

RECEIVED

APR 06 2020

LEGAL SERVICES

Fill in this information to identify the case:

Debtor 1 Randolph, Hospital, INC
 Debtor 2 (Spouse, if filing) _____
 United States Bankruptcy Court for the: Middle District of N. Carolina
 Case number 20-10247

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

RAH



0000000005

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

| | | |
|--|--|--|
| <p>1. Who is the current creditor?</p> | <p><u>Landauer, INC</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____</p> | |
| <p>2. Has this claim been acquired from someone else?</p> | <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____</p> | |
| <p>3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</p> | <p>Where should notices to the creditor be sent? <u>Landauer, INC</u> Name <u>2 Science Rd</u> Number Street <u>Glenwood, IL 60425</u> City State ZIP Code Contact phone <u>708-755-1319</u> Contact email <u>ACCOUNTSRECEIVABLE@LandauerINC.COM</u></p> | <p>Where should payments to the creditor be sent? (if different) Name Number Street City State ZIP Code Contact phone Contact email</p> |
| <p>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</p> | | |
| <p>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? _____</p> | | |

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: 1564

7. How much is the claim? \$ 5,329.20 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.

Dosimetry Services

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)?

☒ No

☐ Yes. Check one:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ 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.

\$ _____

* 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.

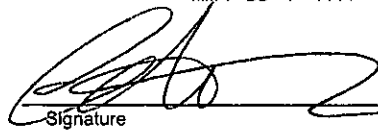
I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

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

3/27/2020
MM / DD / YYYY


Signature

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

Name

Eddy E

Hurt

First name

Middle name

Last name

Title

Sr. Collections Splcst.

Company

Landauer, INC

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

Address

2 Science Rd

Number

Street

Glenwood

IL

60125

City

State

ZIP Code

Contact phone

708-755-1319

Email

AccountsReceivable@

LandauerINC.com

Original Invoice

RANDOLPH HOSPITAL INC
ATTN ACCTS PAYABLE
364 WHITE OAK STREET
ASHEBORO, NC 27203

Shipped to Address:
RANDOLPH HOSPITAL INC
ATTN GARY ABODE
DEPT OF RADIOLOGY
364 WHITE OAK STREET
ASHEBORO, NC 27203

Page 1

| Purchase Order NO PO REQUIRED | | Account Number 51564 | Invoice Date 2019-12-16 | Invoice Number 100744847 | Federal ID 06-1218089 | | | |
|--|------------|---|-----------------------------------|------------------------------------|---------------------------------|-----------|-------------------------------|-----------------|
| Series | Product ID | Product Description | Service Date | Wear Date | Qty | No. Ships | Unit Price | Extended Price |
| | | Dosimetry Service Monthly | | | | | | 11.16 |
| | | Dosimetry Service BI-Monthly | | | | | | 1,459.59 |
| | | Unreturned Dosimeters | | | | | | 3.00 |
| | | Additional Dosimeters | | | | | | 12.00 |
| | 01131-000 | Dosimeter Return Package - Postage Duo | | | | | | 20.00 |
| | 01132-000 | DHL PrePaid Return Label (Dosimeter return) | | | | | | 6.00 |
| **Please access our website for details regarding unreturned dosimeters and to view or download your Invoices at www.myLDR.com. | | | | | | | | |
| Payment terms are net 30 from the date of the invoice. A finance charge of 1.5 percent per month (an annual percentage rate of 18 percent) will be added to all past-due accounts. We hereby certify that these services were produced in compliance with Fair Labor Standards Act, as amended. | | | | | | | INVOICE TOTAL IN (USD) | 1,511.75 |

Please return bottom portion with payment.

Remit payment by using one of the following methods:



* Payments Online: www.myLDR.com
* Telephone: 800.323.8830
* Mail: P.O. Box 809051, Chicago, IL 60680-9051
* Email: accountsreceivable@landauerinc.com

Please reference invoice number on check

Print Name On Card

Card Number

Expiration Date

Email / Telephone

www.myLDR.com

Customer Name
Customer Number 51564
Invoice Number 100744847
Invoice Date 2019-12-16

Amount Due: \$ 1,511.75 USD

Landauer now accepts USD credit card payments online via myLDR.

