

GARFUNKEL WILD, P.C.  
*Counsel for the Plan Administrator and Estate*  
111 Great Neck Road  
Great Neck, New York 11021  
Phone: 516.393-2200  
Fax: 516.466-5964  
Burton S. Weston  
Afsheen A. Shah

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK

-----x  
In re:

SOUND SHORE MEDICAL CENTER OF  
WESTCHESTER, et al<sup>1</sup>,

Chapter 11 Case  
Case No. 13-22840 (RDD)

Debtors.

(Jointly Administered)

-----x  
**PLAN ADMINISTRATOR'S SECOND OMNIBUS  
OBJECTION TO ALLOWANCE OF CERTAIN PROOFS OF CLAIM  
(Duplicative Claims)**

Monica Terrano, as Plan Administrator (the "PA") for the estate of Sound Shore Medical Center of Westchester, and its affiliated debtors (collectively, the "Estate"), by and through her counsel, respectfully moves this court (the "Motion") for entry of an Order pursuant to 11 USC § 502 and Fed. R. Bankr. P. 3007 disallowing and expunging certain proofs of claim identified on Exhibit A, annexed hereto, on the basis that such claims are duplicative of earlier filed claims, as respectively set forth on such exhibit.

<sup>1</sup> The debtors in these chapter 11 cases, along with the last four digits of each debtor's federal tax identification number include: Sound Shore Health System, Inc. (1398), Sound Shore Medical Center of Westchester (0117), The Mount Vernon Hospital (0115), Howe Avenue Nursing Home, Inc., d/b/a Helen and Michael Schaffer Extended Care Center (0781), NRHMC Services Corporation (9137), The M.V.H. Corporation (1514) and New Rochelle Sound Shore Housing, LLC (0117). There are certain additional affiliates of the Debtors who are not debtors and have not sought relief under Chapter 11.

### Background

1. On May 29, 2013 (the "Petition Date"), each Debtor filed with this court a voluntary petition for relief under chapter 11 of title 11 of the United States Code (the "Bankruptcy Code") with the United States Bankruptcy Court for the Southern District of New York (the "Court"). Pursuant to sections 1107 and 1108 of the Bankruptcy Code, the Debtors are continuing to administer their affairs as debtors-in-possession.

2. On June 10, 2013, the United States Trustee appointed an Official Committee of Unsecured Creditors (the "Committee"). [Docket No. 67]. The Committee has retained Alston & Bird, LLP as its counsel. No Trustee or examiner has been appointed in this case.

3. On June 3, 2013, this Court granted an order to employ GCG, Inc. ("GCG"), as the Debtors' Claims and Noticing Agent [Docket No. 41].

4. By order of this Court dated July 25, 2013 (the "General Bar Date Order") [Docket No. 194], with certain exceptions, the general deadline for the filing of proofs of claim against the Debtors was established as September 16, 2013 (the "General Bar Date") and the deadline for governmental units to file claims against the estate was established as of November 25, 2015 (the "Governmental Bar Date" and collectively with the General Bar Date, the "Bar Date"). On August 13, 2013, the Debtors caused written notice of the Bar Date to be mailed to the Debtors' known and potential creditors [Docket No. 265]. In addition, on August 15, 2013, the Debtors caused notice of the Bar Date to be published in The New York Times [Docket No. 299].



5. Thereafter, on December 13, 2013, an order was entered establishing January 31, 2014 (the "Administrative Bar Date") as the deadline for the filing of all administrative proofs of claim against the Debtors (the "Administrative Bar Date Order") [Docket No. 490]. On December 19, 2013, the Debtors caused written notice of the Administrative Bar Date to be mailed to the Debtors' known and potential administrative creditors. [Docket No. 516]. Additionally, on December 26, 2013, the Debtors caused notice of the Administrative Bar Date to be published in The New York Times Local Edition [Docket No. 622].

6. On November 6, 2014, the Court entered an Order (the "Confirmation Order") confirming the Debtors' First Amended Plan of Liquidation Under Chapter 11 of the Bankruptcy Code of Sound Shore Medical Center of Westchester *et al.* (the "Plan") [Docket No. 908]. Pursuant to the Confirmation Order, Monica Terrano has been appointed as Plan Administrator. Pursuant to the Plan, the Plan Administrator has the authority, among other things, to object to claims on behalf of the Debtors' estates.

7. On December 9, 2014, the Debtors filed their Notice of (I) Entry of Order Confirming Debtors' First Amended Plan of Liquidation; (II) Occurrence of Effective Date of Plan; (III) Supplemental Administrative Claims Bar Date; (IV) Professional Fee Claims Bar Date; and (V) Bar Date for Proofs of Claim Relating to Executory Contracts Rejected Pursuant to Plan declaring the Plan to be "effective" [Docket No. 940].

### **Jurisdiction**

8. This Court has jurisdiction over this Application pursuant to 28 U.S.C. § 1408. This is a core proceeding pursuant to 28 U.S.C. § 157(b)(2)(B). The statutory predicates for the

relief requested herein are Section 502 of the Bankruptcy Code and Rules 3002 and 3007 of the Federal Rules of Bankruptcy Procedure (the "Bankruptcy Rules").

#### **Relief Requested**

9. Since the passing of the Bar Date, the Plan Administrator together with the Estate, and its counsel and advisors, have conducted a review of all filed Proofs of Claim (including any supporting documentation), along with the Estate's books and records to identify objectionable claims. As a result of the review, numerous objectionable claims have been uncovered which are addressed by this Motion. The claims that are the subject of this Objection are those claims which are duplicative of other earlier filed corresponding claims.

10. Upon examining the proofs of claim identified on Exhibit B under the heading "*Claims to be Expunged*" (the "Duplicate Claims"), the Plan Administrator determined that each such claim is duplicative of earlier-filed corresponding claims, as identified under the heading "Surviving Claims" (collectively, the "Duplicate Surviving Claims").

11. The Plan Administrator is thus seeking entry of an order disallowing and expunging from the claims register each of the Duplicate Claims. The Surviving Claims are not affected by the relief sought herein and this Objection does not constitute any admission or finding with respect to any of the Surviving Claims, which will remain pending against the Estate, and may be subject to future objection.

#### **Basis for Relief Requested**

12. As part of the claims reconciliation process, the Plan Administrator has identified certain Proofs of Claim which should be disallowed and expunged on the basis that such claims are duplicative of earlier filed claims. By this Objection, the Plan Administrator thus (a) objects

to each Proof of Claim listed on Exhibit A attached hereto as being duplicative of earlier filed claims and (b) seeks entry of an order or orders pursuant to Section 502 of the Bankruptcy Code and Rule 3007 of the Federal Rules of Bankruptcy Procedure disallowing and expunging each such claim as identified on Exhibit A attached hereto.

13. A filed proof of claim is deemed allowed unless a party in interest objects thereto. See 11 U.S.C. § 502(a). If an objection refuting at least one of the claim's essential allegations is asserted, the claimant then has the burden to demonstrate the validity of the claim. See *In re Oneida Ltd.*, 400 B.R. 384, 389 (Bankr. S.D.N.Y. 2009); *In re Adelpia Commc'ns Corp.*, No. 02-41729, 2007 Bankr. LEXIS 660 at \*15 (Bankr. S.D.N.Y. Feb. 20, 2007); *In re Rockefeller Ctr. Props.*, 272 B.R. 524, 539 (Bankr. S.D.N.Y. 2000).

14. Section 502(a) of the Bankruptcy Code provides, in pertinent part, as follows:

(a) A claim or interest, proof of which is filed, under section 501 of this title, is deemed allowed, unless a party in interest, including a creditor of a general partner in a partnership, that is a debtor in a case under chapter 7 of this title, objects.

11 U.S.C. § 502(a).

15. If an objection refuting at least one of the claim's essential allegations is asserted, the claimant has the burden to demonstrate validity of the claim. See *In re Oneida Ltd.*, 400 B.R. 384, 389 (Bankr. S.D.N.Y. 2009); *In re Rockefeller Ctr. Props.*, 272 B.R. 524, 539 (Bankr. S.D.N.Y. 2000). The objecting party need only provide sufficient evidence to negate *prima facie* validity of the claim by refuting one or more facts in the filed claim. *In re Waterman Steamship Corp.*, 200 B.R. 770 (Bankr. S.D.N.Y. 1996). Once the *prima facie* validity of a claim has been refuted, the ultimate burden of persuasion shifts back to the claimant. *Id.* See also, *In re St. Johnsbury Trucking Co.*, 206 B.R. 318, 323 (Bankr. S.D.N.Y. 1997). Additionally, if the

objecting party shifts the burden it is up to the claimant to prove its claim, not the objector to disprove the claim. *In re King*, 305 B.R. 152 (Bankr. S.D.N.Y. 2004).

16. Section 502(b)(1) of the Bankruptcy Code further provides, in relevant part, that a claim may not be allowed to the extent that “such claim is unenforceable against the debtor and property of the debtor, under any agreement or applicable law.” 11 U.S.C. § 502(b)(1). The Debtors cannot be required to pay on the same claim more than once. *See, e.g., In re Finley*, 160 B.R. 882, 894 (Bankr. S.D.N.Y. 1993) (“In bankruptcy, multiple recoveries for an identical injury are generally disallowed.”).

17. As indicated above, the Plan Administrator, the Estate and its advisors have diligently and carefully reviewed and scrutinized each of the proofs of claim filed in this case and have determined that the claims set forth on Exhibit A are duplicative of the earlier filed corresponding Surviving Claim.

18. To avoid the possibility of multiple recoveries by the same creditor, the Plan Administrator thus seek to disallow and expunge all Duplicative Claims, as identified on Exhibit A hereto. All Surviving Claims will remain on the claims register subject to further objection on any basis.

#### **Reservation of Rights**

19. The Plan Administrator reserves all rights to object to any Surviving Claims, as identified on the annexed exhibits, by any of the claimants affected by the Motion against the Estate. Should one or more of the objections in this application be denied or dismissed, the Plan

Administrator reserves its rights to further object to the disputed claim on any other grounds, discovered by the Plan Administrator during the pendency of this case.

**Notice**

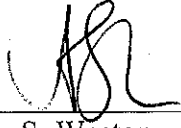
20. Notice of this Objection will be given by mailing a copy of this Objection and the proposed order to (i) the Office of the United States Trustee for this district, (ii) counsel for the Committee, (iii) each of the claimants listed on Exhibit A at the respective addresses set forth on such exhibit, and (iv) each of the entities who have filed a notice of appearance in accordance with Bankruptcy Rule 2002. The Plan Administrator submits that such notice is sufficient under the circumstances and no other or further notice need be provided.

21. No previous request for the relief sought has been made by the Plan Administrator to this or any other Court.

**WHEREFORE**, the Plan Administrator respectfully request that the relief requested herein be granted and this Court enter an order, substantially in the form annexed hereto as Exhibit B, and grant such other and further relief as is just and proper.

Dated: Great Neck, New York  
February 20, 2015

GARFUNKEL WILD, P.C.  
Counsel for the Plan Administrator and Estate

By:   
\_\_\_\_\_  
Burton S. Weston  
Afsheen A. Shah  
Adam T. Berkowitz  
111 Great Neck Road  
Great Neck, NY 11021  
(516) 393-2200

GARFUNKEL WILD, P.C.  
111 Great Neck Road  
Great Neck, New York 11021  
Telephone: (516) 393-220  
Facsimile: (516) 466-5964  
Burton S. Weston  
Afsheen A. Shah

*Counsel for the Estate*

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK**

-----X

In re:

SOUND SHORE MEDICAL CENTER OF  
WESTCHESTER, et al.<sup>1</sup>

Chapter 11  
Case No. 13-22840 (RDD)

Debtors.

(Jointly Administered)

-----X

**DECLARATION OF MONICA TERRANO IN  
SUPPORT OF SECOND OMNIBUS OBJECTIONS TO CLAIMS**

STATE OF NEW YORK)

) ss.:

COUNTY OF NASSAU)

Pursuant to 28 U.S.C. § 1746, I, Monica Terrano, hereby declare:

1. I am the Plan Administrator (“PA”) for the Estate of Sound Shore Medical Center of Westchester, and its debtor affiliates (the “Estate”). In my capacity as the PA, I am authorized to submit this declaration (the “Declaration”) in support of the Estate’s Second Omnibus Objection to Claims (the “Second Omnibus Objection”)<sup>2</sup>.

<sup>1</sup> The debtors in these chapter 11 cases, along with the last four digits of each debtor’s federal tax identification number include: Sound Shore Health System, Inc. (1398), Sound Shore Medical Center of Westchester (0117), The Mount Vernon Hospital (0115), Howe Avenue Nursing Home, Inc., d/b/a Helen and Michael Schaffer Extended Care Center (0781), NRHMC Services Corporation (9137), The M.V.H. Corporation (1514) and New Rochelle Sound Shore Housing, LLC (0117). There are certain additional affiliates of the Debtors who are not debtors and have not sought relief under Chapter 11.

<sup>2</sup> Capitalized terms, unless herein defined, shall have the meaning ascribed to them in the Second Omnibus Objection.

2. Except as otherwise indicated, all facts set forth in this Declaration are based upon: (a) my personal knowledge; (b) my review of relevant documents, including Proofs of Claim, (as defined below); (c) my experience and knowledge of the Estate's prior operations, books and records and personnel; and (d) as to matters involving United States bankruptcy law or rules or other applicable laws, my reliance on the advice of counsel or other advisors to the Estate. If called upon to testify, I could and would testify to the facts set forth herein on that basis.

3. I am a Certified Public Accountant with over 15 years of experience in the healthcare industry. Over the past five years, I have worked primarily on Chapter 11 cases relating to hospital restructurings and/or liquidations. During this time, I have specialized in all aspects of bankruptcy case administration, including claims review and reconciliation, and the preparation of related statements and required schedules and have been focusing primarily on bankrupt hospitals.

#### **CLAIMS ADMINISTRATION PROCESS**

4. Since the expiration of the General Bar Date and Governmental Bar Date, considerable time and effort has been expended by the Estate and its professionals and advisors in connection with the claims administration process to ensure a high level of diligence in reviewing and reconciling approximately 1,700 proofs of claim (the "Proofs of Claim") filed in connection with these Chapter 11 cases. Over the next several months, working directly with the Estates' professionals and advisors, I personally reviewed, analyzed and considered the merits of each Proof of Claim and determined that the claims covered by the Second Omnibus Objection were objectionable. Throughout the process, I regularly interfaced with the Estate's professionals and advisors to address potential legal issues impacting each claim.

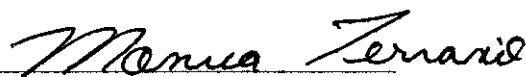
**THE DUPLICATIVE CLAIMS**

5. I am generally familiar with the information contained in the Second Omnibus Objection. Based on my review of the Proofs of Claim, I assisted the Estate's bankruptcy counsel in the preparation of the Second Omnibus Objection and related schedules by identifying all filed claims that were duplicative of earlier filed claims (the "Duplicative Claims").

6. In evaluating the Duplicative Claims, the Estate and its advisors performed in-depth review of the filed proofs of claim (including supporting documentation) and determined that the claims that are subject to the Second Omnibus Objection are duplicative of earlier filed claims. Therefore, I believe that disallowance, expungement, reclassification, reduction, or modification of each Duplicative Claim, for the reasons set forth in the Second Omnibus Objection, is appropriate.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Dated: February 28, 2015  
Great Neck, New York

  
Monica Terrano



Sound Shore Medical Center of Westchester, et al.,  
Exhibit A - Pre-Petition Duplicative Claims

Note: Claimants are listed alphabetically by last name or by entity name.

SEQ. NO.	CLAIMS TO BE EXPUNGED				SURVIVING CLAIMS			
	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT
1	A.S. AN INFANT BY CUSTODIAN, PATRICIA COPELAND C/O FITZGERALD & FITZGERALD, P.C. 538 RIVERDALE AVE YONKERS, NY 10705  Date Filed: 08/30/13 Debtor: The Mount Vernon Hospital, Inc. ACME AMERICAN REFRIGERATION 99 SCOTT AVE BROOKLYN, NY 11237  Date Filed: 08/16/13 Debtor: Sound Shore Medical Center of Westchester	348	13-22841	Unliquidated	SMITH, ANYIAH C/O FITZGERALD & FITZGERALD 538 RIVERDALE AVE YONKERS, NY 10705  Date Filed: 08/30/13 Debtor: The Mount Vernon Hospital, Inc. ACME AMERICAN REFRIGERATION INC ATTN BRUCE R BEKRITSKY, ESQ 1551 KELLUM PL MINEOLA, NY 11501	347	13-22841	Unliquidated
2	ADELBERG RUDOW DORF & HENDLER LLC ATTN LESLIE J POLT, ESQ SEVEN ST PAUL ST 6TH FL BALTIMORE, MD 21202  Date Filed: 08/12/13 Debtor: Sound Shore Medical Center of Westchester	127	13-22840	Unsecured: \$7,842.30	ADDELBERG RUDOW DORF & HENDLER LLC ATTN LESLIE J POLT, ESQ SEVEN ST PAUL ST 6TH FL BALTIMORE, MD 21202	126	13-22844	Unsecured: \$7,842.30
3	AFCO 5600 N RIVER RD STE 400 ROSEMONT, IL 60053  Date Filed: 01/06/14 Debtor: Sound Shore Medical Center of Westchester	1432	13-22840	Secured: Unliquidated Unsecured: \$5,376.07	AFCO 5600 N RIVER RD STE 400 ROSEMONT, IL 60053	242	13-22840	Secured: Unliquidated Unsecured: \$5,376.07
4	BLAKIME, EVELYNE 14 POPLAR ST YONKERS, NY 10701  Date Filed: 09/03/13 Debtor: Sound Shore Medical Center of Westchester	475	13-22840	Priority: \$24,559.00	BLAKIME, EVELYNE 14 POPLAR ST YONKERS, NY 10701	388	13-22840	Priority: \$24,559.00
5	BOTTINGER, LYNNE PERRY 140 A LOCKWOOD AVENUE NEW ROCHELLE, NY 10801  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	776	13-22840	Unsecured: \$4,000.00	PERRY-BOTTINGER, LYNNE PO BOX 89 NEW ROCHELLE, NY 10804	770	13-22840	Secured: Unliquidated Priority: \$4,000.00
6	TEACHING ATTENDING 140 A LOCKWOOD AVENUE NEW ROCHELLE, NY 10801  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	775	13-22840	Unsecured: \$4,000.00	PERRY-BOTTINGER, LYNNE PO BOX 89 NEW ROCHELLE, NY 10804	770	13-22840	Secured: Unliquidated Priority: \$4,000.00

Sound Shore Medical Center of Westchester, et al.,  
Exhibit A - Pre-Petition Duplicative Claims

Note: Claimants are listed alphabetically by last name or by entity name.

SEQ NO.	CLAIMS TO BE EXPUNGED				SURVIVING CLAIMS			
	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT
8	BRYAN, DOUGLAS C/O JAMES NEWMAN P C 2815 WATERBURY AVE BRONX, NY 10461  Date Filed: 09/17/13 Debtor: The Mount Vernon Hospital, Inc. CHIERA, CARMELA 2261 PALMER AVE APT 4-O NEW ROCHELLE, NY 10801	861	13-22841	Unliquidated	BRYAN, DOUGLAS C/O JAMES NEWMAN, P.C. 2815 WATERBURY AVE BRONX, NY 10461  Date Filed: 09/13/13 Debtor: The Mount Vernon Hospital, Inc. CHIERA, CARMELA 2261 PALMER AVE APT 4-O NEW ROCHELLE, NY 10801	661	13-22841	Unsecured: Unliquidated
9	Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester COMPLETE MANAGEMENT SOLUTIONS LLC C/O AKERMAN SENTERFITT LLP ATTN SCOTT M KESSLER 666 FIFTH AVE 20TH FL NEW YORK, NY 10103	910	13-22840	Priority: \$54,083.30 Unsecured: \$22,066.67	793	13-22840	Unsecured: \$22,066.67	
10	Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester COMPLETE MANAGEMENT SOLUTIONS LLC C/O AKERMAN SENTERFITT LLP ATTN SCOTT M KESSLER 666 FIFTH AVE 20TH FL NEW YORK, NY 10103	794	13-22844	Unsecured: \$180,811.73	791	13-22841	Unsecured: \$180,811.73	
11	Date Filed: 09/16/13 Debtor: Sound Shore Health System, Inc. COMPLETE MANAGEMENT SOLUTIONS LLC C/O AKERMAN SENTERFITT LLP ATTN SCOTT M KESSLER 666 FIFTH AVE 20TH FL NEW YORK, NY 10103	828	13-22840	Unsecured: \$180,811.73	791	13-22841	Unsecured: \$180,811.73	
12	Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester CORATOLO & CARRIERI ASSOCIATES LLC C/O NESENOFF & MILTENBERG LLP 363 7TH AVE 5TH FL NEW YORK, NY 10001	849	13-22840	Unsecured: \$540,000.00	846	13-22846	Unsecured: \$540,000.00	
13	Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester CUDINA, ANITA 1 DEFOREST CT VALLEY COTTAGE, NY 10989	441	13-22840	Unsecured: \$13,239.00	440	13-22840	Unsecured: \$14,339.00	
14	Date Filed: 09/07/13 Debtor: Sound Shore Medical Center of Westchester CURRAN & CONNORS INC ATTN MURRAY S LUBITZ, ESQ 245 MAIN ST WHITE PLAINS, NY 10601  Date Filed: 08/20/13 Debtor: Sound Shore Medical Center of Westchester	218	13-22840	Unsecured: \$61,163.00	49	13-22840	Unsecured: \$61,163.00	

Sound Shore Medical Center of Westchester, et al.,  
Exhibit A - Pre-Petition Duplicate Claims

Note: Claimants are listed alphabetically by last name or by entity name.

SEQ NO.	CLAIMS TO BE EXPUNGED				SURVIVING CLAIMS			
	CLAIM NO.	NAME	CASE NUMBER	CLAIM AMOUNT	CLAIM NO.	NAME	CASE NUMBER	CLAIM AMOUNT
15	934	D'ADESIO, NICK 5 PALMER LN THORNWOOD, NY 10594  Date Filed: 09/16/13 Debtor: The Mount Vernon Hospital, Inc.	13-22841	Priority: \$249,122.00*	876	D'ADESIO, NICK 5 PALMER LN THORNWOOD, NY 10594  Date Filed: 09/20/13 Debtor: The Mount Vernon Hospital, Inc.	13-22841	Priority: \$249,122.00*
16	15	DELL MARKETING LP ONE DELL WAY RR1 MS 52 ROUND ROCK, TX 76682  Date Filed: 06/17/13 Debtor: Sound Shore Medical Center of Westchester	13-22840	Unsecured: \$140,172.12	12	DELL MARKETING LP ONE DELL WAY RR 1 MS 52 ROUND ROCK, TX 76682  Date Filed: 06/11/13 Debtor: Sound Shore Medical Center of Westchester	13-22840	Unsecured: \$140,172.12
17	705	EAS INVESTIGATIONS 445 HAMILTON AVE STE 1102 WHITE PLAINS, NY 10601  Date Filed: 09/16/13 Debtor: The Mount Vernon Hospital, Inc.	13-22841	Unsecured: \$371.10	623	EAS INVESTIGATIONS INC 118 UNDERHILL LN PEEKSKILL, NY 10566  Date Filed: 09/05/13 Debtor: The Mount Vernon Hospital, Inc.	13-22841	Unsecured: \$371.70
18	1396	EMPIRE HEALTHCHOICE ASSURANCE INC DBA EMPIRE BLUE CROSS BLUE SHIELD ATTN LOUIS L BENZA, ESQ ONE LIBERTY PLAZA 14TH FL NEW YORK, NY 10006  Date Filed: 01/31/14 Debtor: The M.V.H. Corporation	13-22843	Unliquidated	800	EMPIRE HEALTHCHOICE ASSURANCE INC C/O EMPIRE BLUE CROSS BLUE SHIELD ATTN LOUIS L BENZA ONE LIBERTY PLAZA 14TH FL NEW YORK, NY 10006  Date Filed: 09/16/13 Debtor: The M.V.H. Corporation	13-22843	Unliquidated
19	1397	EMPIRE HEALTHCHOICE ASSURANCE INC DBA EMPIRE BLUE CROSS BLUE SHIELD ATTN LOUIS L BENZA, ESQ ONE LIBERTY PLAZA 14TH FL NEW YORK, NY 10006  Date Filed: 01/31/14 Debtor: Sound Shore Health System, Inc.	13-22844	Unliquidated	801	EMPIRE HEALTHCHOICE ASSURANCE INC C/O EMPIRE BLUE CROSS BLUE SHIELD ATTN LOUIS L BENZA ONE LIBERTY PLAZA 14TH FL NEW YORK, NY 10006  Date Filed: 09/16/13 Debtor: Sound Shore Health System, Inc.	13-22844	Unliquidated
20	1398	EMPIRE HEALTHCHOICE ASSURANCE INC DBA EMPIRE BLUE CROSS BLUE SHIELD ATTN LOUIS L BENZA, ESQ ONE LIBERTY PLAZA 14TH FL NEW YORK, NY 10006  Date Filed: 01/31/14 Debtor: NRRHMC Services Corporation	13-22845	Unliquidated	802	EMPIRE HEALTHCHOICE ASSURANCE INC C/O EMPIRE BLUE CROSS BLUE SHIELD ATTN LOUIS L BENZA ONE LIBERTY PLAZA 14TH FL NEW YORK, NY 10006  Date Filed: 09/16/13 Debtor: NRRHMC Services Corporation	13-22845	Unliquidated
21	1399	EMPIRE HEALTHCHOICE ASSURANCE INC DBA EMPIRE BLUE CROSS BLUE SHIELD ATTN LOUIS L BENZA, ESQ ONE LIBERTY PLAZA 14TH FL NEW YORK, NY 10006  Date Filed: 01/31/14 Debtor: New Rochelle Sound Shore Housing, LLC	13-22846	Unliquidated	803	EMPIRE HEALTHCHOICE ASSURANCE INC C/O EMPIRE BLUE CROSS BLUE SHIELD ATTN LOUIS L BENZA ONE LIBERTY PLAZA 14TH FL NEW YORK, NY 10006  Date Filed: 09/16/13 Debtor: New Rochelle Sound Shore Housing, LLC	13-22846	Unliquidated

Sound Shore Medical Center of Westchester, et al.,  
Exhibit A - Pre-Petition Duplicate Claims

Note: Claimants are listed alphabetically by last name or by entity name.

CLAIMS TO BE EXPUNGED		SURVIVING CLAIMS			
SEQ NO.	CLAIM NO.	NAME	CLAIM NO.	NAME	CLAIM AMOUNT
22	1395	EMPIRE HEALTHCHOICE ASSURANCE INC DBA EMPIRE BLUE CROSS BLUE SHIELD ATTN LOUIS L BENZA, ESQ ONE LIBERTY PLAZA 14TH FL NEW YORK, NY 10006  Date Filed: 01/31/14 Debtor: Howe Avenue Nursing Home, Inc.	13-22842	EMPIRE HEALTHCHOICE ASSURANCE INC C/O EMPIRE BLUE CROSS BLUE SHIELD ATTN LOUIS L BENZA ONE LIBERTY PLAZA 14TH FL NEW YORK, NY 10006  Date Filed: 09/16/13 Debtor: Howe Avenue Nursing Home, Inc.	Unliquidated
23	961	ENTERPRISE SYSTEMS SOFTWARE LLC DBA ENTERPRISE SOFTWARE DEPLOYMENT LLC DBA ESD C/O MCELROY DEUTSCH MULVANEY & CARPENTER LLP ATTN NICOLE LEONARD, ESQ THREE GATEWAY CENTER, 100 MULBERRY ST NEWARK, NJ 07102  Date Filed: 09/16/13 Debtor: The Mount Vernon Hospital, Inc.	13-22841	ENTERPRISE SYSTEMS SOFTWARE LLC DBA ENTERPRISE SOFTWARE DEPLOYMENT LLC DBA ESD C/O MCELROY DEUTSCH MULVANEY & CARPENTER LLP ATTN NICOLE LEONARD, ESQ THREE GATEWAY CENTER, 100 MULBERRY ST NEWARK, NJ 07102  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	Unliquidated Unsecured: \$410,489.11
24	962	ENTERPRISE SYSTEMS SOFTWARE LLC DBA ENTERPRISE SOFTWARE DEPLOYMENT LLC DBA ESD C/O MCELROY DEUTSCH MULVANEY & CARPENTER LLP ATTN NICOLE LEONARD, ESQ THREE GATEWAY CENTER, 100 MULBERRY ST NEWARK, NJ 07102  Date Filed: 09/16/13 Debtor: Sound Shore Health System, Inc.	13-22844	ENTERPRISE SYSTEMS SOFTWARE LLC DBA ENTERPRISE SOFTWARE DEPLOYMENT LLC DBA ESD C/O MCELROY DEUTSCH MULVANEY & CARPENTER LLP ATTN NICOLE LEONARD, ESQ THREE GATEWAY CENTER, 100 MULBERRY ST NEWARK, NJ 07102  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	Unliquidated Unsecured: \$410,489.11
25	313	FERGUSON, JAMES C/O JOHN CAGNEY KRAMER DILLOF & MOORE 217 BROADWAY, FL 10 NEW YORK, NY 10007  Date Filed: 08/27/13 Debtor: Sound Shore Medical Center of Westchester	13-22840	FERGUSON, JAMES & JEAN C/O JOHN CAGNEY, ESQ KRAMER, DILLOF & MOORE 217 BROADWAY, FL 10 NEW YORK, NY 10007  Date Filed: 08/27/13 Debtor: Sound Shore Medical Center of Westchester	Unliquidated Unsecured: \$15,000,000.00*
26	814	FRANCISCO FRENCIQUI, AN INFANT BY HIS M/N/G VIVIAN LAMBERT C/O FITZGERALD & FITZGERALD, P C ATTN JOHN M DALY, ESQ 538 RIVERDALE AVE YONKERS, NY 10705  Date Filed: 09/16/13 Debtor: The Mount Vernon Hospital, Inc.	13-22841	FRANCISCO FRENCIQUI, AN INFANT BY HIS M/N/G VIVIAN LAMBERT C/O FITZGERALD & FITZGERALD P C ATTN JOHN M DALY, ESQ 538 RIVERDALE AVE YONKERS, NY 10705  Date Filed: 09/16/13 Debtor: Sound Shore Health System, Inc.	Unliquidated Unliquidated

Sound Shore Medical Center of Westchester, et al.,  
Exhibit A - Pre-Petition Duplicative Claims

Note: Claimants are listed alphabetically by last name or by entity name.

SEQ. NO.	CLAIMS TO BE EXPUNGED				SURVIVING CLAIMS			
	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT
27	FRANCISCO FRENCIQUI, AN INFANT BY HIS M/NIG VIVIAN LAMBERT C/O FITZGERALD & FITZGERALD P C ATTN JOHN M DALY, ESQ 538 RIVERDALE AVE YONKERS, NY 10705  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	815	13-22840	Unliquidated	FRANCISCO FRENCIQUI, AN INFANT BY HIS M/NIG VIVIAN LAMBERT C/O FITZGERALD & FITZGERALD P C ATTN JOHN M DALY, ESQ 538 RIVERDALE AVE YONKERS, NY 10705  Date Filed: 09/16/13 Debtor: Sound Shore Health System, Inc.	809	13-22844	Unliquidated
28	FREEDOM MEDICAL INC ATTN NEIL EISENBERG, CORP CREDIT MANAGER 219 WELSH POOL RD EXTON, PA 19341  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	872	13-22840	Unsecured: \$12,522.60	ATTN NEIL EISENBERG, CORPORATE CREDIT MANAGER 219 WELSH POOL RD EXTON, PA 19341  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	795	13-22840	Unsecured: \$12,522.60
29	FRIED BROTHERS INC 467 N 7TH ST PHILADELPHIA, PA 19123  Date Filed: 08/13/13 Debtor: Sound Shore Medical Center of Westchester	133	13-22840	Unsecured: \$3,692.64	FRIED BROTHERS INC 467 N 7TH ST PHILADELPHIA, PA 19123  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	128	13-22840	Unsecured: \$3,692.64
30	GREEN ENERGY INNOVATIONS 10011 S PIONEER BLVD SANTA FE SPRINGS, CA 90670  Date Filed: 08/13/13 Debtor: Sound Shore Medical Center of Westchester	871	13-22843	Unsecured: \$6,000.00	GREEN ENERGY INNOVATIONS 10011 S PIONEER BLVD. SANTA FE SPRINGS, CA 90670  Date Filed: 08/12/13 Debtor: Sound Shore Medical Center of Westchester	851	13-22843	Unsecured: \$6,000.00
31	HEALTHCARE BUSINESS SOLUTI 41 ARTILLERY PARK RD TOTOWA, NJ 07512  Date Filed: 09/19/13 Debtor: The M.V.H. Corporation	874	13-22841	Unsecured: \$485,467.20	HEALTHCARE BUSINESS SOLUTIONS 41 ARTILLERY PARK RD TOTOWA, NJ 07512  Date Filed: 09/16/13 Debtor: The M.V.H. Corporation	873	13-22841	Unsecured: \$485,467.20
32	HENRY, PATRICIA C/O PARKER WAICHMAN 6 HARBOR PARK DR S PORT WASHINGTON, NY 11050  Date Filed: 09/19/13 Debtor: The Mount Vernon Hospital, Inc.	267	13-22840	Unsecured: \$10,000,000.00	PATRICIA HENRY ADMIN, EST OF VERDA HENRY C/O PARKER, WAICHMAN & ALONSO LLP 6 HARBOR PARK DR S PORT WASHINGTON, NY 11050  Date Filed: 09/19/13 Debtor: The Mount Vernon Hospital, Inc.	266	13-22840	Unsecured: \$10,000,000.00
33	HERRERA, AURELIA C/O JEFFREY J SHAPIRO & ASSOCS 675 THIRD AVE STE 3005 NEW YORK, NY 10017  Date Filed: 08/23/13 Debtor: Sound Shore Medical Center of Westchester	380	13-22840	Unsecured: \$1,500,000.00	HERRERA, AURELIA C/O JEFFREY SHAPIRO 201 E 42ND ST RM 3005 NEW YORK, NY 10017  Date Filed: 08/23/13 Debtor: Sound Shore Medical Center of Westchester	374	13-22840	Unsecured: \$1,500,000.00

Sound Shore Medical Center of Westchester, et al.,  
Exhibit A - Pre-Petition Duplicate Claims

Note: Claimants are listed alphabetically by last name or by entity name.

SEQ NO.	CLAIMS TO BE EXPUNGED				SURVIVING CLAIMS			
	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT
34	HERRERA, AURELIA C/O JEFFREY J. SHAPIRO & ASSOCS. 675 THIRD AVE SUITE 3005 NEW YORK, NY 10017  Date Filed: 09/03/13 Debtor: Sound Shore Medical Center of Westchester	379	13-22840	Unsecured: \$1,500,000.00	HERRERA, AURELIA C/O JEFFREY SHAPIRO 201 E 42ND ST RM 3005 NEW YORK, NY 10017  Date Filed: 09/03/13 Debtor: Sound Shore Medical Center of Westchester	374	13-22840	Unsecured: \$1,500,000.00
35	INNOVATIVE MEDICAL PRODUCTS INC 87 SPRING LN PLAINVILLE, CT 06062  Date Filed: 08/17/13 Debtor: Sound Shore Medical Center of Westchester	188	13-22840	Unsecured: \$6,818.05	INNOVATIVE MEDICAL PRODUCTS INC 87 SPRING LN PLAINVILLE, CT 06062  Date Filed: 07/15/13 Debtor: Sound Shore Medical Center of Westchester	103	13-22840	Unsecured: \$6,818.05
36	JOHNSON, DARLENE 535 SOUTH SEVENTH AVE MT VERNON, NY 10550  Date Filed: 09/13/13 Debtor: Sound Shore Medical Center of Westchester	642	13-22840	Unsecured: \$1,000,000.00	JOHNSON, DARLENE 535 SOUTH SEVENTH AVE MT VERNON, NY 10550  Date Filed: 09/13/13 Debtor: Sound Shore Medical Center of Westchester	641	13-22840	Unsecured: \$1,000,000.00
37	JOINT RESTORATION FOUNDATI PO BOX 843649 KANSAS CITY, MO 64184  Date Filed: 08/23/13 Debtor: The Mount Vernon Hospital, Inc.	270	13-22841	Unsecured: \$1,258.00	JOINT RESTORATION FOUNDATION 6276 S TROY CIR CENTENNIAL, CO 80111  Date Filed: 08/23/13 Debtor: The Mount Vernon Hospital, Inc.	269	13-22841	Unsecured: \$1,258.00
38	KERLANDE JASMINE BOUCHER A MINOR BY HER MOTHER AND NATURAL GUARDIAN, SHERLANDE MEDE AND SHERLANDE MEDE INDIVIDUALLY C/O FINK & PLATZ 1325 FRANKLIN AVE STE 260 GARDEN CITY, NY 11530  Date Filed: 09/12/13 Debtor: Sound Shore Medical Center of Westchester	521	13-22840	Unliquidated	KERLANDE JASMINE BOUCHER A MINOR BY HER MOTHER AND NATURAL GUARDIAN SHERLANDE MEDE AND SHERLANDE MEDE INDIVIDUALLY C/O FINK & PLATZ 1325 FRANKLIN AVE STE 260 GARDEN CITY, NY 11530  Date Filed: 09/12/13 Debtor: Sound Shore Health System, Inc.	520	13-22844	Unliquidated
39	NATURAL GUARDIAN SHERLANDE MEDE & SHERLANDE MEDE INDIVIDUALLY C/O FINK & PLATZ 1225 FRANKLIN AVE STE 325 GARDEN CITY, NY 11530  Date Filed: 09/12/13 Debtor: Sound Shore Health System, Inc.	1000	13-22844	Unliquidated	KERLANDE JASMINE BOUCHER A MINOR BY HER MOTHER AND NATURAL GUARDIAN SHERLANDE MEDE AND SHERLANDE MEDE INDIVIDUALLY C/O FINK & PLATZ 1325 FRANKLIN AVE STE 260 GARDEN CITY, NY 11530  Date Filed: 09/12/13 Debtor: Sound Shore Health System, Inc.	520	13-22844	Unliquidated

Sound Shore Medical Center of Westchester, et al.,  
Exhibit A - Pre-Petition Duplicate Claims

Note: Claimants are listed alphabetically by last name or by entity name.

CLAIMS TO BE EXPUNGED		SURVIVING CLAIMS						
SEQ NO.	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT
40	LENA CAMPBELL, AS GUARDIAN TO SHAWN CAMPBELL C/O JAMES NEWMAN, ESQ AS ATTORNEY 2815 WATERBURY AVE BRONX, NY 10461  Date Filed: 09/16/13 Debtor: The Mount Vernon Hospital, Inc.	729	13-22841	Unsecured: \$500,000.00	LENA CAMPBELL, AS GUARDIAN TO SHAWN CAMPBELL C/O JAMES NEWMAN, ESQ AS ATTORNEY 2815 WATERBURY AVE BRONX, NY 10461  Date Filed: 09/13/13 Debtor: The Mount Vernon Hospital, Inc.	660	13-22841	Unsecured: \$500,000.00
41	LINDSAY, SUSANNE 80 GUION PL APT 7N NEW ROCHELLE, NY 10801  Date Filed: 01/24/14 Debtor: Sound Shore Medical Center of Westchester	1219	13-22840	Unliquidated	LINDSAY, SUSANNE 80 GUION PL APT 7N NEW ROCHELLE, NY 10801  Date Filed: 01/24/14 Debtor: Sound Shore Medical Center of Westchester	1218	13-22840	Unliquidated
42	LORETTA DOLPHUS AND NATHANIEL GRAHAM C/O ROSENBERG, MINC, FALKOFF, LLP 122 E 42ND ST RM 3800 NEW YORK, NY 10168  Date Filed: 09/06/13 Debtor: Sound Shore Medical Center of Westchester	435	13-22840	Unsecured: \$5,000,000.00	LORETTA DOLPHUS & NATHANIEL GRAHAM C/O ROSENBERG, MINC, FALKOFF & WOLFF LLP 122 E 42ND ST STE 3800 NEW YORK, NY 10168  Date Filed: 08/05/13 Debtor: Sound Shore Medical Center of Westchester	131	13-22840	Unsecured: \$5,000,000.00
43	MANDEL, MICHAEL C/O REICH REICH & REICH PC 235 MAIN ST STE 450 WHITE PLAINS, NY 10601  Date Filed: 10/18/13 Debtor: Sound Shore Medical Center of Westchester	1033	13-22840	Unsecured: \$8,489.00	MANDEL, MICHAEL C/O REICH REICH & REICH PC 235 MAIN ST STE 450 WHITE PLAINS, NY 10601  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	711	13-22840	Unsecured: \$5,189.00
44	MARIA JOSE-IZAZAJA, AN INFANT BY HER M/ING ROXANA GARCIA C/O FITZGERALD & FITZGERALD P C ATTN JOHN M DALY, ESQ 538 RIVERDALE AVE YONKERS, NY 10705  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	816	13-22840	Unliquidated	MARIA JOSE-IZAZAJA AN INFANT BY HER M/ING ROXANA GARCIA C/O FITZGERALD & FITZGERALD PC ATTN JOHN M DALY, ESQ 538 RIVERDALE AVE YONKERS, NY 10705  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	760	13-22840	Unliquidated
45	MEHTA, RASHMIKANT 435 OXFORD RD NEW ROCHELLE, NY 10804  Date Filed: 09/17/13 Debtor: Sound Shore Medical Center of Westchester	853	13-22840	Priority: \$10,799.99 Unsecured: \$3,403.28	MEHTA, RASHMIKANT 435 OXFORD RD NEW ROCHELLE, NY 10804  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	845	13-22840	Priority: \$10,799.99 Unsecured: \$3,403.28
46	MILITE, MARY KATHLEEN 24646 ROYALE RIDGE LAGUNA NIGUEL, CA 92677  Date Filed: 01/30/14 Debtor: Sound Shore Medical Center of Westchester	1306	13-22840	Unliquidated	MILITE, MARY KATHLEEN 24646 ROYALE RIDGE LAGUNA NIGUEL, CA 92677  Date Filed: 09/12/13 Debtor: Sound Shore Medical Center of Westchester	540	13-22840	Unsecured: \$33,645.46

Sound Shore Medical Center of Westchester, et al.,  
Exhibit A - Pre-Petition Duplicative Claims

Note: Claimants are listed alphabetically by last name or by entity name.

SEQ NO.	CLAIMS TO BE EXPUNGED				SURVIVING CLAIMS			
	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT
47	MONIQUE KING AS ADMIN OF ESTATE OF JAYDEN PRYCE AND INDIVIDUALLY C/O SILBERSTEIN AWAD & MIKLOS PC 600 OLD COUNTRY RD STE 412 GARDEN CITY, NY 11530  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	901	13-22840	Unliquidated	MONIQUE KING AS ADMINISTRATOR OF ESTATE OF JAYDEN PRYCE AND INDIVIDUALLY C/O SILBERSTEIN AWAD & MIKLOS PC 600 OLD COUNTRY RD STE 412 GARDEN CITY, NY 11530  Date Filed: 09/16/13 Debtor: Sound Shore Health System, Inc.	887	13-22844	Unliquidated
48	MONIQUE KING AS ADMIN OF ESTATE OF JAYDEN PRYCE AND INDIVIDUALLY C/O SILBERSTEIN AWAD & MIKLOS PC 600 OLD COUNTRY RD STE 412 GARDEN CITY, NY 11530  Date Filed: 09/16/13 Debtor: Sound Shore Health System, Inc.	902	13-22844	Unliquidated	MONIQUE KING AS ADMINISTRATOR OF ESTATE OF JAYDEN PRYCE AND INDIVIDUALLY C/O SILBERSTEIN AWAD & MIKLOS PC 600 OLD COUNTRY RD STE 412 GARDEN CITY, NY 11530  Date Filed: 09/16/13 Debtor: Sound Shore Health System, Inc.	887	13-22844	Unliquidated
49	MONIQUE KING AS ADMINISTRATOR OF ESTATE OF JAYDEN PRYCE AND INDIVIDUALLY C/O SILBERSTEIN AWAD & MIKLOS PC 600 OLD COUNTRY RD STE 412 GARDEN CITY, NY 11530  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	888	13-22840	Unliquidated	MONIQUE KING AS ADMINISTRATOR OF ESTATE OF JAYDEN PRYCE AND INDIVIDUALLY C/O SILBERSTEIN AWAD & MIKLOS PC 600 OLD COUNTRY RD STE 412 GARDEN CITY, NY 11530  Date Filed: 09/16/13 Debtor: Sound Shore Health System, Inc.	887	13-22844	Unliquidated
50	MOURIS, SUSAN 186 BRIARWOOD DR SOMERS, NY 10589  Date Filed: 09/03/13 Debtor: Howe Avenue Nursing Home, Inc.	392	13-22842	Unliquidated	MOURIS, 186 BRIARWOOD DR SOMERS, NY 10589  Date Filed: 09/03/13 Debtor: Howe Avenue Nursing Home, Inc.	390	13-22842	Unliquidated
51	MULLOOLY JEFFREY ROONEY & FLYNN LLP ATTN MICHAEL G MCAULIFFE, ESQ 68 S SERVICE RD STE 100 MELVILLE, NY 11747  Date Filed: 06/03/13 Debtor: Sound Shore Health System, Inc.	3	13-22844	Unsecured: \$90,680.66	MULLOOLY JEFFREY ROONEY & FLYNN LLP ATTN MICHAEL G MCAULIFFE, ESQ 68 S SERVICE RD STE 100 MELVILLE, NY 11747  Date Filed: 06/03/13 Debtor: Sound Shore Medical Center of Westchester	1	13-22840	Unsecured: \$90,680.66
52	NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE BANKRUPTCY SECTION PO BOX 5300 ALBANY, NY 12205  Date Filed: 01/08/14 Debtor: Sound Shore Medical Center of Westchester	1137	13-22840	Priority: \$304,188.97* Unsecured: \$20,500.00*	NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE BANKRUPTCY SECTION PO BOX 5300 ALBANY, NY 12205  Date Filed: 06/10/13 Debtor: Sound Shore Medical Center of Westchester	6	13-22840	Priority: \$297,722.11* Unsecured: \$20,000.00*



Sound Shore Medical Center of Westchester, et al.,  
Exhibit A - Pre-Petition Duplicate Claims

Note: Claimants are listed alphabetically by last name or by entity name.

CLAIMS TO BE EXPUNGED		SURVIVING CLAIMS						
SEQ NO.	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT
53	NOAH JOSEPH SMITH AN INFANT BY HIS M/N/G AMANDA THOMPSON C/O FITZGERALD & FITZGERALD PC ATTN JOHN M DALY, ESQ 538 RIVERDALE AVE YONKERS, NY 10705  Date Filed: 09/16/13 Debtor: Sound Shore Health System, Inc.	759	13-22844	Unliquidated	NOAH JOSEPH SMITH AN INFANT BY HIS M/N/G AMANDA THOMPSON C/O FITZGERALD & FITZGERALD PC ATTN JOHN M DALY, ESQ 538 RIVERDALE AVE YONKERS, NY 10705  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	758	13-22840	Unliquidated
54	NOAH JOSEPH SMITH, AN INFANT BY HIS M/N/G AMANDA THOMPSON C/O FITZGERALD & FITZGERALD P C ATTN JOHN M DALY, ESQ 538 RIVERDALE AVE YONKERS, NY 10705  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	810	13-22840	Unliquidated	NOAH JOSEPH SMITH AN INFANT BY HIS M/N/G AMANDA THOMPSON C/O FITZGERALD & FITZGERALD PC ATTN JOHN M DALY, ESQ 538 RIVERDALE AVE YONKERS, NY 10705  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	758	13-22840	Unliquidated
55	NOAH JOSEPH SMITH, AN INFANT BY HIS M/N/G AMANDA THOMPSON C/O FITZGERALD & FITZGERALD P C ATTN JOHN M DALY, ESQ 538 RIVERDALE AVE YONKERS, NY 10705  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	817	13-22844	Unliquidated	NOAH JOSEPH SMITH AN INFANT BY HIS M/N/G AMANDA THOMPSON C/O FITZGERALD & FITZGERALD PC ATTN JOHN M DALY, ESQ 538 RIVERDALE AVE YONKERS, NY 10705  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	758	13-22840	Unliquidated
56	OLIVER WYMAN ACTUARIAL CONSULTING INC. ATTN TED ZUBULAKE 1166 AVENUE OF THE AMERICAS NEW YORK, NY 10036  Date Filed: 09/16/13 Debtor: Sound Shore Health System, Inc.	493	13-22840	Unsecured: \$20,000.00	OLIVER WYMAN ACTUARIAL CONSULTING INC ATTN TED J ZUBULAKE, FCAS, MAIA 1166 AVE OF THE AMERICAS 29TH FL NEW YORK, NY 10036  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	65	13-22840	Unsecured: \$20,000.00
57	OLIVER WYMAN ACTUARIAL CONSULTING INC ATTN TED ZUBULAKE 1166 AVENUE OF THE AMERICAS NEW YORK, NY 10036  Date Filed: 09/10/13 Debtor: The Mount Vernon Hospital, Inc.	484	13-22841	Unsecured: \$6,000.00	OLIVER WYMAN ACTUARIAL CONSULTING INC ATTN TED J ZUBULAKE, FCAS, MAIA 1166 AVE OF THE AMERICAS 29TH FL NEW YORK, NY 10036  Date Filed: 07/16/13 Debtor: Sound Shore Medical Center of Westchester	64	13-22841	Unsecured: \$6,000.00
58	OPOKU, BENJAMIN 4050 GRACE AVE 1 BRONX, NY 10466  Date Filed: 09/10/13 Debtor: Sound Shore Medical Center of Westchester	485	13-22840	Unsecured: \$2,100.00	OPOKU, BENJAMIN 4050 GRACE AVE # 1 BRONX, NY 10466  Date Filed: 09/10/13 Debtor: The Mount Vernon Hospital, Inc.	484	13-22840	Unsecured: \$2,100.00

Sound Shore Medical Center of Westchester, et al.,  
Exhibit A - Pre-Petition Duplicate Claims

Note: Claimants are listed alphabetically by last name or by entity name.

CLAIMS TO BE EXPUNGED		SURVIVING CLAIMS						
SEQ NO.	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT
58	ORANGE PATHOLOGY ASSOCIATES PC C/O DELBELLO DONNELLAN ET AL ATTN DAWN KIRBY ONE NORTH LEXINGTON AVE 11TH FL WHITE PLAINS, NY 10601  Date Filed: 11/27/13 Debtor: The Mount Vernon Hospital, Inc.	1422	13-22841	Unsecured: \$414,706.42	ORANGE PATHOLOGY ASSOCIATES PC C/O DELBELLO DONNELLAN WEINGARTEN ET AL ATTN DAWN KIRBY ONE NORTH LEXINGTON AVE 11TH FL WHITE PLAINS, NY 10601  Date Filed: 12/03/13 Debtor: Sound Shore Medical Center of Westchester	1057	13-22840	Unsecured: \$414,706.42
60	ORANGE PATHOLOGY ASSOCIATES PC C/O DELBELLO DONNELLAN ET AL ATTN DAWN KIRBY ONE NORTH LEXINGTON AVE 11TH FL WHITE PLAINS, NY 10601  Date Filed: 11/27/13 Debtor: Sound Shore Medical Center of Westchester	1423	13-22840	Unsecured: \$414,706.42	ORANGE PATHOLOGY ASSOCIATES PC C/O DELBELLO DONNELLAN WEINGARTEN ET AL ATTN DAWN KIRBY ONE NORTH LEXINGTON AVE 11TH FL WHITE PLAINS, NY 10601  Date Filed: 12/03/13 Debtor: Sound Shore Medical Center of Westchester	1057	13-22840	Unsecured: \$414,706.42
61	ORANGE PATHOLOGY ASSOCIATES PC C/O DELBELLO DONNELLAN WEINGARTEN ET AL ATTN DAWN KIRBY ONE NORTH LEXINGTON AVE 11TH FL WHITE PLAINS, NY 10601  Date Filed: 12/03/13 Debtor: The Mount Vernon Hospital, Inc.	1057	13-22840	Unsecured: \$414,706.42	ORANGE PATHOLOGY ASSOCIATES PC C/O DELBELLO DONNELLAN WEINGARTEN ET AL ATTN DAWN KIRBY, ESQ ONE NORTH LEXINGTON AVE 11TH FL WHITE PLAINS, NY 10601  Date Filed: 09/06/13 Debtor: The Mount Vernon Hospital, Inc.	466	13-22841	Unsecured: \$133,873.12
62	ORANGE PATHOLOGY ASSOCIATES PC C/O DELBELLO DONNELLAN WEINGARTEN ET AL ATTN DAWN KIRBY ONE NORTH LEXINGTON AVE 11TH FL WHITE PLAINS, NY 10601  Date Filed: 12/03/13 Debtor: The Mount Vernon Hospital, Inc.	1058	13-22841	Unsecured: \$414,706.42	ORANGE PATHOLOGY ASSOCIATES PC C/O DELBELLO DONNELLAN WEINGARTEN ET AL ATTN DAWN KIRBY, ESQ ONE NORTH LEXINGTON AVE 11TH FL WHITE PLAINS, NY 10601  Date Filed: 09/06/13 Debtor: The Mount Vernon Hospital, Inc.	466	13-22841	Unsecured: \$133,873.12
63	PERKINS EASTMAN ARCHITECTS PC ATTN ANDREW J ADELHARDT III, ESQ 115 FIFTH AVE 3RD FL NEW YORK, NY 10003  Date Filed: 12/03/13 Debtor: The Mount Vernon Hospital, Inc.	630	13-22840	Secured: \$235,616.61	PERKINS EASTMAN ARCHITECTS PC ATTN ANDREW J ADELHARDT III, ESQ 115 FIFTH AVE 3RD FL NEW YORK, NY 10003  Date Filed: 09/13/13 Debtor: The Mount Vernon Hospital, Inc.	629	13-22841	Secured: \$235,616.61
64	PERKINS EASTMAN ARCHITECTS PC ATTN ANDREW J ADELHARDT III, ESQ 115 FIFTH AVE 3RD FL NEW YORK, NY 10003  Date Filed: 09/16/13 Debtor: The Mount Vernon Hospital, Inc.	782	13-22841	Secured: \$235,616.61	PERKINS EASTMAN ARCHITECTS PC ATTN ANDREW J ADELHARDT III, ESQ 115 FIFTH AVE 3RD FL NEW YORK, NY 10003  Date Filed: 09/13/13 Debtor: The Mount Vernon Hospital, Inc.	629	13-22841	Secured: \$235,616.61

Sound Shore Medical Center of Westchester, et al.,  
Exhibit A - Pre-Petition Duplicative Claims

Note: Claimants are listed alphabetically by last name or by entity name.

SEQ NO.	CLAIMS TO BE EXPUNGED				SURVIVING CLAIMS			
	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT
65	PERKINS EASTMAN ARCHITECTS PC ATTN ANDREW J ADELHARDT III, ESQ 115 FIFTH AVE 3RD FL NEW YORK, NY 10003  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	783	13-22840	Secured: \$235,616.61	PERKINS EASTMAN ARCHITECTS PC ATTN ANDREW J ADELHARDT III, ESQ 115 FIFTH AVE 3RD FL NEW YORK, NY 10003  Date Filed: 09/13/13 Debtor: The Mount Vernon Hospital, Inc.	629	13-22841	Secured: \$235,616.61
66	PERRY-BOTTINGER, LYNNE 140 LOCKWOOD AVE STE A NEW ROCHELLE, NY 10801  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	773	13-22840	Unsecured: \$4,000.00	PERRY-BOTTINGER, LYNNE PO BOX 89 NEW ROCHELLE, NY 10804  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	770	13-22840	Secured: Unliquidated Priority: \$4,000.00
67	PERRY-BOTTINGER, LYNNE 140 LOCKWOOD AVE STE A NEW ROCHELLE, NY 10801  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	774	13-22840	Unsecured: \$4,000.00	PERRY-BOTTINGER, LYNNE PO BOX 89 NEW ROCHELLE, NY 10804  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	770	13-22840	Secured: Unliquidated Priority: \$4,000.00
68	PERRY-BOTTINGER, LYNNE 12 ECK PL NEW ROCHELLE, NY 10804  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	772	13-22840	Unsecured: \$4,000.00	PERRY-BOTTINGER, LYNNE PO BOX 89 NEW ROCHELLE, NY 10804  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	770	13-22840	Secured: Unliquidated Priority: \$4,000.00
69	PERRY-BOTTINGER, LYNNE 140 LOCKWOOD AVE STE A NEW ROCHELLE, NY 10801  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	771	13-22840	Unsecured: \$4,000.00	PERRY-BOTTINGER, LYNNE PO BOX 89 NEW ROCHELLE, NY 10804  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	770	13-22840	Secured: Unliquidated Priority: \$4,000.00
70	PERRY-BOTTINGER, LYNNE 140 LOCKWOOD AVE STE A NEW ROCHELLE, NY 10801  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	777	13-22840	Unsecured: \$4,000.00	PERRY-BOTTINGER, LYNNE PO BOX 89 NEW ROCHELLE, NY 10804  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	770	13-22840	Secured: Unliquidated Priority: \$4,000.00
71	PORRETTO, SALVATORE C/O PIRROTTI & GLATT LAW FIRM PLLC 2 OVERHILL RD STE 200 SCARSDALE, NY 10583  Date Filed: 09/13/13 Debtor: Sound Shore Health System, Inc.	598	13-22844	Unsecured: \$1,000,000.00	PORRETTO, SALVATORE C/O PIRROTTI & GLATT LAW FIRM PLLC 2 OVERHILL RD STE 200 SCARSDALE, NY 10583  Date Filed: 09/13/13 Debtor: Sound Shore Medical Center of Westchester	597	13-22840	Unsecured: \$1,000,000.00
72	PORRETTO, SALVATORE C/O PIRROTTI & GLATT LAW FIRM PLLC 2 OVERHILL RD STE 200 SCARSDALE, NY 10583  Date Filed: 09/13/13 Debtor: Sound Shore Health System, Inc.	599	13-22844	Unsecured: \$1,000,000.00	PORRETTO, SALVATORE C/O PIRROTTI & GLATT LAW FIRM PLLC 2 OVERHILL RD STE 200 SCARSDALE, NY 10583  Date Filed: 09/13/13 Debtor: Sound Shore Medical Center of Westchester	597	13-22840	Unsecured: \$1,000,000.00

Sound Shore Medical Center of Westchester, et al.,  
Exhibit A - Pre-Petition Duplicative Claims

Note: Claimants are listed alphabetically by last name or by entity name.

SEQ NO.	CLAIMS TO BE EXPUNGED				SURVIVING CLAIMS			
	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT
73	PORRETTO, SALVATORE C/O PIRROTTI & GLATT LAW FIRM PLLC 2 OVERHILL RD STE 200 SCARSDALE, NY 10583  Date Filed: 09/13/13 Debtor: Sound Shore Medical Center of Westchester PRESS GANEY ASSOCIATES INC ATTN LEGAL DEPARTMENT 404 COLUMBIA PL SOUTH BEND, IN 46601	600	13-22840	Unsecured: \$1,000,000.00	PORRETTO, SALVATORE C/O PIRROTTI & GLATT LAW FIRM PLLC 2 OVERHILL RD STE 200 SCARSDALE, NY 10583  Date Filed: 09/13/13 Debtor: Sound Shore Medical Center of Westchester PRESS GANEY ASSOCIATES INC ATTN LEGAL DEPARTMENT 404 COLUMBIA ST SOUTH BEND, IN 46601	597	13-22840	Unsecured: \$1,000,000.00
74	PORRETTO, SALVATORE C/O PIRROTTI & GLATT LAW FIRM PLLC 2 OVERHILL RD STE 200 SCARSDALE, NY 10583  Date Filed: 09/16/13 Debtor: The Mount Vernon Hospital, Inc. PRESS GANEY ASSOCIATES INC ATTN LEGAL DEPARTMENT 404 COLUMBIA PL SOUTH BEND, IN 46601	726	13-22841	Unsecured: \$54,772.00	PORRETTO, SALVATORE C/O PIRROTTI & GLATT LAW FIRM PLLC 2 OVERHILL RD STE 200 SCARSDALE, NY 10583  Date Filed: 06/27/13 Debtor: Sound Shore Medical Center of Westchester PRESS GANEY ASSOCIATES INC ATTN LEGAL DEPARTMENT 404 COLUMBIA ST SOUTH BEND, IN 46601	30	13-22840	Unsecured: \$102,670.00
75	PORRETTO, SALVATORE C/O PIRROTTI & GLATT LAW FIRM PLLC 2 OVERHILL RD STE 200 SCARSDALE, NY 10583  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester QUALITY BILLING SERVICE INC 141 HALSTEAD AVE MAMARONECK, NY 10543	727	13-22840	Unsecured: \$47,898.00	PORRETTO, SALVATORE C/O PIRROTTI & GLATT LAW FIRM PLLC 2 OVERHILL RD STE 200 SCARSDALE, NY 10583  Date Filed: 09/03/13 Debtor: Sound Shore Medical Center of Westchester QUALITY BILLING SERVICE INC 3 NEPTUNE ROAD STE S200 POUGHKEEPSIE, NY 12601	30	13-22840	Unsecured: \$102,670.00
76	PORRETTO, SALVATORE C/O PIRROTTI & GLATT LAW FIRM PLLC 2 OVERHILL RD STE 200 SCARSDALE, NY 10583  Date Filed: 02/05/14 Debtor: Howe Avenue Nursing Home, Inc. RANGRAJ, MADHU 110 MONTEREY AVE PELHAM, NY 10803	1360	13-22842	Unsecured: \$1,200.00	PORRETTO, SALVATORE C/O PIRROTTI & GLATT LAW FIRM PLLC 2 OVERHILL RD STE 200 SCARSDALE, NY 10583  Date Filed: 09/03/13 Debtor: Howe Avenue Nursing Home, Inc. RANGRAJ, MADHU 110 MONTEREY AVE PELHAM, NY 10803	377	13-22842	Unsecured: \$1,200.00
77	PORRETTO, SALVATORE C/O PIRROTTI & GLATT LAW FIRM PLLC 2 OVERHILL RD STE 200 SCARSDALE, NY 10583  Date Filed: 09/13/13 Debtor: Sound Shore Medical Center of Westchester RENAL CARE REGISTERED NURSING SERVICES INC 19 DEMAREST AVE NANUET, NY 10954	596	13-22840	Priority: \$11,538.47 Unsecured: \$218,103.88	PORRETTO, SALVATORE C/O PIRROTTI & GLATT LAW FIRM PLLC 2 OVERHILL RD STE 200 SCARSDALE, NY 10583  Date Filed: 09/12/13 Debtor: Sound Shore Medical Center of Westchester RENAL CARE REGISTERED NURSING SERVICES INC 19 DEMAREST AVE NANUET, NY 10954	517	13-22840	Unsecured: \$10,411.54
78	PORRETTO, SALVATORE C/O PIRROTTI & GLATT LAW FIRM PLLC 2 OVERHILL RD STE 200 SCARSDALE, NY 10583  Date Filed: 09/16/13 Debtor: The M.V.H. Corporation RENAL CARE REGISTERED NURSING SERVICES INC 19 DEMAREST AVE NANUET, NY 10954	806	13-22843	Unsecured: \$75,954.55	PORRETTO, SALVATORE C/O PIRROTTI & GLATT LAW FIRM PLLC 2 OVERHILL RD STE 200 SCARSDALE, NY 10583  Date Filed: 09/13/13 Debtor: The Mount Vernon Hospital, Inc. RENAL CARE REGISTERED NURSING SERVICES INC 19 DEMAREST AVE NANUET, NY 10954	670	13-22841	Unsecured: \$75,954.55
79	PORRETTO, SALVATORE C/O PIRROTTI & GLATT LAW FIRM PLLC 2 OVERHILL RD STE 200 SCARSDALE, NY 10583  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	807	13-22840	Unsecured: \$75,954.55	PORRETTO, SALVATORE C/O PIRROTTI & GLATT LAW FIRM PLLC 2 OVERHILL RD STE 200 SCARSDALE, NY 10583  Date Filed: 09/13/13 Debtor: The Mount Vernon Hospital, Inc.	670	13-22841	Unsecured: \$75,954.55

Sound Shore Medical Center of Westchester, et al.,  
Exhibit A - Pre-Petition Duplicate Claims

Note: Claimants are listed alphabetically by last name or by entity name.

SEQ NO.	CLAIMS TO BE EXPUNGED				SURVIVING CLAIMS			
	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT
80	RISHAJUN JAWAHIR AN INFANT BY HIS M/N/G DARCEL JAWAHIR C/O FITZGERALD & FITZGERALD PC ATTN JOHN M DALY, ESQ 538 RIVERDALE AVE YONKERS, NY 10705  Date Filed: 09/11/13 Debtor: Sound Shore Medical Center of Westchester	502	13-22840	Unliquidated	RISHAJUN JAWAHIR AN INFANT BY HIS M/N/G DARCEL JAWAHIR C/O FITZGERALD & FITZGERALD PC ATTN JOHN M DALY, ESQ 538 RIVERDALE AVE YONKERS, NY 10705  Date Filed: 09/11/13 Debtor: The Mount Vernon Hospital, Inc.	501	13-22841	Unliquidated
81	RIVERA, ANN 1285 WOODSEEDGE RD WIND GAP, PA 18091  Date Filed: 09/03/13 Debtor: Sound Shore Medical Center of Westchester	396	13-22840	Unliquidated	RIVERA, ANN 1285 WOODSEEDGE RD WIND GAP, PA 18091  Date Filed: 09/03/13 Debtor: Sound Shore Medical Center of Westchester	393	13-22840	Unliquidated
82	SLEEP SERVICES OF AMERICA INC ATTN MICHAEL B BACH 25 WHITNEY DR STE 106 MILFORD, OH 45150  Date Filed: 09/10/13 Debtor: Sound Shore Health System, Inc.	498	13-22844	Unsecured: \$98,183.17	GENERAL ELECTRIC DBA SLEEP SERVICE OF AMERICA ATTN MICHAEL B BACH 25 WHITNEY DR STE 106 MILFORD, OH 45150  Date Filed: 06/27/13 Debtor: Sound Shore Health System, Inc.	50	13-22844	Unsecured: \$98,183.17
83	SUMMIT RESTAURANT REPAIRS 160 E 2ND ST MINEOLA, NY 11501  Date Filed: 09/12/13 Debtor: The Mount Vernon Hospital, Inc.	518	13-22841	Unsecured: \$16,521.90	SUMMIT RESTAURANT REPAIRS & SALES INC C/O DAVID J GOLD PC 800 SECOND AVE STE 810 NEW YORK, NY 10017  Date Filed: 07/19/13 Debtor: The Mount Vernon Hospital, Inc.	81	13-22841	Unsecured: \$16,521.90
84	SUN, SUNG WU 500 CENTRAL PARK AVE #433 SCARSDALE, NY 10583  Date Filed: 09/16/13 Debtor: Sound Shore Health System, Inc.	708	13-22844	Priority: \$3,900,000.00*	SUN, SUNG WU 500 CENTRAL PARK AVE #433 SCARSDALE, NY 10583  Date Filed: 09/16/13 Debtor: The Mount Vernon Hospital, Inc.	707	13-22841	Priority: \$3,900,000.00*
85	THALIANA FRENCIQUI, AN INFANT BY HER M/N/G VIVIAN LAMBERT C/O FITZGERALD & FITZGERALD P C ATTN JOHN M DALY, ESQ 538 RIVERDALE AVE YONKERS, NY 10705  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	812	13-22840	Unliquidated	THALIANA FRENCIQUI, AN INFANT BY HER M/N/G VIVIAN LAMBERT C/O FITZGERALD & FITZGERALD P C ATTN JOHN M DALY, ESQ 538 RIVERDALE AVE YONKERS, NY 10705  Date Filed: 09/16/13 Debtor: The Mount Vernon Hospital, Inc.	811	13-22841	Unliquidated

Sound Shore Medical Center of Westchester, et al.,  
Exhibit A - Pre-Petition Duplicate Claims

Note: Claimants are listed alphabetically by last name or by entity name.

SEQ NO.	CLAIMS TO BE EXPUNGED				SURVIVING CLAIMS			
	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT
86	THALIANA FRENCIQUI, AN INFANT BY HER M/NIG VIVIAN LAMBERT C/O FITZGERALD & FITZGERALD P C ATTN JOHN M DALY, ESQ 538 RIVERDALE AVE YONKERS, NY 10705  Date Filed: 09/16/13 Debtor: Sound Shore Health System, Inc.	813	13-22844	Unliquidated	THALIANA FRENCIQUI, AN INFANT BY HER M/NIG VIVIAN LAMBERT C/O FITZGERALD & FITZGERALD P C ATTN JOHN M DALY, ESQ 538 RIVERDALE AVE YONKERS, NY 10705  Date Filed: 09/16/13 Debtor: The Mount Vernon Hospital, Inc.	811	13-22841	Unliquidated
87	TURIANO, JOAN NRHMC 342 UNION AVE NEW ROCHELLE, NY 10801  Date Filed: 02/28/14 Debtor: Sound Shore Medical Center of Westchester	1469	13-22840	Unsecured: \$60,525.19	TURIANO, JOAN NRHMC 342 UNION AVE NEW ROCHELLE, NY 10801  Date Filed: 09/13/13 Debtor: Sound Shore Medical Center of Westchester	650	13-22840	Unsecured: \$60,525.19
88	UNITED HEALTHCARE INSURANCE COMPANY ON BEHALF OF PICIS INC/OPTUMINSIGHT ATTN RACHEL A SMITH, UHC, CDM 185 ASYLUM ST - 03B HARTFORD, CT 06103  Date Filed: 06/28/13 Debtor: Sound Shore Health System, Inc.	48	13-22844	Unsecured: \$102,005.72	UNITED HEALTHCARE INSURANCE COMPANY ATTN RACHEL A SMITH UHC CDM 185 ASYLUM ST 03B HARTFORD, CT 06103  Date Filed: 06/25/13 Debtor: Sound Shore Health System, Inc.	45	13-22844	Unsecured: \$102,005.72
89	UNITED RENTALS INC ATTN RHONDA SIMS 6125 LAKEVIEW RD #300 CHARLOTTE, NC 28269  Date Filed: 09/03/13 Debtor: The Mount Vernon Hospital, Inc.	371	13-22841	Unsecured: \$39,882.51	UNITED RENTALS INC ATTN RHONDA SIMS 6125 LAKEVIEW RD #300 CHARLOTTE, NC 28269  Date Filed: 06/10/13 Debtor: Sound Shore Health System, Inc.	57	13-22844	Unsecured: \$39,882.51
90	URSTADT BIDDLE PROPERTIES INC C/O KROLL MCNAMARA EVANS & DELEHANTY LLP ATTN DOUGLAS M EVANS, ESQ 65 MEMORIAL RD STE 300 WEST HARTFORD, CT 06107  Date Filed: 08/28/13 Debtor: Sound Shore Medical Center of Westchester	325	13-22840	Unsecured: \$5,071.94	URSTADT BIDDLE PROPERTIES INC C/O KROLL MCNAMARA EVANS & DELEHANTY LLP ATTN DOUGLAS M EVANS, ESQ 65 MEMORIAL RD STE 300 WEST HARTFORD, CT 06107  Date Filed: 08/28/13 Debtor: NRHMC Services Corporation	324	13-22845	Unsecured: \$5,071.94
91	WESSBACK LLC DBA DIVERS PO BOX 34 ROCHDALE, MA 01542  Date Filed: 08/14/13 Debtor: Sound Shore Medical Center of Westchester	148	13-22840	Unsecured: \$19,960.25	WESSBACK LLC DBA DIVERSIFI PO BOX 34 ROCHDALE, MA 01542  Date Filed: 08/14/13 Debtor: Sound Shore Medical Center of Westchester	139	13-22840	Unsecured: \$19,960.25
92	WESSBACK LLC DBA DIVERS PO BOX 34 ROCHDALE, MA 01542  Date Filed: 08/14/13 Debtor: Sound Shore Medical Center of Westchester	149	13-22840	Unsecured: \$19,960.25	WESSBACK LLC DBA DIVERSIFI PO BOX 34 ROCHDALE, MA 01542  Date Filed: 08/14/13 Debtor: Sound Shore Medical Center of Westchester	139	13-22840	Unsecured: \$19,960.25

**Sound Shore Medical Center of Westchester, et al.,  
Exhibit A - Pre-Petition Duplicate Claims**

Note: Claimants are listed alphabetically by last name or by entity name.

SEQ NO.	CLAIMS TO BE EXPUNGED				SURVIVING CLAIMS			
	CLAIM NO.	NAME	CASE NUMBER	CLAIM AMOUNT	CLAIM NO.	NAME	CASE NUMBER	CLAIM AMOUNT
93	113	WHITAKER MEDICAL LLC C/O SILLS CUMMIS & GROSS PC ATTN LORI K SAPIR, ESQ 30 ROCKEFELLER PLAZA 29TH FL NEW YORK, NY 10112  Date Filed: 08/07/13 Debtor: Sound Shore Medical Center of Westchester YONKERS RADIATION MEDICAL PRACTICE P C 2234 COLONIAL BLVD FORT MYERS, FL 33907	13-22840	Unsecured: \$62,011.34	112	WHITAKER MEDICAL LLC C/O SILLS CUMMIS & GROSS PC ATTN LORI K SAPIR, ESQ 30 ROCKEFELLER PLAZA 29TH FL NEW YORK, NY 10112  Date Filed: 08/07/13 Debtor: The Mount Vernon Hospital, Inc. YONKERS RADIATION MEDICAL PRACTICE, P.C. 2234 COLONIAL BLVD FORT MYERS, FL 33907	13-22841	Unsecured: \$62,011.34
94	829	WHITAKER MEDICAL LLC C/O SILLS CUMMIS & GROSS PC ATTN LORI K SAPIR, ESQ 30 ROCKEFELLER PLAZA 29TH FL NEW YORK, NY 10112  Date Filed: 09/16/13 Debtor: The Mount Vernon Hospital, Inc.	13-22841	Unsecured: \$60,434.94	508	WHITAKER MEDICAL LLC C/O SILLS CUMMIS & GROSS PC ATTN LORI K SAPIR, ESQ 30 ROCKEFELLER PLAZA 29TH FL NEW YORK, NY 10112  Date Filed: 09/11/13 Debtor: The Mount Vernon Hospital, Inc.	13-22841	Unsecured: \$60,434.94

\* Denotes an unliquidated component.

Sound Shore Medical Center of Westchester, et al.,  
Exhibit A - Pre-Petition Duplicate Claims

Note: Claimants are listed alphabetically by last name or by entity name.

SEQ NO.	CLAIMS TO BE EXPUNGED				SURVIVING CLAIMS			
	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT
1	A.S., AN INFANT BY CUSTODIAN, PATRICIA COPELAND C/O FITZGERALD & FITZGERALD, P.C. 538 RIVERDALE AVE YONKERS, NY 10705  Date Filed: 08/30/13 Debtor: The Mount Vernon Hospital, Inc. ACME AMERICAN REFRIGERATION 89 SCOTT AVE BROOKLYN, NY 11237  Date Filed: 08/16/13 Debtor: Sound Shore Medical Center of Westchester	348	13-22841	Unliquidated	SMITH, ANYIAH C/O FITZGERALD & FITZGERALD 538 RIVERDALE AVE YONKERS, NY 10705  Date Filed: 08/30/13 Debtor: The Mount Vernon Hospital, Inc. ACME AMERICAN REFRIGERATION INC ATTN BRUCE R BEKRITSKY, ESQ 1551 KELLUM PL MINEOLA, NY 11501	347	13-22841	Unliquidated
2	ADELBERG RUDOW DORF & HENDLER LLC ATTN LESLIE J POLT, ESQ SEVEN ST PAUL ST 6TH FL BALTIMORE, MD 21202  Date Filed: 08/12/13 Debtor: Sound Shore Medical Center of Westchester	127	13-22840	Unsecured: \$7,842.30	ADELBERG RUDOW DORF & HENDLER LLC ATTN LESLIE J POLT, ESQ SEVEN ST PAUL ST 6TH FL BALTIMORE, MD 21202  Date Filed: 08/12/13 Debtor: Sound Shore Health System, Inc.	126	13-22844	Unsecured: \$7,842.30
3	AFCO 5600 N RIVER RD STE 400 ROSEMONT, IL 60053  Date Filed: 01/06/14 Debtor: Sound Shore Medical Center of Westchester	1432	13-22840	Secured: Unliquidated Unsecured: \$5,376.07	AFCO 5600 N RIVER RD STE 400 ROSEMONT, IL 60053  Date Filed: 08/12/13 Debtor: Sound Shore Medical Center of Westchester	242	13-22840	Secured: Unliquidated Unsecured: \$5,376.07
4	BLAKIME, EVELYNE 14 POPLAR ST YONKERS, NY 10701  Date Filed: 09/09/13 Debtor: Sound Shore Medical Center of Westchester	475	13-22840	Priority: \$24,559.00	BLAKIME, EVELYNE 14 POPLAR ST YONKERS, NY 10701  Date Filed: 09/03/13 Debtor: Sound Shore Medical Center of Westchester	388	13-22840	Priority: \$24,559.00
5	BOTTINGER, LYNNE PERRY 140 A LOCKWOOD AVENUE NEW ROCHELLE, NY 10801  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	776	13-22840	Unsecured: \$4,000.00	PERRY-BOTTINGER, LYNNE PO BOX 89 NEW ROCHELLE, NY 10804  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	770	13-22840	Secured: Unliquidated Priority: \$4,000.00
6	BOTTINGER, LYNNE PERRY TEACHING ATTENDING 140 A LOCKWOOD AVENUE NEW ROCHELLE, NY 10801  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	775	13-22840	Unsecured: \$4,000.00	PERRY-BOTTINGER, LYNNE PO BOX 89 NEW ROCHELLE, NY 10804  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	770	13-22840	Secured: Unliquidated Priority: \$4,000.00
7	BOTTINGER, LYNNE PERRY TEACHING ATTENDING 140 A LOCKWOOD AVENUE NEW ROCHELLE, NY 10801  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	775	13-22840	Unsecured: \$4,000.00	PERRY-BOTTINGER, LYNNE PO BOX 89 NEW ROCHELLE, NY 10804  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	770	13-22840	Secured: Unliquidated Priority: \$4,000.00



Sound Shore Medical Center of Westchester, et al.,  
Exhibit A - Pre-Petition Duplicate Claims

Note: Claimants are listed alphabetically by last name or by entity name.

SEQ NO.	CLAIMS TO BE EXPUNGED				SURVIVING CLAIMS			
	CLAIM NO.	NAME	CASE NUMBER	CLAIM AMOUNT	CLAIM NO.	NAME	CASE NUMBER	CLAIM AMOUNT
8	861	BRYAN, DOUGLAS C/O JAMES NEWMAN P C 2815 WATERBURY AVE BRONX, NY 10461  Date Filed: 09/17/13 Debtor: The Mount Vernon Hospital, Inc. CHIERA, CARMELA 2261 PALMER AVE APT 4-O NEW ROCHELLE, NY 10801	13-22841	Unliquidated	861	BRYAN, DOUGLAS C/O JAMES NEWMAN P.C. 2815 WATERBURY AVE BRONX, NY 10461  Date Filed: 09/13/13 Debtor: The Mount Vernon Hospital, Inc. CHIERA, CARMELA 2261 PALMER AVE APT 4-O NEW ROCHELLE, NY 10801	13-22841	Unsecured: Unliquidated
9	910	Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester COMPLETE MANAGEMENT SOLUTIONS LLC C/O AKERMAN SENTERFITT LLP ATTN SCOTT M KESSLER 666 FIFTH AVE 20TH FL NEW YORK, NY 10103	13-22840	Priority: \$54,083.30 Unsecured: \$22,066.67	793	Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester COMPLETE MANAGEMENT SOLUTIONS LLC C/O AKERMAN SENTERFITT LLP ATTN SCOTT M KESSLER 666 FIFTH AVE 20TH FL NEW YORK, NY 10103	13-22840	Unsecured: \$22,066.67
10	794	Date Filed: 09/16/13 Debtor: Sound Shore Health System, Inc. COMPLETE MANAGEMENT SOLUTIONS LLC C/O AKERMAN SENTERFITT LLP ATTN SCOTT M KESSLER 666 FIFTH AVE 20TH FL NEW YORK, NY 10103	13-22844	Unsecured: \$180,811.73	791	Date Filed: 09/16/13 Debtor: The Mount Vernon Hospital, Inc. COMPLETE MANAGEMENT SOLUTIONS LLC C/O AKERMAN SENTERFITT LLP ATTN SCOTT M KESSLER 666 FIFTH AVE 20TH FL NEW YORK, NY 10103	13-22841	Unsecured: \$180,811.73
11	828	Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester COMPLETE MANAGEMENT SOLUTIONS LLC C/O AKERMAN SENTERFITT LLP ATTN SCOTT M KESSLER 666 FIFTH AVE 20TH FL NEW YORK, NY 10103	13-22840	Unsecured: \$180,811.73	791	Date Filed: 09/16/13 Debtor: The Mount Vernon Hospital, Inc. COMPLETE MANAGEMENT SOLUTIONS LLC C/O AKERMAN SENTERFITT LLP ATTN SCOTT M KESSLER 666 FIFTH AVE 20TH FL NEW YORK, NY 10103	13-22841	Unsecured: \$180,811.73
12	849	Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester CORATOLO & CARRIERI ASSOCIATES LLC C/O NESENOFF & MILTENBERG LLP 363 7TH AVE 5TH FL NEW YORK, NY 10001	13-22840	Unsecured: \$540,000.00	846	Date Filed: 09/16/13 Debtor: The Mount Vernon Hospital, Inc. CORATOLO & CARRIERI ASSOCIATES LLC C/O NESENOFF & MILTENBERG LLP 363 7TH AVE 5TH FL NEW YORK, NY 10001	13-22846	Unsecured: \$540,000.00
13	441	Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester CUDINA, ANITA 1 DEFOREST CT VALLEY COTTAGE, NY 10989	13-22840	Unsecured: \$13,239.00	440	Date Filed: 09/16/13 Debtor: New Rochelle Sound Shore Housing, LLC CUDINA, ANITA 1 DEFOREST CT VALLEY COTTAGE, NY 10989	13-22840	Unsecured: \$14,339.00
14	218	Date Filed: 09/07/13 Debtor: Sound Shore Medical Center of Westchester CURRAN & CONNORS INC ATTN MURRAY S LUBITZ, ESQ 245 MAIN ST WHITE PLAINS, NY 10601	13-22840	Unsecured: \$61,163.00	49	Date Filed: 09/07/13 Debtor: Sound Shore Medical Center of Westchester CURRAN & CONNORS INC ATTN MURRAY S LUBITZ, ESQ 245 MAIN ST WHITE PLAINS, NY 10601	13-22840	Unsecured: \$61,163.00
		Date Filed: 08/20/13 Debtor: Sound Shore Medical Center of Westchester				Date Filed: 06/21/13 Debtor: Sound Shore Medical Center of Westchester		

Sound Shore Medical Center of Westchester, et al.,  
Exhibit A - Pre-Petition Duplicate Claims

Note: Claimants are listed alphabetically by last name or by entity name.

SEQ NO.	CLAIMS TO BE EXPIUNGED				SURVIVING CLAIMS			
	CLAIM NO.	NAME	CASE NUMBER	CLAIM AMOUNT	CLAIM NO.	NAME	CASE NUMBER	CLAIM AMOUNT
15	934	D'ADDESIO, NICK 5 PALMER LN THORNWOOD, NY 10594  Date Filed: 09/16/13 Debtor: The Mount Vernon Hospital, Inc. DELL MARKETING LP ONE DELL WAY RR 1 MS 52 ROUND ROCK, TX 78682	13-22841	Priority: \$249,122.00*	878	D'ADDESIO, NICK 5 PALMER LN THORNWOOD, NY 10594  Date Filed: 09/20/13 Debtor: The Mount Vernon Hospital, Inc. DELL MARKETING LP ONE DELL WAY RR 1 MS 52 ROUND ROCK, TX 78682	13-22841	Priority: \$249,122.00*
16	15	Date Filed: 06/17/13 Debtor: Sound Shore Medical Center of Westchester EAS INVESTIGATIONS 445 HAMILTON AVE STE 1102 WHITE PLAINS, NY 10601	13-22840	Unsecured: \$140,172.12	12	ONE DELL WAY RR 1 MS 52 ROUND ROCK, TX 78682	13-22840	Unsecured: \$140,172.12
17	705	Date Filed: 09/16/13 Debtor: The Mount Vernon Hospital, Inc. EMPIRE HEALTHCHOICE ASSURANCE INC DBA EMPIRE BLUE CROSS BLUE SHIELD ATTN LOUIS L BENZA, ESQ ONE LIBERTY PLAZA 14TH FL NEW YORK, NY 10006	13-22841	Unsecured: \$371.10	623	Date Filed: 06/11/13 Debtor: Sound Shore Medical Center of Westchester EAS INVESTIGATIONS INC 118 UNDERHILL LN PEEKSKILL, NY 10566	13-22841	Unsecured: \$371.70
18	1396	Date Filed: 01/31/14 Debtor: The M.V.H. Corporation EMPIRE HEALTHCHOICE ASSURANCE INC DBA EMPIRE BLUE CROSS BLUE SHIELD ATTN LOUIS L BENZA, ESQ ONE LIBERTY PLAZA 14TH FL NEW YORK, NY 10006	13-22843	Unliquidated	800	Date Filed: 09/05/13 Debtor: The Mount Vernon Hospital, Inc. EMPIRE HEALTHCHOICE ASSURANCE INC C/O EMPIRE BLUE CROSS BLUE SHIELD ATTN LOUIS L BENZA ONE LIBERTY PLAZA 14TH FL NEW YORK, NY 10006	13-22843	Unliquidated
19	1397	Date Filed: 01/31/14 Debtor: Sound Shore Health System, Inc. EMPIRE HEALTHCHOICE ASSURANCE INC DBA EMPIRE BLUE CROSS BLUE SHIELD ATTN LOUIS L BENZA, ESQ ONE LIBERTY PLAZA 14TH FL NEW YORK, NY 10006	13-22844	Unliquidated	801	Date Filed: 09/16/13 Debtor: The M.V.H. Corporation EMPIRE HEALTHCHOICE ASSURANCE INC C/O EMPIRE BLUE CROSS BLUE SHIELD ATTN LOUIS L BENZA ONE LIBERTY PLAZA 14TH FL NEW YORK, NY 10006	13-22844	Unliquidated
20	1398	Date Filed: 01/31/14 Debtor: Sound Shore Health System, Inc. EMPIRE HEALTHCHOICE ASSURANCE INC DBA EMPIRE BLUE CROSS BLUE SHIELD ATTN LOUIS L BENZA, ESQ ONE LIBERTY PLAZA 14TH FL NEW YORK, NY 10006	13-22845	Unliquidated	802	Date Filed: 09/16/13 Debtor: Sound Shore Health System, Inc. EMPIRE HEALTHCHOICE ASSURANCE INC C/O EMPIRE BLUE CROSS BLUE SHIELD ATTN LOUIS L BENZA ONE LIBERTY PLAZA 14TH FL NEW YORK, NY 10006	13-22845	Unliquidated
21	1399	Date Filed: 01/31/14 Debtor: NRHMC Services Corporation EMPIRE HEALTHCHOICE ASSURANCE INC DBA EMPIRE BLUE CROSS BLUE SHIELD ATTN LOUIS L BENZA, ESQ ONE LIBERTY PLAZA 14TH FL NEW YORK, NY 10006	13-22846	Unliquidated	803	Date Filed: 09/16/13 Debtor: NRHMC Services Corporation EMPIRE HEALTHCHOICE ASSURANCE INC C/O EMPIRE BLUE CROSS BLUE SHIELD ATTN LOUIS L BENZA ONE LIBERTY PLAZA 14TH FL NEW YORK, NY 10006	13-22846	Unliquidated
		Date Filed: 01/31/14 Debtor: New Rochelle Sound Shore Housing, LLC				Date Filed: 09/16/13 Debtor: New Rochelle Sound Shore Housing, LLC		

Sound Shore Medical Center of Westchester, et al.,  
Exhibit A - Pre-Petition Duplicate Claims

Note: Claimants are listed alphabetically by last name or by entity name.

SEQ NO.	CLAIMS TO BE EXPUNGED				SURVIVING CLAIMS			
	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT
22	EMPIRE HEALTHCHOICE ASSURANCE INC DBA EMPIRE BLUE CROSS BLUE SHIELD ATTN LOUIS L BENZA, ESQ ONE LIBERTY PLAZA 14TH FL NEW YORK, NY 10006  Date Filed: 01/31/14 Debtor: Howe Avenue Nursing Home, Inc.	1395	13-22842	Unliquidated	EMPIRE HEALTHCHOICE ASSURANCE INC C/O EMPIRE BLUE CROSS BLUE SHIELD ATTN LOUIS L BENZA ONE LIBERTY PLAZA 14TH FL NEW YORK, NY 10006  Date Filed: 09/16/13 Debtor: Howe Avenue Nursing Home, Inc.	799	13-22842	Unliquidated
23	ENTERPRISE SYSTEMS SOFTWARE LLC DBA ENTERPRISE SOFTWARE DEPLOYMENT LLC DBA ESD C/O MCELROY DEUTSCH MULVANEY & CARPENTER LLP ATTN NICOLE LEONARD, ESQ THREE GATEWAY CENTER, 100 MULBERRY ST NEWARK, NJ 07102  Date Filed: 09/16/13 Debtor: The Mount Vernon Hospital, Inc.	961	13-22841	Unsecured: \$410,489.11	ENTERPRISE SYSTEMS SOFTWARE LLC DBA ENTERPRISE SOFTWARE DEPLOYMENT LLC DBA ESD C/O MCELROY DEUTSCH MULVANEY & CARPENTER LLP ATTN NICOLE LEONARD, ESQ THREE GATEWAY CENTER, 100 MULBERRY ST NEWARK, NJ 07102  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	960	13-22840	Unsecured: \$410,489.11
24	ENTERPRISE SYSTEMS SOFTWARE LLC DBA ENTERPRISE SOFTWARE DEPLOYMENT LLC DBA ESD C/O MCELROY DEUTSCH MULVANEY & CARPENTER LLP ATTN NICOLE LEONARD, ESQ THREE GATEWAY CENTER, 100 MULBERRY ST NEWARK, NJ 07102  Date Filed: 09/16/13 Debtor: Sound Shore Health System, Inc.	962	13-22844	Unsecured: \$410,489.11	ENTERPRISE SYSTEMS SOFTWARE LLC DBA ENTERPRISE SOFTWARE DEPLOYMENT LLC DBA ESD C/O MCELROY DEUTSCH MULVANEY & CARPENTER LLP ATTN NICOLE LEONARD, ESQ THREE GATEWAY CENTER, 100 MULBERRY ST NEWARK, NJ 07102  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	960	13-22840	Unsecured: \$410,489.11
25	FERGUSON, JAMES C/O JOHN CAGNEY KRAMER DILLOF & MOORE 217 BROADWAY, FL 10 NEW YORK, NY 10007  Date Filed: 08/27/13 Debtor: Sound Shore Medical Center of Westchester	313	13-22840	Unsecured: \$15,000,000.00*	FERGUSON, JAMES & JEAN C/O JOHN CAGNEY, ESQ KRAMER, DILLOF & MOORE 217 BROADWAY, FL 10 NEW YORK, NY 10007  Date Filed: 08/27/13 Debtor: Sound Shore Medical Center of Westchester	312	13-22840	Unsecured: \$15,000,000.00*
26	FRANCISCO FRENCIQUI, AN INFANT BY HIS M/N/G VIVIAN LAMBERT C/O FITZGERALD & FITZGERALD P C ATTN JOHN M DALY, ESQ 538 RIVERDALE AVE YONKERS, NY 10705  Date Filed: 09/16/13 Debtor: The Mount Vernon Hospital, Inc.	814	13-22841	Unliquidated	FRANCISCO FRENCIQUI, AN INFANT BY HIS M/N/G VIVIAN LAMBERT C/O FITZGERALD & FITZGERALD P C ATTN JOHN M DALY, ESQ 538 RIVERDALE AVE YONKERS, NY 10705  Date Filed: 09/16/13 Debtor: Sound Shore Health System, Inc.	809	13-22844	Unliquidated

Sound Shore Medical Center of Westchester, et al.,  
Exhibit A - Pre-Petition Duplicate Claims

Note: Claimants are listed alphabetically by last name or by entity name.

SEQ NO.	CLAIMS TO BE EXPUNGED				SURVIVING CLAIMS			
	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT
27	FRANCISCO FRENCIQUI, AN INFANT BY HIS M/ING VIVIAN LAMBERT C/O FITZGERALD & FITZGERALD P C ATTN JOHN M DALY, ESQ 538 RIVERDALE AVE YONKERS, NY 10705  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	815	13-22840	Unliquidated	FRANCISCO FRENCIQUI, AN INFANT BY HIS M/ING VIVIAN LAMBERT C/O FITZGERALD & FITZGERALD P C ATTN JOHN M DALY, ESQ 538 RIVERDALE AVE YONKERS, NY 10705  Date Filed: 09/16/13 Debtor: Sound Shore Health System, Inc. FREEDOM MEDICAL INC	809	13-22844	Unliquidated
28	ATTN NEIL EISENBERG, CORP CREDIT MANAGER 219 WELSH POOL RD EXTON, PA 19341  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	872	13-22840	Unsecured: \$12,522.60	ATTN NEIL EISENBERG, CORPORATE CREDIT MANAGER 219 WELSH POOL RD EXTON, PA 19341  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	795	13-22840	Unsecured: \$12,522.60
29	FRIED BROTHERS INC 467 N 7TH ST PHILADELPHIA, PA 19123  Date Filed: 08/13/13 Debtor: Sound Shore Medical Center of Westchester	133	13-22840	Unsecured: \$3,692.64	FRIED BROTHERS INC 467 N 7TH ST PHILADELPHIA, PA 19123  Date Filed: 08/12/13 Debtor: Sound Shore Medical Center of Westchester	128	13-22840	Unsecured: \$3,692.64
30	GREEN ENERGY INNOVATIONS 10011 S PIONEER BLVD SANTA FE SPRINGS, CA 90670  Date Filed: 09/19/13 Debtor: The M.V.H. Corporation	871	13-22843	Unsecured: \$6,000.00	GREEN ENERGY INNOVATIONS 10011 S PIONEER BLVD SANTA FE SPRINGS, CA 90670  Date Filed: 09/16/13 Debtor: The M.V.H. Corporation	851	13-22843	Unsecured: \$6,000.00
31	HEALTHCARE BUSINESS SOLUTI 41 ARTILLERY PARK RD TOTOWA, NJ 07512  Date Filed: 09/19/13 Debtor: The Mount Vernon Hospital, Inc.	874	13-22841	Unsecured: \$485,467.20	HEALTHCARE BUSINESS SOLUTIONS 41 ARTILLERY PARK RD TOTOWA, NJ 07512  Date Filed: 09/19/13 Debtor: The Mount Vernon Hospital, Inc.	873	13-22841	Unsecured: \$485,467.20
32	C/O PARKER WAICHMAN 6 HARBOR PARK DR S PORT WASHINGTON, NY 11050  Date Filed: 08/23/13 Debtor: Sound Shore Medical Center of Westchester	267	13-22840	Unsecured: \$10,000,000.00	PATRICIA HENRY ADMIN, EST OF VERDA HENRY C/O PARKER, WAICHMAN & ALONSO LLP 6 HARBOR PARK DR S PORT WASHINGTON, NY 11050  Date Filed: 09/23/13 Debtor: Sound Shore Medical Center of Westchester	266	13-22840	Unsecured: \$10,000,000.00
33	C/O JEFFREY J SHAPIRO & ASSOCS 675 THIRD AVE STE 3005 NEW YORK, NY 10017  Date Filed: 09/03/13 Debtor: Sound Shore Medical Center of Westchester	380	13-22840	Unsecured: \$1,500,000.00	HERRERA, AURELIA C/O JEFFREY SHAPIRO 201 E 42ND ST RM 3005 NEW YORK, NY 10017  Date Filed: 09/03/13 Debtor: Sound Shore Medical Center of Westchester	374	13-22840	Unsecured: \$1,500,000.00

Sound Shore Medical Center of Westchester, et al.,  
Exhibit A - Pre-Petition Duplicate Claims

Note: Claimants are listed alphabetically by last name or by entity name.

SEQ NO.	CLAIMS TO BE EXPUNGED				SURVIVING CLAIMS			
	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT
34	HERRERA, AURELIA C/O JEFFREY J. SHAPIRO & ASSOCS. 675 THIRD AVE SUITE 3005 NEW YORK, NY 10017  Date Filed: 09/03/13 Debtor: Sound Shore Medical Center of Westchester INNOVATIVE MEDICAL PRODUCTS INC 87 SPRING LN PLAINVILLE, CT 06062	379	13-22840	Unsecured: \$1,500,000.00	HERRERA, AURELIA C/O JEFFREY SHAPIRO 201 E 42ND ST RM 3005 NEW YORK, NY 10017  Date Filed: 09/03/13 Debtor: Sound Shore Medical Center of Westchester INNOVATIVE MEDICAL PRODUCTS INC 87 SPRING LN PLAINVILLE, CT 06062	374	13-22840	Unsecured: \$1,500,000.00
35	Date Filed: 08/17/13 Debtor: Sound Shore Medical Center of Westchester JOHNSON, DARLENE 535 SOUTH SEVENTH AVE MT VERNON, NY 10550	642	13-22840	Unsecured: \$1,000,000.00	Date Filed: 07/15/13 Debtor: Sound Shore Medical Center of Westchester JOHNSON, DARLENE 535 SOUTH SEVENTH AVE MT VERNON, NY 10550	641	13-22840	Unsecured: \$1,000,000.00
36	Date Filed: 09/13/13 Debtor: Sound Shore Medical Center of Westchester JOINT RESTORATION FOUNDATI PO BOX 843548 KANSAS CITY, MO 64184	270	13-22841	Unsecured: \$1,258.00	Date Filed: 09/13/13 Debtor: Sound Shore Medical Center of Westchester JOINT RESTORATION FOUNDATION 6278 S TROY CIR CENTENNIAL, CO 80111	269	13-22841	Unsecured: \$1,258.00
37	Date Filed: 08/23/13 Debtor: The Mount Vernon Hospital, Inc. KERLANDE JASMINE BOUCHER A MINOR BY HER MOTHER AND NATURAL GUARDIAN, SHERLANDE MEDE AND SHERLANDE MEDE INDIVIDUALLY C/O FINK & PLATZ 1325 FRANKLIN AVE STE 260 GARDEN CITY, NY 11530	521	13-22840	Unliquidated	Date Filed: 08/23/13 Debtor: The Mount Vernon Hospital, Inc. KERLANDE JASMINE BOUCHER A MINOR BY HER MOTHER AND NATURAL GUARDIAN SHERLANDE MEDE AND SHERLANDE MEDE INDIVIDUALLY C/O FINK & PLATZ 1325 FRANKLIN AVE STE 260 GARDEN CITY, NY 11530	520	13-22844	Unliquidated
38	Date Filed: 09/12/13 Debtor: Sound Shore Medical Center of Westchester KERLANDE JASMINE BOUCHER A MINOR BY HER MOTHER AND NATURAL GUARDIAN SHERLANDE MEDE & SHERLANDE MEDE INDIVIDUALLY C/O FINK & PLATZ 1225 FRANKLIN AVE STE 325 GARDEN CITY, NY 11530	1000	13-22844	Unliquidated	Date Filed: 09/12/13 Debtor: Sound Shore Health System, Inc. KERLANDE JASMINE BOUCHER A MINOR BY HER MOTHER AND NATURAL GUARDIAN SHERLANDE MEDE AND SHERLANDE MEDE INDIVIDUALLY C/O FINK & PLATZ 1325 FRANKLIN AVE STE 260 GARDEN CITY, NY 11530	520	13-22844	Unliquidated
39	Date Filed: 09/12/13 Debtor: Sound Shore Health System, Inc.				Date Filed: 09/12/13 Debtor: Sound Shore Health System, Inc.			

Sound Shore Medical Center of Westchester, et al.,  
Exhibit A - Pre-Petition Duplicate Claims

Note: Claimants are listed alphabetically by last name or by entity name.

SEQ. NO.	CLAIMS TO BE EXPUNGED				SURVIVING CLAIMS			
	CLAIM NO.	NAME	CASE NUMBER	CLAIM AMOUNT	CLAIM NO.	NAME	CASE NUMBER	CLAIM AMOUNT
40	729	LENA CAMPBELL, AS GUARDIAN TO SHAWN CAMPBELL C/O JAMES NEWMAN, ESQ AS ATTORNEY 2815 WATERBURY AVE BRONX, NY 10461  Date Filed: 09/16/13 Debtor: The Mount Vernon Hospital, Inc.	13-22841	Unsecured: \$500,000.00 Unsecured: \$500,000.00	660	LENA CAMPBELL, AS GUARDIAN TO SHAWN CAMPBELL C/O JAMES NEWMAN, ESQ AS ATTORNEY 2815 WATERBURY AVE BRONX, NY 10461  Date Filed: 09/13/13 Debtor: The Mount Vernon Hospital, Inc.	13-22841	Unsecured: \$500,000.00
41	1219	LINDSAY, SUSANNE 80 GUION PL APT 7N NEW ROCHELLE, NY 10801  Date Filed: 01/24/14 Debtor: Sound Shore Medical Center of Westchester	13-22840	Unliquidated	1218	LINDSAY, SUSANNE 80 GUION PL APT 7N NEW ROCHELLE, NY 10801  Date Filed: 01/24/14 Debtor: Sound Shore Medical Center of Westchester	13-22840	Unliquidated
42	435	LORETTA DOLPHUS AND NATHANIEL GRAHAM C/O ROSENBERG, MINC, FALKOFF, LLP 122 E 42ND ST RM 3800 NEW YORK, NY 10168  Date Filed: 09/06/13 Debtor: Sound Shore Medical Center of Westchester	13-22840	Unsecured: \$5,000,000.00	131	LORETTA DOLPHUS & NATHANIEL GRAHAM C/O ROSENBERG MINC FALKOFF & WOLFF LLP 122 E 42ND ST STE 3800 NEW YORK, NY 10168  Date Filed: 08/05/13 Debtor: Sound Shore Medical Center of Westchester	13-22840	Unsecured: \$5,000,000.00
43	1033	MANDEL, MICHAEL C/O REICH REICH & REICH PC 235 MAIN ST STE 450 WHITE PLAINS, NY 10601  Date Filed: 10/18/13 Debtor: Sound Shore Medical Center of Westchester	13-22840	Unsecured: \$8,489.00	711	MANDEL, MICHAEL C/O REICH REICH & REICH PC 235 MAIN ST STE 450 WHITE PLAINS, NY 10601  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	13-22840	Unsecured: \$5,189.00
44	816	MARIA JOSE-IZAZAJA, AN INFANT BY HER M/ING ROXANA GARCIA C/O FITZGERALD & FITZGERALD P C ATTN JOHN M DALY, ESQ 538 RIVERDALE AVE YONKERS, NY 10705  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	13-22840	Unliquidated	760	MARIA JOSE-IZAZAJA AN INFANT BY HER M/ING ROXANA GARCIA C/O FITZGERALD & FITZGERALD PC ATTN JOHN M DALY, ESQ 538 RIVERDALE AVE YONKERS, NY 10705  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	13-22840	Unliquidated
45	853	MEHTA, RASHMIKANT 435 OXFORD RD NEW ROCHELLE, NY 10804  Date Filed: 09/17/13 Debtor: Sound Shore Medical Center of Westchester	13-22840	Priority: \$10,799.99 Unsecured: \$3,403.28	845	MEHTA, RASHMIKANT 435 OXFORD RD NEW ROCHELLE, NY 10804  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	13-22840	Priority: \$10,799.99 Unsecured: \$3,403.28
46	1306	MILITE, MARY KATHLEEN 24646 ROYALE RIDGE LAGUNA NIGUEL, CA 92677  Date Filed: 01/30/14 Debtor: Sound Shore Medical Center of Westchester	13-22840	Unliquidated	540	MILITE, MARY KATHLEEN 24646 ROYALE RIDGE LAGUNA NIGUEL, CA 92677  Date Filed: 09/12/13 Debtor: Sound Shore Medical Center of Westchester	13-22840	Unsecured: \$33,645.46

Sound Shore Medical Center of Westchester, et al.,  
Exhibit A - Pre-Petition Duplicate Claims

Note: Claimants are listed alphabetically by last name or by entity name.

CLAIMS TO BE EXPUNGED				SURVIVING CLAIMS			
SEQ NO.	CLAIM NO.	NAME	CLAIM AMOUNT	CLAIM NO.	NAME	CLAIM AMOUNT	CASE NUMBER
47	901	MONIQUE KING AS ADMIN OF ESTATE OF JAYDEN PRYCE AND INDIVIDUALLY C/O SILBERSTEIN AWAD & MIKLOS PC 600 OLD COUNTRY RD STE 412 GARDEN CITY, NY 11530  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	Unliquidated	887	MONIQUE KING AS ADMINISTRATOR OF ESTATE OF JAYDEN PRYCE AND INDIVIDUALLY C/O SILBERSTEIN AWAD & MIKLOS PC 600 OLD COUNTRY RD STE 412 GARDEN CITY, NY 11530  Date Filed: 09/16/13 Debtor: Sound Shore Health System, Inc.	Unliquidated	13-22844
48	902	MONIQUE KING AS ADMIN OF ESTATE OF JAYDEN PRYCE AND INDIVIDUALLY C/O SILBERSTEIN AWAD & MIKLOS PC 600 OLD COUNTRY RD STE 412 GARDEN CITY, NY 11530  Date Filed: 09/16/13 Debtor: Sound Shore Health System, Inc.	Unliquidated	887	MONIQUE KING AS ADMINISTRATOR OF ESTATE OF JAYDEN PRYCE AND INDIVIDUALLY C/O SILBERSTEIN AWAD & MIKLOS PC 600 OLD COUNTRY RD STE 412 GARDEN CITY, NY 11530  Date Filed: 09/16/13 Debtor: Sound Shore Health System, Inc.	Unliquidated	13-22844
49	888	MONIQUE KING AS ADMINISTRATOR OF ESTATE OF JAYDEN PRYCE AND INDIVIDUALLY C/O SILBERSTEIN AWAD & MIKLOS PC 600 OLD COUNTRY RD STE 412 GARDEN CITY, NY 11530  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	Unliquidated	887	MONIQUE KING AS ADMINISTRATOR OF ESTATE OF JAYDEN PRYCE AND INDIVIDUALLY C/O SILBERSTEIN AWAD & MIKLOS PC 600 OLD COUNTRY RD STE 412 GARDEN CITY, NY 11530  Date Filed: 09/16/13 Debtor: Sound Shore Health System, Inc.	Unliquidated	13-22844
50	392	MOURIS, SUSAN 186 BRIARWOOD DR SOMERS, NY 10589  Date Filed: 09/03/13 Debtor: Howe Avenue Nursing Home, Inc.	Unliquidated	390	MOURIS, 186 BRIARWOOD DR SOMERS, NY 10589  Date Filed: 09/03/13 Debtor: Howe Avenue Nursing Home, Inc.	Unliquidated	13-22842
51	3	MULLOOLY, JEFFREY ROONEY & FLYNN LLP ATTN MICHAEL G MCAULIFFE, ESQ 68 S SERVICE RD STE 100 MELVILLE, NY 11747  Date Filed: 06/03/13 Debtor: Sound Shore Medical Center of Westchester	Unsecured: \$90,680.66	1	MULLOOLY, JEFFREY ROONEY & FLYNN LLP ATTN MICHAEL G MCAULIFFE, ESQ 68 S SERVICE RD STE 100 MELVILLE, NY 11747  Date Filed: 06/03/13 Debtor: Sound Shore Medical Center of Westchester	Unsecured: \$90,680.66	13-22840
52	1137	NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE BANKRUPTCY SECTION PO BOX 5300 ALBANY, NY 12205  Date Filed: 01/08/14 Debtor: Sound Shore Medical Center of Westchester	Priority: \$304,188.97* Unsecured: \$20,500.00*	6	NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE BANKRUPTCY SECTION PO BOX 5300 ALBANY, NY 12205  Date Filed: 06/10/13 Debtor: Sound Shore Medical Center of Westchester	Priority: \$297,722.11* Unsecured: \$20,000.00*	13-22840

Sound Shore Medical Center of Westchester, et al.,  
Exhibit A - Pre-Petition Duplicate Claims

Note: Claimants are listed alphabetically by last name or by entity name.

SEQ NO.	CLAIMS TO BE EXPUNGED				SURVIVING CLAIMS			
	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT
53	NOAH JOSEPH SMITH AN INFANT BY HIS M/N/G AMANDA THOMPSON C/O FITZGERALD & FITZGERALD PC ATTN JOHN M DALY, ESQ 538 RIVERDALE AVE YONKERS, NY 10705  Date Filed: 09/16/13 Debtor: Sound Shore Health System, Inc.	758	13-22844	Unliquidated	NOAH JOSEPH SMITH AN INFANT BY HIS M/N/G AMANDA THOMPSON C/O FITZGERALD & FITZGERALD PC ATTN JOHN M DALY, ESQ 538 RIVERDALE AVE YONKERS, NY 10705  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	758	13-22840	Unliquidated
54	NOAH JOSEPH SMITH, AN INFANT BY HIS M/N/G AMANDA THOMPSON C/O FITZGERALD & FITZGERALD P C ATTN JOHN M DALY, ESQ 538 RIVERDALE AVE YONKERS, NY 10705  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	810	13-22840	Unliquidated	NOAH JOSEPH SMITH AN INFANT BY HIS M/N/G AMANDA THOMPSON C/O FITZGERALD & FITZGERALD PC ATTN JOHN M DALY, ESQ 538 RIVERDALE AVE YONKERS, NY 10705  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	758	13-22840	Unliquidated
55	NOAH JOSEPH SMITH, AN INFANT BY HIS M/N/G AMANDA THOMPSON C/O FITZGERALD & FITZGERALD P C ATTN JOHN M DALY, ESQ 538 RIVERDALE AVE YONKERS, NY 10705  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	817	13-22844	Unliquidated	NOAH JOSEPH SMITH AN INFANT BY HIS M/N/G AMANDA THOMPSON C/O FITZGERALD & FITZGERALD PC ATTN JOHN M DALY, ESQ 538 RIVERDALE AVE YONKERS, NY 10705  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	758	13-22840	Unliquidated
56	NOAH JOSEPH SMITH, AN INFANT BY HIS M/N/G AMANDA THOMPSON C/O FITZGERALD & FITZGERALD P C ATTN JOHN M DALY, ESQ 538 RIVERDALE AVE YONKERS, NY 10705  Date Filed: 09/16/13 Debtor: Sound Shore Health System, Inc.	493	13-22840	Unsecured: \$20,000.00	OLIVER WYMAN ACTUARIAL CONSULTING INC ATTN TED ZUBULAKE 1166 AVENUE OF THE AMERICAS NEW YORK, NY 10036  Date Filed: 07/16/13 Debtor: Sound Shore Medical Center of Westchester	65	13-22840	Unsecured: \$20,000.00
57	NOAH JOSEPH SMITH, AN INFANT BY HIS M/N/G AMANDA THOMPSON C/O FITZGERALD & FITZGERALD P C ATTN JOHN M DALY, ESQ 538 RIVERDALE AVE YONKERS, NY 10705  Date Filed: 09/10/13 Debtor: Sound Shore Medical Center of Westchester	494	13-22841	Unsecured: \$6,000.00	OLIVER WYMAN ACTUARIAL CONSULTING INC ATTN TED J ZUBULAKE, FCAS, MAAA 1166 AVE OF THE AMERICAS 29TH FL NEW YORK, NY 10036  Date Filed: 07/16/13 Debtor: Sound Shore Medical Center of Westchester	64	13-22841	Unsecured: \$6,000.00
58	NOAH JOSEPH SMITH, AN INFANT BY HIS M/N/G AMANDA THOMPSON C/O FITZGERALD & FITZGERALD P C ATTN JOHN M DALY, ESQ 538 RIVERDALE AVE YONKERS, NY 10705  Date Filed: 09/10/13 Debtor: Sound Shore Medical Center of Westchester	485	13-22840	Unsecured: \$2,100.00	OLIVER WYMAN ACTUARIAL CONSULTING INC ATTN TED J ZUBULAKE, FCAS, MAAA 1166 AVE OF THE AMERICAS 29TH FL NEW YORK, NY 10036  Date Filed: 07/16/13 Debtor: The Mount Vernon Hospital, Inc.	484	13-22840	Unsecured: \$2,100.00



Sound Shore Medical Center of Westchester, et al.,  
Exhibit A - Pre-Petition Duplicate Claims

Note: Claimants are listed alphabetically by last name or by entity name.

SEQ. NO.	CLAIMS TO BE EXPUNGED				SURVIVING CLAIMS			
	CLAIM NO.	NAME	CASE NUMBER	CLAIM AMOUNT	CLAIM NO.	NAME	CASE NUMBER	CLAIM AMOUNT
59	1422	ORANGE PATHOLOGY ASSOCIATES PC C/O DELBELLO DONNELLAN ET AL ATTN DAWN KIRBY ONE NORTH LEXINGTON AVE 11TH FL WHITE PLAINS, NY 10601  Date Filed: 11/27/13 Debtor: The Mount Vernon Hospital, Inc.	13-22841	Unsecured: \$414,706.42	1057	ORANGE PATHOLOGY ASSOCIATES PC C/O DELBELLO DONNELLAN WEINGARTEN ET AL ATTN DAWN KIRBY ONE NORTH LEXINGTON AVE 11TH FL WHITE PLAINS, NY 10601  Date Filed: 12/03/13 Debtor: Sound Shore Medical Center of Westchester	13-22840	Unsecured: \$414,706.42
60	1423	ORANGE PATHOLOGY ASSOCIATES PC C/O DELBELLO DONNELLAN ET AL ATTN DAWN KIRBY ONE NORTH LEXINGTON AVE 11TH FL WHITE PLAINS, NY 10601  Date Filed: 11/27/13 Debtor: Sound Shore Medical Center of Westchester	13-22840	Unsecured: \$414,706.42	1057	ORANGE PATHOLOGY ASSOCIATES PC C/O DELBELLO DONNELLAN WEINGARTEN ET AL ATTN DAWN KIRBY ONE NORTH LEXINGTON AVE 11TH FL WHITE PLAINS, NY 10601  Date Filed: 12/03/13 Debtor: Sound Shore Medical Center of Westchester	13-22840	Unsecured: \$414,706.42
61	1057	ORANGE PATHOLOGY ASSOCIATES PC C/O DELBELLO DONNELLAN WEINGARTEN ET AL ATTN DAWN KIRBY ONE NORTH LEXINGTON AVE 11TH FL WHITE PLAINS, NY 10601  Date Filed: 12/03/13 Debtor: Sound Shore Medical Center of Westchester	13-22841	Unsecured: \$414,706.42	466	ORANGE PATHOLOGY ASSOCIATES PC C/O DELBELLO DONNELLAN WEINGARTEN ET AL ATTN DAWN KIRBY, ESQ ONE NORTH LEXINGTON AVE 11TH FL WHITE PLAINS, NY 10601  Date Filed: 09/06/13 Debtor: The Mount Vernon Hospital, Inc.	13-22841	Unsecured: \$133,873.12
62	1058	ORANGE PATHOLOGY ASSOCIATES PC C/O DELBELLO DONNELLAN WEINGARTEN ET AL ATTN DAWN KIRBY ONE NORTH LEXINGTON AVE 11TH FL WHITE PLAINS, NY 10601  Date Filed: 12/03/13 Debtor: Sound Shore Medical Center of Westchester	13-22841	Unsecured: \$414,706.42	466	ORANGE PATHOLOGY ASSOCIATES PC C/O DELBELLO DONNELLAN WEINGARTEN ET AL ATTN DAWN KIRBY, ESQ ONE NORTH LEXINGTON AVE 11TH FL WHITE PLAINS, NY 10601  Date Filed: 09/06/13 Debtor: The Mount Vernon Hospital, Inc.	13-22841	Unsecured: \$133,873.12
63	630	PERKINS EASTMAN ARCHITECTS PC ATTN ANDREW J ADELHARDT III, ESQ 115 FIFTH AVE 3RD FL NEW YORK, NY 10003  Date Filed: 09/13/13 Debtor: Sound Shore Medical Center of Westchester	13-22840	Secured: \$235,616.61	629	PERKINS EASTMAN ARCHITECTS PC ATTN ANDREW J ADELHARDT III, ESQ 115 FIFTH AVE 3RD FL NEW YORK, NY 10003  Date Filed: 09/13/13 Debtor: The Mount Vernon Hospital, Inc.	13-22841	Secured: \$235,616.61
64	782	PERKINS EASTMAN ARCHITECTS PC ATTN ANDREW J ADELHARDT III, ESQ 115 FIFTH AVE 3RD FL NEW YORK, NY 10003  Date Filed: 09/16/13 Debtor: The Mount Vernon Hospital, Inc.	13-22841	Secured: \$235,616.61	629	PERKINS EASTMAN ARCHITECTS PC ATTN ANDREW J ADELHARDT III, ESQ 115 FIFTH AVE 3RD FL NEW YORK, NY 10003  Date Filed: 09/13/13 Debtor: The Mount Vernon Hospital, Inc.	13-22841	Secured: \$235,616.61

Sound Shore Medical Center of Westchester, et al.,  
Exhibit A - Pre-Petition Duplicate Claims

Note: Claimants are listed alphabetically by last name or by entity name.

SEQ. NO.	CLAIMS TO BE EXPUNGED				SURVIVING CLAIMS			
	CLAIM NO.	NAME	CASE NUMBER	CLAIM AMOUNT	CLAIM NO.	NAME	CASE NUMBER	CLAIM AMOUNT
65	783	PERKINS EASTMAN ARCHITECTS PC ATTN ANDREW J ADELHARDT III, ESQ 115 FIFTH AVE 3RD FL NEW YORK, NY 10003  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester PERRY-BOTTINGER, LYNNE 140 LOCKWOOD AVE STE A NEW ROCHELLE, NY 10801	13-22840	Secured: \$235,616.61	629	PERKINS EASTMAN ARCHITECTS PC ATTN ANDREW J ADELHARDT III, ESQ 115 FIFTH AVE 3RD FL NEW YORK, NY 10003  Date Filed: 09/16/13 Debtor: The Mount Vernon Hospital, Inc. PERRY-BOTTINGER, LYNNE PO BOX 89 NEW ROCHELLE, NY 10804	13-22841	Secured: \$235,616.61
66	773	Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester PERRY-BOTTINGER, LYNNE 140 LOCKWOOD AVE STE A NEW ROCHELLE, NY 10801	13-22840	Unsecured: \$4,000.00	770	Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester PERRY-BOTTINGER, LYNNE PO BOX 89 NEW ROCHELLE, NY 10804	13-22840	Secured: Unliquidated Priority: \$4,000.00
67	774	Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester PERRY-BOTTINGER, LYNNE 140 LOCKWOOD AVE STE A NEW ROCHELLE, NY 10801	13-22840	Unsecured: \$4,000.00	770	Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester PERRY-BOTTINGER, LYNNE PO BOX 89 NEW ROCHELLE, NY 10804	13-22840	Secured: Unliquidated Priority: \$4,000.00
68	772	Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester PERRY-BOTTINGER, LYNNE 12 ECK PL NEW ROCHELLE, NY 10804	13-22840	Unsecured: \$4,000.00	770	Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester PERRY-BOTTINGER, LYNNE PO BOX 89 NEW ROCHELLE, NY 10804	13-22840	Secured: Unliquidated Priority: \$4,000.00
69	771	Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester PERRY-BOTTINGER, LYNNE 140 LOCKWOOD AVE STE A NEW ROCHELLE, NY 10801	13-22840	Unsecured: \$4,000.00	770	Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester PERRY-BOTTINGER, LYNNE PO BOX 89 NEW ROCHELLE, NY 10804	13-22840	Secured: Unliquidated Priority: \$4,000.00
70	777	Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester PERRY-BOTTINGER, LYNNE 140 LOCKWOOD AVE STE A NEW ROCHELLE, NY 10801	13-22840	Unsecured: \$4,000.00	770	Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester PERRY-BOTTINGER, LYNNE PO BOX 89 NEW ROCHELLE, NY 10804	13-22840	Secured: Unliquidated Priority: \$4,000.00
71	598	Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester PORRETTO, SALVATORE C/O PIRROTTI & GLATT LAW FIRM PLLC 2 OVERHILL RD STE 200 SCARSDALE, NY 10583	13-22844	Unsecured: \$1,000,000.00	597	Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester PORRETTO, SALVATORE C/O PIRROTTI & GLATT LAW FIRM PLLC 2 OVERHILL RD STE 200 SCARSDALE, NY 10583	13-22840	Unsecured: \$1,000,000.00
72	599	Date Filed: 09/13/13 Debtor: Sound Shore Health System, Inc. PORRETTO, SALVATORE C/O PIRROTTI & GLATT LAW FIRM PLLC 2 OVERHILL RD STE 200 SCARSDALE, NY 10583	13-22844	Unsecured: \$1,000,000.00	597	Date Filed: 09/13/13 Debtor: Sound Shore Medical Center of Westchester PORRETTO, SALVATORE C/O PIRROTTI & GLATT LAW FIRM PLLC 2 OVERHILL RD STE 200 SCARSDALE, NY 10583	13-22840	Unsecured: \$1,000,000.00
		Date Filed: 09/13/13 Debtor: Sound Shore Health System, Inc.				Date Filed: 09/13/13 Debtor: Sound Shore Medical Center of Westchester		

Sound Shore Medical Center of Westchester, et al.,  
 Exhibit A - Pre-Petition Duplicate Claims

Note: Claimants are listed alphabetically by last name or by entity name.

SEQ. NO.	CLAIMS TO BE EXPUNGED				SURVIVING CLAIMS			
	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT
73	PORRETTO, SALVATORE C/O PIRROTTI & GLATT LAW FIRM PLLC 2 OVERHILL RD STE 200 SCARSDALE, NY 10583  Date Filed: 09/13/13 Debtor: Sound Shore Medical Center of Westchester	600	13-22840	Unsecured: \$1,000,000.00	PORRETTO, SALVATORE C/O PIRROTTI & GLATT LAW FIRM PLLC 2 OVERHILL RD STE 200 SCARSDALE, NY 10583  Date Filed: 09/13/13 Debtor: Sound Shore Medical Center of Westchester	597	13-22840	Unsecured: \$1,000,000.00
74	PRESS GANEY ASSOCIATES INC ATTN LEGAL DEPARTMENT 404 COLUMBIA PL SOUTH BEND, IN 46601  Date Filed: 09/16/13 Debtor: The Mount Vernon Hospital, Inc.	726	13-22841	Unsecured: \$54,772.00	PRESS GANEY ASSOCIATES INC ATTN LEGAL DEPARTMENT 404 COLUMBIA ST SOUTH BEND, IN 46601  Date Filed: 09/27/13 Debtor: Sound Shore Medical Center of Westchester	30	13-22840	Unsecured: \$102,670.00
75	PRESS GANEY ASSOCIATES INC ATTN LEGAL DEPARTMENT 404 COLUMBIA PL SOUTH BEND, IN 46601  Date Filed: 09/16/13 Debtor: The Mount Vernon Hospital, Inc.	727	13-22840	Unsecured: \$47,898.00	PRESS GANEY ASSOCIATES INC ATTN LEGAL DEPARTMENT 404 COLUMBIA ST SOUTH BEND, IN 46601  Date Filed: 09/27/13 Debtor: Sound Shore Medical Center of Westchester	30	13-22840	Unsecured: \$102,670.00
76	QUALITY BILLING SERVICE INC 141 HALSTEAD AVE MAMARONECK, NY 10543  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	1360	13-22842	Unsecured: \$1,200.00	QUALITY BILLING SERVICE INC 3 NEPTUNE ROAD STE S200 POUGHKEEPSIE, NY 12601  Date Filed: 09/27/13 Debtor: Sound Shore Medical Center of Westchester	377	13-22842	Unsecured: \$1,200.00
77	HOWE AVENUE NURSING HOME, INC. RANGRAJ, MADHU 110 MONTEREY AVE PELHAM, NY 10803  Date Filed: 02/05/14 Debtor: Howe Avenue Nursing Home, Inc.	596	13-22840	Priority: \$11,538.47 Unsecured: \$218,103.88	HOWE AVENUE NURSING HOME, INC. RANGRAJ, MADHU 110 MONTEREY AVE PELHAM, NY 10803  Date Filed: 09/03/13 Debtor: Howe Avenue Nursing Home, Inc.	517	13-22840	Unsecured: \$10,411.54
78	RENAL CARE REGISTERED NURSING SERVICES INC 19 DEMAREST AVE MANUET, NY 10954  Date Filed: 09/13/13 Debtor: Sound Shore Medical Center of Westchester	806	13-22843	Unsecured: \$75,954.55	RENAL CARE REGISTERED NURSING SERVICES INC 19 DEMAREST AVE MANUET, NY 10954  Date Filed: 09/12/13 Debtor: Sound Shore Medical Center of Westchester	670	13-22841	Unsecured: \$75,954.55
79	RENAL CARE REGISTERED NURSING SERVICES INC 19 DEMAREST AVE MANUET, NY 10954  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	807	13-22840	Unsecured: \$75,954.55	RENAL CARE REGISTERED NURSING SERVICES INC 19 DEMAREST AVE MANUET, NY 10954  Date Filed: 09/13/13 Debtor: The Mount Vernon Hospital, Inc.	670	13-22841	Unsecured: \$75,954.55

Sound Shore Medical Center of Westchester, et al.,  
Exhibit A - Pre-Petition Duplicate Claims

Note: Claimants are listed alphabetically by last name or by entity name.

CLAIMS TO BE EXPUNGED				SURVIVING CLAIMS			
SEQ NO.	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT	
80	502	13-22840	Unliquidated	501	13-22841	Unliquidated	
	RISHAUN JAWAHIR AN INFANT BY HIS M/N/G DARCEL JAWAHIR C/O FITZGERALD & FITZGERALD PC ATTN JOHN M DALY, ESQ 538 RIVERDALE AVE YONKERS, NY 10705  Date Filed: 09/11/13 Debtor: Sound Shore Medical Center of Westchester			RISHAUN JAWAHIR AN INFANT BY HIS M/N/G DARCEL JAWAHIR C/O FITZGERALD & FITZGERALD PC ATTN JOHN M DALY, ESQ 538 RIVERDALE AVE YONKERS, NY 10705  Date Filed: 09/11/13 Debtor: The Mount Vernon Hospital, Inc.			
81	396	13-22840	Unliquidated	393	13-22840	Unliquidated	
	RIVERA, ANN 1285 WOODSEEDGE RD WIND GAP, PA 18091  Date Filed: 09/03/13 Debtor: Sound Shore Medical Center of Westchester			RIVERA, ANN 1285 WOODSEEDGE RD WIND GAP, PA 18091  Date Filed: 09/03/13 Debtor: Sound Shore Medical Center of Westchester			
82	498	13-22844	Unsecured: \$98,183.17	50	13-22844	Unsecured: \$98,183.17	
	SLEEP SERVICES OF AMERICA INC ATTN MICHAEL B BACH 25 WHITNEY DR STE 106 MILFORD, OH 45150  Date Filed: 09/10/13 Debtor: Sound Shore Health System, Inc.			GENERAL ELECTRIC DBA SLEEP SERVICE OF AMERICA ATTN MICHAEL B BACH 25 WHITNEY DR STE 106 MILFORD, OH 45150  Date Filed: 06/27/13 Debtor: Sound Shore Health System, Inc.			
83	518	13-22841	Unsecured: \$16,521.90	81	13-22841	Unsecured: \$16,521.90	
	SUMMIT RESTAURANT REPAIRS 160 E 2ND ST MINEOLA, NY 11501  Date Filed: 09/12/13 Debtor: The Mount Vernon Hospital, Inc.			SUMMIT RESTAURANT REPAIRS & SALES INC C/O DAVID J GOLD PC 800 SECOND AVE STE 810 NEW YORK, NY 10017  Date Filed: 07/19/13 Debtor: The Mount Vernon Hospital, Inc.			
84	708	13-22844	Priority: \$3,900,000.00*	707	13-22841	Priority: \$3,900,000.00*	
	SUN, SUNG WU 500 CENTRAL PARK AVE #433 SCARSDALE, NY 10583  Date Filed: 09/16/13 Debtor: Sound Shore Health System, Inc.			SUN, SUNG WU 500 CENTRAL PARK AVE #433 SCARSDALE, NY 10583  Date Filed: 09/16/13 Debtor: The Mount Vernon Hospital, Inc.			
85	812	13-22840	Unliquidated	811	13-22841	Unliquidated	
	THALIANA FRENCIQUI, AN INFANT BY HER M/N/G VIVIAN LAMBERT C/O FITZGERALD & FITZGERALD P C ATTN JOHN M DALY, ESQ 538 RIVERDALE AVE YONKERS, NY 10705  Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester			THALIANA FRENCIQUI, AN INFANT BY HER M/N/G VIVIAN LAMBERT C/O FITZGERALD & FITZGERALD P C ATTN JOHN M DALY, ESQ 538 RIVERDALE AVE YONKERS, NY 10705  Date Filed: 09/16/13 Debtor: The Mount Vernon Hospital, Inc.			

Sound Shore Medical Center of Westchester, et al.,  
Exhibit A - Pre-Petition Duplicate Claims

Note: Claimants are listed alphabetically by last name or by entity name.

SEQ. NO.	CLAIMS TO BE EXPUNGED				SURVIVING CLAIMS			
	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT
86	THALIANA FRENCIQUI, AN INFANT BY HER M/NIG VIVIAN LAMBERT C/O FITZGERALD & FITZGERALD P C ATTN JOHN M DALY, ESQ 538 RIVERDALE AVE YONKERS, NY 10705  Date Filed: 09/16/13 Debtor: Sound Shore Health System, Inc.	813	13-22844	Unliquidated	THALIANA FRENCIQUI, AN INFANT BY HER M/NIG VIVIAN LAMBERT C/O FITZGERALD & FITZGERALD P C ATTN JOHN M DALY, ESQ 538 RIVERDALE AVE YONKERS, NY 10705  Date Filed: 09/16/13 Debtor: The Mount Vernon Hospital, Inc.	811	13-22841	Unliquidated
87	TURIANO, JOAN NRHMC 342 UNION AVE NEW ROCHELLE, NY 10801  Date Filed: 02/28/14 Debtor: Sound Shore Medical Center of Westchester UNITED HEALTHCARE INSURANCE COMPANY ON BEHALF OF PICIS INCOPTUMINSIGHT ATTN RACHEL A SMITH, UHC, CDM 185 ASYLUM ST - 03B HARTFORD, CT 06103	1469	13-22840	Unsecured: \$60,525.19	NRHMC 342 UNION AVE NEW ROCHELLE, NY 10801  Date Filed: 09/13/13 Debtor: Sound Shore Medical Center of Westchester UNITED HEALTHCARE INSURANCE COMPANY ATTN RACHEL A SMITH UHC CDM 185 ASYLUM ST 03B HARTFORD, CT 06103  Date Filed: 06/25/13 Debtor: Sound Shore Health System, Inc.	650	13-22840	Unsecured: \$60,525.19
88	UNITED RENTALS INC ATTN RHONDA SIMS 6125 LAKEVIEW RD #300 CHARLOTTE, NC 28268  Date Filed: 06/28/13 Debtor: Sound Shore Health System, Inc.	371	13-22841	Unsecured: \$39,862.51	UNITED RENTALS INC ATTN RHONDA SIMS 6125 LAKEVIEW RD #300 CHARLOTTE, NC 28268  Date Filed: 06/10/13 Debtor: Sound Shore Health System, Inc.	57	13-22844	Unsecured: \$39,862.51
89	URSTADT BIDDLE PROPERTIES INC C/O KROLL MCNAMARA EVANS & DELEHANTY LLP ATTN DOUGLAS M EVANS, ESQ 65 MEMORIAL RD STE 300 WEST HARTFORD, CT 06107  Date Filed: 09/03/13 Debtor: The Mount Vernon Hospital, Inc.	325	13-22840	Unsecured: \$5,071.94	URSTADT BIDDLE PROPERTIES INC C/O KROLL MCNAMARA EVANS & DELEHANTY LLP ATTN DOUGLAS M EVANS, ESQ 65 MEMORIAL RD STE 300 WEST HARTFORD, CT 06107  Date Filed: 08/28/13 Debtor: NFRHMC Services Corporation WESSBACK LLC DBA DIVERSIFI PO BOX 34 ROCHDALE, MA 01542	324	13-22845	Unsecured: \$5,071.94
90	WESSBACK LLC DBA DIVERSIFI PO BOX 34 ROCHDALE, MA 01542  Date Filed: 08/14/13 Debtor: Sound Shore Medical Center of Westchester	148	13-22840	Unsecured: \$19,960.25	WESSBACK LLC DBA DIVERSIFI PO BOX 34 ROCHDALE, MA 01542  Date Filed: 08/14/13 Debtor: Sound Shore Medical Center of Westchester	139	13-22840	Unsecured: \$19,960.25
91	WESSBACK LLC DBA DIVERSIFI PO BOX 34 ROCHDALE, MA 01542  Date Filed: 08/14/13 Debtor: Sound Shore Medical Center of Westchester	149	13-22840	Unsecured: \$19,960.25	WESSBACK LLC DBA DIVERSIFI PO BOX 34 ROCHDALE, MA 01542  Date Filed: 08/14/13 Debtor: Sound Shore Medical Center of Westchester	139	13-22840	Unsecured: \$19,960.25
92	WESSBACK LLC DBA DIVERSIFI PO BOX 34 ROCHDALE, MA 01542  Date Filed: 08/14/13 Debtor: Sound Shore Medical Center of Westchester	149	13-22840	Unsecured: \$19,960.25	WESSBACK LLC DBA DIVERSIFI PO BOX 34 ROCHDALE, MA 01542  Date Filed: 08/14/13 Debtor: Sound Shore Medical Center of Westchester	139	13-22840	Unsecured: \$19,960.25

Sound Shore Medical Center of Westchester, et al.,  
 Exhibit A - Pre-Petition Duplicate Claims


Note: Claimants are listed alphabetically by last name or by entity name.

SEQ NO.	CLAIMS TO BE EXPUNGED				SURVIVING CLAIMS			
	CLAIM NO.	NAME	CASE NUMBER	CLAIM AMOUNT	CLAIM NO.	NAME	CASE NUMBER	CLAIM AMOUNT
93	113	WHITAKER MEDICAL LLC C/O SILLS CUMMIS & GROSS PC ATTN LORIK SAPIR, ESQ 30 ROCKEFELLER PLAZA 29TH FL NEW YORK, NY 10112  Date Filed: 08/07/13 Debtor: Sound Shore Medical Center of Westchester	13-22840	Unsecured: \$62,011.34	112	WHITAKER MEDICAL LLC C/O SILLS CUMMIS & GROSS PC ATTN LORIK SAPIR, ESQ 30 ROCKEFELLER PLAZA 29TH FL NEW YORK, NY 10112  Date Filed: 08/07/13 Debtor: The Mount Vernon Hospital, Inc.	13-22841	Unsecured: \$62,011.34
94	829	YONKERS RADIATION MEDICAL PRACTICE P C 2234 COLONIAL BLVD FORT MYERS, FL 33907  Date Filed: 09/16/13 Debtor: The Mount Vernon Hospital, Inc.	13-22841	Unsecured: \$60,434.94	509	YONKERS RADIATION MEDICAL PRACTICE, P.C. 2234 COLONIAL BLVD FORT MYERS, FL 33907  Date Filed: 09/11/13 Debtor: The Mount Vernon Hospital, Inc.	13-22841	Unsecured: \$60,434.94

\* Denotes an unliquidated component.

01004244  
SSM0202535710



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
<b>Name of Debtor (Check Only One):</b> <input type="checkbox"/> Sound Shore Medical Center of Westchester <input checked="" type="checkbox"/> The Mount Vernon Hospital, Inc. <input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center <input type="checkbox"/> The M.V.H. Corporation <input type="checkbox"/> Sound Shore Health System, Inc. <input type="checkbox"/> NRHMC Services Corporation <input type="checkbox"/> New Rochelle Sound Shore Housing, LLC		<b>Your Claim is Scheduled As Follows:</b>  
<b>Case No.</b> 13-22840 13-22841 13-22842 13-22843 13-22844 13-22845 13-22846		
NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).		
<b>Name of Creditor (the person or other entity to whom the Debtor owes money or property):</b> A.S., AN INFANT BY CUSTODIAN, PATRICIA COPELAND	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.	If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.
<b>Name and address where notices should be sent:</b> A.S., AN INFANT BY CUSTODIAN, PATRICIA COPELAND C/O FITZGERALD & FITZGERALD, P.C. 538 RIVERDALE AVE YONKERS, NY 10705-3535	<b>Court Claim Number:</b>  (If known)	
<b>Telephone number:</b> (914) 378-1010 <b>Email Address:</b> jdaly@lawfitz.com	Filed on: _____	
<b>Name and address where payment should be sent (if different from above):</b>  <b>Telephone number:</b> <b>Email Address:</b>	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.	
<b>1. Amount of Claim as of Date Case Filed (May 29, 2013):</b> \$ <u>undetermined</u> <span style="float: right;">FILED - 0034</span> If all or part of the claim is secured, complete item 4. <span style="float: right;">U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK</span> If all or part of the claim is entitled to priority, complete item 5. <span style="float: right;">SOUND SHORE MEDICAL CENTER OF WESTCHESTER</span> If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6. <span style="float: right;">ROBERT D. BRAIN</span> <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
<b>2. Basis for Claim:</b> <u>Medical Malpractice</u> (See instruction #2)		
<b>3. Last four digits of any number by which creditor identifies Debtor:</b> _____	<b>3a. Debtor may have scheduled account as:</b>  (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b>  (See instruction #3b)
<b>4. Secured Claim (See instruction #4)</b> Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		
<b>Nature of property or right of setoff:</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other	<b>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:</b> \$ _____	<b>Basis for perfection:</b> _____
<b>Describe:</b> _____	<b>Amount of Secured Claim:</b> \$ _____	<b>Amount Unsecured:</b> \$ _____
<b>Value of Property:</b> \$ _____	<b>Annual Interest Rate</b> _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)	
<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</b>		
<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 the case was filed or the Debtor's business ceased, 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)( ).
		<b>Amount entitled to priority:</b> \$ _____
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
<b>6. Claim Pursuant to 11 U.S.C. § 503(b)(9):</b> Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____		
<b>7. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)		

Modified B10 (GCG) (04/13)

**8. Documents:** Attached are 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, and the 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) Check the appropriate box.  
 I am the creditor  I am the creditor's authorized agent.  I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004)  I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)  
 (Attach 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: John M. Daly, Esq. August 28, 2013  
 Title: Attorney at Law (Signature) (Date)  
 Company: Fitzgerald & Fitzgerald, P.C.  
 Address and telephone number (if different from notice address above):  
538 Riverdale Avenue  
Yonkers, New York 10705  
 Telephone number: (914) 378-1010 email: jdaly@lawfitz.com

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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. **IF BY HAND OR OVERNIGHT COURIER:** Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

**THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**  
**THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**

**Items to be completed in Proof of Claim Form**

**Court, Name of Debtor, and Case Number:**  
 These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.

**A SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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.

**3b. Uniform Claim Identifier:**  
 If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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 your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9):**  
 If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

**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 healthcare 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**

**INFORMATION**

**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 to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. Sec 11 U.S.C. § 101(10).

**Claim**

A claim is the creditor's right to receive payment for a debt owed by the Debtor on the date of the bankruptcy filing. Sec 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 GCG as described in the instructions above and in the Bar Date Notice.

**Section 503(b)(9) Claim**

A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**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.

**Acknowledgment of Filing of Claim**

To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.

**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.

**Display of Proof of Claim on Case Administration Website**

As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the internet.

