ANY ATTACHMENTS MUST BE 8 1/2 BY 11"

B10 (Official Form 10) (04/10)

UNITED STATES BANKRUPTCY COURT Eastern District of Virginia | **PROOF OF CLAIM**

Name of Debtor: Tracey Wynne Johnston | Case Number: 11-32954

NOTE: *This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.*

Name of Creditor (the person or other entity to whom the debtor owes money or property):
Nephrology Specialist, PC

Name and address where notices should be sent:
Nephrology Specialist, PC
P.O. Box 79124
Baltimore, MD 21279-0124

Telephone number: 804-288-6750

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Name and address where payment should be sent (if different from above):
Nephrology Specialists, P.C.
PO Box 79124
Baltimore, MD 21279-0124

Telephone number: 804-288-6750

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: $ 7000

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

2. Basis for Claim: Co payments for two office visits (medical)
(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 5853

3a. Debtor may have scheduled account as: ___ _____
(See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)
Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other
Describe:

Value of Property: $_____ **Annual Interest Rate** ___%

Amount of arrearage and other charges as of time case filed included in secured claim,

If any: $_____ **Basis for perfection:** _____

Amount of Secured Claim: $_____ **Amount Unsecured:** $_____

5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim.

☐ Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

☐ Wages, salaries, or commissions (up to $11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4).

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

☐ Up to $2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).

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

☐ Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(__).

Amount entitled to priority:

$_____

**Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.*

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 0 NO PATIENT PAYMENTS

7. 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. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. *(See instruction 7 and definition of "redacted" on reverse side.)*

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

Date: 5-12-11

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. Robert Bethke Robert Bethke

FOR COURT USE ONLY

Penalty for presenting fraudulent claim: Fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

PNC

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014082

22607014096021

NSPC
Nephrology Specialists, P.C.

Patient Registration Form

Patient Information

Patient's Name: Tracey Johnston Birthdate 3/30/61

P.O. Box 26131 Richmond, VA 23260
(Street) (City) (State) (Zip)

Home Phone: 804-683-9614 SS# 229-04-8675 Marital Status (S) M D W
(Area Code) (Circle One)

Employer: U.S. Postal Service Work Phone: 683-9614
(Area Code)

Emergency Contact Person: E.M. Johnston mother 359-2580
(Name) (Relationship) (Phone)

Responsible Party

Name: Same as above Relationship

(Street) (City) (State) (Zip Code) Phone # (Area Code)

Insurance Information

Primary Insurance Carrier: BC/BS ID # R57732083
Relationship Self Date of Birth 3/30/61

Secondary Insurance Carrier: ID#
Relationship Date of Birth

All patients must bring their insurance card(s) with them to each office visit. We scan all insurance cards into our computer system for all billing of insurances.

Referring Physician

Referring Physician: Matthew Ngo, MD Phone #
Office Address:

Primary Care Physician: Gregory Pleasants MD Phone # 262-2333
Office Address: 9 Parham Rd

(OVER)

[redacted]

PERMISSION

I give Nephrology Specialists, P.C. permission to fax my records. CO
(Initials)

I give Nephrology Specialists, P.C. permission to leave messages on my answering machine.
CO
(Initials)

Nephrology Specialists, P.C. has permission to speak with the family members listed below regarding my health issues: Jasmine Johnston, Ethel M. Johnston

CO
(Initials)

I hereby authorize Nephrology Specialists, P.C. to release medical information to any of my physicians or insurance companies that may be pertinent to my case. I hereby authorize payment directly to Nephrology Specialists, P.C. of benefits otherwise payable to me. I understand that I am financially responsible for charges not covered by this authorization. A photocopy of this authorization shall be considered as valid as the original. MEDICARE PATIENTS: I authorize Nephrology Specialists, P.C. to release medical information about me to the Social Security Administration or its intermediaries for my Medicare Claims. I assign the benefits payable for the services to Nephrology Specialists, P.C.

x Tracey Johnston — 6-26-10
Patient or Parent/Legal Guardian Signature — Date

In accordance with the provisions of Section 32.1-45.1 of the Code of Virginia, (whenever any health care provider, or any person employed by or under the direction and control of a health care provider, is directly exposed to body fluids of a patient in a manner which may, according to the current guidelines of the Centers of Disease Control, transmit human immunodeficiency virus). The patient whose body fluids were involved in the exposure shall be deemed to have consented to the testing for infection with human immunodeficiency virus.

