

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

	-X	
	:	
<i>In re</i>	:	Chapter 11
	:	
ROTECH HEALTHCARE INC., et al.,	:	Case No. 13-10741 (PJW)
	:	
Debtors.¹	:	Jointly Administered
	:	
	-X	Ref. Docket No. 541

AFFIDAVIT OF SERVICE

STATE OF NEW YORK)
) ss.:
COUNTY OF NEW YORK)

PETE CARIS, being duly sworn, deposes and says:

1. I am employed as Noticing Supervisor by Epiq Bankruptcy Solutions, LLC, located at 757 Third Avenue, New York, NY 10017. I am over the age of eighteen years and am not a party to the above-captioned action.
2. On July 3, 2013, I caused to be served the:
 - a) “Notice of Deadline for Filing of Proofs of Claim,” dated June 14, 2013 [Docket No. 541], and
 - b) “Proof of Claim Form,” a sample of which is annexed hereto as Exhibit A,by causing true and correct copies to be enclosed securely in separate postage pre-paid envelopes and delivered via first class mail to those parties listed on the annexed Exhibit B.

¹ The Debtors in these chapter 11 cases are listed in Schedule 1 to the Motion and at <http://dm.epiq11.com/rotech>. The address of the corporate headquarters of the Debtors and the mailing address of each of the Debtors is 2600 Technology Drive, Suite 300, Orlando, FL 32804.

3. All envelopes utilized in the service of the foregoing contained the following legend:
"LEGAL DOCUMENTS ENCLOSED. PLEASE DIRECT TO ATTENTION OF
ADDRESSEE, PRESIDENT OR LEGAL DEPARTMENT.


Pete Caris

Sworn to before me this
8 day of July, 2013


Notary Public

ELLI KREMPA
Notary Public, State of New York
No. 01KR6175879
Qualified in Suffolk County
Commission Expires October 22, 2015

EXHIBIT A

United States Bankruptcy Court for the District of Delaware Rotech Healthcare Inc., et al. Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076		Case 13-10741-PJW Doc 725 FILED 10/27/2016 P. 54 of 612		PROOF OF CLAIM FORM	
Name of Debtor Against Which Claim is Held:		Case No. of Debtor:		THIS SPACE IS FOR COURT USE ONLY	
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):		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.			
Name and address where notices should be sent:		Court Claim Number: _____ (If known) Filed on: _____			
Telephone number: _____ Email Address: _____		<input type="checkbox"/> 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.			
Name and address where payment should be sent (if different from above) :		THIS SPACE IS FOR COURT USE ONLY		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.	
Telephone number: _____ Email Address: _____				<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries or commissions (up to \$12,475), 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). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$2,775* 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"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507(a)(____).	
1. Amount of Claim as of Date Case Filed: \$ _____ If all or part of your claim is secured, complete Item 4. If all or part of your claim is entitled to priority, complete item 5. If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9), complete Item 6. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional charges.					
2. Basis for Claim: _____ (See instruction #2 on reverse side)					
3. Last four digits of any number by which creditor identifies debtor: _____ 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: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____% <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case is filed) 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: \$ _____					
6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9): \$ _____ (See instruction #6 on reverse side)					
7. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7 on reverse side)					
8. 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. If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #8 on reverse side and definition of "redacted"). DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:					
9. Signature: (See Instruction #9 on reverse side) Check the appropriate box: <input type="checkbox"/> I am the creditor <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.) <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.) (Attached a copy of power of attorney, if any) I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: _____ Title: _____ Company: _____ Address and telephone number (if different from notice address above): _____ _____ _____ (Signature) _____ (Date) _____ Telephone number: _____ email: _____					
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.					

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Items to be completed in Proof of Claim form

Name of Debtor, and Case Number:

Fill in the name of the Debtor in the bankruptcy case, and the bankruptcy case number. The full list of debtors is provided under the general information section on the Claims Agent's website

<http://chapter11.epiqsystems.com/rhi>

If your Claim is against multiple Debtors, complete a separate form for each Debtor.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a).

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9)

State the value of any goods received by the debtor within 20 days before the date of commencement in which the goods have been sold to the debtor in the ordinary course of the debtor's business.

7. Credits:

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.

8. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

9. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, attach a complete copy of any power of attorney, and provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (10).

