

RECEIVED

MAR 23 2020

LEGAL SERVICES

Fill in this information to identify the case:

Debtor 1 Randolph Specialty Group Practice

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: Middle District of North Carolina

Case number 20-10248

Filed: USBC - Middle District of North Carolina  
Randolph Hospital, Inc. d/b/a  
Randolph Health, Et al. (B10)  
20-10247 (LMJ)

RAH



0000000004

Official Form 410

# Proof of Claim

4/16

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?	<u>UnitedHealthcare Insurance Company</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <u>ATTN: CDM/Bankruptcy</u> Name _____ <u>185 Asylum Street - 03B</u> Number Street <u>Hartford</u> <u>CT</u> <u>06103</u> City State ZIP Code Contact phone <u>952 979 6215</u> Contact email <u>jayson_ronning@uhc.com</u>	Where should payments to the creditor be sent? (if different) Name _____ Number Street City State ZIP Code Contact phone _____ Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
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 ____ / ____ / ____ MM / DD / YYYY	
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 2 0 3

7. How much is the claim? \$ 2,210.80 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 overpayments 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.)  
**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:

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

☐ Up to \$2,850\* 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 \$12,850\*) 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 4/01/19 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 03/19/2020

MM / DD / YYYY

Signature

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

Name

Jay

A

Ronning

First name

Middle name

Last name

Title

Senior Financial Analyst - Bankruptcy

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

City

CT

State

06103

ZIP Code

Contact phone

952 979 6215

Email jayson\_ronning@uhc.com



March 10, 2020

Randolph Specialty Group Practice fka Randolph Medical Associates fka Randolph Specialty Group fka Randolph Health Medical Group

Chpt. 11 Bankruptcy  
Filed: 03/06/20 | Case No. 20-10248

**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
113827203	HOPE M STATON	NC	2019	\$427.98	\$427.98	\$427.98	Services provided after Member Coverage End Date.
113827203	HOPE M STATON	NC	2019	\$101.29	\$101.29	\$101.29	Services provided after Member Coverage End Date.
113827203	HOPE M STATON	NC	2019	\$81.95	\$81.95	\$81.95	Services provided after Member Coverage End Date.
113827203	NATHAN W CONROY	NC	2019	\$132.47	\$6.00	\$6.00	Duplicate payment has been made for this drug service charge. HCPCS J1071 has already been paid utilizing members pharmacy
113827203	DOUGLAS E SCHULTZ	NC	2019	\$28.17	\$6.00	\$6.00	Duplicate payment has been made for this drug service charge. HCPCS J1071 has already been paid utilizing members pharmacy
113827203	CYNTHIA T MAERZ	NC	2018	\$55.20	\$55.20	\$55.20	Service code 97803 for obesity treatment is not a covered expense on this members benefit plan.
113827203	CYNTHIA T MAERZ	NC	2018	\$124.88	\$124.88	\$124.88	Service code 97802 for obesity treatment is not a covered expense on this members benefit plan.
113827203	RANDOLPH ORTHOPEDICS & SPORTS MEDICINE P	NC	2017	\$49.00	\$24.21	\$24.21	Claim incorrectly paid based on charges and should have paid per CMS rates. Procedure code G0446 for date of service 06/05/17 should have allowed \$25.29 less member liability of \$0.00 and less a 2% sequestration reduction.
113827203	CYNTHIA T MAERZ R.D.	NC	2018	\$102.90	\$16.34	\$16.34	Claim incorrectly paid based on billed charges and should have paid per contracted rates. Procedure code 97803 for date of service 10/02/18 should have allowed \$88.32 less member liability of \$0.00 and less a 2% sequestration reduction.
113827203	SHAKEEL FARR DURRANI MD	NC	2019	\$1,127.63	\$354.96	\$119.98	Please refund -Corrected bill submitted
113827203	KYLE J HUBLER	NC	2019	\$33.07	\$33.07	\$33.07	Services provided after Member Coverage End Date.
113827203	SHAKEEL FARR DURRANI MD	NC	2019	\$1,127.63	\$772.67	\$772.67	Please refund -Corrected bill submitted
113827203	SINGH, R.P.T., MINI H.	NC	2019	\$45.86	\$45.86	\$45.86	Corrected bill submitted
113827203	CHAO, M.D., ROBERTO	NC	2019	\$3.45	\$3.45	\$3.45	Unbundled service - disallowed service considered inclusive of another billed service on same date of service by same provider
113827203	CAMPBELL, M.D., STEPHEN D.	NC	2020	\$16.36	\$14.79	\$14.79	Corrected bill submitted
113827203	NATHAN W CONROY P.A.	NC	2019	\$152.89	\$152.89	\$152.89	Member enrolled in Medicare hospice program. Per CMS Medicare Claim Processing Manual 100-04 Ch. 11 Section 30.4 traditional Medicare is responsible for all hospice or non-hospice related claims through the end of the month in which hospice is revoked.
113827203	NATHAN W CONROY P.A.	NC	2019	\$182.80	\$182.80	\$182.80	Member enrolled in Medicare hospice program. Per CMS Medicare Claim Processing Manual 100-04 Ch. 11 Section 30.4 traditional Medicare is responsible for all hospice or non-hospice related claims through the end of the month in which hospice is revoked.
113827203	BRADLEY MICHAEL HARPER P.A.	NC	2019	\$31.44	\$31.44	\$31.44	Original claim paid \$43.27 under claim number 8766811800 on 01/16/2020 leaving only an additional responsibility of \$0.00.

