

Fill in this information to identify the case:

Debtor Neighbors Health, LLC

United States Bankruptcy Court for the: Southern District of Texas
(State)

Case number 18-33875

Official Form 410
Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. **Who is the current creditor?** Adams and Reese LLP
Name of the current creditor (the person or entity to be paid for this claim)
Other names the creditor used with the debtor _____

2. **Has this claim been acquired from someone else?** No
 Yes. From whom? _____

3. **Where should notices and payments to the creditor be sent?**

Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Adams and Reese LLP Lyndoll Basell Tower 1221 McKinney St, Suite 4400 Houston, TX 77010, United States Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	
Contact phone <u>7136525151</u>	Contact phone _____
Contact email <u>SVC.Childrens@arlaw.com</u>	Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	

4. **Does this claim amend one already filed?** No
 Yes. Claim number on court claims registry (if known) _____ Filed on _____
MM / DD / YYYY

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



Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 7378 ___ ___

7. How much is the claim? \$ 2958.68. Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
Attorney fees

9. Is all or part of the claim secured? 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 *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

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

- No
 Yes. Check all that apply:

- | | Amount entitled to priority |
|---|-----------------------------|
| <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). | \$ _____ |
| <input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). | \$ _____ |
| <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). | \$ _____ |
| <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). | \$ _____ |
| <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). | \$ _____ |
| <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies. | \$ _____ |

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

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

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

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- I am the creditor.
 I am the creditor's attorney or authorized agent.
 I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
 I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 11/12/2018
MM / DD / YYYY

/s/Brianne Richardson
 Signature

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

Name Brianne Richardson
First name Middle name Last name

Title Attorney

Company Adams and Reese LLP
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____

Contact phone _____ Email _____



KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (888) 733-1437 | International 001-424-236-7244

Debtor: 18-33875 - Neighbors Health, LLC		
District: Southern District of Texas, Houston Division		
Creditor: Adams and Reese LLP Lyndoll Basell Tower 1221 McKinney St, Suite 4400 Houston, TX, 77010 United States Phone: 7136525151 Phone 2: Fax: 7136525152 Email: SVC.Childers@arlaw.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Authorized agent	
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: Attorney fees	Last 4 Digits: Yes - 7378	Uniform Claim Identifier:
Total Amount of Claim: 2958.68	Includes Interest or Charges: No	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:	
Submitted By: Brienne Richardson on 12-Nov-2018 4:45:50 p.m. Eastern Time Title: Attorney Company: Adams and Reese LLP		

July 25, 2018

Invoice Number: 998851

Mr. Thomas Gruenert, J.D.
 Neighbors Health
 General Counsel
 10800 Richmond Avenue
 Houston, Texas 77042

File Number: 027378-000001
 Beaumont Emergency Physicians v. Neighbors
 Client Ref. No. BEAZL 100002919006

Statement

For Professional Services Rendered in connection with the handling of the captioned matter, including the following:

06/01/18	C. Proctor	0.10
06/05/18	S. Childers	0.30
TOTAL HOURS		0.40

Timekeeper Fee Summary

Timekeeper	Hours Billed	Billed Per Hour	Bill Amount
S. Childers	0.30	\$410.00	\$123.00
C. Proctor	0.10	\$290.00	\$29.00
Totals	0.40		\$152.00

CURRENT FEES **\$152.00**

SEND PAYMENT:
 By Check

Adams and Reese LLP
 Dept. 5208
 P.O. Box 2153
 Birmingham, AL 35287

By ACH

Payee: Adams and Reese LLP
 Bank: Regions Bank
 Routing No.: 065403626
 Account No.: 0200602817

By Domestic Wire

Payee: Adams and Reese LLP
 Bank: Regions Bank
 ABA No.: 062005690
 Account No.: 0200602817

By Foreign Wire

Payee: Adams and Reese LLP
 Bank: Regions Bank
 SWIFT Code: UPNBUS44
 Account No.: 0200602817

Alabama • Florida • Georgia • Louisiana • Mississippi • South Carolina • Tennessee • Texas • Washington, DC

027378-000001

Page 2 of 2

Costs Advanced

06/06/18	MEAL EXPENSE - Staton M. Childers - 1/24/18 Depo of Dr. King - Beaumont, TX - Lunch	\$10.65
06/06/18	Mileage Expenses - Staton M. Childers - 1/24/18 Mileage to attend Depo of Dr. King - Beaumont, TX - 179.73 miles @ 54.5 per mile	\$97.95
	Long Distance Telephone Calls	\$3.80

