

Your claim can be filed electronically on KCC's website at <https://epoc.kccllc.net/BorrogoHealth>.

**Fill in this information to identify the case:**

Debtor Borrogo Community Health Foundation

United States Bankruptcy Court for the Southern District of California

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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

**Part 1: Identify the Claim**

1. Who is the current creditor? Bhatia, Balwant  
 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?  
 No  
 Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?  
 Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

<b>Where should notices to the creditor be sent?</b>		<b>Where should payments to the creditor be sent? (if different)</b>	
<u>Bhatia, Balwant</u> Name		_____ Name	
<u>1831 Sand Canyon Way</u> Number Street		_____ Number Street	
<u>Palm Springs</u> City	<u>CA</u> State	<u>92262</u> ZIP Code	_____ City State ZIP Code
Country _____		Country _____	
Contact phone <u>408-768-1406</u>	Contact phone _____		
Contact email <u>jay@jaystephan.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?  
 No  
 Yes. Claim number on court claims registry (if known) \_\_\_\_\_ Filed on \_\_\_\_\_

5. Do you know if anyone else has filed a proof of claim for this claim?  
 No  
 Yes. Who made the earlier filing? \_\_\_\_\_

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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: \_\_\_\_\_

7. How much is the claim? \$ 1,640.40 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.  
Overpayment for dentures not received

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 amount should match the amount in line 7.)

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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 all that apply:

Amount entitled to priority

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). \$ \_\_\_\_\_

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.

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.

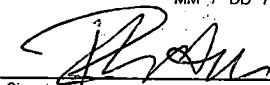
I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 04/03/2023  
MM / DD / YYYY

  
Signature

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

Name Balwant Bhatia  
First name Middle name Last name

Title \_\_\_\_\_

Company \_\_\_\_\_  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1831 Sand Canyon Way  
Number Street

Palm Springs CA 92262  
City State ZIP Code Country

Contact phone 408-768-1406 Email jay@jaystephan.com

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**From:** Stephan Riederer <usa.stephan@gmail.com>  
**Subject:** Fwd: Urgent Balwant Bhatia Dental mishap @ Borrego Health in DHS  
**Date:** April 3, 2023 at 09:20  
**To:**

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**From:** Andrea Taylor <ataylor@borregohealth.org>  
**Date:** March 30, 2023 at 12:32:51 PM PDT  
**To:** jbhatia@imgsync.com  
**Subject:** Urgent Balwant Bhatia Dental mishap @ Borrego Health in DHS

Hello,

Below is the link in which you can file a claim for the overpayment in the amount of \$1,640.40. I am sorry for this inconvenience.

Thank you,  
Andrea Taylor, MBA, CCS, CPC, COC  
Billing Revenue Cycle Manager  
Phone (951) 384-6020  
[ataylor@borregohealth.org](mailto:ataylor@borregohealth.org)  
<image002.png>

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**From:** Charles Pease <Charles.Pease@ankura.com>  
**Sent:** Wednesday, March 29, 2023 9:00 PM  
**To:** Andrea Taylor <ataylor@borregohealth.org>  
**Subject:** RE: [EXTERNAL]RE: [EXT] [send secure] Urgent Balwant Bhatia Dental mishap @ Borrego Health in DHS

Andrea,

I got some color today from our lawyers. I am correct in that we cannot pay the refund. However, have the patient file a claim at the link below. The Bar Date (meaning his last day to file a claim) has past many months ago, but under these circumstances, we'll accept his late claim submission. This means that he will get paid by the liquidating trustee of the estate some time after we close. So, said in other words, we can't pay him now, but we're hopeful he will get paid in the future by the estate.

<http://www.kccllc.net/documents/pocs/borrego%20-%20official%20410%20form%20with%20503b9-epoc-220922%20final.pdf>

Thanks.

**CJ Pease**  
Senior Director, Turnaround & Restructuring  
+1.580.380.1639 Mobile  
[charles.pease@ankura.com](mailto:charles.pease@ankura.com)

2021 McKinney Avenue  
Suite 340