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**

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

### Case 22202384-LT111 Fikile 1/21/2#/2# ntetenter 1/2/2/19/24:281:10:050.51 Doc 9.520 Pg. 5 of 20 27

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 <sup>12</sup>, 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:

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# **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?	<ul> <li>No</li> <li>Yes. Claim number on court claims registry (if known)</li> </ul>	Filed on
a	o you know if nyone else has filed proof of claim for his claim?	<ul> <li>No</li> <li>Yes. Who made the earlier filing?</li> </ul>	
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?	<ul> <li>\$ <u>27,800</u> Does this amount include interest or other charges?</li> <li>☑ No</li> <li>☑ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</li> </ul>
	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?	<ul> <li>No</li> <li>Yes. Amount necessary to cure any default as of the date of the petition.</li> </ul>
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 <sup>1/8/292</sup> 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	
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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:	
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Employe	
NEA Status: None	
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	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
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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
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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						
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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:				-		
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Notes:						
Patient			11/18/2020 720	\$162.00 \$129.60	\$0.00 Open	
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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	<b>*</b> 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					

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		<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	

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	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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		0	ITSTANDI	NG CI		GING CAT	FGOR	(				
					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 <sub>y</sub>											
	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			
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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 <sub>e</sub> 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 <sub>e</sub>		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 <sub>e</sub>								
NEA St	atus None								
	atus None	Insurance Claim from October 28, 2020 was Submitted t	to Prim Insura	ance Com	any: Borreco				

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		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										

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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

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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:

<b>Recip ID</b>	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
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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	
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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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