

Fill in this information to identify the case:

Debtor 1 Tehum Care Services/ Corizon Health

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: _____ District of _____

Case number 23-90086 CML

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 of 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? Boise Plastic Surgery Boise Hand Center PLLC
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor Patrick Cole MD, Boise Hand Center

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

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

Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
<u>Boise Plastic Surgery Boise Hand Center</u> Name	<u>Boise Plastic Surgery Boise Hand Center</u> Name
<u>1070 N Curtis Rd suite135</u> Number Street	<u>PO BOX 4655</u> Number Street
<u>Boise</u> ID <u>83706</u> City State ZIP Code	<u>Boise</u> ID <u>83711</u> City State ZIP Code
Contact phone <u>208-477-5014</u>	Contact phone <u>208-477-5014</u>
Contact email <u>info@BoisePlasticSurgeryMD.com</u>	Contact email <u>info@BoisePlasticSurgeryMD.com</u>

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? _____

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

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

7. How much is the claim? \$ 25,621.00. 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.
unpaid medical services, rendered from 1/2021- 9/2021

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature of property:
 Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____

Basis for perfection: _____
 Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

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Value of property: \$ _____

Amount of the claim that is secured: \$ _____

Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts 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 one:

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

Wages, salaries, or commissions (up to \$15,150* earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* 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.

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 acknowledgment 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 a reasonable belief that the information is true and correct.

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

Executed on date 04/06/2023
MM / DD / YYYY

Signature _____

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

Name Patrick Cole
First name Middle name Last name

Title MD, business owner

Company Boise Plastic Surgery Boise Hand Center
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1070 N Curtis Rd suite 135
Number Street

