

Fill in this information to identify the case:

Debtor 1 Borrego Community Health Foundation

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Southern District of California

Case number 22-02384-LT11

FILED

2022 DEC 34 PM 12: 18

CLERK
U.S. BANKRUPTCY CT.
SO DIST. OF CALIF.

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 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. 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>California Department of Public Health</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>CDPH Office of Legal Services</u> Name <u>1415 L Street, Suite 500</u> Number Street <u>Sacramento CA 95814</u> City State ZIP Code Contact phone <u>(916) 558-1710</u> Contact email <u>Tami.Aschenbrenner@cdph.ca.gov</u>	<u>CDPH - Radiologic Health Branch</u> Name <u>P. O. Box 997414, MS 7610</u> Number Street <u>Sacramento CA 95899</u> City State ZIP Code Contact phone <u>(916) 440-7988</u> Contact email <u>Melanie.Saephanh@cdph.ca.gov</u>
	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? _____	

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JAN 0 4 2023

KURTZMAN CARSON CONSULTANTS



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: 0 0 2 1

7. How much is the claim? \$ 2,124.00 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.

Licensing fees in the Radiologic Machine Registration Section

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature of property:
 Real estate. If the claim is secured by the debtor's principal 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 amounts should match the amount in line 7.)

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JAN 04 2023

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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)?

No

Yes. Check one:

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

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Amount entitled to priority

\$ _____

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).

\$ _____

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).

\$ _____

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ _____

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ _____

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.

Part 3: Sign Below

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

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

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

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.

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.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment 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 a 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 12/21/2022
MM / DD / YYYY

Katie Belmonte

Signature

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

Name Katie Belmonte
First name Middle name Last name

Title Assistant Chief Counsel

Company California Department of Public Health
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1415 L Street, Suite 500
Number Street

Sacramento CA 95814
City State ZIP Code

Contact phone 916-558-1784 Email Katie.Belmonte@cdph.ca.gov

RECEIVED

JAN 04 2023

KURTZMAN CARSON CONSULTANTS



TOMÁS J. ARAGÓN, MD, DrPH
Director and State Public Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

December 28, 2022

United States Bankruptcy Court
Southern District of California
Jacob Weinberger United States Courthouse
325 West F Street
San Diego, CA 92101

Re: Borrego Community Health Foundation
Case No. 22-02384-LT11

Dear Clerk of the Court:

Enclosed for filing with the court is a Proof of Claim.

Thank you for your attention to this matter.

