| Case 22-02384-LT11 Filed 12/17/24 Entered 12 CSD 1001A [07/01/18](Page 1) | 2/19/24 21:11:50 Doc 1523 Pg. 1 of Docket #1523 Date Filed: 12/17/2024 |
|---|--|
| Name, Address, Telephone No. & I.D. No. | |
| Name, Address, Telephone No. & I.D. No. Samuel R. Maizel (Bar No. 189301) Tania M. Moyron (Bar No. 235736) DENTONS US LLP 601 South Figueroa Street, Suite 2500 Los Angeles, CA 90017-5704 Telephone: 213/623-9300 Attorneys for Post-Effective Date Debtor and the Co-Liquidating Trustee | Order Entered on December 17, 2024 by Clerk U.S. Bankruptcy Court Southern District of California |
| 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 | |
| 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, | BANKRUPTCY NO. 22-02384-LT11 |
| Debtor. | |

ORDER ON

STIPULATION BY AND AMONG THE POST-EFFECTIVE DATE DEBTOR, THE LIQUIDATING TRUSTEE, THE CO-LIQUIDATING TRUSTEES AND SURAJ SHARMA/VM DENTAL REGARDING CLAIM NO. 73

The court orders as set forth on the continuation pages attached and numbered 2 through 2 with exhibits, if any, for a total of 23 pages. Stipulation Docket Entry No. 1517.

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DATED: December 17, 2024

Judge, United States Bankruptcy Court



CSD 1001A LA:4930-5488-0007.1 10283.002

Case 22-02384-LT11 Filed 12/17/24 Entered 12/19/24 21:11:50 Doc 1523 Pg. 2 of CSD 1001A [07/01/18](Page 2) 27 ORDER ON STIPULATION BY AND AMONG SURAJ SHARMA/VM DENTAL REGARDING CLAIM NO. 73

DEBTOR: BORREGO COMMUNITY HEALTH FOUNDATION

CASE NO: 22-02384-LT11

On December 16, 2024, Borrego Community Health Foundation (the Post-Effective Date Debtor), The Liquidating Trustee, the Co-Liquidating Trustees and Suraj Sharma/VM Dental filed a *Stipulation By and Among the Post-Effective Date Debtor, The Liquidating Trustee, The Co-Liquidating Trustees And Suraj Sharma/VM Dental Regarding Claim No.* 73 [Docket No. 1517] (the "<u>Stipulation</u>").

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.



Entered 12/19/24 21:11:50 Doc 1523 Pg. 3 of 27 Case 22-02384-LT11 Filed 12/17/24

Signed by Judge Laura Stuart Taylor December 17, 2024

EXHIBIT 1

| C& | ee | 220 2384-L T111 | Fifeite 22/128//274/2 | 24Ente⊞ent 20 2 | &12&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&& | Pg. 4 of | f | |
|-------------|---|--|-----------------------|----------------------|--|----------|---|--|
| 3) 623-9300 | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 | SAMUEL R. MAIZEL (Bar No. 189301) samuel.maize@dentons.com TANIA M. MOYRON (Bar No. 235736) tania.moyron@dentons.com DENTONS US LLP 601 South Figueroa Street, Suite 2500 Los Angeles, California 90017-5704 Telephone: 213 623-9300 Facsimile: 213 623-9924 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: 310-201-0760 Email: jpomerantz@pszjlaw.com sgolden@pszjlaw.com | | | | | | |
| 1 | 15 | UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF CALIFORNIA | | | | | | |
| 1 | 16 17 18 | In re BORREGO CC HEALTH FOU | | Cł | ase No. 22-02384-11 napter 11 Case dge: Honorable Laura S. Taylor | | | |
| 2 | 19 20 21 22 23 | Debtor a Possessio | nd Debtor in on. | PC TI CC SU | TIPULATION BY AND AMONG THI OST-EFFECTIVE DATE DEBTOR, HE LIQUIDATING TRUSTEE, THE O-LIQUIDATING TRUSTEES AND JRAJ SHARMA/VM DENTAL EGARDING CLAIM NO. 73 | Ε | | |
| 2 | 24 25 26 | | | | | | | |
| 2 | 26 27 28 | | | | | | | |
| | | 4862-2741-0430.1 10283 | 3.00003 | | Signed by Judge Laura Stuart Taylor December 1 | 17, 2024 | | |

DENTONS US LLP 601 South Figueroa STREET, Suite 2500 Los ANGELES, California 90017-5704 (213) 623-9300

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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 "<u>Debtor</u>," and after the effective date, the "<u>Post-Effective Date Debtor</u>") in the above-captioned chapter 11 bankruptcy case, the Liquidating Trustee (the "<u>Liquidating Trustee</u>") of the Borrego Community Health Foundation Liquidating Trust (the "<u>Liquidating Trust</u>"), the Co-Liquidating Trustees of the Liquidating Trust (the "<u>Co-Liquidating Trustees</u>") and Suraj Sharma/VM Dental (the "<u>Claimant</u>", and collectively with the Post-Effective Date Debtor, the Liquidating Trustee, and the Co-Liquidating Trustees, the "<u>Parties</u>") hereby enter into this *Stipulation By and Among the Post-Effective Date Debtor, the Liquidating Trustee, the Co-Liquidating Trustees and Suraj Sharma/VM Dental Regarding Claim No. 73.*

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 "<u>Chapter 11 Case</u>") in the United States Bankruptcy Court for the
Southern District of California;

WHEREAS, on or about November 9, 2022, Claimant filed Proof of Claim
No. 73 in the amount of \$27,800.00 ("<u>Claim 73</u>"), 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 "<u>Plan</u>"), confirmed by the order [Docket No. 1273] entered January 25, 2024 (the "<u>Confirmation Order</u>"), and that certain Liquidating Trust Agreement, dated as of

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February 14, 2024 (the "Liquidating Trust Agreement");

WHEREAS, the Post-Effective Date Debtor has reviewed its books and
records and believes that Claim 73 relates to dental services performed by the
Claimant on behalf of the Debtor; and

WHEREAS, after the Post-Effective Date Debtor's professionals reviewed Claim 73, the Parties have agreed to resolve any issues regarding Claim 73 as set forth herein.

STIPULATION

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

1. Claim 73 shall be reduced and allowed as a general unsecured claim in the amount of \$10,000.00 (the "<u>Allowed Claim Amount</u>").

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 16 17 other good and valuable consideration, the Parties hereby waive, remise, release and forever discharge the other, including each of their respective former and 18 current predecessors, successors, assigns, affiliates, subsidiaries, parent companies, 19 shareholders, partners, members, managers, investors directors, officers. 20 21 accountants, attorneys, employees, agents, representatives and servants of, from and 22 against any and all claims, actions, causes of action, suits, proceedings, defenses, counterclaims, contracts, judgments, damages, accounts, reckonings, executions, 23 and liabilities whatsoever of every name and nature, whether known or unknown, 24 whether or not well-founded in fact or in law, and whether in law, at equity or 25 otherwise, which either Party ever had or now has for or by reason of any matter, 26 cause or anything whatsoever to this date relating to or arising out of the Parties' 27 28 prior business relationship, or the Chapter 11 Case.

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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 Civil Code Section 1542 and under any other federal or state statute or law of similar effect. California Civil Code Section 1542 provides:

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

5. Claimant hereby warrants that Claimant (a) is authorized and empowered to execute this Stipulation on behalf of the Claimant, (b) has read this Stipulation in its entirety and fully understands and accepts the terms set forth herein, (c) has had an opportunity to consult with legal counsel and any other advisors of Claimant's choice with respect to the terms of this Stipulation, and (d) is signing this Stipulation on Claimant's own free will.

[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.

