

CSD 1001A [07/01/18](Page 1)

Docket #1506 Date Filed: 12/9/2024

Name, Address, Telephone No. &amp; I.D. No.

Name, Address, Telephone No. &amp; I.D. No.

Samuel R. Maizel (Bar No. 189301)


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DENTONS US LLP

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Order Entered on  
December 9, 2024  
by Clerk U.S. Bankruptcy Court  
Southern District of California

Attorneys for Post-Effective Date Debtor and the Co-Liquidating Trustee

Jeffrey N. Pomerantz (Bar No. 143717)

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10100 Santa Monica Blvd., 13th Floor

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Attorneys for the Co-Liquidating Trustee

**UNITED STATES BANKRUPTCY COURT**

SOUTHERN DISTRICT OF CALIFORNIA

325 West F Street, San Diego, California 92101-6991

In Re

BORREGO COMMUNITY HEALTH FOUNDATION,

Debtor.

BANKRUPTCY NO.  
22-02384-LT11

**ORDER ON  
STIPULATION BY AND AMONG THE POST-EFFECTIVE DATE DEBTOR,  
THE LIQUIDATING TRUSTEE, THE CO-LIQUIDATING TRUSTEES AND GABRIEL MARTINEZ  
REGARDING CLAIM NO. 99**

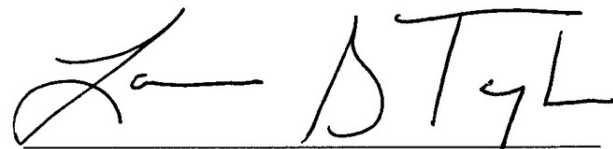
The court orders as set forth on the continuation pages attached and numbered 2 through 2 with exhibits, if any, for a total of 20 pages. Stipulation Docket Entry No. 1502.

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DATED: December 6, 2024



Judge, United States Bankruptcy Court



ORDER ON STIPULATION BY AND AMONG THE GABRIEL MARTINEZ REGARDING CLAIM NO. 99

DEBTOR: BORREGO COMMUNITY HEALTH FOUNDATION

CASE NO: 22-02384-LT11

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On December 5, 2024, Borrego Community Health Foundation (the Post-Effective Date Debtor), The Liquidating Trustee, the Co-Liquidating Trustees and Gabriel Martinez filed a *Stipulation By and Among the Post-Effective Date Debtor, The Liquidating Trustee, The Co-Liquidating Trustees And Gabriel Martinez Regarding Claim No. 99* [Docket No.1502] (the “Stipulation”).

IT IS HEREBY ORDERED:

1. That the Stipulation, attached hereto as **Exhibit 1**, is approved in its entirety.
2. That the terms and conditions of the Stipulation shall be binding upon the parties and are hereby fully incorporated into this Order by this reference.

# EXHIBIT 1

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LOS ANGELES, CALIFORNIA 90017-5704  
(213) 623-9300

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Attorneys for the Post-Effective Date  
Debtor and the Co-Liquidating Trustee  
Jeffrey N. Pomerantz (Bar No. 143717)  
Steven W. Golden (Admitted Pro Hac Vice)  
PACHULSKI STANG ZIEHL & JONES LLP  
10100 Santa Monica Blvd., 13th Floor  
Los Angeles, CA 90067  
Telephone: 310-277-6910  
Facsimile: 310-201-0760  
Email: jpomerantz@pszjlaw.com  
sgolden@pszjlaw.com

Attorneys for the Co-Liquidating Trustee

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF CALIFORNIA**

In re

BORREGO COMMUNITY  
HEALTH FOUNDATION,

Debtor and Debtor in  
Possession.