01004244

SSM0202535710



A.S., AN INFANT BY CUSTODIAN, PATRICIA COPELAND  
C/O FITZGERALD & FITZGERALD, P.C.  
538 RIVERDALE AVE  
YONKERS, NY 10705-3535

Revised: October 7, 2009 by JPF

**CONTINGENT FEE  
RETAINER AGREEMENT**

**Between**

**FITZGERALD & FITZGERALD, P.C.**

**And**

*Patricia Capeland*

**Client/Guardian**

---

**On Behalf Of**

**ANYIAH SMITH**

---

**For Injuries Sustained As a Result of**

**lead poisoning**

---

**In the County of WESTCHETER State of NEW YORK**

**On or about**

**2004 TO 2006**

**Client(s) request and authorize Fitzgerald & Fitzgerald, P.C., a Professional Corporation, ("F&F") to represent Client(s) as legal counsel for all purposes in connection with injuries and damages arising out of an incident noted above on the following conditions:**

- 1. F&F will devote their full professional abilities to case and Client(s) agree to fully cooperate with F&F. F&F will not settle case without client's approval in writing, except as provided in Paragraph 9. Associates or outside counsel may be employed at the discretion and expense of F&F. Client(s) authorize the retention of co-counsel or outside counsel on a sharing of the contingent fees set forth below.**
- 2. CONTINGENT FEES – In consideration of the services rendered and to be rendered, Client(s) agree to pay and F&F is authorized to retain out of any monies that may come into their possession by reason of the above claim one third (33 1/3%) of the net settlement or award. Fees shall be computed on the net sum after deducting costs. But for the following or similar items, there shall be no deduction in computing fees: Liens, (including attorney's liens for Appeals or other services. See Paragraphs 7 & 8), assignments or claims in favor of health care providers, self insurers or carriers.**

3. In the event of substitution of Attorneys, F&F shall be entitled to immediate repayment of all disbursements. F&F may elect to receive as compensation either (a) a quantum meruit sum which shall be paid immediately and prior to the transfer of the file; or (b) a percentage of the contingent fee to be calculated upon the disposition of the case.

4. IN THE EVENT OF NO RECOVERY, CLIENT(S) SHALL OWE ATTORNEYS NOTHING FOR SERVICES RENDERED.

5. COSTS OF LITIGATION – Client(s) understand that F&F may not ethically pay the cost of litigation without recourse to the Client(s). Said costs may include some or all of the following: Investigation; The finding and retention of medical and technical experts; Court costs; Stenographic Services; Phone, Postage and Copying costs; Photographs, Computerized Legal and Medical Research; Trial Exhibits; Attorney Expenses; Document Search and Retrieval; Document Storage and Management. Clients agree to advance the costs of litigation. In the event that any costs are advanced by attorneys, they shall accrue interest at prime rate plus 6% or the legal maximum rate, whichever is less. (But – see “Financing Addendum” below).

6. CLIENT(S) AGREE THAT ATTORNEYS HAVE MADE NO PROMISES OR GUARANTEES REGARDING THE OUTCOME OF CLIENT’S CLAIM. Client(s) understand F&F will investigate Client’s claim and, if after so investigating, claim does not appear to them to have merit, or in the event that it appears defendants have no insurance coverage, then F&F shall have the right to cancel this agreement.

7. CLIENT DEFINITION – The “client” is the injured person. If the injured person is an infant or incompetent, then the client must be represented by a parent or guardian and all settlements must be approved by the court. The parent or guardian acts as a plaintiff in a representative capacity. Unless otherwise agreed in writing, attorneys will not be representing parents or guardians in derivative actions or actions for the recovery of economic losses in caring for the injured client.

8. APPEALS – F&F is not obligated to take Appeals or defend against Appeals. F&F agrees to assist client(s) in locating and retaining appellate counsel. Fees charged by appellate counsel shall be paid by the client(s) and in the event appellate counsel agrees to a contingent fee or to defer collection of fees, these appellate counsel fees shall be treated as liens and not expenses. (See Paragraph 2)

9. OTHER SERVICES – In the event that F&F is requested to and does perform services for client(s) which are not directly related to the third party tort action for personal injury, then those services, unless otherwise agreed, shall be performed at the usual hourly rates of attorneys (range \$175 - \$350) and shall be paid in advance or shall be a lien on the file. Said services may include but are not limited to services in connection with Personal Injury Protection (no fault) benefits, landlord-tenant actions, lien disputes, guardianship proceedings, or proceedings before the Surrogates Court.

10. POWER OF ATTORNEY – Client(s) grant F&F and John E. Fitzgerald authority to take all action which attorneys deem necessary, including the authority to



***Statement of Client's Rights***  
***Content also available in Español***

**Section 1210.1 of the Joint Rules of the Appellate Division (22NYCRR§1210.1)**

**1. You are entitled to be treated with courtesy and consideration at all times by your lawyer and the other lawyers and personnel in your lawyer's office.**

**2. You are entitled to an attorney capable of handling your legal matter competently and diligently, in accordance with the highest standards of the profession. If you are not satisfied with how your matter is being handled, you have the right to withdraw from the attorney-client relationship at any time (court approval may be required in some matters and your attorney may have a claim against you for the value of services rendered to you up to the point of discharge).**

**3. You are entitled to your lawyer's independent professional judgment and undivided loyalty uncompromised by conflicts of interest.**

**4. You are entitled to be charged a reasonable fee and to have your lawyer explain at the outset how the fee will be computed and the manner and frequency of billing. You are entitled to request and receive a written itemized bill from your attorney at reasonable intervals. You may refuse to enter into any fee arrangement that you find unsatisfactory. In the event of a fee dispute, you may have the right to seek arbitration; your attorney will provide you with the necessary information regarding arbitration in the event of a fee dispute, or upon your request.**

**5. You are entitled to have your questions and concerns addressed in a prompt manner and to have your telephone calls returned promptly.**

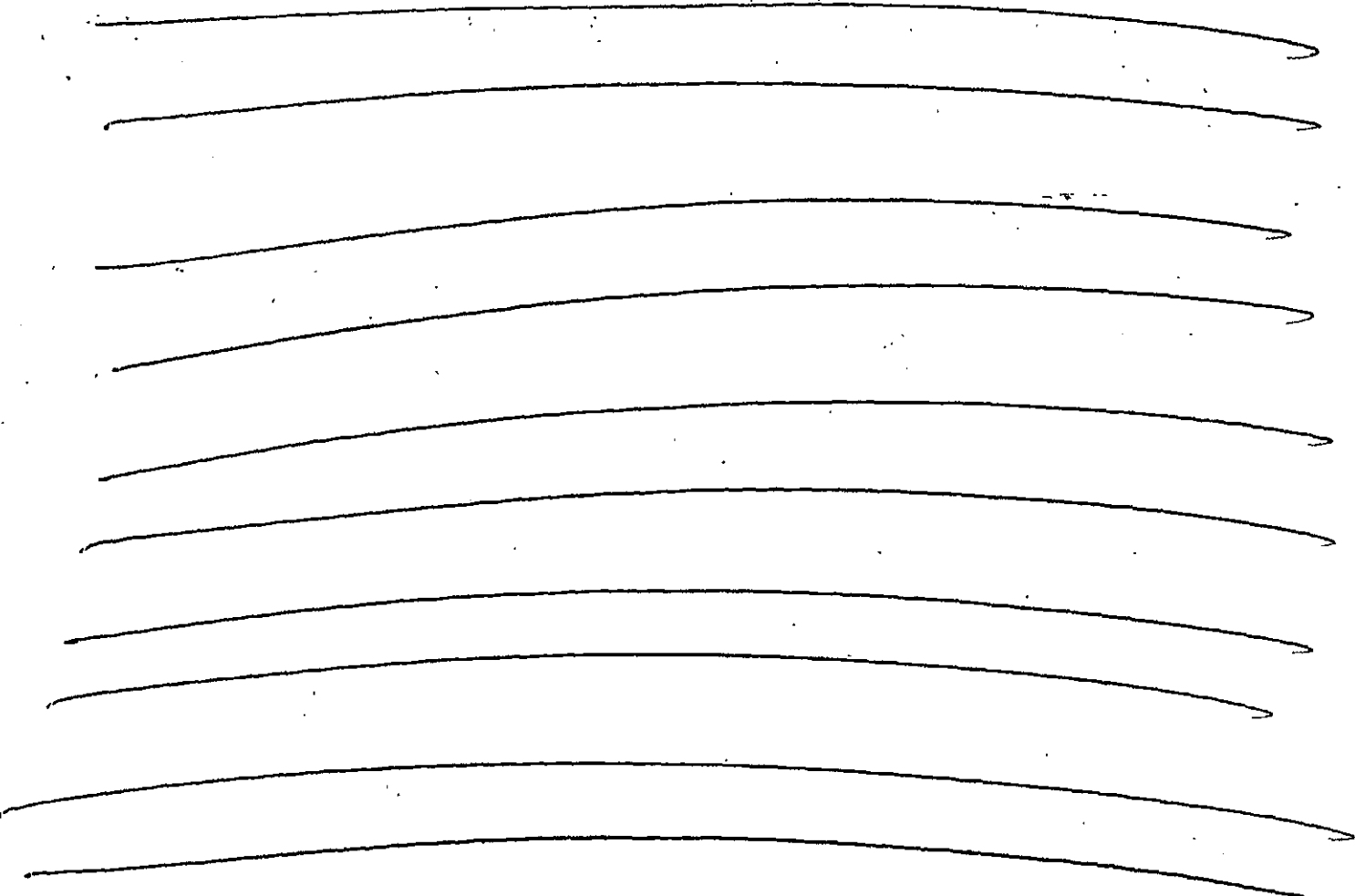
**6. You are entitled to be kept informed as to the status of your matter and to request and receive copies of papers. You are entitled to sufficient information to allow you to participate meaningfully in the development of your matter.**

**7. You are entitled to have your legitimate objectives respected by your attorney, including whether or not to settle your matter (court approval of a settlement is required in some matters).**

**8. You have the right to privacy in your dealings with your lawyer and to have your secrets and confidences preserved to the extent permitted by law.**

**9. You are entitled to have your attorney conduct himself or herself ethically in accordance with the Code of Professional Responsibility.**

**10. You may not be refused representation on the basis of race, creed, color, religion, sex, sexual orientation, age, national origin or disability.**



Name of payer

**DO NOT DETACH**

**FILED** RECEIPT  
Fee \$170.00

MAY 03 2010

SUPREME.....COURT: WESTCHESTER COUNTY

COUNTY CLERK  
COUNTY OF WESTCHESTER

11895-10

ANYIAH SMITH,

vs.

JOYTSNA DESHMUKH, M.D.,

THIRD PARTY ACTION

LSLFORM06

#A10031 1ct

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF WESTCHESTER

-----X Index No. 11895/10

**ANYIAH SMITH, an Infant by her Custodian and  
Next Friend, PATRICIA COPELAND,**

Plaintiff(s)

-against-

**SUMMONS WITH  
NOTICE**

**JOYTSNA DESHMUKH, M.D.,  
and MICHAEL PELLEGRINO,**

Defendant(s).

**RECEIVED**  
MAY 03 2010  
THOMAS C. IRON  
County of Westchester

-----X  
**To the above named Defendant(s):**

**YOU ARE HEREBY SUMMONED** to answer the complaint in this action and to appear with a copy of your answer, or, if the complaint is not served with this summons, to serve a notice of appearance, on the Plaintiffs' attorneys within 20 days after the service of this summons, exclusive of the time of service (or within 30 days after the service is complete if this summons is not personally delivered to you within the State of New York); and in case of your failure to appear or answer, judgment will be taken against you by default for the relief demanded herein.

Plaintiffs designate WESTCHESTER County as the place of trial.  
The basis of venue is the location of the occurrence herein in WESTCHESTER County.

*Plaintiffs maintain a residence at:*

- 1 Park Lane, Apt 3B, Mount Vernon, NY 10552

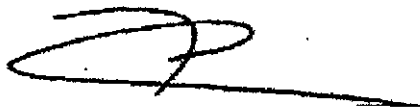
*Defendants' Addresses:*

- **JOYTSNA DESHMUKH, M.D.**, 2056 Jerome Ave., Bronx, NY 10453
- **MICHAEL PELLEGRINO**, 30 North Mortimer Avenuc, Elmsford, New York 10523

The relief sought is monetary damages.

Dated: Yonkers, New York  
April 27, 2010

Yours, etc.



**FITZGERALD & FITZGERALD, P.C.**

By: Frank J. Arrieta, Esq.  
Attorneys for Plaintiff  
538 Riverdale Avenue  
Yonkers, New York 10705  
(914) 378-1010  
Our File No.: A10031



SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF WESTCHESTER

-----X Index No.

**ANYIAH SMITH, an Infant by her Custodian and  
Next Friend, PATRICIA COPELAND,**

Plaintiff(s)

-against-

**Verified Complaint**

**JOYTSNA DESHMUKH, M.D., And  
MICHAEL PELLEGRINO,**

Defendant(s).

-----X

Plaintiffs, by their attorneys, **FITZGERALD & FITZGERALD, P.C.**, upon  
information and belief, allege the following:

**VENUE**

1. The basis of venue is the residence of the Plaintiffs in WESTCHESTER County  
and the principal place of the acts complained of herein.

**PARTIES**

- 2. Plaintiff, **ANYIAH SMITH**, is an infant.
- 3. **PATRICIA COPELAND** is the physical custodian, grandmother and next friend  
of the infant Plaintiff.
- 4. The Plaintiffs reside in the County of Westchester, State of New York.
- 5. **JOYTSNA DESHMUKH, M.D.**, is and was a duly licensed physician under the  
laws of the State of New York
- 6. Upon information and belief, defendant, **JOYTSNA DESHMUKH, M.D.**  
maintains offices for the practice of medicine at 2056 Jerome Avenue, Bronx, New York 10453  
and at 12 North Seventh Avenue, Mount Vernon, New York, 10550.

7. **MICHAEL PELLEGRINO**, resides at 30 North Mortimer Avenue, Elmsford,  
New York.

**FIRST CAUSE OF ACTION:**  
**NEGLIGENCE BY MEDICAL PROVIDER**  
**AND/OR MEDICAL MALPRACTICE**  
**AGAINST JOYTSNA DESHMUKH, M.D.**

8. **JOYTSNA DESHMUKH, M.D.** undertook to attend and provide medical care  
for **ANYIAH SMITH** in a reasonable, proper, and skillful manner.

9. **JOYTSNA DESHMUKH, M.D.**, held herself out as being a skilled and  
competent health care provider, duly qualified to render proper and adequate medical care to the  
general public and more particularly to **ANYIAH SMITH**.

10. **ANYIAH SMITH** became a patient of **JOYTSNA DESHMUKH, M.D.** at  
diverse times including but not limited to September 13, 2002 and **JOYTSNA DESHMUKH,**  
**M.D.** continued to provide pediatric care to **ANYIAH SMITH** to at least April 2006 and  
continuing.

11. **JOYTSNA DESHMUKH, M.D.** undertook a duty to attend and care for  
**ANYIAH SMITH** in a reasonable, proper and skillful manner.

12. **JOYTSNA DESHMUKH, M.D.**, her agents, servants, employees and/or  
assignees were negligent and committed malpractice in their treatment of **ANYIAH SMITH**.

13. **JOYTSNA DESHMUKH, M.D.** failed to implement proper screening protocols,  
practices and procedures for the operation, management, ownership, care and control of the  
health care facility.

14. **JOYTSNA DESHMUKH, M.D.** failed to hire and properly and adequately train and supervise employees so that proper and adequate protocols, practices and procedures were implemented and complied with.

15. **JOYTSNA DESHMUKH, M.D.** failed to test and screen **ANYIAH SMITH** for lead poisoning in accordance with the requirements of the *Center For Disease Control*, commonly referred to as the "CDC" and as required by the laws of New York State.

16. On each date **JOYTSNA DESHMUKH, M.D.** failed to test and screen **ANYIAH SMITH** for lead poisoning in accordance with the requirements of the Center For Disease Control and/or as and as required by the laws of New York State, **JOYTSNA DESHMUKH, M.D.**'s conduct constituted a departure from good and accepted medical practice.

17. **ANYIAH SMITH** sustained severe and permanent injuries as a result of the negligence and malpractice of **JOYTSNA DESHMUKH, M.D.**

18. That the injuries and damages sustained by **ANYIAH SMITH** were caused solely by the negligence of **JOYTSNA DESHMUKH, M.D.**, its agents, servants and/or employees without any negligence on the part of the Plaintiffs contributing thereto.

19. **ANYIAH SMITH** has sustained damages in excess of the jurisdictional limits of all lower courts that might otherwise have jurisdiction.

20. **JOYTSNA DESHMUKH, M.D.** is liable to the Plaintiffs for all the damages.

**AS FOR A SECOND CAUSE OF ACTION:**  
**AGAINST**  
**MICHAEL PELLEGRINO**  
**NEGLIGENCE REGARDING**  
**336 SOUTH 6TH AVENUE Mt VERNON, NEW YORK**

21. At times relevant herein, the Plaintiffs resided at the building and apartment located at and commonly known as 336 South 6th Ave, Apt #1, Mt Vernon, New York 10550 (hereinafter "336 building").

22. The 336 building is a building built prior to 1960.

23. At all times herein mentioned the term "dwelling" is the same as defined in Chapter 61-a of the Consolidated Law of the State of New York (the "Multiple Dwelling Law") in Article 1 Section 4 subdivision 4., to wit:

*any building or structure or portion thereof which is occupied in whole or in part as the home, residence or sleeping place of one or more human beings.*

24. At all times herein mentioned the term "multiple dwelling" is the same as defined in Chapter 61-a of the Consolidated Law of the State of New York (the "Multiple Dwelling Law") in Article 1 Section 4 subdivision 7., to wit:

*a dwelling which is either rented, leased, let or hired out, to be occupied, or is occupied as the residence or home of three or more families living independently of each other*

25. At all times herein mentioned the term "apartment" is the same as defined in Chapter 61-a of the Consolidated Law of the State of New York (the "Multiple Dwelling Law") in Article 1 Section 4 subdivision 15., to wit:

*that part of a multiple dwelling consisting of one or more rooms containing at least one bathroom and arranged to be occupied by the members of a family, which room or rooms are separated and set apart from all other rooms within a multiple dwelling.*

26. The 336 Building is a building or structure or portion thereof that is occupied in whole or in part as the home, residence or sleeping place of one or more human beings.

27. The 336 Building is a dwelling which is either rented, leased, let or hired out, to be occupied, or is occupied as the residence or home of three or more families living independently of each other.

28. The 336 Building is located within the geographical limits of a City in the State of New York, with a population of three hundred twenty-five thousand people or more.

29. The 336 Building is a multiple dwelling, as defined by Chapter 61-a of the Consolidated Law of the State of New York, the "Multiple Dwelling Law" and or the "Multiple Residence Law."

30. **MICHAEL PELLEGRINO** took title to the 336 Building by deed dated August 29, 2002 and held title to the 336 Building until December 18, 2003.

31. During certain relevant times, **MICHAEL PELLEGRINO**, owned, operated, controlled, maintained, repaired and managed the 336 Building.

32. During certain relevant times, **MICHAEL PELLEGRINO**, retained a right of entry into the Plaintiffs' apartment in the 336 Building.

33. At all times herein mentioned the **MICHAEL PELLEGRINO** had actual and constructive knowledge that children under the age of seven years of age resided in the 336 Building.

34. At all times herein mentioned **MICHAEL PELLEGRINO** was aware of the danger lead based paint posed to children under the age of seven years.

35. At all times herein mentioned, **MICHAEL PELLEGRINO** was aware that older residential dwellings could and often contain lead based paint.

36. At all times herein mentioned, **MICHAEL PELLEGRINO** had actual and constructive knowledge that the subject premises contained peeling, cracking, scaling, flaking, blistering, chipping paint, plaster, paint dust, and/or that the paint was loose in a manner such that there existed space or pockets of air behind a portion thereof, or that the paint is not completely adhered to the underlying surface.

37. **MICHAEL PELLEGRINO** owed plaintiffs the duty of reasonable and ordinary care, a duty to warn, and a duty to keep the premises in a reasonably safe and habitable condition, and a duty to comply with the Federal, State and Local Law, Ordinances and Regulations.

38. **MICHAEL PELLEGRINO** had a common law duty and/or a duty imposed by statute, rule or regulation, to properly warn the plaintiffs and/or to notify the plaintiffs of known lead hazards or of potential lead hazards in the subject premises.

39. **MICHAEL PELLEGRINO** had both statutory and common law duty to abate and eliminate lead based lead paint hazards in subject premises and in the apartment in which plaintiffs resided.

40. **MICHAEL PELLEGRINO** negligently and/or knowingly failed to abate and eliminate lead based paint hazards in subject premises in which plaintiffs resided.

41. **MICHAEL PELLEGRINO** failed to properly warn the plaintiffs or to notify the plaintiffs of the existence of lead based paint or of the lead based paint hazards that **MICHAEL**

**PELLEGRINO** knew or should have known of in the subject premises and/or the plaintiffs' apartment in which plaintiffs resided.

42. During the time plaintiffs resided in the subject premises owned, operated, controlled, maintained, repaired and managed by **MICHAEL PELLEGRINO** the infant plaintiff were exposed daily to lead based paint hazards in the 336 Building and in the Plaintiffs' apartment.

43. During the time plaintiffs resided in the subject premises owned, operated, controlled, maintained, repaired and managed by the **MICHAEL PELLEGRINO**, the infant plaintiffs ingested lead dust and/or chips of lead based paint in the subject premises and in plaintiffs' apartment.

44. During the time plaintiffs resided in building owned, operated, controlled, maintained, repaired and managed by **MICHAEL PELLEGRINO**, the infant plaintiffs was lead poisoned by the lead dust and/or chips of lead based paint in the subject premises and in plaintiffs apartments.

45. On each of the dates that **ANYIAH SMITH** was exposed to lead paint hazards, **ANYIAH SMITH** was injured, as a separate occurrence.

46. On each of the dates that **ANYIAH SMITH** ingested lead dust and chips of lead based paint, **ANYIAH SMITH** was injured, as a separate occurrence.

47. On each date **ANYIAH SMITH** was diagnosed with an elevated or irregular lead level, **ANYIAH SMITH** was injured in a separate occurrence.

48. **MICHAEL PELLEGRINO** and/or one or more of its agents, or employees, breached one or more of the duties owed to **ANYIAH SMITH**.

49. The culpable acts or omissions of **MICHAEL PELLEGRINO**, his agents or employees were committed within the course of and within the scope of the agency or employment with the **MICHAEL PELLEGRINO**.

50. **ANYIAH SMITH** was injured as a result of **MICHAEL PELLEGRINO**'s negligence, carelessness, recklessness, willful disregard of its common law duty or reasonable and ordinary residential property management and the negligent and/or knowing violations of the applicable, Federal, State and Local Statutes, Codes and Ordinances.

51. As a direct and proximate result of the negligence, recklessness and intentional acts and omissions of **MICHAEL PELLEGRINO**, **ANYIAH SMITH** was injured.

52. **MICHAEL PELLEGRINO** is liable to **ANYIAH SMITH** for all the damages, costs, expenses, attorneys' fees and penalties provided by the Federal, State and Local Statute(s), Rule(s) and Regulation(s).

**AS FOR A**  
**THIRD CAUSE OF ACTION:**  
**VIOLATIONS OF TITLE X**  
**(Title X of the Housing & Community Development Act of 1992**  
**and 40 CFR Part 745)**  
**AGAINST MICHAEL PELLEGRINO**

53. It was the duty of **MICHAEL PELLEGRINO** to disclose the presence of known lead-based paint and/or lead based paint hazards at the 336 Building.

54. **MICHAEL PELLEGRINO** failed to disclose the presence of known lead-based paint and/or lead based paint at the 336 Building.

55. **MICHAEL PELLEGRINO** failed to provide Plaintiffs with all records and reports pertaining to lead based paint and/or lead based paint hazards at the subject premises.



56. The injuries to **ANYIAH SMITH** were caused by the negligence and wonton disregard of **MICHAEL PELLEGRINO** in his ownership, operation, maintenance, management and control of the 336 Building.

57. **ANYIAH SMITH** was injured as a result of **MICHAEL PELLEGRINO**'s negligence, carelessness, recklessness, willful disregard of its common law duty or reasonable and ordinary residential property management and the negligent and/or knowing violations of the applicable, Federal, State and Local Statutes, Codes and Ordinances.

58. As a direct and proximate result of **MICHAEL PELLEGRINO**'s violation of Title X which requires disclosure of known lead-based paint and/or lead based paint hazards at the premises, **ANYIAH SMITH** has been seriously and permanently injured.

59. **MICHAEL PELLEGRINO** is liable to **ANYIAH SMITH** for an award for damages, an award of treble damages, costs, expenses, including experts' expenses, attorneys fees and penalties provided by the Federal, State and Local Statute(s), Rule(s) and Regulation(s).

**STATEMENT REGARDING INTENT TO SEEK PUNATIVE DAMAGES  
AGAINST MICHAEL PELLEGRINO**

60. While not pleading punitive damages as a separate cause of action, plaintiffs puts **MICHAEL PELLEGRINO** on notice that his acts and omissions were wanton and reckless and evidence a disregard of the rights and safety of the general public and plaintiffs and that punitive damages will be requested to punish **MICHAEL PELLEGRINO** and deter others from similar conduct.

**STATEMENT REGARDING EXCEPTIONS**  
**CPLR ARTICLE 1602**  
**TO ALL DEFENDANTS**

61. One of more of the exceptions in CPLR 1602, including but not limited to subsection 2 (iv) and 7 are applicable to all causes of action and defendants are jointly and severally liable with all other tort-feasors whether parties to this action or not.

62. ANYIAH SMITH's injuries are hereby alleged to be indivisible injuries for which each individual Defendant is jointly and severally liable.

**WHEREFORE**, Plaintiffs pray for judgment against the Defendants as follows:

- (a) On the First Cause of Action, an award to be set by the Tier of Fact against the defendant, **JOYTSNA DESHMUKH, M.D.**, and in favor of **ANYIAH SMITH**;
- (b) On the Second Cause of Action, an award to be set by the Tier of Fact against the defendant, **MICHAEL PELLEGRINO**, and in favor of **ANYIAH SMITH**;
- (c) On the Third Cause of Action, an award to be set by the Tier of Fact against the defendants **MICHAEL PELLEGRINO** and in favor of the Plaintiffs; and additional award for, costs, expenses and penalties, abatement of rent, experts' fees, attorneys' fees and any other penalties provided by law;
- (d) Grant other and further relief as may be just, equitable and proper.

Dated: Yonkers, New York  
April 27, 2010

Yours, etc.



**FITZGERALD & FITZGERALD, P.C.**

By: Frank J. Arrieta, Esq.  
Attorneys for Plaintiff  
538 Riverdale Avenue  
Yonkers, New York 10705  
(914) 378-1010  
Our File No.: A10031

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF WESTCHESTER

-----X Index No.

**ANYIAH SMITH, an Infant by her Custodian and  
Next Friend, PATRICIA COPELAND,**

Plaintiff(s)

-against-

**CERTIFICATE OF  
MERIT MEDICAL  
MALPRACTICE**

**JOYTSNA DESHMUKH, M.D., and  
MICHAEL PELLEGRINO,**

Defendant(s)

-----X

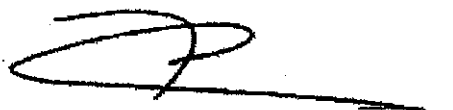
The undersigned, an attorney duly admitted to practice before the Courts of the State of New York, hereby affirms the following under the penalties of perjury:

1. I am associated with the firm of Fitzgerald & Fitzgerald, P.C., attorneys for the plaintiff herein. I am familiar with the facts and circumstances of this proceeding. This affirmation is made, upon information and belief, the source of your affirmant's knowledge being the file maintained by this office.

2. I have reviewed the facts of the case and have consulted with at least one physician or dentist who is licensed to practice in this state or any other state and who I reasonably believe is knowledgeable in the relevant issues involved in this action, and I have concluded on the basis of such review and consultation that there is a reasonable basis for the commencement of this action.

Dated: Yonkers, New York  
April 27, 2010

Yours, etc.



FITZGERALD & FITZGERALD, P.C.

By: Frank J. Arrieta, Esq.

Attorneys for Plaintiff

538 Riverdale Avenue

Yonkers, New York 10705

(914) 378-1010

Our File No.: A10031

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF WESTCHESTER

-----X Index No.:

ANYIAH SMITH, an Infant by her Custodian and Next Friend,  
PATRICIA COPELAND,

Plaintiff(s),

-against-

JOYTSNA DESHMUKH, M.D., and  
MICHAEL PELLEGRINO,

Defendant(s).

-----X

**SUMMONS & COMPLAINT & CERTIFICATE OF MERIT**

FITZGERALD & FITZGERALD, P.C.

Attorneys for Plaintiffs  
538 Riverdale Avenue  
Yonkers, NY 10705

(914) 378-1010

File No.: A10031


**RECEIVED**

MAY 03 2010

TRACOTHY C. IDONI  
COUNTY CLERK  
COUNTY OF WESTCHESTER

**Certification Pursuant to 22 NYCRR § 130-1.1a(b)**

I hereby certify pursuant to 22 NYCRR § 130-1.1a(b) that, to the best of my knowledge, information and belief, formed after an inquiry reasonable under the circumstances, the presentation of the papers herein or the contentions therein are not frivolous as defined in 22 NYCRR § 130-1.1(c):

  
\_\_\_\_\_  
**FITZGERALD & FITZGERALD, P.C.**

By: Frank J. Arrieta, Esq.,

Attorneys for Plaintiffs

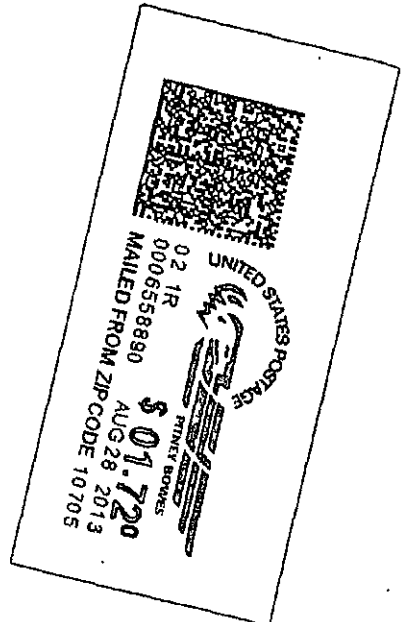
**FITZGERALD & FITZGERALD, P.C.**

538 Riverdale Avenue  
YONKERS, NEW YORK 10705-3535  
(914) 378-1010

JJL/A06021

**TO**

Sound Shore Medical Center  
of Westchester  
c/o GCG, Inc.  
P. O. Box 9982  
Dublin, Ohio 43017-5982



01007858

SSM0203198026



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK PROOF OF CLAIM

Name of Debtor (Check Only One):
Sound Shore Medical Center of Westchester
The Mount Vernon Hospital, Inc.
Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center
The M.V.H. Corporation
Sound Shore Health System, Inc.
NRHMC Services Corporation
New Rochelle Sound Shore Housing, LLC

Case No.
13-22840
13-22841
13-22842
13-22843
13-22844
13-22845
13-22846

Your Claim is Scheduled As Follows:



NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case.

Name of Creditor (the person or other entity to whom the Debtor owes money or property): ACME AMERICANREFRIGERATION

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

Name and address where notices should be sent:
ACME AMERICANREFRIGERATION
99 SCOTT AVE
BROOKLYN, NY 11237-1329
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

Court Claim Number:
Filed on:

If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim.

Name and address where payment should be sent (if different from above):
Telephone number:
Email Address:

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

1. Amount of Claim as of Date Case Filed (May 29, 2013): \$ 1911.43
If all or part of the claim is secured, complete item 4.
If all or part of the claim is entitled to priority, complete item 5.
If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6.
Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.

2. Basis for Claim: (See instruction #2)

3. Last four digits of any number by which creditor identifies Debtor:
3a. Debtor may have scheduled account as: (See instruction #3a)
3b. Uniform Claim Identifier (optional): (See instruction #3b)

4. Secured Claim (See instruction #4)
Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.
Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$
Nature of property or right of setoff: Real Estate Motor Vehicle Other
Describe:
Value of Property: \$
Annual Interest Rate % Fixed or Variable (when case was filed)
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 part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.
Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B)
Wages, salaries, or commissions (up to \$12,475\*) earned within 180 days before the case was filed or the Debtor's business ceased, 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 applicable paragraph of 11 U.S.C. § 507 (a)( ).
Amount entitled to priority: \$
\*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

6. Claim Pursuant to 11 U.S.C. § 503(b)(9): Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$

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)

8. Documents: Attached are 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, and the 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) Check the appropriate box. [X] I am the creditor [ ] I am the creditor's authorized agent. [ ] I am the trustee, or the Debtor, or their authorized agent. [ ] I am a guarantor, surety, indorser, or other codebtor. 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: BIRINDER MADAN Title: V. PRES Company: ACME AMERICAN REFRIGERATION INC. 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.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: IF BY MAIL: Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. IF BY HAND OR OVERNIGHT COURIER: Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME) THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)

Items to be completed in Proof of Claim Form

Court, Name of Debtor, and Case Number: These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim. A SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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. 3b. Uniform Claim Identifier: If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases. 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 your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9): If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below) 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 healthcare 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**

**INFORMATION**

**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 to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).

**Claim**  
A claim is the creditor's right to receive payment for a debt 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 GCG as described in the instructions above and in the Bar Date Notice.

**Section 503(b)(9) Claim**  
A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**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.

**Acknowledgment of Filing of Claim**  
To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.

**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.

**Display of Proof of Claim on Case Administration Website**  
As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.



01007858

SSM0203198026



ACME AMERICANREFRIGERATION  
99 SCOTT AVE  
BROOKLYN, NY 11237-1329

 **acme american refrigeration, inc.**

**Invoice**

99 SCOTT AVENUE BROOKLYN, NY 11237  
718-456-6544 800-221-3026 Fax 718-366-5359

*Industry Leading Repair, Maintenance and Installation of  
All Commercial Refrigeration & Food Preservation Equipment*

Invoice Number: R404475-IN  
Invoice Date: 3/1/2012  
Customer Number: R221503  
Customer P.O.:  
Terms: Net 30 Days

SOUND SHORE MEDICAL CENTER  
16 GUION PLACE  
ATTN: CECILIA MOY  
NEW ROCHELLE, NY 10801

Contact: ANDREW WALTERS

Item Code	Description	Amount
LC	LABOR CONTRACT BILLING 03/01/2012 - 05/31/2012	925.00

Net Invoice: 925.00  
Freight: 0.00  
Sales Tax: 0.00  

---

Invoice Total: 925.00

File -

**acme american refrigeration, inc.**

**Invoice**

99 SCOTT AVENUE BROOKLYN, NY 11237  
 718-456-6544 800-221-3026 Fax 718-366-5359

*Industry Leading Repair, Maintenance and Installation of  
 All Commercial Refrigeration & Food Preservation Equipment*

Invoice Number: R032663-IN  
 Invoice Date: 03/14/12  
 Customer Number: R221503

**Sold To:**

SOUND SHORE MEDICAL CENTER  
 16 GUION PLACE  
 ATTN: CECILIA MOY  
 NEW ROCHELLE, NY 10801

**Service Address:**

SOUND SHORE MEDICAL CENTER  
 16 GUION PLACE  
 ATTN: CECILIA MOY  
 NEW ROCHELLE, NY 10801

Customer P.O.	Authorization #	Date of Service	Terms Net 30 Days	Extension
Order Qty	Ship Qty	Item Description	Unit Price	Extension
1.000	1.000	/NS CURTAINS W/ PIPE & MOUNTING PIPE	415.00	415.00

Net Invoice: 415.00  
 Less Discount: 0.00  
 Freight: 20.00  
 Sales Tax: 0.00  
**Invoice Total: 435.00**

File

Service Ticket No. 128337

# acme american refrigeration inc.

99 SCOTT AVENUE, BROOKLYN, N.Y. 11237  
 PHONE: 718-456-6544  
 "FULL SERVICE OF COMMERCIAL REFRIGERATION"  
 FAX: 718-366-5359

INVOICE NO.	<u>R0396003</u>
INVOICE DATE	_____
ACCOUNT NO.	_____

INVOICE TO: /

REPAIR LOCATION:

Purchase Order No.	Tel. #
Dept.	FAX #

<u>Squire Street Shop</u>	
<u>New Rochelle NY</u>	
Contact	Floor/Location <u>1</u>
Attn.	Tel. No.

GAS TYPE	TEMP.	AIR COOLED	WATER COOLED	EQUIP. I.D.	VOLTS
Mfgr.	Type of Equipment	Model No.	Serial No.	Date of Installation	Warranty
DESCRIPTION OF WORK: <u>Installed Curtains on walk in freezer that was order with all material and repairs</u>					
<u>Melt Freezer</u>					

YES	NO	QTY. ORDERED	PART NO.	MATERIALS USED	QTY. SHIPPED	UNIT PRICE	AMOUNT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>1</u>		<u>Set 1/2" series curtain with pipe mounting pipe</u>			<u>415</u>
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						

BTU	Date Work Done	Time In	Time Out	Technician
CFM	<u>2/28/15</u>	Travel <u>1 1/2</u>	Labor <u>1:00</u>	<u>[Signature]</u>
Open Account	NOTES:			
C.O.D.				
Taxable Amt.				
Tax Code				
Dept. Code				
CUSTOMER'S SIGNATURE	DATE			

Total Parts	<u>415-</u>
Shop Labor	HRS.
Outside Labor	HRS.
Travel Time	HRS.
Mileage	per Mile
Shipping Materials	<u>20-</u>
Transportation	
TAX RATE %	TAX
<b>TOTAL AMOUNT</b>	<b>\$</b>

PAY THIS AMOUNT

FILE COPY

PARTS WARRANTY 90 DAYS

TERMS: Net 30 Days

**aracme american refrigeration, inc.**

**Invoice**

99 SCOTT AVENUE BROOKLYN, NY 11237  
 718-456-6544 800-221-3026 Fax 718-366-5359

Invoice Number: R033140-IN  
 Invoice Date: 04/30/12  
 Customer Number: R221503

*Industry Leading Repair, Maintenance and Installation of  
 All Commercial Refrigeration & Food Preservation Equipment*

**Sold To:**

SOUND SHORE MEDICAL CENTER  
 16 GUION PLACE  
 ATTN: CECILIA MOY  
 NEW ROCHELLE, NY 10801

**Service Address:**

SOUND SHORE MEDICAL CENTER  
 16 GUION PLACE  
 ATTN: CECILIA MOY  
 NEW ROCHELLE, NY 10801

Customer P.O.	Authorization #	Date of Service	Terms Net 30 Days	Order Qty	Ship Qty	Item Description	Unit Price	Extension
				1.000	1.000	/NS DUAL PRESSURE CONTROL	608.43	608.43
				1.000	1.000	/NS COULPING	20.00	20.00
				1.000	1.000	/NS SOLDER MATERIALS	195.00	195.00
				60.000	60.000	/NS R409A	31.00	1,860.00

Net Invoice: 2,683.43  
 Less Discount: 0.00  
 Freight: 18.00  
 Sales Tax: 0.00  
**Invoice Total: 2,701.43**

Posting

Service Ticket No. 128294

# acme american refrigeration inc.

99 SCOTT AVENUE, BROOKLYN, N.Y. 11237  
PHONE: 718-456-6544

"FULL SERVICE OF COMMERCIAL REFRIGERATION"  
FAX: 718-366-5359

INVOICE NO.	R033/40
INVOICE DATE	
ACCOUNT NO.	

INVOICE TO:

REPAIR LOCATION:

Purchase Order No.	Tel. #
Dept.	FAX #

*Grand Ave 11th St*

*Shore Richelle*

Contact	Floor/Location
Attn.	Tel. No.

GAS TYPE	404	TEMP.		AIR COOLED	<input checked="" type="checkbox"/>	WATER COOLED		EQUIP. I.D.		VOLTS	208
Mfr.		Type of Equipment	26/115	Model No.		Serial No.		Date of Installation		Warranty	

DESCRIPTION OF WORK: *Check condenser and find missing two wash in coils #3 & 5. Wash them with several problems. Low cond pressure control & motor. Replaced the valve part. Repair leak at repair. Replaced the condenser. The pressure with the repair. And put it back to work.*

YES	NO	QTY. ORDERED	PART NO.	MATERIALS USED	QTY. SHIPPED	UNIT PRICE	AMOUNT
<input checked="" type="checkbox"/>		1		Valve P. Control			605 <sup>45</sup>
<input checked="" type="checkbox"/>		1		8500 COPING	1		30-
<input checked="" type="checkbox"/>				Solder Material			175-
<input checked="" type="checkbox"/>		2		409 100% R134a	60	31-	1860-

BTU		Date Work Done	4/6/12	Time In	Travel 1 1/2	Time Out	Labor 3:00	Technician	<i>[Signature]</i>
CFM		NOTES:							
Open Account		CUSTOMER'S SIGNATURE							
C.O.D.		DATE							
Taxable Amt.		<i>[Signature]</i>							
Tax Code		4.5.12							
Dept. Code									

Total Parts		2683 <sup>45</sup>
Shop Labor	HRS.	
Outside Labor	3 HRS.	5/
Travel Time	HRS.	
Mileage	per Mile	
Shipping Materials		18-
Transportation		
TAX RATE	%	TAX
<b>TOTAL AMOUNT</b>		

PARTS WARRANTY 90 DAYS

TERMS: Net 30 Days

PAY THIS AMOUNT



Invoice

99 SCOTT AVENUE BROOKLYN, NY 11237  
718-456-6544 800-221-3026 Fax 718-366-5359  
*Industry Leading Repair, Maintenance and Installation of  
All Commercial Refrigeration & Food Preservation Equipment*

Invoice Number: R404763-IN  
Invoice Date: 6/1/2012  
Customer Number: R221503  
Customer P.O.:  
Terms: Net 30 Days

SOUND SHORE MEDICAL CENTER  
16 GUION PLACE  
ATTN: CECILIA MOY  
NEW ROCHELLE, NY 10801

Contact: ANDREW WALTERS

Item Code	Description	Amount
LC	LABOR CONTRACT BILLING 06/01/2012 - 08/31/2012	925.00

Net Invoice: 925.00  
Freight: 0.00  
Sales Tax: 0.00  
Invoice Total: 925.00

.Posting



Invoice

99 SCOTT AVENUE BROOKLYN, NY 11237  
718-456-6544 800-221-3026 Fax 718-366-5359

*Industry Leading Repair, Maintenance and Installation of  
All Commercial Refrigeration & Food Preservation Equipment*

Invoice Number: R405007-IN  
Invoice Date: 9/4/2012  
Customer Number: R221503  
Customer P.O.:  
Terms: Net 30 Days

SOUND SHORE MEDICAL CENTER  
16 GUION PLACE  
ATTN: CECILIA MOY  
NEW ROCHELLE, NY 10801

Contact: ANDREW WALTERS

Item Code	Description	Amount
LC	LABOR CONTRACT BILLING 09/01/2012 - 11/30/2012	925.00

Net Invoice: 925.00  
Freight: 0.00  
Sales Tax: 0.00  

---

Invoice Total: 925.00

File



**acme american repairs, inc.**

A Complete Service for Commercial Kitchen Equipment  
99 Scott Avenue • Brooklyn, N.Y. 11237


ADDRESS SERVICE REQUESTED

*Sound Stone Medical of Westchester do GC*  
*PO Box 9982*  
*Dublin OH 43017*



UNITED STATES POSTAGE  
EAGLE  
FIRST CLASS  
PITNEY BOWES  
02 1P \$002.120  
0003145042 AUG 13 2013  
MAILED FROM ZIP CODE 11237

B10 (Official Form 10) (04/13)

<b>UNITED STATES BANKRUPTCY COURT</b>		<b>PROOF OF CLAIM</b>
Name of Debtor: <b>Sound Shore Medical Center of Westchester</b>	Case Number: <b>13-22840-rdd - Chapter 11</b>	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>ADELBERG, RUDOW, DORF &amp; HENDLER, LLC</b>		<b>COURT USE ONLY</b>
Name and address where notices should be sent: <b>Seven St. Paul Street, 6th Fl. Baltimore, MD 21202 Attn: Leslie J Polt, Esq.</b>  Telephone number: (410) 539-5195 email: lpolt@adelbergrudow.com		<input type="checkbox"/> Check this box if 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):  <p style="text-align: center;">FILED - 00127 U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. DRAIN</p> Telephone number: _____ email: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
<b>1. Amount of Claim as of Date Case Filed:</b> \$ <u>7,842.30</u>  If all or part of the claim is secured, complete item 4.  If all or part of the claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
<b>2. Basis for Claim:</b> <u>Legal services rendered under engagement from Debtor</u> (See instruction #2)		
<b>3. Last four digits of any number by which creditor identifies debtor:</b>  3 5 6 8	<b>3a. Debtor may have scheduled account as:</b>  _____ (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b>  _____ (See instruction #3b)
<b>4. Secured Claim (See instruction #4)</b> Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, 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 was filed)		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____  Basis for perfection: _____  Amount of Secured Claim: \$ _____  Amount Unsecured: \$ _____
<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</b>		
<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 the case was filed or the debtor's business ceased, 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).  Amount entitled to priority: \$ _____
<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)(____).  \$ _____
*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
<b>6. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

B10 (Official Form 10) (04/13)

2

**7. Documents:** Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). 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. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

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

If the documents are not available, please explain:

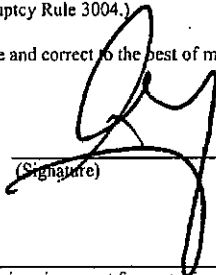
**8. Signature:** (See instruction #8)

Check the appropriate box.

- I am the creditor.   
  I am the creditor's authorized agent.   
  I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.)   
  I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

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: Andrew Radding  
 Title: Member of Firm  
 Company: Adelberg, Rudow, Dorf & Hendler, LLC  
 Address and telephone number (if different from notice address above):  
 \_\_\_\_\_  
 \_\_\_\_\_

  
(Signature)

8/6/13  
(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.*

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

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

**Items to be completed in Proof of Claim form**

**Court, Name of Debtor, and Case Number:**  
Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

**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.

**3b. Uniform Claim Identifier:**  
If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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. 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.

**7. 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 and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. 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.

**8. 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, 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**

**INFORMATION**

**Debtor**

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

**Creditor**

A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).

**Claim**

A claim is the creditor's right to receive payment for a debt 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 clerk of the same bankruptcy court in which the bankruptcy case was filed.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**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.

**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 court's PACER system ([www.pacer.psc.uscourts.gov](http://www.pacer.psc.uscourts.gov)) for a small fee 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.



Adelberg, Rudow, Dorf & Hendler, LLC  
Attorneys At Law

Leslie J. Polt  
LPolt@AdelbergRudow.com  
Direct Dial 410-986-0832

410.539.5195  
410.539.5834 fax  
www.AdelbergRudow.com  
7 Saint Paul Street | Suite 600  
Baltimore, MD 21202-1612

August 8, 2013

Sound Shore Medical Center of Westchester, *et al.*  
c/o GCG, Inc.  
P.O. Box 9982  
Dublin, OH 43017-5982

Re: Proofs of Claim  
Sound Shore Medical Center of Westchester  
Case No.: 13-22840-RDD; Chapter 11  
Sound Shore Health Systems, Inc.  
Case No.: 13-22844-RDD; Chapter 11  
Our File No.: 13568.00100

Dear Sir/Madam:

Enclosed please find two Proofs of Claim to be filed in the respective cases. Please acknowledge receipt by returning a date stamped copy of each Claim in the enclosed self-addressed stamped envelope.

Thank you for your assistance.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Leslie J. Polt', written over a horizontal line.

Leslie J. Polt

LJP/dlw  
Enclosures

M:\Sound Shore Medical\_13568\100\Corres\Sound Shore ltr.doc



Adelberg, Rudow, Dorf & Hendler, LLC  
*Attorneys At Law*

410.539.5195  
410.539.5834 fax  
www.AdelbergRudow.com  
7 Saint Paul Street | Suite 600  
Baltimore, Maryland 21202-1612

Sound Shore Medical Center of Westchester  
Eileen O'Rourke, Esq.  
16 Guion Place  
New Rochelle, NY 10801

June 12, 2013  
ID: 13568  
Invoice No: 118278

---

**PERSONAL AND CONFIDENTIAL**

Total fees this invoice	\$4,995.00
Total disbursements this invoice	0.00
Total amount this invoice	<u>\$4,995.00</u>
Balance forward	\$2,847.30
Total amount due	<u><u>\$7,842.30</u></u>

**Summary page**  
**Please retain for your records**



Adelberg, Rudow, Dorf & Hendler, LLC  
*Attorneys At Law*

410.539.5195  
410.539.5834 fax  
www.AdelbergRudow.com

7 Saint Paul Street | Suite 600  
Baltimore, Maryland 21202-1612

Sound Shore Medical Center of Westchester  
Client #: 13568  
Invoice #: 118278

June 12, 2013

---

**Matter Recap of Current Invoice**

**Re: 13568.00100 TGC, LLC**

Fees for Professional Services:

\$4,995.00

**Matter Total:**

\$4,995.00



Adelberg, Rudow, Dorf & Hendler, LLC  
Attorneys At Law

410.539.5195  
410.539.5834 fax  
www.AdelbergRudow.com

7 Saint Paul Street | Suite 600  
Baltimore, Maryland 21202-1612

Sound Shore Medical Center of Westchester  
Client #: 13568  
Invoice #: 118278

June 12, 2013

---

Client Matter ID: 13568.00100

RE: TGC, LLC

---

For Professional Services Rendered Through: MAY 31, 2013

<u>Date</u>	<u>Initials</u>	<u>Description</u>	<u>Hours</u>
05/07/13	AR	Conference with L.M. Goldblatt regarding status of Pleading	0.20
05/08/13	AR	Conference with L.M. Goldblatt re: Pleading	0.10
05/14/13	AR	Conference with L.M. Goldblatt re: motion / strategy	0.10
05/14/13	LMG	Draft Motion to Extend Time to Respond and efile with Court	1.20
05/17/13	AR	Email L.M. Goldblatt; correspondence; conference with L.M. Goldblatt	0.20
05/17/13	LMG	Draft Answer, amend Motion to Dismiss and research for Motion to Dismiss	2.90
05/20/13	AR	Revising draft Pleading	0.10
05/20/13	LMG	Amend Answer and Motion to Dismiss	1.40
05/21/13	AR	Reviewing proposed Pleading	0.10
05/22/13	AR	Reviewing and revising Pleadings; conference with L.M. Goldblatt	1.40
05/22/13	AR	Conference with L.M. Goldblatt - Motion to Dismiss	0.10
05/22/13	LMG	Call with Eileen O'Rourke regarding Motions, research on venue, amend Motion to Dismiss by SSMS, meeting with A. Radding to review filing	1.60
05/23/13	AR	Reviewing and revising Pleadings	0.50
05/23/13	AR	Research	0.10
05/23/13	AR	Conference with L.M. Goldblatt	0.20
05/23/13	AR	Reviewing Affidavits; talked to L.M. Goldblatt	0.10
05/23/13	LMG	Draft Motion to Dismiss for SSMC and TMVH along with Affidavit	3.10
05/24/13	AR	Conference with L.M. Goldblatt; reviewing & revising Pleadings and Affidavits	1.10
05/24/13	LMG	Finish Motions and electronically file Pleadings	2.50
05/29/13	AR	Emails	0.10
05/30/13	AR	Conference with L.M. Goldblatt	0.10
05/30/13	LMG	Review case with A. Radding	0.30
05/31/13	AR	Emails; left messages	0.10
<b>TOTAL HOURS</b>			<b>17.60</b>





Adelberg, Rudow, Dorf & Hendler, LLC  
*Attorneys At Law*

410.539.5195  
410.539.5834 fax  
www.AdelbergRudow.com

7 Saint Paul Street | Suite 600  
Baltimore, Maryland 21202-1612

Sound Shore Medical Center of Westchester  
Client #: 13568  
Invoice #: 118278

June 12, 2013

**TIME AND FEE SUMMARY**

<u>TIMEKEEPER</u>	<u>RATE</u>	<u>HOURS</u>	<u>AMOUNT</u>
L.M. Goldblatt	225.00	13.00	\$2,925.00
A. Radding	450.00	4.60	\$2,070.00
TOTALS		17.60	\$4,995.00

**TOTAL AMOUNT DUE** \$4,995.00



Adelberg, Rudow, Dorf & Hendler, LLC  
*Attorneys At Law*

410.539.5195  
410.539.5834 fax  
www.AdelbergRudow.com  
7 Saint Paul Street | Suite 600  
Baltimore, Maryland 21202-1612

Sound Shore Medical Center of Westchester  
Client #: 13568  
Invoice #: 118278

June 12, 2013

---

**PERSONAL AND CONFIDENTIAL**

Total fees this invoice	\$4,995.00
Total disbursements this invoice	0.00
Total amount this invoice	<u>\$4,995.00</u>
Balance forward	\$2,847.30
Total amount due	<u><u>\$7,842.30</u></u>

**Remittance copy  
Please return with payment  
To ensure proper credit to your account**



Adelberg, Rudow, Dorf & Hendler, LLC  
*Attorneys At Law*

410.539.5195  
410.539.5834 *fax*  
www.AdelbergRudow.com

7 Saint Paul Street | Suite 600  
Baltimore, Maryland 21202-1612

Sound Shore Medical Center of Westchester  
Eileen O'Rourke, Esq.  
16 Guion Place  
New Rochelle, NY 10801

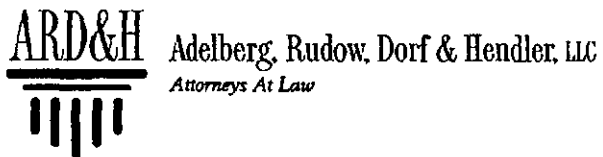
May 20, 2013  
ID: 13568  
Invoice No: 117983

---

**PERSONAL AND CONFIDENTIAL**

Total fees this invoice	\$2,790.00
Total disbursements this invoice	57.30
	<hr/>
Total amount this invoice	\$2,847.30
Balance forward	\$0.00
	<hr/>
<b>Total amount due</b>	<b>\$2,847.30</b>
	<hr/> <hr/>

**Summary page**  
**Please retain for your records**



410.539.5195  
410.539.5834 fax  
www.AdelbergRudow.com  
7 Saint Paul Street | Suite 600  
Baltimore, Maryland 21202-1612

Sound Shore Medical Center of Westchester  
Client #: 13568  
Invoice #: 117983

May 20, 2013

---

**Matter Recap of Current Invoice**

**Re: 13568.00100 TGC, LLC**

Fees for Professional Services:	\$2,790.00
Costs:	57.30
<b>Matter Total:</b>	<b>\$2,847.30</b>



Adelberg, Rudow, Dorf & Hendler, LLC  
Attorneys At Law

410.539.5195  
410.539.5834 fax  
www.AdelbergRudow.com

7 Saint Paul Street | Suite 600  
Baltimore, Maryland 21202-1612

Sound Shore Medical Center of Westchester  
Client #: 13568  
Invoice #: 117983

May 20, 2013

Client Matter ID: 13568.00100

RE: TGC, LLC

For Professional Services Rendered Through: APRIL 30, 2013

<u>Date</u>	<u>Initials</u>	<u>Description</u>	<u>Hours</u>
03/12/13	AR	Talk to E. O'Rourke, Esq.; review Pro Hac Motion; review Pleading	0.60
03/12/13	CRH	Running MD Judiciary Case Search; sitting in on phone call with A. Radding (left voicemail)	0.30
03/12/13	CRH	PACER search for Sound Shore Health System, Inc.; obtaining form for Motion for Admission Pro Hac Vice in U.S. District Court for the District of Maryland; phone conversation with A. Radding; email to E. O'Rourke re: same	0.40
03/13/13	AR	Email from client; left message for client; telephone call from E. O'Rourke, Esq.; research; talk to client; review email	0.70
03/27/13	AR	Letter from E. O'Rourke	0.10
03/27/13	CRH	Emails with G.W. Washington and A. Radding	0.20
03/28/13	AR	Letter to client	0.10
04/01/13	AR	Correspondence to/from E. O'Rourke; review/revise Pleadings	0.50
04/01/13	LMG	Review Complaint; revise Motion to Dismiss	4.00
04/03/13	AR	Forward Pro Hac Order	0.10
04/03/13	LMG	Call with Roark	0.20
04/09/13	AR	Conference with L.M. Goldblatt	0.10
04/19/13	AR	Left message for L.M. Goldblatt - NO CHARGE	0.10 No Charge
04/20/13	AR	Review Pleadings	0.20
04/22/13	AR	Conference with L.M. Goldblatt	0.10
04/23/13	AR	Conference with L.M. Goldblatt re: strategy; reviewing e-correspondence	0.20
04/26/13	AR	Review filing	0.10
04/26/13	LMG	Correspondence with counsel regarding Amended Motion to Dismiss/Corporate Disclosure; refile Corporate Disclosure; review Amended Complaint	1.70
04/29/13	AR	Emails	0.10
04/30/13	AR	Notice re: service	0.10
<b>TOTAL HOURS</b>			<b>9.90</b>



Adelberg, Rudow, Dorf & Hendler, LLC  
Attorneys At Law

410.539.5195  
410.539.5834 fax  
www.AdelbergRudow.com  
7 Saint Paul Street | Suite 600  
Baltimore, Maryland 21202-1612

Sound Shore Medical Center of Westchester  
Client #: 13568  
Invoice #: 117983

May 20, 2013

**TIME AND FEE SUMMARY**

<u>TIMEKEEPER</u>	<u>RATE</u>	<u>HOURS</u>	<u>AMOUNT</u>
L.M. Goldblatt	225.00	5.90	\$1,327.50
C.R. Hogan	125.00	0.90	\$112.50
A. Radding	0.00	0.10	\$0.00
A. Radding	450.00	3.00	\$1,350.00
<b>TOTALS</b>		<b>9.90</b>	<b>\$2,790.00</b>

**DISBURSEMENTS**

<u>Date</u>	<u>Description</u>	<u>Amount</u>
04/01/13	American Express: Motion for Admission Pro Hoc	\$50.00
04/30/13	PACER - Research	\$7.30
<b>TOTAL DISBURSEMENTS</b>		<b>\$57.30</b>
<b>TOTAL AMOUNT OF THIS BILL</b>		<b>\$2,847.30</b>
<b>TOTAL AMOUNT DUE</b>		<b>\$2,847.30</b>



Adelberg, Rudow, Dorf & Hendler, LLC  
*Attorneys At Law*

410.539.5195  
410.539.5834 *fax*  
www.AdelbergRudow.com

7 Saint Paul Street | Suite 600  
Baltimore, Maryland 21202-1612

Sound Shore Medical Center of Westchester  
Client #: 13568  
Invoice #: 117983

May 20, 2013

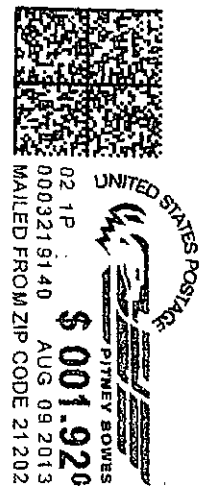
---

**PERSONAL AND CONFIDENTIAL**

Total fees this invoice	\$2,790.00
Total disbursements this invoice	57.30
Total amount this invoice	<u>\$2,847.30</u>
Balance forward	\$0.00
Total amount due	<u><u>\$2,847.30</u></u>

**Remittance copy  
Please return with payment  
To ensure proper credit to your account**

**FIRST CLASS MAIL**



**ARD&H**  
*Attorneys At Law*  
Atellberg, Raddow, Dorf & Handler, LLC  
7 Saint Paul Street, 1 Suite 600  
Baltimore, Maryland 21202-1612

Sound Shore Medical Center of Westchester, et al.  
c/o GCG, Inc.  
P.O. Box 9982  
Dublin, OH 43017-5982



B 10 (Official Form 10) (12/08)

<b>UNITED STATES BANKRUPTCY COURT</b> Southern District of New York		<b>PROOF OF CLAIM</b>
Name of Debtor: <b>SOUND SHORE MEDICAL CENTER OF WESTCHESTER, ET AL.</b>		Case Number: <b>13-228409 (RDD)</b>
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): <b>AFCO</b>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: (if known) _____  Filed on: _____
Name and address where notices should be sent: <b>AFCO</b> <b>5600 N. RIVER RD, SUITE 400</b> <b>ROSEMONT, IL 60053</b>  Telephone number: <b>(888) 889-7356</b>		
Name and address where payment should be sent (if different from above): FILED - 01432 U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER  Telephone number: ROBERT D. DRAIN		<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.  <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed:     \$ <u>5,376.07</u>  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.  <input type="checkbox"/> 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.		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.  <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 \$10,950*) 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 \$2,425* 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)( ): _____  Amount entitled to priority: _____  *Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
2. Basis for Claim: <u>MONEY LOAN</u> (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: <u>01-50499823-95</u> (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 checked="" type="checkbox"/> 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: \$ <u>5,376.07</u>		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.  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: <b>08/07/2013</b>	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.  <b>BRIGITTE ILIC</b> <i>Brigitte Illic</i>	



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.

CRT

FOR COURT USE ONLY

FILED  
 2013  
 FEB 23 11 46 AM  
 U.S. DISTRICT COURT  
 SOUTHERN DISTRICT OF NEW YORK

RECEIVED  
FEB 23 2015  
FBI - MEMPHIS

FBI

MEMPHIS

MEMPHIS  
FBI  
COMMUNICATIONS SECTION  
FEB 23 2015  
11:01:24

MEMPHIS  
FBI  
COMMUNICATIONS SECTION  
FEB 23 2015  
11:01:24

MEMPHIS  
FBI  
COMMUNICATIONS SECTION  
FEB 23 2015  
11:01:24

MEMPHIS  
FBI  
COMMUNICATIONS SECTION  
FEB 23 2015  
11:01:24

MEMPHIS

MR

AFCO  
 5600 N. RIVER ROAD SUITE 400  
 ROSEMONT, IL 60018-5187  
 1-877-701-1212

08/07/13 MM/DD/YY

PAGE 1

INSURED:  
 The Mount Vernon Hospital  
 ATN Sound Shore Medical Center  
 John Ljuljic  
 16 Guion Place  
 New Rochelle NY 10802  
 ACCOUNT NBR: 01-50499823-95

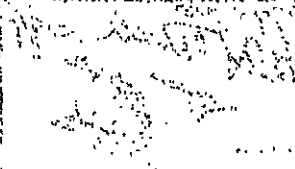
AGENT:  
 HAGEDORN & COMPANY  
 11 BROADWAY, 17TH FLOOR  
 NEW YORK, NY 10004

STATEMENT OF ACCOUNT

CASH PRICE: 332,764.14 DOWN PAYMENT: 116,467.45  
 AMOUNT FINANCED: 216,296.69 TOTAL OF PAYMENTS: 224,479.52  
 FINANCE CHARGE: 8,182.83 NUMBER OF PAYMENTS: 08 BEGINNING: 03/01/09

DATE	AMOUNT	BALANCE	DESCRIPTION
02/19/09	28,093.40	196,386.12	REGULAR PAYMENT
04/07/09	1,401.32	197,787.44	LATE CHARGE ASSESSED
04/20/09	0.00	197,787.44	CANCELLATION CHRG
05/22/09	56,186.80	141,600.64	REGULAR PAYMENT
06/08/09	1,402.99	143,003.63	LATE CHARGE ASSESSED
06/18/09	0.00	143,003.63	CANCELLATION CHRG
06/19/09	28,093.40	114,910.23	REGULAR PAYMENT
06/22/09	0.00	114,910.23	REGULAR PAYMENT
07/07/09	1,402.99	116,313.22	LATE CHARGE ASSESSED
07/20/09	0.00	116,313.22	CANCELLATION CHRG
09/11/09	84,280.20	32,033.02	REGULAR PAYMENT
09/23/09	0.00	32,033.02	REGULAR PAYMENT
10/07/09	1,402.99	33,436.01	LATE CHARGE ASSESSED
10/20/09	0.00	33,436.01	CANCELLATION CHRG
11/24/09	28,059.94	5,376.07	REGULAR PAYMENT
11/25/09	0.00	5,376.07	REGULAR PAYMENT

LESS UNEARNED INTEREST: 0.00  
 SUBTOTAL: 5,376.07  
 POST CANCELLATION INTEREST: 0.00  
 PAYOFF AMOUNT THROUGH 08/29/13 5,376.07  
 DAILY INTEREST CHARGE 0.00

	UNITED STATES PATENT AND TRADEMARK OFFICE DEPARTMENT OF COMMERCE WASHINGTON, DC 20530	RECEIVED [Illegible text] [Illegible text]
---	---	--

[Illegible]	[Illegible]	[Illegible]	[Illegible]	[Illegible]	[Illegible]	[Illegible]
-------------	-------------	-------------	-------------	-------------	-------------	-------------

[Illegible text]

[Illegible text]

*[Handwritten signature]*

COMMERCIAL INSURANCE PREMIUM FINANCE AND SECURITY AGREEMENT

Pg. 1 of 2

Contract Number: [Blank]  
 Broker Number: SJ114  
 Quote Number: 523671A-2

Name and address of Insured(s) (as shown in the policy) and co-obligor if any:  
 THE MOUNT VERNON HOSPITAL  
 ATN SOUND SHORE MEDICAL CENTER  
 JOHN LJULIC  
 16 GUION PLACE  
 NBW ROCHELLE, NY 10802

Name and Address of Insured's Broker and Lender ("Broker" or "Lender"):  
 HAGEDORN & COMPANY  
 11 BROADWAY, 17TH FLOOR  
 NEW YORK, NY 10004  
 Contact: Andy  
 Lender shall assign this agreement to Canamwil, Inc. See below.  
 Telephone Number: (212) 763-0222

Telephone Number: (914) 664-8000

Policyholder Designation (Check One):  
 Proprietorship  Partnership  Corporation  Additional Premium

Type of Agreement (Check One):  
 New  Renewal

Indicate contract number of current policy being financed: [Blank]

**SCHEDULE OF POLICIES COVERED BY THIS AGREEMENT**

FOR COMPANY USE ONLY	POLICY NUMBER	FULL NAME OF INSURANCE COMPANY AND ADDRESS OF BRANCH REPORTING OFFICE AND FULL NAME AND ADDRESS OF GENERAL AGENT	TYPE OF INSURANCE	TERM IN MONTHS	POLICY EFFECTIVE DATE Mo. Day Year	POLICY PREMIUM
15878	35770333	GREAT NORTHERN INSURANCE CO	PROP	12	1/1/2009	104,402.00
					Taxes	0.00
					Fees	110.00
73768	73519443	FEDERAL INSURANCE COMPANY	AUTO	12	1/1/2009	38,870.00
					Taxes	0.00
					Fees	60.00
Total taxes: 7292.14						
Total fees: 170.00						
(Policies Continued on Next Page)						

NY Change order 2/1/09 of New York Insurance Law (reinstating and amending these policies and its covering. This change is not part of the Annual Renewal. W/notes, see "Notes", 8/31/08) 0.00

**DISCLOSURE STATEMENT - PAYMENT SCHEDULE**

CASH PRICE (Total Premiums) \$ 332,764.14

Payment Plan:  Monthly  Quarterly  Annually

Number of Payments: 8

First Payment Due: 3/1/2009

Subsequent payments are due on the same day of each succeeding period.

CASH PRICE	CASH DOWN PAYMENT	AMOUNT FINANCED	FINANCE CHARGE	TOTAL OF PAYMENTS	AMOUNT OF EACH PAYMENT	ANNUAL PERCENTAGE RATE
\$ 332,764.14	\$ 116,467.45	\$ 216,296.69	\$ 8,450.51	\$ 224,747.20	\$ 28,093.40	8.63%

Prepayment: The insured may prepay in full at any time and receive a refund of the unearned finance charge, calculated according to the Rule of 78's, and subject to a nonrefundable fee of \$10. Minimum refund is \$1.00.

Security Interest: The insured assigns to Lender as security for payment of this agreement all sums payable to the insured with reference to the policies listed above, including, among other things, any gross return premiums and any payment on account of loss which result in reduction of unearned premium in accordance with the term of said policies.

Delinquency charge: The insured agrees that upon default in payment of any installment five days or more to pay a Delinquency Charge of 5% of the delinquent installment.

Cancellation Charge: The insured agrees that if a default results in cancellation of the policy(ies) to pay a Cancellation Charge in the amount stated on page two. See the provisions on page two for additional information about nonpayment, default, and any repayment in full before the scheduled date and any prepayment refunds or penalties.

QIV# 523671A-2 PRN:2/8/2009 11:18 AM BY:bfansey CFG:CustomConfig RT:0300/3.25 PF:3,168.35 T:6.25 B1:5.38 B2:5.38

ASSIGNMENT. For value received, Lender hereby sells and assigns this premium finance agreement, and all rights and documents related thereto, to Canamwil, Inc., 1000 Washington Avenue, Glenview, IL 60025, 800-624-2206 with recourse as provided in a Purchase and Sale agreement between Lender and Canamwil. Canamwil will service this agreement and has all rights of Lender as provided herein. Insured shall make all payments to Canamwil at the address specified by Canamwil.

NOTICE TO INSURED: 1. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT, INCLUDING THE WRITING ON PAGE TWO, OR IF IT CONTAINS ANY BLANKS. 2. YOU ARE ENTITLED TO A COMPLETELY FILLED IN COPY OF THIS AGREEMENT AT THE TIME YOU SIGN IT. 3. YOU UNDERSTAND AND HAVE RECEIVED A COPY OF THIS AGREEMENT. KEEP IT TO PROTECT YOUR LEGAL RIGHTS. 4. UNDER THE LAW YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND UNDER CERTAIN CONDITIONS TO OBTAIN A PARTIAL REFUND OF THE FINANCE CHARGE. 5. SEE PAGE TWO FOR IMPORTANT INFORMATION.

When used in this Agreement, "insured" means the insured and any co-obligor named above and all insureds covered by the Policies listed in the Schedule of Policies. Each insured jointly and severally agrees to make all payments required by this agreement and to be bound by all of its provisions including those on page two. The person signing represents and warrants that he or she is authorized to enter into this Agreement on behalf of each insured and to bind each insured to this Agreement. Each insured agrees that Lender may send all notices under this Agreement to the insured's address shown above. You are not required to enter into an insurance premium financing arrangement as a condition to the purchase of any insurance policy. Insured acknowledges and agrees that this agreement is assigned to Canamwil, Inc. as provided herein.

By: John Ljulic (Signature of Insured) Date: 2/11/09  
 (Typed Name and Title)

**BROKER'S REPRESENTATIONS AND WARRANTIES; LENDER'S ASSIGNMENT TO CANAMWIL, INC.**  
 The undersigned Broker has read the Insurance Broker's Representations and Warranties on page two and makes all such representations and warranties recited therein and agrees to be bound by the terms of this Agreement. Lender assigns this agreement to Canamwil, Inc. according to the terms above.

By: Andrew Deart (Signature of Broker) Date: 2/11/09  
 (Typed Name and Title)

QIV-1 QIV (Ed. 08-04) NY

EMAILED 2/11/09

DATE	DESCRIPTION	AMOUNT	BALANCE	REMARKS	PAYEE	CHECK NO.
01/01/15	CHECK	100.00	100.00	PAYROLL	ABC	1001
01/15/15	CHECK	200.00	300.00	PAYROLL	ABC	1002
01/31/15	CHECK	150.00	450.00	PAYROLL	ABC	1003
02/01/15	CHECK	100.00	550.00	PAYROLL	ABC	1004

ADDENDUM TO COMMERCIAL INSURANCE PREMIUM FINANCE AGREEMENT ("PFA")

Broker Number SJ114  
 Quote Number 523671A-2

SCHEDULE OF POLICIES COVERED BY THE PFA INCLUDES THE FOLLOWING:							
FOR COMPANY USE ONLY	POLICY NUMBER		FULL NAME OF INSURANCE COMPANY AND ADDRESS OF BRANCH REPORTING OFFICE AND FULL NAME AND ADDRESS OF GENERAL AGENT	TYPE OF INSURANCE	TERM IN MONTHS	POLICY EFFECTIVE DATE Mo. Day Year	POLICY PREMIUM
	Prefix	Number					
83089 B4026	BCS0018792		SCOTTSDALE INSURANCE CO NORTH ISLAND FACILITIES	GL	12	1/1/2009 Taxes Fees	114,713.00 4,634.10 0.00
23647 B4026	AR3460147B		COLONY INSURANCE COMPANY NORTH ISLAND FACILITIES	UMB	12	1/1/2009 Taxes Fees	67,317.00 2,658.04 0.00

[Faint, illegible text block]

[Faint, illegible text block]

[Faint, illegible text block]

[Faint, illegible text block]



The Insured (jointly and severally if more than one) agrees as follows:

(pg. 2 of 2)

1. FOR VALUE RECEIVED, Insured agrees to pay the Cash Down Payment to the insurance company(ies) listed in the Schedule of Policies, and to pay to the order of Lender at the office of Canamwil, Inc., to whom this agreement is assigned, located at 1000 Milwaukee Ave., Glenview, IL 60025 (or as otherwise directed by Canamwil) the Total of Payments in accordance with the terms of this Agreement. Any reference herein to Lender includes Lender's assignee. Lender's assignee shall have all rights of the Lender provided herein. Interest is computed on an annual basis of 12 months of 30 days each.
2. Insured assigns to Lender as security for the total amount payable hereunder all sums payable to the Insured under the listed Policies, including, among other things, any gross unearned premiums and any payment on account of loss which results in a reduction of unearned premium in accordance with the terms of said policies.
3. Insured hereby irrevocably appoints Lender as its Attorney-in-Fact upon the occurrence of an Event of Default (defined below) and, after proper notice has been mailed as required by law, grants to Lender authority to effect cancellation of policy(ies) listed in the Schedule of Policies ("Policies"), and to receive any unearned premium or other amounts with respect to the Policies assigned as security herein, and to sign any check or draft issued therefore in Insured's name and to direct the insurance companies to make said check or draft payable to Lender. Insured agrees that proof of mailing any notice hereunder constitutes proof of receipt of such notice.
4. Insured agrees that any payments made and accepted after Policy cancellation shall not constitute reinstatement or obligate Lender to request reinstatement of such insurance Policy(ies), and Insured acknowledges that Lender has no authority to reinstate coverage, and that such payments may be applied to Insured's indebtedness hereunder.
5. Insured agrees not to assign the Policy(ies) except for the interest of mortgages or loans payable, without the written consent of Lender. Lender may assign this Agreement without Insured's consent, and all rights conferred upon Lender shall inure to Lender's successors and assigns.
6. An Event of Default occurs when the Insured does not pay any installment according to the terms of this Agreement or fails to comply with any of the terms of the Agreement or if any of the Policies are cancelled for any reason. If an Event of Default occurs and after giving notice as required by law, all amounts due under this Agreement become immediately due and payable and the Insured is liable for all amounts described herein, including any unpaid balance remaining after application of the unearned premiums. If an Event of Default occurs, Lender may at its option pursue the following remedies:
  - After proper notice has been given as required by law, Lender may immediately cancel the Policy(ies) and collect any unearned premiums or other amounts payable under said Policies. Unearned premiums shall be payable to Lender only.
  - Lender may take all necessary actions to enforce payment of this debt. To the extent not prohibited or limited by applicable law, Lender is entitled to collection costs and expenses incurred while enforcing its rights under this Agreement and to reasonable attorney's fees if this Agreement is referred to an attorney who is not a salaried employee of Lender for collection or enforcement; total of collection costs and attorney's fees is limited to 20% of the unpaid balance.
  - After cancellation, Insured agrees that Lender may recompute the total finance charge due under this Agreement on the original amount financed, at the rate of 14% per year for each \$100 of amount financed from the first effective date of the Policies through the last originally scheduled installment date, and Insured agrees to pay this amount, subject to the provisions on prepayment in full.
  - Lender's assignee may offset and deduct from any amounts Lender's assignee owes to Insured with respect to any Policies financed hereunder, any amounts which Insured owes to Lender's assignee under this or any other agreement.
7. Insured agrees to pay a cancellation charge equal to the difference between the delinquency charge assessed and \$5.
8. Insured agrees to pay promptly to the insurer any additional premiums due on the Policies.
9. The Broker is not the agent of Canamwil and the Broker cannot bind Canamwil. Canamwil is not the agent of any insurer and is not liable for any acts or omissions of any insurer. Insured acknowledges that it has chosen to do business with Broker and the insurance companies issuing the Policies, and that the insolvency, fraud, defalcation or other action or failure to act by any of them shall not relieve or diminish Insured's obligations to Canamwil hereunder.
10. If not prohibited by applicable law, Lender may insert the name of the insurer, policy numbers and first installment due date if omitted and if policy has not been issued at the time of signature.
11. This Agreement shall have no force or effect until accepted by Lender and by Canamwil. All rights and remedies in this Agreement are cumulative and not exclusive. If any part of this Agreement is determined to be invalid or unenforceable, the remaining provisions of this Agreement shall continue to be in full force and effect. Neither Lender nor its assignee shall be liable for any loss or damage to the Insured by reason of failure of any insurance company to issue or maintain in force any of the Policies or by reason of the exercise by Lender or its assignee of the rights conferred herein. This Agreement constitutes the entire Agreement between Lender and Insured and may not be modified except as agreed upon in writing. Lender's acceptance of late or partial payments shall not be deemed a waiver by Lender of any provisions of this Agreement, and Lender is entitled to require Insured to strictly comply with the terms hereof. This Agreement is governed by the law of the state of the Insured's address shown on page one of this Agreement. If any amount contracted for or received by Lender is determined to violate any law or regulation Lender may return such prohibited amount to Insured without any further liability therefore.
12. Insured represents and warrants that the proceeds of this loan are to be used to purchase insurance for other than personal, family or household purposes and that all information provided herein or in connection with this Agreement is true, correct, complete and not misleading.

In connection with the Policies scheduled on page one, Broker represents and warrants to Canamwil, its successors and assigns that:

1. Deposit premiums are not less than the anticipated premiums to be earned for the full term of the Policies.
2. All of the scheduled Policies or bonds in this Agreement are cancellable by standard short rate or pro-rata tables.
3. When cancellation is requested by Insured or by Lender, none of the Policies require advance notice of cancellation to any party, other than any notice required to be given by Canamwil, and there are no audit or reporting form policies, Policies subject to retrospective rating or to minimum earned premiums except as indicated in the Schedule of Policies.
4. Broker is the authorized broker placing the coverage directly with the insurance company on all Policies except as indicated in the Schedule of Policies.
5. The Insured(s) signature(s) are genuine, the Insured has not paid for the scheduled Policies other than as described herein, the Insured(s) have received a copy of this Agreement, this Agreement is valid and enforceable and there are no defenses to it. The scheduled Policies are in full force and effect and the premiums indicated are correct for the term of the Policies, and all other information relating to the Policies and the Insured is complete and correct. None of the Policies have been financed on an installment payment plan provided by the insurance company(ies), or are noncancellable policy(ies), or policies written for a term of less than one year. The Broker recognizes the Insured's assignment of the unearned premiums and upon cancellation of any of the scheduled Policies agrees to pay promptly any unearned commissions to Lender's assignee and to pay to Lender's assignee the unearned premiums immediately upon receipt. Broker shall not deduct any amounts which Insured owes to Broker from any amounts owing to Lender's assignee hereunder. The Policies are not for personal, family or household purposes.
6. A proceeding in bankruptcy, receivership or insolvency has not been instituted by or against the Insured or if the Insured is the subject of such a proceeding, it is noted on the Agreement in the space in which the Insured's name and address is placed.
7. If the Agreement has been signed by the Broker on behalf of the Insured, the Broker has the authority to act in this capacity and the Broker has provided the Insured with a complete copy of this Agreement.
8. There are no exceptions to the Policies financed other than those indicated, and the Policy(ies) comply with Canamwil's eligibility requirements.
9. The Cash Down Payment, and any installments due from the Insured which Broker has agreed to collect, have been collected from the Insured.
10. Broker is not an agent of Canamwil and is not authorized to bind Canamwil and has not made any representation to the contrary. The Broker agrees to promptly remit all funds received from Canamwil and the Insured for the financed Policies and due to the insurance company(ies) issuing such Policies. Broker shall be liable to Canamwil for any losses, costs, damages or other expenses (including attorney's fees) incurred by Canamwil or its assignee as a result of or in connection with any untrue or misleading representation or warranty made by Broker hereunder, or otherwise arising out of the breach by Broker of this Agreement. Broker shall promptly notify Canamwil of any unpaid increased premiums for the Policies.

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK

ROUTING SHEET FOR CASES WITH CLAIMS AGENTS

Date: February 5, 2014

To: KCC, 2335 Alaska Ave.,  
El Segundo, CA 90245

From: Mimi Correa  
Deputy Clerk

1 of 3 packs

1. a. Number of claims in this transmittal: 31

b. Case name (if applicable): Sound Shore Medical Center, et al.

c. Description of claim: (Creditor name and amount of claim.)

Aetna	\$16,431.65
Thomas Perez, Sec of Labor	\$Unknown
NYS Dept of Labor	\$2,036.13
Orange Pathology Associates	\$414,706.42
Orange Pathology Associates	\$414,706.42
Alice Oshins	\$100,000.00
US Dept of Labor	\$45,300.00 plus
NYS Dept of Labor	\$68,410.13
KDM Medical Equipment	\$32,259.50
United Water New Rochelle	\$53,708.73
United Water New Rochelle	\$6,611.53
NYS Dept of Labor	\$220,415.68
Glynn Jones	\$25,000,000.00
AFCO	\$5,376.07
Karen J. Ferguson	\$200.00
Rashene M. Day	\$2,700.00
Alda McPartland	\$1,700.93
Jeffrey Schanzer	\$3,289.36
Maria S. Albito	\$1,329.00
Rachel Chacko	\$1,339.00
Yvonne E.R. Booth	\$1,000.00
Jennifer R. Mitchell RNC	\$1,374.00 plus
Susy Skariah	\$1,000.00
Michelle Abernethy	\$1,000.00
Sonia P. Salviejo	\$1,000.00
Nola I. Blair-Baggs	\$1,000.00
Gwendolynn R. Laguatan	\$1,000.00
Veletta Collins	\$1,000.00
Elizabeth Goehl	\$1,000.00
Justin Cohen	\$1,287.00
William A. Quigley	\$91,656.77

2. a. Courier: Federal Express

b. Recipient to pick up at Court: \_\_\_\_\_

**CONFIRMATION BY RECIPIENT**

**NOTE:** *The portion below is to be completed by recipient and returned to the Court by FAX [914-390-4073].*

Date: \_\_\_\_\_

*I have received the number and description of claims as indicated in line # 1.a. above.*

Employee's name: \_\_\_\_\_

*[Please print]*

Employee's signature: \_\_\_\_\_

Employee's telephone number: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

From: (631) 470-5000  
Attn: Arturo D. Tavarez  
Case Adm /ECF Trainer  
US Bankruptcy Court, SDNY  
300 Quarropas Street  
WHITE PLAINS, NY 10601

Origin ID: NESA



J13111302120326

Ship Date: 10JUL13  
ActWgt: 1.0 LB  
CAD: 100098143/NET3370

Delivery Address Bar Code



SHIP TO: (631) 470-5000  
Attn: Bankruptcy Dept.  
c/o GCG, Inc.  
5151 Blazer Parkway  
Suite A  
DUBLIN, OH 43017

BILL THIRD PARTY

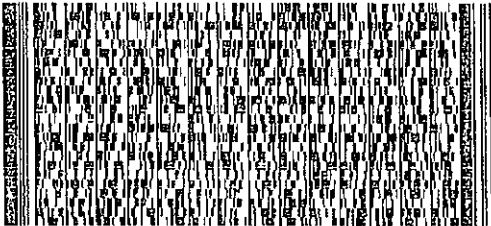
Ref # -SSM-

RMA #:  
Return Reason:

RETURNS MON-FRI  
STANDARD OVERNIGHT

TRK# 7961 9389 3299  
0221

43017  
OH-US



518G1/PAQ4R3AB

1. Select the 'Print' button to print 1 copy of each label
2. The Return Shipment instructions, which provide your recipient with information on the returns process, will be printed with the label(s).
3. After printing, select your next step by clicking one of the displayed buttons.

Note: To review or print individual labels, select the Label button under each label image above.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$500, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

01012271

SSM0202317848



<b>UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK</b>		<b>PROOF OF CLAIM</b>
Name of Debtor (Check Only One): <input checked="" type="checkbox"/> Sound Shore Medical Center of Westchester <input type="checkbox"/> The Mount Vernon Hospital, Inc. <input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center <input type="checkbox"/> The M.V.H. Corporation <input type="checkbox"/> Sound Shore Health System, Inc. <input type="checkbox"/> NRHMC Services Corporation <input type="checkbox"/> New Rochelle Sound Shore Housing, LLC		Case No. 13-22840 13-22841 13-22842 13-22843 13-22844 13-22845 13-22846
NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).		Your Claim is Scheduled As Follows:  Sound Shore Medical Center of Westchester  Priority: Unknown Unsecured: Unknown  Contingent / Unliquidated
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <b>BLAKIME EVELYNE</b>		
Name and address where notices should be sent: <b>FLD, ED - 00475</b> <b>BLAKIME EVELYNE U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK</b> <b>14 POPLAR ST SOUND SHORE MEDICAL CENTER OF WESTCHESTER</b> <b>YONKERS, NY 10701-4330 ROBERT D. DRAIN</b>		
Telephone number: <b>914 375 0103</b> Email Address: <b>boudouwe@yahoo.com</b>		
Name and address where payment should be sent (if different from above): <b>SAME AS ABOVE</b>		
<input checked="" type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____		If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.
<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.		
1. Amount of Claim as of Date Case Filed (May 29, 2013): \$ <u>24,559</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: _____ (See instruction #2)		
3. Last four digits of any number by which creditor identifies Debtor: _____		3a. Debtor may have scheduled account as: _____ (See instruction #3a)
		3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, 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 was filed)		Amount of arrearage and other charges, as of the time case was 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 part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <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 the case was filed or the Debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4). <input checked="" 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)( ). Amount entitled to priority: \$ <u>24,559</u> *Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Claim Pursuant to 11 U.S.C. § 503(b)(9): Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$		
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)		

8. Documents: Attached are 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, and the definition of "redacted")] DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: Contributions to pension benefit @ 7% of annual income from 2005 to 2013

9. Signature: (See instruction #9) Check the appropriate box. [X] I am the creditor [ ] I am the creditor's authorized agent. [ ] I am the trustee, or the Debtor, or their authorized agent. [ ] I am a guarantor, surety, indorser, or other codebtor. (Attach copy of power of attorney, if any) (See Bankruptcy Rule 3004) (See Bankruptcy Rule 3005)

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: EVELYNE BLAKIME (Signature) Evelyn Blakime (Date) 8-20-2013

Title: CENTRAL PROCESSING SUPERVISOR (Company: SOUND SHORE MEDICAL CENTER OF WESTCHESTER)

Address and telephone number (if different from notice address above):

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.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, CGC, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: IF BY MAIL: Sound Shore Medical of Westchester, et al., c/o CGC, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. IF BY HAND OR OVERNIGHT COURIER: Sound Shore Medical of Westchester, et al., c/o CGC, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME) THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)

Items to be completed in Proof of Claim Form

Court, Name of Debtor, and Case Number: This chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.

A SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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.

3b. Uniform Claim Identifier: If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

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 your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9): If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

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 healthcare 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**

**INFORMATION**

**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 to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).

**Claim**

A claim is the creditor's right to receive payment for a debt 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 GCG as described in the instructions above and in the Bar Date Notice.

**Section 503(b)(9) Claim**

A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**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.

**Acknowledgment of Filing of Claim**

To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.

**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(c), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.

**Display of Proof of Claim on Case Administration Website**

As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.

01012271

SSM0202317848



BLAKIME EVELYNE  
14 POPLAR ST  
YONKERS, NY 10701-4330



Ms. Evelyne Blakime  
14 Poplar St.  
Yonkers, NY 10701-4330

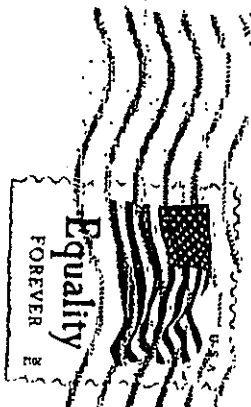
SOUND SHORE MEDICAL CENTER OF WESTCHESTER

c/o GCG, Inc.

P.O. Box 9982

DUBLIN, OH 43017-5982

WESTCHESTER NY 125  
MS SEP 2013 PM 3 L



01000186

SSM0202694014



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
<b>Name of Debtor (Check Only One):</b> <input type="checkbox"/> Sound Shore Medical Center of Westchester <input type="checkbox"/> The Mount Vernon Hospital, Inc. <input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center <input type="checkbox"/> The M.V.H. Corporation <input type="checkbox"/> Sound Shore Health System, Inc. <input type="checkbox"/> NRHMC Services Corporation <input type="checkbox"/> New Rochelle Sound Shore Housing, LLC	<b>Case No.</b> 13-22840 13-22841 13-22842 13-22843 13-22844 13-22845 13-22846	<b>Your Claim is Scheduled As Follows:</b>  <div style="text-align: center; border: 2px solid black; border-radius: 50%; width: 100px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> </div> <p>If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.</p>
NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).		
<b>Name of Creditor (the person or other entity to whom the Debtor owes money or property):</b> LYNNE PERRY BOTTINGER (2003 MONITORING AGREEMENT)	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.	
<b>Name and address where notices should be sent:</b> LYNNE PERRY BOTTINGER (2003 MONITORING AGREEMENT) 140 A LOCKWOOD AVENUE NEW ROCHELLE, NY 10801	<b>Court Claim Number:</b>  _____ (If known)	
<b>Telephone number:</b> <b>Email Address:</b>	<b>Filed on:</b>  _____	
<b>Name and address where payment should be sent (if different from above):</b>  09-16-13 A11:20 IN	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.	
<b>Telephone number:</b> <b>Email Address:</b>		
<b>1. Amount of Claim as of Date Case Filed (May 29, 2013): \$</b> _____		
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
FILED - 00774 U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. DRAIN		
<b>2. Basis for Claim:</b> (See instruction #2)		
<b>3. Last four digits of any number by which creditor identifies Debtor:</b>  _____	<b>3a. Debtor may have scheduled account as:</b>  _____ (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b>  _____ (See instruction #3b)
<b>4. Secured Claim (See instruction #4)</b> Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		
<b>Nature of property or right of setoff:</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other	<b>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:</b> \$ _____	
<b>Describe:</b> _____	<b>Basis for perfection:</b> _____	
<b>Value of Property:</b> \$ _____	<b>Amount of Secured Claim:</b> \$ _____	
<b>Annual Interest Rate</b> _____ % <input type="checkbox"/> Fixed    or <input type="checkbox"/> Variable (when case was filed)	<b>Amount Unsecured:</b> \$ _____	
<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</b>		
<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 the case was filed or the Debtor's business ceased, 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)(____).
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		<b>Amount entitled to priority:</b> \$ _____
<b>6. Claim Pursuant to 11 U.S.C. § 503(b)(9):</b> Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____		
<b>7. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)		

8. **Documents:** Attached are 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, and the 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) Check the appropriate box.

I am the creditor     I am the creditor's authorized agent.     I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004)     I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)

(Attach 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: \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

Company: \_\_\_\_\_

Address and telephone number (if different from notice address above): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. **IF BY HAND OR OVERNIGHT COURIER:** Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

**THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**  
**THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**

**Items to be completed in Proof of Claim Form**

**Court, Name of Debtor, and Case Number:**  
 These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.

**ADSEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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.

**3b. Uniform Claim Identifier:**  
 If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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 your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9):**  
 If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

**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 healthcare 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**

**INFORMATION**

**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 to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).

**Claim**

A claim is the creditor's right to receive payment for a debt 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 GCG as described in the instructions above and in the Bar Date Notice.

**Section 503(b)(9) Claim.**

A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**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.

**Acknowledgment of Filing of Claim**

To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.

**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(c), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.

**Display of Proof of Claim on Case Administration Website**

As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.

01000186  
SSM0202694014



LYNNE PERRY BOTTINGER (2003 MONITORING AGREEMENT)  
140 A LOCKWOOD AVENUE  
NEW ROCHELLE, NY 10801

**Clinical and Interventional Cardiology, P.L.L.C.**

Lynne Perry-Böttinger, M.D., F.A.C.C.  
Clinical Assistant Professor of Medicine  
Columbia and Cornell Universities  
Internet: www.savehearts.com  
Telephone: 914-576-7577

140A Lockwood Ave.  
New Rochelle, NY 10801  
Facsimile: 914-576-7377

**SPRING INVOICE 2013**

SOUND SHORE MEDICAL CENTER-RADIOLOGY-STRESS TEST SUPERVISION:

LYNNE PERRY-BOTTINGER MD FACC-611423731

DATE	SESSIONS	AMOUNT
MARCH 2013	4	\$1000
APRIL 2013	7	\$1750
MAY 2013 (pre-May 29)	5	\$1250

**TOTAL OUTSTANDING : \$4000**

7/9/13 Attn: Mr. Mama gaki. Thanks!  
6321976



8/1/13 Refused 6321976

Please give to Mr. John Mama gaki



Sound Shore Surgical Center  
Stress Test Monitoring  
Nuclear Medicine

Month: March Year: 2013

Dr. Perry-Bollinger	Dr. Landau	Dr. Perry-Bollinger	Dr. Landau	Dr. Perry-Bollinger	Dr. Perry-Bollinger	Dr. Landau	Dr. Perry-Bollinger
3	0	5	6	7	8	9	
10	11	12	13	14	15	16	
17	18	19	20	21	22	23	
24	25	26	27	28	29	30	
31							

Total No. of exercise stresses: 26

~~Dr. Perry-Bollinger~~ No. of sessions: 3

~~No. of patients: 8~~

Total No. of pharm. stresses: 16

Dr. Thomas Landau No. of sessions: 0

No. of patients: 0

Prepared by: YN jin

Cardiac Fellow

No. of sessions: 12  
No. of patients: 21

Authorized by: \_\_\_\_\_

Monthly Total

No. of sessions: 15  
No. of patients: 29

Sound Shore Medical Center  
Stress Test Monitoring  
Nuclear Medicine

Month: April Year: 2013

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Dr. Perry-Bollinger 2	Dr. Landau 1	1 Landau	2 Landau	Dr. Perry-Bollinger 2	Dr. Perry-Bollinger 2	
1	2	3	4	5	6	
Dr. Perry-Bollinger 1	Dr. Landau 3	2 Landau	1 Landau	Dr. Perry-Bollinger 2		
7	8	9	10	11	12	13
2 Dr. Landau	Dr. Landau 1	1 Landau	2 Landau	Dr. Perry-Bollinger 1	Dr. Perry-Bollinger 1	
14	15	16	17	18	19	20
Dr. Perry-Bollinger 2	Dr. Landau 2	1 Dr. Landau	1 Dr. Landau	Dr. Perry-Bollinger 2		
21	22	23	24	25	26	27
Dr. Perry-Bollinger 1	Dr. Landau 1					
28	29	30				
Dr. Perry-Bollinger	Dr. Landau					
Dr. Perry-Bollinger	Dr. Landau					

Total No. of exercise stresses: 39 Total No. of sessions: 7 No. of patients: 14

Total No. of pharm. stresses: 5 Dr. Thomas Landau No. of sessions: 16 No. of patients: 25

Prepared by: Yan Pan Cardiac Fellow No. of sessions: 23 No. of patients: 27

Authorized by: \_\_\_\_\_ Monthly Total No. of sessions: 27 No. of patients: 29



Sound Shore Surgical Center  
Stress Test Monitoring  
Nuclear Medicine

Month: Nov year: 2015

	MON	TUE	WED	THUR	FRI	SAT	SUN
Dr. Perry-Bollinger			0		0		0
Dr. Landau							
Dr. Perry-Bollinger							
Dr. Perry-Bollinger	1						
Dr. Landau							
Dr. Perry-Bollinger							
Dr. Perry-Bollinger	2						
Dr. Landau							
Dr. Perry-Bollinger							
Dr. Perry-Bollinger	3						
Dr. Landau							
Dr. Perry-Bollinger							
Dr. Perry-Bollinger	4						
Dr. Landau							
Dr. Perry-Bollinger							
Dr. Perry-Bollinger	5						
Dr. Landau							
Dr. Perry-Bollinger							
Dr. Perry-Bollinger	6						
Dr. Landau							
Dr. Perry-Bollinger							
Dr. Perry-Bollinger	7						
Dr. Landau							
Dr. Perry-Bollinger							
Dr. Perry-Bollinger	8						
Dr. Landau							
Dr. Perry-Bollinger							
Dr. Perry-Bollinger	9						
Dr. Landau							
Dr. Perry-Bollinger							
Dr. Perry-Bollinger	10						
Dr. Landau							
Dr. Perry-Bollinger							
Dr. Perry-Bollinger	11						
Dr. Landau							
Dr. Perry-Bollinger							
Dr. Perry-Bollinger	12						
Dr. Landau							
Dr. Perry-Bollinger							
Dr. Perry-Bollinger	13						
Dr. Landau							
Dr. Perry-Bollinger							
Dr. Perry-Bollinger	14						
Dr. Landau							
Dr. Perry-Bollinger							
Dr. Perry-Bollinger	15						
Dr. Landau							
Dr. Perry-Bollinger							
Dr. Perry-Bollinger	16						
Dr. Landau							
Dr. Perry-Bollinger							
Dr. Perry-Bollinger	17						
Dr. Landau							
Dr. Perry-Bollinger							
Dr. Perry-Bollinger	18						
Dr. Landau							
Dr. Perry-Bollinger							
Dr. Perry-Bollinger	19						
Dr. Landau							
Dr. Perry-Bollinger							
Dr. Perry-Bollinger	20						
Dr. Landau							
Dr. Perry-Bollinger							
Dr. Perry-Bollinger	21						
Dr. Landau							
Dr. Perry-Bollinger							
Dr. Perry-Bollinger	22						
Dr. Landau							
Dr. Perry-Bollinger							
Dr. Perry-Bollinger	23						
Dr. Landau							
Dr. Perry-Bollinger							
Dr. Perry-Bollinger	24						
Dr. Landau							
Dr. Perry-Bollinger							
Dr. Perry-Bollinger	25						
Dr. Landau							
Dr. Perry-Bollinger							

Total No. of exercise stresses: 25 Total No. of exercise stresses: 25

Total No. of pharm. stresses: 5 Total No. of pharm. stresses: 5

Prepared by: Dr. Tom Dr. Thomas Landau

Authorized by: \_\_\_\_\_ Cardiac Fellow

Monthly Total No. of sessions: 14 No. of sessions: 14  
 No. of patients: 25 No. of patients: 25

**Clinical and Interventional Cardiology, P.L.L.C.**


*Lynne Perry-Böttinger, M.D., F.A.C.C.  
Clinical Assistant Professor of Medicine  
Columbia and Cornell Universities  
Board-Certified in Cardiovascular Diseases  
Telephone: 914-576-7577*

*140A Lockwood Ave.  
New Rochelle, NY 10801  
Internet: [www.savehearts.com](http://www.savehearts.com)  
Facsimile: 914-576-7377*

To whom it may concern:

You sent me at least eight different claim forms for my unreimbursed services performed at Sound Shore Medical Center. I completed the only one with an amount on it although the amount is incorrect. I performed ecg monitoring for nuclear stress tests at Sound Shore Hospital for \$250 per session. I presented attached invoice once to supervisor Mr. Tom Truscio and several times to Mr. John Mamagakis at Sound Shore Medical Center (now retired) without response. Please reimburse \$4000 in full. I have attached attendant worksheets to support my invoice.

Yours truly,



Lynne Perry-Böttinger MD FACC

**UNITED STATES BANKRUPTCY COURT  
 SOUTHERN DISTRICT OF NEW YORK**

In re:

Chapter 11 Case

SOUND SHORE MEDICAL CENTER OF  
 WESTCHESTER, et al.,

Case No. 13- 22840 (RDD)

Debtors.

(Jointly Administered)

**NOTICE OF DEADLINE REQUIRING FILING OF PROOFS OF CLAIM  
 (INCLUDING CLAIMS UNDER SECTION 503(B)(9) OF THE BANKRUPTCY CODE**

The United States Bankruptcy Court for the Southern District of New York has entered an Order establishing (i) **September 16, 2013 at 4:00 p.m. (prevailing Eastern time)** as the last date for each person or entity (including individuals, partnerships, limited liability companies, corporations, joint ventures and trusts) to file a proof of claim based on prepetition claims, including claims under section 503(b)(9) of the Bankruptcy Code, and (ii) **November 25, 2013 at 4:00 p.m. (prevailing Eastern time)** as the last date for each governmental unit to file a proof of claim based on prepetition claims, as against any of the following Debtors:

Name of Debtor	Case Number	Tax Identification Number	Other Names Used by Debtors in Last 5 Years
Sound Shore Health System, Inc.	13-22844	13-4011398	N/A
Sound Shore Medical Center of Westchester	13-22840	13-1740117	N/A
The Mount Vernon Hospital, Inc.	13-22841	13-1740115	N/A
Howe Avenue Nursing Home d/b/a Helen and Michael Schaffer Extended Care Center	13-22842	23-7000781	N/A
NRFMC Services Corporation	13-22845	13-3769137	N/A
The M.V.H. Corporation	13-22843	13-3281514	N/A
New Rochelle Sound Shore Housing, LLC	13-22846	13-1740117	N/A

The Bar Date and procedures set forth in the Order for filing proofs of claim apply to all claims against the Debtors that arose prior to May 29, 2013 (the "**Petition Date**"), the date on which the Debtors commenced their respective cases under chapter 11 of the Bankruptcy Code, except those holders of the certain claims listed in the Order that are specifically excluded from the Bar Date filing requirements ("**Excluded Claims**").

You **MUST** file a proof of claim to vote on a chapter 11 plan filed by the Debtors or to share in distributions from any of the Debtors' bankruptcy estates if you have a claim that arose prior to the Petition Date, and it is not one of the types of Excluded Claims described in the Order. Claims based on acts or omissions of the Debtors that occurred before the Petition Date (other than Excluded Claims) must be filed on or prior to the Bar Date, even if such claims are not now fixed, liquidated or certain or did not mature or become fixed, liquidated or certain before the Filing Date.

For a copy of the Order and a sample proof of claim form, you may contact the Debtor's Claims Agent: GCG, Inc., P.O. Box 9982 Dublin, Ohio 43017-5982, by phone at (866) 300-1288, by email at SoundShoreInfo@gcginc.com, or visit their website at [www.gcginc.com/cases/soundshore](http://www.gcginc.com/cases/soundshore).

AND INTERSTITIAL CARDIOPATHY  
AND ALCOHOLIC  
HEPATOMEGALY

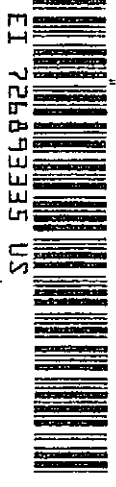
SPONDYLOLISTHESIS  
C6-7  
PO BOX 9992  
DURHAM, NC  
43617-5992

Please Rush To Addressee  
PLEASE PRESS FIRMLY



UNITED STATES POSTAL SERVICE

Entered 02/23/15 11:01:24  
Pg 24 of 35



EI 756893335 US

PLEASE PRESS FIRMLY

Flat Rate Envelope  
Visit us at usps.com

EXTREMELY URGENT

Please Rush To Addressee



Mailing Label  
Label 14-B, March 2003

UNITED STATES POSTAL SERVICE® Post Office To Addressee

<input type="checkbox"/> First Day of Delivery <input type="checkbox"/> 2nd Day of Delivery <input type="checkbox"/> 3rd Day of Delivery		Postage	\$ 4.55
<input type="checkbox"/> Return Receipt Fee <input type="checkbox"/> Insurance Fee		Return Receipt Fee	\$ 2.55
<input type="checkbox"/> Total Postage & Fees <input type="checkbox"/> Acceptance Employment		Total Postage & Fees	\$ 7.10
<input type="checkbox"/> lbs. <input type="checkbox"/> ozs.		Weight	6 ozs.
<input type="checkbox"/> AM <input type="checkbox"/> PM		Time	AM
<input type="checkbox"/> Int'l Alpha Country Code		Int'l Alpha Country Code	

FROM: (PLEASE PRINT) PHONE ( ) 235-5179

SPERRY-BOTTNER  
PO Box 89  
New Rochelle, NY 10804

FOR PICKUP OR TRACKING  
WWW.USPS.COM  
Call 1-800-222-8111

<input type="checkbox"/> NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	<input type="checkbox"/> Mailer Signature
TO: (PLEASE PRINT) PHONE ( )	

SUNN ROBE NEW CAR  
C/O GCA  
PO Box 9982  
DUBLIN, OH  
43003-0982

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.



1007

10801  
SEP 13 2013  
AMOUNT  
\$22.50  
0006112-11

PLEASE NOTE:

When used internationally affix customs declarations (PS Form 2976, or 2976A).


Please Recycle



01000187

SSM0202640761



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
<b>Name of Debtor (Check Only One):</b> <input type="checkbox"/> Sound Shore Medical Center of Westchester <input type="checkbox"/> The Mount Vernon Hospital, Inc. <input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center <input type="checkbox"/> The M.V.H. Corporation <input type="checkbox"/> Sound Shore Health System, Inc. <input type="checkbox"/> NRHMC Services Corporation <input type="checkbox"/> New Rochelle Sound Shore Housing, LLC	<b>Case No.</b> 13-22840 13-22841 13-22842 13-22843 13-22844 13-22845 13-22846	<b>Your Claim is Scheduled As Follows:</b>  <div style="text-align: center;">  </div> If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.
NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).		
<b>Name of Creditor (the person or other entity to whom the Debtor owes money or property):</b> LYNNE PERRY BOTTINGER CARDIOLOGY	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  <b>Court Claim Number:</b>  _____ (If known)  <b>Filed on:</b>  _____	
<b>Name and address where notices should be sent:</b>  LYNNE PERRY BOTTINGER CARDIOLOGY TEACHING ATTENDING 140 A LOCKWOOD AVENUE NEW ROCHELLE, NY 10801	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.	
<b>Telephone number:</b> <b>Email Address:</b>	<b>Name and address where payment should be sent (if different from above):</b>  09-16-13 A11:20 IN	
<b>Telephone number:</b> <b>Email Address:</b>	<b>Name and address where payment should be sent (if different from above):</b>  09-16-13 A11:20 IN	
1. <b>Amount of Claim as of Date Case Filed (May 29, 2013):</b> \$ _____		
FILED - 10775 U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. DRAIN		
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6.		
<input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. <b>Basis for Claim:</b> _____ (See instruction #2)		
3. <b>Last four digits of any number by which creditor identifies Debtor:</b>  _____	3a. <b>Debtor may have scheduled account as:</b>  _____ (See instruction #3a)	3b. <b>Uniform Claim Identifier (optional):</b>  _____ (See instruction #3b)
4. <b>Secured Claim (See instruction #4)</b> Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		
<b>Nature of property or right of setoff:</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other  <b>Describe:</b> _____  <b>Value of Property:</b> \$ _____  <b>Annual Interest Rate</b> _____ % <input type="checkbox"/> Fixed     or <input type="checkbox"/> Variable (when case was filed)	<b>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:</b> \$ _____  <b>Basis for perfection:</b> _____  <b>Amount of Secured Claim:</b> \$ _____  <b>Amount Unsecured:</b> \$ _____	
5. <b>Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</b>		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <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"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).  <b>Amount entitled to priority:</b> \$ _____
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. <b>Claim Pursuant to 11 U.S.C. § 503(b)(9):</b> Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____		
7. <b>Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)		

**8. Documents:** Attached are 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, and the 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) Check the appropriate box.  
 I am the creditor     I am the creditor's authorized agent.     I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004)     I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)  
 (Attach 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: \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)  
 Company: \_\_\_\_\_  
 Address and telephone number (if different from notice address above): \_\_\_\_\_  
 \_\_\_\_\_  
 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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. **IF BY HAND OR OVERNIGHT COURIER:** Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

**THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**  
**THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**

**Items to be completed in Proof of Claim Form**

**Court, Name of Debtor, and Case Number:**  
 These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.

**SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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.

**3b. Uniform Claim Identifier:**  
 If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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 your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9):**  
 If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

**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 healthcare 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**

**INFORMATION**

**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 to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).

**Claim**  
A claim is the creditor's right to receive payment for a debt 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 GCG as described in the instructions above and in the Bar Date Notice.

**Section 503(b)(9) Claim**  
A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**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.

**Acknowledgment of Filing of Claim**  
To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.

**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.

**Display of Proof of Claim on Case Administration Website**  
As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the internet.



01000187  
SSM0202640761



LYNNE PERRY BOTTINGER CARDIOLOGY  
TEACHING ATTENDING  
140 A LOCKWOOD AVENUE  
NEW ROCHELLE, NY 10801

**Clinical and Interventional Cardiology, P.L.L.C.**

Lynne Perry-Böttinger, M.D., F.A.C.C.  
Clinical Assistant Professor of Medicine  
Columbia and Cornell Universities  
Internet: www.savehearts.com  
Telephone: 914-576-7577

140A Lockwood Ave.  
New Rochelle, NY 10801  
Facsimile: 914-576-7377

**SPRING INVOICE 2013**

SOUND SHORE MEDICAL CENTER RADIOLOGY-STRESS TEST SUPERVISION:

LYNNE PERRY-BOTTINGER MD FACC-611423731

DATE	SESSIONS	AMOUNT
MARCH 2013	4	\$1000
APRIL 2013	7	\$1750
MAY 2013 (pre-May 29)	5	\$1250

**TOTAL OUTSTANDING : \$4000**

7/9/13 Aken Mr. Mama galeo. Thanks!  
6321976



8/1/13 Refused 6321976

Please give to Mr. John Mama galeo



Sound Shore Surgical Center  
Stress Test Monitoring  
Nuclear Medicine

Month: March Year: 2013

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Dr. Perry-Bollinger	Dr. Landau	Dr. Landau	Dr. Landau	Dr. Perry-Bollinger	Dr. Perry-Bollinger	Dr. Perry-Bollinger
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Total No. of exercise stresses: 29

Total No. of pharm. stresses: 16

Prepared by: YH hm

Authorized by: \_\_\_\_\_

Dr. Thomas Landau  
Cardiac Fellow  
Monthly Total

No. of sessions: 0 No. of patients: 0  
 No. of sessions: 12 No. of patients: 29  
 No. of sessions: 15 No. of patients: 29

Sound Shore Surgical Center  
 Stress Test Monitoring  
 Nuclear Medicine

Month: April Year: 2013

Month	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Dr. Perry-Bollinger 2	Dr. Landau 1	Dr. Landau 1	Dr. Landau 1	Dr. Perry-Bollinger 2	Dr. Perry-Bollinger 2	
	1	2	3	4	5	6	
7	Dr. Perry-Bollinger 1	Dr. Landau 3	Dr. Landau 2	Dr. Perry-Bollinger 1	Dr. Perry-Bollinger 2	Dr. Perry-Bollinger 2	
	8	9	10	11	12	13	
14	Dr. Perry-Bollinger 15	Dr. Landau 16	Dr. Landau 17	Dr. Perry-Bollinger 18	Dr. Perry-Bollinger 19	Dr. Perry-Bollinger 20	
	21	22	23	24	25	26	27
28	Dr. Perry-Bollinger 29	Dr. Landau 30					
	Dr. Perry-Bollinger	Dr. Landau					

Total No. of exercise stresses: 39 Total No. of sessions: 7 No. of patients: 14

Total No. of pharm. stresses: 5 Dr. Thomas Landau No. of sessions: 16 No. of patients: 25

Prepared by: JM Cardiac Fellow No. of sessions: 23 No. of patients: 39

Authorized by: \_\_\_\_\_ Monthly Total No. of sessions: 27 No. of patients: 39

Sound Shore Surgical Center  
 Stress Test Monitoring  
 Nuclear Medicine

Month: Nov Year: 2015

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Dr. Perry-Bollinger	Dr. Landau	Dr. Landau	Dr. Landau	Dr. Landau	Dr. Perry-Bollinger	Dr. Perry-Bollinger
12	13	14	15	16	17	18
Dr. Perry-Bollinger	Dr. Landau	Dr. Landau	Dr. Landau	Dr. Landau	Dr. Perry-Bollinger	Dr. Perry-Bollinger
19	20	21	22	23	24	25
Dr. Perry-Bollinger	Dr. Landau	Dr. Landau	Dr. Landau	Dr. Landau	Dr. Perry-Bollinger	Dr. Perry-Bollinger
26	27	28	29	30	31	
Dr. Perry-Bollinger	Dr. Landau	Dr. Landau	Dr. Landau	Dr. Perry-Bollinger	Dr. Perry-Bollinger	

Total No. of exercises/stresses: 21 Total No. of sessions: 6 Total No. of patients: 15

Total No. of pharm. stresses: 5 Dr. Thomas Landau No. of sessions: 8 No. of patients: 12

Prepared by: [Signature] Cardiac Fellow No. of sessions: 14 No. of patients: 20

Authorized by: \_\_\_\_\_ Monthly Total No. of sessions: 14 No. of patients: 25

**Clinical and Interventional Cardiology, P.L.L.C.**

*Lynne Perry-Böttinger, M.D., F.A.C.C.  
Clinical Assistant Professor of Medicine  
Columbia and Cornell Universities  
Board-Certified in Cardiovascular Diseases  
Telephone: 914-576-7577*

*140A Lockwood Ave.  
New Rochelle, NY 10801  
Internet: [www.savehearts.com](http://www.savehearts.com)  
Facsimile: 914-576-7377*

To whom it may concern:

You sent me at least eight different claim forms for my unreimbursed services performed at Sound Shore Medical Center. I completed the only one with an amount on it although the amount is incorrect. I performed eeg monitoring for nuclear stress tests at Sound Shore Hospital for \$250 per session. I presented attached invoice once to supervisor Mr. Tom Truscio and several times to Mr. John Mamagakis at Sound Shore Medical Center (now retired) without response. Please reimburse \$4000 in full. I have attached attendant worksheets to support my invoice.

Yours truly,



Lynne Perry-Böttinger MD FACC

UNITED STATES BANKRUPTCY COURT  
 SOUTHERN DISTRICT OF NEW YORK

-----x  
 In re:

Chapter 11 Case

SOUND SHORE MEDICAL CENTER OF  
 WESTCHESTER, et al.,

Case No. 13- 22840 (RDD)

Debtors.

(Jointly Administered)

-----x

**NOTICE OF DEADLINE REQUIRING FILING OF PROOFS OF CLAIM  
 (INCLUDING CLAIMS UNDER SECTION 503(B)(9) OF THE BANKRUPTCY CODE**

The United States Bankruptcy Court for the Southern District of New York has entered an Order establishing (i) **September 16, 2013 at 4:00 p.m. (prevailing Eastern time)** as the last date for each person or entity (including individuals, partnerships, limited liability companies, corporations, joint ventures and trusts) to file a proof of claim based on prepetition claims, including claims under section 503(b)(9) of the Bankruptcy Code, and (ii) **November 25, 2013 at 4:00 p.m. (prevailing Eastern time)** as the last date for each governmental unit to file a proof of claim based on prepetition claims, as against any of the following Debtors:

Name of Debtor	Case Number	Tax Identification Number	Other Names Used by Debtors in Last 5 Years
Sound Shore Health System, Inc.	13-22844	13-4011398	N/A
Sound Shore Medical Center of Westchester	13-22840	13-1740117	N/A
The Mount Vernon Hospital, Inc.	13-22841	13-1740115	N/A
Howe Avenue Nursing Home d/b/a Helen and Michael Schaffer Extended Care Center	13-22842	23-7000781	N/A
NRHMC Services Corporation	13-22845	13-3769137	N/A
The M.V.H. Corporation	13-22843	13-3281514	N/A
New Rochelle Sound Shore Housing, LLC	13-22846	13-1740117	N/A

The Bar Date and procedures set forth in the Order for filing proofs of claim apply to all claims against the Debtors that arose prior to May 29, 2013 (the "Petition Date"), the date on which the Debtors commenced their respective cases under chapter 11 of the Bankruptcy Code, except those holders of the certain claims listed in the Order that are specifically excluded from the Bar Date filing requirements ("Excluded Claims").

You MUST file a proof of claim to vote on a chapter 11 plan filed by the Debtors or to share in distributions from any of the Debtors' bankruptcy estates if you have a claim that arose prior to the Petition Date, and it is not one of the types of Excluded Claims described in the Order. Claims based on acts or omissions of the Debtors that occurred before the Petition Date (other than Excluded Claims) must be filed on or prior to the Bar Date, even if such claims are not now fixed, liquidated or certain or did not mature or become fixed, liquidated or certain before the Filing Date.

For a copy of the Order and a sample proof of claim form, you may contact the Debtor's Claims Agent: GCG, Inc., P.O. Box 9982 Dublin, Ohio 43017-5982, by phone at (866) 300-1288, by email at SoundShoreInfo@gcginc.com, or visit their website at [www.gcginc.com/cases/soundshore](http://www.gcginc.com/cases/soundshore).

CLINICAL AND INTERVENTIONAL CARDIOLOGY, P.L.L.C.  
1400 ALCOCKWOOD AVE  
NEW ROCHELLE, NY 10801

43617-5982  
PO BOX 9912  
DUBUQUE, IA  
52002  
SOUND MACHINE WORK COMPANY  
C/O CEC  
PO BOX 9912





UNITED STATES POSTAL SERVICE

Please Rush To Addressee  
PLEASE PRESS FIRMLY



FI 726893335 US

Flat Rate Envelope  
Visit us at usps.com

EXTREMELY URGENT

Please Rush To Addressee

PLEASE PRESS FIRMLY



1007

10801  
SEP 13 13  
AMOUNT  
\$22.50  
0006112-11

PLEASE NOTE:  
When used internationally affix customs declarations (PS Form 2976, or 2976A).

**DELIVERY POINTS ONLY**

Post Office Code: 10802  
 Day of Delivery:  1st  2nd  3rd  
 Scheduled Date of Delivery: Month 9 Day 14 Year 13  
 Postage: \$4.45  
 Return Receipt Fee: \$2.55  
 Insurance Fee: \$  
 Total Postage & Fees: \$22.50  
 Accelerator Estimate: \$

Flat Rate:  or Weight:  AM  PM  
 Int'l Alpha Country Code:  1st Day  2nd Day  3rd Day

FROM: (PLEASE PRINT) PHONE: NY 235-5149

SPENNY-BOTTINBERG  
PO BOX 89  
NEW ROCHELLE, NY 10804

FOR PICKUP OR TRACKING  
Visit: www.usps.com  
Call: 1-800-222-1811



UNITED STATES POSTAL SERVICE® Post Office To Addressee

Mailing Label  
Label 145, March 2004

**DELIVERY POINTS ONLY**

Delivery Attempt:  AM  PM  
 Employee Signature: \_\_\_\_\_  
 Delivery Date:  AM  PM  
 Employee Signature: \_\_\_\_\_

**CUSTOMER USE ONLY**

PAYMENT BY ACCOUNT  
 Federal Agency Acct. No. or Postal Service Acct. No. \_\_\_\_\_  
 WAIVER OF SIGNATURE (Domestic Mail Only)  
 customer requests waiver of signature. void if address or addressee's agent (if delivery signature judges that article can be left in secure location) and I authorize the carrier to deliver without signature of addressee.

NO DELIVERY  Mailing Signature \_\_\_\_\_  
 Weekend  Holiday

TO: (PLEASE PRINT) PHONE: \_\_\_\_\_

SUMNER HOUSE, NEWARK  
C/O GCA  
PO BOX 9982  
NEWARK, NJ 07109

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.  
ZIP + 4 (U.S. ADDRESSES ONLY, DO NOT USE FOR FOREIGN POSTAL CODES.)  
43617 + 59102



Please Recycle

01014368

SSM0202459274



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
<p><b>Name of Debtor (Check Only One):</b></p> <p><input type="checkbox"/> Sound Shore Medical Center of Westchester</p> <p><input checked="" type="checkbox"/> The Mount Vernon Hospital, Inc.</p> <p><input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center</p> <p><input type="checkbox"/> The M.V.H. Corporation</p> <p><input type="checkbox"/> Sound Shore Health System, Inc.</p> <p><input type="checkbox"/> NRHMC Services Corporation</p> <p><input type="checkbox"/> New Rochelle Sound Shore Housing, LLC</p>	<p><b>Case No.</b></p> <p>13-22840</p> <p>13-22841</p> <p>13-22842</p> <p>13-22843</p> <p>13-22844</p> <p>13-22845</p> <p>13-22846</p>	<p><b>Your Claim is Scheduled As Follows:</b></p> <p>The Mount Vernon Hospital, Inc.</p> <div style="text-align: center; border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; margin: 10px auto; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 8px;">THE GARDEN CITY GROUP, INC.</span>  <span style="font-size: 12px; font-weight: bold;">SEP 17 2013</span> </div> <p>Unsecured, Unknown</p> <p>Contingent / Unliquidated / Disputed</p> <p>If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.</p>
<p><b>NOTE:</b> Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).</p>		
<p><b>Name of Creditor (the person or other entity to whom the Debtor owes money or property):</b> DOUGLAS BRYAN</p>	<p><input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.</p>	
<p><b>Name and address where notices should be sent:</b></p> <p>DOUGLAS BRYAN                  C/O JAMES NEUMAN, P.C.                  2815 WATERBURY AVE                  BRONX, NY 10461-6113</p>	<p><b>Court Claim Number:</b>  <u>20169/10</u>                  (If known)</p> <p><b>Filed on:</b></p>	
<p><b>Telephone number:</b></p> <p><b>Email Address:</b></p>	<p><input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.</p>	
<p><b>Name and address where payment should be sent (if different from above):</b></p> <p><b>Telephone number:</b></p> <p><b>Email Address:</b></p>	<p><b>1. Amount of Claim as of Date Case Filed (May 29, 2013):</b> \$ _____</p> <p style="text-align: right; font-size: 8px;">FILED - 60861</p> <p>If all or part of the claim is secured, complete item 4. <span style="float: right; font-size: 8px;">U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK</span></p> <p>If all or part of the claim is entitled to priority, complete item 5. <span style="float: right; font-size: 8px;">SOUND SHORE MEDICAL CENTER OF WESTCHESTER</span></p> <p>If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6. <span style="float: right; font-size: 8px;">ROBERT D. BRAIN</span></p> <p><input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.</p>	
<p><b>2. Basis for Claim:</b> <u>MEDICAL MALPRACTICE CLAIMS (ON TRIAL CALENDAR)</u>                  (See instruction #2)</p>		
<p><b>3. Last four digits of any number by which creditor identifies Debtor:</b></p> <p>_____</p>	<p><b>3a. Debtor may have scheduled account as:</b></p> <p>_____</p> <p style="text-align: center; font-size: 8px;">(See instruction #3a)</p>	<p><b>3b. Uniform Claim Identifier (optional):</b></p> <p>_____</p> <p style="text-align: center; font-size: 8px;">(See instruction #3b)</p>
<p><b>4. Secured Claim (See instruction #4)</b></p> <p>Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.</p> <p><b>Nature of property or right of setoff:</b>      <input type="checkbox"/> Real Estate      <input type="checkbox"/> Motor Vehicle</p> <p style="padding-left: 100px;"><input type="checkbox"/> Other</p> <p><b>Describe:</b> _____</p> <p><b>Value of Property:</b> \$ _____</p> <p><b>Annual Interest Rate</b> _____ %      <input type="checkbox"/> Fixed      or      <input type="checkbox"/> Variable                  (when case was filed)</p> <p style="text-align: right;"><b>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:</b> \$ _____</p> <p style="text-align: right;"><b>Basis for perfection:</b> _____</p> <p style="text-align: right;"><b>Amount of Secured Claim:</b> \$ _____</p> <p style="text-align: right;"><b>Amount Unsecured:</b> \$ _____</p>		
<p><b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</b></p> <p><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 the case was filed or the Debtor's business ceased, 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).</p> <p><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)( ).</p> <p style="text-align: right;"><b>Amount entitled to priority:</b> \$ _____</p> <p><small>*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small></p>		
<p><b>6. Claim Pursuant to 11 U.S.C. § 503(b)(9):</b> Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____</p>		
<p><b>7. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)</p>		

8. Documents: Attached are 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, and the 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) Check the appropriate box.  
 I am the creditor  I am the creditor's authorized agent.  I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004)  I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)

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: JAMES NEWMAN B20

Title: Attorney JAMES NEWMAN PC

Company: JAMES NEWMAN PC

(Signature) [Handwritten Signature]

(Date) 7/11/13

Address and telephone number (if different from notice address above):

Telephone number: 718 823 3122

email: JAMES@JAMESNEWMAN.COM

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.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: IF BY MAIL: Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. IF BY HAND OR OVERNIGHT COURIER: Sound Shore Medical of Westchester, et al. c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)  
THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)

Items to be completed in Proof of Claim Form

Court, Name of Debtor, and Case Number:  
These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.

A SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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.

3b. Uniform Claim Identifier:  
If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

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 your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9):  
If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

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 healthcare 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**

**INFORMATION**

**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 to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).

**Claim**

A claim is the creditor's right to receive payment for a debt 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 GCG as described in the instructions above and in the Bar Date Notice.

**Section 503(b)(9) Claim**

A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**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.

**Acknowledgment of Filing of Claim**

To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.

**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(c), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.

**Display of Proof of Claim on Case Administration Website**

As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.

01014368  
SSM0202459274



DOUGLAS BRYAN  
C/O JAMES NEUMAN, P.C.  
2815 WATERBURY AVE  
BRONX, NY 10461-6113

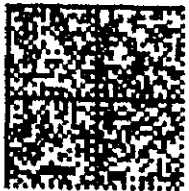


**JAMES NEWMAN, PC**  
ATTORNEYS AT LAW

2015 WATERSBURY AVENUE, BRONX, NEW YORK 10461

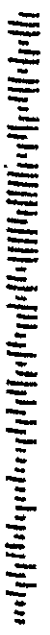
2

Sound Shore Medical of Westchester et al  
c/o GCG Inc.  
P.O. BOX 9982  
Dublin, OH 43017-5982




UNITED STATES POSTAGE  
02 1P  
\$000.46  
0003290412 SEP 11 2013  
MAILED FROM ZIP CODE 10461  
PITNEY BOWES

43017598282





UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
<b>Name of Debtor (Check Only One):</b> <input checked="" type="checkbox"/> Sound Shore Medical Center of Westchester <input type="checkbox"/> The Mount Vernon Hospital, Inc. <input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center <input type="checkbox"/> The M.V.H. Corporation <input type="checkbox"/> Sound Shore Health System, Inc. <input type="checkbox"/> NRHMC Services Corporation <input type="checkbox"/> New Rochelle Sound Shore Housing, LLC		<b>Your Claim is Scheduled As Follows:</b>   U.S. BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK
<b>Case No.</b> 13-22840 13-22841 13-22842 13-22843 13-22844 13-22845 13-22846		
NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).		
<b>Name of Creditor (the person or other entity to whom the Debtor owes money or property):</b> <u>CARMELA Chiera</u>		If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.
<b>Name and address where notices should be sent:</b> <u>Carmela Chiera</u> <u>2261 Palmer Ave Apt 40</u> <u>New Rochelle NY 10901</u>		
<b>Telephone number:</b> <u>914 235 9681</u> <b>Email Address:</b> <u>CamilleChiera@hotmail.com</u>		
<b>Name and address where payment should be sent (if different from above):</b> FILED - 00119 U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. DRAIN		
<input checked="" type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  <b>Court Claim Number:</b>  (If known)  <b>Filed on:</b> <u>Fed Exed 9/13/13</u>		
<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.		
<b>1. Amount of Claim as of Date Case Filed (May 29, 2013): \$</b> <u>22,066.67 - grandfathered money</u> If all or part of the claim is secured, complete item 4. <u>+ \$54,083.30 - pension plan not funded</u> If all or part of the claim is entitled to priority, complete item 5. <u>total \$76,149.97 from 2005-2012</u> If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
<b>2. Basis for Claim:</b> <u>MONEY OWED FOR SERVICES NOT FORWARDED FOR ALMOST 30 yrs. OF SERVICE TO SSMC - see attached</u> (See instruction #2)		
<b>3. Last four digits of any number by which creditor identifies Debtor:</b> _____		<b>3a. Debtor may have scheduled account as:</b> _____ (See instruction #3a)
		<b>3b. Uniform Claim Identifier (optional):</b> _____ (See instruction #3b)
<b>4. Secured Claim (See instruction #4)</b> Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		<b>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:</b> \$ _____
<b>Nature of property or right of setoff:</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other		<b>Basis for perfection:</b> _____  <b>Amount of Secured Claim:</b> \$ _____  <b>Amount Unsecured:</b> \$ _____
<b>Describe:</b> _____  <b>Value of Property:</b> \$ _____  <b>Annual Interest Rate</b> _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		
<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</b> <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 the case was filed or the Debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8). <input checked="" type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).		
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		<b>Amount entitled to priority:</b> <u>\$ 54,083.30</u>
<b>6. Claim Pursuant to 11 U.S.C. § 503(b)(9):</b> Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____		
<b>7. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)		

Modified B10 (GCG) (04/13)

**8. Documents:** Attached are 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, and the 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) Check the appropriate box.  
 I am the creditor     I am the creditor's authorized agent.     I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004)     I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)  
 (Attach 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: CARMELA CHIERA    Carmela Chiera    9/15/13  
 Title: Retiree    (Signature)    (Date)  
 Company: Sound Shore Med. Ctr.  
 Address and telephone number (if different from notice address above): \_\_\_\_\_  
 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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. **IF BY HAND OR OVERNIGHT COURIER:** Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

**THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**  
**THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**

**Items to be completed in Proof of Claim Form**

**Court, Name of Debtor, and Case Number:**  
 These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.  
**AN SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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.

**3b. Uniform Claim Identifier:**  
 If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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 your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9):**  
 If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

**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 healthcare 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 to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).

**Claim**

A claim is the creditor's right to receive payment for a debt 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 GCG as described in the instructions above and in the Bar Date Notice.

**Section 503(b)(9) Claim**

A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**INFORMATION**

**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.

**Acknowledgment of Filing of Claim**

To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.

**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.

**Display of Proof of Claim on Case Administration Website**

As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.

9/16/13

2261 Palmer Avenue, Apt. 4-O  
New Rochelle, NY 10801

To the Bankruptcy Judge:

We were encouraged to retire at the end of 2012; for some of us they extended that until 2/28/13. I am one of those who retired at the end of 2/28/13. We had an agreement that we would receive 26 payments – for me that amounted to \$1,697.46 biweekly. I feel that we should get the remainder of our money based on the fact that we were told that if we stayed they could not assure that whoever took over would honor that money – so most of us took the money and now in mid September they stopped paying us.

Also, as to our benefits money SSMC has not funded our pension in about 8 years and I feel that we are due our pension money. If the higher ups can get money why can't us. The senior staff took \$82,000 3 days before they filed for bankruptcy (there was in article in the journal news) How could they get away with this. The government (ER ISA) allowed them to go belly up with our original pension and for someone who is now 69 and after almost 30 years of good service I get \$629 per month. Not only that I lost thousands of hours of sick time b/c I was a good employee.

Therefore, I feel we should be entitled to receive at least 50 cents on the dollar of our money if not more.

Also, SSMC decided to do all this on Tuesday when they FedExed us a letter which was to be received by us by Wednesday 9/11/13 and we had until 9/16/13 at 4 PM to get in a proof of claim. I did not get my FedEx until Friday, 9/13/13. Do you think this was fair, but SSMC has never been fair to its employees.

Thank you for your consideration.



Carmela Chiera

From: (631) 470-5000  
Attn: Arturo D. Tavarez  
Case Adm./ECF Trainer  
US Bankruptcy Court, SDNY  
300 Quarropas Street  
WHITE PLAINS, NY 10601

Origin ID: NESA



J13111302120326

Ship Date: 10JUL13  
ActWgt: 1.0 LB  
CAD: 100098143/NET3370

Delivery Address Bar Code



Ref # SSM

RMA #  
Return Reason:

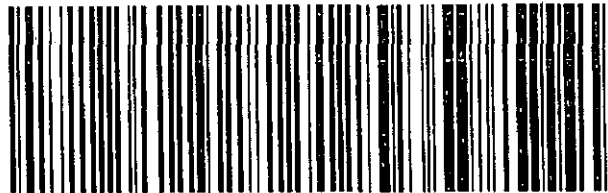
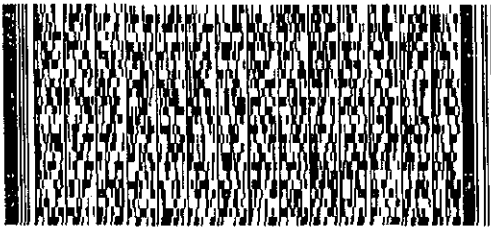
SHIP TO: (631) 470-5000  
Attn: Bankruptcy Dept.  
c/o GCG, Inc.  
5151 Blazer Parkway  
Suite A  
DUBLIN, OH 43017

BILL THIRD PARTY

RETURNS MON-FRI  
STANDARD OVERNIGHT

TRK# 7961 9386 3377  
0221

43017  
OH-US



518G1/A0493AB

1. Select the 'Print' button to print 1 copy of each label.
2. The Return Shipment instructions, which provide your recipient with information on the returns process, will be printed with the label(s).
3. After printing, select your next step by clicking one of the displayed buttons.

Note: To review or print individual labels, select the Label button under each label image above.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$500, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

FILED - 60794

U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

SOUND SHORE MEDICAL CENTER OF WESTCHESTER

ROBERT D. DRAIN



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
<p>Name of Debtor (Check Only One):</p> <p><input type="checkbox"/> Sound Shore Medical Center of Westchester</p> <p><input type="checkbox"/> The Mount Vernon Hospital, Inc.</p> <p><input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center</p> <p><input type="checkbox"/> The M.V.H. Corporation</p> <p><input checked="" type="checkbox"/> Sound Shore Health System, Inc.</p> <p><input type="checkbox"/> NRHMC Services Corporation</p> <p><input type="checkbox"/> New Rochelle Sound Shore Housing, LLC</p>	<p>Case No.</p> <p>13-22840</p> <p>13-22841</p> <p>13-22842</p> <p>13-22843</p> <p>13-22844</p> <p>13-22845</p> <p>13-22846</p>	<p style="text-align: center;">Your Claim is Scheduled As Follows:</p> <div style="text-align: center; border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> </div> <p>If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.</p>
<p>NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).</p>		
<p>Name of Creditor (the person or other entity to whom the Debtor owes money or property): <u>Complete Management Solutions, LLC</u></p>	<p><input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.</p>	
<p>Name and address where notices should be sent:</p> <p><u>Akerna Services, LLC</u>  <u>666 Park Avenue, 20th Floor</u>  <u>New York, NY 10022</u>  <u>Att: Scott M. Keshik</u></p> <p>Telephone number: <u>212-882-3800</u></p> <p>Email Address: <u>Scott.Keshik@akerna.com</u></p>	<p>Court Claim Number: _____</p> <p>(If known)</p> <p>Filed on: _____</p>	
<p>Name and address where payment should be sent (if different from above):</p> <p>Telephone number: _____</p> <p>Email Address: _____</p>	<p><input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.</p>	
<p>1. Amount of Claim as of Date Case Filed (May 29, 2013): \$ <u>180,811.73</u></p> <p>If all or part of the claim is secured, complete item 4.</p> <p>If all or part of the claim is entitled to priority, complete item 5.</p> <p>If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6.</p> <p><input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.</p>		
<p>2. Basis for Claim: <u>Service performed</u></p> <p>(See instruction #2)</p>		
<p>3. Last four digits of any number by which creditor identifies Debtor: _____</p>	<p>3a. Debtor may have scheduled account as: _____</p> <p>(See instruction #3a)</p>	<p>3b. Uniform Claim Identifier (optional): _____</p> <p>(See instruction #3b)</p>
<p>4. Secured Claim (See instruction #4)</p> <p>Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.</p> <p>Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other</p> <p>Describe: _____</p> <p>Value of Property: \$ _____</p> <p>Annual Interest Rate _____% <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)</p> <p>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____</p> <p>Basis for perfection: _____</p> <p>Amount of Secured Claim: \$ _____</p> <p>Amount Unsecured: \$ _____</p>		
<p>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</p> <p><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).</p> <p><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).</p> <p><input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).</p> <p><input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).</p> <p><input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).</p> <p>Amount entitled to priority: \$ _____</p> <p>*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</p>		
<p>6. Claim Pursuant to 11 U.S.C. § 503(b)(9): Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____</p>		
<p>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)</p>		

Modified B10 (GCG) (04/13)

8. Documents: Attached are 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, and the 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) Check the appropriate box.  
 I am the creditor  I am the creditor's authorized agent.  I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004)  I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)  
 (Attach 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: Scott M. Kessler \_\_\_\_\_  
 Title: Attorney At Large, Manager, Solutions (Signature) \_\_\_\_\_  
 Company: Alcon (Date) 9/13/13  
 Address and telephone number (if different from notice address above): \_\_\_\_\_  
 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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: IF BY MAIL: Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. IF BY HAND OR OVERNIGHT COURIER: Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)  
 THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)

**Items to be completed in Proof of Claim Form**

**Court, Name of Debtor, and Case Number:**  
 These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.  
**ADSEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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.

**3b. Uniform Claim Identifier:**  
 If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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 your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9):**  
 If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

**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 healthcare 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**

**INFORMATION**

**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 to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).

**Claim**

A claim is the creditor's right to receive payment for a debt 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 GCG as described in the instructions above and in the Bar Date Notice.

**Section 503(b)(9) Claim**

A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**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.

**Acknowledgment of Filing of Claim**

To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.

**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.

**Display of Proof of Claim on Case Administration Website**

As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.

**Claim No. 794 is 115 pages. If you would like to view this  
claim in its entirety, please contact Ellen Huggler at  
516-393-2235.**

09-16-13 P02:47 IN



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
Name of Debtor (Check Only One): <input checked="" type="checkbox"/> Sound Shore Medical Center of Westchester <input type="checkbox"/> The Mount Vernon Hospital, Inc. <input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center <input type="checkbox"/> The M.V.H. Corporation <input type="checkbox"/> Sound Shore Health System, Inc. <input type="checkbox"/> NRHMC Services Corporation <input type="checkbox"/> New Rochelle Sound Shore Housing, LLC		Your Claim is Scheduled As Follows:  <div style="text-align: center;"> </div> <p>If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS. If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.</p>
Case No. 13-22840 13-22841 13-22842 13-22843 13-22844 13-22845 13-22846		
NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <u>Complete Management Solutions, LLC</u>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____  (If known)  Filed on: _____
Name and address where notices should be sent: <u>Akoma, Sente-Hitt LLP</u> <u>666 Fifth Avenue, 20th Floor</u> <u>New York, NY 10103</u> Attn: <u>Scott M. Keisler</u> Telephone number: <u>212-850-3800</u> Email Address: <u>Scott</u>		
Name and address where payment should be sent (if different from above): FILED - 0002K U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER Telephone number: _____ Email Address: _____ ROBERT D. DRAIN		
<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.		
1. Amount of Claim as of Date Case Filed (May 29, 2013): \$ <u>180,811.73</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Services performed</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies Debtor: _____	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, 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 was filed)		Amount of arrearage and other charges, as of the time case was 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 part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <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 the case was filed or the Debtor's business ceased, 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)(____). Amount entitled to priority: \$ _____  *Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Claim Pursuant to 11 U.S.C. § 503(b)(9): Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim \$ _____		
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)		



Modified B10 (GCG) (04/13)

8. Documents: Attached are 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, and the 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) Check the appropriate box  
 I am the creditor  I am the creditor's authorized agent.  I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004)  I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)  
 (Attach 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: Curt M. Kessler  
 Title: Attorney for Campbell Management Solutions (Signature) 9/13/13 (Date)  
 Company: Albena Solutions  
 Address and telephone number (if different from notice address above): \_\_\_\_\_  
 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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: IF BY MAIL: Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. IF BY HAND OR OVERNIGHT COURIER: Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017 ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)  
 THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)

**Items to be completed in Proof of Claim Form**

**Court, Name of Debtor, and Case Number:**  
 These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.

**SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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.

**3b. Uniform Claim Identifier:**  
 If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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 your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9):**  
 If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

**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 healthcare 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**

**INFORMATION**

**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 to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10)

**Claim**

A claim is the creditor's right to receive payment for a debt 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 GCG as described in the instructions above and in the Bar Date Notice.

**Section 503(b)(9) Claim**

A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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

**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.

**Acknowledgment of Filing of Claim**

To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.

**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.

**Display of Proof of Claim on Case Administration Website**

As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.

**Claim No. 828 is 115 pages. If you would like to view this  
claim in its entirety, please contact Ellen Huggler at  
516-393-2235.**

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT Southern District of New York		<b>PROOF OF CLAIM</b>
Name of Debtor: NEW ROCHELLE SOUND SHORE HOUSING, LLC and SOUND SHORE MEDICAL CENTER OF WESTCHESTER	Case Number: 13-22840 13-22846	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Coratolo & Carrieri Associates LLC		<b>COURT USE ONLY</b>
Name and address where notices should be sent: Nesenoff & Miltenberg LLP 363 7th Avenue, 5th Floor New York, New York 10001  Telephone number: (212) 736-4500 email: amiltenberg@nmilplaw.com		<input type="checkbox"/> Check this box if 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): U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. BRAIN  Telephone number: _____ email: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
1. Amount of Claim as of Date Case Filed: \$ <u>540,000.00</u>  If all or part of the claim is secured, complete item 4.  If all or part of the claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Brokerage Services Performed</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: _____	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, 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 was filed)		Amount of arrearage and other charges, as of the time case was 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 part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<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 the case was filed or the debtor's business ceased, 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)(____).
Amount entitled to priority: \$ _____		
*Amounts are subject to adjustment on 4/01/16 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. (See instruction #6)		

B10 (Official Form 10) (04/13) 2

**7. Documents:** Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). 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. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

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

If the documents are not available, please explain:

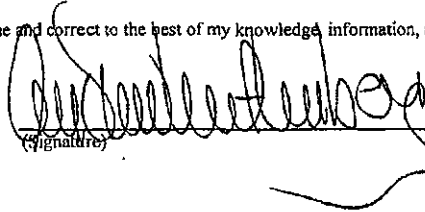
**8. Signature:** (See instruction #8)

Check the appropriate box.