Boise ID 83712
City State ZIP Code

Contact phone 208-477-5014 Email info@BoisePlasticSurgeryMD.com

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CLAIMS#	SERVICE DATE	Provider Name	PATIENT	PAYER	STATUS	CHARGES	PMTS/ADJS	Balance	Acct Num
3921	1/14/2021	COLE MD, PATRICK	MM	Corizon Health	Insurance Accepted	\$249.00	\$0.00	\$249.00	10668
3941	1/14/2021	COLE MD, PATRICK	TS	Corizon Health	Insurance Accepted	\$1,679.00	\$0.00	\$1,679.00	10565
3969	1/21/2021	COLE MD, PATRICK	SN	Corizon Health	Insurance Accepted	\$764.00	\$0.00	\$764.00	10674
4040	1/27/2021	COLE MD, PATRICK	TW	Corizon Health	Insurance Accepted	\$330.00	\$0.00	\$330.00	10709
4271	2/11/2021	COLE MD, PATRICK	LS	Corizon Health	Insurance Accepted	\$2,214.00	\$0.00	\$2,214.00	10208
4423	2/24/2021	COLE MD, PATRICK	SE	Corizon Health	Insurance Accepted	\$249.00	\$0.00	\$249.00	10806
4411	2/25/2021	COLE MD, PATRICK	RF	Corizon Health	Insurance Accepted	\$425.00	\$0.00	\$425.00	10831
4434	3/3/2021	COLE MD, PATRICK	LS	Corizon Health	Insurance Accepted	\$105.00	\$0.00	\$105.00	10208
4498	3/8/2021	COLE MD, PATRICK	JJ	Corizon Health	Insurance Accepted	\$186.00	\$0.00	\$186.00	10094
4604	3/16/2021	COLE MD, PATRICK	CN	Corizon Health	Insurance Accepted	\$766.00	\$0.00	\$766.00	10908
4661	3/18/2021	COLE MD, PATRICK	SE	Corizon Health	Insurance Accepted	\$3,215.00	\$0.00	\$3,215.00	10806
4783	4/1/2021	COLE MD, PATRICK	JC	Corizon Health	Insurance Accepted	\$330.00	\$0.00	\$330.00	10933
4902	4/7/2021	COLE MD, PATRICK	RF	Corizon Health	Insurance Accepted	\$105.00	\$0.00	\$105.00	10831
5120	4/23/2021	COLE MD, PATRICK	RE	Corizon Health	Insurance Accepted	\$328.00	\$0.00	\$328.00	11137
5149	4/27/2021	COLE MD, PATRICK	DM	Corizon Health	Insurance Accepted	\$328.00	\$0.00	\$328.00	11140
5207	4/30/2021	COLE MD, PATRICK	AD	Corizon Health	Insurance Accepted	\$1,266.00	\$0.00	\$1,266.00	11187
5342	5/12/2021	COLE MD, PATRICK	PG	Corizon Health	Insurance Accepted	\$764.00	\$0.00	\$764.00	11227
5456	5/18/2021	COLE MD, PATRICK	RB	Corizon Health	Insurance Accepted	\$463.00	\$0.00	\$463.00	11244
5588	6/2/2021	COLE MD, PATRICK	BF	Corizon Health	Insurance Accepted	\$853.00	\$0.00	\$853.00	11319
5662	6/3/2021	COLE MD, PATRICK	JC	Corizon Health	Insurance Accepted	\$1,341.00	\$0.00	\$1,341.00	10933
5749	6/18/2021	COLE MD, PATRICK	CS	Corizon Health	Insurance Accepted	\$330.00	\$0.00	\$330.00	11399
5774	6/21/2021	COLE MD, PATRICK	BF	Corizon Health	Insurance Accepted	\$88.00	\$0.00	\$88.00	11319
5786	6/22/2021	COLE MD, PATRICK	SR	Corizon Health	Insurance Accepted	\$764.00	\$0.00	\$764.00	11426
5793	6/22/2021	COLE MD, PATRICK	NK	Corizon Health	Insurance Accepted	\$484.00	\$0.00	\$484.00	11413
5829	6/24/2021	COLE MD, PATRICK	JC	Corizon Health	Insurance Accepted	\$81.00	\$0.00	\$81.00	10933
5944	6/30/2021	COLE MD, PATRICK	NK	Corizon Health	Insurance Accepted	\$2,439.00	\$0.00	\$2,439.00	11413
5980	7/8/2021	COLE MD, PATRICK	SL	Corizon Health	Insurance Accepted	\$249.00	\$0.00	\$249.00	11458
6020	7/9/2021	COLE MD, PATRICK	JS	Corizon Health	Insurance Accepted	\$764.00	\$0.00	\$764.00	11532
6087	7/16/2021	COLE MD, PATRICK	AD	Corizon Health	Insurance Accepted	\$81.00	\$0.00	\$81.00	11187
6081	7/16/2021	COLE MD, PATRICK	NK	Corizon Health	Insurance Accepted	\$88.00	\$0.00	\$88.00	11413
6139	7/19/2021	COLE MD, PATRICK	PG	Corizon Health	Insurance Accepted	\$184.00	\$0.00	\$184.00	11227
6151	7/22/2021	COLE MD, PATRICK	DM	Corizon Health	Insurance Accepted	\$174.00	\$0.00	\$174.00	11140
6248	7/26/2021	COLE MD, PATRICK	DD	Corizon Health	Insurance Accepted	\$328.00	\$0.00	\$328.00	11594
6281	8/2/2021	COLE MD, PATRICK	NK	Corizon Health	Insurance Accepted	\$88.00	\$0.00	\$88.00	11413
6379	8/6/2021	COLE MD, PATRICK	MN	Corizon Health	Insurance Accepted	\$328.00	\$0.00	\$328.00	11660
6485	8/16/2021	COLE MD, PATRICK	GN	Corizon Health	Insurance Accepted	\$764.00	\$0.00	\$764.00	11749

6590	8/27/2021	COLE MD, PATRICK	JC	Corizon Health	Insurance Accepted	\$81.00	\$0.00	\$81.00	10933
6701	9/3/2021	COLE MD, PATRICK	TO	Corizon Health	Insurance Accepted	\$249.00	\$0.00	\$249.00	11763
6789	9/9/2021	COLE MD, PATRICK	JL	Corizon Health	Insurance Accepted	\$249.00	\$0.00	\$249.00	11802
6766	9/9/2021	COLE MD, PATRICK	CH	Corizon Health	Insurance Accepted	\$382.00	\$0.00	\$382.00	11805
6804	9/10/2021	COLE MD, PATRICK	SQ	Corizon Health	Insurance Accepted	\$463.00	\$0.00	\$463.00	11861
6806	9/10/2021	COLE MD, PATRICK	SS	Corizon Health	Insurance Accepted	\$463.00	\$0.00	\$463.00	11806
6865	9/23/2021	COLE MD, PATRICK	NG	Corizon Health	Insurance Accepted	\$79.00	\$0.00	\$79.00	11749
6902	9/24/2021	COLE MD, PATRICK	CD	Corizon Health	Insurance Accepted	\$461.00	\$0.00	\$461.00	11848

\$25,621.00