Case No. 22-02384-11

Chapter 11 Case

Judge: Honorable Laura S. Taylor

**STIPULATION BY AND AMONG THE  
POST-EFFECTIVE DATE DEBTOR,  
THE LIQUIDATING TRUSTEE, THE  
CO-LIQUIDATING TRUSTEES AND  
GABRIEL MARTINEZ REGARDING  
CLAIM NO. 99**

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Borrego Community Health Foundation, the debtor and debtor in possession (prior to the effective date of the Plan (defined below), the “Debtor,” and after the effective date, the “Post-Effective Date Debtor”) in the above-captioned chapter 11 bankruptcy case, the Liquidating Trustee (the “Liquidating Trustee”) of the Borrego Community Health Foundation Liquidating Trust (the “Liquidating Trust”), the Co-Liquidating Trustees of the Liquidating Trust (the “Co-Liquidating Trustees”) and Gabriel Martinez (the “Claimant”, and collectively with the Post-Effective Date Debtor, the Liquidating Trustee, and the Co-Liquidating Trustees, the “Parties”) hereby enter into this *Stipulation By and Among the Post-Effective Date Debtor, the Liquidating Trustee, the Co-Liquidating Trustees and Gabriel Martinez Regarding Claim No. 99*.

### **RECITALS**

WHEREAS, on September 12, 2022, the Debtor filed a voluntary petition for relief under chapter 11 of title 11 of the United States Code commencing Case No. 22-02384 (the “Chapter 11 Case”) in the United States Bankruptcy Court for the Southern District of California;

WHEREAS, on or about November 15, 2022, Claimant filed Proof of Claim No. 99 in the amount of \$60,000.00 (“Claim 99”), a copy of which is attached hereto as **Exhibit A**;

WHEREAS, the Liquidating Trust was established pursuant to the *First Amended Joint Combined Disclosure Statement and Chapter 11 Plan of Liquidation of Borrego Community Health Foundation* [Docket No. 1168] (the “Plan”), confirmed by the order [Docket No. 1273] entered January 25, 2024 (the “Confirmation Order”), and that certain *Liquidating Trust Agreement*, dated as of

February 14, 2024 (the “Liquidating Trust Agreement”); and

WHEREAS, after the Post-Effective Date Debtor’s professionals reviewed Claim 99, the Parties have agreed to resolve any issues regarding Claim 99 as set forth herein.

**STIPULATION**

**NOW THEREFORE**, subject to the approval of the Court, the Parties hereby agree and stipulate as follows:

1. Claim 99 shall be reduced and allowed as a general unsecured claim in the amount of \$20,000.00 (the “Allowed Claim Amount”).

2. Within thirty (30) days of entry of the order approving this Stipulation, the Liquidating Trust shall pay the Allowed Claim Amount to Claimant pursuant to the Plan.

3. In consideration of the agreements with and value provided herein and other good and valuable consideration, the Parties hereby waive, remise, release and forever discharge the other, including each of their respective former and current predecessors, successors, assigns, affiliates, subsidiaries, parent companies, shareholders, partners, members, managers, investors directors, officers, accountants, attorneys, employees, agents, representatives and servants of, from and against any and all claims, actions, causes of action, suits, proceedings, defenses, counterclaims, contracts, judgments, damages, accounts, reckonings, executions, and liabilities whatsoever of every name and nature, whether known or unknown, whether or not well-founded in fact or in law, and whether in law, at equity or otherwise, which either Party ever had or now has for or by reason of any matter, cause or anything whatsoever to this date relating to or arising out of the Parties’ prior business relationship, or the Chapter 11 Case.

4. Each of the Parties to the Stipulation acknowledge that they are familiar with California Civil Code Section 1542 and with respect to the matters released herein, each Party expressly waives any and all rights under California

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LOS ANGELES, CALIFORNIA 90017-5704  
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1 Civil Code Section 1542 and under any other federal or state statute or law of  
2 similar effect. California Civil Code Section 1542 provides:

3  
4 A general release does not extend to claims that the  
5 creditor or releasing party does not know or suspect to  
6 exist in his or her favor at the time of executing the  
7 release and that, if known by him or her, would have  
8 materially affected his or her settlement with the debtor  
9 or released party.