- I am the creditor.     I am the creditor's authorized agent.     I am the trustee, or the debtor, or their authorized agent.     I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)  
 (See Bankruptcy Rule 3004.)

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: Andrew T. Miltenberg  
 Title: Attorney of Record  
 Company: Nesenoff & Miltenberg LLP  
 Address and telephone number (if different from notice address above):  
 \_\_\_\_\_  
 \_\_\_\_\_

 9/13/13  
 (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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

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

**Items to be completed in Proof of Claim form**

**Court, Name of Debtor, and Case Number:**  
 Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

**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.

**3b. Uniform Claim Identifier:**  
 If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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. 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.

**7. 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 and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. 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.

**8. 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, 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**

**INFORMATION**

**Debtor**

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

**Creditor**

A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).

**Claim**

A claim is the creditor's right to receive payment for a debt 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 clerk of the same bankruptcy court in which the bankruptcy case was filed.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**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.

**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 court's PACER system ([www.pacer.psc.uscourts.gov](http://www.pacer.psc.uscourts.gov)) for a small fee 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.

01014618

SSM0202479450



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
<b>Name of Debtor (Check Only One):</b> <input checked="" type="checkbox"/> Sound Shore Medical Center of Westchester <input type="checkbox"/> The Mount Vernon Hospital, Inc. <input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center <input type="checkbox"/> The M.V.H. Corporation <input type="checkbox"/> Sound Shore Health System, Inc. <input type="checkbox"/> NRHMC Services Corporation <input type="checkbox"/> New Rochelle Sound Shore Housing, LLC		<b>Your Claim is Scheduled As Follows:</b>  Sound Shore Medical Center of Westchester  Priority: Unknown Unsecured: Unknown  Contingent / Unliquidated  If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.
NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): CUDINA ANITA	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____  (If known)  Filed on: _____	
Name and address where notices should be sent: CUDINA ANITA 1 DEFOREST CT VALLEY COTTAGE, NY 10989-1701  Telephone number: Email Address:		
Name and address where payment should be sent (if different from above):  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 this claim. Attach copy of statement giving particulars.
1. Amount of Claim as of Date Case Filed (May 29, 2013): \$ <u>13,239.00</u> <span style="float: right;">FD-ED-09441</span> If all or part of the claim is secured, complete item 4. <span style="float: right;">U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK</span> If all or part of the claim is entitled to priority, complete item 5. <span style="float: right;">SOUND SHORE MEDICAL CENTER OF WESTCHESTER</span> If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6. <span style="float: right;">ROBERT D. DRAIN</span> <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>unpaid vacation fine</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies Debtor:  <u>6 3 9 8</u>	3a. Debtor may have scheduled account as:  _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional):  _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____  Basis for perfection: _____  Amount of Secured Claim: \$ _____  Amount Unsecured: \$ _____
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 was filed)		
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <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"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).
		<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).  Amount entitled to priority: \$ _____
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Claim Pursuant to 11 U.S.C. § 503(b)(9): Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____		
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)		

8. **Documents:** Attached are 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, and the 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) Check the appropriate box.  
 I am the creditor     I am the creditor's authorized agent.     I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004)     I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)  
 (Attach 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: ANITA CUDINA    Anita Cudina RN    9/24/13  
 Title: Registered Nurse ICU    (Signature)    (Date)  
 Company: Sound Shore Medical Center  
 Address and telephone number (if different from notice address above): \_\_\_\_\_  
 Telephone number: \_\_\_\_\_ email: acudina.rn@aol.com

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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. **IF BY HAND OR OVERNIGHT COURIER:** Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

**THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**  
**THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**

**Items to be completed in Proof of Claim Form**

**Court, Name of Debtor, and Case Number:**  
 These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim:  
**SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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.

**3b. Uniform Claim Identifier:**  
 If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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 your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9):**  
 If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

**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 healthcare 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**

**INFORMATION**

**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 to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).

**Claim**  
A claim is the creditor's right to receive payment for a debt 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 GCG as described in the instructions above and in the Bar Date Notice.

**Section 503(b)(9) Claim**  
A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**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.

**Acknowledgment of Filing of Claim**  
To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.

**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(c), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.

**Display of Proof of Claim on Case Administration Website**  
As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.

6.0.000

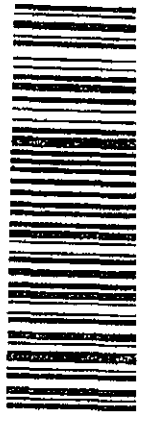
01014618  
SSM0202479450



CUDINA ANITA  
1 DEFOREST CT  
VALLEY COTTAGE, NY 10989-1701



Cudline  
1 De Forest Ct  
Valley Cottage, NY 10989



7013 1090 0001 5122 5143



1000



43017

U.S. POSTAGE  
PAID  
CONGERS, NY  
SEP 04 2013  
PM/DUNT

\$6.31  
00061100-07

*Send Store Medical Center of Westchester, et al.*

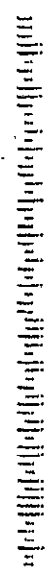
*c/o G C G, Inc*

*PO Box 9982*

*Dublin, Ohio 43017-5782*

RETURN RECEIPT  
REQUESTED

430175982



00000241  
SSM0202738634



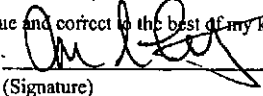
UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
<b>Name of Debtor (Check Only One):</b> <input checked="" type="checkbox"/> Sound Shore Medical Center of Westchester <input type="checkbox"/> The Mount Vernon Hospital, Inc. <input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center <input type="checkbox"/> The M.V.H. Corporation <input type="checkbox"/> Sound Shore Health System, Inc. <input type="checkbox"/> NRHMC Services Corporation <input type="checkbox"/> New Rochelle Sound Shore Housing, LLC	<b>Case No.</b> 13-22840 13-22841 13-22842 13-22843 13-22844 13-22845 13-22846	<b>Your Claim is Scheduled As Follows:</b>  <div style="text-align: center; border: 1px solid black; border-radius: 50%; width: 150px; height: 150px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> </div> <p>If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.</p>
NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).		
<b>Name of Creditor (the person or other entity to whom the Debtor owes money or property):</b> CURRAN & CONNORS INC	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.	
<b>Name and address where notices should be sent:</b> CURRAN & CONNORS INC ATTN MURRAY S LUBITZ, ESQ 245 MAIN ST WHITE PLAINS, NY 10601	<b>Court Claim Number:</b>  _____ (If known)	
<b>Telephone number:</b> (914) 948-2300 <b>Email Address:</b> zt1bul@001.com	<b>Filed on:</b>  _____	
<b>Name and address where payment should be sent (if different from above):</b>  FILED - 0018 U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER Telephone number: Email Address: ROBERT D. DRAY	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.	
<b>1. Amount of Claim as of Date Case Filed (May 29, 2013):</b> \$ <u>61,163.00</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
<b>2. Basis for Claim:</b> <u>Advertising Services Rendered</u> (See instruction #2)		
<b>3. Last four digits of any number by which creditor identifies Debtor:</b>  _____	<b>3a. Debtor may have scheduled account as:</b>  _____ (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b>  _____ (See instruction #3b)
<b>4. Secured Claim (See instruction #4)</b> Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		
<b>Nature of property or right of setoff:</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other	<b>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:</b> \$ _____	
<b>Describe:</b> _____	<b>Basis for perfection:</b> _____	
<b>Value of Property:</b> \$ _____	<b>Amount of Secured Claim:</b> \$ _____	
<b>Annual Interest Rate</b> _____ % <input type="checkbox"/> Fixed    or <input type="checkbox"/> Variable (when case was filed)	<b>Amount Unsecured:</b> \$ _____	
<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</b>		
<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 the case was filed or the Debtor's business ceased, 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)( ).
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		<b>Amount entitled to priority:</b> \$ _____
<b>6. Claim Pursuant to 11 U.S.C. § 503(b)(9):</b> Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____		
<b>7. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)		

Modified B10 (GCG) (04/13)

8. Documents: Attached are 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, and the 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) Check the appropriate box.  
 I am the creditor  I am the creditor's authorized agent.  I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004)  I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)  
(Attach 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: MURRAY S. LUBITZ  08/14/2013  
Title: MURRAY S. LUBITZ, DSQ. (Signature) (Date)  
Company: \_\_\_\_\_

Address and telephone number (if different from notice address above):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: IF BY MAIL: Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. IF BY HAND OR OVERNIGHT COURIER: Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)  
THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)

**Items to be completed in Proof of Claim Form**

**Court, Name of Debtor, and Case Number:**  
These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.

**SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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.

**3b. Uniform Claim Identifier:**  
If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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 your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9):**  
If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

**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 healthcare 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.

**MURRAY S. LUBITZ**

ATTORNEY AT LAW

\*\*\*\*\*

245 MAIN STREET  
WHITE PLAINS NEW YORK 10601  
(914) 948-2300  
FAX: (914) 948-4745  
E-MAIL: ZTIBUL@AOL.COM

August 14, 2013

Sound Shore Medical Center of Westchester  
c/o GCG, Inc.  
PO Box 9982  
Dublin, Ohio 43017-5982




RE: SOUND SHORE MEDICAL CENTER INC.  
CASE NO. 13-22840-rdd  
OUR FILE NO. 39632

To Whom It May Concern:

Enclosed please find our client's executed Proof of Claim and statement of account with respect to the above referred to matter.

Kindly acknowledge receipt of same on the enclosed photocopy of this letter, and return same to our office in the envelope provided for your convenience.

Very truly yours,  
  
MURRAY S. LUBITZ  
MSL:fl  
encl:

# CURRAN & CONNORS

140 Adams Avenue, Suite 20C  
Hauppauge, NY 11788

Telephone: 631 435-0400

# Statement

Date

2/28/2013

Sound Shore Medical Center of Westchester  
16 Guion Place  
New Rochelle NY, 10802  
Attn: Accounts Payable  
  
914-365-3077

		AMOUNT DUE	AMOUNT PAID
		\$61,163.00	
Date	Description	Amount	Balance
06/30/2010	INV #30111. Due 07/15/2010. Orig. Amount \$3,222.00.	3,222.00	3,222.00
06/30/2011	INV #32110. Due 07/15/2011. Orig. Amount \$17,219.00.	17,219.00	20,441.00
06/30/2011	INV #32117. Due 07/15/2011. Orig. Amount \$11,675.00.	1,500.00	21,941.00
10/31/2011	INV #32469. Due 11/15/2011. Orig. Amount \$24,040.00.	24,040.00	45,981.00
10/31/2011	INV #P32473. Due 11/15/2011. Orig. Amount \$550.00.	550.00	46,531.00
12/30/2011	INV #32746. Due 01/14/2012. Orig. Amount \$3,745.00.	3,745.00	50,276.00
02/29/2012	INV #32987. Due 03/15/2012. Orig. Amount \$2,165.00.	2,165.00	52,441.00
05/31/2012	INV #P33477. Due 06/15/2012. Orig. Amount \$3,225.00.	3,225.00	55,666.00
06/29/2012	INV #P33529. Due 07/14/2012. Orig. Amount \$1,750.00.	1,750.00	57,416.00
08/13/2012	INV #P33690. Due 08/28/2012. Orig. Amount \$999.00.	999.00	58,415.00
09/30/2012	INV #P33811. Due 10/15/2012. Orig. Amount \$999.00.	999.00	59,414.00
12/31/2012	INV #P34090. Due 01/15/2013. Orig. Amount \$999.00.	999.00	60,413.00
02/28/2013	INV #34389. Due 03/15/2013. Orig. Amount \$750.00.	750.00	61,163.00
750.00	0.00	999.00	0.00
		59,414.00	\$61,163.00



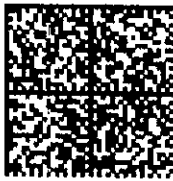
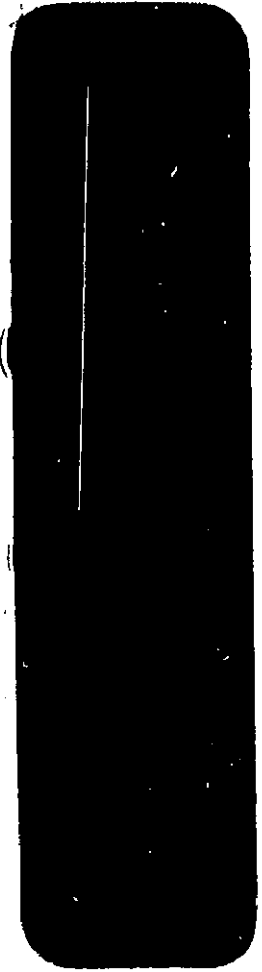
Case No.	Case Name	Case Type	Case Status	Case Date	Case Amount	Case Description
1013-6-1	...	...	...	...	...	...
1013-6-2	...	...	...	...	...	...
1013-6-3	...	...	...	...	...	...
1013-6-4	...	...	...	...	...	...
1013-6-5	...	...	...	...	...	...
1013-6-6	...	...	...	...	...	...
1013-6-7	...	...	...	...	...	...
1013-6-8	...	...	...	...	...	...
1013-6-9	...	...	...	...	...	...
1013-6-10	...	...	...	...	...	...
1013-6-11	...	...	...	...	...	...
1013-6-12	...	...	...	...	...	...
1013-6-13	...	...	...	...	...	...
1013-6-14	...	...	...	...	...	...
1013-6-15	...	...	...	...	...	...
1013-6-16	...	...	...	...	...	...
1013-6-17	...	...	...	...	...	...
1013-6-18	...	...	...	...	...	...
1013-6-19	...	...	...	...	...	...
1013-6-20	...	...	...	...	...	...
1013-6-21	...	...	...	...	...	...
1013-6-22	...	...	...	...	...	...
1013-6-23	...	...	...	...	...	...
1013-6-24	...	...	...	...	...	...
1013-6-25	...	...	...	...	...	...
1013-6-26	...	...	...	...	...	...
1013-6-27	...	...	...	...	...	...
1013-6-28	...	...	...	...	...	...
1013-6-29	...	...	...	...	...	...
1013-6-30	...	...	...	...	...	...
1013-6-31	...	...	...	...	...	...
1013-6-32	...	...	...	...	...	...
1013-6-33	...	...	...	...	...	...
1013-6-34	...	...	...	...	...	...
1013-6-35	...	...	...	...	...	...
1013-6-36	...	...	...	...	...	...
1013-6-37	...	...	...	...	...	...
1013-6-38	...	...	...	...	...	...
1013-6-39	...	...	...	...	...	...
1013-6-40	...	...	...	...	...	...
1013-6-41	...	...	...	...	...	...
1013-6-42	...	...	...	...	...	...
1013-6-43	...	...	...	...	...	...
1013-6-44	...	...	...	...	...	...
1013-6-45	...	...	...	...	...	...
1013-6-46	...	...	...	...	...	...
1013-6-47	...	...	...	...	...	...
1013-6-48	...	...	...	...	...	...
1013-6-49	...	...	...	...	...	...
1013-6-50	...	...	...	...	...	...
1013-6-51	...	...	...	...	...	...
1013-6-52	...	...	...	...	...	...
1013-6-53	...	...	...	...	...	...
1013-6-54	...	...	...	...	...	...
1013-6-55	...	...	...	...	...	...
1013-6-56	...	...	...	...	...	...
1013-6-57	...	...	...	...	...	...
1013-6-58	...	...	...	...	...	...
1013-6-59	...	...	...	...	...	...
1013-6-60	...	...	...	...	...	...
1013-6-61	...	...	...	...	...	...
1013-6-62	...	...	...	...	...	...
1013-6-63	...	...	...	...	...	...
1013-6-64	...	...	...	...	...	...
1013-6-65	...	...	...	...	...	...
1013-6-66	...	...	...	...	...	...
1013-6-67	...	...	...	...	...	...
1013-6-68	...	...	...	...	...	...
1013-6-69	...	...	...	...	...	...
1013-6-70	...	...	...	...	...	...
1013-6-71	...	...	...	...	...	...
1013-6-72	...	...	...	...	...	...
1013-6-73	...	...	...	...	...	...
1013-6-74	...	...	...	...	...	...
1013-6-75	...	...	...	...	...	...
1013-6-76	...	...	...	...	...	...
1013-6-77	...	...	...	...	...	...
1013-6-78	...	...	...	...	...	...
1013-6-79	...	...	...	...	...	...
1013-6-80	...	...	...	...	...	...
1013-6-81	...	...	...	...	...	...
1013-6-82	...	...	...	...	...	...
1013-6-83	...	...	...	...	...	...
1013-6-84	...	...	...	...	...	...
1013-6-85	...	...	...	...	...	...
1013-6-86	...	...	...	...	...	...
1013-6-87	...	...	...	...	...	...
1013-6-88	...	...	...	...	...	...
1013-6-89	...	...	...	...	...	...
1013-6-90	...	...	...	...	...	...
1013-6-91	...	...	...	...	...	...
1013-6-92	...	...	...	...	...	...
1013-6-93	...	...	...	...	...	...
1013-6-94	...	...	...	...	...	...
1013-6-95	...	...	...	...	...	...
1013-6-96	...	...	...	...	...	...
1013-6-97	...	...	...	...	...	...
1013-6-98	...	...	...	...	...	...
1013-6-99	...	...	...	...	...	...
1013-6-100	...	...	...	...	...	...

**MURRAY S. LUBITZ, ESQ.**

245 Main Street


White Plains, New York 10601-2418

ADDRESS CORRECTION REQUESTED



UNITED STATES POSTAGE  
PITNEY BOWES  
\$ 000.66  
02 1P  
0004451242 AUG 14 2013  
MAILED FROM ZIP CODE 10601



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
Name of Debtor (Check Only One): <input type="checkbox"/> Sound Shore Medical Center of Westchester <input checked="" type="checkbox"/> The Mount Vernon Hospital, Inc. <input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center <input type="checkbox"/> The M.V.H. Corporation <input type="checkbox"/> Sound Shore Health System, Inc. <input type="checkbox"/> NRRHC Services Corporation <input type="checkbox"/> New Rochelle Sound Shore Housing, LLC		Your Claim is Scheduled As Follows:   <p>If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.</p>
Case No. 13-22840 13-22841 13-22842 13-22843 13-22844 13-22845 13-22846		
NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <u>Nick D'Addesio</u>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____  (If known)  Filed on: _____  <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Name and address where notices should be sent: <u>Nick D'Addesio</u> <u>5 Palmer Lane</u> <u>Thornwood NY 10594</u>		
Telephone number: <u>914 769 8554</u> Email Address: <u>ndaddesio@yahoo.com</u>		
Name and address where payment should be sent (if different from above):  U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. DRAIN		
1. Amount of Claim as of Date Case Filed (May 29, 2013): \$ <u>249,122 Estimated</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Unfunded Pension \$136,760 2005-2013</u> (See instruction #2) <u>WAGES DUE \$112,362 1980 + 2008-2013</u>		
3. Last four digits of any number by which creditor identifies Debtor: _____		3a. Debtor may have scheduled account as: _____ (See instruction #3a)
		3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, 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 was filed)		Amount of arrearage and other charges, as of the time case was 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 part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). <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"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).		<input checked="" type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). <input checked="" type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____). Amount entitled to priority: \$ <u>249,122 Estimated</u> <u>Wages due</u>
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Claim Pursuant to 11 U.S.C. § 503(b)(9): Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____		
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)		

Modified B10 (GCG) (04/13)

8. Documents: Attached are 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, and the definition of "redacted")]  
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.  
If the documents are not available, please explain: These documents are kept by hospital in payroll!

9. Signature: (See instruction #9) Check the appropriate box.  
 I am the creditor  I am the creditor's authorized agent.  I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004)  I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)  
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: Nick D'Addesio Mick D'Addesio 9/11/13  
Title: VP/Employee (Signature) (Date)  
Company: Mt. Vernon Hospital  
Address and telephone number (if different from notice address above):  
5 Palmer Lane  
Thornwood NY 10594  
Telephone number: 914 769 8554 email: ndaddesio@yahoo.com

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.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: IF BY MAIL: Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. IF BY HAND OR OVERNIGHT COURIER: Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)  
THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)

Items to be completed in Proof of Claim Form

Court, Name of Debtor, and Case Number:  
These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.  
**A SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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.  
3b. Uniform Claim Identifier:  
If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.  
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 your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9):  
If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)  
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 healthcare 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 901). 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**

**INFORMATION**

**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 to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).

**Claim**  
A claim is the creditor's right to receive payment for a debt 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 GCG as described in the instructions above and in the Bar Date Notice

**Section 503(b)(9) Claim**  
A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**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.

**Acknowledgment of Filing of Claim**  
To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.

**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.

**Display of Proof of Claim on Case Administration Website**  
As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.

United States Bankruptcy Court, SDNY  
300 Quavogosa Street  
White Plains, NY 10601  
Attn: Clerk of the Court

Monies Owed From Mt.Vernon Hospital to Nick Daddesio

Unfunded Pension Benefits:

2005	\$14,065
2006	\$14,500
2007	\$14,065
2008	\$14,065
2009	\$14,065
2010	\$16,500
2011	\$16,500
2012	\$16,500
2013	\$16,500
total	\$136,760

3% Rollback that was not reversed:

2008	\$4,350
2009	\$4,350
2010	\$4,350
2011	\$4,350
2012	\$4,350
2013	\$4,350
total	\$26,100

1 Week's pay held in 1980 when I started...was told I'd get that when I leave...

	\$3,462
total	\$3,462

GRAND TOTAL: \$166,322

+ 82,800 (unused sick time)  
\$ 249,122

TABLE II  
Continued

TABLE II  
Continued

00000	00000
00000	00000
00000	00000
00000	00000
00000	00000
00000	00000
00000	00000
00000	00000
00000	00000
00000	00000

TABLE II  
Continued

00000	00000
00000	00000
00000	00000
00000	00000
00000	00000
00000	00000
00000	00000
00000	00000
00000	00000
00000	00000

TABLE II  
Continued

TABLE II  
Continued

TABLE II  
Continued



~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~  
Monies Owed To Nick DAddesio by Mt.Verno Hospital

990hrs of UNUSED Sick time hours to be converted @ \$92 per hour = \$82,800

~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~

From: (631) 470-5000  
Attn: Arturo D. Tavaraz  
Case Adm /ECF Trainer  
US Bankruptcy Court, SDNY  
300 Quarropas Street  
WHITE PLAINS, NY 10601

Origin ID: NESA



J13111302120326

Ship Date: 10JUL13  
ActWgt: 1.0 LB  
CAD: 100098143/NET3370

Delivery Address Bar Code



SHIP TO: (631) 470-5000  
Attn: Bankruptcy Dept.  
c/o GCG, Inc.  
5151 Blazer Parkway  
Suite A  
DUBLIN, OH 43017

BILL THIRD PARTY

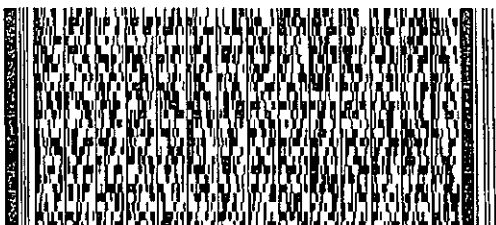
Ref # -SSM-

RMA #  
Return Reason:

RETURNS MON-FRI  
STANDARD OVERNIGHT

TRK# 7961 9386 3377  
0221

43017  
OH-US




518G1/AA04Q3AB

1. Select the 'Print' button to print 1 copy of each label.
2. The Return Shipment instructions, which provide your recipient with information on the returns process, will be printed with the label(s).
3. After printing, select your next step by clicking one of the displayed buttons.

Note: To review or print individual labels, select the Label button under each label image above

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$500, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

B10 (Official Form 10) (04/13)

<b>UNITED STATES BANKRUPTCY COURT</b> Southern District of New York		<b>PROOF OF CLAIM</b>
Name of Debtor: <b>Sound Shore Medical Center of Westchester, et al.</b>		Case Number: <b>13-22840 (RDD)</b>
NOTE: <i>Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.</i>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>Presscott Associates, Ltd</b>		
Name and address where notices should be sent: <b>Presscott Associates, Ltd 21A Arts Center Court Avon, CT 06001</b>		<b>COURT USE ONLY</b>
Telephone number: <b>(860) 677-7888</b> email: <b>PPressman@presscott.com</b>		<input type="checkbox"/> Check this box if 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):		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars
Telephone number: _____     email: _____		
1. Amount of Claim as of Date Case Filed:     \$ <u>64,729.65</u>		
<small>FILED - 00323</small>		
<small>U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK ROUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. DRAIN</small>		
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>management consulting services performed</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <b>0 1 5 5</b>	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:		Basis for perfection: _____
Value of Property: \$ _____		Amount of Secured Claim: \$ _____
Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount Unsecured: \$ _____
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<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 the case was filed or the debtor's business ceased, 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)(____).
		Amount entitled to priority: \$ _____
*Amounts are subject to adjustment on 4/01/16 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. (See instruction #6)		

B10 (Official Form 10) (04/13)

2

**7. Documents:** Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). 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. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

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

If the documents are not available, please explain:


**8. Signature:** (See instruction #8)

Check the appropriate box.

- I am the creditor.     I am the creditor's authorized agent.     I am the trustee, or the debtor, or their authorized agent.     I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)  
(See Bankruptcy Rule 3004.)

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: Neil Pressman  
Title: President  
Company: Presscott Associates, Ltd  
Address and telephone number (if different from notice address above):  
\_\_\_\_\_  
\_\_\_\_\_

By:  08/13/2013  
(Signature) (Date)

Telephone number: \_\_\_\_\_ email: NPressman@presscott.com

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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

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

**Items to be completed in Proof of Claim form**

**Court, Name of Debtor, and Case Number:**  
Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

**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.

**3b. Uniform Claim Identifier:**  
If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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. 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.

**7. 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 and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. 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.

**8. 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, 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.



We add the value of economics to the management of healthcare.

*Serving our clients since 1989*

**Federal Express Delivery Notification Requested**

August 26, 2013

Sound Shore Medical Center of Westchester, *et al.*  
c/o GCG, Inc.  
5151 Blazer Parkway, Suite A  
Dublin, OH 43017

Re: Presscott Associates, Ltd. Proof of Claim for \$64,729.65

To Whom it May Concern:

Enclosed please find the Proof of Claim for Presscott Associates against Sound Shore Medical Center for services rendered in the amount of \$64,729.65. Also enclosed please find a Statement of Invoices listing the dates of the invoices and amounts for each invoice. Please note that the amount owed to Presscott Associates, Ltd. is \$64,729.65 and not \$52,360.65 (the amount listed in the Debtor's Schedule of Assets and Liabilities).

Please send an acknowledgement of this filing. I have enclosed a stamped self-addressed envelope and copy of this Proof of Claim for you.

Thank you,

A handwritten signature in black ink, appearing to read "Paula Gelbard Pressman", with a long horizontal flourish extending to the right.

Paula Gelbard Pressman  
General Counsel

Enclosures

cc: United States Bankruptcy Court, SDNY  
300 Quarropas Street  
White Plains, NY 10601  
Attention: Clerk of the Court

# Statement

*Presscott Associates, Ltd*  
 21A Arts Center Court  
 Avon, CT 06001  
 860-677-7888

Date
8/13/2013

To:
John Mamangakis Sound Shore Medical Center 16 Guion Place New Rochelle, NY 10802

Date	Invoice	Amount	Account Balance		
06/15/2010	Clark Walter - Physician Compensation Rev- INV #0510-244-11. Orig. Amount \$2,952.50.	2,952.50	2,952.50		
08/16/2010	INV #0710-244-12. Orig. Amount \$1,437.50.	1,437.50	4,390.00		
09/22/2010	INV #0810-244-12. Orig. Amount \$1,510.00.	1,510.00	5,900.00		
11/17/2010	INV #1010-244-13. Orig. Amount \$1,190.00.	1,190.00	7,090.00		
08/17/2012	Dave Manko Phys.Comp.Review(RivkinRadler)- INV #07-155-173. Orig. Amount \$797.50.	797.50	7,887.50		
07/14/2010	Dr. Rangraj Practice Val.(Rivkin Radler)- INV #0610-245-12. Orig. Amount \$3,086.50.	3,086.50	10,974.00		
04/15/2011	Physician Comp. Review- INV #155-1462. Orig. Amount \$1,395.00.	1,395.00	12,369.00		
09/16/2011	INV #08-155-151. Orig. Amount \$12,150.65.	12,150.65	24,519.65		
11/18/2011	INV #10-155-153. Orig. Amount \$8,202.50.	8,202.50	32,722.15		
02/17/2012	INV #01-155-160. Orig. Amount \$3,617.50.	3,617.50	36,339.65		
04/16/2012	INV #03-155-164. Orig. Amount \$8,032.50.	8,032.50	44,372.15		
06/15/2012	INV #05-155-169. Orig. Amount \$2,247.50.	2,247.50	46,619.65		
07/20/2012	INV #06-155-171. Orig. Amount \$8,122.50.	8,122.50	54,742.15		
08/17/2012	INV #07-155-172. Orig. Amount \$8,550.00.	8,550.00	63,292.15		
10/17/2012	INV #09-155-174. Orig. Amount \$1,437.50.	1,437.50	64,729.65		
<b>CURRENT</b>	<b>1-30 DAYS PAST DUE</b>	<b>31-60 DAYS PAST DUE</b>	<b>61-90 DAYS PAST DUE</b>	<b>OVER 90 DAYS PAST DUE</b>	<b>Amount Due</b>
0.00	0.00	0.00	0.00	64,729.65	\$64,729.65

From: (860) 677-7888  
Paula Pressman  
PARENTEBEARD LLC  
21A Arts Center Court

Origin ID: MPEA



Ship Date: 26AUG13  
ActWgt: 1.0 LB  
CAD: 8012322/NET3430

Avon, CT 06001

Delivery Address Bar Code



SHIP TO: (866) 300-1288 BILL SENDER  
Sound Shore Medical Ctr Westchester  
c/o GCG, Inc.  
5151 Blazer Parkway, Suite A

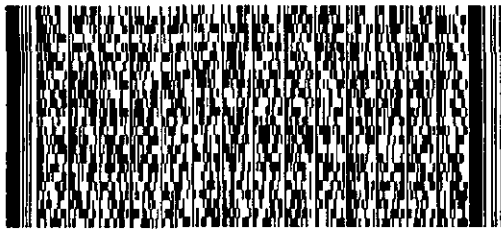
Ref # 0999999-189  
Invoice #  
PO #  
Dept #

DUBLIN, OH 43017

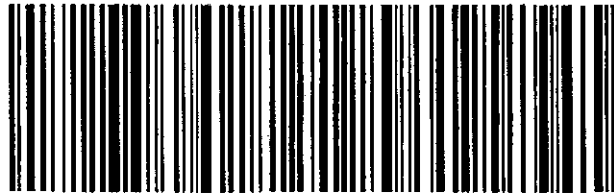
WED - 28 AUG AA  
\*\* 2DAY \*\*

TRK# 7965 4627 5450  
0201

DSR  
43017  
OH-US  
LCK



SB OSUA



51AG1A9B91A9E

**After printing this label:**

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

**Warning:** Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number. Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on [fedex.com](http://fedex.com). FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our ServiceGuide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

B 10 (Official Form 10) (12/11)

UNITED STATES BANKRUPTCY COURT Southern District of New York		PROOF OF CLAIM
Name of Debtor: Sound Shore Medical Center of Westchester	Case Number: 13-22840-rdd	FILED - 0015 U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. DRAIN
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Dell Marketing, L.P.		<b>COURT USE ONLY</b>
Name and address where notices should be sent: One Dell Way, RR1, MS 52 Round Rock, TX 78682		<input type="checkbox"/> Check this box if this claim amends a previously filed claim.  Court Claim Number: _____ (if known)  Filed on: _____
Telephone number: (512) 723-7828 email: nancy.mims@dell.com		
Name and address where payment should be sent (if different from above)		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Telephone number. email:		
1. Amount of Claim as of Date Case Filed: \$ <u>140,172.12</u>		
If all or part of the claim is secured, complete item 4.		
If all or part of the claim is entitled to priority, complete item 5.		
<input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Goods Sold</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <u>3 3 7 0</u>	3a. Debtor may have scheduled account as: <u>Dell</u> (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:		Basis for perfection: _____
Value of Property: \$ _____		Amount of Secured Claim: \$ _____
Annual Interest Rate _____% <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount Unsecured: \$ _____
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<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 \$11,725*) earned within 180 days before the case was filed or the debtor's business ceased, 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). <b>Amount entitled to priority:</b> \$ _____
<input type="checkbox"/> 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).	<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)(____). \$ _____
*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. (See instruction #6)		





B 10 (Official Form 10) (12/11)

2

7. Documents: Attached are 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 #7, and the definition of "redacted".)

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

If the documents are not available, please explain:

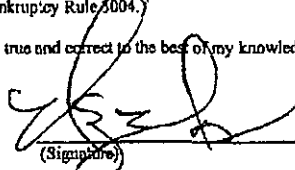
8. Signature: (See instruction #8)

Check the appropriate box.

I am the creditor.  I am the creditor's authorized agent.  I am the trustee, or the debtor, or their authorized agent.  I am a guarantor, surety, indorser, or other codebtor. (Attach copy of power of attorney, if any.) (See Bankruptcy Rule 3004.) (See Bankruptcy Rule 3005.)

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: Nancy Milms  
 Title: Credit Analyst  
 Company: Dell Marketing, LP  
 Address and telephone number (if different from notice address above):  
SAME AS ABOVE



6/11/2013

(Signature)

(Date)

Telephone number: \_\_\_\_\_ email: \_\_\_\_\_

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

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

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

Items to be completed in Proof of Claim form

**Court, Name of Debtor, and Case Number:**  
 Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

**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 Claims:**  
 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.

**3b. Uniform Claim Identifier:**  
 If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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. 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.

**7. 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.

**8. 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.

**STREUSAND LONDON** } **OZBURN**.LLP  
ATTORNEYS

June 11, 2013



**Via Certified Mail RRR No.: 7012 3050 0002 2926 9929**

GCG, Inc., Claims Agent for  
Sound Shore Medical Center of Westchester  
1985 Marcus Avenue, Suite 200  
Lake Success, NY 11042

Re: *In re Sound Shore Medical Center of Westchester*; Case No. 13-22840 in the  
United States Bankruptcy Court for the Southern District of New York

Dear Claims Agent:

Enclosed please find the original and one (1) copy of the Proof of Claim prepared on behalf of Dell Marketing, L.P. for filing in the above-referenced matter. Please file-stamp the extra copy and return it to me using the enclosed postage paid envelope.

By copy of this letter, attorney for the Debtors and the Trustees are being notified of this filing.

Thank you for your assistance and cooperation in this matter. Please do not hesitate to contact me if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Donna Bateman".

Donna Bateman  
Paralegal

\djb  
Enclosures

{06005/0638/00088143.1}

**EXHIBIT "A" TO PROOF OF CLAIM  
FOR DELL MARKETING, L.P.**

1. The basis of the debt is as follows: On various dates prior to the date of the Petition initiating this bankruptcy case Dell Marketing, L.P. (hereinafter referred to as "Dell"), supplied and sold to Sound Shore Medical Center of Westchester ("Debtor") certain goods including computers, monitors, servers and related computer products and peripherals ("Products"). Dell supplied the Products to the Debtor from May 29, 2013 to the date of the Petition.

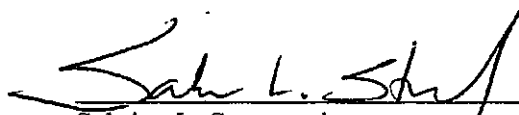
2. The basis for the Debt and made the basis of this Proof of Claim is set forth, inter alia, in the attached invoices.

NOTE: CLAIMANT RESERVES THE RIGHT TO AMEND THIS PROOF OF  
CLAIM AS FURTHER INFORMATION BECOMES AVAILABLE

**CERTIFICATE OF SERVICE**

The undersigned hereby certifies that a true and correct copy of the Proof of Claim has been served via ECF Notification, certified mail and/or regular U.S. Mail on this 11th day of June, 2013, on the following:

Debtor's Attorney:	Burton S. Weston, Esq. Garfunkel Wild, P.C. 111 Great Neck Road Great Neck, NY 11021
U.S. Trustee:	Susan D. Golden Office of United States Trustee SDNY 33 Whitehall Street New York, NY 10004
Claims Agent for Debtor:	GCG, Inc. <u>Via Certified Mail</u> 1985 Marcus Avenue Suite 200 Lake Success, NY 11042

  
Sabrina L. Streusand



This is your INVOICE

Page 1 Of 1

FID Number: 742616806  
 Sales Rep: JACOB S LEMAIRE  
 For Sales: (800) 274 - 1550  
 Sales Fax: (800) 433 - 9527  
 Customer Service: (800) 274 - 1550  
 Technical Support: (800) 274 - 1550  
 Dell Online: www.dell.com

Customer Number: 5513370  
 Purchase Order: NR168487  
 Order Number: 923573369  
 Order Date: 02/09/12

Invoice Number: **XFNF28697**  
 Invoice Date: 02/09/12  
 Payment Terms: NET DUE 30 DAYS  
 Due Date: 03/10/12  
 Shipped Via: STANDARD GROUND  
 Waybill Number: MS-VIRTUAL

70 01 0 01 01 N

**SOLD TO:**  
 MR DAN VALLARIO  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10802

**SHIP TO:**  
 Richard Colety  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 108018502

PLEASE REVIEW DELL'S TERMS & CONDITIONS OF SALE AND POLICIES AT [www.dell.com/us/policy](http://www.dell.com/us/policy) OR UPON REQUEST, WHICH GOVERN THIS TRANSACTION

Ordered	Shipped	Item Number	Description	Unit	Unit Price	Amount
1	1	A4411553	VLA VISUAL STUDIO PRO 2010 MfgPartNum: C5E-00745 MfgName: MICROSOFT CORPORATION CONTRACT CODE: PT65198- MICROS OFT	EA	335.22	335.22
1	1	A5205496	VLA OFFICE PRO PLUS 2010 MfgPartNum 79P-03586 MfgName: MICROSOFT CORPORATION CONTRACT CODE PT65198- MICROS OFT	EA	318.12	318.12
1	1	A3458532	ELECTRONIC LICENSE CONFIRMATIO N elec dwnld only MfgPartNum: ELC MfgName: DELL SOFTWARE	EA	-	-

FOR SHIPMENTS TO CALIFORNIA, A STATE ENVIRONMENTAL FEE OF UP TO \$10 PER ITEM WILL BE ADDED TO INVOICES FOR ALL ORDERS CONTAINING A DISPLAY GREATER THAN 4 INCHES. PLEASE KEEP ORIGINAL BOX FOR ALL RETURNS. COMPREHENSIVE ONLINE CUSTOMER CARE INFORMATION AND ASSISTANCE IS A CLICK AWAY AT [WWW.DELL.COM/PU](http://WWW.DELL.COM/PU) BLIC-ECARE TO ANSWER A VARIETY OF QUESTIONS REGARDING YOUR DELL ORDER.

Ship. &/or Handling	\$	0.00
Subtotal	\$	653.34
Taxable	Tax	
\$ 0.00	\$	0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	653.34

DETACH AT LINE AND RETURN WITH PAYMENT



Invoice Number: XFNF28697  
 Customer Name: SOUND SHORE MEDICAL CTR  
 Customer Number: 5513370  
 Purchase Order: NR168487  
 Order Number: 923573369

MAKE CHECK PAYABLE/REMIT TO.

DELL MARKETING L.P.  
 C/O DELL USA L.P.  
 PO BOX 643561  
 PITTSBURGH, PA 152643561

Ship. &/or Handling	\$	0.00
Subtotal	\$	653.34
Taxable	Tax	
\$ 0.00	\$	0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	653.34
	\$	
	\$	
Balance Due	\$	653.34
Amount Enclosed		



This is your INVOICE

Page 1 Of 1

FID Number: 74-2616805  
 Sales Rep: JACOB S LEMAIRE  
 For Sales: (800) 274 - 1550  
 Sales Fax: (800) 433 - 9527  
 Customer Service: (800) 274 - 1550  
 Technical Support: (800) 274 - 1550  
 Dell Online: www.dell.com

Customer Number: 5513370  
 Purchase Order: NR169740  
 Order Number: 970461674  
 Order Date: 04/10/12  
 70 01 0 01 01 N

Invoice Number: **XFPTCK183**  
 Invoice Date: 04/10/12  
 Payment Terms: NET DUE 30 DAYS  
 Due Date: 05/10/12  
 Shipped Via: UPS COMMERCIAL  
 Waybill Number: 05V47W0332596873

**SOLD TO:**  
 MR DAN VALLARIO  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10802

**SHIP TO:**  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 108015502

PLEASE REVIEW DELL'S TERMS & CONDITIONS OF SALE AND POLICIES AT [www.dell.com/us/policy](http://www.dell.com/us/policy) OR UPON REQUEST, WHICH GOVERN THIS TRANSACTION

Ordered	Shipped	Item Number	Description	Unit	Unit Price	Amount
1	1	255-0675	Dell 2350dn Laser Printer - PS Trade-In	EA	192.00	192.00
1	1	926-7627	*Dell Hardware Limited Warranty Plus Service Initial Year	EA	-	-
1	1	932-5508	*Dell Hardware Limited Warranty Plus Service Extended Year(s)	EA	-	-
1	1	932-5772	*ProSupport: Next Business Day Advanced Exchange 2 Year Exten ded	EA	-	-
1	1	937-6850	*ProSupport: Next Business Day Advanced Exchange Initial Year	EA	-	-
1	1	988-4482	*ProSupport: 7x24 Technical Support, 3 YEARS	EA	-	-
1	1	985-3817	*Asset Recovery Service Label for recovery of one IT piece (NTB, DSK or MON, etc.)	EA	28.00	28.00
1	1	989-3449	*Thank you choosing Dell ProSupport. For tech support, visit <a href="http://support.dell.com/ProSupport">http://support.dell.com/ProSupport</a> or call 1-866-516-3115	EA	-	-
		System Service Tags	3SZHGN1			

FOR SHIPMENTS TO CALIFORNIA, A STATE ENVIRONMENTAL FEE OF UP TO \$10 PER ITEM WILL BE ADDED TO INVOICES FOR ALL ORDERS CONTAINING A DISPLAY GREATER THAN 4 INCHES. PLEASE KEEP ORIGINAL BOX FOR ALL RETURNS. COMPREHENSIVE ONLINE CUSTOMER CARE INFORMATION AND ASSISTANCE IS A CLICK AWAY AT [WWW.DELL.COM/PU](http://WWW.DELL.COM/PU) BLIC-ECARE TO ANSWER A VARIETY OF QUESTIONS REGARDING YOUR DELL ORDER.

Ship. &/or Handling	\$	47.99
Subtotal	\$	267.99
Taxable	Tax	
\$ 0.00	\$	0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	267.99

DETACH AT LINE AND RETURN WITH PAYMENT



Invoice Number: XFPTCK183  
 Customer Name: SOUND SHORE MEDICAL CTR  
 Customer Number: 5513370  
 Purchase Order: NR169740  
 Order Number: 970461674

MAKE CHECK PAYABLE/REMIT TO:

DELL MARKETING L.P.  
 C/O DELL USA L.P.  
 PO BOX 643561  
 PITTSBURGH, PA.152643561

Ship. &/or Handling	\$	47.99
Subtotal	\$	267.99
Taxable	Tax	
\$ 0.00	\$	0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	267.99
	\$	
	\$	
	\$	
Balance Due	\$	267.99
Amount Enclosed		



This is your INVOICE

Page 1 Of 1

FID Number: 74-2816805  
 Sales Rep: JACOB S LEMAIRE  
 For Sales: (800) 274 - 1550  
 Sales Fax: (800) 433 - 9527  
 Customer Service: (800) 274 - 1550  
 Technical Support: (800) 274 - 1550  
 Dell Online: www.dell.com

Customer Number: 5513370  
 Purchase Order: HA08285  
 Order Number: 972613686  
 Order Date: 04/12/12

Invoice Number: XFPWPC4W5  
 Invoice Date: 04/12/12  
 Payment Terms: NET DUE 30 DAYS  
 Due Date: 05/12/12  
 Shipped Via: UPS COMMERCIAL  
 Waybill Number: 05V47W0332927636

70 01 0 01 01 N

**SOLD TO:**  
 MR DAN VALLARIO  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10802

**SHIP TO:**  
 HELEN & MICHAEL SCHAFFER EXTD  
 16 GUION PL  
 NEW ROCHELLE, NY 108015502

PLEASE REVIEW DELL'S TERMS & CONDITIONS OF SALE AND POLICIES AT [www.dell.com/us/policy](http://www.dell.com/us/policy) OR UPON REQUEST, WHICH GOVERN THIS TRANSACTION

Ordered	Shipped	Item Number	Description	Unit	Unit Price	Amount
1	1	255-0675	Dell 2350dn Laser Printer - PS Trade-in	EA	192.00	192.00
1	1	926-7627	*Dell Hardware Limited Warranty Plus Service Initial Year	EA	-	-
1	1	932-5508	*Dell Hardware Limited Warranty Plus Service Extended Year(s)	EA	-	-
1	1	932-5772	*ProSupport Next Business Day Advanced Exchange 2 Year Extended	EA	-	-
1	1	937-6850	*ProSupport, Next Business Day Advanced Exchange Initial Year	EA	-	-
1	1	986-4482	*ProSupport 7x24 Technical Support, 3 YEARS	EA	-	-
1	1	985-3B17	*Asset Recovery Service Label for recovery of one IT piece (NTB, DSK or MON, etc.)	EA	28.00	28.00
1	1	989-3449	*Thank you choosing Dell ProSupport For tech support, visit <a href="http://support.dell.com/ProSupport">http://support.dell.com/ProSupport</a> or call 1-866-516-3115	EA	-	-
		System Service Tags	23KJGN1			

FOR SHIPMENTS TO CALIFORNIA, A STATE ENVIRONMENTAL FEE OF UP TO \$10 PER ITEM WILL BE ADDED TO INVOICES FOR ALL ORDERS CONTAINING A DISPLAY GREATER THAN 4 INCHES. PLEASE KEEP ORIGINAL BOX FOR ALL RETURNS. COMPREHENSIVE ONLINE CUSTOMER CARE INFORMATION AND ASSISTANCE IS A CLICK AWAY AT [WWW.DELL.COM/PU](http://WWW.DELL.COM/PU) BLIC-ECARE TO ANSWER A VARIETY OF QUESTIONS REGARDING YOUR DELL ORDER.

Ship. &/or Handling	\$	47.99
Subtotal	\$	267.99
Taxable	Tax	
\$	0.00	\$ 0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	267.99

DETACH AT LINE AND RETURN WITH PAYMENT



Invoice Number: XFPWPC4W5  
 Customer Name: SOUND SHORE MEDICAL CTR  
 Customer Number: 5513370  
 Purchase Order: HA08285  
 Order Number: 972613686

MAKE CHECK PAYABLE/REMIT TO:

DELL MARKETING L.P.  
 C/O DELL USA L.P.  
 PO BOX 643561  
 PITTSBURGH, PA. 152643561

Ship. &/or Handling	\$	47.99
Subtotal	\$	267.99
Taxable	Tax	
\$	0.00	\$ 0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	267.99
	\$	
	\$	
Balance Due	\$	267.99
Amount Enclosed		



This is your INVOICE

Page 1 Of 1

FID Number: 74-2616806  
 Sales Rep: JACOB S LEMAIRE  
 For Sales: (800) 274 - 1550  
 Sales Fax: (800) 433 - 9527  
 Customer Service: (800) 274 - 1550  
 Technical Support: (800) 274 - 1550  
 Dell Online: www.dell.com

Customer Number: 5513370  
 Purchase Order: NR170505  
 Order Number: 999443869  
 Order Date: 05/18/12

70 01 0 01 01 N

Invoice Number: XFRN1NN58  
 Invoice Date: 05/18/12  
 Payment Terms: NET DUE 30 DAYS  
 Due Date: 08/17/12  
 Shipped Via: STANDARD GROUND  
 Waybill Number: MS-VIRTUAL

SOLD TO:  
 MR DAN VALLARIO  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10802

SHIP TO:  
 Richard F Colety  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 108015502

PLEASE REVIEW DELL'S [TERMS & CONDITIONS OF SALE AND POLICIES AT www.dell.com/us/policy](http://www.dell.com/us/policy) OR UPON REQUEST, WHICH GOVERN THIS TRANSACTION

Ordered	Shipped	Item Number	Description	Unit	Unit Price	Amount
15	15	A5145817	VLA OFFICE STD 2010 MfgPartNum: 021-09744 MfgName: MICROSOFT CORPORATION	EA	232.99	3,494.85
1	1	A3458532	CONTRACT CODE: PT65196- MICROS OFT ELECTRONIC LICENSE CONFIRMATIO N elec dwnld only MfgPartNum: ELC MfgName DELL SOFTWARE	EA		

FOR SHIPMENTS TO CALIFORNIA, A STATE ENVIRONMENTAL FEE OF UP TO \$10 PER ITEM WILL BE ADDED TO INVOICES FOR ALL ORDERS CONTAINING A DISPLAY GREATER THAN 4 INCHES. PLEASE KEEP ORIGINAL BOX FOR ALL RETURNS. COMPREHENSIVE ONLINE CUSTOMER CARE INFORMATION AND ASSISTANCE IS A CLICK AWAY AT [WWW.DELL.COM/PU](http://WWW.DELL.COM/PU) PUBLIC-ECARE TO ANSWER A VARIETY OF QUESTIONS REGARDING YOUR DELL ORDER.

Ship. &/or Handling	\$	0.00
Subtotal	\$	3,494.85
Taxable	Tax	
\$	0.00	\$ 0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	3,494.85

DETACH AT LINE AND RETURN WITH PAYMENT



Invoice Number: XFRN1NN58  
 Customer Name: SOUND SHORE MEDICAL CTR  
 Customer Number: 5513370  
 Purchase Order: NR170505  
 Order Number: 999443869

MAKE CHECK PAYABLE/REMIT TO:

DELL MARKETING L.P.  
 C/O DELL USA L.P.  
 PO BOX 643561  
 PITTSBURGH, PA. 152643561

Ship. &/or Handling	\$	0.00
Subtotal	\$	3,494.85
Taxable	Tax	
\$	0.00	\$ 0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	3,494.85
	\$	
	\$	
Balance Due	\$	3,494.85
Amount Enclosed		





This is your INVOICE

Page 1 Of 1

FID Number: 74-2616805  
 Sales Rep: JACOB S LEMAIRE  
 For Sales: (800) 274 - 1550  
 Sales Fax: (800) 493 - 9527  
 Customer Service: (800) 274 - 1550  
 Technical Support: (800) 274 - 1550  
 Dell Online: www.dell.com

Customer Number: 5513370  
 Purchase Order: NR170589  
 Order Number: 101176515  
 Order Date: 05/21/12

70 01 0 01 01 N

Invoice Number: XFR424R6  
 Invoice Date: 05/23/12  
 Payment Terms: NET DUE 30 DAYS  
 Due Date: 06/22/12  
 Shipped Via: STANDARD GROUND  
 Waybill Number: MS-VIRTUAL

**SOLD TO:**  
 MR DAN VALLARIO  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10802

**SHIP TO:**  
 Richard Colety  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10802

PLEASE REVIEW DELL'S [TERMS & CONDITIONS](http://www.dell.com/us/policy) OF SALE AND POLICIES AT [www.dell.com/us/policy](http://www.dell.com/us/policy) OR UPON REQUEST, WHICH GOVERN THIS TRANSACTION

Ordered	Shipped	Item Number	Description	Unit	Unit Price	Amount
6	5	A3741936	VLA OFFICE PRO PLUS 2010 MfgPartNum: 79P-03586 MfgName: MICROSOFT CORPORATION	EA	318.13	1,590.65
1	1	A3458532	CONTRACT CODE: PT65196-MICROS OFT ELECTRONIC LICENSE CONFIRMATIO N elec dwnld only MfgPartNum: ELC MfgName: DELL SOFTWARE	EA		

FOR SHIPMENTS TO CALIFORNIA, A STATE ENVIRONMENTAL FEE OF UP TO \$10 PER ITEM WILL BE ADDED TO INVOICES FOR ALL ORDERS CONTAINING A DISPLAY GREATER THAN 4 INCHES. PLEASE KEEP ORIGINAL BOX FOR ALL RETURNS. COMPREHENSIVE ONLINE CUSTOMER CARE INFORMATION AND ASSISTANCE IS A CLICK AWAY AT [WWW.DELL.COM/PU](http://WWW.DELL.COM/PU) BLIC-ECARE TO ANSWER A VARIETY OF QUESTIONS REGARDING YOUR DELL ORDER.

Ship. &/or Handling	\$	0.00
Subtotal	\$	1,590.65
Taxable	Tax	
\$ 0.00	\$	0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	1,590.65

DETACH AT LINE AND RETURN WITH PAYMENT



Invoice Number: XFR424R6  
 Customer Name: SOUND SHORE MEDICAL CTR  
 Customer Number: 5513370  
 Purchase Order: NR170589  
 Order Number: 101176515

MAKE CHECK PAYABLE/REMIT TO:

DELL MARKETING L.P.  
 C/O DELL USA L.P.  
 PO BOX 643561  
 PITTSBURGH, PA. 152643561

Ship. &/or Handling	\$	0.00
Subtotal	\$	1,590.65
Taxable	Tax	
\$ 0.00	\$	0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	1,590.65
	\$	
	\$	
Balance Due	\$	1,590.65
Amount Enclosed		



This is your INVOICE

Page 1 Of 1

FID Number: 74-2616805  
 Sales Rep: JACOB S LEMAIRE  
 For Sales: (800) 274 - 1550  
 Sales Fax: (800) 433 - 9527  
 Customer Service: (800) 274 - 1550  
 Technical Support: (800) 274 - 1550  
 Dell Online: [www.dell.com](http://www.dell.com)

Customer Number: 5513370  
 Purchase Order: NR170691  
 Order Number: 105215608  
 Order Date: 05/25/12

Invoice Number: **XFRTK5FK7**  
 Invoice Date: 05/25/12  
 Payment Terms: NET DUE 30 DAYS  
 Due Date: 06/24/12  
 Shipped Via: STANDARD GROUND  
 Waybill Number: MS-VIRTUAL

70 01 0 01 01 N

SOLD TO:  
 MR DAN VALLARIO  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10802

SHIP TO:  
 Richard Colety  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 108029982

PLEASE REVIEW DELL'S [TERMS & CONDITIONS OF SALE AND POLICIES AT www.dell.com/us/policy](http://www.dell.com/us/policy) OR UPON REQUEST, WHICH GOVERN THIS TRANSACTION

Ordered	Shipped	Item Number	Description	Unit	Unit Price	Amount
5	5	A3741936	VLA OFFICE PRO PLUS 2010 MfgPartNum: 79P-03586 MfgName: MICROSOFT CORPORATION	EA	318.13	1,590.65
1	1	A3458532	CONTRACT CODE: PT65198- MICROSOFT ELECTRONIC LICENSE CONFIRMATIO N elec dwnld only MfgPartNum: ELC MfgName: DELL SOFTWARE	EA	-	-

FOR SHIPMENTS TO CALIFORNIA, A STATE ENVIRONMENTAL FEE OF UP TO \$10 PER ITEM WILL BE ADDED TO INVOICES FOR ALL ORDERS CONTAINING A DISPLAY GREATER THAN 4 INCHES. PLEASE KEEP ORIGINAL BOX FOR ALL RETURNS. COMPREHENSIVE ONLINE CUSTOMER CARE INFORMATION AND ASSISTANCE IS A CLICK AWAY AT [WWW.DELL.COM/PU](http://WWW.DELL.COM/PU) BLIC-ECARE TO ANSWER A VARIETY OF QUESTIONS REGARDING YOUR DELL ORDER

Ship. &/or Handling	\$	0.00
Subtotal	\$	1,590.65
Taxable	Tax	
\$ 0.00	\$	0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	1,590.65

DETACH AT LINE AND RETURN WITH PAYMENT



Invoice Number: XFRTK5FK7  
 Customer Name: SOUND SHORE MEDICAL CTR  
 Customer Number: 5513370  
 Purchase Order: NR170691  
 Order Number: 105215608

MAKE CHECK PAYABLE/REMIT TO:

DELL MARKETING L.P.  
 C/O DELL USA L.P.  
 PO BOX 643581  
 PITTSBURGH, PA.152643561

Ship. &/or Handling	\$	0.00
Subtotal	\$	1,590.65
Taxable	Tax	
\$ 0.00	\$	0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	1,590.65
	\$	
	\$	
Balance Due	\$	1,590.65
Amount Enclosed		



This is your INVOICE

Page 1 Of 1

FID Number: 74-2616805  
 Sales Rep: JACOB S LEMAIRE  
 For Sales: (800) 274 - 1550  
 Sales Fax: (800) 433 - 9527  
 Customer Service: (800) 274 - 1550  
 Technical Support: (800) 274 - 1550  
 Dell Online: www.dell.com

Customer Number: 5513370  
 Purchase Order: NR170892  
 Order Number: 105220368  
 Order Date: 05/25/12

Invoice Number: **XFRTK5FF6**

Invoice Date: 05/25/12  
 Payment Terms: NET DUE 30 DAYS  
 Due Date: 06/24/12  
 Shipped Via: STANDARD GROUND  
 Waybill Number: MS-VIRTUAL

70 01 0 01 01 N

SOLD TO:  
 MR DAN VALLARIO  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10802

SHIP TO:  
 Richard Colety  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 108029982

PLEASE REVIEW DELL'S TERMS & CONDITIONS OF SALE AND POLICIES AT [www.dell.com/us/policy](http://www.dell.com/us/policy) OR UPON REQUEST, WHICH GOVERN THIS TRANSACTION

Ordered	Shipped	Item Number	Description	Unit	Unit Price	Amount
1	1	A3742294	VLA Microsoft Visio Standard 2 010 - License MfgPartNum: D86-04531 MfgName: MICROSOFT CORPORATION	EA	130.05	130.05
1	1	A3458532	CONTRACT CODE: PT65198- MICROS OFT ELECTRONIC LICENSE CONFIRMATIO N elec dwnld only MfgPartNum. ELC MfgName: DELL SOFTWARE	EA		

FOR SHIPMENTS TO CALIFORNIA, A STATE ENVIRONMENTAL FEE OF UP TO \$10 PER ITEM WILL BE ADDED TO INVOICES FOR ALL ORDERS CONTAINING A DISPLAY GREATER THAN 4 INCHES. PLEASE KEEP ORIGINAL BOX FOR ALL RETURNS. COMPREHENSIVE ONLINE CUSTOMER CARE INFORMATION AND ASSISTANCE IS A CLICK AWAY AT [WWW.DELL.COM/PU](http://WWW.DELL.COM/PU) BLIC-ECARE TO ANSWER A VARIETY OF QUESTIONS REGARDING YOUR DELL ORDER.

Ship. &/or Handling	\$	0.00
Subtotal	\$	130.05
Taxable	Tax	
\$	0.00	\$ 0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	130.05

DETACH AT LINE AND RETURN WITH PAYMENT



Invoice Number: XFRTK5FF6  
 Customer Name: SOUND SHORE MEDICAL CTR  
 Customer Number: 5513370  
 Purchase Order: NR170892  
 Order Number: 105220368

MAKE CHECK PAYABLE/REMIT TO:

DELL MARKETING L.P.  
 C/O DELL USA L.P.  
 PO BOX 643561  
 PITTSBURGH, PA.152643561

Ship. &/or Handling	\$	0.00
Subtotal	\$	130.05
Taxable	Tax	
\$	0.00	\$ 0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	130.05
	\$	
	\$	
Balance Due	\$	130.05
Amount Enclosed		



This is your INVOICE

Page 1 Of 2

FID Number: 74-2616805  
 Sales Rep: JACOB S LEMAIRE  
 For Sales: (800) 274 - 1550  
 Sales Fax: (800) 433 - 9527  
 Customer Service: (800) 274 - 1550  
 Technical Support: (800) 274 - 1550  
 Dell Online: www.dell.com

Customer Number: 5513370  
 Purchase Order: NR170884  
 Order Number: 111068959  
 Order Date: 06/04/12  
 70 01 0 01 01 N

Invoice Number: XFT5K1MR6  
 Invoice Date: 06/12/12  
 Payment Terms: NET DUE 30 DAYS  
 Due Date: 07/12/12  
 Shipped Via: FEDEX GROUND  
 Waybill Number: 918195923555673

SOLD TO:  
 MR DAN VALLARIO  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10802

SHIP TO:  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 108015502

PLEASE REVIEW DELL'S TERMS & CONDITIONS OF SALE AND POLICIES AT [www.dell.com/us/policy](http://www.dell.com/us/policy) OR UPON REQUEST, WHICH GOVERN THIS TRANSACTION

Ordered	Shipped	Item Number	Description	Unit	Unit Price	Amount
1	1	225-1148	R810 Chassis for up to 6x 2.5-inch Hard Drives	EA	14,282.50	14,282.50
1	1	330-6893	PowerEdge R810 Shipping	EA	-	-
1	1	317-3899	DIMM Blanks 8x	EA	-	-
1	1	317-7208	64GB Memory (16x4GB), 1066MHz, Dual Ranked LV RDIMMs for 2 or 4 Processors	EA	-	-
1	1	430-0972	Two Dual Port Embedded Broadcom NetXtreme II 5709 Gigabit Ethernet NIC with TOE and iSCSI	EA	-	-
1	1	317-7079	2x Intel Xeon E7-8867L 2.13GHz, 30M cache, 8.4 GT/s QPI, Turbo, HT, 10C, 1066MHz Max Mem	EA	-	-
1	1	317-3293	No 3rd/4th Processor	EA	-	-
1	1	330-6917	PE R810 Heatsinks for 2 Processors	EA	-	-
1	1	330-7637	PE R810 Heatsink Blanks for 2 Processors	EA	-	-
1	1	341-4158	HD Multi-Select	EA	-	-
1	1	330-7452	H700I Cable for R810/R15	EA	-	-
1	1	342-0371	PERC H700 integrated RAID Controller, 512MB Cache	EA	-	-
1	1	330-3492	Performance BIOS Setting	EA	-	-
1	1	420-6320	No Operating System	EA	-	-
1	1	467-8648	IDRAC6 Enterprise	EA	-	-
1	1	313-9092	DVD ROM, SATA, INTERNAL	EA	-	-
1	1	313-9263	PowerEdge RX10/X15 Bezel	EA	-	-
1	1	330-7638	Electronic System Documentation and OpenManage DVD Kit	EA	-	-
1	1	341-4158	HD Multi-Select	EA	-	-
1	1	342-0442	RAID 1 for PERC H200 or PERC H700 Controllers (Non-Mixed Drives)	EA	-	-
1	1	331-0801	ReadyRails Sliding Rails With Cable Management Arm	EA	-	-
1	1	909-1698	*Dell Hardware Limited Warranty Plus On Site Service Extended Year	EA	-	-
1	1	909-1707	*Dell Hardware Limited Warranty Plus On Site Service Initial Year	EA	-	-
1	1	909-1777	*MISSION CRITICAL PACKAGE: Enhanced Services, 3 Year	EA	-	-
1	1	923-2562	*Mission Critical Package: 4-Hour 7x24 On-Site Service with Emergency Dispatch, 2 Year Extended	EA	-	-
1	1	923-2742	*ProSupport for your Enterprise: 7x24 HW / SW Tech Support and Assistance for Certified IT Staff, 3 Year	EA	-	-
1	1	926-4430	*Mission Critical Package: 4-Hour 7x24 On-Site Service with Emergency Dispatch, Initial Year	EA	-	-
1	1	989-3439	*Dell ProSupport For tech support, visit <a href="http://support.dell.com/ProSupport">http://support.dell.com/ProSupport</a> or call 1-800-845-3355	EA	-	-
1	1	900-9997	*On-Site Installation Declined	EA	-	-
1	1	926-2979	*Proactive Maintenance Service Declined	EA	-	-
1	1	330-9292	1100 Watt Redundant Power Supply	EA	-	-
2	2	310-8509	Power Cord, NEMA 5-15P to C13, 15 amp, wall plug, 10 feet / 3 meter	EA	-	-

Ship. &/or Handling	\$	64.00
Subtotal	\$	14,346.50
Taxable	Tax	
\$	0.00	\$ 0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	14,346.50

FOR SHIPMENTS TO CALIFORNIA, A STATE ENVIRONMENTAL FEE OF UP TO \$10 PER ITEM WILL BE ADDED TO INVOICES FOR ALL ORDERS CONTAINING A DISPLAY GREATER THAN 4 INCHES. PLEASE KEEP ORIGINAL BOX FOR ALL RETURNS. COMPREHENSIVE ONLINE CUSTOMER CARE INFORMATION AND ASSISTANCE IS A CLICK AWAY AT [WWW.DELL.COM/PU](http://WWW.DELL.COM/PU) BLIC-ECARE TO ANSWER A VARIETY OF QUESTIONS REGARDING YOUR DELL ORDER.

DETACH AT LINE AND RETURN WITH PAYMENT



Invoice Number: XFT5K1MR6  
 Customer Name: SOUND SHORE MEDICAL CTR  
 Customer Number: 5513370  
 Purchase Order: NR170884  
 Order Number: 111068959

MAKE CHECK PAYABLE/REMIT TO:

DELL MARKETING L.P.  
 C/O DELL USA L.P.  
 PO BOX 843581  
 PITTSBURGH, PA.152643561

Ship. &/or Handling	\$	64.00
Subtotal	\$	14,346.50
Taxable	Tax	
\$	0.00	\$ 0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	14,346.50
	\$	
	\$	
Balance Due	\$	14,346.50
Amount Enclosed		



This is your INVOICE

Page 2 Of 2

FID Number: 74-2616805  
 Sales Rep: JACOB S LEMAIRE  
 For Sales: (800) 274 - 1550  
 Sales Fax: (800) 433 - 9527  
 Customer Service: (800) 274 - 1550  
 Technical Support: (800) 274 - 1550  
 Dell Online: www.dell.com

Customer Number: 5513370  
 Purchase Order: NR170864  
 Order Number: 111068959  
 Order Date: 06/04/12  
 70 01 O 01 01 N

Invoice Number: XFT5K1MR6  
 Invoice Date: 06/12/12  
 Payment Terms: NET DUE 30 DAYS  
 Due Date: 07/12/12  
 Shipped Via: FEDEX GROUND  
 Waybill Number: 918195923555673

**SOLD TO:**  
 MR DAN VALLARIO  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10802

**SHIP TO:**  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 108015502

PLEASE REVIEW DELL'S TERMS & CONDITIONS OF SALE AND POLICIES AT [www.dell.com/us/policy](http://www.dell.com/us/policy) OR UPON REQUEST, WHICH GOVERN THIS TRANSACTION

Ordered	Shipped	Item Number	Description	Unit	Unit Price	Amount
2	2	342-0427	148GB 15K RPM Serial-Attach SC SI 6Gbps 2.5in Hotplug Hard Drive	EA	-	-
1	1	430-0650	Broadcom NetXtreme II 57711 1 0GbE NIC w/TOE and iSOE, Dual Port, SFP+, PCIe-8	EA	-	-
1	1	430-0657	Intel Gigabit ET NIC, Quad Port, Copper, PCIe-4	EA	-	-
1	1	909-8419	*Tracking sku for Mobile Clinical Computing	EA	-	-
1	1	987-1539	*Custom Operations PM Support	EA	-	-



This is your INVOICE

Page 1 Of 1

FID Number: 74-2616805  
 Sales Rep: JACOB S LEMAIRE  
 For Sales: (800) 274 - 1550  
 Sales Fax: (800) 433 - 9527  
 Customer Service: (800) 274 - 1550  
 Technical Support: (800) 274 - 1550  
 Dell Online: www.dell.com

Customer Number: 5513370  
 Purchase Order: NR170865  
 Order Number: 111037392  
 Order Date: 08/04/12

Invoice Number: XFT6CK138  
 Invoice Date: 06/13/12  
 Payment Terms: NET DUE 30 DAYS  
 Due Date: 07/13/12  
 Shipped Via: OLD DOMINION  
 Waybill Number: 35027659073

70 01 0 01 01 N

SOLD TO:  
 MR DAN VALLARIO  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10802

SHIP TO:  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 108015502

PLEASE REVIEW DELL'S TERMS & CONDITIONS OF SALE AND POLICIES AT [www.dell.com/us/policy](http://www.dell.com/us/policy) OR UPON REQUEST, WHICH GOVERN THIS TRANSACTION

Ordered	Shipped	Item Number	Description	Unit	Unit Price	Amount
1	1	225-1727	Dell EqualLogic PS6100XV, High Performance, 15K SAS Drives	EA	33,218.65	33,218.65
1	1	342-2835	14.4TB capacity, 15K SAS, 24x 600GB	EA	-	-
1	1	331-2545	Dual Controllers, HA with fail over	EA	-	-
1	1	468-8817	EqualLogic array may not be re turned	EA	-	-
1	1	468-7110	Asynchronous Replication	EA	-	-
1	1	468-7155	Snaps/Clones with integration for MS SQL, Exchange, Hyper V and VMware	EA	-	-
1	1	468-7156	SAN HQ multi group monitoring software	EA	-	-
1	1	330-6048	RackRails, RapidRails for Dell Rack	EA	-	-
1	1	932-8507	*Dell Hardware Limited Warranty Initial Year	EA	-	-
1	1	936-8338	*Dell Hardware Limited Warranty Extended Year	EA	-	-
1	1	936-8388	*MISSION CRITICAL PACKAGE Enhanced Services, 3 Year	EA	-	-
1	1	954-0109	*EqualLogic Advanced Software Warranty and Service, 7x24 Access, 3 Year	EA	-	-
1	1	954-7372	*Mission Critical Package: 4-Hour 7x24 On-Site Service with Emergency Dispatch, 2 Year Extended	EA	-	-
1	1	954-7452	*ProSupport: 7x24 HW / SW Tech Support and Assistance, 3 Year	EA	-	-
1	1	957-8690	*Mission Critical Package: 4-Hour 7x24 On-Site Service with Emergency Dispatch, Initial Year	EA	-	-
1	1	989-3439	*Dell ProSupport. For tech supp ort, visit <a href="http://support.dell.com/ProSupport">http://support.dell.com/ProSupport</a> or call 1-800-845-3355	EA	-	-
1	1	931-0619	*Installation and Implementation of EqualLogic Storage Array, up to 4 Hosts	EA	-	-
1	1	926-2979	*Proactive Maintenance Service Declined	EA	-	-
1	1	995-7149	*EqualLogic Reference Architecture, S25N/S50N, PS6100, upto 3 arrays	EA	-	-
1	1	310-9955	Power Cord, NEMA 5-15P to C13, 15 amp, wall plug, 6 feet / 2 meter	EA	-	-
1	1	310-9965	Power Cord, NEMA 5-15P to C13, 15 amp, wall plug, 6 feet / 2 meter	EA	-	-
1	1	894-3849	Dell Education Services - No Training Requested - visit <a href="http://www.LearnDell.com">www.LearnDell.com</a>	EA	-	-

FOR SHIPMENTS TO CALIFORNIA, A STATE ENVIRONMENTAL FEE OF UP TO \$10 PER ITEM WILL BE ADDED TO INVOICES FOR ALL ORDERS CONTAINING A DISPLAY GREATER THAN 4 INCHES. PLEASE KEEP ORIGINAL BOX FOR ALL RETURNS. COMPREHENSIVE ONLINE CUSTOMER CARE INFORMATION AND ASSISTANCE IS A CLICK AWAY AT [WWW.DELL.COM/PU](http://WWW.DELL.COM/PU) PUBLIC-ECARE TO ANSWER A VARIETY OF QUESTIONS REGARDING YOUR DELL ORDER.

Ship. &/or Handling	\$	49.00
Subtotal	\$	33,267.65
Taxable	Tax	
\$	0.00	\$ 0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	33,267.65

DETACH AT LINE AND RETURN WITH PAYMENT



Invoice Number: XFT6CK138  
 Customer Name: SOUND SHORE MEDICAL CTR  
 Customer Number: 5513370  
 Purchase Order: NR170865  
 Order Number: 111037392

MAKE CHECK PAYABLE/REMIT TO:

DELL MARKETING L.P.  
 C/O DELL USA L.P.  
 PO BOX 643561  
 PITTSBURGH, PA. 152643561

Ship. &/or Handling	\$	49.00
Subtotal	\$	33,267.65
Taxable	Tax	
\$	0.00	\$ 0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	33,267.65
	\$	
	\$	
Balance Due	\$	33,267.65
Amount Enclosed		



This is your INVOICE

Page 1 Of 1

FID Number: 74-2616805  
 Sales Rep: JACOB S LEMAIRE  
 For Sales: (800) 274 - 1550  
 Sales Fax: (800) 433 - 9527  
 Customer Service: (800) 274 - 1550  
 Technical Support: (800) 274 - 1550  
 Dell Online: www.dell.com

Customer Number: 5513370  
 Purchase Order: NR171062  
 Order Number: 119092720  
 Order Date: 06/14/12

Invoice Number: **XFT79FX55**  
 Invoice Date: 06/15/12  
 Payment Terms: NET DUE 30 DAYS  
 Due Date: 07/15/12  
 Shipped Via: STANDARD GROUND  
 Waybill Number:

70 01 0 01 01 N

**SOLD TO:**  
 MR DAN VALLARIO  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10802

**SHIP TO:**  
 Richard Colety  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 108015502

PLEASE REVIEW DELL'S TERMS & CONDITIONS OF SALE AND POLICIES AT [www.dell.com/us/policy](http://www.dell.com/us/policy) OR UPON REQUEST, WHICH GOVERN THIS TRANSACTION

Ordered	Shipped	Item Number	Description	Unit	Unit Price	Amount
2	2	A5082202	FACSYS 5 ENTERPRISE FAST 1-50 USERS MAINT 1 YEAR MfgPartNum. 30-500050 MfgName: SOLGENIA USA CONTRACT CODE. PT65181- MISC S OFTWARE	EA	1,521.59	3,043.18

FOR SHIPMENTS TO CALIFORNIA, A STATE ENVIRONMENTAL FEE OF UP TO \$10 PER ITEM WILL BE ADDED TO INVOICES FOR ALL ORDERS CONTAINING A DISPLAY GREATER THAN 4 INCHES. PLEASE KEEP ORIGINAL BOX FOR ALL RETURNS. COMPREHENSIVE ONLINE CUSTOMER CARE INFORMATION AND ASSISTANCE IS A CLICK AWAY AT [WWW.DELL.COM/PUBLIC-ECARE](http://WWW.DELL.COM/PUBLIC-ECARE) TO ANSWER A VARIETY OF QUESTIONS REGARDING YOUR DELL ORDER.

Ship. &/or Handling	\$	0.00
Subtotal	\$	3,043.18
Taxable	Tax	
\$	0.00	\$ 0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	3,043.18

DETACH AT LINE AND RETURN WITH PAYMENT



Invoice Number: XFT79FX55  
 Customer Name: SOUND SHORE MEDICAL CTR  
 Customer Number: 5513370  
 Purchase Order: NR171062  
 Order Number: 119092720

MAKE CHECK PAYABLE/REMIT TO:

DELL MARKETING L.P.  
 C/O DELL USA L.P.  
 PO BOX 643581  
 PITTSBURGH, PA 152643581

Ship. &/or Handling	\$	0.00
Subtotal	\$	3,043.18
Taxable	Tax	
\$	0.00	\$ 0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	3,043.18
	\$	
	\$	
Balance Due	\$	3,043.18
Amount Enclosed		



This is your INVOICE

Page 1 Of 1

FID Number: 74-2616805  
 Sales Rep: JACOB S LEMAIRE  
 For Sales: (800) 274 - 1550  
 Sales Fax: (800) 433 - 9527  
 Customer Service: (800) 274 - 1550  
 Technical Support: (800) 822 - 8965  
 Dell Online: www.dell.com

Customer Number: 5513370  
 Purchase Order: NR171885  
 Order Number: 149172310  
 Order Date: 07/26/12

Invoice Number: XFW4NWM82  
 Invoice Date: 07/29/12  
 Payment Terms: NET DUE 30 DAYS  
 Due Date: 08/28/12  
 Shipped Via: UPS COMMERCIAL  
 Waybill Number: 05V47W0345798761

70 01 C 01 01 N

SOLD TO:  
 MR DAN VALLARIO  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10802

SHIP TO:  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 108015502

PLEASE REVIEW DELL'S TERMS & CONDITIONS OF SALE AND POLICIES AT [www.dell.com/us/policy](http://www.dell.com/us/policy) OR UPON REQUEST, WHICH GOVERN THIS TRANSACTION

Ordered	Shipped	Item Number	Description	Unit	Unit Price	Amount
2	2	225-0131	PCT7024,24 port Managed Switch , 1 GbE with 10Gb and Stacking capabilities	EA	2,797.60	5,595.20
2	2	931-3087	*Dell Hardware Limited Warranty Initial Year	EA	-	-
2	2	935-7688	*Dell Hardware Limited Warranty Extended Year(s)	EA	-	-
2	2	939-8152	*Non-Mission Critical: 4-Hour 7 x24 On-site Service After Problem Diagnosis, 2 Year Extended	EA	-	-
2	2	939-8252	*ProSupport: 7x24 HW / SW Tech Support and Assistance, 3 Year	EA	-	-
2	2	954-2170	*Non-Mission Critical: 4-Hour 7 x24 On-site Service After Problem Diagnosis, Initial Year	EA	-	-
2	2	954-2350	*Lifetime Limited Hardware Warranty with Basic Hardware Service Next Business Day Parts Only on Your PowerConnect Switch	EA	-	-
2	2	989-3439	*Dell ProSupport. For tech support, visit <a href="http://support.dell.com/ProSupport">http://support.dell.com/ProSupport</a> or call 1-800-945-3356	EA	-	-
2	2	900-9997	*On-Site Installation Declined	EA	-	-
		System Service Tags	HINVLT51 , 5PVLTS1			

Ship. &/or Handling	\$	78.00
Subtotal	\$	5,673.20
Taxable	Tax	
\$ 0.00	\$	0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	5,673.20

FOR SHIPMENTS TO CALIFORNIA, A STATE ENVIRONMENTAL FEE OF UP TO \$10 PER ITEM WILL BE ADDED TO INVOICES FOR ALL ORDERS CONTAINING A DISPLAY GREATER THAN 4 INCHES. PLEASE KEEP ORIGINAL BOX FOR ALL RETURNS. COMPREHENSIVE ONLINE CUSTOMER CARE INFORMATION AND ASSISTANCE IS A CLICK AWAY AT [WWW.DELL.COM/PUBLIC-ECARE](http://WWW.DELL.COM/PUBLIC-ECARE) TO ANSWER A VARIETY OF QUESTIONS REGARDING YOUR DELL ORDER.

DETACH AT LINE AND RETURN WITH PAYMENT



Invoice Number: XFW4NWM82  
 Customer Name: SOUND SHORE MEDICAL CTR  
 Customer Number: 5513370  
 Purchase Order: NR171885  
 Order Number: 149172310

MAKE CHECK PAYABLE/REMIT TO:

DELL MARKETING L.P.  
 C/O DELL USA L.P.  
 PO BOX 643561  
 PITTSBURGH, PA.152843561

Ship. &/or Handling	\$	78.00
Subtotal	\$	5,673.20
Taxable	Tax	
\$ 0.00	\$	0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	5,673.20
	\$	
	\$	
	\$	
Balance Due	\$	5,673.20
Amount Enclosed		





This is your INVOICE

Page 1 Of 1

FID Number: 742616805  
 Sales Rep: JACOB S LEMAIRE  
 For Sales: (800) 274 - 1550  
 Sales Fax: (800) 433 - 9527  
 Customer Service: (800) 274 - 1550  
 Technical Support: (800) 822 - 8965  
 Dell Online: www.dell.com

Customer Number: 5513370  
 Purchase Order: NR171310  
 Order Number: 127262331  
 Order Date: 06/28/12

70 01 0 01 01 N

Invoice Number: **XFWTFM6W8**

Invoice Date: 08/30/12  
 Payment Terms: NET DUE 30 DAYS  
 Due Date: 09/29/12  
 Shipped Via: STANDARD GROUND  
 Waybill Number: Electronic

SOLD TO:  
 MR DAN VALLARIO  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10802

SHIP TO:  
 Richard Colety  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10802

PLEASE REVIEW DELL'S TERMS & CONDITIONS OF SALE AND POLICIES AT [www.dell.com/us/policy](http://www.dell.com/us/policy) OR UPON REQUEST, WHICH GOVERN THIS TRANSACTION

Ordered	Shipped	Item Number	Description	Unit	Unit Price	Amount
2	2	A6156328	VLA NETSCALER MPX 7500 ENTERPR ISE ED 8X10 100 1000 MfgPartNum: MW3P0000039 MfgName: CITRIX Maintenance End Date: 07/06/20 12 CONTRACT CODE: XXXXXX- OPEN MA RKET	EA	16,440.00	32,880.00
2	2	A6156329	VLA NETSCALER MPX-7500 ENT ED 1YR GOLD MAINT MfgPartNum: 1YRGLDMPX7KEE MfgName: CITRIX Maintenance End Date: 07/06/20 12 CONTRACT CODE: XXXXXX- OPEN MA RKET	EA	4,850.53	9,701.06
200	200	A6124804	VLA CITRIX ACCESS GATEWAY XCON CURRENT USER CONNECTION W SUB ADVAN UNIVERSAL MfgPartNum: MW2P0000051 MfgName: CITRIX Maintenance End Date: 06/29/20 12 CONTRACT CODE: XXXXXX- OPEN MA RKET	EA	52.00	10,400.00
1	1	A3458532	ELECTRONIC LICENSE CONFIRMATIO N elec dwnld only MfgPartNum: ELC MfgName: DELL SOFTWARE	EA		

FOR SHIPMENTS TO CALIFORNIA, A STATE ENVIRONMENTAL FEE OF UP TO \$10 PER ITEM WILL BE ADDED TO INVOICE  
 ES FOR ALL ORDERS CONTAINING A DISPLAY GREATER THAN 4 INCHES. PLEASE KEEP ORIGINAL BOX FOR ALL RETURN  
 NS. COMPREHENSIVE ONLINE CUSTOMER CARE INFORMATION AND ASSISTANCE IS A CLICK AWAY AT [WWW.DELL.COM/PU](http://WWW.DELL.COM/PU)  
 BLIC-ECARE TO ANSWER A VARIETY OF QUESTIONS REGARDING YOUR DELL ORDER.

Ship. &/or Handling	\$	0.00
Subtotal	\$	52,981.06
Taxable	Tax	
\$	0.00	\$ 0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	52,981.06

DETACH AT LINE AND RETURN WITH PAYMENT



Invoice Number: XFWTFM6W8  
 Customer Name: SOUND SHORE MEDICAL CTR  
 Customer Number: 5513370  
 Purchase Order: NR171310  
 Order Number: 127262331

MAKE CHECK PAYABLE/REMIT TO:

DELL MARKETING L.P.  
 C/O DELL USA L.P.  
 PO BOX 643581  
 PITTSBURGH, PA.152643581

Ship. &/or Handling	\$	0.00
Subtotal	\$	52,981.06
Taxable	Tax	
\$	0.00	\$ 0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	52,981.06
	\$	
	\$	
Balance Due	\$	52,981.06
Amount Enclosed		



This is your INVOICE

Page 1 Of 1

FID Number: 74-2616805  
 Sales Rep: JACOB S LEMAIRE  
 For Sales: (800) 274 - 1550  
 Sales Fax: (800) 433 - 9527  
 Customer Service: (800) 274 - 1550  
 Technical Support: (800) 822 - 8965  
 Dell Online: www.dell.com

Customer Number: 5513370  
 Purchase Order: NR171658  
 Order Number: 142000443  
 Order Date: 07/17/12  
 70 01 O 01 01 N

Invoice Number: XFWX62JT8  
 Invoice Date: 09/04/12  
 Payment Terms: NET DUE 30 DAYS  
 Due Date: 10/04/12  
 Shipped Via: STANDARD GROUND  
 Waybill Number: Service

SOLD TO:  
 MR DAN VALLARIO  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10802

SHIP TO:  
 Richard Colety  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10802

PLEASE REVIEW DELL'S TERMS & CONDITIONS OF SALE AND POLICIES AT [www.dell.com/ua/policy](http://www.dell.com/ua/policy) OR UPON REQUEST, WHICH GOVERN THIS TRANSACTION

Ordered	Shipped	Item Number	Description	Unit	Unit Price	Amount
1	1	A6244460	VLA CITRIX ADV IMPLEMENTATION SERVICES MfgPartNum: 4005143 MfgName: CITRIX	EA	13,421.05	13,421.05
1	1	A3458532	CONTRACT CODE: XXXXXX- OPEN MA RKET ELECTRONIC LICENSE CONFIRMATIO N elec dwnld only MfgPartNum: ELC MfgName: DELL SOFTWARE	EA	-	-

FOR SHIPMENTS TO CALIFORNIA, A STATE ENVIRONMENTAL FEE OF UP TO \$10 PER ITEM WILL BE ADDED TO INVOICES FOR ALL ORDERS CONTAINING A DISPLAY GREATER THAN 4 INCHES. PLEASE KEEP ORIGINAL BOX FOR ALL RETURNS. COMPREHENSIVE ONLINE CUSTOMER CARE INFORMATION AND ASSISTANCE IS A CLICK AWAY AT [WWW.DELL.COM/PU](http://WWW.DELL.COM/PU) BLIC-ECARE TO ANSWER A VARIETY OF QUESTIONS REGARDING YOUR DELL ORDER.

Ship. &/or Handling	\$	0.00
Subtotal	\$	13,421.05
Taxable	Tax	
\$ 0.00	\$	0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	13,421.05

DETACH AT LINE AND RETURN WITH PAYMENT



Invoice Number: XFWX62JT8  
 Customer Name: SOUND SHORE MEDICAL CTR  
 Customer Number: 5513370  
 Purchase Order: NR171658  
 Order Number: 142000443

MAKE CHECK PAYABLE/REMIT TO

DELL MARKETING L.P.  
 C/O DELL USA L.P.  
 PO BOX 643561  
 PITTSBURGH, PA. 152643561

Ship. &/or Handling	\$	0.00
Subtotal	\$	13,421.05
Taxable	Tax	
\$ 0.00	\$	0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	13,421.05
	\$	
	\$	
Balance Due	\$	13,421.05
Amount Enclosed		



This is your INVOICE

Page 1 Of 1

FID Number: 74-2616805  
 Sales Rep: DARRELL J FOX  
 For Sales: (800) 274 - 1550  
 Sales Fax: (800) 433 - 9527  
 Customer Service: (800) 274 - 1550  
 Technical Support: (800) 822 - 8965  
 Dell Online: www.dell.com

Customer Number: 5513370  
 Purchase Order: NR170691  
 Order Number: 198875979  
 Order Date: 10/02/12  
 70 01 0 01 01 N

Invoice Number: XFXJ24453  
 Invoice Date: 10/02/12  
 Payment Terms: NET DUE 30 DAYS  
 Due Date: 11/01/12  
 Shipped Via: STANDARD GROUND  
 Waybill Number:

**SOLD TO:**  
 MR DAN VALLARIO  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10802

**SHIP TO:**  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 108029982

PLEASE REVIEW DELL'S TERMS & CONDITIONS OF SALE AND POLICIES AT [www.dell.com/us/policy](http://www.dell.com/us/policy) OR UPON REQUEST, WHICH GOVERN THIS TRANSACTION

Ordered	Shipped	Item Number	Description	Unit	Unit Price	Amount
1	1	468-4398	Late Fee Assessment LATE FEE XFR TK5FK7	EA	23.00	23.00

FOR SHIPMENTS TO CALIFORNIA, A STATE ENVIRONMENTAL FEE OF UP TO \$10 PER ITEM WILL BE ADDED TO INVOICES FOR ALL ORDERS CONTAINING A DISPLAY GREATER THAN 4 INCHES. PLEASE KEEP ORIGINAL BOX FOR ALL RETURNS. COMPREHENSIVE ONLINE CUSTOMER CARE INFORMATION AND ASSISTANCE IS A CLICK AWAY AT [WWW.DELL.COM/PUBLIC-ECARE](http://WWW.DELL.COM/PUBLIC-ECARE) TO ANSWER A VARIETY OF QUESTIONS REGARDING YOUR DELL ORDER.

Ship. &/or Handling	\$	0.00
Subtotal	\$	23.00
Taxable	Tax	
\$	0.00	\$ 0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	23.00

DETACH AT LINE AND RETURN WITH PAYMENT



Invoice Number: XFXJ24453  
 Customer Name: SOUND SHORE MEDICAL CTR  
 Customer Number: 5513370  
 Purchase Order: NR170691  
 Order Number: 198875979

MAKE CHECK PAYABLE/REMIT TO:

DELL MARKETING L.P.  
 C/O DELL USA L.P.  
 PO BOX 643581  
 PITTSBURGH, PA.152643581

Ship. &/or Handling	\$	0.00
Subtotal	\$	23.00
Taxable	Tax	
\$	0.00	\$ 0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	23.00
	\$	
	\$	
Balance Due	\$	23.00
Amount Enclosed		



This is your INVOICE

Page 1 Of 1

FID Number: 74-2816805  
 Sales Rep: DARRELL J FOX  
 For Sales: (800) 274 - 1550  
 Sales Fax: (800) 433 - 9527  
 Customer Service: (800) 274 - 1550  
 Technical Support: (800) 822 - 8965  
 Dell Online: www.dell.com

Customer Number: 5513370  
 Purchase Order: NR171895  
 Order Number: 201812720  
 Order Date: 10/05/12  
 70 01 0 01 0 N

Invoice Number: XFXM82T14  
 Invoice Date: 10/08/12  
 Payment Terms: NET DUE 30 DAYS  
 Due Date: 11/07/12  
 Shipped Via: STANDARD GROUND  
 Waybill Number:

**SOLD TO:**  
 MR DAN VALLARIO  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10802

**SHIP TO:**  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 108015502

PLEASE REVIEW DELL'S TERMS & CONDITIONS OF SALE AND POLICIES AT [www.dell.com/us/policy](http://www.dell.com/us/policy) OR UPON REQUEST, WHICH GOVERN THIS TRANSACTION

Ordered	Shipped	Item Number	Description	Unit	Unit Price	Amount
1	1	468-4398	Late Fee Assessment LATE FEE XFW4NWM82	EA	85.00	85.00

FOR SHIPMENTS TO CALIFORNIA, A STATE ENVIRONMENTAL FEE OF UP TO \$10 PER ITEM WILL BE ADDED TO INVOICES FOR ALL ORDERS CONTAINING A DISPLAY GREATER THAN 4 INCHES. PLEASE KEEP ORIGINAL BOX FOR ALL RETURNS. COMPREHENSIVE ONLINE CUSTOMER CARE INFORMATION AND ASSISTANCE IS A CLICK AWAY AT [WWW.DELL.COM/PU](http://WWW.DELL.COM/PU) BLIC-ECARE TO ANSWER A VARIETY OF QUESTIONS REGARDING YOUR DELL ORDER.

Ship. &/or Handling	\$	0.00
Subtotal	\$	85.00
Taxable	Tax	
\$	0.00	\$ 0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	85.00

DETACH AT LINE AND RETURN WITH PAYMENT



Invoice Number: XFXM82T14  
 Customer Name: SOUND SHORE MEDICAL CTR  
 Customer Number: 5513370  
 Purchase Order: NR171895  
 Order Number: 201812720

MAKE CHECK PAYABLE/REMIT TO.

DELL MARKETING L.P.  
 C/O DELL USA L P  
 PO BOX 643561  
 PITTSBURGH, PA, 152843561

Ship. &/or Handling	\$	0.00
Subtotal	\$	85.00
Taxable	Tax	
\$	0.00	\$ 0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	85.00
	\$	
	\$	
Balance Due	\$	85.00
Amount Enclosed		



This is your INVOICE

Page 1 Of 1

FID Number: 74-2616805  
 Sales Rep: DARRELL J FOX  
 For Sales: (800) 274 - 1550  
 Sales Fax: (800) 433 - 9527  
 Customer Service: (800) 274 - 1550  
 Technical Support: (800) 822 - 8965  
 Dell Online: www.dell.com

Customer Number: 5513370  
 Purchase Order: NR170885  
 Order Number: 220988576  
 Order Date: 11/01/12

Invoice Number: XJ15MK5M7  
 Invoice Date: 11/01/12  
 Payment Terms: NET DUE 30 DAYS  
 Due Date: 12/01/12  
 Shipped Via: STANDARD GROUND  
 Waybill Number:

70 01 0 01 01 N

SOLD TO:  
 MR DAN VALLARIO  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10802

SHIP TO:  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 108015502

PLEASE REVIEW DELL'S TERMS & CONDITIONS OF SALE AND POLICIES AT [www.dell.com/us/policy](http://www.dell.com/us/policy) OR UPON REQUEST, WHICH GOVERN THIS TRANSACTION

Ordered	Shipped	Item Number	Description	Unit	Unit Price	Amount
1	1	468-4398	Late Fee Assessment LATE FEE XFT6CK138	EA	499.00	499.00

FOR SHIPMENTS TO CALIFORNIA, A STATE ENVIRONMENTAL FEE OF UP TO \$10 PER ITEM WILL BE ADDED TO INVOICES FOR ALL ORDERS CONTAINING A DISPLAY GREATER THAN 4 INCHES. PLEASE KEEP ORIGINAL BOX FOR ALL RETURNS. COMPREHENSIVE ONLINE CUSTOMER CARE INFORMATION AND ASSISTANCE IS A CLICK AWAY AT [WWW.DELL.COM/PU](http://WWW.DELL.COM/PU) PUBLIC-ECARE TO ANSWER A VARIETY OF QUESTIONS REGARDING YOUR DELL ORDER.

Ship. &/or Handling	\$	0.00
Subtotal	\$	499.00
Taxable	Tax	
\$ 0.00	\$	0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	499.00

DETACH AT LINE AND RETURN WITH PAYMENT



Invoice Number: XJ15MK5M7  
 Customer Name: SOUND SHORE MEDICAL CTR  
 Customer Number: 5513370  
 Purchase Order: NR170885  
 Order Number: 220988576

MAKE CHECK PAYABLE/REMIT TO:

DELL MARKETING L.P.  
 C/O DELL USA L.P.  
 PO BOX 843581  
 PITTSBURGH, PA, 152643581

Ship. &/or Handling	\$	0.00
Subtotal	\$	499.00
Taxable	Tax	
\$ 0.00	\$	0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	499.00
	\$	
	\$	
Balance Due	\$	499.00
Amount Enclosed		



This is your INVOICE

Page 1 Of 1

FID Number: 74-2616805  
 Sales Rep: DARRELL J FOX  
 For Sales: (800) 274 - 1550  
 Sales Fax: (800) 433 - 9527  
 Customer Service: (800) 274 - 1550  
 Technical Support: (800) 822 - 8965  
 Dell Online: www.dell.com

Customer Number: 5513370  
 Purchase Order: NR171658  
 Order Number: 220861005  
 Order Date: 11/01/12  
 70 01 0 01 01 N

Invoice Number: XJ15MDM42  
 Invoice Date: 11/01/12  
 Payment Terms: NET DUE 30 DAYS  
 Due Date: 12/01/12  
 Shipped Via: STANDARD GROUND  
 Waybill Number:

SOLD TO:  
 MR DAN VALLARIO  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10802

SHIP TO:  
 RICHARD COLETY  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10802

PLEASE REVIEW DELL'S TERMS & CONDITIONS OF SALE AND POLICIES AT [www.dell.com/us/policy](http://www.dell.com/us/policy) OR UPON REQUEST, WHICH GOVERN THIS TRANSACTION

Ordered	Shipped	Item Number	Description	Unit	Unit Price	Amount
1	1	488-4398	Late Fee Assessment LATE FEE XFWX62JT8	EA	201.00	201.00

FOR SHIPMENTS TO CALIFORNIA, A STATE ENVIRONMENTAL FEE OF UP TO \$10 PER ITEM WILL BE ADDED TO INVOICES FOR ALL ORDERS CONTAINING A DISPLAY GREATER THAN 4 INCHES. PLEASE KEEP ORIGINAL BOX FOR ALL RETURNS. COMPREHENSIVE ONLINE CUSTOMER CARE INFORMATION AND ASSISTANCE IS A CLICK AWAY AT [WWW.DELL.COM/PU](http://WWW.DELL.COM/PU) BLIC-ECARE TO ANSWER A VARIETY OF QUESTIONS REGARDING YOUR DELL ORDER.

Ship. &/or Handling	\$	0.00
Subtotal	\$	201.00
Taxable	Tax	
\$ 0.00	\$	0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	201.00

DETACH AT LINE AND RETURN WITH PAYMENT

Invoice Number: XJ15MDM42  
 Customer Name: SOUND SHORE MEDICAL CTR  
 Customer Number: 5513370  
 Purchase Order: NR171658  
 Order Number: 220861005

Ship. &/or Handling	\$	0.00
Subtotal	\$	201.00
Taxable	Tax	
\$ 0.00	\$	0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	201.00
	\$	
	\$	
Balance Due	\$	201.00
Amount Enclosed		

MAKE CHECK PAYABLE/REMIT TO:

DELL MARKETING L.P.  
 C/O DELL USA L.P.  
 PO BOX 643561  
 PITTSBURGH, PA.152643561



This is your INVOICE

Page 1 Of 1

FID Number: 74-2616805  
 Sales Rep: DARRELL J FOX  
 For Sales: (800) 274 - 1550  
 Sales Fax: (800) 433 - 9527  
 Customer Service: (800) 274 - 1550  
 Technical Support: (800) 822 - 8965  
 Dell Online: www.dell.com

Customer Number: 5513370  
 Purchase Order: NR170884  
 Order Number: 220760496  
 Order Date: 11/01/12

70 01 0 01 01 N

Invoice Number: XJ15MSC84  
 Invoice Date: 11/01/12  
 Payment Terms: NET DUE 30 DAYS  
 Due Date: 12/01/12  
 Shipped Via: STANDARD GROUND  
 Waybill Number:

SOLD TO:  
 MR DAN VALLARIO  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10802

SHIP TO:  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 108015502

PLEASE REVIEW DELL'S TERMS & CONDITIONS OF SALE AND POLICIES AT [www.dell.com/us/policy](http://www.dell.com/us/policy) OR UPON REQUEST, WHICH GOVERN THIS TRANSACTION

Ordered	Shipped	Item Number	Description	Unit	Unit Price	Amount
1	1	468-4398	Late Fee Assessment LATE FEE XFT5K1MR6	EA	215.00	215.00

FOR SHIPMENTS TO CALIFORNIA, A STATE ENVIRONMENTAL FEE OF UP TO \$10 PER ITEM WILL BE ADDED TO INVOICES FOR ALL ORDERS CONTAINING A DISPLAY GREATER THAN 4 INCHES. PLEASE KEEP ORIGINAL BOX FOR ALL RETURNS. COMPREHENSIVE ONLINE CUSTOMER CARE INFORMATION AND ASSISTANCE IS A CLICK AWAY AT [WWW.DELL.COM/PUBLIC-ECARE](http://WWW.DELL.COM/PUBLIC-ECARE) TO ANSWER A VARIETY OF QUESTIONS REGARDING YOUR DELL ORDER.

Ship. &/or Handling	\$	0.00
Subtotal	\$	215.00
Taxable	Tax	
\$ 0.00	\$	0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	215.00

DETACH AT LINE AND RETURN WITH PAYMENT



Invoice Number: XJ15MSC84  
 Customer Name: SOUND SHORE MEDICAL CTR  
 Customer Number: 5513370  
 Purchase Order: NR170884  
 Order Number: 220760496

MAKE CHECK PAYABLE/REMIT TO.

DELL MARKETING L.P.  
 C/O DELL USA L.P.  
 PO BOX 643561  
 PITTSBURGH, PA. 152643561

Ship. &/or Handling	\$	0.00
Subtotal	\$	215.00
Taxable	Tax	
\$ 0.00	\$	0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	215.00
	\$	
	\$	
Balance Due	\$	215.00
Amount Enclosed		



This is your INVOICE

Page 1 Of 1

FID Number: 74-261660\$  
 Sales Rep: DARRELL J FOX  
 For Sales: (800) 274 - 1550  
 Sales Fax: (800) 433 - 9527  
 Customer Service: (800) 274 - 1550  
 Technical Support: (800) 822 - 8965  
 Dell Online: www.dell.com

Customer Number: 5513370  
 Purchase Order: HA06285  
 Order Number: 220757526  
 Order Date: 11/01/12  
 70 01 0 01 01 N

Invoice Number: XJ15M59D8  
 Invoice Date: 11/01/12  
 Payment Terms: NET DUE 30 DAYS  
 Due Date: 12/01/12  
 Shipped Via: STANDARD GROUND  
 Waybill Number:

SOLD TO:  
 MR DAN VALLARIO  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10862

SHIP TO:  
 HELEN & MICHAEL SCHAFER EXT D  
 16 GUION PL  
 NEW ROCHELLE, NY 108015502

PLEASE REVIEW DELL'S TERMS & CONDITIONS OF SALE AND POLICIES AT [www.dell.com/us/policy](http://www.dell.com/us/policy) OR UPON REQUEST, WHICH GOVERN THIS TRANSACTION

Ordered	Shipped	Item Number	Description	Unit	Unit Price	Amount
1	1	468-4398	Late Fee Assessment LATE FEE XFPWPC4W5	EA	4.00	4.00

FOR SHIPMENTS TO CALIFORNIA, A STATE ENVIRONMENTAL FEE OF UP TO \$10 PER ITEM WILL BE ADDED TO INVOICES FOR ALL ORDERS CONTAINING A DISPLAY GREATER THAN 4 INCHES. PLEASE KEEP ORIGINAL BOX FOR ALL RETURNS. COMPREHENSIVE ONLINE CUSTOMER CARE INFORMATION AND ASSISTANCE IS A CLICK AWAY AT [WWW.DELL.COM/PU](http://WWW.DELL.COM/PU) BLOC-ECARE TO ANSWER A VARIETY OF QUESTIONS REGARDING YOUR DELL ORDER.

Ship. &/or Handling	\$	0.00
Subtotal	\$	4.00
Taxable	Tax	
\$ 0.00	\$	0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	4.00

DETACH AT LINE AND RETURN WITH PAYMENT



Invoice Number: XJ15M59D8  
 Customer Name: SOUND SHORE MEDICAL CTR  
 Customer Number: 5513370  
 Purchase Order: HA06285  
 Order Number: 220757526

MAKE CHECK PAYABLE/REMIT TO:

DELL MARKETING L.P.  
 C/O DELL USA L.P.  
 PO BOX 643561  
 PITTSBURGH, PA. 152643561

Ship. &/or Handling	\$	0.00
Subtotal	\$	4.00
Taxable	Tax	
\$ 0.00	\$	0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	4.00
	\$	
	\$	
Balance Due	\$	4.00
Amount Enclosed		





This is your INVOICE

Page 1 Of 1

FID Number: 74-2616805  
 Sales Rep: DARRELL J FOX  
 For Sales: (800) 274 - 1550  
 Sales Fax: (800) 433 - 9527  
 Customer Service: (800) 274 - 1560  
 Technical Support: (800) 822 - 8965  
 Dell Online: www.dell.com

Customer Number: 5513370  
 Purchase Order: NR169740  
 Order Number: 220724245  
 Order Date: 11/01/12

70 01 0 01 01 N

Invoice Number: XJ15M4PK2  
 Invoice Date: 11/01/12  
 Payment Terms: NET DUE 30 DAYS  
 Due Date: 12/01/12  
 Shipped Via: STANDARD GROUND  
 Waybill Number:

SOLD TO:  
 MR DAN VALLARIO  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10802

SHIP TO:  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 108015502

PLEASE REVIEW DELL'S TERMS & CONDITIONS OF SALE AND POLICIES AT [www.dell.com/us/policy](http://www.dell.com/us/policy) OR UPON REQUEST, WHICH GOVERN THIS TRANSACTION

Ordered	Shipped	Item Number	Description	Unit	Unit Price	Amount
1	1	468-4398	Late Fee Assessment LATE FEE XFPTCK183	EA	4.00	4.00

FOR SHIPMENTS TO CALIFORNIA, A STATE ENVIRONMENTAL FEE OF UP TO \$10 PER ITEM WILL BE ADDED TO INVOICES FOR ALL ORDERS CONTAINING A DISPLAY GREATER THAN 4 INCHES. PLEASE KEEP ORIGINAL BOX FOR ALL RETURNS. COMPREHENSIVE ONLINE CUSTOMER CARE INFORMATION AND ASSISTANCE IS A CLICK AWAY AT [WWW.DELL.COM/PU](http://WWW.DELL.COM/PU) B.L.I.C.-E.C.A.R.E TO ANSWER A VARIETY OF QUESTIONS REGARDING YOUR DELL ORDER.

Ship. &/or Handling	\$	0.00
Subtotal	\$	4.00
Taxable	Tax	
\$ 0.00	\$	0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	4.00

DETACH AT LINE AND RETURN WITH PAYMENT



Invoice Number: XJ15M4PK2  
 Customer Name: SOUND SHORE MEDICAL CTR  
 Customer Number: 5513370  
 Purchase Order: NR169740  
 Order Number: 220724245

MAKE CHECK PAYABLE/REMIT TO:

DELL MARKETING L.P.  
 C/O DELL USA L.P.  
 PO BOX 643561  
 PITTSBURGH, PA.152643561

Ship. &/or Handling	\$	0.00
Subtotal	\$	4.00
Taxable	Tax	
\$ 0.00	\$	0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	4.00
	\$	
	\$	
Balance Due	\$	4.00
Amount Enclosed		



This is your INVOICE

Page 1 Of 1

FID Number: 742616808  
 Sales Rep: DARRELL J FOX  
 For Sales: (800) 274 - 1550  
 Sales Fax: (800) 433 - 9527  
 Customer Service: (800) 274 - 1550  
 Technical Support: (800) 822 - 8965  
 Dell Online: www.dell.com

Customer Number: 5513370  
 Purchase Order: NR170589  
 Order Number: 220120543  
 Order Date: 10/31/12  
 70 01 0 01 01 N

Invoice Number: XJ159PTR4  
 Invoice Date: 11/01/12  
 Payment Terms: NET DUE 30 DAYS  
 Due Date: 12/01/12  
 Shipped Via: STANDARD GROUND  
 Waybill Number:

SOLD TO:  
 MR DAN VALLARIO  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10802

SHIP TO:  
 RICHARD COLETY  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10802

PLEASE REVIEW DELL'S TERMS & CONDITIONS OF SALE AND POLICIES AT [www.dell.com/us/policy](http://www.dell.com/us/policy) OR UPON REQUEST, WHICH GOVERN THIS TRANSACTION

Ordered	Shipped	Item Number	Description	Unit	Unit Price	Amount
1	1	468-4398	Late Fee Assessment LATE FEE XFRR424R6	EA	23.00	23.00

FOR SHIPMENTS TO CALIFORNIA, A STATE ENVIRONMENTAL FEE OF UP TO \$10 PER ITEM WILL BE ADDED TO INVOICES FOR ALL ORDERS CONTAINING A DISPLAY GREATER THAN 4 INCHES. PLEASE KEEP ORIGINAL BOX FOR ALL RETURNS. COMPREHENSIVE ONLINE CUSTOMER CARE INFORMATION AND ASSISTANCE IS A CLICK AWAY AT [WWW.DELL.COM/PU](http://WWW.DELL.COM/PU) BLIC-ECARE TO ANSWER A VARIETY OF QUESTIONS REGARDING YOUR DELL ORDER.

Ship. &/or Handling	\$	0.00
Subtotal	\$	23.00
Taxable	Tax	
\$	0.00	\$ 0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	23.00

DETACH AT LINE AND RETURN WITH PAYMENT



Invoice Number: XJ159PTR4  
 Customer Name: SOUND SHORE MEDICAL CTR  
 Customer Number: 5513370  
 Purchase Order: NR170589  
 Order Number: 220120543

MAKE CHECK PAYABLE/REMIT TO.

DELL MARKETING L.P.  
 C/O DELL USA L.P.  
 PO BOX 643561  
 PITTSBURGH, PA.152843561

Ship. &/or Handling	\$	0.00
Subtotal	\$	23.00
Taxable	Tax	
\$	0.00	\$ 0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	23.00
	\$	
	\$	
Balance Due	\$	23.00
Amount Enclosed		



This is your INVOICE

Page 1 Of 1

FID Number: 74-2616805  
 Sales Rep: DARRELL J FOX  
 For Sales: (800) 274 - 1550  
 Sales Fax: (800) 433 - 9527  
 Customer Service: (800) 274 - 1550  
 Technical Support: (800) 822 - 8965  
 Dell Online: www.dell.com

Customer Number: 5513370  
 Purchase Order: NR170691  
 Order Number: 219752058  
 Order Date: 10/31/12

Invoice Number: XJ154R1R7

Invoice Date: 11/01/12  
 Payment Terms: NET DUE 30 DAYS  
 Due Date: 12/01/12  
 Shipped Via: STANDARD GROUND  
 Waybill Number:

70 01 0 01 01 N

SOLD TO:  
 MR DAN VALLARIO  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10802

SHIP TO:  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 108029982

PLEASE REVIEW DELL'S TERMS & CONDITIONS OF SALE AND POLICIES AT [www.dell.com/us/policy](http://www.dell.com/us/policy) OR UPON REQUEST, WHICH GOVERN THIS TRANSACTION

Ordered	Shipped	Item Number	Description	Unit	Unit Price	Amount
1	1	468-4398	Late Fee Assessment LATE FEE XFRTK5FK7	EA	23.00	23.00

FOR SHIPMENTS TO CALIFORNIA, A STATE ENVIRONMENTAL FEE OF UP TO \$10 PER ITEM WILL BE ADDED TO INVOICES FOR ALL ORDERS CONTAINING A DISPLAY GREATER THAN 4 INCHES. PLEASE KEEP ORIGINAL BOX FOR ALL RETURNS. COMPREHENSIVE ONLINE CUSTOMER CARE INFORMATION AND ASSISTANCE IS A CLICK AWAY AT [WWW.DELL.COM/PU](http://WWW.DELL.COM/PU) BLIC-ECARE TO ANSWER A VARIETY OF QUESTIONS REGARDING YOUR DELL ORDER.

Ship. &/or Handling	\$	0.00
Subtotal	\$	23.00
Taxable	Tax	
\$	0.00	\$ 0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	23.00

DETACH AT LINE AND RETURN WITH PAYMENT



Invoice Number: XJ154R1R7  
 Customer Name: SOUND SHORE MEDICAL CTR  
 Customer Number: 5513370  
 Purchase Order: NR170691  
 Order Number: 219752058

MAKE CHECK PAYABLE/REMIT TO:

DELL MARKETING L.P.  
 C/O DELL USA L.P.  
 PO BOX 643561  
 PITTSBURGH, PA.152643561

Ship. &/or Handling	\$	0.00
Subtotal	\$	23.00
Taxable	Tax	
\$	0.00	\$ 0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	23.00
	\$	
	\$	
Balance Due	\$	23.00
Amount Enclosed		



This is your INVOICE

Page 1 Of 1

FID Number: 742616805  
 Sales Rep: DARRELL J FOX  
 For Sales: (800) 274 - 1550  
 Sales Fax: (800) 433 - 9527  
 Customer Service: (800) 274 - 1550  
 Technical Support: (800) 822 - 8965  
 Dell Online: www.dell.com

Customer Number: 5513370  
 Purchase Order: NR171062  
 Order Number: 221227628  
 Order Date: 11/02/12

70 01 0 01 01 N

Invoice Number: XJ15T86K9  
 Invoice Date: 11/02/12  
 Payment Terms: NET DUE 30 DAYS  
 Due Date: 12/02/12  
 Shipped Via: STANDARD GROUND  
 Waybill Number:

SOLD TO:  
 MR DAN VALLARIO  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10802

SHIP TO:  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 108015502

PLEASE REVIEW DELL'S TERMS & CONDITIONS OF SALE AND POLICIES AT [www.dell.com/us/policy](http://www.dell.com/us/policy) OR UPON REQUEST, WHICH GOVERN THIS TRANSACTION

Ordered	Shipped	Item Number	Description	Unit	Unit Price	Amount
1	1	468-4308	Late Fee Assessment LATE FEE XFT79FX56	EA	45.00	45.00

FOR SHIPMENTS TO CALIFORNIA, A STATE ENVIRONMENTAL FEE OF UP TO \$10 PER ITEM WILL BE ADDED TO INVOICES FOR ALL ORDERS CONTAINING A DISPLAY GREATER THAN 4 INCHES. PLEASE KEEP ORIGINAL BOX FOR ALL RETURNS. COMPREHENSIVE ONLINE CUSTOMER CARE INFORMATION AND ASSISTANCE IS A CLICK AWAY AT [WWW.DELL.COM/PUBLIC-ECARE](http://WWW.DELL.COM/PUBLIC-ECARE) TO ANSWER A VARIETY OF QUESTIONS REGARDING YOUR DELL ORDER.

Ship. &/or Handling	\$	0.00
Subtotal	\$	45.00
Taxable	Tax	
\$ 0.00	\$	0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	45.00

DETACH AT LINE AND RETURN WITH PAYMENT



Invoice Number: XJ15T86K9  
 Customer Name: SOUND SHORE MEDICAL CTR  
 Customer Number: 5513370  
 Purchase Order: NR171062  
 Order Number: 221227628

MAKE CHECK PAYABLE/REMIT TO:

DELL MARKETING L.P.  
 C/O DELL USA L.P.  
 PO BOX 643561  
 PITTSBURGH, PA 152643561

Ship. &/or Handling	\$	0.00
Subtotal	\$	45.00
Taxable	Tax	
\$ 0.00	\$	0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	45.00
	\$	
	\$	
	\$	
Balance Due	\$	45.00
Amount Enclosed		



This is your INVOICE

Page 1 Of 1

FID Number: 74-2616805  
 Sales Rep: DARRELL J FOX  
 For Sales: (800) 274 - 1550  
 Sales Fax: (800) 433 - 9527  
 Customer Service: (800) 274 - 1550  
 Technical Support: (800) 822 - 8965  
 Dell Online: www.dell.com

Customer Number: 5513370  
 Purchase Order: NR171895  
 Order Number: 223378080  
 Order Date: 11/06/12

Invoice Number: XJ17FWT87  
 Invoice Date: 11/07/12  
 Payment Terms: NET DUE 30 DAYS  
 Due Date: 12/07/12  
 Shipped Via: STANDARD GROUND  
 Waybill Number:

70 01 0 01 01 N

SOLD TO:  
 MR DAN VALLARIO  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10802

SHIP TO:  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 108015502

PLEASE REVIEW DELL'S TERMS & CONDITIONS OF SALE AND POLICIES AT [www.dell.com/us/policy](http://www.dell.com/us/policy) OR UPON REQUEST, WHICH GOVERN THIS TRANSACTION

Ordered	Shipped	Item Number	Description	Unit	Unit Price	Amount
1	1	468-4398	Late Fee Assessment LATE FEE XFW4NWM82	EA	85.00	85.00

FOR SHIPMENTS TO CALIFORNIA, A STATE ENVIRONMENTAL FEE OF UP TO \$10 PER ITEM WILL BE ADDED TO INVOICES FOR ALL ORDERS CONTAINING A DISPLAY GREATER THAN 4 INCHES. PLEASE KEEP ORIGINAL BOX FOR ALL RETURNS. COMPREHENSIVE ONLINE CUSTOMER CARE INFORMATION AND ASSISTANCE IS A CLICK AWAY AT [WWW.DELL.COM/PU](http://WWW.DELL.COM/PU) BLIC-ECARE TO ANSWER A VARIETY OF QUESTIONS REGARDING YOUR DELL ORDER.

Ship. &/or Handling	\$	0.00
Subtotal	\$	85.00
Taxable	Tax	
\$	0.00	\$
ENVIRO FEE	\$	0.00
Invoice Total	\$	85.00

DETACH AT LINE AND RETURN WITH PAYMENT

Invoice Number: XJ17FWT87  
 Customer Name: SOUND SHORE MEDICAL CTR  
 Customer Number: 5513370  
 Purchase Order: NR171895  
 Order Number: 223378080

MAKE CHECK PAYABLE/REMIT TO:

DELL MARKETING L.P.  
 C/O DELL USA L.P.  
 PO BOX 643581  
 PITTSBURGH, PA. 152643561

Ship. &/or Handling	\$	0.00
Subtotal	\$	85.00
Taxable	Tax	
\$	0.00	\$
ENVIRO FEE	\$	0.00
Invoice Total	\$	85.00
	\$	
	\$	
Balance Due	\$	85.00
Amount Enclosed		



This is your INVOICE

Page 1 Of 1

FID Number: 74-2616805  
 Sales Rep: DARRELL J FOX  
 For Sales: (800) 274 - 1550  
 Sales Fax: (800) 433 - 9527  
 Customer Service: (800) 274 - 1550  
 Technical Support: (800) 822 - 8965  
 Dell Online: www.dell.com

Customer Number: 5513370  
 Purchase Order: NR171658  
 Order Number: 229309899  
 Order Date: 11/14/12

Invoice Number: XJ1CFMF22  
 Invoice Date: 11/14/12  
 Payment Terms: NET DUE 30 DAYS  
 Due Date: 12/14/12  
 Shipped Via: STANDARD GROUND  
 Waybill Number:

70 01 O 01 01 N

SOLD TO:  
 MR DAN VALLARIO  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10802

SHIP TO:  
 RICHARD COLETY  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10802

PLEASE REVIEW DELL'S TERMS & CONDITIONS OF SALE AND POLICIES AT [www.dell.com/us/policy](http://www.dell.com/us/policy) OR UPON REQUEST, WHICH GOVERN THIS TRANSACTION

Ordered	Shipped	Item Number	Description	Unit	Unit Price	Amount
1	1	469-4398	Late Fee Assessment LATE FEE XFWX62JT8	EA	201.00	201.00

FOR SHIPMENTS TO CALIFORNIA, A STATE ENVIRONMENTAL FEE OF UP TO \$10 PER ITEM WILL BE ADDED TO INVOICES FOR ALL ORDERS CONTAINING A DISPLAY GREATER THAN 4 INCHES. PLEASE KEEP ORIGINAL BOX FOR ALL RETURNS. COMPREHENSIVE ONLINE CUSTOMER CARE INFORMATION AND ASSISTANCE IS A CLICK AWAY AT [WWW.DELL.COM/PU](http://WWW.DELL.COM/PU) BLIC-ECARE TO ANSWER A VARIETY OF QUESTIONS REGARDING YOUR DELL ORDER.

Ship. &/or Handling	\$	0.00
Subtotal	\$	201.00
Taxable	Tax	
\$	0.00	\$ 0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	201.00

DETACH AT LINE AND RETURN WITH PAYMENT



Invoice Number: XJ1CFMF22  
 Customer Name: SOUND SHORE MEDICAL CTR  
 Customer Number: 5513370  
 Purchase Order: NR171658  
 Order Number: 229309899

MAKE CHECK PAYABLE/REMIT TO:

DELL MARKETING L.P.  
 C/O DELL USA L.P.  
 PO BOX 643561  
 PITTSBURGH, PA.152643561

Ship. &/or Handling	\$	0.00
Subtotal	\$	201.00
Taxable	Tax	
\$	0.00	\$ 0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	201.00
	\$	
	\$	
Balance Due	\$	201.00
Amount Enclosed		



This is your INVOICE

Page 1 Of 1

FID Number: 74-2616805  
 Sales Rep: DARRELL J FOX  
 For Sales: (800) 274 - 1550  
 Sales Fax: (800) 433 - 9527  
 Customer Service: (800) 274 - 1550  
 Technical Support: (800) 822 - 8965  
 Dell Online: www.dell.com

Customer Number: 5513370  
 Purchase Order: NR170864  
 Order Number: 231424488  
 Order Date: 11/18/12

70 01 0 01 01 N

Invoice Number: XJ1F4XJ77  
 Invoice Date: 11/19/12  
 Payment Terms: NET DUE 30 DAYS  
 Due Date: 12/19/12  
 Shipped Via: STANDARD GROUND  
 Waybill Number:

SOLD TO:  
 MR DAN VALLARIO  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10802

SHIP TO:  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 108015502

PLEASE REVIEW DELL'S TERMS & CONDITIONS OF SALE AND POLICIES AT [www.dell.com/us/policy](http://www.dell.com/us/policy) OR UPON REQUEST, WHICH GOVERN THIS TRANSACTION

Ordered	Shipped	Item Number	Description	Unit	Unit Price	Amount
1	1	468-4398	Late Fee Assessment LATE FEE XFT5K1MR6	EA	215.00	215.00

FOR SHIPMENTS TO CALIFORNIA, A STATE ENVIRONMENTAL FEE OF UP TO \$10 PER ITEM WILL BE ADDED TO INVOICES FOR ALL ORDERS CONTAINING A DISPLAY GREATER THAN 4 INCHES. PLEASE KEEP ORIGINAL BOX FOR ALL RETURNS. COMPREHENSIVE ONLINE CUSTOMER CARE INFORMATION AND ASSISTANCE IS A CLICK AWAY AT [WWW.DELL.COM/PU](http://WWW.DELL.COM/PU) PUBLIC-CARE TO ANSWER A VARIETY OF QUESTIONS REGARDING YOUR DELL ORDER.

Ship. &/or Handling	\$	0.00
Subtotal	\$	215.00
Taxable	Tax	
\$ 0.00	\$	0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	215.00

DETACH AT LINE AND RETURN WITH PAYMENT



Invoice Number: XJ1F4XJ77  
 Customer Name: SOUND SHORE MEDICAL CTR  
 Customer Number: 5513370  
 Purchase Order: NR170864  
 Order Number: 231424488

MAKE CHECK PAYABLE/REMIT TO:

DELL MARKETING L.P.  
 C/O DELL USA L.P.  
 PO BOX 643581  
 PITTSBURGH, PA. 152643581

Ship. &/or Handling	\$	0.00
Subtotal	\$	215.00
Taxable	Tax	
\$ 0.00	\$	0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	215.00
	\$	
	\$	
Balance Due	\$	215.00
Amount Enclosed		



This is your INVOICE

Page 1 Of 1

FID Number: 74-2616805  
 Sales Rep: DARRELL J FOX  
 For Sales: (800) 274 - 1550  
 Sales Fax: (800) 433 - 9527  
 Customer Service: (800) 274 - 1550  
 Technical Support: (800) 822 - 8965  
 Dell Online: www.dell.com

Customer Number: 5513370  
 Purchase Order: NR170865  
 Order Number: 232932539  
 Order Date: 11/19/12  
 70 01 0 01 01 N

Invoice Number: XJ1FR3548  
 Invoice Date: 11/20/12  
 Payment Terms: NET DUE 30 DAYS  
 Due Date: 12/20/12  
 Shipped Via: STANDARD GROUND  
 Waybill Number:

SOLD TO:  
 MR DAN VALLARIO  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10802

SHIP TO:  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 108015502

PLEASE REVIEW DELL'S TERMS & CONDITIONS OF SALE AND POLICIES AT [www.dell.com/us/policy](http://www.dell.com/us/policy) OR UPON REQUEST, WHICH GOVERN THIS TRANSACTION

Ordered	Shipped	Item Number	Description	Unit	Unit Price	Amount
1	1	468-4398	Late Fee Assessment LATE FEE XFT6CK138	EA	499.00	499.00

FOR SHIPMENTS TO CALIFORNIA, A STATE ENVIRONMENTAL FEE OF UP TO \$10 PER ITEM WILL BE ADDED TO INVOICES FOR ALL ORDERS CONTAINING A DISPLAY GREATER THAN 4 INCHES. PLEASE KEEP ORIGINAL BOX FOR ALL RETURNS. COMPREHENSIVE ONLINE CUSTOMER CARE INFORMATION AND ASSISTANCE IS A CLICK AWAY AT [WWW.DELL.COM/PU](http://WWW.DELL.COM/PU) BLIC-ECARE TO ANSWER A VARIETY OF QUESTIONS REGARDING YOUR DELL ORDER.

Ship. &/or Handling	\$	0.00
Subtotal	\$	499.00
Taxable	Tax	
\$	0.00	\$ 0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	499.00

DETACH AT LINE AND RETURN WITH PAYMENT



Invoice Number: XJ1FR3548  
 Customer Name: SOUND SHORE MEDICAL CTR  
 Customer Number: 5513370  
 Purchase Order: NR170865  
 Order Number: 232932539

MAKE CHECK PAYABLE/REMIT TO:

DELL MARKETING L.P.  
 C/O DELL USA L.P.  
 PO BOX 643561  
 PITTSBURGH, PA. 152643581

Ship. &/or Handling	\$	0.00
Subtotal	\$	499.00
Taxable	Tax	
\$	0.00	\$ 0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	499.00
	\$	
	\$	
Balance Due	\$	499.00
Amount Enclosed		





This is your INVOICE

Page 1 Of 1

FID Number: 742816805  
 Sales Rep: DARRELL J FOX  
 For Sales: (800) 274 - 1550  
 Sales Fax: (800) 433 - 9527  
 Customer Service: (800) 274 - 1550  
 Technical Support: (800) 822 - 8965  
 Dell Online: www.dell.com

Customer Number: 5513370  
 Purchase Order: NR171062  
 Order Number: 234815963  
 Order Date: 11/21/12

70 01 O 01 01 N

Invoice Number: XJ1M23232

Invoice Date: 11/26/12  
 Payment Terms: NET DUE 30 DAYS  
 Due Date: 12/28/12  
 Shipped Via: STANDARD GROUND  
 Waybill Number:

**SOLD TO:**  
 MR DAN VALLARIO  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10802

**SHIP TO:**  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 108015502

PLEASE REVIEW DELL'S TERMS & CONDITIONS OF SALE AND POLICIES AT [www.dell.com/us/policy](http://www.dell.com/us/policy) OR UPON REQUEST, WHICH GOVERN THIS TRANSACTION

Ordered	Shipped	Item Number	Description	Unit	Unit Price	Amount
1	1	468-4398	Late Fee Assessment LATE FEE XFT79FX55	EA	45.00	45.00

FOR SHIPMENTS TO CALIFORNIA, A STATE ENVIRONMENTAL FEE OF UP TO \$10 PER ITEM WILL BE ADDED TO INVOICES FOR ALL ORDERS CONTAINING A DISPLAY GREATER THAN 4 INCHES. PLEASE KEEP ORIGINAL BOX FOR ALL RETURNS. COMPREHENSIVE ONLINE CUSTOMER CARE INFORMATION AND ASSISTANCE IS A CLICK AWAY AT [WWW.DELL.COM/PU](http://WWW.DELL.COM/PU) BLIC-ECARE TO ANSWER A VARIETY OF QUESTIONS REGARDING YOUR DELL ORDER.

Ship. &/or Handling	\$	0.00
Subtotal	\$	45.00
Taxable	Tax	
\$ 0.00	\$	0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	45.00

DETACH AT LINE AND RETURN WITH PAYMENT



Invoice Number: XJ1M23232  
 Customer Name: SOUND SHORE MEDICAL CTR  
 Customer Number: 5513370  
 Purchase Order: NR171062  
 Order Number: 234815963

MAKE CHECK PAYABLE/REMIT TO:

DELL MARKETING L.P.  
 C/O DELL USA L.P.  
 PO BOX 643561  
 PITTSBURGH, PA.152643561

Ship. &/or Handling	\$	0.00
Subtotal	\$	45.00
Taxable	Tax	
\$ 0.00	\$	0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	45.00
	\$	
	\$	
Balance Due	\$	45.00
Amount Enclosed		



This is your INVOICE

Page 1 Of 1

FID Number: 74-2616905  
 Sales Rep: DARRELL J FOX  
 For Sales: (800) 274 - 1550  
 Sales Fax: (800) 433 - 9527  
 Customer Service: (800) 274 - 1550  
 Technical Support: (800) 822 - 8965  
 Dell Online: www.dell.com

Customer Number: 5513370  
 Purchase Order: NR170691  
 Order Number: 248542678  
 Order Date: 12/07/12

70 01 0 01 01 N

Invoice Number: XJ215XT78  
 Invoice Date: 12/10/12  
 Payment Terms: NET DUE 30 DAYS  
 Due Date: 01/09/13  
 Shipped Via: STANDARD GROUND  
 Waybill Number:

SOLD TO:  
 MR DAN VALLARIO  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10802

SHIP TO:  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 108029982

PLEASE REVIEW DELL'S TERMS & CONDITIONS OF SALE AND POLICIES AT [www.dell.com/us/policy](http://www.dell.com/us/policy) OR UPON REQUEST, WHICH GOVERN THIS TRANSACTION

Ordered	Shipped	Item Number	Description	Unit	Unit Price	Amount
1	1	468-4398	Late Fee Assessment LATE FEE XFRTK5FK7	EA	23.00	23.00

FOR SHIPMENTS TO CALIFORNIA, A STATE ENVIRONMENTAL FEE OF UP TO \$10 PER ITEM WILL BE ADDED TO INVOICES FOR ALL ORDERS CONTAINING A DISPLAY GREATER THAN 4 INCHES. PLEASE KEEP ORIGINAL BOX FOR ALL RETURNS. COMPREHENSIVE ONLINE CUSTOMER CARE INFORMATION AND ASSISTANCE IS A CLICK AWAY AT [WWW.DELL.COM/PUBLIC-ECARE](http://WWW.DELL.COM/PUBLIC-ECARE) TO ANSWER A VARIETY OF QUESTIONS REGARDING YOUR DELL ORDER.

Ship. &/or Handling	\$	0.00
Subtotal	\$	23.00
Taxable	Tax	
\$	0.00	\$ 0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	23.00

DETACH AT LINE AND RETURN WITH PAYMENT



Invoice Number: XJ215XT78  
 Customer Name: SOUND SHORE MEDICAL CTR  
 Customer Number: 5513370  
 Purchase Order: NR170691  
 Order Number: 248542678

MAKE CHECK PAYABLE/REMIT TO:

DELL MARKETING L.P.  
 C/O DELL USA L.P.  
 PO BOX 643561  
 PITTSBURGH, PA.152643561

Ship. &/or Handling	\$	0.00
Subtotal	\$	23.00
Taxable	Tax	
\$	0.00	\$ 0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	23.00
	\$	
	\$	
Balance Due	\$	23.00
Amount Enclosed		



This is your INVOICE

Page 1 Of 1

FID Number: 74-2616805  
 Sales Rep: DARRELL J FOX  
 For Sales: (800) 274 - 1550  
 Sales Fax: (800) 433 - 9527  
 Customer Service: (800) 274 - 1550  
 Technical Support: (800) 822 - 8985  
 Dell Online: [www.dell.com](http://www.dell.com)

Customer Number: 5513370  
 Purchase Order: NR170589  
 Order Number: 248592004  
 Order Date: 12/07/12

70 01 0 01 01 N

Invoice Number: **XJ215XXP2**  
 Invoice Date: 12/10/12  
 Payment Terms: NET DUE 30 DAYS  
 Due Date: 01/09/13  
 Shipped Via: STANDARD GROUND  
 Waybill Number:

SOLD TO:  
 MR DAN VALLARIO  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10802

SHIP TO:  
 RICHARD COLETY  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10802

PLEASE REVIEW DELL'S [TERMS & CONDITIONS OF SALE AND POLICIES AT www.dell.com/us/policy](http://www.dell.com/us/policy) OR UPON REQUEST, WHICH GOVERN THIS TRANSACTION

Ordered	Shipped	Item Number	Description	Unit	Unit Price	Amount
1	1	488-4398	Late Fee Assessment LATE FEE XFRR424R6	EA	23.00	23.00

FOR SHIPMENTS TO CALIFORNIA, A STATE ENVIRONMENTAL FEE OF UP TO \$10 PER ITEM WILL BE ADDED TO INVOICES FOR ALL ORDERS CONTAINING A DISPLAY GREATER THAN 4 INCHES. PLEASE KEEP ORIGINAL BOX FOR ALL RETURNS. COMPREHENSIVE ONLINE CUSTOMER CARE INFORMATION AND ASSISTANCE IS A CLICK AWAY AT [WWW.DELL.COM/PUBLIC-ECARE](http://WWW.DELL.COM/PUBLIC-ECARE) TO ANSWER A VARIETY OF QUESTIONS REGARDING YOUR DELL ORDER.

Ship. &/or Handling	\$	0.00
Subtotal	\$	23.00
Taxable	Tax	
\$	0.00	\$ 0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	23.00

DETACH AT LINE AND RETURN WITH PAYMENT



Invoice Number: XJ215XXP2  
 Customer Name: SOUND SHORE MEDICAL CTR  
 Customer Number: 5513370  
 Purchase Order: NR170589  
 Order Number: 248592004

MAKE CHECK PAYABLE/REMIT TO:

DELL MARKETING L.P.  
 C/O DELL USA L.P.  
 PO BOX 643561  
 PITTSBURGH, PA, 152643561

Ship. &/or Handling	\$	0.00
Subtotal	\$	23.00
Taxable	Tax	
\$	0.00	\$ 0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	23.00
	\$	
	\$	
Balance Due	\$	23.00
Amount Enclosed		



This is your INVOICE

Page 1 Of 1

FID Number: 742816805  
 Sales Rep: DARRELL J FOX  
 For Sales: (800) 274 - 1550  
 Sales Fax: (800) 433 - 9527  
 Customer Service: (800) 274 - 1550  
 Technical Support: (800) 822 - 8965  
 Dell Online: www.dell.com

Customer Number: 5513370  
 Purchase Order: NR171895  
 Order Number: 250334022  
 Order Date: 12/10/12

70 01 0 01 01 N

Invoice Number: XJ222DX42  
 Invoice Date: 12/11/12  
 Payment Terms: NET DUE 30 DAYS  
 Due Date: 01/10/13  
 Shipped Via: STANDARD GROUND  
 Waybill Number:

**SOLD TO:**  
 MR DAN VALLARIO  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10802

**SHIP TO:**  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 108015502

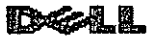
PLEASE REVIEW DELL'S TERMS & CONDITIONS OF SALE AND POLICIES AT [www.dell.com/us/policy](http://www.dell.com/us/policy) OR UPON REQUEST, WHICH GOVERN THIS TRANSACTION

Ordered	Shipped	Item Number	Description	Unit	Unit Price	Amount
1	1	468-4398	Late Fee Assessment LATE FEE XFW4NWM82	EA	85.00	85.00

FOR SHIPMENTS TO CALIFORNIA, A STATE ENVIRONMENTAL FEE OF UP TO \$10 PER ITEM WILL BE ADDED TO INVOICES FOR ALL ORDERS CONTAINING A DISPLAY GREATER THAN 4 INCHES. PLEASE KEEP ORIGINAL BOX FOR ALL RETURNS. COMPREHENSIVE ONLINE CUSTOMER CARE INFORMATION AND ASSISTANCE IS A CLICK AWAY AT [WWW.DELL.COM/PU](http://WWW.DELL.COM/PU) BLIC-ECARE TO ANSWER A VARIETY OF QUESTIONS REGARDING YOUR DELL ORDER.

Ship. &/or Handling	\$	0.00
Subtotal	\$	85.00
Taxable	Tax	
\$ 0.00	\$	0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	85.00

DETACH AT LINE AND RETURN WITH PAYMENT



Invoice Number: XJ222DX42  
 Customer Name: SOUND SHORE MEDICAL CTR  
 Customer Number: 5513370  
 Purchase Order: NR171895  
 Order Number: 250334022

MAKE CHECK PAYABLE/REMIT TO:

DELL MARKETING L.P.  
 C/O DELL USA L.P.  
 PO BOX 643561  
 PITTSBURGH, PA. 152643561

Ship. &/or Handling	\$	0.00
Subtotal	\$	85.00
Taxable	Tax	
\$ 0.00	\$	0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	85.00
	\$	
	\$	
Balance Due	\$	85.00
Amount Enclosed		



This is your INVOICE

Page 1 Of 1

FID Number: 74-2616805  
 Sales Rep: DARRELL J FOX  
 For Sales: (800) 274 - 1550  
 Sales Fax: (800) 433 - 9527  
 Customer Service: (800) 274 - 1550  
 Technical Support: (800) 822 - 8965  
 Dell Online: www.dell.com

Customer Number: 5513370  
 Purchase Order: NR171658  
 Order Number: 253558460  
 Order Date: 12/13/12  
 70 01 0 01 01 N

Invoice Number: XJ23N3C24  
 Invoice Date: 12/13/12  
 Payment Terms: NET DUE 30 DAYS  
 Due Date: 01/12/13  
 Shipped Via: STANDARD GROUND  
 Waybill Number:

**SOLD TO:**  
 MR DAN VALLARIO  
 SOUND SHORE MEDICAL CTR  
 18 GUION PL  
 NEW ROCHELLE, NY 10802

**SHIP TO:**  
 RICHARD COLETY  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10802

PLEASE REVIEW DELL'S TERMS & CONDITIONS OF SALE AND POLICIES AT [www.dell.com/us/policy](http://www.dell.com/us/policy) OR UPON REQUEST, WHICH GOVERN THIS TRANSACTION

Ordered	Shipped	Item Number	Description	Unit	Unit Price	Amount
1	1	468-4398	Late Fee Assessment LATE FEE XFWX62JT8	EA	201.00	201.00

FOR SHIPMENTS TO CALIFORNIA, A STATE ENVIRONMENTAL FEE OF UP TO \$10 PER ITEM WILL BE ADDED TO INVOICES FOR ALL ORDERS CONTAINING A DISPLAY GREATER THAN 4 INCHES. PLEASE KEEP ORIGINAL BOX FOR ALL RETURNS. COMPREHENSIVE ONLINE CUSTOMER CARE INFORMATION AND ASSISTANCE IS A CLICK AWAY AT [WWW.DELL.COM/PU](http://WWW.DELL.COM/PU) BLIC-ECARE TO ANSWER A VARIETY OF QUESTIONS REGARDING YOUR DELL ORDER.

Ship. &/or Handling	\$	0.00
Subtotal	\$	201.00
Taxable	Tax	
\$	0.00	\$
ENVIRO FEE	\$	0.00
Invoice Total	\$	201.00

DETACH AT LINE AND RETURN WITH PAYMENT

Invoice Number: XJ23N3C24  
 Customer Name: SOUND SHORE MEDICAL CTR  
 Customer Number: 5513370  
 Purchase Order: NR171658  
 Order Number: 253558460

Ship. &/or Handling	\$	0.00
Subtotal	\$	201.00
Taxable	Tax	
\$	0.00	\$
ENVIRO FEE	\$	0.00
Invoice Total	\$	201.00
	\$	
	\$	
Balance Due	\$	201.00
Amount Enclosed		



MAKE CHECK PAYABLE/REMIT TO:

DELL MARKETING L.P.  
 C/O DELL USA L.P.  
 PO BOX 643561  
 PITTSBURGH, PA. 152643561



This is your INVOICE

Page 1 Of 1

FID Number: 74-2618805  
 Sales Rep: DARRELL J FOX  
 For Sales: (800) 274 - 1550  
 Sales Fax: (800) 433 - 9527  
 Customer Service: (800) 274 - 1550  
 Technical Support: (800) 822 - 8965  
 Dell Online: www.dell.com

Customer Number: 5513370  
 Purchase Order: NR171062  
 Order Number: 258343033  
 Order Date: 12/19/12

70 01 0 01 01 N

Invoice Number: XJ272XW64  
 Invoice Date: 12/20/12  
 Payment Terms: NET DUE 30 DAYS  
 Due Date: 01/19/13  
 Shipped Via: STANDARD GROUND  
 Waybill Number:

SOLD TO:  
 MR DAN VALLARIO  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10802

SHIP TO:  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 108015502

PLEASE REVIEW DELL'S TERMS & CONDITIONS OF SALE AND POLICIES AT [www.dell.com/us/policy](http://www.dell.com/us/policy) OR UPON REQUEST, WHICH GOVERN THIS TRANSACTION

Ordered	Shipped	Item Number	Description	Unit	Unit Price	Amount
1	1	468-4398	Late Fee Assessment LATE FEE XFT79FX55	EA	45.00	45.00

FOR SHIPMENTS TO CALIFORNIA, A STATE ENVIRONMENTAL FEE OF UP TO \$10 PER ITEM WILL BE ADDED TO INVOICES FOR ALL ORDERS CONTAINING A DISPLAY GREATER THAN 4 INCHES. PLEASE KEEP ORIGINAL BOX FOR ALL RETURNS. COMPREHENSIVE ONLINE CUSTOMER CARE INFORMATION AND ASSISTANCE IS A CLICK AWAY AT [WWW.DELL.COM/PU](http://WWW.DELL.COM/PU) BLIC-ECARE TO ANSWER A VARIETY OF QUESTIONS REGARDING YOUR DELL ORDER.