COSTS ADVANCED **\$112.40**

TOTAL DUE THIS STATEMENT **\$264.40**

August 15, 2018

Invoice Number: 1002717

Mr. Thomas Gruenert, J.D.
 Neighbors Health
 General Counsel
 10800 Richmond Avenue
 Houston, Texas 77042

File Number: 027378-000001
 Beaumont Emergency Physicians v. Neighbors
 Client Ref. No. BEAZL 100002919006

Statement

For Professional Services Rendered in connection with the handling of the captioned matter, including the following:

07/16/18 S. Childers 0.30

TOTAL HOURS 0.30

Timekeeper Fee Summary

	Hours Billed	Billed Per Hour	Bill Amount
Timekeeper S. Childers	0.30	\$410.00	\$123.00
Totals	0.30		\$123.00

CURRENT FEES \$123.00

TOTAL DUE THIS STATEMENT \$123.00

SEND PAYMENT:
 By Check

Adams and Reese LLP
 Dept. 5208
 P.O. Box 2153
 Birmingham, AL 35287

By ACH

Payee: Adams and Reese LLP
 Bank: Regions Bank
 Routing No.: 065403626
 Account No.: 0200602817

By Domestic Wire

Payee: Adams and Reese LLP
 Bank: Regions Bank
 ABA No.: 062005690
 Account No.: 0200602817

By Foreign Wire

Payee: Adams and Reese LLP
 Bank: Regions Bank
 SWIFT Code: UPNBUS44
 Account No.: 0200602817

July 25, 2018

Invoice Number: 998852

Mr. Thomas Gruenert, J.D.
 Neighbors Health
 General Counsel
 10800 Richmond Avenue
 Houston, TX 77042

File Number: 027378-000002
 Infinity Emergency Management v. Neighbors

Statement

For Professional Services Rendered in connection with the handling of the captioned matter, including the following:

06/05/18	S. Childers	0.30
06/06/18	C. Ladyman	0.10
06/06/18	S. Childers	0.10
06/11/18	S. Childers	0.20
06/11/18	S. Childers	0.10
06/12/18	S. Childers	0.10
06/20/18	S. Childers	0.10

SEND PAYMENT:
 By Check

Adams and Reese LLP
 Dept. 5208
 P.O. Box 2153
 Birmingham, AL 35287

By ACH

Payee: Adams and Reese LLP
 Bank: Regions Bank
 Routing No.: 065403626
 Account No.: 0200602817

By Domestic Wire

Payee: Adams and Reese LLP
 Bank: Regions Bank
 ABA No.: 062005690
 Account No.: 0200602817

By Foreign Wire

Payee: Adams and Reese LLP
 Bank: Regions Bank
 SWIFT Code: UPNBUS44
 Account No.: 0200602817

Alabama • Florida • Georgia • Louisiana • Mississippi • South Carolina • Tennessee • Texas • Washington, DC

06/21/18 S. Childers 0.40

06/22/18 S. Childers 4.20

06/26/18 S. Childers 0.10

06/26/18 S. Childers 0.30

06/26/18 S. Childers 0.20

TOTAL HOURS 6.20

Timekeeper Fee Summary

Timekeeper	Hours Billed	Billed Per Hour	Bill Amount
S. Childers	6.10	\$410.00	\$2,501.00
C. Ladyman	0.10	\$175.00	\$17.50
Totals	6.20		\$2,518.50

CURRENT FEES \$2,518.50

Costs Advanced

05/23/18 Conference Call Charges Conference ID 1379083773 Coleman \$11.78
Proctor;4/25/2018 ln#1441467018;027378-000002

COSTS ADVANCED \$11.78

TOTAL DUE THIS STATEMENT \$2,530.28

August 15, 2018

Invoice Number: 1002719

Mr. Thomas Gruenert, J.D.
 Neighbors Health
 General Counsel
 10800 Richmond Avenue
 Houston, TX 77042

File Number: 027378-000002
 Infinity Emergency Management v. Neighbors

Statement

For Professional Services Rendered in connection with the handling of the captioned matter, including the following:

07/16/18 S. Childers 0.10

TOTAL HOURS 0.10

Timekeeper Fee Summary

Timekeeper	Hours Billed	Billed Per Hour	Bill Amount
S. Childers	0.10	\$410.00	\$41.00
Totals	0.10		\$41.00

CURRENT FEES \$41.00

TOTAL DUE THIS STATEMENT \$41.00

SEND PAYMENT:
 By Check

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