 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 12, 2024

Dated: December ¹², 2024

Dated: December 12 15, 2024

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DENTONS US LLP A FIQUEROA STREET JELES, CALIFORNIA (213) 623-9300

601 South Los ANGI DENTONS US LLP SAMUEL R. MAIZEL TANIA M. MOYRON

By <u>/s/ Tania M. Moyron</u> Tania M. Moyron

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

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

By <u>/s/ Steven W. Golden</u> Steven W. Golden

Attorneys for the Co-Liquidating Trustee

Bv

Suraj Sharma

VM Dental

By Suraj Sharma PRESIDENT Its:

4862-2741-0430.1 10283.00003

EXHIBIT A

Casse 22-023844LIT11 Fileded/10/247/24nteedter/do/22/19/24221:DD:50517Docg1528 Pg. 10 20 of 27

Claim #73 Date Filed: 11/9/2022

| Fill in this information to identify the case: | | | | | |
|--|---|----------------------------|--|--|--|
| Debtor | Borrego Community Health Foundation | | | | |
| United States Ba | ankruptcy Court for the: Southern Distric | t 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 Clair | n | |
|------------------|--|---|---|
| | Vho is the current reditor? | Suraj Sharma/VM DENTAL Name of the current creditor (the person or entity to be paid for this claim Other names the creditor used with the debtor Premier Healt | |
| а | las this claim been cquired from omeone else? | No Yes. From whom? | |
| n p c F | Vhere should otices and ayments to the reditor be sent? ederal Rule of ankruptcy Procedure FRBP) 2002(g) | Where should notices to the creditor be sent? Suraj Sharma/VM DENTAL 5515 Van Buren Blvd Riverside, CA 92503, United States | Where should payments to the creditor be sent? (if different) |
| | | Contact phone 9515348889 Contact email partha7588@gmail.com Uniform claim identifier for electronic payments in chapter 13 (if you use | |
| a | ooes this claim mend one already led? | No Yes. Claim number on court claims registry (if known) | Filed on |
| a | o you know if nyone else has filed proof of claim for his claim? | No Yes. Who made the earlier filing? | |
| 0 | icial Form 410 | Broof of Claim | 2202384221019011833000412 |

Proof of Claim

Signed by Judge Laura Stuart Taylor December 17, 2024

Case 22-023844LIT11 Fileded/10/247/2Enteredteredtered/12/19/284221:Dbt50517Doreg1828 Pg. 11 20 of 27

| Pa | rt 2: Give Information A | bout the Claim as of the Date the Case Was Filed |
|-----|--|---|
| | 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? | \$ <u>27,800</u> 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). |
| | 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. |
| 9. | Is all or part of the claim secured? | No 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 Montgage 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: \$ |
| 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: |

Case 22-023844LIT11 Fileded/10/247/24 Interedite2/e6/22/19/284221:00:50517Doreg1928 Pg. 12 20 of 27

| 12. Is all or part of the claim entitled to priority under | No | |
|---|--|-------------------------------------|
| 11 U.S.C. § 507(a)? | Yes. Check all that apply: | Amount entitled to priority |
| A claim may be partly priority and partly nonpriority. For example, | Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). | \$ |
| in some categories, the law limits the 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. |
| 13. Is all or part of the claim | No | |
| pursuant to 11 U.S.C. § 503(b)(9)? | Yes. Indicate the amount of your claim arising from the value of any goods rece days before the date of commencement of the above case, in which the goods the ordinary course of such Debtor's business. Attach documentation supportin | have been sold to the Debtor in |
| | \$ | |
| Part 3: Sign Below | | |

| The person completing | Check the appropr | iate box: | | | | |
|--|--|---|--|--|--|--|
| this proof of claim must sign and date it. FRBP 9011(b). | I am the credi | tor. | | | | |
| If you file this claim | I am the credi | I am the creditor's attorney or authorized agent. | | | | |
| electronically, FRBP 5005(a)(2) authorizes courts | I am the trust | ee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. | | | | |
| to establish local rules specifying what a signature | I am a guarar | I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. | | | | |
| is. A person who files a | I understand that an authorized signature on this <i>Proof of Claim</i> 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. | | | | | |
| fraudulent claim could be fined up to \$500,000, | I have examined th | e information in this Proof of Claim and have reasonable belief that the information is true and correct. | | | | |
| imprisoned for up to 5 years, or both. | I declare under per | nalty of perjury that the foregoing is true and correct. | | | | |
| 18 U.S.C. §§ 152, 157, and 3571. | Executed on date | _11/09/2022 | | | | |
| | <u>/s/SURAJ_SHAP</u> Signature Print the name of | the person who is completing and signing this claim: | | | | |
| | Name | SURAJ SHARMA | | | | |
| | - Harne | First name Last name | | | | |
| | Title | OWNER | | | | |
| | Company | -VM Denta Identify the corporate servicer as the company if the au horized agent is a servicer. | | | | |
| | Address | | | | | |
| | | | | | | |
| | Contact phone | Email | | | | |

| [| | | | | |
|---|----------------------|--|--|--|--|
| Debtor: | | | | | |
| 22-02384 - Borrego Community Health Foundatior | n | | | | |
| District: | | | | | |
| Southern District of California, San Diego Division | | | | | |
| Creditor: | Has Supporting Doc | | | | |
| Suraj Sharma/VM DENTAL | | ng documentation successfully uploaded | | | |
| 5515 Van Buren Blvd | Related Document S | Statement: | | | |
| Riverside, CA, 92503 | Has Related Claim: | Has Related Claim: | | | |
| United States | No | | | | |
| Phone: | Related Claim Filed | By: | | | |
| 9515348889 | Filing Party: | | | | |
| Phone 2: | Creditor | | | | |
| 9513525838 | orealtor | | | | |
| Fax: | | | | | |
| Email: | | | | | |
| partha7588@gmail.com | | | | | |
| Other Names Used with Debtor: | Amends Claim: | | | | |
| Premier Health | No | | | | |
| | Acquired Claim: | | | | |
| | No | | | | |
| Basis of Claim: | Last 4 Digits: | Uniform Claim Identifier: | | | |
| services performed by Dental Clinic | No | | | | |
| Total Amount of Claim: | Includes Interest or | Charges: | | | |
| 27,800 | No | | | | |
| Has Priority Claim: | Priority Under: | | | | |
| No | | | | | |
| Has Secured Claim: | Nature of Secured A | Amount: | | | |
| No | Value of Property: | | | | |
| Amount of 503(b)(9): | Annual Interest Rate | e: | | | |
| No | Arrearage Amount: | | | | |
| Based on Lease: | - | | | | |
| No | Basis for Perfection | : | | | |
| Subject to Right of Setoff: | Amount Unsecured | : | | | |
| No Submitted Bu | | | | | |
| Submitted By: | Eastorn Time | | | | |
| SURAJ SHARMA on 09-Nov-2022 3:32:40 p.m. E | Lastern Time | | | | |
| Title: OWNER | | | | | |
| | | | | | |
| Company: | | | | | |
| VM Dental | | | | | |

| TIME 10:15 AM Cage 22- | $-02384-LT11$ Filed $12^{117/24}$ Entered $12/19/24$ 21:11:50 Doc $1523^{1/8/292}$. |
|--|--|
| Doney 97 | -02384-LT11 Filed 12/17/24 Shame, Dos difference of 12/19/24 21:11:50 Doc 1523 ^{1/8/292} 9. 1 -000 OUTSTANDING CLAIMS BY AGING CATEGORY Claims outstanding for 90 days or more |
| hppNi. | the second s |
| | All insurance companies All providers |
| Laurana Dationt | |
| Insurance Patient Company ID / Name | Birth Prim/ Date Date # Days Total Amt Amt |
| Borrego (619)444-5704 | Date Sec Of Service Sent Out Submitted Est Paid Status |
| Patient - | 11/23/2020 715 \$150.00 \$0.00 Open |
| Policy Holder - | 11/23/2020 715 \$150.00 \$0.00 \$0.00 Open ID Policy Holder By: Member ID |
| Employer | |
| NEA Status: None | |
| Claim History: 11/23/202 | |
| Notes: | 20 Insurance Claim from November 20, 2020 was Submitted to Prim. Insurance Company: Borrego |
| | |
| Patient - Policy Holder - | 11/23/2020 715 \$1,200.00 \$40.00 \$0.00 Open |
| Employer | ID Policy Holder By: |
| NEA Status: None | |
| Claim History: | |
| 11/23/202 | Insurance Claim from November 19, 2020 was Submitted to Prim. Insurance Company: Borrego |
| Notes: | |
| Patient - | 11/23/2020 715 \$1,200.00 \$960.00 \$0.00 Open |
| Policy Holder - | ID Policy Holder By: Member ID |
| Employer NEA Status: None | |
| Claim History: | |
| 11/23/202 | 20 Insurance Claim from November 18, 2020 was Submitted to Prim. Insurance Company: Borrego |
| Notes: | |
| Patient - | 11/23/2020 715 \$566.00 \$452.80 \$0.00 Open |
| Policy Holder - | ID Policy Holder By: Member ID - |
| Employe | |
| NEA Status: None Claim History: | |
| 11/23/20 | 20 Insurance Claim from November 12, 2020 was Submitted to Prim. Insurance Company: Borrego |
| Notes: | |
| Patient - | 11/23/2020 715 \$150.00 \$150.00 \$0.00 Open |
| Policy Holder - | ID Policy Holder By: Member ID |
| Employe | |
| NEA Status: None | |
| Claim History: | 20 Insurance Claim from November 11, 2020 was Submitted to Prim. Insurance Company: Borrego |
| | 20 Insurance Claim from November 11, 2020 was Submitted to Philit. Insurance Company. Bonego |
| Notes: | |
| Patient | 11/23/2020 715 \$313.00 \$156.50 \$0.00 Open ID Policy Holder By: Member ID |
| Policy Holder | |
| Employe NEA Status: None | |
| Claim History: | |
| 11/23/20 | 20 Insurance Claim from November 11, 2020 was Submitted to Prim. Insurance Company: Borrego |
| Notes: | |
| Patient | 11/23/2020 715 \$792.00 \$633.60 \$0.00 Open |
| Policy Holder | ID Policy Holder By: Member ID |
| Employe | |
| NEA Status: None Claim History: | |
| 11/23/202 | 20 Insurance Claim from November 10, 2020 was Submitted to Prim. Insurance Company: Borrego |
| Notes | |
| | |