Sincerely,

Tami D. Aschenbrenner
Associate Governmental Program Analyst
(916) 558-1774

Enclosure

EXHIBIT A

Bankruptcy: Borrego Community Health Foundation dba Desert Home Care

Data by CDPH-RHB Database Support Unit (MS)
December 2022

FAC#	NAME	EXP DT	LOCATION	OUTSTANDING (Y/N)	OUTSTANDING AMOUNT	NOTES
FAC 78843	BORREGO COMMUNITY HEALTH FOUNDATION AKA BORREGO HEALTH ESCONDIDO	10/31/2022	1121 EAST WASHINGTON AVE ESCONDIDO CA 92025	Y	\$ 663.00	Currently in Dishonored Check Status-CA020385.
FAC 72789	BORREGO COMMUNITY HEALTH FOUNDATION AKA DESERT HOT SPRINGS HEALTH AND WELLNESS CENTER	2/29/2024	11750 CHOLLA DR DESERT HOT SPRINGS CA 92240	N	N/A	
FAC 66806	BORREGO COMMUNITY HEALTH FOUNDATION AKA BORREGO HEALTH EL CAJON	5/31/2024	133 WEST MAIN ST EL CAJON CA 92020	N	N/A	
FAC 70146	BORREGO COMMUNITY HEALTH FOUNDATION AKA BORREGO HEALTH EASTSIDE HEALTH CENTER DENTAL SERVICES	11/30/2023	1970 UNIVERSITY AVE RIVERSIDE CA 92507	N	N/A	
FAC 80846	BORREGO COMMUNITY HEALTH FOUNDATION AKA BORREGO HEALTH EASTSIDE B	5/31/2024	1971 UNIVERSITY AVE RIVERSIDE CA 92508	N	N/A	
FAC 66247	BORREGO COMMUNITY HEALTH FOUNDATION AKA BORREGO HEALTH JULIAN MEDICAL CENTER	11/30/2021	2721 WASHINGTON ST JULIAN CA 92036	N	N/A	INACT FAC PER RMR SIGNED 9/2/21 H1MQUAR 09/08/22
FAC 76514	BORREGO COMMUNITY HEALTH FOUNDATION AKA BORREGO HEALTH- JAY HOFFMAN HEALTH CENTER- DENTAL SERVICES	11/30/2024	29490 LAKEVIEW AVE NUEVO CA 92567	N	N/A	
FAC 68791	LAKE ELSINORE CLINICA MEDICA FAMILIAR	8/31/2016	31739 Riverside Drive Suite A-1 Lake Elsinore, CA 92530	N	N/A	ADMINISTRATIVELY INACTIVATED FAC PER NRSOV SIGNED 04/04/17 H1VHNDZ 05/18/17
FAC 42663	BORREGO COMMUNITY HEALTH FOUNDATION AKA BORREGO HEALTH BORREGO MEDICAL CENTER	3/31/2024	4343 YAQUI PASS ROAD BORREGO SPRINGS CA 92004	N	N/A	
FAC 69166	BORREGO COMMUNITY HEALTH FOUNDATION AKA BORREGO HEALTH MOBIL DENTAL SERVICES	10/31/2022	4343 YAQUI PASS ROAD BORREGO SPRINGS CA 92004	Y	\$ 1,913.00	Currently in Dishonored Check Status-CA020385.
FAC 72965	BORREGO COMMUNITY HEALTH FOUNDATION AKA BORREGO HEALTH COACHELLA	4/30/2024	55497 VAN BUREN ST COACHELLA CA 92236	N	N/A	
FAC 72963	BORREGO COMMUNITY HEALTH FOUNDATION AKA BORREGO HEALTH DENTAL SERVICES COACHELLA	4/30/2024	55557 CAMPUS ROAD THERMAL CA 92274	N	N/A	
FAC 81671	BORREGO COMMUNITY HEALTH FOUNDATION AKA BORREGO HEALTH ANZA COMMUNITY HEALTH CENTER	9/30/2024	58-581 CA 371 ANZA CA 92539	N	N/A	

FAC 82111	BORREGO COMMUNITY HEALTH FOUNDATION AKA BORREGO HEALTH D STREET MEDICAL CENTER	12/31/2022	590 N D ST SAN BERNARDINO CA 92401	N	N/A	INACT FAC 1/21/22 PER RMR SIGNED 1/28/22 H1GHOLM 11/07/22
FAC 71291	BORREGO COMMUNITY HEALTH FOUNDATION AKA BCHF WOOLCOTT DENTAL	9/30/2022	590 PALM CANYON DRIVE STE 212 BORREGO SPRINGS CA 92004	Y	\$ 885.00	SENT DLQ NTC IMG TO GACKERMAN@BORREGOHEALTH.ORG H1MHER 11/29/22 (SEE ATTACHMENT FOR THE INVOICE)
FAC 81981	BORREGO COMMUNITY HEALTH FOUNDATION AKA BORREGO HEALTH SAN JACINTO HEALTH CENTER	12/31/2022	651 NORTH ST STREET STE 5 SAN JACINTO CA 92583	N	N/A	INACT FAC 7/28/22 PER RMR SIGNED 9/27/22 H1GHOLM 11/07/22
FAC 72964	BORREGO COMMUNITY HEALTH FOUNDATION AKA BORREGO HEALTH DESERT HOT SPRINGS MAIN CAMPUS	4/30/2024	66675 PIERSON BLVD DESERT HOT SPRINGS CA 92240	N	N/A	
FAC 82415	BORREGO COMMUNITY HEALTH FOUNDATION AKA BORREGO HEALTH MOBILE DENTAL SERVICES	1/31/2021	66675 PIERSON BLVD DESERT HOT SPRINGS CA 92240	Y	\$ 1,180.00	Prepared handbill and forwarded to RH for approval.
FAC 68711	BORREGO COMMUNITY HEALTH FOUNDATION AKA BORREGO HEALTH CENTRO MEDICO CATHEDRAL CITY	7/31/2024	69175 RAMON ROAD BLDG A CATHEDRAL CITY CA 92234	N	N/A	
FAC 74783	BORREGO COMMUNITY HEALTH FOUNDATION AKA BORREGO HEALTH CATHEDRAL CITY DENTAL SERVICES	8/31/2023	69175 RAMON ROAD BLDG A CATHEDRAL CITY CA 92234	N	N/A	
FAC 73059	BORREGO COMMUNITY HEALTH FOUNDATION AKA BORREGO HEALTH ARLANZA FAMILY HEALTH CENTER DENTAL SERVICES	4/30/2024	8856 ARLINGTON AVE RIVERSIDE CA 92503	N	N/A	
FAC 75109	BORREGO COMMUNITY HEALTH FOUNDATION AKA BORREGO HEALTH ARLANZA FAMILY HEALTH CENTER	11/30/2023	8856 ARLINGTON AVE RIVERSIDE CA 92503	N	N/A	
FAC 77295	BORREGO COMMUNITY HEALTH FOUNDATION AKA BORREGO HEALTH CENTRO MEDICO OASIS	6/30/2023	88775 AVENUE 76 STE 1 THERMAL CA 92274	N	N/A	