Ship. &/or Handling	\$	0.00
Subtotal	\$	45.00
Taxable	Tax	
\$	0.00	\$ 0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	45.00

DETACH AT LINE AND RETURN WITH PAYMENT



Invoice Number: XJ272XW64  
 Customer Name: SOUND SHORE MEDICAL CTR  
 Customer Number: 5513370  
 Purchase Order: NR171062  
 Order Number: 258343033

MAKE CHECK PAYABLE/REMIT TO:

DELL MARKETING L.P.  
 C/O DELL USA L.P.  
 PO BOX 643561  
 PITTSBURGH, PA 152643561

Ship. &/or Handling	\$	0.00
Subtotal	\$	45.00
Taxable	Tax	
\$	0.00	\$ 0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	45.00
	\$	
	\$	
Balance Due	\$	45.00
Amount Enclosed		



This is your INVOICE

Page 1 Of 1

FID Number: 74-2516805  
 Sales Rep: DARRELL J FOX  
 For Sales: (800) 274 - 1550  
 Sales Fax: (800) 433 - 9527  
 Customer Service: (800) 274 - 1550  
 Technical Support: (800) 822 - 8965  
 Dell Online: www.dell.com

Customer Number: 5513370  
 Purchase Order: NR170885  
 Order Number: 258356340  
 Order Date: 12/19/12  
 70 01 0 01 01 N

Invoice Number: XJ2732556  
 Invoice Date: 12/20/12  
 Payment Terms: NET DUE 30 DAYS  
 Due Date: 01/19/13  
 Shipped Via: STANDARD GROUND  
 Waybill Number:

SOLD TO:  
 MR DAN VALLARIO  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10802

SHIP TO:  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 108015502

PLEASE REVIEW DELL'S TERMS & CONDITIONS OF SALE AND POLICIES AT [www.dell.com/us/policy](http://www.dell.com/us/policy) OR UPON REQUEST, WHICH GOVERN THIS TRANSACTION

Ordered	Shipped	Item Number	Description	Unit	Unit Price	Amount
1	1	468-4398	Late Fee Assessment LATE FEE XFT6CK138	EA	499.00	499.00

FOR SHIPMENTS TO CALIFORNIA, A STATE ENVIRONMENTAL FEE OF UP TO \$10 PER ITEM WILL BE ADDED TO INVOICES FOR ALL ORDERS CONTAINING A DISPLAY GREATER THAN 4 INCHES. PLEASE KEEP ORIGINAL BOX FOR ALL RETURNS. COMPREHENSIVE ONLINE CUSTOMER CARE INFORMATION AND ASSISTANCE IS A CLICK AWAY AT [WWW.DELL.COM/PU](http://WWW.DELL.COM/PU) BLIC-ECARE TO ANSWER A VARIETY OF QUESTIONS REGARDING YOUR DELL ORDER.

Ship. &/or Handling	\$	0.00
Subtotal	\$	499.00
Taxable	Tax	
\$	0.00	\$ 0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	499.00

DETACH AT LINE AND RETURN WITH PAYMENT



Invoice Number: XJ2732556  
 Customer Name: SOUND SHORE MEDICAL CTR  
 Customer Number: 5513370  
 Purchase Order: NR170885  
 Order Number: 258356340

MAKE CHECK PAYABLE/REMIT TO:

DELL MARKETING L.P.  
 C/O DELL USA L P  
 PO BOX 643561  
 PITTSBURGH, PA.152643561

Ship. &/or Handling	\$	0.00
Subtotal	\$	499.00
Taxable	Tax	
\$	0.00	\$ 0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	499.00
	\$	
	\$	
Balance Due	\$	499.00
Amount Enclosed		



This is your INVOICE

Page 1 Of 1

FID Number: 74-2616805  
 Sales Rep: DARRELL J FOX  
 For Sales: (800) 274 - 1550  
 Sales Fax: (800) 433 - 9527  
 Customer Service: (800) 274 - 1550  
 Technical Support: (800) 822 - 8965  
 Dell Online: www.dell.com

Customer Number: 5513370  
 Purchase Order: NR170864  
 Order Number: 258327424  
 Order Date: 12/19/12

70 01 0 01 01 N

Invoice Number: XJ272X6D4  
 Invoice Date: 12/20/12  
 Payment Terms: NET DUE 30 DAYS  
 Due Date: 01/19/13  
 Shipped Via: STANDARD GROUND  
 Waybill Number:

SOLD TO:  
 MR DAN VALLARIO  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10802

SHIP TO:  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 108015502

PLEASE REVIEW DELL'S TERMS & CONDITIONS OF SALE AND POLICIES AT [www.dell.com/us/policy](http://www.dell.com/us/policy) OR UPON REQUEST, WHICH GOVERN THIS TRANSACTION

Ordered	Shipped	Item Number	Description	Unit	Unit Price	Amount
1	1	468-4398	Late Fee Assessment LATE FEE XFT5K1MR6	EA	215.00	215.00

FOR SHIPMENTS TO CALIFORNIA, A STATE ENVIRONMENTAL FEE OF UP TO \$10 PER ITEM WILL BE ADDED TO INVOICES FOR ALL ORDERS CONTAINING A DISPLAY GREATER THAN 4 INCHES. PLEASE KEEP ORIGINAL BOX FOR ALL RETURNS. COMPREHENSIVE ONLINE CUSTOMER CARE INFORMATION AND ASSISTANCE IS A CLICK AWAY AT [WWW.DELL.COM/PU](http://WWW.DELL.COM/PU) BLIC-ECARE TO ANSWER A VARIETY OF QUESTIONS REGARDING YOUR DELL ORDER.

Ship. &/or Handling	\$	0.00
Subtotal	\$	215.00
Taxable	Tax	
\$ 0.00	\$	0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	215.00

DETACH AT LINE AND RETURN WITH PAYMENT



Invoice Number: XJ272X6D4  
 Customer Name: SOUND SHORE MEDICAL CTR  
 Customer Number: 5513370  
 Purchase Order: NR170864  
 Order Number: 258327424

MAKE CHECK PAYABLE/REMIT TO:

DELL MARKETING L.P.  
 C/O DELL USA L.P.  
 PO BOX 843561  
 PITTSBURGH, PA.152643561

Ship. &/or Handling	\$	0.00
Subtotal	\$	215.00
Taxable	Tax	
\$ 0.00	\$	0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	215.00
	\$	
	\$	
Balance Due	\$	215.00
Amount Enclosed		





This is your INVOICE

Page 1 Of 1

FID Number: 742616805  
 Sales Rep: DARRELL J FOX  
 For Sales: (800) 274 - 1550  
 Sales Fax: (800) 433 - 9527  
 Customer Service: (800) 274 - 1550  
 Technical Support: (800) 822 - 8965  
 Dell Online: www.dell.com

Customer Number: 5513370  
 Purchase Order: NR171895  
 Order Number: 292084692  
 Order Date: 01/02/13  
 70 01 0 01 01 N

Invoice Number: XJ2CR8FN6  
 Invoice Date: 01/02/13  
 Payment Terms: NET DUE 30 DAYS  
 Due Date: 02/01/13  
 Shipped Via: STANDARD GROUND  
 Waybill Number:

SOLD TO:  
 MR DAN VALLARIO  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10802

SHIP TO:  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 108015502

PLEASE REVIEW DELL'S TERMS & CONDITIONS OF SALE AND POLICIES AT [www.dell.com/us/policy](http://www.dell.com/us/policy) OR UPON REQUEST, WHICH GOVERN THIS TRANSACTION

Ordered	Shipped	Item Number	Description	Unit	Unit Price	Amount
1	1	468-4398	Late Fee Assessment LATE FEE XFW4NWM02	EA	85.00	85.00

FOR SHIPMENTS TO CALIFORNIA, A STATE ENVIRONMENTAL FEE OF UP TO \$5 PER ITEM WILL BE ADDED TO INVOICE S FOR ALL ORDERS CONTAINING A DISPLAY GREATER THAN 4 INCHES. PLEASE KEEP ORIGINAL BOX FOR ALL RETURN S. COMPREHENSIVE ONLINE CUSTOMER CARE INFORMATION AND ASSISTANCE IS A CLICK AWAY AT [WWW.DELL.COM/PUB](http://WWW.DELL.COM/PUB) LIC-ECARE TO ANSWER A VARIETY OF QUESTIONS REGARDING YOUR DELL ORDER.

Ship. &/or Handling	\$	0.00
Subtotal	\$	85.00
Taxable	Tax	
\$	0.00	\$ 0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	85.00

DETACH AT LINE AND RETURN WITH PAYMENT



Invoice Number: XJ2CR8FN6  
 Customer Name: SOUND SHORE MEDICAL CTR  
 Customer Number: 5513370  
 Purchase Order: NR171895  
 Order Number: 292084692

MAKE CHECK PAYABLE/REMIT TO.

DELL MARKETING L.P.  
 C/O DELL USA L.P.  
 PO BOX 643561  
 PITTSBURGH, PA.152643561

Ship. &/or Handling	\$	0.00
Subtotal	\$	85.00
Taxable	Tax	
\$	0.00	\$ 0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	85.00
	\$	
	\$	
	\$	
Balance Due	\$	85.00
Amount Enclosed		



This is your INVOICE

Page 1 Of 1

FID Number: 74-2616805  
 Sales Rep: DARRELL J FOX  
 For Sales: (800) 274 - 1550  
 Sales Fax: (800) 433 - 9527  
 Customer Service: (800) 274 - 1550  
 Technical Support: (800) 822 - 8965  
 Dell Online: www.dell.com

Customer Number: 5513370  
 Purchase Order: NR171658  
 Order Number: 297492783  
 Order Date: 01/09/13  
 70 01 0 01 01 N

Invoice Number: XJ2JNP944  
 Invoice Date: 01/09/13  
 Payment Terms: NET DUE 30 DAYS  
 Due Date: 02/08/13  
 Shipped Via: STANDARD GROUND  
 Waybill Number:

SOLD TO:  
 MR DAN VALLARIO  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10802

SHIP TO:  
 RICHARD COLETY  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10802

PLEASE REVIEW DELL'S TERMS & CONDITIONS OF SALE AND POLICIES AT [www.dell.com/us/policy](http://www.dell.com/us/policy) OR UPON REQUEST, WHICH GOVERN THIS TRANSACTION

Ordered	Shipped	Item Number	Description	Unit	Unit Price	Amount
1	1	468-4398	Late Fee Assessment LATE FEE XFWX62JT8	EA	201.00	201.00

Ship. &/or Handling	\$	0.00
Subtotal	\$	201.00
Taxable	Tax	
\$	0.00	\$ 0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	201.00

FOR SHIPMENTS TO CALIFORNIA, A STATE ENVIRONMENTAL FEE OF UP TO \$5 PER ITEM WILL BE ADDED TO INVOICE  
 S FOR ALL ORDERS CONTAINING A DISPLAY GREATER THAN 4 INCHES. PLEASE KEEP ORIGINAL BOX FOR ALL RETURN  
 S. COMPREHENSIVE ONLINE CUSTOMER CARE INFORMATION AND ASSISTANCE IS A CLICK AWAY AT [WWW.DELL.COM/PUB](http://WWW.DELL.COM/PUB)  
 LIC-ECARE TO ANSWER A VARIETY OF QUESTIONS REGARDING YOUR DELL ORDER.

DETACH AT LINE AND RETURN WITH PAYMENT



Invoice Number: XJ2JNP944  
 Customer Name: SOUND SHORE MEDICAL CTR  
 Customer Number: 5513370  
 Purchase Order: NR171658  
 Order Number: 297492783

MAKE CHECK PAYABLE/REMIT TO:

DELL MARKETING L.P.  
 C/O DELL USA L.P.  
 PO BOX 643561  
 PITTSBURGH, PA.152643561

Ship. &/or Handling	\$	0.00
Subtotal	\$	201.00
Taxable	Tax	
\$	0.00	\$ 0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	201.00
	\$	
	\$	
Balance Due	\$	201.00
Amount Enclosed		



This is your INVOICE

Page 1 Of 1

FID Number: 74-2616805  
 Sales Rep: DARRELL J FOX  
 For Sales: (800) 274 - 1550  
 Sales Fax: (800) 433 - 9527  
 Customer Service: (800) 274 - 1550  
 Technical Support: (800) 822 - 8965  
 Dell Online: www.dell.com

Customer Number: 5513370  
 Purchase Order: NR171895  
 Order Number: 316314919  
 Order Date: 02/04/13

Invoice Number: XJ34744C4  
 Invoice Date: 02/04/13  
 Payment Terms: NET DUE 30 DAYS  
 Due Date: 03/06/13  
 Shipped Via: STANDARD GROUND  
 Waybill Number:

70 01 0 01 01 N

SOLD TO:  
 MR DAN VALLARIO  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10802

SHIP TO:  
 SOUND SHORE MEDICAL CTR  
 18 GUION PL  
 NEW ROCHELLE, NY 108015502

PLEASE REVIEW DELL'S TERMS & CONDITIONS OF SALE AND POLICIES AT [www.dell.com/us/policy](http://www.dell.com/us/policy) OR UPON REQUEST, WHICH GOVERN THIS TRANSACTION

Ordered	Shipped	Item Number	Description	Unit	Unit Price	Amount
1	1	468-4398	Late Fee Assessment LATE FEE XFW4NWM82	EA	85.00	85.00

FOR SHIPMENTS TO CALIFORNIA, A STATE ENVIRONMENTAL FEE OF UP TO \$5 PER ITEM WILL BE ADDED TO INVOICE  
 S FOR ALL ORDERS CONTAINING A DISPLAY GREATER THAN 4 INCHES. PLEASE KEEP ORIGINAL BOX FOR ALL RETURN  
 S. COMPREHENSIVE ONLINE CUSTOMER CARE INFORMATION AND ASSISTANCE IS A CLICK AWAY AT [WWW.DELL.COM/PUB](http://WWW.DELL.COM/PUB)  
 LIC-ECARE TO ANSWER A VARIETY OF QUESTIONS REGARDING YOUR DELL ORDER.

Ship. &/or Handling	\$	0.00
Subtotal	\$	85.00
Taxable	Tax	
\$ 0.00	\$	0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	85.00

DETACH AT LINE AND RETURN WITH PAYMENT



Invoice Number: XJ34744C4  
 Customer Name: SOUND SHORE MEDICAL CTR  
 Customer Number: 5513370  
 Purchase Order: NR171895  
 Order Number: 316314919

MAKE CHECK PAYABLE/REMIT TO:

DELL MARKETING L.P.  
 C/O DELL USA L.P.  
 PO BOX 643581  
 PITTSBURGH, PA. 152643581

Ship. &/or Handling	\$	0.00
Subtotal	\$	85.00
Taxable	Tax	
\$ 0.00	\$	0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	85.00
	\$	
	\$	
	\$	
Balance Due	\$	85.00
Amount Enclosed		



This is your INVOICE

Page 1 Of 1

FID Number: 74-2616805  
 Sales Rep: DARRRELL J FOX  
 For Sales: (800) 274 - 1550  
 Sales Fax: (800) 433 - 8627  
 Customer Service: (800) 274 - 1550  
 Technical Support: (800) 822 - 8965  
 Dell Online: www.dell.com

Customer Number: 5513370  
 Purchase Order: NR171658  
 Order Number: 320164946  
 Order Date: 02/08/13  
 70 01 0 01 01 N

Invoice Number: XJ36DR716  
 Invoice Date: 02/08/13  
 Payment Terms: NET DUE 30 DAYS  
 Due Date: 03/10/13  
 Shipped Via: STANDARD GROUND  
 Waybill Number:

SOLD TO:  
 MR DAN VALLARIO  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10802

SHIP TO:  
 RICHARD COLETY  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10802

PLEASE REVIEW DELL'S TERMS & CONDITIONS OF SALE AND POLICIES AT [www.dell.com/us/policy](http://www.dell.com/us/policy) OR UPON REQUEST, WHICH GOVERN THIS TRANSACTION

Ordered	Shipped	Item Number	Description	Unit	Unit Price	Amount
1	1	468-4398	Late Fee Assessment LATE FEE XFWX62JT8	EA	201.00	201.00

FOR SHIPMENTS TO CALIFORNIA, A STATE ENVIRONMENTAL FEE OF UP TO \$5 PER ITEM WILL BE ADDED TO INVOICE \$ FOR ALL ORDERS CONTAINING A DISPLAY GREATER THAN 4 INCHES. PLEASE KEEP ORIGINAL BOX FOR ALL RETURN S. COMPREHENSIVE ONLINE CUSTOMER CARE INFORMATION AND ASSISTANCE IS A CLICK AWAY AT [WWW.DELL.COM/PUB LIC-ECARE](http://WWW.DELL.COM/PUB LIC-ECARE) TO ANSWER A VARIETY OF QUESTIONS REGARDING YOUR DELL ORDER.

Ship. &/or Handling	\$	0.00
Subtotal	\$	201.00
Taxable	Tax	
\$	0.00	\$ 0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	201.00

DETACH AT LINE AND RETURN WITH PAYMENT



Invoice Number: XJ36DR716  
 Customer Name: SOUND SHORE MEDICAL CTR  
 Customer Number: 5513370  
 Purchase Order: NR171658  
 Order Number: 320164946

MAKE CHECK PAYABLE/REMIT TO.

DELL MARKETING L.P.  
 C/O DELL USA L.P.  
 PO BOX 843561  
 PITTSBURGH, PA.152643561

Ship. &/or Handling	\$	0.00
Subtotal	\$	201.00
Taxable	Tax	
\$	0.00	\$ 0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	201.00
	\$	
	\$	
Balance Due	\$	201.00
Amount Enclosed		



This is your INVOICE

FID Number: 74-2616805  
 Sales Rep: MACKSWELL D DICKSON  
 For Sales: (800) 274 - 1550  
 Sales Fax: (800) 433 - 9527  
 Customer Service: (800) 274 - 1550  
 Technical Support: (800) 822 - 8965  
 Dell Online: www.dell.com

Customer Number: 5513370  
 Purchase Order: HA06506  
 Order Number: 332017322  
 Order Date: 02/26/13  
 70 01 0 01 01 N

Invoice Number: XJ3JN1RD2  
 Invoice Date: 02/26/13  
 Payment Terms: NET DUE 30 DAYS  
 Due Date: 03/28/13  
 Shipped Via: STANDARD GROUND  
 Waybill Number: MS-VIRTUAL

SOLD TO:  
 MR DAN VALLARJO  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10802

SHIP TO:  
 Richard Colety  
 HELEN & MICHAEL SCHAFER EXT D  
 16 GUION PL  
 NEW ROCHELLE, NY 108015502

PLEASE REVIEW DELL'S TERMS & CONDITIONS OF SALE AND POLICIES AT [www.dell.com/us/policy](http://www.dell.com/us/policy) OR UPON REQUEST, WHICH GOVERN THIS TRANSACTION

Ordered	Shipped	Item Number	Description	Unit	Unit Price	Amount
3	3	A6589413	VLA OFFICE PRO PLUS 2013 MfgPartNum: 79P-04712 MfgName: MICROSOFT CORPORATION	EA	318.12	954.36
1	1	A3456532	CONTRACT CODE: PT65196- MICROSOFT ELECTRONIC LICENSE CONFIRMATIO N elec dwnld only MfgPartNum: ELC MfgName: DELL SOFTWARE	EA		

FOR SHIPMENTS TO CALIFORNIA, A STATE ENVIRONMENTAL FEE OF UP TO \$5 PER ITEM WILL BE ADDED TO INVOICE  
 S FOR ALL ORDERS CONTAINING A DISPLAY GREATER THAN 4 INCHES. PLEASE KEEP ORIGINAL BOX FOR ALL RETURN  
 S COMPREHENSIVE ONLINE CUSTOMER CARE INFORMATION AND ASSISTANCE IS A CLICK AWAY AT [WWW.DELL.COM/PUBLIC-ECARE](http://WWW.DELL.COM/PUBLIC-ECARE) TO ANSWER A VARIETY OF QUESTIONS REGARDING YOUR DELL ORDER.

Ship. &/or Handling	\$	0.00
Subtotal	\$	954.36
Taxable	Tax	
\$	0.00	\$ 0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	954.36

DETACH AT LINE AND RETURN WITH PAYMENT



Invoice Number: XJ3JN1RD2  
 Customer Name: SOUND SHORE MEDICAL CTR  
 Customer Number: 5513370  
 Purchase Order: HA06506  
 Order Number: 332017322

MAKE CHECK PAYABLE/REMIT TO.

DELL MARKETING L.P.  
 C/O DELL USA L.P.  
 PO BOX 843561  
 PITTSBURGH, PA, 152643561

Ship. &/or Handling	\$	0.00
Subtotal	\$	954.36
Taxable	Tax	
\$	0.00	\$ 0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	954.36
	\$	
	\$	
Balance Due	\$	954.36
Amount Enclosed		



This is your INVOICE

Page 1 Of 1

FID Number: 74-2616805  
 Sales Rep: EMILI HAMIL  
 For Sales: (800) 274 - 1550  
 Sales Fax: (800) 433 - 9527  
 Customer Service: (800) 274 - 1550  
 Technical Support: (800) 822 - 6965  
 Dell Online: www.dell.com

Customer Number: 5513370  
 Purchase Order: NR175536  
 Order Number: 332017140  
 Order Date: 02/26/13

70 01 0 01 01 N

Invoice Number: XJ3JN1R54

Invoice Date: 02/26/13  
 Payment Terms: NET DUE 30 DAYS  
 Due Date: 03/28/13  
 Shipped Via: STANDARD GROUND  
 Waybill Number: MS-VIRTUAL

**SOLD TO:**  
 MR DAN VALLARIO  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 10802

**SHIP TO:**  
 Richard Colety  
 SOUND SHORE MEDICAL CTR  
 16 GUION PL  
 NEW ROCHELLE, NY 108015502

PLEASE REVIEW DELL'S [TERMS & CONDITIONS OF SALE AND POLICIES AT www.dell.com/us/policy](http://www.dell.com/us/policy) OR UPON REQUEST, WHICH GOVERN THIS TRANSACTION

Ordered	Shipped	Item Number	Description	Unit	Unit Price	Amount
20	20	A6589398	VLA OFFICE STD 2013 MfgPartNum: 021-10293 MfgName: MICROSOFT CORPORATION	EA	232.98	4,659.60
1	1	A3458532	CONTRACT CODE: PT65196- MICRO SFT ELECTRONIC LICENSE CONFIRMATIO N elec dwnld only MfgPartNum ELC MfgName: DELL SOFTWARE	EA	-	-

FOR SHIPMENTS TO CALIFORNIA, A STATE ENVIRONMENTAL FEE OF UP TO \$5 PER ITEM WILL BE ADDED TO INVOICE  
 \$ FOR ALL ORDERS CONTAINING A DISPLAY GREATER THAN 4 INCHES. PLEASE KEEP ORIGINAL BOX FOR ALL RETURN  
 S. COMPREHENSIVE ONLINE CUSTOMER CARE INFORMATION AND ASSISTANCE IS A CLICK AWAY AT [WWW.DELL.COM/PUB](http://WWW.DELL.COM/PUB)  
 LIC-ECARE TO ANSWER A VARIETY OF QUESTIONS REGARDING YOUR DELL ORDER.

Ship. &/or Handling	\$	0.00
Subtotal	\$	4,659.60
Taxable	Tax	
\$	0.00	\$ 0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	4,659.60

DETACH AT LINE AND RETURN WITH PAYMENT



Invoice Number: XJ3JN1R54  
 Customer Name: SOUND SHORE MEDICAL CTR  
 Customer Number: 5513370  
 Purchase Order: NR175536  
 Order Number: 332017140

MAKE CHECK PAYABLE/REMIT TO.

DELL MARKETING L.P.  
 C/O DELL USA L.P.  
 PO BOX 643581  
 PITTSBURGH, PA. 152643581

Ship. &/or Handling	\$	0.00
Subtotal	\$	4,659.60
Taxable	Tax	
\$	0.00	\$ 0.00
ENVIRO FEE	\$	0.00
Invoice Total	\$	4,659.60
	\$	
	\$	
Balance Due	\$	4,659.60
Amount Enclosed		

**CHAPTER 11, 5/29/13**  
**SOUND SHORE MEDICAL CTR**

**Account: 5513370**

<u>Terms</u>	<u>Invoice #</u>	<u>Invoice Date</u>	<u>Amount Due</u>	<u>Invoice Amount</u>
	30 XJ3JN1R54	2/26/2013	\$ 4,659.60	\$ 4,659.60
	30 XJ3JN1RD2	2/26/2013	\$ 954.36	\$ 954.36
	30 XJ36DR716	2/8/2013	\$ 201.00	\$ 201.00
	30 XJ34744C4	2/4/2013	\$ 85.00	\$ 85.00
	30 XJ2JNP944	1/9/2013	\$ 201.00	\$ 201.00
	30 XJ2CR8FN6	1/2/2013	\$ 85.00	\$ 85.00
	30 XJ272X6D4	12/20/2012	\$ 215.00	\$ 215.00
	30 XJ272XW64	12/20/2012	\$ 45.00	\$ 45.00
	30 XJ2732556	12/20/2012	\$ 499.00	\$ 499.00
	30 XJ23N3C24	12/13/2012	\$ 201.00	\$ 201.00
	30 XJ222DX42	12/11/2012	\$ 85.00	\$ 85.00
	30 XJ215XT76	12/10/2012	\$ 23.00	\$ 23.00
	30 XJ215XXP2	12/10/2012	\$ 23.00	\$ 23.00
	30 XJ1M23232	11/26/2012	\$ 45.00	\$ 45.00
	30 XJ1FR3548	11/20/2012	\$ 499.00	\$ 499.00
	30 XJ1F4XJ77	11/19/2012	\$ 215.00	\$ 215.00
	30 XJ1CFMF22	11/14/2012	\$ 201.00	\$ 201.00
	30 XJ17FWT87	11/7/2012	\$ 85.00	\$ 85.00
	30 XJ15T86K9	11/2/2012	\$ 45.00	\$ 45.00
	30 XJ154R1R7	11/1/2012	\$ 23.00	\$ 23.00
	30 XJ159PTR4	11/1/2012	\$ 23.00	\$ 23.00
	30 XJ15M4PK2	11/1/2012	\$ 4.00	\$ 4.00
	30 XJ15M59D8	11/1/2012	\$ 4.00	\$ 4.00
	30 XJ15M5C84	11/1/2012	\$ 215.00	\$ 215.00
	30 XJ15MDM42	11/1/2012	\$ 201.00	\$ 201.00
	30 XJ15MK5M7	11/1/2012	\$ 499.00	\$ 499.00
	30 XFXM82T14	10/8/2012	\$ 85.00	\$ 85.00
	30 XFXJ24453	10/2/2012	\$ 23.00	\$ 23.00
	30 XFWX62JT8	9/4/2012	\$ 13,421.05	\$ 13,421.05
	30 XFWTFM6W8	8/30/2012	\$ 52,981.06	\$ 52,981.06
	30 XFW4NWM82	7/29/2012	\$ 5,673.20	\$ 5,673.20
	30 XFT79FX55	6/15/2012	\$ 3,043.18	\$ 3,043.18
	30 XFT6CK138	6/13/2012	\$ 33,267.65	\$ 33,267.65
	30 XFT5K1MR6	6/12/2012	\$ 14,346.50	\$ 14,346.50
	30 XFRTK5FF6	5/25/2012	\$ 130.05	\$ 130.05
	30 XFRTK5FK7	5/25/2012	\$ 1,590.65	\$ 1,590.65
	30 XFRR424R6	5/23/2012	\$ 1,590.65	\$ 1,590.65
	30 XFRN1NN58	5/18/2012	\$ 3,494.85	\$ 3,494.85
	30 XFPWPC4W5	4/12/2012	\$ 267.99	\$ 267.99
	30 XFPTCK183	4/10/2012	\$ 267.99	\$ 267.99
	30 XFNF28697	2/9/2012	\$ 653.34	\$ 653.34
	<b>Total</b>		<b>\$ 140,172.12</b>	<b>\$ 140,172.12</b>

Stevens, Landon & Ozburn, LLP  
111 Barton Springs Rd., Suite 811  
Austin, TX 78704

**GCG Receiving**

TO: Greaves, Sharna (82)


Route: 1

Ext: 6804

Mailstop:


External Carrier:  
Project Code:  
Manufacturer:  
Purchase Order:

8/17/2013 1:57:34 PM

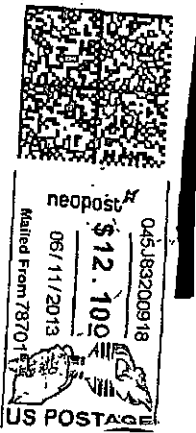


70123050000229269929

GCG, Inc., Claims Agent for  
Sound Shore Medical Center of Westchester  
1985 Marcus Avenue, Suite 200  
Lake Success, NY 11042



7012 3050 0002 2926 9929



From: (631) 470-5153  
Andrea Mallick  
The Garden City Group, Inc.  
1985 Marcus Avenue

Origin ID: TKLA



J13111302120326

Lake Success, NY 11042

Ship Date: 17JUN13  
ActWgt: 2.0 LB  
CAD: 100098143/NET3370

Delivery Address Bar Code



SHIP TO: (614) 289-5400  
Mr. Matt Michalak  
GCG-Ohio Office  
5151 BLAZER PKWY STE A

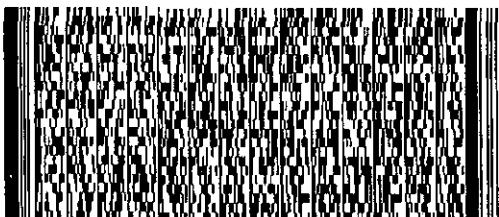
BILL THIRD PARTY

Ref # -SSM, PCT & XID-  
Invoice #  
PO #  
Dept #

DUBLIN, OH 43017

TUE - 18 JUN 3:00P  
STANDARD OVERNIGHT

TRK# 7960 1925 4856  
0201



NA OSUA

43017  
OH-US  
LCK



518G1J077783AB

**After printing this label:**

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

**Warning:** Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on [fedex.com](http://fedex.com). FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
<p><b>Name of Debtor (Check Only One):</b></p> <input type="checkbox"/> Sound Shore Medical Center of Westchester <input checked="" type="checkbox"/> The Mount Vernon Hospital, Inc. <input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center <input type="checkbox"/> The M.V.H. Corporation <input type="checkbox"/> Sound Shore Health System, Inc. <input type="checkbox"/> NRHMC Services Corporation <input type="checkbox"/> New Rochelle Sound Shore Housing, LLC		<p><b>Your Claim is Scheduled As Follows:</b></p> <div style="text-align: center;"> </div> <p>If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.</p>
<p><b>NOTE:</b> Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).</p>		
<p>Name of Creditor (the person or other entity to whom the Debtor owes money or property): <b>EAS Investigations</b></p>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
<p>Name and address where notices should be sent: <b>EAS Investigations 445 Hamilton Ave Suite 1102 White Plains, NY 10601</b></p>		<p>Court Claim Number: _____</p> <p>(If known)</p>
<p>Telephone number: <b>914-220-8394</b> Email Address: _____</p>		<p>Filed on: _____</p>
<p>Name and address where payment should be sent (if different from above): <b>Same</b></p>		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
<p>Telephone number: _____ Email Address: _____</p>		
<p>1. Amount of Claim as of Date Case Filed (May 29, 2013): \$ <b>371.10</b></p> <p>If all or part of the claim is secured, complete item 4.</p> <p>If all or part of the claim is entitled to priority, complete item 5.</p> <p>If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6.</p> <p><input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.</p>		
<p>FILED - 40705 U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. DRAIN</p>		
<p>2. Basis for Claim: <b>Investigation Perez, B ad Farhan v Mt Vernon index no 105293/09</b></p> <p>(See instruction #2)</p>		
3. Last four digits of any number by which creditor identifies Debtor: _____	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
<p>4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.</p> <p>Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other</p> <p>Describe: _____</p> <p>Value of Property: \$ _____</p> <p>Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)</p>		<p>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____</p> <p>Basis for perfection: _____</p> <p>Amount of Secured Claim: \$ _____</p> <p>Amount Unsecured: \$ _____</p>
<p>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</p> <p><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 the case was filed or the Debtor's business ceased, 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).</p> <p><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)( ).</p> <p>*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</p> <p>Amount entitled to priority: \$ _____</p>		
<p>6. Claim Pursuant to 11 U.S.C. § 503(b)(9): Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____</p>		
<p>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) <b>00</b></p>		

**8. Documents:** Attached are 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, and the 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) Check the appropriate box.  
 I am the creditor  I am the creditor's authorized agent.  I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004)  I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)  
 (Attach 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: Connie Trentacoste Connie Trentacoste / W Sept 13 2013  
 Title: Office Administrator (Signature) (Date)  
 Company: Barrett, McDonough + Monaghan  
 Address and telephone number (if different from notice address above):  
170 OLD COUNTRY ROAD  
MINEOLA, NY 11501  
 Telephone number: 516 877 2900 email: info@bmmllp.com

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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. **IF BY HAND OR OVERNIGHT COURIER:** Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

**THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**  
**THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**

**Items to be completed in Proof of Claim Form**

**Court, Name of Debtor, and Case Number:**  
 These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.

**SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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 Claims as of Date Case Filed:**  
 State the total amount owed to the creditor on the Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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.

**3b. Uniform Claim Identifier:**  
 If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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(n):**  
 If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9):**  
 If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

**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 healthcare 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.

**EAS Investigations, Inc**  
445 Hamilton Avenue, Suite 1102  
White Plains, NY 10601

Phone 914.220.8394  
Fax 914.402.4319

Invoice submitted to:

Bartlett, McDonough Bastone and Monaghan, LLP  
Edward J. Guardaro, Jr., Esq.  
81 Main Street, 4th Floor  
White Plains NY 10601

March 13, 2012

In Reference To: Bernarda Perez, et al v. Mount Vernon Hospital  
Your File No: BMB-158.0155

Our File Number: 6506-1

Tasks	\$289.10
Expenses	<u>\$82.60</u>
Total New Charges	\$371.70
Previous Balance	\$0.00
Less Payments	<u>\$0.00</u>
<b>TOTAL DUE</b>	<b><u><u>\$371.70</u></u></b>

Thank you for your business

---

Tax I.D. Number 26-2529361

Bartlett, McDonough Bastone and Monaghan, LLP  
 Bernarda Perez, et al v. Mount Vernon Hospital  
 Your File No: BMB-158.0155  
 Your File No.:

Our File No.: 6506-1

**Professional Services**

	<u>Hours</u>	<u>Amount</u>
3/8/2012 001 Case Creation/re-open	0.50	29.50
048 Pickup/Del Records	4.00	236.00
95 Court Filing/So Ordered Subpeonas		NO CHARGE
048 Pickup/Del Records		NO CHARGE
3/10/2012 012 Dictate Report	0.20	11.80
3/12/2012 002 Clerical	0.20	11.80
	<hr/>	<hr/>
For professional services rendered	4.90	\$289.10

**Additional Charges :**

Automobile

	<u>Qty</u>	
3/8/2012 55 Mileage	75	41.25
		<hr/>
SUBTOTAL:		41.25

Disbursements

3/8/2012 02 Telephone	1	2.00
01 Tolls	1	13.00
14 Parking	1	25.00
04 copy work	3	0.90
3/12/2012 18 Postage	1	0.45
		<hr/>
SUBTOTAL:		41.35

Total costs 

---

\$82.60

Total amount of this bill 

---

\$371.70

Balance due 

---

\$371.70

From: (516) 877-2900  
Barbara Nacewicz  
Berlett McDonough & Monaghan  
170 Old Country Road  
Mineola, NY 11501

Origin ID: BPAA

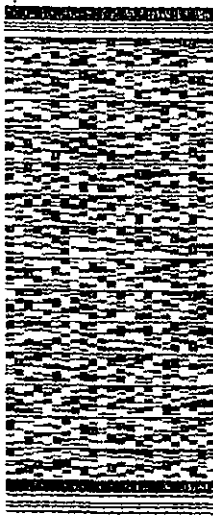


J1320130290226

SHIP TO: (516) 877-2900

BILL SENDER

c/o GCG  
SOUND SHORE MEDICAL OF WEST CHESTER  
5151 BLAZER PARKWAY  
SUITE A  
DUBLIN, OH 43017



Ship Date: 13SEP13  
Actual: 1.0 LB  
CAD: 1171877/INLET3430

Delivery Address Bar Code



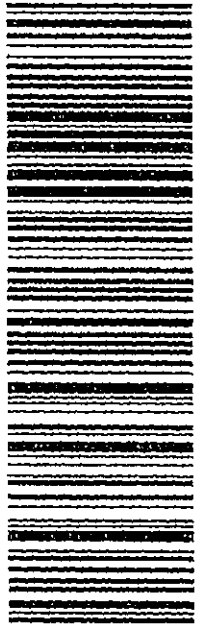
Ref # NON BILLABLE  
Invoice #  
PO # 500-2013  
Dept #

TRK# 7966 8434 6196  
0201


MON - 16 SEP 10:30A  
PRIORITY OVERNIGHT

SB OSUA

43017  
OH-US  
LCK



51A0192561/AGE

<b>UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK,</b>	<b>ADMINISTRATIVE EXPENSE PROOF OF CLAIM</b>	Administrative Expense Bar Date January 31, 2014
Note: This form should only be used by claimants asserting an Administrative Expense arising between May 29, 2013 and November 6, 2013 (the "Administrative Claim Period"). THIS FORM SHOULD NOT BE USED FOR ANY CLAIMS THAT ARE NOT OF A KIND ENTITLED TO PRIORITY IN ACCORDANCE WITH 11 U.S.C. §§ 503(b) and 507(a)(2).		
Indicate Debtor(s) against which you assert a claim by checking the appropriate box(es) below.		
Name of Debtor (Check Only One): <input type="checkbox"/> Sound Shore Medical Center of Westchester <input type="checkbox"/> The Mount Vernon Hospital, Inc. <input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	Case No. 13-22840 13-22841 13-22842	Name of Debtor (Check Only One): XX <input checked="" type="checkbox"/> The M.V.H. Corporation <input type="checkbox"/> SoundShore Health System, Inc. <input type="checkbox"/> NRHMC Services Corporation <input type="checkbox"/> New Rochelle Sound Shore Housing LLC
Name of Creditor (The person or entity to whom the debtor owes money or property) Empire HealthChoice Assurance, Inc. d/b/a Empire Blue Cross Blue Shield	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your administrative expense claim. Attach copy of statement giving particulars.	
Name and Addresses Where Notices Should be Sent. EMPIRE BLUE CROSS BLUE SHIELD One Liberty Plaza, 14th Fl. New York, NY 10006 Attn: Louis L. Benza, Esq.	Check here if this claim: <input type="checkbox"/> replaces or <input type="checkbox"/> amends a previously filed administrative expense claim Claim Number (if known): _____ Dated: _____	
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:		
1. BASIS FOR CLAIM: <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Personal Injury/Wrongful Death <input type="checkbox"/> Wages (Dates) _____ <input type="checkbox"/> Money loaned <input type="checkbox"/> Taxes <input type="checkbox"/> Retiree Benefits as Defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Other (Specify): _____		
2. DATE DEBT WAS INCURRED (IF KNOWN): _____ FILED - 01396		
3. DESCRIPTION OF CLAIM (IF KNOWN)      See Attached      U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER		
4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM:      See Attached      ROBERT D. DRAIN \$ _____ (Total)		
5. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.		
6. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. Do not send original documents. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
7. TIME-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
8. Signature: Check the appropriate box <input checked="" 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.) (Attach 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:      Louis Benza Title:      Senior Associate General Counsel Company:      Empire Blue Cross Blue Shield Address and telephone number (if different from notice address above): _____ Telephone number:      212-476-1228	_____ (Signature)      Louis Benza	_____ (Date)      1/31/14
email:      louis.benza@empireblue.com		

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

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: IF BY MAIL: Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9962, Dublin, Ohio 43017-5982. IF BY HAND OR OVERNIGHT COURIER: Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. IF BY HAND: United States Bankruptcy Court, SDNY, 300 Quarropas Street, Room 248, White Plains, New York 10601; Attn: Clerk of the Court. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.





**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK**

-----X		
In re:	:	
	:	
SOUND SHORE MEDICAL CENTER OF, WESTCHESTER, et al.,	:	Chapter 11
	:	
Debtor.	:	Case No. 13-22840(RDD)
	:	
-----X		

**RIDER TO EMPIRE BLUE CROSS BLUE SHIELD'S  
ADMINISTRATIVE EXPENSE CLAIM**

Empire HealthChoice Assurance, Inc., d/b/a Empire Blue Cross Blue Shield (“Empire”), submits this rider in further support of its proof of administrative expense against Sound Shore Medical Center of Westchester and together with its affiliated debtors in possession, as Debtors and Debtors-in-Possession (“Debtor”).

1. Claimant. The undersigned, Louis Benza, whose business and mailing address is Empire Blue Cross Blue Shield, One Liberty Plaza, 14th Fl., New York, NY 10006, is an authorized signatory of Empire. Empire files this claim under the administrative services agreements between Empire and one or more of the Debtors, whereby Empire provides certain administrative services in regard to the Debtors’ health plans which cover some or all of the Debtors’ Employees, and one or more Participating Provider Agreements (the “Par Contract”) between Empire and one or more of the Debtors.

2. Indebtedness. Pursuant to an administrative services agreement in effect on May 28, 2013 between The Mount Vernon Hospital and Empire, and the administrative services agreement between Empire and Sound Shore Medical Center of Westchester (together with any additional administrative services agreements between Empire and any other Debtor,

(the "ASO Agreements"), Empire administered performed certain administrative services in regard to aspects of the Debtors' self-funded group health plan. Empire continued to provide services under the ASO Agreements after the filing and the Debtor has continued to remit payment for these services as invoiced. Given that the Debtor has remained current on amounts owing under the ASO Agreements, Empire is unaware of any post-petition amounts owing to Empire, either under the ASO Agreements. However, under the ASO Agreements, Empire reserves certain audit rights and as such, Empire may, in the future, determine that amounts are owing under the ASO Agreements for the period following the Debtors' filing of this case.

3. Pursuant to the Par Contract, one or more Debtor serves as a participating provider in Empire's network. Pursuant to the Par Contract, such Debtor may, at times, owe Empire money for, among other things, overpayments. Empire is unaware of any claim that it may have against any Debtor at this time under the Par Contract. By filing this Claim, Empire is merely preserving its rights to further investigate this matter and determine what, if any, claims Empire has against any Debtor. If, in fact, Empire has any additional claim or claims against a Debtor, Empire will amend this Claim to include, among other things, the amount of such claim.

4. Collateral. The indebtedness of the Debtor to Empire is not secured.

5. Supporting Documents. The writings on which these claims are founded include, among other things, the following documents:

- The ASO Agreements
- The Par Contract

The Supporting Documents are voluminous, but are available upon request.

6. Open Account. The claims were not founded on an open account.

7. Judgments. No judgment has been rendered on the claims.

8. Credits and Set-Offs. Debtor has not made any payments on the claims, and none have been credited. The claims are not subject to any setoffs, defenses or counterclaims by the Debtor.

9. Security Interests and Priority Status. Empire's claims are general unsecured claims.

10. Execution and Waiver. The execution and filing of this proof of claim is not and shall not be deemed: (a) a waiver or release of Empire's rights against any other entity or person liable for all or any part of the claims asserted herein; (b) consent by Empire to the jurisdiction of this Court with respect to any proceeding commenced in this case against or otherwise involving Empire; (c) a waiver of the right to withdraw the reference with respect to the subject matter of the claims, any objection or other proceedings commenced with respect thereto or any other proceedings commenced in these cases against or otherwise involving Empire; (d) a waiver of any right to the subordination, in favor of Empire, of indebtedness or liens held by any other creditors of the Debtor; or (e) an election of remedies which waives or otherwise affects any other remedy. Empire, respectfully, expressly reserves its right to file any separate or additional proof of claim with respect to the claim set forth herein or otherwise (which proof of claim, if so filed, shall not be deemed to supersede this proof of claim, unless otherwise expressly stated therein), to amend or supplement this proof of claim in any respect, including with respect to the filing of additional or amended claims for the purpose of fixing and liquidating any contingent or unliquidated claim set forth herein, or to file additional proofs of claim in respect of additional claims or for any other reason. Empire also asserts the following additional claims, to the extent that such claims exist: (a) contingent claims, (b) claims which may be presently in amounts not fully ascertainable, but to be later provided if such claims are

estimated and/or liquidated, and (c) claims for all costs and expenses (including attorneys' fees)  
as allowed under the terms of the Prepetition Group Contract.

11. Notices. All notices with respect to this proof of claim should be sent to:

**EMPIRE BLUE CROSS BLUE SHIELD**

One Liberty Plaza, 14th Fl.

New York, NY 10006

Attn: Louis L. Benza, Esq.

---

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK

ROUTING SHEET FOR CASES WITH CLAIMS AGENTS

Date: February 5, 2014

To: GCG, Inc.  
1985 Marcus Avenue, Suite 200  
Lake Success, NY 11042

From: Mimi Correa  
Deputy Clerk

*2 of 3 packs*

1. a. Number of claims in this transmittal: 39

b. Case name (if applicable): Sound Shore Medical Center, et al.

c. Description of claim: (Creditor name and amount of claim.)

Mary K. Murphy	\$See Attachment
Renella Mitchell	\$2,995.00
Bio-Rad Laboratories, Inc.	\$3,850.37
Joseph DeRose	\$9,639.57
Maria S. Albito	\$7,597.09
Beverly Stewart	\$17,731.00
Daisy Kuriakose	\$26,000.00
Daisy Kuriakose	\$1,000.00
Sonia P. Slaviejo	\$51,587.00
Cynthia Holmes	\$3,520.00
Sanipro Disposal Inc.	\$29,448.22
Sanipro Disposal Inc.	\$12,387.50
Robert C. Goldstein	\$2,000.00
Edna Buckley	???
Stephen Jesmajian	\$70,000.00
Susan Kurian	\$22,865.50
Veronica Turnbull	\$2,458.33
Silvie Maria Correia	\$4,127.24
Siemens Medical Solutions	\$63,663.49
Robin Ten Eyck	\$45,116.43
Saramma George	\$3,080.00
Benedicte Hanser	\$Sec Attachment
Neelkanth LLC	\$8,796.39
Neelkanth LLC	\$267,992.00
Neelkanth LLC	\$16,020.54
Frank D'Ambrosio	\$300.00
Metro Blood Service	\$104,169.00
Orange Pathology Associates	\$See Attachment
Orange Pathology Associates	\$See Attachment
Dr. Bartholome Rodriguez	\$300,000.00
Dr. Patricia Ann Devine	\$185,113.55
Dr. Rozafa L. Pali	\$300,000.00
Empire Healthchoice Assurance	See Attachment
Empire Healthchoice Assurance	Sec Attachment
Empire Healthchoice Assurance	See Attachment
Empire Healthchoice Assurance	Sec Attachment

Empire Healthchoice Assurance See Attachment  
Empire Healthchoice Assurance See Attachment

2. a. Courier: Federal Express  
b. Receipt to pick up at Court: \_\_\_\_\_

---

**CONFIRMATION BY RECIPIENT**

**NOTE:** *The portion below is to be completed by recipient and returned to the Court by  
FAX [914-390-4073].*

Date: \_\_\_\_\_

*I have received the number and description of claims as indicated in line # 1.a. above.*

Employee's name: \_\_\_\_\_  
[Please print]

Employee's signature: \_\_\_\_\_

Employee's telephone number: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

From: (631) 470-5000  
Attn: Arturo D. Tavaraz  
Case Adm./ECF Trainer  
US Bankruptcy Court, SDNY  
300 Quarropas Street  
WHITE PLAINS, NY 10601

Origin ID: NESA



J13111302120326

Ship Date: 10JUL13  
ActWgt: 1.0 LB  
CAD: 100098143/NET3370

Delivery Address Bar Code



SHIP TO: (631) 470-5000  
Attn: Bankruptcy Dept.  
c/o GCG, Inc.  
5151 Blazer Parkway  
Suite A  
DUBLIN, OH 43017

BILL THIRD PARTY

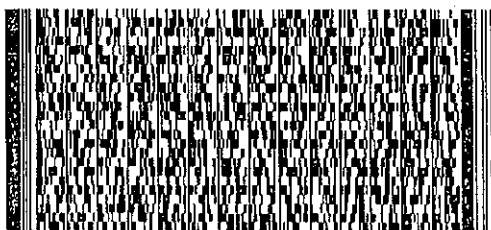
Ref # -SSM-

RMA #  
Return Reason:

RETURNS MON-FRI  
STANDARD OVERNIGHT

TRK# 7961 9382 5788  
0221

43017  
OH-US




518G1/A0463AR

1. Select the 'Print' button to print 1 copy of each label.
2. The Return Shipment instructions, which provide your recipient with information on the returns process, will be printed with the label(s).
3. After printing, select your next step by clicking one of the displayed buttons.

Note: To review or print individual labels, select the Label button under each label image above.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$500, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

<b>UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK</b>	<b>ADMINISTRATIVE EXPENSE PROOF OF CLAIM</b>	Administrative Expense Bar Date January 31, 2014
Note: This form should only be used by claimants asserting an Administrative Expense arising between May 29, 2013 and November 6, 2013 (the "Administrative Claim Period"). THIS FORM SHOULD NOT BE USED FOR ANY CLAIMS THAT ARE NOT OF A KIND ENTITLED TO PRIORITY IN ACCORDANCE WITH 11 U.S.C. §§ 503(b) and 507(e)(2).		
Indicate Debtor(s) against which you assert a claim by checking the appropriate box(es) below.		
Name of Debtor (Check Only One): <input type="checkbox"/> Sound Shore Medical Center of Westchester <input type="checkbox"/> The Mount Vernon Hospital, Inc. <input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	Case No. 13-22840 13-22841 13-22842	Name of Debtor (Check Only One): <input type="checkbox"/> The M.V.H. Corporation <input checked="" type="checkbox"/> Sound Shore Health System, Inc. <input type="checkbox"/> NRI/INC Services Corporation <input type="checkbox"/> New Rochelle Sound Shore Housing LLC
Name of Creditor (The person or entity to whom the debtor owes money or property) Empire HealthChoice Assurance, Inc. d/b/a Empire Blue Cross Blue Shield	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your administrative expense claim. Attach copy of statement giving particulars.	
Name and Address Where Notices Should be Sent: EMPIRE BLUE CROSS BLUE SHIELD One Liberty Plaza, 14th Fl. New York, NY 10006 Attn: Louis L. Benza, Esq.	Check here if this claim. <input type="checkbox"/> replaces or <input type="checkbox"/> amends a previously filed administrative expense claim.  Claim Number (if known): _____  Dated: _____	
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:		
1. BASIS FOR CLAIM: <input type="checkbox"/> Goods sold <input type="checkbox"/> Money loaned <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Personal Injury/Wrongful Death <input type="checkbox"/> Retiree benefits as Defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages (Dates) _____ <input type="checkbox"/> Other (Specify): _____		
2. DATE DEBT WAS INCURRED (IF KNOWN):		
3. DESCRIPTION OF CLAIM (IF KNOWN): See Attached		
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		
4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: \$ See Attached (Total)		
5. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.		
6. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. Do not send original documents. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
7. TIME-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
8. Signature: Check the appropriate box <input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent (Attach copy of power of attorney, if any) <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.) 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: Louis Benza Title: Senior Associate General Counsel Company: Empire Blue Cross Blue Shield Address and telephone number (if different from notice address above): Telephone number: 212-476-1228 email: louis.benza@empireblue.com		

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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS. IF BY MAIL: Sound Shore Medical of Westchester, at al, c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. IF BY HAND OR OVERNIGHT COURIER: Sound Shore Medical of Westchester, at al, c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. IF BY HAND: United States Bankruptcy Court, SDNY, 300 Quattropas Street, Room 248, White Plains, New York 10601; Attn: Clerk of the Court. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED





**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK**

-----X		
In re:	:	
	:	
SOUND SHORE MEDICAL CENTER OF, WESTCHESTER, et al.,	:	Chapter 11
	:	
Debtor.	:	Case No. 13-22840(RDD)
	:	
-----X		

**RIDER TO EMPIRE BLUE CROSS BLUE SHIELD'S  
ADMINISTRATIVE EXPENSE CLAIM**

Empire HealthChoice Assurance, Inc., d/b/a Empire Blue Cross Blue Shield (“Empire”), submits this rider in further support of its proof of administrative expense against Sound Shore Medical Center of Westchester and together with its affiliated debtors in possession, as Debtors and Debtors-in-Possession (“Debtor”).

1. Claimant. The undersigned, Louis Benza, whose business and mailing address is Empire Blue Cross Blue Shield, One Liberty Plaza, 14th Fl., New York, NY 10006, is an authorized signatory of Empire. Empire files this claim under the administrative services agreements between Empire and one or more of the Debtors, whereby Empire provides certain administrative services in regard to the Debtors’ health plans which cover some or all of the Debtors’ Employees, and one or more Participating Provider Agreements (the “Par Contract”) between Empire and one or more of the Debtors.

2. Indebtedness. Pursuant to an administrative services agreement in effect on May 28, 2013 between The Mount Vernon Hospital and Empire, and the administrative services agreement between Empire and Sound Shore Medical Center of Westchester (together with any additional administrative services agreements between Empire and any other Debtor,

(the "ASO Agreements"), Empire administered performed certain administrative services in regard to aspects of the Debtors' self-funded group health plan. Empire continued to provide services under the ASO Agreements after the filing and the Debtor has continued to remit payment for these services as invoiced. Given that the Debtor has remained current on amounts owing under the ASO Agreements, Empire is unaware of any post-petition amounts owing to Empire, either under the ASO Agreements. However, under the ASO Agreements, Empire reserves certain audit rights and as such, Empire may, in the future, determine that amounts are owing under the ASO Agreements for the period following the Debtors' filing of this case.

3. Pursuant to the Par Contract, one or more Debtor serves as a participating provider in Empire's network. Pursuant to the Par Contract, such Debtor may, at times, owe Empire money for, among other things, overpayments. Empire is unaware of any claim that it may have against any Debtor at this time under the Par Contract. By filing this Claim, Empire is merely preserving its rights to further investigate this matter and determine what, if any, claims Empire has against any Debtor. If, in fact, Empire has any additional claim or claims against a Debtor, Empire will amend this Claim to include, among other things, the amount of such claim.

4. Collateral. The indebtedness of the Debtor to Empire is not secured.

5. Supporting Documents. The writings on which these claims are founded include, among other things, the following documents:

- The ASO Agreements
- The Par Contract

The Supporting Documents are voluminous, but are available upon request.

6. Open Account. The claims were not founded on an open account.

7. Judgments. No judgment has been rendered on the claims.

8. Credits and Set-Offs. Debtor has not made any payments on the claims, and none have been credited. The claims are not subject to any setoffs, defenses or counterclaims by the Debtor.

9. Security Interests and Priority Status. Empire's claims are general unsecured claims.

10. Execution and Waiver. The execution and filing of this proof of claim is not and shall not be deemed: (a) a waiver or release of Empire's rights against any other entity or person liable for all or any part of the claims asserted herein; (b) consent by Empire to the jurisdiction of this Court with respect to any proceeding commenced in this case against or otherwise involving Empire; (c) a waiver of the right to withdraw the reference with respect to the subject matter of the claims, any objection or other proceedings commenced with respect thereto or any other proceedings commenced in these cases against or otherwise involving Empire; (d) a waiver of any right to the subordination, in favor of Empire, of indebtedness or liens held by any other creditors of the Debtor; or (e) an election of remedies which waives or otherwise affects any other remedy. Empire, respectfully, expressly reserves its right to file any separate or additional proof of claim with respect to the claim set forth herein or otherwise (which proof of claim, if so filed, shall not be deemed to supersede this proof of claim, unless otherwise expressly stated therein), to amend or supplement this proof of claim in any respect, including with respect to the filing of additional or amended claims for the purpose of fixing and liquidating any contingent or unliquidated claim set forth herein, or to file additional proofs of claim in respect of additional claims or for any other reason. Empire also asserts the following additional claims, to the extent that such claims exist: (a) contingent claims, (b) claims which may be presently in amounts not fully ascertainable, but to be later provided if such claims are

---

estimated and/or liquidated, and (c) claims for all costs and expenses (including attorneys' fees)  
as allowed under the terms of the Prepetition Group Contract.

11. Notices. All notices with respect to this proof of claim should be sent to:

**EMPIRE BLUE CROSS BLUE SHIELD**

One Liberty Plaza, 14th Fl.

New York, NY 10006

Attn: Louis L. Benza, Esq.

---

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK

ROUTING SHEET FOR CASES WITH CLAIMS AGENTS

Date: February 5, 2014

To: GCG, Inc.  
1985 Marcus Avenue, Suite 200  
Lake Success, NY 11042

From: Mimi Correa  
Deputy Clerk

*2 of 3 packs*

1. a. Number of claims in this transmittal: 39

b. Case name (if applicable): Sound Shore Medical Center, et al.

c. Description of claim: (Creditor name and amount of claim.)

Mary K. Murphy	\$See Attachment
Renella Mitchell	\$2,995.00
Bio-Rad Laboratories, Inc.	\$3,850.37
Joseph DeRose	\$9,639.57
Maria S. Albito	\$7,597.09
Beverly Stewart	\$17,731.00
Daisy Kuriakose	\$26,000.00
Daisy Kuriakose	\$1,000.00
Sonia P. Slavicjo	\$51,587.00
Cynthia Holmes	\$3,520.00
Sanipro Disposal Inc.	\$29,448.22
Sanipro Disposal Inc.	\$12,387.50
Robert C. Goldstein	\$2,000.00
Edna Buckley	???
Stephen Jesmajian	\$70,000.00
Susan Kurian	\$22,865.50
Veronica Turnbull	\$2,458.33
Silvie Maria Correia	\$4,127.24
Siemens Medical Solutions	\$63,663.49
Robin Ten Eyck	\$45,116.43
Saramma George	\$3,080.00
Benedicte Hanser	\$See Attachment
Neelkanth LLC	\$8,796.39
Neelkanth LLC	\$267,992.00
Neelkanth LLC	\$16,020.54
Frank D'Ambrosio	\$300.00
Metro Blood Service	\$104,169.00
Orange Pathology Associates	\$See Attachment
Orange Pathology Associates	\$See Attachment
Dr. Bartholome Rodriguez	\$300,000.00
Dr. Patricia Ann Devine	\$185,113.55
Dr. Rozafa L. Pali	\$300,000.00
Empire Healthchoice Assurance	See Attachment
Empire Healthchoice Assurance	See Attachment
Empire Healthchoice Assurance	See Attachment
Empire Healthchoice Assurance	See Attachment

Empire Healthchoice Assurance See Attachment  
Empire Healthchoice Assurance See Attachment

2. a. Courier: Federal Express  
b. Recipient to pick up at Court: \_\_\_\_\_

---

**CONFIRMATION BY RECIPIENT**

**NOTE:** *The portion below is to be completed by recipient and returned to the Court by FAX [914-390-4073].*

Date: \_\_\_\_\_

*I have received the number and description of claims as indicated in line # 1.a. above.*

Employee's name: \_\_\_\_\_

*[Please print]*

Employee's signature: \_\_\_\_\_

Employee's telephone number: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

---

From: (631) 470-5000  
Attn: Arturo D. Tavarez  
Case Adm./ECF Trainer  
US Bankruptcy Court, SDNY  
300 Quampos Street  
WHITE PLAINS, NY 10604

Origin ID: NESA



J1311302120326

Ship Date: 10JUL13  
ActWgt: 1.0 LB  
CAD: 100098143/NET3370

Delivery Address Bar Code



Ref # -SSM-

RMA #  
Return Reason:

SHIP TO: (631) 470-5000  
**Attn: Bankruptcy Dept.**  
**c/o GCG, Inc.**  
**5151 Blazer Parkway**  
**Suite A**  
**DUBLIN, OH 43017**

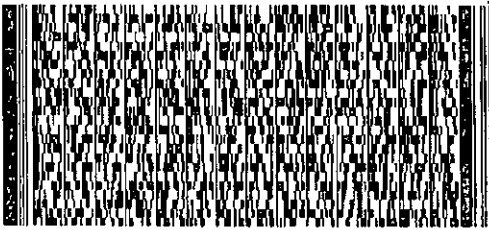
BILL THIRD PARTY

**RETURNS MON-FRI**  
**STANDARD OVERNIGHT**

TRK# 7961 9382 5788

0221

**43017**  
OH-US




518G1AA0403AR

1. Select the 'Print' button to print 1 copy of each label.
2. The Return Shipment instructions, which provide your recipient with information on the returns process, will be printed with the label(s).
3. After printing, select your next step by clicking one of the displayed buttons.

Note: To review or print individual labels, select the Label button under each label image above.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on [fedex.com](http://fedex.com). FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$500, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.



<b>UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK</b>	<b>ADMINISTRATIVE EXPENSE PROOF OF CLAIM</b>	Administrative Expense Bar Date January 31, 2014
Note: This form should only be used by claimants asserting an Administrative Expense arising between May 29, 2013 and November 6, 2013 (the "Administrative Claim Period"). THIS FORM SHOULD NOT BE USED FOR ANY CLAIMS THAT ARE NOT OF A KIND ENTITLED TO PRIORITY IN ACCORDANCE WITH 11 U.S.C. §§ 503(b) and 507(a)(2).		
Indicate Debtor(s) against which you assert a claim by checking the appropriate box(es) below.		
Name of Debtor (Check Only One): <input type="checkbox"/> Sound Shore Medical Center of Westchester <input type="checkbox"/> The Mount Vernon Hospital, Inc. <input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	Case No. 13-22840 13-22841 13-22842	Name of Debtor (Check Only One): <input type="checkbox"/> The M.V.H. Corporation <input type="checkbox"/> SoundShore Health Systems, Inc. <input checked="" type="checkbox"/> NRHMC Services Corporation <input type="checkbox"/> New Rochelle Sound Shore Housing LLC
Name of Creditor (The person or entity to whom the debtor owes money or property) Empire HealthChoice Assurance, Inc. d/b/a Empire Blue Cross Blue Shield	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your administrative expense claim. Attach copy of statement giving particulars.	
Name and Addresses Where Notices Should be Sent. EMPIRE BLUE CROSS BLUE SHIELD One Liberty Plaza, 14th Fl. New York, NY 10006 Attn: Louis L. Benza, Esq.	Check here if this claim <input type="checkbox"/> replaces or <input type="checkbox"/> amends a previously filed administrative expense claim Claim Number (if known): _____ Dated: _____	
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:		
1. BASIS FOR CLAIM: <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Personal Injury/Wrongful Death <input type="checkbox"/> Wages (Dates) _____ <input type="checkbox"/> Money loaned <input type="checkbox"/> Taxes <input type="checkbox"/> Retiree Benefits as Defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Other (Specify): _____		
2. DATE DEBT WAS INCURRED (IF KNOWN): FILED - 01398		
3. DESCRIPTION OF CLAIM (IF KNOWN): See Attached U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. DRAIN		
4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: \$ See Attached (Total)		
5. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.		THIS SPACE IS FOR COURT USE ONLY
6. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. Do not send original documents. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
7. TIME-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim		
8. Signature: Check the appropriate box. <input checked="" 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.) (Attach 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: Louis Benza Title: Senior Associate General Counsel Company: Empire Blue Cross Blue Shield Address and telephone number (if different from notice address above): _____ Telephone number: 212-476-1228 email: louis.benza@empireblue.com		
Signature: <u>Louis Benza</u> (Signature) Date: <u>1/31/14</u> (Date)		

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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

*The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.*

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: IF BY MAIL: Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. IF BY HAND OR OVERNIGHT COURIER: Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. IF BY HAND: United States Bankruptcy Court, SDNY, 300 Quarropas Street, Room 248, White Plains, New York 10601. Attn: Clerk of the Court. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.



**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK**

-----X		
In re:	:	
	:	
SOUND SHORE MEDICAL CENTER OF,	:	Chapter 11
WESTCHESTER, et al.,	:	
	:	
Debtor.	:	Case No. 13-22840(RDD)
	:	
-----X		

**RIDER TO EMPIRE BLUE CROSS BLUE SHIELD'S  
ADMINISTRATIVE EXPENSE CLAIM**

Empire HealthChoice Assurance, Inc., d/b/a Empire Blue Cross Blue Shield (“Empire”), submits this rider in further support of its proof of administrative expense against Sound Shore Medical Center of Westchester and together with its affiliated debtors in possession, as Debtors and Debtors-in-Possession (“Debtor”).

1. Claimant. The undersigned, Louis Benza, whose business and mailing address is Empire Blue Cross Blue Shield, One Liberty Plaza, 14th Fl., New York, NY 10006, is an authorized signatory of Empire. Empire files this claim under the administrative services agreements between Empire and one or more of the Debtors, whereby Empire provides certain administrative services in regard to the Debtors’ health plans which cover some or all of the Debtors’ Employees, and one or more Participating Provider Agreements (the “Par Contract”) between Empire and one or more of the Debtors.

2. Indebtedness. Pursuant to an administrative services agreement in effect on May 28, 2013 between The Mount Vernon Hospital and Empire, and the administrative services agreement between Empire and Sound Shore Medical Center of Westchester (together with any additional administrative services agreements between Empire and any other Debtor,

(the "ASO Agreements"), Empire administered performed certain administrative services in regard to aspects of the Debtors' self-funded group health plan. Empire continued to provide services under the ASO Agreements after the filing and the Debtor has continued to remit payment for these services as invoiced. Given that the Debtor has remained current on amounts owing under the ASO Agreements, Empire is unaware of any post-petition amounts owing to Empire, either under the ASO Agreements. However, under the ASO Agreements, Empire reserves certain audit rights and as such, Empire may, in the future, determine that amounts are owing under the ASO Agreements for the period following the Debtors' filing of this case.

3. Pursuant to the Par Contract, one or more Debtor serves as a participating provider in Empire's network. Pursuant to the Par Contract, such Debtor may, at times, owe Empire money for, among other things, overpayments. Empire is unaware of any claim that it may have against any Debtor at this time under the Par Contract. By filing this Claim, Empire is merely preserving its rights to further investigate this matter and determine what, if any, claims Empire has against any Debtor. If, in fact, Empire has any additional claim or claims against a Debtor, Empire will amend this Claim to include, among other things, the amount of such claim.

4. Collateral. The indebtedness of the Debtor to Empire is not secured.

5. Supporting Documents. The writings on which these claims are founded include, among other things, the following documents:

- The ASO Agreements
- The Par Contract

The Supporting Documents are voluminous, but are available upon request.

6. Open Account. The claims were not founded on an open account.

7. Judgments. No judgment has been rendered on the claims.

8. Credits and Set-Offs. Debtor has not made any payments on the claims, and none have been credited. The claims are not subject to any setoffs, defenses or counterclaims by the Debtor.

9. Security Interests and Priority Status. Empire's claims are general unsecured claims.

10. Execution and Waiver. The execution and filing of this proof of claim is not and shall not be deemed: (a) a waiver or release of Empire's rights against any other entity or person liable for all or any part of the claims asserted herein; (b) consent by Empire to the jurisdiction of this Court with respect to any proceeding commenced in this case against or otherwise involving Empire; (c) a waiver of the right to withdraw the reference with respect to the subject matter of the claims, any objection or other proceedings commenced with respect thereto or any other proceedings commenced in these cases against or otherwise involving Empire; (d) a waiver of any right to the subordination, in favor of Empire, of indebtedness or liens held by any other creditors of the Debtor; or (e) an election of remedies which waives or otherwise affects any other remedy. Empire, respectfully, expressly reserves its right to file any separate or additional proof of claim with respect to the claim set forth herein or otherwise (which proof of claim, if so filed, shall not be deemed to supersede this proof of claim, unless otherwise expressly stated therein), to amend or supplement this proof of claim in any respect, including with respect to the filing of additional or amended claims for the purpose of fixing and liquidating any contingent or unliquidated claim set forth herein, or to file additional proofs of claim in respect of additional claims or for any other reason. Empire also asserts the following additional claims, to the extent that such claims exist: (a) contingent claims, (b) claims which may be presently in amounts not fully ascertainable, but to be later provided if such claims are

---

estimated and/or liquidated, and (c) claims for all costs and expenses (including attorneys' fees)  
as allowed under the terms of the Prepetition Group Contract.

11. Notices. All notices with respect to this proof of claim should be sent to:

**EMPIRE BLUE CROSS BLUE SHIELD**

One Liberty Plaza, 14th Fl.

New York, NY 10006

Attn: Louis L. Benza, Esq.

---

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK

ROUTING SHEET FOR CASES WITH CLAIMS AGENTS

Date: February 5, 2014

To: GCG, Inc.  
1985 Marcus Avenue, Suite 200  
Lake Success, NY 11042

From: Mimi Correa  
Deputy Clerk

*273 packs*

1. a. Number of claims in this transmittal: 39

b. Case name (if applicable): Sound Shore Medical Center, et al.

c. Description of claim: (Creditor name and amount of claim.)

Mary K. Murphy	\$See Attachment
Renella Mitchell	\$2,995.00
Bio-Rad Laboratories, Inc.	\$3,850.37
Joseph DeRose	\$9,639.57
Maria S. Albito	\$7,597.09
Beverly Stewart	\$17,731.00
Daisy Kuriakose	\$26,000.00
Daisy Kuriakose	\$1,000.00
Sonia P. Slavicjo	\$51,587.00
Cynthia Holmes	\$3,520.00
Sanipro Disposal Inc.	\$29,448.22
Sanipro Disposal Inc.	\$12,387.50
Robert C. Goldstein	\$2,000.00
Edna Buckley	???
Stephen Jesmajian	\$70,000.00
Susan Kurian	\$22,865.50
Veronica Turnbull	\$2,458.33
Silvie Maria Correia	\$4,127.24
Siemens Medical Solutions	\$63,663.49
Robin Ten Eyck	\$45,116.43
Saramma George	\$3,080.00
Benedicte Hanser	\$See Attachment
Neelkanth LLC	\$8,796.39
Neelkanth LLC	\$267,992.00
Neelkanth LLC	\$16,020.54
Frank D'Ambrosio	\$300.00
Metro Blood Service	\$104,169.00
Orange Pathology Associates	\$See Attachment
Orange Pathology Associates	\$See Attachment
Dr. Bartholomic Rodriguez	\$300,000.00
Dr. Patricia Ann Devine	\$185,113.55
Dr. Rozafa L. Pali	\$300,000.00
Empire Healthchoice Assurance	See Attachment
Empire Healthchoice Assurance	See Attachment
Empire Healthchoice Assurance	See Attachment
Empire Healthchoice Assurance	See Attachment

Empire Healthchoice Assurance See Attachment  
Empire Healthchoice Assurance See Attachment

2. a. Courier: Federal Express  
b. Recipient to pick up at Court: \_\_\_\_\_

---

**CONFIRMATION BY RECIPIENT**

**NOTE:** *The portion below is to be completed by recipient and returned to the Court by FAX [914-390-4073].*

Date: \_\_\_\_\_

*I have received the number and description of claims as indicated in line # 1.a. above.*

Employee's name: \_\_\_\_\_

*[Please print]*

Employee's signature: \_\_\_\_\_

Employee's telephone number: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

---



From: (631) 470-5000  
Attn: Arturo D Tavaraz  
Case Adm./ECF Trainer  
US Bankruptcy Court, SDNY  
300 Quarropas Street  
WHITE PLAINS, NY 10601

Origin ID: NESA



J13111302120326

Ship Date: 10JUL13  
Act/Wgt: 1.0 LB  
CAD: 100098143/INET3370

Delivery Address Bar Code



Ref # -SSM-

RMA #:  
Return Reason:

SHIP TO: (631) 470-5000  
Attn: Bankruptcy Dept.  
c/o GCG, Inc.  
5151 Blazer Parkway  
Suite A  
DUBLIN, OH 43017

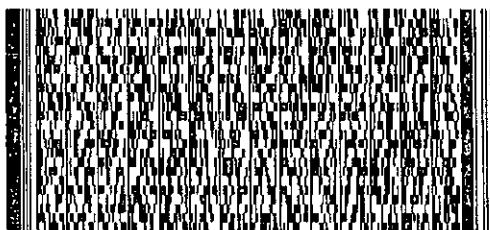
BILL THIRD PARTY

RETURNS MON-FRI  
STANDARD OVERNIGHT

TRK# 7961 9382 5788

0221

43017  
OH-US

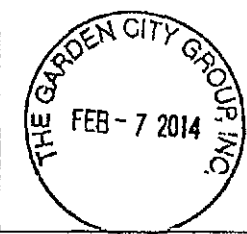


518G1A/A0493AB

1. Select the 'Print' button to print 1 copy of each label.
2. The Return Shipment instructions, which provide your recipient with information on the returns process, will be printed with the label(s).
3. After printing, select your next step by clicking one of the displayed buttons.

Note: To review or print individual labels, select the Label button under each label image above.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$500, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

<b>UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK</b>	<b>ADMINISTRATIVE EXPENSE PROOF OF CLAIM</b>	Administrative Expense Bar Date January 31, 2014
Note: This form should only be used by claimants asserting an Administrative Expense arising between May 29, 2013 and November 6, 2013 (the "Administrative Claim Period"). THIS FORM SHOULD NOT BE USED FOR ANY CLAIMS THAT ARE NOT OF A KIND ENTITLED TO PRIORITY IN ACCORDANCE WITH 11 U.S.C. §§ 503(b) and 507(a)(2).		
Indicate Debtor(s) against which you assert a claim by checking the appropriate box(es) below.		
Name of Debtor (Check Only One): <input type="checkbox"/> Sound Shore Medical Center of Westchester <input type="checkbox"/> The Mount Vernon Hospital, Inc. <input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	Case No. 13-22840 13-22841 13-22842	Name of Debtor (Check Only One): <input type="checkbox"/> The M.V.H. Corporation <input type="checkbox"/> SoundShore Health System, Inc. <input type="checkbox"/> NRHMC Services Corporation <input checked="" type="checkbox"/> New Rochelle Sound Shore Housing LLC
Name of Creditor (The person or entity to whom the debtor owes money or property) Empire HealthChoice Assurance, Inc. d/b/a Empire Blue Cross Blue Shield	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your administrative expense claim. Attach copy of statement giving particulars.	
Name and Addresses Where Notices Should be Sent EMPIRE BLUE CROSS BLUE SHIELD One Liberty Plaza, 14th Fl. New York, NY, 10006 Attn: Louis L. Benza, Esq.	Check here if this claim: <input type="checkbox"/> replaces or <input type="checkbox"/> amends a previously filed administrative expense claim Claim Number (if known): _____ Dated: _____	
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:		
1. BASIS FOR CLAIM. <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Personal Injury/Wrongful Death <input type="checkbox"/> Wages (Dates) _____ <input type="checkbox"/> Money loaned <input type="checkbox"/> Taxes <input type="checkbox"/> Retiree Benefits Defined in 11 USC § 1114(a) <input type="checkbox"/> Other (Specify): _____		
2. DATE DEBT WAS INCURRED (IF KNOWN): FILED - 01399		
3. DESCRIPTION OF CLAIM (IF KNOWN): See Attached U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER		
4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: \$ See Attached (Total) ROBERT D. DRAIN		
5. CREDITS AND SETOFFS. The amount of all payments on this claim has been credited and deducted for the purpose of making this proof. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.		
6. SUPPORTING DOCUMENTS. Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. Do not send original documents. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
7. TIME-STAMPED COPY: To receive acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
8. Signature: Check the appropriate box <input checked="" 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.) (Attach 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: Louis Benza Title: Senior Associate General Counsel Company: Empire Blue Cross Blue Shield Address and telephone number (if different from notice address above): _____ Telephone number: 212-476-1228	Signature: <u>Louis Benza</u> (Date): <u>1/31/14</u>	U.S. DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK 2014 JAN 31 P 12:26 THIS SPACE IS FOR COURT USE ONLY
email: louis.benza@empireblue.com		

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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: IF BY MAIL: Sound Shore Medical of Westchester, et al. c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. IF BY HAND OR OVERNIGHT COURIER: Sound Shore Medical of Westchester, et al. c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. IF BY HAND: United States Bankruptcy Court, SDNY, 300 Quarropas Street, Room 248, White Plains, New York 10601. Attn: Clerk of the Court. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED



**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK**

-----X		
In re:	:	
	:	
SOUND SHORE MEDICAL CENTER OF,	:	Chapter 11
WESTCHESTER, et al.,	:	
	:	
Debtor.	:	Case No. 13-22840(RDD)
	:	
-----X		

**RIDER TO EMPIRE BLUE CROSS BLUE SHIELD'S  
ADMINISTRATIVE EXPENSE CLAIM**

Empire HealthChoice Assurance, Inc., d/b/a Empire Blue Cross Blue Shield ("Empire"), submits this rider in further support of its proof of administrative expense against Sound Shore Medical Center of Westchester and together with its affiliated debtors in possession, as Debtors and Debtors-in-Possession ("Debtor").

1. Claimant. The undersigned, Louis Benza, whose business and mailing address is Empire Blue Cross Blue Shield, One Liberty Plaza, 14th Fl., New York, NY 10006, is an authorized signatory of Empire. Empire files this claim under the administrative services agreements between Empire and one or more of the Debtors, whereby Empire provides certain administrative services in regard to the Debtors' health plans which cover some or all of the Debtors' Employees, and one or more Participating Provider Agreements (the "Par Contract") between Empire and one or more of the Debtors.

2. Indebtedness. Pursuant to an administrative services agreement in effect on May 28, 2013 between The Mount Vernon Hospital and Empire, and the administrative services agreement between Empire and Sound Shore Medical Center of Westchester (together with any additional administrative services agreements between Empire and any other Debtor,

(the "ASO Agreements"), Empire administered performed certain administrative services in regard to aspects of the Debtors' self-funded group health plan. Empire continued to provide services under the ASO Agreements after the filing and the Debtor has continued to remit payment for these services as invoiced. Given that the Debtor has remained current on amounts owing under the ASO Agreements, Empire is unaware of any post-petition amounts owing to Empire, either under the ASO Agreements. However, under the ASO Agreements, Empire reserves certain audit rights and as such, Empire may, in the future, determine that amounts are owing under the ASO Agreements for the period following the Debtors' filing of this case.

3. Pursuant to the Par Contract, one or more Debtor serves as a participating provider in Empire's network. Pursuant to the Par Contract, such Debtor may, at times, owe Empire money for, among other things, overpayments. Empire is unaware of any claim that it may have against any Debtor at this time under the Par Contract. By filing this Claim, Empire is merely preserving its rights to further investigate this matter and determine what, if any, claims Empire has against any Debtor. If, in fact, Empire has any additional claim or claims against a Debtor, Empire will amend this Claim to include, among other things, the amount of such claim.

4. Collateral. The indebtedness of the Debtor to Empire is not secured.

5. Supporting Documents. The writings on which these claims are founded include, among other things, the following documents:

- The ASO Agreements.
- The Par Contract

The Supporting Documents are voluminous, but are available upon request.

6. Open Account. The claims were not founded on an open account.

7. Judgments. No judgment has been rendered on the claims.

8. Credits and Set-Offs. Debtor has not made any payments on the claims, and none have been credited. The claims are not subject to any setoffs, defenses or counterclaims by the Debtor.

9. Security Interests and Priority Status. Empire's claims are general unsecured claims.

10. Execution and Waiver. The execution and filing of this proof of claim is not and shall not be deemed: (a) a waiver or release of Empire's rights against any other entity or person liable for all or any part of the claims asserted herein; (b) consent by Empire to the jurisdiction of this Court with respect to any proceeding commenced in this case against or otherwise involving Empire; (c) a waiver of the right to withdraw the reference with respect to the subject matter of the claims, any objection or other proceedings commenced with respect thereto or any other proceedings commenced in these cases against or otherwise involving Empire; (d) a waiver of any right to the subordination, in favor of Empire, of indebtedness or liens held by any other creditors of the Debtor; or (e) an election of remedies which waives or otherwise affects any other remedy. Empire, respectfully, expressly reserves its right to file any separate or additional proof of claim with respect to the claim set forth herein or otherwise (which proof of claim, if so filed, shall not be deemed to supersede this proof of claim, unless otherwise expressly stated therein), to amend or supplement this proof of claim in any respect, including with respect to the filing of additional or amended claims for the purpose of fixing and liquidating any contingent or unliquidated claim set forth herein, or to file additional proofs of claim in respect of additional claims or for any other reason. Empire also asserts the following additional claims, to the extent that such claims exist: (a) contingent claims, (b) claims which may be presently in amounts not fully ascertainable, but to be later provided if such claims are

---

estimated and/or liquidated, and (c) claims for all costs and expenses (including attorneys' fees)  
as allowed under the terms of the Prepetition Group Contract.

11. Notices. All notices with respect to this proof of claim should be sent to:

**EMPIRE BLUE CROSS BLUE SHIELD**

One Liberty Plaza, 14th Fl.

New York, NY 10006

Attn: Louis L. Benza, Esq.

---

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK

ROUTING SHEET FOR CASES WITH CLAIMS AGENTS

Date: February 5, 2014

To: GCG, Inc.  
1985 Marcus Avenue, Suite 200  
Lake Success, NY 11042

From: Mimi Correa  
Deputy Clerk

*273 packs*

1. a. Number of claims in this transmittal: 39

b. Case name (if applicable): Sound Shore Medical Center, et al.

c. Description of claim: (Creditor name and amount of claim.)

Mary K. Murphy	\$See Attachment
Renella Mitchell	\$2,995.00
Bio-Rad Laboratories, Inc.	\$3,850.37
Joseph DeRose	\$9,639.57
Maria S. Albito	\$7,597.09
Beverly Stewart	\$17,731.00
Daisy Kuriakose	\$26,000.00
Daisy Kuriakose	\$1,000.00
Sonia P. Slavicjo	\$51,587.00
Cynthia Holmes	\$3,520.00
Sanipro Disposal Inc.	\$29,448.22
Sanipro Disposal Inc.	\$12,387.50
Robert C. Goldstein	\$2,000.00
Edna Buckley	???
Stephen Jesmajian	\$70,000.00
Susan Kurian	\$22,865.50
Veronica Turnbull	\$2,458.33
Silvie Marin Correia	\$4,127.24
Siemens Medical Solutions	\$63,663.49
Robin Ten Eyck	\$45,116.43
Saramma George	\$3,080.00
Benedicte Hanser	\$See Attachment
Neelkanth LLC	\$8,796.39
Neelkanth LLC	\$267,992.00
Neelkanth LLC	\$16,020.54
Frank D'Ambrosio	\$300.00
Metro Blood Service	\$104,169.00
Orange Pathology Associates	\$See Attachment
Orange Pathology Associates	\$See Attachment
Dr. Bartholome Rodriguez	\$300,000.00
Dr. Patricia Ann Devine	\$185,113.55
Dr. Rozafa L. Pali	\$300,000.00
Empire Healthchoice Assurance	See Attachment
Empire Healthchoice Assurance	See Attachment
Empire Healthchoice Assurance	See Attachment
Empire Healthchoice Assurance	See Attachment



Empire Healthchoice Assurance See Attachment  
Empire Healthchoice Assurance See Attachment

2. a. Courier: Federal Express  
b. Recipient to pick up at Court: \_\_\_\_\_

---

**CONFIRMATION BY RECIPIENT**

**NOTE:** *The portion below is to be completed by recipient and returned to the Court by FAX [914-390-4073].*

Date: \_\_\_\_\_

*I have received the number and description of claims as indicated in line # 1.a. above.*

Employee's name: \_\_\_\_\_

[Please print]

Employee's signature: \_\_\_\_\_

Employee's telephone number: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

---

From: (631) 470-5000  
Attn: Arturo D. Tavarez  
Case Adm./ECF Trainer  
US Bankruptcy Court, SDNY  
300 Quarropas Street  
WHITE PLAINS, NY 10601

Origin ID: NESA



Ship Date: 10JUL13  
ActWgt: 1.0 LB  
CAD: 100098143/INET3370

Delivery Address Bar Code



Ref # -SSM-

RMA #:  
Return Reason:

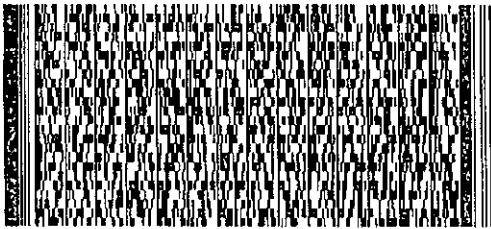
SHIP TO: (631) 470-5000  
Attn: Bankruptcy Dept.  
c/o GCG, Inc.  
5151 Blazer Parkway  
Suite A  
DUBLIN, OH 43017

BILL THIRD PARTY

RETURNS MON-FRI  
STANDARD OVERNIGHT

TRK# 7961 9382 5788  
0221

43017  
OH-US




518G1AA0483AR

1. Select the 'Print' button to print 1 copy of each label.
2. The Return Shipment instructions, which provide your recipient with information on the returns process, will be printed with the label(s).
3. After printing, select your next step by clicking one of the displayed buttons.

Note: To review or print individual labels, select the Label button under each label image above.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$500, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

<b>UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK</b>	<b>ADMINISTRATIVE EXPENSE PROOF OF CLAIM</b>	Administrative Expense Bar Date January 31, 2014
Note: This form should only be used by claimants asserting an Administrative Expense arising between May 29, 2013 and November 6, 2013 (the "Administrative Claim Period"). THIS FORM SHOULD NOT BE USED FOR ANY CLAIMS THAT ARE NOT OF A KIND ENTITLED TO PRIORITY IN ACCORDANCE WITH 11 U.S.C. §§ 503(b) and 507(a)(2).		
Indicate Debtor(s) against which you assert a claim by checking the appropriate box(es) below.		
Name of Debtor (Check Only One): <input type="checkbox"/> Sound Shore Medical Center of Westchester <input type="checkbox"/> The Mount Vernon Hospital, Inc. <input checked="" type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	Case No. 13-22840 13-22841 13-22842	Name of Debtor (Check Only One): <input type="checkbox"/> The M.V.H. Corporation <input type="checkbox"/> SoundShore Health System, Inc. <input type="checkbox"/> NRIJMC Services Corporation <input type="checkbox"/> New Rochelle Sound Shore Housing LLC
Name of Creditor (The person or entity to whom the debtor owes money or property) Empire HealthChoice Assurance, Inc. d/b/a Empire Blue Cross Blue Shield	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your administrative expense claim. Attach copy of statement giving particulars.	
Name and Addresses Where Notices Should be Sent EMPIRE BLUE CROSS BLUE SHIELD One Liberty Plaza, 14th Fl. New York, NY 10006 Attn: Louis L. Benza, Esq.	Check here if this claim <input type="checkbox"/> replaces or <input type="checkbox"/> amends a previously filed administrative expense claim.  Claim Number (if known): _____ Dated: _____	
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:		
1. BASIS FOR CLAIM: <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Personal Injury/Wrongful Death <input type="checkbox"/> Wages (Dates) _____ <input type="checkbox"/> Money loaned <input type="checkbox"/> Taxes <input type="checkbox"/> Retiree Benefits Defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Other/Specify: _____		
FILED - 01395		
2. DATE DEBT WAS INCURRED (IF KNOWN):		
3. DESCRIPTION OF CLAIM (IF KNOWN): See Attached		
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. DRAIN		
4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: \$ _____ (Total)		
5. CREDITS AND SETOFFS. The amount of all payments on this claim has been credited and deducted for the purpose of making this proof. In filing this claim, claimant has deducted all amounts then claimant owes to debtor.		THIS SPACE IS FOR COURT-USE ONLY FILED JAN 31 2014 12:25 COURT
6. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. Do not send original documents. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
7. TIME-STAMPED COPY. To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
8. Signature: Check the appropriate box. <input checked="" 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.) (Attach 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: Louis Benza Title: Senior Associate General Counsel Company: Empire Blue Cross Blue Shield Address and telephone number (if different from notice address above): _____ Telephone number: 212-476-1228		Signature: <u>Louis Benza</u> (Date) 1/31/14
email: louis.benza@empireblue.com		

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

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL COMPLETED CLAIM FORM AS FOLLOWS: IF BY MAIL: Sound Shore Medical of Westchester, et al, c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. IF BY HAND OR OVERNIGHT COURIER: Sound Shore Medical of Westchester, et al, c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. IF BY HAND: United States Bankruptcy Court, SDNY, 300 Quarropas Street, Room 243, White Plains, New York 10601; Attn: Clerk of the Court. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.



**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK**

-----X		
In re:	:	
	:	
SOUND SHORE MEDICAL CENTER OF,	:	Chapter 11
WESTCHESTER, et al.,	:	
	:	
Debtor.	:	Case No. 13-22840(RDD)
	:	
-----X		

**RIDER TO EMPIRE BLUE CROSS BLUE SHIELD'S  
ADMINISTRATIVE EXPENSE CLAIM**

Empire HealthChoice Assurance, Inc., d/b/a Empire Blue Cross Blue Shield (“Empire”), submits this rider in further support of its proof of administrative expense against Sound Shore Medical Center of Westchester and together with its affiliated debtors in possession, as Debtors and Debtors-in-Possession (“Debtor”).

1. Claimant. The undersigned, Louis Benza, whose business and mailing address is Empire Blue Cross Blue Shield, One Liberty Plaza, 14th Fl., New York, NY 10006, is an authorized signatory of Empire. Empire files this claim under the administrative services agreements between Empire and one or more of the Debtors, whereby Empire provides certain administrative services in regard to the Debtors’ health plans which cover some or all of the Debtors’ Employees, and one or more Participating Provider Agreements (the “Par Contract”) between Empire and one or more of the Debtors.

2. Indebtedness. Pursuant to an administrative services agreement in effect on May 28, 2013 between The Mount Vernon Hospital and Empire, and the administrative services agreement between Empire and Sound Shore Medical Center of Westchester (together with any additional administrative services agreements between Empire and any other Debtor,

(the "ASO Agreements"), Empire administered performed certain administrative services in regard to aspects of the Debtors' self-funded group health plan. Empire continued to provide services under the ASO Agreements after the filing and the Debtor has continued to remit payment for these services as invoiced. Given that the Debtor has remained current on amounts owing under the ASO Agreements, Empire is unaware of any post-petition amounts owing to Empire, either under the ASO Agreements. However, under the ASO Agreements, Empire reserves certain audit rights and as such, Empire may, in the future, determine that amounts are owing under the ASO Agreements for the period following the Debtors' filing of this case.

3. Pursuant to the Par Contract, one or more Debtor serves as a participating provider in Empire's network. Pursuant to the Par Contract, such Debtor may, at times, owe Empire money for, among other things, overpayments. Empire is unaware of any claim that it may have against any Debtor at this time under the Par Contract. By filing this Claim, Empire is merely preserving its rights to further investigate this matter and determine what, if any, claims Empire has against any Debtor. If, in fact, Empire has any additional claim or claims against a Debtor, Empire will amend this Claim to include, among other things, the amount of such claim.

4. Collateral. The indebtedness of the Debtor to Empire is not secured.

5. Supporting Documents. The writings on which these claims are founded include, among other things, the following documents:

- The ASO Agreements
- The Par Contract

The Supporting Documents are voluminous, but are available upon request.

6. Open Account. The claims were not founded on an open account.

7. Judgments. No judgment has been rendered on the claims.

8. Credits and Set-Offs. Debtor has not made any payments on the claims, and none have been credited. The claims are not subject to any setoffs, defenses or counterclaims by the Debtor.

9. Security Interests and Priority Status. Empire's claims are general unsecured claims.

10. Execution and Waiver. The execution and filing of this proof of claim is not and shall not be deemed: (a) a waiver or release of Empire's rights against any other entity or person liable for all or any part of the claims asserted herein; (b) consent by Empire to the jurisdiction of this Court with respect to any proceeding commenced in this case against or otherwise involving Empire; (c) a waiver of the right to withdraw the reference with respect to the subject matter of the claims, any objection or other proceedings commenced with respect thereto or any other proceedings commenced in these cases against or otherwise involving Empire; (d) a waiver of any right to the subordination, in favor of Empire, of indebtedness or liens held by any other creditors of the Debtor; or (e) an election of remedies which waives or otherwise affects any other remedy. Empire, respectfully, expressly reserves its right to file any separate or additional proof of claim with respect to the claim set forth herein or otherwise (which proof of claim, if so filed, shall not be deemed to supersede this proof of claim, unless otherwise expressly stated therein), to amend or supplement this proof of claim in any respect, including with respect to the filing of additional or amended claims for the purpose of fixing and liquidating any contingent or unliquidated claim set forth herein, or to file additional proofs of claim in respect of additional claims or for any other reason. Empire also asserts the following additional claims, to the extent that such claims exist: (a) contingent claims, (b) claims which may be presently in amounts not fully ascertainable, but to be later provided if such claims are

estimated and/or liquidated, and (c) claims for all costs and expenses (including attorneys' fees)  
as allowed under the terms of the Prepetition Group Contract.

11. Notices. All notices with respect to this proof of claim should be sent to:

**EMPIRE BLUE CROSS BLUE SHIELD**

One Liberty Plaza, 14th Fl.

New York, NY 10006

Attn: Louis L. Benza, Esq.

---



UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK

ROUTING SHEET FOR CASES WITH CLAIMS AGENTS

Date: February 5, 2014

To: GCG, Inc.  
1985 Marcus Avenue, Suite 200  
Lake Success, NY 11042

From: Mimi Correa  
Deputy Clerk

2 of 3 packs

I. a. Number of claims in this transmittal: 39

b. Case name (if applicable): Sound Shore Medical Center, et al.

c. Description of claim: (Creditor name and amount of claim.)

Mary K. Murphy	\$See Attachment
Renella Mitchell	\$2,995.00
Bio-Rad Laboratories, Inc.	\$3,850.37
Joseph DeRose	\$9,639.57
María S. Albito	\$7,597.09
Beverly Stewart	\$17,731.00
Daisy Kuriakose	\$26,000.00
Daisy Kuriakose	\$1,000.00
Sonia P. Slavicjo	\$51,587.00
Cynthia Holmes	\$3,520.00
Sanipro Disposal Inc.	\$29,448.22
Sanipro Disposal Inc.	\$12,387.50
Robert C. Goldstein	\$2,000.00
Edna Buckley	???
Stephen Jesmajian	\$70,000.00
Susan Kurian	\$22,865.50
Veronica Turnbull	\$2,458.33
Silvie Maria Correia	\$4,127.24
Siemens Medical Solutions	\$63,663.49
Robin Ten Eyck	\$45,116.43
Saramma George	\$3,080.00
Benedicte Hanser	\$Sec Attachment
Neelkanth LLC	\$8,796.39
Neelkanth LLC	\$267,992.00
Neelkanth LLC	\$16,020.54
Frank D'Ambrosio	\$300.00
Metro Blood Service	\$104,169.00
Orange Pathology Associates	\$Sec Attachment
Orange Pathology Associates	\$Sec Attachment
Dr. Bartholome Rodriguez	\$300,000.00
Dr. Patricia Ann Devine	\$185,113.55
Dr. Rozafa L. Pali	\$300,000.00
Empire Healthchoice Assurance	See Attachment
Empire Healthchoice Assurance	Sec Attachment
Empire Healthchoice Assurance	See Attachment
Empire Healthchoice Assurance	See Attachment

Empire Healthchoice Assurance See Attachment  
Empire Healthchoice Assurance See Attachment

2. a. Courier: Federal Express  
b. Recipient to pick up at Court: \_\_\_\_\_

---

**CONFIRMATION BY RECIPIENT**

**NOTE:** *The portion below is to be completed by recipient and returned to the Court by FAX [914-390-4073].*

Date: \_\_\_\_\_

*I have received the number and description of claims as indicated in line # 1.a. above.*

Employee's name: \_\_\_\_\_  
[Please print]

Employee's signature: \_\_\_\_\_

Employee's telephone number: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

---

From: (631) 470-5000  
Attn: Arturo D. Tavaréz  
Case Adm/JECF Trainer  
US Bankruptcy Court, SDNY  
300 Quarropas Street  
WHITE PLAINS, NY 10601

Origin ID: NESA



Ship Date: 10JUL13  
ActWgt: 1.0 LB  
CAD: 100098143/NET3370

Delivery Address Bar Code



SHIP TO: (631) 470-5000  
Attn: Bankruptcy Dept.  
c/o GCG, Inc.  
5151 Blazer Parkway  
Suite A  
DUBLIN, OH 43017

BILL THIRD PARTY

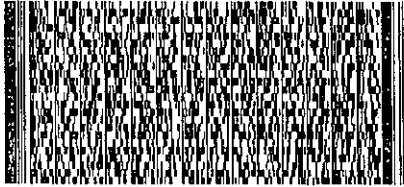
Ref # -SSM-

RMA #:  
Return Reason:

RETURNS MON-FRI  
STANDARD OVERNIGHT

TRK# 7961 9382 5788  
0221

43017  
OH-US

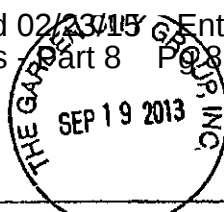


518G1AA0463AR

1. Select the 'Print' button to print 1 copy of each label.
2. The Return Shipment instructions, which provide your recipient with information on the returns process, will be printed with the label(s).
3. After printing, select your next step by clicking one of the displayed buttons.

Note: To review or print individual labels, select the Label button under each label image above.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$500, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
<p>Name of Debtor (Check Only One):</p> <input checked="" type="checkbox"/> Sound Shore Medical Center of Westchester <input type="checkbox"/> The Mount Vernon Hospital, Inc. <input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffner Extended Care Center <input type="checkbox"/> The M.V.H. Corporation <input checked="" type="checkbox"/> Sound Shore Health System, Inc. <input type="checkbox"/> NRHMC Services Corporation <input type="checkbox"/> New Rochelle Sound Shore Housing, LLC	<p>Case No.</p> 13-22840 13-22841 13-22842 13-22843 13-22844 13-22845 13-22846	<p>Your Claim is Scheduled As Follows:</p> <p style="text-align: center; font-size: 2em;">2013 SEP 16 P 2:37</p> <p style="text-align: center; font-size: 1.5em;">U.S. BANKRUPTCY COURT S.D. OF N.Y.</p>
<p>NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).</p>		
<p>Name of Creditor (the person or other entity to whom the Debtor owes money or property): <b>Enterprise Systems Software LLC d/b/a Enterprise Software Deployment, LLC d/b/a ESD</b></p> <p>Name and address where notices should be sent:</p> <p>c/o Nicole Leonard, Esq.                  McElroy, Deutsch, Mulvaney &amp; Carpenter, LLP                  Three Gateway Center, 100 Mulberry Street                  Newark, New Jersey 07102</p> <p>Telephone number: 973.622.7711                  Email Address: nleonard@mdmc-law.com</p>	<p><input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.</p> <p>Court Claim Number: _____                  (If known)</p> <p>Filed on: _____</p>	<p>If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.</p>
<p>Name and address where payment should be sent (if different from above):</p> <p>Telephone number: _____                  Email Address: _____</p>	<p><input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.</p>	
<p>1. Amount of Claim as of Date Case Filed (May 29, 2013): \$ _____</p> <p>If all or part of the claim is secured, complete item 4.</p> <p>If all or part of the claim is entitled to priority, complete item 5.</p> <p>If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6.</p> <p><input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.</p>		
<p>2. Basis for Claim: <u>services performed (see attached summary)</u></p> <p>(See instruction #2)</p>		
<p>3. Last four digits of any number by which creditor identifies Debtor: _____</p>	<p>3a. Debtor may have scheduled account as: _____</p> <p>(See instruction #3a)</p>	<p>3b. Uniform Claim Identifier (optional): _____</p> <p>(See instruction #3b)</p>
<p>4. Secured Claim (See instruction #4)</p> <p>Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.</p> <p>Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle  <input type="checkbox"/> Other</p> <p>Describe: _____</p> <p>Value of Property: \$ _____</p> <p>Annual Interest Rate _____% <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable                  (when case was filed)</p>		
<p>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____</p> <p>Basis for perfection: _____</p> <p>Amount of Secured Claim: \$ _____</p> <p>Amount Unsecured: \$ _____</p>		
<p>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</p> <p><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 the case was filed or the Debtor's business ceased, 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).</p> <p><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)( ).</p> <p>Amount entitled to priority: \$ _____</p> <p>*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</p>		
<p>6. Claim Pursuant to 11 U.S.C. § 503(b)(9): Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____</p>		
<p>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)</p>		

Modified D10 (GCG) (04/13)

8. Documents: Attached are 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, and the 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) Check the appropriate box.  
 I am the creditor     I am the creditor's authorized agent, (Attach copy of power of attorney, if any)     I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004)     I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)  
 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: Sonya Sparks  
 Title: Controller (Signature) Sonya Sparks 9/16/13 (Date)  
 Company: ESD Headquarters  
 Address and telephone number (if different from notice address above):  
4352 W Sylvania Avenue, Suite M  
Toledo, Ohio 43623  
 Telephone number: 419.842.3179 email: ssparks@contactesd.com

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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. **IF BY HAND OR OVERNIGHT COURIER:** Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

**THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**  
**THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**

**Items to be completed in Proof of Claim Form**

**Court, Name of Debtor, and Case Number:**  
 These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.

**A SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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.

**3b. Uniform Claim Identifier:**  
 If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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(n):**  
 If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9):**  
 If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

**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 healthcare 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.

Modified B10 (GCG) (04/13)

**DEFINITIONS**

**INFORMATION**

**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 to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).

**Claim**

A claim is the creditor's right to receive payment for a debt 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 GCG as described in the instructions above and in the Bar Date Notice.

**Section 503(b)(9) Claim**

A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**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.

**Acknowledgment of Filing of Claim**

To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.

**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.

**Display of Proof of Claims on Case Administration Website**

As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.

Sound Shore Health System, Inc., Case No. 13-22844  
Enterprise System Software, LLC d/b/a Enterprise Software Deployment, LLC d/b/a ESD

Claimant herein, Enterprise System Software, LLC d/b/a Enterprise Software Deployment, LLC d/b/a ESD ("ESD") asserts an unsecured claim of \$410,489.11 as set forth on Schedule F filed by Debtor Sound Shore Medical Center of Westchester [Doc. No. 125].

ESD's claim is for work performed pursuant to a Master Services Agreement dated June 30, 2011 and various related Engagement Proposals. Additional supporting documents are available upon request.

Out of an abundance of caution, ESD is filing a proof of claim in the case of The Mount Vernon Hospital, Inc., Case No. 13-22841 and Sound Shore Health System, Inc., Case No. 13-22844. To the extent that ESD's claim is paid by one Debtor, it will not seek payment from another Debtor on account of the identical services performed.

From: (631) 470-5000  
Attn: Arturo D. Tavarez  
Case Adm./ECF Trainer  
US Bankruptcy Court, SDNY  
300 Quarropas Street  
WHITE PLAINS, NY 10601

Origin ID: NESA



J1311302120326

Ship Date: 10JUL13  
ActWgt: 1.0 LB  
CAD: 100098143/NET3370

Delivery Address Bar Code



SHIP TO: (631) 470-5000  
Attn: Bankruptcy Dept.  
c/o GCG, Inc.  
5151 Blazer Parkway  
Suite A  
DUBLIN, OH 43017

BILL THIRD PARTY

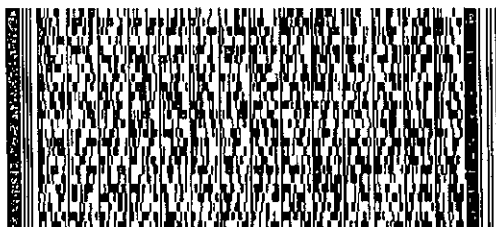
Ref # :SSM-

RMA #:  
Return Reason:

RETURNS MON-FRI  
STANDARD OVERNIGHT

TRK# 7961 9386 3377  
0221

43017  
OH-US



518G1AA0493AR

1. Select the 'Print' button to print 1 copy of each label.
2. The Return Shipment instructions, which provide your recipient with information on the returns process, will be printed with the label(s).
3. After printing, select your next step by clicking one of the displayed buttons.

Note: To review or print individual labels, select the Label button under each label image above.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$500, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide



01012419

SSM0202327839



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
<b>Name of Debtor (Check Only One):</b> <input checked="" type="checkbox"/> Sound Shore Medical Center of Westchester <input type="checkbox"/> The Mount Vernon Hospital, Inc. <input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Heien and Michael Schaffer Extended Care Center <input type="checkbox"/> The M.V.H. Corporation <input type="checkbox"/> Sound Shore Health System, Inc. <input type="checkbox"/> NRHMC Services Corporation <input type="checkbox"/> New Rochelle Sound Shore Housing, LLC		<b>Your Claim is Scheduled As Follows:</b>  Sound Shore Medical Center of Westchester  Unsecured: Unknown  Contingent / Unliquidated / Disputed  If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.
Case No. 13-22840 13-22841 13-22842 13-22843 13-22844 13-22845 13-22846		
NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): JAMES FERGUSON		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____  <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Name and address where notices should be sent: JAMES FERGUSON C/O KRAMER DILLOF & MORE 217 BROADWAY NEW YORK, NY 10007		
Telephone number: Email Address:		
Name and address where payment should be sent (if different from above): U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. DRAIN		
Telephone number: Email Address:		
<b>1. Amount of Claim as of Date Case Filed (May 29, 2013): \$ 15,000,000 (Estimated)</b> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
<b>2. Basis for Claim: Medical Malpractice / Personal Injury</b> (See instruction #2)		
<b>3. Last four digits of any number by which creditor identifies Debtor:</b> _____	<b>3a. Debtor may have scheduled account as:</b> _____ (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b> _____ (See instruction #3b)
<b>4. Secured Claim (See instruction #4)</b> Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, 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 was filed)		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____  Basis for perfection: _____  Amount of Secured Claim: \$ _____  Amount Unsecured: \$ _____
<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</b> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). <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"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).  Amount entitled to priority: \$ _____  *Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
<b>6. Claim Pursuant to 11 U.S.C. § 503(b)(9):</b> Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____		
<b>7. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)		

8. **Documents:** Attached are 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, and the 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) Check the appropriate box.  
 I am the creditor  I am the creditor's authorized agent.  I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004)  I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)  
 (Attach copy of power of attorney, if any)

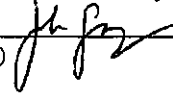
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: John Cagney

Title: Attorney

Company: Kramer Dillof Livingston & Moore

Address and telephone number (if different from notice address above):  
 \_\_\_\_\_  
 \_\_\_\_\_

(Signature) 

(Date) 8/23/13

Telephone number: (212) 267-4177

email: jcagney@kd1m.com

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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. **IF BY HAND OR OVERNIGHT COURIER:** Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

**THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**  
**THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**

**Items to be completed in Proof of Claim Form**

**Court, Name of Debtor, and Case Number:**  
 These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.

**SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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.

**3b. Uniform Claim Identifier:**  
 If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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 your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9):**  
 If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

**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 healthcare 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**

**INFORMATION**

**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 to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).

**Claim**

A claim is the creditor's right to receive payment for a debt 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 GCG as described in the instructions above and in the Bar Date Notice.

**Section 503(b)(9) Claim**

A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**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.

**Acknowledgment of Filing of Claim**

To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.

**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.

**Display of Proof of Claim on Case Administration Website**

As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.

01012419  
SSM0202327839



JAMES FERGUSON  
C/O KRAMER DILLOF & MORE.  
217 BROADWAY  
NEW YORK, NY 10007

**KRAMER, DILLOF, LIVINGSTON & MOORE**

LAW OFFICES  
217 BROADWAY  
NEW YORK, N.Y. 10007

(212) 267-4177 • FAX (212) 233-8525

www.kdlm.com

CHARLES KRAMER (1916-1988)  
HENRY H. DILLOF (1922-2006)  
THOMAS A. MOORE  
JUDITH A. LIVINGSTON  
THOMAS J. PRINCIPE  
MATTHEW GAIER  
CARMINE A. RUBINO

ROBERT M. FUTTERMAN  
YVETTE M. KING  
JOHN P. BEATTY  
JORDAN K. MERSON  
JOHN D. CAGNEY  
PANI N. VO  
JUSTIN J. KRANE

NORMAN BARD  
STANLEY TESSEL  
OF COUNSEL

August 23, 2013

Sound Shore Medical of Westchester  
c/o GCG, Inc.  
P.O. Box 9982  
Dublin, Ohio 43017-5982

**RE: Sound Shore Medical Center of Westchester's Bankruptcy Matters**  
**Case No. of Debtor: 13-22840**

Dear Sir/Madam:

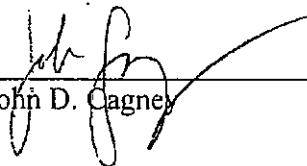
Enclosed please find an original Proof of Claim and a copy, a copy of the Summons and Verified Complaint and Verified Bill of Particulars for each of our clients as follows:

1. Yordi Guerra and Yordi Guerra by Mother/Guardian, Lillian Guerra
2. James Ferguson and James Ferguson and Jean Ferguson

Additionally, please have the copies of each of the Proof of Claims time and date stamped. Please return them in the enclosed stamped envelope provided.

Thank you.

Very truly yours,

  
John D. Cagney

JDC/md  
Enclosure

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF BRONX

-----X  
JAMES FERGUSON and JEAN FERGUSON,

*Plaintiffs,*

*-against-*

MELANIE MOSES, M.D., HERMAN LUBETSKY, M.D.,  
MONTEFIORE MEDICAL GROUP, MONTEFIORE  
MEDICAL CENTER, ROBERT WILKINS, M.D.,  
ROBERT WILKINS, M.D., P.C., and SOUND SHORE  
MEDICAL CENTER OF WESTCHESTER,

*Defendants.*

-----X  
To the above named defendant (s):

**YOU ARE HEREBY SUMMONED** to answer the complaint in this action and to serve a copy of your answer or, if the complaint is not served with this summons, to serve a notice of appearance, on summons, exclusive of the day of service (or within 30 days after the service is complete if this summons is not personally delivered to you within the State of New York): and in this case if your failure to appear or answer, judgment will be taken for the relief demanded herein:

**A COPY OF THIS SUMMONS WAS FILED WITH THE CLERK OF THE COURT, BRONX COUNTY ON \_\_\_\_\_ IN COMPLIANCE WITH CPLR § § 305 (a) and 306 (a).**

Dated: New York, New York  
August 26, 2011

**KRAMER, DILLOF, LIVINGSTON & MOORE**

By: John D. Cagney  
**John D. Cagney, Esq.**  
217 Broadway  
New York, New York 10007  
(212) 267-4177

INDEX NO.

Plaintiff designates  
**BRONX**  
as the place of trial.

SUMMONS

The basis of the  
venue is defendant's  
place of business.

-----X  
COUNTY OF BRONX

Defendants' Addresses:

Melanie Moses, M.D.	3400 Bainbridge Avenue, Suite LL 300 Bronx, New York 10467
Herman Lubetsky, M.D.	2532 Grand Concourse Bronx, New York 10458
Montefiore Medical Group	2300 Westchester Avenue Bronx, New York 10462
Montefiore Medical Center	111 East 210th Street Bronx, New York, 10467
Robert Wilkins, M.D.	1133 Park Avenue, Apartment 4E New York, New York 10128
Robert Wilkins, M.D., P.C.	1133 Park Avenue, Apartment 4E New York, New York 10128
Sound Shore Medical Center of Westchester	16 Guion Place New Rochelle, New York 10802

**SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF BRONX**

----- X Index No.:

**JAMES FERGUSON and JEAN FERGUSON,**

*Plaintiffs,*

- against -

**VERIFIED  
COMPLAINT**

**MELANIE MOSES, M.D., HERMAN LUBETSKY, M.D.,  
MONTEFIORE MEDICAL GROUP, MONTEFIORE  
MEDICAL CENTER, ROBERT WILKINS, M.D.,  
ROBERT WILKINS, M.D., P.C., and SOUND SHORE  
MEDICAL CENTER,**

*Defendants.*

-----X

Plaintiffs, above named, complaining of the defendants by their attorneys,

**KRAMER, DILLOF, LIVINGSTON & MOORE, ESQS.,** respectfully allege:

**AS AND FOR THE FIRST CAUSE OF ACTION**

1. At all times herein mentioned, defendant **MELANIE MOSES, M.D.** was a physician duly licensed to practice medicine in the State of New York.
2. At all times herein mentioned, plaintiff **JAMES FERGUSON** was a patient of defendant **MELANIE MOSES, M.D.**
3. At all times herein mentioned, defendant **MELANIE MOSES, M.D.** was an agent, servant, and/or employé of defendant **MONTEFIORE MEDICAL GROUP.**
4. At all times herein mentioned, defendant **MELANIE MOSES, M.D.** was an agent, servant, and/or employee of defendant **MONTEFIORE MEDICAL CENTER.**
5. At all times herein mentioned, defendant **HERMAN LUBETSKY, M.D.** was a physician duly licensed to practice medicine in the State of New York.
6. At all times herein mentioned, plaintiff, **JAMES FERGUSON,** was a patient of defendant **HERMAN LUBETSKY, M.D.**
7. At all times herein mentioned, defendant **HERMAN LUBETSKY, M.D., M.D.** was an agent, servant, and/or employee of defendant **MONTEFIORE MEDICAL GROUP.**



8. At all times herein mentioned, defendant **HERMAN LUBETSKY, M.D.** was an agent, servant, and/or employee of defendant **MONTEFIORE MEDICAL CENTER.**

9. At all times herein mentioned, upon information and belief, defendant **MONTEFIORE MEDICAL GROUP**, was a professional corporation, duly organized and existing by virtue of the law of the State of New York.

10. At all times herein mentioned, defendants **MELANIE MOSES, M.D.** and **HERMAN LUBETSKY, M.D.** were agents, servants and/or employees of **MONTEFIORE MEDICAL GROUP.**

11. At all times herein mentioned, plaintiff **JAMES FERGUSON** was a patient of defendant **MONTEFIORE MEDICAL GROUP.**

12. At all times herein mentioned, defendant **MONTEFIORE MEDICAL CENTER** was a domestic corporation, duly organized and existing by virtue of the law of the State of New York.

13. At all times herein mentioned, defendant **MONTEFIORE MEDICAL CENTER** was the owner of a hospital known as **MONTEFIORE MEDICAL CENTER**, located at 3400 Bainbridge Avenue, Bronx, New York, 10467.

14. At all times herein mentioned, defendant **MONTEFIORE MEDICAL CENTER** operated, managed and controlled the aforesaid hospital.

15. At all times herein mentioned, plaintiff **JAMES FERGUSON** was a patient of the defendant **MONTEFIORE MEDICAL CENTER.**

16. At all times herein mentioned, all of the physicians, nurses and medical personnel involved in the medical diagnosis, care and treatment of plaintiff **JAMES FERGUSON** at defendant **MONTEFIORE MEDICAL CENTER** were agents, servants and/or employees of defendant **MONTEFIORE MEDICAL CENTER.**

17. At all times herein mentioned, defendant **ROBERT WILKINS, M.D.**, was a physician duly licensed to practice medicine in the State of New York.

18. At all times herein mentioned, plaintiff, **JAMES FERGUSON**, was a patient of defendant **ROBERT WILKINS, M.D.**

19. At all times herein mentioned, defendant **ROBERT WILKINS, M.D.** was an agent, servant, and/or employee of defendant **SOUND SHORE MEDICAL CENTER OF WESTCHESTER**.

20. At all times herein mentioned, the defendant, **ROBERT WILKINS, M.D., P.C.** was a domestic professional corporation, duly organized and existing under and by virtue of the laws of the State of New York.

21. At all times herein mentioned, defendant **ROBERT WILKINS, M.D.** was an agent, servant and/or employee of defendant **ROBERT WILKINS, M.D., P.C.**

22. At all times herein mentioned, the plaintiff **JAMES FERGUSON** was a patient of defendant, **ROBERT WILKINS, M.D., P.C.**

23. At all times herein mentioned, defendant **SOUND SHORE MEDICAL CENTER OF WESTCHESTER** was a domestic corporation, duly organized and existing by virtue of the law of the State of New York.

24. At all times herein mentioned, defendant **SOUND SHORE MEDICAL CENTER OF WESTCHESTER** was the owner of a hospital known as **SOUND SHORE MEDICAL CENTER OF WESTCHESTER**, located at 16 Guion Place, New Rochelle, New York 10802.

25. At all times herein mentioned, defendant **SOUND SHORE MEDICAL CENTER OF WESTCHESTER** operated, managed and controlled the aforesaid hospital.

26. At all times herein mentioned, plaintiff **JAMES FERGUSON** was a patient of the defendant **SOUND SHORE MEDICAL CENTER OF WESTCHESTER**.

27. At all times herein mentioned, all of the physicians, nurses and medical personnel involved in the medical diagnosis, care and treatment of plaintiff **JAMES FERGUSON** at defendant **SOUND SHORE MEDICAL CENTER OF WESTCHESTER** were agents, servants and/or employees of defendant **SOUND SHORE MEDICAL CENTER OF WESTCHESTER**.

28. At all times herein mentioned, defendants **MELANIE MOSES, M.D., HERMAN LUBETSKY, M.D., MONTEFIORE MEDICAL GROUP, MONTEFIORE MEDICAL CENTER, ROBERT WILKINS, M.D., ROBERT WILKINS, M.D., P.C., and SOUND SHORE MEDICAL CENTER OF WESTCHESTER**, were agents, servants and/or employees of each other in the medical and radiological care, treatment and diagnosis of the plaintiff, **JAMES FERGUSON**.

29. Beginning in or about 2008 and continuing through a continuous and ongoing course of treatment through in or about December 2010, plaintiff **JAMES FERGUSON**, was a patient of the defendants, their agents, servants and/or employees and under the medical diagnosis, care and treatment of the defendants, their agents, servants and/or employees, during which course of treatment CT scans and x-rays were performed for diagnostic and treatment purposes and as a result of the failure by the aforesaid defendants, to properly and timely diagnose, care for and treat plaintiff, **JAMES FERGUSON**, including but not limited to the failure to perform proper tests and studies, the failure to properly and timely read and interpret CT scans and x-rays, and the failure to timely and properly diagnose, care for and treat his lung cancer, plaintiff **JAMES FERGUSON** sustained severe injuries and complications.

30. Said occurrence was due to the carelessness and negligence of the defendants, their partners, agents, servants and/or employees in failing to treat the plaintiff in the accepted and proper medical manner and all without any fault or lack of care on the part of the plaintiff herein.

31. By reason of the foregoing, plaintiff sustained severe and serious personal injuries, and was caused to suffer severe physical pain and mental anguish as a result thereof, and upon information and belief these injuries are of a permanent and lasting nature; that plaintiff was confined to his bed and home as a result thereof, and was incapacitated from attending his regular activities; and there was caused to be expended sums of money for medical and hospital care on his behalf.

32. The amount of damages sought exceeds the jurisdiction of all lower courts which would otherwise have jurisdiction.

33. This action falls within exceptions to Article 16 of the C.P.L.R.

**AS AND FOR A SECOND CAUSE OF ACTION  
FOR LOSS OF SERVICES ON BEHALF OF PLAINTIFF JEAN FERGUSON**

34. Plaintiffs repeat, reiterate and reallege each and every allegation contained in those paragraphs of the complaint marked and designated 1. through 33. inclusive, with the same force and effect as if hereinafter set forth at length.

35. By reason of the foregoing occurrence and resultant injuries and complications to plaintiff **JAMES FERGUSON**, plaintiff **JEAN FERGUSON** has been deprived of the services, society and companionship of her husband, **JAMES FERGUSON**, from in or about 2008 to the present.

36. The amount of damages sought exceeds the jurisdiction of all lower courts which would otherwise have jurisdiction.

**AS AND FOR A THIRD CAUSE OF ACTION  
FOR LACK OF INFORMED CONSENT**

37. Plaintiff repeats, reiterates, and realleges each and every allegation contained in those paragraphs of the complaint marked and designated 1. through 36. inclusive, with the same force and effect as if hereinafter set forth at length.

38. Defendants failed to inform the plaintiffs of the risks, hazards and alternatives connected to treatments rendered, so that an informed consent could be given.

39. Reasonably prudent persons in the plaintiff's position would not have undergone the treatments rendered, if they had been fully informed of the risks, hazards and alternatives connected with said treatment.

40. The failure to adequately and fully inform the plaintiffs of the risks, hazards and alternatives of the treatments rendered, is a proximate cause of the injury plaintiff **JAMES FERGUSON** sustained.

41. As a consequence of the foregoing there was no informed consent to the treatments rendered.

42. The amount of damages sought exceeds the jurisdiction of all lower courts which would otherwise have jurisdiction.

**AS AND FOR A FOURTH CAUSE OF ACTION  
AS TO MONTEFIORE MEDICAL CENTER**

43. Plaintiff repeats, reiterates and realleges each and every allegation contained in those paragraphs of the complaint marked and designated 1. through 42. inclusive with the same force and effect as if hereinafter set forth at length.

44. Defendant **MONTEFIORE MEDICAL CENTER** prior to the granting or renewing of privileges or employment of defendants, residents, nurses and other involved in plaintiff's care failed to investigate the qualifications, competence, capacity, abilities and capabilities of said defendants, residents, nurses and other employees, including but not limited to obtaining the following information: patient grievances, negative health care outcomes, incidents injurious to patients, medical malpractice actions commenced against said persons, including the outcome thereof, any history of association, privilege and/or practice at other institutions, any discontinuation of said association, employment privilege and/or practice at said institution, and any pending professional misconduct proceeding in this State or another State,

the substance of the allegations in such proceedings and any additional information concerning such proceedings and the hospital failed to make sufficient inquiry of the physician, nurse and/or employees and institutions which should and did have information relevant to the capacity, capability, ability and competence of said persons rendering treatment.

45. Had the defendant **MONTEFIORE MEDICAL CENTER** made the above stated inquiry or in the alternative had defendant hospital reviewed and analyzed the information obtained in a proper manner, privileges and/or employment would not have been granted and/or renewed.

46. By reason of the defendant's failure to meet the aforementioned obligation, plaintiff, **JAMES FERGUSON** was treated by physicians, nurses and/or other employees who were lacking the requisite skills, abilities, competence and capacity, as a result of which plaintiff sustained severe injuries and complications.

47. The amount of damages sought exceeds the jurisdiction of all lower courts which would otherwise have jurisdiction.

**AS AND FOR A FIFTH CAUSE OF ACTION  
AS TO SOUND SHORE MEDICAL CENTER OF WESTCHESTER**

48. Plaintiff repeats, reiterates and realleges each and every allegation contained in those paragraphs of the complaint marked and designated 1. through 47. inclusive with the same force and effect as if hereinafter set forth at length.

49. Defendant **SOUND SHORE MEDICAL CENTER OF WESTCHESTER** prior to the granting or renewing of privileges or employment of defendants, residents, nurses and other involved in plaintiff's care failed to investigate the qualifications, competence, capacity, abilities and capabilities of said defendants, residents, nurses and other employees, including but not limited to obtaining the following information: patient grievances, negative health care outcomes, incidents injurious to patients, medical malpractice actions commenced against said persons, including the outcome thereof, any history of association, privilege and/or practice at

other institutions, any discontinuation of said association, employment privilege and/or practice at said institution, and any pending professional misconduct proceeding in this State or another State, the substance of the allegations in such proceedings and any additional information concerning such proceedings and the hospital failed to make sufficient inquiry of the physician, nurse and/or employees and institutions which should and did have information relevant to the capacity, capability, ability and competence of said persons rendering treatment.

50. Had the defendant **SOUND SHORE MEDICAL CENTER OF WESTCHESTER** made the above stated inquiry or in the alternative had defendant hospital reviewed and analyzed the information obtained in a proper manner, privileges and/or employment would not have been granted and/or renewed.

51. By reason of the defendant's failure to meet the aforementioned obligation, plaintiff, **JAMES FERGUSON** was treated by physicians, nurses and/or other employees who were lacking the requisite skills, abilities, competence and capacity, as a result of which plaintiff sustained severe injuries and complications.

52. The amount of damages sought exceeds the jurisdiction of all lower courts which would otherwise have jurisdiction.

**WHEREFORE**, plaintiffs demand judgment against defendants in such sum as a jury would find fair, adequate and just.

Dated: New York, New York  
August 26, 2011

**KRAMER, DILLOF, LIVINGSTON & MOORE**

By: \_\_\_\_\_

*John D. Cagney*  
**John D. Cagney, Esq.**  
Attorneys for Plaintiffs  
217 Broadway  
New York, New York 10007  
(212) 267-4177

**SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF BRONX**

-----X INDEX #:

**JAMES FERGUSON and JEAN FERGUSON,**

*Plaintiff,*

**ATTORNEY  
VERIFICATION**

-against-

**MELANIE MOSES, M.D., HERMAN LUBETSKY, M.D.,  
MONTEFIORE MEDICAL GROUP, MONTEFIORE  
MEDICAL CENTER, ROBERT WILKINS, M.D.,  
ROBERT WILKINS, M.D., P.C., and SOUND SHORE  
MEDICAL CENTER,**

*Defendants.*

-----X

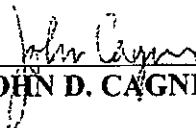
**JOHN D. CAGNEY**, an attorney duly admitted to practice in the Courts of New York State, and an associate of the firm **KRAMER, DILLOF, LIVINGSTON & MOORE**, attorneys for the plaintiff in the within action, hereby affirms under penalty of perjury:

That he has read the within complaint and knows the contents thereof, and that the same is true to his own knowledge, except as to the matters therein stated to be alleged upon information and belief, and that as to those matters he believes it to be true.

That the sources of his information and knowledge are investigations and records in the file.

That the reason this verification is made by affirmant and not by the plaintiff is that the plaintiff is not within the County where the attorney has his office.

Dated: New York, New York  
August 26, 2011

  
\_\_\_\_\_  
**JOHN D. CAGNEY**



**SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF BRONX**

-----X INDEX #:

**JAMES FERGUSON and JEAN FERGUSON,**

*Plaintiff,*

**CERTIFICATE OF  
MERIT**

-against-

**MELANIE MOSES, M.D., HERMAN LUBETSKY, M.D.,  
MONTEFIORE MEDICAL GROUP, MONTEFIORE  
MEDICAL CENTER, ROBERT WILKINS, M.D.,  
ROBERT WILKINS, M.D., P.C., and SOUND SHORE  
MEDICAL CENTER,**

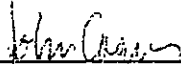
*Defendants.*

-----X

**JOHN D. CAGNEY**, an attorney duly admitted to practice in the Courts of New York State, and an associate of the firm **KRAMER, DILLOF, LIVINGSTON & MOORE**, attorneys for the plaintiff in the within action, hereby affirms under penalty of perjury:

I have reviewed the facts of this case and have consulted with at least one physician who is licensed to practice medicine in the State of New York and who I reasonably believe is knowledgeable in the relevant issues involved in this matter. I have concluded on the basis of the review and the consultation that there is a reasonable basis for the commencement of this action.

Dated: New York, New York  
August 26, 2011

  
\_\_\_\_\_  
**JOHN D. CAGNEY**

Index No. Year

**SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF BRONX**

---

**JAMES FERGUSON & JEAN FERGUSON,**

*Plaintiff(s),*

*- against -*

**MELANIE MOSES, M.D., HERMAN LUBETSKY, M.D.,  
MONTEFIORE MEDICAL GROUP, MONTEFIORE  
MEDICAL CENTER, ROBERT WILKINS, M.D.,  
ROBERT WILKINS, M.D., P.C., and SOUND SHORE  
MEDICAL CENTER,**

*Defendant(s),*

---

**SUMMONS AND VERIFIED COMPLAINT**

---

**KRAMER, DILLOF, LIVINGSTON & MOORE, ESQS.**

*Attorneys for Plaintiff*

*Office and Post Office Address, Telephone*  
217 Broadway  
New York, New York 10007  
(212) 267-4177

---

To:  
All Counsels

Attorney(s) for

Service of a copy of the within

is hereby admitted,

Dated, \_\_\_\_\_

Attorney(s) for

---

**SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF BRONX**

----- X Index No.: 307712/11

**JAMES FERGUSON and JEAN FERGUSON,**

*Plaintiffs,*

- against -

**VERIFIED BILL  
OF PARTICULARS**

**MELANIE MOSES, M.D., HERMAN LUBETSKY, M.D.,  
MONTEFIORE MEDICAL GROUP, MONTEFIORE  
MEDICAL CENTER, ROBERT WILKINS, M.D.,  
ROBERT WILKINS, M.D., P.C., and SOUND SHORE  
MEDICAL CENTER OF WESTCHESTER,**

*Defendants.*

----- X

Plaintiffs, by their attorneys, as and for their Verified Bill of Particulars as to defendant,

**SOUND SHORE MEDICAL CENTER OF WESTCHESTER** respectfully alleges the

following:

1. Defendants provided care to the plaintiff on or about November 17, 2010 and continuing until December 2010.
2. Plaintiff received care from the defendants at Sound Shore Medical Center and the offices of the defendants.
3. The answering defendant **SOUND SHORE MEDICAL CENTER OF WESTCHESTER**, its agents, servants and/or employees, were careless and negligent in failing to properly examine the patient, including taking a proper medical history; in failing to render proper radiological care; in failing to timely and/or properly review the results of plaintiff's chest X-ray; in failing to timely and/or properly read, interpret, examine and/or evaluate plaintiff's chest X-ray; in failing to seek additional medical advice about plaintiff's chest X-ray; in failing to in any way follow up on plaintiff's chest X-ray; in failing to advise plaintiff about his chest X-

ray; in failing to timely and/or properly inform plaintiff of results of chest x-ray; in failing to advise plaintiff's other doctors about her chest X-ray; in failing to communicate with plaintiff's doctors; in failing to appreciate the significance of plaintiff's chest X-ray results; in failing to timely and/or properly order a chest CT scan as recommended; in failing to diagnose lung cancer; in failing to render timely and/or proper radiologic care; in failing to appreciate the significance of plaintiff's chest X-ray results; in failing to diagnose lung cancer; in failing to rule out lung cancer; in failing or neglecting to timely refer the plaintiff to an oncologist; in failing or neglecting to recognize the significance of not performing, recommending, ordering and/or referring a timely oncological consult; in improperly causing a delay in diagnosing the plaintiff's lung cancer; in failing or neglecting to prescribe, order, recommend and/or refer plaintiff for additional x-rays and chest studies; in failing or neglecting to take, perform, order, prescribe and/or refer the plaintiff for timely follow up chest x-rays to rule out lung cancer; in improperly relying upon the previous findings of the radiologist; in failing to properly review and/or read the plaintiff's previous radiological studies; in failing to suspect cancer upon the findings of the radiological studies; in failing to recommend an immediate follow up radiological study of the right lung; in improperly causing the patient to suffer cancer phobia; in failing to properly recommend an oncological consult; in failing to properly refer the patient to an oncologist in the face of the radiological studies; in failing to recognize the significance of an oncologist consult; in failing to timely refer the patient for a second opinion; in failing to timely work up the suspicious findings on the 2008 and 2009 x-rays; in failing to properly note the changes between the 2008 and 2009 x-rays and in failing to timely work up those differences; in failing to timely diagnose the plaintiff's lung cancer; in improperly causing the plaintiff's lung cancer to spread;

in improperly causing the patient to suffer severe pain and suffering; in failing to properly follow up with the patient; in failing to recognize the significance of properly following up with the patient; in improperly causing the patient to require oncological surgery; in failing to timely admit the patient to a hospital so that proper diagnosis and treatment of the right lung cancer could begin; in improperly delaying the timely diagnosis of the patient's right lung cancer; in improperly allowing the cancer to advance; in failing to timely diagnose plaintiff's right lung cancer and prevent its spread or metastasis; in failing to keep up with the literature on diagnosing and treating lung cancer; in failing to carry out the proper protocol and procedure in a case where there was suspected cancer; in improperly reducing the patient's life expectancy by delaying the diagnosis of right lung cancer; in improperly reducing patient's quality of life as a result of the delay in diagnosis of right lung; in failing to provide proper and timely informed consent to the plaintiff; and, in negligently and/or carelessly causing the injuries set forth below.

4. At this stage of the litigation, plaintiffs have no knowledge of the identity of each and every agent, servant and/or employee of the answering defendant who performed such acts and/or omissions. The identities are known more readily to the answering defendants.

5. There is no claim by the plaintiff as to improper and/or defective equipment.

6. Objection. Beyond the scope of CPLR § 3043, violates CPLR § 3101(d)(1) and § 3130, seeks expert disclosure and is an improper demand pursuant to Patterson v. Jewish Hospital and Medical Center of Brooklyn, 405 N.Y.S.2d 194 (1978) aff'd 65 A.D.2d 553 (2d Dept. 1978).

7. (a)-(f) A-F. Objection. Beyond the scope of CPLR § 3043, violates CPLR § 3101(d)(1) and § 3130, seeks expert disclosure and is an improper demand pursuant to Patterson

v. Jewish Hospital and Medical Center of Brooklyn, 405 N.Y.S.2d 194 (1978) aff'd 65 A.D.2d 553 (2d Dept. 1978). Without waiving any of the foregoing or other applicable objections, please see response to demand three.

8. (a)-(c) Objection. Beyond the scope of CPLR § 3043, violates CPLR § 3101(d)(1) and § 3130, seeks expert disclosure and is an improper demand pursuant to Patterson v. Jewish Hospital and Medical Center of Brooklyn, 405 N.Y.S.2d 194 (1978) aff'd 65 A.D.2d 553 (2d Dept. 1978). Without waiving any of the foregoing or other applicable objections, please see response to demand three.

9. (a) The plaintiff **JAMES FERGUSON** sustained the following injuries and complications which were caused, contributed to and/or aggravated by the answering defendant's negligence:

- Right lung cancer;
- Delay in diagnosis and treatment of right lung cancer;
- Chemotherapy and resultant sequella thereof;
- Possible Metastasis of the cancer;
- Radiation therapy and resultant sequella thereof;
- Scarring;
- Surgeries;
- Shortness of breath;
- Fatigue;
- Reduced life expectancy;
- Mental anguish, depression, anxiety, emotional and mental distress;
- Cancer phobia;
- Need for future medical, surgical, nursing, oncological and hospital care;
- Pain and suffering;
- Reduced enjoyment of life
- Reduced quality of life.

(b) It will be claimed that the injuries and complications suffered by the plaintiff are deemed to be permanent in nature, protracted and progressive.

10. Plaintiff has been treated at the following: Montefiore Medical Center, 111 East 210 Street, Bronx, New York 10467; Sound Shore Medical Center of Westchester, 16 Guion Place,

New Rochelle, New York 10802; NYU Hospital Center Tisch Hospital, 560 1<sup>st</sup> Avenue, New York, NY 10016.

11. Plaintiff was confined to his bed for approximately 6 weeks and intermittently thereafter. Plaintiff was confined to his home for approximately 12 weeks and intermittently thereafter.

12. (a)-(d) Special damages are not being claimed until the date of trial, except that plaintiffs will claim past damages to the full extent of any amounts claimed by lien holders claimed to be due and owing. Furthermore, plaintiffs claim that any attached liens are the full responsibility of the defendants. Plaintiffs are unaware of any such liens at this time.

13. Not applicable.

14. Not applicable.

15. Not applicable.

16. Authorizations have been enclosed responsive to this demand, to the extent known at this time.

17. (a)-(e) Plaintiffs will claim future damages, including costs for future medical care, oncologic care, consultations, therapies, surgeries, medicine, treatment, hospitalizations, nursing/hospice/custodial care, psychological care, and equipment until the end of plaintiff's life expectancy in the amount of **\$3,000,000.00, PRESENT VALUE**. The above economic numbers are subject to change due to factors at the time of trial and further information regarding will be provided by and through plaintiffs' experts.

18. James Ferguson's date of birth is September 10, 1936. Jean Ferguson's date of birth is April 27, 1938.

19. James Ferguson's social security number is 113-28-2440. Jean Ferguson's social security is 080-30-2475.

20. Plaintiff does not claim the violation of any statute or ordinance.

21. (a) Plaintiffs' date of marriage was October 8, 1960.

(b) Plaintiff and plaintiff's wife, Jean Ferguson were living together as husband and wife as of the date of the malpractice.

(c) Plaintiff's spouse is retired.

(d) Plaintiff **JEAN FERGUSON**, has been deprived of the services ordinarily and customarily provided by a healthy husband, *to wit*, companionship, society, guidance, moral and emotional support, household aid and assistance and the ability to express affection in a normal, physically uninhibited manner during plaintiffs' lifetime.

(e)-(f) Not known at this time.

(g) Each element of Mrs. Ferguson's loss of services claim is permanent.

22. (a)-(g) At this stage of the litigation, plaintiffs have no knowledge of the identity of each and every agent, servant and/or employee of the answering defendant who performed such acts and/or omissions. The identities are known more readily to the answering defendants.

23. (a) See paragraph three.

(b) All areas of the hospital in which plaintiff was treated.

(c) Improper demand.

(d) The dates of malpractice provided above.

(e) See paragraph nine.

24. (a) All treatment was provided without proper informed consent.

(b) No risks were disclosed relative to the treatment provided.



- (c) No alternative treatments were discussed.
- (d) No such consent was given.
- (e) Objection. Plaintiff submits that the defendant is in a better position to

answer this question at this time.

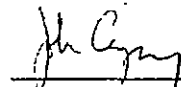
- (f) No such consent was given.

Dated: New York, New York  
January 30, 2012

Yours, etc.,

**KRAMER, DILLOF, LIVINGSTON & MOORE**

By:



John D. Cagney  
Attorneys for Plaintiffs  
217 Broadway  
New York, New York 10007  
212-267-4177

TO:

**SANTANGELO, BENVENUTO & SLATTERY**

Attorneys for defendant

**SOUND SHORE MEDICAL CENTER OF WESTCHESTER**

1800 Northern Boulevard

Roslyn, New York 11576

(516) 775-2236

File #: 15050

John Yoon, Esq.

**BELAIR & EVANS LLP**

Attorneys for Defendants,

**ROBERT WILKINS, M.D. and ROBERT WILKINS, M.D., P.C.**

61 Broadway, Suite 1320

New York, New York 10006

(212) 344-3900

File #: 1998-40-2/19

Michael A. Swimmer, Esq.

**KAUFMAN, BORGEESE & RYAN, LLP**

Attorneys for defendants

**MELANIE MOSES, M.D., HERMAN LUBETSKY, M.D.,**

**MONTEFIORE MEDICAL GROUP and MONTEFIORE MEDICAL CENTER**

120 Broadway, 14<sup>th</sup> floor  
New York, New York 10271

(212) 980-9600

File #: 920.195

David G. Kelton, Esq.

**SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF BRONX**

----- X Index No.: 307712/11

**JAMES FERGUSON and JEAN FERGUSON,**

*Plaintiffs,*

- against -

**ATTORNEY'S  
VERIFICATION**

**MELANIE MOSES, M.D., HERMAN LUBETSKY, M.D.,  
MONTEFIORE MEDICAL GROUP, MONTEFIORE  
MEDICAL CENTER, ROBERT WILKINS, M.D.,  
ROBERT WILKINS, M.D., P.C., and SOUND SHORE  
MEDICAL CENTER OF WESTCHESTER,**

*Defendants.*

----- X

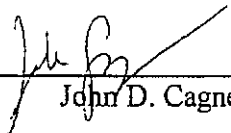
**JOHN D. CAGNEY**, an attorney duly admitted to practice in the Courts of New York State, an associate of the law firm **KRAMER, DILLOF, LIVINGSTON & MOORE, ESQS.**, attorneys for the plaintiff in the within action, hereby affirms under penalty of perjury:

That he has read the within Verified Bill of Particulars and knows the contents thereof, and that the same is true to his own knowledge, except as to the matters therein stated to be alleged upon information and belief, and that as to those matters he believes it to be true.

That the sources of his information and knowledge are investigations and records in the file:

That the reason this verification is made by affirmant and not by the plaintiffs is that the plaintiffs are not within the County where the attorney has his office.