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|---|------------------------|--|---|---|-------------------------|-------|
| | <u>OUT</u> : | STANDING CLAIMS BY Claims outstanding for S All insurance cor All provide | 90 days or more mpanies | | | |
| privance Patient | | Birth Prim/ Date Date Sec Of Service | Date # Days T Sent Out Sut | | | |
| orrego (619)444-5704 | | | | | | |
| Patient - Policy Holder - Employ | | | 11/23/2020 715 ID Policy Holder By: | \$313.00 \$156.50 Member ID | \$0.00 Open | |
| NEA Status: None Claim History: | | | | | | |
| | Insurance Claim from N | November 17, 2020 was Submit | tted to Prim Insurance Com | nany: Borrego | | |
| Notes: | | Tovenber 17, 2020 was Submit | lieu lo Frint, insurance Com | pany. Donego | | |
| Patient - | | | 44/48/2020 720 | \$0.00 \$0.00 | \$0.00 Open | |
| Policy Holder - | | | 11/18/2020 720 ID Policy Holder By: | | | |
| Employe | | | is i only i local by: | | | |
| NEA Status: None | | | - | | | |
| Claim History: | | | | - | | |
| | Insurance Claim from N | November 18, 2020 was Submit | tted to Prim. Insurance Com | pany: Borrego | | |
| Notes: | | | | | | |
| Patient | | | 11/18/2020 720 | \$162.00 \$129.60 | \$0.00 Open | |
| Policy Holder | | | ID Policy Holder By: | Member ID - | | |
| Employ NEA Status: None Claim History: | | | | | | |
| 11/18/2020 | Insurance Claim from N | November 19, 2020 was Submi | itted to Prim. Insurance Com | pany: Borrego | | |
| Notes: | | | | | | |
| Patient - | | | 11/18/2020 720 | \$150.00 \$150.00 | \$0.00 Open | |
| Policy Holder - | | | ID Policy Holder By: | Member ID - | | |
| Employe | | | | | | |
| NEA Status: None Claim History: | | | | | | |
| | Insurance Claim from N | November 19, 2020 was Submi | itted to Prim. Insurance Corr | ipany: Borrego | | |
| Notes: | | | | | | |
| | | | | | | |
| Patient - | | | 11/18/2020 720 | \$150.00 \$0.00 | \$0.00 Open | |
| Patient - Policy Holder - Employe | | | 11/18/2020 720 ID Policy Holder By | | \$0.00 Open | |
| | | | | | \$0.00 Open | |
| Policy Holder - Employe | | | | | \$0.00 Open | |
| Policy Holder - Employe NEA Status: None Claim History: | Insurance Claim from N | November 18, 2020 was Submi | ID Policy Holder By | : Member ID - | \$0.00 Open | |
| Policy Holder - Employe NEA Status: None Claim History: | Insurance Claim from N | November 18, 2020 was Submi | ID Policy Holder By | : Member ID - | \$0.00 Open | |
| Policy Holder - Employe NEA Status: None Claim History: 11/18/2020 | Insurance Claim from N | November 18, 2020 was Submi | ID Policy Holder By | : Member ID - | | |
| Policy Holder - Employe NEA Status: None Claim History: 11/18/2020 Notes: | Insurance Claim from N | November 18, 2020 was Submi | ID Policy Holder By | : Member ID - npany: Borrego \$0.00 <u>\$0.00</u> | | |
| Policy Holder - Employe NEA Status: None Claim History: 11/18/2020 Notes: Patient - Policy Holder - Employe | Insurance Claim from N | November 18, 2020 was Submi | ID Policy Holder By itted to Prim. Insurance Con 11/18/2020 720 | : Member ID - npany: Borrego \$0.00 <u>\$0.00</u> | | |
| Policy Holder - Employe NEA Status: None Claim History: 11/18/2020 Notes: Patient - Policy Holder - Employe NEA Status: None | Insurance Claim from N | November 18, 2020 was Submi | ID Policy Holder By itted to Prim. Insurance Con 11/18/2020 720 | : Member ID - npany: Borrego \$0.00 <u>\$0.00</u> | | |
| Policy Holder - Employe NEA Status: None Claim History: 11/18/2020 Notes: Patient - Policy Holder - Employe NEA Status: None Claim History: | | | ID Policy Holder By itted to Prim. Insurance Com 11/18/2020 720 ID Policy Holder By | : Member ID - npany: Borrego \$0.00 \$0.00 :: Member ID - | | |
| Policy Holder - Employe NEA Status: None Claim History: 11/18/2020 Notes: Patient - Policy Holder - Employe NEA Status: None Claim History: 11/18/2020 | | November 18, 2020 was Submi November 18, 2020 was Submi | ID Policy Holder By itted to Prim. Insurance Com 11/18/2020 720 ID Policy Holder By | : Member ID - npany: Borrego \$0.00 \$0.00 :: Member ID - | | |
| Policy Holder - Employe NEA Status: None Claim History: 11/18/2020 Notes: Patient - Policy Holder - Employe NEA Status: None Claim History: 11/18/2020 Notes: | | | ID Policy Holder By itted to Prim. Insurance Com 11/18/2020 720 ID Policy Holder By itted to Prim. Insurance Com | : Member ID - npany: Borrego \$0.00 \$0.00 r: Member ID - | \$0.00 Open | |
| Policy Holder - Employe NEA Status: None Claim History: 11/18/2020 Notes: Patient - Policy Holder - Employe NEA Status: None Claim History: 11/18/2020 Notes: Patient - | | | ID Policy Holder By itted to Prim. Insurance Com 11/18/2020 720 ID Policy Holder By itted to Prim. Insurance Con 11/18/2020 720 | : Member ID - npany: Borrego \$0.00 \$0.00 :: Member ID - npany: Borrego \$0.00 \$0.00 | \$0.00 Open | |
| Policy Holder - Employe NEA Status: None Claim History: 11/18/2020 Notes: Patient - Policy Holder - Employe NEA Status: None Claim History: 11/18/2020 Notes: | | | ID Policy Holder By itted to Prim. Insurance Com 11/18/2020 720 ID Policy Holder By itted to Prim. Insurance Com | : Member ID - npany: Borrego \$0.00 \$0.00 :: Member ID - npany: Borrego \$0.00 \$0.00 | \$0.00 Open | |
| Policy Holder - Employe NEA Status: None Claim History: 11/18/2020 Notes: Patient - Policy Holder - Employe NEA Status: None Claim History: 11/18/2020 Notes: Patient - Policy Holder - | | | ID Policy Holder By itted to Prim. Insurance Com 11/18/2020 720 ID Policy Holder By itted to Prim. Insurance Con 11/18/2020 720 | : Member ID - npany: Borrego \$0.00 \$0.00 :: Member ID - npany: Borrego \$0.00 \$0.00 | \$0.00 Open | |
| Policy Holder - Employe NEA Status: None Claim History: 11/18/2020 Notes: Patient - Policy Holder - Employe NEA Status: None Claim History: 11/18/2020 Notes: Patient - Policy Holder - Employe NEA Status: None Claim History | Insurance Claim from N | | ID Policy Holder By itted to Prim. Insurance Con 11/18/2020 720 ID Policy Holder By itted to Prim. Insurance Con 11/18/2020 720 ID Policy Holder By | : Member ID - npany: Borrego \$0.00 \$0.00 r: Member ID - npany: Borrego \$0.00 \$0.00 r: Member ID - | \$0.00 Open | |