If there is an exposure, and the patient's test is positive, the attending physician will notify the patient, any person exposed, and the Virginia Health Department, and appropriate counseling will be offered.

I certify that I have read and fully understand the above statement and consent fully and voluntarily to its contents.

x Tracey Johnston — 6-26-10
Patient or Parent/Legal Guardian Signature — Date

In order to obtain information by telephone, the party calling the practice must share the patient identifier with the staff. Example: Mother's Maiden Name

Patient Identifier: Favorite Color - Orange

[redacted]

Johnston, Tracey W. [25853]
P.O. Box 26131
Richmond, VA 23260

Account Information Report
Patient Summary

Account Information

Account Balance		Credits		Claims		Last	Date	Amount
Patient	$0.00	Patient	$0.00	Submitted	$301.00	Statement	02/08/2011	$70.00
Insurance	$0.00	Insurance	$0.00	Suspended	$0.00	Payment	09/14/2010	$0.00
Credit	$0.00	Undetermined	$0.00	Suspended from AR		Charge	09/02/2010	$90.00
Total Account	$0.00	Pre-Pay	$0.00	Suspended AR	$0.00			
Collections								
Collections Balance	$70.00	Total	$0.00					

Account Aging

	[redacted]				
Patient:	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
Insurance:	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
Total:	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

Account Information Report

Include:All

Show: Expanded Details

Posting Date	Service Date	User	Description	Amount	Balance
05/12/2011		LC	NOTE: Printed Demand Statement (5/12/2011)		
02/22/2011		LC	Collections Adjustment [35.00]; FOCUS GRP Batch: 2271 COLL FOCUSGRP 22211	($35.00)	
02/22/2011	09/01/2010	LC	APPLIED TO CHARGE: 99213 [90.00 x 1] Billable: Abou Assi, Walid G. MD; Rendering: Abou Assi, Walid G. MD MD Practice Location: HDH Forest; Service Location: HDH Forest; Referring: Ngo, Matthew [276.8 785.1 427.60 599.0] CoPay: $35.00; Visit Type: Established Patient; Visit ID: 10052; Stmt Recipient: Tracey Johnston Establish Outpatient Level 3	$35.00	
02/22/2011		LC	Collections Adjustment [35.00]; FOCUS GRP Batch: 2271 COLL FOCUSGRP 22211	($35.00)	
02/22/2011	07/13/2010	LC	APPLIED TO CHARGE: 99243 [200.00 x 1] Billable: Abou Assi, Walid G. MD; Rendering: Abou Assi, Walid G. MD MD Practice Location: HDH Forest; Service Location: HDH Forest; Referring: Ngo, Matthew [276.8 785.1 427.60 599.0] CoPay: $35.00; Visit Type: New Patient; Visit ID: 7659; Stmt Recipient: Tracey Johnston Outpatient Consult Level 3	$35.00	
02/08/2011		AU	NOTE: Patient included in system generated statement export file on 2/8/2011		
01/08/2011		AU	NOTE: Patient included in system generated statement export file on 1/8/2011		
12/08/2010		AU	NOTE: Patient included in system generated statement export file on 12/8/2010		
11/08/2010		AU	NOTE: Patient included in system generated statement export file on 11/8/2010		
10/08/2010		AU	NOTE: Patient included in system generated statement export file on 10/8/2010		
09/14/2010		LC	Insurance Payment [0.00] Anthem Bcbs Of Richmond; EFT; 681308; Insurance Plan ID: 1013 Batch: 1624 BC 3 91410	$0.00	
09/14/2010	09/01/2010	LC	APPLIED TO CHARGE: 99213 [90.00 x 1] Billable: Abou Assi, Walid G. MD; Rendering: Abou Assi, Walid G. MD MD Practice Location: HDH Forest; Service Location: HDH Forest; Referring: Ngo, Matthew [276.8 785.1 427.60 599.0] CoPay: $35.00; Visit Type: Established Patient; Visit ID: 10052; Stmt Recipient: Tracey Johnston Establish Outpatient Level 3 ClaimID: 15046; Deductible: $0.00 ; Co-Pay: $35.00 ; Co-Ins: $0.00	$0.00	
09/14/2010		LC	Contractual Adjustment [20.50] Anthem Bcbs Of Richmond; Insurance Plan ID: 1013 Batch: 1624 BC 3 91410	($20.50)	
09/14/2010	09/01/2010	LC	APPLIED TO CHARGE: 99213 [90.00 x 1] Billable: Abou Assi, Walid G. MD; Rendering: Abou Assi, Walid G. MD MD Practice Location: HDH Forest; Service Location: HDH Forest; Referring: Ngo, Matthew [276.8 785.1 427.60 599.0] CoPay: $35.00; Visit Type: Established Patient; Visit ID: 10052; Stmt Recipient: Tracey Johnston Establish Outpatient Level 3	$20.50	
09/14/2010		LC	Insurance Payment [34.50] Anthem Bcbs Of Richmond; EFT; 681308; Insurance Plan ID: 1013 Batch: 1624 BC 3 91410	($34.50)	