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the Claims Agent at one of the following addresses:

If by First Class mail:

Rotech Healthcare Inc. Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

If by Hand Delivery or Overnight mail:

Rotech Healthcare Inc. Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
757 Third Avenue, 3rd Floor
New York, NY 10017

Secured Claim Under 11 U.S.C. §506(a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim.

Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. §507(a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the Claims Agent's system (<http://dm.epiq11.com/rhi>) to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

EXHIBIT B

SERVICE LIST

Claim Name**Address Information**

MICHELLE KASSOFF

C/O LAW OFFICE OF CRAIG J. CONCANNON, PC 7911 FORSYTH BLVD., SUITE 300 SAINT
LOUIS MO 63105**Total Creditor count 1**

Claim Name	Address Information
ADMAR CORP	MULTIPLAN 115 FIFTH AVE NEW YORK NY 10003
ADMAR CORP	MULTIPLAN 115 FIFTH AVE NEW YORK NY 10003
ADMAR CORP	MULTIPLAN 115 FIFTH AVE NEW YORK NY 10003
ADMAR CORP	MULTIPLAN 115 FIFTH AVE NEW YORK NY 10003
BCBS STL	ANTHEM BCBS-MO 12443 OLIVE BLVD SAINT LOUIS MO 63141
BCBS STL	ANTHEM BCBS-MO 12443 OLIVE BLVD SAINT LOUIS MO 63141
BEECHSTREET CA CORP	MULTIPLAN 115 FIFTH AVE NEW YORK NY 10003
BEECHSTREET CA CORP	MULTIPLAN 115 FIFTH AVE NEW YORK NY 10003
BEECHSTREET CA CORP	MULTIPLAN 115 FIFTH AVE NEW YORK NY 10003
BEECHSTREET CA CORP	MULTIPLAN 115 FIFTH AVE NEW YORK NY 10003
BEECHSTREET CA CORP	MULTIPLAN 115 FIFTH AVE NEW YORK NY 10003
COUNTRYSIDE HOSPICE CARE GA	189 PROFESSIONAL COURT, SUITE 300 CALHOUN GA 30701
COUNTRYSIDE HOSPICE CARE GA	189 PROFESSIONAL COURT, SUITE 300 CALHOUN GA 30701
COUNTRYSIDE HOSPICE CARE GA	189 PROFESSIONAL COURT, SUITE 300 CALHOUN GA 30701
COUNTRYSIDE HOSPICE CARE GA	189 PROFESSIONAL COURT, SUITE 300 CALHOUN GA 30701
COUNTRYSIDE HOSPICE CARE GA	189 PROFESSIONAL COURT, SUITE 300 CALHOUN GA 30701
COUNTRYSIDE HOSPICE CARE GA	189 PROFESSIONAL COURT, SUITE 300 CALHOUN GA 30701