| Case 22-02 TIME 10:15 AM | 384-LT11 Filed 12/17/24 En Suraj Pal Sharm | tered 12/19/24 21:11:50 | Doc 1523 Pg. 16 DATE 11/8/2022 |
|--|--|--|-----------------------------------|
| | OUTSTANDING CLAIMS BY Claims outstanding for 9 All insurance com All provider | 0 days or more npanies | |
| Insurance Patient Company ID / Name | Birth Prim/ Date <u>Date Sec Of Service</u> | Date # Days Total Amt <u>Sent Out Submitted Est</u> | |
| Borrego (619)444-5704 Patient - Policy Holder - Employe NEA Status: None Claim History: | | 11/23/2020 715 \$313.00 \$156.50 ID Policy Holder By: Member ID - | \$0.00 Open |
| 11/23/2020 Notes: | Insurance Claim from November 17, 2020 was Submitt | ed to Prim. Insurance Company: Borrego | |
| Patient - Policy Holder - Employe NEA Status: None | | 11/18/2020 720 \$0.00 \$0.00 ID Policy Holder By: Member ID | \$0.00 Open |
| Claim History: | Insurance Claim from November 18, 2020 was Submitt | ed to Prim. Insurance Company: Borrego | |
| Notes: | | | |
| Patient - Policy Holder - Employe NEA Status: None | | 11/18/2020 720 \$162.00 \$129.60 ID Policy Holder By: Member ID | \$0.00 Open |
| Claim History: 11/18/2020 | Insurance Claim from November 19, 2020 was Submitt | ed to Prim Insurance Company: Borrego | |
| Notes: | | с | |
| Patient - Policy Holder - Employe NEA Status: None | | 11/18/2020 720 \$150.00 \$150.00 ID Policy Holder By: Member ID | \$0.00 Open |
| Claim History: | | | |
| | Insurance Claim from November 19, 2020 was Submitt | ed to Prim. Insurance Company: Borrego | |
| Notes: | | 11/18/2020 720 \$150.00 \$0.00 | * 0.00 Occa |
| Patient - Policy Holder - Employ | | 11/18/2020 720 \$150.00 \$0.00 ID Policy Holder By: Member ID - | \$0.00 Open |
| NEA Status: None Claim History: 11/18/2020 | Insurance Claim from November 18, 2020 was Submitt | ed to Prim. Insurance Company: Borrego | |
| Notes: | | | |
| Patient - Policy Holder - | | 11/18/2020 720 \$0.00 \$0.00 ID Policy Holder By: Member ID | \$0.00 Open |
| Employe NEA Status: None Claim History: | | | |
| 11/18/2020 Notes: | Insurance Claim from November 18, 2020 was Submitt | ed to Prim. Insurance Company: Borrego | |
| Patient - | | 11/18/2020 720 \$0.00 \$0.00 | \$0.00 Open |
| Policy Holder - Employe | | ID Policy Holder By: Member ID - | |
| NEA Status: None Claim History: | | | |
| 11/18/2020 Notes | Insurance Claim from November 18, 2020 was Submitte | ed to Prim. Insurance Company: Borrego | |

| Case 22-0 TIME 10:15 AM | D2384-LT11 Filed 12/17/24 Ente Suraj Pal Sharma,[D2 | red 12/19/24 | 21:11:50 | Doc 15 | 23 Pg. 17 E 11/8/2022 |
|---|--|---------------------------------------|---------------------------|---------------------|--------------------------|
| | OUTSTANDING CLAIMS BY AC Claims outstanding for 90 da All insurance compa All providers | ays or more | | | |
| Insurance Patient Company ID / Name | Birth Prim/ Date Date Sec Of Service | Date # Days Sent Out Sul | | nt Amt st Paid | Status |
| Borrego (619)444-5704 | | | | | |
| Patient - Policy Holder - Employe NEA Status: None Claim History: | | 1/17/2020 721 ID Policy Holder By: | \$0.00 \$0.0 Member ID | 00 \$0.00 (| Open |
| 11/17/2020 | Insurance Claim from November 17, 2020 was Submitted t | o Prim Insurance Com | nany Borrego | | |
| Notes: | | | puny. Donego | | |
| Patient - | | 4/47/2020 704 | \$300.00 \$150.0 | 0 \$0.00 C | |
| Policy Holder - Employe | | 1/17/2020 721 ID Policy Holder By: | | | spen |
| NEA Status: None Claim History: | | | | | |
| 11/17/2020 | Insurance Claim from November 18, 2020 was Submitted t | o Prim. Insurance Com | pany: Borrego | | |
| Notes: | | | | | |
| Patient - | 1 | 1/17/2020 721 | \$956.00 \$478.0 | 0 \$0.00 C | pen |
| Policy Holder - | | ID Policy Holder By: | | | |
| Employe | | | | | |
| NEA Status: None | | | | | |
| Claim History: | | | | | |
| 11/17/2020 | Insurance Claim from November 17, 2020 was Submitted t | o Prim. Insurance Com | pany: Borrego | | |
| Notes: | | | | | |
| Patient - | 1 | 1/17/2020 721 | \$313.00 \$156.5 | 0 \$0.00 C |)pen |
| Policy Holder - | | ID Policy Holder By: | Member ID - | | |
| Employe | | | | | |
| NEA Status: None | | | | | |
| Claim History: | Insurance Claim from October 14, 2020 was Submitted to F | Prim Insurance Compa | ny: Borrego | | |
| | | | ing: Donogo | | |
| Notes: | | | | | |
| Patient - | 1 | | 1,200.00 \$0.0 | 0 \$0.00 C |)pen |
| Policy Holder - | | ID Policy Holder By: | Member ID | | |
| Employe | | | | | |
| Claim History: | | | | | |
| 11/16/2020 | Insurance Claim from November 16, 2020 was Submitted to | o Prim. Insurance Com | pany: Borrego | | |
| Notes | | | | | |
| Patient - | 4 | 1/16/2020 722 \$ | 1,200.00 \$0.0 | 00 \$0.00 C | |
| Policy Holder - | • | ID Policy Holder By: | | | ypen |
| Employe | | | | | |
| NEA Status: None | | | | | |
| Claim History: | | | | | |
| 11/16/2020 | Insurance Claim from November 16, 2020 was Submitted to | o Prim. Insurance Com | pany: Borrego | | |
| Notes: | | | | | |
| Patient | 1 | 1/16/2020 722 | \$296.00 \$0.0 | 00 <u>\$</u> 0.00 C | Open |
| Policy Holder | | ID Policy Holder By: | | | 34 |
| Employ | | | | | |
| NEA Status None | | | | | |
| Claim History | | | | | |
| 11/16/2020 | Insurance Claim from November 12, 2020 was Submitted to | o Prim. Insurance Com | pany: Borrego | | |
| Notes | | | | | |