Dated: New York, New York  
January 30, 2012

  
\_\_\_\_\_  
John D. Cagney

Index No. 307712

Year 2011

**SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF BRONX**

---

**JAMES FERGUSON & JEAN FERGUSON,**

*Plaintiff(s),*

*- against -*

**MELANIE MOSES, M.D., HERMAN LUBETSKY, M.D.,  
MONTEFIORE MEDICAL GROUP, MONTEFIORE  
MEDICAL CENTER, ROBERT WILKINS, M.D.,  
ROBERT WILKINS, M.D., P.C., and SOUND SHORE  
MEDICAL CENTER OF WESTCHESTER,**

*Defendant(s),*

---

**VERIFIED BILL OF PARTICULARS**

---

**KRAMER, DILLOF, LIVINGSTON & MOORE, ESQS.**

*Attorneys for Plaintiff*

*Office and Post Office Address, Telephone*

217 Broadway  
New York, New York 10007  
(212) 267-4177

---

---

To:  
All Counsels

Attorney(s) for

Service of a copy of the within

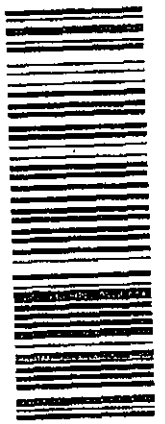
is hereby admitted,

Dated, \_\_\_\_\_

Attorney(s) for



**CERTIFIED MAIL**



7005 3110 0001 0074 9121



**FIRST CLASS MAIL**

KRAMER, DILLOF, LIVINGSTON & MOORE  
 ATTORNEYS AT LAW  
 217 BROADWAY  
 NEW YORK, N.Y. 10007

---

**TO:** Sound Shore Medical of Westchester, et al  
 c/o GCG, Inc.  
 P.O. Box 9982  
 Dublin, Ohio 43017-5982



5  
 02 IR  
 0092008145  
 MAILED FROM ZIP CODE 10278

**\$08.770**  
 AUG 28 2013  
 POST OFFICE  
 10278



09-16-13 P01:24 IN

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
<p>(Name of Debtor (Check Only One):</p> <p><input type="checkbox"/> Sound Shore Medical Center of Westchester</p> <p><input checked="" type="checkbox"/> The Mount Vernon Hospital, Inc.</p> <p><input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center</p> <p><input type="checkbox"/> The M.V.H. Corporation</p> <p><input type="checkbox"/> Sound Shore Health System, Inc.</p> <p><input type="checkbox"/> NRHMC Services Corporation</p> <p><input type="checkbox"/> New Rochelle Sound Shore Housing, LLC</p>	<p>Case No.</p> <p>13-22840</p> <p>13-22841</p> <p>13-22842</p> <p>13-22843</p> <p>13-22844</p> <p>13-22845</p> <p>13-22846</p>	<p><u>Your Claim is Scheduled As Follows:</u></p> <div style="text-align: center; border: 1px solid black; border-radius: 50%; padding: 10px; width: 150px; margin: 20px auto;"> <p>THE GARDEN CITY GROUP</p> <p>SEP 16 2013</p> </div> <p>If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.</p>
<p>NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).</p>		
<p>Name of Creditor (the person or other entity to whom the Debtor owes money or property): <b>Francisco Frenciqui, An Infant By His M/N/G Vivian Lambert</b></p>	<p><input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.</p>	
<p>Name and address where notices should be sent:</p> <p><b>John M. Daly, Esq.</b>  <b>Fitzgerald &amp; Fitzgerald, P.C.</b>  <b>538 Riverdale Avenue</b>  <b>Yonkers, New York 10705</b></p> <p>Telephone number: <b>(914) 378-1010</b></p> <p>Email Address: <b>jdaly@lawfitz.com</b></p>	<p>Court Claim Number:</p> <p>_____</p> <p>(If known)</p> <p>Filed on:</p> <p>_____</p>	
<p>Name and address where payment should be sent (if different from above):</p> <p style="text-align: center;"><small>FILED - 09/14</small></p> <p style="text-align: center;"><small>U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK</small></p> <p style="text-align: center;"><small>SOUND SHORE MEDICAL CENTER OF WESTCHESTER</small></p> <p style="text-align: center;"><small>ROBERT D. BRAIN</small></p> <p>Telephone number:</p> <p>Email Address:</p>	<p><input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.</p>	
<p>1. Amount of Claim as of Date Case Filed (May 29, 2013): \$ <u>undetermined</u></p> <p>If all or part of the claim is secured, complete item 4.</p> <p>If all or part of the claim is entitled to priority, complete item 5.</p> <p>If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6.</p> <p><input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.</p>		
<p>2. Basis for Claim: <u>Medical Malpractice</u></p> <p>(See instruction #2)</p>		
<p>3. Last four digits of any number by which creditor identifies Debtor:</p> <p>_____</p>	<p>3a. Debtor may have scheduled account as:</p> <p>_____</p> <p>(See instruction #3a)</p>	<p>3b. Uniform Claim Identifier (optional):</p> <p>_____</p> <p>(See instruction #3b)</p>
<p>4. Secured Claim (See instruction #4)</p> <p>Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.</p> <p>Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other</p> <p>Describe: _____</p> <p>Value of Property: \$ _____</p> <p>Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)</p>	<p>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:</p> <p>\$ _____</p> <p>Basis for perfection: _____</p> <p>Amount of Secured Claim: \$ _____</p> <p>Amount Unsecured: \$ _____</p>	
<p>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</p> <p><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).</p> <p><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).</p> <p><input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4).</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).</p> <p><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).</p> <p><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).</p> <p>Amount entitled to priority: \$ _____</p> <p>*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</p>		
<p>6. Claim Pursuant to 11 U.S.C. § 503(b)(9): Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. 3</p>		
<p>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)</p>		

Modified B10 (GCG) (04/13)

3. Documents: Attached are 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, and the 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) Check the appropriate box.  
 I am the creditor  I am the creditor's authorized agent  I am the trustee, or the Debtor, or their authorized agent (See Bankruptcy Rule 3004)  I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)  
 (Attach 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: John M. Daly, Esq.  
 Title: Attorney (Signature)  
 Company: Fitzgerald & Fitzgerald, P.C. (Date)  
 Address and telephone number (if different from notice address above):  
538 Riverdale Avenue  
Yonkers, New York 10705  
 Telephone number: (914) 378-1010 email: jdaly@lawfitz.com

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.

INSTRUCTIONS FOR PROOF OF CLAIM FORM.

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: IF BY MAIL: Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-9982. IF BY HAND OR OVERNIGHT COURIER: Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)  
 THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)

Items to be completed in Proof of Claim Form

Court, Name of Debtor, and Case Number:  
 These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.  
**SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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.  
 3b. Uniform Claim Identifier:  
 If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.  
 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 your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9):  
 If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)  
 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 healthcare 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

INFORMATION

**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 to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).

**Claim**  
A claim is the creditor's right to receive payment for a debt 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 GCG as described in the instructions above and in the Bar Date Notice.

**Section 503(b)(9) Claim**  
A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**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.

**Acknowledgment of Filing of Claim**  
To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.

**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.

**Display of Proof of Claim on Case Administration Website**  
As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.



LIMITED POWER OF ATTORNEY

This Limited Power of Attorney is given by:

Vivianne Lambert

presently residing at: 57 West 2nd Street, Mount Vernon, NY 10550

pursuant to the provisions of the New York State Public Health Law §§ 18(1)(g) and 18(3)(g) and as a "qualified person" pursuant to New York State Public Health Law § 18(1)(g) as he/she is the parent and natural guardian of:

Francisko Frencique DOB: 12/17/2005

I hereby appoint JAMES P. FITZGERALD, ESQ. as my attorney-in-fact to act in my name, place, and stead in any way which I myself could do if I were personally present with respect to the following matters as permitted by the New York State Public Health Law §§ 18(1)(g) and 18(3)(g) to execute a written request for patient information concerning medical treatment rendered to me and my child above, including, but not limited to, all medical, hospital, physician, Medicaid, Medicare, health maintenance organization, pharmacy, psychology, education, governmental agency, and any other records that would require my authorization to obtain under said law. I specifically authorize the release of all alcohol, drug, mental health, and HIV related information and any and all information that may be protected from disclosure by federal and state law.

Giving and granting said attorney full power and authority to do and perform all and every act and thing whatsoever necessary to be done in and about the specific and limited premises (set out herein) as fully, to all intents and purposes, as might or could be done if personally present, with full power of substitution and revocation, hereby ratifying and confirmed all that said attorney shall lawfully do or cause to be done by virtue hereof.

I specifically grant power to my attorney to authorize this release of all medical records to attorneys representing other parties in litigation in which my attorney represents me.

This Limited Power of Attorney shall remain in effect until revoked by me by a notarized written instrument specifically revoking this limited power.

In witness whereof, I have hereunto signed my name:

(YOU SIGN HERE)

Vivianne Lambert (Signature of Principal)

James P. Fitzgerald, Esq.

State of New York ) County of Westchester ) ss.: 13 Day of September, 2013

Before me, the undersigned, personally known to me or provided to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Mercedes Guina (Signature)

MERCEDES GUINA Commissioner of Deeds City of Yonkers Certificate Filed in Westchester County Commission Expires 2/28/15

From: (914) 378-1010  
John M. Daly  
Fitzgerald & Fitzgerald, P.C.  
538 Rwardale Ave  
Yonkers, NY 10705

Origin ID: NNKA



Ship Date: 13SEP13  
ActWgt: 1.0 LB  
CAD: 100234614/NET3430

Delivery Address Bar Code

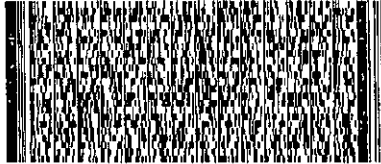


SHIP TO: (914) 378-1010  
BILL SENDER  
WHOM IT MAY CONCERN  
SOUND SHORE MED CTR OF WESTCHESTER  
5151 BLAZER PARKWAY  
SUITE A  
DUBLIN, OH 43017

Ref # JMD  
Invoice #  
PO #  
Dept #

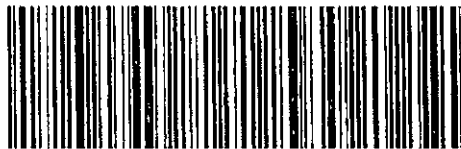
MON - 16 SEP AA  
STANDARD OVERNIGHT

TRK# 7966 8830 5630  
0201



SB OSUA

43017  
OH-US  
LCK



51AG182561149E


After printing this label:

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on [fedex.com](http://fedex.com). FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

09-16-13 P01:24 IN

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
Name of Debtor (Check Only One): <input checked="" type="checkbox"/> Sound Shore Medical Center of Westchester <input type="checkbox"/> The Mount Vernon Hospital, Inc. <input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center <input type="checkbox"/> The M.V.H. Corporation <input type="checkbox"/> Sound Shore Health System, Inc. <input type="checkbox"/> NRHMC Services Corporation <input type="checkbox"/> New Rochelle Sound Shore Housing, LLC		Case No. 13-22840 13-22841 13-22842 13-22843 13-22844 13-22845 13-22846
NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <u>Francisco Frenciqui, An Infant By His M/M/G-Vivian Lambert</u>		<div style="border: 2px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center;">  </div> <p style="font-size: small; margin-top: 10px;">If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.</p>
Name and address where notices should be sent: <u>John M. Daly, Esq.</u> <u>Fitzgerald &amp; Fitzgerald, P.C.</u> <u>538 Riverdale Avenue</u> <u>Yonkers, New York 10705</u>  Telephone number: <u>(914) 378-1010</u> Email Address: <u>jdaly@lawfitz.com</u>		
Name and address where payment should be sent (if different from above): FILED - 00815 U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT B. BRAIN Telephone number: Email Address:		
<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.		
Court Claim Number:  (If known)  Filed on:		
1. Amount of Claim as of Date Case Filed (May 29, 2013): \$ <u>undetermined</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Medical Malpractice</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies Debtor: _____		3a. Debtor may have scheduled account as:  (See instruction #3a)
3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)		
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, 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 was filed)		Amount of arrearage and other charges, as of the time case was 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 part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). <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"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).		
Amount entitled to priority: \$ _____  *Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Claim Pursuant to 11 U.S.C. § 503(b)(9): Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____		
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)		

Modified B10 (GCG) (04/15)

8. Documents: Attached are 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, and the 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) Check the appropriate box. I am the creditor I am the creditor's authorized agent I am the trustee, or the Debtor, or their authorized agent I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)

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: John M. Daly, Esq. September 13, 2013

Title: Attorney (Signature) (Date)

Company: Fitzgerald & Fitzgerald, P.C.

Address and telephone number (if different from notice address above):

538 Riverdale Avenue Yonkers, New York 10705

Telephone number: (914) 378-1010 email: jdaly@lawfitz.com

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.

INSTRUCTIONS FOR PROOF OF CLAIM FORM.

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: IF BY MAIL: Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. IF BY HAND OR OVERNIGHT COURIER: Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME) THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)

Items to be completed in Proof of Claim Form

Court, Name of Debtor, and Case Number: These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim. A SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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.

3b. Uniform Claim Identifier: If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

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 your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9): If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

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 healthcare 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

INFORMATION

**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 to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).

**Claim**  
A claim is the creditor's right to receive payment for a debt 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 GCG as described in the instructions above and in the Bar Date Notice.

**Section 503(b)(9) Claim**  
A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**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.

**Acknowledgment of Filing of Claim**  
To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.

**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.

**Display of Proof of Claim on Case Administration Website**  
As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.

LIMITED POWER OF ATTORNEY

This Limited Power of Attorney is given by:

Vivianne Lambert

presently residing at:

57 West 2nd Street, Mount Vernon, NY 10550

pursuant to the provisions of the New York State Public Health Law §§ 18(1)(g) and 18(3)(g) and as a "qualified person" pursuant to New York State Public Health Law § 18(1)(g) as he/she is the parent and natural guardian of:

Francisko Frencique

DOB: 12/17/2005

I hereby appoint JAMES P. FITZGERALD, ESQ. as my attorney-in-fact to act in my name, place, and stead in any way which I myself could do if I were personally present with respect to the following matters as permitted by the New York State Public Health Law §§ 18(1)(g) and 18(3)(g) to execute a written request for patient information concerning medical treatment rendered to me and my child above, including, but not limited to, all medical, hospital, physician, Medicaid, Medicare, health maintenance organization, pharmacy, psychology, education, governmental agency, and any other records that would require my authorization to obtain under said law. I specifically authorize the release of all alcohol, drug, mental health, and HIV related information and any and all information that may be protected from disclosure by federal and state law.

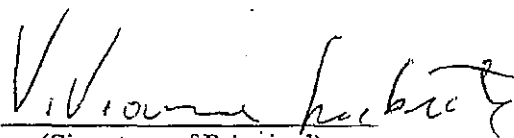
Giving and granting said attorney full power and authority to do and perform all and every act and thing whatsoever necessary to be done in and about the specific and limited premises (set out herein) as fully, to all intents and purposes, as might or could be done if personally present, with full power of substitution and revocation, hereby ratifying and confirmed all that said attorney shall lawfully do or cause to be done by virtue hereof.

I specifically grant power to my attorney to authorize this release of all medical records to attorneys representing other parties in litigation in which my attorney represents me.

This Limited Power of Attorney shall remain in effect until revoked by me by a notarized written instrument specifically revoking this limited power.

In witness whereof, I have hereunto signed my name:

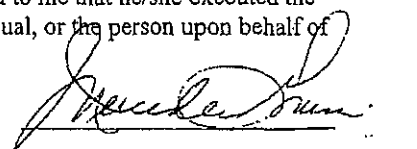
(YOU SIGN HERE)

  
(Signature of Principal)

  
James P. Fitzgerald, Esq.

State of New York )  
County of Westchester ) ss.:  
13 Day of September, 2013

Before me, the undersigned, personally known to me or provided to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

  
MERCEDES GUINA  
Commissioner of Deeds  
City of Yonkers  
Certificate Filed in Westchester County  
Commission Expires 2/28/15

-From: (914) 378-1010  
John M. Daly  
Fitzgerald & Fitzgerald, P.C.  
538 Riverdale Ave  
Yonkers, NY 10705

Origin ID: NNKA



Ship Date: 13SEP13  
ActWgt: 1.0 LB  
CAD. 109234814\NET3430

Delivery Address Bar Code

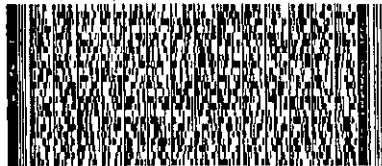


SHIP TO: (914) 378-1010  
BILL BENDER  
WHOM IT MAY CONCERN  
SOUND SHORE MED CTR OF WESTCHESTER  
5151 BLAZER PARKWAY  
SUITE A  
DUBLIN, OH 43017

Ref # JMD  
Invoice #  
PO #  
Dept #

MON - 16 SEP AA  
STANDARD OVERNIGHT

TRK# 7966 8830 5630  
0201



SB OSUA

43017  
OH-US  
LCK



51A016Z6HASE

After printing this label:

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our ServiceGuide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

FORM B10 (Official Form 10) (4/01)

UNITED STATES BANKRUPTCY COURT <u>SOUTHERN</u> DISTRICT OF <u>NEW YORK</u>		PROOF OF CLAIM
Name of Debtor <b>SOUND SHORE MEDICAL CENTER OF WESTCHESTER</b>		Case Number <b>13-22840</b>
NOTE: This form should not be used to make a claim for an administrative expense, such as attorney's fees, or for a claim for payment of an administrative expense, such as attorney's fees, in a case under Chapter 11 of the U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): <b>FREEDOM MEDICAL INC.</b>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent: <b>219 WELSH AVE. ROAD EXTON, PA. 19341 NEIL EISENBERG - CORPORATE CREDIT MANAGER Telephone number: 206-784-8449 X170</b>	THIS SPACE IS FOR COURT USE ONLY	
Account or other number by which creditor identifies debtor: <b>19942, 4960, 18876</b>	Check here if this claim <input type="checkbox"/> replaces a previously filed claim, dated: _____ <input type="checkbox"/> amends	
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other: _____ <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
<b>2. Date debt was incurred:</b> <u>4/10/12 - 6/1/13</u>		<b>3. If court judgment, date obtained:</b>
<b>4. Total Amount of Claim at Time Case Filed:</b> \$ <u>11,522.68</u> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <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 all interest or additional charges.		
<b>5. Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other: _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		<b>6. Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$: _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,650)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 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)(____). <small>*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
<b>7. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <b>8. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. <b>9. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		THIS SPACE IS FOR COURT USE ONLY
Date <b>7/9/13</b>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <b>Neil Eisenberg - CORPORATE CREDIT MANAGER</b>	
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.		



# KLEHR | HARRISON | HARVEY | BRANZBURG LLP

Carol Ann Slocum  
New Jersey Resident Partner  
Direct Dial: (856) 486-6961  
Email: [cslocum@klehr.com](mailto:cslocum@klehr.com)

September 16, 2013

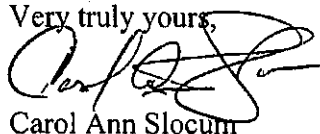
Sound Shore Medical of Westchester, et al.  
c/o GCG  
5151 Blazer Parkway, Suite A  
Dublin, OH 43017

**Re: Sound Shore Medical Center of Westchester, et al.  
Case No.: 13-22840 (RDD)  
Claim of Freedom Medical, Inc.**

Dear Sir or Madam:

Our client, Freedom Medical, Inc. submitted a claim to GCG on July 9, 2013, together with a return envelope so that it would have proof of the claim filing. It also made a follow up call and did not receive a response regarding its filing. Out of an abundance of caution, because we do not yet have a claim number from GCG, we have filed the claim with the bankruptcy court, Claim No. 6. Attached is a copy of the filed claim.

Very truly yours,



Carol Ann Slocum

CAS/lac

Enclosures

cc: Neil Eisenberg, Corporate Credit Manager (w/encl. via e-mail)

17300-0001/PF/HLL1-3059471v1

**THE MT VERNON HOSPITAL**

<b>Acct #</b>	<b>Invoice #</b>	<b>PRE</b>
18876	284852.1.2	\$990.00
	285449.1.2	\$1,000.00

---

---

---

**TOTAL PRE BANKRUPTCY**

**\$1,990.00**

13-22840-rdd Claim 6-1 Filed 09/16/13 Pg 3 of 34

INVOICE



Freedom Medical (5)  
 219 Welsh Pool Road  
 Exton, PA 19341  
 800-784-8849  
 Fax: 610-903-0180  
 www.freedommedical.com

INVOICE# 284852.1.2  
 INVOICE DATE: 4/30/2013  
 DUE DATE: 5/30/2013  
 ACCOUNT# 18876

Bill To:

Ship To:

THE MT VERNON HOSPITAL-AP THE MT VERNON HOSPITAL 16 GUION PLACE ATTN: ACCOUNTS PAYABLE NEW ROCHELLE, NY 10801	THE MT VERNON HOSPITAL 9 NORTH 8TH AVNUE FRANK HALL MT VERNON, NY 10550
---	--

P.O. Number: MV25705

Ship date: 4/9/2013

Salesperson: Metro - Steve Vaccacio

Ship Via: Driver Delivery

Terms: Net 30

Tracking #:

Qty	SERIAL/PART NUMBER	DESCRIPTION	RENTAL BILLING PERIOD		Daily Rate	Monthly Rate	Days Billed	Amount
			BEGINNING	ENDING				
1	134649	Respironics Bipap Vision	4/9/2013	4/30/2013	9.00	200.00	22	198.00
			Form: 189039					
1	126342	Respironics Bipap Vision 126342	4/9/2013	4/30/2013	9.00	200.00	22	198.00
			Form: 189039					
1	126360	Respironics Bipap Vision 126360	4/9/2013	4/30/2013	9.00	200.00	22	198.00
			Form: 189039					
1	113934	Respironics Bipap Vision	4/9/2013	4/30/2013	9.00	200.00	22	198.00
			Form: 189039					
5	.O2 HOSE	Green O2 Hose	4/9/2013	4/30/2013	0.00	0.00	22	0.00
			Form: 189039					
5	.BL-3020-R	Lamtic Round Handle Patient Arm	4/9/2013	4/30/2013	0.00	0.00	22	0.00
			Form: 189039					
1	139336	Respironics Bipap Vision 139336	4/9/2013	4/30/2013	9.00	200.00	22	198.00
			Form: 189039					

Comments:

SUBTOTAL	990.00
TOTAL ORDER	990.00
<b>TOTAL DUE</b>	<b>990.00</b>

REMIT TO:

Freedom Medical, Inc.  
 PO Box 822704  
 Philadelphia, PA 19182-2704  
 Phone: 800-784-8849  
 Fax: 610-903-0180

13-22840-rdd Claim 6-1 Filed 09/16/13 Pg 4 of 34

INVOICE



**Freedom Medical (50)**  
 219 Welsh Pool Road  
 Exton, PA 19341  
 800-784-8849  
 Fax: 610-903-0180  
 www.freedommedical.com

INVOICE# 285449.1.2  
 INVOICE DATE: 5/31/2013  
 DUE DATE: 6/30/2013

ACCOUNT# 18876

Bill To:

Ship To:

THE MT VERNON HOSPITAL-AP THE MT VERNON HOSPITAL 16 GUION PLACE ATTN: ACCOUNTS PAYABLE NEW ROCHELLE, NY 10801	THE MT VERNON HOSPITAL 9 NORTH 8TH AVNUE FRANK HALL MT VERNON, NY 10550
---	--

P.O. Number: MV25705  
 Salesperson: LI-Steve Vaccacio  
 Terms: Net 30

Ship date: 4/9/2013  
 Ship Via: Driver Delivery  
 Tracking #:

Qty	SERIAL/PART NUMBER	DESCRIPTION	RENTAL BILLING PERIOD		Daily Rate	Monthly Rate	Days Billed	Amount
			BEGINNING	ENDING				
1	134649	Respironics Bipap Vision	5/1/2013	5/31/2013	9.00	200.00	31	200.00
			Form: 189039					
1	126342	Respironics Bipap Vision 126342	5/1/2013	5/31/2013	9.00	200.00	31	200.00
			Form: 189039					
1	126360	Respironics Bipap Vision 126360	5/1/2013	5/31/2013	9.00	200.00	31	200.00
			Form: 189039					
1	113934	Respironics Bipap Vision	5/1/2013	5/31/2013	9.00	200.00	31	200.00
			Form: 189039					
5	.O2 HOSE	Green O2 Hose	5/1/2013	5/31/2013	0.00	0.00	31	0.00
			Form: 189039...					
5	BL-3020-R	Lamtic Round Handle Patient Arm	5/1/2013	5/31/2013	0.00	0.00	31	0.00
			Form: 189039					
1	139336	Respironics Bipap Vision 139336	5/1/2013	5/31/2013	9.00	200.00	31	200.00
			Form: 189039					

Comments:

SUBTOTAL 1,000.00

TOTAL ORDER 1,000.00

TOTAL DUE 1,000.00

REMIT TO:

Freedom Medical, Inc.  
 PO Box 822704  
 Philadelphia, PA 19182-2704  
 Phone: 800-784-8849  
 Fax: 610-903-0180

05/02/2013 02:57 2017910988 Ticket  
 13-22840-rdd Claim 6-1 Filed 09/16/13 Pg 5 of 34  
 FREEDOM MEDICAL

PAGE 01/08  
 Page 1 of 1

Freedom Medical, Inc. (05)  
 15-01 Pollitt Drive Unit 4a  
 Fair Lawn, NJ 07410  
 Phone: (201)791-0900  
 Fax: (201)791-0988

### Delivery Ticket

Ticket Number RC-189039  
 Delv Date 4/9/2013  
 PO Number MV25705

Customer The MT Vernon Hospital  
 9 North 8th Avenue  
 MT. Vernon, NY 10550  
 Contact Frank Hall  
 914-664-8000/ext-3197

Qty	Description	SerialNum	Control#
1.00	Resprionics Bipap Vision	134649	98520
1.00	Resprionics Bipap Vision	126342	73825
1.00	Resprionics Bipap Vision	126360	39508
1.00	Resprionics Bipap Vision	139336	55443
1.00	Resprionics Bipap Vision	113934	107505
5.00	Green O2 Hose	.O2 HOSE	
5.00	Lamtic Round Handle Patient Arm	.BL-3020-R	

Comments \_\_\_\_\_ Patient Name: \_\_\_\_\_ Room Number: \_\_\_\_\_

Customer: Annette Helander Freedom Rep: [Signature] Date and Time: 4/9/13 AM/PM  
 Signature: [Signature]  
 (Printed)

Customer agrees to pay all charges relating to the rental/sale of the above listed equipment as per the written proposal. Customer further agrees to pay for any damage to above listed equipment as a result of neglect or abuse caused by the customer. Any parts or accessories not returned with the equipment will be billed at the current list price. Customer agrees to pay fuel surcharges listed on invoices related to the delivery of equipment. The number of serial devices does not exceed 10% of the customer's current CoastPulse inventory. The delivered device(s) software is the property inspected software compliant with the customer's current Circulation inventory.

**SOUND SHORE MEDICAL CENTER - BEDS ONLY**

<b>Acct #</b>	<b>Invoice #</b>	<b>PRE</b>
18942	289285.1.2	\$504.00

---

---

---

**TOTAL PRE BANKRUPTCY**

**\$504.00**

13-22840-rdd Claim 6-1 Filed 09/16/13 Pg 7 of 34



Freedom Medical (56)  
 219 Welsh Pool Road  
 Exton, PA 19341  
 800-784-8849  
 Fax: 610-903-0180  
 www.freedommedical.com

INVOICE  
 INVOICE# 289285.1.2  
 INVOICE DATE: 5/31/2013  
 DUE DATE: 6/30/2013  
 ACCOUNT# 18942

Bill To:

Ship To:

SOUND SHORE MEDICAL CENTER-BEDS ONLY 16 GUION PLACE ATTN: A/P NEW ROCHELLE, NY 10802	SOUND SHORE MEDICAL CENTER-BEDS ONLY 16 GUION PLACE ATTN: A/P NEW ROCHELLE, NY 10802
---	---

P.O. Number: NR177105  
 Salesperson: Andrew Ruscansky  
 Terms: Net 30

Ship date: 5/22/2013  
 Ship Via: Driver Delivery  
 Tracking #:

Qty	SERIAL/PART NUMBER	DESCRIPTION	RENTAL BILLING PERIOD		Daily Rate	Monthly Rate	Days Billed	Amount
			BEGINNING	ENDING				
1	0104 034371	Stryker Stretcher 1001 Pt: FACILITY Rm: OR	5/22/2013	5/31/2013	24.00	0.00	10	240.00
1	0007 030376	Stryker Stretcher 1001 Pt: FACILITY Rm: OR	5/22/2013	5/31/2013	24.00	0.00	10	240.00
1	0007 030378	Stryker Stretcher 1001 Pt: FACILITY Rm: OR	5/22/2013	5/31/2013	24.00	0.00	10	240.00

Comments:

SUBTOTAL 720.0

TOTAL ORDER 720.0

TOTAL DUE 720.0

REMIT TO:

Freedom Medical, Inc.  
 PO Box 822704  
 Philadelphia, PA 19182-2704  
 Phone: 800-784-8849  
 Fax: 610-903-0180

*Pre Bankruptcy - 5-22 - 5-28 = 7 days @ 24.00 \$168.00 x 3 = 504.00*

*Post Bankruptcy - 5-29 - 5-31 = 3 days @ 24.00 \$72.00 x 3 = 216.00*

13-22840-rdd Claim 6-1 Filed 09/16/13 Pg 8 of 34  
05/03/2013 04:33PM 7323560945 GHS

PAGE 03/20



RC-193568

Freedom Medical, Inc. (56)  
282 Lincoln Blvd.

Middletown, NJ 08846  
Phone: (732)356-3736  
Fax: (732)356-0945

Delivery/Pickup Ticket

Delivery  Pickup  Rent  Sale  Service  
Delv Date: 5/22/13 Stop Date: \_\_\_\_\_  
PO Number: NR171105 Reason: \_\_\_\_\_

Customer Name: Sound Shore Medical Center Contact: Frank Kagan  
Street: 16 Gwynn Place City: New Rochelle, NY 10801  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Qty	Description	Serial / Part Number	Control Number
1	Stretcher	0104 034371	107743
1	Stretcher	0007 030376	107744
1	Stretcher	0007 030378	107747

Facility Unit: OR

Comments

[Empty comment box]

Customer: F. Kagan  
F.C. Kagan (Signature)  
F.C. Kagan (Printed)

Freedom Medical Rep: [Signature]  
(Signature)

Date and Time: 5/22/13 AM/PM

Customer agrees to pay all charges including the receipt of the above listed equipment as per the written proposal. Customer further agrees to pay for any damage to above listed equipment as a result of neglect or abuse caused by the customer. Any parts or accessories not included with this equipment will be billed at the time current list price. Customer agrees to pay the exchange listed on invoice related to this delivery of equipment.



**SOUND SHORE MEDICAL CENTER**

<b>Acct #</b>	<b>Invoice #</b>	<b>PRE</b>
4960	280844.1.2	\$3,000.00
	284775.1.2	\$342.00
	284776.1.2	\$176.00
	285162.1.3	\$3,000.00
	285163.1.3	\$400.00
	285166.1.2	\$1,990.00
	287792.1.3	\$288.00
	288613.1.2	\$180.00
	289384.1.2	\$652.60
<b>TOTAL PRE BANKRUPTCY</b>		<b>\$10,028.60</b>

13-22840-rdd Claim 6-1 Filed 09/16/13 Pg 10 of 34



Freedom Medical (5)  
 219 Welsh Pool Road  
 Exton, PA 19341  
 800-784-8849  
 Fax: 610-903-0180  
 www.freedommedical.com

**INVOICE**  
 INVOICE# 280844.1.2  
 INVOICE DATE: 4/30/2013  
 DUE DATE: 5/30/2013  
 ACCOUNT# 4960  
 ALTID# 126770

Bill To:

Ship To:

MR JIM VALERELLI-DIR OF CARDIO SOUND SHORE MEDICAL CENTER-MME SOUND SHORE MEDICAL CENTER 16 GUION PLACE NEW ROCHELLE, NY 10802	SOUND SHORE MEDICAL CENTER-MME 16 GUION PLACE NEW ROCHELLE, NY 10802
--	--

P.O. Number: NR176288  
 Salesperson: LI-Wayne Kingsbury  
 Terms: Net 30

Ship date: 4/8/2013  
 Ship Via: Driver Delivery  
 Tracking #:

Qty	SERIAL/PART NUMBER	DESCRIPTION	RENTAL BILLING PERIOD		Daily Rate	Monthly Rate	Days Billed	Amount
			BEGINNING	ENDING				
1	138239	Respironics Bipap Vision 138239	4/8/2013	4/30/2013	9.00	200.00	23	200.00
			Form: 188977					
1	140144	Respironics Bipap Vision	4/8/2013	4/30/2013	9.00	200.00	23	200.00
			Form: 188977					
1	130503	Respironics Bipap Vision 130503	4/8/2013	4/30/2013	9.00	200.00	23	200.00
			Form: 188977					
1	133983	Respironics Bipap Vision	4/8/2013	4/30/2013	9.00	200.00	23	200.00
			Form: 188977					
1	142152	Respironics Bipap Vision	4/8/2013	4/30/2013	9.00	200.00	23	200.00
			Form: 188977					
1	140143	Respironics Bipap Vision	4/8/2013	4/30/2013	9.00	200.00	23	200.00
			Form: 188977					
1	121519	Respironics Bipap Vision	4/8/2013	4/30/2013	9.00	200.00	23	200.00
			Form: 188977					
1	126362	Respironics Bipap Vision 126362	4/8/2013	4/30/2013	9.00	200.00	23	200.00
			Form: 188977					
1	117284	Respironics Bipap Vision	4/8/2013	4/30/2013	9.00	200.00	23	200.00
			Form: 188977					
1	135640	Respironics Bipap Vision	4/8/2013	4/30/2013	9.00	200.00	23	200.00
			Form: 188977					
1	114386	Respironics Bipap Vision 114386	4/8/2013	4/30/2013	9.00	200.00	23	200.00
			Form: 188977					
1	134929	Respironics Bipap Vision 134929	4/8/2013	4/30/2013	9.00	200.00	23	200.00
			Form: 188977					
1	123758	Respironics Bipap Vision 123758	4/8/2013	4/30/2013	9.00	200.00	23	200.00
			Form: 188977					
1	110462	Respironics Bipap Vision	4/8/2013	4/30/2013	9.00	200.00	23	200.00
			Form: 188977					
1	112189	Respironics Bipap Vision	4/8/2013	4/30/2013	9.00	200.00	23	200.00
			Form: 188977					
15	.O2 HOSE	Green O2 Hose	4/8/2013	4/30/2013	0.00	0.00	23	0.00
			Form: 188977					
15	.BL-3020-R	Lantic Round Handle Patient Arm	4/8/2013	4/30/2013	0.00	0.00	23	0.00
			Form: 188977					

13-22840-rdd Claim 6-1 Filed 09/16/13 Pg 11 of 34



Freedom Medical (5)  
219 Welsh Pool Road  
Exton, PA 19341  
800-784-8849  
Fax: 610-903-0180  
www.freedommedical.com

INVOICE  
INVOICE# 280844.1.2  
INVOICE DATE: 4/30/2013  
DUE DATE: 5/30/2013

ACCOUNT# 4960  
ALTID# 126770

Comments:

please deliver to Receiving dept.

SUBTOTAL 3,000.00  
TOTAL ORDER 3,000.00

TOTAL DUE 3,000.00

REMIT TO:

Freedom Medical, Inc.  
PO Box 822704  
Philadelphia, PA 19182-2704  
Phone: 800-784-8849  
Fax: 610-903-0180

04/08/2013 20:39  
Blank Ticket

13-22840-rdd Claim 6-1 Filed 09/16/13 Pg 12 of 34  
FREEDOM MEDICAL

PAGE 04/07  
Page 1 of 1

Freedom Medical, Inc. (05)  
15-01 Pollitt Drive Unit 4a  
Fair Lawn, NJ 07410  
Phone: (201)791-0900  
Fax: (201)791-0988

RC -  
188977

### Delivery/Pickup Ticket

Delivery  Pickup  Rent  Sale  Service

Delv Date \_\_\_\_\_ Stop Date \_\_\_\_\_  
PO Number NR176288 Reason \_\_\_\_\_

Customer Name Sound Shore Med. Contact FRANCIS HALL  
Street 16 Union City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone 914-365-3893  
Place New Rochelle NY 10801

Qty	Description	Serial / Part Number	Control Number
10	BIPH VISIONS	138239	34537
		140144	98518
		130503	83938
		133963	47998
		142152	98550
		140143	98514
		141519	108780
		126362	35383
		117284	108782
		135640	105458

10 - O2 HOSES - Green  
10 - PATIENT ARMS

Comments

[Empty comment box]

Customer: [Signature]  
RD. LORDE (S)  
(Printed)

Freedom Medical Rep: [Signature] Date and Time: 4/8/13 AM/PM  
(Signature)

Customer agrees to pay all charges relating to the rental/sale of the above listed equipment as per the written proposal. Customer further agrees to pay for any damage to above listed equipment as a result of neglect or abuse caused by the customer. Any parts or accessories not returned with the equipment will be billed as the then current list price. Customer agrees to pay fuel surcharges listed on invoices related to this delivery of equipment.

04/08/2013 20:39  
BlankTicket

13-22840-rdd Claim 6-1 Filed 09/16/13 Pg 13 of 34  
FREEDOM MEDICAL

PAGE 05/07  
Page 1 of 1

Freedom Medical, Inc. (05)  
15-01 Pollitt Drive Unit 4a  
Fair Lawn, NJ 07410  
Phone: (201)791-0900  
Fax: (201)791-0988

*RC*  
*188977*

### Delivery/Pickup Ticket

Delivery  Pickup  Rent  Sale  Service

Deliv Date \_\_\_\_\_ Stop Date \_\_\_\_\_  
PO Number NR176288 Reason \_\_\_\_\_

Customer Name Sound Shore med Contact FRANK HALL  
Street 16 Guion City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone 914-365-3893  
Place New Rochelle, NY 10801

Qty	Description	Serial / Part Number	Control Number
<u>5</u>	<u>Crupap Visions</u>	<u>114386</u>	<u>84808</u>
		<u>134929</u>	
		<u>123758</u>	
		<u>110462</u>	<u>105781</u>
		<u>112189</u>	
<u>5</u>	<u>O2-Hoses</u>		
<u>5</u>	<u>Patient arms</u>		

Comments

Customer \_\_\_\_\_  
\_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
(Printed)

Freedom Medical Rep \_\_\_\_\_ Date and Time \_\_\_\_\_  
Frank Palmero 4/8/13 AM/PM  
(Signature)

Customer agrees to pay all charges relating to the rental/sale of the above listed equipment as per the written proposal. Customer further agrees to pay for any damage to above listed equipment as a result of neglect or abuse caused by the customer. Any parts or accessories not returned with the equipment will be billed at the then current list price. Customer agrees to pay fuel charges listed on invoice related to this delivery of equipment.



Freedom Medical (5)  
 219 Welsh Pool Road  
 Exton, PA 19341  
 800-784-8849  
 Fax: 610-903-0180  
 www.freedommedical.com

**INVOICE**  
 INVOICE# 284775.1.2  
 INVOICE DATE: 4/30/2013  
 DUE DATE: 5/30/2013  
 ACCOUNT# 4960  
 ALTID# 126770

Bill To:

Ship To:

MR JIM VALERELLI-DIR OF CARDIO SOUND SHORE MEDICAL CENTER-MME SOUND SHORE MEDICAL CENTER 16 GUION PLACE NEW ROCHELLE, NY 10802	SOUND SHORE MEDICAL CENTER-MME 16 GUION PLACE NEW ROCHELLE, NY 10802
--	--

P.O. Number: PENDING  
 Salesperson: LI-Wayne Kingsbury  
 Terms: Net 30

Ship date: 4/12/2013  
 Ship Via: Driver Delivery  
 Tracking #:

Qty	SERIAL/PART NUMBER	DESCRIPTION	RENTAL BILLING PERIOD		Daily Rate	Monthly Rate	Days Billed	Amount
			BEGINNING	ENDING				
1	108531	Respironics Bipap Vision 108531	4/12/2013	4/30/2013	9.00	200.00	19	171.00
			Form: 189345					
1	126281	Respironics Bipap Vision 126281	4/12/2013	4/30/2013	9.00	200.00	19	171.00
			Form: 189345					
2	O2 HOSE	Green O2 Hose	4/12/2013	4/30/2013	0.00	0.00	19	0.00
			Form: 189345					
2	BL-3020-R	Lamtic Round Handle Patient Arm	4/12/2013	4/30/2013	0.00	0.00	19	0.00
			Form: 189345					

Comments:

SUBTOTAL 342.00  
 TOTAL ORDER 342.00

TOTAL DUE 342.00

REMIT TO:

Freedom Medical, Inc.  
 PO Box 822704  
 Philadelphia, PA 19182-2704  
 Phone: 800-784-8849  
 Fax: 610-903-0180

05/02/2013 02:57 13-22840-rdd Claim 6-1 Filed 09/16/13 Pg 15 of 34  
 2017910988 FREEDOM MEDICAL

PAGE 04/08  
 Page 1 of 1

Freedom Medical, Inc. (05)  
 15-01 Pollitt Drive Unit4a  
 Fair Lawn, NJ 07410  
 Phone: (201)791-0900  
 Fax: (201)791-0988

### Delivery Ticket

Ticket Number RC-189345  
 Delv Date 4/12/2013  
 PO Number PENDING

Customer 4960 Contact Marcy  
 Sound Shore Medical Center 914-632-5000  
 16 Guion Place  
 New Rochelle, NY 10802

Reason for Delivery New Rental Ship Method Driver Delivery

Qty	Description	SerialNum	Control#
1.00	Respironics Bpap Vision	108531	106294
1.00	Respironics Bpap Vision	126281	53196
2.00	Green O2 Hose	.O2 HOSE	
2.00	Lantic Round Handle Patient Arm	.BL-3020-R	

Comments Patient Name: Room Number:

Customer *[Signature]* Freedom Rep *[Signature]* Date and Time: 4/11/13: AM/PM  
 (Signature) (Signature)

Customer agrees to pay all charges relating to the rental of the above listed equipment as per the written proposal. Customer further agrees to pay for any damage to above listed equipment as a result of neglect or abuse caused by the customer. Any parts or accessories not returned with the equipment will be billed at the then current list price. Customer agrees to pay full purchase price on invoices related to this delivery of equipment. The number of rented devices does not exceed 10% of the customer's current CareFusion inventory. The delivered device(s) software is the property of CareFusion and complies with the customer's current CareFusion inventory.

\$ 9.00 - day

\$ 200.00 monthly



Freedom Medical (5)  
 219 Welsh Pool Road  
 Exton, PA 19341  
 800-784-8849  
 Fax: 610-903-0180  
 www.freedommedical.com

**INVOICE**  
 INVOICE# 284776.1.2  
 INVOICE DATE: 4/30/2013  
 DUE DATE: 5/30/2013  
 ACCOUNT# 4960  
 ALTID# 126770

Bill To:

Ship To:

MR JIM VALERELLI-DIR OF CARDIO  
 SOUND SHORE MEDICAL CENTER-MME  
 SOUND SHORE MEDICAL CENTER  
 16 GUION PLACE  
 NEW ROCHELLE, NY 10802

SOUND SHORE MEDICAL CENTER-MME  
 16 GUION PLACE  
 NEW ROCHELLE, NY 10802

P.O. Number: PENDING  
 Salesperson: LI-Wayne Kingsbury  
 Terms: Net 30

Ship date: 4/29/2013  
 Ship Via: Driver Delivery  
 Tracking #:

Qty	SERIAL/PART NUMBER	DESCRIPTION	RENTAL BILLING PERIOD		Daily Rate	Monthly Rate	Days Billed	Amount
			BEGINNING	ENDING				
1	3510071045	Puritan Bennett 840 W/IR,PAV VV+ Option 3510071045	4/29/2013	4/30/2013	44.00	995.00	2	88.00
		Form: 190647						
1	0717091077	Puritan Bennett840 Graphicuser Interface 0717091077	4/29/2013	4/30/2013	0.00	0.00	2	0.00
		Form: 190647						
1	0716001053	Puritan Bennett 802 Pbs Battery Pack 0716001053	4/29/2013	4/30/2013	0.00	0.00	2	0.00
		Form: 190647						
1	3511070417	Puritan Bennett 806 Compressor 3511070417	4/29/2013	4/30/2013	0.00	0.00	2	0.00
		Form: 190647						
2	.BL-3020-R	Lamtic Round Handle Patient Arm	4/29/2013	4/30/2013	0.00	0.00	2	0.00
		Form: 190647						
1	3510021663	Puritan Bennett 840 Ventilator 3510021663	4/29/2013	4/30/2013	44.00	995.00	2	88.00
		Form: 190647						
1	02-170-91609	Puritan Bennett840 Graphicuser Interface 02-170-91609	4/28/2013	4/30/2013	0.00	0.00	2	0.00
		Form: 190647						
1	02-160-01655	Puritan Bennett 802 Power Backup Source 02-160-01655	4/29/2013	4/30/2013	0.00	0.00	2	0.00
		Form: 190647						
1	3511020894	Puritan Bennett 806 Compressor 3511020894	4/29/2013	4/30/2013	0.00	0.00	2	0.00
		Form: 190647						
2	.O2 HOSE	Green O2 Hose	4/29/2013	4/30/2013	0.00	0.00	2	0.00
		Form: 190647						
2	.AIR HOSE	Yellow Air Hose	4/29/2013	4/30/2013	0.00	0.00	2	0.00
		Form: 190647						

Comments:

deliver to 3rd floor respiratory please.

SUBTOTAL 176.00

TOTAL ORDER 176.00

TOTAL DUE 176.00



13-22840-rdd Claim 6-1 Filed 09/16/13 Pg 17 of 34



Freedom Medical (5)  
219 Welsh Pool Road  
Exton, PA 19341  
800-784-8849  
Fax: 610-903-0180  
www.freedommedical.com

INVOICE  
INVOICE# 284776.1.2  
INVOICE DATE: 4/30/2013  
DUE DATE: 5/30/2013  
ACCOUNT# 4960  
ALTID# 126770

REMIT TO:

Freedom Medical, Inc.  
PO Box 822704  
Philadelphia, PA 19182-2704  
Phone: 800-784-8849  
Fax: 610-903-0180

13-22840-rdd Claim 6-1 Filed 09/16/13 Pg 18 of 34  
 05/02/2013 02:57 2017910988 FREEDOM MEDICAL  
 Ticket

PAGE 05/08  
 Page 1 of 1

Freedom Medical, Inc. (05)  
 15-01 Pollitt Drive Unit 4a  
 Fair Lawn, NJ 07410  
 Phone: (201)791-0900  
 Fax: (201)791-0988

### Delivery Ticket

Ticket Number RC-190647  
 Delv Date 4/29/2013  
 PO Number PENDING

Customer 4960 Contact None  
 Sound Shore Medical Center 914-360-6354  
 16 Guion Place  
 New Rochelle, NY 10802

Reason for Delivery New Rental Ship Method Driver Delivery

Qty	Description	Serial Num	Control#
1.00	Puritan Bennett 840 Graphicuser Interface	0717091077	95869
1.00	Puritan Bennett 802 Pbs Battery Pack	0716001053	95871
1.00	Puritan Bennett 806 Compressor	3511070417	95989
2.00	Patient Arm		
1.00	Puritan Bennett 840 Graphicuser Interface	02-170-91609	114753
1.00	Puritan Bennett 802 Power Backup Source	02-160-01655	114752
1.00	Puritan Bennett 806 Compressor	3511020894	17018
2.00	Green O2 Hose	.02 HOSE	
2.00	Yellow Air Hose	.AIR HOSE	

1 3510021663 S/N  
 1 3510071045 S/N

Comments Patient Name: Room Number:

deliver to 3rd floor respiratory please.

Customer Signature: *Caroline Cameron* (Signature)  
 Freedom Rep Signature: *JAY* (Signature)  
 Date and Time: 4/29/13 AM/PM  
 (Printed)

Customer agrees to pay all charges resulting to the inavailability of the above listed equipment as per the written proposal. Customer further agrees to pay for any damage to above listed equipment as a result of neglect or abuse caused by the customer. Any parts or accessories not returned with the equipment will be billed at the then current list price. Customer agrees to pay flat surcharges listed on invoices related to this delivery of equipment. The number of revised devices does not exceed 10% of the customer's current CarePulsion inventory. The delivered device(s) software is the properly requested software compliant with the customer's current CarePulsion inventory.

\$ 44.00 - day  
 \$ 995.00 - monthly

4:55P to 7:00P



Freedom Medical (50)  
 219 Welsh Pool Road  
 Exton, PA 19341  
 800-784-8849  
 Fax: 610-903-0180  
 www.freedommedical.com

INVOICE  
 INVOICE# 285162.1.3  
 INVOICE DATE: 5/31/2013  
 DUE DATE: 6/30/2013  
 ACCOUNT# 4960  
 ALTID# 126770

Bill To:

Ship To:

MR JIM VALERELLI-DIR OF CARDIO SOUND SHORE MEDICAL CENTER-MME SOUND SHORE MEDICAL CENTER 16 GUION PLACE NEW ROCHELLE, NY 10802	SOUND SHORE MEDICAL CENTER-MME 16 GUION PLACE NEW ROCHELLE, NY 10802
--	--

P.O. Number: NR176288  
 Salesperson: LI-Steve Vaccacio  
 Terms: Net 30

Ship date: 4/8/2013  
 Ship Via: Driver Delivery  
 Tracking #:

Qty	SERIAL/PART NUMBER	DESCRIPTION	RENTAL BILLING PERIOD		Daily Rate	Monthly Rate	Days Billed	Amount
			BEGINNING	ENDING				
1	138239	Respironics Bipap Vision 138239	5/1/2013	5/31/2013	9.00	200.00	31	200.00
			Form: 188977					
1	140144	Respironics Bipap Vision	5/1/2013	5/31/2013	9.00	200.00	31	200.00
			Form: 188977					
1	130503	Respironics Bipap Vision 130503	5/1/2013	5/31/2013	9.00	200.00	31	200.00
			Form: 188977					
1	133963	Respironics Bipap Vision	5/1/2013	5/31/2013	9.00	200.00	31	200.00
			Form: 188977					
1	142152	Respironics Bipap Vision	5/1/2013	5/31/2013	9.00	200.00	31	200.00
			Form: 188977					
1	140143	Respironics Bipap Vision	5/1/2013	5/31/2013	9.00	200.00	31	200.00
			Form: 188977					
1	121519	Respironics Bipap Vision	5/1/2013	5/31/2013	9.00	200.00	31	200.00
			Form: 188977					
1	126362	Respironics Bipap Vision 126362	5/1/2013	5/31/2013	9.00	200.00	31	200.00
			Form: 188977					
1	117284	Respironics Bipap Vision	5/1/2013	5/31/2013	9.00	200.00	31	200.00
			Form: 188977 RGA:190281					
1	135640	Respironics Bipap Vision	5/1/2013	5/31/2013	9.00	200.00	31	200.00
			Form: 188977					
1	114386	Respironics Bipap Vision 114386	5/1/2013	5/31/2013	9.00	200.00	31	200.00
			Form: 188977					
1	134929	Respironics Bipap Vision 134929	5/1/2013	5/31/2013	9.00	200.00	31	200.00
			Form: 188977					
1	123758	Respironics Bipap Vision 123758	5/1/2013	5/31/2013	9.00	200.00	31	200.00
			Form: 188977 RGA:190281					
1	110462	Respironics Bipap Vision	5/1/2013	5/31/2013	9.00	200.00	31	200.00
			Form: 188977					
1	112189	Respironics Bipap Vision	5/1/2013	5/31/2013	9.00	200.00	31	200.00
			Form: 188977					
15	.O2 HOSE	Green O2 Hose	5/1/2013	5/31/2013	0.00	0.00	31	0.00
			Form: 188977					
15	.BL-3020-R	Lamtic Round Handle Patient Arm	5/1/2013	5/31/2013	0.00	0.00	31	0.00
			Form: 188977					

13-22840-rdd Claim 6-1 Filed 09/16/13 Pg 20 of 34



Freedom Medical (50)  
219 Welsh Pool Road  
Exton, PA 19341  
800-784-8849  
Fax: 610-903-0180  
www.freedommedical.com

**INVOICE**  
INVOICE# 285162.1.3  
INVOICE DATE: 5/31/2013  
DUE DATE: 6/30/2013  
ACCOUNT# 4960  
ALTID# 126770

**Comments:**

please deliver to Receiving dept.

SUBTOTAL 3,000.00  
TOTAL ORDER 3,000.00

**TOTAL DUE 3,000.00**

**REMIT TO:**

Freedom Medical, Inc.  
PO Box 822704  
Philadelphia, PA 19182-2704  
Phone: 800-784-8849  
Fax: 610-903-0180

13-22840-rdd Claim 6-1 Filed 09/16/13 Pg 21 of 34

04/08/2013 20:39 2017910988  
Blank Ticket

FREEDOM MEDICAL

PAGE 04/07  
Page 1 of 1

Freedom Medical, Inc. (05)  
15-01 Pollitt Drive Unit 4a  
Fair Lawn, NJ 07410  
Phone: (201)791-0900  
Fax: (201)791-0988

RC-  
188977

### Delivery/Pickup Ticket

Delivery  Pickup  Rent  Sale  Service

Delv Date \_\_\_\_\_ Stop Date \_\_\_\_\_  
PO Number NR176288 Reason \_\_\_\_\_

Customer Name SOUND SHORE Med Contact FRANC HALL  
Street 16 Main City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone 914-365-3893  
Place New Rochelle NY 10801

Qty	Description	Serial / Part Number	Control Number
10	BUFF VISIONS	138239	34537
		140144	98518
		130503	83938
		133963	47998
		142152	98550
		140143	98514
		121519	108780
		120362	35383
		117284	108787
		135640	105458

10 - O2 HOSES - Green  
10 - PATIENT ARMS

Comments

\_\_\_\_\_

Customer  
RD LONDE  
(Signature)  
(Printed)

Freedom Medical Rep  
Daniel L. L...  
(Signature)  
Date and Time  
11/18/13 AM/PM

Customer agrees to pay all charges relating to the rental/sale of the above listed equipment as per the written proposal. Customer further agrees to pay for any damage to above listed equipment as a result of neglect or abuse caused by the customer. Any parts or accessories not returned with the equipment will be billed at the then current list price. Customer agrees to pay fuel surcharges listed on invoices related to this delivery of equipment.

13-22840-rdd Claim 6-1 Filed 09/16/13 Pg 22 of 34

04/08/2013 20:39  
BlankTicket

2017910988

FREEDOM MEDICAL

PAGE 05/07  
Page 1 of 1

Freedom Medical, Inc. (05)  
15-01 Pollitt Drive Unit 4a  
Fair Lawn, NJ 07410  
Phone: (201) 791-0900  
Fax: (201) 791-0988

RC  
188977

### Delivery/Pickup Ticket

Delivery  Pickup  Rent  Sale  Service

Delv Date \_\_\_\_\_ Stop Date \_\_\_\_\_

PO Number NR176288 Reason \_\_\_\_\_

Customer Name Sound State Med Contact FRANK HALL  
Street 16 Guion City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone 914-365-3893  
Place New Rochelle, NY 10801

Qty	Description	Serial / Part Number	Control Number
5	<u>Respirators</u>	<u>114386</u>	
		<u>134929</u>	<u>84808</u>
		<u>123758</u>	
		<u>110462</u>	<u>108781</u>
		<u>112189</u>	
5	<u>O2-Hoses</u>		
5	<u>Patient arms</u>		

Comments

Customer

Freedom Medical Corp

Date and Time

(Signature)

Angela Pateo  
(Signature)

4/8/13 AM/PM

(Printed)

Customer agrees to pay all charges related to the rental/lease of the above listed equipment as per the written proposal. Customer further agrees to pay for any damage to above listed equipment as a result of neglect or abuse caused by the customer. Any parts or accessories not returned with the equipment will be billed at the then current list price. Customer agrees to pay fuel surcharges listed on invoices related to this delivery of equipment.

13-22840-rdd Claim 6-1 Filed 09/16/13 Pg 23 of 34



**Freedom Medical (50)**  
 219 Welsh Pool Road  
 Exton, PA 19341  
 800-784-8849  
 Fax: 610-903-0180  
 www.freedommedical.com

**INVOICE**  
 INVOICE# 285163.1.3  
 INVOICE DATE: 5/31/2013  
 DUE DATE: 6/30/2013  
 ACCOUNT# 4960  
 ALTID# 126770

Bill To:

Ship To:

MR JIM VALERELLI-DIR OF CARDIO SOUND SHORE MEDICAL CENTER-MME SOUND SHORE MEDICAL CENTER 16 GUION PLACE NEW ROCHELLE, NY 10802	SOUND SHORE MEDICAL CENTER-MME 16 GUION PLACE NEW ROCHELLE, NY 10802
--	--

P.O. Number: PENDING  
 Salesperson: LI-Steve Vaccacio  
 Terms: Net 30

Ship date: 4/12/2013  
 Ship Via: Driver Delivery  
 Tracking #:

Qty	SERIAL/PART NUMBER	DESCRIPTION	RENTAL BILLING PERIOD		Daily Rate	Monthly Rate	Days Billed	Amount
			BEGINNING	ENDING				
1	108531	Resprionics Bipap Vision 108531	5/1/2013	5/31/2013	9.00	200.00	31	200.00
1	126281	Resprionics Bipap Vision 126281	5/1/2013	5/31/2013	9.00	200.00	31	200.00
2	O2 HOSE	Green O2 Hose	5/1/2013	5/31/2013	0.00	0.00	31	0.00
2	BL-3020-R	Lamtic Round Handle Patient Arm	5/1/2013	5/31/2013	0.00	0.00	31	0.00

Comments:

SUBTOTAL	400.00
TOTAL ORDER	400.00
TOTAL DUE	400.00

REMIT TO:

Freedom Medical, Inc.  
 PO Box 822704  
 Philadelphia, PA 19182-2704  
 Phone: 800-784-8849  
 Fax: 610-903-0180

13-22840-rdd Claim 6-1 Filed 09/16/13 Pg 24 of 34  
 05/02/2013 02:57 2017910988 FREEDOM MEDICAL

PAGE 04/08  
 Page 1 of 1

Ticket

Freedom Medical, Inc. (05)  
 15-01 Politt Drive Unit4a  
 Fair Lawn, NJ 07410  
 Phone: (201)791-0900  
 Fax: (201)791-0988

### Delivery Ticket

Ticket Number RC-189345  
 Delv Date 4/12/2013  
 PO Number PENDING

Customer 4960 Contact Marcy  
 Sound Shore Medical Center 914-632-3000  
 16 Guion Place  
 New Rochelle, NY 10802

Reason for Delivery New Rental Ship Method Driver Delivery

Qty	Description	SerialNum	Control#
1.00	Respironics Bipap Vision	108531	106294
1.00	Respironics Bipap Vision	126281	53196
2.00	Green O2 Hose	.O2 HOSE	
2.00	Lamtic Round Handle Patient Arm	.BL-3020-R	

Comments Patient Name: Room Number:

Customer [Signature] Freedom Rep [Signature] Date and Time 4/11/13: AM/PM  
 (Signature) (Signature)  
 (Printed)

Customer agrees to pay all charges relating to the rental of the above listed equipment as per the written proposal. Customer further agrees to pay for any damage to above listed equipment as a result of neglect or abuse caused by the customer. Any parts or accessories not returned with the equipment will be billed at their current list price. Customer agrees to pay full surcharges listed on invoices related to this delivery of equipment. The number of rental devices does not exceed 10% of the customer's current CarePlus inventory. The delivered device(s) software is the property requested software compliant with the customer's current CarePlus inventory.

\$ 9.00 - day

\$ 200.00 monthly



13-22840-rdd Claim 6-1 Filed 09/16/13 Pg 25 of 34



**Freedom Medical (50)**  
 219 Welsh Pool Road  
 Exton, PA 19341  
 800-784-8849  
 Fax: 610-903-0180  
 www.freedommedical.com

**INVOICE**  
 INVOICE# 285166.1.2  
 INVOICE DATE: 5/31/2013  
 DUE DATE: 6/30/2013  
 ACCOUNT# 4960  
 ALTID# 126770

Bill To:

Ship To:

MR JIM VALERELLI-DIR OF CARDIO SOUND SHORE MEDICAL CENTER-MME SOUND SHORE MEDICAL CENTER 16 GUION PLACE NEW ROCHELLE, NY 10802	SOUND SHORE MEDICAL CENTER-MME 16 GUION PLACE NEW ROCHELLE, NY 10802
--	--

P.O. Number: PENDING  
 Salesperson: LI-Steve Vaccacio  
 Terms: Net 30

Ship date: 4/29/2013  
 Ship Via: Driver Delivery  
 Tracking #:

Qty	SERIAL/PART NUMBER	DESCRIPTION	RENTAL BILLING PERIOD		Daily Rate	Monthly Rate	Days Billed	Amount
			BEGINNING	ENDING				
1	3510071045	Puritan Bennett 840 WRM,PAV VV+ Option 3510071045	5/1/2013	5/31/2013	44.00	995.00	31	995.00
			Form: 190647					
1	0717091077	Puritan Bennett840 Graphicuser Interface 0717091077	5/1/2013	5/31/2013	0.00	0.00	31	0.00
			Form:190647					
1	0716001053	Puritan Bennett 802 Pbs Battery Pack 0716001053	5/1/2013	5/31/2013	0.00	0.00	31	0.00
			Form: 190647					
1	3511070417	Puritan Bennett 806 Compressor 3511070417	5/1/2013	5/31/2013	0.00	0.00	31	0.00
			Form: 190647					
2	.BL-3020-R	Lamtic Round Handle Patient Arm	5/1/2013	5/31/2013	0.00	0.00	31	0.00
			Form: 190647					
1	3510021663	Puritan Bennett 840 Ventilator 3510021663	5/1/2013	5/31/2013	44.00	995.00	31	995.00
			Form: 190647					
1	02-170-91609	Puritan Bennett840 Graphicuser Interface 02-170-91609	5/1/2013	5/31/2013	0.00	0.00	31	0.00
			Form: 190647					
1	02-160-01655	Puritan Bennett 802 Power Backup Source 02-160-01655	5/1/2013	5/31/2013	0.00	0.00	31	0.00
			Form: 190647					
1	3511020894	Puritan Bennett 806 Compressor 3511020894	5/1/2013	5/31/2013	0.00	0.00	31	0.00
			Form: 190647					
2	.O2 HOSE	Green O2 Hose	5/1/2013	5/31/2013	0.00	0.00	31	0.00
			Form:190647					
2	.AIR HOSE	Yellow Air Hose	5/1/2013	5/31/2013	0.00	0.00	31	0.00
			Form: 190647					

Comments:

deliver to 3rd floor respiratory please.

SUBTOTAL 1,990.00  
 TOTAL ORDER 1,990.00  
**TOTAL DUE 1,990.00**

13-22840-rdd Claim 6-1 Filed 09/16/13 Pg 26 of 34



**Freedom Medical (50)**  
219 Welsh Pool Road  
Exton, PA 19341  
800-784-8849  
Fax: 610-903-0180  
[www.freedommedical.com](http://www.freedommedical.com)

**INVOICE**  
**INVOICE#** 285166.1.2  
**INVOICE DATE:** 5/31/2013  
**DUE DATE:** 6/30/2013  
**ACCOUNT#** 4960  
**ALTID#** 126770

REMIT TO:

Freedom Medical, Inc.  
PO Box 822704  
Philadelphia, PA 19182-2704  
Phone: 800-784-8849  
Fax: 610-903-0180

13-22840-rdd Claim 6-1 Filed 09/16/13 Pg 27 of 34

05/02/2013 02:57 2017910988  
Ticket

FREEDOM MEDICAL

PAGE 05/08  
Page 1 of 1

Freedom Medical, Inc. (05)  
15-01 Pollitt Drive Unit 4a  
Fair Lawn, NJ 07410  
Phone: (201)791-0900  
Fax: (201)791-0988

### Delivery Ticket

Ticket Number RC-190647  
Delv Date 4/29/2013  
PO Number PENDING

<b>Customer</b> 4960	<b>Contact</b> Nene
Sound Shore Medical Center 16 Guion Place New Rochelle, NY 10802	914-560-6554

<b>Reason for Delivery</b> New Rental	<b>Ship Method</b>	<b>Driver Delivery</b>
---------------------------------------	--------------------	------------------------

Qty	Description	SerialNum	Contr#
1.00	Puritan Bennett 840 Graphicuser Interface	0717091077	95869
1.00	Puritan Bennett 802 Pbs Battery Pack	0716001053	95871
1.00	Puritan Bennett 806 Compressor	3511070417	95989
2.00	Patient Arm		
1.00	Puritan Bennett 840 Graphicuser Interface	02-170-91609	114753
1.00	Puritan Bennett 802 Power Backup Source	02-160-01655	114752
1.00	Puritan Bennett 806 Compressor	3511020894	17018
2.00	Green O2 Hose	.O2 HOSE	
2.00	Yellow Air Hose	.AIR HOSE	

1 3510021663 SIN  
1 3510071045 SIN

<b>Comments</b>	<b>Patient Name:</b>	<b>Room Number:</b>
-----------------	----------------------	---------------------

deliver to 3rd floor respiratory please

<b>Customer:</b> <i>Carolyn Curran</i> (Signature) Carolyn Curran (Printed)	<b>Freedom Rep:</b> <i>Jay</i> (Signature)	<b>Date and Time:</b> 4/29/13 AM/PM
---	--	--

Customer agrees to pay all charges relating to the rental/sale of the above listed equipment as per the written proposal. Customer further agrees to pay for any damage to above listed equipment as a result of neglect or abuse caused by the customer. Any parts or accessories not returned with the equipment will be billed at the then current list price. Customer agrees to pay fuel surcharges listed on invoices related to the delivery of equipment. The number of rented devices does not exceed 10% of the customer's current CarePazon inventory. The delivered device(s) software is the property requested software compliant with the customer's current CarePazon inventory.

4:55<sup>PM</sup> to 7:00<sup>PM</sup>

# 44.00 - day  
B. 995.00 - monthly

13-22840-rdd Claim 6-1 Filed 09/16/13 Pg 28 of 34



**Freedom Medical (5)**  
 219 Welsh Pool Road  
 Exton, PA 19341  
 800-784-8849  
 Fax: 610-903-0180  
 www.freedommedical.com

**INVOICE**  
 INVOICE# 287792.1.3  
 INVOICE DATE: 5/31/2013  
 DUE DATE: 6/30/2013  
 ACCOUNT# 4960  
 ALTID# 126770

Bill To:

Ship To:

MR JIM VALERELLI-DIR OF CARDIO SOUND SHORE MEDICAL CENTER-MME SOUND SHORE MEDICAL CENTER 16 GUION PLACE NEW ROCHELLE, NY 10802	SOUND SHORE MEDICAL CENTER-MME 16 GUION PLACE NEW ROCHELLE, NY 10802
--	--

P.O. Number: NR176288  
 Salesperson: LI-Steve Vaccacio  
 Terms: Net 30

Ship date: 5/21/2013  
 Ship Via: Driver Delivery  
 Tracking #:

Qty	SERIAL/PART NUMBER	DESCRIPTION	RENTAL BILLING PERIOD		Daily Rate	Monthly Rate	Days Billed	Amount
			BEGINNING	ENDING				
1	130292	Respironics Bipap Vision 130292	5/21/2013	5/31/2013	9.00	200.00	11	99.00
			Form: 192491					
1	102319	Respironics Bipap Vision 102319	5/21/2013	5/31/2013	9.00	200.00	11	99.00
			Form: 192491 RGA:190281					
1	140155	Respironics Bipap Vision	5/21/2013	5/31/2013	9.00	200.00	11	99.00
			Form: 192491 RGA:190281					
1	140148	Respironics Bipap Vision	5/21/2013	5/31/2013	9.00	200.00	11	99.00
			Form: 192491					
3	.O2 HOSE	Green O2 Hose	5/21/2013	5/31/2013	0.00	0.00	11	0.00
			Form: 192491 RGA:190281					
1	.O2 HOSE	Green O2 Hose	5/21/2013	5/31/2013	0.00	0.00	11	0.00
			Form: 192491					
3	.BL-3020-R	Lamtic Round Handle Patient Arm	5/21/2013	5/31/2013	0.00	0.00	11	0.00
			Form: 192491 RGA:190281					
1	.BL-3020-R	Lamtic Round Handle Patient Arm	5/21/2013	5/31/2013	0.00	0.00	11	0.00
			Form: 192491					

Comments:

SUBTOTAL 396.00

TOTAL ORDER 396.00

**TOTAL DUE 396.00**

REMIT TO:

Freedom Medical, Inc.  
 PO Box 822704  
 Philadelphia, PA 19182-2704  
 Phone: 800-784-8849  
 Fax: 610-903-0180

Pre Bankruptcy - 8 days 5-21 thru 5-28 @ 9.00 = \$72.00 x 4 = \$288.00  
 Post. 3 days 5-29 thru 5-31 @ 9.00 = \$27.00 x 4 = \$108.00

05/22/2013 03:03 2017910988  
 13-22840-rdd Claim 6-1 Filed 09/16/13 Pg 29 of 34  
 FREEDOM MEDICAL

PAGE 01/01  
 Page 1 of 1

Freedom Medical, Inc. (05)  
 15-01 Pollitt Drive Unit4a  
 Fair Lawn, NJ 07410  
 Phone: (201)791-0900  
 Fax: (201)791-0988

### Delivery Ticket

Ticket Number RC-192491

Delv Date 5/21/2013

PO Number PENDING NR176288

<b>Customer</b> 4960	<b>Contact</b> Nene
Sound Shore Medical Center	646-318-6811
16 Guilon Place	
New Rochelle, NY 10802	

Qty	Description	SerialNum	Control#
1.00	Respironics Bipap Vision	130292	80464
1.00	Respironics Bipap Vision	102319	96850
1.00	Respironics Bipap Vision	140155	98510
1.00	Respironics Bipap Vision	140148	47997
4.00	Green O2 Hose	.O2 HOSE	
4.00	Lamtic Round Handle Patient Arm	.BL-3020-R	

Comments: 3 NO Patient Name: \_\_\_\_\_ Room Number: \_\_\_\_\_

Customer: [Signature]  
 Nene Kanner  
 (Printed)

Freedom Rep: [Signature]  
 (Signature)

Date and Time: 5/21/13 AM/PM

\*Customer agrees to pay all charges relating to the receipt of the above listed equipment as per the written proposal. Customer further agrees to pay for any damage to above listed equipment as a result of neglect or abuse caused by the Customer. Any parts or accessories not returned with the equipment will be billed at the then current list price. Customer agrees to pay full freight charges listed on invoices related to this delivery of equipment. The number of rented devices does not exceed 10% of the customer's current Carefusion inventory. The delivered device(s) software is the currently requested software compliant with the customer's current Carefusion inventory.

*BUS IN TO GOOD*

13-22840-rdd Claim 6-1 Filed 09/16/13 Pg 30 of 34



Freedom Medical (5)  
 219 Welsh Pool Road  
 Exton, PA 19341  
 800-784-8849  
 Fax: 610-903-0180  
 www.freedommedical.com

INVOICE  
 INVOICE# 288613.1.2  
 INVOICE DATE: 5/31/2013  
 DUE DATE: 6/30/2013  
 ACCOUNT# 4960  
 ALTID# 126770

Bill To:

Ship To:

MR JIM VALERELLI-DIR OF CARDIO SOUND SHORE MEDICAL CENTER-MME SOUND SHORE MEDICAL CENTER 16 GUION PLACE NEW ROCHELLE, NY 10802	SOUND SHORE MEDICAL CENTER-MME 16 GUION PLACE NEW ROCHELLE, NY 10802
--	--

P.O. Number: nr176288  
 Salesperson: LI-Steve Vaccacio  
 Terms: Net 30

Ship date: 5/24/2013  
 Ship Via: Driver Delivery  
 Tracking #:

Qty	SERIAL/PART NUMBER	DESCRIPTION	RENTAL BILLING PERIOD		Daily Rate	Monthly Rate	Days Billed	Amount
			BEGINNING	ENDING				
1	107977	Respironics Bipap Vision 107977	5/24/2013	5/31/2013	9.00	200.00	8	72.00
			Form: 193004					
1	113839	Respironics Bipap Vision	5/24/2013	5/31/2013	9.00	200.00	8	72.00
			Form: 193004					
4	.O2 HOSE	Green O2 Hose	5/24/2013	5/31/2013	0.00	0.00	8	0.00
			Form: 193004					
4	BL-3020-R	Lamtic Round Handle Patient Arm	5/24/2013	5/31/2013	0.00	0.00	8	0.00
			Form: 193004					
1	137873	Respironics Bipap Vision	5/24/2013	5/31/2013	9.00	200.00	8	72.00
			Form: 193004					
1	130231	Respironics Bipap Vision 130231	5/24/2013	5/31/2013	9.00	200.00	8	72.00
			Form: 193004					

Comments:

SUBTOTAL 288.00  
 TOTAL ORDER 288.00  
 TOTAL DUE 288.00

REMIT TO:

Freedom Medical, Inc.  
 PO Box 822704  
 Philadelphia, PA 19182-2704  
 Phone: 800-784-8849  
 Fax: 610-903-0180

Pre Bankruptcy = 5 days @ 9.00 = \$45.00 = \$180.00

Post = 3 days @ 9.00 = \$27.00 x 4 = \$108.00

05/29/2013 02:49 13-22840-rdd Claim 6-1 Filed 09/16/13 Pg 31 of 34  
2817910988 FREEDOM MEDICAL

PAGE 12/32  
Page 1 of 1

RC-  
193004

282

Freedom Medical, Inc. (05)  
15-01 Pollitt Drive Unit 4a  
Fair Lawn, NJ 07410  
Phone: (201)791-0900  
Fax: (201)791-0988

RC

### Delivery/Pickup Ticket

Delivery  Pickup  Rent  Sale  Service

Delv Date \_\_\_\_\_ Stop Date \_\_\_\_\_  
PO Number NR 176288 Reason \_\_\_\_\_

193004

Customer Name Sound Shore Contact NENE  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone 914-365-3910

Qty	Description	Serial / Part Number	Control Number
1	B. PAP Vision	137873	98746
1	Hose green		
1	ARM		
1	B. PAP Vision	130231	95535
1	Hose green		
1	ARM		

RESPIRATORY 3TH FLOOR

Comments

[Signature]

Customer  
[Signature]  
(Signature)  
(Printed)

Freedom Medical Rep  
[Signature]  
(Signature)  
Date and Time  
5/24/13 AM/PM

Customer agrees to pay all charges relating to the rental/lease of the above listed equipment as per the attached proposal. Customer further agrees to pay for any damage to above listed equipment as a result of neglect or abuse caused by the customer. Any parts or accessories not returned with the equipment will be billed at the then current list price. Customer agrees to pay fuel surcharges listed on invoices related to the delivery of equipment.

13-22840-rdd Claim 6-1 Filed 09/16/13 Pg 32 of 34



Freedom Medical (5)  
219 Welsh Pool Road  
Exton, PA 19341  
800-784-8849  
Fax: 610-903-0180  
www.freedommedical.com

INVOICE  
INVOICE# 289384.1.2  
INVOICE DATE: 5/31/2013  
DUE DATE: 6/30/2013  
ACCOUNT# 4960  
ALTID# 126770

Bill To:

Ship To:

MR JIM VALERELLI-DIR OF CARDIO SOUND SHORE MEDICAL CENTER-MME SOUND SHORE MEDICAL CENTER 16 GUION PLACE NEW ROCHELLE, NY 10802	SOUND SHORE MEDICAL CENTER-MME 16 GUION PLACE NEW ROCHELLE, NY 10802
--	--

P.O. Number: NR176990  
Salesperson: LI-Steve Vaccacio  
Terms: Net 30

Ship date: 5/16/2013  
Ship Via: Driver Delivery  
Tracking #:

Qty	SERIAL/PART NUMBER	DESCRIPTION	RENTAL BILLING PERIOD		Daily Rate	Monthly Rate	Days Billed	Amount
			BEGINNING	ENDING				
1	13100320AL	Baxter I Pump Upgraded	5/16/2013	5/31/2013	5.02	140.48	16	80.32
			Form: 192111					
1	18040825AD	Baxter I Pump Upgraded	5/16/2013	5/31/2013	5.02	140.48	16	80.32
			Form: 192111					
1	13030048AL	Baxter I Pump Upgraded	5/16/2013	5/31/2013	5.02	140.08	16	80.32
			Form: 192111					
1	18040491AD	Baxter I Pump Upgraded	5/16/2013	5/31/2013	5.02	140.08	16	80.32
			Form: 192111					
1	13090142AL	Baxter I Pump Upgraded	5/16/2013	5/31/2013	5.02	140.48	16	80.32
			Form: 192111					
1	11110460AL	Baxter I Pump Upgraded	5/16/2013	5/31/2013	5.02	140.48	16	80.32
			Form: 192111					
1	13100067AL	Baxter I Pump Upgraded	5/16/2013	5/31/2013	5.02	140.48	16	80.32
			Form: 192111					
1	11020025AL	Baxter I Pump Upgraded	5/16/2013	5/31/2013	5.02	140.48	16	80.32
			Form: 192111					
1	18040471AD	Baxter I Pump Upgraded	5/16/2013	5/31/2013	5.02	140.48	16	80.32
			Form: 192111					
1	18010392AL	Baxter I Pump Upgraded	5/16/2013	5/31/2013	5.02	140.48	16	80.32
			Form: 192111					
10	15249A-MA	Cord, Bolus	5/16/2013	5/31/2013	0.00	0.00	16	0.00
			Form: 192111					
10		Keys	5/16/2013	5/31/2013	0.00	0.00	16	0.00
			Form: 192111					

Comments:

SUBTOTAL 803.20

TOTAL ORDER 803.20

TOTAL DUE 803.20

13 days  
Pre Bankruptcy 5-16 thru 5-28 @ 5.02 = 65.26 x 10 = \$652.60

Post " 3 days = 5-29-5-31 @ 5.02 = 15.06 x 10 = \$150.60



13-22840-rdd Claim 6-1 Filed 09/16/13 Pg 33 of 34



Freedom Medical (5)  
219 Welsh Pool Road  
Exton, PA 19341  
800-784-8849  
Fax: 610-903-0180  
www.freedommedical.com

**INVOICE**  
INVOICE# 289384.1.2  
INVOICE DATE: 5/31/2013  
DUE DATE: 6/30/2013  
ACCOUNT# 4960  
ALTID# 126770

REMIT TO:

Freedom Medical, Inc.  
PO Box 822704  
Philadelphia, PA 19182-2704  
Phone: 800-784-8849  
Fax: 610-903-0180

Ticket

Freedom Medical, Inc. (05)  
 15-01 Pollitt Drive Unit4a  
 Fair Lawn, NJ 07410  
 Phone: (201)791-0900  
 Fax: (201)791-0988

### Delivery Ticket

Ticket Number RC-192111  
 Delv Date 5/16/2013  
 PO Number NR176990

<b>Customer</b> 4960 Sound Shore Medical Center 16 Guion Place New Rochelle, NY 10802	<b>Contact</b> Nick D'addesio 914-560-6554
--	---

<b>Reason for Delivery</b> New Rental	<b>Ship Method</b>	<b>Driver Delivery</b>
---------------------------------------	--------------------	------------------------

Qty	Description	SerialNum	Controll#
1.00	Baxter I-Pump	13100320AL	108837
1.00	Baxter I-Pump	18040825AD	108838
1.00	Baxter I-Pump	13030048	108839
1.00	Baxter I-Pump	18040491AD	108835
1.00	Baxter I-Pump	13090142AL	108836
1.00	Baxter I-Pump	11110460AL	111312
1.00	Baxter I-Pump	13100067AL	111315
1.00	Baxter I-Pump	11020025AL	111307
1.00	Baxter I-Pump	18040471AD	108834
1.00	Baxter I Pump Upgraded	18010392AL	108785
10.00	Cord, Bolus	.15249A-MA	
10.00	Keys		

**Comments** Patient Name: Room Number:

*Delivery to Bronned Dept*

Customer  
*Devel K Knox*  
 (Signature)  
 (Printed)

Freedom Rep  
*[Signature]*  
 (Signature)

Date and Time  
 5/16/13 AM/PM

Customer agrees to pay all charges relating to the rental/sale of the above listed equipment as per the written proposal. Customer further agrees to pay for any damage to above listed equipment as a result of neglect or abuse caused by the customer. Any parts or accessories not returned with the equipment will be billed at the then current list price. Customer agrees to pay fuel surcharges listed on invoices related to this delivery of equipment. The number of scanned devices does not exceed 10% of the customer's current CareFusion inventory. The delivered device(s) software is the properly registered software compliant with the customer's current CareFusion inventory.

KEHR | HARRISON | HARRY | BRIAN | ZBUIRG LLP  
157 HADDONFIELD ROAD | SUITE 510 | CHERRY HILL, NJ 08002

Sound Shore Medical of Westchester, et al.  
c/o GCG  
5151 Blazer Parkway, Suite A  
Dublin, OH 43017

First Class Mail  
ComBasPrice




02 1P  
0001771031 SEP 16 2013  
MAILED FROM ZIP CODE 08002  
\$ 002.390  
UNITED STATES POSTAGE  
PITNEY BOWES

FILED - 00133

U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK  
SOUND SHORE MEDICAL CENTER OF WESTCHESTER  
ROBERT D. DRAIN

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT <i>Southern District of New York</i>		<b>PROOF OF CLAIM</b>
Name of Debtor: <i>Sound Shore Medical Center</i>	Case Number: <i>13-22840CRDD</i>	 COURT USE ONLY
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <i>Fried Brothers Inc.</i>		<input type="checkbox"/> Check this box if this claim amends a previously filed claim.  Court Claim Number: _____ (if known)  Filed on: _____
Name and address where notices should be sent: <i>Fried Brothers, Inc. 467 North 7th Street Philadelphia, PA 19123</i> Telephone number: <i>215-627-3205</i> email: <i>tony@fbisecurity.com</i>		
Name and address where payment should be sent (if different from above):  Telephone number: _____ email: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
1. Amount of Claim as of Date Case Filed: \$ <u><i>3692.64</i></u>		
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input checked="" type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u><i>Goods Sold</i></u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <u><i>UN02</i></u>	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		Basis for perfection: _____
Value of Property: \$ _____		Amount of Secured Claim: \$ _____
Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount Unsecured: \$ _____
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<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 the case was filed or the debtor's business ceased, 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).  Amount entitled to priority: \$ _____
<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)(____).
*Amounts are subject to adjustment on 4/01/16 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. (See instruction #6)		

B10 (Official Form 10) (04/13)

2

**7. Documents:** Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of revolving accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). 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. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

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

If the documents are not available, please explain:

**8. Signature:** (See instruction #8)

Check the appropriate box.

- I am the creditor.  I am the creditor's authorized agent.  I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.)  I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

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: Anatoliy Beherman  
 Title: Accounts Receivable  
 Company: Friedl Brothers Inc.  
 Address and telephone number (if different from notice address above):  
 \_\_\_\_\_  
 \_\_\_\_\_

Anatoliy Beherman  
 (Signature)

8/8/13  
 (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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

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

**Items to be completed in Proof of Claim form**

**Court, Name of Debtor, and Case Number:**  
 Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

**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.

**3b. Uniform Claim Identifier:**  
 If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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. 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.

**7. 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 and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. 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.

**8. 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, 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**

**INFORMATION**

**Debtor**

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

**Creditor**

A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).

**Claim**

A claim is the creditor's right to receive payment for a debt 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 clerk of the same bankruptcy court in which the bankruptcy case was filed.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**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.

**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 court's PACER system ([www.pacer.nsc.uscourts.gov](http://www.pacer.nsc.uscourts.gov)) for a small fee 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.

# INVOICE

ESTABLISHED 1922  
SUPPLIER OF DOOR HARDWARE, SECURITY PRODUCTS AND ACCESS CONTROL



Number	183556-1
Invoice Date	02/25/2013
Ordered Date	05/08/2012
Ship Date	
Page	1

**Bill to:** SOUND SHORE MEDICAL CENTER  
16 GUION PLACE  
NEW ROCHELLE, NY 10802

**Ship to:** SOUND SHORE MEDICAL CENTER  
16 GUION PLACE  
NEW ROCHELLE, NY 10802

Phone: (914) 632-5000 Fax: (914) 365-4363

Phone: (914) 632-5000

Cust Code	Ordered By	Salesman	Job/Rel	Customer PO	Wanted Date
SOUN02		DAVE/GARY		NR169439	05/01/2012
Entered By	Ship Via	Terms		FRT	
David	FEDEX RECEIVER	NET 10 DAYS		WAREHOUSE	
Quantity	U/M	Item #	Description	Price	Extension
Order	Ship	Back			
25	EA	MNS024882	TRUTH 27.19-23.100 RH 1-3/8" C-C W 7/16" LOCK UP	29.6000	740.00
25	EA	MNS024883	TRUTH 27.19-23.101 LH 1-3/8" C-C W/ 7/16" LOCK UP	29.6000	740.00

**SubTotal** 1,480.00

5640

<b>CURRENT</b>	<b>30 Days</b>	<b>60 Days</b>
1,087.29	0.00	0.00
<b>90 Days</b>	<b>120 Days</b>	<b>AGING TOTAL</b>
0.00	616.79	4,711.12

**Total** 1,480.00

PAST DUE INVOICES ARE SUBJECT TO 1 1/2% MONTHLY SERVICE CHARGE.

Signature: \_\_\_\_\_

# INVOICE

ESTABLISHED 1922  
SUPPLIER OF DOOR HARDWARE, SECURITY PRODUCTS AND ACCESS CONTROL



Number	194646-1
Invoice Date	02/25/2013
Ordered Date	02/20/2013
Ship Date	02/25/2013
Page	1

Bill to: SOUND SHORE MEDICAL CENTER  
16 GUION PLACE  
NEW ROCHELLE, NY 10802

Ship to: SOUND SHORE MEDICAL CENTER  
16 GUION PLACE  
NEW ROCHELLE, NY 10802

Phone: (914) 632-5000 Fax: (914) 365-4363

Phone: (914) 632-5000 Fax: (914) 365-4363

Cust Code	Ordered By	Salesman	Job/Rel	Customer PO	Wanted Date
SOUN02		GARY/MITCH			02/20/2013
Entered By	Ship Via	Terms	FRT		
Match	FEDEX RECEIVER	NET 10 DAYS			
Quantity	U/M	Item #	Description	Price	Extension
Order Ship Back					
2	EA	500-083	TACO LHL 510 PASSAGE LEVER FOR UL PANIC N-DX-LHL510SC	50.0000	100.00

SubTotal 100.00

4634

CURRENT	30 Days	60 Days
1,087.29	0.00	0.00
90 Days	120 Days	AGING TOTAL
0.00	616.79	4,711.12

Total 100.00

PAST DUE INVOICES ARE SUBJECT TO 1 1/2% MONTHLY SERVICE CHARGE.

Signature: \_\_\_\_\_



# INVOICE

ESTABLISHED 1922  
SUPPLIER OF DOOR HARDWARE, SECURITY PRODUCTS AND ACCESS CONTROL



Number	195149-1
Invoice Date	03/20/2013
Ordered Date	03/05/2013
Ship Date	
Page	1

Bill to: SOUND SHORE MEDICAL CENTER  
16 GUION PLACE  
NEW ROCHELLE, NY 10802

Ship to: SOUND SHORE MEDICAL CENTER  
16 GUION PLACE  
NEW ROCHELLE, NY 10802

Phone: (914) 632-5000 Fax: (914) 365-4363

Phone: (914) 632-5000 Fax: (914) 365-4363

Cust Code	Ordered By	Salesman	Job/Rel	Customer PO	Wanted Date
SOUN02	PHIL	GARY/MITCH			03/05/2013
Entered By	Ship Via	Terms	FRT		
Mitch	FEDEX RECEIVER	NET 30 DAYS			
Customer/Order Instructions					

DIRECT FACTORY SHIPMENT PO#55600 SEC60 6017246-2

Quantity	U/M	Item #	Description	Price	Extension
Order	Ship	Back			
1	0	0	EA MNS029007	RIXSON 0601 24VAC/DC AL SMOK-CHEK V PUSH SIDE ELECTRIFIED CLOSER/HOLDER	456.4500 0.00
1	0	0	EA MNS029010	RIXSON 550136K- AL SMOK-CHEK V PUSH SIDE ARM ONLY	135.2000 0.00
50	50	0	EA 250-930	ILCO 998SB FOR YALE SECTIONL YALE SECTIONAL KEY D *** SHIPPING INFORMATION *** Tracking# 85962403089026	1.0600 53.00

SubTotal 53.00

4950

CURRENT	30 Days	60 Days
1,087.29	0.00	0.00

90 Days	120 Days	AGING TOTAL
0.00	616.79	4,711.12

Total 53.00

PAST DUE INVOICES ARE SUBJECT TO 1 1/2% MONTHLY SERVICE CHARGE.

Signature: \_\_\_\_\_

# INVOICE

ESTABLISHED 1923  
SUPPLIER OF DOOR HARDWARE, SECURITY PRODUCTS AND ACCESS CONTROL



Number	195306-1
Invoice Date	03/20/2013
Ordered Date	03/08/2013
Ship Date	03/20/2013
Page	1

Bill to: SOUND SHORE MEDICAL CENTER  
16 GUION PLACE  
NEW ROCHELLE, NY 10802

Ship to: SOUND SHORE MEDICAL CENTER  
16 GUION PLACE  
NEW ROCHELLE, NY 10802

Phone: (914) 632-5000 Fax: (914) 365-4363

Phone: (914) 632-5000 Fax: (914) 365-4363

Cust. Code	Ordered By	Salesman	Job/Rel	Customer PO	Wanted Date
SOUN02	PHIL	GARY/MITCH		PHIL 3/8/13	03/08/2013
Entered By	Ship Via		Terms	FRT	
Mitch	FEDEX RECEIVER		NET 30 DAYS		
Quantity	U/M	Item #	Description	Price	Extension
Order Ship Back					
6		EA 468-113	SCHLAGE 16-211 626 3-WAY F SERIES DEAD LATCH UNIVERSAL *** SHIPPING INFORMATION *** <u>Tracking#</u> 859624030089019	12.3400	74.04

SubTotal 74.04

0644

CURRENT	30 Days	60 Days
1,087.29	0.00	0.00
90 Days	120 Days	AGING TOTAL
0.00	616.79	4,711.12

Total 74.04

PAST DUE INVOICES ARE SUBJECT TO 1 1/2% MONTHLY SERVICE CHARGE.

Signature: \_\_\_\_\_

# INVOICE

ESTABLISHED 1922  
SUPPLIER OF DOOR HARDWARE, SECURITY PRODUCTS AND ACCESS CONTROL



Number	195859-1
Invoice Date	03/25/2013
Ordered Date	03/22/2013
Ship Date	
Page	1

Bill to: SOUND SHORE MEDICAL CENTER  
16 GUION PLACE  
NEW ROCHELLE, NY 10802

Ship to: SOUND SHORE MEDICAL CENTER  
16 GUION PLACE  
NEW ROCHELLE, NY 10802

Phone: (914) 632-5000 Fax: (914) 365-4363

Phone: (914) 632-5000 Fax: (914) 365-4363

Cust Code	Ordered By	Salesman	Job/Rel	Customer PO	Wanted Date
SOUN02		GARY/MITCH			03/22/2013
Entered By	Ship Via	Terms	FRT		
Mitch	FEDEX RECEIVER	NET 30 DAYS			
Quantity	U/M	Item #	Description	Price	Extension
Order Ship Back					
4	EA	312-002	MARKS IQILITE BLACK ACCESS CONTROL LOCK SCHLAGE KEYWAY *** SHIPPING INFORMATION *** Tracking# 859624030089118	325.0000	1300.00

SubTotal 1,300.00

5948

CURRENT	30 Days	60 Days
1,087.29	0.00	0.00
90 Days	120 Days	AGING TOTAL
0.00	616.79	4,711.12

Total 1,300.00

PAST DUE INVOICES ARE SUBJECT TO 1 1/2% MONTHLY SERVICE CHARGE.

Signature: \_\_\_\_\_

# INVOICE

ESTABLISHED 1922  
SUPPLIER OF DOOR HARDWARE, SECURITY PRODUCTS AND ACCESS CONTROL

Number	195149-2
Invoice Date	04/11/2013
Ordered Date	03/05/2013
Ship Date	03/26/2013
Page	1



Bill to: SOUND SHORE MEDICAL CENTER  
16 GUION PLACE  
NEW ROCHELLE, NY 10802

Ship to: SOUND SHORE MEDICAL CENTER  
16 GUION PLACE  
NEW ROCHELLE, NY 10802

Phone: (914) 632-5000 Fax: (914) 365-4363

Phone: (914) 632-5000 Fax: (914) 365-4363

Cust Code	Ordered By	Salesman	Job/Rel	Customer PO	Wanted Date
SOUN02	PHIL	GARY/MITCH			03/05/2013
Entered By	Ship Via	Terms	PRT		
Mitch	FEDEX RECEIVER	NET 30 DAYS			
Customer/Order Instructions					

DIRECT FACTORY SHIPMENT PO#55600 SEC60 6017246-2

Quantity	U/M	Item #	Description	Price	Extension
1	EA	MNS029007	RIXSON 0601 24VAC/DC AL SMOK-CHEK V PUSH SIDE ELECTRIFIED CLOSER/HOLDER	456.4500	456.45
1	EA	MNS029010	RIXSON 550136K- AL SMOK-CHEK V PUSH SIDE ARM ONLY	135.2000	0.00

4933

SubTotal 456.45

SHIPPING & HANDLING 18.14

CURRENT	30 Days	60 Days
1,087.29	0.00	0.00

90 Days	120 Days	AGING TOTAL
0.00	616.79	4,711.12

Total 474.59

PAST DUE INVOICES ARE SUBJECT TO 1 1/2% MONTHLY SERVICE CHARGE.

Signature: \_\_\_\_\_

# INVOICE

ESTABLISHED 1922  
SUPPLIER OF DOOR HARDWARE, SECURITY PRODUCTS AND ACCESS CONTROL



Number	195149-3
Invoice Date	04/23/2013
Ordered Date	03/05/2013
Ship Date	04/16/2013
Page	1

**Bill to:** SOUND SHORE MEDICAL CENTER  
16 GUION PLACE  
NEW ROCHELLE, NY 10802

**Ship to:** SOUND SHORE MEDICAL CENTER  
16 GUION PLACE  
NEW ROCHELLE, NY 10802

Phone: (914) 632-5000 Fax: (914) 365-4363

Phone: (914) 632-5000 Fax: (914) 365-4363

Cust Code	Ordered By	Salesman	Job/Rel	Customer PO	Wanted Date
SOUN02	PHIL	GARY/MITCH			03/05/2013
Entered By	Ship Via	Terms	FRT		
Mitch	FEDEX RECEIVER	NET 30 DAYS			
Customer/Order Instructions					

**DIRECT FACTORY SHIPMENT PO#55600 SEC60 6017246-2**

Quantity	U/M	Item #	Description	Price	Extension
1	EA	MNS029010	RIXSON 550136K- AL SMOK-CHEK V PUSH SIDE ARM ONLY	135.2000	135.20

4940

**SubTotal** 135.20

**SHIPPING & HANDLING** 7.00

<b>CURRENT</b>	<b>30 Days</b>	<b>60 Days</b>
1,087.29	0.00	0.00

<b>90 Days</b>	<b>120 Days</b>	<b>AGING TOTAL</b>
0.00	616.79	4,711.12

**Total** 142.20

PAST DUE INVOICES ARE SUBJECT TO 1 1/2% MONTHLY SERVICE CHARGE.

**Signature:** \_\_\_\_\_

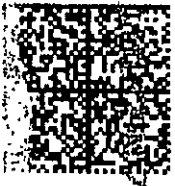
Month	Invoice	Interest(1.5%/month)	Accrued Interest	Balance
February	183556-1	\$0	\$0	\$1,480
March	183556-1	\$0	\$0	\$1,480
April	183556-1	\$22.20	\$22.20	\$1,502.20
May	183556-1	\$22.20	\$44.40	<b>\$1,524.40</b>
February	194646-1	\$0	\$0	\$100
March	194646-1	\$0	\$0	\$100
April	194646-1	\$1.50	\$1.50	\$101.50
May	194646-1	\$1.50	\$3.00	<b>\$103.00</b>
March	195149-1	\$0	\$0	\$53.00
April	195149-1	\$0	\$0	\$53.00
May	195149-1	\$0.80	\$0.80	<b>\$53.80</b>
March	195306-1	\$0	\$0	\$74.04
April	195306-1	\$0	\$0	\$74.04
May	195306-1	\$1.11	\$1.11	<b>\$75.15</b>
March	195859-1	\$0	\$0	\$1,300
April	195859-1	\$0	\$0	\$1,300
May	195859-1	\$19.50	\$19.50	<b>\$1,319.50</b>
*Fried Brothers Inc. charges a continual 1.5% finance charge at the beginning of each month following the month in which the net terms had expired.				

FRIED BROTHERS, INC.

467 NORTH 7TH STREET  
PHILADELPHIA, PA 19123-3996  
WWW.FB/SECURITY.COM

PHILADELPHIA, PA 190

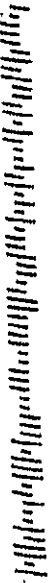
OS AUG



02 1M  
00042261  
NOV 2013  
\$ 00:650  
POSTAL CODE 19123

Sound Shore Medical Center of Westchester  
c/o GCG Inc.  
P.O. Box 9982  
Dublin, Ohio 43017-5982

43017598282



00000294  
SSM0202700028



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
<b>Name of Debtor (Check Only One):</b> <input type="checkbox"/> Sound Shore Medical Center of Westchester <input type="checkbox"/> The Mount Vernon Hospital, Inc. <input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center <input checked="" type="checkbox"/> The M.V.H. Corporation <input type="checkbox"/> Sound Shore Health System, Inc. <input type="checkbox"/> NRHMC Services Corporation <input type="checkbox"/> New Rochelle Sound Shore Housing, LLC	<b>Case No.</b> 13-22840 13-22841 13-22842 13-22843 13-22844 13-22845 13-22846	<b>Your Claim is Scheduled As Follows:</b>  <div style="text-align: center; border: 1px solid black; border-radius: 50%; width: 100px; margin: 0 auto; padding: 5px;">                     THE GARDEN CITY GROUP INC.                      SEP 19 2013                 </div> <p>If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.</p>
NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).		
<b>Name of Creditor (the person or other entity to whom the Debtor owes money or property):</b> GREEN ENERGY INNOVATIONS	<input checked="" type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.	
<b>Name and address where notices should be sent:</b> GREEN ENERGY INNOVATIONS 10011 S PIONEER BLVD. SANTA FE SPRINGS, CA 90670	<b>Court Claim Number:</b> 13-22840(RDD) (If known)	
<b>Telephone number:</b> 323-622-1930 <b>Email Address:</b> accounting@gesinnovations.com	Filed on: _____	
<b>Name and address where payment should be sent (if different from above):</b>	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.	
<b>Telephone number:</b> <b>Email Address:</b>		
<b>1. Amount of Claim as of Date Case Filed (May 29, 2013):</b> \$ 6,000.00		
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6.		
<input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
<b>2. Basis for Claim:</b> <u>Installation of lighting</u> (See instruction #2)		
<b>3. Last four digits of any number by which creditor identifies Debtor:</b>	<b>3a. Debtor may have scheduled account as:</b> _____ (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b> _____ (See instruction #3b)
<b>4. Secured Claim (See instruction #4)</b> Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		
<b>Nature of property or right of setoff:</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other	<b>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:</b> \$ _____	<b>Basis for perfection:</b> _____
<b>Describe:</b> _____ <b>Value of Property:</b> \$ _____ <b>Annual Interest Rate</b> _____ % <input type="checkbox"/> Fixed    or <input type="checkbox"/> Variable (when case was filed)	<b>Amount of Secured Claim:</b> \$ _____ <b>Amount Unsecured:</b> \$ _____	
<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</b>		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <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"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		<b>Amount entitled to priority:</b> \$ _____
<b>6. Claim Pursuant to 11 U.S.C. § 503(b)(9):</b> Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____		
<b>7. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)		



8. **Documents:** Attached are 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, and the 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) Check the appropriate box.  
 I am the creditor     I am the creditor's authorized agent.     I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004)     I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)  
 (Attach 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: DILJE PARK    Title: PRESIDENT    Company: GREEN ENERGY INNOVATIONS    Address and telephone number (if different from notice address above): 10011 S. Pioneer Blvd Santa Fe Springs, CA 90670    Telephone number: 323 622-1930    email: accounting@geinnovations.org

(Signature) [Handwritten Signature]    (Date) 2/16/13

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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. **IF BY HAND OR OVERNIGHT COURIER:** Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

**THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**  
**THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**

**Items to be completed in Proof of Claim Form**

**Court, Name of Debtor, and Case Number:**  
 These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.  
**A SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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.

**3b. Uniform Claim Identifier:**  
 If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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 your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9):**  
 If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

**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 healthcare 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**

**INFORMATION**

**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 to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).

**Claim**

A claim is the creditor's right to receive payment for a debt 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 GCG as described in the instructions above and in the Bar Date Notice.

**Section 503(b)(9) Claim**

A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**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.

**Acknowledgment of Filing of Claim**

To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.

**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.

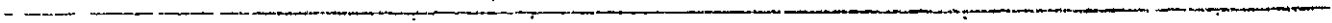
**Display of Proof of Claim on Case Administration Website**

As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.

00000294  
SSM0202700028



GREEN ENERGY INNOVATIONS  
10011 S PIONEER BLVD.  
SANTA FE SPRINGS, CA 90670



**Form W-9**  
 (Rev. January 2011)  
 Department of the Treasury  
 Internal Revenue Service

**Request for Taxpayer  
 Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

Name (as shown on your income tax return)

**The Mount Vernon Hospital**

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification (required):

Individual/sole proprietor  C Corporation  S Corporation  Partnership  Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

Exempt payee

Other (see instructions) ▶

Address (number, street, and apt. or suite no.)

**12 North 7th Avenue**

City, state, and ZIP code

**Mount Vernon, NY 10550**

List account number(s) here (optional)

Requester's name and address (optional)

Print or type  
See Specific Instructions on page 2.

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

			-				
--	--	--	---	--	--	--	--

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number

1	3	-	1	7	4	0	1	1	5
---	---	---	---	---	---	---	---	---	---

**Part II Certification**

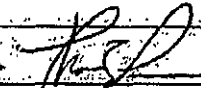
Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here

Signature of U.S. person ▶



Date ▶

*4/17/15*

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued);
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



409 30th st. suite 400 LLC, NY 11101  
Tel (718) 784-8000 Fax (718) 784-8000

# INVOICE

Sold To:	Mt. Vernon Hospital	Date:	6/28/2012
Address:	10 N. 7th Ave Mount Vernon, NY 10550		
Contact Person:	James Pajuelo	CE Acct. #	59-0002-2595-0000-9
Phone Number:	914-361-6382	Note:	

QTY	Base Case (per Fixture)	New Measure (per Fixture)	Model # (Make)	Unit/Install Cost		Total
-----	-------------------------	---------------------------	----------------	-------------------	--	-------

Sensor / Exit Sign:

120		Wall Box Sensor	VCOS (EnerLights)	\$50.00		\$ 6,000.00
-----	--	-----------------	-------------------	---------	--	-------------

120						Rebate Total	\$ 6,000.00



Commercial and Industrial Energy Efficiency Program  
Completion Certificate

051266

**Con Edison Account Holder Information** Project #:

Account Name (as shown on your Con Edison bill) <b>Mt. Vernon Hospital</b>		Con Edison Account Number(s) 59-0002-2595-0000-9	
Contact <b>James Pajuelo</b>	Title	Email <b>jpajuelo@sshsw.org</b>	Phone <b>914-361-6382</b>

**Site Information**

Service Address 12 North Seventh Avenue	City Mount Vernon	State NY	Zip 10550
--	----------------------	-------------	--------------

**Installation Contractor(s)**

**Green Energy Innovations**

**Installation Information**

Quantity	Energy Efficiency Measure(s) installed	Material Cost	Labor Cost	Final Invoice Date
120	Occupancy Sensors	\$3000	\$3000	5/15/12
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

**Application Submittal Requirements**

The following items are required for incentive payment processing.

This signed form  
 Final project invoices  
 W9 (for tax purposes)

**Agreement and Signature**

By my signature below, I represent to Con Edison that the above Measure(s) have been installed to my satisfaction and that the attached invoices are true and correct copies of the charges for all labor (including internal and direct labor), materials, equipment and services performed to complete the installation.

Customer or Authorized Representative (please print) <b>James Pajuelo</b>	Title <b>Dir. of Engin...</b>	Date <b>04/10/2012</b>
Signature 		



UNITED STATES POSTAL SERVICE®

Click-N-Ship®

P

usps.com 9405 5036 9930 0061 9069 82 0050 5001 0184 3017

\$5.05  
US POSTAGE  
Flat Rate Env



Commercial Base Pricing

09/16/13

Mailed from 90670 062S0000001308

PRIORITY MAIL 2-DAY™

PILJE PARK  
SFADIA  
10011 PIONEER BLVD  
SANTA FE SPGS CA 90670-3221

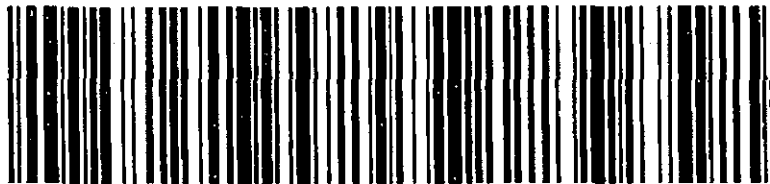
Delivery Date: 09/18/13

0006

C001

SHIP TO: C/O GCG INC.  
SOUND SHORE MEDICAL CENTER OF  
5151 BLAZER PKWY STE A  
DUBLIN OH 43017-9306

USPS TRACKING #



9405 5036 9930 0061 9069 82

Electronic Rate Approved #038555749

Schedule package pickup right from your home

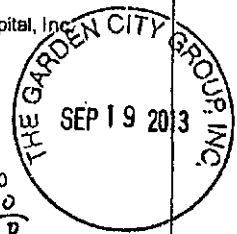




01004013  
SSM0202204261



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
<b>Name of Debtor (Check Only One):</b> <input type="checkbox"/> Sound Shore Medical Center of Westchester <input type="checkbox"/> The Mount Vernon Hospital, Inc. <input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center <input type="checkbox"/> The M.V.H. Corporation <input type="checkbox"/> Sound Shore Health System, Inc. <input type="checkbox"/> NRHMC Services Corporation <input type="checkbox"/> New Rochelle Sound Shore Housing, LLC		<b>Your Claim is Scheduled As Follows:</b>  The Mount Vernon Hospital, Inc.  Unsecured: \$263,763.90 + 221,703.30 #485,467.20
Case No. 13-22840 13-22841 13-22842 13-22843 13-22844 13-22845 13-22846		
NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <b>HEALTHCARE BUSINESS SOLUTI</b>	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number:  (If known)	If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.
Name and address where notices should be sent:  HEALTHCARE BUSINESS SOLUTI 41 ARTILLERY PARK RD TOTOWA, NJ 07512-1122	Filed on:	
Telephone number: <b>973-803-0428</b> Email Address: <b>hbs-consulting@optonline.net</b>	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.	
Name and address where payment should be sent (if different from above):  Telephone number: Email Address:		
1. Amount of Claim as of Date Case Filed (May 29, 2013): \$ <b>263,763.90</b>		
If all or part of the claim is secured, complete item 4.  If all or part of the claim is entitled to priority, complete item 5.  If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6.		
<input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <b>PERFORMED CONSULTING SERVICES TO OBTAIN ADDITIONAL REVENUE FOR PAST AND FUTURE YEARS.</b> (See instruction #2)		
3. Last four digits of any number by which creditor identifies Debtor:	3a. Debtor may have scheduled account as:  (See instruction #3a)	3b. Uniform Claim Identifier (optional):  (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, 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		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____
Describe: _____		Basis for perfection: _____
Value of Property: \$ _____		Amount of Secured Claim: \$ _____
Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount Unsecured: \$ _____
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<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 the case was filed or the Debtor's business ceased, 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)(____).
		Amount entitled to priority: \$ _____
* Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Claim Pursuant to 11 U.S.C. § 503(b)(9): Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____		
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)		



DISCONTINUED

FILED - 00974

BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK  
SOUND SHORE MEDICAL CENTER OF WESTCHESTER  
ROBERT D. DRAIN

13-22840-rdd

13-22840-rdd Doc 1013-13 Filed 02/23/15 Entered 02/23/15 11:01:24 Proof of Claims - Part 11 Pg 5 of 35

13-22840-rdd Doc 1013-13 Filed 02/23/15 Entered 02/23/15 11:01:24 Proof of Claims - Part 11 Pg 5 of 35

13-22840-rdd Doc 1013-13 Filed 02/23/15 Entered 02/23/15 11:01:24 Proof of Claims - Part 11 Pg 5 of 35

13-22840-rdd Doc 1013-13 Filed 02/23/15 Entered 02/23/15 11:01:24 Proof of Claims - Part 11 Pg 5 of 35

13-22840-rdd Doc 1013-13 Filed 02/23/15 Entered 02/23/15 11:01:24 Proof of Claims - Part 11 Pg 5 of 35

13-22840-rdd Doc 1013-13 Filed 02/23/15 Entered 02/23/15 11:01:24 Proof of Claims - Part 11 Pg 5 of 35

13-22840-rdd Doc 1013-13 Filed 02/23/15 Entered 02/23/15 11:01:24 Proof of Claims - Part 11 Pg 5 of 35

13-22840-rdd Doc 1013-13 Filed 02/23/15 Entered 02/23/15 11:01:24 Proof of Claims - Part 11 Pg 5 of 35

Modified 810 (GCG) (04/13)

8. **Documents:** Attached are 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, and the 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) Check the appropriate box.

I am the creditor  I am the creditor's authorized agent.  I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004)  I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)

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: ROBERT BARAGONA Robert Baragona 8/19/13

Title: PARTNER (Signature) (Date)

Company: HEALTH CARE BUSINESS SOLUTIONS, LLC

Address and telephone number (if different from notice address above):

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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: IF BY MAIL: Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. IF BY HAND OR OVERNIGHT COURIER: Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)  
THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)

**Items to be completed in Proof of Claim Form**

**Court, Name of Debtor, and Case Number:**

These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.

**ADDITIONAL PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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.

**3b. Uniform Claim Identifier:**

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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 your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9):**

If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

**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 healthcare 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.

<p>1. The invention is a method for determining the relative humidity of a sample of material.</p>	<p>2. The method comprises the steps of: (a) measuring the weight of the sample; (b) measuring the weight of the sample after it has been exposed to a known relative humidity; and (c) comparing the two weights to determine the relative humidity of the sample.</p>
<p>3. The method of claim 1, wherein the sample is a piece of material.</p>	<p>4. The method of claim 1, wherein the sample is a piece of material having a known weight.</p>
<p>5. The method of claim 1, wherein the sample is a piece of material having a known weight and a known volume.</p>	<p>6. The method of claim 1, wherein the sample is a piece of material having a known weight and a known volume and a known surface area.</p>
<p>7. The method of claim 1, wherein the sample is a piece of material having a known weight and a known volume and a known surface area and a known thickness.</p>	<p>8. The method of claim 1, wherein the sample is a piece of material having a known weight and a known volume and a known surface area and a known thickness and a known density.</p>
<p>9. The method of claim 1, wherein the sample is a piece of material having a known weight and a known volume and a known surface area and a known thickness and a known density and a known porosity.</p>	<p>10. The method of claim 1, wherein the sample is a piece of material having a known weight and a known volume and a known surface area and a known thickness and a known density and a known porosity and a known moisture content.</p>
<p>11. The method of claim 1, wherein the sample is a piece of material having a known weight and a known volume and a known surface area and a known thickness and a known density and a known porosity and a known moisture content and a known relative humidity.</p>	<p>12. The method of claim 1, wherein the sample is a piece of material having a known weight and a known volume and a known surface area and a known thickness and a known density and a known porosity and a known moisture content and a known relative humidity and a known relative humidity.</p>
<p>13. The method of claim 1, wherein the sample is a piece of material having a known weight and a known volume and a known surface area and a known thickness and a known density and a known porosity and a known moisture content and a known relative humidity and a known relative humidity and a known relative humidity.</p>	<p>14. The method of claim 1, wherein the sample is a piece of material having a known weight and a known volume and a known surface area and a known thickness and a known density and a known porosity and a known moisture content and a known relative humidity and a known relative humidity and a known relative humidity.</p>

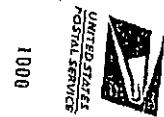
ABS  
M1 PERTILARY PAER RP  
TOTOAH, NY 07512-1122

RETURN RECEIPT  
REQUESTED

SOUND STATE MEDICAL CENTER OF WESTCHESTER, et al.

c/o GCG, INC.  
P.O. Box 9982  
DURHAM, OH 43017-5982

4301755982

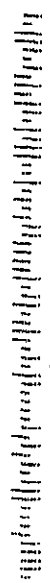


U.S. POSTAGE  
PAID  
FREEDOM, NJ  
SEP 18 2013  
PMOUNT  
\$5.31  
00046784-05

PLACE STICKER ABOVE OR ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AND DOTTED LINE  
**CERTIFIED MAIL**



7013 1090 0001 8606 8910



01012924

SSM0202364893



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
<b>Name of Debtor (Check Only One):</b> <input checked="" type="checkbox"/> Sound Shore Medical Center of Westchester <input type="checkbox"/> The Mount Vernon Hospital, Inc. <input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center <input type="checkbox"/> The M.V.H. Corporation <input type="checkbox"/> Sound Shore Health System, Inc. <input type="checkbox"/> NRHMC Services Corporation <input type="checkbox"/> New Rochelle Sound Shore Housing, LLC		<b>Your Claim is Scheduled As Follows:</b>  Sound Shore Medical Center of Westchester  Unsecured: Unknown  Contingent / Unliquidated / Disputed  If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.
<b>Case No.</b> 13-22840 13-22841 13-22842 13-22843 13-22844 13-22845 13-22846		
<b>NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).</b>		
<b>Name of Creditor (the person or other entity to whom the Debtor owes money or property):</b> PATRICIA HENRY	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  <b>Court Claim Number:</b>  (If known)	
<b>Name and address where notices should be sent:</b> PATRICIA HENRY C/O PARKER WAICHMAN 6 HARBOR PARK DR S PORT WASHINGTON, NY 11050-4647	<b>Filed on:</b>  (If known)	
<b>Telephone number:</b> (516) 466-6500 <b>Email Address:</b> mpalbon@yourlawfirm.com	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.	
<b>Name and address where payment should be sent (if different from above):</b>  <b>Telephone number:</b> <b>Email Address:</b>		
<b>1. Amount of Claim as of Date Case Filed (May 29, 2013):</b> \$ 10,000,000.00 <span style="float: right;">FILED - 09247</span> If all or part of the claim is secured, complete item 4. <span style="float: right;">U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK</span> If all or part of the claim is entitled to priority, complete item 5. <span style="float: right;">SOUND SHORE MEDICAL CENTER OF WESTCHESTER</span> If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6. <span style="float: right;">ROBERT D. DRAIN</span> <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
<b>2. Basis for Claim:</b> Development of bedsores, medical malpractice and negligence. (See instruction #2)		
<b>3. Last four digits of any number by which creditor identifies Debtor:</b> 724766	<b>3a. Debtor may have scheduled account as:</b>  (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b>  (See instruction #3b)
<b>4. Secured Claim (See instruction #4)</b> Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.  <b>Nature of property or right of setoff:</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other  <b>Describe:</b> _____  <b>Value of Property:</b> \$ _____  <b>Annual Interest Rate</b> _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		<b>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:</b> \$ _____  <b>Basis for perfection:</b> _____  <b>Amount of Secured Claim:</b> \$ _____  <b>Amount Unsecured:</b> \$ _____
<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</b> <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 the case was filed or the Debtor's business ceased, 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). <b>Amount entitled to priority:</b> \$ _____ <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).		
<b>*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</b>		
<b>6. Claim Pursuant to 11 U.S.C. § 503(b)(9):</b> Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____		
<b>7. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)		

8. **Documents:** Attached are 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, and the 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) Check the appropriate box.

- I am the creditor  I am the creditor's authorized agent.  I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004)  I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)

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: James G. Kaprielos

Title: Attorney

Company: Harvey Klawnsman, LLP

Address and telephone number (if different from notice address above):

60 Harbor Park Drive  
Port Washington, New York 11050-4647

Telephone number: (516) 416-6500

email: mpabon@yourlawyer.com

*(Signature)* James G. Kaprielos  
*(Date)* 8-21-2013

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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. **IF BY HAND OR OVERNIGHT COURIER:** Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

**THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**  
**THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**

**Items to be completed in Proof of Claim Form**

**Court, Name of Debtor, and Case Number:**

These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.

**SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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.

**3b. Uniform Claim Identifier:**

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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 your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9):**

If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

**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 healthcare 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**

**INFORMATION**

**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 to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).

**Claim**  
A claim is the creditor's right to receive payment for a debt 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 GCG as described in the instructions above and in the Bar Date Notice.

**Section 503(b)(9) Claim**  
A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**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.

**Acknowledgment of Filing of Claim**  
To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.

**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(c), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.

**Display of Proof of Claim on Case Administration Website**  
As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.



01012924

SSM0202364893



PATRICIA HENRY  
C/O PARKER WAICHMAN  
6 HARBOR PARK DR S  
PORT WASHINGTON, NY 11050-4647

**PW** Parker | Waichman LLP  
A NATIONAL LAW FIRM  
NEW YORK | LONG ISLAND | NEW JERSEY | WASHINGTON, D.C. | FLORIDA

6 Harbor Park Drive  
Port Washington, NY 11050-4647  
Phone 516.466.6500  
Fax 516.466.6665  
800.LAW.INFO (529.4636)  
www.yourlawyer.com

August 22, 2013

**VIA FEDERAL EXPRESS**

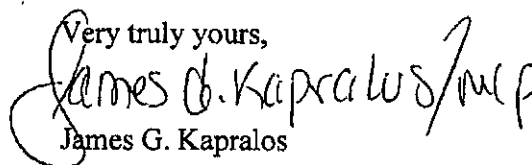
Sound Shore Medical Center of Westchester, et al  
c/o GCG, Inc.  
5151 Blazer Parkway – Suite A  
Dublin, OH 43017

Re: In re: SOUND SHORE MEDICAL CENTER OF WESTCHESTER, et al  
Chapter 11 Case  
Case No.: 13-22840 (RDD)  
Proof of Claim Bar Date: September 16, 2013  
Patricia Henry as Administratrix of the Estate of Verda Henry, deceased v. New Rochelle  
Care Center, Sutton Park Center for Nursing and Rehabilitation, Sound Shore Medical  
Center of Westchester, Inc., Shasiskekhar Palekar, M.D., and Palekar Family Medical  
Services, P.C., Sutton Park Nursing Home  
Supreme Court, Bronx County Index #: 302161/07  
Our File No: 724766

Dear Sir/Madam:

Please be advised this office represents plaintiff Patricia Henry as Administratrix of Verda Henry in a suit filed against SOUND SHORE MEDICAL CENTER OF WESTCHESTER, among others for nursing home abuse and neglect, medical malpractice and negligence. Counsel for plaintiff herein files a proof of claim on the bankruptcy matter, case number 12-22840 and annexes a Summons and Verified Complaint, Affidavits of Service upon SOUND SHORE MEDICAL CENTER OF WESTCHESTER, a Supplemental Summons and Verified Complaint and this matter's Bill of Particulars.

Kindly apprise the undersigned of any developments on the bankruptcy matter.

Very truly yours,  
  
James G. Kapralos

JGK/mlp  
Enclosure – Proof of Claim

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF BRONX

*Roger*

-----X  
PATRICIA HENRY as the Proposed Administratrix,  
of the Estate of VERDA HENRY,

Index No.: *306725/2008*

**SUMMONS**

Plaintiff,

Plaintiff(s) designate  
BRONX County as the place of  
trial.

-against-

SOUND SHORE MEDICAL CENTER OF  
WESTCHESTER INC., SHASHISKEKHAR PALEKAR,  
M.D. AND PALEKAR FAMILY MEDICAL SERVICES,  
P.C

The basis of the venue is  
Plaintiff's Residence

Defendants.

Plaintiff(s) resides at  
3555 Olinville Avenue  
Bronx New York 10461

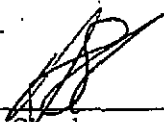
-----X  
Date Summons & Complaint  
Filed:

To the above named Defendant(s)

You are hereby summoned to answer the complaint in this action, and to serve a copy of your answer, or if the complaint is not served with this summons, to serve a notice of appearance on the plaintiff's attorney(s) within twenty days after the services of this summons exclusive of the day of service, where service is made by delivery upon you personally within the state, or within 30 days after completion of service where service is made in any other manner. In case of your failure to appear or answer, judgment will be taken against you by default for the relief demanded in the complaint.

Dated: Great Neck, New York  
August 4, 2008

Yours, etc.

By:   
Andrew T. Sheeley  
Parker Waichman Alonso, LLP  
Attorneys for Plaintiff(s)  
Office & Post Office Address:  
111 Great Neck Road  
Great Neck, New York 11021-3402  
(516)466-6500  
Our File # 724766

RECEIVED  
AUG 12 AM 11:41  
COUNTY CLERK  
BRONX COUNTY

TO: SOUND SHORE MEDICAL CENTER OF WESTCHESTER  
16 Guion Place  
New Rochelle, NY 10802

DR. SHASHISKEK PALEKAR  
84 Calvert Street  
Harrison, NY 10528-3132

PALEKAR FAMILY MEDICAL SERVICES, P.C.  
84 Calvert Street  
Harrison, NY 10528-3132

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF BRONX

-----X  
PATRICIA HENRY as the Proposed Administratrix,  
of the Estate of VERDA HENRY,

Plaintiff,

**VERIFIED COMPLAINT**

-against-

**Index No.:**

SOUND SHORE MEDICAL CENTER OF WESTCHESTER INC.,  
SHASHISKEKHAR PALEKAR, M.D. AND PALEKAR FAMILY  
MEDICAL SERVICES, P.C

Defendants.  
-----X

**AS AND FOR A FIRST CAUSE OF ACTION**

1. That at the time of the commencement of this action,

Plaintiff PATRICIA HENRY resided in the County of Bronx, State of New York.

2. That plaintiff, PATRICIA HENRY, is in the process of being appointed Administratrix of the Estate of VERDA HENRY.

3. That this action falls within one or more of the exceptions as set forth in CPLR §1602, §1602(1), §1602(2), §1602(3), §1602(4), §1603(5), §1603(6), §1603(7), §1603(8), §1603(9), §1603(10), §1603(11) and §1602(12) of the State of New York.

4. At all times mentioned herein, defendant SOUND SHORE MEDICAL CENTER OF WESTCHESTER, INC. was a corporation duly organized and existing under and by virtue of the laws of the State of New York.

5. At all times mentioned herein, the principal place of business of defendant SOUND SHORE MEDICAL CENTER OF WESTCHESTER, INC. was located at 16 Guion Place, New Rochelle, NY 10802.

6. At all times mentioned herein, defendant SOUND SHORE

RECEIVED  
08 AUG 12 AM 11:11  
COUNTY CLERK  
BRONX COUNTY

MEDICAL CENTER OF WESTCHESTER, INC. owned, operated, managed, maintained, supervised, inspected and controlled the health facility located at 18 Guion Place, New Rochelle, NY 10802.

7. That at all times hereinafter mentioned, defendant SOUND SHORE MEDICAL CENTER OF WESTCHESTER, INC. its agents, servants and/or employees, undertook and agreed to render medical care to the plaintiff VERDA HENRY and did render treatment at various times from December 2006 through July 2007.

8. That the medical and/or surgical treatment, services and advice rendered to plaintiff VERDA HENRY, by defendant SOUND SHORE MEDICAL CENTER OF WESTCHESTER, INC. its agents, servants and/or employees, were negligently, carelessly, recklessly and grossly negligently performed and were rendered in a manner which departed from good and accepted medical practice then and there prevailing and constituted professional medical malpractice.

9. That defendant SOUND SHORE MEDICAL CENTER OF WESTCHESTER, INC. negligently, carelessly, recklessly and grossly negligently failed to properly test, diagnose and treat plaintiff VERDA HENRY which adversely affected plaintiff's health, well-being and future treatment of plaintiff.

10. By reason of the foregoing, the plaintiff VERDA HENRY was caused to suffer and sustain severe and permanent serious personal injuries, severe and serious pain and suffering and mental anguish.

11. As a result of the foregoing, plaintiff, VERDA HENRY has been damaged in a sum which exceeds the jurisdictional limitations of all lower courts which would otherwise have jurisdiction.

**AS AND FOR A SECOND CAUSE OF ACTION**

12. Plaintiff repeats and realleges each and every allegation set forth above with the same force and effect as if more fully set forth at length herewith.

13. At all of the times aforementioned, defendants, their agents, servants, employees and/or licensees and those persons who rendered medical diagnosis care, treatment, services and advice to plaintiff, VERDA HENRY failed to adequately inform her or her representatives, or to warn them of the nature, purpose, known perils, recognized hazards, risks and/or possible complications of the medical diagnosis, treatment, services and advice rendered to the plaintiff.

14. A reasonable person in plaintiff's position would not have undergone the treatment or diagnosis if he had been fully informed, and the lack of said informed consent is a proximate cause of the injuries or conditions for which recovery is sought.

15. As a result of all of the foregoing, plaintiff VERDA HENRY was injured and damaged in a sum which exceeds the jurisdictional limitations of all lower courts, which would otherwise have jurisdiction over this action.

**AS AND FOR A THIRD CAUSE OF ACTION**

16. Plaintiff repeats, reiterates and realleges each and every allegation above with the same force and effect as if more fully set forth at length herewith.

17. That defendant SOUND SHORE MEDICAL CENTER OF WESTCHESTER HOSPITAL CENTER, INC. had a duty to render medical care to the public in general, and the plaintiff in particular, pursuant to the Emergency Medical Treatment and Active Labor Act, 42 U.S.C.A 1395dd et seq, hereinafter EMTALA:

18. That on or about December 24, 2006, and various times thereafter, plaintiff presented to SOUND SHORE MEDICAL CENTER OF WESTCHESTER, INC. in need of emergency medical care and treatment.

19. That defendants, its agents, servants and/or employees failed to render proper and adequate emergency medical care and treatment to plaintiff's decedent, including but not limited to, failing to provide a medical screening exam to determine if plaintiff had an emergency medical condition.

20. That defendants, their agents, servants and/or employees failed to render proper, adequate and emergency medical treatment, to plaintiff's decedent, including but limited to failing to stabilize plaintiff.

21. That the treatment rendered by defendants, their agents, servants and/or employees, to plaintiff's decedent at various times from December 2006 to January 2007 and thereafter, was in violation of EMTALA.

22. That as a result of the foregoing, plaintiff was damaged in a sum which exceeds the jurisdictional limits of all lower Courts which would otherwise have jurisdiction herein.

**AS AND FOR A FOURTH CAUSE OF ACTION**

23. At all times hereinafter mentioned, the defendant, SHASHISKEKHAR PALEKAR, M.D. was and still is a physician duly licensed to practice his profession in the State of New York.

24. At all times hereinafter mentioned, the defendant, PALEKAR FAMILY MEDICAL SERVICES, P.C. was and still is a professional corporation duly existing pursuant to the laws of the State of New York.

25. At all times hereinafter mentioned, defendant SHASHISKEKHAR PALEKAR M.D. was and still is a domestic corporation duly authorized and existing under and by virtue of the laws of the State of New York.



26. At all times hereinafter mentioned, defendant PALEKAR FAMILY MEDICAL SERVICES, P.C. was and still is a domestic corporation duly authorized and existing under and by virtue of the laws of the State of New York.

27. Upon information and belief, at all times hereinafter mentioned, defendant, SHASHISKEKHAR PALEKAR M.D. held himself out as a physician duly qualified and capable of rendering adequate medical care and treatment to the public, and for such purpose hired nurses, technicians, attendants and other personnel.

28. Upon information and belief, at all times hereinafter mentioned, defendant, PALEKAR FAMILY MEDICAL SERVICES, P.C held itself out as a medical practice duly qualified and capable of rendering adequate medical care and treatment to the public, and for such purpose hired nurses, technicians, attendants and other personnel.

29. That at all times hereinafter mentioned, defendant, SHASHISKEKHAR PALEKAR, M.D. represented that the nurses and other medical personnel in its employ or on its staff were competent and qualified to render medical care and services in accordance with good and accepted standards of medical practice.

30. That at all times hereinafter mentioned, defendant, PALEKAR FAMILY MEDICAL SERVICES, P.C. represented that the nurses and other medical personnel in its employ or on its staff were competent and qualified to render medical care and services in accordance with good and accepted standards of medical practice.

31. At all times hereinafter mentioned, defendant, PALEKAR SHASHISKEKHAR M.D., its agents, servants, and/or employees, undertook and agreed to render medical care to the plaintiff's decedent, VERDA HENRY, and did render certain treatment commencing on or about December 2006 to on or about January 2007.

32. At all times hereinafter mentioned, defendant, PALEKAR FAMILY MEDICAL SERVICES, P.C., its agents, servants, and/or employees, undertook and

agreed to render medical care to the plaintiff's decedent, VERDA HENRY and did render certain treatment commencing on or about December 2006 to on or about January 2007.

33. That the medical treatment, services and advice rendered to plaintiff's decedent, VERDA HENRY, by defendant SHASHISKEKHAR PALEKAR, M.D., its agents, servants and/or employees, were negligently, carelessly, recklessly and grossly negligently performed and were rendered in a manner which departed from good and accepted medical practice then and there prevailing and constituted professional medical malpractice.

34. That the medical treatment, services and advice rendered to plaintiff's decedent, VERDA HENRY, by defendant PALEKAR FAMILY MEDICAL SERVICES, P.C., its agents, servants and/or employees, were negligently, carelessly, recklessly and grossly negligently performed and were rendered in a manner which departed from good and accepted medical practice then and there prevailing and constituted professional medical malpractice.

35. That the medical treatment, services and advice rendered to plaintiff's decedent, VERDA HENRY, by defendant., its agents, servants and/or employees, were negligently, carelessly, recklessly and grossly negligently performed and were rendered in a manner which departed from good and accepted medical practice then and there prevailing and constituted professional medical malpractice.

36. That defendant SHASHISKEKHAR PALEKAR M.D. negligently, carelessly, recklessly and grossly negligently failed to properly test, failed to properly diagnose and treat plaintiff's decedent VERDA HENRY which adversely affected the health, well-being and future treatment of plaintiff's decedent.

37. That defendant PALEKAR FAMILY MEDICAL

SERVICES, P.C. negligently, carelessly, recklessly and grossly negligently failed to properly test, failed to properly diagnose and treat plaintiff's decedent VERDA HENRY which adversely affected the health, well-being and future treatment of plaintiff's decedent.

38. Defendants, their agents, servants, partners and/or employees were negligent in the care rendered for and on behalf of the plaintiff's decedent, VERDA HENRY in negligently failing and neglecting to use reasonable care in the services and care rendered for an on behalf of the plaintiff's decedent; in negligently and carelessly failing and neglecting to heed plaintiff's decedent's condition; negligently and carelessly departing from good and accepted medical practice in the treatment rendered upon plaintiff's decedent; in failing to perform indicated procedures and/or improperly performing said indicated procedures; in negligently failing to take a proper history and physical examination of plaintiff's decedent's medical condition prior to instituting treatment; in negligently departing from good and accepted hospital practice and procedures in services rendered to plaintiff's decedent; in failing to heed and/or otherwise appreciate the significance of signs and symptoms exhibited by plaintiff's decedent upon admission; in carelessly and negligently prescribing medication; in carelessly and negligently failing to properly treat plaintiff's decedent's condition; in negligently departing from accepted practice and in otherwise being negligent, careless, reckless and grossly negligent.

39. That the care and treatment rendered by defendant, their agents, servants and/or employees, to plaintiff's decedent was negligent, careless, reckless, grossly negligent and constituted committed acts and/or omission of professional negligence and deviation from accepted medical standards and practices in the community then and there prevailing which deviation from accepted practices and standards.

40. That by reason of the foregoing, plaintiff's decedent, VERDA HENRY sustained severe and permanent personal injuries.

41. As a result of the foregoing, plaintiff has been damaged in the sum which exceeds the jurisdictional limits of all lower Courts which would otherwise have jurisdiction.

**AS AND FOR A FIFTH CAUSE OF ACTION OF INFORMED CONSENT AS  
AGAINST SHASHISKEKHAR PALEKAR, M.D AND PALEKAR  
FAMILY MEDICAL SERVICES, P.C.**

42. Plaintiffs repeat and realleges each and every allegation set forth above with the same force and effect as if more fully set forth at length herewith.

43. At all of the times aforementioned, defendant, their agents, servants, employees and/or licensees and those persons who rendered medical diagnosis care, treatment, services and advice to plaintiff's decedent VERDA HENRY, failed to adequately inform him or his representatives, or to warn them of the nature, purpose, known perils, recognized hazards, risks and/or possible complications of the medical diagnosis, treatment, services and advice rendered to the plaintiff's decedent.

44. A reasonable person in plaintiff's decedent's position would not have undergone the treatment or diagnosis if he had been fully informed, and the lack of said informed consent is a proximate cause of the injuries or conditions for which recovery is sought.

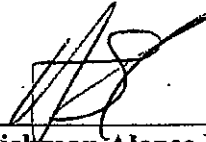
45. As a result of the foregoing, plaintiff has been damaged in the sum which exceeds the jurisdictional limits of all lower Courts which would otherwise have jurisdiction.

WHEREFORE, plaintiff demands judgment against the defendants herein in an amount which exceeds the jurisdictional limitations of all lower courts which would otherwise have jurisdiction over this action on the First, Second, Third, Fourth and Fifth causes of Action against the defendants herein in an amount which exceeds the jurisdictional limitations of all

lower courts which would otherwise have jurisdiction together with the interest, costs and  
disbursements of this action.

Dated: Great Neck, New York  
August 4, 2008

Yours, etc.



---

**Parker Waichman Alonso LLP**

**By: Andrew T. Sheeley**

*Attorneys for Plaintiff(s)*

*Office & Post Office Address:*

111 Great Neck Road

Great Neck, NY 11021

(516) 466-6500

Our case # 730155

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF BRONX

-----X  
PATRICIA HENRY as the Proposed Administratrix,  
of the Estate of VERDA HENRY,

Plaintiff,

-against-

SOUND SHORE MEDICAL CENTER OF WESTCHESTER, INC.  
SHASHISKEKHAR PALEKAR, M.D. AND PALEKAR FAMILY  
MEDICAL SERVICES, P.C.

Defendants.

-----X  
CERTIFICATE OF MERIT MEDICAL OR DENTAL MALPRACTICE ACTION

Index No.:

The undersigned, attorney for the plaintiff(s), declares that:

*(Check the appropriate box)*

  X   I have reviewed the facts of the case and have consulted with at least one physician or dentist who is licensed to practice in this state or any other state and who I reasonably believe is knowledgeable in the relevant issues involved in this action, and I have concluded on the basis of such review and consultation that there is a reasonable basis for the commencement of this action;


       I was unable to obtain the consultation required by CPLR 3012-a(a)(1) because a limitation of time established by CPLR Article 2 of said law would bar the action and the certificate required by CPLR Section 3012-a(a)(1) could not reasonably be obtained before such time expired. The certificate required shall be filed within ninety days after service of the complaint.

       I was unable to obtain the consultation required by CPLR 3012-a(a)(1) because three separate good faith attempts were made with three separate physicians or dentists to obtain such consultation, and none of those contacted would agree to such consultation.

       I intend to rely solely on the doctrine of "*res ipsa loquitur*," and for that reason, am not filing the certificate required by CPLR 3012-a(2).

Dated: Great Neck, NY  
August 4, 2008

Yours, etc.



---

ANDREW T. SHEELEY, ESQ.  
**Parker Waichman Alonzo LLP**  
*Attorneys for Plaintiff*  
*Office & Post Office Address:*  
111 Great Neck Road  
Great Neck, NY 11021  
(516) 466-6500  
Our File # 730155

Index # 307115/09

Attorney(s):

Purchased/Filed: August 31, 2009

**AFFIDAVIT OF SERVICE ON A CORPORATION BY THE SECRETARY OF STATE**

State of New York

Supreme Court

Bronx County

Patricia Henry as Administratrix of the Estate of Verda Henry

Plaintiff

against

Sound Shore Medical Center of Westchester Inc. et al

Defendant

STATE OF NEW YORK )  
COUNTY OF ALBANY ) SS  
CITY OF ALBANY )

**DESCRIPTION OF PERSON SERVED:**

Approx. Age: 45 yrs

Weight: 155 Lbs Height: 5'5 Sex: Female Color of skin: White

Hair color: Blonde Other:

Sophia DeBlasi

, being duly sworn, deposes and says: deponent is over the age of eighteen (18) years; that on September 10, 2009, at 2:15 PM, at the office of the Secretary of State of the State of New York in the City of Albany, New York deponent served the annexed

Summons & Verified Complaint

on

Sound Shore Medical Center of Westchester

, the

Defendant in this action, by delivering to and leaving with

Donna Christie

AUTHORIZED AGENT in the Office of the Secretary of State, of the State of New York, personally at the Office of the Secretary of State of the State of New York, two (2) true copies thereof and that at the time of making such service, deponent paid said Secretary of State a fee of 40 dollars; That said service was made pursuant to Section NOT-FOR-PROFIT CORPORATION LAW §306.

Deponent further says that deponent knew the person so served as aforesaid to be the agent in the Office of the Secretary of State of the State of New York, duly authorized to accept such service on behalf of said defendant.

Sworn to before me on this

10th day of September, 2009

*Nancy L. Gordon*

NANCY L. GORDON  
NOTARY PUBLIC, State of New York  
No. 01GO4503730, Rensselaer County  
Commission Expires June 30, 2011

*Sophia DeBlasi*

Sophia DeBlasi

RECEIVED  
00 SEP 22 PM 11 08  
COUNTY CLERK  
BRONX COUNTY

Invoice Work Order # 0917882



**AFFIDAVIT OF SERVICE**

State of New York

County of Bronx

Supreme Court

Index Number: 307115-09

Date Filed: 8/31/2009

Plaintiff:

Patricia Henry as the Administratrix of the Estate of Verda Henry

vs.

Defendant:

Sound Shore Medical Center of Westchester Inc, Et Al

COPY

Received these papers to be served on Sound Shore Medical Center Of Westchester, Inc., 16 Guion Place, New Rochelle, NY 10528.

I, John Lepore, being duly sworn, depose and say that on the 14th day of September, 2009 at 1:45 pm, I:

served a CORPORATION by delivering a true copy of the Summons and Verified Complaint upon Mrs. Langbein as Managing Agent for Sound Shore Medical Center Of Westchester, Inc., at the address of 16 Guion Place, New Rochelle, NY 10528, said individual stated that she/he was authorized to accept legal process.

Said documents were conformed with index number and date of filing endorsed thereon.

Description of Person Served: Age: 65, Sex: F, Race/Skin Color: White, Height: 5'5", Weight: 130, Hair: Gray, Glasses: Y

State of New York, County of Westchester, ss: I certify that the above information is accurate and true. I am not a party to the action, am over the age of 18 and reside in the State of New York.

Sworn to before me on the 16th day of September, 2009

NOTARY PUBLIC

*Ellen Oakley*

ELLEN OAKLEY  
Notary Public, State of New York  
No. 01EA5085889  
Qualified in Westchester County  
Commission Expires Sept. 29, 2013

John Lepore  
Process Server

*John Lepore*

RECEIVED  
09 SEP 22 PM 1:08  
COUNTY CLERK  
BRONX COUNTY

Our Job Serial Number: 2009011150  
Ref: 0934968  
Service Fee: \_\_\_\_\_

SUPREME COURT OF THE STATE OF NEW YORK,  
COUNTY OF BRONX

-----X  
PATRICIA HENRY as Administratrix, of the Estate  
of VERDA HENRY,

Index No.: 306725/2008  
**SUPPLEMENTAL  
SUMMONS**

Plaintiff,

Plaintiff(s) designate  
BRONX County as the place of  
trial.

-against-

SOUND SHORE MEDICAL CENTER OF  
WESTCHESTER INC., SHASHISKEKHAR PALEKAR,  
M.D. AND PALEKAR FAMILY MEDICAL SERVICES,  
P.C.

The basis of the venue is  
Plaintiff's Residence

Defendants.

Plaintiff(s) resides at  
3555 Olinville Avenue  
Bronx New York 10461

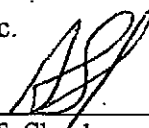
-----X  
Date Summons & Complaint  
Filed: August 12, 2008

To the above named Defendant(s)

You are hereby summoned to answer the complaint in this action, and to serve a copy of your answer, or if the complaint is not served with this summons, to serve a notice of appearance on the plaintiff's attorney(s) within twenty days after the services of this summons exclusive of the day of service, where service is made by delivery upon you personally within the state, or within 30 days after completion of service where service is made in any other manner. In case of your failure to appear or answer, judgment will be taken against you by default for the relief demanded in the complaint.

Dated: Great Neck, New York  
September 8, 2008

Yours, etc.