111012822
09/16/2022
1270771599

This is a LEGAL COPY of your check. You can use it the same way you would use the original check.

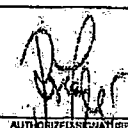
RETURN REASON-S
REFER TO MAKER

20150001
7137
4
05079

FAC/R

2202/ET/60 [94E0TECTTT
012264262T

REFER TO MAKER

BORREGO HEALTH Borrego Community Health Foundation General Checking Account: PO Box 2369 Borrego Springs, CA 92004-2369 (760) 767-5051		CITY NATIONAL BANK <small>Commercial Banking Center 225 375-8233 3104 Central Avenue Riverside, California 92506</small> 16-1606/1220	82680 8/23/2022 \$***638.00 DOLLARS AUTHORIZED SIGNATURE 
PAY TO THE ORDER OF: CA DEPT OF PUBLIC HEALTH RHB Six hundred thirty-eight and 00/100*****			
MEMO: FAC0007RR43 - 2022 FAC/R			

⑈082680⑈ ⑆122016066⑆ 075261993⑈

⑈082680⑈ ⑆122016066⑆ 075261993⑈ ⑈0000063800⑈

COUNTING USE ONLY

FOR ACCOUNTING USE ONLY

BRANCH	PROGRAM-ACCOUNT	RAD HEALTH BRANCH	CUSTOMER ID	CA02038500
	CHQ#	CA020385	CID#	46998
	REPORTING STRUCTURE	42655631	DEP DATE	9/13/22
	SERVICE LOCATION/			
	PROGRAM	76309 4045059615	DEP#	8076200887
	ACCOUNT/ALT ACCOUNT	4129400 / 4129400038	DEPOSIT ID	8076200887
	FY/BUDGET PERIOD	2022/2023		
	FUND/REF	00752 980	RICL DATE	9/16/22
	PROGRAM/CHK #	RAD MACH	BUYBACK CHECK #	076-162 5298
	BUYBACK DATE	9/16/22	BUYBACK DATE	09/21/22
ADDRESS CORRECTION				
SSN			SSN	
FTB - Date (sel)			FTB - Date (sel)	
INV (mailed) 9/16/2022			JE #	
DEL 1 (mailed)			Date (JE)	
DEL 2 (mailed)				
DEL 3 (mailed)			RET MAIL []	
REPLACEMENT CID# \$			Collection Agency:	
DEPOSIT NUMBER DATE			Name	
REPLACEMENT CID# \$			Date	
DEPOSIT NUMBER DATE				
CURRENT BALANCE \$			DATE	



CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

ACCOUNTING SECTION, 73.230 MS 1601

P.O. BOX 997376

SACRAMENTO, CA 95899-7376

(916)650-6759



BORREGO HEALTH 73.230385
PO BOX 2369 9/16/2022
BORREGO SPRINGS, CA 92004

INVOICE NO: CA020385
DATE: 9/16/2022
DUE: RECEIPT

RETURNED CHECK

RETURNED CHECK

FOR \$638.00 IS FOR: YOUR CHECK NO. 82680 FOR \$638.00 IS RETURNED DUE TO REFER TO MAKER.
IN ACCORDANCE WITH GOVERNMENT CODE SECTION 6157, A \$ 25.00 CHARGE IS ASSESSED ON
YOUR DISHONORED CHECK. PLEASE REMIT THE TOTAL DUE. THE REMITTANCE MUST BE IN THE
FORM OF A CERTIFIED CHECK, MONEY ORDER, CASHIERS CHECK, OR BANK DRAFT PAYABLE AT PAR
IN U.S.A. FUNDS.

IF YOU HAVE QUESTIONS REGARDING THE STATUS OF THE CERTIFICATE OR LICENSE,
PLEASE CONTACT LINDSEY REUTER AT (916)440-7937 OR VIA E-MAIL AT:
LINDSEY.REUTER@CDPH.CA.GOV

FOR DEPOSIT OR CHECK RELATED QUESTIONS, PLEASE CONTACT THE NUMBER BELOW THE
ADDRESS OR VIA EMAIL TRANG.NGUYEN2@CDPH.CA.GOV

PROGRAM ACCT
A/R & INVOICE #
REPORTING STMT
SERVICE LOCATI
PROGRAM
ACCOMMODATION
BUDGET DEPT
FUND/REF
PROGRAM

ADDRESS POST

TOTAL DUE: \$663.00

TOTAL DUE: \$663.00

(PLEASE DETACH AND MAIL WITH PAYMENT)

MAKE CHECK PAYABLE TO:

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
ACCOUNTING SECTION, 73.230 MS 1601
PO BOX 997376
SACRAMENTO, CA 95899-7376

TOTAL DUE: \$663.00

FROM: BORREGO HEALTH
INVOICE NO: CA020385

111012822
09/16/2022
1270771597

This is a LEGAL COPY of your check. You can use it the same way you would use the original check.

RETURN REASON-S
REFER TO MAKER

20150001
7137
5
05081

REFER TO MAKER

2022/EC/60 194E0TE111
602642627

BORREGO HEALTH	Borrego Community Health Foundation General Checking Account PO Box 2369 Borrego Springs, CA 92004-2369 (760) 767-5051	CITY NATIONAL BANK Commercial Borrego Center 16-1606/1220	82679
PAY TO THE ORDER OF <u>CA DEPT OF PUBLIC HEALTH RHB</u>		\$ **\$1,888.00	
One thousand eight hundred eighty-eight and 00/100		DOLLARS	
MEMO: CA DEPT OF PUBLIC HEALTH RHB Radiologic Health Branch MS 7610 PO Box 997414 Sacramento CA 95899-7414 United States		AUTHORIZED SIGNATURE: <i>[Signature]</i>	
MEMO: FACIR		FACIR	

082679 122016066 075261993

082679 122016066 075261993

082679 122016066 075261993 0000188800

PRINTING USE ONLY

FOR ACCOUNTING USE ONLY

PROGRAM ACCOUNT	RAD HEALTH BRANCH	CUSTOMER ID	CA02038500
CH/A/R & INVOICE #	CA020386	CID #	46998
REPORTING STRUCTURE	42655631	DEP DATE	9/13/22
SERVICE LOCATION/		DEP#	8076200887
PROGRAM	30702 76309 4045059615	DEPOSIT ID	8076 200887
ACCOUNT/ALT ACCOUNT	4129400 / 4129400038	RICL DATE	9/16/22
FY/BUDGET PERIOD	2022/2023	BUYBACK CHECK #	076-162 5299
FUND/REF	0075 980	BUYBACK DATE	09/21/22
PROGRAM	076-152 RAD MACH	SSN	
ADDRESS CORRECTION		FTB Date (sel)	
INV (mailed)	9/16/2022	JE #	\$
DEL 1 (mailed)		Date (JE)	
DEL 2 (mailed)		RET MAIL	[]
DEL 3 (mailed)		Collection Agency:	
REPLACEMENT CID#	\$	Name	Date
DEPOSIT NUMBER	DATE		
REPLACEMENT CID#	\$		
DEPOSIT NUMBER	DATE		
CURRENT BALANCE	\$	DATE	



CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
 ACCOUNTING SECTION, 73.230 MS 1601
 P.O. BOX 997376
 SACRAMENTO, CA 95899-7376
 (916)650-6759



BORREGO HEALTH
 PO BOX 2369
 BORREGO SPRINGS, CA 92004

INVOICE NO: CA020386
 DATE: 9/16/2022
 DUE: RECEIPT

RETURNED CHECK

RETURNED CHECK

FOR \$1,888.00 IS RETURNED DUE TO REFER TO MAKER. YOUR CHECK NO. TO 82679, FOR \$1,888.00 IS RETURNED DUE TO REFER TO MAKER. IN ACCORDANCE WITH GOVERNMENT CODE SECTION 6157, A \$25.00 CHARGE IS ASSESSED ON YOUR DISHONORED CHECK. PLEASE REMIT THE TOTAL DUE. THE REMITTANCE MUST BE IN THE FORM OF A CERTIFIED CHECK, MONEY ORDER, CASHIERS CHECK, OR BANK DRAFT PAYABLE AT PAR IN U.S.A. FUNDS.

IF YOU HAVE QUESTIONS REGARDING THE STATUS OF THE CERTIFICATE OR LICENSE, PLEASE CONTACT LINDSEY REUTER AT (916)440-7937 OR VIA E-MAIL AT: LINDSEY.REUTER@CDPH.CA.GOV

FOR DEPOSIT OR CHECK RELATED QUESTIONS, PLEASE CONTACT THE NUMBER BELOW THE ADDRESS OR VIA EMAIL: TRANG.NGUYEN2@CDPH.CA.GOV

TOTAL DUE: \$1,913.00

TOTAL DUE: \$1,913.00

(PLEASE DETACH AND MAIL WITH PAYMENT)

MAKE CHECK PAYABLE TO:

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
 ACCOUNTING SECTION, 73.230 MS 1601
 PO BOX 997376
 SACRAMENTO, CA 95899-7376

TOTAL DUE: \$1,913.00

FROM: BORREGO HEALTH
 INVOICE NO: CA020386

Radiologic Health Branch MS 7610
PO Box 997414
Sacramento, CA 95899-7414
Tel: (916) 327-5106
www.cdph.ca.gov/rhb



TOMÁS J. ARAGÓN, MD, DrPH
Director and State Public Health Officer



GAVIN NEWSOM
Governor

State of California
Health and Human Services Agency
Department of Public Health

BORREGO COMMUNITY HEALTH FOUNDATION
PO BOX 2369
BORREGO SPRINGS CA 92004-2369

Facility Number: FAC00071291

BILLING DATE: 10/28/22

EXPIRATION DATE: 09/30/22

YOUR NEW EXPIRATION

DATE WILL BE: 09/30/24

TOTAL AMOUNT DUE: \$885.00

DATE DUE: 12/25/22

Radiation Machine Tube(s) located at:
590 PALM CANYON DRIVE SUITE 212
BORREGO SPRINGS CA 92004

BORREGO
PO BOX 2369
BORREGO

REGISTRATION RENEWAL

California Department of Public Health, Radiologic Health Branch records indicate that you have not paid the amount due. Title 17, California Code of Regulations, section 30145, authorizes a 25% penalty if payment is 30 days past due. The amount indicated includes the fee and penalty. Make check or money order payable to "CDPH-RHB", California Department of Public Health - Radiologic Health Branch. Return the bottom portion of this notice with payment in the enclosed envelope.

If you believe our records are incorrect and the bill was paid prior to the due date, please provide a copy of the front and back of the cancelled check. Please advise all overnight/express mail must be mailed to the physical address:

California Department of Public Health
Radiologic Health Branch
1500 Capitol Avenue, Suite 520
MS 7610, Bldg. 172
Sacramento, CA 95814-5006

CHANGES TO REGISTRATION

The registrant shall report in writing to the Department, within 30 days, any change in: registrant's name, address, location of installation or receipt, sale, transfer, disposal or discontinuance of use of any reportable source of radiation. Changes shall be made online at <https://sn.cdph.ca.gov/xrayregistration>.