Account Information Report
Include:All

Show: Expanded Details

Posting Date	Service Date	User	Description	Amount	Balance
09/14/2010	09/01/2010	LC	APPLIED TO CHARGE: 99213 [90.00 x 1] Billable: Abou Assi, Walid G. MD; Rendering: Abou Assi, Walid G. MD MD Practice Location: HDH Forest; Service Location: HDH Forest; Referring: Ngo, Matthew [276.8 785.1 427.60 599.0] CoPay: $35.00; Visit Type: Established Patient; Visit ID: 10052; Stmt Recipient: Tracey Johnston Establish Outpatient Level 3 ClaimID: 15046; Deductible: $0.00 ; Co-Pay: $35.00 ; Co-Ins: $0.00	$34.50	
09/08/2010		AU	NOTE: Patient included in system generated statement export file on 9/8/2010		
09/02/2010	09/01/2010	SP	99213 [90.00 x 1] Billable: Abou Assi, Walid G. MD; Rendering: Abou Assi, Walid G. MD MD Practice Location: HDH Forest; Service Location: HDH Forest; Referring: Ngo, Matthew [276.8 785.1 427.60 599.0] CoPay: $35.00; Visit Type: Established Patient; Visit ID: 10052; Stmt Recipient: Tracey Johnston Establish Outpatient Level 3	$90.00	$0.00
02/22/2011		LC	APPLIED TO CHARGE: Collections Adjustment [35.00]; FOCUS GRP	($35.00)	
09/14/2010		LC	APPLIED TO CHARGE: Contractual Adjustment [20.50] Anthem Bcbs Of Richmond; Insurance Plan ID: 1013	($20.50)	
09/14/2010		LC	APPLIED TO CHARGE: Insurance Payment [0.00] Anthem Bcbs Of Richmond; EFT; 681308; Insurance Plan ID: 1013 ClaimID: 15046; Deductible: $0.00 ; Co-Pay: $35.00 ; Co-Ins: $0.00	$0.00	
09/14/2010		LC	APPLIED TO CHARGE: Insurance Payment [34.50] Anthem Bcbs Of Richmond; EFT; 681308; Insurance Plan ID: 1013 ClaimID: 15046; Deductible: $0.00 ; Co-Pay: $35.00 ; Co-Ins: $0.00	($34.50)	
09/03/2010		*	CLAIM NOTE: Submitted Claim# 15046 to Insurance Plan: Anthem Bcbs Of Richmond: $90.00 : Batch# 1403: Successful Submission: E-File Plan: Gateway EDI: Follow-Up Date set to: 10/3/2010		
08/08/2010		AU	NOTE: Patient included in system generated statement export file on 8/8/2010		
08/03/2010		JP	Insurance Payment [0.00] Anthem Bcbs Of Richmond; EFT; 655325; Insurance Plan ID: 1013 Batch: 1454	$0.00	
08/03/2010	07/13/2010	JP	APPLIED TO CHARGE: 81002 [11.00 x 1] Billable: Abou Assi, Walid G. MD; Rendering: Abou Assi, Walid G. MD MD Practice Location: HDH Forest; Service Location: HDH Forest; Referring: Ngo, Matthew [276.8] CoPay: $0.00; Visit Type: New Patient; Visit ID: 7659; Stmt Recipient: Tracey Johnston Urinalysis Dipstick ClaimID: 11486	$0.00	
08/03/2010	07/13/2010	JP	APPLIED TO CHARGE: 99243 [200.00 x 1] Billable: Abou Assi, Walid G. MD; Rendering: Abou Assi, Walid G. MD MD Practice Location: HDH Forest; Service Location: HDH Forest; Referring: Ngo, Matthew [276.8 785.1 427.60 599.0] CoPay: $35.00; Visit Type: New Patient; Visit ID: 7659; Stmt Recipient: Tracey Johnston Outpatient Consult Level 3 ClaimID: 11486; Deductible: $0.00 ; Co-Pay: $35.00 ; Co-Ins: $0.00	$0.00	
08/03/2010		JP	Contractual Adjustment [38.75] Anthem Bcbs Of Richmond; Insurance Plan ID: 1013 Batch: 1454	($38.75)	