COUNTRYSIDE HOSPICE CARE GA	189 PROFESSIONAL COURT, SUITE 300 CALHOUN GA 30701
COUNTRYSIDE HOSPICE CARE GA	189 PROFESSIONAL COURT, SUITE 300 CALHOUN GA 30701
FLORENCE CONVALESCENT HOSPICE CTR	2512 W NEW CASTLE RD FLORENCE SC 29501
FLORENCE CONVALESCENT HOSPICE CTR	2512 W NEW CASTLE RD FLORENCE SC 29501
GREATER VALLEY MEDICAL GROUP INC	14600 SHERMAN WAY, STE 300 VAN NUYS CA 91405
GREEN RIVER CENT CITY 2 HOSPICE	418 N SCOTT ST MADISONVILLE KY 42431
GREEN RIVER CENT CITY 2 HOSPICE	418 N SCOTT ST MADISONVILLE KY 42431
GREEN RIVER CENT CITY 2 HOSPICE	418 N SCOTT ST MADISONVILLE KY 42431
GREEN RIVER CENT CITY 2 HOSPICE	418 N SCOTT ST MADISONVILLE KY 42431
GREEN RIVER CENT CITY 2 HOSPICE	418 N SCOTT ST MADISONVILLE KY 42431
GRINNELL HOSPICE	106 4TH AVE GRINNELL IA 50112
GRINNELL HOSPICE	106 4TH AVE GRINNELL IA 50112
GRINNELL HOSPICE	106 4TH AVE GRINNELL IA 50112
GRINNELL HOSPICE	106 4TH AVE GRINNELL IA 50112
GRINNELL HOSPICE	106 4TH AVE GRINNELL IA 50112
HEALTHCORP SISCO	COTTINGHAM & BUTLER 800 MAIN STREET DUBUQUE IA 52001
HEALTHCORP SISCO	COTTINGHAM & BUTLER 800 MAIN STREET DUBUQUE IA 52001
HEALTHCORP SISCO	COTTINGHAM & BUTLER 800 MAIN STREET DUBUQUE IA 52001
HEALTHCORP SISCO	COTTINGHAM & BUTLER 800 MAIN STREET DUBUQUE IA 52001
HEALTHCORP SISCO	COTTINGHAM & BUTLER 800 MAIN STREET DUBUQUE IA 52001
HEART IA HOSPICE	300 W BROADWAY COUNCIL BLUFFS IA 51503
HEART IA HOSPICE	300 W BROADWAY COUNCIL BLUFFS IA 51503
HEART IA HOSPICE	300 W BROADWAY COUNCIL BLUFFS IA 51503
HEART IA HOSPICE	300 W BROADWAY COUNCIL BLUFFS IA 51503
HEART IA HOSPICE	300 W BROADWAY COUNCIL BLUFFS IA 51503
HEARTLAND OK HOSPICE	1923 ATCHISON DR NORMAN OK 73069
HOME HEALTH 2 PROF HOSPICE	P.O. BOX 704 BLYTHEVILLE AR 72316
HOMEBOUND SAIL PROGRAM	602 S. LAWRENCE ST. MONTGOMERY AL 36104
HOMEBOUND SAIL PROGRAM	602 S. LAWRENCE ST. MONTGOMERY AL 36104
HOMEBOUND SAIL PROGRAM	602 S. LAWRENCE ST. MONTGOMERY AL 36104
HOSPICE BAPTIST MEMORIAN HOSP	BAPTIST TRINITY HOSPICE HOUSE 1520 WEST POPLAR AVE COLLIERVILLE TN 38017
HOSPICE CIRCLE LOVE	429 EAST GRAND ENID OK 73701