By:   
Andrew T. Sheeley  
Parker Waichman Alonso, LLP  
Attorneys for Plaintiff(s)  
Office & Post Office Address  
111 Great Neck Road  
Great Neck, New York 11021-4402  
(516)466-6500  
Our File # 724766

COUNTY CLERK  
BRONX COUNTY

08 SEP 16 PM 1:03

RECEIVED

TO: SOUND SHORE MEDICAL CENTER OF WESTCHESTER  
16 Guion Place  
New Rochelle, NY 10802

DR. SHASHISKEK PALEKAR  
84 Calvert Street  
Harrison, NY 10528-3132

PALEKAR FAMILY MEDICAL SERVICES, P.C.  
84 Calvert Street  
Harrison, NY 10528-3132

---

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF BRONX

-----X  
PATRICIA HENRY as Administratrix, of the Estate  
of VERDA HENRY,

Plaintiff,

**AMENDED  
VERIFIED COMPLAINT**

-against-

**Index No.:**

SOUND SHORE MEDICAL CENTER OF WESTCHESTER INC.,  
SHASHISKEKHAR PALEKAR, M.D. AND PALEKAR FAMILY  
MEDICAL SERVICES, P.C

Defendants.  
-----X

**AS AND FOR A FIRST CAUSE OF ACTION**

1. That at the time of the commencement of this action,

Plaintiff PATRICIA HENRY resided in the County of Bronx, State of New York.

2. That plaintiff, PATRICIA HENRY, has been appointed

Administratrix of the Estate of VERDA HENRY by the Surrogate Court, County of the Bronx,  
State of New York.

3. That this action falls within one or more of the exceptions as

set forth in CPLR §1602, §1602(1), §1602(2), §1602(3), §1602(4), §1603(5), §1603(6),  
§1603(7), §1603(8), §1603(9), §1603(10), §1603(11) and §1602(12) of the State of New York.

4. At all times mentioned herein, defendant SOUND SHORE

MEDICAL CENTER OF WESTCHESTER, INC. was a corporation duly organized and existing  
under and by virtue of the laws of the State of New York.

5. At all times mentioned herein, the principal place of

business of defendant SOUND SHORE MEDICAL CENTER OF WESTCHESTER, INC. was  
located at 16 Guion Place, New Rochelle, NY 10802.

08 SEP 16 PM 1:03  
RECEIVED  
COUNTY CLERK  
BRONX COUNTY

6. At all times mentioned herein, defendant SOUND SHORE MEDICAL CENTER OF WESTCHESTER, INC. owned, operated, managed, maintained, supervised, inspected and controlled the health facility located at 18 Guion Place, New Rochelle, NY 10802.

7. That at all times hereinafter mentioned, defendant SOUND SHORE MEDICAL CENTER OF WESTCHESTER, INC. its agents, servants and/or employees, undertook and agreed to render medical care to the plaintiff VERDA HENRY and did render treatment at various times from December 2006 through July 2007.

8. That the medical and/or surgical treatment, services and advice rendered to plaintiff VERDA HENRY, by defendant SOUND SHORE MEDICAL CENTER OF WESTCHESTER, INC. its agents, servants and/or employees, were negligently, carelessly, recklessly and grossly negligently performed and were rendered in a manner which departed from good and accepted medical practice then and there prevailing and constituted professional medical malpractice.

9. That defendant SOUND SHORE MEDICAL CENTER OF WESTCHESTER, INC. negligently, carelessly, recklessly and grossly negligently failed to properly test, diagnose and treat plaintiff VERDA HENRY which adversely affected plaintiff's health, well-being and future treatment of plaintiff.

10. By reason of the foregoing, the plaintiff VERDA HENRY was caused to suffer and sustain severe and permanent serious personal injuries, severe and serious pain and suffering and mental anguish.

11. As a result of the foregoing, plaintiff, VERDA HENRY has been damaged in a sum which exceeds the jurisdictional limitations of all lower courts which would otherwise have jurisdiction.

**AS AND FOR A SECOND CAUSE OF ACTION**

12. Plaintiff repeats and realleges each and every allegation set forth above with the same force and effect as if more fully set forth at length herewith.

13. At all of the times aforementioned, defendants, their agents, servants, employees and/or licensees and those persons who rendered medical diagnosis care, treatment, services and advice to plaintiff, VERDA HENRY failed to adequately inform her or her representatives, or to warn them of the nature, purpose, known perils, recognized hazards, risks and/or possible complications of the medical diagnosis, treatment, services and advice rendered to the plaintiff.

14. A reasonable person in plaintiff's position would not have undergone the treatment or diagnosis if he had been fully informed, and the lack of said informed consent is a proximate cause of the injuries or conditions for which recovery is sought.

15. As a result of all of the foregoing, plaintiff VERDA HENRY was injured and damaged in a sum which exceeds the jurisdictional limitations of all lower courts, which would otherwise have jurisdiction over this action.

**AS AND FOR A THIRD CAUSE OF ACTION**

16. Plaintiff repeats, reiterates and realleges each and every allegation above with the same force and effect as if more fully set forth at length herewith.

17. That defendant SOUND SHORE MEDICAL CENTER OF WESTCHESTER HOSPITAL CENTER, INC. had a duty to render medical care to the public in general, and the plaintiff in particular, pursuant to the Emergency Medical Treatment and Active Labor Act, 42 U.S.C.A 1395dd et seq, hereinafter EMTALA.

18. That on or about December 24, 2006, and various times thereafter, plaintiff presented to SOUND SHORE MEDICAL CENTER OF WESTCHESTER, INC. in need of emergency medical care and treatment.

19. That defendants, its agents, servants and/or employees failed to render proper and adequate emergency medical care and treatment to plaintiff's decedent, including but not limited to, failing to provide a medical screening exam to determine if plaintiff had an emergency medical condition.

20. That defendants, their agents, servants and/or employees failed to render proper, adequate and emergency medical treatment, to plaintiff's decedent, including but limited to failing to stabilize plaintiff.

21. That the treatment rendered by defendants, their agents, servants and/or employees, to plaintiff's decedent at various times from December 2006 to January 2007 and thereafter, was in violation of EMTALA.

22. That as a result of the foregoing, plaintiff was damaged in a sum which exceeds the jurisdictional limits of all lower Courts which would otherwise have jurisdiction herein.

**AS AND FOR A FOURTH CAUSE OF ACTION**

23. At all times hereinafter mentioned, the defendant, SHASHISKEKHAR PALEKAR, M.D. was and still is a physician duly licensed to practice his profession in the State of New York.

24. At all times hereinafter mentioned, the defendant, PALEKAR FAMILY MEDICAL SERVICES, P.C. was and still is a professional corporation duly existing pursuant to the laws of the State of New York.

25. At all times hereinafter mentioned, defendant SHASHISKEKHAR PALEKAR M.D. was and still is a domestic corporation duly authorized and existing under and by virtue of the laws of the State of New York.

26. At all times hereinafter mentioned, defendant PALEKAR FAMILY MEDICAL SERVICES, P.C. was and still is a domestic corporation duly authorized and existing under and by virtue of the laws of the State of New York.

27. Upon information and belief, at all times hereinafter mentioned, defendant, SHASHISKEKHAR PALEKAR M.D. held itself out as a physician duly qualified and capable of rendering adequate medical care and treatment to the public, and for such purpose hired nurses, technicians, attendants and other personnel.

28. Upon information and belief, at all times hereinafter mentioned, defendant, PALEKAR FAMILY MEDICAL SERVICES, P.C held itself out as a medical practice duly qualified and capable of rendering adequate medical care and treatment to the public, and for such purpose hired nurses, technicians, attendants and other personnel.

29. That at all times hereinafter mentioned, defendant, SHASHISKEKHAR PALEKAR, M.D. represented that the nurses and other medical personnel in its employ or on its staff were competent and qualified to render medical care and services in accordance with good and accepted standards of medical practice.

30. That at all times hereinafter mentioned, defendant, PALEKAR FAMILY MEDICAL SERVICES, P.C. represented that the nurses and other medical personnel in its employ or on its staff were competent and qualified to render medical care and services in accordance with good and accepted standards of medical practice.

31. At all times hereinafter mentioned, defendant, PALEKAR SHASHISKEKHAR M.D., its agents, servants, and/or employees, undertook and agreed to render medical care to the plaintiff's decedent, VERDA HENRY and did render certain treatment commencing on or about December 2006 to on or about January 2007.

32. At all times hereinafter mentioned, defendant, PALEKAR FAMILY MEDICAL SERVICES, P.C., its agents, servants, and/or employees, undertook and



agreed to render medical care to the plaintiff's decedent, VERDA HENRY and did render certain treatment commencing on or about December 2006 to on or about January 2007.

33. That the medical treatment, services and advice rendered to plaintiff's decedent, VERDA HENRY, by defendant SHASHISKEKHAR PALEKAR, M.D., its agents, servants and/or employees, were negligently, carelessly, recklessly and grossly negligently performed and were rendered in a manner which departed from good and accepted medical practice then and there prevailing and constituted professional medical malpractice.

34. That the medical treatment, services and advice rendered to plaintiff's decedent, VERDA HENRY, by defendant PALEKAR FAMILY MEDICAL SERVICES, P.C., its agents, servants and/or employees, were negligently, carelessly, recklessly and grossly negligently performed and were rendered in a manner which departed from good and accepted medical practice then and there prevailing and constituted professional medical malpractice.

35. That the medical treatment, services and advice rendered to plaintiff's decedent, VERDA HENRY, by defendant., its agents, servants and/or employees, were negligently, carelessly, recklessly and grossly negligently performed and were rendered in a manner which departed from good and accepted medical practice then and there prevailing and constituted professional medical malpractice.

36. That defendant SHASHISKEKHAR PALEKAR M.D. negligently, carelessly, recklessly and grossly negligently failed to properly test, failed to properly diagnose and treat plaintiff's decedent VERDA HENRY which adversely affected the health, well-being and future treatment of plaintiff's decedent.

37. That defendant PALEKAR FAMILY MEDICAL

SERVICES, P.C. negligently, carelessly, recklessly and grossly negligently failed to properly test, failed to properly diagnose and treat plaintiff's decedent VERDA HENRY which adversely affected the health, well-being and future treatment of plaintiff's decedent.

38. Defendants, their agents, servants, partners and/or employees were negligent in the care rendered for and on behalf of the plaintiff's decedent, VERDA HENRY in negligently failing and neglecting to use reasonable care in the services and care rendered for an on behalf of the plaintiff's decedent; in negligently and carelessly failing and neglecting to heed plaintiff's decedent's condition; negligently and carelessly departing from good and accepted medical practice in the treatment rendered upon plaintiff's decedent; in failing to perform indicated procedures and/or improperly performing said indicated procedures; in negligently failing to take a proper history and physical examination of plaintiff's decedent's medical condition prior to instituting treatment; in negligently departing from good and accepted hospital practice and procedures in services rendered to plaintiff's decedent; in failing to heed and/or otherwise appreciate the significance of signs and symptoms exhibited by plaintiff's decedent upon admission; in carelessly and negligently prescribing medication; in carelessly and negligently failing to properly treat plaintiff's decedent's condition; in negligently departing from accepted practice and in otherwise being negligent, careless, reckless and grossly negligent.

39. That the care and treatment rendered by defendant, their agents, servants and/or employees, to plaintiff's decedent was negligent, careless, reckless, grossly negligent and constituted committed acts and/or omission of professional negligence and deviation from accepted medical standards and practices in the community then and there prevailing which deviation from accepted practices and standards.

40. That by reason of the foregoing, plaintiff's decedent, VERDA HENRY sustained severe and permanent personal injuries.

41. As a result of the foregoing, plaintiff has been damaged in the sum which exceeds the jurisdictional limits of all lower Courts which would otherwise have jurisdiction.

**AS AND FOR A FIFTH CAUSE OF ACTION OF INFORMED CONSENT AS  
AGAINST SHASHISKEKHAR PALEKAR, M.D AND PALEKAR  
FAMILY MEDICAL SERVICES, P.C.**

42. Plaintiffs repeat and realleges each and every allegation set forth above with the same force and effect as if more fully set forth at length herewith.

43. At all of the times aforementioned, defendant, their agents, servants, employees and/or licensees and those persons who rendered medical diagnosis care, treatment, services and advice to plaintiff's decedent VERDA HENRY, failed to adequately inform him or his representatives, or to warn them of the nature, purpose, known perils, recognized hazards, risks and/or possible complications of the medical diagnosis, treatment, services and advice rendered to the plaintiff's decedent.

44. A reasonable person in plaintiff's decedent's position would not have undergone the treatment or diagnosis if he had been fully informed, and the lack of said informed consent is a proximate cause of the injuries or conditions for which recovery is sought.

45. As a result of the foregoing, plaintiff has been damaged in the sum which exceeds the jurisdictional limits of all lower Courts which would otherwise have jurisdiction.

WHEREFORE, plaintiff demands judgment against the defendants herein in an amount which exceeds the jurisdictional limitations of all lower courts which would otherwise have jurisdiction over this action on the First, Second, Third, Fourth and Fifth causes of Action against the defendants herein in an amount which exceeds the jurisdictional limitations of all

lower courts which would otherwise have jurisdiction together with the interest, costs and  
disbursements of this action.

Dated: Great Neck, New York  
September 8, 2008.

Yours, etc.



**Parker Waichman Alonso LLP**

**By: Andrew T. Sheeley**

*Attorneys for Plaintiff(s)*

*Office & Post Office Address:*

111 Great Neck Road

Great Neck, NY 11021

(516) 466-6500

Our case # 730155

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF BRONX

-----X  
PATRICIA HENRY as Administratrix, of the Estate  
of VERDA HENRY,

Plaintiff,

-against-

SOUND SHORE MEDICAL CENTER OF WESTCHESTER, INC.  
SHASHISKEKHAR PALEKAR, M.D. AND PALEKAR FAMILY  
MEDICAL SERVICES, P.C.

Defendants.  
-----X

CERTIFICATE OF MERIT MEDICAL OR DENTAL MALPRACTICE ACTION

Index No.:

The undersigned, attorney for the plaintiff(s), declares that:

*(Check the appropriate box)*

X I have reviewed the facts of the case and have consulted with at least one physician or dentist who is licensed to practice in this state or any other state and who I reasonably believe is knowledgeable in the relevant issues involved in this action, and I have concluded on the basis of such review and consultation that there is a reasonable basis for the commencement of this action;

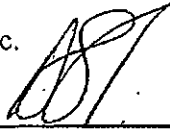
\_\_\_\_\_ I was unable to obtain the consultation required by CPLR 3012-a(a)(1) because a limitation of time established by CPLR Article 2 of said law would bar the action and the certificate required by CPLR Section 3012-a(a)(1) could not reasonably be obtained before such time expired. The certificate required shall be filed within ninety days after service of the complaint.

\_\_\_\_\_ I was unable to obtain the consultation required by CPLR 3012-a(a)(1) because three separate good faith attempts were made with three separate physicians or dentists to obtain such consultation, and none of those contacted would agree to such consultation.

\_\_\_\_\_ I intend to rely solely on the doctrine of "*res ipsa loquitur*," and for that reason, am not filing the certificate required by CPLR 3012-a(2).

Dated: Great Neck, NY  
September 8, 2008

Yours, etc.



---

ANDREW T. SHEELEY, ESQ.  
**Parker Waichman Alonso LLP**  
*Attorneys for Plaintiff*  
*Office & Post Office Address:*  
111 Great Neck Road  
Great Neck, NY 11021  
(516) 466-6500  
Our File # 730155 .

STATE OF NEW YORK )

) : ss.:


COUNTY OF NASSAU )

Andrew T. Sheeley, being duly sworn, deposes and says:

That deponent is the attorney for the plaintiff(s) in the action within; that deponent has read the foregoing AMENDED VERIFIED COMPLAINT and knows the contents thereof; that the same is true to deponent's own knowledge except as to the matters therein stated to be alleged upon information and belief, and as to those matters deponent believes it to be true and the reason that this verification is not made by plaintiff(s) and is made by deponent is that plaintiff(s) is/are not presently in the county where the attorneys for the plaintiff(s) have their office.

Deponent further says that the source of deponent's information and the grounds of deponent's belief as to all matters not stated upon deponent's knowledge are from investigations made on behalf of said plaintiff(s).

Dated: Great Neck, New York  
September 8, 2008

  
\_\_\_\_\_  
Andrew T. Sheeley

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF BRONX

-----X  
PATRICIA HENRY as the Administratrix,  
of the Estate of VERDA HENRY,

Plaintiff,

-against-

VERIFIED BILL OF  
PARTICULARS

Index No.:  
306725/2008

NEW ROCHELLE CARE CENTER, LLC  
NEW ROCHELLE CARE CENTER, LLC d/b/a  
SUTTON PARK CENTER FOR NURSING  
AND REHABILITATION, LLC;  
SUTTON PARK CENTER FOR NURSING AND  
REHABILITATION, JOHN/JANE DOE NO. 1  
as ADMINISTRATOR AT SUTTON PARK  
CENTER FOR NURSING AND REHABILITATION,  
LLC; JOHN/JANE DOE NO. 2-20 as OWNERS,  
OPERATOR, CONTROLLING PERSONS,  
AND MEMBERS OF THE GOVERNING BODY OF  
SUTTON PARK CENTER FOR NURSING AND  
REHABILITATION, LLC; SOUND SHORE  
MEDICAL CENTER OF WESTCHESTER, INC.,  
SHASHISKEKHAR PALEKAR, M.D. and  
PALEKAR FAMILY MEDICAL SERVICES,  
P.C.

Defendants.

-----X  
COUNSELORS:

Plaintiff(s), by her attorneys, Parker Waichman Alonso LLP,  
as and for their Verified Bill of Particulars, in response to  
the demands of the defendants SOUND SHORE MEDICAL CENTER OF  
WESTCHESTER, INC. (hereinafter SOUND SHORE) sets forth, upon  
information and belief, as follows:

1) May 19, 2006 through May 30, 2006, December 24,  
2006 through December 28, 2006, March 12, 2007 through March 14,



2007, April 14, 2007 through April 24, 2007, May 27, 2007  
through July 5, 2007.

2) 16 Guion Place, New Rochelle, New York 10801.

3) That defendant, SOUND SHORE, by its agents, servants, employees and/or associates, failed to have, take and obtain a complete and accurate medical history of the patient concerning the nature, duration and onset of the patient's complaints and condition; failed to properly monitor the decedent's condition; failed to properly follow up with the patient and her condition while under their care; failed to prescribe continuous monitoring of the condition of the patient; failed to ensure, in light of a prior knowledge of decubitus ulcers, to take proper steps and monitoring to promote healing and prevention; failed to promulgate and/or enforce protocols regarding the monitoring, healing and avoidance of decubitus ulcer, viruses and infectious diseases; failed to promulgate and/or enforce protocols regarding the treatment and monitoring of patients who have suffered from decubitus ulcers; negligently and carelessly failed to assign the decedent to proper care for treatment, avoidance and promotion of healing of decubitus ulcers, viruses and infectious diseases; negligently and carelessly failed to communicate the nature and severity of patient's condition; negligently and carelessly entrusted the decedent's care to individuals who were not qualified to provide such care; negligently and carelessly failed to provide for adequate care of the decedent; negligently and carelessly neglected the patient and her condition; failed to confirm that decedent's condition was

being treated in a manner that conformed with accepted standards of care; deviated from good and accepted medical standards of care in the community; failed to perform thorough physical examinations of the patient at necessary and required intervals; failed to have, take and obtain a careful and accurate history at necessary repeat intervals; negligently and carelessly monitored the condition of the decedent in a manner that did not conform with accepted standards of care; carelessly and negligently hired personnel not qualified to render proper care to the decedent; negligently supervised personnel charged with the care of the decedent; and negligently allowed decedent's condition to deteriorate and become dehydrated; defendant failed to prevent falls and falls with injuries; defendant failed to prevent dehydration, urinary tract infections, infections and sepsis; defendant failed to prevent the development and/or worsening of pressure ulcers; defendant failed to timely advise a physician of the plaintiff's decedent VERDA HENRY's condition and/or changes in her condition; defendant failed to timely obtain treatment for the plaintiff's decedent VERDA HENRY due to changes in her condition, including but not limited to urinary tract infections, dehydration, low protein, lethargy, pressure ulcers and sepsis; defendant failed to follow physicians' orders; defendants failed to timely recognize signs and symptoms of dehydration, urinary tract infections, infections, low protein, dehydration, weight loss, lethargy, pressure ulcers and sepsis; and negligently administering aggressive massage.

In addition, in the prevention of decubitus ulcers, defendant SOUND SHORE, its agents, servants and/or employees failed to properly feed and hydrate plaintiff's decedent VERDA HENRY; failed to maintain plaintiff's decedent VERDA HENRY's protein level to that need for collagen synthesis, epidermal migration and prevention of infections; failed to provide protection against adverse effects of pressure, friction and shearing; failed to implement a proper risk assessment for pressure ulcers; failed to provide proper skin care in the prevention of decubitus ulcers; failed to wash skin with warm water using a mild cleansing agent to minimize excessive dryness; failed to cleanse the skin at each time of soiling and at intervals consistent with good hygiene; failed to utilize in shifting and transportation assistive devices such as lift sheets, trapezes, transfer boards or mechanical lifts to minimize tissue injury; failed to utilize dry lubricants to avoid friction such as cornstarch, or application of barrier dressing such as transparent films and hydrocolloids; failed to maintain plaintiff's decedent VERDA HENRY in a proper alignment to prevent pressure ulcers; failed to utilize and follow a proper turning schedule leaving plaintiff's decedent VERDA HENRY in the same position for excess of two (2) hours; failed to follow the "rule of 30" of having plaintiff's decedent VERDA HENRY's head of the bed elevated to 30 degrees or less and the body placed in a 30 degree laterally inclined position when repositioned to either side; failed to utilize mattress overlays

or mattress replacement units; failed to utilize pillows and cotton blankets; failed to utilize proper mattress/bed; failed to utilize air-fluidized support surfaces; failed to keep proper documentation at regular intervals including risk assessments, skin evaluations, turn and position records, therapies designed to maintain intact skin, patient responses to alterations in therapy, the rationale for alterations and the outcome of skin care programs; and failed to utilize proper beds to relieve pressure.

4) All defendants in this action and those who provided care and treatment to plaintiff's decedent VERDA HENRY whose name appears in SOUND SHORE MEDICAL CENTER's chart.

5) Not applicable.

6) Defendant failed to follow its own written policies and procedures, failed to have, take and obtain a complete and accurate medical history of the patient concerning the nature, duration and onset of the patient's complaints and condition; failed to properly monitor the decedent's condition; failed to properly follow up with the patient and her condition while under their care; failed to prescribe continuous monitoring of the condition of the patient; failed to ensure, in light of a prior knowledge of decubitus ulcers, to take proper steps and monitoring to promote healing and prevention; failed to promulgate and/or enforce protocols regarding the monitoring, healing and avoidance of decubitus ulcer, viruses and infectious diseases; failed to promulgate and/or enforce protocols regarding the treatment and monitoring of patients who have suffered from

decubitus ulcers; negligently and carelessly failed to assign the decedent to proper care for treatment, avoidance and promotion of healing of decubitus ulcers, viruses and infectious diseases; negligently and carelessly failed to communicate the nature and severity of patient's condition; negligently and carelessly entrusted the decedent's care to individuals who were not qualified to provide such care; negligently and carelessly failed to provide for adequate care of the decedent; negligently and carelessly neglected the patient and her condition; failed to confirm that decedent's condition was being treated in a manner that conformed with accepted standards of care; deviated from good and accepted medical standards of care in the community; failed to perform thorough physical examinations of the patient at necessary and required intervals; failed to have, take and obtain a careful and accurate history at necessary repeat intervals; negligently and carelessly monitored the condition of the decedent in a manner that did not conform with accepted standards of care; carelessly and negligently hired personnel not qualified to render proper care to the decedent; negligently supervised personnel charged with the care of the decedent; and negligently allowed decedent's condition to deteriorate and become dehydrated; defendant failed to prevent falls and falls with injuries; defendant failed to prevent dehydration, urinary tract infections, infections and sepsis; defendant failed to prevent the development and/or worsening of pressure ulcers; defendant failed to timely advise a physician of the plaintiff's decedent VERDA HENRY's condition and/or changes in her condition; defendant failed to timely obtain

treatment for the plaintiff's decedent VERDA HENRY due to changes in her condition, including but not limited to urinary tract infections, dehydration, low protein, lethargy, pressure ulcers and sepsis; defendant failed to follow physicians' orders; defendants failed to timely recognize signs and symptoms of dehydration, urinary tract infections, infections, low protein, lethargy, pressure ulcers and sepsis; and negligently administering aggressive massage.

In addition, in the prevention of decubitus ulcers, defendant SOUND SHORE, its agents, servants and/or employees failed to properly feed and hydrate plaintiff's decedent VERDA HENRY; failed to maintain plaintiff's decedent VERDA HENRY's protein level to that need for collagen synthesis, epidermal migration and prevention of infections; failed to provide protection against adverse effects of pressure, friction and shearing; failed to implement a proper risk assessment for pressure ulcers; failed to provide proper skin care in the prevention of decubitus ulcers; failed to wash skin with warm water using a mild cleansing agent to minimize excessive dryness; failed to cleanse the skin at each time of soiling and at intervals consistent with good hygiene; failed to utilize in shifting and transportation assistive devices such as lift sheets, trapezes, transfer boards or mechanical lifts to minimize tissue injury; failed to utilize dry lubricants to avoid friction such as cornstarch, or application of barrier dressing such as transparent films and hydrocolloids; failed to maintain plaintiff's decedent VERDA HENRY in a proper alignment

to prevent pressure ulcers; failed to utilize and follow a proper turning schedule leaving plaintiff's decedent VERDA HENRY in the same position for excess of two (2) hours; failed to follow the "rule of 30" of having plaintiff's decedent VERDA HENRY's head of the bed elevated to 30 degrees or less and the body placed in a 30 degree laterally inclined position when repositioned to either side; failed to utilize mattress overlays or mattress replacement units; failed to utilize pillows and cotton blankets; failed to utilize proper mattress/bed; failed to utilize air-fluidized support surfaces; failed to keep proper documentation at regular intervals including risk assessments, skin evaluations, therapies designed to maintain intact skin, patient responses to alterations in therapy, the rationale for alterations and the outcome of skin care programs; and failed to utilize proper beds to relieve pressure.

7) Plaintiff objects that it is an improper demand for Bill of Particulars and evidentiary in nature.

8) Not applicable.

9) As a result of this occurrence, plaintiff sustained the following injuries:

- Malnutrition;
- Dehydration;
- Development of pressure sores;
- Worsening of pressure sores;
- Weight loss;
- Stage III pressure sores sacral and buttocks;

- Allow sacral and buttocks to become infected and necrotic and a Stage IV;

- Stage 4 pressure sore cocyx;

- Allow sacral and coccygeal pressure sore worsening of Stage IV pressure sores to expose bone.

10) Not applicable.

10(a). Not applicable.

11) Plaintiff decedent, VERNA HENRY, was confined to bed from May 19, 2006 up to her date of death.

12) Plaintiff will provide thirty days after receipt of defendant SOUND SHORE hospital bills and SUTTON PARK nursing home bills.

13) Not applicable.

14) Not applicable.

15) Not applicable.

16) Plaintiff's decedent VERDA HENRY was not directly reimbursed but upon information and belief, medical and nursing home care was paid for by Medicare and/or Medicaid.

17) Not applicable.

18) The plaintiff's decedent was born on January 1, 1927 and passed away on August 29, 2007. Plaintiff, PATRICIA HENRY, resides at 3555 Olinville Avenue, Bronx, New York 10467.

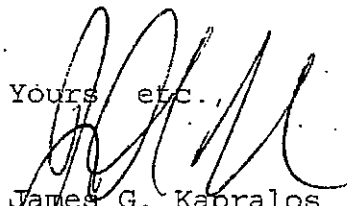
19) Plaintiff, PATRICIA HENRY, and plaintiff decedent's social security numbers will be provided under separate cover.

20) Not applicable.



Dated: Great Neck, NY  
April 10, 2009

Yours etc.,



James G. Kapralos  
Parker Waichman Alonso LLP  
Attorneys for Plaintiff(s)  
Verda Henry  
111 Great Neck Road  
Great Neck, NY 11021  
(516) 466-6500  
Our File #: 724766

TO:

Benvenuto Arciero & McAndrew, Esqs.  
Attorney for Defendant(s)  
South Shore Medical Center of Westchester Inc.  
67 North Main Street  
New City, NY, 10956  
(845) 634-6739

O'Connor, McGuinness, Conte, Doyle & Oleson  
Attorney for Defendant(s)  
Sutton Park Nursing Home, New Rochelle Care Center, LLC  
One Barker Avenue  
Suite 675  
White Plains, NY, 10601  
(914) 948-4500

Heidell, Pittoni, Murphy & Bach, LLP  
Attorney for Defendant(s)  
Shashiskekhar Palekar, Palekar Family Medical Services, P.C.  
99 Park Avenue  
New York, New York 10016  
(212) 286-8585

ORIGIN ID: 1  
Michelle Padon  
Parker Wachman LLP  
6 Harbor Park Dr S

(516) 466-6500

Claims - Part 1  
SHIP DATE: 02/23/15

ACTWGT: 1 LB  
CAD: 012493/FXRS1001

PRT WASHINGTON NY 11050  
UNITED STATES US

BILL SENDER

TO c/o GCG, Inc  
Sound Shore Medical Ctr of Westches  
5151 Blazer Parkway - Ste A

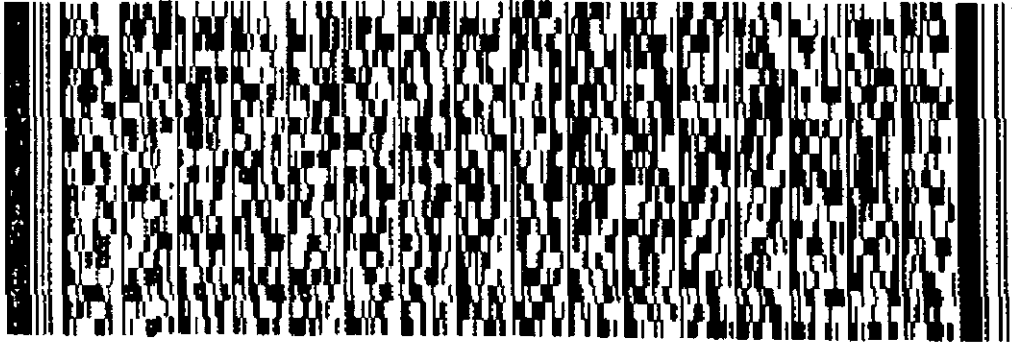
Dublin OH 43017

(866) 300-1288

REF: 724766 HENRY Proof of

INV: Z900000692560

PO: Z900000692560



FedEx  
Express



FRI - 23AUG

A1

PRIORITY OVERNIGHT

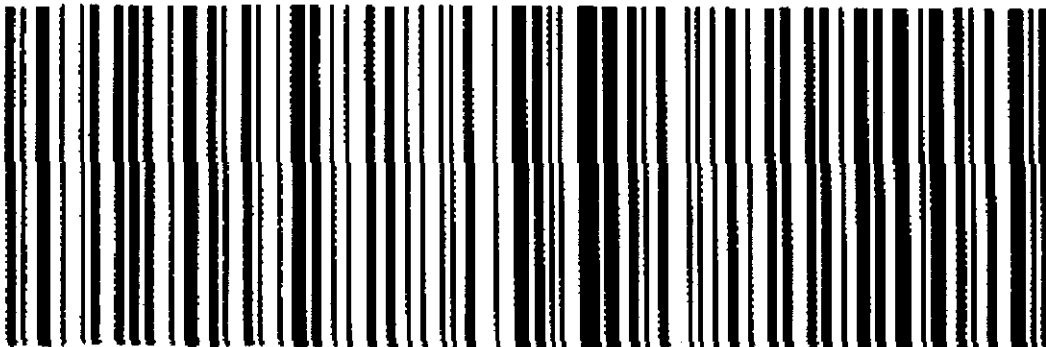
TRK#

0201 4793 2878 0631

XX OSUA

ASR  
43017

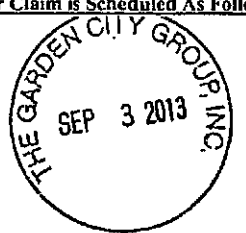
OHUS  
LCK





01004155  
SSM0202930888



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM								
<b>Name of Debtor (Check Only One):</b> <input checked="" type="checkbox"/> Sound Shore Medical Center of Westchester <b>SSM</b> <input type="checkbox"/> The Mount Vernon Hospital, Inc. <input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center <b>MD</b> <input type="checkbox"/> The M.V.H. Corporation <input type="checkbox"/> Sound Shore Health System, Inc. <input type="checkbox"/> NRHMC Services Corporation <input type="checkbox"/> New Rochelle Sound Shore Housing, LLC		Case No. 13-22840 13-22841 13-22842 13-22843 13-22844 13-22845 13-22846								
<p><b>NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).</b></p>										
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <b>AURELIA HERRERA</b>		<p><b>Your Claim is Scheduled As Follows:</b></p>  <p>If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.</p>								
Name and address where notices should be sent: AURELIA HERRERA C/O JEFFREY J. SHAPIRO & ASSOCS. 675 THIRD AVE SUITE 3005 NEW YORK, NY 10017										
Telephone number: <b>212-779-9100</b> Email Address: <b>Jeffshapiro@jeffshapirorolaw.com</b>										
Name and address where payment should be sent (if different from above):										
Telephone number: Email Address:										
<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____ <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.										
<p><b>1. Amount of Claim as of Date Case Filed (May 29, 2013):</b> \$ <u>1,500.00</u></p> <p>If all or part of the claim is secured, complete item 4.</p> <p>If all or part of the claim is entitled to priority, complete item 5.</p> <p>If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6.</p> <p><input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.</p>										
<p><b>2. Basis for Claim:</b> <u>Medical Malpractice</u>                  (See instruction #2)</p>										
<p><b>3. Last four digits of any number by which creditor identifies Debtor:</b></p> _____		<p><b>3a. Debtor may have scheduled account as:</b></p> _____ (See instruction #3a)								
<p><b>3b. Uniform Claim Identifier (optional):</b></p> _____ (See instruction #3b)										
<p><b>4. Secured Claim (See instruction #4)</b>                  Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.</p> <p>Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other</p> <p>Describe: _____</p> <p>Value of Property: \$ _____</p> <p>Annual Interest Rate _____% <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)</p>		<p>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____</p> <p>Basis for perfection: _____</p> <p>Amount of Secured Claim: \$ _____</p> <p>Amount Unsecured: \$ _____</p>								
<p><b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</b></p> <table border="0"> <tr> <td><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).</td> <td><input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).</td> <td><input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).</td> <td>Amount entitled to priority: \$ _____</td> </tr> <tr> <td><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).</td> <td><input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).</td> <td><input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).</td> <td>\$ _____</td> </tr> </table> <p>* Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</p>			<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 the case was filed or the Debtor's business ceased, 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).	Amount entitled to priority: \$ _____	<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)(____).	\$ _____
<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 the case was filed or the Debtor's business ceased, 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).	Amount entitled to priority: \$ _____							
<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)(____).	\$ _____							
<p><b>6. Claim Pursuant to 11 U.S.C. § 503(b)(9):</b> Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$</p>										
<p><b>7. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)</p>										

Modified B10 (GCG) (04/13)

8. **Documents:** Attached are 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, and the 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) Check the appropriate box.  
 I am the creditor  I am the creditor's authorized agent.  I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004)  I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)  
 (Attach 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: Jeffrey Shapiro [Signature] 8/28/13  
 Title: Att (Signature) (Date)  
 Company: \_\_\_\_\_  
 Address and telephone number (if different from notice address above): \_\_\_\_\_  
 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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: IF BY MAIL: Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. IF BY HAND OR OVERNIGHT COURIER: Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)  
 THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)

**Items to be completed in Proof of Claim Form**

**Court, Name of Debtor, and Case Number:**  
 These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.  
**ADSEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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.  
**3b. Uniform Claim Identifier:**  
 If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.  
**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 your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9):**  
 If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)  
**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 healthcare 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**

**INFORMATION**

<p><b>Debtor</b> A Debtor is the person, corporation, or other entity that has filed a bankruptcy case.</p>	<p><b>Secured Claim Under 11 U.S.C. § 506(a)</b> 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).</p>	<p><b>Evidence of Perfection</b> 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.</p>
<p><b>Creditor</b> A creditor is the person, corporation, or other entity to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).</p>	<p><b>Unsecured Claim</b> 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.</p>	<p><b>Acknowledgment of Filing of Claim</b> To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.</p>
<p><b>Claim</b> A claim is the creditor's right to receive payment for a debt 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.</p>	<p><b>Claim Entitled to Priority Under 11 U.S.C. § 507(a)</b> 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.</p>	<p><b>Offers to Purchase a Claim</b> 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(c), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.</p>
<p><b>Proof of Claim</b> 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 GCG as described in the instructions above and in the Bar Date Notice.</p>	<p><b>Redacted</b> A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.</p>	<p><b>Display of Proof of Claim on Case Administration Website</b> As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.</p>
<p><b>Section 503(b)(9) Claim</b> A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.</p>		

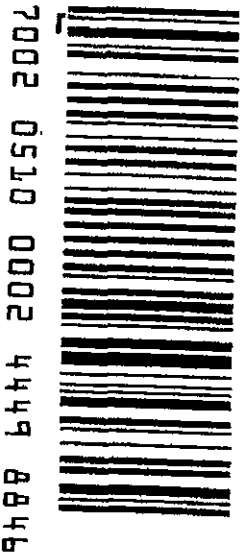
01004155

SSM0202930888

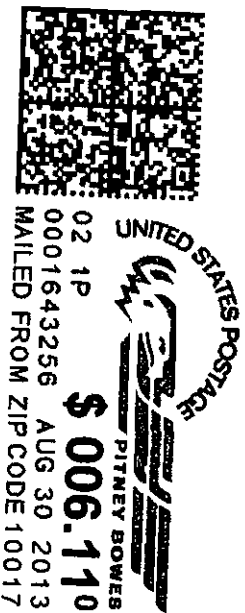


AURELIA HERRERA  
C/O JEFFREY J. SHAPIRO & ASSOCS.  
675 THIRD AVE SUITE 3005  
NEW YORK, NY 10017

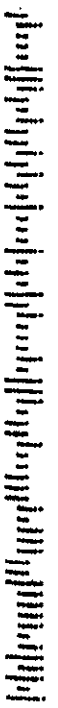
LEFFREY J. SHAPIRO & ASSOCIATES, LLC  
675 Third Ave., Suite 3005  
New York, NY 10017



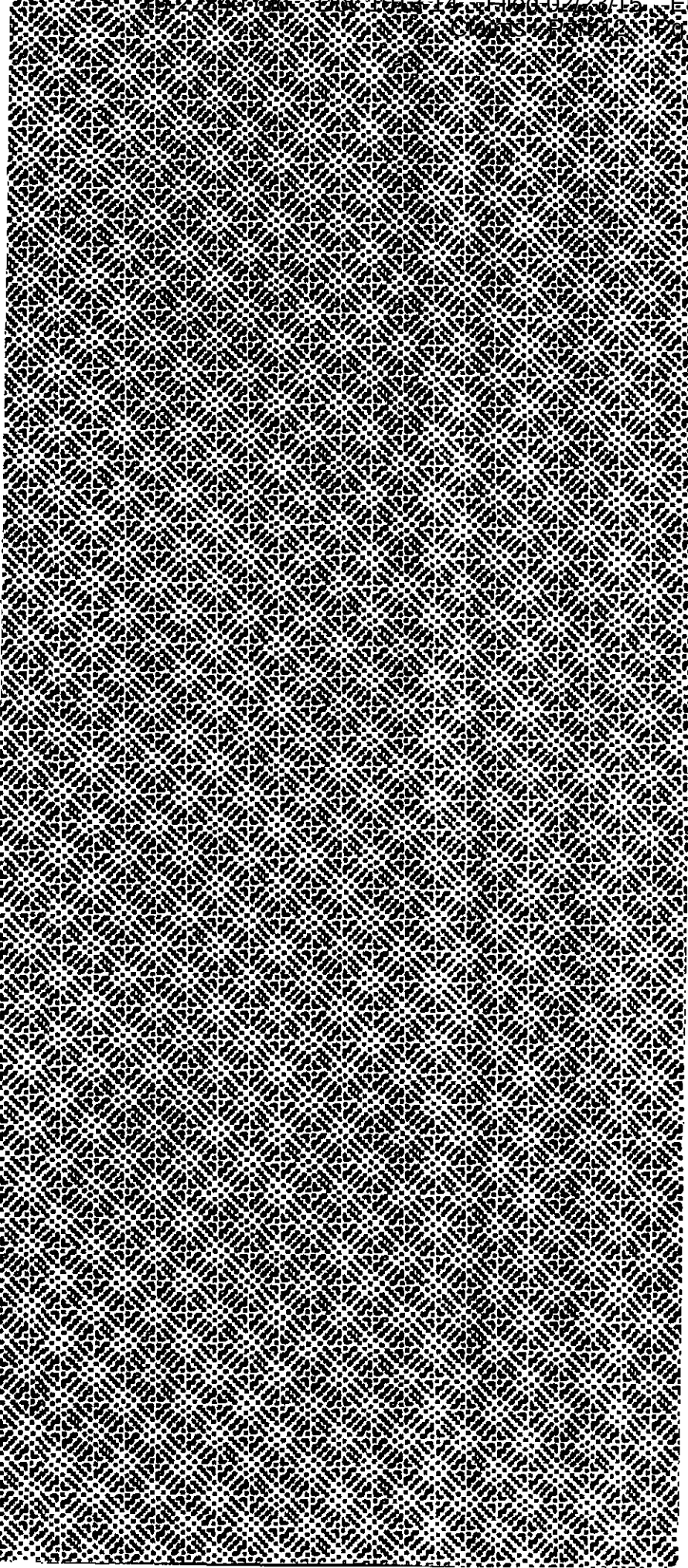
Sound Shore Medical Center of Westchester, et.  
al.  
c/o GCG, Inc.  
POBox 9982  
Dublin, OH 43017-5982



4301735982 B050








01004155  
SSM0203613865



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
<b>Name of Debtor (Check Only One):</b> <input checked="" type="checkbox"/> Sound Shore Medical Center of Westchester <input type="checkbox"/> The Mount Vernon Hospital, Inc. <input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center <input type="checkbox"/> The M.V.H. Corporation <input type="checkbox"/> Sound Shore Health System, Inc. <input type="checkbox"/> NRHMC Services Corporation <input type="checkbox"/> New Rochelle Sound Shore Housing, LLC		Your Claim is Scheduled As Follows:  
<b>Case No.</b> 13-22840 13-22841 13-22842 13-22843 13-22844 13-22845 13-22846		
NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).		
<b>Name of Creditor (the person or other entity to whom the Debtor owes money or property):</b> AURELIA HERRERA	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  <b>Court Claim Number:</b>  (If known)  <b>Filed on:</b>	If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown, is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.
<b>Name and address where notices should be sent:</b>  AURELIA HERRERA C/O JEFFREY J. SHAPIRO & ASSOCS. 201 E 42ND ST RM 3005 NEW YORK, NY 10017-5722	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.	
<b>Telephone number:</b> 212-779-9100 <b>Email Address:</b> Jetts Shapiro @ Jetts Shapiro Law.com	<b>Name and address where payment should be sent (if different from above):</b>  <b>Telephone number:</b> <b>Email Address:</b>	
<b>1. Amount of Claim as of Date Case Filed (May 29, 2013):</b> \$ 1,500,000		
FILED - 00379 U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. DRAIN		
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
<b>2. Basis for Claim:</b> <u>Medical malpractice case</u> (See instruction #2)		
<b>3. Last four digits of any number by which creditor identifies Debtor:</b> _____	<b>3a. Debtor may have scheduled account as:</b>  (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b>  (See instruction #3b)
<b>4. Secured Claim (See instruction #4)</b> Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____
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 was filed)		Basis for perfection: _____  Amount of Secured Claim: \$ _____  Amount Unsecured: \$ _____
<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</b>		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <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).		Amount entitled to priority: \$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).		
<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).		
* Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
<b>6. Claim Pursuant to 11 U.S.C. § 503(b)(9):</b> Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____		
<b>7. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)		

Modified B10 (GCG) (04/13)

8. Documents: Attached are 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, and the 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) Check the appropriate box. [ ] I am the creditor [X] I am the creditor's authorized agent. [ ] I am the trustee, or the Debtor, or their authorized agent. [ ] I am a guarantor, surety, indorser, or other codebtor. 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: Jeffrey Shapiro Title: Adv Company: Jeffrey Shapiro + Assets Address and telephone number (if different from notice address above): 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.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: IF BY MAIL: Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982; IF BY HAND OR OVERNIGHT COURIER: Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME) THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)

Items to be completed in Proof of Claim Form

Court, Name of Debtor, and Case Number: These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim. A SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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.

3b. Uniform Claim Identifier: If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

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 your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9): If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

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 healthcare 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**

**INFORMATION**

**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 to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).

**Claim**  
A claim is the creditor's right to receive payment for a debt 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 GCG as described in the instructions above and in the Bar Date Notice.

**Section 503(b)(9) Claim**  
A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**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.

**Acknowledgment of Filing of Claim**  
To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.

**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(c), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.

**Display of Proof of Claim on Case Administration Website**  
As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.

01004155  
SSM0203613865



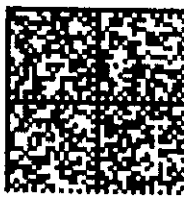
AURELIA HERRERA  
C/O JEFFREY J. SHAPIRO & ASSOCS.  
201 E 42ND ST RM 3005  
NEW YORK, NY 10017-5722

JEFFREY J. SHAPIRO & ASSOCIATES, LLC  
675 Third Ave., Suite 3005  
New York, NY 10017



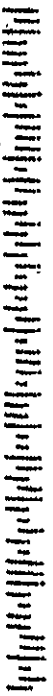
7002 0510 0002 4449 8860

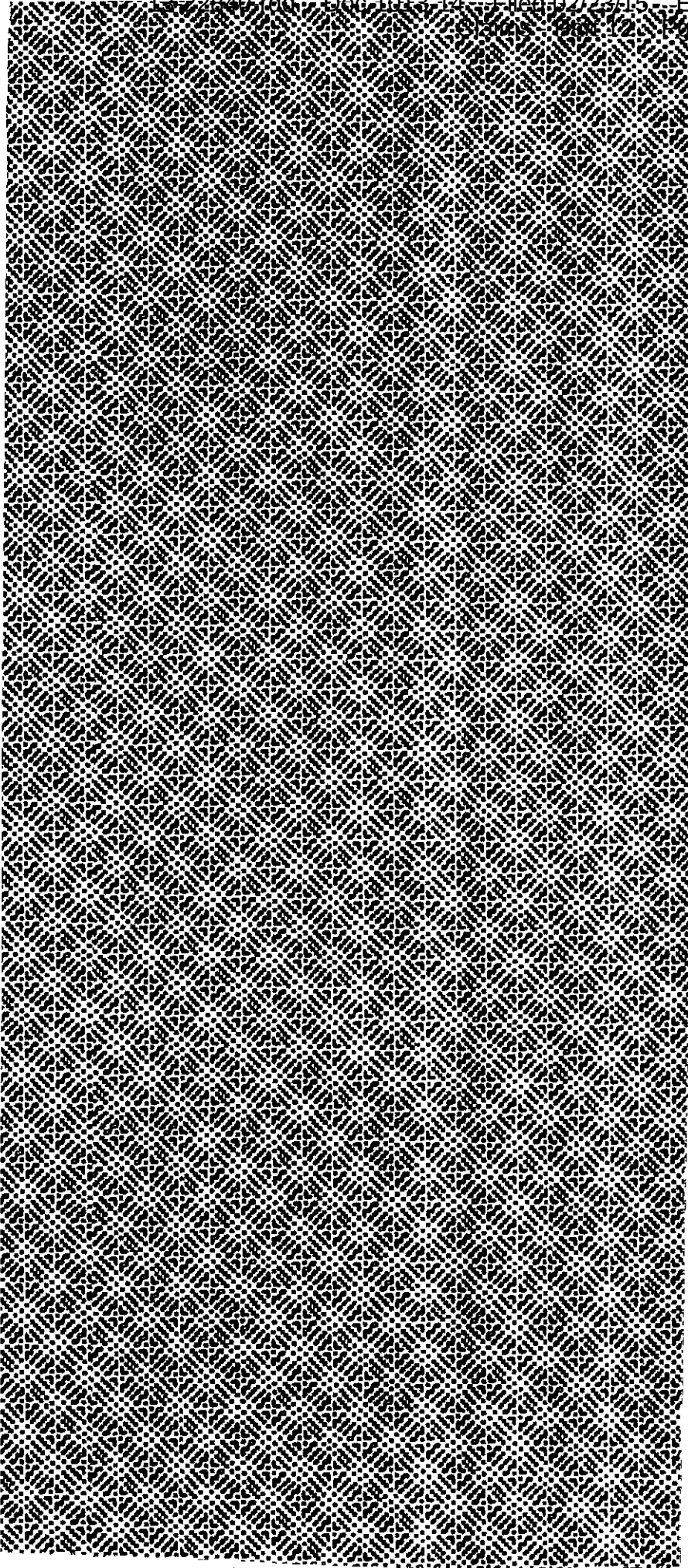
Sound Shore Medical Center of Westchester, et.  
al.  
c/o GCG, Inc.  
POBox 9982  
Dublin, OH 43017-5982




UNITED STATES POSTAGE  
PITNEY BOWES  
02 1P \$006.110  
0001643256 AUG 30 2013  
MAILED FROM ZIP CODE 10017

4301755982 8050





B10 (Official Form 10) (04/13)

<b>UNITED STATES BANKRUPTCY COURT Southern District of New York</b>		<b>PROOF OF CLAIM</b>
Name of Debtor: Sound Shore Medical Center of Westchester 16 Guion Place New Rochelle, NY 10802		
Case Number: 13-22840 (RDD)		
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Innovative Medical Products, Inc.		<b>COURT USE ONLY</b>
Name and address where notices should be sent: 87 Spring LN Plainville, CT 06062		<input type="checkbox"/> Check this box if this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____
Telephone number: (860) 793-0391 email: ar@impmedical.com		
Name and address where payment should be sent (if different from above): Same		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars
Telephone number: _____ email: _____ <div style="text-align: center; font-size: small;">                     FILED - 00188                      U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK                      SOUND SHORE MEDICAL CENTER OF WESTCHESTER                      ROBERT D. DRAIN                 </div>		
1. Amount of Claim as of Date Case Filed: \$ <u>6,818.05</u>		
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5 <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Product Sold on Account to Sound Shore</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: 0 - 8 0 1	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		Basis for perfection: _____
Value of Property: \$ _____		Amount of Secured Claim: \$ _____
Annual Interest Rate _____ % <input type="checkbox"/> Fixed, or <input type="checkbox"/> Variable (when case was filed)		Amount Unsecured: \$ _____
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<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 the case was filed or the debtor's business ceased, 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)(____).
Amount entitled to priority: \$ _____		
*Amounts are subject to adjustment on 4/01/16 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. (See instruction #6)		



B10 (Official Form 10) (04/13)

2

7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). 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. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

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

If the documents are not available, please explain.

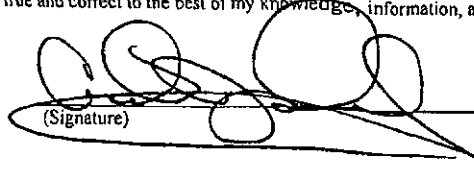
8. Signature: (See instruction #8)

Check the appropriate box.

- I am the creditor.     I am the creditor's authorized agent.     I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.)     I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

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: Andrew J. Brady  
 Title: Treasurer  
 Company: Innovative Medical Products, Inc.  
 Address and telephone number (if different from notice address above):  
 \_\_\_\_\_  
 \_\_\_\_\_



07/01/2013

(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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

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

**Items to be completed in Proof of Claim form**

**Court, Name of Debtor, and Case Number:**

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

**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.

**3b. Uniform Claim Identifier:**

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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. 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.

**7. 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 and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. 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.

**8. 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, 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**

**INFORMATION**

**Debtor**

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

**Creditor**

A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10)

**Claim**

A claim is the creditor's right to receive payment for a debt 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 clerk of the same bankruptcy court in which the bankruptcy case was filed

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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

**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.

**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 court's PACER system ([www.pacer.psc.uscourts.gov](http://www.pacer.psc.uscourts.gov)) for a small fee 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

\*\*\*HISTORICAL\*\*\*

Innovative Medical Products  
 87 Spring Lane  
 PO Box 8028  
 Plainville CT 06062

Invoice	INV060745
Date	12/6/2012
Page	1

**Bill To:**

**Ship To:**

Sound Shore Med Ctr of Wchest.  
 ATTN: A/P  
 16 Guion Place  
  
 New Rochelle NY 10802

Sound Shore Med Ctr of Wchest.  
 16 Guion Place  
 New Rochelle NY 10801

Purchase Order No.		Customer ID		Salesperson ID	Shipping Method	Payment Terms	Req Ship Date	Master No.
NR174187		SOSHNY10801		SOUNDSIDE	UPS-RED EARLYAM	NET 30	12/6/2012	74,387
Ordered	Shipped	B/O	Item Number	Description		Discount	Unit Price	Ext. Price
1	1	0	294-P-10 44448	Sterile Pad and Cohesive Wrap for IMP Knee Posit 1 next dsy by 8:30 AM		\$0.00	\$345.00	\$345.00

Joni 914-264-1002 phone order/lr  
 - There is a 1.5% Service Charge per month for all  
 Invoices over the Payment Terms.  
 - 25% Restocking Fee on all returned items.

Subtotal	\$345.00
Misc	\$0.00
Tax	\$0.00
Freight	\$84.64
Trade Discount	\$0.00
<b>Total</b>	<b>\$429.64</b>

Innovative Medical Products  
 87 Spring Lane  
 PO Box 8028  
 Plainville CT 06062

Invoice	INV062279
Date	1/29/2013
Page	1

**Bill To:**

**Ship To:**

Sound Shore Med Ctr of Wchest.  
 ATTN: A/P  
 16 Guion Place  
  
 New Rochelle NY 10802

Sound Shore Med Ctr of Wchest.  
 16 Guion Place  
 New Rochelle NY 10801

Purchase Order No.	Customer ID	Salesperson ID	Shipping Method	Payment Terms	Req Ship Date	Master No.	
NR175036	SOSHPY10801	SOUNDSIDE	UPS-GROUND	NET 30	1/29/2013	77,981	
Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
1	1	0	294-P-10 44892	Sterile Pad and Cohesive Wrap for IMP Knee Posit 1	\$0.00	\$345.00	\$345.00

Joan Turiano phone order/lr  
 - There is a 1.5% Service Charge per month for all  
 Invoices over the Payment Terms.  
 - 25% Restocking Fee on all returned items.

<b>Subtotal</b>	\$345.00
<b>Misc</b>	\$0.00
<b>Tax</b>	\$0.00
<b>Freight</b>	\$10.69
<b>Trade Discount</b>	\$0.00
<b>Total</b>	\$355.69

\*\*\*HISTORICAL\*\*\*

Innovative Medical Products  
 87 Spring Lane  
 PO Box 8028  
 Plainville CT 06062

Invoice	INV062444
Date	2/4/2013
Page	1

**Bill To:**

**Ship To:**

Sound Shore Med Ctr of Wchest.  
 ATTN: A/P  
 16 Guion Place  
  
 New Rochelle NY 10802

Sound Shore Med Ctr of Wchest.  
 16 Guion Place  
 New Rochelle NY 10801

Purchase Order No.		Customer ID		Salesperson ID	Shipping Method	Payment Terms	Req Ship Date	Master No.
NR175148		SOSHHNY10801		SOUNDSIDE	UPS-RED	NET 30	2/4/2013	78,381
Ordered	Shipped	B/O	Item Number	Description		Discount	Unit Price	Ext. Price
1	1	0	1190	SLIMLINE ABD PILLOW(4) next day delivery		\$0.00	\$178.00	\$178.00

Joanne 914-635-3504/phone order  
 - There is a 1.5% Service Charge per month for all  
 Invoices over the Payment Terms.  
 - 25% Restocking Fee on all returned items.

Subtotal	\$178.00
Misc	\$0.00
Tax	\$0.00
Freight	\$68.13
Trade Discount	\$0.00
<b>Total</b>	<b>\$246.13</b>

\*\*\*HISTORICAL\*\*\*

**Innovative Medical Products**  
 87 Spring Lane  
 PO Box 8028  
 Plainville CT 06062

Invoice	INV062445
Date	2/4/2013
Page	1

**Bill To:**

Sound Shore Med Ctr of Wchest.  
 ATTN: A/P  
 16 Guion Place  
  
 New Rochelle NY 10802

**Ship To:**

Sound Shore Med Ctr of Wchest.  
 16 Guion Place  
 New Rochelle NY 10801

Purchase Order No.		Customer ID		Salesperson ID	Shipping Method	Payment Terms	Req Ship Date	Master No.
NR175148		SOSHNY10801		SOUNDSIDE	UPS-GROUND	NET 30	2/4/2013	78,382
Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price	
2	2	0	1190	SLIMLINE ABD PILLOW(4)	\$0.00	\$178.00	\$356.00	

Joanne 914-365-3504 phone order/lr  
 - There is a 1.5% Service Charge per month for all  
 Invoices over the Payment Terms.  
 - 25% Restocking Fee on all returned items.

<b>Subtotal</b>	\$356.00
<b>Misc</b>	\$0.00
<b>Tax</b>	\$0.00
<b>Freight</b>	\$21.32
<b>Trade Discount</b>	\$0.00
<b>Total</b>	\$377.32

\*\*\*HISTORICAL\*\*\*

Innovative Medical Products  
 87 Spring Lane  
 PO Box 8028  
 Plainville CT 06062

Invoice	INV062583
Date	2/7/2013
Page	1

**Bill To:**

**Ship To:**

Sound Shore Med Ctr of Wchest.  
 ATTN: A/P  
 16 Guion Place  
  
 New Rochelle NY 10802

Sound Shore Med Ctr of Wchest.  
 16 Guion Place  
 New Rochelle NY 10801

Purchase Order No.		Customer ID		Salesperson ID	Shipping Method	Payment Terms	Req Ship Date	Master No.
NR175226		SOSHNY10801		SOUNDSIDE	UPS-RED	NET 30	2/7/2013	78,734
Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price	
2	2	0	1007-CP	Clip On Patient Protective Pads for use with IMP	\$0.00	\$155.00	\$310.00	
1	1	0	1101-P	De Mayo Hip Positioner Pad (10/case) next day delivery by 10:30	\$0.00	\$245.00	\$245.00	

Joan 914-365-3504 phone order/lr  
 - There is a 1.5% Service Charge per month for all  
 Invoices over the Payment Terms.  
 - 25% Restocking Fee on all returned items.

Subtotal	\$555.00
Misc	\$0.00
Tax	\$0.00
Freight	\$212.17
Trade Discount	\$0.00
<b>Total</b>	<b>\$767.17</b>

\*\*\*HISTORICAL\*\*\*

Innovative Medical Products  
 87 Spring Lane  
 PO Box 8028  
 Plainville CT 06062

Invoice	INV063178
Date	2/28/2013
Page	1

**Bill To:**

**Ship To:**

Sound Shore Med Ctr of Wchest.  
 ATTN: A/P  
 16 Guion Place  
  
 New Rochelle NY 10802

Sound Shore Med Ctr of Wchest.  
 16 Guion Place  
 New Rochelle NY 10801

Purchase Order No.		Customer ID		Salesperson ID	Shipping Method	Payment Terms	Req Ship Date	Master No.
NR175591		SOSHNY10801		SOUNDSIDE	UPS-RED	NET 30	2/28/2013	80,264
Ordered	Shipped	B/O	Item Number	Description		Discount	Unit Price	Ext. Price
3	3	0	294-P-10 44893	Sterile Pad and Cohesive Wrap for IMP Knee Posit 3 next day delivery		\$0.00	\$345.00	\$1,035.00

Joanie T 914-365-3504 phone order/r  
 - There is a 1.5% Service Charge per month for all  
 Invoices over the Payment Terms.  
 - 25% Restocking Fee on all returned items.

Subtotal	\$1,035.00
Misc	\$0.00
Tax	\$0.00
Freight	\$153.75
Trade Discount	\$0.00
<b>Total</b>	<b>\$1,188.75</b>



Innovative Medical Products  
 87 Spring Lane  
 PO Box 8028  
 Plainville CT 06062

Invoice	INV063822
Date	3/22/2013
Page	1

**Bill To:**

**Ship To:**

Sound Shore Med Ctr of Wchest.  
 ATTN: A/P  
 16 Guion Place  
  
 New Rochelle NY 10802

Sound Shore Med Ctr of Wchest.  
 16 Guion Place  
 New Rochelle NY 10801

Purchase Order No.		Customer ID		Salesperson ID	Shipping Method	Payment Terms	Req Ship Date	Master No.
NR176027		SOSHPNY10801		SOUNDSIDE	UPS-GROUND	NET 30	3/22/2013	81,781
Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price	
2	2	0	1101-P	De Mayo Hip Positioner Pad (10/case)	\$0.00	\$245.00	\$490.00	
2	2	0	294-P-10 45291	Sterile Pad and Cohesive Wrap for IMP Knee Posit 2	\$0.00	\$345.00	\$690.00	

Joan Turiano 914-365-3504 phone order/lr  
 - There is a 1.5% Service Charge per month for all  
 Invoices over the Payment Terms.  
 - 25% Restocking Fee on all returned items.

Subtotal	\$1,180.00
Misc	\$0.00
Tax	\$0.00
Freight	\$54.12
Trade Discount	\$0.00
<b>Total</b>	<b>\$1,234.12</b>

\*\*\*HISTORICAL\*\*\*

Innovative Medical Products  
 87 Spring Lane  
 PO Box 8028  
 Plainville CT 06062

Invoice	INV064328
Date	4/9/2013
Page	1

**Bill To:**

**Ship To:**

Sound Shore Med Ctr of Wchest.  
 ATTN: A/P  
 16 Guion Place  
  
 New Rochelle NY 10802

Sound Shore Med Ctr of Wchest.  
 16 Guion Place  
 New Rochelle NY 10801

Purchase Order No.		Customer ID		Salesperson ID	Shipping Method	Payment Terms	Req Ship Date	Master No.
NR176343		SOSHNY10801		SOUNDSIDE	UPS-GROUND	NET 30	4/9/2013	82,973
Ordered	Shipped	B/O	Item Number	Description		Discount	Unit Price	Ext. Price
4	4	0	1190	SLIMLINE ABD PILLOW(4)		\$0.00	\$178.00	\$712.00

Joan Triano 914-365-3504 phone order/lr  
 - There is a 1.5% Service Charge per month for all  
 Invoices over the Payment Terms.  
 - 25% Restocking Fee on all returned items.

Subtotal	\$712.00
Misc	\$0.00
Tax	\$0.00
Freight	\$42.64
Trade Discount	\$0.00
<b>Total</b>	<b>\$754.64</b>

Innovative Medical Products  
 87 Spring Lane  
 PO Box 8028  
 Plainville CT 06062

Invoice	INV064737
Date	4/22/2013
Page	1

**Bill To:**

**Ship To:**

Sound Shore Med Ctr of Wchest.  
 ATTN: A/P  
 16 Guion Place  
  
 New Rochelle NY 10802

Sound Shore Med Ctr of Wchest.  
 16 Guion Place  
 New Rochelle NY 10801

Purchase Order No.		Customer ID	Salesperson ID	Shipping Method	Payment Terms	Req Ship Date	Master No.
NR176539		SOSHHNY10801	SOUNDSIDE	UPS-RED	NET 30	4/22/2013	83,974
Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
1	1	0	294-P-10 45535	Sterile Pad and Cohesive Wrap for IMP Knee Posit  next day delivery	\$0.00	\$345.00	\$345.00

Joanie Toreano 914-365-3504 phone order/lr  
 - There is a 1.5% Service Charge per month for all  
 Invoices over the Payment Terms.  
 - 25% Restocking Fee on all returned items.

Subtotal	\$345.00
Misc	\$0.00
Tax	\$0.00
Freight	\$51.90
Trade Discount	\$0.00
<b>Total</b>	<b>\$396.90</b>

Innovative Medical Products  
 87 Spring Lane  
 PO Box 8028  
 Plainville CT 06062

Invoice	INV065025
Date	5/1/2013
Page	1

**Bill To:**

**Ship To:**

Sound Shore Med Ctr of Wchest.  
 ATTN: A/P  
 16 Guion Place  
  
 New Rochelle NY 10802

Sound Shore Med Ctr of Wchest.  
 16 Guion Place  
 New Rochelle NY 10801

Purchase Order No.	Customer ID	Salesperson ID	Shipping Method	Payment Terms	Req Ship Date	Master No.	
NR176757	SOSHNY10801	SOUNDSIDE	UPS-GROUND	NET 30	5/1/2013	84,693	
Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
1	1	0	294-P-10 45538	Sterile Pad and Cohesive Wrap for IMP Knee Posit 1	\$0.00	\$345.00	\$345.00

Joanie 914-365-3504/lr phone order  
 - There is a 1.5% Service Charge per month for all  
 Invoices over the Payment Terms.  
 - 25% Restocking Fee on all returned items.

Subtotal	\$345.00
Misc	\$0.00
Tax	\$0.00
Freight	\$10.69
Trade Discount	\$0.00
<b>Total</b>	<b>\$355.69</b>

\*\*\*HISTORICAL\*\*\*

Innovative Medical Products  
 87 Spring Lane  
 PO Box 8028  
 Plainville CT 06062

Invoice	INV065707
Date	5/23/2013
Page	1

**Bill To:**

Sound Shore Med Ctr of Wchest.  
 ATTN: A/P  
 16 Guion Place  
  
 New Rochelle NY 10802

**Ship To:**

Sound Shore Med Ctr of Wchest.  
 16 Guion Place  
 New Rochelle NY 10801

Purchase Order No.		Customer ID		Salesperson ID	Shipping Method	Payment Terms	Req Ship Date	Master No.
NR177163		SOSHHNY10801		SOUNDSIDE	UPS RED	NET 30	5/23/2013	86,345
Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price	
1	1	0	294-P-10 45538	Sterile Pad and Cohesive Wrap for IMP Knee Posit 1	\$0.00	\$345.00	\$345.00	
1	1	0	1101-P	De Mayo Hip Positioner Pad (10/case) *** ship UPS Red for 10:30 am delivery ***	\$0.00	\$245.00	\$245.00	

Edith 914-365-3894 Deb  
 - There is a 1.5% Service Charge per month for all  
 Invoices over the Payment Terms.  
 - 25% Restocking Fee on all returned items.

Subtotal	\$590.00
Misc	\$0.00
Tax	\$0.00
Freight	\$122.00
Trade Discount	\$0.00
<b>Total</b>	<b>\$712.00</b>



August 13, 2013

Sound Shore Medical Center of Westchester et al.  
C/O GCG, Inc.  
P.O. Box 9982  
Dublin, OH 43017-5982

RE: Bankruptcy Proof of Claim Case #13-22840(RDD)  
Sound Shore Medical Center of Westchester

Dear Sir or Madam:

Enclosed please find a copy of a completed Proof of Claim Form on the above mentioned case. It was mailed to the Herndon, VA Bankruptcy Noticing Center back in July 2013.

Please enter this proof of claims into the records.

Thank you for your help and cooperation in this matter.

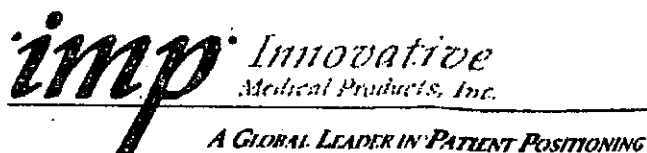
Please feel free to contact me with any questions or problems.

Sincerely,

*Barbara Bowler*  
Barbara Bowler  
A/R Manager  
Innovative Medical Products, Inc.  
(860)479-0863

**TUFFease**  
Pressure Reducing Gel Pads

**IMP: THE OPERATIVE WORD IN PATIENT POSITIONING**



July 2, 2013

BAE Systems  
Bankruptcy Noticing Center  
2525 Network Place  
Herndon, VA 20171-3514

RE: Bankruptcy Proof of Claim Case #13-22840 (RDD)  
Sound Shore Medical Center of Westchester

Dear Sir or Madam:

Enclosed please find a completed Proof of Claim form on the above mentioned case. We apologize for the delay in sending this out but we never received any notice of bankruptcy from the court until we received the notice of a sale hearing.

Please enter this proof of claim into the records.

Thank you for help and cooperation in this matter.

Please feel free to contact me with any questions or problems.

Sincerely

Barbara Bowler  
A/R Manager

Enclosures

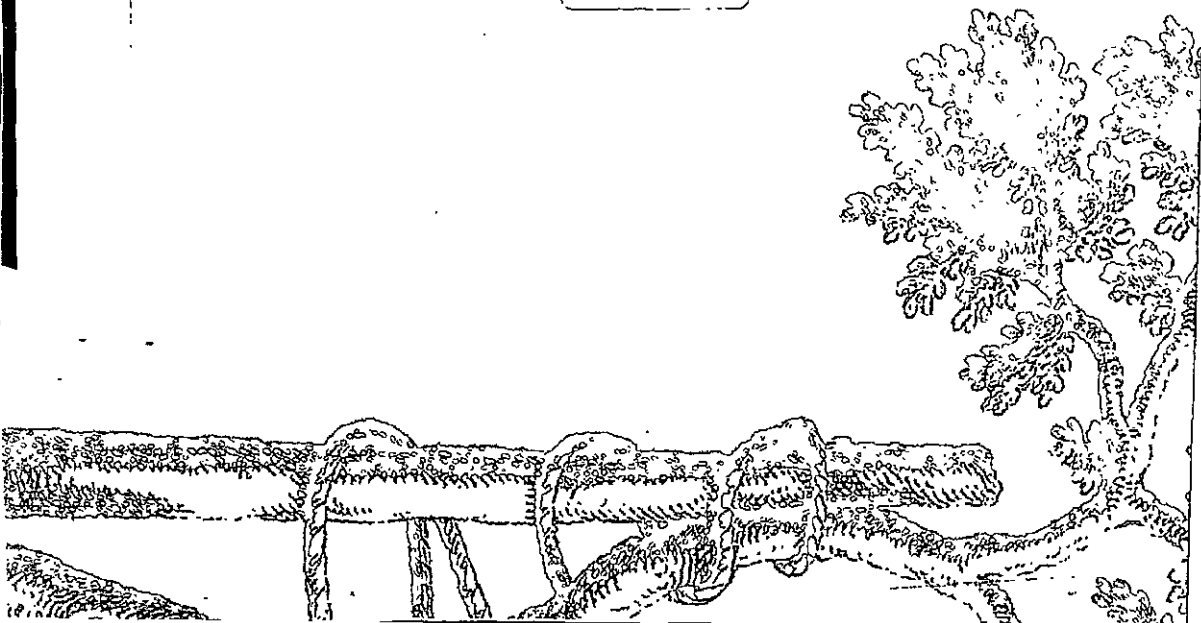
**imp** *Innovative*  
Medical Products, Inc.

A GLOBAL LEADER IN PATIENT POSITIONING  
PO Box 8028, Plainville, CT 06062 - 8028  
www.impmedical.com

IMP... THE OPERATIVE WORD IN PATIENT POSITIONING

|||||  
Sound Shore Medical Center of Westchester et al.  
C/O GCG, Inc.  
P.O. Box 9982  
Dublin, OH 43017-5982

neopost<sup>SM</sup>  
08/13/2013  
US POSTAGE  
FIRST-CLASS MAIL  
ZIP 06062  
04111213850  
**\$01.06**





B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT      Southern District of New York			<b>PROOF OF CLAIM</b>
Name of Debtor: In re:  SOUND SHORE MEDICAL CENTER OF WESTCHESTER, et al		Case Number: 13-22841 (RDD)	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.			
Name of Creditor (the person or other entity to whom the debtor owes money or property): DARLENE JOHNSON			
Name and address where notices should be sent: DARLENE JOHNSON 535 South Seventh Avenue Mt. Vernon, New York 10550		COURT USE ONLY <input type="checkbox"/> Check this box if this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____	
Telephone number: _____ email: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.	
Name and address where payment should be sent (if different from above): c/o Peter E. Tangredi & Associates 202 Mamaroneck Avenue, White Plains, New York 10601		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.	
Telephone number: (914) 328-6900 email: office@ptangredilaw.com			
1. Amount of Claim as of Date Case Filed:      \$ <u>1,000,000.00</u>		FILED - 06642	
If all or part of the claim is secured, complete item 4.		U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK	
If all or part of the claim is entitled to priority, complete item 5.		SOUND SHORE MEDICAL CENTER OF WESTCHESTER	
		ROBERT D. DRAIN	
<input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.			
2. Basis for Claim: <u>negligence sounding in medical malpractice 07/25-30/12</u> (See instruction #2)			
3. Last four digits of any number by which creditor identifies debtor: <u>3645</u>	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____	
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		Basis for perfection: _____	
Value of Property: \$ _____		Amount of Secured Claim: \$ _____	
Annual Interest Rate _____% <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount Unsecured: \$ _____	
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.			
<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 the case was filed or the debtor's business ceased, 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).	Amount entitled to priority: \$ _____
<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)(____).	
*Amounts are subject to adjustment on 4/01/16 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. (See instruction #6)			

B10 (Official Form 10) (04/13)

2

**7. Documents:** Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). 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. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

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

If the documents are not available, please explain:

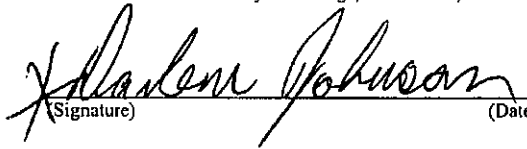
**8. Signature:** (See instruction #8)

Check the appropriate box.

- I am the creditor.     I am the creditor's authorized agent.     I am the trustee, or the debtor, or their authorized agent.     I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)  
(See Bankruptcy Rule 3004.)

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: DARLENE JOHNSON  
Title: Self  
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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

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

**Items to be completed in Proof of Claim form**

**Court, Name of Debtor, and Case Number:**  
Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

**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.

**3b. Uniform Claim Identifier:**  
If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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. 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.

**7. 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 and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. 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.

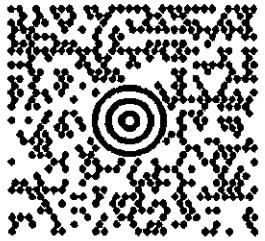
**8. Date and Signature:**  
The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury 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, 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	INFORMATION
<b>Debtor</b> A debtor is the person, corporation, or other entity that has filed a bankruptcy case.	<b>Acknowledgment of Filing of Claim</b> 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 court's PACER system ( <a href="http://www.pacer.psc.uscourts.gov">www.pacer.psc.uscourts.gov</a> ) for a small fee to view your filed proof of claim.
<b>Creditor</b> A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).	<b>Offers to Purchase a Claim</b> 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 <i>et seq.</i> ), and any applicable orders of the bankruptcy court.
<b>Claim</b> A claim is the creditor's right to receive payment for a debt 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.	<b>Unsecured Claim</b> 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.
<b>Proof of Claim</b> 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 clerk of the same bankruptcy court in which the bankruptcy case was filed.	<b>Claim Entitled to Priority Under 11 U.S.C. § 507 (a)</b> 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.
<b>Secured Claim Under 11 U.S.C. § 506 (a)</b> 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.	<b>Redacted</b> A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.
	<b>Evidence of Perfection</b> 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.

Airbill: 1Z7354071394461330

SUSAN 0.2 LBS LTR 1 OF 1  
9143286900  
PETER E TANGREDI & ASSOCIATES  
202 MAMARONECK AVE  
WHITE PLAINS NY 10601

**SHIP TO:**  
SOUND SHORE MEDICAL CENTER OF WEST  
C/O GCG, INC.  
SUITE A  
5151 BLAZER PARKWAY  
DUBLIN OH 43017

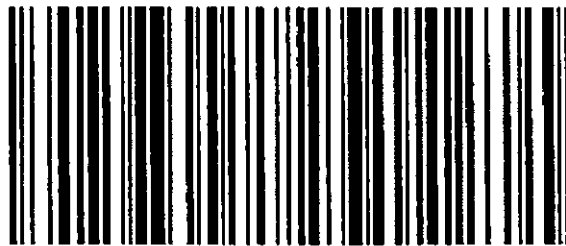


**OH 432 9-30**



**UPS NEXT DAY AIR SAVER 1P**

TRACKING #: 1Z 735 407 13 9446 1330



BILLING: P/P

Trx Ref No.: Johnson, Darlene

XOL 13.08.04

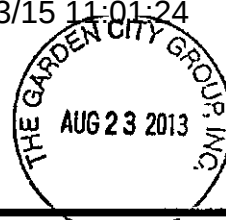
NV45 42.0A 07/2013



Create New Shipment

View Pending Shipments

Page 1 of 1



01003630  
SSM0202178556



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
<b>Name of Debtor (Check Only One):</b> <input type="checkbox"/> Sound Shore Medical Center of Westchester <input type="checkbox"/> The Mount Vernon Hospital, Inc. <input type="checkbox"/> Howa Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center <input type="checkbox"/> The M.V.H. Corporation <input type="checkbox"/> Sound Shore Health System, Inc. <input type="checkbox"/> NRRHMC Services Corporation <input type="checkbox"/> New Rochelle Sound Shore Housing, LLC		<b>Case No.</b> 13-22840 13-22841 13-22842 13-22843 13-22844 13-22845 13-22846
<b>NOTE:</b> Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).		<b>Your Claim is Scheduled As Follows:</b>  The Mount Vernon Hospital, Inc.  Unsecured: \$1,258.00
<b>Name of Creditor (the person or other entity to whom the Debtor owes money or property):</b> JOINT RESTORATION FOUNDATI		If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.
<b>Name and address where notices should be sent:</b> JOINT RESTORATION FOUNDATI PO BOX 843549 FILED - 80278 KANSAS CITY, MO 64184-3549 U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER		
<b>Telephone number:</b> ROBERT D. DRAIN <b>Email Address:</b>		
<b>Name and address where payment should be sent (if different from above):</b>  <b>Telephone number:</b> 7209746596 <b>Email Address:</b> ARQALBSOURCE.ORG		
<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  <b>Court Claim Number:</b>  <b>Filed on:</b> (If known)		
<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.		
<b>1. Amount of Claim as of Date Case Filed (May 29, 2013):</b> \$ 1,258.00 If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
<b>2. Basis for Claim:</b> health care goods non payment (See instruction #2)		
<b>3. Last four digits of any number by which creditor identifies Debtor:</b> H M O U	<b>3a. Debtor may have scheduled account no:</b>  (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b>  (See instruction #3b)
<b>4. Secured Claim (See instruction #4)</b> Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, 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 was filed)		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____
<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a).</b> If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). <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"/> Wages, salaries, or commissions (up to \$12,475* earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)( ). Amount entitled to priority: \$ _____ *Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
<b>6. Claim Pursuant to 11 U.S.C. § 503(b)(9):</b> Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$		
<b>7. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)		

Deposit Date: 8/15/2013  
 Lockbox: 843549  
 Batch: 9115  
 Transaction: 2

01012473

SSM0202332592



JOINT RESTORATION FOUND  
PO BOX 843549  
KANSAS CITY, MO 64184-3549

**Deposit Date:** 8/15/2013  
**Lockbox:** 843549  
**Batch:** 9115  
**Transaction:** 1

**JOINT RESTORATION  
FOUNDATION**



**Customer Statement**

Page 1 of 1

6278 South Troy Circle • Centennial, CO 80111  
(720) 873-0213 • (888) 873-8330 • (720) 873-0212

Date: 19-Aug-2013  
Customer: MVHMOU

**Bill To:**

Mount Vernon Hospital  
12 N. 7th Avenue  
Accounts Payable  
Mount Vernon, NY 10550-

Transaction Date	Transaction Number	Trans Type	Transaction Description	Customer PO	Amount	O/S Amount
------------------	--------------------	------------	-------------------------	-------------	--------	------------

12-Mar-2013	239554	IN	Invoice Shippin	MV25579	1,258.00	1,258.00
-------------	--------	----	-----------------	---------	----------	----------

Total Amount Due:

**USD: \$1,258.00**

<b>Current</b>	<b>30+ Days</b>	<b>60+ Days</b>	<b>90+ Days</b>	<b>120+ Days</b>
\$0.00	\$0.00	\$0.00	\$1,258.00	\$0.00

Remit All payments to Joint Restoration Foundation, PO Box 843549, Kansas City, MO 64184-3546

The parties hereby incorporate the requirements of 41 C.F.R. §§ 60-1.4(a)(7), 60-250.5 and 60-741.5, if applicable, also 29 CFR part 70 Beck Notification, if applicable.

General Bar Date: September 16, 2013 at 4:00 p.m. (Eastern Time)  
 Governmental Bar Date: November 25, 2013 at 4:00 p.m. (Eastern Time)

**UNITED STATES BANKRUPTCY COURT  
 SOUTHERN DISTRICT OF NEW YORK**

In re: \_\_\_\_\_x

Chapter 11 Case

SOUND SHORE MEDICAL CENTER OF  
 WESTCHESTER, et al.,

Case No. 13- 22840 (RDD)

Debtors. \_\_\_\_\_x

(Jointly Administered)

**NOTICE OF DEADLINE REQUIRING FILING OF PROOFS OF CLAIM  
 (INCLUDING CLAIMS UNDER SECTION 503(B)(9) OF THE BANKRUPTCY CODE**

The United States Bankruptcy Court for the Southern District of New York has entered an Order establishing (i) September 16, 2013 at 4:00 p.m. (prevailing Eastern time) as the last date for each person or entity (including individuals, partnerships, limited liability companies, corporations, joint ventures and trusts) to file a proof of claim based on prepetition claims, including claims under section 503(b)(9) of the Bankruptcy Code, and (ii) November 25, 2013 at 4:00 p.m. (prevailing Eastern time) as the last date for each governmental unit to file a proof of claim based on prepetition claims, as against any of the following Debtors:

Name of Debtor	Case Number	Tax Identification Number	Other Names Used by Debtors in Last 5 Years
Sound Shore Health System, Inc.	13-22844	13-4011398	N/A
Sound Shore Medical Center of Westchester	13-22840	13-1740117	N/A
The Mount Vernon Hospital, Inc.	13-22841	13-1740115	N/A
Howe Avenue Nursing Home d/b/a Helen and Michael Schaffer Extended Care Center	13-22842	23-7000781	N/A
NRHMC Services Corporation	13-22845	13-3769137	N/A
The M.V.H. Corporation	13-22843	13-3281514	N/A
New Rochelle Sound Shore Housing, LLC	13-22846	13-1740117	N/A

The Bar Date and procedures set forth in the Order for filing proofs of claim apply to all claims against the Debtors that arose prior to May 29, 2013 (the "Petition Date"), the date on which the Debtors commenced their respective cases under chapter 11 of the Bankruptcy Code, except those holders of the certain claims listed in the Order that are specifically excluded from the Bar Date filing requirements ("Excluded Claims").

You MUST file a proof of claim to vote on a chapter 11 plan filed by the Debtors or to share in distributions from any of the Debtors' bankruptcy estates if you have a claim that arose prior to the Petition Date, and it is not one of the types of Excluded Claims described in the Order. Claims based on acts or omissions of the Debtors that occurred before the Petition Date (other than Excluded Claims) must be filed on or prior to the Bar Date, even if such claims are not now fixed, liquidated or certain or did not mature or become fixed, liquidated or certain before the Filing Date.

For a copy of the Order and a sample proof of claim form, you may contact the Debtor's Claims Agent: GCG, Inc., P.O. Box 9982 Dublin, Ohio 43017-5982, by phone at (866) 300-1288, by email at SoundShoreInfo@geginc.com, or visit their website at www.geginc.com/cases/soundshore.

2578441v.4

Deposit Date: 8/15/2013  
 Lockbox: 843549  
 Batch: 9115  
 Transaction: 2



Except as provided for in the Order and herein, all proofs of claim must be filed so as to be received on or before September 16, 2013 at 4:00 p.m. (Eastern time) at the following address to:

**IF BY MAIL:**

Sound Shore Medical Center of Westchester, *et al.*  
c/o GCG, Inc.  
P.O. Box 9982  
Dublin, OH 43017-5982

**IF BY HAND DELIVERY OR OVERNIGHT COURIER:**

Sound Shore Medical Center of Westchester, *et al.*  
c/o GCG, Inc.  
5151 Blazer Parkway, Suite A  
Dublin, OH 43017  
OR

**IF BY HAND DELIVERY:**

United States Bankruptcy Court, SDNY  
300 Quarropas Street  
White Plains, New York 10601  
Attention: Clerk of the Court

Proofs of claim will be deemed filed only if received by the Bankruptcy Court on or before 4:00 p.m. (prevailing Eastern Time) on the Bar Date. Proofs of claim may not be delivered by facsimile, telecopy or electronic mail transmission.

ANY HOLDER OF A CLAIM THAT IS NOT EXCEPTED FROM THE AFOREMENTIONED FILING REQUIREMENTS OF THE COURT ORDER, AND THAT FAILS TO TIMELY FILE A PROOF OF CLAIM IN THE APPROPRIATE FORM WILL BE BARRED FROM ASSERTING SUCH CLAIM AGAINST THE DEBTORS AND THEIR CHAPTER 11 ESTATES, FROM VOTING ON ANY PLAN OF REORGANIZATION OR LIQUIDATION FILED IN THIS CASE, AND FROM PARTICIPATING IN ANY DISTRIBUTION IN THE DEBTORS' CASES ON ACCOUNT OF SUCH CLAIM.

You may be listed as the holder of a claim against the Debtors in the Debtors' Schedules of Assets and Liabilities and/or Schedules of Executory Contracts and Unexpired Leases (collectively, the "Schedules"). Copies of the Debtor's Schedules are available for inspection on the Court's Internet Website at <http://www.nysb.uscourts.gov>. A login and password to the Court's Public Access to Electronic Court Records ("PACER") are required to access this information and can be obtained through the PACER Service Center at <http://www.pacer.gov>. Copies of the Schedules may also be examined between the hours of 9:00 A.M. and 4:00 P.M., Monday through Friday at the Office of the Debtor's Claims Agent GCG, Inc., 190 S. LaSalle St, Suite 1520, Chicago, IL 60603. Copies of the Debtor's Schedules may also be obtained on the website of GCG, Inc. at <http://www.gcginc.com/cases/soundshore>.

A holder of a possible claim against the Debtor should consult an attorney regarding any matters not covered by this notice, such as whether the holder should file a proof of claim.

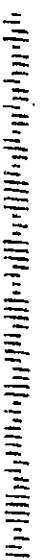
Dated: Great Neck, New York  
July 31, 2013

BY ORDER OF THE COURT

GARFUNKEL WILD, P.C.  
Counsel to the Debtors  
111 Great Neck Road  
Great Neck, New York  
(516) 393-2200



6278 S. Troy Cir  
Centennial, CO 80111  
allosource.org



2855841054


Sound Shore Medical Center of Westchester  
c/o ECC Inc  
PO Box 9982  
Dublin, OH 43017 - 5982



hepostnet  
08/20/2013  
US POSTAGE

FIRST-CLASS MAIL  
\$00.86  
ZIP 80112  
04111230829

B10 (Official Form 10) (04/13)

<b>UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK</b>		<b>PROOF OF CLAIM</b>
Name of Debtor: Sound Shore Health System, Inc. ....		Case Number 13-22844
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		 U.S. BANKRUPTCY COURT S.D. OF N.Y. FILED SEP 12 P 1:13
Name of Creditor (the person or other entity to whom the debtor owes money or property): KERLANDE JASMINE BOUCHER, a minor by her mother and natural guardian, SHERLANDE MEDE, and, SHERLANDE MEDE, individually		
Name and address where notices should be sent: FINK & PLATZ 1325 Franklin Avenue, Suite 260 Garden City, NY 11530 Telephone number: (516) 280-5516 email: sfink@finkandplatz.com		<input type="checkbox"/> Check this box if 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):  U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. DRAIN Telephone number: email:		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
1. Amount of Claim as of Date Case Filed: <u>\$ Unliquidated</u>		
If all or part of the claim is secured, complete item 4. <b>UNSECURED NON-PRIORITY CLAIM</b>		
If all or part of the claim is entitled to priority, complete item 5.		
<input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Personal injury / Wrongful Death - Medical Malpractice</u> (See instruction #2) <u>From on or about February 18, 2010 to on or about February 23, 2011.</u>		
3. Last four digits of any number by which creditor identifies debtor: <u>1 0 8 0</u>	3a. Debtor may have scheduled account as: <u>(See instruction #3a)</u>	3b. Uniform Claim Identifier (optional): <u>(See instruction #3b)</u>
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, 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 was filed)		Amount of arrearage and other charges, as of the time case was 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 part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<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 the case was filed or the debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4).
<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"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).
		<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).
		Amount entitled to priority: \$ _____
*Amounts are subject to adjustment on 4/01/16 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. (See instruction #6)		

B10 (Official Form 10) (04/13)

2

7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). 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. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

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

Attached hereto are:

- If the documents are not available, please explain: a) Copies of the Creditors' hospital records; and b) A copy of the proposed Complaint.

8. Signature: (See instruction #8)

Check the appropriate box.

- I am the creditor.  I am the creditor's authorized agent.  I am the trustee, or the debtor, or their authorized agent.  I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)
- (See Bankruptcy Rule 3004.)

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: Kerlande J. Boucher, by Sherland Mede

Title: Individually and as as mother and natural guardian of Kerlande Boucher

Company:

Address and telephone number (if different from notice address above):

Sherland Mede 7-29-13 (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.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

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

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

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.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

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. 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.

7. 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 and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. 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.

8. 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, 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**

**INFORMATION**

**Debtor**

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

**Creditor**

A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).

**Claim**

A claim is the creditor's right to receive payment for a debt 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 clerk of the same bankruptcy court in which the bankruptcy case was filed.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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

**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.

**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 court's PACER system ([www.pacer.psc.uscourts.gov](http://www.pacer.psc.uscourts.gov)) for a small fee 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.

**Kerlande Jasmine Bocher Claim No. 521 and 1000 are over 200  
pages. If you require additional backup please contact Ellen  
Huggler at 516-393-2235.**

B10 (Official Form 10) (04/13)

<b>UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK</b>		<b>PROOF OF CLAIM</b>
Name of Debtor: Sound Shore Medical Center of Westchester . . . . .	Case Number: . . . . . 13-22840	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): KERLANDE JASMINE BOUCHER, a minor by her mother and natural guardian, SHERLANDE MEDE, and, SHERLANDE MEDE, individually		<b>COURT USE ONLY</b>
Name and address where notices should be sent: FINK & PLATZ 1325 Franklin Avenue, Suite 260 Garden City, NY 11530 Telephone number: (516) 280-5516      email: sfink@finkandplatz.com		<input type="checkbox"/> Check this box if 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):    Telephone number: _____      email: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars
FILED - 09521 U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. DRAIN		
1. Amount of Claim as of Date Case Filed:      \$ <u>Unliquidated</u>  If all or part of the claim is secured, complete item 4.      UNSECURED NON-PRIORITY CLAIM  If all or part of the claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Personal injury / Wrongful Death - Medical Malpractice</u> (See instruction #2) <u>From on or about February 18, 2010 to on or about February 23, 2011.</u>		
3. Last four digits of any number by which creditor identifies debtor:  1 0 8 0	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, 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 was filed)		Amount of arrearage and other charges, as of the time case was 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 part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<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 the case was filed or the debtor's business ceased, 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)(____)
		Amount entitled to priority: \$ _____
*Amounts are subject to adjustment on 4/01/16 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. (See instruction #6)		

B10 (Official Form 10) (04/13)

2

**7. Documents:** Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). 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. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

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

Attached hereto are:

If the documents are not available, please explain: a) Copies of the Creditors' hospital records; and b) A copy of the proposed Complaint.

**8. Signature:** (See instruction #8)

Check the appropriate box.

- I am the creditor.  I am the creditor's authorized agent.
- I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.)
- I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

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: Kerlande J. Boucher, by Sherland Mede  
 Title: Individually and as mother and natural guardian of Kerlande Boucher  
 Company: \_\_\_\_\_  
 Address and telephone number (if different from notice address above): \_\_\_\_\_  
 (Signature) Sherland Mede (Date) 2-29-13

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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

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

**Items to be completed in Proof of Claim form**

**Court, Name of Debtor, and Case Number:**  
 Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

**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.

**3b. Uniform Claim Identifier:**  
 If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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. 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.

**7. 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 and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. 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.

**8. 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, 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**

**INFORMATION**

**Debtor**

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

**Creditor**

A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).

**Claim**

A claim is the creditor's right to receive payment for a debt 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 clerk of the same bankruptcy court in which the bankruptcy case was filed.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**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.

**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 court's PACER system ([www.pacer.psc.uscourts.gov](http://www.pacer.psc.uscourts.gov)) for a small fee 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.


01008442

SSM0203424715



Marked 9/11



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM						
<p><b>Name of Debtor (Check Only One):</b></p> <p><input type="checkbox"/> Sound Shore Medical Center of Westchester</p> <p><input checked="" type="checkbox"/> The Mount Vernon Hospital, Inc.</p> <p><input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center</p> <p><input type="checkbox"/> The M.V.H. Corporation</p> <p><input type="checkbox"/> Sound Shore Health System, Inc.</p> <p><input type="checkbox"/> NRHMC Services Corporation</p> <p><input type="checkbox"/> New Rochelle Sound Shore Housing, LLC</p>	<p><b>Case No.:</b></p> <p>13-22840</p> <p>13-22841</p> <p>13-22842</p> <p>13-22843</p> <p>13-22844</p> <p>13-22845</p> <p>13-22846</p>	<p><b>Your Claim is Scheduled As Follows:</b></p> <div style="text-align: center;">  </div> <p>09-16-13 A 10:00 IN</p> <p>If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.</p>						
<p><b>NOTE:</b> Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).</p>								
<p><b>Name of Creditor (the person or other entity to whom the Debtor owes money or property):</b> LENA CAMPBELL, AS GUARDIAN TO SHAWN CAMPBELL</p>	<p><input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.</p> <p><b>Court Claim Number:</b></p> <p>_____</p> <p>(If known)</p> <p><b>Filed on:</b></p> <p>_____</p>							
<p><b>Name and address where notices should be sent:</b></p> <p>LENA CAMPBELL, AS GUARDIAN TO SHAWN CAMPBELL C/O JAMES NEWMAN, ESQ. AS ATTORNEY 2815 WATERBURY AVE BRONX, NY 10461-6113</p>	<p><input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.</p>							
<p><b>Telephone number:</b></p> <p><b>Email Address:</b></p>	<p><b>Name and address where payment should be sent (if different from above):</b></p> <p><b>Telephone number:</b></p> <p><b>Email Address:</b></p>							
<p><b>1. Amount of Claim as of Date Case Filed (May 29, 2013): \$</b> _____</p> <p style="text-align: right;">FILED - 00729</p> <p style="text-align: center;">U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. DRAIN</p> <p>If all or part of the claim is secured, complete item 4.</p> <p>If all or part of the claim is entitled to priority, complete item 5.</p> <p>If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6.</p> <p><input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.</p>								
<p><b>2. Basis for Claim:</b> <u>MEDICAL MALPRACTICE SETTLEMENT PURSUANT TO AGREEMENT (ATTACHED)</u></p> <p>(See instruction #2)</p>								
<p><b>3. Last four digits of any number by which creditor identifies Debtor:</b></p> <p>_____</p>	<p><b>3a. Debtor may have scheduled account as:</b></p> <p>_____</p> <p>(See instruction #3a)</p>	<p><b>3b. Uniform Claim Identifier (optional):</b></p> <p>_____</p> <p>(See instruction #3b)</p>						
<p><b>4. Secured Claim (See instruction #4)</b></p> <p>Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.</p> <p><b>Nature of property or right of setoff:</b>      <input type="checkbox"/> Real Estate      <input type="checkbox"/> Motor Vehicle</p> <p style="padding-left: 100px;"><input type="checkbox"/> Other</p> <p><b>Describe:</b> _____</p> <p><b>Value of Property: \$</b> _____</p> <p><b>Annual Interest Rate</b> _____ %      <input type="checkbox"/> Fixed      or      <input type="checkbox"/> Variable</p> <p>(when case was filed)</p> <p style="text-align: right;"><b>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:</b></p> <p style="text-align: right;">\$ _____</p> <p style="text-align: right;"><b>Basis for perfection:</b></p> <p>_____</p> <p style="text-align: right;"><b>Amount of Secured Claim: \$</b> _____</p> <p style="text-align: right;"><b>Amount Unsecured: \$</b> _____</p>								
<p><b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</b></p> <table style="width:100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <p><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).</p> </td> <td style="width: 33%; vertical-align: top;"> <p><input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).</p> </td> <td style="width: 33%; vertical-align: top;"> <p><input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p><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).</p> </td> <td style="vertical-align: top;"> <p><input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).</p> </td> <td style="vertical-align: top;"> <p><input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).</p> </td> </tr> </table> <p style="text-align: right;"><b>Amount entitled to priority:</b></p> <p style="text-align: right;">\$ _____</p> <p><small>*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small></p>			<p><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).</p>	<p><input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).</p>	<p><input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).</p>	<p><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).</p>	<p><input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).</p>	<p><input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).</p>
<p><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).</p>	<p><input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).</p>	<p><input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).</p>						
<p><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).</p>	<p><input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).</p>	<p><input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).</p>						
<p><b>6. Claim Pursuant to 11 U.S.C. § 503(b)(9):</b> Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$</p>								
<p><b>7. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)</p>								

8. Documents: Attached are 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, and the 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) Check the appropriate box.

- I am the creditor  I am the creditor's authorized agent.  I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004)  I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)

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: JAMES NEWMAN ESQ

Title: Attorney JAMES NEWMAN PC

(Signature)

9/11/13 (Date)

Company: \_\_\_\_\_  
Address and telephone number (if different from notice address above): \_\_\_\_\_

Telephone number: 714 223 3122

email: JAMESN@JAMESNEWMANLAW.COM

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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. **IF BY HAND OR OVERNIGHT COURIER:** Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

**THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**  
**THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**

**Items to be completed in Proof of Claim Form**

**Court, Name of Debtor, and Case Number:**  
These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.  
**ADSEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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.

**3b. Uniform Claim Identifier:**  
If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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 your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9):**  
If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

**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 healthcare 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**

**INFORMATION**

**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 to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).

**Claim**

A claim is the creditor's right to receive payment for a debt 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 GCG as described in the instructions above and in the Bar Date Notice.

**Section 503(b)(9) Claim**

A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**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.

**Acknowledgment of Filing of Claim**

To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.

**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(c), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.

**Display of Proof of Claim on Case Administration Website**

As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.

01008442  
SSM0203424715



LENA CAMPBELL, AS GUARDIAN TO SHAWN CAMPBELL  
C/O JAMES NEWMAN, ESQ. AS ATTORNEY  
2815 WATERBURY AVE  
BRONX, NY 10461-6113

Feb 24 2010 3:28PM HP LASERJET FAX

P. 3

### **SETTLEMENT AGREEMENT**

This Settlement Agreement ("Agreement"), dated as of February 1, 2010, is made between LENA CAMPBELL as Guardian of SHAWN CAMPBELL residing at 119 Porter Place, West Palm Beach, Fl. 33409 and THE MOUNT VERNON HOSPITAL, located at 7 North Seventh Avenue, Mount Vernon, New York 10550, and is based on the following facts and representations which are hereby agreed to be true:

#### **WITNESSETH:**

WHEREAS, Shawn Campbell has commenced a litigation sounding in medical malpractice against The Mount Vernon Hospital M.D., for personal injuries sustained on November 9, 2005 (Shawn Campbell v. The Mount Vernon Hospital, Supreme Court of the State of New York, County of Westchester, Index No.: 7210/06 ("the litigation")); and

WHEREAS, the parties to this Agreement wish to settle the litigation at this time;

NOW WHEREFORE, in consideration of the mutual promises contained herein, and for other good and valuable consideration, receipt of which is hereby acknowledged, the parties hereto hereby represent, warrant and agree as follows:

1. The litigation against The Mount Vernon Hospital shall be settled for the amount of \$500,000.00, payable by the Mount Vernon Hospital, as follows:

a. \$50,000.00 payable by The Mount Vernon Hospital in annual installments for a period of ten (10) years, with the first payment to be made no later than thirty (30) business days after the receipt of a true and accurate copy of the executed General Release, Hold Harmless Stipulation, and a Stipulation of Discontinuance with Prejudice (each annexed hereto).

Feb 24 2010 3:28PM HP LASERJET FAX

P. 4

b. Said payments are to be made payable to "Lena Campbell as Guardian of Shawn Campbell and James Newman, Esq. as Attorney," and shall be forwarded to James Newman, Esq., 2815 Waterbury Avenue, Bronx, NY 10461.

2. The Mount Vernon Hospital may pre-pay the amount due hereunder at anytime. All sums shall be paid in U.S. Dollars.

3. In the event of a default by The Mount Vernon Hospital, Shawn Campbell shall be entitled to send to the defaulting party a written notice to cure within ten (10) days of the default, and if the default is not cured within thirty (30) business days after receipt of the said notice, the defaulting party agrees that it shall immediately owe to Lena Campbell as Guardian of Shawn Campbell the total sum of \$500,000.00, and further agrees that Lena Campbell as Guardian of Shawn Campbell may file without any further notice with the Supreme Court of the State of New York, Westchester County, the Affidavit and Confession of Judgment executed in its favor by the defaulting party, a copy of which is attached hereto, and the originals of which shall be held in escrow by the attorneys for Shawn Campbell, which Affidavit permits entry of judgment against The Mount Vernon Hospital in the amount of \$500,000.00 less any payments paid by it pursuant to paragraph 1 above. In the event of such default, the defaulting party waives any and all defenses to the entry of judgment. Any written notice to cure sent pursuant to this paragraph shall be mailed by certified mail to (1) The Mount Vernon Hospital, 7 North Seventh Avenue, Mount Vernon, New York 10550; and (2) the defaulting party in care of its attorneys: Bartlett, McDonough, Bastone & Monaghan, LLP, 81 Main Street, White Plains, New York 10601.

4. The following shall constitute a "default" by The Mount Vernon Hospital under this agreement:

a. the failure to make payment of any sums required to be paid by it under

Feb 24 2010 3:28PM HP LASERJET FAX

P. 5

paragraphs 1(a) and 1(b) of this agreement within five (5) business days of the due date

- b. the failure of any check tendered pursuant to this agreement to be honored by the bank on which it is drawn; the filing of an insolvency or bankruptcy proceeding by or against The Mount Vernon Hospital;
- c. the failure of The Mount Vernon Hospital to sign a modification of this agreement if hereinafter required pursuant to paragraph 11.

5. Simultaneously or prior to the execution of this agreement, Shawn Campbell shall execute a Release in favor of the defendants. The original Release shall be delivered to the counsel for the Mount Vernon Hospital contemporaneously with this Settlement Agreement (see attached). Also to be delivered to the counsel for the Mount Vernon Hospital contemporaneously with this Settlement Agreement are the following (see attached): (1) Stipulation of Discontinuance; and (2) Hold Harmless Stipulation executed by the plaintiff and her counsel.

6. Upon timely payment of all sums required hereunder by The Mount Vernon Hospital, Lena Campbell as Guardian of Shawn Campbell shall cause plaintiff's counsel to deliver the original Affidavit of Confession of Judgment to the counsel for The Mount Vernon Hospital.

7. Each party hereto covenants, warrants and represents, with the full knowledge that the other party intends to rely thereupon, that each such party possesses all of the requisite power and authority to sign, enter into and fully perform its obligations under this agreement.

8. The parties each further covenant, warrant and represent that:

- a. they have had the opportunity to consult with counsel of their own choosing in connection with this matter;
- b. they are under no financial, emotional, physical or other duress or compulsion in connection with their entry into this agreement;
- c. the terms of this agreement are fair, reasonable, and not unconscionable; they have read and fully understand the terms and conditions of this agreement.



FEB. 19. 2010 2:23PM

KAHN GORDON TIMKO  
LASERJET FAX

NO. 8878 P. 7

P. 5

9. If any provision or portion of this agreement shall be held unlawful or unenforceable, the balance of this agreement shall nonetheless and in all respects remain binding and effective and shall be construed to be in full force and effect to the extent lawfully permissible.

10. This agreement is binding on and for the benefit of the parties hereto and their respective heirs, executors, administrators, successor and assigns.

11. No modification or amendment of this agreement shall be effective unless made in writing and signed by the party against whom enforcement thereof is sought except as expressly provided herein.

12. This agreement shall be construed without regard to any presumption or other rule requiring construction against the party causing this agreement, or any part thereof, to be drafted.

13. This agreement may be executed in counterparts, each of which shall be deemed and original, but all of which, when taken together, shall constitute one and the same instrument.

14. This agreement shall be governed by and construed in accordance with the substantive law of the State of New York.

X Lena Campbell  
LENA CAMPBELL (Guardian of Shawn Campbell)

Florida  
STATE OF NEW YORK )  
Palm Beach ) ss.:  
COUNTY OF BRONX )

On February 16, 2010, before me personally came Lena Campbell, to me known and known to me to be the individual described and who executed the foregoing agreement, and duly acknowledged to me that she executed same.

MARK MESTROVICH, IV  
Notary Public, State of Florida  
Commission# DD680133  
My comm. expires May 30, 2011

Notary Public

THE MOUNT VERNON HOSPITAL

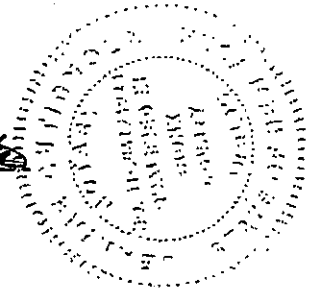
*John R. Spicer*  
By: John Spicer  
Title: Chief Executive Officer of  
Sound Shore Health Care System on behalf of  
The Mount Vernon Hospital

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

JEANINE CUTIGNOLA  
NOTARY PUBLIC-STATE OF NEW YORK  
No. 01CU6176920  
Qualified in Bronx County  
My Commission Expires November 05, 2011

On February 22<sup>nd</sup>, 2010, before me personally came John R. Spicer,  
an officer of The Mount Vernon Hospital, to me known and known to me to be the individual  
described and who executed the foregoing agreement, and duly acknowledged to me that she  
executed same on behalf of The Mount Vernon Hospital..

*Jeanine Cutignola*  
Notary Public

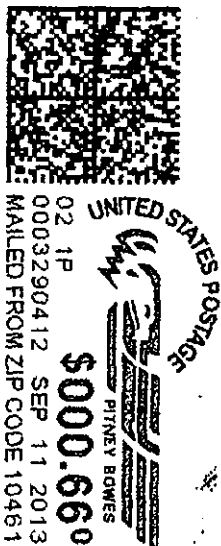




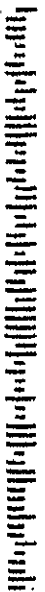
**JAMES NEWMAN, PC**  
ATTORNEYS AT LAW

2815 WATERBURY AVENUE, BRONX, NEW YORK 10461

Sound Shore Medical of Westchester et al  
c/o GCG Inc.  
P.O. BOX 9982  
Dublin, OH 43017-5982



43017598282





<b>UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK</b>	<b>ADMINISTRATIVE EXPENSE PROOF OF CLAIM</b>	Administrative Expense Bar Date January 31, 2014
Note: This form should only be used by claimants asserting an Administrative Expense arising between May 29, 2013 and November 6, 2013 (the "Administrative Claim Period"). THIS FORM SHOULD NOT BE USED FOR ANY CLAIMS THAT ARE NOT OF A KIND ENTITLED TO PRIORITY IN ACCORDANCE WITH 11 U.S.C. §§ 503(b) and 507(a)(2)		
Indicate Debtor(s) against which you assert a claim by checking the appropriate box(es) below.		
Name of Debtor (Check Only One): <input checked="" type="checkbox"/> Sound Shore Medical Center of Westchester <input type="checkbox"/> The Mount Vernon Hospital, Inc. <input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	Case No. 13-22840 13-22841 13-22842	Name of Debtor (Check Only One): <input type="checkbox"/> The M. V. H. Corporation <input type="checkbox"/> Sound Shore Health System, Inc. <input type="checkbox"/> NRHMC Services Corporation <input type="checkbox"/> New Rochelle Sound Shore Housing LLC
Name of Creditor (The person or entity to whom the debtor owes money or property) <u>Susanne Lindsay</u>		
Name and Address Where Notices Should Be Sent <u>Susanne Lindsay</u> <u>80 Avim Place, 4th</u> <u>New Rochelle, NY 10801</u>		
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your administrative expense claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check here if this claim. <input type="checkbox"/> replaces or <input type="checkbox"/> amends a previously filed administrative expense claim. Claim Number (if known): _____ Dated: _____
1. BASIS FOR CLAIM. <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Personal Injury/Wrongful Death <input type="checkbox"/> Wages (Dates) <input type="checkbox"/> Money loaned <input type="checkbox"/> Taxes <input type="checkbox"/> Retiree Benefits as Defined in 11 U.S.C. § 1114(a) <input checked="" type="checkbox"/> Other (Specify: <u>See pay stubs</u> )		
2. DATE DEBT WAS INCURRED (IF KNOWN): 3. DESCRIPTION OF CLAIM (IF KNOWN): 4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: \$ _____ (Total)		
5. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof. In filing this claim, claimant has deducted all amounts that claimant owes to debtor. 6. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. Do not send original documents. If the documents are not available, explain. If the documents are voluminous, attach a summary. 7. TIME-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		THIS SPACE IS FOR COURT USE ONLY
8. Signature: Check the appropriate box. <input checked="" 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.) 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: <u>Susanne Lindsay</u> Title: <u>Clerk</u> Company: <u>Sound Shore Med. Ctr. of Westchester</u> Address and telephone number (if different from notice address above): <u>80 Avim Place</u> <u>New Rochelle, N.Y. 10801</u> Telephone number: <u>347-283-3730</u> 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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

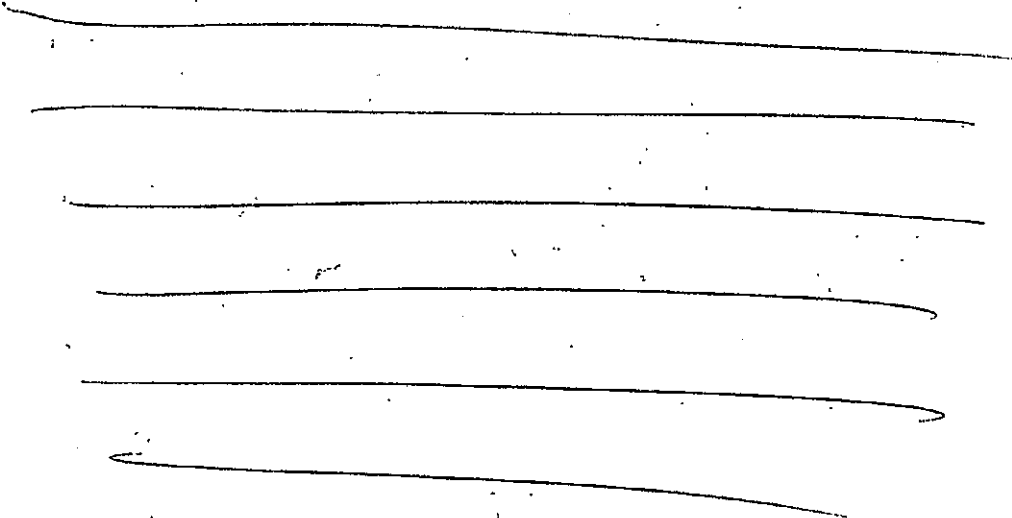
PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. **IF BY HAND OR OVERNIGHT COURIER:** Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. **IF BY HAND:** United States Bankruptcy Court, SDNY, 300 Quarropas Street, Room 248, White Plains, New York 10601, Attn: Clerk of the Court. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

FILED - 01219

U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

SOUND SHORE MEDICAL CENTER OF WESTCHESTER

ROBERT D. DRAIN



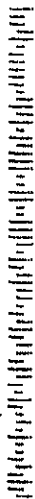
Sandshaw Medical of Westchester

PhDCCG, Inc

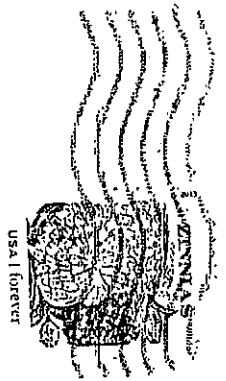
PO Box 9982

Dublin, OH 43017-5982

43017598282



POSTAGE WILL BE PAID BY ADDRESSEE  
NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



01004246  
SSM0202535807



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM			
<p><b>Name of Debtor (Check Only, One):</b></p> <input checked="" type="checkbox"/> Sound Shore Medical Center of Westchester <input type="checkbox"/> The Mount Vernon Hospital, Inc. <input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center <input type="checkbox"/> The M.V.H. Corporation <input type="checkbox"/> Sound Shore Health System, Inc. <input type="checkbox"/> NRRMC Services Corporation <input type="checkbox"/> New Rochelle Sound Shore Housing, LLC <p><small>NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).</small></p> <p><b>Name of Creditor (the person or other entity to whom the Debtor owes money or property):</b> LORETTA DOLPHUS AND NATHANIEL GRAHAM</p> <p><b>Name and address where notices should be sent:</b>                  LORETTA DOLPHUS AND NATHANIEL GRAHAM                  C/O ROSENBERG, MINC, FALKOFF, LLP,                  122 E 42ND ST RM 3800                  NEW YORK, NY 10168-3399</p> <p>Telephone number: Email Address:</p> <p><b>Name and address where payment should be sent (if different from above):</b></p> <p>Telephone number: Email Address:</p>	<p><b>Case No.:</b>                  13-22840                  13-22841                  13-22842                  13-22843                  13-22844                  13-22845                  13-22846</p> <p><input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.</p> <p><b>Court Claim Number:</b>  (If known) Filed on:</p> <p><input checked="" type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.</p>	<p><b>Your Claim is Scheduled As Follows:</b></p> <div style="text-align: center; border: 2px solid black; border-radius: 50%; width: 150px; height: 150px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> </div> <p>If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of: DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.</p>			
<p><b>1. Amount of Claim as of Date Case Filed (May 29, 2013):</b> \$ <u>5,000,000.00</u></p> <p>If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6. <input checked="" type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.</p>					
<p><b>2. Basis for Claim:</b> <u>medical malpractice/personal injury</u> (See instruction #2)</p>					
<p><b>3. Last four digits of any number by which creditor identifies Debtor:</b> <u>9 6 9 0</u></p>	<p><b>3a. Debtor may have scheduled account as:</b> <u>Aderson File #163-025</u> (See instruction #3a)</p>	<p><b>3b: Uniform Claim Identifier (optional):</b>  (See instruction #3b)</p>			
<p><b>4. Secured Claim (See instruction #4)</b> Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.</p> <p><b>Nature of property or right of setoff:</b>    <input type="checkbox"/> Real Estate    <input type="checkbox"/> Motor Vehicle  <input type="checkbox"/> Other</p> <p><b>Describe:</b> _____</p> <p><b>Value of Property:</b> \$ _____</p> <p><b>Annual Interest Rate:</b> _____ %    <input type="checkbox"/> Fixed    or    <input type="checkbox"/> Variable (when case was filed)</p>		<p><b>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:</b> \$ _____</p> <p><b>Basis for perfection:</b> _____</p> <p><b>Amount of Secured Claim:</b> \$ _____</p> <p><b>Amount Unsecured:</b> \$ _____</p>			
<p><b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount:</b></p> <table style="width:100%; border: none;"> <tr> <td style="width: 33%; border: none; vertical-align: top;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).   <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).                 </td> <td style="width: 33%; border: none; vertical-align: top;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).   <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).                 </td> <td style="width: 33%; border: none; vertical-align: top;"> <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).   <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).                 </td> </tr> </table> <p style="text-align: right;"><b>Amount entitled to priority:</b> \$ _____</p>			<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <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"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <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"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).			
<p><small>*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small></p>					
<p><b>6. Claim Pursuant to 11 U.S.C. § 503(b)(9):</b> Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____</p>					
<p><b>7. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)</p>					

8. Documents: Attached are 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, and the 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) Check the appropriate box.

- I am the creditor  I am the creditor's authorized agent.  I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004)  I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)

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: Loretta Dolphus and Nathaniel Graham Loretta Dolphus 8/29/13

Title: \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

Company: Nathaniel Graham 8/29/13

Address and telephone number (if different from notice address above):

1604 Metropolitan Avenue - Apt. 3H  
Brooklyn, NY 10462

Telephone number: (718) 828-1762 email: bnrgraham@yahoo.com

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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: IF BY MAIL: Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. IF BY HAND OR OVERNIGHT COURIER: Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)

THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)

**Items to be completed in Proof of Claim Form**

**Court, Name of Debtor, and Case Number:**  
These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.  
**A SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please, provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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.

**3b. Uniform Claim Identifier:**  
If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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 your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9):**  
If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

**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 healthcare 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**

**INFORMATION**

<p><b>Debtor</b> A Debtor is the person, corporation, or other entity that has filed a bankruptcy case.</p>	<p><b>Secured Claim Under 11 U.S.C. § 506(a)</b> 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).</p>	<p><b>Evidence of Perfection</b> 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.</p>
<p><b>Creditor</b> A creditor is the person, corporation, or other entity to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).</p>	<p><b>Unsecured Claim</b> 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.</p>	<p><b>Acknowledgment of Filing of Claim</b> To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.</p>
<p><b>Claim</b> A claim is the creditor's right to receive payment for a debt 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.</p>	<p><b>Claim Entitled to Priority Under 11 U.S.C. § 507(a)</b> 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.</p>	<p><b>Offers to Purchase a Claim</b> 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(c), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.</p>
<p><b>Proof of Claim</b> 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 GCG as described in the instructions above and in the Bar Date Notice.</p>	<p><b>Redacted</b> A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.</p>	<p><b>Display of Proof of Claim on Case Administration Website</b> As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.</p>
<p><b>Section 503(b)(9) Claim</b> A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.</p>		



01004246  
SSM0202535807



LORETTA DOLPHUS AND NATHANIEL GRAHAM,  
C/O ROSENBERG, MINC, FALKOFF, LLP  
122 E 42ND ST RM 3800  
NEW YORK, NY 10168-3399



THE LAW FIRM OF  
**ROSENBERG, MINC,  
FALKOFF & WOLFF, LLP**

ADVOCATING JUSTICE FOR THREE GENERATIONS.

122 East 42nd Street  
Suite 3800  
New York, New York 10168

TELEPHONE: 212-697-9280  
FAX: 212-697-9284  
EMAIL: lawyers@rmfwlaw.com

PETER D. ROSENBERG\*  
DANIEL C. MINC  
STEVEN C. FALKOFF\*\*  
ROBERT H. WOLFF\*\*\*  
GARY SILVERSTEIN

CARMEN A. MESORANA  
ARTHUR O. TISI\*\*\*  
SHARON ELMALIH SCHOENMAN

LEGAL ASSISTANTS

JOY RUBIN BERMAN  
LORRAINE ZAHTILA-LICUL  
INGRID D. JOHNSON

FOUNDERS

GUSTAVE G. ROSENBERG  
(1900-1988)  
MORION M. BERGLER  
(1915-1991)

OF COUNSEL

SEYMOUR ARMSTRONG  
ARI KRESCH

\*Member; NY, CA Bar  
\*\*Member; NY, CT, FL Bar  
\*\*\*Member; NY, NJ Bar

September 3, 2013

**Via Certified Mail,**  
**Return Receipt Requested**

Sound Shore Medical of Westchester, et al  
c/o GCG, Inc.  
P.O. Box 9982  
Dublin, OH 43017-5982

In re: Sound Shore Medical Center of Westchester  
Case No.: 13-22840  
Our Clients: Loretta Dolphus and Nathaniel Graham  
Our File No.: 29690

To whom it may concern:

This office represents Loretta Dolphus and Nathaniel Graham for injuries Ms. Dolphus sustained as a result of medical malpractice.

Enclosed please find an original Proof of Claim for filing.

Also enclosed is a copy of said Proof of Claim. Kindly date stamp said copy "Received" and return to us in the self-addressed, stamped envelope enclosed for your convenience.

Thank you.

Very truly yours,

  
Arthur O. Tisi

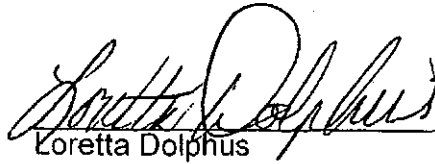
AOT/bhh  
Encls.

[REDACTED]

A Proof of Claim was previously filed on our behalf.

We also claim the costs and disbursements of the lawsuit, as well as any applicable pre-verdict/post-judgment interest.

Dated: Bronx, New York  
August \_\_\_\_, 2013

  
Loretta Dolphus

  
Nathaniel Graham

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF BRONX

20380112  
UNITED LAWYERS

-----X  
LORETTA DOLPHUS and NATHANIEL GRAHAM,

Index No. 20380112 E  
Date Filed: 3/12/12

Plaintiffs,

-against-

**SUMMONS**

SOUND SHORE MEDICAL CENTER OF  
WESTCHESTER and MOUNT VERNON HOSPITAL,

Plaintiff designates Bronx  
County as the place of trial.

Defendants.  
-----X

The basis of venue is:  
Based on Plaintiff's  
Residence

Plaintiff resides at:  
1604 Metropolitan Avenue  
Apt. 3-H  
Bronx, NY 10462  
County of Bronx

**To the above named Defendant(s):**

You are hereby summoned to answer the complaint in this action, and to serve a copy of your answer, or, if the complaint is not served with this summons, to serve a notice of appearance on the Plaintiff's attorneys within twenty days after the service of this summons, exclusive of the day of service, where service is made by delivery upon you personally within the state, or, within 30 days after completion of service where service is made in any other manner. In case of your failure to appear or answer, judgment will be taken against you by default for the relief demanded in the complaint.

DATED: NEW YORK, NEW YORK  
March 6, 2012

Yours etc.,

ROSENBERG, MINC, FALKOFF & WOLFF, LLP

By: 

PETER D. ROSENBERG

Attorneys for Plaintiffs  
LORETTA DOLPHUS and NATHANIEL GRAHAM  
Office and P.O. Address  
122 East 42<sup>nd</sup> Street, Suite 3800  
New York, New York 10168  
(212) 697-9280  
Our File No. 29690

TO: SOUND SHORE MEDICAL CENTER OF WESTCHESTER  
16 Guion Place  
New Rochelle, NY 10802

MOUNT VERNON HOSPITAL  
12 North 7<sup>th</sup> Avenue  
Mount Vernon, NY 10550

---

---

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF BRONX

-----X  
LORETTA DOLPHUS and NATHANIEL GRAHAM,

Plaintiffs,

-against-

SOUND SHORE MEDICAL CENTER OF  
WESTCHESTER and MOUNT VERNON HOSPITAL,

Defendants.  
-----X

CERTIFICATE OF MERIT

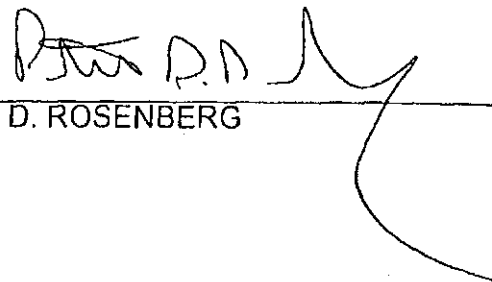
Index No.

20380/12  
3/12/12

PETER D. ROSENBERG, an attorney at law duly licensed and admitted to practice before the Courts of the State of New York submits the following Certificate of Merit pursuant to CPLR § 3012(a):

That prior to the institution of the within lawsuit counsel for the plaintiff has conferred with a physician duly licensed to practice medicine. Based on said medical consultation the attorneys are of the good faith belief that the within is a good and meritorious claim.

DATED: NEW YORK, NEW YORK  
March 6, 2012



\_\_\_\_\_  
PETER D. ROSENBERG

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF BRONX

-----X  
LORETTA DOLPHUS and NATHANIEL GRAHAM,

Plaintiffs,

-against-

SOUND SHORE MEDICAL CENTER OF  
WESTCHESTER and MOUNT VERNON HOSPITAL,

Defendants.  
-----X

VERIFIED COMPLAINT

Index No.

203.80112  
3/12/12

Plaintiffs as and for their verified complaint respectfully allege as follows:

AS AND FOR A FIRST CAUSE OF ACTION ON BEHALF OF PLAINTIFF:

FIRST: Upon information and belief that at all times hereinafter mentioned the defendant SOUND SHORE MEDICAL CENTER OF WESTCHESTER was and is a domestic corporation duly organized and existing through and by virtue of the laws of the State of New York.

SECOND: Upon information and belief that at all times hereinafter mentioned the defendant SOUND SHORE MEDICAL CENTER OF WESTCHESTER was the owner of a medical facility known as Sound Shore Medical Center of Westchester located in the City of New Rochelle, County of Westchester, State of New York.

THIRD: Upon information and belief that at all times hereinafter mentioned the defendant SOUND SHORE MEDICAL CENTER OF WESTCHESTER operated, managed, maintained and had care control and custody of a medical facility known as South Shore Medical Center of Westchester located in the City of New Rochelle, County of Westchester, State of New York.

FOURTH: Upon information and belief that at all times hereinafter mentioned the defendant SOUND SHORE MEDICAL CENTER OF WESTCHESTER through their agents, servants and/or employees held themselves out as being duly competent and qualified to

render medical care, attention and treatment and for such purposes hired various physicians, nurses, orderlies, technicians and other personnel.

FIFTH: Upon information and belief that at all times hereinafter mentioned the defendant MOUNT VERNON HOSPITAL was and is a domestic corporation duly organized and existing through and by virtue of the laws of the State of New York.

SIXTH: Upon information and belief that at all times hereinafter mentioned the defendant MOUNT VERNON HOSPITAL was the owner of a hospital facility known as Mount Vernon Hospital located in the City of Mt. Vernon, County of Westchester, State of New York.

SEVENTH: Upon information and belief that at all times hereinafter mentioned the defendant MOUNT VERNON HOSPITAL operated, managed, maintained and had care control and custody of a hospital facility known as Mount Vernon Hospital located in the City of Mt. Vernon, County of Westchester, City of New York.

EIGHTH: Upon information and belief that at all times hereinafter mentioned the defendant MOUNT VERNON HOSPITAL through their agents, servants and/or employees held themselves out as being duly competent and qualified to render medical care, attention and treatment to the general public and for such purposes hired various physicians, nurses, orderlies, technicians and other personnel.

NINTH: That on the 30<sup>th</sup> day of August 2011 the said plaintiff LORETTA DOLPHUS presented to the said defendant SOUND SHORE MEDICAL CENTER OF WESTCHESTER seeking medical care, attention and treatment.

TENTH: That on or about the 30<sup>th</sup> day of August 2011 the said defendant SOUTH SHORE MEDICAL CENTER OF WESTCHESTER undertook to render medical care, attention and treatment to the said plaintiff LORETTA DOLPHUS.



ELEVENTH: That on or about the 30<sup>th</sup> day of August 2011 the said plaintiff LORETTA DOLPHUS was admitted to the said defendant SOUTH SHORE MEDICAL CENTER OF WESTCHESTER.

TWELFTH: That on or about the 30<sup>th</sup> day of August 2011 the said plaintiff LORETTA DOLPHUS was admitted to the said defendant SOUND SHORE MEDICAL CENTER OF WESTCHESTER as a service patient.

THIRTEENTH: That on or about the 30<sup>th</sup> day of August 2011 the said plaintiff LORETTA DOLPHUS was transferred from the said defendant SOUND SHORE MEDICAL CENTER OF WESTCHESTER to the said defendant MOUNT VERNON HOSPITAL for purposes of diagnostic testing.

FOURTEENTH: That on or about the 30<sup>th</sup> day of August 2011 the said defendant MOUNT VERNON HOSPITAL undertook to render medical care, attention and treatment to the said plaintiff LORETTA DOLPHUS.

FIFTEENTH: That by reason of the aforesaid and the medical treatment rendered to the said plaintiff by defendants herein, the medical condition of the said plaintiff was caused to deteriorate and/or worsen resulting in severe and lasting injuries to her body as well as shock to her nervous system.

SIXTEENTH: That the aforesaid occurrence was caused solely and wholly through and by reason of the negligence of the said defendants, individually and/or jointly; the said plaintiff in no way contributing thereto.

SEVENTEENTH: That the aforesaid occurrence was caused solely and wholly through and by reason of the negligence of the said defendants, individually and/or jointly in failing and neglecting to treat the said plaintiff in accordance with good and accepted medical customs, practices and standards; in performing medical procedures in a careless, reckless and negligent manner; in causing injury to the said plaintiff during the course of a medical procedure; in failing and neglecting to promptly and timely diagnose that injury

had been occasioned to the said plaintiff during the course of a medical procedure; in failing to properly monitor the said plaintiff; causing, permitting and/or allowing the medical condition of the said plaintiff to deteriorate and/or worsen; and said defendants were otherwise negligent herein.

EIGHTEENTH: That by reason of the aforesaid this plaintiff has been rendered sick, sore, lame and disabled; that she suffers, has suffered and may in the future continue to suffer great pain; that she has been compelled to seek medical care, attention and treatment in an effort to see herself cured of her said injuries and may in the future be so compelled; that she has been required to expend various sums of money in an effort to see herself cured of her said injuries and may in the future be so required; that she has been confined to a hospital and to her home and bed for a period of time and may in the future be so confined; that she has been disabled from attending to her usual duties and activities and may in the future be so disabled; and that she has otherwise been damaged herein.

NINETEENTH: That by reason of the aforesaid this plaintiff has been damaged in an amount which exceeds the jurisdictional limits of all courts which would otherwise have jurisdiction.

AS AND FOR A SECOND CAUSE OF ACTION ON BEHALF OF PLAINTIFF:

TWENTIETH: That this plaintiff repeats, reiterates and realleges each and every allegation contained in the first cause of action with the same force and effect as if fully set forth herein at length.

TWENTY-FIRST: That the said defendants failed and/or neglected to advise and/or inform plaintiff of all risks, hazards and dangers inherent in the medical treatment rendered to the said plaintiff; that the said defendants failed to receive an informed consent therefore; and that said defendants were otherwise negligent herein.

TWENTY-SECOND: That by reason of the aforesaid this plaintiff has been damaged in an amount which exceeds the jurisdictional limits of all lower courts which would otherwise have jurisdiction.

AS AND FOR A THIRD CAUSE OF ACTION ON BEHALF OF PLAINTIFF:

TWENTY-THIRD: That this plaintiff repeats, reiterates and realleges each and every allegation contained in the first and second causes of action with the same force and effect as if fully set forth herein at length.

TWENTY-FOURTH: That the said plaintiff NATHANIEL GRAHAM is the lawful husband of the said plaintiff LORETTA DOLPHUS and that the two currently reside together and cohabit in the same household as husband and wife.

TWENTY-FIFTH: That by reason of the aforesaid this plaintiff has been deprived of the love, society, services, consortium and affection of his said wife the said plaintiff LORETTA DOLPHUS; that he has been compelled to expend various sums of money in an effort to see his said wife cured of her said injuries and may in the future be so compelled; and that he has otherwise been damaged herein.

TWENTY-SIXTH: That by reason of the aforesaid this plaintiff has been damaged in an amount which exceeds the jurisdictional limits of all lower courts which would otherwise have jurisdiction.

WHEREFORE plaintiff demands judgment against the defendants on the first cause of action in an amount which exceeds the jurisdictional limits of all lower courts which would otherwise have jurisdiction; plaintiff demands judgment against the defendants on the second cause of action in an amount which exceeds the jurisdictional limits of all lower courts which would otherwise have jurisdiction; plaintiff demands judgment against the defendants on the third cause of action in an amount which exceeds the jurisdictional limits of all lower courts which would otherwise have jurisdiction; together with the costs and disbursements of this matter.

DATED: NEW YORK, NEW YORK  
March 6, 2012

Yours etc.,

ROSENBERG, MINC, FALKOFF & WOLFF, LLP

By: 

PETER D. ROSENBERG

Attorneys for Plaintiffs

LORETTA DOLPHUS and NATHANIEL GRAHAM

Office and P.O. Address

122 East 42<sup>nd</sup> Street, Suite 3800

New York, New York 10168

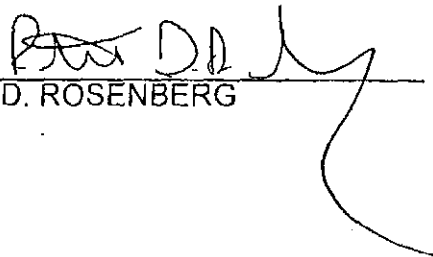
(212) 697-9280

Our File No. 29690

ATTORNEY VERIFICATION

The undersigned, an attorney admitted to practice in the Courts of New York State, state under penalty or perjury that I am one of the attorneys for the plaintiff(s) in the within action; I have read the foregoing COMPLAINT and know the contents thereof; that the same is true to my own knowledge, except as to the matters I believe to be true. The reason this verification is made by me and not by my client(s) is that my client(s) are not presently in the County where I maintain my offices. The grounds of my belief as to all matters not stated upon my own knowledge are the materials in my file and the investigation conducted by my office.

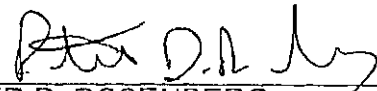
DATED: NEW YORK, NEW YORK  
March 6, 2012

  
PETER D. ROSENBERG

**UNIFORM COURT RULE 130-1.1-a CERTIFICATION**

I, the undersigned, an attorney at law duly admitted to practice in the Courts of New York State, Affirm that I am a Member of the firm ROSENBERG, MINC, FALKOFF & WOLFF, LLP, attorneys of record for Plaintiff(s) in the within action; I have read the foregoing COMPLAINT and know the contents thereof; the same is true to my own knowledge, except as to the matters therein alleged to be on information and belief, and as to those matters I believe it to be true.

DATED: NEW YORK, NEW YORK  
March 6, 2012

  
\_\_\_\_\_  
PETER D. ROSENBERG

Index No.  
SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF BRONX

---

LORETTA DOLPHUS and NATHANIEL GRAHAM,

Plaintiffs,

-against-

SOUND SHORE MEDICAL CENTER OF WESTCHESTER and MOUNT VERNON  
HOSPITAL,

Defendants.

---

**SUMMONS and VERIFIED COMPLAINT**

---

**ROSENBERG, MINC, FALKOFF & WOLFF, LLP**

*Attorneys for Plaintiff(s)*  
122 East 42<sup>nd</sup> Street, Suite 3800  
New York, NY 10168  
(212) 697-9280

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF BRONX

-----X  
LORETTA DOLPHUS and NATHANIEL GRAHAM,

Plaintiffs,

-against-

SOUND SHORE MEDICAL CENTER OF  
WESTCHESTER and MOUNT VERNON HOSPITAL,

Defendants.  
-----X

**BILL OF PARTICULARS**  
**as to Defendant,**

SOUND SHORE MEDICAL CENTER  
of WESTCHESTER

Index No. 20380/12

Plaintiff, LORETTA DOLPHUS and NATHANIEL GRAHAM, by their attorneys, ROSENBERG, MINC, FALKOFF & WOLFF, as and for her Verified Bill of Particulars as to Defendant, SOUND SHORE MEDICAL CENTER, respectfully sets forth as follows;

1. The occurrence complained of in the Complaint occurred on 8/30/10 through 8/31/11 and on all times therein in which Defendant, SOUND SHORE MEDICAL CENTER OF WESTCHESTER, by its agents, servants and/or employees rendered care and treatment and performed procedures on the Plaintiff herein.

2. The occurrence complained of in the Complaint occurred at SOUND SHORE MEDICAL CENTER OF WESTCHESTER located at 16 Guion Place, New Rochelle, New York and more particularly in the examining rooms, patient rooms, operating rooms, laboratories, procedure rooms, Emergency rooms and in all rooms in which Defendant, SOUND SHORE MEDICAL CENTER OF WESTCHESTER, by its agents, servants and/or employees rendered care and treatment to the plaintiff herein.