10 5. Claimant hereby warrants that Claimant (a) is authorized and  
11 empowered to execute this Stipulation on behalf of the Claimant, (b) has read this  
12 Stipulation in its entirety and fully understands and accepts the terms set forth  
13 herein, (c) has had an opportunity to consult with legal counsel and any other  
14 advisors of Claimant's choice with respect to the terms of this Stipulation, and (d)  
15 is signing this Stipulation on Claimant's own free will.  
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*[Remainder of Page Intentionally Left Blank]*

6. The terms, covenants, conditions, and provisions of this Stipulation cannot be altered, changed, modified, or added to, or deleted from, except in a writing signed by all parties hereto.

7. This Stipulation may be executed in counterparts each of which shall be deemed an original, but all of which together shall constitute one and the same.

8. The Court shall retain jurisdiction over all matters relating to the interpretation and enforcement of this Stipulation.

Dated: December 5, 2024

DENTONS US LLP  
SAMUEL R. MAIZEL  
TANIA M. MOYRON

By /s/ Tania M. Moyron  
Tania M. Moyron

Attorneys for the Post-Effective Date  
Debtor and the Co-Liquidating Trustee


Dated: December 5, 2024

PACHULSKI STANG ZIEHL & JONES LLP  
Jeffrey N. Pomerantz  
Steven W. Golden

By /s/ Steven W. Golden  
Steven W. Golden

Attorneys for the Co-Liquidating Trustee

Dated: December 04, 2024

By   
Gabriel Martinez

DENTONS US LLP  
601 SOUTH FIGUEROA STREET, SUITE 2500  
LOS ANGELES, CALIFORNIA 90017-5704  
(213) 623-9300



# EXHIBIT A

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>Gabriel Martinez</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>Gabriel Martinez</u> <u>1549 E Holt Ave</u> <u>Pomona, CA 91767, United States</u>	
	Contact phone <u>909469-6967</u>	Contact phone _____
	Contact email <u>ladopomona1549@gmail.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**

<b>6.</b>	<b>Do you have any number you use to identify the debtor?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____	
<b>7.</b>	<b>How much is the claim?</b> \$ <u>60000</u>	<b>Does this amount include interest or other charges?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).	
<b>8.</b>	<b>What is the basis of the claim?</b> 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.  <u>services rendered</u>		
<b>9.</b>	<b>Is all or part of the claim secured?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. <b>Nature or property:</b> <input type="checkbox"/> Real estate: If the claim is secured by the debtor's principle residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____  <b>Basis for perfection:</b> _____ 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.)  <b>Value of property:</b> \$ _____ <b>Amount of the claim that is secured:</b> \$ _____ <b>Amount of the claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)  <b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____  <b>Annual Interest Rate</b> (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	
<b>10.</b>	<b>Is this claim based on a lease?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____	
<b>11.</b>	<b>Is this claim subject to a right of setoff?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____	

<b>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</b>  A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes. Check all that apply:	<b>Amount entitled to priority</b>
	<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.		
<b>13. Is all or part of the claim pursuant to 11 U.S.C. § 503(b)(9)?</b>	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> 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 11/15/2022  
MM / DD / YYYY

/s/Gabriel G Martinez  
Signature

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

Name Gabriel G Martinez  
First name Middle name Last name

Title Owner

Company Martinez and Zermeno II, A Professional Dental Corporation  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address \_\_\_\_\_

