

Fill in this information to identify the case:

Debtor 1 Borrego Community Health FoundationDebtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: Southern District of California

Case number 22-02384

Official Form 410

Proof of Claim

04/19

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?

UnitedHealthcare Insurance Company

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?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

ATTN: CDM/Bankruptcy

Name

185 Asylum Street - 03B

Number Street

HartfordCT06103

City

State

ZIP Code

Contact phone 763-292-6876Contact email priya_muthu@uhc.com

Where should payments to the creditor be sent? (if different)

Name

Number Street

City

State

ZIP Code

Contact phone _____

Contact email _____

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SEP 28 2022

Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____

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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? _____

220238422092800000000003

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: 0 0 2 1

7. How much is the claim? \$ 853.17 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.
Claims overpayment not properly reimbursed.

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.)
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.)

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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 \$3,025* 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 \$13,650*) 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 4/01/22 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 09/23/2022
MM / DD / YYYY

Signature

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

Name Priya Muthu
First name Middle name Last name

Title Legal Services Specialist

Company UnitedHealthcare Insurance Company
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 185 Asylum Street - 03B
Number Street

Hartford CT 06103
City State ZIP Code

Contact phone 763-292-6876 Email priya_muthu@uhc.com

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*Priya Muthu
Credit & Delinquency Management
185 Asylum Street, 03B
Hartford, CT 06103
Telephone: (763)-292-6876*

September 23, 2022

VIA 2nd DAY MAIL

Borrego Health Claims Processing Center
c/o KCC
222 N. Pacific Coast Highway, Suite 300
El Segundo, CA 90245

Re: Borrego Community Health Foundation *aka* Desert Home Care
Chpt. 11 Bankruptcy filed 9/12/22 | Case No. 22-02384
Proof of Claim for \$853.17

Dear Claims Agent:

Enclosed is the signed Proof of Claim to be filed in the above referenced case.

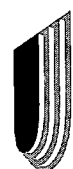
Should you have any questions or concerns in the interim, please do not hesitate to contact me.

Thank you,

Priya Muthu
Legal Services Specialist - Bankruptcy
Credit and Delinquency Management

/pm
Enclosures

(UPS Tracking No.: 1ZR8473F0290156260)



UnitedHealthcare®

September 23, 2022

Borrego Community Health Foundation aka
Desert Home Care

Chpt. 11 Bankruptcy

Filed: 9/12/22 | Case No. 22-02384

Reservation of Rights:

UnitedHealthcare Insurance Company ("United") reserves its right to amend this claim to further liquidate the amount of overpayment owed by the Debtor to United based on the results of United's ongoing audit of claims submitted by the Debtor.

Provider Tin	Provider Name	State	Date of Service	Amount of Claim Paid by UHC	Claim Audit Amount	Balance Due	Collection Description
330440021	IMAN FOBIA	CA	2021	\$88.58	\$88.58	\$88.58	Services provided after members termination date of 12/10/2021. *** A quote of benefits and/or authorization does not guarantee payment or verify eligibility. Payments of benefits are subject to all terms conditions limitations and exclusions of the members contract at time of service. ***
330440021	JORGE A OTANEZ CERVANTES	CA	2020	\$52.90	\$52.90	\$39.88	
330440021	MONICA N MODI	CA	2021	\$52.90	\$52.90	\$52.90	This service should have been considered a part of the Obstetrical reimbursement and should not have been separately reimbursed since the global maternity delivery code 59510 was considered on claim DF3410483501.
330440021	BORREGO COMMUNITY HEALTH	CA	2021	\$52.90	\$52.90	\$52.90	This service should have been considered a part of the Obstetrical reimbursement and should not have been separately reimbursed since the global maternity delivery code 59510 was considered on claim DD4382246401.
330440021	DAUOD M GHAFARI MD	CA	2019	\$107.06	\$26.53	\$26.53	Please refund -Incorrect contract rate applied
330440021	DAUOD M GHAFARI MD	CA	2020	\$52.90	\$52.90	\$52.90	Please refund -Coordination of benefits - submit claim to Medicare
330440021	ASHRAF ZADSHIR	CA	2020	\$52.90	\$52.90	\$52.90	This claim was reconsidered by UnitedHealthcare medical benefits. We are seeking the Healthcare Reimbursement payment of \$52.90, issued on 12/31/20 on check number SG 8509529.
330440021	JORGE A OTANEZ-CERVANTES	CA	2020	\$80.52	\$80.52	\$80.52	This claim was reconsidered by UnitedHealthcare medical benefits. We are seeking the Healthcare Reimbursement payment of \$80.52, issued on 11/13/20 on check number SG 8277908.
330440021	JORGE A OTANEZ-CERVANTES	CA	2020	\$80.52	\$80.52	\$80.52	This claim was reconsidered by UnitedHealthcare medical benefits. We are seeking the Healthcare Reimbursement payment of \$80.52, issued on 11/13/20 on check number SG 8277908.
330440021	BORREGO COMMUNITY HEALTH	CA	2022	\$65.52	\$65.52	\$65.52	Services provided after Member Coverage End Date.
330440021	JAVIER HERNANDEZ	CA	2022	\$7.90	\$7.90	\$7.90	Member's coverage lapsed between 7/10/2022 and 9/1/2022.

330440021	BORREGO COMMUNITY HEALTH	CA	2020	\$27.63	\$3.63	\$3.63	Per Laboratory Services policy procedure code 99000 is considered included in payment made for office visit.
330440021	BORREGO COMMUNITY HEALTH	CA	2020	\$59.63	\$3.63	\$3.63	Per Laboratory Services policy procedure code 99000 is considered included in payment made for office visit.
330440021	RANDY J FEDORCHUK	CA	2020	\$17.90	\$17.90	\$17.90	Services provided after Member Coverage End Date.
330440021	KENNETH T ACHA	CA	2019	\$27.90	\$27.90	\$27.90	Services provided after Member Coverage End Date.
330440021	KENNETH T ACHA	CA	2020	\$27.90	\$27.90	\$27.90	Services provided after Member Coverage End Date.
330440021	KENNETH T ACHA	CA	2020	\$27.90	\$27.90	\$27.90	Services provided after Member Coverage End Date.
330440021	KENNETH T ACHA	CA	2020	\$27.90	\$27.90	\$27.90	Services provided after Member Coverage End Date.
330440021	JODIANN T LEDFORD MD	CA	2021	\$76.86	\$76.86	\$76.86	Please refund -Unbundled service - disallowed service considered inclusive of another billed service on same date of service by same provider
330440021	BRENDA LUZ FIGUEROA RODRIGUE	CA	2021	\$8.99	\$8.99	\$8.99	Please refund -Duplicate payment
330440021	RHETT R PAPA DO	CA	2020	\$29.51	\$29.51	\$29.51	Please refund -Unbundled service - disallowed service considered inclusive of another billed service on same date of service by same provider

Total Balance Due	\$853.17
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