| Cas TIME 10:15 AM | se 22-02 | 2384-LT11 | Filed 12 | 2/17/ | Piled 12/1672 Entered 12/1672 24 Er Pal Sharma | ntered 12 | 2/19/24 | 21:11 | L:50 | Doc 1 | <mark>523</mark> re 11/8/ | Pg. 18 |
|--|--|---------------------|--------------------|---------------------|--|--------------------------|----------------------|-------------------------|-------------------|--------------------|------------------------------|--------|
| | | <u>(</u> | OUTSTANDI Claim | s outsta All ins | |) days or more panies | | | | | | |
| | Patient <u>) / Name</u> | | | Prim/ Sec | Date Of Service | | # Days Out Sui | Total bmitted | Amt <u>Est</u> | Amt <u>Paid</u> | Status | |
| Borrego (619)444 | 4-5704 | | | | | | | | | | | |
| Patien Policy Holde Emplo NEA Status: | er - Dye | | | | | 11/17/2020 ID Policy | 721 y Holder By | \$0.00 : Member I | \$0.00 D | \$0.00 | Open | |
| Claim History | the strend strends of | Insurance Claim fro | om November 1 | 7. 2020 | was Submitt | ed to Prim. Insi | urance Corr | noany: Bon | rego | | | |
| Notes: | | | | 1 2 - 2 | | 1 | | | | | | |
| Patien | | | | | | 44/47/0000 | 704 | \$300.00 | \$150.00 | \$0.00 | Onen | |
| Policy Holde Emplo | er - oye | | | | | 11/17/2020 ID Polic | 721 y Holder By | | | 30.00 | Open | |
| NEA Status: Claim History | | | | | | | | | | | | |
| Claim History | | Insurance Claim fr | om November 1 | 8. 2020 |) was Submitt | ed to Prim. Ins | urance Con | npany: Bor | rego | | | |
| Notes: | | | | -, | | | | | -3- | | | |
| Patier | nt - | | | | | 11/17/2020 | 721 | \$956.00 | \$478.00 | <u>\$0</u> .00 | Open | |
| Policy Holde | er - | | | | | ID Polic | y Holder By | : Member | ID · | | | |
| Emple | | | | | | | | | | | | |
| NEA Status Claim History | | | | | | | | | | | | |
| Claim History | 11/17/2020 | Insurance Claim fr | om November | 17, 2020 |) was Submit | ted to Prim. Ins | urance Cor | npany: Bor | rego | | | |
| Notes: | | | | | | | | | | | | |
| Patier | nt - | | | | | 11/17/2020 | 721 | \$313.00 | \$156.50 | \$0.00 | Open | |
| Policy Holde | | | | | | ID Polic | y Holder By | : Member | ID | | | |
| Empl | | | | | | | | | | | | |
| NEA Status | | | | | | | | | | | | |
| Claim Histor | | Insurance Claim fi | om October 14 | 2020 14 | une Submitter | to Drim Incur | anon Como | Anu Borro | | | | |
| N | 11/17/2020 | | | , 2020 4 | | a to Phili. Insul | | any. Done | go | | | |
| Notes: | | | | | | | | | | | | |
| Patie Policy Hold Empl | er - | | | | | 11/16/2020 ID Polic | 722 cy Holder B | \$1,200.00 y: Member | \$0.00 ID - | <u>\$0</u> .00 | Open | |
| NEA Status | and the second sec | | | | | - | | | | | | |
| Claim Histor | y: | | | | | | | | | | | |
| | 11/16/2020 | Insurance Claim for | rom November | 16, 2020 | 0 was Submit | tted to Prim. In: | surance Co | mpany: Bo | orrego | | | |
| Notes: | | | | | | | | | | | | |
| Patie | ent - | | | | | 11/16/2020 | 722 | \$1,200.00 | \$0.00 | \$0.00 | Open | |
| Policy Hold | ler - | | | | | ID Poli | cy Holder B | y: Member | r ID - | | | |
| Empl | | | | | | | | | | | | |
| NEA Status Claim Histor | | | | | | | | | | | | |
| | | Insurance Claim f | rom November | 16 2020 | 0 was Submi | tted to Prim. In | surance Co | moany: Bo | orrego | | | |
| Notes | | | | -, | | | | | | | | |
| | at l | | | | | 44.46.0000 | 700 | £206.00 | £0.00 | £0.0 | 0.000 | • |
| Patie Policy Hold | | | | | | 11/16/2020 ID Poli |) 722 cy Holder E | \$296.00 3v: Membe | | a).0 | 0 Open | |
| Empl | | | | | | | | y. membe | | | | |
| NEA Status | | | | | | - | | | | | | |
| Claim Histor | | | | | | | | | | | | |
| | 11/16/2020 | Insurance Claim f | rom November | 12, 202 | 0 was Submi | tted to Prim. In | surance Co | ompany: B | orrego | | | |
| Notes: | | | | | | | | | | | | |

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| | of 27 |
| | OUTSTANDING CLAIMS BY AGING CATEGORY Claims outstanding for 90 days or more |
| | All insurance companies All providers |
| surance Patient | Birth Prim/ Date Date # Days Total Arnt Arnt Date Sec Of Service Sent Out Submitted <u>Est Paid Status</u> |
| mpany ID / Name | Date Sec Of Service Sent Out Submitted Est Fail Status |
| rrego (619)444-5704 | 11/16/2020 722 \$296.00 \$235.90 \$0.00 Open |
| Patient - Policy Holder - | 11/16/2020 722 \$296.00 \$2 <u>35.90 \$0.00 Open</u> ID Policy Holder By: Member ID - |
| Employe | |
| NEA Status: None | |
| Claim History: | |
| 11/16/2020 | Insurance Claim from November 11, 2020 was Submitted to Prim. Insurance Company: Borrego |
| otes: | |
| Patient - | 11/11/2020 727 \$956.00 \$478.00 \$0.00 Open |
| Policy Holder | ID Policy Holder By: Member ID |
| Employe | |
| NEA Status: None | |
| Claim History: | Lawrence Olein from Namesha 42, 2020 was Cubalited to Dian Lawrence Oceanors Destant |
| 11/11/2020 | Insurance Claim from November 13, 2020 was Submitted to Prim. Insurance Company: Borrego |
| otes: | |
| Patient | 11/11/2020 727 \$956.00 \$478.00 \$0.00 Open |
| Policy Holder | ID Policy Holder By: Member ID |
| Employe | |
| NEA Status: None Claim History: | |
| 11/11/2020 | Insurance Claim from November 11, 2020 was Submitted to Prim. Insurance Company: Borrego |
| otes: | |
| Patient - | 11/13/2020 725 \$956.00 \$478.00 \$0.00 Open |
| Policy Holder | ID Policy Holder By: Member ID |
| Employe | |
| NEA Status: None | |
| Claim History: | and the state of a second contract of the state of the second s |
| | Insurance Claim from November 13, 2020 was Submitted to Prim. Insurance Company: Borrego |
| otes: | |
| Patient - | 11/13/2020 725 \$956.00 \$478.00 \$0.00 Open |
| Policy Holder - | ID Policy Holder By: Member ID |
| Employe | |
| NEA Status: None Claim History: | |
| | Insurance Claim from November 16, 2020 was Submitted to Prim. Insurance Company: Borrego |
| otes: | |
| | 11/13/2020 725 \$956.00 \$478.00 \$0.00 Open |
| Patient - | 11/13/2020 725 \$956.00 \$478.00 \$0.00 Open ID Policy Holder By: Member ID - |
| Policy Holder - | |
| Employe NEA Status: None | |
| Claim History: | |
| The second | Insurance Claim from November 13, 2020 was Submitted to Prim. Insurance Company: Borrego |
| otes: | |
| Patient - | 11/17/2020 721 \$956.00 \$478.00 \$0.00 Open |
| Policy Holder - | ID Policy Holder By: Member ID |
| Employe | |
| NEA Status: None | |
| Claim History: | |
| 11/17/2020 | Insurance Claim from November 13, 2020 was Submitted to Prim. Insurance Company: Borrego |
| lotes | |

| TIME 10:15 CMase 22-02 | 2384-LT11 Filed 12 ⁹ 277/24 ^{5har} 一种使命的12/19/24 21:11:50 Doc ^{DATE 11/8/2022} Pg. | 20 |
|---|--|----|
| | OUTSTANDING CLAIMS BY AGING CATEGORY Claims outstanding for 90 days or more All insurance companies All providers | |
| Insurance Patient Company ID / Name | Birth Prim/ Date Date # Days Total Amt Amt Date Sec Of Service Sent Out Submitted Est Paid Status | |
| Borrego (619)444-5704 | | |
| Patient - Policy Holder - Employs NEA Status: None Claim History: 11/17/2020 | 11/17/2020 721 \$150.00 \$0.00 \$0.00 Open ID Policy Holder By: Member ID - | |
| | Insurance Claim from November 17, 2020 was Submitted to Prim. Insurance Company: Borrego | |
| Notes: | 11/17/2020 721 \$0.00 \$0.00 \$0.00 Open | |
| Patient - Policy Holder - Employe NEA Status: None | 11/17/2020 721 \$0.00 \$0.00 \$0.00 Open ID Policy Holder By: Member ID | |
| Claim History: | | |
| | Insurance Claim from November 16, 2020 was Submitted to Prim. Insurance Company: Borrego | |
| Notes: | | |
| Patient - Policy Holder - Employe | 11/17/2020 721 \$679.00 \$0.00 \$0.00 Open ID Policy Holder By: Member ID - | |
| NEA Status: None | | |
| Claim History: | | |
| 11/17/2020 | Insurance Claim from November 13, 2020 was Submitted to Prim. Insurance Company: Borrego | |
| Notes: | | |
| Patient - Policy Holder - Employe | 11/13/2020 725 \$324.00 \$0.00 \$0.00 Open ID Policy Holder By: Member ID | |
| NEA Status: None | | |
| Claim History: 11/13/2020 | Insurance Claim from November 16, 2020 was Submitted to Prim. Insurance Company: Borrego | |
| Notes: | | |
| Patient - Policy Holder - Employe | 11/13/2020 725 \$150.00 \$0.00 Qpen ID Policy Holder By: Member ID | |
| NEA Status: None | | |
| Claim History: | | |
| 11/13/2020 | Insurance Claim from November 13, 2020 was Submitted to Prim. Insurance Company: Borrego | |
| Notes: | | |
| Patient - Policy Holder - Employe | 11/13/2020 725 \$0.00 \$0.00 Qpen ID Policy Holder By: Member ID | |
| NEA Status: None | | |
| Claim History: | | |
| | Insurance Claim from November 13, 2020 was Submitted to Prim. Insurance Company: Borrego | |
| Notes | | |
| Patient - | 11/13/2020 725 \$0.00 \$0.00 Open | |
| Policy Holder - Employe | ID Policy Holder By: Member ID - | |
| NEA Status: None | | |
| Claim History | | |
| 11/13/2020 | Insurance Claim from November 16, 2020 was Submitted to Prim. Insurance Company: Borrego | |
| Notes | | |