Claim Name	Address Information
HOSPICE COFFEE REGIONAL	205 SHIRLEY AVE DOUGLAS GA 31533
HOSPICE COFFEE REGIONAL	205 SHIRLEY AVE DOUGLAS GA 31533
HOSPICE COFFEE REGIONAL	205 SHIRLEY AVE DOUGLAS GA 31533
HOSPICE COFFEE REGIONAL	205 SHIRLEY AVE DOUGLAS GA 31533
HOSPICE COFFEE REGIONAL	205 SHIRLEY AVE DOUGLAS GA 31533
HOSPICE COFFEE REGIONAL	205 SHIRLEY AVE DOUGLAS GA 31533
HOSPICE COFFEE REGIONAL	205 SHIRLEY AVE DOUGLAS GA 31533
HOSPICE CULLMAN COUNTY	1912 ALABAMA 157 CULLMAN AL 35058
HOSPICE FAMILY CARE MARSHALL COUNTY	SHEPHERD'S COVE 408 MARTLING ROAD ALBERTVILLE AL 35951
HOSPICE FAMILY CARE MARSHALL COUNTY	SHEPHERD'S COVE 408 MARTLING ROAD ALBERTVILLE AL 35951
HOSPICE GOLDEN ISLES	1692 GLYNCO PKWY BRUNSWICK GA 31525
HOSPICE HALIFAX	3800 WOODBRIAR TRAIL PORT ORANGE FL 32129
HOSPICE HAVASU	365 S LAKE HAVASU AVE LAKE HAVASU CITY AZ 86403
HOSPICE HAVASU	365 S LAKE HAVASU AVE LAKE HAVASU CITY AZ 86403
HOSPICE MARSHALL COUNTY	SHEPHERD'S COVE 408 MARTLING ROAD ALBERTVILLE AL 35951
HOSPICE MARSHALL COUNTY	SHEPHERD'S COVE 408 MARTLING ROAD ALBERTVILLE AL 35951
HOSPICE OCONEE	390 KEOWEE SCHOOL RD SENECA SC 29672
HOSPICE OCONEE	390 KEOWEE SCHOOL RD SENECA SC 29672
HOSPICE OCONEE	390 KEOWEE SCHOOL RD SENECA SC 29672
HOSPICE OCONEE	390 KEOWEE SCHOOL RD SENECA SC 29672
HOSPICE OCONEE	390 KEOWEE SCHOOL RD SENECA SC 29672
HOSPICE OCONEE	390 KEOWEE SCHOOL RD SENECA SC 29672
HOSPICE OCONEE	390 KEOWEE SCHOOL RD SENECA SC 29672
HOSPICE S DEMOPOLIS	1307 U.S. 80 DEMOPOLIS AL 36732
HUMBOLDT CO HOSPICE	575 H ST ARCATA CA 95521
HUMBOLDT CO HOSPICE	575 H ST ARCATA CA 95521
HUMBOLDT CO HOSPICE	575 H ST ARCATA CA 95521
HUMBOLDT CO HOSPICE	575 H ST ARCATA CA 95521
HUMBOLDT CO HOSPICE	575 H ST ARCATA CA 95521
HUMBOLDT CO HOSPICE	575 H ST ARCATA CA 95521
IA NE DME VA636 P 0006	JULIE RICKERT, PROSTHETICS MANAGER IOWA CITY VA MEDICAL CENTER (121/ATTN. USPS OFC),601 HWY #6 WEST IOWA CITY IA 52246
IA NE DME VA636 P 0006	JULIE RICKERT, PROSTHETICS MANAGER IOWA CITY VA MEDICAL CENTER (121/ATTN. USPS OFC),601 HWY #6 WEST IOWA CITY IA 52246
IA NE DME VA636 P 0006	JULIE RICKERT, PROSTHETICS MANAGER IOWA CITY VA MEDICAL CENTER (121/ATTN. USPS OFC),601 HWY #6 WEST IOWA CITY IA 52246
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IA NE DME VA636 P 0006	JULIE RICKERT, PROSTHETICS MANAGER IOWA CITY VA MEDICAL CENTER (121/ATTN. USPS OFC),601 HWY #6 WEST IOWA CITY IA 52246
IA NE DME VA636 P 0006	JULIE RICKERT, PROSTHETICS MANAGER IOWA CITY VA MEDICAL CENTER (121/ATTN. USPS OFC),601 HWY #6 WEST IOWA CITY IA 52246
IA NE DME VA636 P 0006	JULIE RICKERT, PROSTHETICS MANAGER IOWA CITY VA MEDICAL CENTER (121/ATTN. USPS OFC),601 HWY #6 WEST IOWA CITY IA 52246
IA NE DME VA636 P 0006	JULIE RICKERT, PROSTHETICS MANAGER IOWA CITY VA MEDICAL CENTER (121/ATTN. USPS OFC),601 HWY #6 WEST IOWA CITY IA 52246
IA NE DME VA636 P 0006	JULIE RICKERT, PROSTHETICS MANAGER IOWA CITY VA MEDICAL CENTER (121/ATTN. USPS OFC),601 HWY #6 WEST IOWA CITY IA 52246
KEYSTONE BLUE	120 FIFTH AVENUE PL, STE 2326 PITTSBURGH PA 15222
KV MANOR HOSPICE CARE CTR	HCR MANORCARE, LLC 333 N. SUMMIT ST TOLEDO OH 43604
LAKESIDE HOSPICE AL	4010 MASTERS RD PELL CITY AL 35128