G-QR-0051564-000000000

Original Invoice

RANDOLPH HOSPITAL INC
ATTN ACCTS PAYABLE
364 WHITE OAK STREET
ASHEBORO, NC 27203

Shipped to Address:
RANDOLPH HOSPITAL INC
ATTN GARY ABODE
DEPT OF RADIOLOGY
364 WHITE OAK STREET
ASHEBORO, NC 27203

Page 2

| | | | | |
|---|--------------------------------|-----------------------------------|------------------------------------|---------------------------------|
| Purchase Order NO PO REQUIRED | Account Number 51564 | Invoice Date 2019-12-16 | Invoice Number 100744847 | Federal ID 06-1218089 |
|---|--------------------------------|-----------------------------------|------------------------------------|---------------------------------|

| Series | Product ID | Product Description | Service Date | Wear Date | Qty | No. Ships | Unit Price | Extended Price |
|--------|------------|---|--------------|------------|-----|-----------|------------|----------------|
| | 01132-000 | DHL PrePaid Return Label (Dosimeter return) | 2019-11-08 | | 1 | | 6.00 | 6.00 |
| | 01131-000 | Dosimeter Return Package – Postage Due | 2019-11-12 | | 1 | | 10.00 | 10.00 |
| | 01131-000 | Dosimeter Return Package – Postage Due | 2019-12-11 | | 1 | | 10.00 | 10.00 |
| | | Series Total | | | | | | 26.00 |
| CP | 2MO | Dosimetry Service Bi-Monthly | | 2019-11-01 | 19 | | 7.44 | 141.36 |
| CP | | Series Total | | | | | | 141.36 |
| ORT | 2MO | Dosimetry Service Bi-Monthly | | 2019-11-01 | 6 | | 7.44 | 44.64 |
| ORT | 2MO | Dosimetry Service Bi-Monthly | | 2019-11-01 | 1 | | 7.44 | 7.44 |
| ORT | 01106-000 | Additional dosimeter fee | 2019-11-01 | | 1 | | 3.00 | 3.00 |
| ORT | | Series Total | | | | | | 55.08 |
| RAD | 2MO | Dosimetry Service Bi-Monthly | | 2019-09-01 | 1 | | 7.44 | 7.44 |
| RAD | 1MO | Dosimetry Service Monthly | | 2019-10-01 | 1 | | 3.72 | 3.72 |
| RAD | 1MO | Dosimetry Service Monthly | | 2019-11-01 | 1 | | 3.72 | 3.72 |
| RAD | 2MO | Dosimetry Service Bi-Monthly | | 2019-11-01 | 1 | | 7.44 | 7.44 |
| RAD | 2MO | Dosimetry Service Bi-Monthly | | 2019-11-01 | 105 | | 7.44 | 781.20 |
| RAD | 2MO | Dosimetry Service Bi-Monthly | | 2019-11-01 | 1 | | 7.44 | 7.44 |
| RAD | 2MO | Dosimetry Service Bi-Monthly | | 2019-11-20 | 1 | | 7.44 | 7.44 |
| RAD | 1MO | Dosimetry Service Monthly | | 2019-12-01 | 1 | | 3.72 | 3.72 |
| RAD | 01106-000 | Additional dosimeter fee | 2019-09-01 | | 1 | | 3.00 | 3.00 |
| RAD | 01106-000 | Additional dosimeter fee | 2019-11-01 | | 1 | | 3.00 | 3.00 |
| RAD | 01106-000 | Additional dosimeter fee | 2019-11-01 | | 1 | | 3.00 | 3.00 |
| RAD | | Series Total | | | | | | 831.12 |
| SP | 2MO | Dosimetry Service Bi-Monthly | | 2019-11-01 | 14 | | 7.44 | 104.16 |
| SP | | Series Total | | | | | | 104.16 |
| ST | 2MO | Dosimetry Service Bi-Monthly | | 2019-11-01 | 8 | | 7.44 | 59.52 |
| ST | | Series Total | | | | | | 59.52 |
| SUR | 2MO | Dosimetry Service Bi-Monthly | | 2019-11-01 | 37 | | 7.44 | 275.28 |
| SUR | 01030-000 | Luxel late/unreturned dosimeter fee** | | | 1 | | 3.00 | 3.00 |