Contact phone \_\_\_\_\_ Email \_\_\_\_\_



<b>Debtor:</b> 22-02384 - Borrego Community Health Foundation <b>District:</b> Southern District of California, San Diego Division		
<b>Creditor:</b> Gabriel Martinez 1549 E Holt Ave  Pomona, CA, 91767 United States <b>Phone:</b> 909469-6967 <b>Phone 2:</b>  <b>Fax:</b> 909469-6957 <b>Email:</b> ladopomona1549@gmail.com	<b>Has Supporting Documentation:</b> Yes, please mail physical supporting documentation <b>Related Document Statement:</b>	
	<b>Has Related Claim:</b> No <b>Related Claim Filed By:</b>	
	<b>Filing Party:</b> Creditor	
<b>Other Names Used with Debtor:</b>	<b>Amends Claim:</b> No <b>Acquired Claim:</b> No	
<b>Basis of Claim:</b> services rendered	<b>Last 4 Digits:</b> No	<b>Uniform Claim Identifier:</b>
<b>Total Amount of Claim:</b> 60000	<b>Includes Interest or Charges:</b> No	
<b>Has Priority Claim:</b> No	<b>Priority Under:</b>	
<b>Has Secured Claim:</b> No <b>Amount of 503(b)(9):</b> No <b>Based on Lease:</b> No <b>Subject to Right of Setoff:</b> No	<b>Nature of Secured Amount:</b> <b>Value of Property:</b> <b>Annual Interest Rate:</b> <b>Arrearage Amount:</b> <b>Basis for Perfection:</b> <b>Amount Unsecured:</b>	
<b>Submitted By:</b> Gabriel G Martinez on 15-Nov-2022 2:01:48 p.m. Eastern Time <b>Title:</b> Owner <b>Company:</b> Martinez and Zermeno II, A Professional Dental Corporation		

# **Additional Supporting Documents Received on 11/23/2022**

RECEIVED

NOV 23 2022

KURTZMAN CARSON CONSULTANTS



220238422112300000000004

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

ID: 25777630

PIN: 0rcE6fru

## Fill in this information to identify the case:

Debtor Borrego Community Health Foundation

United States Bankruptcy Court for the Southern District of California

Case number 22-02384

**Official Form 410**  
**Proof of Claim**

The Debtor has listed your claim as Disputed on Schedule F (E/F, Part 2) as a General Unsecured claim. If you believe that you have a claim against the Debtor, please complete and return this form accordingly.

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**

NameID: 15089594

1. Who is the current creditor?	<u>Gabriel Martinez</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <u>NONE</u>		
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?	<div>Where should notices to the creditor be sent? <u>Gabriel Martinez</u> <u>1549 E Holt Ave</u> <u>Pomona, CA 91767</u></div> <div>Where should payments to the creditor be sent? (if different) Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ Country _____ Contact phone _____ Contact email _____ Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</div> <div>RECEIVED NOV 23 2022 KURTZMAN CARSON CONSULTANTS</div> <div>Address _____ Contact phone <u>(909) 469-6967</u> Contact email <u>ladopomona1549@gmail.com</u></div> <div>POT E-MAIL</div>		
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: \_\_\_\_\_

7. How much is the claim?

\$ 60,000

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.

Services Rendered

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.)