Johnston, Tracey W. [25853]
P.O. Box 26131
Richmond, VA 23260

Account Information Report

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Posting Date	Service Date	User	Description	Amount	Balance
08/03/2010	07/13/2010	JP	APPLIED TO CHARGE: 99243 [200.00 x 1] Billable: Abou Assi, Walid G. MD; Rendering: Abou Assi, Walid G. MD MD Practice Location: HDH Forest; Service Location: HDH Forest; Referring: Ngo, Matthew [276.8 785.1 427.60 599.0] CoPay: $35.00; Visit Type: New Patient; Visit ID: 7659; Stmt Recipient: Tracey Johnston Outpatient Consult Level 3	$38.75	
08/03/2010		JP	Contractual Adjustment [7.85] Anthem Bcbs Of Richmond; Insurance Plan ID: 1013 Batch: 1454	($7.85)	
08/03/2010	07/13/2010	JP	APPLIED TO CHARGE: 81002 [11.00 x 1] Billable: Abou Assi, Walid G. MD; Rendering: Abou Assi, Walid G. MD MD Practice Location: HDH Forest; Service Location: HDH Forest; Referring: Ngo, Matthew [276.8] CoPay: $0.00; Visit Type: New Patient; Visit ID: 7659; Stmt Recipient: Tracey Johnston Urinalysis Dipstick	$7.85	
08/03/2010		JP	Insurance Payment [129.40] Anthem Bcbs Of Richmond; EFT; 655325; Insurance Plan ID: 1013 Batch: 1454	($129.40)	
08/03/2010	07/13/2010	JP	APPLIED TO CHARGE: 81002 [11.00 x 1] Billable: Abou Assi, Walid G. MD; Rendering: Abou Assi, Walid G. MD MD Practice Location: HDH Forest; Service Location: HDH Forest; Referring: Ngo, Matthew [276.8] CoPay: $0.00; Visit Type: New Patient; Visit ID: 7659; Stmt Recipient: Tracey Johnston Urinalysis Dipstick ClaimID: 11486	$3.15	
08/03/2010	07/13/2010	JP	APPLIED TO CHARGE: 99243 [200.00 x 1] Billable: Abou Assi, Walid G. MD; Rendering: Abou Assi, Walid G. MD MD Practice Location: HDH Forest; Service Location: HDH Forest; Referring: Ngo, Matthew [276.8 785.1 427.60 599.0] CoPay: $35.00; Visit Type: New Patient; Visit ID: 7659; Stmt Recipient: Tracey Johnston Outpatient Consult Level 3 ClaimID: 11486; Deductible: $0.00 ; Co-Pay: $35.00 ; Co-Ins: $0.00	$126.25	