3. Defendant, SOUND SHORE MEDICAL CENTER OF WESTCHESTER, by its agents, servants and/or employees was careless and negligent and committed acts of professional negligence in the care and treatment that was rendered to the plaintiff herein; in failing and neglecting to properly maintain Departments of Emergency Medicine, Nursing, Neurology, and Radiology Nuclear Medicine and Orthopedics; in carelessly and



negligently hiring and supervising its personnel; in failing and neglecting to hold proper inter-departmental consultations; in failing and neglecting to review the qualifications of physicians on staff and with privileges; in causing, permitting and or allowing unqualified agents, servants and/or personnel to treat and monitor the plaintiff herein; in failing and neglecting to take a proper history with regard to onset of symptoms; in failing and neglecting to heed plaintiff's complaints of sudden onset of change in mental status, altered level of consciousness, severe head ache and neck pain, vomiting and urinary incontinence after going on ride at an Amusement Park; in failing and neglecting to properly treat plaintiff in her entirety; in failing and neglecting to properly manage plaintiff with regard to her agitation, combative and erratic behavior subsequent to the incident at the Amusement Park; in failing and neglecting to heed history of Asthma; in failing and neglecting to call in appropriate specialists for consultation, review and diagnosis including but not limited to Radiologists, Interventional Radiologists, Surgeons, Psychiatrists, Neurologists and Nursing; in failing and neglecting to protect the plaintiff herein from foreseeable hazards and dangers; in failing and neglecting to properly treat and monitor plaintiff during preparation and/or performance of IV insertion, performance of radiologic films and evaluations; in failing and neglecting to properly sedate in anticipation of the performance of non contrast CT of head; in failing and neglecting to obtain an acceptable film of same due to plaintiff's poor preparation; in failing and neglecting to properly administer morphine, zofran and ativan for pain, altered mental status and combativeness; in failing and neglecting to properly and efficiently, adequately sedate plaintiff prior to administration of contrast materials for diagnostic testing; in failing and neglecting to properly administer and monitor intravenous medications and substances to alleviate plaintiff's combativeness prior to administration of caustic substances utilized for MRI and MRA; in failing and neglecting to adequately prescribe Haldol and other medications to treat plaintiff's agitation; in failing and neglecting to ensure that plaintiff was in a acceptable

state and a candidate for administration of contrast in light of her combative and agitated state; in failing and neglecting to recognize that plaintiff was not a candidate for said testing due to same; in failing and neglecting to delay testing until such time that plaintiff was able to remain composed; in failing and neglecting to properly utilize, place and monitor restraints during medical testing and procedures in order to avoid extravasation and/or infiltration; in failing and neglecting to secure and test the IV placement to confirm that it was functioning properly during the preparation and performance of diagnostic tests and procedures and administration of contrast; in failing and neglecting to effectively monitor plaintiff's condition during the course of Emergency Room care and Radiological testing; in failing and neglecting to obtain a proper and thorough neurological evaluation of the plaintiff; in failing and neglecting to further sedate when plaintiff remained uncooperative and combative during attempts at CT, angiography, MRI and MRA; in failing and neglecting to ensure that said tests were performed under adequate sedation; in failing and neglecting to follow Internal Rules and regulations of defendant Hospital with regard to sedation and monitoring during performance of diagnostic tests and administration of contrast; in failing and neglecting to ensure that trained circulating nurses/ techs and medical staff/Radiologists were on staff and knowledgeable as to the use and monitoring of IV lines and administration of contrast materials; in failing and neglecting to properly sedate plaintiff prior to the administration of contrast materials; in mismanaging critical care, Nursing, Radiology and Emergency Medicine staff; in failing and neglecting to ensure basic hemodynamic index was monitored; in failing and neglecting to correctly set up and maintain lines necessary for the administration of IV and contrast substances; in failing and neglecting to monitor the safety of the plaintiff at all times; in leaving the plaintiff unattended with regard to monitoring of IV lines; in failing and neglecting to ensure that plaintiff was monitored by trained professionals during the course of her care; in failing and neglecting to heed signs, symptoms and complaints of infiltration of contrast materials and

caustic substances; in failing and neglecting to timely recognize and treat infiltration of caustic substances via the IV site; in failing and neglecting to ensure that the IV line was functioning properly during the procedure; in failing and neglecting to follow proper radiological protocol and Hospital protocol with regard to the use and monitoring of the IV; in allowing caustic substances to be administered for a prolonged period of time absent recognition of same; in failing and neglecting to observe and/or properly observe and/or monitor the site of the intravenous line insertion particularly in the right arm; in failing and neglecting to timely diagnose and treat an intravenous infiltration; in failing and neglecting to recognize the plaintiff's signs, symptoms and complaints including firmness and coolness to the touch, followed by edematous left arm, tenderness followed by worsened firmness swelling, heat and weakened palpable pulse followed by increased right arm swelling, fever and pain and inflammation over the right arm; in failing and neglecting to recognize the significance of the aforesaid signs, symptoms and complaints and particularly that same were indicative of infiltration of the intravenous site and possible developing compartment syndrome; in carelessly and negligently inserting a intravenous line into the right arm; in carelessly and negligently puncturing at the intravenous site; in failing and neglecting to timely recognize and deal with swelling at the intravenous site; in failing and neglecting to properly monitor the intravenous site; in failing and neglecting to observe extensive swelling prior to same causing irreparable harm; in failing and neglecting to call in physicians familiar with plaintiff's condition upon manifestation of complications associated with the heplock/intravenous site; in failing and neglecting to timely prescribe appropriate therapies at that time; in failing and neglecting to monitor the plaintiff appropriately while she was being transferred to an outside facility for testing; in failing and neglecting to properly monitor and document the progression of the problem following initial IV infiltration; in failing and neglecting to protect the plaintiff from foreseeable hazards and dangers; in failing and neglecting to use due, proper and reasonable care and skill in

accordance with accepted medical and radiologic customs, standards and practices and procedures; in failing and neglecting to provide the plaintiff herein with proper, efficient and adequate interdepartmental consultations; in failing and neglecting to properly and promptly treat, care for and diagnose the condition of the plaintiff; in carelessly relying solely upon cold compresses and elevation; in failing and neglecting to properly examine the plaintiff injury on a continual basis to monitor her injury; in failing and neglecting to anticipate and avoid the known risk of extravasation and to avoid the development of compartment syndrome; in failing and neglecting to timely and continually check the site of the IV infiltration and the compartment pressures; in causing, permitting and/or allowing the muscles to become oxygen deprived for a lengthy period of time; in failing and neglecting to heed complaints of severe pain; in failing and neglecting to heed worsening of plaintiff's condition; in failing and neglecting to heed the time frame from injury to actual performance of medical testing; in failing and neglecting to allow for full, careful and constant observation of the plaintiff's extremities; in failing and neglecting to recognize the initial signs of impending compartment syndrome; in failing and neglecting to heed the cardinal signs of impending compartment syndrome including severe pain out of proportion to the injury; in failing and neglecting to repeatedly monitor the compartment pressure; in failing and neglecting to recognize the extent of plaintiff's injury and the inherent danger of same; in causing, permitting and/or allowing excessive delays in the performance of proper treatment, orthopedic evaluation and surgical intervention; in failing and neglecting to call in specialists for consultation, review and diagnosis, including vascular and orthopaedic/neuro surgeons; in carelessly and negligently performing inadequate examinations on a number of occasions; in failing and neglecting to advise the plaintiff as to alternative methods of surgical intervention; in causing, permitting and/or allowing and/or contributing to plaintiff condition deteriorating and worsening to the point wherein she required numerous further surgical/medical procedures in an attempt to repair the wasting

and necrosis of the musculature; in causing, permitting and/or allowing plaintiff's condition to deteriorate and worsen to the point wherein plaintiff suffered potential loss of use and function of the right arm; in failing and neglecting to adequately preserve the oxygen supply and thereby preserve the musculature in and around the area of the right arm; in failing and neglecting to pay close attention to the IV site; in causing, permitting and/or contributing to severe neurological injury and extravasation of caustic substances to plaintiff's tissues; in failing and neglecting to recognize the significance of the infiltration; in failing and neglecting to ensure that the circulating nurses were familiar with the monitoring, use and function of the IV used during the procedures; in failing and neglecting to use accepted medical customs, practices and standards in the diagnosis, care and treatment of the condition of the plaintiff herein particularly with regard to the use and function of the IV during performance of tests; in failing and neglecting to properly prepare plaintiff for procedures and testing, insert and monitor IV lines during her presentation to the Emergency room; in failing and neglecting to properly and timely transfer plaintiff for testing; in failing and neglecting to properly evaluate the plaintiff's condition following transfer to MT. VERNON RADIOLOGY ASSOCIATES and/or MT. VERNON HOSPITAL for additional testing/MRI/MRA and CT scan with and without contrast; in failing and neglecting to timely recognize that the IV line was not functioning and/or that caustic material was extravasating; in failing and neglecting to take the proper, necessary and requisite steps to ensure that the aforementioned lines was functioning properly; in failing and neglecting to use due, reasonable and proper care in accordance with the acceptable practices and standards in the evaluation of the IV site and the administration of contrast; in failing and neglecting to ensure that trained personnel present in the radiology suite qualified to place the IV line, administer contrast and monitor same; in failing and neglecting to properly observe and monitor the plaintiff during administration of contrast and subsequent thereto; in negligently handling the care and treatment of the plaintiff in

an inappropriate manner and without meaningful supervision; in causing ischemic injury as a result of allowing the IV to infiltrate; in failing and neglecting to render a true, proper, timely and accurate diagnosis of infiltration at the time of the occurrence and prior to manifestation of substantial injury; in failing and neglecting to prevent further injury from occurring; in failing and neglecting to utilize a different technique during the administration of IV contrast given plaintiff's agitated state; in failing to properly sedate prior to administration of caustic substances; in failing and neglecting to timely recognize and diagnose the need for emergent surgical intervention to address said injury; in failing and to timely investigate presence of compartment syndrome; in failing and neglecting to immediately perform surgery thus allowing progression to compartment syndrome; in failing and neglecting to perform timely treatment/surgery for extravasation injury; in carelessly and negligently failing to recognize and appreciate the plaintiff's symptoms, signs and complaints; in performing a substandard procedure and subsequent post procedure monitoring, care and treatment; in failing and neglecting to properly and timely address extravasation; in causing iatrogenic injury to the plaintiff; in failing and neglecting to recognize that an injury was occurring and halt the administration of caustic contrast substances; in failing and neglecting to heed signs and symptoms of abnormalities regarding plaintiff's right arm; in causing significant delay in recognizing the IV had extravasated; in failing and neglecting to timely recognize and evaluate same; in allowing the plaintiff to suffer extravasation for a prolonged and significant amount of time with out recognition; in failing and neglecting to obtain hand/arm pressures; in causing, permitting and/or contributing to the development of a severe neurological injury and/or compartment syndrome; in improperly monitoring plaintiff prior to and during radiological testing; in allowing plaintiff to remain with malfunctioning IV so as to cause damage and injury to the nerves and surrounding tissues of the right arm; in improperly manipulating the IV site; in causing, permitting and/or contributing to plaintiff requiring surgical intervention for

compartment syndrome; in causing unnecessary injury to the right arm; in failing and neglecting to perform necessary and timely examinations and evaluations to ensure that the IV was functioning properly; in causing, permitting and/or contributing to plaintiff requiring incisional procedure to release pressure in the right arm; in causing, permitting and/or contributing to plaintiff suffering a prolonged hospital stay; in failing and neglecting to ensure that the staff was compliant with radiological and neuro radiological procedures; in failing and neglecting to ensure that plaintiff was properly monitored despite transfer to outside facility for testing; in causing, permitting and or contributing to plaintiff suffering severe and permanent neurological injury to the right arm; in causing, permitting and/or contributing to plaintiff requiring subsequent treatment, surgeries and physical therapies due to her injury; in causing plaintiff to require stitching, drains, wound vac, sling, bandaging and Visiting Nurse Services; in causing plaintiff severe emotional distress, extreme pain and suffering, severe self consciousness, embarrassing and disfiguring scarring; in causing plaintiff to require further procedures; in causing permanent nerve damage; in failing and neglecting to treat plaintiff in her entirety; in abandoning the plaintiff; in failing and neglecting to obtain an informed consent; in causing, permitting and/or allowing numerous acts of professional negligence and malpractice to occur; in lacking that degree of skill, care and competence which defendant held itself out as to possessing and upon which plaintiff relied; and all of the aforementioned are among the deviations from accepted medical practices, customs and standards and are the direct and proximate cause of the injuries sustained herein by the plaintiff without any negligence on the part of the plaintiff contributing thereto. Additionally the plaintiff will plead the Doctrine of Res Ipsa Loquitur.

4. It will be claimed that the Defendant, SOUND SHORE MEDICAL CENTER OF WESTCHESTER is vicariously liable for their agents, servants and or employees who rendered care and treatment to the plaintiff, monitored the plaintiff with

regard to her agitated state, sedated the plaintiff, performed insertion of IV lines, maintained, evaluated and monitored the IV lines, performed diagnostic testing, administered IV medications and contrast materials and subsequently monitored the plaintiff subsequent to infiltration of the IV line, the names of which are unknown to the plaintiff and upon information and belief, within the knowledge of the defendant, however same will be said to include, Jacob Roymole, Samuel Raji, Resident Sihotta and Dr. Poticello, Dr Nirvana, and Dr Mama.

5. To be provided.

6. The accepted medical practices, customs and standards which were violated/departed from by the answering defendant have been set forth in paragraph 3 above. It will be claimed that the defendant was vicariously liable by operation of law.

7. (a) It will be claimed that the defendant ignored signs, symptoms and complaints of sudden onset of change in mental status, altered level of consciousness, severe head ache and neck pain, nausea, vomiting and urinary incontinence after going on ride at an Amusement Park agitation. It will be further claimed that the defendant ignored plaintiff's combative behavior and agitated state during the placement of the IV line and subsequent administration of medications and contrast materials, failed to recognize, heed and appropriately treat extravasation of said materials and substances and ignored signs and symptoms of same including but not limited to redness, irritation, swelling, temperature, discoloration and irritation.

(b) It will be claimed that the defendant's diagnosis was erroneous and incorrect in that they failed to recognize that the plaintiff was not a candidate for administration of caustic substances through the IV site and thereafter failed to recognize that the plaintiff had suffered extravasation of IV materials and substances which resulted in the development of contrast induced compartment syndrome. It will be claimed that the defendant failed to timely diagnose and treat compartment syndrome.



(c) It will be claimed that the defendant improperly monitored plaintiff's IV line, administered caustic materials/medications and contrast substances via IV when plaintiff's condition did not warrant same, failed to timely recognize that extravasation had occurred and failed to timely treat same.

(d) It will be claimed that the defendant improperly administered contraindicated contrast materials/ caustic materials via plaintiff's IV line.

(e) It will be claimed that the defendant improperly and inadequately administered medications to sedate the plaintiff and subsequently administered contraindicated contrast materials/ caustic materials via plaintiff's IV line when plaintiff was in an agitated and combative state and when the IV line was not functioning properly.

(f) It will be claimed that the defendant failed to properly perform physical evaluation, place, and monitor the IV line and heed signs and symptoms of IV extravasation at the IV site.

(g) It will be claimed that the defendant failed to properly perform physical evaluation, place and monitor the IV line and heed signs and symptoms of IV extravasation at the IV site. (see paragraph 3 above)

8. (a) It will be claimed that the defendant performed an improper and insufficient physical examination of the plaintiff and ignored signs, symptoms and complaints of sudden onset of change in mental status; altered level of consciousness; severe head ache and neck pain, nausea, vomiting and urinary incontinence after going on ride at an Amusement Park agitation. It will be further claimed that the defendant ignored plaintiff's combative behavior and agitated state during the placement of the IV line and subsequent administration of medications and contrast materials, failed to recognize, heed and appropriately treat extravasation of said materials and substances and ignored signs and symptoms of same including but not limited to redness, irritation, swelling, temperature, discoloration and irritation.

(b) It will be claimed that the defendant improperly ordered and performed administration of contrast substance into IV line that was not properly placed and monitored.

(c) See paragraph 3 above.

9. Plaintiff sustained the following personal injuries:

As a result of improperly administered IV contrast, plaintiff suffered contrast induced compartment syndrome to right hand and forearm.

Plaintiff required surgical intervention under general anesthesia with fasciotomy to release pressure to the arm and prolonged hospitalization for treatment with regard to same;

Plaintiff required two incisions, one over the second metacarpal and one over the fourth metacarpal and one over the dorsal forearm;

Plaintiff suffered swelling of fingers requiring cutting of rings;

Plaintiff suffered blood loss requiring replacement with crystaloids;

Plaintiff required intubation, placement of foley catheter, PICC line placement;

Plaintiff required placement of drains, use of wound vacs due to marked edema to the right arm. Repeat irrigation and debridement and subcutaneous tissue and closure of 19cm wound on 9/2/11 under general anesthesia;

Plaintiff suffered finger swelling requiring rings to be cut off from fingers, hand swelling, blistering, pain;

Plaintiff required lumbar puncture and was placed on empiric treatment for meningitis and encephalitis, which was later discontinued;

Plaintiff required extensive stapling, splinting, elevation of right upper extremity;

Plaintiff required DVT, Heparin, Antibiotic coverage, Protonix, pain medication, Propafol;

Plaintiff required closure of fasciotomy;

Plaintiff suffered embarrassing and disfiguring scarring, tenderness, numbness;

Inability to raise arm, locking of hand, loss of extension and motion;

Severe and permanent neurologic injury to the right arm. underlying muscle and nerve injury;

Plaintiff required prolonged hospital stay and subsequent Visiting Nurse Services and physical therapies;

Plaintiff suffered Iatrogenic injury to the right arm, hemorrhage, blood vessel and tissue damage of the right arm;

Plaintiff suffers significant disfiguring and embarrassing scarring at the operative site and may require skin grafting, plastic surgery or further surgical interventions;

Plaintiff required pain medications, antibiotic therapy, visiting nurse services, physical therapy and occupational therapy;

Plaintiff was exposed to further general anesthesia and underwent numerous debridements for removal of dead tissue during her admission;

Plaintiff suffered post operative discomfort, incisional pain and discharge from wound;

Limited in range of motion, decreased mobility, decreased balance, decreased insight to limitations inability to lift, inability to drive for a prolonged period of time and continued difficulty in driving due to loss of use and function of the right arm;

Plaintiff required linguistic evaluation, physical therapy and follow up with orthopaedist;

Plaintiff suffered respiratory failure and pulmonary edema;

Plaintiff requires arm brace, sling, shoulder immobilizer and volar splinting;

Plaintiff was exposed to unnecessary radiation and required AP and Lateral views of right forearm and PA, Oblique and Lateral views of the right hand;

Evaluation revealed extensive soft tissue opacification;

All of the above was associated with severe and continuing pain, impaired attention/concentration, discomfort and emotional distress, migraine headaches;

Plaintiff suffered aggravation of hypertension, developed diabetes requiring use of Medforem, constipation, and now requires medications for same as well as water pill;

Plaintiff is limited in clothing options due embarrassing and disfiguring scarring and use of brace. She applies Bio Oil to reduce keyloid scarring.

Plaintiff is limited in daily activities, athletic activities, household duties, leisure activities and employment. Plaintiff cannot currently carry the same work load as prior to the incident;

Plaintiff suffers self consciousness with regard to her appearance, decreased sexual appetite and sexual dysfunction;

Plaintiff required Visiting Nurses and a home health care worker to assist with wound care and with daily home care activities, cleaning, household duties and cooking;

Injuries to nerves, blood vessels, tendons and ligaments in and around the affected area, muscle atrophy;

Severe emotional distress, personality changes and psychological overlay manifested by fears, anxieties, restlessness, sleeplessness and irritabilities;

- (a) All of the above injuries and their residual effects are permanent in nature

10. Plaintiff was confined to defendant Westchester Medical Center from 8/31/11 to 9/9/11.

11. Plaintiff was substantially confined to bed from 8/31/11 to mid October, 2011.

12. Plaintiff claims the following Special damages;

Plaintiff's hospital and medical expenses have been substantially covered under United Health care/Oxford under ID# [REDACTED]

a) Physicians- In excess of \$ 6,270.00

Dr. Jacobsen -to be provided.

Dr. Martens- to be provided.

b) Nurses- in excess of \$ 570.00 exact amount is to be provided.

c) Medical supplies- approximately \$425.00 out of pocket expenses.

d) Hospital-Westchester Medical Center- in excess of approximately \$153,528.95

White Plains Hospital- in excess of \$8,721.00-

13. a) Loss of earnings-to be provided.

b) Plaintiff's gross earnings for the year prior to the occurrence was approximately \$40,000.00.

c) Plaintiff earned approximately- \$ amount to be provided in the year of the occurrence.

d) Plaintiff received AFLAC Disability, the exact amount will be provided.

e) Plaintiff was employed by Grace Church located 35 Orchard Street, White Plains, NY 10603.

f) Plaintiff is presently employed by Grace Church full time but with precautions as she has been unable to maintain her past case load.

14. Not applicable.

15. a&b) Unknown at the present time as plaintiff's ability to continue in her employ is questionable based on her inability to fulfill her responsibilities and carry her past case load.

16. a&b) Plaintiff's hospital and medical expenses have been substantially covered under United Health care/Oxford under ID# [REDACTED]

17. Plaintiff claims the following future medical expenses;

a) Physicians- to be provided however plaintiff currently remains under the care of physicians for follow up.

b) Hospital- to be provided.

c) Medicine- Plaintiff continues to utilize creams to minimize scarring.

d) Nursing- to be provided.

e) Other- to be provided.

18. Plaintiff LORETTA DOLPHUS's date of birth is [REDACTED]

NATHANIEL GRAHAM's's date of birth is [REDACTED]

Plaintiffs reside at 1604 Metropolitan Ave. Apt 3H, Bronx, NY 10462.

19. Plaintiffs Social Security number is XXX XX [REDACTED]

NATHANIEL GRAHAM's Social Security number is XXX XX [REDACTED]

20. To be provided.

21. a) Plaintiff's date of marriage is 4/10/00

b) Yes.

c) Not applicable.

d) It will be claimed that NATHANIEL GRAHAM that has been deprived of the love, society, services, consortium and affection of his said wife the said plaintiff LORETTA DOLPHUS; that he has been compelled to expend various sums of

money in an effort to see his said wife cured of her said injuries and may in the future be so compelled; and that he has otherwise been damaged herein.

- e) To be provided.
- f) To be provided.
- g) All elements of plaintiff's loss of services are upon information and belief permanent.

22. a) It will be claimed that all procedures were undertaken without the benefit of an informed consent.

- b) It will be claimed that no risks were disclosed to the plaintiff.
- c) None.
- d) No.
- e) Unknown.
- f) Unknown.

DATED: NEW YORK, NEW YORK  
September 10, 2012

Yours, etc.,

ROSENBERG MINC FALKOFF & WOLFF LLP.

By:   
Peter D. Rosenberg

Attorney for Plaintiffs  
122 East 42<sup>nd</sup> Street- Suite 3800  
New York, New York 10168-0068  
212-697-9280  
Our File No.: 29729

TO. Law Offices of Santangelo, Benvenuto & Slattery  
Attorneys for Defendant  
SOUND SHORE MEDICAL CENTER OF WESTCHESTER  
1800 Northern Boulevard  
Roslyn, New York 11576  
(516) 775- 2236

Bartlett, McDonough & Monaghan, LLP  
Attorneys for Defendant,  
MOUNT VERNON HOSPITAL  
170 OLD Country Road  
Mineola, New York 11501  
(516) 877-2900

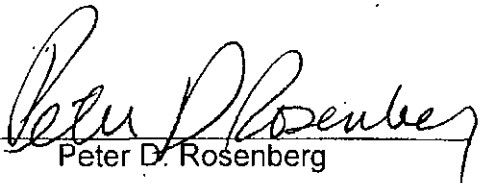


**UNIFORM COURT RULE 130-1.1-a CERTIFICATION**

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

I, the undersigned, an attorney duly admitted to practice in the Courts of New York State, Affirm that I am Member of ROSENBERG, MINC, FALKOFF & WOLFF, LLP., the attorneys of record for Plaintiffs in the within action; I have read the foregoing **VERIFIED BILL OF PARTICULARS**, and know the contents thereof; the same is true to my own knowledge, except as to the matters therein alleged to be on information and belief, and as to those matters I believe it to be true.

Dated: New York, New York  
September 10, 2012

  
Peter D. Rosenberg

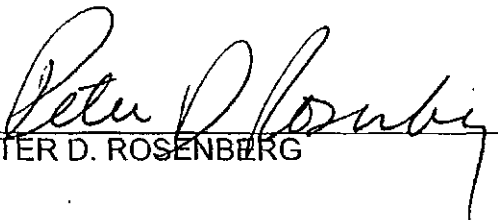
### ATTORNEY'S VERIFICATION

PETER D. ROSENBERG, an attorney duly admitted to practice law before the Courts of the State of New York, affirms the following to be true under the penalties of perjury:

I am member of the law firm of ROSENBERG MINC FALKOFF & WOLFF LLP, attorneys for the Plaintiffs in the within action. I have read the annexed **VERIFIED BILL OF PARTICULARS** and knows the contents thereof, and the same is true to my own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters I believes them to be true. My belief as to those matters therein not stated upon my own knowledge is based upon facts, records and other pertinent information contained in our files and reports and communications had with Plaintiffs

The reason that this verification is not made by Plaintiffs is because Plaintiffs is/are not within the County of New York where the attorneys for the Plaintiffs have their office.

Dated: New York, NY  
September 10, 2012

  
PETER D. ROSENBERG

**AFFIDAVIT OF SERVICE BY MAIL**

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

**WENDY E. AREVALO**, being duly sworn, deposes and says:

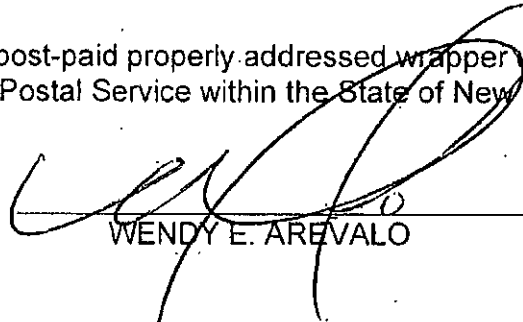
that deponent is over 18 years of age, is not a party to the action, and resides at Hudson County in the State of New Jersey

That on September 19, 2012 deponent served the within **VERIFIED BILL OF PARTICULARS** upon

Bartlett McDonough & Monaghan, LLP  
170 Old Country Road  
Mineola, New York 11501  
(516) 877-2900

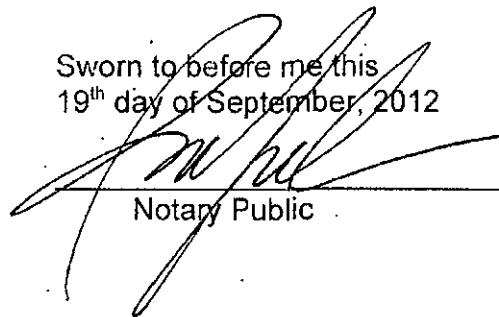
Law Offices of Santangelo, Benvenuto & Slattery  
1800 Northern Boulevard  
Roslyn, New York 11576  
(516) 775-2236

by depositing a true copy of same in a post-paid properly addressed wrapper under the exclusive care and custody of the U.S. Postal Service within the State of New York.



WENDY E. AREVALO

Sworn to before me this  
19<sup>th</sup> day of September, 2012



Notary Public

Index No. 20380/12  
SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF BRONX

---

LORETTA DOLPHUS and NATHANIEL GRAHAM

Plaintiffs,

against

SOUND SHORE MEDICAL CENTER OF WESTCHESTER and MOUNT VERNON  
HOSPITAL

Defendants

---

**VERIFIED BILL OF PARTICULARS**

---

**ROSENBERG, MING, FALKOFF & WOLFF, LLP**

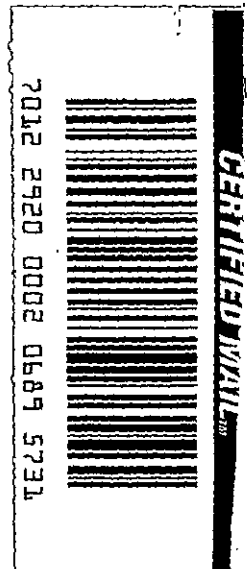
*Attorneys for Plaintiffs*

122 East 42<sup>nd</sup> Street, Suite 3800

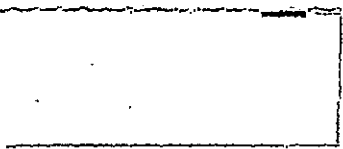
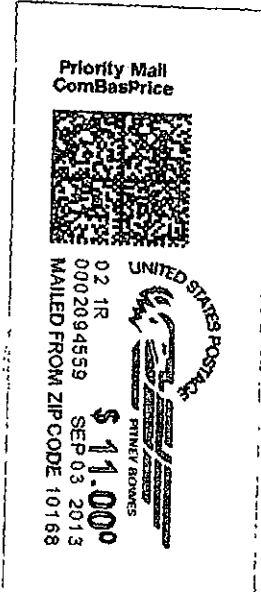
New York, New York 10168-0068

(212) 697-9280

ROSENBERG, MINC, FALKOFF & WOLFF LLP  
22 EAST 42ND STREET, NEW YORK, NY 10168-0068



Sound Shore Medical of Westchester, et al  
c/o GCG, Inc.  
P.O. Box 9982  
Dublin, OH 43017-5982




FILED - 01933

U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

SOUND SHORE MEDICAL CENTER OF WESTCHESTER

ROBERT D. DRAIN



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
<b>Name of Debtor (Check Only One):</b> <input checked="" type="checkbox"/> Sound Shore Medical Center of Westchester <input type="checkbox"/> The Mount Vernon Hospital, Inc. <input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center <input type="checkbox"/> The M.V.H. Corporation <input type="checkbox"/> Sound Shore Health System, Inc. <input type="checkbox"/> NRHMC Services Corporation <input type="checkbox"/> New Rochelle Sound Shore Housing, LLC		<b>Your Claim is Scheduled As Follows:</b> 
<b>Case No.</b> 13-22840 13-22841 13-22842 13-22843 13-22844 13-22845 13-22846		
NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).		
<b>Name of Creditor (the person or other entity to whom the Debtor owes money or property):</b> Michael Mandel, M.D.		If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.
<b>Name and address where notices should be sent:</b> Reich, Reich & Reich, P.C. 235 Main St. Suite 450 White Plains, NY 10601		
<b>Telephone number:</b> 914-949-2126 <b>Email Address:</b> reichlaw@aol.com		
<b>Name and address where payment should be sent (if different from above):</b> Pulmonary and Sleep Specialists of Southern Westchester, LLC 2365 Boston Post Road, Larchmont, NY 10538 <b>Telephone number:</b> 914-833-2020 <b>Email Address:</b>		
<input checked="" type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. <b>Court Claim Number:</b> 711 (if known) <b>Filed on:</b> 09/16/2013		
<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.		
<b>1. Amount of Claim as of Date Case Filed (May 29, 2013):</b> \$ 8,489.00 If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
<b>2. Basis for Claim:</b> Services Rendered, Salary (See instruction #2)		
<b>3. Last four digits of any number by which creditor identifies Debtor:</b> _____	<b>3a. Debtor may have scheduled account as:</b> _____ (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b> _____ (See instruction #3b)
<b>4. Secured Claim (See instruction #4)</b> Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		
<b>Nature of property or right of setoff:</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other <b>Describe:</b> _____ <b>Value of Property:</b> \$ _____ <b>Annual Interest Rate</b> _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		<b>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:</b> \$ _____ <b>Basis for perfection:</b> _____ <b>Amount of Secured Claim:</b> \$ _____ <b>Amount Unsecured:</b> \$ _____
<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</b>		
<input checked="" 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 the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____). * Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
<b>6. Claim Pursuant to 11 U.S.C. § 503(b)(9):</b> Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____		
<b>7. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)		

Modified B10 (GCG) (04/13)

**8. Documents:** Attached are 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, and the 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) Check the appropriate box.  
 I am the creditor  I am the creditor's authorized agent.  I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004)  I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)  
 (Attach 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: Michael Mandel, M.D. Michael Mandel MD 10-4-13  
 Title: \_\_\_\_\_ (Signature) (Date)  
 Company: Pulmonary and Sleep Specialists of Southern Westchester, LLC  
 Address and telephone number (if different from notice address above):  
2365 Boston Post Road  
Larchmont, NY 10538  
 Telephone number: 914-833-2020 email: MANDELM@PULMONARY-SLEEP.COM

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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. **IF BY HAND OR OVERNIGHT COURIER:** Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

**THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**  
**THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**

**Items to be completed in Proof of Claim Form**

<p><b>Court; Name of Debtor, and Case Number:</b>                  These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.</p> <p><b>SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST EACH DEBTOR.</b></p> <p><b>Creditor's Name and Address:</b>                  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. Please provide us with a valid email address. 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)</p> <p><b>1. Amount of Claim as of Date Case Filed:</b>                  State the total amount owed to the creditor on the Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. Check the box if interest or other charges are included in the claim.</p> <p><b>2. Basis for Claim:</b>                  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 your claim.</p> <p><b>3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:</b> State only the last four digits of the Debtor's account or other number used by the creditor to identify the Debtor.</p> <p><b>3a. Debtor May Have Scheduled Account As:</b>                  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.</p> <p><b>3b. Uniform Claim Identifier:</b>                  If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.</p> <p><b>4. Secured Claim:</b>                  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.</p>	<p><b>5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507(a):</b>                  If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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.</p> <p><b>6. Claim Pursuant to 11 U.S.C. § 503 (b)(9):</b>                  If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)</p> <p><b>7. Credits:</b>                  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.</p> <p><b>8. Documents:</b>                  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 healthcare information. Do not send original documents, as attachments may be destroyed after scanning.</p> <p><b>9. Date and Signature:</b>                  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.</p>
---	--

Modified B10 (GCG) (04/13)

**DEFINITIONS**

**INFORMATION**

**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 to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).

**Claim**

A claim is the creditor's right to receive payment for a debt 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 GCG as described in the instructions above and in the Bar Date Notice.

**Section 503(b)(9) Claim**

A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**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.

**Acknowledgment of Filing of Claim**

To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.

**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.

**Display of Proof of Claim on Case Administration Website**

As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.



REICH REICH & REICH, P.C.

ATTORNEYS AT LAW  
235 MAIN STREET - SUITE 450  
WHITE PLAINS, NEW YORK 10601

(914) 949-2126  
FAX (914) 949-1604  
e-mail Reichlaw@reichpc.com  
www.reichpc.com

LAWRENCE R. REICH  
JEFFREY A. REICH  
NICHOLAS A. PASALIDES

SIDNEY H. REICH  
(1904-1990)

JOANNE KRAISKY  
PARALEGAL

October 11, 2013

Sound Shore Medical Center of Westchester  
c/o GCG Inc.  
5151 Blazer Parkway, Suite A  
Dublin, OH 43017

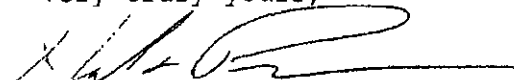
Re: In re: Sound Shore Medical Center of Westchester  
Case No. 13-22840  
Pulmonary and Sleep Specialists et al.,  
Amended Proof of Claim

Dear Sir or Madam:

Enclosed please find an amended proof of claim for filing in the  
above captioned matter.

Please return a date-stamped copy of the amended proof of claim  
in the enclosed self addressed return envelope.

Very truly yours,



Nicholas A. Pasalides

NAP  
Enc.

**REICH REICH & REICH, P.C.**  
**ATTORNEYS AT LAW**  
**435 MAIN STREET, SUITE 450**  
**WHITE PLAINS, NY 10601-2421**

Sound Shore Medical Center of  
Westchester c/o GCG Inc.  
5151 Blazer Parkway, Suite A  
Dublin, OH 43017



UNITED STATES POSTAGE  
EAGLE  
PRIMARY BOXES  
02 1P  
\$ 001.120  
0003912758 OCT 18 2013  
MAILED FROM ZIP CODE 10601

09-16-13 P01:25 IN

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
<p>(Name of Debtor (Check Only One):</p> <p><input checked="" type="checkbox"/> Sound Shore Medical Center of Westchester  <input type="checkbox"/> The Mount Vernon Hospital, Inc.  <input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffner Extended Care Center  <input type="checkbox"/> The M.V.H. Corporation  <input type="checkbox"/> Sound Shore Health System, Inc.  <input type="checkbox"/> NRHMC Services Corporation  <input type="checkbox"/> New Rochelle Sound Shore Housing, LLC</p>	<p>Case No.</p> <p>13-22840 13-22841 13-22842 13-22843 13-22844 13-22845 13-22846</p>	<p>Your Claim is Scheduled As Follows:</p> <div style="text-align: center; border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; margin: 20px auto; display: flex; align-items: center; justify-content: center;"> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">THE GARDEN CITY GROUP</p> <p style="font-size: 24px; font-weight: bold;">SEP 16 2013</p> </div>
<p><i>NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).</i></p>		
<p>Name of Creditor (the person or other entity to whom the Debtor owes money or property): <b>Maria Jose Izazala, An Infant By Her M/NAG ROXANA GARCIA</b></p>	<p><input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.</p>	
<p>Name and address where notices should be sent:</p> <p><b>John M. Daly, Esq. Fitzgerald &amp; Fitzgerald, P.C. 538 Riverdale Avenue Yonkers, New York 10705</b></p> <p>Telephone number: (914) 378-1010 Email Address: <a href="mailto:jdaly@lawfitz.com">jdaly@lawfitz.com</a></p>	<p>Court Claim Number: _____</p> <p style="text-align: center;">(If known)</p> <p>Filed on: _____</p>	
<p>Name and address where payment should be sent (if different from above):</p> <p style="text-align: center; font-size: 8px;">U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. DRAIN</p> <p>Telephone number: _____ Email Address: _____</p>	<p><input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.</p>	
<p>1. Amount of Claim as of Date Case Filed (May 29, 2013): \$ <u>undetermined</u></p> <p>If all or part of the claim is secured, complete item 4.</p> <p>If all or part of the claim is entitled to priority, complete item 5.</p> <p>If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6.</p> <p><input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.</p>		
<p>2. Basis for Claim: <u>Medical Malpractice</u></p> <p>(See instruction #2)</p>		
<p>3. Last four digits of any number by which creditor identifies Debtor: _____</p>	<p>3a. Debtor may have scheduled account as: _____</p> <p style="text-align: center;">(See instruction #3a)</p>	<p>3b. Uniform Claim Identifier (optional): _____</p> <p style="text-align: center;">(See instruction #3b)</p>
<p>4. Secured Claim (See instruction #4) - Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.</p> <p>Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other</p> <p>Describe: _____</p> <p>Value of Property: \$ _____</p> <p>Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)</p>		
<p>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____</p> <p>Basis for perfection: _____</p> <p>Amount of Secured Claim: \$ _____</p> <p>Amount Unsecured: \$ _____</p>		<p>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</p> <p><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). <span style="margin-left: 20px;"><input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4).</span> <span style="margin-left: 20px;"><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).</span></p> <p><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). <span style="margin-left: 20px;"><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).</span> <span style="margin-left: 20px;"><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).</span></p> <p style="text-align: right;">Amount entitled to priority: \$ _____</p>
<p>* Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</p>		
<p>6. Claim Pursuant to 11 U.S.C. § 503(b)(9): Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____</p>		
<p>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)</p>		

Modified B10 (GCG) (04/13)

8. Documents: Attached are 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, and the 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) Check the appropriate box.  
 I am the creditor  I am the creditor's authorized agent  I am the trustee, or the Debtor, or their authorized agent (See Bankruptcy Rule 3004)  I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)  
(Attach 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: John M. Daly, Esq. September 13, 2013

Title: Attorney (Signature) (Date)

Company: Fitzgerald & Fitzgerald, P.C.

Address and telephone number (if different from notice address above):  
538 Riverdale Avenue  
Yonkers, New York 10705

Telephone number: (914) 378-1010 email: jdaly@lawfitz.com

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.

INSTRUCTIONS FOR PROOF OF CLAIM FORM.

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: IF BY MAIL: Sound Shore Medical of Westchester, et al, c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. IF BY HAND OR OVERNIGHT COURIER: Sound Shore Medical of Westchester, et al, c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)  
THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)

Items to be completed in Proof of Claim Form

Court, Name of Debtor, and Case Number:  
These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.  
A SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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.

1a. 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.

5b. Uniform Claim Identifier:  
If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

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 your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9):  
If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

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 healthcare 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

INFORMATION

**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 to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).

**Claim**

A claim is the creditor's right to receive payment for a debt 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 GCG as described in the instructions above and in the Bar Date Notice.

**Section 503(b)(9) Claim**

A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**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.

**Acknowledgment of Filing of Claim**

To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.

**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.

**Display of Proof of Claim on Case Administration Website**

As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.

Form Revised: February 24, 2011 by JPF

LIMITED POWER OF ATTORNEY

This Limited Power of Attorney is given on February 13, 2013 by:

Roxana Garcia

presently residing at:

85 Washington Avenue, New Rochelle, New York 10801

pursuant to the provisions of the New York State Public Health Law §§ 18(1)(g) and 18(3)(g) and as a "qualified person" pursuant to New York State Public Health Law § 18(1)(g) as he/she is the parent and natural guardian of:

Maria Jose Izazaga

DOB: 3/22/2012

I hereby appoint JOHN M. DALY, ESQ., of counsel attorney to Medical Records Retrieval Co., to act in my name, place, and stead in any way which I myself could do if I were personally present with respect to the following matters as permitted by the New York State Public Health Law §§ 18(1)(g) and 18(3)(g) to execute a written request for patient information concerning medical treatment rendered to me and my child above, including, but not limited to, all medical, hospital, physician, Medicaid, Medicare, health maintenance organization, pharmacy, psychology, education, governmental agency, and any other records that would require my authorization to obtain under said law. I specifically authorize the release of all alcohol, drug, mental health, and HIV related information and any and all information that may be protected from disclosure by federal and state law.

Giving and granting said attorney full power and authority to do and perform all and every act and thing whatsoever necessary to be done in and about the specific and limited premises (set out herein) as fully, to all intents and purposes, as might or could be done if personally present, with full power of substitution and revocation, hereby ratifying and confirmed all that said attorney shall lawfully do or cause to be done by virtue hereof.

I specifically grant power to my attorney to authorize this release of all medical records to attorneys representing other parties in litigation in which my attorney represents me.

This Limited Power of Attorney shall remain in effect until revoked by me by a notarized written instrument specifically revoking this limited power.

In witness whereof, I have hereunto signed my name:

Dated: February 13, 2013

(YOU SIGN HERE)

[Handwritten Signature]
(Signature of Principal)
Roxana Garcia

[Handwritten Signature]
(Signature of Attorney)

State of New York )
County of Westchester ) ss.:

On February 13, 2013, before me, the undersigned, personally known to me or provided to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

[Handwritten Signature]
MICHELLE A. PAZ
Commissioner of Deeds
City of Yonkers
Certificate filed in Westchester County
Commission Expires 2/28/14

**CONTINGENT FEE RETAINER AGREEMENT  
ACUERDO CONTINGENTE DE HONORARIOS**

Entre  
**FITZGERALD & FITZGERALD, P.C.**

Y

Roxana Garcia Cliente/Guardian

En Representacion de Maria Jose Izazaga

Por Daños Sostenidos a Resultado de Medical Malpractice

En el Condado de Westchester Estado de New York en o cerca del dia 3/ 22 / 2012

Client(s) request and authorize Fitzgerald & Fitzgerald, P.C., a Professional Corporation, ("F&F") to represent Client(s) as legal counsel for all purposes in connection with injuries and damages arising out of an incident noted above on the following conditions:

El Cliente(s) solicita y autoriza a Fitzgerald & Fitzgerald, P.C., una Corporacion Profesional ("F&F") representar el Cliente como asesor legal para todo proposito en coneccion con las heridas y daños perpetuados como resultado del incidente arriba indicado bajo las siguiente condiciones:

1. F&F will devote their full professional abilities to the case and Client(s) agree to fully cooperate with F&F. F&F will not settle case without approval from Client(s) in writing, except as provided in Paragraph 6. Associates or outside counsel may be employed at the discretion and expense of F&F. Client(s) authorize the retention of co-counsel or outside counsel on a sharing of the contingent fees set forth below.

F&F dedicara toda su capacidad profesional al caso y el Cliente(s) acuerda cooperar por complete con F&F. F&F no llegara a ningun acuerdo en el caso sin el consentimiento por escrito del Cliente(s), excepto como lo explica el parrafo 6. Un abogado Asociado o fuera de esta Oficina puede ser empleado a discrecion y gastos de F&F. El Cliente(s) autoriza la participacion de un co-abogado o un Abogado fuera de esta oficina compartiendo los Honorarios Contingente que siguen a continuacion.

2. **CONTINGENT FEES** – In consideration of the services rendered and to be rendered, Client(s) agree to pay and F&F is authorized to retain out of any monies that may come into their possession by reason of the above claim one third (33 1/3%) of the net settlement or award. Fees shall be computed on the net sum after deducting costs. But for the following or similar items, there shall be no deduction in computing fees: Liens, (including attorney's liens for Appeals or other services. See Paragraphs 8 & 9), assignments or claims in favor of health care providers, self insurers or carriers.

**HONORARIOS CONTINGENTE** – En consideracion por todos los servicios prestados el Cliente(s) acuerda pagar y F&F esta autorizado a mantener una parte del dinero obtenido por la demanda indicado arriba, un tercio (33 1/3%) de la suma neta. Los Honorarios seran calculados de la suma neta despues de deducir los costos. Pero los siguientes costos no seran deducidos al calcular los Honorarios: Embargos (incluyendo embargos de Abogados por servicios de Apelacion, Vea los parafos 8 y 9), Assignaciones y reclamos de proveedores de salud y compañías aseguradoras.

3. In the event of substitution of Attorneys, F&F shall be entitled to immediate repayment of all disbursements. F&F may elect to receive as compensation either (a) a quantum meruit sum which shall be paid immediately and prior to the transfer of the file; or (b) a percentage of the contingent fee to be calculated upon the disposition of the case.

En caso de substitucion de Abogados, F&F tiene derecho a pago inmediato por todo los gastos incurridos. F&F puede optar por recibir como compensacion ya sea (a) la suma completa a ser pagada inmediatamente antes de tranferir el expediente, o (b) un percentage del Honorario Contingente que sera calculado al concluir el caso.

4. **IN THE EVENT OF NO RECOVERY, CLIENT(S) SHALL OWE ATTORNEYS NOTHING FOR SERVICES RENDERED.**

**EN CASO QUE NO SE RECUPERE NINGUN DINERO, EL CLIENTE(S) NO TIENE DEUDA CON LOS ABOGADOS POR LOS SERVICIOS PRESTADOS.**

5. **COSTS OF LITIGATION** – Client(s) understand that F&F may not ethically pay the cost of litigation without recourse to Client(s). Said costs may include some or all of the following: investigation; finding and retention of medical and technical experts; court costs; stenographic services; telephone, postage, and copying costs; photographs, computerized legal and medical research; trial exhibits; attorney expenses; document search and retrieval; and document storage and management. Client(s) shall advance the costs of litigation.

**COSTOS DE LITIGIO** – El Cliente(s) entiende que F&F ethicamente no puede pagar los costos de litigio sin recurrir al Cliente(s). Dichos costos podrian incluir lo siguiente: investigacion; busqueda y contratos de expertos medico, expertos tecnico; costos de corte; servicios de estenografo; servicios de telefonos; servicios postal; costos de copias; fotografias, computacion legal; investigacion medica; evidencias para el juicio; gastos de abogado; investigacion, obtencion, almacenamiento y manego de documentos. El Cliente(s) debe adelantar los costos de litigio.



6. CLIENT(S) AGREE THAT ATTORNEYS HAVE MADE NO PROMISES OR GUARANTEES REGARDING THE OUTCOME OF CLIENT'S CLAIM. Client(s) understand F&F will investigate Client's claim and, if after so investigating, claim does not appear to them to have merit, or in the event that it appears defendants have no insurance coverage, then F&F shall have the right to cancel this agreement.

EL CLIENTE(S) ACUERDA QUE LOS ABOGADOS NO HAN HECHO PROMESAS O GARANTIA SOBRE EL RESULTADO DE ESTE RECLAMO. El Cliente(s) entiende que F&F investigara el caso y si despues de concluir tal investigacion el caso parece no tener merito, o la defensa no tiene cobertura de seguro, entonces F&F tendria el derecho de cancelar este acuerdo.

7. CLIENT DEFINITION – The "client" is the injured person. If the injured person is an infant or incompetent, then the client must be represented by a parent or guardian and all settlements must be approved by the court. The parent or guardian acts as a plaintiff in a representative capacity. Unless otherwise agreed in writing, attorneys will not be representing parents or guardians in derivative actions or actions for the recovery of economic loses in caring for the injured client.

DEFINICION DEL CLEINTE – El "cliente" es la persona lastimada. Si la persona lastimada es un infante o persona incompetente, entonces el cliente debe ser representado por un padre o guardian y todo acuerdo debe ser aprobado por la Corte. El padre o guardian actua como demandante en capacidad representativa. A menos que no se acuerde por escrito, los abogados no representaran los padres o guardianes en acciones derivadas por perdidas economicas por el cuidado del cliente lastimado.

8. APPEALS – F&F is not obligated to take Appeals or defend against Appeals. F&F agrees to assist Client(s) in locating and retaining appellate counsel. Fees charged by appellate counsel shall be paid by Client(s) and in the event appellate counsel agrees to a contingent fee or to defer collection of fees, these appellate counsel fees shall be treated as liens and not expenses. (See Paragraph 2)

APELACIONES – F&F no esta obligado a Apelar o defender Apelaciones. F&F acuerda ayudar al Cliente(s) a localizar y contratar un Abogado de Apelacion. Los Honorarios de abogado de apelacion deben ser pagados por el Cliente(s) y en caso que el abogado de apelacion acuerde en un honorario contingente o posponer el cobro de honorarios, dichos honorarios de abogado de apelacion deben ser considerados embargos, no gastos. (Vea parafo 2)

9. OTHER SERVICES – In the event that F&F is requested to and does perform services for Client(s) that are not directly related to the third party tort action for personal injury, then those services, unless otherwise agreed, shall be performed at the usual hourly rates of attorneys (range \$175 - \$350) and shall be paid in advance or shall be a lien on the file. Said services may include but are

not limited to services in connection with Personal Injury Protection (no fault) benefits, landlord-tenant actions, lien disputes, guardianship proceedings, or proceedings before the Surrogates Court.

OTROS SERVICIOS – En caso que a F&F se le solicite y F&F preste servicios por Cliente(s) no directamente relacionados con la acción de la tercera parte por daño personal, a menos que se acuerde de otra manera, estos servicios serán realizados a la tarifa usual de abogados, por hora (entre \$175 - \$350) y deben ser pagados por adelantado o deben considerarse como embargo en el expediente. Dichos servicios pueden incluir, pero no limitado a, servicios en conexión a beneficios de Protección por Daños Personales (no fault), casos de inquilinos y caseros, disputas de embargos, procesos de custodias y procesos ante el Tribunal.

10. POWER OF ATTORNEY – Client(s) grant F&F and John E. Fitzgerald authority to take all action that attorneys deem necessary, including the authority to execute all instruments and to negotiate Client's claim. Client(s) understand that medical records (including records relating to psychiatric treatment, substance abuse treatment, or HIV testing and treatment), school, employment, and government agency records must be obtained and exchanged with the defendants during litigation and that health care providers, Medicaid/Medicare, HMOs, schools, employers, and governmental agencies require authorizations to release these records. Client(s) grant F&F and its employees the authority to issue the necessary authorizations, including the authority to affix facsimile of Client's signatures in order to obtain and exchange the records necessary to litigate the case. The F&F witnesses to this agreement are also granted power of attorney to obtain and exchange said records.

PODER DE ABOGADO – El Cliente(s) otorga a F&F y John E. Fitzgerald la autoridad de tomar la acción que los abogados consideren necesarias, incluyendo autoridad de ejecutar todo instrumento para negociar la demanda del Cliente. El Cliente(s) entiende que los expedientes médico (incluyendo expedients relacionados con tratamiento psiquiátrico, tratamiento de abuso de sustancias, o pruebas y tratamiento de VIH), expedients escolares, de empleos, y agencias gubernamentales deben ser obtenidos e intercambiados con los abogados de la Defensa durante el litigio, y que los proveedores de salud, Medicaid/Medicare, HMOs, escuelas, empleadores y agencias gubernamentales requieren autorización para otorgar dichos expedientes. El Cliente(s) otorga a F&F y empleados la autoridad de preparar las autorizaciones necesarias, incluyendo entregar copias con la firma del Cliente para obtener e intercambiar los expedientes necesario para litigar el caso. El testigo de F&F en este acuerdo también otorga el poder de obtener e intercambiar expedients.

**MEDICAL MALPRACTICE ADDENDUM**  
**ADDENDUM DE MALPRACTICA MEDICA**

11. Client(s) understand that attorneys are not undertaking to represent them in any case involving a vaccination. Vaccination injuries are covered by the National Vaccine Injury Compensation Program and are brought in the United States Court of Federal Claims ([www.uscfc.com](http://www.uscfc.com)). Client(s) understand that attorneys will not be referring this case to an attorney handling such cases.

El Cliente(s) entiende que los abogados no tomaran representation en ningun caso relacionado con Vacunacion. Los casos de daños relacionados a Vacunacion estan cubiertos por the National Vaccine Injury Compensation Program y son presentados en the United States Court of Federal Claims ([www.uscfc.com](http://www.uscfc.com)). El Cliente(s) entiende que los abogados no referiran estos casos a ningun abogado que maneje estos casos.

12. Client(s) have discussed the Medical Malpractice Sliding Scale Attorneys Fees with a representative of F&F and understand that the Attorneys Fees are restricted, under Judiciary Law Section 474a, as follows: 30% of the first \$250,000.00; 25% of the next \$250,000.00; 20% of the next \$500,000.00; 15% of the next \$250,000.00; 10% of anything over \$1,250,000.00; unless otherwise ordered by the Court.

El Cliente(s) ha discutido la Escala de Honorarios de Abogados en casos de MalapRACTICA Medica con un representante de F&F y entiende que los Honorarios de Abogados estan restringidos bajo la Ley Judicial, Seccion 474a, como sigue: 30% de los primeros \$250,000.00; 25% de los proximos \$250,000.00; 20% de los proximos \$500,000.00; 15% de los proximos \$250,000.00; 10% de cualquier suma sobre \$1,250,000.00; a menos que la Corte ordene diferente.

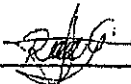
13. If the case is tried or if any appeal is taken, clients will support F&F's application to the court for an enhanced fee; provided that the request does not exceed 30% of the net sum recovered.

Si el caso llega a juicio o si alguna apelacion es tomada, el Cliente(s) apoyara una aplicacion de F&F a la Corte para aumento de honorarios, siempre que dicha aplicacion no exceda un 30% de la suma recuperada.

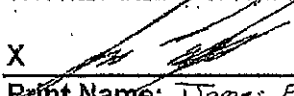
DATED/FECHA: 2 / 13 / 2013

AGREED TO BY/ACUERDO POR:

WITNESSED BY/TESTIGO:

X 

Client/  
Guardian X

  
Print Name: James P. Fitzgerald  
FITZGERALD & FITZGERALD, P.C.

Roxana Garcia

By:

**REQUEST FOR ASSISTANCE IN FINANCING DISBURSEMENTS ADDENDUM  
TO CONTINGENT FEE AGREEMENT**

Client has advised that (s)he is not able to advance or finance disbursements without great financial hardship. Client requests that F&F advances disbursements. Client has advised F&F that (s)he will be unable to reimburse expenses advanced by F&F if a settlement or judgment is not collected.

Client understands that if F&F advances expenses, F&F must borrow and pay interest. Client understands F&F will be at risk for substantial amounts advanced. Client also understands that if F&F advances expenses for Client's case and for other clients, it limits the number of cases F&F can handle.

In consideration of approval by F&F to advance further monies for expense, Client agrees to consider the financial risk of F&F in evaluating any settlement offers. Client further agrees to support F&F's application for an enhanced fee, of 25% of the net recovery after expenses, in consideration of F&F agreeing to take on the financial risk of advancing expenses.

Client understands that in any claim based upon medical malpractice, a Supreme Court Judge must approve any enhanced fee over the sliding scale set forth in Judiciary Law Section 474a. Court approval is necessary in all cases whether Client is an infant, incompetent, or competent adult.

Client also requests that financing of the expenses on the case be done on a non-recourse basis. Non-recourse means that in the event the case is dismissed or closed without recovery of money, Client is not obligated to pay the expenses advanced. Client authorizes F&F to seek such non-recourse financing from a firm that provides non-recourse financing for the litigation expenses on personal injury lawsuits. Client understands that case expenses are significantly increased when a financing entity assumes the risk of not being reimbursed when a case is dismissed.

**SOLICITUD DE ASISTENCIA PARA FINANCIAR GASTOS ADDENDUM  
AL ACUERDO CONTINGENTE DE HONORARIOS**

El Cliente ha informado que no puede adelantar o financiar los gastos sin gran dificultad financiera. El Cliente solicita a F&F avanzar los gastos. El Cliente ha informado a F&F que el(ella) no podrá pagar los gastos avanzados por F&F si no se colecta dinero en el caso ya sea por acuerdo o indemnización.


El Cliente entiende que para F&F avanzar los gastos, F&F tiene que recurrir a préstamos y pagar intereses. El Cliente entiende que F&F no puede tomarse riesgo avanzando una cantidad substancial. El Cliente también entiende que el avance de gastos de F&F para este y otros casos, limita el número de casos que F&F puede litigar.

En consideracion para que F&F apruebe avanzar dinero para gastos, el Cliente acuerda considerar el riesgo financiero de F&F al evaluar cualquier oferta para llegar a un acuerdo. El Cliente ademas acuerda apoyar una aplicacion de parte de F&F para un aumento de honorario de 25% de la suma neta recuperada despues de los gastos, en consideracion a F&F por tomarse el riesgo financiero de vanzar los gastos.

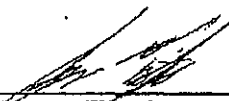
El Cliente entiende que en cualquier demanda basada en malapRACTICA medica, un Juez de la Corte Suprema tiene que aprobar cualquier aumento de honorario sobre la escala descrita por la Ley Judicial, Seccion 474a. La aprobacion de la Corte es necesaria en todos los casos, ya sea si el cliente es infante, adulto incompetente o adulto competente.

El Cliente solicita que la finanza de gastos del caso sea hecha en base a no-recurso. No-recurso significa que en caso de que no se recupere dinero o el caso sea descalificado por la Corte, el Cliente no esta obligado a pagar los gastos invertido. El Cliente autoriza que F&F busque finaciamiento para gastos del caso de una firma que otorgue finanzas en base a no-recurso para gastos de litigio de demandas por dano personal. El Cliente entiende que los gastos del caso aumentan significativamente cuando la entidad financiera asume el riesgo de no recuperar su inversion si el caso es descalificado.

DATED/FECHA: 2 / 13 / 2013

X   
By/Por: Roxana Garcia

F&F Approval to Advancement of Disbursements  
Aprobacion de F&F para Avanzar los Gastos:

  
Witness/ Testigo James P. Fitzgerald

  
By/Por: John E. Fitzgerald

DATED/FECHA:    /    /

From (914) 378-1010  
John M. Daly  
Fitzgerald & Fitzgerald, P.C.  
538 Riverdale Ave  
Yonkers, NY 10705

Origin ID: NNKA



J13213002760309

Ship Date: 13SEP13  
ActWgt: 1.0 LB  
CAD: 100234814/NET3430

Delivery Address Bar Code



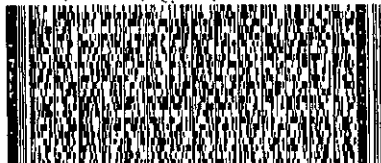
SHIP TO: (914) 378-1010  
**WHOM IT MAY CONCERN**  
SOUND SHORE MED CTR OF WESTCHESTER  
5151 BLAZER PARKWAY  
SUITE A  
DUBLIN, OH 43017

BILL SENDER

Ref # JMD  
Invoice #  
PO #  
Dept #

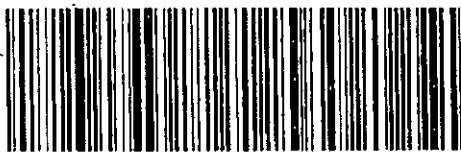
MON - 16 SEP AA  
STANDARD OVERNIGHT

TRK# 7966 8830 5630  
0201



**SB OSUA**

43017  
OH-US  
LCK



51AG19Z5011AGE

After printing this label:

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

01013009

Claims - Part 15 Pg 30 of 35

SSM0202369743



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
<p><b>Name of Debtor (Check Only One):</b></p> <p><input checked="" type="checkbox"/> Sound Shore Medical Center of Westchester      <b>Case No.</b> 13-22840</p> <p><input type="checkbox"/> The Mount Vernon Hospital, Inc.      13-22841</p> <p><input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center      13-22842</p> <p><input type="checkbox"/> The M.V.H. Corporation      13-22843</p> <p><input type="checkbox"/> Sound Shore Health System, Inc.      13-22844</p> <p><input type="checkbox"/> NRHMC Services Corporation      13-22845</p> <p><input type="checkbox"/> New Rochelle Sound Shore Housing, LLC      13-22846</p>	<p style="text-align: center;"><u>Your Claim is Scheduled As Follows:</u></p> <p>Sound Shore Medical Center of Westchester</p> <div style="text-align: right; border: 1px solid black; border-radius: 50%; padding: 5px; width: fit-content; margin: 0 auto;">                 THE GARDEN CITY GROUP, INC.                  SEP 17 2013             </div> <p>Priority: Unknown</p> <p>Unsecured: Unknown</p> <p>Contingent / Unliquidated</p> <p>If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.</p>	
<p><b>NOTE:</b> Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).</p>		
<p><b>Name of Creditor (the person or other entity to whom the Debtor owes money or property):</b> MEHTA RASHMIKANT</p>	<p><input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.</p> <p><b>Court Claim Number:</b> _____</p> <p style="text-align: center;">(If known)</p> <p><b>Filed on:</b> _____</p>	
<p><b>Name and address where notices should be sent:</b></p> <p>MEHTA RASHMIKANT 435 OXFORD RD NEW ROCHELLE, NY 10804-3312</p> <p style="text-align: center; font-size: 1.2em; margin-top: 10px;">914 633 5231</p> <p><b>Telephone number:</b> _____</p> <p><b>Email Address:</b> Rmehta003@optonline.net</p>		
<p><b>Name and address where payment should be sent (if different from above):</b></p> <p style="text-align: center; font-size: 0.8em;">FILED - 00853 U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. DRAIN</p> <p><b>Telephone number:</b> _____</p> <p><b>Email Address:</b> _____</p>		
<p><b>1. Amount of Claim as of Date Case Filed (May 29, 2013):</b> \$ <u>14,203.27</u> (10,799.99 + 3,403.28)</p> <p>If all or part of the claim is secured, complete item 4.</p> <p>If all or part of the claim is entitled to priority, complete item 5.</p> <p>If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6.</p> <p><input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.</p>		
<p><b>2. Basis for Claim:</b> _____</p> <p>(See instruction #2)</p>		
<p><b>3. Last four digits of any number by which creditor identifies Debtor:</b></p> <p>_____</p>	<p><b>3a. Debtor may have scheduled account as:</b></p> <p>_____</p> <p style="text-align: center;">(See instruction #3a)</p>	<p><b>3b. Uniform Claim Identifier (optional):</b></p> <p>_____</p> <p style="text-align: center;">(See instruction #3b)</p>
<p><b>4. Secured Claim (See instruction #4)</b></p> <p>Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.</p> <p><b>Nature of property or right of setoff:</b>      <input type="checkbox"/> Real Estate      <input type="checkbox"/> Motor Vehicle</p> <p style="padding-left: 100px;"><input type="checkbox"/> Other</p> <p><b>Describe:</b> _____</p> <p><b>Value of Property:</b> \$ _____</p> <p><b>Annual Interest Rate</b> _____ %      <input type="checkbox"/> Fixed      or      <input type="checkbox"/> Variable</p> <p>(when case was filed)</p> <p style="text-align: right;"><b>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:</b> \$ _____</p> <p style="text-align: right;"><b>Basis for perfection:</b> _____</p> <p style="text-align: right;"><b>Amount of Secured Claim:</b> \$ _____</p> <p style="text-align: right;"><b>Amount Unsecured:</b> \$ _____</p>		
<p><b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a).</b> If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</p> <p><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 the case was filed or the Debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4).      <input checked="" type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).</p> <p><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 checked="" type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).</p> <p style="text-align: right;"><b>Amount entitled to priority:</b> \$ <u>10,799.99</u></p> <p style="text-align: right; font-size: 1.2em; margin-top: 5px;">Grandfather Pension Benefit</p> <p><small>*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small></p>		
<p><b>6. Claim Pursuant to 11 U.S.C. § 503(b)(9):</b> Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____</p>		
<p><b>7. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)</p>		

8. **Documents:** Attached are 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, and the 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) Check the appropriate box.  
 I am the creditor  I am the creditor's authorized agent, (Attach copy of power of attorney, if any)  I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004)  I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)

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: MEHTA RASHMIKANT D R Mehta D 09/11/2013

Title: \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

Company: \_\_\_\_\_  
 Address and telephone number (if different from notice address above):

435 OXFORD ROAD  
NEW ROCHELLE, NY 10804

Telephone number: 914 633 5231 email: Rmehta003@optonline.net

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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. **IF BY HAND OR OVERNIGHT COURIER:** Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

**THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**  
**THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**

**Items to be completed in Proof of Claim Form**

**Court, Name of Debtor, and Case Number:**  
 These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.

**SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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.

**3b. Uniform Claim Identifier:**  
 If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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 your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9):**  
 If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

**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 healthcare 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**

**INFORMATION**

**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 to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).

**Claim**  
A claim is the creditor's right to receive payment for a debt 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 GCG as described in the instructions above and in the Bar Date Notice.

**Section 503(b)(9) Claim**  
A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**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.

**Acknowledgment of Filing of Claim**  
To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.

**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(c), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.

**Display of Proof of Claim on Case Administration Website**  
As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.

01013009  
SSM0202369743



MEHTA RASHMIKANT  
435 OXFORD RD  
NEW ROCHELLE, NY 10804-3312

**UNITED STATES BANKRUPTCY COURT  
 SOUTHERN DISTRICT OF NEW YORK**

In re:

Chapter 11 Case

SOUND SHORE MEDICAL CENTER OF  
 WESTCHESTER, et al.,

Case No. 13- 22840 (RDD)

Debtors.

(Jointly Administered)

**NOTICE OF DEADLINE REQUIRING FILING OF PROOFS OF CLAIM  
 (INCLUDING CLAIMS UNDER SECTION 503(B)(9) OF THE BANKRUPTCY CODE**

The United States Bankruptcy Court for the Southern District of New York has entered an Order establishing (i) **September 16, 2013 at 4:00 p.m. (prevailing Eastern time)** as the last date for each person or entity (including individuals, partnerships, limited liability companies, corporations, joint ventures and trusts) to file a proof of claim based on prepetition claims, including claims under section 503(b)(9) of the Bankruptcy Code, and (ii) **November 25, 2013 at 4:00 p.m. (prevailing Eastern time)** as the last date for each governmental unit to file a proof of claim based on prepetition claims, as against any of the following Debtors:

Name of Debtor	Case Number	Tax Identification Number	Other Names Used by Debtors in Last 5 Years
Sound Shore Health System, Inc.	13-22844	13-4011398	N/A
Sound Shore Medical Center of Westchester	13-22840	13-1740117	N/A
The Mount Vernon Hospital, Inc.	13-22841	13-1740115	N/A
Howe Avenue Nursing Home d/b/a Helen and Michael Schaffer Extended Care Center	13-22842	23-7000781	N/A
NRHMC Services Corporation	13-22845	13-3769137	N/A
The M.V.H. Corporation	13-22843	13-3281514	N/A
New Rochelle Sound Shore Housing, LLC	13-22846	13-1740117	N/A

The Bar Date and procedures set forth in the Order for filing proofs of claim apply to all claims against the Debtors that arose prior to May 29, 2013 (the "**Petition Date**"), the date on which the Debtors commenced their respective cases under chapter 11 of the Bankruptcy Code, except those holders of the certain claims listed in the Order that are specifically excluded from the Bar Date filing requirements ("**Excluded Claims**").

You **MUST** file a proof of claim to vote on a chapter 11 plan filed by the Debtors or to share in distributions from any of the Debtors' bankruptcy estates if you have a claim that arose prior to the Petition Date, and it is not one of the types of Excluded Claims described in the Order. Claims based on acts or omissions of the Debtors that occurred before the Petition Date (other than Excluded Claims) must be filed on or prior to the Bar Date, even if such claims are not now fixed, liquidated or certain or did not mature or become fixed, liquidated or certain before the Filing Date.

For a copy of the Order and a sample proof of claim form, you may contact the Debtor's Claims Agent: GCG, Inc., P.O. Box 9982 Dublin, Ohio 43017-5982, by phone at (866) 300-1288, by email at SoundShoreInfo@gcginc.com, or visit their website at www.gcginc.com/cases/soundshore.

Except as provided for in the Order and herein, all proofs of claim must be filed so as to be received on or before  
September 16, 2013 at 4:00 p.m. (Eastern time) at the following address to:

**IF BY MAIL:**

Sound Shore Medical Center of Westchester, *et al.*  
c/o GCG, Inc.  
P.O. Box 9982  
Dublin, OH 43017-5982

**IF BY HAND DELIVERY OR OVERNIGHT COURIER:**

Sound Shore Medical Center of Westchester, *et al.*  
c/o GCG, Inc.  
5151 Blazer Parkway, Suite A  
Dublin, OH 43017  
OR

**IF BY HAND DELIVERY:**

United States Bankruptcy Court, SDNY  
300 Quarropas Street  
White Plains, New York 10601  
Attention: Clerk of the Court

Proofs of claim will be deemed filed only if received by the Bankruptcy Court on or before 4:00 p.m. (prevailing  
Eastern Time) on the Bar Date. Proofs of claim may not be delivered by facsimile, telecopy or electronic mail transmission.

ANY HOLDER OF A CLAIM THAT IS NOT EXCEPTED FROM THE AFOREMENTIONED FILING  
REQUIREMENTS OF THE COURT ORDER, AND THAT FAILS TO TIMELY FILE A PROOF OF CLAIM IN THE  
APPROPRIATE FORM WILL BE BARRED FROM ASSERTING SUCH CLAIM AGAINST THE DEBTORS AND THEIR  
CHAPTER 11 ESTATES, FROM VOTING ON ANY PLAN OF REORGANIZATION OR LIQUIDATION FILED IN THIS CASE,  
AND FROM PARTICIPATING IN ANY DISTRIBUTION IN THE DEBTORS' CASES ON ACCOUNT OF SUCH CLAIM.

You may be listed as the holder of a claim against the Debtors in the Debtors' Schedules of Assets and Liabilities  
and/or Schedules of Executory Contracts and Unexpired Leases (collectively, the "Schedules"). Copies of the Debtor's Schedules are  
available for inspection on the Court's Internet Website at <http://www.nysb.uscourts.gov>. A login and password to the Court's Public  
Access to Electronic Court Records ("PACER") are required to access this information and can be obtained through the PACER  
Service Center at <http://www.pacer.gov>. Copies of the Schedules may also be examined between the hours of 9:00 A.M. and 4:00  
P.M., Monday through Friday at the Office of the Debtor's Claims Agent GCG, Inc., 190 S. LaSalle St., Suite 1520, Chicago, IL  
60603. Copies of the Debtor's Schedules may also be obtained on the website of GCG, Inc. at [http://  
www.gcginc.com/cases/soundshore](http://www.gcginc.com/cases/soundshore).

A holder of a possible claim against the Debtor should consult an attorney regarding any matters not covered  
by this notice, such as whether the holder should file a proof of claim.

Dated: Great Neck, New York  
July 31, 2013

**BY ORDER OF THE COURT**

GARFUNKEL WILD, P.C.  
Counsel to the Debtors  
111 Great Neck Road  
Great Neck, New York  
(516) 393-2200

**Sound  Shore**  
MEDICAL CENTER OF WESTCHESTER

---

**VIA FEDEX**

TO: Rashmikant Mehta  
FROM: Dennis H. Ashley  
RE: Special Grandfather Pension Benefit  
DATE: November 29, 2012

Pursuant to our previous conversation, during which we discussed the Special Grandfather Pension Benefit, attached you will find a draft agreement. This agreement is subject to change based on when you decide to retire. If you choose not to retire, this agreement is not applicable.

If you do intend to retire, please review this draft agreement, and contact me afterwards at 914-365-4802. Most importantly, and, as I've indicated, the Special Grandfather Pension Benefit is **DISCRETIONARY**.

The Medical Center's actuary has calculated that, as of 12/31/12, your benefit is \$10,799.99

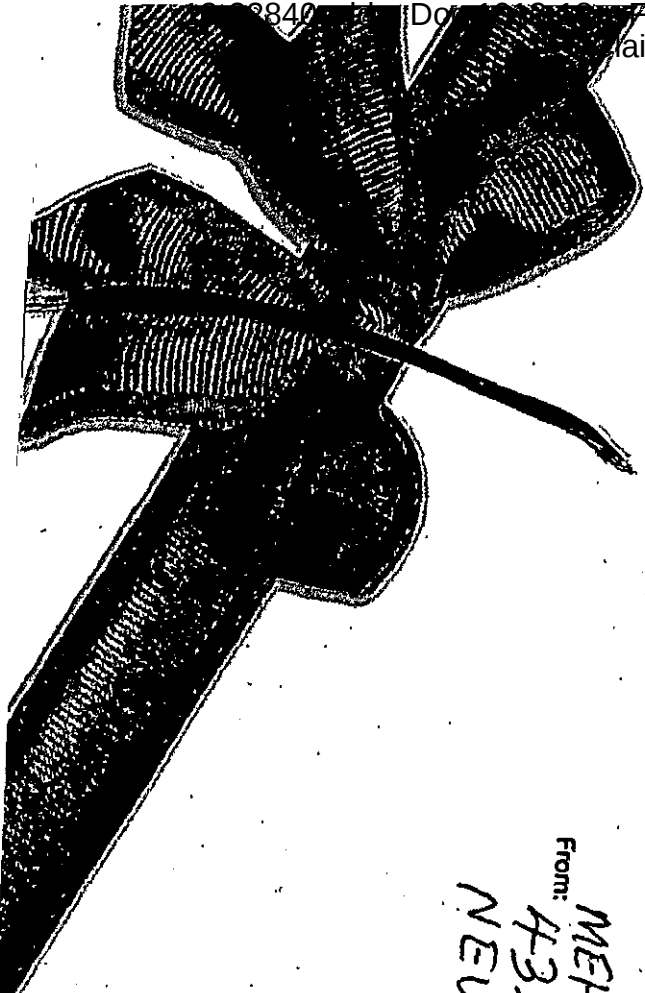
WESTCHESTER  
435 OXFORD  
RD  
OXFORD  
OH 43081

SOUND SHORE MEDICAL CENTER & WESTCHESTER  
c/o GCG, INC.  
P. O. Box 9982  
DUBLIN, OH 43017-5982

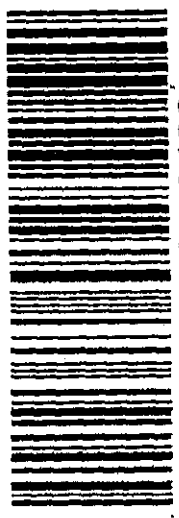


UNITED STATES POSTAL SERVICE

Flat Rate Mailing Envelope  
For Domestic and International



USPS TRACKING #



9114 9011 2308 6263 3864 45

Label 400 Jan. 2013  
7880-18-000-7948

From: MEHTA. RAHMIKANT. D.  
435 OXFORD ROAD  
NEW ROCHELLE, NY 10894

To: SOUND STORE MED. CNTR. 04101ST QUESTR.  
c/o 4 LG, INTZ.  
P. O. Box, 9982  
DUBLIN OH. 43017-5982



1006



43017

\$5.60  
00091076-05

U.S. POSTAGE  
PAID  
NEW ROCHELLE, NY  
SEP 13 2013  
RNDUNT






Note: This form should only be used by claimants asserting an Administrative Expense arising between May 29, 2013 and November 6, 2013 (the "Administrative Claim Period"). THIS FORM SHOULD NOT BE USED FOR ANY CLAIMS THAT ARE NOT OF A KIND ENTITLED TO PRIORITY IN ACCORDANCE WITH 11 U.S.C. §§ 503(b) and 507(a)(2).

Indicate Debtor(s) against which you assert a claim by checking the appropriate box(es) below.			
<b>Name of Debtor (Check Only One):</b>	<b>Case No.</b>	<b>Name of Debtor (Check Only One):</b>	<b>Case No.</b>
<input checked="" type="checkbox"/> Sound Shore Medical Center of Westchester	13-22840	<input type="checkbox"/> The M.V.H. Corporation	13-22843
<input type="checkbox"/> The Mount Vernon Hospital, Inc.	13-22841	<input type="checkbox"/> SoundShore Health System, Inc.	13-22844
<input type="checkbox"/> Howe Avenue Nursing Home, d/b/a/Helen and Michael Schaffer Extended Care Center	13-22842	<input type="checkbox"/> NRHMC Services Corporation	13-22845
		<input type="checkbox"/> New Rochelle Sound Shore Housing LLC	13-22846

<b>Name of Creditor</b> (The person or entity to whom the debtor owes money or property)	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your administrative expense claim. Attach copy of statement giving particulars.
MARY KATHLEEN MILITE	

<b>Name and Addresses Where Notices Should be Sent:</b>	Check here if this claim: <input type="checkbox"/> replaces or <input type="checkbox"/> amends a previously filed administrative expense claim.	
MARY KATHLEEN MILITE 24646 ROYALE RIDGE LAGUNA NIGUEL, CA 92677	Claim Number (if known): _____ Dated: _____	

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: \_\_\_\_\_

1. BASIS FOR CLAIM:

<input type="checkbox"/> Goods sold	<input type="checkbox"/> Services performed	<input type="checkbox"/> Personal Injury/Wrongful Death	<input type="checkbox"/> Wages (Dates) _____
<input type="checkbox"/> Money loaned	<input type="checkbox"/> Taxes	<input type="checkbox"/> Retiree Benefits as Defined in 11 U.S.C. § 1114(a)	<input type="checkbox"/> Other (Specify): _____

2. DATE DEBT WAS INCURRED (IF KNOWN): \_\_\_\_\_

3. DESCRIPTION OF CLAIM (IF KNOWN): \_\_\_\_\_

4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: \$ \_\_\_\_\_  
(Total)

5. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.	THIS SPACE IS FOR COURT USE ONLY
6. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. Do not send original documents. If the documents are not available, explain. If the documents are voluminous, attach a summary.	
7. TIME-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.	

8. Signature: Check the appropriate box.

I am the creditor.     I am the creditor's authorized agent.     I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004.)     I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

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: \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date) \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address and telephone number (if different from notice address above): \_\_\_\_\_  
 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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**  
 The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. **IF BY HAND OR OVERNIGHT COURIER:** Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. **IF BY HAND:** United States Bankruptcy Court, SDNY, 300 Quarropas Street, Room 248, White Plains, New York 10601; Attn: Clerk of the Court. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK

PLEASE BE ADVISED THAT I COMPLETED  
AND FEDERAL EXPRESSED PROOF OF CLAIM  
ON 9/11/13. ATTACHED YOU WILL FIND  
COPIES.

THEREFORE I SEE NO REASON TO FILL  
OUT FORM AGAIN.

IF I NEED TO DO ANYTHING ELSE  
PLEASE INFORM ME.

THANK YOU.

SINCERELY,  
Mary Kathleen Milite

MARY KATHLEEN MILITE



01005983  
SSM0203154376



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
<b>Name of Debtor (Check Only One):</b> <input checked="" type="checkbox"/> Sound Shore Medical Center of Westchester <input type="checkbox"/> The Mount Vernon Hospital, Inc. <input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center <input type="checkbox"/> The M.V.H. Corporation <input type="checkbox"/> Sound Shore Health System, Inc. <input type="checkbox"/> NRHMC Services Corporation <input type="checkbox"/> New Rochelle Sound Shore Housing, LLC		<b>Your Claim is Scheduled As Follows:</b>  If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.
NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).		
<b>Name of Creditor (the person or other entity to whom the Debtor owes money or property):</b> MILITE, MARY KATHLEEN	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.	
<b>Name and address where notices should be sent:</b>  MILITE, MARY KATHLEEN 50 DAVENPORT AVE NEW ROCHELLE, NY 10805-3665 <b>24646 ROYALE RIDGE</b> <b>LAGUNA NIGUEL, CA 92677</b>  Telephone number: <b>914-815-5030</b> Email Address: <b>mkm@gmail.com</b>	<b>Court Claim Number:</b>  _____ <i>(if known)</i>  <b>Filed on:</b>  _____	
<b>Name and address where payment should be sent (if different from above):</b>  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 this claim. Attach copy of statement giving particulars.	
<b>1. Amount of Claim as of Date Case Filed (May 29, 2013):</b> \$ <u>37,645.46</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
<b>2. Basis for Claim:</b> <u>SPECIAL GRAND FATHERED PENSION - \$10,000.10 MATR. MEDICAL - \$12,500.00 LIFE INSURANCE AS RETIREE</u> (See instruction #2)		
<b>3. Last four digits of any number by which creditor identifies Debtor:</b>  <u>0117</u>	<b>3a. Debtor may have scheduled account as:</b>  _____ (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b>  _____ (See instruction #3b)
<b>4. Secured Claim (See instruction #4)</b> Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		<b>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:</b> \$ _____
<b>Nature of property or right of setoff:</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other  <b>Describe:</b> _____  <b>Value of Property:</b> \$ _____  <b>Annual Interest Rate</b> _____ % <input type="checkbox"/> Fixed    or <input type="checkbox"/> Variable (when case was filed)		<b>Basis for perfection:</b> _____  <b>Amount of Secured Claim:</b> \$ _____  <b>Amount Unsecured:</b> \$ _____
<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</b> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). <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"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).  <b>Amount entitled to priority:</b> \$ _____		
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
<b>6. Claim Pursuant to 11 U.S.C. § 503(b)(9):</b> Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$		
<b>7. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)		

13-22840-rdd  
Doc 1013-18  
Filed 02/23/15  
Entered 02/23/15 11:01:24  
Proof of  
Claims - Part 16  
Pg 9 of 35

Modified B10 (GCG) (04/13)

8. **Documents:** Attached are 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, and the 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) Check the appropriate box.

I am the creditor  I am the creditor's authorized agent.  I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004)  I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)

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: MARY KATHLEEN MILITE Mary Kathleen Milite 9/10/13

Title: \_\_\_\_\_ (Signature) (Date)

Company: \_\_\_\_\_

Address and telephone number (if different from notice address above):

24646 ROYALE RIDGE  
LAGUNA NIGUEL, CA 92677

Telephone number: 914-815-5030 email: mkmilite@gmail.com

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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. **IF BY HAND OR OVERNIGHT COURIER:** Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

**THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**  
**THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**

**Items to be completed in Proof of Claim Form**

**Court, Name of Debtor, and Case Number:**

These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.

**SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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.

**3b. Uniform Claim Identifier:**

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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 your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9):**

If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

**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 healthcare 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**

**INFORMATION**

**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 to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).

**Claim**

A claim is the creditor's right to receive payment for a debt 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 GCG as described in the instructions above and in the Bar Date Notice.

**Section 503(b)(9) Claim**

A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**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.

**Acknowledgment of Filing of Claim**

To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.

**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(c), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.

**Display of Proof of Claim on Case Administration Website**

As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.



803477575597

Ship (P/U) date  
 Wed 9/11/2013 4:14 pm  
 LAG US



**Delivered**  
 Signed for by: S WEBB

Actual delivery:  
 Thur 9/12/2013 8:53 am  
 OH US

**Travel History**

Date/Time	Activity	Location
- 9/12/2013 - Thursday		
8:53 am	Delivered	OH
8:01 am	On FedEx vehicle for delivery	COLUMBUS, OH
7:37 am	At local FedEx facility	COLUMBUS, OH
5:58 am	At destination sort facility	COLUMBUS, OH
3:48 am	Departed FedEx location	MEMPHIS, TN
12:37 am	Arrived at FedEx location	MEMPHIS, TN
- 9/11/2013 - Wednesday		
6:32 pm	Left FedEx origin facility	IRVINE, CA
4:14 pm	Picked up Tendered at FedEx Office	LAGUNA HIGUEL, CA

Local Scan Time

**Shipment Facts**

Tracking number	803477575597	Service	FedEx Priority Overnight
Weight	0.3 lbs	Dimensions	1x1x1 in
Signature services	Direct signature required	Delivered To	Shipping/Receiving
Total pieces	1	Total shipment weight	0.3 lbs / 0.1 kgs
Packaging	FedEx Envelope	Special handling section	Deliver Weekday, Direct Signature Required



MARY K. NICITE  
24646 ROYAL RIDGE  
ATLANTA, GA  
92677

SOUND STORE MEDICAL OF WESTCHESTER  
c/o GCG, 5151 BLAZER PARKWAY  
SUITE A  
DUBLIN, OH 43017



UNITED STATES POSTAL SERVICE

Flat Rate Envelope  
 Visit us at usps.com

EXTREMELY URG



1007

LIGUNA NIGUEL, CH  
 92507  
 JAN 28 14  
 RMDJNT  
**\$19.99**  
 00059873-18

Please Rush To Addressee

When use  
 declaratio

CUSTOMER USE ONLY

FROM: (PLEASE PRINT)

PHONE (

914-830 5030

MARY K. MILITE  
 2646 ROYALE RIDGE  
 LAGUNA NIGUEL, CA  
 92677

PAYMENT BY ACCOUNT (if applicable)  
 USPS Corporate Act. No. Federal Agency Act. No. or Postal Service™ Act. No.

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED  
 Note: The mailer must check the Signature Required box if the mailer: 1) Requires the addressee's signature.  
 OR 2) Purchases additional insurance. OR 3) Purchases COD service. OR 4) Purchases Return Receipt service.  
 If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other  
 secure location without attempting to obtain the addressee's signature on delivery.

No Saturday Delivery (delivered next business day)  
 Sunday/Holiday Delivery Required (additional fee, where available)  
 Refer to USPS.com or local Post Office™ for availability.

TO: (PLEASE PRINT)

PHONE (

5000 SHORE MED. OFFICE BLDG.  
 90 GGG, 5K1 PALMER PARKWAY  
 SUITE A  
 DUBUIN, OH 43017

ZIP + 4 (U.S. ADDRESSES ONLY)

- For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
- \$100.00 Insurance Included.



EK 039J79310 US



PRIORITY  
 \* MAIL \*  
 EXPRESS™

Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)

<input type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
PO Zip Code	Scheduled Delivery Date (MM/DD/YY)	Postage	Insurance Fee
92677	1/30/14	19.99	COD Fee
Date Accepted (MM/DD/YY)	Scheduled Delivery Time	Return Receipt Fee	
1/28/14	3:00 AM		
Time Accepted	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Loss Guarantee Only	
4:36			
Weight	<input type="checkbox"/> Flat Rate	<input type="checkbox"/> Live Shipment	Total Postage & Fees
1 lbs. 1 ozs.			19.99
<input type="checkbox"/> Sunday/Holiday Premium		Acceptance Employee Initials	
DELIVERY (POSTAL SERVICE USE ONLY)		Employee Signature	
Delivery Attempt (MM/DD/YY)	Time	Employee Signature	
	<input type="checkbox"/> AM <input type="checkbox"/> PM		
Delivery Attempt (MM/DD/YY)	Time	Employee Signature	
	<input type="checkbox"/> AM <input type="checkbox"/> PM		

LABEL TTB, JULY 2013

PSN 7690-02-000-9596

1-ORIGIN POST OFFICE COPY



PS10

2015/02/22 11:01:24



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
<p><b>Name of Debtor (Check Only One):</b></p> <p><input checked="" type="checkbox"/> Sound Shore Medical Center of Westchester  <input type="checkbox"/> The Mount Vernon Hospital, Inc.  <input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center  <input type="checkbox"/> The M.V.H. Corporation  <input type="checkbox"/> Sound Shore Health System, Inc.  <input type="checkbox"/> NRHMC Services Corporation  <input type="checkbox"/> New Rochelle Sound Shore Housing, LLC</p>	<p><b>Case No.</b> 13-22840 13-22841 13-22842 13-22843 13-22844 13-22845 13-22846</p>	<p><b>Your Claim is Scheduled As Follows:</b></p> <div style="text-align: center; border: 1px solid black; border-radius: 50%; width: 150px; height: 150px; margin: 0 auto;"> <p>THE GARDEN CITY GROUP, INC. SEP 19 2013</p> </div> <p>If an amount is identified above, you have a claim scheduled by one of the Debtors as shown (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.</p>
<p><b>NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).</b></p>		
<p><b>Name of Creditor (the person or other entity to whom the Debtor owes money or property):</b>  <i>and Individually</i>  <u>Monique King AS Administrator of Estate of Jayden Pryce</u>                  Name and address where notices should be sent:  <u>Monique King AS Administrator of Estate of Jayden Pryce</u>  <u>c/o SILBELSTEIN, AMAD+MIKLAS, P.C.</u>  <u>100 OLD COUNTRY RD, STE. 412</u>  <u>GARDEN CITY, NY 11530</u>                  Telephone number: <u>(516) 832-1777</u>                  Email Address: <u>gkowslky@ask4sam.net</u></p>	<p><input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.</p> <p><b>Court Claim Number:</b>  <u>13-22840 (RDD)</u>  <i>(if known)</i></p> <p>Filed on: _____</p>	
<p><b>Name and address where payment should be sent (if different from above):</b></p> <p>Telephone number: _____                  Email Address: _____</p>	<p><input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.</p>	
<p><b>1. Amount of Claim as of Date Case Filed (May 29, 2013):</b> \$ <u>MILLIONS OF DOLLARS</u></p> <p>If all or part of the claim is secured, complete item 4.                  If all or part of the claim is entitled to priority, complete item 5.                  If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6.  <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.</p>		
<p>U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK                  SOUND SHORE MEDICAL CENTER OF WESTCHESTER                  ROBERT D. DRAIN</p>		
<p><b>2. Basis for Claim:</b> <u>MEDICAL MALPRACTICE / PERSONAL INJURY</u>                  (See instruction #2)</p>		
<p><b>3. Last four digits of any number by which creditor identifies Debtor:</b>                  _____</p>	<p><b>3a. Debtor may have scheduled account as:</b>                  _____                  (See instruction #3a)</p>	<p><b>3b. Uniform Claim Identifier (optional):</b>                  _____                  (See instruction #3b)</p>
<p><b>4. Secured Claim (See instruction #4)</b>                  Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.</p> <p>Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other</p> <p>Describe: _____</p> <p>Value of Property: \$ _____</p> <p>Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)</p> <p>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____</p> <p>Basis for perfection: _____</p> <p>Amount of Secured Claim: \$ _____</p> <p>Amount Unsecured: \$ _____</p>		
<p><b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</b></p> <p><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 the case was filed or the Debtor's business ceased, 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). <b>Amount entitled to priority:</b> _____</p> <p><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)( ): _____</p> <p><small>*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small></p>		
<p><b>6. Claim Pursuant to 11 U.S.C. § 503(b)(9):</b> Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____</p>		
<p><b>7. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)</p>		

CRT

FILED IN COURT  
 SEP 19 2013  
 2:13

Modified B10 (GCG) (04/13)

**8. Documents:** Attached are 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, and the 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) Check the appropriate box.  
 I am the creditor  I am the creditor's authorized agent.  I am the trustee, or the Debtor, or their authorized agent (See Bankruptcy Rule 3004)  I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)  
 (Attach 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: GREGORY KOWALSKY  
 Title: ATTORNEY (Signature) (GK 24 24) (Date) 9/16/13  
 Company: SILBERSTEIN, AWAD + MIKLOS, P.C.  
 Address and telephone number (if different from notice address above): \_\_\_\_\_

Telephone number: (516) 832-7111 email: GKowalsky@ask4sam.net

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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. **IF BY HAND OR OVERNIGHT COURIER:** Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

**THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**  
**THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**

**Items to be completed in Proof of Claim Form**

**Court, Name of Debtor, and Case Number:**  
 These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim

**ADSEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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.

**3b. Uniform Claim Identifier:**  
 If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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 your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9):**  
 If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

**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 healthcare 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.

From: (631) 470-5000  
Attn: Arturo D. Tavaréz  
Case Adm./ECF Trainer  
US Bankruptcy Court, SDNY  
300 Quarropas Street  
WHITE PLAINS, NY 10601

Origin ID: NESA



J1311302120326

Ship Date: 10JUL13  
Act/Wgt: 1.0 LB  
CAD: 100098143/NET3370

Delivery Address Bar Code



SHIP TO: (631) 470-5000  
Attn: Bankruptcy Dept.  
c/o GCG, Inc.  
5151 Blazer Parkway  
Suite A  
DUBLIN, OH 43017

BILL THIRD PARTY

Ref # -SSM-

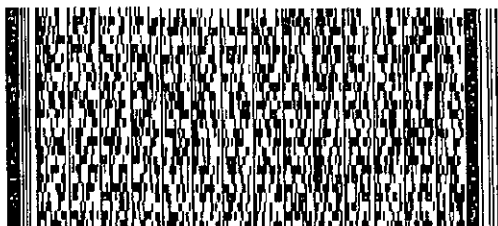
RMA #:  
Return Reason:

RETURNS MON-FRI  
STANDARD OVERNIGHT

TRK# 7961 9386 3377

0221

43017  
OH-US



518G1/AA0493AB

1. Select the 'Print' button to print 1 copy of each label.
2. The Return Shipment instructions, which provide your recipient with information on the returns process, will be printed with the label(s).
3. After printing, select your next step by clicking one of the displayed buttons.

Note: To review or print individual labels, select the Label button under each label image above.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$500, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
<b>Name of Debtor (Check Only One):</b> <input type="checkbox"/> Sound Shore Medical Center of Westchester <input type="checkbox"/> The Mount Vernon Hospital, Inc. <input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center <input type="checkbox"/> The M.V.H. Corporation <input checked="" type="checkbox"/> Sound Shore Health System, Inc. <input type="checkbox"/> NRHMC Services Corporation <input type="checkbox"/> New Rochelle Sound Shore Housing, LLC		<b>Case No.</b> 13-22840 13-22841 13-22842 13-22843 13-22844 13-22845 13-22846
NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).		<b>Your Claim is Scheduled As Follows:</b>  If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.
<b>Name of Creditor (the person or other entity to whom the Debtor owes money or property):</b> Monique King AS Administrator of Estate of Jayden Pryce		
<b>Name and address where notices should be sent:</b> Monique King AS Administrator of Estate of Jayden Pryce c/o Silberstein, Aved + Miklos, P.C. 600 OLD COUNTRY RD, STE H12 GARDEN CITY, NY 11530		
<b>Telephone number:</b> (516) 832-7777 <b>Email Address:</b> GKawalsky@ask4.com.net		
<b>Name and address where payment should be sent (if different from above):</b>		<b>Check this box to indicate that this claim amends a previously filed claim.</b> <input type="checkbox"/>
<b>Telephone number:</b> <b>Email Address:</b>		<b>Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.</b> <input type="checkbox"/>
<b>1. Amount of Claim as of Date Case Filed (May 29, 2013):</b> \$ <u>MILLIONS OF DOLLARS</u>		Filed - 09902 U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. DRAIN
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
<b>2. Basis for Claim:</b> <u>MEDICAL MALPRACTICE / PERSONAL INJURY</u> (See instruction #2)		
<b>3. Last four digits of any number by which creditor identifies Debtor:</b>	<b>3a. Debtor may have scheduled account as:</b>	<b>3b. Uniform Claim Identifier (optional):</b>
<b>4. Secured Claim (See instruction #4)</b> Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other		Basis for perfection: _____
Describe: _____		Amount of Secured Claim: \$ _____
Value of Property: \$ _____		Amount Unsecured: \$ _____
Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		
<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</b>		
<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 the case was filed or the Debtor's business ceased, 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)( ).
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
<b>6. Claim Pursuant to 11 U.S.C. § 503(b)(9):</b> Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim \$ _____		
<b>7. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)		

FILED  
 SEP 16 2013  
 S.D.N.Y.  
 U.S. BANKRUPTCY COURT

Modified B10 (GCG) (04/13)

8. **Documents:** Attached are 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, and the 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) Check the appropriate box.  
 I am the creditor  I am the creditor's authorized agent.  I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004)  I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)  
 (Attach 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: GREGORY KOWALSKY  
 Title: ATTORNEY (Signature) GK2424 (Date) 9/16/13  
 Company: SILBERSTEIN, AWAD + MIKLOS, P.C.  
 Address and telephone number (if different from notice address above):  
 Telephone number: (516) 832-7777 email: GKOWALSKY@askusam.net

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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. **IF BY HAND OR OVERNIGHT COURIER:** Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED

**THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**  
**THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**

**Items to be completed in Proof of Claim Form**

**Court, Name of Debtor, and Case Number:**  
 These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.  
**SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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.  
**3b. Uniform Claim Identifier:**  
 If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.  
**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 your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9):**  
 If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)  
**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 healthcare 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.



From: (631) 470-5000  
Attn: Arturo D. Tavaréz  
Case Adm./ECF Trainer  
US Bankruptcy Court, SDNY  
300 Quarropas Street  
WHITE PLAINS, NY 10601

Origin ID: NESA



J13111302120326

Ship Date: 10JUL13  
ActWgt: 1.0 LB  
CAD: 100098143/NET3370

Delivery Address Bar Code



Ref # :SSM-

RMA #:  
Return Reason:

SHIP TO: (631) 470-5000  
Attn: Bankruptcy Dept.  
c/o GCG, Inc.  
5151 Blazer Parkway  
Suite A  
DUBLIN, OH 43017

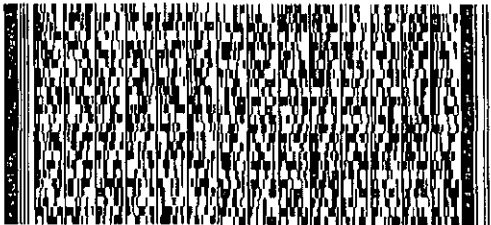
BILL THIRD PARTY

RETURNS MON-FRI  
STANDARD OVERNIGHT

TRK# 7961 9386 3377

0221

43017  
OH-US



519G1/AA0463AB


1. Select the 'Print' button to print 1 copy of each label.
2. The Return Shipment instructions, which provide your recipient with information on the returns process, will be printed with the label(s).
3. After printing, select your next step by clicking one of the displayed buttons.

Note: To review or print individual labels, select the Label button under each label image above.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$500, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

*FILED 6412*



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
<b>Name of Debtor (Check Only One):</b> <input checked="" type="checkbox"/> Sound Shore Medical Center of Westchester <input type="checkbox"/> The Mount Vernon Hospital, Inc. <input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center <input type="checkbox"/> The M.V.H. Corporation <input type="checkbox"/> Sound Shore Health System, Inc. <input type="checkbox"/> NRHMC Services Corporation <input type="checkbox"/> New Rochelle Sound Shore Housing, LLC		<b>Case No.</b> 13-22840 13-22841 13-22842 13-22843 13-22844 13-22845 13-22846
NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).		Your Claim is Scheduled As Follows:    If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.
<b>Name of Creditor (the person or other entity to whom the Debtor owes money or property):</b> <i>MONIQUE KING AS Administrator of Estate of Jayden Poyce</i> Name and address where notices should be sent: <i>Monique King AS Administrator of Estate of Jayden Poyce c/o SILBERSTEIN, ARAD &amp; MIKLOS, P.C. 100 OLD COUNTRY RD, STE. 412 GARDEN CITY, NY 11530</i>	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  <b>Court Claim Number:</b> <i>13-22840 (RDD)</i> (If known)  Filed on: _____	
Telephone number: <i>(516) 832-1777</i> Email Address: <i>gkowsdsky@rsk4sam.net</i>	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.	
<b>Name and address where payment should be sent (if different from above):</b>  Telephone number: Email Address:		
1. Amount of Claim as of Date Case Filed (May 29, 2013): \$ <u>MILLIONS OF DOLLARS</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>MEDICAL MALPRACTICE / PERSONAL INJURY</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies Debtor: _____	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, 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 was filed)	Amount of arrearage and other charges, as of the time case was 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 part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <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"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Claim Pursuant to 11 U.S.C. § 503(b)(9): Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____		
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)		

FILED  
 2013 SEP 16  
 2-13  
 BANKRUPTCY COURT

[The main body of the page contains extremely faint and illegible text, likely bleed-through from the reverse side of the document. The text is scattered across the page and does not form any recognizable words or sentences.]

Modified B10 (GCG) (04/13)

8. Documents: Attached are 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, and the 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) Check the appropriate box.  
 I am the creditor  I am the creditor's authorized agent.  I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004)  I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)  
 (Attach 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: GREGORY KOVALSKY  
 Title: ATTORNEY (Signature) [Signature] (Date) 9/10/13  
 Company: SILBERSTEIN, AWAD + MIKLOS, P.C.  
 Address and telephone number (if different from notice address above): \_\_\_\_\_  
 Telephone number: (516) 832-7777 email: GKowalski@ask4sam.net

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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. **IF BY HAND OR OVERNIGHT COURIER:** Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

**THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**  
**THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**

**Items to be completed in Proof of Claim Form**

**Court, Name of Debtor, and Case Number:**  
 These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.  
**AGSEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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.  
**3b. Uniform Claim Identifier:**  
 If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.  
**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 your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9):**  
 If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)  
**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 healthcare 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.



*Silberstein Awad Miklos, P.C.*

A T T O R N E Y S A T L A W

600 OLD COUNTRY ROAD SUITE 412

GARDEN CITY NEW YORK 11530

VOICE 516 832 7777 FAX 516 832 7877

www.ask4sam.net

September 18, 2013

Sound Shore Medical Center of Westchester  
c/o GCG, Inc.  
P.O. Box 9982  
Dublin, Ohio 43017-5982

**Re: Monique King as Administrator of the  
Estate of Jayden Pryce, deceased.  
Our File No.: 6412**

Dear Sir/Madam:

Please be advised that our office represents Monique King as the Administrator of the Estate of Jayden Pryce, deceased, in a potential medical malpractice claim.

We have enclosed for your reference courtesy copies of the proofs of claims which were filed in the Southern District Bankruptcy Court of New York on September 16, 2013.

Thank you for your attention in this matter.

Very truly yours,

**SILBERSTEIN, AWAD & MIKLOS, P.C.**

  
Natalie Lopez  
Paralegal

/nl  
Enclosures



Silberstein  
Awad &  
Miklos, P.C.

By Appointment Only

300 VANDERBILT MOTOR PKWY STE 200  
HAUPPAUGE NY 11718  
VOICE 631 390 0001

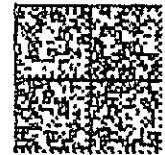
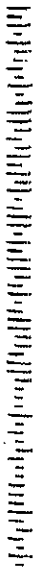
140 BROADWAY 46TH FLOOR  
NEW YORK NY 10005  
VOICE 212 233 6600

337 EAST 159 STREET  
BRONX NY 10451  
VOICE 718 204 8000

*Silberstein Awad Miklos, PC*  
ATTORNEYS AT LAW  
600 OLD COUNTRY ROAD GARDEN CITY NY 11530

Sound Shore Medical Center of Westchester  
c/o GCG, Inc.  
P.O. Box 9982  
Dublin, Ohio 43017-5982

430175982



UNITED STATES POSTAGE  
PITNEY BOWES  
\$ 000.660  
02 1P  
0001656551 SEP 18 2013  
MAILED FROM ZIP CODE 11530

01014331

SSM0202455588



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
<b>Name of Debtor (Check Only One):</b> <input type="checkbox"/> Sound Shore Medical Center of Westchester <input type="checkbox"/> The Mount Vernon Hospital, Inc. <input checked="" type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center <input type="checkbox"/> The M.V.H. Corporation <input type="checkbox"/> Sound Shore Health System, Inc. <input type="checkbox"/> NRHMC Services Corporation <input type="checkbox"/> New Rochelle Sound Shore Housing, LLC	<b>Case No.</b> 13-22840 13-22841 13-22842 13-22843 13-22844 13-22845 13-22846	<b>Your Claim is Scheduled As Follows:</b>  Howe Avenue Nursing Home, Inc.  Priority: Unknown Unsecured: Unknown  Contingent / Unliquidated  If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.
NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): MOURIS SUSAN	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  <b>Court Claim Number:</b>  _____ (If known)  Filed on:  _____	
Name and address where notices should be sent:  MOURIS SUSAN 186 BRIARWOOD DR SOMERS, NY 10589-1810		
Telephone number: Email Address:		
Name and address where payment should be sent (if different from above):  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 this claim. Attach copy of statement giving particulars.	
<b>1. Amount of Claim as of Date Case Filed (May 29, 2013): \$</b> _____		
FILED - 00392 U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. DRAIN		
If all or part of the claim is secured, complete item 4.  If all or part of the claim is entitled to priority, complete item 5.  If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6.  <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
<b>2. Basis for Claim:</b> _____ (See instruction #2)		
<b>3. Last four digits of any number by which creditor identifies Debtor:</b>  _____	<b>3a. Debtor may have scheduled account as:</b>  _____ (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b>  _____ (See instruction #3b)
<b>4. Secured Claim (See instruction #4)</b> Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, 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 was filed)	Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____  Basis for perfection: _____  Amount of Secured Claim: \$ _____  Amount Unsecured: \$ _____	
<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</b>		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <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"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
<b>6. Claim Pursuant to 11 U.S.C. § 503(b)(9):</b> Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____		
<b>7. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)		



8. Documents: Attached are 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, and the 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) Check the appropriate box. I am the creditor, I am the creditor's authorized agent, I am the trustee, or the Debtor, or their authorized agent, I am a guarantor, surety, indorser, or other codebtor. Print Name: Susan Mowris, Title: Director Recreation Therapy, Company: Schaffer Extended Care Center, Address and telephone number, 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.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: IF BY MAIL: Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. IF BY HAND OR OVERNIGHT COURIER: Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME) THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)

Items to be completed in Proof of Claim Form

Court, Name of Debtor, and Case Number: These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim. A SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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. Sec 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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. 3b. Uniform Claim Identifier: If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases. 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 your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9): If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below) 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 healthcare 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**

**INFORMATION**

**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 to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).

**Claim**

A claim is the creditor's right to receive payment for a debt 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 GCG as described in the instructions above and in the Bar Date Notice.

**Section 503(b)(9) Claim**

A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**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.

**Acknowledgment of Filing of Claim**

To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.

**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(c), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.

**Display of Proof of Claim on Case Administration Website**

As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.

01014331  
SSM0202455588



MOURIS SUSAN  
186 BRIARWOOD DR  
SOMERS, NY 10589-1810

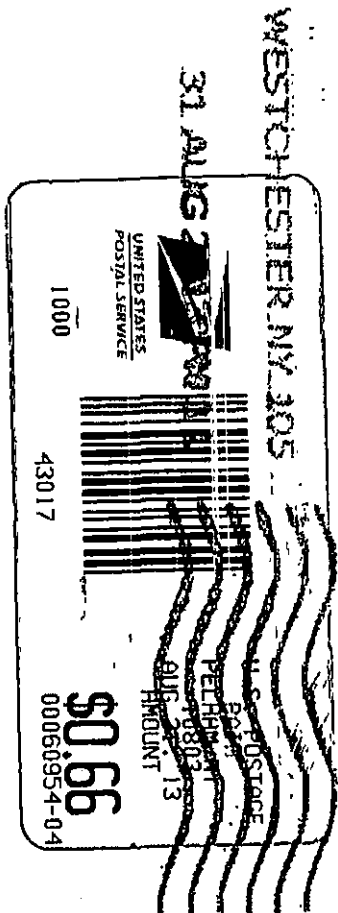
S. Mouri's  
142 Briarwood Dr.  
Somers, NY 10584

Sound Shore Medical Center of  
Westchester, et al.

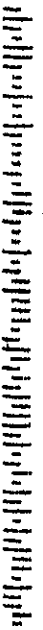
c/o GCG, Inc.

P.O. Box 9982


Dublin, OH 43017-5982



43017598282



B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT      Southern District of New York		<b>PROOF OF CLAIM</b>
Name of Debtor: <b>SOUND SHORE HEALTH SYSTEM, INC.</b>	Case Number: 13-22844-rdd	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>Mullooly, Jeffrey, Rooney &amp; Flynn, LLP.</b>		<b>COURT USE ONLY</b>
Name and address where notices should be sent: <b>MICHAEL G. Mc AULIFFE, ESQ. 68 SOUTH SERVICE RD, SUITE 100 MELVILLE, NY 11747</b>  Telephone number: (631) 465-0044    email: <a href="mailto:mamlaw@optonline.net">mamlaw@optonline.net</a>		<input type="checkbox"/> Check this box if 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):  <div style="text-align: center;">FILED - 00003 U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. DRAIN</div> Telephone number:                      email:		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
1. Amount of Claim as of Date Case Filed:      \$ <u>90,680.66</u>		
If all or part of the claim is secured, complete item 4.		
If all or part of the claim is entitled to priority, complete item 5.		
<input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>legal services rendered</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor:	3a. Debtor may have scheduled account as:  (See instruction #3a)	3b. Uniform Claim Identifier (optional):  (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:		Basis for perfection: _____
Value of Property: \$ _____		Amount of Secured Claim: \$ _____
Annual Interest Rate _____% <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount Unsecured: \$ _____
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<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 the case was filed or the debtor's business ceased, 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).  Amount entitled to priority: \$ _____
<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)(____).
*Amounts are subject to adjustment on 4/01/16 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. (See instruction #6)		

B10 (Official Form 10) (04/13)

2

7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). 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. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

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

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

I am the creditor.  I am the creditor's authorized agent.  I am the trustee, or the debtor, or their authorized agent.  I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)  
 (See Bankruptcy Rule 3004.)

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: Michael G. Mc Auliffe  
 Title: Attorney  
 Company: Law Office of Michael G. Mc Auliffe  
 Address and telephone number (if different from notice address above):  
 \_\_\_\_\_  
 \_\_\_\_\_

Michael G. Mc Auliffe 6/3/13  
 (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.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

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

Items to be completed in Proof of Claim form

**Court, Name of Debtor, and Case Number:**  
 Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

**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.

**3b. Uniform Claim Identifier:**  
 If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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. 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.

**7. 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 and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. 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.

**8. 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, 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.

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF NASSAU

Court Index No. *6 00916-13*  
Date Purchased: *4-12-13*

-----X  
MULLOOLY, JEFFREY,  
ROONEY & FLYNN, LLP,

SUMMONS

Plaintiff

Plaintiff's address:  
P. O. Box 9036  
Syosset, NY 11791-9036

against

SOUND SHORE MEDICAL CENTER  
OF WESTCHESTER;  
SOUND SHORE HEALTH SYSTEM, INC.,

Defendant's Address  
#1- 16 Guion Place  
New Rochelle, NY 10802  
#2- 12 North Seventh Avenue  
Mount Vernon, NY 10550

Defendant(s)

-----X  
The basis of the venue is:  
PLAINTIFF'S BUSINESS IS IN THE COUNTY

TO THE ABOVE NAMED DEFENDANT(S):

**YOU ARE HEREBY SUMMONED**

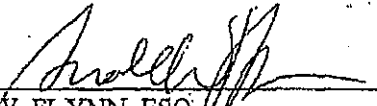
to answer the complaint in this action and to serve a copy of your answer on Plaintiff's Attorneys within the time provided by law as noted below.

DATED: April 9, 2013

MULLOOLY, JEFFREY, ROONEY & FLYNN LLP Attorneys for Plaintiff  
6851 Jericho Tpke, P.O. Box 9036, Syosset, NY 11791-9036 (516)656-5300

**NOTE: The law provides that:**

- (a) If this summons is served by its delivery to you personally within the State of New York you must appear and answer within twenty days after such service; or
- (b) If this summons is served by delivery to any person other than you personally or is served outside the State of New York or by publication, or by any means other than personal delivery to you within the State of New York you are allowed thirty days after service is complete to answer.

  
GERALD W. FLYNN, ESQ.  
MULLOOLY, JEFFREY, ROONEY & FLYNN LLP

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF NASSAU

-----X  
MULLOOLY, JEFFREY, ROONEY & FLYNN LLP,

Plaintiff,

Index No.

-against-

COMPLAINT

SOUND SHORE MEDICAL CENTER OF  
WESTCHESTER; SOUND SHORE HEALTH  
SYSTEM, INC.,

Defendants.  
-----X

Plaintiff, complaining of the defendants, respectfully alleges, upon information and belief, as follows:

1. That Plaintiff is a domestic limited liability partnership.
2. That Defendants are domestic corporations.

AS AND FOR A FIRST CAUSE OF ACTION  
AGAINST DEFENDANT, SOUND SHORE  
MEDICAL CENTER OF WESTCHESTER

3. That on or about April 27, 2010, the parties entered into a written contract wherein plaintiff would, inter alia, provide professional work, labor and services in the form of implant audit review billing and collection services to defendant. (Copy of contract is annexed hereto as Exhibit 'A').
4. That pursuant to said contract, plaintiff did provide extensive professional services between June, 2010 and February, 2013.



5. That among other things, the contract provided that plaintiff was to be paid 27% of implant collections it serviced, identified and billed, and upon which payments went directly to defendant.
6. That, pursuant thereto, monthly billing statements were provided each month to defendant.
7. That the following payments were made by defendants in accordance with the monthly statements dated:

<u>Statements Dated</u>	<u>Paid Date</u>	<u>Amount</u>
12/3/10, 5/3/11 and 6/6/11	9/8/11	\$9,593.11
4/5/11 and 1/4/11	7/21/11	\$8,309.8
7/30/10	3/29/11	\$6,006.78
10/15/10	6/7/11	\$8,484.35
9/2/10	10/5/10	\$844.40

8. That upon the payment of the fifth monthly statement, defendant was up to date through July 30, 2011.
9. That thereafter services were continually provided and monthly bills hand delivered to the defendant but defendant defaulted on said contract, leaving a balance due and owing of \$90,680.66.
10. That plaintiff duly performed all conditions on its part to be performed under the agreement.
11. That defendant failed to perform all conditions on its part to be performed under the agreement with plaintiff in that they did not pay for the work, labor and services performed and billed by the plaintiff in the sum of \$90,680.66.

12. That by reason of the foregoing, plaintiff has been damaged in the sum of \$90,680.66, no part of which has been paid although due and duly demanded.

AS AND FOR A SECOND CAUSE OF ACTION  
AGAINST BOTH DEFENDANTS

13. Plaintiff repeats, reiterates and realleges each and every allegation contained in Paragraphs "1" through "12" as if fully set forth at length herein.
14. That defendants were hand delivered the billing statements for the work labor and services performed by the plaintiff.
15. That defendants paid the invoices to the plaintiff up to and including June 6, 2011.
16. That thereafter, defendant received and retained the monthly billing statements which they never disputed but simply stopped paying, leaving an unpaid balance of \$90,680.66.
17. That by reason of the foregoing, an account has been stated between the plaintiff and the defendants in the amount of \$90,680.66.

AS AND FOR A THIRD CAUSE OF ACTION  
AGAINST DEFENDANT  
SOUND SHORE HEALTH SYSTEMS, INC.

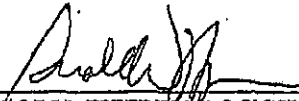
18. Plaintiff repeats, reiterates and realleges each and every allegation contained in Paragraphs "1" through "17" as if fully set forth at length herein.

19. That upon information and belief there is an intermingling of assets and work performed between the two defendant corporations.
20. That no express written contract exists between plaintiff and defendant, Sound Shore Health Systems, Inc.
21. That a contract implied in law exists, commonly referred to as quasi contract, in that this defendant was unjustly enriched by accepting plaintiff's work, labor and services performed.
22. That both health care corporations benefitted in that the plaintiff provided defendants work, labor and services to collect for surgical implants from June, 2010 through February, 2013.
23. That defendant accepted the work, labor and services and received payment for implants resulting from plaintiff's work, labor and services in the amount of \$458,959.24.
24. That defendant paid plaintiff's fee of 27% on \$123,105.27 but did receive an additional \$335,853.97 upon which defendants failed and refused to pay the 27% fee although due and duly demanded.
25. That defendant issued checks to plaintiff on its monthly bills up to and including June 6, 2011, paid on September 8, 2011.
26. That thereafter the defendants accepted plaintiff's work, labor and services and accepted their monthly invoices but defaulted in payment leaving a balance that is due and unpaid in the sum of \$90,680.66 representing the fair and reasonable value

of the implant audit review billing and collection services performed.

27. That by reason of the foregoing, the defendant has been unjustly enriched in the sum of \$90,680.66 as a result of its failure to pay for this work, labor and services it received and accepted.

**WHEREFORE**, the plaintiff demands judgment against the defendant, SOUND SHORE MEDICAL CENTER OF WESTCHESTER in the first and second causes of action for the amount of \$90,680.66.; and against the defendant, SOUND SHORE HEALTH SYSTEM, INC., on the second and third causes of action for the amount of \$90,680.66. with interest thereon from March 1, 2013, together with costs and disbursements of this action.



MULLOOLY, JEFFREY, ROONEY & FLYNN LLP  
By: GERALD W. FLYNN, ESQ.  
Attorney for Plaintiff  
6851 Jericho Turnpike  
P. O. Box 9036  
Syosset, New York 11791-9036  
Tel: 516-656-5300

[Redacted content consisting of approximately 10 horizontal lines]

**EXHIBIT "A"**

*Law Offices*

**MULLOOLY, JEFFREY, ROONEY & FLYNN LLP**

6851 Jericho Turnpike, Suite 220  
P.O. Box 9036  
Syosset, New York 11791-9036  
516-656-5300  
Fax 516-921-2131

NYC DEPT. OF CONSUMER  
AFFAIRS LICENSE #1255143

April 27, 2010

Ms. Rhonda Ruiz  
Assistant Vice President, Revenue Cycle  
Sound Shore Medical Center of Westchester  
16 Guion Place  
New Rochelle, NY 10802

Re:

1. MJRF Complimentary Implant Audit & Review Findings
2. MJRF Ongoing Implant Audit, Review & Collection Program

Dear Rhonda:

I would like to thank both you and Robin Ten Eyck for the courtesies extended that allowed me to perform and complete my audit in a mostly transparent fashion. The boxes of 'original' OR sheets from both hospital sites were excellent, and I am certain that none were missed, which is extremely important in this type of audit that uses the results of this 2-month implant audit and extrapolates the missing implant reimbursements to yield an estimated annual implant reimbursement impact in actual dollars. I have found that it is better to incorporate both the MJRF 'Complimentary' Implant Audit & Review findings plus the MJRF proposal within the same package as it allows you to reference specific issues and problems encountered more conveniently.

I do also sincerely appreciate the opportunity to present this proposal to Sound Shore Medical Center of Westchester, regarding the assistance that Mullooly, Jeffrey, Rooney & Flynn LLP (MJRF) will provide in performing an ongoing Implant Audit, Review & Collection Program. This proposal will outline our 'complimentary' implant audit & review findings, our scope and approach to the ongoing monthly Implant Audits, project team, processes, related contingent collection fee and implant program references. The required standard HIPAA Business Associate Agreement was signed by all prior to the initiation of the MJRF 'complimentary' implant review, and if acceptable, your signed approval at the end of this proposal is all that is necessary for us to begin the project. We can go also go back 9-12 months, to capture missing implant reimbursements.

**Implant Audit & Review Findings:**

The (MJRF) Implant Audit reviewed all the OR implant log sheets for the two-month period of December 2009 & January 2010 for both sites (Mt. Vernon Hospital (MVH) & Sound Shore Medical Center (SSMC)).

Our Implant Audit & Review discovered the following:

**Mt. Vernon Hospital:**

The great majority of accounts with implants were NYS Department of Correction (Prisoner), Medicare & Medicaid accounts, with a small number of managed care insurance accounts. There was no additional implant reimbursement for these types of payors and the managed care accounts that were audited in this sample. There does not appear to be any problems with unidentified implants at this site.

**Sound Shore Medical Center:**

The MJRF Implant Audit found that there were ~~(5) samples~~ within ~~(15,945.75)~~ from SSMC, within the ~~December 2009/January 2010~~ accounts that appeared to have implants that were:

- Unidentified/missing (not on at all): 10 accounts/some samples noted below
- Implants in the wrong revenue code: 04 accounts/some samples noted below
- Implants that were incorrectly priced/charged: 03 accounts/some samples noted below
- (FYI) Requiring additional review for accuracy: 05 accounts/samples noted below

**Unidentified/missing (not on at all):**

1. #54339064..(1) of (4) @\$452.00 #04.005.524S...\$452.00 X 50% = \$226.00 more.
2. #71617369..(1) of (2) Foot Staples missing @\$1,590.00 X 55%= \$874.50 more
3. #71617369 (1) Osteotech#P41120/est.cost=\$500.00 X 200%=\$1,000.00 X 55%=\$550.00 more.
4. #71619423 only (1) of (2) charged/missing \$1,590.00 X 50%=\$795.00 more
5. #71619456 only (1) of (2) charged/missing \$1,590.00 X 55%=\$874.50 more
6. #12923983 only (4) of (5) charged/missed: (est.charge)  
(missed) Stryker#5575-X-000/\$1,103.00X50%=\$550.50
7. #12925905 missed (2) cement @\$798.00@X2=\$1,596.00 X 50%=\$798.00 more

8. Charged (3) Large infuse BMP @\$10,479.00 = \$31,437.00 (estimated reimbursement Missed (2) Small Infuse BMP @7,200.00 est. = \$14,400.00 X 50% = \$7,200.00 more
9. Missed entire Hand Innovation/Depuy(J&J) charges./(20)plates+screws+pegs=  
\$2,910.00 X 200%=\$5,820.00 X55%=\$3,201.00 more
10. Integra Nerve Guide PNG-720 not on at all/Missing  
\$1,390.00 estimated price X (2)items= \$2,780.00 X 200%=\$5,560.00 X  
55%=\$3,058.00 more

Implants in the wrong revenue code:

1. #54339064 (2) Guidewire in R.C. 272/\$188.00+\$320.00=\$508.00 X 50%=\$254.00 more
2. #716198960 (1) USS #TEC1510 in R.C. 270 for \$613.00 X 50%=\$306.50 more
3. #71627681 (1) EndoButton in R. C. 270 S/be R.C. 278 \$479.00 X 55%=\$263.45 more
4. #71629059 (1) USS Tet1208DR In R.C 270 S/be R.C. 278 \$907.00 X55%=\$498.85more

Implants that were incorrectly priced/charged:

1. #71624944..Charged (2) @ \$1,590.00... problem is that the MMI Vendor Delivered Order Form has (2) different Unit Prices as follows: (1) @ \$1,125.00 X 200%=\$2,250.00 & (1) @\$795.00 X 200%=\$1,590.00/Total \$2,250.00-\$1,590.00=\$660.00X50%=\$330.00
2. #71625222..(2) charged wrong..(1) charged \$4.08....s/be chrgd.\$408.00=\$403.92+ (1) charged \$40.80..s/be chrgd.\$408.00=\$367.20 = \$771.22 X 55% = \$424.17 more
3. Charged \$624.00...instead of \$6,234.00.....\$5,610.00 X 50% = \$2,805.00 more

(FYI) Requiring additional review for accuracy: (No additional implant reimbursement)

1. #71628556 Charged \$1,782.00 Kirschner Wire/S/be charged \$178.20
2. #12921607 Automatic charge for DBX mix 20cc (\$6600) seems a bit high???
3. #54333604 Midas Rex Tool always charged in R.C.278 \$258.00/A tool & not implant?
4. #71611123 (3) Foot Staples charged@\$1,590.00/S/be only (2) charged
5. #54339981 ACF Spacer/Chrgd.\$1,817.00 X(2)=\$3,634.00/Need to verify price&markup?

There were (8) accounts in December 2009, representing about \$17,100.00 + (7) accounts in January 2010, representing about \$6,320.00, totaling about \$23,420.00 in additional implant reimbursements. There were also a few (FYI) accounts that need to be checked for accuracy. Based on our 2-month audit, implant audit findings & specific extrapolation, I estimate that an ongoing MJRF Implant Audit, Review & Collection program will have an annual collection impact of approximately \$120-\$160K & possibly more in additional potential implant reimbursements to (SSMC).



### Scope and Approach:

The scope of our (MJRF) Implant Audit, Review & Collection Program is to exam the effectiveness of the hospitals' process for appropriate OR implant charging, comparison to OR implant logs, implant identification & verification, individual billing, follow-up and subsequent payment of the separate implant (add-on) reimbursement. MJRF will audit monthly all OR implant logs, and compare them to the patient accounting system to determine if correctly charged, if not charged, if missing a charge or incorrectly priced and/or charged to the wrong revenue code. Even a small percentage of unidentified implant amounts can yield significant collections on an annual basis. Implants charged to the wrong revenue code are not accepted by the payors & almost never paid and accounts aged over 6 months from payment date are routinely denied as untimely.

MJRF will assist the Sound Shore Medical Center of Westchester, on an ongoing monthly basis, in preparing and securing implant reimbursement for all allowable implant costs and/or implant (POC%) charges (dependent upon the payor), from the appropriate third-party payors that were not previously identified and/or charged (minimum of 2 months) and/or previously identified, billed and unpaid over three (3) months from date of service (minimum of 3 months), for as long as the MJRF Implant Audit, Review & Collection Program remains effective. Historically, most hospitals collect the surgical component within 30-40 days. All accounts that are unpaid as of the audit date will not be processed for the implant component until the surgical component is paid. An added feature of this program is that we can go back, approximately 9-12 months, to re-check all implant accounts for any potentially unpaid implant components to maximize reimbursement. You stated that your Billing Department already went back and re-billed all the implant charges; however, your re-billing project most likely did not audit unidentified implants that can now be potentially identified and billed to capture these missing implant charges and yield additional implant reimbursement(s).

The tasks that will be associated with this program are as follows:

- Review all third-party contractual agreements in effect to identify additional implant reimbursement(s);
- Compare OR implant log sheets to patient accounts notes & revenue code charge summaries & itemizations to identify all accounts with implant charge capture opportunities;
- Individually review each account identified and acknowledge accounts;
- Accounts missing implant charges will be appropriately investigated, charged, using implant invoices and/or accessing the detailed charges and re-billed;
- Follow-up and collect on all implant billings within project scope;
- Provide monthly activity reports on status and remittance reports with copies of the patient account implant payment attached; and

- Periodic presentations of the MJRF Implant Audit, Review & Collection Report to management; and suggestions for improvement, if any.

**Project Team, Processes and Related Contingent Collection Fees:**

I will personally provide & manage the necessary A/R hospital review expertise during the financial triaging of the OR implant log sheets and account notes review process. I am prepared to initiate this (MJRF) implant Audit, Review & Collection Program and required time commitment immediately upon your signed approval. The contingent collection fee for this implant audit, review and collection program would be based on a contingency of thirty percent (30.0%) of implant reimbursements received relative to our program. Also, we only charge for the implant component collection, even if we periodically assist in the collection of the daily surgical per diem. In addition, if the hospital uses another MJRF product, the contingent collection fee is reduced to twenty-five (25.0%).

(MJRF) would be responsible for the monthly implant audit & review of all OR implant sheets, comparison to the Patient Accounting Department computer system (and/or remote access) to determine eligible implant amounts, documentation of accounts notes and UB's, acquisition of the implant invoices on all accounts, billing, re-billing and/or follow-up of the implant component collection. There are no other costs billable to the hospital for our Implant Audit, Review & Collection Program other than the contingent collection fees on the implant component payment.

27%  
R.  
27.50  
OK  
M/1/13  
M/1/13

**MJRF Implant Program References:**

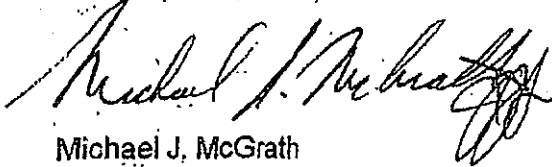
Currently, we provide similar (MJRF) Implant Audit, Review & Collection Programs for a number of hospitals and some Hudson Valley hospitals including:  
 The Health-Quest System: Northern Dutchess Hospital, Putnam Hospital Center and Vassar Brothers Medical Center – contact Debbie Marcellus, AVP-PFS: 845-475-9980;  
 Nyack Hospital – contact Alfredo Waldron, Admin, PFS or John Burke, CFO;  
 Phelps Memorial Hospital Center – contact Matt Knaus, DPA: 914-366-3140;  
 St. Lukes-Cornwall Hospital – contact Monique Ortiz: 845-458-4927; and  
 Huntington Hospital – contact Yvonne Savage, DPA: 631-425-4287

**Confidentiality of Patient and Provider Information:**

Mullooly, Jeffrey, Rooney & Flynn LLP (MJRF) recognizes that Sound Shore Medical Center of Westchester has patient health information and other proprietary information (collectively "information"), which are valuable, special, and unique assets of Sound Shore Medical Center of Westchester. (MJRF) recognizes that the individuals whose protected health information is disclosed under contract are intended third-party beneficiaries of the contract. (MJRF) will not divulge, disclose, or communicate in any manner any information to any third-party without prior written consent. (MJRF) will protect the information and treat it as strictly confidential; (MJRF) will abide by the requirements of 42 CFR, Part 164.506, Standard of Privacy of Identifiable Health Information: Final Rule.

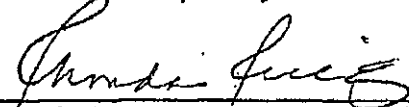
Thank you for taking the time to discuss this program and for considering our firm for this very important & ongoing project. If you would like additional information and/or clarification, please contact me at 516-656-5374 or [mmcgrath5374@aol.com](mailto:mmcgrath5374@aol.com) to schedule a meeting. Upon receipt of the signed agreement below, I will initiate the coordination the (MJRF) Implant Audit, Review & Collection Program. I thank you for the opportunity to be of service.

Sincerely,



Michael J. McGrath  
Director of Medical Services  
Mullooly, Jeffrey, Rooney & Flynn LLP (MJRF)  
6851 Jericho Turnpike, Suite 220  
Syosset, New York 11791

X Agreed and Accepted by Sound Shore Medical Center of Westchester:

  
Rhonda Ruiz, Assistant Vice President, Revenue Cycle

5/7/10  
Date

  
Albert Farina, Chief Financial Officer

5/13/10  
Date





**New York State Department of Taxation and Finance**

Bankruptcy Section  
P O Box 5300  
Albany NY 12205-0300

(518) 457-3160

Statement date: 1/7/2014

Amendment: 1st

Case number: 13-22840 RDD

Refer to this number for inquiries

Total claim amount: \$324,688.97

Taxpayer ID#: B-13-1740117-8

B-13-1740117-01-5

B-13-1740117-02-2

**Pre-Petition Proof of Claim**

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK  
SOUND SHORE MEDICAL CTR OF WESTCHESTER  
c/o GCG, INC.  
1985 MARCUS AVENUE SUITE 200  
LAKE SUCCESS, NY 10042



This is a statement of tax liabilities for SOUND SHORE MEDICAL CENTER OF WESTCHESTE, SOUND SHORE MEDICAL CENTER OF WESTCHESTE and NEW ROCHELLE HOSPITAL MEDICAL CENTER. Penalty and interest for each liability is computed to 5/29/2013.

**Unsecured Priority Liabilities**

Tax Type	Period End	Notice Number	Tax	Penalty	Interest	Total	Type
CORP	12/31/93	L-040642701-4	1,000.00	0.00	3,901.67	4,901.67	EST
CORP	12/31/07	L-040642684-9	1,000.00	0.00	565.19	1,565.19	EST
WITHLD	03/31/12	L-038373093-1	0.00	0.00	646.70	646.70	EST
WITHLD	03/31/12	L-039136966-7	0.00	0.00	62,426.90	62,426.90	ACT
WITHLD	03/31/12	L-039182102-1	58,917.55	0.00	4,954.64	63,872.19	ACT
WITHLD	05/30/12	L-038406605-3	50.00	0.00	0.00	50.00	ACT
WITHLD	06/30/12	L-038693709-2	0.00	0.00	473.13	473.13	ACT
WITHLD	06/30/12	L-039119748-3	57,935.23	0.00	3,695.99	61,631.22	ACT
WITHLD	06/30/12	L-039136967-6	0.00	0.00	31,409.04	31,409.04	ACT
WITHLD	09/30/12	L-039119749-2	64,592.19	0.00	2,474.83	67,067.02	ACT
WITHLD	09/30/12	L-039136968-5	0.00	0.00	6,122.63	6,122.63	ACT
WITHLD	12/31/12	L-039164860-8	3,927.72	0.00	95.56	4,023.28	ACT
SubTotal #						304,188.97	

**General Unsecured Liabilities**

Tax Type	Period End	Notice Number	Tax	Penalty	Interest	Total	Type
CORP	12/31/93	L-040642701-4	0.00	250.00	0.00	250.00	EST
CORP	12/31/07	L-040642684-9	0.00	250.00	0.00	250.00	EST
WITHLD	03/31/12	L-038373093-1	0.00	10,000.00	0.00	10,000.00	EST

(Continued on back)

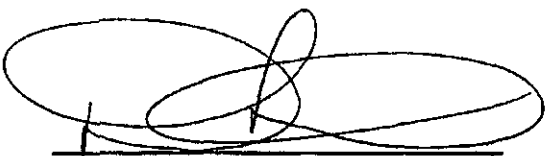
FILED - 01137  
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK  
SOUND SHORE MEDICAL CENTER OF WESTCHESTER  
ROBERT D. DRAIN

**Pre-Petition Proof of Claim** (continued)

**General Unsecured Liabilities (Continued)**

Tax Type	Period End	Notice Number	Tax	Penalty	Interest	Total	Type
WITHLD	06/30/12	L-038693709-2	0.00	10,000.00	0.00	10,000.00	ACT
					SubTotal *	20,500.00	

This claim amends and supercedes the previous claim dated 6/10/2013.  
Current Annual Interest Rates by Tax Type: Corporation - 7.5%, Withholding - 7.5%  
Liability Type Descriptions: EST - Estimated (No Return Filed), ACT - Actual Return Filed



ENV-1 (6/96)

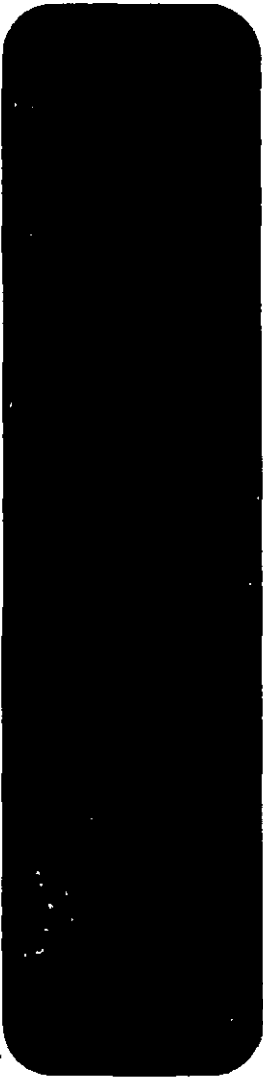
State of New York

Department of Taxation and Finance

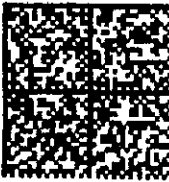
W A Hartman Campus

Albany NY 12227

Bankruptcy Unit



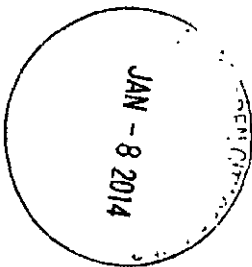
PRESORTED  
FIRST CLASS



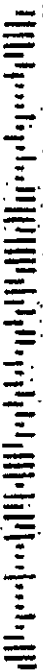
02 1R  
0002011662  
MAILED FROM ZIP CODE 12183

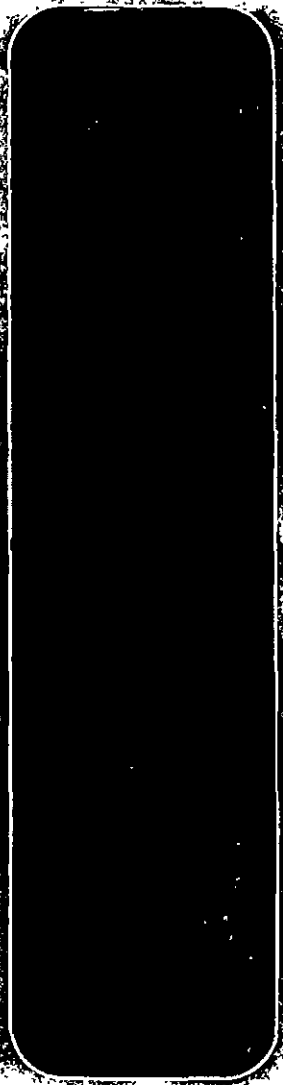


\$ 00.384  
JAN 06 2014



KAPJSAB 11042





REDACTED

From: (631) 470-5153  
Andrea Mallick  
The Garden City Group, Inc.  
1985 Marcus Avenue

Origin ID: TKLA



J13201306280326

Lake Success, NY 11042

Ship Date: 08JAN14  
ActWgt: 2.0 LB  
CAD: 100098143/NET3430

Delivery Address Bar Code



SHIP TO: (614) 289-5400  
Mr. Matt Michalak  
GCG-Ohio Office  
5151 BLAZER PKWY STE A

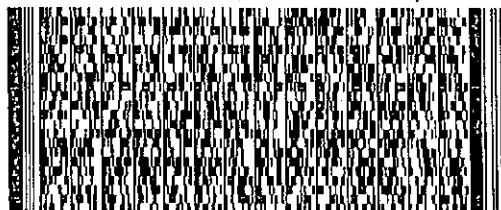
BILL SENDER

Ref # -ssm-  
Invoice #  
PO #  
Dept #

DUBLIN, OH 43017

THU - 09 JAN AA  
STANDARD OVERNIGHT

TRK# 7975 8519 9849  
0281



XX OSUA

43017  
OH-US  
LCK



51AG106EC1A0E

After printing this label:

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number. Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.



09-16-13 A10:27 IN

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
Name of Debtor (Check Only One): <input type="checkbox"/> Sound Shore Medical Center of Westchester <input type="checkbox"/> The Mount Vernon Hospital, Inc. <input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center <input type="checkbox"/> The M.V.H. Corporation <input checked="" type="checkbox"/> Sound Shore Health System, Inc. <input type="checkbox"/> NRHMC Services Corporation <input type="checkbox"/> New Rochelle Sound Shore Housing, LLC	Case No. 13-22840 13-22841 13-22842 13-22843 13-22844 13-22845 13-22846	Your Claim is Scheduled As Follows:  <div style="text-align: center; border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">                         THE GARDEN CITY GROUP, INC.                          SEP 16 2013                     </div>
NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <b>Noah Joseph Smith, An Infant By His M/N/G. Amanda Thompson</b>	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.	
Name and address where notices should be sent:  <b>John M. Daly, Esq.                      Fitzgerald &amp; Fitzgerald, P.C.                      538 Riverdale Avenue                      Yonkers, New York 10705</b>	Court Claim Number:  _____ (if known)	
Telephone number: (914) 378-1010 Email Address: <a href="mailto:jdaly@lawfitz.com">jdaly@lawfitz.com</a>	Filed on: _____	
Name and address where payment should be sent (if different from above):  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 this claim. Attach copy of statement giving particulars.	
1. Amount of Claim as of Date Case Filed (May 29, 2013): 5. <u>undetermined</u>		
<small>FILED - 08759                      U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK                      SOUND SHORE MEDICAL CENTER OF WESTCHESTER                      ROBERT D. DRAIN</small>		
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6.		
<input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Medical Malpractice</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies Debtor: _____	3a. Debtor may have scheduled account as:  _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional):  _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.	Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____	
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other	Basis for perfection: _____	
Describe: _____	Amount of Secured Claim: \$ _____	
Value of Property: \$ _____	Amount Unsecured: \$ _____	
Annual Interest Rate _____% <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)	5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.	
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <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"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).
* Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Claim Pursuant to 11 U.S.C. § 503(b)(9): Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____		
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)		

Modified B10 (GCG) (04/15)

8. Documents: Attached are 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, and the 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) Check the appropriate box.  
 I am the creditor  I am the creditor's authorized agent  I am the trustee, or the Debtor, or their authorized agent (See Bankruptcy Rule 3004)  I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)  
 (Attach 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: John M. Daly, Esq. September 13, 2013  
 Title: Attorney (Signature) (Date)  
 Company: Fitzgerald & Fitzgerald, P.C.  
 Address and telephone number (if different from notice address above):  
538 Riverdale Avenue  
Yonkers, New York 10705  
 Telephone number: (914) 378-1010 email: jdaly@lawfitz.com

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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM.**

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: IF BY MAIL: Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9932, Dublin, Ohio 43017-5982. IF BY HAND OR OVERNIGHT COURIER: Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)  
 THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)

**Items to be completed in Proof of Claim Form**

**Court, Name of Debtor, and Case Number:**  
 These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.

**A SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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.

**3b. Uniform Claim Identifier:**  
 If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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 your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9):**  
 If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

**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 healthcare 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

INFORMATION

**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 to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).

**Claim**  
A claim is the creditor's right to receive payment for a debt 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 GCG as described in the instructions above and in the Bar Date Notice.

**Section 503(b)(9) Claim**  
A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**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.

**Acknowledgment of Filing of Claim**  
To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.

**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.

**Display of Proof of Claim on Case Administration Website**  
As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.

1/28/13

**CONTINGENT FEE  
RETAINER AGREEMENT  
Between  
FITZGERALD & FITZGERALD, P.C.  
And**

Amanda Thompson Client/Guardian/Administrator

On Behalf Of Noah Joseph Smith

For Injuries Sustained As a Result of Lead Paint Poisoning

In the County of Westchester State of New York on or about     /     /    

Client(s) request and authorize Fitzgerald & Fitzgerald, P.C., a Professional Corporation, ("F&F") to represent Client(s) as legal counsel for all purposes in connection with injuries and damages arising out of an incident noted above on the following conditions:

1. F&F will devote their full professional abilities to the case and Client(s) agree to fully cooperate with F&F. F&F will not settle case without approval from Client(s) in writing, except as provided in Paragraph 6. Associates or outside counsel may be employed at the discretion and expense of F&F. Client(s) authorize the retention of co-counsel or outside counsel on a sharing of the contingent fees set forth below.

2. **CONTINGENT FEES** – In consideration of the services rendered and to be rendered, Client(s) agree to pay and F&F is authorized to retain out of any monies that may come into their possession by reason of the above claim one third (33 1/3%) of the net settlement or award. Fees shall be computed on the net sum after deducting costs. But for the following or similar items, there shall be no deduction in computing fees: Liens, (including attorney's liens for Appeals or other services. See Paragraphs 8 & 9), assignments or claims in favor of health care providers, self insurers or carriers.

3. In the event of substitution of Attorneys, F&F shall be entitled to immediate repayment of all disbursements. F&F may elect to receive as compensation either (a) a quantum meruit sum which shall be paid immediately and prior to the transfer of the file; or (b) a percentage of the contingent fee to be calculated upon the disposition of the case.

4. **IN THE EVENT OF NO RECOVERY, CLIENT(S) SHALL OWE ATTORNEYS NOTHING FOR SERVICES RENDERED.**

5. **COSTS OF LITIGATION** – Client(s) understand that F&F may not ethically pay the cost of litigation without recourse to Client(s). Said costs may include some or all of the following: investigation; finding and retention of medical and technical experts; court costs; stenographic services; telephone, postage, and copying costs; photographs; computerized legal and medical research; trial exhibits; attorney expenses; document search and retrieval; and document storage and management. Client(s) shall advance the costs of litigation.

6. **CLIENT(S) AGREE THAT ATTORNEYS HAVE MADE NO PROMISES OR GUARANTEES REGARDING THE OUTCOME OF CLIENT'S CLAIM.** Client(s) understand F&F will investigate Client's claim and, if after so investigating, claim does not appear to them to have merit, or in the event that it appears defendants have no insurance coverage, then F&F shall have the right to cancel this agreement.

7. **CLIENT DEFINITION** – The "client" is the injured person. If the injured person is an infant or incompetent, then the client must be represented by a parent, guardian, or administrator and all settlements must be approved by the court. The parent, guardian, or administrator acts as a plaintiff in a representative capacity. Unless otherwise agreed in writing, attorneys will not be representing parents, guardians, or administrators in derivative actions or actions for the recovery of economic losses in caring for the injured client.

8. **APPEALS** – F&F is not obligated to take Appeals or defend against Appeals. F&F agrees to assist Client(s) in locating and retaining appellate counsel. Fees charged by appellate counsel shall be paid by Client(s) and in the event appellate counsel agrees to a contingent fee or to defer collection of fees, these appellate counsel fees shall be treated as liens and not expenses. (See Paragraph 2)

9. **OTHER SERVICES** – In the event that F&F is requested to and does perform services for Client(s) that are not directly related to the third party tort action for personal injury, then those services, unless otherwise agreed, shall be performed at the usual hourly rates of attorneys (range \$200 - \$500) and shall be paid in advance or shall be a lien on the file. Said services may include but are not limited to services in connection with Personal Injury Protection (no fault) benefits, landlord-tenant actions, lien disputes, guardianship proceedings, or proceedings before the Surrogates Court.