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 11 8 2022  
MM / DD / YYYY

Signature

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

Name

GABRIEL

First name

Middle name

Last name

Title

creditor

Company

Laura Stuntz Dated

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

Address

Number

Street

City

State

ZIP Code

Country

Contact phone

Email

RECEIVED

NOV 23 2022

KURTZMAN CARSON CONSULTANTS



claim_id	provider	patient	date of birth	date of serv	correction	n-submitted	d-procedures	claim_status	amount
3748522						11/5/2020	D1120,D1330,D1208	Pending Payment	\$ 100.00
3748540						11/5/2020	D0120,D0220,D0274,D	Pending Payment	\$ 110.00
3748550						11/5/2020	D2751,D0220	Pending Payment	\$ 475.00
3748560						11/5/2020	D1999,D2700	Pending Payment	\$ 5.00
3748574						11/5/2020	D0150,D0210	Pending Payment	\$ 130.00
3748588						11/5/2020	D9430,D0220	Pending Payment	\$ 100.00
3748592						11/5/2020	D5002.1	Pending Payment	\$ -
3748597						11/5/2020	D0150,D0210	Pending Payment	\$ 130.00
3748608						11/5/2020	D9430,D0220,D0230	Pending Payment	\$ 100.00
3748609						11/5/2020	D7140	Pending Payment	\$ 120.00
3748638						11/5/2020	D1999,D2332	Pending Payment	\$ 155.00
3748659						11/5/2020	D3310,D1999,D0220	Pending Payment	\$ 310.00
3748681						11/5/2020	D1110,D1330	Pending Payment	\$ 110.00
3748691						11/5/2020	D1999,D4341,D4341	Pending Payment	\$ 145.00
3748701						11/5/2020	D0150,D0210	Pending Payment	\$ 130.00
3748710						11/5/2020	D0120,D0210	Pending Payment	\$ 110.00
3748719						11/12/2020	D9430,D0220	Pending Payment	\$ 100.00
3748830						11/5/2020	D7140	Pending Payment	\$ 120.00
3748867						11/19/2020	D1999,D2393	Pending Payment	\$ 155.00
3748896						11/5/2020	D0210,D0120	Pending Payment	\$ 110.00
3748905						11/5/2020	D5002.1,D5002.1	Pending Payment	\$ -
3764997						11/12/2020	D7140	Pending Payment	\$ 120.00
3766971						11/12/2020	D3330,D1999	Pending Payment	\$ 470.00
3766992						11/12/2020	D3330,D1999	Pending Payment	\$ 470.00
3766994						11/12/2020	D1999,D3320	Pending Payment	\$ 370.00
3767008						11/12/2020	D1999,D2391	Pending Payment	\$ 155.00
3767015						11/19/2020	D1120,D1330,D1208	Pending Payment	\$ 100.00
3767020						11/12/2020	D1120,D1330,D1208	Pending Payment	\$ 100.00
3767026						11/12/2020	D1120,D1330,D1208	Pending Payment	\$ 100.00
3767031						11/12/2020	D9430,D0220	Pending Payment	\$ 100.00
3767042						11/12/2020	D1999,D4341,D4341	Pending Payment	\$ 145.00