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|----------------------|--|----------------------|------------------------------|----------|-----------------|-----------------|-------------|------------|------------|----------------|---------|------------------------|
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| | | | | | anding for 90 | | | <u> </u> | | | | |
| | | | | | surance com | panies | | | | | | |
| | | | | | All providers | i | | | | | | |
| nsurance | Patient | | Birth | Prim/ | Date | Date | # Days | Total | Amt | Amt | | |
| Company | ID / Name | | Date | Sec | Of Service | Sent | Out S | ubmitted | Est | Paid | Status | |
| Borrego (619) |)444-5704 | | | | | I | | | | | | |
| | itient - | | | | | 11/13/2020 | 725 | \$313.00 | \$156.50 | \$0.00 | Open | |
| Policy He | | | | | | ID Policy | Holder B | y: Member | ID | | | |
| | nploye | | | | | | | | | | | |
| NEA Sta Claim His | tus: None | | | | | • | | | | | | |
| Cidini Tiis | 11/13/2020 | Insurance Claim from | Nevember | 2 2020 | was Submitte | d to Drim Inc. | | moany: Bo | 000 | | | |
| Notoo | 11/10/2020 | Insurance Claim fron | INOVEITIDEI | 3, 2020 | was Submitte | | | mpany. Do | nego | | | |
| Notes: | | | | | | | | | | | | |
| | itient | | | | | 11/17/2020 | 721 | \$313.00 | \$156.50 | \$0.00 | Open | |
| Policy H | | | | | | ID Policy | y Holder B | ly: Member | ID - | | | |
| | nploy | | | | | | | | | | | |
| Claim His | tus: None | | | | | | | | | | | |
| U.L.I.I.I.I.I | 11/17/2020 | Insurance Claim from | November ' | 12 2020 |) was Submitte | d to Prim Ins | urance Co | moany Bo | meno | | | |
| Notes: | | | | | | | | panj. Do | | | | |
| | | | | | | | 204 | e4 000 00 | 6000.00 | 00.00 | | |
| | atient - | | | | | 11/17/2020 | | \$1,200.00 | \$960.00 | \$0.00 | Open | |
| Policy H | nploye | | | | | ID Polic | y Holder B | By: Member | | | | |
| | itus: None | | | | | | | | | | | |
| Claim His | | | | | | | | | | | | |
| | 11/17/2020 | Insurance Claim from | n November | 12, 2020 |) was Submitte | ed to Prim. Ins | urance Co | mpany: Bo | педо | | | |
| Notes: | | | | | | | | | | | | |
| Pa | atient | | | | | 11/10/2020 | 728 | \$0.00 | \$0.00 | \$0.00 | Open | |
| Policy H | | | | | | | | By: Member | | | opon | |
| | mploy | | | | | | | • | | | | |
| | atus: None | | | | | | | | | | | |
| Claim His | story: | | | | | | | | | | | |
| | 11/10/2020 | Insurance Claim from | n November | 11, 2020 |) was Submitte | ed to Prim. Ins | urance Co | ompany: Bo | rrego | | | |
| Notes: | | | | | | | | | | | | |
| Pa | atient | | and finite in a start blacks | | | 11/10/2020 | 728 | \$290.00 | \$172.00 | \$0.00 | Open | |
| Policy H | older . | | | | | ID Polic | y Holder E | By: Member | r ID | | | |
| | mploye | | | | | | | | | | | |
| NEA Sta | atus: None | | | | | - | | | | | | |
| Claim His | | | | | | | | | | | | |
| | 11/10/2020 | Insurance Claim from | n November | 10, 2020 |) was Submitte | ed to Prim. Ins | surance Co | ompany: Bo | orrego | | | |
| Notes: | | | | | | | | | | | | |
| Pa | atient | | | | | 11/9/2020 | 729 | \$3,110.00 | \$1.000.00 | 00.12 | Open | |
| Policy H | older | | | | | ID Polic | y Holder I | By: Membe | r ID | | | |
| | mplo _y | | | | | | | | | | | |
| | atus: None | | | | | | | | | | | |
| Claim His | the second second second second second | | Maria | | une C L | the Delay 1 | | | | | | |
| | 11/9/2020 | Insurance Claim from | n November | 5, 2020 | was Submitte | a to Prim. Insu | irance Co | mpany: Boi | rrego | | | |
| Notes: | | | | | | | | | | | | |
| | atient - | | | | | 11/9/2020 | | \$0.00 | 1010-1010 | <u>\$(</u> .00 | Open | |
| Policy H | | | | | | ID Polic | cy Holder I | By: Membe | r ID | | | |
| | mploye | | | | | | | | | | | |
| | atus: None | | | | | | | | | | | |
| Claim His | story: 11/9/2020 | Incurance Claim fre- | October 20 | 2020 | une Cubarille d | to Drim Lance | | Dogen De- | | | | |
| Mater | 11/3/2020 | Insurance Claim from | OCIODel 29 | , 2020 V | 109 JUDI NILLOO | to mini. Insul | anue con | ipany. Don | მეს | | | |
| Notes | | | | | | | | | | | | |

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|----------------------|----------------------------------|--|----------------|-------------------|------------------------|---------|---------------------------------------|----------------------------------|-----------|
| | | OUTSTANDING CLAIMS BY | | | | | | | |
| | | Claims outstanding for 90 | days or more | | | | | | |
| | | All insurance comp All providers | | | | | | | |
| surance | Patient | Birth Prim/ Date | Date | # Days | Total | Amt | Amt | | |
| ompany | ID / Name | Date Sec Of Service | Sent | Out Su | bmitted | Est | Paid | Status | |
| orrego (619 | 9)444-5704 | | | | | | 1012 10121 | 22 | |
| | atient - | | 11/9/2020 | 729 | \$0.00 | \$0.00 | \$0.00 | Open | |
| Policy H | mploye | | ID Policy | Holder By | : Member ID | - | | | |
| | atus: None | | | | | | | | |
| Claim His | | | | | | | | | |
| | 11/9/2020 | Insurance Claim from October 15, 2020 was Submitted to | o Prim. Insura | nce Comp | any: Borrego | | | | |
| Notes: | | | | | | | | | |
| P | atient - | | 11/9/2020 | 729 | \$0.00 | \$0.00 | \$0.00 | Open | |
| Policy H | lolder - | | ID Policy | Holder By | : Member ID | -, | | | |
| | mploye | | | | | | | | |
| NEA Sta Claim His | atus: None | | | | | | | | |
| Claimin | 11/9/2020 | Insurance Claim from October 15, 2020 was Submitted to | o Prim, Insura | nce Comp | anv: Borrego | | | | |
| Notes: | | | | | | | | | |
| | atient. | | 11/9/2020 | 729 | \$0.00 | \$0.00 | \$0.00 | Open | |
| Policy H | | | | 10000 | : Member ID | | \$0.00 | Open | |
| | mploy | × | | | | | | | |
| NEA St | atus: None | | | | | | | | |
| Claim Hi | | | _1 | | - | | | | |
| | 11/9/2020 | Insurance Claim from October 6, 2020 was Submitted to | Prim. Insuran | ice Compa | ny: Borrego | | | | |
| Notes: | | | | | | | | | |
| P | atient - | | 11/9/2020 | 729 | \$0.00 | \$0.00 | <u>\$(.</u> 00 | Open | |
| Policy H | | | ID Policy | Holder By | : Member ID | - | | | |
| | mploy _e atus: None | | | | | | | | |
| Claim Hi | | | | | | | | | |
| | 11/9/2020 | Insurance Claim from October 5, 2020 was Submitted to | Prim. Insuran | nce Compa | iny: Borrego | | | | |
| Notes. | | | | | | | · · · · · · · · · · · · · · · · · · · | 1 | |
| P | atient. | | 11/9/2020 | 729 | \$1,200.00 | \$40.00 | \$0.00 | Open | |
| Policy H | lolder . | | ID Policy | Holder B | y: Member ID | | | | |
| | mploy | | | | | | | | |
| | atus: None | | | | | | | | |
| Claim Hi | 11/9/2020 | Insurance Claim from November 3, 2020 was Submitted | to Prim Insu | rance Com | nany Borreg | 0 | | | |
| Notes | 111012020 | | | | panj. canag | | | | |
| | lationt | | 11/5/0000 | 700 | 00.00 | £0.00 | en no | 0 | |
| Policy H | Patient - Holder - | | 11/5/2020 | 733 v Holder B | \$0.00 y: Member ID | \$0.00 | 20.00 | Open | |
| | Employ _e | | ID POIL | , HOIGELD | y. member 10 | | | | |
| | atus: None | | | | | | | | |
| Claim Hi | | | | | | | | | |
| | 11/5/2020 | Insurance Claim from November 5, 2020 was Submitted | to Prim. Insu | rance Corr | npany: Borreg | 0 | | | |
| Notes | | | | | | | | | |
| | Patient - | | 11/5/2020 | 733 | \$0.00 | \$0.00 | \$0.00 | Open | |
| Policy H | | | ID Polic | y Holder B | y: Member ID | • | | | |
| | molov | | | | | | | | |
| | mploy _e | | | | | | | | |
| NEA St | atus None | | | | | | | | |
| | atus None | Insurance Claim from October 28, 2020 was Submitted t | to Prim Insura | ance Com | any: Borreco | | | | |

