

Fill in this information to identify the case:

Debtor Tehum Care Services, Inc.

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

Case number 23-90086

**Official Form 410
Proof of Claim**

04/22

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

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

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

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

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Bredeman, Thomas K.</u> <small>Name of the current creditor (the person or entity to be paid for this claim)</small>	
	<small>Other names the creditor used with the debtor</small> _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
<small>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</small>	<u>Bredeman, Thomas K.</u> <u>335 Hazelwood Drive</u> <u>Jefferson City, MO 65109, US</u>	
	<small>Contact phone</small> <u>573-690-5665</u>	<small>Contact phone</small> _____
	<small>Contact email</small> <u>kevin.bredeman@gmail.com</u>	<small>Contact email</small> _____
	<small>Uniform claim identifier for electronic payments in chapter 13 (if you use one):</small> _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <small>MM / DD / YYYY</small>	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	



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

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

7. How much is the claim? \$ 2031.69. 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.
wages earned; professional liability coverage

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 \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). | \$ _____ |
| <input checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). | \$ <u>2031.69</u> |
| <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). | \$ _____ |
| <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). | \$ _____ |
| <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies. | \$ _____ |

* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

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 05/31/2023
MM / DD / YYYY

/s/Thomas K. Bredeman
 Signature

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

Name Thomas K. Bredeman
First name Middle name Last name

Title Associate Regional Medical Director; OB/Gyn provider

Company Corizon/Tehum
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 (866) 967-0491 | International 001-424-236-7244

Debtor: 23-90086 - Tehum Care Services, Inc.		
District: Southern District of Texas, Houston Division		
Creditor: Bredeman, Thomas K. 335 Hazelwood Drive Jefferson City, MO, 65109 US Phone: 573-690-5665 Phone 2: Fax: Email: kevin.bredeman@gmail.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Creditor	
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: wages earned; professional liability coverage	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim: 2031.69	Includes Interest or Charges: No	
Has Priority Claim: Yes	Priority Under: 11 U.S.C. §507(a)(4): 2031.69	
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: Thomas K. Bredeman on 31-May-2023 4:28:06 p.m. Eastern Time Title: Associate Regional Medical Director; OB/Gyn provider Company: Corizon/Tehum		



Corizon LLC
 103 Powell Court
 Brentwood, TN 37027
 800-729-0069

Pay Statement

Period Start Date 11/14/2021
 Period End Date 11/27/2021
 Pay Date 12/07/2021
 Document 3187805

Net Pay \$0.00

Pay Details

THOMAS KEVIN BREDEMAN	Employee Number	35976	Pay Group	CLC Site Cycle B02
335 HAZELWOOD DRIVE	SSN	XXX-XX-XXXX	Tax Location	Missouri Regional Office
JEFFERSON CITY, MO 65109	Job	Assoc Reg Medical Directr	Contract	MOCONT - Missouri Contract
USA	Pay Rate	\$220.07	Site	02025 - Missouri Regional Office
	Pay Frequency	Biweekly		

Earnings

Pay Type	Hours	Pay Rate	Current	YTD
ESL Special	0.0000	\$0.00	\$0.00	\$19,366.60
Group Term Life	0.0000	\$0.00	\$0.00	\$7,491.12
HSA ER Cont			\$166.66	\$750.00
PTO Salary	0.0000	\$0.00	\$0.00	\$70,424.00
Regular Salary	0.0000	\$0.00	\$0.00	\$332,753.71
Total Hours	0.0000			

Deductions

Deduction	Pre-Tax	Employee Current	Employee YTD	Employer Current	Employer YTD
401K	Yes	\$0.00	\$26,000.00	\$0.00	\$0.00
HSA EE	Yes	\$0.00	\$3,850.00	\$0.00	\$0.00
HSA ER Cont	No	\$166.66	\$750.00	\$0.00	\$0.00
Medical	Yes	\$0.00	\$1,917.84	\$0.00	\$5,872.00
offset earn	No	\$0.00	\$7,491.12	\$0.00	\$0.00

Taxes

Tax	Current	YTD
Federal Income Tax	\$0.00	\$114,619.90
Employee Medicare	\$0.00	\$8,170.29
Social Security Employee Tax	\$0.00	\$8,853.60
MO State Income Tax	\$0.00	\$20,711.00