3767044						11/12/2020	D9430,D0220	Pending Payment	\$ 100.00
3767061						11/12/2020	D1999,D2700	Pending Payment	\$ 5.00
3767068						11/12/2020	D7140	Pending Payment	\$ 120.00
3767077						11/12/2020	D0120,D0210	Pending Payment	\$ 110.00
3767081						11/12/2020	D1999,D2700	Pending Payment	\$ 5.00
3767099						11/12/2020	D0120,D0210	Pending Payment	\$ 110.00
3767102						11/12/2020	D0120,D0220,D0274,D	Pending Payment	\$ 110.00
3767110						11/12/2020	D0210,D0120	Pending Payment	\$ 110.00
3767123						11/12/2020	D0120,D0210	Pending Payment	\$ 110.00
3767132						11/12/2020	D0120,D0210	Pending Payment	\$ 110.00
3767142						11/12/2020	D2391,D2391	Pending Payment	\$ 150.00
3767159						11/12/2020	D1120,D1330,D1208	Pending Payment	\$ 100.00
3767177						11/12/2020	D1120,D1330,D1208	Pending Payment	\$ 100.00
3767184						11/12/2020	D1120,D1330,D1208	Pending Payment	\$ 100.00
3767194						11/12/2020	D1120,D1330	Pending Payment	\$ 100.00
3767222						11/12/2020	D2751,D0270	Pending Payment	\$ 475.00
3767229						11/12/2020	D1999,D2391,D2391	Pending Payment	\$ 155.00
3767244						11/12/2020	D1999,D2700	Pending Payment	\$ 5.00
3767252						11/12/2020	D2751,D0270	Pending Payment	\$ 475.00
3767280						11/12/2020	D7210,D7210,D1999	Pending Payment	\$ 190.00
3767296						11/12/2020	D5001,D5001	Pending Payment	\$ -
3767307						11/12/2020	D1999,D4341,D4341	Pending Payment	\$ 145.00
3767311						11/12/2020	D1999,D4341,D4341	Pending Payment	\$ 145.00
3767317						11/12/2020	D1999,D2700	Pending Payment	\$ 5.00
3767329						11/12/2020	D0120,D0210	Pending Payment	\$ 110.00
3767332						11/12/2020	D9430,D0220,D0270	Pending Payment	\$ 100.00
3767340						11/16/2020	D0150,D0220,D0230	Pending Payment	\$ 130.00
3767350						11/12/2020	D5008.1	Pending Payment	\$ -
3767354						11/12/2020	D1999,D2391	Pending Payment	\$ 155.00
3767400						11/12/2020	D1999,D2330,D2330	Pending Payment	\$ 155.00
3767410						11/12/2020	D1999,D4341,D4341	Pending Payment	\$ 145.00
3767439						11/12/2020	D1999,D4341,D4341	Pending Payment	\$ 145.00
3767448						11/12/2020	D5002,D5002	Pending Payment	\$ -
3772649						11/16/2020	D1110,D1330	Pending Payment	\$ 110.00
3772654						11/16/2020	D7140,D7140	Pending Payment	\$ 120.00
3772660						11/16/2020	D5003,D5003	Pending Payment	\$ -
3772668						11/16/2020	D5211	Pending Payment	\$ 360.00
3772674						11/16/2020	D1110,D1330	Pending Payment	\$ 110.00
3772679						11/16/2020	D0120,D0210,D1110,D	Pending Payment	\$ 140.00