| TIME 10:15 | Wase 22-0 | 2384-LT11 Filed | | | | tensed 12 | 2/19/2 | 4 21:1: | L:50 | Doc DATE 23/8/2 | ^{20ř²g. 23} |
|----------------------|----------------------------------|--|------------------------------|------|--|--------------------------------|-----------------|------------------------|-------------------|--------------------|-----------------------------|
| | | OUTSTA | NDING | CL | AIMS BY | f <mark>27</mark> Aging cat | EGOR | Y | | | |
| | | C | | ins | anding for 90 surance comp All providers | | | | | | |
| Insurance Company | Patient ID / Name | | Birth Prin Date <u>Se</u> | | Date Of Service | Date <u>Sent</u> | # Days Out S | Total Submitted | Amt <u>Est</u> | Amt Paid Status | |
| Borrego (61 | 9)444-5704 | | | | | | | | | | |
| Policy I | Patient - Holder - Employe | | | | | 11/5/2020 ID Policy | 733 Holder E | \$0.00 By: Member | \$0.00 D - | \$0.00 Open | |
| | tatus: None | | | | | | | | | | |
| | 11/5/2020 | Insurance Claim from Octobe | r 15, 2020 |) wa | as Submitted (| o Prim. Insura | nce Com | pany: Borreg | 10 | | |
| Notes: | | | | | | | | | | | |
| Policy | Patient - Holder - Employe | | | | | 11/5/2020 ID Policy | 733 Holder E | \$0.00 By: Member I | \$0.00 D - | \$0.00 Open | |
| NEA S Claim H | tatus: None | | | | | | | | | | |
| Ciaini h | 11/5/2020 | Insurance Claim from Octobe | er 14, 2020 | 0 wa | as Submitted I | o Prim. Insura | nce Com | pany: Borred | 10 | | |
| Notes: | | | , | | | | | ,, | ,- | | |
| - | Patient - | | | | | 11/5/2020 | 733 | \$956.00 | \$478.00 | \$0.00 Open | |
| | Holder - | | | | | ID Policy | Holder E | By: Member I | D - | | |
| | Employe Status: None | | | | | | | | | | |
| Claim H | | | | | | | | | | | |
| | 11/5/2020 | Insurance Claim from Novem | ber 5, 202 | 20 v | was Submitted | to Prim. Insur | ance Cor | npany: Borre | go | | |
| Notes: | | | | | | | | | | | |
| | Patient - | | | | | 11/6/2020 | 732 | \$1,005.00 | \$804.00 | \$0.00 Open | |
| | Holder - | | | | | ID Policy | Holder E | By: Member | D | | |
| | Employe Status: None | | | | | | | | | | |
| Claim H | | | | | | | | | | | |
| | 11/6/2020 | Insurance Claim from Novem | ber 5, 202 | 20 v | was Submitted | to Prim. Insur | ance Cor | mpany: Borre | go | | |
| Notes: | | | | | | | | | | | |
| | Patient - | | | | | 11/4/2020 | 734 | \$516.00 | \$258.00 | \$0.00 Open | |
| | Holder - | | | | | ID Policy | Holder E | By: Member | ID - | | |
| | Employe Status: None | | | | | | | | | | |
| Claim H | | | | | | | | | | | |
| | 11/4/2020 | Insurance Claim from Novem | ber 4, 202 | 20 v | vas Submitted | to Prim. Insur | ance Cor | mpany: Borre | ego | | |
| Notes: | | | | | | | | | | | |
| | Patient - | | | | | 11/4/2020 | 734 | \$300.00 | | \$0.00 Open | |
| a second | Holder - Employe | | | | | ID Policy | Holder E | By: Member | ID - | | |
| | Status: None | | | | | | | | | | |
| Claim H | listory: | | | | | | | | | | |
| | 11/4/2020 | Insurance Claim from Octobe | r 28, 2020 | 0 wa | as Submitted | to Prim. Insura | ince Com | npany: Borre | go | | |
| Notes: | | | | | | | | | | | |
| Dalla | Patient | | | | | 11/4/2020 | 734 | \$1,843.00 | | \$465.00 Open | |
| | y Holder Employe | | | | | ID Policy | / Holder L | By: Member | | | |
| | Status: None | | | | | I | | | | | |
| Claim H | | 4 | | | | | | | | | |
| | 11/4/2020 12/8/2020 | Insurance Claim from Novem Prim Pmt77502 for claim from | | | | to Prim. Insur | ance Cor | mpany: Borr | ego | | |
| Notes | 12/0/2020 | | | | | | | | | | |
| | | | | | | | | | | | |

Case 22-02384-LT11 Filed 12/17/24 Entered 12/19/24 21:11:50 Doc 1523 Pg. 24

of 27

United States Bankruptcy Court Southern District of California

In re:

BORREGO COMMUNITY HEALTH FOUNDATION.

Debtor

District/off: 0974-3

CERTIFICATE OF NOTICE

Date Rcvd: Dec 17, 2024

User: Admin. Form ID: pdfO1

Page 1 of 4 Total Noticed: 2

Case No. 22-02384-LT

Chapter 11

The following symbols are used throughout this certificate: Definition

Symbol

+

Addresses marked '+' were corrected by inserting the ZIP, adding the last four digits to complete the zip +4, or replacing an incorrect ZIP. USPS regulations require that automation-compatible mail display the correct ZIP.

Notice by first class mail was sent to the following persons/entities by the Bankruptcy Noticing Center on Dec 19, 2024:

| Recip ID | Recipient Name and Address |
|-----------------|--|
| 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 90017-5709 |

TOTAL: 2

Notice by electronic transmission was sent to the following persons/entities by the Bankruptcy Noticing Center. Electronic transmission includes sending notices via email (Email/text and Email/PDF), and electronic data interchange (EDI). NONE

BYPASSED RECIPIENTS

The following addresses were not sent this bankruptcy notice due to an undeliverable address, *duplicate of an address listed above, *P duplicate of a preferred address, or ## out of date forwarding orders with USPS. NONE

NOTICE CERTIFICATION

I, Gustava Winters, declare under the penalty of perjury that I have sent the attached document to the above listed entities in the manner shown, and prepared the Certificate of Notice and that it is true and correct to the best of my information and belief.

Meeting of Creditor Notices only (Official Form 309): Pursuant to Fed .R. Bank. P.2002(a)(1), a notice containing the complete Social Security Number (SSN) of the debtor(s) was furnished to all parties listed. This official court copy contains the redacted SSN as required by the bankruptcy rules and the Judiciary's privacy policies.

Date: Dec 19, 2024

Signature:

/s/Gustava Winters

CM/ECF NOTICE OF ELECTRONIC FILING

The following persons/entities were sent notice through the court's CM/ECF electronic mail (Email) system on December 17, 2024 at the address(es) listed below: Name **Email Address** Ali Mojdehi on behalf of Creditor Premier Healthcare Management Inc. amojdehi@btlaw.com, jgertz@btlaw.com;arego@btlaw.com;melissa.turpin@btlaw.com;docketinglitin@btlaw.com Ali Mojdehi on behalf of Creditor Promenade Square LLC amojdehi@btlaw.com, jgertz@btlaw.com;arego@btlaw.com;melissa.turpin@btlaw.com;docketinglitin@btlaw.com Ali Mojdehi on behalf of Creditor DRP Holdings LLC amojdehi@btlaw.com, jgertz@btlaw.com;arego@btlaw.com;melissa.turpin@btlaw.com;docketinglitin@btlaw.com Ali Mojdehi on behalf of Creditor Inland Valley Investments LLC amojdehi@btlaw.com, jgertz@btlaw.com;arego@btlaw.com;melissa.turpin@btlaw.com;docketinglitin@btlaw.com