07/23/2010	07/13/2010	SP	99243 [200.00 x 1] Billable: Abou Assi, Walid G. MD; Rendering: Abou Assi, Walid G. MD MD Practice Location: HDH Forest; Service Location: HDH Forest; Referring: Ngo, Matthew [276.8 785.1 427.60 599.0] CoPay: $35.00; Visit Type: New Patient; Visit ID: 7659; Stmt Recipient: Tracey Johnston Outpatient Consult Level 3	$200.00	$0.00
02/22/2011		LC	APPLIED TO CHARGE: Collections Adjustment [35.00]; FOCUS GRP	($35.00)	
08/03/2010		JP	APPLIED TO CHARGE: Contractual Adjustment [38.75] Anthem Bcbs Of Richmond; Insurance Plan ID: 1013	($38.75)	
08/03/2010		JP	APPLIED TO CHARGE: Insurance Payment [0.00] Anthem Bcbs Of Richmond; EFT; 655325; Insurance Plan ID: 1013 ClaimID: 11486; Deductible: $0.00 ; Co-Pay: $35.00 ; Co-Ins: $0.00	$0.00	
08/03/2010		JP	APPLIED TO CHARGE: Insurance Payment [129.40] Anthem Bcbs Of Richmond; EFT; 655325; Insurance Plan ID: 1013 ClaimID: 11486; Deductible: $0.00 ; Co-Pay: $35.00 ; Co-Ins: $0.00	($126.25)	

Account Information Report

Include:All

Show: Expanded Details

Posting Date	Service Date	User	Description	Amount	Balance
07/23/2010		*	CLAIM NOTE: Submitted Claim# 11486 to Insurance Plan: Anthem Bcbs Of Richmond: $211.00 : Batch# 1296: Successful Submission: E-File Plan: Gateway EDI: Follow-Up Date set to: 8/22/2010		
07/23/2010	07/13/2010	SP	81002 [11.00 x 1] Billable: Abou Assi, Walid G. MD; Rendering: Abou Assi, Walid G. MD MD Practice Location: HDH Forest; Service Location: HDH Forest; Referring: Ngo, Matthew [276.8] CoPay: $0.00; Visit Type: New Patient; Visit ID: 7659; Stmt Recipient: Tracey Johnston Urinalysis Dipstick	$11.00	$0.00
08/03/2010		JP	APPLIED TO CHARGE: Contractual Adjustment [7.85] Anthem Bcbs Of Richmond; Insurance Plan ID: 1013	($7.85)	
08/03/2010		JP	APPLIED TO CHARGE: Insurance Payment [0.00] Anthem Bcbs Of Richmond; EFT; 655325; Insurance Plan ID: 1013 ClaimID: 11486	$0.00	
08/03/2010		JP	APPLIED TO CHARGE: Insurance Payment [129.40] Anthem Bcbs Of Richmond; EFT; 655325; Insurance Plan ID: 1013 ClaimID: 11486	($3.15)	
07/23/2010		*	CLAIM NOTE: Submitted Claim# 11486 to Insurance Plan: Anthem Bcbs Of Richmond: $211.00 : Batch# 1296: Successful Submission: E-File Plan: Gateway EDI: Follow-Up Date set to: 8/22/2010		