3772688	11/16/2020	D1999,D2331	Pending Payment	\$	155.00
3772693	11/16/2020	D1330,D0210,D0120,D	Pending Payment	\$	140.00
3772698	11/16/2020	D4910,D1330,D1999	Pending Payment	\$	145.00
3772704	11/16/2020	D1999,D2393	Pending Payment	\$	155.00
3772708	11/16/2020	D5003.1,D5003.1	Pending Payment	\$	-
3772714	11/16/2020	D4341,D4341,D1999	Pending Payment	\$	145.00
3772717	11/30/2020	D9430,D0220,D0230	Pending Payment	\$	100.00
3772728	11/16/2020	D1999,D2391	Pending Payment	\$	155.00
3772735	11/16/2020	D0120,D0210,D1110,D	Pending Payment	\$	140.00
3772749	11/16/2020	D0120,D0210,D1110,D	Pending Payment	\$	140.00
3772751	11/19/2020	D0130,D0210	Pending Payment	\$	130.00
3772763	11/16/2020	D7140	Pending Payment	\$	120.00
3772768	11/16/2020	D9930	Pending Payment	\$	50.00
3784278	11/19/2020	D1120,D1330,D1208	Pending Payment	\$	100.00
3784288	11/19/2020	D2751,D0270	Pending Payment	\$	475.00
3784308	11/19/2020	D9430,D0220	Pending Payment	\$	100.00
3784342	11/19/2020	D9430,D0220	Pending Payment	\$	100.00
3784353	11/19/2020	D7140	Pending Payment	\$	120.00
3784360	12/10/2020	D1110,D1330	Pending Payment	\$	110.00
3784365	11/30/2020	D1999,D3991	Pending Payment	\$	5.00
3784374	11/19/2020	D4910,D1999	Pending Payment	\$	145.00
3784377	11/19/2020	D0120,D0210	Pending Payment	\$	110.00
3784384	11/19/2020	D0130,D0220,D0230	Pending Payment	\$	130.00
3784390	11/19/2020	D5003.1	Pending Payment	\$	-
3784394	11/19/2020	D0120,D0210	Pending Payment	\$	110.00
3784400	11/19/2020	D1999,D4341,D4341	Pending Payment	\$	145.00
3784430	11/19/2020	D0130,D0210	Pending Payment	\$	130.00
3784434	11/19/2020	D7210,D1999	Pending Payment	\$	190.00
3784440	11/19/2020	D1999,D2391	Pending Payment	\$	155.00
3784445	11/19/2020	D1999,D2392	Pending Payment	\$	155.00
3784451	11/19/2020	D9430,D0220	Pending Payment	\$	100.00
3784455	11/19/2020	D7140,D7140	Pending Payment	\$	120.00
3784497	11/19/2020	D1110,D1330	Pending Payment	\$	110.00
3784500	11/19/2020	D9430,D0220	Pending Payment	\$	100.00
3784516	11/19/2020	D1110,D1330	Pending Payment	\$	110.00
3784522	11/19/2020	D0210,D2751	Pending Payment	\$	475.00
3784528	11/19/2020	D2391,D1999	Pending Payment	\$	155.00
3784547	11/19/2020	D2394,D1999	Pending Payment	\$	155.00
3784557	11/19/2020	D1999,D2700	Pending Payment	\$	5.00
3784561	11/19/2020	D1999,D2393	Pending Payment	\$	155.00
3784595	11/19/2020	D2393,D1999	Pending Payment	\$	155.00
3784602	11/19/2020	D5110,D5120	Pending Payment	\$	1,270.00
3784608	11/19/2020	D0130,D0220,D0230	Pending Payment	\$	130.00
3784636	11/19/2020	D7140	Pending Payment	\$	120.00
3803293	11/30/2020	D5213	Pending Payment	\$	660.00
3807851	12/3/2020	D5213,D5214	Pending Payment	\$	1,320.00
3807856	12/3/2020	D5401.1,D5401.1	Pending Payment	\$	-
3814490	12/14/2020	D2751,D0220	Pending Payment	\$	475.00