Remit Payment to:
P.O. Box 809051
Chicago, IL 60680-9051

Original Invoice

RANDOLPH HOSPITAL INC
ATTN ACCTS PAYABLE
364 WHITE OAK STREET
ASHEBORO, NC 27203

Shipped to Address:
RANDOLPH HOSPITAL INC
ATTN GARY ABODE
DEPT OF RADIOLOGY
364 WHITE OAK STREET
ASHEBORO, NC 27203

Page 1

| Purchase Order NO PO REQUIRED | | Account Number 51564 | Invoice Date 2020-03-17 | Invoice Number 100773346 | Federal ID 06-1218089 | | | |
|--|------------|--|----------------------------|-----------------------------|--------------------------|-----------|------------------------|----------------|
| Series | Product ID | Product Description | Service Date | Wear Date | Qty | No. Ships | Unit Price | Extended Price |
| | | Dosimetry Service Monthly | | | | | | 5.64 |
| | | Dosimetry Service BI-Monthly | | | | | | 1,406.81 |
| | | Unreturned Dosimeters | | | | | | 3.00 |
| | | Additional Dosimeters | | | | | | 15.00 |
| | 01132-000 | DHL PrePaid Return Label (Dosimeter return) | | | | | | 12.00 |
| | 30303-1YR | Academy Site License-Full Access to Online Courses | | | | | | 2,375.00 |
| **Please access our website for details regarding unreturned dosimeters and to view or download your invoices at www.myLDR.com . | | | | | | | | |
| Payment terms are net 30 from the date of the invoice. A finance charge of 1.5 percent per month (an annual percentage rate of 18 percent) will be added to all past-due accounts. We hereby certify that these services were produced in compliance with Fair Labor Standards Act, as amended. | | | | | | | INVOICE TOTAL IN (USD) | 3,817.45 |

Please return bottom portion with payment.

Remit payment by using one of the following methods:



* Payments Online: www.myLDR.com
* Telephone: 800.323.8830
* Mail: P.O. Box 809051, Chicago, IL 60680-9051
* Email: accountsreceivable@landauerinc.com

Please reference Invoice number on check

Print Name On Card

Card Number

Expiration Date

Email / Telephone

www.myLDR.com

Customer Name
Customer Number 51564
Invoice Number 100773346
Invoice Date 2020-03-17

Amount Due: \$ 3,817.45 USD

GO PAPERLESS. Please email your request to emailmyinvoice@landauer.com

Q-QR-PREM3 2020-000000000

Original Invoice

RANDOLPH HOSPITAL INC
ATTN ACCTS PAYABLE
364 WHITE OAK STREET
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364 WHITE OAK STREET
ASHEBORO, NC 27203

Page 2

| Purchase Order NO PO REQUIRED | | Account Number 51564 | Invoice Date 2020-03-17 | Invoice Number 100773346 | Federal ID 06-1218089 | | | |
|----------------------------------|------------|--|----------------------------|-----------------------------|--------------------------|-----------|------------|----------------|
| Series | Product ID | Product Description | Service Date | Wear Date | Qty | No. Ships | Unit Price | Extended Price |
| | 30303-1YR | Academy Site License-Full Access to Online Courses | 2020-01-01 | | 1 | | 2,375.00 | 2,375.00 |
| | 01132-000 | DHL PrePaid Return Label (Dosimeter return) | 2020-01-10 | | 1 | | 6.00 | 6.00 |
| | 01132-000 | DHL PrePaid Return Label (Dosimeter return) | 2020-03-05 | | 1 | | 6.00 | 6.00 |
| | | Series Total | | | | | | 2,387.00 |
| CP | 2MO | Dosimetry Service Bi-Monthly | | 2020-01-01 | 19 | | 3.76 | 71.44 |
| CP | 2MO | Dosimetry Service Bi-Monthly | | 2020-03-01 | 1 | | 3.76 | 3.76 |
| CP | 2MO | Dosimetry Service Bi-Monthly | | 2020-03-01 | 19 | | 3.76 | 71.44 |
| CP | 01106-000 | Additional dosimeter fee | 2020-03-01 | | 1 | | 3.00 | 3.00 |
| CP | | Series Total | | | | | | 149.64 |
| ORT | 2MO | Dosimetry Service Bi-Monthly | | 2020-01-01 | 6 | | 3.76 | 22.56 |
| ORT | 2MO | Dosimetry Service Bi-Monthly | | 2020-01-01 | 1 | | 3.76 | 3.76 |
| ORT | 2MO | Dosimetry Service Bi-Monthly | | 2020-03-01 | 1 | | 3.76 | 3.76 |
| ORT | 2MO | Dosimetry Service Bi-Monthly | | 2020-03-01 | 6 | | 3.76 | 22.56 |
| ORT | 01106-000 | Additional dosimeter fee | 2020-01-01 | | 1 | | 3.00 | 3.00 |
| ORT | 01106-000 | Additional dosimeter fee | 2020-03-01 | | 1 | | 3.00 | 3.00 |
| ORT | | Series Total | | | | | | 58.64 |
| RAD | 1MO | Dosimetry Service Monthly | | 2020-01-01 | 1 | | 1.88 | 1.88 |
| RAD | 2MO | Dosimetry Service Bi-Monthly | | 2020-01-01 | 1 | | 3.76 | 3.76 |
| RAD | 2MO | Dosimetry Service Bi-Monthly | | 2020-01-01 | 105 | | 3.76 | 394.80 |
| RAD | 1MO | Dosimetry Service Monthly | | 2020-02-01 | 1 | | 1.88 | 1.88 |
| RAD | 1MO | Dosimetry Service Monthly | | 2020-03-01 | 1 | | 1.88 | 1.88 |
| RAD | 2MO | Dosimetry Service Bi-Monthly | | 2020-03-01 | 106 | | 3.76 | 398.56 |
| RAD | 01106-000 | Additional dosimeter fee | 2020-01-01 | | 1 | | 3.00 | 3.00 |
| RAD | | Series Total | | | | | | 805.76 |
| SP | 2MO | Dosimetry Service Bi-Monthly | | 2020-01-01 | 13 | | 3.76 | 48.88 |
| SP | 2MO | Dosimetry Service Bi-Monthly | | 2020-03-01 | 13 | | 3.76 | 48.88 |
| SP | | Series Total | | | | | | 97.76 |
| ST | 2MO | Dosimetry Service Bi-Monthly | | 2020-01-01 | 8 | | 3.76 | 30.08 |