Paid Time Off

Plan	Current	Balance	Account Number	Account Type	Amount
Ext Sick Leave	0.0000	977.5180	No records found		

Net Pay Distribution

Plan	Current	Balance
Paid Time Off	0.0000	81.8720

Pay Summary

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	\$166.66	\$0.00	\$0.00	\$166.66	\$0.00
YTD	\$430,785.43	\$398,267.59	\$152,354.79	\$40,008.96	\$238,421.68



Pay Statement

Period Start Date 07/10/2022
 Period End Date 07/23/2022
 Pay Date 08/02/2022
 Document 3192986

Net Pay \$10,399.33

Corizon LLC
 205 Powell Place
 Brentwood, TN 37027
 800-729-0069

Pay Details

THOMAS KEVIN BREDEMAN	Employee Number	35976	Pay Group	CLC Site Cycle B02
335 HAZELWOOD DRIVE	SSN	XXX-XX-XXXX	Tax Location	Missouri Regional Office
JEFFERSON CITY, MO 65109	Job	Assoc Reg Medical Directr	Contract	MOCONT - Missouri Contract
USA	Pay Rate	\$220.07	Site	02025 - Missouri Regional Office
	Pay Frequency	Biweekly		

Earnings

Pay Type	Hours	Pay Rate	Current	YTD
PTO Term Payout	72.6400	\$220.07	\$15,986.26	\$15,986.26

Total Hours 0.0000

Deductions

Deduction	Pre-Tax	Employee Current	Employee YTD	Employer Current	Employer YTD
No records found					

Taxes

Tax	Current	YTD
Federal Income Tax	\$3,516.98	\$3,516.98
Employee Medicare	\$231.80	\$231.80
Social Security Employee Tax	\$991.15	\$991.15
MO State Income Tax	\$847.00	\$847.00

Paid Time Off

Plan	Current	Balance	Net Pay Distribution		
			Account Number	Account Type	Amount
Ext Sick Leave	0.0000	977.5180	xxxxxx0700	Checking	\$10,399.33
Paid Time Off	9.2320	27.6960	Total		\$10,399.33

Pay Summary

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	\$15,986.26	\$15,986.26	\$5,586.93	\$0.00	\$10,399.33
YTD	\$15,986.26	\$15,986.26	\$5,586.93	\$0.00	\$10,399.33

From: [REDACTED]
Sent: Monday, August 1, 2022 11:29 AM
To: griffee@ccp.email
Subject: Corizon PTO payout

I received a direct deposit of \$10,399.33 into my checking account yesterday. I am attaching the pay statement from Corizon (Yes Care) that reflects this transaction. May I point out that I had 81.872 hours of PTO due, but they only paid me for 72.64 hours, which is a discrepancy of 9.232 hours, or, \$2031.69. Can you please advise how best to proceed?

Sent from [Mail](#) for Windows

May 15, 2023

To Whom It May Concern:

I am a physician who was employed by Corizon in Missouri from January 1, 2012, until November 15, 2021. My duties were two-fold. I am an OB/Gyn by training, and I managed obstetrical and gynecological clinical issues for Missouri female inmates including prenatal care, delivery, and postpartum care, as well as management of abnormal Pap smears, menstrual disorders, and other gynecological problems. I was also an associate regional medical director with administrative responsibilities that involved both the male and female population in the state. My employment contract states that Corizon would provide professional liability coverage for me. Because Corizon was self-insured, now that they have declared bankruptcy, I have been left without coverage or representation. I am currently a named defendant in two cases in Missouri. One of the cases is currently under appeal in the Western District of Missouri, and that court has denied an extension of the stay to me that was granted to Corizon (Tehum) by the bankruptcy court. I must now defend myself at my expense, and because I am now retired, this is a significant burden to me. I do not yet know the total cost of my defense in this case, but more importantly, because of my work as an obstetrician, I can be sued for up to 21 years after a delivery (the parents can file up to the child's 18th birthday, then the child has an additional three years to file on their own behalf.) Therefore, I request that Corizon (Tehum) place \$500,000.00 in escrow to cover current and future legal fees related to my employment with Corizon, the balance of which will revert back to Corizon in 21 years. My situation in relation to Corizon's bankruptcy is unique among all of the creditors in that, at any time, I may be subject to legal fees and/or an award that strips me of all of my assets, with no ability to recover, for the remainder of my life.

Sincerely,

Thomas Kevin Bredeman