Pending Prosthetic Treatment List for Borrego Health

Return to Contract Administrator for Borrego Health

Contract Dental Provider Number	Provider Name	Name of Practice	Medi-Cal	Patient Name	Last, First	Date of Birth	Treatment Start Date	ICD-10 Code	Tooth #	Description	Claim Amount
1392 Zermeno, Jose	Latin American Dental	Latin American Dental						05213	2,4,5,6,12,15	PUD	\$ 660.00
1392 Duran, Benjamin	Latin American Dental	Latin American Dental						02751	8	PFM	\$ 475.00
1392 Duran, Benjamin	Latin American Dental	Latin American Dental						05214	18,19,30	PUD	\$ 660.00
1392 Martinez, Gabriel	Latin American Dental	Latin American Dental						02751	31	PFM	\$ 475.00
1392 Duran, Benjamin	Latin American Dental	Latin American Dental						02751	18	PFM	\$ 475.00
1392 Martinez, Gabriel	Latin American Dental	Latin American Dental						02751	4	PFM	\$ 475.00
1392 Zermeno, Jose	Latin American Dental	Latin American Dental						05213/05214	3,4,5,18,19,31	PUD/PUD	\$ 1,375.00
1392 Zermeno, Jose	Latin American Dental	Latin American Dental						05214	18,19,30,31	PUD	\$ 660.00
1392 Zermeno, Jose	Latin American Dental	Latin American Dental						05211	4,14	Upper Stay Plate	\$ 360.00
1392 Zermeno, Jose	Latin American Dental	Latin American Dental						02751	8	PFM	\$ 475.00
1392 Martinez, Gabriel	Latin American Dental	Latin American Dental						05213	2,4,13	PUD	\$ 660.00
1392 Martinez, Gabriel	Latin American Dental	Latin American Dental						02751	9	PFM	\$ 475.00
1392 Martinez, Gabriel	Latin American Dental	Latin American Dental						02751	13	PFM	\$ 475.00
1392 Duran, Benjamin	Latin American Dental	Latin American Dental						02751	31	PFM	\$ 475.00
1119 Zermeno, Jose	Latin American Dental	Latin American Dental						02751	18	PFM	\$ 475.00
1119 Vo, Oit	Latin American Dental	Latin American Dental						02751	5	PFM	\$ 475.00
1119 Martinez, Gabriel	Latin American Dental	Latin American Dental						05213	2,3,5,14,15	PUD	\$ 660.00
1119 Martinez, Gabriel	Latin American Dental	Latin American Dental						02751	31	PFM	\$ 475.00
1119 Martinez, Gabriel	Latin American Dental	Latin American Dental						05213/05214	PUD5,6,7,8, PUD/PUD		\$ 1,320.00
1119 Zermeno, Jose	Latin American Dental	Latin American Dental						02751	8	PFM	\$ 475.00
1119 Martinez, Gabriel	Latin American Dental	Latin American Dental						02751	7	PFM	\$ 475.00
1119 Martinez, Gabriel	Latin American Dental	Latin American Dental						05110/05214	18,19,20,31, 1309/PUD		\$ 1,395.00
1119 Zermeno, Jose	Latin American Dental	Latin American Dental						05214	18,19,30,31	PUD	\$ 660.00
1119 Martinez, Gabriel	Latin American Dental	Latin American Dental						05211	2,3,4,5,6,7,8, Upper stay plate		\$ 360.00
1119 Martinez, Gabriel	Latin American Dental	Latin American Dental						05213	2,4,5,7,8,9, PUD		\$ 660.00
1119 Zermeno, Jose	Latin American Dental	Latin American Dental						02751	30	PFM	\$ 475.00
1118 Martinez, Gabriel	Latin American Dental	Latin American Dental						K02.63	20	PFM Prep/Pt w/down syndrome	\$ 7,805.00
1118 Martinez, Gabriel	Latin American Dental	Latin American Dental						K02.63	14	PFM-Prep	\$ 475.00
1118 Zermeno, Jose	Latin American Dental	Latin American Dental						K04.01	8	PFM-Prep	\$ 475.00
1118 Zermeno, Jose	Latin American Dental	Latin American Dental						K04.01	9	PFM-Prep	\$ 475.00
1118 Zermeno, Jose	Latin American Dental	Latin American Dental						K08.499	18,19,20,21, PUD		\$ 660.00
1118 Martinez, Gabriel	Latin American Dental	Latin American Dental						K08.499	18,19,30,31	PUD	\$ 660.00
1118 Zermeno, Jose	Latin American Dental	Latin American Dental						K08.499	2,3,4,5,10,11 USP		\$ 360.00
1118 Zermeno, Jose	Latin American Dental	Latin American Dental						K04.02	15	PFM-Prep	\$ 475.00
1118 Zermeno, Jose	Latin American Dental	Latin American Dental						K04.02	12	PFM-Prep	\$ 475.00
1118 Zermeno, Jose	Latin American Dental	Latin American Dental						K08.51/ K08.530	14	PFM-Prep	\$ 475.00
1118 Martinez, Gabriel	Latin American Dental	Latin American Dental						K02.52	2	PFM-Prep	\$ 475.00
1118 Martinez, Gabriel	Latin American Dental	Latin American Dental						K08.531	8	PFM-Prep	\$ 475.00
1118 Martinez, Gabriel	Latin American Dental	Latin American Dental									\$ 5,955.00

## Notice Recipients

District/Off: 0974-3	User: Admin.	Date Created: 12/9/2024
Case: 22-02384-LT11	Form ID: pdfO1	Total: 4

### Recipients of Notice of Electronic Filing:

aty	Steven W Golden	sgolden@pszjlaw.com
aty	Tania M. Moyron	tania.moyron@dentons.com

TOTAL: 2

### Recipients submitted to the BNC (Bankruptcy Noticing Center):

db	BORREGO COMMUNITY HEALTH FOUNDATION,	587 Palm Canyon Dr.	Suite 208	Borrego
	Springs, CA 92004			
aty	Samuel Ruven Maizel	Dentons US LLP	601 South Figueroa Street	Suite 2500 Los Angeles,
	CA 90017			

TOTAL: 2