Original Invoice

**RANDOLPH HOSPITAL INC
ATTN ACCTS PAYABLE
364 WHITE OAK STREET
ASHEBORO, NC 27203**

**Shipped to Address:
RANDOLPH HOSPITAL INC
ATTN GARY ABODE
DEPT OF RADIOLOGY
364 WHITE OAK STREET
ASHEBORO, NC 27203**

Page 3

| | | | | |
|---|--------------------------------|-----------------------------------|------------------------------------|---------------------------------|
| Purchase Order NO PO REQUIRED | Account Number 51564 | Invoice Date 2020-03-17 | Invoice Number 100773346 | Federal ID 06-1218089 |
|---|--------------------------------|-----------------------------------|------------------------------------|---------------------------------|

| Series | Product ID | Product Description | Service Date | Wear Date | Qty | No. Ships | Unit Price | Extended Price |
|--------|------------|---------------------------------------|--------------|------------|-----|-----------|------------|----------------|
| ST | 2MO | Dosimetry Service BI-Monthly | | 2020-03-01 | 8 | | 3.76 | 30.08 |
| ST | | Series Total | | | | | | 60.16 |
| SUR | 2MO | Dosimetry Service BI-Monthly | | 2020-01-01 | 1 | | 3.76 | 3.76 |
| SUR | 2MO | Dosimetry Service BI-Monthly | | 2020-01-01 | 31 | | 3.76 | 116.56 |
| SUR | 2MO | Dosimetry Service BI-Monthly | | 2020-03-01 | 31 | | 3.76 | 116.56 |
| SUR | 01106-000 | Additional dosimeter fee | 2020-01-01 | | 1 | | 3.00 | 3.00 |
| SUR | 01030-000 | Luxel late/unreturned dosimeter fee** | | | 1 | | 3.00 | 3.00 |
| SUR | | Series Total | | | | | | 242.88 |
| VAS | 2MO | Dosimetry Service BI-Monthly | | 2020-01-01 | 2 | | 4.05 | 8.09 |
| VAS | 2MO | Dosimetry Service BI-Monthly | | 2020-03-01 | 2 | | 3.76 | 7.52 |
| VAS | | Series Total | | | | | | 15.61 |
| | | Account Total for Services Provided | | | | | | 3,817.45 |

DUE TO ROUNDING, UNIT PRICE FOR DOSIMETRY SERVICE FOR THE LAST SERIES MAY DIFFER SLIGHTLY

LANDAUER®

2 Science Road
Glenwood, Illinois 60425-1586
landauer.com

6 SUEBORDIAN
IL 604
02 APR 20
PM 51

NEOPOST

FIRST-CLASS MAIL

03/30/2020

US POSTAGE

\$000.65⁰



ZIP 60425
041M11297558

RECEIVED

APR 06 2020

LEGAL SERVICES

Randolph Hospital, Inc
O/B/A Randolph Hth Claims Processing Ctr.
c/o Epiq Corp. Restructuring, LLC
PO Box 4421
Beaverton, OR 97076-4421

97076-042121