Keep this portion for your records

Xfadlq01 (07-22)

Detach this portion and return the original with payment

Xfadlq01 (07-22)

MAIL TO:
California Department of Public Health
Radiologic Health Branch MS 7610
PO Box 997414
Sacramento, CA 95899-7414
(916) 327-5106

**NOTICE OF DELINQUENT FEE
AND
REGISTRATION RENEWAL**



BORREGO COMMUNITY HEALTH FOUNDATION
PO BOX 2369
BORREGO SPRINGS CA 92004-2369

FACILITY NUMBER: FAC00071291
BILLING DATE: 10/28/22
PREVIOUS BALANCE: \$708.00
DELINQUENT FEE: \$177.00
FEES FROM ADDITIONAL
RENEWAL CYCLE(S): \$0.00
TOTAL DUE: \$885.00
DATE DUE: 12/25/22

Clearance	Index	Object Detail	Agency Object	BLK	Source	Agency Source	PCA	FFY	Fund
C0071291	5631	000	00	H	125700	38	76309	A	075

FACILITY REPORTABLE SOURCES OF RADIATION INVENTORY						Page 2
FACILITY NO: FAC00071291		(Retain a COPY for your records)				
Manufacturer	Model	Location	No. Tubes	Fee		
IMAGEWORKS	303-00421-2	ROOM 1	001	\$236.00		
IMAGEWORKS	303-00421-2	ROOM 2	001	\$236.00		
IMAGEWORKS	303-00421-1	ROOM 3	001	\$236.00		



TOMÁS J. ARAGÓN, MD, DrPH
Director and State Public Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

December 19, 2022

BORREGO COMMUNITY HEALTH FOUNDATION
PO BOX 2369
BORREGO SPRINGS CA 92004

FAC 82415

Dear Sir/Madam:

Radiation Machine Registration forms dated September 7, 2021 and January 29, 2022 was submitted to add and delete machine(s) from the registration. The new inventory is three machine(s) and three tube(s). The renewal fees for the current renewal cycle have been calculated to bring your registration current. Please see the enclosed summary page.

To avoid referral to the Inspection, Compliance and Enforcement (ICE) Section and delinquent fee, please remit payment along with a copy of this letter on or before February 19, 2023 to:

Mailing Address: CDPH-Radiologic Health Branch Database Support Unit, MS7610 P O BOX 997414 Sacramento, CA 95899-7414	Express Mail: CDPH- Radiologic Health Branch Database Support Unit, MS 7610 1500 Capitol Ave Sacramento, CA 95814-5006
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California Code of Regulations, title 17, section 30115 states, "Except for persons subject to section 30108.1, the registrant shall report in writing to the Department, within 30 days, any change in: registrant's name, registrant's address, location of the installation, or receipt, sale, transfer, disposal, or discontinuance of use of any reportable source of radiation." Please see the Interactive RH2261 form link: <https://cdph-rhb.powerappsportals.us/> to report changes to the registration. If changes were reported prior to invoice, please indicate the Tracking ID with payment.

Sincerely,

Melanie Saepanh, SSA
Radiologic Health Branch
California Department of Public Health

Enclosure(s)



BORREGO COMMUNITY HEALTH FOUNDATION, FAC 82415

Billing and Payment Summary

Billing Cycle	Number of Tubes	Number of Machines	Fee Per Tube	Total Fees Due	Payment Received	Date (Check #)
2/1/2021-1/31/2023	2/XDN 1/XDT 1/XDH	2/XDN 1/XDT 1/XDH	\$236.00	\$944.00	\$0.00	
25% Late Fee			\$59.00	\$236.00		
2/1/2023-1/31/2025	2/XDN 1/XDT 1/XDH	2/XDN 1/XDT 1/XDH	\$236.00	\$944.00	\$0.00	
25% Late Fee				\$0.00		
Renewal fees				\$1,888.00		
Late fees				\$236.00		
				Total Fees	Total Payments	Balance Due
				\$2,124.00	\$0.00	\$2,124.00