12,045.00



Explanation of Benefits (EOB)

Summary Page

Invoice Date 2020-12-25

Practice Information

G Marquez DDS Inc - Chula Vista
2452 Fenton Street #200
Chula Vista CA 91914

EOB Details

Invoice Date: 2020-12-25
Claim Count: 55
Total Amount: \$8,174.00

#	BILLING PROVIDER	CLAIM COUNT	TOTAL CHARGES
1	Guadalupe Marquez	15	\$1,660.00
2	Victor Felix	35	\$5,599.00
3	Ruth Garcia Rosas	5	\$925.00
Total for Invoice Date 2020-12-25			\$8,174.00



Explanation of Benefits (EOB)

Summary Page

Invoice Date 2020-12-18

Practice Information

G Marquez DDS Inc - Chula Vista
2452 Fenton Street #200
Chula Vista CA 91914

EOB Details

Invoice Date: 2020-12-18
Claim Count: 64
Total Amount: \$11,155.00

#	BILLING PROVIDER	CLAIM COUNT	TOTAL CHARGES
1	Guadalupe Marquez	26	\$3,135.00
2	Victor Felix	18	\$2,660.00
3	Ruth Garcia Rosas	20	\$5,360.00
Total for Invoice Date 2020-12-18			\$11,155.00



Explanation of Benefits (EOB)

Summary Page

Invoice Date 2020-12-11

Practice Information

G Marquez DDS Inc - Chula Vista
2452 Fenton Street #200
Chula Vista CA 91914

EOB Details

Invoice Date: 2020-12-11
Claim Count: 43
Total Amount: \$7,066.00

#	BILLING PROVIDER	CLAIM COUNT	TOTAL CHARGES
1	Guadalupe Marquez	20	\$2,350.00
2	Victor Felix	10	\$1,336.00
3	Ruth Garcia Rosas	13	\$3,380.00
Total for Invoice Date 2020-12-11			\$7,066.00