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|---|---|---------------------------------|
| District/off: 0974-3 Date Rcvd: Dec 17, 2024 | User: Admin. Form ID: pdfO1 | Page 2 of 4 Total Noticed: 2 |
| | | |
| Allison Rego | on behalf of Creditor Premier Healthcare Management Inc. arego@btlaw.com, melissa.turpin@btlaw.com,docketinglitin@btlaw.com | |
| Allison Rego | on behalf of Creditor Promenade Square LLC arego@btlaw.com, melissa.turpin@btlaw.com,docketinglitin@ | btlaw.com |
| Allison Rego | on behalf of Creditor DRP Holdings LLC arego@btlaw.com, melissa.turpin@btlaw.com,docketinglitin@btla | aw.com |
| Allison Rego | on behalf of Creditor Inland Valley Investments LLC arego@btlaw.com, melissa.turpin@btlaw.com,docketi | nglitin@btlaw.com |
| Andrew B. Still | on behalf of Creditor California Physicians' Service dba Blue Shield of California astill@swlaw.com kcollin | s@swlaw.com |
| Andrew B. Still | on behalf of Creditor Blue Shield of California Promise Health Plan astill@swlaw.com kcollins@swlaw.con | 1 |
| Anthony Bisconti | on behalf of Interested Party San Ysidro Health tbisconti@bklwlaw.com 1193516420@filings.docketbird.com,docket@bklwlaw.com | |
| Anthony Dutra | on behalf of Creditor Desert AIDS Project dba DAP Health adutra@hansonbridgett.com SSingh@hansonbri | dgett.com |
| Anthony Dutra | on behalf of Creditor Philip D. Szold M.D., Inc. dba La Mesa Pediatrics adutra@hansonbridgett.com, SSingh@hansonbridgett.com | |
| Bernard M. Hansen | on behalf of Creditor Premier Healthcare Management Inc. bernardmhansen@sbcglobal.net | |
| Cheryl Skigin | on behalf of Creditor Ally Bank caskigin@earthlink.net ca.ecf@aislegaltrac.com | |
| Christine E. Baur | on behalf of Creditor Greenway Health LLC christine@baurbklaw.com, admin@baurbklaw.com | |
| Christine M. Fitzgerald | on behalf of Attorney Christine M. Fitzgerald cfitzgerald@littler.com maria@thersfirm.com;amy@thersfirm | .com |
| Daren Brinkman | on behalf of Creditor Pourshirazi & Youssefi Dental Corporation firm@brinkmanlaw.com 7764052420@fili | ngs.docketbird.com |
| Darin L. Wessel | on behalf of Defendant CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES by and through its Baass darin.wessel@doj.ca.gov | s Director, Michelle |
| Darin L. Wessel | on behalf of Creditor CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES by and through its I Baass darin.wessel@doj.ca.gov | Director, Michelle |
| Dean T. Kirby, Jr. | on behalf of Creditor Ramona Crossings LLC dkirby@fsl.law, jwilson@fsl.law | |
| Elvina Rofael | on behalf of United States Trustee United States Trustee elvina.rofael@usdoj.gov Tiffany.L.Carroll@usdoj.gov;USTP.Region15@usdoj.gov | |
| Gerald N. Sims | on behalf of Creditor BETA Risk Management Authority jerrys@psdslaw.com bonniec@psdslaw.com | |
| Gerald N. Sims | on behalf of Creditor BETA Healthcare Group jerrys@psdslaw.com bonniec@psdslaw.com | |
| Hala Hammi | on behalf of Creditor James Wermers hala.hammi@fennelllaw.com wpf@ecf.courtdrive.com;samantha.larimer@fennelllaw.com;naomi.cwalinski@fennelllaw.com;office@fenn Bargmann@fennelllaw.com | elllaw.com;Brendan. |
| Helen Yang | on behalf of Interested Party Inland Empire Health Plan helen.yang@squirepb.com helen-h-yang-8259@ecf.pacerpro.com;PHX_DCKT@squirepb.com | |
| Jeffrey Garfinkle | on behalf of Creditor McKesson Corporation on behalf of itself and certain corporate affiliates jgarfinkle@b lverstegen@buchalter.com;docket@buchalter.com | uchalter.com, |
| Jeffrey Garfinkle | on behalf of Interested Party McKesson Corporation jgarfinkle@buchalter.com lverstegen@buchalter.com;docket@buchalter.com | |

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|--------------------------|--|-----------------------|
| Date Rcvd: Dec 17, 2024 | Form ID: pdfO1 | Total Noticed: 2 |
| Jeffrey N. Pomerantz | on behalf of Attorney Pachulski Stang Ziehl & Jones LLP jpomerantz@pszjlaw.com scho@pszjlaw.com | |
| Jeffrey N. Pomerantz | on behalf of Other Prof. FTI Consulting Inc. jpomerantz@pszjlaw.com, scho@pszjlaw.com | |
| Jeffrey N. Pomerantz | on behalf of Creditor Committee Official Committee of Unsecured Creditors of Borrego Community Health jpomerantz@pszjlaw.com;tkapur@pszjlaw.com;sgolden@pszjlaw.com scho@pszjlaw.com | Foundation |
| Keith H. Rutman | on behalf of Creditor Waleed Stephen D.D.S. krutman@krutmanlaw.com | |
| Kelly Ann Mai Khanh Tran | on behalf of Creditor Anna Navarro kelly@smalllawcorp.com emma@smalllawcorp.com | |
| Kenneth K. Wang | on behalf of Defendant CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES by and through i Baass Kenneth.Wang@doj.ca.gov, anthony.conklin@doj.ca.gov | ts Director, Michelle |
| Kenneth K. Wang | on behalf of Creditor CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES by and through its Baass Kenneth.Wang@doj.ca.gov, anthony.conklin@doj.ca.gov | Director, Michelle |
| Kirsten Martinez | on behalf of Creditor Wells Fargo Bank N.A., d/b/a/ Wells Fargo Auto kirsten.martinez@bonialpc.com, Notices.Bonial@ecf.courtdrive.com | |
| Leslie Gardner | on behalf of Creditor U.S. Department of Health and Human Services leslie.gardner2@usdoj.gov brenda.seyler@usdoj.gov;Efile.dkt.civ@usdoj.gov | |
| Leslie Gardner | on behalf of Creditor Internal Revenue Service leslie.gardner2@usdoj.gov brenda.seyler@usdoj.gov;Efile.c | kt.civ@usdoj.gov |
| Michael B. Reynolds | on behalf of Creditor Blue Shield of California Promise Health Plan mreynolds@swlaw.com kcollins@swla | w.com |
| Michael B. Reynolds | on behalf of Creditor California Physicians' Service dba Blue Shield of California mreynolds@swlaw.com | ccollins@swlaw.com |
| Michael I. Gottfried | on behalf of Creditor Tower Energy Group Inc. mgottfried@elkinskalt.com, rzur@elkinskalt.com,cavila@elkinskalt.com,1648609420@filings.docketbird.com | |
| Randye B. Soref | on behalf of Interested Party Family Health Centers of San Diego rsoref@polsinelli.com | |
| Shawn Christianson | on behalf of Creditor Oracle America Inc. SII to NetSuite, Inc. schristianson@buchalter.com, cmcintire@bu | ichalter.com |
| Steven W Golden | on behalf of Trustee Co-Liquidating Trustee sgolden@pszjlaw.com | |
| Steven W Golden | on behalf of Creditor Committee Official Committee of Unsecured Creditors of Borrego Community Health sgolden@pszjlaw.com | Foundation |
| Susan C. Stevenson | on behalf of Creditor BETA Healthcare Group sstevenson@psdslaw.com bonniec@psdslaw.com | |
| Tania M. Moyron | on behalf of Debtor BORREGO COMMUNITY HEALTH FOUNDATION tania.moyron@dentons.com, derry.kalve@dentons.com;DOCKET.GENERAL.LIT.LOS@dentons.com | |
| Tania M. Moyron | on behalf of Attorney Dentons US LLP tania.moyron@dentons.com derry.kalve@dentons.com;DOCKET.GENERAL.LIT.LOS@dentons.com | |
| Tania M. Moyron | on behalf of Plaintiffs BORREGO COMMUNITY HEALTH FOUNDATION tania.moyron@dentons.com, derry.kalve@dentons.com;DOCKET.GENERAL.LIT.LOS@dentons.com | |
| Teddy Kapur | on behalf of Creditor Committee Official Committee of Unsecured Creditors of Borrego Community Health tkapur@pszjlaw.com;jpomerantz@pszjlaw.com;sgolden@pszjlaw.com | Foundation |
| United States Trustee | ustp.region15@usdoj.gov | |
| Van C. Durrer, II | on behalf of Attorney Skadden Arps, Slate, Meagher & Flom LLP van.durrer@skadden.com, rebecca.ritchie@skadden.com;andrea.bates@skadden.com;brigitte.travaglini@skadden.com;van-durrer-797- | 4@ecf.pacerpro.com |

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