Total Balance Due \$2,210.80



*Jay A. Ronning  
Credit & Delinquency Management  
185 Asylum Street, 03B  
Hartford, CT 06115-0450  
Telephone: (952) 979-6215  
Facsimile: (860) 702-8870*

March 19, 2020

**VIA 2<sup>nd</sup> DAY MAIL**

Randolph Hospital, Inc. *dba* Randolph Health  
Claims Processing Center  
c/o Epic Corporate Restructuring, LLC  
10300 SW Allen Blvd.  
Beaverton, OR 97005

Re: Randolph Specialty Group Practice *fka* Randolph Medical Associates *fka*  
Randolph Specialty Group *fka* Randolph Health Medical Group  
Chpt. 11 Bankruptcy filed 3/6/20 | Case No. 20-10248  
Proof of Claim for \$2,210.80

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,

A handwritten signature in black ink, appearing to read 'Jay A. Ronning', written over the 'Thank you,' text.

Jay A. Ronning  
Senior Financial Analyst - Bankruptcy  
Credit and Delinquency Management

/jar  
Enclosures

(UPS Tracking No.: 1Z177A8A0293050423)

**UPS CampussShip: View/Print Label**

1. **Ensure there are no other shipping or tracking labels attached to your package.** Select the Print button on the print dialog box that appears. Note: If your browser does not support this function select Print from the File menu to print the label.
2. **Fold the printed label at the solid line below.** Place the label in a UPS Shipping Pouch. If you do not have a pouch, affix the folded label using clear plastic shipping tape over the entire label.

**3. GETTING YOUR SHIPMENT TO UPS****Customers with a Daily Pickup**

Your driver will pickup your shipment(s) as usual.

**Customers without a Daily Pickup**

Take your package to any location of The UPS Store®, UPS Access Point(TM) location, UPS Drop Box, UPS Customer Center, Staples® or Authorized Shipping Outlet near you. Items sent via UPS Return Services(SM) (including via Ground) are also accepted at Drop Boxes. To find the location nearest you, please visit the Resources area of CampussShip and select UPS Locations. Schedule a same day or future day Pickup to have a UPS driver pickup all your CampussShip packages. Hand the package to any UPS driver in your area.

UPS Access Point™  
THE UPS STORE  
11468 MARKETPLACE DR N  
CHAMPLIN, MN 55316

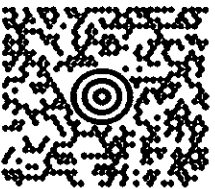


UPS Access Point™  
CVS STORE # 8930  
657 E MAIN ST  
ANOCA, MN 55303

UPS Access Point™  
MICHAEL'S STORE # 2728  
3460 124TH AVE NW  
MINNEAPOLIS, MN 55433

Document Control

**COPY**

FOLD HERE

JAYSON RONNING 7632293826 UNITEDHEALTH GROUP MN017 10721 SUMTER AVENUE NORTH BROOKLYN PARK MN 55445		0.0 LBS LTR	1 OF 1
<b>SHIP TO:</b> VICTORY HEALTHCARE CLAIMS PROCESSIN EPIQ BANKRUPTCY SOLUTIONS, LLC 10300 SOUTHWEST ALLEN BOULEVARD <b>BEAVERTON OR 97005-4833</b>			
	<b>OR 971 7-01</b> 		
<b>UPS 2ND DAY AIR</b> TRACKING #: 1Z 177 A8A 02 9305 0423		<b>2</b> 	
BILLING: P/P			
GL Code: 2002002850USASS800220230 Additional GL Code Elements: Non-UHG <small>CS 22.0.11. WNTNVS0 83.0A 12/2019</small> 			

**RECEIVED**  
**MAR 23 2020**  
**LEGAL SERVICES**