Claim Name	Address Information
MANAGED CARE 2000	P.O. BOX 10040 TAMPA FL 33679
MANAGED CARE 2000	P.O. BOX 10040 TAMPA FL 33679
MANAGED CARE 2000	P.O. BOX 10040 TAMPA FL 33679
MANAGED CARE 2000	P.O. BOX 10040 TAMPA FL 33679
MEDICAL NET 2	59 MIDDLE ST PORTLAND ME 04112
MONTGOMERY COUNTY GERIATRIC CN	MONTGOMERY COUNTY GERIATRIC & REHABILITATION CENTER 1600 BLACK ROCK RD ROYERSFORD PA 19468
MURRAY CALLOWAY HOSPICE LONG TERM CARE	803 POPLAR ST MURRAY KY 42071
NE WY HOSPICE	400 SOUTH KENDRICK, STE 301 GILLETTE WY 82716
PHYSICIANS NY HEALTH PLAN	500 PATROON CREEK BLVD ALBANY NY 12206
REGENCY SC HOSPICE	REGENCY HOSPICE OF COLUMBIA 140 STONERIDGE DRIVE, SUITE 130 COLUMBIA SC 29210
RISEN SON CHRISTIAN VILLAGE HOSPICE	3000 RISEN SON BOULEVARD COUNCIL BLUFFS IA 51503
RISEN SON CHRISTIAN VILLAGE HOSPICE	3000 RISEN SON BOULEVARD COUNCIL BLUFFS IA 51503
RISEN SON CHRISTIAN VILLAGE HOSPICE	3000 RISEN SON BOULEVARD COUNCIL BLUFFS IA 51503
RISEN SON CHRISTIAN VILLAGE HOSPICE	3000 RISEN SON BOULEVARD COUNCIL BLUFFS IA 51503
RISEN SON CHRISTIAN VILLAGE HOSPICE	3000 RISEN SON BOULEVARD COUNCIL BLUFFS IA 51503
RISEN SON CHRISTIAN VILLAGE HOSPICE	3000 RISEN SON BOULEVARD COUNCIL BLUFFS IA 51503
SELECT BLUE	120 FIFTH AVENUE PL, STE 2326 PITTSBURGH PA 15222
SENIOR LIFE JOHNSTOWN HOSPICE	401 BROAD ST JOHNSTOWN PA 15906
SOCORRO HOSPICE	PO BOX 1009, HWY 60 WEST SOCORRO NM 87801
SOUTHERN CHESTER COUNTY HOSPICE	1015 WEST BALTIMORE PIKE WEST GROVE PA 19390
SOUTHERN CHESTER COUNTY HOSPICE	1015 WEST BALTIMORE PIKE WEST GROVE PA 19390
SOUTHERNCARE HOSPICE WILLIAMSPORT	SOUTHERNCARE, INC 1000 URBAN CENTER DRIVE, SUITE 115 BIRMINGHAM AL 35242
SOUTHERNCARE HOSPICE WILLIAMSPORT	SOUTHERNCARE, INC 1000 URBAN CENTER DRIVE, SUITE 115 BIRMINGHAM AL 35242
SOUTHERNCARE HOSPICE WILLIAMSPORT	SOUTHERNCARE, INC 1000 URBAN CENTER DRIVE, SUITE 115 BIRMINGHAM AL 35242
SOUTHWEST FAMILY CARE ALLIANCE	ADMINISTRATION OFFICE 28526 US HWY 14 LONE ROCK WI 53556
ST. MARY'S NURSING HOME	330 EAST SECOND STREET DULUTH MN 55805
STATION CASINOS HEALTH PLAN	STATIONS CASINOS LLC 1505 S. PAVILION CENTER DR LAS VEGAS NV 89135
STATION CASINOS HEALTH PLAN	STATIONS CASINOS LLC 1505 S. PAVILION CENTER DR LAS VEGAS NV 89135
SUTTER COMMUNITY HOSPITALS	2801 L ST SACRAMENTO CA 95816
SUTTER COMMUNITY HOSPITALS	2801 L ST SACRAMENTO CA 95816
UCSF STANDARD HEALTHCARE	505 PARNASSUS AVE SAN FRANCISCO CA 94131
UCSF STANDARD HEALTHCARE	505 PARNASSUS AVE SAN FRANCISCO CA 94131
UNITED PAYORS UNITED PROVIDE	2273 RESEARCH BLVD ROCKVILLE MD 20850
UNITED PAYORS UNITED PROVIDE	2273 RESEARCH BLVD ROCKVILLE MD 20850
UNITED PAYORS UNITED PROVIDE	2273 RESEARCH BLVD ROCKVILLE MD 20850
UNITED PAYORS UNITED PROVIDE	2273 RESEARCH BLVD ROCKVILLE MD 20850
UNITED PAYORS UNITED PROVIDE	2273 RESEARCH BLVD ROCKVILLE MD 20850
UNITED PAYORS UNITED PROVIDE	2273 RESEARCH BLVD ROCKVILLE MD 20850
WASHOE HEALTH SYSTEM	77 PRINGLE WAY RENO NV 89502

Total Creditor count 130