10. **POWER OF ATTORNEY** – Client(s) grant F&F and James P. Fitzgerald authority to take all action that attorneys deem necessary, including the authority to execute all instruments and to negotiate Client's claim. Client(s) understand that medical records (including records relating to psychiatric treatment, substance abuse treatment, or HIV testing and treatment), school, employment, and government agency records must be obtained and exchanged.

with the defendants during litigation and that health care providers, Medicaid/Medicare, HMOs, schools, employers, and governmental agencies require authorizations to release these records. Client(s) grant F&F and its employees the authority to issue the necessary authorizations, including the authority to affix facsimile of Client's signatures in order to obtain and exchange the records necessary to litigate the case. The F&F witnesses to this agreement are also granted power of attorney to obtain and exchange said records.

**MEDICAL MALPRACTICE ADDENDUM**

11. Client(s) understand that attorneys are not undertaking to represent them in any case involving a vaccination. Vaccination injuries are covered by the National Vaccine Injury Compensation Program and are brought in the United States Court of Federal Claims ([www.uscfc.com](http://www.uscfc.com)). Client(s) understand that attorneys will not be referring this case to an attorney handling such cases.

12. Client(s) have discussed the Medical Malpractice Sliding Scale Attorney Fees with a representative of F&F and understand that the Attorney Fees are restricted, under Judiciary Law § 474-a, as follows: 30% of the first \$250,000.00; 25% of the next \$250,000.00; 20% of the next \$500,000.00; 15% of the next \$250,000.00; 10% of anything over \$1,250,000.00; unless otherwise ordered by the Court.

13. If the case is tried or if any appeal is taken, clients will support F&F's application to the court for an enhanced fee; provided that the request does not exceed 30% of the net sum recovered.

DATED: 3/19/2013

AGREED TO BY:

INTERPRETED BY:

X *Amanda Thompson* Client/  
Guardian/  
Administrator  
Amanda Thompson

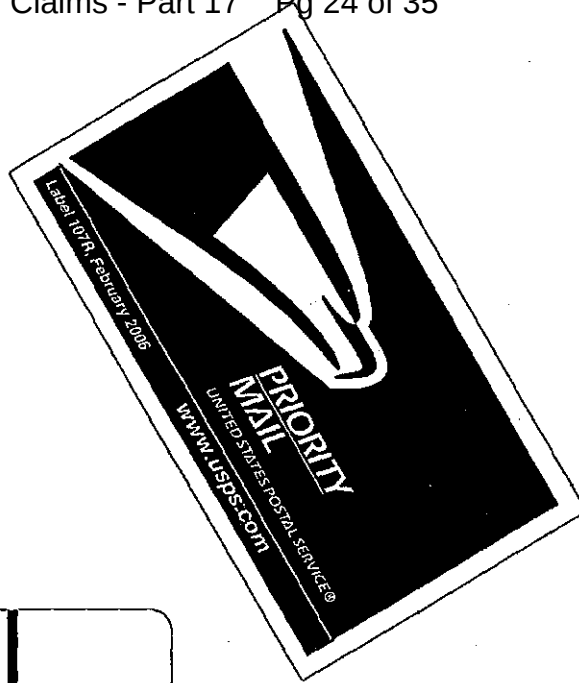
X \_\_\_\_\_  
Print Name:

WITNESSED BY:

FITZGERALD & FITZGERALD, P.C.

X *[Signature]*  
Print Name:

By: James P. Fitzgerald

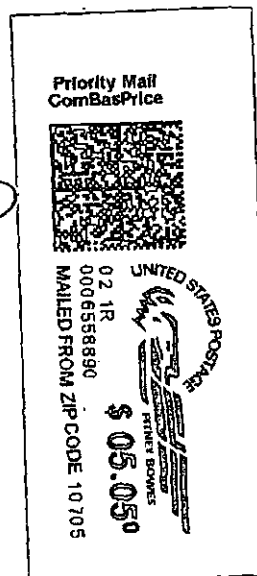


**FITZGERALD & FITZGERALD, P.C.**  
 538 Riverdale Avenue  
 YONKERS, NEW YORK 10705-3535  
 (914) 378-1010 *JTL/AJ/12*

---

**TO** Sound Shore Medical Center  
 of Westchester, et al.  
 c/o GCG, Inc.  
 P. O. Box 9982  
 Dublin, Ohio 43017-5982

*WJ*



09-16-13 P01:24 IN

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
<p>Name of Debtor (Check Only One):  <input checked="" type="checkbox"/> Sound Shore Medical Center of Westchester  <input type="checkbox"/> The Mount Vernon Hospital, Inc.  <input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center  <input type="checkbox"/> The M.V.H. Corporation  <input type="checkbox"/> Sound Shore Health System, Inc.  <input type="checkbox"/> NRHMC Services Corporation  <input type="checkbox"/> New Rochelle Sound Shore Housing, LLC</p>	<p>Case No.                  13-22840                  13-22841                  13-22842                  13-22843                  13-22844                  13-22845                  13-22846</p>	<p>Your Claim Is Scheduled As Follows:</p> <div style="text-align: center; border: 1px solid black; border-radius: 50%; width: 100px; margin: 20px auto; padding: 5px;">                 THE GARDEN CITY GROUP                  SEP 16 2013             </div> <p>If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.</p>
<p>NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).</p>		
<p>Name of Creditor (the person or other entity to whom the Debtor owes money or property): <b>Noah Joseph Smith, An Infant By His M/N/G Amanda Thompson</b></p>	<p><input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.</p>	
<p>Name and address where notices should be sent:  <b>John M. Daly, Esq.                  Fitzgerald &amp; Fitzgerald, P.C.                  538 Riverdale Avenue                  Yonkers, New York 10705</b></p> <p>Telephone number: <b>(914) 378-1010</b>                  Email Address: <b>jdaly@lawfitz.com</b></p>	<p>Court Claim Number: _____                  (If known)</p> <p>Filed on: _____</p>	
<p>Name and address where payment should be sent (if different from above):                  FILED - 8818                  U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK                  SOUND SHORE MEDICAL CENTER OF WESTCHESTER                  ROBERT D. DRAIN</p>	<p><input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.</p>	
<p>1. Amount of Claim as of Date Case Filed (May 29, 2013): 5. <u>undetermined</u></p> <p>If all or part of the claim is secured, complete item 4.</p> <p>If all or part of the claim is entitled to priority, complete item 5.</p> <p>If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6.</p> <p><input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.</p>		
<p>2. Basis for Claim: <u>Medical Malpractice</u>                  (See instruction #2)</p>		
<p>3. Last four digits of any number by which creditor identifies Debtor: _____</p>	<p>3a. Debtor may have scheduled account as: _____                  (See instruction #3a)</p>	<p>3b. Uniform Claim Identifier (optional): _____                  (See instruction #3b)</p>
<p>4. Secured Claim (See instruction #4). Check the appropriate box if the claim is secured by a lien on property, or a right of setoff, attach required redacted documents, and provide the requested information.</p> <p>Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other</p> <p>Describe: _____</p> <p>Value of Property: \$ _____</p> <p>Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)</p> <p>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____</p> <p>Basis for perfection: _____</p> <p>Amount of Secured Claim: \$ _____</p> <p>Amount Unsecured: \$ _____</p>		
<p>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</p> <p><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 the case was filed or the Debtor's business ceased, 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"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).</p> <p><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).</p> <p>Amount entitled to priority: \$ _____</p> <p>*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</p>		
<p>6. Claim Pursuant to 11 U.S.C. § 503(b)(9): Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____</p>		
<p>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)</p>		



Modified B10 (GCG) (04/13)

8. Documents: Attached are 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, and the 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) Check the appropriate box.  
 I am the creditor  I am the creditor's authorized agent  I am the trustee, or the Debtor, or their authorized agent (See Bankruptcy Rule 3004)  I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)  
 (Attach 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: John M. Daly, Esq. September 13, 2013  
 Title: Attorney (Signature) (Date)  
 Company: Fitzgerald & Fitzgerald, P.C.  
 Address and telephone number (if different from notice address above):  
538 Riverdale Avenue  
Yonkers, New York 10705  
 Telephone number: (914) 378-1010 email: jdaly@lawfitz.com

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.

INSTRUCTIONS FOR PROOF OF CLAIM FORM.

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: IF BY MAIL: Sound Shore Medical of Westchester, et al, c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. IF BY HAND OR OVERNIGHT COURIER: Sound Shore Medical of Westchester, et al, c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)  
 THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)

Items to be completed in Proof of Claim Form

Court, Name of Debtor, and Case Number:  
 These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim:  
**ADSEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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 Schemed 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.

3b. Uniform Claim Identifier:  
 If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

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 your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9):  
 If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

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 healthcare 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

INFORMATION

**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 to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).

**Claim**

A claim is the creditor's right to receive payment for a debt 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 GCG as described in the instructions above and in the Bar Date Notice.

**Section 503(b)(9) Claim**

A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**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.

**Acknowledgment of Filing of Claim**

To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.

**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.

**Display of Proof of Claim on Case Administration Website**

As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.

1/28/13

**CONTINGENT FEE  
RETAINER AGREEMENT**  
Between  
**FITZGERALD & FITZGERALD, P.C.**  
And

Amanda Thompson Client/Guardian/Administrator

On Behalf Of Noah Joseph Smith

For Injuries Sustained As a Result of Lead Paint Poisoning

In the County of Westchester State of New York on or about \_\_\_ / \_\_\_ / \_\_\_\_\_

Client(s) request and authorize Fitzgerald & Fitzgerald, P.C., a Professional Corporation, ("F&F") to represent Client(s) as legal counsel for all purposes in connection with injuries and damages arising out of an incident noted above on the following conditions:

1. F&F will devote their full professional abilities to the case and Client(s) agree to fully cooperate with F&F. F&F will not settle case without approval from Client(s) in writing, except as provided in Paragraph 6. Associates or outside counsel may be employed at the discretion and expense of F&F. Client(s) authorize the retention of co-counsel or outside counsel on a sharing of the contingent fees set forth below.

2. **CONTINGENT FEES** - In consideration of the services rendered and to be rendered, Client(s) agree to pay and F&F is authorized to retain out of any monies that may come into their possession by reason of the above claim one third (33 1/3%) of the net settlement or award. Fees shall be computed on the net sum after deducting costs. But for the following or similar items, there shall be no deduction in computing fees: Liens, (including attorney's liens for Appeals or other services. See Paragraphs 8 & 9), assignments or claims in favor of health care providers, self insurers or carriers.

3. In the event of substitution of Attorneys, F&F shall be entitled to immediate repayment of all disbursements. F&F may elect to receive as compensation either (a) a quantum meruit sum which shall be paid immediately and prior to the transfer of the file; or (b) a percentage of the contingent fee to be calculated upon the disposition of the case.

4. **IN THE EVENT OF NO RECOVERY, CLIENT(S) SHALL OWE ATTORNEYS NOTHING FOR SERVICES RENDERED.**

5. **COSTS OF LITIGATION** – Client(s) understand that F&F may not ethically pay the cost of litigation without recourse to Client(s). Said costs may include some or all of the following: investigation; finding and retention of medical and technical experts; court costs; stenographic services; telephone, postage, and copying costs; photographs, computerized legal and medical research; trial exhibits; attorney expenses; document search and retrieval; and document storage and management. Client(s) shall advance the costs of litigation.

6. **CLIENT(S) AGREE THAT ATTORNEYS HAVE MADE NO PROMISES OR GUARANTEES REGARDING THE OUTCOME OF CLIENT'S CLAIM.** Client(s) understand F&F will investigate Client's claim and, if after so investigating, claim does not appear to them to have merit, or in the event that it appears defendants have no insurance coverage, then F&F shall have the right to cancel this agreement.

7. **CLIENT DEFINITION** – The "client" is the injured person. If the injured person is an infant or incompetent, then the client must be represented by a parent, guardian, or administrator and all settlements must be approved by the court. The parent, guardian, or administrator acts as a plaintiff in a representative capacity. Unless otherwise agreed in writing, attorneys will not be representing parents, guardians, or administrators in derivative actions or actions for the recovery of economic losses in caring for the injured client.

8. **APPEALS** – F&F is not obligated to take Appeals or defend against Appeals. F&F agrees to assist Client(s) in locating and retaining appellate counsel. Fees charged by appellate counsel shall be paid by Client(s) and in the event appellate counsel agrees to a contingent fee or to defer collection of fees, these appellate counsel fees shall be treated as liens and not expenses. (See Paragraph 2)

9. **OTHER SERVICES** – In the event that F&F is requested to and does perform services for Client(s) that are not directly related to the third party tort action for personal injury, then those services, unless otherwise agreed, shall be performed at the usual hourly rates of attorneys (range \$200 - \$500) and shall be paid in advance or shall be a lien on the file. Said services may include but are not limited to services in connection with Personal Injury Protection (no fault) benefits, landlord-tenant actions, lien disputes, guardianship proceedings, or proceedings before the Surrogates Court.

10. **POWER OF ATTORNEY** – Client(s) grant F&F and James P. Fitzgerald authority to take all action that attorneys deem necessary, including the authority to execute all instruments and to negotiate Client's claim. Client(s) understand that medical records (including records relating to psychiatric treatment, substance abuse treatment, or HIV testing and treatment), school, employment, and government agency records must be obtained and exchanged

with the defendants during litigation and that health care providers, Medicaid/Medicare, HMOs, schools, employers, and governmental agencies require authorizations to release these records. Client(s) grant F&F and its employees the authority to issue the necessary authorizations, including the authority to affix facsimile of Client's signatures in order to obtain and exchange the records necessary to litigate the case. The F&F witnesses to this agreement are also granted power of attorney to obtain and exchange said records.

MEDICAL MALPRACTICE ADDENDUM

11. Client(s) understand that attorneys are not undertaking to represent them in any case involving a vaccination. Vaccination injuries are covered by the National Vaccine Injury Compensation Program and are brought in the United States Court of Federal Claims ([www.uscfc.com](http://www.uscfc.com)). Client(s) understand that attorneys will not be referring this case to an attorney handling such cases.

12. Client(s) have discussed the Medical Malpractice Sliding Scale Attorney Fees with a representative of F&F and understand that the Attorney Fees are restricted, under Judiciary Law § 474-a, as follows: 30% of the first \$250,000.00; 25% of the next \$250,000.00; 20% of the next \$500,000.00; 15% of the next \$250,000.00; 10% of anything over \$1,250,000.00; unless otherwise ordered by the Court.

13. If the case is tried or if any appeal is taken, clients will support F&F's application to the court for an enhanced fee; provided that the request does not exceed 30% of the net sum recovered.

DATED: 2/19/2013

AGREED TO BY:

X Amanda Thompson  
Client/  
Guardian/  
Administrator

INTERPRETED BY:

X  
Print Name:

WITNESSED BY:

X  
Print Name:

FITZGERALD & FITZGERALD, P.C.

By: James P. Fitzgerald

From: (914) 378-1010  
John M. Daly  
Fitzgerald & Fitzgerald, P.C.  
538 Riverdale Ave  
Yonkers, NY 10705

Origin ID NNKA



Ship Date: 13SEP13  
ActWgt: 10 LB  
CAD: 100234614/NET3430

Delivery Address Bar Code



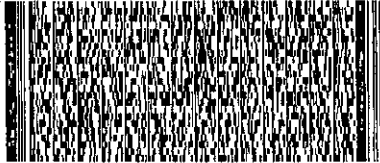
SHIP TO: (914) 378-1010  
WHOM IT MAY CONCERN  
SOUND SHORE MED CTR OF WESTCHESTER  
5151 BLAZER PARKWAY  
SUITE A  
DUBLIN, OH 43017

BILL SENDER

Ref # JMD  
Invoice #  
PO #  
Dept #

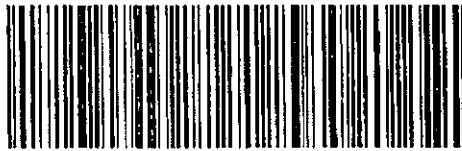
MON - 16 SEP AA  
STANDARD OVERNIGHT

TRK# 7966 8830 5630  
0201



SB OSUA

43017  
OH-US  
LCK



514314ZSS01ABE

After printing this label:

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

09-16-13 P01:25 IN

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
<p>Name of Debtor (Check Only One):</p> <p><input type="checkbox"/> Sound Shore Medical Center of Westchester</p> <p><input type="checkbox"/> The Mount Vernon Hospital, Inc.</p> <p><input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center</p> <p><input type="checkbox"/> The M.V.H. Corporation</p> <p><input checked="" type="checkbox"/> Sound Shore Health System, Inc.</p> <p><input type="checkbox"/> NRRMC Services Corporation</p> <p><input type="checkbox"/> New Rochelle Sound Shore Housing, LLC</p>	<p>Case No.</p> <p>13-22840</p> <p>13-22841</p> <p>13-22842</p> <p>13-22843</p> <p>13-22844</p> <p>13-22845</p> <p>13-22846</p>	<p>Your Claim is Scheduled As Follows:</p> <div style="text-align: center; border: 2px solid black; border-radius: 50%; width: 150px; height: 150px; margin: 20px auto;"> <p style="text-align: center; font-weight: bold;">THE GARDEN CITY GROUP</p> <p style="text-align: center; font-weight: bold;">SEP 16 2013</p> </div> <p>If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.</p>
<p><b>NOTE:</b> Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).</p>		
<p>Name of Creditor (the person or other entity to whom the Debtor owes money or property): <b>Noah Joseph Smith, An Infant By His M/N/G. Amanda Thompson</b></p> <p>Name and address where notices should be sent:</p> <p><b>John M. Daly, Esq.</b>  <b>Fitzgerald &amp; Fitzgerald, P.C.</b>  <b>538 Riverdale Avenue</b>  <b>Yonkers, New York 10705</b></p> <p>Telephone number: (914) 378-1010                  Email Address: <a href="mailto:jdaly@lawfitz.com">jdaly@lawfitz.com</a></p>	<p><input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.</p> <p>Court Claim Number: _____</p> <p>(If known)</p> <p>Filed on: _____</p>	
<p>Name and address where payment should be sent (if different from above):</p> <p style="text-align: center; font-size: small;">FILED - 00817                  U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK                  SOUND SHORE MEDICAL CENTER OF WESTCHESTER                  ROBERT D. DRAIN</p> <p>Telephone number: _____                  Email Address: _____</p>	<p><input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.</p>	
<p>1. Amount of Claim as of Date Case Filed (May 29, 2013): \$ <u>undetermined</u></p> <p>If all or part of the claim is secured, complete item 4.</p> <p>If all or part of the claim is entitled to priority, complete item 5.</p> <p>If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6.</p> <p><input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.</p>		
<p>2. Basis for Claim: <u>Medical Malpractice</u></p> <p>(See instruction #2)</p>		
<p>3. Last four digits of any number by which creditor identifies Debtor: _____</p>	<p>3a. Debtor may have scheduled account as: _____</p> <p>(See instruction #3a).</p>	<p>3b. Uniform Claim Identifier (optional): _____</p> <p>(See instruction #3b)</p>
<p>4. Secured Claim (See instruction #4). Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.</p> <p>Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other</p> <p>Describe: _____</p> <p>Value of Property: \$ _____</p> <p>Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)</p> <p>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____</p> <p>Basis for perfection: _____</p> <p>Amount of Secured Claim: \$ _____</p> <p>Amount Unsecured: \$ _____</p>		
<p>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</p> <p><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).</p> <p><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).</p> <p><input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4).</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).</p> <p><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).</p> <p><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).</p> <p>Amount entitled to priority: \$ _____</p> <p>*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</p>		
<p>6. Claim Pursuant to 11 U.S.C. § 503(b)(9): Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____</p>		
<p>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)</p>		

Modified B10 (GCG) (04/13)

8. Documents: Attached are 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, and the 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) Check the appropriate box.

I am the creditor  I am the creditor's authorized agent  I am the trustee, or the Debtor, or their authorized agent (See Bankruptcy Rule 3004)  I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)

(Attach 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: John M. Daly, Esq.

September 13, 2013

Title: Attorney

Signature: 

(Date)

Company: Fitzgerald & Fitzgerald, P.C.

Address and telephone number (if different from notice address above):

538 Riverdale Avenue  
Yonkers, New York 10705

Telephone number: (914) 378-1010

email: jdaly@lawfitz.com

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 5571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM.

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: IF BY MAIL: Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. IF BY HAND OR OVERNIGHT COURIER: Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)  
THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)

Items to be completed in Proof of Claim Form

Court, Name of Debtor, and Case Number:

These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.

A SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

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 your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9):

If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

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 healthcare 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.



Modified B10 (GCG) (04/13)

**DEFINITIONS**

**INFORMATION**

**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 to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).

**Claim**

A claim is the creditor's right to receive payment for a debt 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 GCG as described in the instructions above and in the Bar Date Notice.

**Section 503(b)(9) Claim**

A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**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.

**Acknowledgment of Filing of Claim**

To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.

**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.

**Display of Proof of Claim on Case Administration Website**

As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.

1/28/13

CONTINGENT FEE  
RETAINER AGREEMENT  
Between  
FITZGERALD & FITZGERALD, P.C.  
And

Amanda Thompson Client/Guardian/Administrator

On Behalf Of Noah Joseph Smith

For Injuries Sustained As a Result of Lead Paint Poisoning

In the County of Westchester State of New York on or about     /     /    

Client(s) request and authorize Fitzgerald & Fitzgerald, P.C., a Professional Corporation, ("F&F") to represent Client(s) as legal counsel for all purposes in connection with injuries and damages arising out of an incident noted above on the following conditions:

1. F&F will devote their full professional abilities to the case and Client(s) agree to fully cooperate with F&F. F&F will not settle case without approval from Client(s) in writing, except as provided in Paragraph 6. Associates or outside counsel may be employed at the discretion and expense of F&F. Client(s) authorize the retention of co-counsel or outside counsel on a sharing of the contingent fees set forth below.

2. CONTINGENT FEES - In consideration of the services rendered and to be rendered, Client(s) agree to pay and F&F is authorized to retain out of any monies that may come into their possession by reason of the above claim one third (33 1/3%) of the net settlement or award. Fees shall be computed on the net sum after deducting costs. But for the following or similar items, there shall be no deduction in computing fees: Liens, (including attorney's liens for Appeals or other services. See Paragraphs 8 & 9), assignments or claims in favor of health care providers, self insurers or carriers.

3. In the event of substitution of Attorneys, F&F shall be entitled to immediate repayment of all disbursements. F&F may elect to receive as compensation either (a) a quantum meruit sum which shall be paid immediately and prior to the transfer of the file; or (b) a percentage of the contingent fee to be calculated upon the disposition of the case.

4. IN THE EVENT OF NO RECOVERY, CLIENT(S) SHALL OWE ATTORNEYS NOTHING FOR SERVICES RENDERED.

5. **COSTS OF LITIGATION** – Client(s) understand that F&F may not ethically pay the cost of litigation without recourse to Client(s). Said costs may include some or all of the following: investigation; finding and retention of medical and technical experts; court costs; stenographic services; telephone, postage, and copying costs; photographs, computerized legal and medical research; trial exhibits; attorney expenses; document search and retrieval; and document storage and management. Client(s) shall advance the costs of litigation.

6. **CLIENT(S) AGREE THAT ATTORNEYS HAVE MADE NO PROMISES OR GUARANTEES REGARDING THE OUTCOME OF CLIENT'S CLAIM.** Client(s) understand F&F will investigate Client's claim and, if after so investigating, claim does not appear to them to have merit, or in the event that it appears defendants have no insurance coverage, then F&F shall have the right to cancel this agreement.

7. **CLIENT DEFINITION** – The "client" is the injured person. If the injured person is an infant or incompetent, then the client must be represented by a parent, guardian, or administrator and all settlements must be approved by the court. The parent, guardian, or administrator acts as a plaintiff in a representative capacity. Unless otherwise agreed in writing, attorneys will not be representing parents, guardians, or administrators in derivative actions or actions for the recovery of economic losses in caring for the injured client.

8. **APPEALS** – F&F is not obligated to take Appeals or defend against Appeals. F&F agrees to assist Client(s) in locating and retaining appellate counsel. Fees charged by appellate counsel shall be paid by Client(s) and in the event appellate counsel agrees to a contingent fee or to defer collection of fees, these appellate counsel fees shall be treated as liens and not expenses. (See Paragraph 2)

9. **OTHER SERVICES** – In the event that F&F is requested to and does perform services for Client(s) that are not directly related to the third party tort action for personal injury, then those services, unless otherwise agreed, shall be performed at the usual hourly rates of attorneys (range \$200 - \$500) and shall be paid in advance or shall be a lien on the file. Said services may include but are not limited to services in connection with Personal Injury Protection (no fault) benefits, landlord-tenant actions, lien disputes, guardianship proceedings, or proceedings before the Surrogates Court.

10. **POWER OF ATTORNEY** – Client(s) grant F&F and James P. Fitzgerald authority to take all action that attorneys deem necessary, including the authority to execute all instruments and to negotiate Client's claim. Client(s) understand that medical records (including records relating to psychiatric treatment, substance abuse treatment, or HIV testing and treatment), school, employment, and government agency records must be obtained and exchanged.

with the defendants during litigation and that health care providers, Medicaid/Medicare, HMOs, schools, employers, and governmental agencies require authorizations to release these records. Client(s) grant F&F and its employees the authority to issue the necessary authorizations, including the authority to affix facsimile of Client's signatures in order to obtain and exchange the records necessary to litigate the case. The F&F witnesses to this agreement are also granted power of attorney to obtain and exchange said records.

MEDICAL MALPRACTICE ADDENDUM

11. Client(s) understand that attorneys are not undertaking to represent them in any case involving a vaccination. Vaccination injuries are covered by the National Vaccine Injury Compensation Program and are brought in the United States Court of Federal Claims ([www.uscfc.com](http://www.uscfc.com)). Client(s) understand that attorneys will not be referring this case to an attorney handling such cases.

12. Client(s) have discussed the Medical Malpractice Sliding Scale Attorney Fees with a representative of F&F and understand that the Attorney Fees are restricted, under Judiciary Law § 474-a, as follows: 30% of the first \$250,000.00; 25% of the next \$250,000.00; 20% of the next \$500,000.00; 15% of the next \$250,000.00; 10% of anything over \$1,250,000.00; unless otherwise ordered by the Court.

13. If the case is tried or if any appeal is taken, clients will support F&F's application to the court for an enhanced fee; provided that the request does not exceed 30% of the net sum recovered.

DATED: 7/19/2013

AGREED TO BY:

INTERPRETED BY:

X *Amanda Thompson* Client/  
Guardian/  
Administrator  
Amanda Thompson

X  
\_\_\_\_\_  
Print Name:

WITNESSED BY:

FITZGERALD & FITZGERALD, P.C.

X *[Signature]*  
\_\_\_\_\_  
Print Name:

By: James P. Fitzgerald

From: (914) 378-1010  
John M Daly  
Fitzgerald & Fitzgerald, P.C.  
538 Riverdale Ave  
Yonkers, NY 10705

Origin ID: NNKA



Ship Date: 13SEP13  
ActWgt: 1.0 LB  
CAD: 1002348147/NET3430

Delivery Address Bar: Code



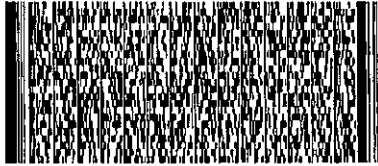
SHIP TO: (914) 378-1010  
**WHOM IT MAY CONCERN**  
**SOUND SHORE MED CTR OF WESTCHESTER**  
**5151 BLAZER PARKWAY**  
**SUITE A**  
**DUBLIN, OH 43017**

BILL SENDER

Ref # JMD  
Invoice #  
PO #  
Dept #

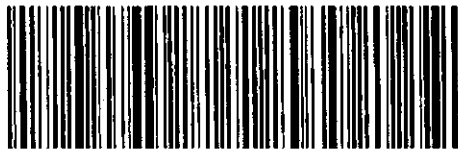
MON - 16 SEP AA  
STANDARD OVERNIGHT

TRK# 7966 8830 5630  
0201



**SB OSUA**

43017  
OH-US  
LCK




SIAG152591A5E

**After printing this label:**

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

**Warning:** Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.  
Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
<b>Name of Debtor (Check Only One):</b> <input checked="" type="checkbox"/> Sound Shore Medical Center of Westchester <input type="checkbox"/> The Mount Vernon Hospital, Inc. <input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center <input type="checkbox"/> The M.V.H. Corporation <input type="checkbox"/> Sound Shore Health System, Inc. <input type="checkbox"/> NRHMC Services Corporation <input type="checkbox"/> New Rochelle Sound Shore Housing, LLC		Your Claim is Scheduled As Follows:  
<b>Case No.</b> 13-22840 13-22841 13-22842 13-22843 13-22844 13-22845 13-22846		
NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).		
<b>Name of Creditor (the person or other entity to whom the Debtor owes money or property):</b> Oliver Wyman Actuarial Consulting, Inc.		If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of <b>DISPUTED, UNLIQUIDATED, or CONTINGENT</b> , a proof of claim <b>MUST</b> be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.
<b>Name and address where notices should be sent:</b> 1166 Avenue of the Americas NY NY 10036 Attn: Ted Zubulake		
<b>Telephone number:</b> 212 345 3557 <b>Email Address:</b> ted.zubulake@oliverwyman.com		
<b>Name and address where payment should be sent (if different from above):</b>  <b>Telephone number:</b> <b>Email Address:</b>		
<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim		
<b>Court Claim Number:</b>  (If known)		
<b>Filed on:</b>		
<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.		
<b>1. Amount of Claim as of Date Case Filed (May 29, 2013):</b> \$ <u>20,000</u>		
FILED - 00493 U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. DRAIN		
If all or part of the claim is secured, complete item 4 If all or part of the claim is entitled to priority, complete item 5. If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6.		
<input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
<b>2. Basis for Claim:</b> <u>Invoice for work provided.</u> (See instruction #2)		
<b>3. Last four digits of any number by which creditor identifies Debtor:</b> _____	<b>3a. Debtor may have scheduled account as:</b> _____ (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b> _____ (See instruction #3b)
<b>4. Secured Claim (See instruction #4)</b> Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information		<b>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:</b> \$ _____
<b>Nature of property or right of setoff:</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other.		<b>Basis for perfection:</b> _____
<b>Describe:</b> _____		<b>Amount of Secured Claim:</b> \$ _____
<b>Value of Property:</b> \$ _____		<b>Amount Unsecured:</b> \$ _____
<b>Annual Interest Rate</b> _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		
<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</b>		
<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 the case was filed or the Debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4).	<b>Amount entitled to priority:</b> \$ _____
<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"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).		
<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)(____)		
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
<b>6. Claim Pursuant to 11 U.S.C. § 503(b)(9):</b> Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____		
<b>7. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)		

Modified B10 (GCG) (04/13)

8. **Documents:** Attached are 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, and the 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) Check the appropriate box.  
 I am the creditor  I am the creditor's authorized agent.  I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004)  I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)  
 (Attach 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: Ted Zubulake  
 Title: Partner (Signature) (Date)  
 Company: \_\_\_\_\_  
 Address and telephone number (if different from notice address above): \_\_\_\_\_

Telephone number: 212 345 3559 email: ted.zubulake@olive-wyman.com

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

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. **IF BY HAND OR OVERNIGHT COURIER:** Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

**THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**  
**THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**

**Items to be completed in Proof of Claim Form**

<p><b>Court, Name of Debtor, and Case Number:</b>                  These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.</p> <p><b>ADSEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST EACH DEBTOR.</b></p> <p><b>Creditor's Name and Address:</b>                  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. Please provide us with a valid email address. 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).</p> <p><b>1. Amount of Claim as of Date Case Filed:</b>                  State the total amount owed to the creditor on the Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. Check the box if interest or other charges are included in the claim.</p> <p><b>2. Basis for Claim:</b>                  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 your claim.</p> <p><b>3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:</b> State only the last four digits of the Debtor's account or other number used by the creditor to identify the Debtor.</p> <p><b>3a. Debtor May Have Scheduled Account As:</b>                  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.</p> <p><b>3b. Uniform Claim Identifier:</b>                  If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.</p> <p><b>4. Secured Claim:</b>                  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.</p>	<p><b>5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507(a):</b>                  If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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.</p> <p><b>6. Claim Pursuant to 11 U.S.C. § 503 (b)(9):</b>                  If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)</p> <p><b>7. Credits:</b>                  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.</p> <p><b>8. Documents:</b>                  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 healthcare information. Do not send original documents, as attachments may be destroyed after scanning.</p> <p><b>9. Date and Signature:</b>                  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.</p>
--	---

Modified B10 (GCG) (04/13)

**DEFINITIONS**

**INFORMATION**

**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 to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).

**Claim**

A claim is the creditor's right to receive payment for a debt 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 GCG as described in the instructions above and in the Bar Date Notice.

**Section 503(b)(9) Claim**

A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.

**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 must show only the last four digits of any social-security, individual's, tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**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.

**Acknowledgment of Filing of Claim**

To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.

**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.

**Display of Proof of Claim on Case Administration Website**

As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.



# OLIVER WYMAN

Oliver Wyman Actuarial Consulting, Inc.  
1166 Avenue of the Americas, 29th Floor  
New York, NY 10036-2708  
1 212 345 3559 Fax 1 212 345 2382  
ted.zubulake@oliverwyman.com  
www.oliverwyman.com

February 6, 2013

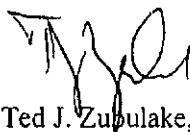
Rick S. Skelton  
Director of Accounting  
Sound Shore Hospital Medical Center of Westchester  
Iselin Hall  
16 Guion Place  
New Rochelle, NY 10802

**Subject:**  
**Invoice**  
**Sound Shore Medical Center of Westchester**

Dear Mr. Skelton:

Enclosed please find our invoice number 481310001039 in the amount of \$20,000.00 for the actuarial consulting services being rendered to Sound Shore in connection with the year-end 2012 unpaid claim valuation.

Sincerely,



Ted J. Zubulake, FCAS, MAAA  
212-345-3559

TJZ:ap

Enclosure

g:\consult\zubulake\inv\form10004.doc

Invoice

1166 Ave of the Americas  
30th Floor  
New York, NY 10036

Telephone: (212) 345-3559  
Rick S. Skelton  
Director of Accounting  
Sound Shore Hospital Medical Center of Westchester  
Iselln Hall  
16 Guion Place  
New Rochelle NY 10802

Number 481310001039  
Date 06-Feb-2013  
Client NRHNBA

---

For the actuarial consulting services being rendered to Sound Shore in connection with the year-end 2012 unpaid claim valuation.

		Fees
Sub Total	\$	20,000.00
Total Amount Due	\$	20,000.00

Please retain this copy for your records

Please wire funds to:  
JP Morgan Chase, New York NY  
Oliver Wyman Actuarial Consulting  
ABA No.: 021000021  
Acct No.: 323 218 083  
Swift Code: CHASUS33

Payable upon receipt

or Remit with Check to:  
PO Box 5160, GPO  
NEW YORK NY  
10087-5160

Invoice

1166 Ave of the Americas  
30th Floor  
New York, NY 10036

Telephone: (212) 345-3559  
Rick S. Skelton  
Director of Accounting  
Sound Shore Hospital Medical Center of Westchester  
Iselin Hall  
16 Guion Place  
New Rochelle NY 10802

Number 481310001039  
Date 06-Feb-2013  
Client NRHNBA

Remittance Copy

---

For the actuarial consulting services being rendered to Sound Shore in connection with the year-end 2012 unpaid claim valuation.

		Fees
Sub Total	\$	20,000.00
Total Amount Due	\$	20,000.00

Return this copy with your payment

Please wire funds to:  
JP Morgan Chase, New York NY  
Oliver Wyman Actuarial Consulting  
ABA No.: 021000021  
Acct No.: 323 218 083  
Swift Code: CHASUS33

Payable upon receipt

or Remit with Check to:

PO Box 5160, GPO  
NEW YORK NY  
10087-5160

Please include invoice numbers on all remittances. Wire transfer remittance information should be faxed to 502 560 8275.

1 of 1

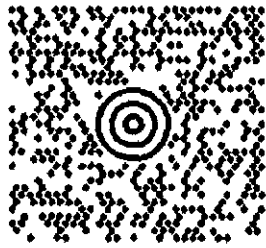
AUGUSTINE PARK  
212 345 0351  
OLIVER WYMAN ACTUARIAL CONSULT  
1166 AVENUE OF THE AMERICAS  
NEW YORK NY 10036

0.0 LBS LTR

1 OF 1

**SHIP TO:**

C/O GCG, INC.  
SOUND SHORE MED CTR OF WESTCHESTER  
SUITE A  
5151 BLAZER PARKWAY  
DUBLIN OH 43017



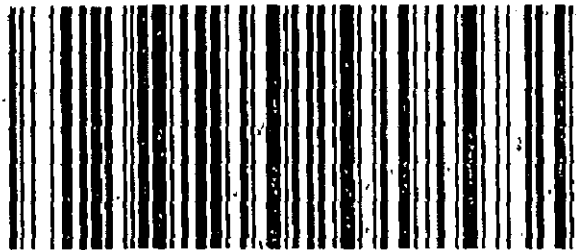
OH 432 9-30



**UPS NEXT DAY AIR**

TRACKING #: 1Z 145 579 01 9543 0395

**1**



BILLING: P/P

Reference#1: #48106

LIS 15.6.12. WNTNV50 42.0A 07/2013



UPS FOR UPS SHIPPING ONLY

9/9/2013 4:10 PM





UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
<b>Name of Debtor (Check Only One):</b> <input type="checkbox"/> Sound Shore Medical Center of Westchester <input checked="" type="checkbox"/> The Mount Vernon Hospital, Inc. <input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center <input type="checkbox"/> The M.V.H. Corporation <input type="checkbox"/> Sound Shore Health System, Inc. <input type="checkbox"/> NRHMC Services Corporation <input type="checkbox"/> New Rochelle Sound Shore Housing, LLC	<b>Case No.</b> 13-22840 13-22841 13-22842 13-22843 13-22844 13-22845 13-22846	<b>Your Claim is Scheduled As Follows:</b> <div style="text-align: center; border: 1px solid black; border-radius: 50%; padding: 10px; width: 150px; margin: 0 auto;">                 THE GARDEN CITY GROUP, INC.                  SEP 10 2013             </div> <p>If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.</p>
NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).		
<b>Name of Creditor (the person or other entity to whom the Debtor owes money or property):</b> Oliver Wyman Actuarial Consulting Inc	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.	
<b>Name and address where notices should be sent:</b> 1166 Avenue of Americas NY, NY 10036 Attn: Ted Zubulake	<b>Court Claim Number:</b>  (If known)	
Telephone number: 212 345 3559 Email Address: ted.zubulake@oliverwyman.com	Filed on:	
<b>Name and address where payment should be sent (if different from above):</b>  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 this claim. Attach copy of statement giving particulars.	
1. Amount of Claim as of Date Case Filed (May 29, 2013): \$ <u>6,000</u> <span style="float: right;">FILED - 06494</span>		
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. DRAIN		
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Invoice for work provided</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies Debtor: _____	3a. Debtor may have scheduled account as:  (See instruction #3a)	3b. Uniform Claim Identifier (optional):  (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, 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 was filed)	Amount of arrearage and other charges, as of the time case was 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 part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <input checked="" 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"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)( ). Amount entitled to priority: \$ _____
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Claim Pursuant to 11 U.S.C. § 503(b)(9): Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____		
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)		

Modified B10 (GCG) (04/13)

8. Documents: Attached are 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, and the 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) Check the appropriate box.  
 I am the creditor     I am the creditor's authorized agent.     I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004)     I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)  
 (Attach 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: Ted Zubulake  
 Title: Partner (Signature) [Signature] 9/9/13 (Date)  
 Company: Oliver Wyman Actuarial Consulting Inc.  
 Address and telephone number (if different from notice address above): \_\_\_\_\_  
 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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. **IF BY HAND OR OVERNIGHT COURIER:** Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

**THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**  
**THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**

**Items to be completed in Proof of Claim Form**

**Court, Name of Debtor, and Case Number:**  
 These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.

**SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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.

**3b. Uniform Claim Identifier:**  
 If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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 your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9):**  
 If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

**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 healthcare 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**

**INFORMATION**

**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 to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).

**Claim**

A claim is the creditor's right to receive payment for a debt 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 GCG as described in the instructions above and in the Bar Date Notice.

**Section 503(b)(9) Claim**

A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**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.

**Acknowledgment of Filing of Claim**

To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.

**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.

**Display of Proof of Claim on Case Administration Website**

As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.



# OLIVER WYMAN

Oliver Wyman Actuarial Consulting, Inc  
1166 Avenue of the Americas, 29th Floor  
New York, NY 10036-2708  
1 212 345 3558 Fax 1 212 345 2382  
ted.zubulake@oliverwyman.com  
www.oliverwyman.com

May 30, 2013

Mr. John Spicer  
CEO/President  
Sound Shore Health System  
Iselin Hall  
16 Guion Place  
New Rochelle, NY 10802

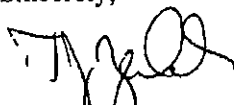
Subject:  
**Invoice**

Dear Mr. Spicer:

Enclosed please find the following invoice 481310001040 in the amount of \$6,000.00 for services provided to Mount Vernon Hospital in connection with the 2012 year end reserve study. Our report was released to Mr. Rick Skelton on February 20, 2013.

We look forward to continuing to be of service to you.

Sincerely,



Ted J. Zubulake, FCAS, MAAA  
212-345-3559  
TJZ:ap  
Enclosure

Invoice

1166 Ave of the Americas  
30th Floor  
New York, NY 10036

Telephone: (212) 345-3559  
Mr. John Spicer  
CEO/President  
Sound Shore Health System  
Iselin Hall  
16 Guion Place  
New Rochelle NY 10802

Number 481310001040  
Date 30-May-2013  
Client RCQNB

---

For services provided to Mount Vernon Hospital in connection with the 2012 year end reserve study. Our report was released to Mr. Rick Skelton on February 20, 2013.

		Fees
Sub Total	\$	6,000.00
Total Amount Due	\$	6,000.00

Please retain this copy for your records

Please wire funds to:  
JP Morgan Chase, New York NY  
Oliver Wyman Actuarial Consulting  
ABA No.: 021000021  
Acct No.: 323 218 083  
Swift Code: CHASUS33

Payable upon receipt

or Remit with Check to:  
PO Box 5160, GPO  
NEW YORK NY  
10087-5160

Invoice

1166 Ave of the Americas  
30th Floor  
New York, NY 10036

Telephone: (212) 345-3559  
Mr. John Spicer  
CEO/President  
Sound Shore Health System  
Iselin Hall  
16 Guion Place  
New Rochelle NY 10802

Number 481310001040  
Date 30-May-2013  
Client RCQNBA

Remittance Copy

---

For services provided to Mount Vernon Hospital in connection with the 2012 year end reserve study. Our report was released to Mr. Rick Skelton on February 20, 2013.

		Fees
Sub Total	\$	6,000.00
Total Amount Due	\$	6,000.00

Return this copy with your payment

Please wire funds to:  
JP Morgan Chase, New York NY  
Oliver Wyman Actuarial Consulting  
ABA No.: 021000021  
Acct No.: 323 218 083  
Swift Code: CHASUS33

Payable upon receipt

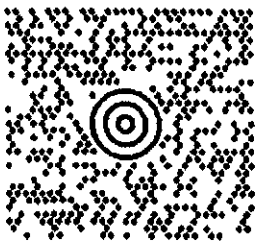
or Remit with Check to:  
PO Box 5160, GPO  
NEW YORK NY  
10087-5160

Please include Invoice numbers on all remittances. Wire transfer remittance information should be faxed to 502 560 8275.

1 of 1


AUGUSTINE PARK 0.0 LBS LTR 1 OF 1  
212 345 0351  
OLIVER WYMAN ACTUARIAL CONSULT  
1166 AVENUE OF THE AMERICAS  
NEW YORK NY 10036

**SHIP TO:**  
C/O GCG, INC.  
SOUND SHORE MED CTR OF WESTCHESTER  
SUITE A  
5151 BLAZER PARKWAY  
DUBLIN OH 43017



**OH 432 9-30**



 FOR UPS SHIPPING ONLY

**UPS NEXT DAY AIR**

TRACKING #: 1Z 145 579 01 9543 0395

**1**



BILLING: P/P

Reference#1: #48106

UIS 15.6.12 WNTNV50-42.0A 07/2013



9/9/2013 4:10 PM

01014024

SSM0202427652



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
<b>Name of Debtor (Check Only One):</b> <input checked="" type="checkbox"/> Sound Shore Medical Center of Westchester <input type="checkbox"/> The Mount Vernon Hospital, Inc. <input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center <input type="checkbox"/> The M.V.H. Corporation <input type="checkbox"/> Sound Shore Health System, Inc. <input type="checkbox"/> NRHMC Services Corporation <input type="checkbox"/> New Rochelle Sound Shore Housing, LLC		<b>Your Claim is Scheduled As Follows:</b>  Sound Shore Medical Center of Westchester  Unsecured: \$2,100.00  If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.
<b>Case No.</b> 13-22840 13-22841 13-22842 13-22843 13-22844 13-22845 13-22846		
<b>NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).</b>		
<b>Name of Creditor (the person or other entity to whom the Debtor owes money or property):</b> OPOKU BENJAMIN		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  <b>Court Claim Number:</b>  _____ (If known)  <b>Filed on:</b> MAY 29, 2013
<b>Name and address where notices should be sent:</b>  OPOKU BENJAMIN 4050 GRACE AVE 1 BRONX, NY 10466-2210		
<b>Telephone number:</b> 917-400 4438 <b>Email Address:</b> bengee.omari@gmail.com		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
<b>Name and address where payment should be sent (if different from above):</b>  <b>Telephone number:</b> <b>Email Address:</b>		
<b>1. Amount of Claim as of Date Case Filed (May 29, 2013):</b> \$ <u>2,100</u> FILED - 0048 U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. DRAIN If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
<b>2. Basis for Claim:</b> <u>Not paid for Nuclear medicine technology services rendered during march 25th, 2013, through march 29th, 2013.</u> (See instruction #2)		
<b>3. Last four digits of any number by which creditor identifies Debtor:</b> <u>2 8 8 7</u>		<b>3a. Debtor may have scheduled account as:</b>  _____ (See instruction #3a)
		<b>3b. Uniform Claim Identifier (optional):</b>  _____ (See instruction #3b)
<b>4. Secured Claim (See instruction #4)</b> Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.  <b>Nature of property or right of setoff:</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other  <b>Describe:</b> _____  <b>Value of Property:</b> \$ _____  <b>Annual Interest Rate</b> _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		<b>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:</b> \$ _____  <b>Basis for perfection:</b> _____  <b>Amount of Secured Claim:</b> \$ _____  <b>Amount Unsecured:</b> \$ _____
<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</b> <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 the case was filed or the Debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)( ). <b>Amount entitled to priority:</b> \$ _____  *Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
<b>6. Claim Pursuant to 11 U.S.C. § 503(b)(9):</b> Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____		
<b>7. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)		

8. **Documents:** Attached are 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, and the 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) Check the appropriate box.  
 I am the creditor     I am the creditor's authorized agent.     I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004)     I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)  
 (Attach 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: BENJAMIN OPOKU    [Signature]    09-06-13

Title: MR.    (Signature)    (Date)

Company: N/A

Address and telephone number (if different from notice address above):  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone number: \_\_\_\_\_ email: bengee.omari@gmail.com

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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. **IF BY HAND OR OVERNIGHT COURIER:** Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

**THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**  
**THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**

**Items to be completed in Proof of Claim Form**

**Court, Name of Debtor, and Case Number:**  
 These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.

**SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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.

**3b. Uniform Claim Identifier:**

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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 your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9):**

If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

**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 healthcare 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**

**INFORMATION**

**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 to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).

**Claim**  
A claim is the creditor's right to receive payment for a debt 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 GCG as described in the instructions above and in the Bar Date Notice.

**Section 503(b)(9) Claim**  
A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**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.

**Acknowledgment of Filing of Claim**  
To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.

**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(c), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.

**Display of Proof of Claim on Case Administration Website**  
As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.

01014024  
SSM0202427652



OPOKU BENJAMIN  
4050 GRACE AVE  
1  
BRONX, NY 10466-2210



*copy*

SOUND SHORE MEDICAL CENTER OF WESTCHESTER  
 16 GUION PLACE  
 New Rochelle, NY 10802

Accounts Payable  
 Check Request

*pre-file*

Vendor Number

30425

Check to be drawn to:

Name	Benjamin Opoku
Street Address	
City, State and Zip	

Reason for Request:

Nuclear Technologist coverage  
 see attached time card.

Total hours: 42 x \$50/hr = \$2,100<sup>00</sup>

DATE of Service is 3/30/13

Invoice Number	Invoice Date Mo/Day/Year	Charge To Cost Center	Distribution Amount
33013	3-30-13	5320-796	\$2,100

Requested Issue Date:

Return Check to (Please print):  
 TOM TRUSCIO  
 Person  
 RAD 3689  
 Department Extension

Business office should mail check.  
 Enclosures to accompany check are attached.

*Truscio* 6/3/13  
 Check requested by date  
*Muh...* 6/3/13  
 Administrative Approval date

CHECK TOTAL

\$2,100<sup>00</sup>

Finance Approval

date

*Pre-file*

*Opoku, Benjamin*

*5320*

*Nuclear 4-6-13*

	IN	OUT	Reg. Hrs.	O.T. Hrs.	SUMMARY HOURS
SU					Regular <i>11 2/3</i>
M	M 754	M 511	<i>8.5</i>	<i>1hr</i>	O.T. Reg.
T	Tu 754	Tu 402	<i>7.5</i>		O.T. Prem
W	W 753	W 415	<i>7.5</i>		Sick
T	Th 754	Th 600	<i>9.5</i>	<i>2hrs</i>	Vacation
F	FR 754	FR 531	<i>9.0</i>	<i>1.5hrs</i>	Hol. Reg.
S					Hol. Prem.
SU					Other
M	M 757	M 500	<i>8.5</i>	<i>1hr</i>	TOTAL HOURS
T	Tu 757	Tu 405	<i>7.5</i>		Comments:
W	W 600	W 400	<i>7.5</i>		<i>42 3/30</i>
T	Th 754	Th 401	<i>7.5</i>		
F	FR 754	FR 500	<i>8.5</i>	<i>1hr</i>	<i>39.5 4/6 PAID</i>
S					
TOTAL PAID HOURS					

*\$2,100*

*29th*  
*PAID*

Employee Signature *[Signature]*  
Supervisor Signature *[Signature]*

*[Signature] 6/3/13*

Benjamin Opoku  
4050 Grace Ave., # 1  
Bronx, NY 10466

7007 2490 0004 3823 8509

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE  
**CERTIFIED MAIL™**



7007 2490 0004 3823 8509 43017382

SOUNDSTORE MEDICAL CENTER  
OF WESTCHESTER, et al.  
c/o GCG, INC.

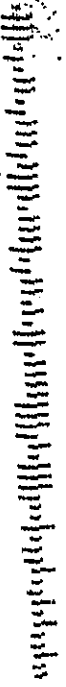
P.O. Box 9982  
DUBLIN, OH 43017-5982

U.S. POSTAGE PAID BRONX, NY SEP 07, 13 AMOUNT \$3.56

43017

1000

UNITED STATES POSTAL SERVICE



B10 (Official Form 10) (04/13)

<b>UNITED STATES BANKRUPTCY COURT Southern District of New York</b>		<b>PROOF OF CLAIM</b>
Name of Debtor: The Mount Vernon Hospital, Inc.	Case Number: 13-22841.	FILED U.S. BANKRUPTCY COURT S.D. OF N.Y. NOV 27 P 4P COURT USE ONLY
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Orange Pathology Associates, P.C.		
Name and address where notices should be sent: DelBello, Donnellan, Weingarten, Wise & Wiederkehr, LLP, Attn: Dawn Kirby One North Lexington Ave., 11th Floor, White Plains, NY 10601		<input type="checkbox"/> Check this box if this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____
Telephone number: (914) 681-0200. email: dkirby@ddw-law.com		
Name and address where payment should be sent (if different from above):		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Telephone number: _____ email: _____		
1. Amount of Claim as of Date Case Filed: \$ <u>414,706.42</u>		
FILED - 01422 U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. DRAIN		
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Contract - Rejection Damages</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor:	3a. Debtor may have scheduled account as:  (See instruction #3a)	3b. Uniform Claim Identifier (optional):  (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, 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 was filed)		Amount of arrearage and other charges, as of the time case was 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 part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<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 the case was filed or the debtor's business ceased, 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)(____).
Amount entitled to priority: \$ _____		
*Amounts are subject to adjustment on 4/01/16 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 (See instruction #6)		



B10 (Official Form 10) (04/13)

2

**7. Documents:** Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). 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. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

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

If the documents are not available, please explain:

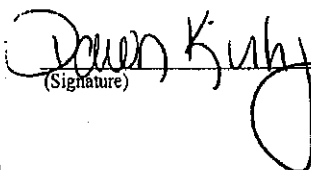
**8. Signature:** (See instruction #8)

Check the appropriate box.

- I am the creditor.     I am the creditor's authorized agent.     I am the trustee, or the debtor, or their authorized agent (See Bankruptcy Rule 3004.)     I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

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: Dawn Kirby  
 Title: Attorney  
 Company: DeiBello Donnellan, et al.  
 Address and telephone number (if different from notice address above):  
One North Lexington Ave, White Plains NY  
10601

*(Signature)*  


*(Date)*  
 11-28-2013

Telephone number (914) 681-0200    email: dkirby@ddw-law.com

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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

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

**Items to be completed in Proof of Claim form**

**Court, Name of Debtor, and Case Number:**

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

**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.

**3b. Uniform Claim Identifier:**

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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. 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.

**7. 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 and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. 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.

**8. 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, 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**

**INFORMATION**

**Debtor**

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

**Creditor**

A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).

**Claim**

A claim is the creditor's right to receive payment for a debt 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 clerk of the same bankruptcy court in which the bankruptcy case was filed.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**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.

**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 court's PACER system ([www.pacer.nsc.uscourts.gov](http://www.pacer.nsc.uscourts.gov)) for a small fee 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.

**Supporting Statement to Proof of Claim of  
Orange Pathology Associates, P.C.**

The basis for the claim is Rejection Damages, including a pre-petition default under an Executory Contract and monies due under the Contract after the date of rejection. Annexed in support of the Proof of Claim are the following Exhibits:

- (i) Pathology Services Agreement (the "Contract") among Sound Shore Medical Center of Westchester ("SSMC"), The Mount Vernon Hospital ("MVH"), and Orange Pathology Associates, P.C. (the "Claimant") dated August 30, 2011.
- (ii) Letter dated August 21, 2013 from Marc Kirschenbaum, CFO of the Claimant providing a summary of the pre-petition claim along with all supporting invoices.

Pre-Petition default:	\$133,873.12
Due through term of contract:	\$280,833.30 (\$28,083.33/month 11/2013 – 8/2014)
<b>Total Damages:</b>	<b>\$414,706.42</b>

Claimant reserves all rights to amend or supplement this proof of claim to reflect any additional claims against SSMC, MHV and any of the other jointly administered the Debtors.

This proof of claim is filed to protect the Claimant from forfeiture of the claim. The filing of this proof of claim is not (a) a waiver or release of the Claimant's rights against any person, entity or property; (b) a consent by the Claimant to the jurisdiction of the bankruptcy court with respect to any other proceeding commenced in this case against or otherwise involving the Claimant; (c) a waiver of any rights or claims the Claimant has against the Debtors or any other person or entity with respect to any pending or future litigation; or (d) a waiver of past, present or future defaults or events of default.

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK

ROUTING SHEET FOR CASES WITH CLAIMS AGENTS

Date: February 5, 2014

To: KCC, 2335 Alaska Ave.,  
El Segundo, CA 90245

From: Mimi Correa  
Deputy Clerk

1 of 3 packs

1. a. Number of claims in this transmittal: 31

b. Case name (if applicable): Sound Shore Medical Center, et al.

c. Description of claim: (Creditor name and amount of claim.)

Aetna	\$16,431.65
Thomas Perez, Sec of Labor	\$Unknown
NYS Dept of Labor	\$2,036.13
Orange Pathology Associates	\$414,706.42
Orange Pathology Associates	\$414,706.42
Alice Oshins	\$100,000.00
US Dept of Labor	\$45,300.00 plus
NYS Dept of Labor	\$68,410.13
KDM Medical Equipment	\$32,259.50
United Water New Rochelle	\$53,708.73
United Water New Rochelle	\$6,611.53
NYS Dept of Labor	\$220,415.68
Glynn Jones	\$25,000,000.00
AFCO	\$5,376.07
Karen J. Ferguson	\$200.00
Rashene M. Day	\$2,700.00
Alda McPartland	\$1,700.93
Jeffrey Schanzer	\$3,289.36
Maria S. Albito	\$1,329.00
Rachel Chacko	\$1,339.00
Yvonne E.R. Booth	\$1,000.00
Jennifer R. Mitchell RNC	\$1,374.00 plus
Susy Skariah	\$1,000.00
Michelle Abernethy	\$1,000.00
Sonia P. Salviejo	\$1,000.00
Nota I. Blair-Baggs	\$1,000.00
Gwendolynn R. Laguatan	\$1,000.00
Veletta Collins	\$1,000.00
Elizabeth Goehl	\$1,000.00
Justin Cohen	\$1,287.00
William A. Quigley	\$91,656.77

2. a. Courier: Federal Express

b. Recipient to pick up at Court: \_\_\_\_\_



**CONFIRMATION BY RECIPIENT**

**NOTE:** *The portion below is to be completed by recipient and returned to the Court by FAX [914-390-4073].*

Date: \_\_\_\_\_

*I have received the number and description of claims as indicated in line # 1.a. above.*

Employee's name: \_\_\_\_\_  
[Please print]

Employee's signature: \_\_\_\_\_

Employee's telephone number: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

From: (631) 470-5000  
Attn: Arturo D. Tavaréz  
Case Adm./ECF Trainer  
US Bankruptcy Court, SDNY  
300 Quarropas Street  
WHITE PLAINS, NY 10601

Origin ID: NESA



J13111302120326

Ship Date: 10JUL13  
ActWgt: 1.0 LB  
CAD: 100098143/INET3370

Delivery Address Bar Code



SHIP TO: (631) 470-5000  
Attn: Bankruptcy Dept.  
c/o GCG, Inc.  
5151 Blazer Parkway  
Suite A  
DUBLIN, OH 43017

BILL THIRD PARTY

Ref # -SSM-

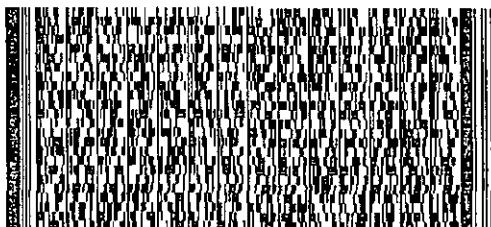
RMA #  
Return Reason:

RETURNS MON-FRI  
STANDARD OVERNIGHT

TRK# 7961 9389 3299

0221

43017  
OH-US



518G1AA04S3AB

1. Select the 'Print' button to print 1 copy of each label.
2. The Return Shipment instructions, which provide your recipient with information on the returns process, will be printed with the label(s).
3. After printing, select your next step by clicking one of the displayed buttons.

Note: To review or print individual labels, select the Label button under each label image above.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$500, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT		Southern District of New York		<b>PROOF OF CLAIM</b>	
Name of Debtor: Sound Shore Medical Center of Westchester		Case Number: 13-22840		<b>NOV 27 2013</b>	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.				U.S. BANKRUPTCY COURT SO. DIST OF NEW YORK	
Name of Creditor (the person or other entity to whom the debtor owes money or property): Orange Pathology Associates, P.C.				<b>COURT USE ONLY</b>	
Name and address where notices should be sent: DeBello, Donnellan, Weingarten, Wise & Wiederkehr, LLP, Attn: Dawn Kirby One North Lexington Ave., 11th Floor, White Plains, NY 10601				<input type="checkbox"/> Check this box if this claim amends a previously filed claim.	
Telephone number: (914) 681-0200 email: dkirby@ddw-law.com				Court Claim Number: _____ (If known)	
Name and address where payment should be sent (if different from above):				Filed on: _____	
Telephone number: email:				<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars	
1. Amount of Claim as of Date Case Filed:		\$ 414,706.42		FILED - 01423	
If all or part of the claim is secured, complete item 4		U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK			
If all or part of the claim is entitled to priority, complete item 5.		SOUND SHORE MEDICAL CENTER OF WESTCHESTER			
<input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		ROBERT D. DRAIN			
2. Basis for Claim: Contract - Rejection Damages (See instruction #2)					
3. Last four digits of any number by which creditor identifies debtor:		3a. Debtor may have scheduled account as:  (See instruction #3a)		3b. Uniform Claim Identifier (optional):  (See instruction #3b)	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.				Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____	
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:				Basis for perfection: _____	
Value of Property: \$ _____				Amount of Secured Claim: \$ _____	
Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)				Amount Unsecured: \$ _____	
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.					
<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 the case was filed or the debtor's business ceased, 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).		Amount entitled to priority: \$ _____	
<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).					
*Amounts are subject to adjustment on 4/01/16 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. (See instruction #6)					



B10 (Official Form 10) (04/13)

2

**7. Documents:** Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). 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. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

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

If the documents are not available, please explain:

**8. Signature:** (See instruction #8)

Check the appropriate box.

- I am the creditor.     I am the creditor's authorized agent.     I am the trustee, or the debtor, or their authorized agent.     I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)  
(See Bankruptcy Rule 3004.)

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: Dawn Kirby  
Title: Attorney  
Company: DeBello, Donnellan, et al.  
Address and telephone number (if different from notice address above).  
One North Lexington Ave., White Plains, NY  
10601

Dawn Kirby    11-28-2013  
(Signature)    (Date)

Telephone number: (914) 681-0200    email: dkirby@ddw-law.com

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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

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

**Items to be completed in Proof of Claim form**

**Court, Name of Debtor, and Case Number:**

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

**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

**3b. Uniform Claim Identifier:**

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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. 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.

**7. 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 and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. 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.

**8. 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, 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	INFORMATION
<b>Debtor</b> A debtor is the person, corporation, or other entity that has filed a bankruptcy case.	<b>Acknowledgment of Filing of Claim</b> 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 court's PACER system ( <a href="http://www.pacer.psc.uscourts.gov">www.pacer.psc.uscourts.gov</a> ) for a small fee to view your filed proof of claim.
<b>Creditor</b> A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).	<b>Offers to Purchase a Claim</b> 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 <i>et seq.</i> ), and any applicable orders of the bankruptcy court.
<b>Claim</b> A claim is the creditor's right to receive payment for a debt 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.	<b>Unsecured Claim</b> 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.
<b>Proof of Claim</b> 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 clerk of the same bankruptcy court in which the bankruptcy case was filed.	<b>Claim Entitled to Priority Under 11 U.S.C. § 507 (a)</b> 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.
<b>Secured Claim Under 11 U.S.C. § 506 (a)</b> 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.	<b>Redacted</b> A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.
	<b>Evidence of Perfection</b> 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.

**Supporting Statement to Proof of Claim of  
Orange Pathology Associates, P.C.**

The basis for the claim is Rejection Damages, including a pre-petition default under an Executory Contract and monies due under the Contract after the date of rejection. Annexed in support of the Proof of Claim are the following Exhibits:

- (i) Pathology Services Agreement (the "Contract") among Sound Shore Medical Center of Westchester ("SSMC"), The Mount Vernon Hospital ("MVH"), and Orange Pathology Associates, P.C. (the "Claimant") dated August 30, 2011.
- (ii) Letter dated August 21, 2013 from Marc Kirschenbaum, CFO of the Claimant providing a summary of the pre-petition claim along with all supporting invoices.

Pre-Petition default:	\$133,873.12
Due through term of contract:	\$280,833.30 (\$28,083.33/month 11/2013 – 8/2014)
<b>Total Damages:</b>	<b>\$414,706.42</b>

Claimant reserves all rights to amend or supplement this proof of claim to reflect any additional claims against SSMC, MHV and any of the other jointly administered the Debtors.

This proof of claim is filed to protect the Claimant from forfeiture of the claim. The filing of this proof of claim is not (a) a waiver or release of the Claimant's rights against any person, entity or property; (b) a consent by the Claimant to the jurisdiction of the bankruptcy court with respect to any other proceeding commenced in this case against or otherwise involving the Claimant; (c) a waiver of any rights or claims the Claimant has against the Debtors or any other person or entity with respect to any pending or future litigation; or (d) a waiver of past, present or future defaults or events of default.

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK

ROUTING SHEET FOR CASES WITH CLAIMS AGENTS

Date: February 5, 2014

To: KCC, 2335 Alaska Ave.,  
El Segundo, CA 90245

From: Mimi Correa  
Deputy Clerk

1 of 3 packs

1. a. Number of claims in this transmittal: 31

b. Case name (if applicable): Sound Shore Medical Center, et al.

c. Description of claim: (Creditor name and amount of claim.)

Aetna	\$16,431.65
Thomas Perez, Sec of Labor	\$Unknown
NYS Dept of Labor	\$2,036.13
Orange Pathology Associates	\$414,706.42
Orange Pathology Associates	\$414,706.42
Alice Oshins	\$100,000.00
US Dept of Labor	\$45,300.00 plus
NYS Dept of Labor	\$68,410.13
KDM Medical Equipment	\$32,259.50
United Water New Rochelle	\$53,708.73
United Water New Rochelle	\$6,611.53
NYS Dept of Labor	\$220,415.68
Glynn Jones	\$25,000,000.00
AFCO	\$5,376.07
Karen J. Ferguson	\$200.00
Rashene M. Day	\$2,700.00
Alda McPartland	\$1,700.93
Jeffrey Schanzer	\$3,289.36
Maria S. Albito	\$1,329.00
Rachel Chacko	\$1,339.00
Yvonne E.R. Booth	\$1,000.00
Jennifer R. Mitchell RNC	\$1,374.00 plus
Susy Skariah	\$1,000.00
Michelle Abernethy	\$1,000.00
Sonia P. Salviejo	\$1,000.00
Nola I. Blair-Baggs	\$1,000.00
Gwendolynn R. Laguatan	\$1,000.00
Veletta Collins	\$1,000.00
Elizabeth Goehl	\$1,000.00
Justin Cohen	\$1,287.00
William A. Quigley	\$91,656.77

2. a. Courier: Federal Express

b. Recipient to pick up at Court: \_\_\_\_\_

**CONFIRMATION BY RECIPIENT**

**NOTE: The portion below is to be completed by recipient and returned to the Court by  
FAX [914-390-4073].**

Date: \_\_\_\_\_

*I have received the number and description of claims as indicated in line # 1.a. above.*

Employee's name: \_\_\_\_\_

*[Please print]*

Employee's signature: \_\_\_\_\_

Employee's telephone number: \_\_\_\_\_

Name of Employer: \_\_\_\_\_



From: (631) 470-5000  
Attn: Arturo D. Tavarez  
Case Adm./ECF Trainer  
US Bankruptcy Court, SDNY  
300 Quarropas Street  
WHITE PLAINS, NY 10601

Origin ID: NESA



J13111302120326

Ship Date: 10JUL13  
ActWgt: 1.0 LB  
CAD: 100098143/NET3370

Delivery Address Bar Code



Ref# -SSM-

RMA #:  
Return Reason:

SHIP TO: (631) 470-5000  
Attn: Bankruptcy Dept.  
c/o GCG, Inc.  
5151 Blazer Parkway  
Suite A  
DUBLIN, OH 43017

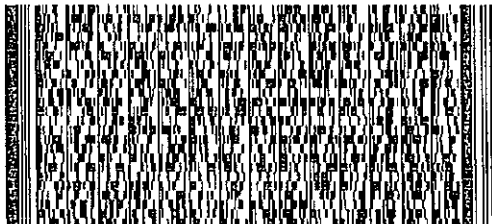
BILL THIRD PARTY

RETURNS MON-FRI  
STANDARD OVERNIGHT

TRK# 7961 9389 3299

0221

43017  
OH-US




518G1/AA0483AB

1. Select the 'Print' button to print 1 copy of each label.
2. The Return Shipment instructions, which provide your recipient with information on the returns process, will be printed with the label(s).
3. After printing, select your next step by clicking one of the displayed buttons.

Note: To review or print individual labels, select the Label button under each label image above.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$500, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

B10 (Official Form 10) (04/13)

<b>UNITED STATES BANKRUPTCY COURT</b>		<b>Southern District of New York</b>	<b>PROOF OF CLAIM</b>
Name of Debtor: <b>Sound Shore Medical Center of Westchester</b>		Case Number: <b>13-22840</b>	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.			
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>Orange Pathology Associates, P.C.</b>			
Name and address where notices should be sent: <b>DeiBello, Donnellan, Weingarten, Wise &amp; Wiederkehr, LLP, Attn: Dawn Kirby One North Lexington Ave., 11th Floor, White Plains, NY 10601</b>		Telephone number: (914) 681-0200 email: dkirby@ddw-law.com	<b>COURT-USE ONLY</b>
Name and address where payment should be sent (if different from above):		Telephone number: email:	<input type="checkbox"/> Check this box if 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):		Telephone number: email:	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
1. Amount of Claim as of Date Case Filed: \$ <u>414,706.42</u>		FILED - 01057 U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. DRAIN	
If all or part of the claim is secured, complete item 4.		If all or part of the claim is entitled to priority, complete item 5.	
<input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.			
2. Basis for Claim: <u>Contract - Rejection Damages</u> (See instruction #2)			
3. Last four digits of any number by which creditor identifies debtor:	3a. Debtor may have scheduled account as: (See instruction #3a)	3b. Uniform Claim Identifier (optional): (See instruction #3b)	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____	
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:		Basis for perfection: _____	
Value of Property: \$ _____		Amount of Secured Claim: \$ _____	
Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount Unsecured: \$ _____	
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.			
<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 the case was filed or the debtor's business ceased, 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).	Amount entitled to priority: \$ _____
<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)(_____).	
*Amounts are subject to adjustment on 4/01/16 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. (See instruction #6)			

**B10 (Official Form 10) (04/13)**

2

**7. Documents:** Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(a)(3)(A). 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. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

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

If the documents are not available, please explain:

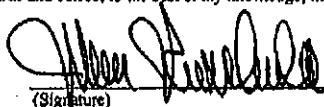
**8. Signatures:** (See instruction #8)

Check the appropriate box.

- I am the creditor.     I am the creditor's authorized agent.     I am the trustee, or the debtor, or their authorized agent.     I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)  
(See Bankruptcy Rule 3004.)

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: Mara Kirschenbaum  
 Title: CFO  
 Company: Orange Pathology Associates, P.C.  
 Address and telephone number (if different from notice address above):  
Orange Pathology Associates, PC  
158 Route 59, Suffern, NY 10901

 12/2/13  
 (Signature) (Date)

Telephone number: (845) 369-4200 email: MKirschenbaum@Pathlabs.com

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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

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

**Items to be completed in Proof of Claim form**

**Court, Name of Debtor, and Case Number:**

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

**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.

**3b. Uniform Claim Identifier:**

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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. 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.

**7. 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 and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. 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.

**8. Date and Signature:**

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 3005(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, 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.

**DELBELLO DONNELLAN WEINGARTEN  
WISE & WIEDERKEHR, LLP**

COUNSELLORS AT LAW

THE GATEWAY BUILDING  
ONE NORTH LEXINGTON AVENUE  
WHITE PLAINS, NEW YORK 10601

(914) 681-0200

FACSIMILE (914) 684-0288

November 27, 2013

THOMAS R. BEIRNE  
BRIAN T. BELOWICH\*  
ANN FARRISSEY CARLSON\*  
JULIE CYEK  
ALFRED B. DELBELLO  
ALFRED E. DONNELLAN†  
ERICA R. FEYNMAN  
JANET J. CRIST  
FRANK J. HAUFEL  
ROBERT HERMANN  
DAWN KIRBY\*  
FAITH G. MILLER  
JONATHAN S. PASTERNAK  
ROBERT L. RATTET  
PATRICK M. REILLY  
ELIOT M. SCHUMAN  
BRADLEY D. WANK\*  
MARK P. WEINGARTEN\*  
EVAN WIEDERKEHR  
LEE S. WIEDERKEHR  
PETER J. WISE, AICP †

JACOB E. AMIR  
JENNIFER M. JACKMAN\*  
ERIC J. MANDELL  
SUSAN CURRIE MOREHOUSE  
MICHAEL J. SCHWARZ\*  
DANIEL G. WALSH  
HEIDI WINSLOW

ANDREW J. BALINT  
RICHARD BEMFORAD  
GERALD K. GEIST  
JAMES B. GLUCKSMAN  
BRANDON R. SALL\*  
DAVID R. SELZNICK & CO., LLP

COUNSEL

\*MEMBER OF NY & CT BARS  
†MEMBER OF NY & NJ BARS  
\*MEMBER OF NY & DC BARS  
†MEMBER OF NY, NJ & MA BARS  
\*MEMBER OF NY, NJ, CT & FL BARS

**Via Federal Express**

Sound Shore Medical Center of Westchester, et al.  
c/o GCG, Inc.  
5151 Blazer Parkway, Suite A  
Dublin, OH 43017

**RE: Proof of Claim Forms**

Dear Sir or Madam,

Enclosed please find two proof of claim forms on behalf of creditor Orange Pathology Associates, P.C.

One claim is against Sound Shore Medical Center of Westchester, Case No. 13-22840, and the other claim is against The Mount Vernon Hospital, Inc., Case No. 13-22841.

Also enclosed are duplicate copies of the proof of claim forms. Kindly acknowledge receipt on the enclosed copies and return to me in the enclosed pre-paid self-addressed Federal Express envelope.

Very truly yours,

  
Dawn Kirby

DK/  
Encl.

**Supporting Statement to Proof of Claim of  
Orange Pathology Associates, P.C.**

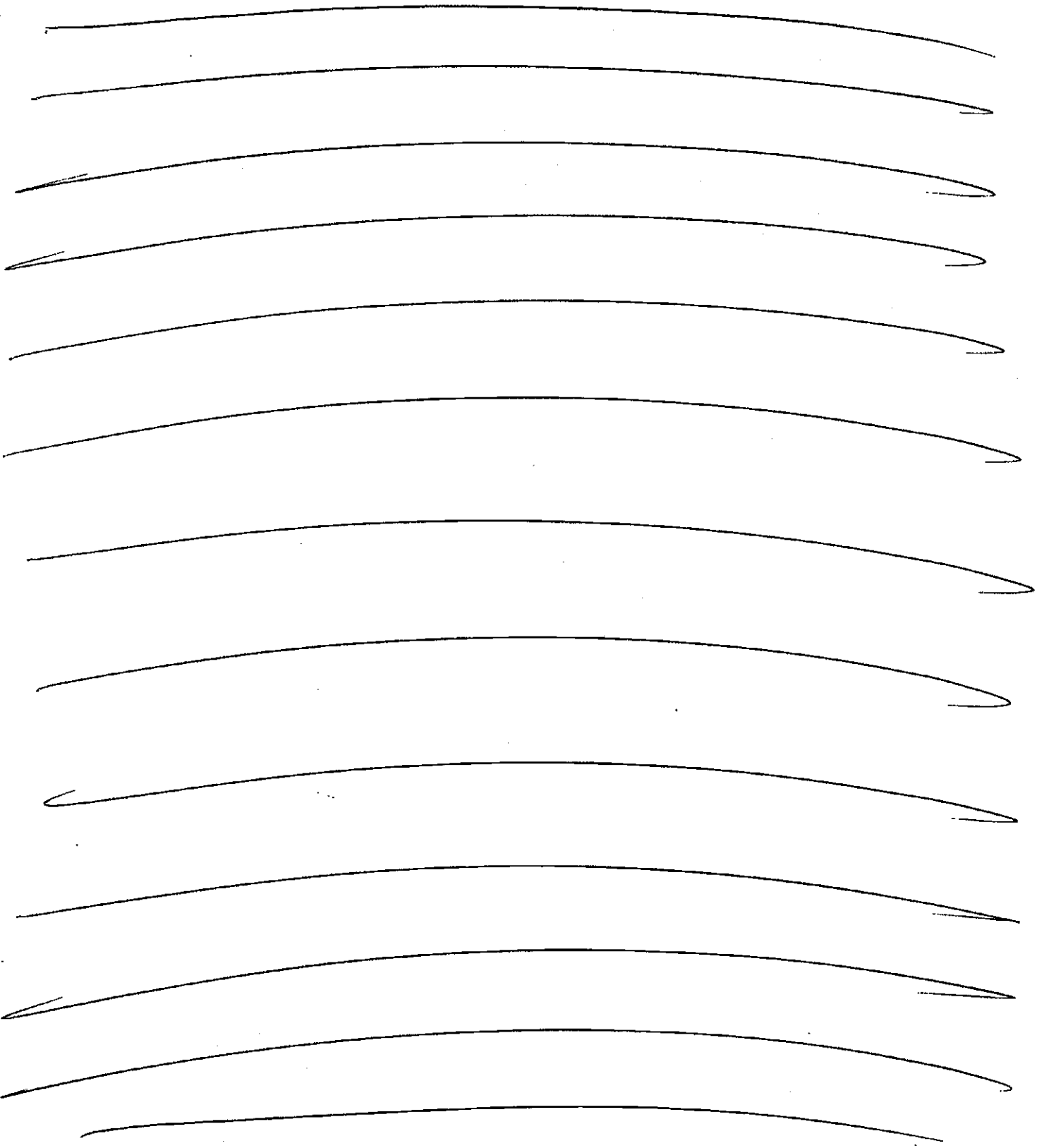
The basis for the claim is Rejection Damages, including a pre-petition default under an Executory Contract and monies due under the Contract after the date of rejection. Annexed in support of the Proof of Claim are the following Exhibits:

- (i) Pathology Services Agreement (the "Contract") among Sound Shore Medical Center of Westchester ("SSMC"), The Mount Vernon Hospital ("MVH"), and Orange Pathology Associates, P.C. (the "Claimant") dated August 30, 2011.
- (ii) Letter dated August 21, 2013 from Marc Kirschenbaum, CFO of the Claimant providing a summary of the pre-petition claim along with all supporting invoices.

Pre-Petition default:	\$133,873.12
Due through term of contract:	\$280,833.30 (\$28,083.33/month 11/2013 – 8/2014)
<b>Total Damages:</b>	<b>\$414,706.42</b>

Claimant reserves all rights to amend or supplement this proof of claim to reflect any additional claims against SSMC, MHV and any of the other jointly administered the Debtors.

This proof of claim is filed to protect the Claimant from forfeiture of the claim. The filing of this proof of claim is not (a) a waiver or release of the Claimant's rights against any person, entity or property; (b) a consent by the Claimant to the jurisdiction of the bankruptcy court with respect to any other proceeding commenced in this case against or otherwise involving the Claimant; (c) a waiver of any rights or claims the Claimant has against the Debtors or any other person or entity with respect to any pending or future litigation; or (d) a waiver of past, present or future defaults or events of default.



**EXHIBIT 1**

### PATHOLOGY SERVICES AGREEMENT

This Pathology Services Agreement is entered into on 30 Aug, 2011, by and amongst Sound Shore Medical Center of Westchester (the "SSMC"), a New York not-for-profit corporation, located at 16 Guion Place, New Rochelle, New York 10802, The Mount Vernon Hospital ("MVH"), a New York not-for-profit corporation, located at 12 North Seventh Avenue, Mount Vernon, New York 10550 (SSMC and MVH together referred to as "Hospitals" and individually as "Hospital") and Orange Pathology Associates, P.C., a New York professional corporation with its principal office located at 156 Route 59, Suite B4, Suffern, NY 10901 (the "Group").

WHEREAS, the Hospitals operate hospital facilities licensed pursuant to Article 28 of the New York State Public Health Law; and

WHEREAS, Group operates a private practice of medicine in the specialty of pathology and Group employs, retains or otherwise engages qualified physicians ("Group Clinicians") who render medical services on behalf of Group to hospitals; and

WHEREAS, the Hospitals desire Group to provide professional and administrative pathology services required by the Hospitals for the benefit of Hospital patients ("Patients"); and

WHEREAS, Group desires to provide such pathology services.

NOW, THEREFORE, for and in consideration of the mutual covenants herein contained, the parties hereto agree as follows:

#### 1. Group Services

1.1 Clinical and Administrative Services. Hospitals hereby retain Group to provide the clinical and administrative services described below (together, the "Services") through each Hospital's Department of Pathology (the "Department"). Group agrees to accept such retention to provide all such Services as needed by Hospitals in accordance with the terms of this Agreement. Hospitals and Group agree that except as otherwise specifically provided in this Agreement, Group shall be the exclusive provider of the Services for the Hospitals.

#### 1.2 Provision of Clinical Services.

1.2.1. Hospitals hereby retain Group to provide all required pathology services to Hospital Patients, including inpatients, outpatients and clinic patients, including without limitation all pathology work done for the Emergency Room at the Hospitals (the "Clinical Services"). Such Clinical Services shall include clinical and intraoperative consultations, frozen section examinations and autopsies. Group shall provide said Clinical Services at each Hospital on a 24/7 basis. The Group shall ensure that an adequate complement of Group Clinicians are on duty, and on-site at the

Hospitals to provide care for Patients weekdays, during normal business hours. Evenings, night, weekend and holiday coverage shall be provided on an "on-call" basis. Group shall establish staffing and schedules for all Clinical Services provided hereunder as required by all applicable laws, rules, regulations and Hospital policies. In addition to on-site services, on-call services 24 hours per day, 7 days per week shall be provided. Group shall provide a written monthly schedule for on-call back-up services. Group shall provide a written monthly schedule for on-call back-up services and shall include telephone numbers for each on-call Group Clinician. The parties recognize and agree that it is important for the pathologists providing services hereunder to build a rapport with other physicians on the Hospital's Medical Staff. To that end, Group shall ensure that the Clinical Services shall be provided by a reasonably stable group of physicians such that there shall be a continuity of services with respect to staffing and the provision of Clinical Services.

1.2.2. A Group Clinician shall be available by phone on a 24/7 basis.

1.2.3. The Group shall establish criteria for patient needs for specific laboratory procedures, quality improvement procedures, appropriate turnaround times for specific tests, criteria for STAT testing, critical test criteria and standards, report formats, referral criteria for pathologist review, and guidelines for cost-effective lab utilization. Such criteria shall be approved by Hospitals.

1.2.4. Hospitals shall provide the services of all support personnel reasonably necessary for Group Clinicians to provide the Clinical Services.

1.2.5. Group shall offer employment to the Pathology Assistant ("PA") currently employed by the Hospitals. Starting salary will be the current salary provided by the Hospitals. The PA will receive the standard benefit package offered to all Group employees. Hospitals and Group will share the expense for the total compensation for the PA which is reflected in the payments from the Hospitals to the Group for services provided under section 5.3.

1.3. Provision of Administrative Services. Without limiting the responsibilities of Groups set forth herein, it shall be the responsibility of Group, subject to the overall authority of each Hospital's Governing Body, to perform the services described below (collectively, the "Administrative Services"). These shall include participation in all appropriate committees established by the Hospital, including Tumor Board, Medical Board, Transfusion, Tissue, Cancer, Quality Improvement and others as listed in Exhibit A. The Group shall be responsible to assist in the selection and supervision of appropriate Hospital personnel to staff the Laboratory and to assist in ensuring compliance with regulatory and accrediting agencies, including the Joint Commission, New York State Department of Health, American Association of Blood Banks, CLIA and CAP. See Exhibit A.

1.3.1. The Group shall be responsible for Evaluation and Monitoring of instruments and procedures to include:



- Direction of point of care testing;
- Evaluation of new technology;
- Procedures for obtaining specimens for satisfactory evaluation;
- Assurance of prompt performance of adequate examinations in sufficient depth to meet the needs of patients;
- Responsibility for all laboratory reports, including assurances of delivery to appropriate persons with avoidance of misinterpretation; and
- Annual review of all clinical laboratory procedures

1.3.2. The Group shall assist the Hospitals in Space Planning and Fiscal Management in order to:

- Increase market share;
- Develop, maintain and grow hospital outreach programs; and
- Evaluation of contracted laboratory services.

1.3.3. The Group shall cooperate with Hospitals on the implementation of Information Technology.

1.3.4. The Group shall participate in Strategic and Project Planning including exploration of new service opportunities.

1.3.5. The Group shall actively support each Hospital's Corporate Compliance Program as evidenced by:

- Ensuring HIPAA compliance;
- Compliance with correct CPT and ICD-9 coding; and
- Monitoring Group Clinicians' performance.

1.3.6. The Group shall:

- Integrate the laboratory into each Hospital's primary functions;
- Coordinate and integrate interdepartmental services; and
- Develop and implement interdepartmental policies and procedures.

1.3.7. Department Director. An Interim Director of the Department (the "Interim Director") shall be appointed upon the recommendation of Group, subject to the approval of the Hospital, and such Interim Director shall be on-site at both Hospitals as necessary to assure the provision of Services under this Agreement during the initial phases thereof. The Director of the Department (the "Director") shall be appointed within six (6) months of the SSMC Effective Date upon recommendation of Group, subject to the approval of the Hospital, and the Director shall be on-site at both Hospitals on a full-time basis, subject to usual and customary absences for professional conferences, vacation and CME time-off. The Director shall serve in such capacity until such time as

(i) he/she shall resign; (ii) his/her medical staff membership and clinical privileges at the Hospital are terminated preventing him/her from carrying out his/her obligations pursuant to this Agreement; (iii) he/she is removed from such position as set forth herein; (iv) he/she ceases to be a Group Clinician; (v) he/she loses his/her license to practice medicine; or (vi) he/she is disabled for a period of six months and is unable to carry out his/her obligations hereunder. The Director shall be primarily responsible for the provision of Administrative Services to the Hospital hereunder on Group's behalf and shall be responsible for laboratory direction. It shall be the Director's responsibility to evaluate and make recommendations to the Hospital for cost-effective management of the Hospital laboratory services whether by expanding or consolidating existing services. This will include evaluation test menus to determine which tests should remain in-house or be sent to a reference laboratory. Each Hospital shall have the right to remove and replace the Director in accordance with its Medical Staff Bylaws and applicable policies. In the event that the Director is removed or replaced, Hospital, in consultation with the Group, shall appoint an Interim Director from among the Group Clinicians. Such Interim Director shall remain in such position until a permanent Director is named.

The Director shall obtain and maintain a valid New York State Certificate of Qualification. In the event that the Director fails to maintain the necessary Certificate of Qualification in one or more categories of laboratory services provided at the Hospital, the Group shall immediately provide for such categories an interim Director acceptable to the Hospital who currently maintains the necessary Certificate of Qualification.

1.3.8. Established of Policies. Group shall participate in the establishment of policies, procedures, rules, regulations and methods of operation related to the practice of pathology, as requested by Hospital.

1.3.9. Medical Teaching. Group shall provide medical teaching for all interns, residents, fellows, medical students, and other healthcare students as requested by Hospitals whether they are based at the Hospitals or rotating through the Hospitals. Group shall be responsible for continuing medical education for Group Clinicians and will assist the Hospitals in developing educational policies and procedures for all other laboratory personnel.

1.3.10. Performance Improvement. As part of the Hospitals' overall performance improvement program, Group shall recommend procedures to ensure the consistency and quality of all pathology services to be provided by Hospitals and shall additionally participate in Hospitals' overall quality improvement program in accordance with Hospital policies and the policies of accrediting organizations. Such participation shall include, but shall not be limited to, attendance at monthly Department meetings, quarterly reports monitoring, Department performance using CAP and other industry standards for quality measurement which will be submitted to appropriate Hospital committees.

1.3.11. Surveys and Inspections. Group shall cooperate with the Hospital in connection with any surveys inspections, and corrective actions related to the provision of pathology services and in the implementation of any corrections or recommendations. The Director or Hospital lab manager shall notify the Hospital CEO of all announced or unannounced surveys and inspections of the Department by regulatory agencies and of all preliminary and final reports and findings, which result from such surveys and inspections.

1.3.12. Selection, Maintenance and Utilization of Department Facilities and Other Equipment. Group shall cooperate with Hospitals in the planning, investigation and installation of devices, machinery, equipment and systems to be leased, purchased or otherwise acquired by Hospitals for use in the Department. Group shall advise Hospitals with respect to the selection of additional or replacement equipment required at the Hospitals. Group shall assist in the periodic inspection and evaluation of the equipment upon request of the Hospitals' CEO to determine whether it is being maintained in a safe condition and being utilized in a safe and efficient manner. Group shall advise Hospitals with respect to facility needs, including participation in the planning of any expansion of Department facilities, as requested by the Hospitals.

1.3.13. Budget. Group shall exercise diligence in assisting Hospitals in keeping costs of the Department to a minimum. Group shall, as requested by Hospitals, participate in the preparation of operating and capital budgets for the Department (including projections of both revenue and expenditures). Group shall perform its obligations under this Agreement in accordance with the budget of the Department as established by Hospitals, unless otherwise authorized in writing by Hospitals.

1.3.14. Media or Community Group Inquiries. Group shall notify the Hospitals' public affairs office of all announced or unannounced visits or phone calls to the Department by the media or community groups regarding Group, Department services or any other Department activities. Group shall cooperate with and follow the direction of Hospitals in connection with responding to such inquiries.

1.3.15. Medical Board Reporting. Group shall cooperate with Hospitals by making periodic reports, as requested, to Hospitals' Medical Board, Medical Staff Quality Improvement Committee or other oversight body regarding the Department's budgets, quality of care and such other matters related to the Department as may be requested by Hospitals from time to time.

1.3.16. Community Outreach. Group shall actively participate in the development of patient education materials and seminars. Group shall also work closely with the Marketing and Public Relations staff of the Hospitals to help communicate Department and Hospital developments to potential patients and the medical/surgical community.

1.4. Scheduling. Group shall provide Hospitals with telephone numbers to contact Group Clinicians in the event of an emergency.

1.5. Reporting Responsibility. Group and the Director shall report directly to the Medical Director and Senior Vice President/Operations and shall be at all times subject to the overall authority of the Governing Board of the Hospitals.

1.6. Pathology Reference Services. Subject to the Hospitals' continuing approval, the Group's affiliated laboratory, Histopathology Services, LLC (HPS) will be the provider of anatomic pathology reference laboratory services to include Immunohistochemistry, Hematopathology, Flow Cytometry, FISH, PCR, and Cytogenetics. HPS shall bill Patients and third party payors for such anatomic pathology reference laboratory services in accordance with the fee schedule set forth in Exhibit B. In the event HPS does not receive reimbursement from Patients or third party payors for such services, it shall bill the Hospital in accordance with the fee schedule set forth in Exhibit B. HPS shall be solely responsible for the collection of all such fees. In the event, the Hospital provides written notice to the Group that in the Hospitals' sole discretion, services being provided by HPS are unacceptable, the Group shall cease utilizing HPS' services and the Group shall instead utilize the services of a provider selected by the Hospitals. All testing not performed by HPS will be sent to the Hospital's clinical pathology reference laboratory.

1.7 Performance Evaluations. The Group shall be accountable for its performance under this Agreement to the Hospitals' Senior Vice President or his or her designee. On an annual basis (or more frequently, if necessary in the discretion of the Senior Vice President), the Hospitals will conduct a performance evaluation of the Services rendered and coverage provided by the Group. The performance indicators to be considered in this evaluation are contained in Exhibit C. The results of the evaluation will be provided to the Group in writing within thirty (30) days of completion. If the Hospitals identify issues regarding the availability of Group Clinicians to provide care, the Group shall promptly prepare and submit a manpower plan to the Hospitals specifying the manner in which it will correct such deficiencies. If deficiencies identified with respect to performance are not cured to the reasonable satisfaction of the Senior Vice President or the Group fails to provide a manpower plan as described above within thirty (30) days of receiving written notice of the deficiencies, the Hospitals may terminate this Agreement on thirty (30) days' written notice in accordance with Section 7.2.3. If such deficiencies are of such character as to reasonably require more than thirty (30) days to cure, then this Agreement may be terminated only if the Group fails to commence action within such thirty (30) days to cure the deficiencies and proceeds to use reasonable diligence to cure the deficiencies until they have been fully remedied.

## 2. Covenants of Group

2.1. Compliance with Hospital Policies and Applicable Law. In performing services hereunder, Group shall ensure that Group Clinicians, comply with all applicable law and all Hospital policies, including the Hospitals' certificate of incorporation, bylaws and rules, the bylaws, rules and regulations of the Medical Staffs, corporate compliance plan (including participation in training and education) and other policies, practices and procedures of the Hospitals, including those rules specifically applicable to the

administration of the Hospitals, the Department and any department within the Hospitals or the Hospitals' Board ("Hospital Policies"), the New York State Public Health Law, Committee for Accreditation of Pathology (CAP) and the regulations promulgated thereunder (including but not limited to Part 405) and all other applicable law, the standards of the Joint Commission, the standards of this profession and any other rules or regulations applicable to Group of the Hospitals.

2.2. Use of Hospital Facilities. Group shall ensure that Group Clinicians, do not use Hospitals' facilities for any purpose other than the provision of the Clinical and Administrative Services hereunder. Notwithstanding the foregoing, the parties agree that in consideration of being able to obtain pathological sub-specialty expertise and make additional pathologist staffing available to the Hospitals, Group may obtain the review, consult, opinion and interpretation with respect to Hospital cases by clinicians, at its cost, who are not on-site at the Hospitals, and Group Clinicians may provide the review, consult, opinion and interpretation with respect to non-Hospital cases to clinicians who are not rendering services to the Hospitals, subject to applicable laws, rules and regulations and provided that such review, consult, opinion and interpretation of non-Hospital cases to do not interfere with Group Clinicians' obligations hereunder.

2.3. Group Clinicians.

2.3.1. Group Clinician Qualifications. Group shall ensure that each Group Clinician who provides Clinical Services hereunder, as a continuing condition precedent to Hospitals' obligations under this Agreement, and prior to the provision of any services by a Group Clinician hereunder, as applicable: (i) hold and maintain in good standing a currently valid and unlimited license, registration or certification to practice medicine in the State of New York; (ii) apply for, be awarded and maintain in good standing membership on Hospital's Medical Staff with appropriate privileges in accordance with Hospital policies; (iii) be a provider under the Medicare and Medicaid programs; (iv) be board certified by the American Board of Pathology in anatomical and clinical pathology within five (5) years after post-graduate training, and (v) be approved by the Medical Staff appointment process. It will be the Group's responsibility to immediately alert the Hospital should any of the Group Clinicians receive a restriction or sanction from a regulatory authority.

2.3.2. Termination of Medical Staff Privileges. Group represents and covenants that Group has been informed and understands and agrees, and that each Group Clinician will be informed and will acknowledge in writing his/her understanding and agreement, that, upon the expiration, termination or non-renewal of this Agreement of his Employment Agreement with Group, for any reason whatsoever, each Group Clinician's membership on Hospital's medical staff and clinical privileges at Hospital may likewise and at the same time terminate at the election of Hospital. Any provision of Hospital policies to contrary notwithstanding, Hospital and Group each agree that in the event that a Group Clinician's medical staff membership and clinical privileges terminate as a result of the termination of this Agreement, or the individual Group Clinician's termination from the Group (i) Hospital has no duty to provide notice, hearing, or review; (ii)

Hospital, Group and Group Clinician hereby waive such notice, hearing, or review; and (iii) Group shall hold Hospital harmless from any and all liability or loss incurred by Hospital in reliance upon Group's covenants hereunder.

2.3.3. Retention of Group Clinicians. Group shall employ or retain, at its expense, such number of Group Clinicians as mutually determined to be reasonably necessary to discharge the duties of Group under this Agreement (including the Department Director duties), consistent with the professional standards of other similarly situated hospitals with like practices, provided, however, that the parties agree that a minimum of two full-time equivalent (2 FTEs) Group Clinicians shall be employed or retained to ensure that a total of two (2) Group Clinicians are on-site at the Hospitals during business hours.

2.3.4. Hospital's Ongoing Approval and Removal of Group Clinician. The selection of a Group Clinician for assignment to the Hospital shall be subject to the Hospital approval. If a Hospital becomes aware of any questions regarding professional qualifications or performance of any Group Clinician, such questions will be communicated promptly to the Group so that a resolution of the problem can be promptly made. Should a clinical or interpersonal problem arise with regard to a Group Clinician, the Group will work with the Group Clinician and the Hospital to correct the problem to the satisfaction of all parties. If Hospital and the Group determine that such problem is of a sufficiently serious nature to warrant suspension, then the Group Clinician in question will be suspended from the schedule in order to allow the parties time to fairly investigate and evaluate the problem, and if necessary, counsel the Group Clinician to correct the problem. Notwithstanding the foregoing, the Hospitals will have the right to require the Group to immediately terminate an individual Group Clinician from service at the Hospital for good cause, as determined by the Hospital in its reasonable discretion. Such termination will be administrative in nature and, with respect to the Group Clinician, will not be considered a denial or revocation of staff privileges subject to hearing and appellate review as may be provided in the Bylaws, Rules and Regulations of the Medical Staff or otherwise. Thus such a termination will not be an event reportable to New York State nor the National Practitioner Data Bank. Nothing in this section will be construed as limiting the right of a Hospital to take corrective action, limit, suspend or terminate a Group Clinician's privileges, or take other disciplinary action in accordance with the Bylaws, Rules and Regulations of the Medical Staff. In the event a Group Clinician is suspended or terminated, the Group shall promptly provide a qualified replacement Group Clinician.

2.3.5. Group Clinician Misconduct. Group shall promptly notify Hospital of any professional or criminal misconduct of a Group Clinician or any other incident or behavior negatively affecting the quality of care provided by Group Clinician. Hospital shall have the right to require that such Group Clinician not provide further Services under this Agreement,

2.3.6 Other Agreements. Group covenants that it and Group Clinicians who will perform Services hereunder, are not bound by any agreement or arrangement which would preclude Group and/or Group Clinicians from entering into this Agreement or from fully performing the Services.

2.4. Limitation of Group Authority.

2.4.1. Hospitals shall retain full legal authority over the day to day operations of Hospitals and the Departments and any powers not delegated to Group under this Agreement shall remain with Hospitals. Notwithstanding anything to the contrary stated herein, Hospitals shall retain (i) independent control over the Departments' books and records; (ii) exclusive authority over the disposition of the Hospital assets which were furnished or supplied to the Department by Hospital (provided, however, that any assets in the form of equipment and supplies furnished or purchases by Group shall remain the property of Group; (iii) exclusive authority to independently adopt and enforce policies affecting the delivery of health care services in the Department; and (iv) exclusive authority over the policies and procedures and the implementation with respect to the operation of the Department, in order to ensure the provision of quality health care services in the Department and to ensure that the Department is operated in compliance with all applicable laws and regulations.

2.4.2. Except pursuant to the prior written approval of Hospital, Group and Group Clinicians shall not engage in or cause direct purchasing or otherwise contract any liability on behalf of Hospital or the Department and shall neither charge the credit of Hospital nor incur any obligations or enter into any agreement for or on behalf of Hospital of the Department in the operation of the Department or otherwise.

2.5. Time Records and Allocation Agreements. The Group agrees and shall require Group Clinicians to agree to promptly record and maintain all information that, in the reasonable judgment of Hospitals, is necessary or desirable in order for Hospitals to have time records relating to services under this Agreement in compliance with the requirements of the Medicare Program and other third party payer programs. Upon request, Group (and each Group Clinician) shall execute an allocation agreement in such form as may be provided by the Hospitals for Services rendered to the Hospitals and Patients. In addition, Group and each Group Clinician, agrees to periodically execute written allocation agreements, based on the results of such time records which meet the requirements of the Medicare Program and such other third party payer programs. The form of such time records and allocation agreements shall be determined, and may be from time to time be amended, by Hospitals after consultation with the Group.

2.6. Non-Solicitation.

2.6.1. During the term of this Agreement and for one (1) year after its termination, neither party shall, directly or indirectly, employ or otherwise hire or engage any person who, during the one year period prior to termination of this Agreement, was

an employee or independent contractor of the other party, without such other party's prior written consent.

2.6.2. This Section will survive the expiration or earlier termination of this Agreement.

2.7. Third Party Payor Participation. Group shall make best efforts to enter into and maintain agreements with Hospitals' contracted third party payors. Group shall not be required to accept any fee schedule which is less than the applicable Medicare Fee Schedule for Westchester, New York.

3. Independent Contractors.

It is expressly acknowledged by the parties hereto that Group and each Group Clinician are "independent contractors" of Hospitals and nothing in this Agreement is intended or shall be construed to create with Hospitals and employer/employee relationship or/a joint venture relationship. Group understands and agrees that Hospitals will not make any payment to the Group or any Group Clinician, other than specified in Section 5, and will not withhold on behalf of the Group or any Group Clinician any sums for income tax, unemployment insurance, social security, worker's compensation, NYS disability, or any other withholding pursuant to any law or requirement of any governmental body relating to Group or any Group Clinician, or make available to Group of any Group Clinician any of the benefits afforded to employees of Hospitals and that all of such payments, withholdings, and benefits, if any, are the sole responsibility of Group. In the event the Internal Revenue Service or any other governmental agency should question or challenge the independent contractor status of Group or any Group Clinician, Hospitals shall have the right to participate in any discussion or negotiation occurring with such agency or agencies, irrespective of whom or by whom such discussion or negotiation is initiated.

4. Records.

4.1. Medical Records. Group shall cause to be prepared reports of all examinations, procedures, and other clinical services performed by Group on behalf of Hospitals. Group shall cooperate with Hospitals with respect to the filing and maintenance of accurate and complete files in the Department of all such reports and supporting documents. In preparing such reports, Group and each Group Clinician shall comply with Hospital Policies, the New York State Public Health Law and the regulations promulgated thereunder (including but not limited to Part 405), and the standards of the Joint Commission and CAP. All such medical records shall be the property of Hospital.

4.2. Third Party Payor Program Requirements. Group acknowledges that the Hospital is a participant in various third party payment programs including, without limitation, Medicare and Medicaid, which participation is essential to the financial viability of the Hospitals. Therefore, in connection with the subject matter of this Agreement, Group agrees, and shall cause each Group Clinician to agree to fully



cooperate with the Hospital and to provide assistance to the Hospitals in meeting all reasonable requirements for participation and payment associated with such third party payment programs. Group further agrees, subject to all applicable law to make available to the Hospitals such information and records as the Hospital may reasonably request to; (i) substantiate its cost under this Agreement, and (ii) facilitate the Hospitals' compliance with the requirements of the Medicare Conditions of Participation and Medicaid State Plan and to facilitate the Hospital's substantiation of its reasonable costs or other claims for reimbursement in accordance with the requirements applicable to the Medicare and Medicaid Programs and any other third party payment program in which the Hospital participates.

4.3. Governmental Access to Books, Documents and Records. To the extent applicable under section 1861 (v)(1)(I)(ii) of the Social Security Act, as amended, and 42 CFR Part 420.300, Group agrees with Hospitals that, upon request made in accordance with applicable law and regulations, the Comptroller General of the United States, the United States Department of Health and Human Services and the duly authorized representative of the foregoing shall be given access by Group to the following records from the date of this Agreement until the expiration of four (4) years after the furnishing of the services under this Agreement: this Agreement, all books, documents and records of Group that are necessary to verify the nature and extent of the costs to Hospitals of services rendered hereunder. In the event any request for Group's books, documents and records is made pursuant to this Section, Group shall give notice of such request to Hospitals, shall provide Hospitals with a copy of such request and shall provide Hospitals with a copy of each book, document and record made available to one or more of the persons and agencies listed above or shall identify each such book, document and record to Hospitals and shall grant Hospitals access thereto for review and copying. In the event a similar request is made of Hospitals, it shall provide notice to Group and provide a copy of such request to Group.

4.4. Ownership. The ownership and right of control of all reports, records and supporting documents prepared in connection with Group's provision of services hereunder and the operation and administration of the Department shall vest exclusively in Hospitals, and shall be maintained according to Hospitals' retention policy and applicable laws, rules and regulations.

4.5. Confidentiality. Group shall maintain all Hospital and protected health information, confidential technology, proprietary information, patient or customer lists, trade secrets or other Hospital confidential information to which Group has access in performing hereunder, including but not limited to medical records, in the strictest confidence in accordance with all applicable laws and regulations. Without limiting the foregoing, Group represents that (i) Group and each Group Clinician has been trained in and will comply with the confidentiality and disclosure requirements set forth in Title 10 of N.Y.C.R.R., including those concerning HIV/AIDS related information; as well as the Health Insurance Accountability and Portability Act of 1996 ("HIPAA"), including compliance with the requirements set forth in Hospital's Notice of Privacy Practices; (ii) Group and each Group Clinician will comply with the Business Associate Addendum attached hereto as Exhibit D and made a part hereof, as required by HIPAA; and (iii)

Group and each Group Clinician will execute individual Confidentiality Attestations stating that they will comply with all such requirements. Group shall provide Hospital with copies of such Attestations upon request.

5. Financial Arrangements. The terms of the Group's financial arrangement with Hospitals are as follows:

5.1. Space, Equipment and Support Staff. Hospitals shall provide Group with suitable support staff, office space, equipment, supplies and utilities as shall be reasonably necessary and appropriate for Group to provide the Services, as reasonably determined by the Hospitals in consideration of recognized professional standards. All technicians, clerical staff and other personnel required for the efficient and proper operation of the Department shall be employed by the Hospitals. All salaries, benefits and other obligations attributable to such employees shall be paid by the Hospitals in accordance with its usual personnel policies. The Hospitals shall, at their own expense, furnish ordinary cleaning and maintenance service, mail service, phone service, gas, water and electricity for light and power and telephone, as may be required for the proper operation and conduct of the Department. The Hospitals shall provide the Group with an anatomic pathology information system and access to their information system for charge and demographic information.

5.2. Clinical Services – Group Billing. Except as otherwise provided herein, Hospitals shall not compensate Group for the provision of Clinical Services hereunder. Group shall independently bill Patients and third party payors for the Clinical Services hereunder. Group shall be solely responsible for the collection of all such fees for Clinical Services hereunder. All such billing shall be in accordance with all applicable law. Group agrees that its fees shall be reasonable and consistent with the currently prevailing rates in the community. With respect to Clinical Services rendered to Medicare beneficiaries, Group agrees to accept Medicare assignment as payment in full and shall not bill such Patients directly for any additional amount except for co-insurance and deductibles that are the direct responsibility of the patients.

5.3. Administrative Services Fee.

5.3.1. As a payment for administrative services, supervision, teaching, and provision of a Pathology Assistant ("PA"), the Hospital will pay the Group according to the following Fee Schedule:

Year 1:		
	Upon SSMC Effective Date (as defined in Section 7.1) - \$300,000/year	\$25,000/month
	Upon MVH Effective Date (as defined in Section 7.1) - \$325,000/year	\$27,083.33/month
Year 2	- \$337,000/year	\$28,083.33/month
Year 3	- \$337,000/year	\$28,083.33/month

5.3.2. The administrative fee is to be paid in equal monthly installments on the first of each month.

5.3.3. The first payment is due on September 1, 2011.

5.4. Medicaid and Medicaid Managed Care

5.4.1. The Group will invoice the Hospital for Pathology Services performed on the Medicaid and Medicaid Managed Care Patients on the first of each month for the previous month's services.

5.4.2. Invoice will list each patient, date of service and CPT codes performed.

5.4.3. Hospital will be invoiced at 80% of the Westchester, New York Medicare Fee Schedule.

5.4.4. Hospital will pay Group's invoice within 30 days.

5.5. Charity and Uncompensated Care. In the event in any month over 8% of the Group's total volume of Pathology Services provided hereunder is provided for unfunded, uninsured, and indigent Patients, the Group will invoice the Hospital for such uncompensated Pathology Services performed on unfunded, uninsured and indigent Patient on the first of each month for the previous month's services. The invoice will list each patient, date of service and CPT codes performed. The Hospital shall be invoiced at 80% of the Westchester, New York Medicare Fee Schedule and the Hospital shall pay undisputed Group invoices within thirty (30) days.

5.6 Global Arrangements. Notwithstanding Section 5.2 above, in the event that the Hospital has a contract with any global payors, including capitated contracts (the "Global Payors") that includes the payments for hospital-based physicians in the fees paid to the Hospital for, among other things, outpatient clinic, inpatient, ambulatory surgery and emergency services, Hospital shall pay Group on a fee-for-service basis at one-hundred percent (100%) of the Westchester, New York Medicare Professional Fee Schedule (the "Global Fee"). Group shall invoice the Hospital on a monthly basis for all Clinical Services covered under such Global Payors contracts rendered during the prior month, which invoice shall detail the Clinical Services rendered to Global Payor patients during the prior month, including the CPT code, the Group Clinician, the patient and the date of service. The Hospital shall pay the Global Fee due within thirty (30) days of the Hospital's receipt of a complete invoice. The Global Fees shall constitute payment in full for all Clinical Services and Group shall not bill such payors or patients for such services. Hospital shall notify Group in writing of all arrangement with the Global Payor and if the Hospital enters into arrangements with any additional global payor or if the Hospital's arrangement with a Global Payor terminates.

5.7. Participation with Specific Insurer of Hospital Employees. The Group agrees to negotiate participation with the insurer currently engaged to provide coverage for Hospital employees. This agreement to participate is limited to the specific insurance provided for Hospital employees and does not extend to other products that may be offered by the insurance company. The intent of this Section 5.7 is that Hospital employees will not be billed by Group for professional pathology services, other than co-payments, as outlined for their specific insurance product, and as required by law. If a participation agreement cannot be reached with this insurer, Group agrees to accept the insurance payment for an out of network provider, plus required co-payments, as full payment for PC services.

5.8. Technical Services. The Hospitals shall charge, bill and collect from Patients for the use of Hospitals' equipment, personnel and supplies.

5.9. Cooperation. The parties agree to cooperate with each other to provide any necessary information to enable each to bill its respective charges. Hospitals shall cooperate with the Group as reasonably necessary in order for Group to capture patient demographics and other information necessary to perform efficient fee-for-service patient billing.

5.10. Fair Market Value. During the Term of this Agreement, Group acknowledges and agrees that the compensation to be paid to Group hereunder is based on fair market value as of the date of this Agreement. Group understands and agrees that in order to comply with applicable federal, state and local laws, rules and regulations, including without limitation, the Federal Anti-kickback statute (42 USC § 1320a-7b(b)), and the Stark (42 USC 1395nn), the compensation payable to Group must be fair market value. Nothing in this Agreement shall be construed as requiring the Group or any Group Clinician to make referrals to the Hospitals.

6. Insurance/Indemnification.

6.1. Insurance.

6.1.1. The Group will assume professional medical responsibility and liability for its services. In connection with the provision of services hereunder Group and each Group Clinician shall obtain and maintain, at no expense to Hospitals, professional liability insurance coverage with New York authorized providers, each in the amounts of \$1,300,000/\$3,900,000, covering Group and each Group Clinician, Each Group Clinician who is eligible will also obtain and maintain excess malpractice coverage policy, if available. Group shall furnish Hospitals with copies of each such insurance policy and any amendment or renewal or extension hereof. In the event that Group or Group Clinicians do not have an occurrence from policy, upon termination of such non-occurrence form policies Group and each Group Clinician shall purchase "tail" coverage or take other necessary steps to ensure that Group and Group Clinicians are covered at the levels set forth herein for all incidents occurring during the term hereof, regardless of when a claim is brought. Group shall maintain statutory workers compensation insurance for its employees.

6.1.2. Hospitals shall obtain and maintain, at their own expense, professional liability and general liability insurance coverage with New York approved carriers, each in the amounts of \$1,300,000/\$3,900,000, covering Hospitals and all Hospital employees, as applicable.

6.1.3. In the event that Hospitals or Group becomes aware of a claim being asserted related to an alleged injury arising out of the care or treatment of any patient provided Services under this Agreement, each party has a duty to give the others written notice containing the particulars sufficient to identify the name and address of the allegedly injured person, the place and circumstances of the alleged incident and the addresses of the available witnesses within five (5) calendar days. The notice given pursuant to this Section shall be treated as confidential and privilege to the fullest extent permitted by law. Subject to the terms of the respective professional liability and malpractice insurance policies, each of the parties hereto shall cooperate with each other and in the conduct of suits and in enforcing any right of contribution or indemnity against any other and in the conduct of suits and in enforcing any right of contribution or indemnity against any other person or organization who may be liable to either of the parties because of injury with respect to which insurance is afforded, and each of the parties hereto shall attend the hearing and trials and assist in securing evidence and obtaining the attendance of witnesses.

6.1.4. The obligations set forth hereunder shall survive termination or expiration of this Agreement for any reason.

## 6.2. Indemnification.

6.2.1. Each party shall indemnify and hold harmless the other party and its trustees, members, shareholders, officers, directors, employees, independent contractors and agents, as applicable, from and against any and all claims, actions, suits, proceedings, liabilities, losses, demands, judgments, and expenses (including court costs and reasonable attorney's fees) arising out of the acts of omissions of the indemnifying party of any of its trustees, members, directors, officers, shareholders, employees, independent contractors or agents, as applicable. The indemnity provided hereunder (a) shall apply to all activities conducted by the parties and (b) shall be secondary to; and shall only apply to, those amounts in the excess of any applicable insurance coverage. However, in order for any party to be obligated to provide such indemnification, such indemnitor must receive prompt notice of the matter; and indemnitor will select legal counsel for the defense of the matter for that party with is indemnified, Any party receiving indemnification must cooperate in the defense of the matter, and no settlement or compromise shall be effective as to the indemnitor unless the indemnitor has given its prior written consent. The obligations set forth hereunder shall survive termination or expiration of this Agreement for any reason.

6.2.2. The obligations set forth in this Section 6 shall survive termination or expiration of this Agreement for any reason.

## 7. Term and Termination of the Agreement

7.1. Term. With respect to services being provided by the Group at SSMC, this Agreement shall commence on September 1, 2011 ("SSMC Effective Date"). At such time that the parties shall mutually agree to in writing, this Agreement shall commence with respect to services being provided by the Group at MVH ("MVH Effective Date"). This Agreement shall be for an initial term of thirty-six (36) months commencing on the SSMC Effective Date (as may be extended, the "Term"). The parties agree that on or before the date that is one-hundred twenty (120) days prior to the end of the Term, the parties shall meet and negotiate in good faith a renewal of this Agreement, or shall provide written notice of intent not to renew. In the event that either party does not provide the other party with written notice of intent not to renew this Agreement, then this Agreement shall renew for an additional one year Term.

7.2. Termination.

7.2.1. Termination by Agreement. In the event Hospitals and Group shall mutually agree in writing, this Agreement may be terminated on the terms and date stipulated therein.

7.2.2. Termination Without Cause. After the first year of the Agreement, either party may terminate this Agreement, without cause, upon ninety (90) days prior written notice given to the other party.

7.2.3. Termination on Notice for Default. Subject to Section 7.2.6 below, either party may terminate this Agreement upon thirty (30) days prior written notice to the other upon a breach hereof, which breach has not been cured to the reasonable satisfaction of the notifying party within such thirty (30) day period.

7.2.4. Termination on Notice Under Special Circumstances. In the event that any term, covenant, condition or provision of this Agreement is likely, in the reasonable discretion of the Hospital, to jeopardize or interfere with the Hospital's (i) licensure; (ii) participation in Medicare or Medicaid programs; (iii) full accreditation by the Joint Commission; (iv) tax exempt status; or (v) ability to obtain, maintain, modify or amend any tax exempt financing, this Agreement shall be renegotiated so as to eliminate the violation or non-complying aspects hereof. If the parties cannot promptly agree on such renegotiated terms, the Hospital may terminate this Agreement upon one-hundred twenty (120) days' written notice to Group.

7.2.5. Immediate Termination. Notwithstanding anything herein to the contrary either party may terminate this Agreement immediately upon written notice to the other party in the event that; (i) the other party fails to maintain the insurance required hereunder; (ii) the other party loses or has suspended its license or other authority to perform its obligations hereunder; or (iii) the other party is excluded or suspended from participation in the Medicare or Medicaid program.

7.2.6. Limit on Re-negotiation. In the event of termination of this Agreement, the parties agree that they shall not enter into a new, amended or re-negotiated agreement containing revised pricing or compensation terms more than once

during any twelve (12) month period during which this Agreement is in effect, except as provided in section 7.2.4.

**7.2.7 Immediate Termination by the Hospital.** Notwithstanding anything to the contrary contained herein, or any current or future Bylaw, Rule or Regulation of the Hospital or Medical Staff to the contrary, a Hospital may terminate this Agreement immediately upon written notice to the Group upon the occurrence of any of the following events with respect to the Group or any of the Group Clinicians providing Services at the Hospital unless (a) the Group immediately prohibits such Group Clinician from providing any of the professional medical services or administrative services described in this Agreement, and (b) within ten (10) days, the Group and the Hospital reach an agreement regarding alternative staffing for the Department. In the event that the Group must arrange for alternative staffing, the Group will be responsible at its sole expense to ensure that the staffing requirements of Sections 1.2.1 and 2.3.3 are met.

- (a) Loss, limitation or suspension of clinical privileges at a Hospital for any reason, or at any other health care institution for reasons relating to professional competence;
- (b) Censure of, or the taking of any other disciplinary action by any board, institution, organization or professional society having any privilege or right to pass upon such Group Clinician's conduct;
- (c) Failure of a Group Clinician to maintain an unrestricted license to practice medicine in the State of New York;
- (d) Conviction of, pleas of guilty to, or pleas of no contest to, a crime, other than a minor traffic offense;
- (e) Exclusion from participation in any federal health care insurance program, including Medicare or Medicaid for any reason; and
- (f) In the reasonable discretion of a Hospital's Senior Vice President, the Group Clinician's conduct is sufficiently disruptive as to adversely impact the operations of the Hospital.

The Group shall immediately notify the Hospital in writing upon the occurrence of any of the events described in this Section 7.2.7.

**7.2.8 Termination Upon Notice.** Notwithstanding anything to the contrary contained herein, or any current or future Bylaw, Rule or Regulation of the Hospital or the Medical Staff to the contrary, the Hospital may terminate this Agreement upon thirty (30) days' written notice to the Group upon the occurrence of any of the following events:

- (a) The Group engages in a pattern of conduct involving repeated breaches followed by remedial action within the thirty-day period as provided for in Section 7.2.3; or

(b) The Group fails to make reasonable attempts to become or remain a participating provider with any third-party payor with which the Hospitals are a participating provider as required in Section 2.7.

7.2.9. Effects of Termination. Upon termination of this Agreement as herein above provided, neither party shall have any further obligation hereunder except for ; (i) obligations accruing prior to the date termination; and (ii) obligations, promises or covenants contained herein which are expressly made to extend beyond the term of this Agreement.

8. Miscellaneous.

8.1. Notices. Any notice, demand or communication required, permitted or desired to be given hereunder shall be deemed given when personally delivered (with signed delivery receipt), or delivered by U.S. Mail or any other reputable delivery service which, in both cases, obtains a signed delivery receipt, addressed as follows:

Group:  
Orange Pathology Associates, P.C.  
156 Route 59, Suite B4  
Suffern, New York 10901  
Attn: Schuyler Newman, M.D.

Hospitals:  
Sound Shore Medical Center of Westchester  
16 Guion Place  
New Rochelle, New York 10802  
Attn: John R. Spicer, President and CEO  
John Mamangakis, Senior Vice President, Operations

The Mount Vernon Hospital  
12 North Seventh Avenue  
Mount Vernon, New York 10550  
Attn: John Mamangakis, Senior Vice President, Operations

8.2. Compliance with New York State Health Regulations. The New York State Health Regulations require the following provisions in the Agreement; (i) the parties to this Agreement shall comply with those provisions of Chapter V of Title 10 of the New York Codes, Rules and Regulations which are binding on that party under the law of the State of New York; and (ii) notwithstanding any other provision in this contract, Hospitals remain responsible for ensuring that any service provided pursuant to this contract complies with all pertinent provisions of federal, state and local statutes, rules and regulations.

8.3. Governing Law. This Agreement has been executed and delivered in and shall be interpreted, construed and enforced pursuant to and in accordance with the laws of the State of New York



8.4. Assignment. No assignment of this Agreement of the rights and obligations hereunder shall be valid without the specific written consent of the parties hereto.

8.5. Waiver of Breach. The waiver by a party of a breach or violation of any provision of this Agreement shall not operate as, or be construed to be, a waiver of any subsequent breach of the same or other provision hereof.

8.6. Severability. In the event of any provision of this Agreement is held to be unenforceable for any reason, the unenforceability thereof shall not affect the remainder of this Agreement, which shall remain in full force and effect and enforceable in accordance with its terms.

8.7. Amendment. This Agreement may be amended only by a written instrument executed by the parties.

8.8. Entire Agreement. This Agreement supersedes all previous contracts and constitutes the entire Agreement between the parties. Group shall be entitled to no benefits other than those specified herein. No oral statements of prior written material not specifically incorporated herein shall be of any force and effect and no changes in or additions to this Agreement shall be recognized unless incorporate herein by amendment as provided herein, such amendments(s) to become effective on the date stipulated in such amendment(s). Group specifically acknowledges that in entering into and executing this Agreement that it relies solely upon the representations and agreements contained in this Agreement and no others.

8.9. Counterparts. This Agreement may be executed in counterparts, each of which shall be considered an original and all which taken together shall constitute a single instrument.

8.10. Use of Name. Neither the Group nor the Hospitals shall use the name of the other in any format or for any purpose, without the prior written consent of the other party in each instance.

8.11. Eligibility for Government Programs. Group represents that (i) it has not been convicted of a criminal offense related to health care; and (ii) it is not currently listed by a federal agency as debarred, excluded or otherwise ineligible for participation on federally funded health care programs. Group shall notify Hospitals immediately, in writing, of any change in this representation during the term of this Agreement. Such change in circumstances shall constitute cause by the Hospitals to immediately terminate this Agreement. For purposes of this paragraph, "Group" is defined as the entity entering into this contract, and/or its principals, employees, independent contractors, directors and officers and shareholders.

8.12. Personal Inducements. Group represents and warrants that no cash, equity interest, merchandise, equipment, services or other forms of remuneration have been offered, shall be offered or will be paid distributed by or on behalf of Group to Hospitals and/or the officers, directors, trustees, employees or independent contractors of Hospitals or its member hospitals, or to any other person, party or entity affiliated with Hospitals or its member hospitals, as an inducement to purchase or to influence the purchase of services by Hospitals from Group.

8.13. Conflicts of Interest. Group represents that it has disclosed to Hospitals all relationships or financial interests that may represent or could be construed as a conflict of interest with respect to Group's transaction of business with Hospitals. Except as may be disclosed in writing by Group, Group further represents that no employee, independent contractor, director or officer of Hospitals or any member facility of Hospitals is a partner, member or shareholder of, or, has a financial interest in Group. For purposes of this Section, the term "financial interest" shall include, but not limited to, the following transactions or relationships between an employee, independent contractor, director, trustee or officer of Hospitals or any member facility of Hospitals and Group; (a) consulting fees, honoraria, gifts or other emoluments, or "in kind" compensation; (b) equity interests, including stock options, of any amount in a publicly or non-publicly traded company (or entitlement to the same); (c) royalty income (or other income) or the right to receive future royalties (or other income); (d) any non-royalty payments or entitlements to payments; or (e) service as an officer, director or in any other role, whether or not remuneration is received for such service. A breach of any representation under this Section shall be grounds in immediate termination of this Agreement. Group agrees to comply with Hospitals' Conflict of Interest Policy set forth on Exhibit E.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date below.

SOUND SHORE MEDICAL CENTER OF WESTCHESTER

By: John R. Spicer

Name: John R. Spicer

Title: President and CEO

Date: 6/31/11

THE MOUNT VERNON HOSPITAL

By: John R. Spicer

Name:

Title:

Date:

ORANGE PATHOLOGY ASSOCIATES, P.C.

By: *Schuyler Newman*

Name: Schuyler Newman, M.D.

Title: President

Date: 30 Aug 11

**EXHIBIT A**

**The following is a list of General Administrative Services:**

**Educational activities -**

- Medical Staff
- Medical Students - interns and residents
- Medical technologists and students
- Other hospital personnel
- Presentation and participation in medical staff educational conferences

**Committee Responsibilities:**

- Transfusion
- Tissue
- Credentials
- Cancer
- Quality Improvement
- Infection Control
- Medical Board
- Tumor Board
- Other committees, as needed

**Establishment of Department Organization Structure:**

- Personnel selection

**Ensure Compliance with Accrediting Agencies:**

- Joint Commission
- AABB
- New York State Department of Health
- CLIA
- CAP

**Evaluation and Monitoring of Instruments and Procedures**

- Direction of point of care testing
- Evaluate new technology
- Approve procedures for obtaining specimens for satisfactory evaluation
- Assure prompt performance of adequate examinations in sufficient depth to meet the needs of patients
- Assume responsibility for all laboratory reports, including assurance of delivery to appropriate persons with avoidance of misinterpretation
- Perform annual review of all clinical laboratory procedures
- Ensure that procedures and tests outside the capabilities of the department are not performed

**Space Planning**

Fiscal Management

- Increase market share
- Develop, maintain and grow hospital outreach programs.
- Evaluation of contracted laboratory services.

Laboratory Information System:

- Anatomic
- Clinical
- Interfaces
- Other information systems

Strategic and project planning

- Explore new service opportunities.
- Involvement in HMO, MSO, and PHO activities.

Ensure Corporate Compliance program

- Ensure HIPPA compliance.
- Ensure correct CPT and ICD-9 coding.
- Monitor pathologists' performance.

Interaction with other hospital departments.

- Integrating the pathology department and clinical laboratory into the organization's primary functions.
- Coordinate and integrate interdepartmental services.
- Develop and implement interdepartmental policies and procedures.

Provide 24-hour a day medical consultation services including clinical consultations, frozen section examinations, and autopsies.

Credentialing – Participate in credentialing and other peer review activities, including physician discipline, as necessary.

Managed Care Matters – Work cooperatively with Hospitals to obtain contracts with managed care organizations and other third party payors, and facilitate delivery of quality patient care in accordance with the requirements of such organizations and payors.

Liaison – Serve as the liaison to the Hospitals with regard to all Services provided in accordance with this Agreement.

Relationship with Hospital Staff – Work collaboratively with other members of the Medical Staff and the Hospital administrators, managers and support services personnel in the administration of services within the Department.

Records – Maintain such records, and prepare or assist in the preparation of such reports, as may be necessary in order to comply with the requirements of any governmental agency, accrediting body, funding source or similar entity.

Assume professional medical responsibility and liability for above services.

**EXHIBIT B**

**HPS Fee Schedule**

TEST NAME	CPT CODES	FEE
CYTOGENETICS (BLOOD, BONE MARROW, LYMPH NODE)		\$500.00
CYTOGENETICS (PRODUCTS OF CONCEPTION)		\$500.00
BCR/ABL		\$500.00
KRAS		\$500.00
BRAF		\$500.00
EGFR		\$650.00
MSI		\$650.00
JAK 2		\$400.00
IgVH MUTATION ANALYSIS		\$500.00
ABL KINASE MUTATION		\$400.00
T AND B CELL GENE REARRANGEMENTS		\$500.00
BCL 2		\$500.00
PML/RARA		\$400.00
AMI/ET 0		\$400.00
IMMUNOHISTOCHEMISTRY (INCLUDES ER PR & HER-2)		
TC ONLY EACH UNIT	88342	\$100.00
FISH (HER-2)		
TC ONLY	88367 x 2	\$500.00
FISH (HEM; EACH PROBE)		

TC ONLY EACH PROBE	88368	\$250.00
FISH (UROLOGY 3-5 PROBES)		
TC ONLY	88120	\$500.00
FLOW CYTOMETRY; COMPREHENSIVE		
TC ONLY		\$1,800.00
FLOW CYTOMETRY; LYMPHOPROLIFERATIVE		
TC ONLY		\$1,500.00
FLOW CYTOMETRY; PLASMA CELL PANEL		
TC ONLY		\$1,500.00
FLOW CYTOMETRY; PNH PANEL		
TC ONLY		\$500.00
FLOW CYTOMETRY; ZAP 70 PANEL		
TC ONLY		\$500.00

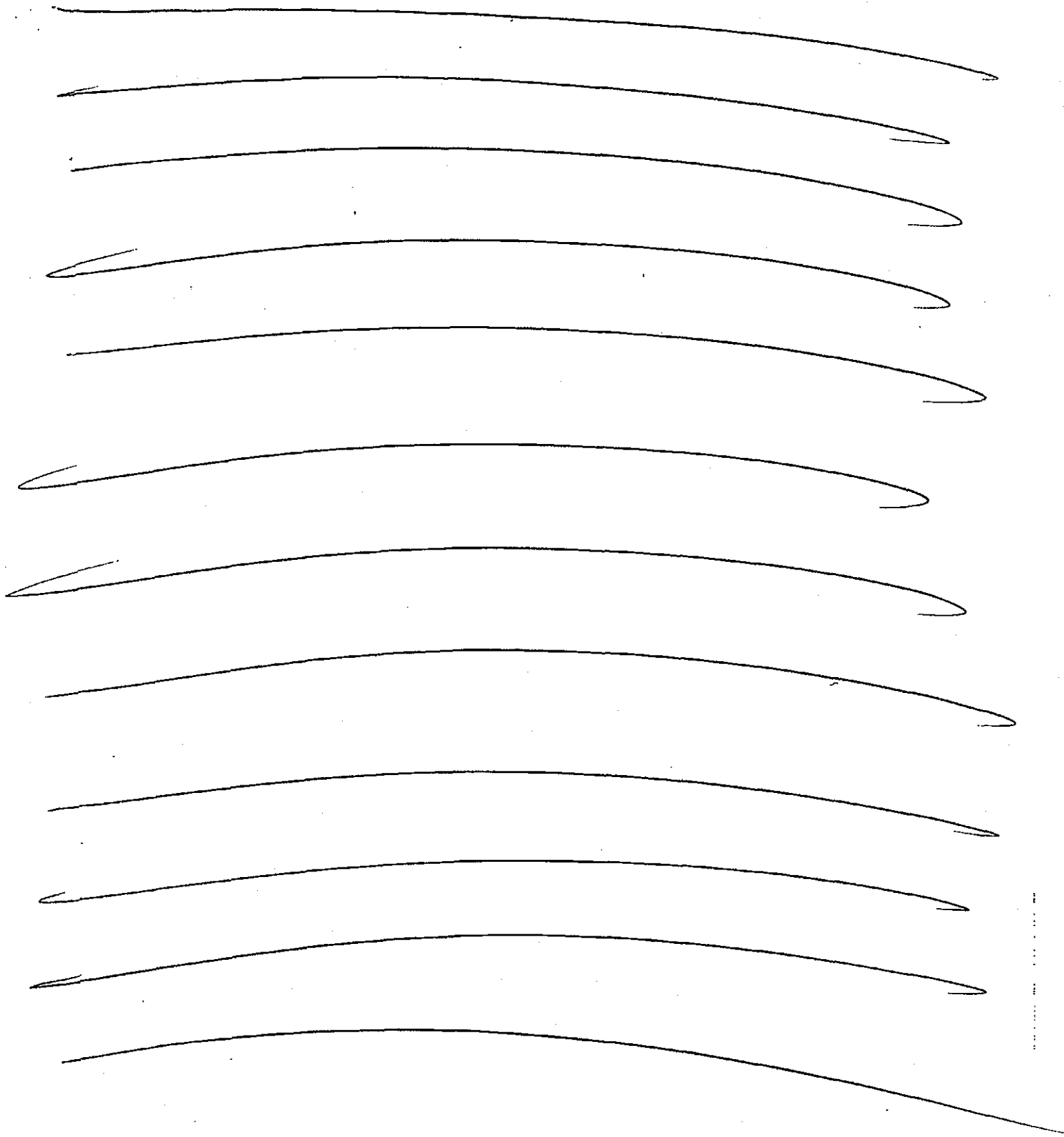


## EXHIBIT C

### PERFORMANCE INDICATORS

As provided in Section 1.7 of this Agreement, the Senior Vice President or his or her designee will perform a performance evaluation regarding the Services being provided by the Group. The expectations and indicators to be evaluated will include, but not be limited to, the following:

- A. Physician Satisfaction. The Group will work with the Hospitals to achieve physician satisfaction goals. The goals will be set on an annual basis and results will be measured annually. Action plans developed cooperatively between the Group and the Hospitals to achieve these goals will be developed and implemented on an annual basis at minimum and as needed.
- B. Patient Satisfaction. The Group will work with the Hospitals to achieve patient satisfaction goals. The goals will be set on an annual basis and results will be measured monthly. Action plans developed cooperatively between the Group and the Hospital to achieve these goals will be developed and implemented on a quarterly basis as minimum and as needed.
- C. Report Turnaround Time
  - 1. Frozen Section Turnaround Time: 95% of Frozen Section reports shall be available to surgeon within fifteen (15) minutes of specimen receipt (single specimen criteria).
  - 2. Autopsy Turnaround Time: Preliminary Autopsy Diagnosis (PAD) available within one (1) business day of autopsy consent. Final Autopsy Diagnosis (FAD) available within sixty (60) days.
  - 3. Discrepancies: All discrepancies (frozen section to final diagnosis) shall be graded and contain resolutions and appropriate follow-up.
  - 4. Transfusion Reaction Reports: Transfusion Reaction reports shall be reviewed and signed within one (1) business day of notification of incident.
  - 5. The Group shall provide an "exceptions" report to the Hospitals containing specimens submitted for diagnosis that fail to meet minimum submission guidelines.
  - 6. Final Diagnoses: 95% of final diagnoses for routine biopsies shall be available to the surgeon within one (1) business day. Cases requiring decalcification, extra fixation time or special studies will be excluded from this calculation.



**EXHIBIT 2**

**Orange Pathology Associates, P.C.**

156 RT 59  
Suffern, NY 10901

(845) 369-4200  
Fax (845) 369-4201

August 21, 2013

Dawn Kirby, Partner  
DelBello Donnellan Weingarten Wise & Wiederkehr, LLP  
One North Lexington Avenue  
11<sup>th</sup> Floor  
White Plains, NY 10601

Re: Sound Shore Medical Center Pre Bankruptcy Petition Filing Invoices

Dear Dawn,

As we discussed yesterday, I am forwarding the unpaid invoices for services rendered by Orange Pathology Associates, P.C. at Sound Shore Medical Center during the Pre-Bankruptcy Petition period. I have attached the following invoices for services that OPA has provided during the pre-bankruptcy petition filing, and they are:

**Part A Services:**

Invoice 12013	\$ 5,501.37
Invoice 22013	\$28,083.33
Invoice 32013	\$28,083.33
Invoice 42013	\$28,083.33
Invoice 52013-2	\$25,365.76
<b>Total Part A Services</b>	<b>\$115,117.12</b>

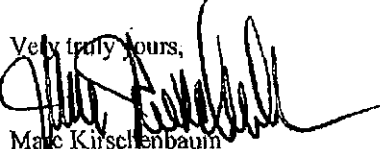
**Pass-Through Services:**

Invoice 24113	\$10,838.42
Invoice 45891	\$ 7,917.58
<b>Total Pass-Through Services</b>	<b>\$18,756.00</b>

I have attached detail for the invoices above for your submission.

As always, your assistance in this matter is greatly appreciated. In the event that you have any questions in this matter, or you need additional information for these pre-bankruptcy petition filing invoices, please feel free to contact me at my direct line of 201-934-2976 or via email at [mkirschenbaum@pathline.com](mailto:mkirschenbaum@pathline.com).

Very truly yours,

  
Marc Kirschenbaum  
CFO

cc: Edward Berlin  
Nader Okby, M.D.

Orange Pathology Associates, P.C.  
PO Box 911  
RAMSEY, NJ 07446

John Mamangakis  
Sound Shore Medical Center  
16 Gulion Place  
New Rochelle, NY 10802

INVOICE DATE: 8/20/2013  
INVOICE #: 12013  
INVOICE PERIOD: 1/1/13-1/31/13

PART A PATHOLOGY SERVICES - JANUARY, 2013 \$28,083.33  
Less: Prior Partial Payment (\$22,581.96)

NET BALANCE DUE FOR SERVICES FOR PERIOD \$5,501.37

NET PAYMENT DUE TO ORANGE PATHOLOGY ASSOCIATES, P.C. \$5,501.37

Please Make All Checks Payable to:  
Orange Pathology Associates, P.C.  
PO Box 911  
Ramsey, NJ 07446  
Tax ID #: 14-1513452

**Orange Pathology Associates, P.C.**

PO Box 911  
RAMSEY, NJ 07446

John Mammangakis  
Sound Shore Medical Center  
16 Guilford Place  
New Rochelle, NY 10802

INVOICE DATE: 8/20/2013  
INVOICE #: Z2013  
INVOICE PERIOD: 2/1/13-2/28/13

---

PART A PATHOLOGY SERVICES - FEBRUARY, 2013  
NET BALANCE DUE FOR SERVICES FOR PERIOD \$28,083.33  
NET PAYMENT DUE TO ORANGE PATHOLOGY ASSOCIATES, P.C. \$28,083.33

Please Make All Checks Payable to:  
Orange Pathology Associates, P.C.  
PO Box 911  
Ramsey, NJ 07446  
Tax ID #: 14-1513452

**Orange Pathology Associates, P.C.**

PO Box 911  
RAMSEY, NJ 07446

John Mamangakis  
Sound Shore Medical Center  
16 Guion Place  
New Rochelle, NY 10802

INVOICE DATE: 8/20/2013  
INVOICE #: 32013  
INVOICE PERIOD: 3/1/13-3/31/13

---

PART A PATHOLOGY SERVICES - MARCH, 2013  
NET BALANCE DUE FOR SERVICES FOR PERIOD \$28,083.33  
NET PAYMENT DUE TO ORANGE PATHOLOGY ASSOCIATES, P.C. \$28,083.33

Please Make All Checks Payable to:  
Orange Pathology Associates, P.C.  
PO Box 911  
Ramsey, NJ 07446  
Tax ID #: 14-1513452

Orange Pathology Associates, P.C.  
PO Box 911  
RAMSEY, NJ 07446

John Marmangakis  
Sound Shore Medical Center  
16 Guion Place  
New Rochelle, NY 10802

INVOICE DATE: 8/20/2013  
INVOICE #: 42013  
INVOICE PERIOD: 4/1/13-4/30/13

---

PART A PATHOLOGY SERVICES - APRIL, 2013 \$28,083.33  
NET BALANCE DUE FOR SERVICES FOR PERIOD \$28,083.33  
NET PAYMENT DUE TO ORANGE PATHOLOGY ASSOCIATES, P.C. \$28,083.33

Please Make All Checks Payable to:  
Orange Pathology Associates, P.C.  
PO Box 911  
Ramsey, NJ 07446  
Tax ID #: 14-1513452

John Mamangakis  
Sound Shore Medical Center  
16 Guion Place  
New Rochelle, NY 10802

Orange Pathology Associates, P.C.  
PO Box 911  
RAMSEY, NJ 07446

INVOICE DATE: 8/20/2013  
INVOICE #: 52013-2  
INVOICE PERIOD: 5/1/13-5/28/13

PART A PATHOLOGY SERVICES - MAY 1-28, 2013 (@ Daily rate of \$905.92) \$25,365.76  
NET BALANCE DUE FOR SERVICES FOR PERIOD \$25,365.76  
NET PAYMENT DUE TO ORANGE PATHOLOGY ASSOCIATES, P.C. \$25,365.76

Please Make All Checks Payable to:  
Orange Pathology Associates, P.C.  
PO Box 911  
Ramsey, NJ 07446  
Tax ID #: 14-1513452





Sound Shore Medical Center		CLIENT. 144
INVOICE DATE 03/31/2013	PAY THIS AMOUNT \$14,880.57	ENTER AMOUNT PAID \$
		<b>INVOICE# 24113</b>

TAX ID NO: 141513452  
 BILLING INQUIRIES:  
 (845) 369-4200

Sound Shore Medical Center  
 Attn: Alan Jones, Lab Manager, John Mamangakis  
 16 Guion Pl  
 New Rochelle, NY 10802

MAKE CHECK PAYABLE TO:  
 Orange Pathology Assoc, PC  
 PO Box 911  
 RAMSEY, NJ 07446

DETACH AND RETURN TOP PORTION OF INVOICE WITH YOUR PAYMENT - RETAIN BOTTOM PORTION FOR YOUR RECORDS

**INVOICE HISTORY**

DATE	INVOICE	CHARGES	PAYMENTS	ADJUSTMENTS	BALANCE
03/31/2013	24113	\$10,838.42 Unapplied:	\$0.00	\$0.00	\$10,838.42
02/28/2013	12606	\$4,042.15	\$0.00	\$0.00	\$4,042.15
				<b>BALANCE</b>	<b>\$14,880.57</b>

MESSAGES

CURRENT	1-60 DAYS	61-90 DAYS	91-120 DAYS	OVER 120 DAYS	ACTUAL BALANCE
\$10,838.42	\$4,042.15	\$0.00	\$0.00	\$0.00	\$14,880.57
INVOICED TO 144 Sound Shore Medical Center			BILLING DATE 03/31/2013	AMOUNT OWED \$14,880.57	INVOICE# 24113

INVOICE SUMMARY

DESCRIPTION	SUBTOTALS
Balance Forward	\$4,042.15
Transaction Total	\$10,838.42
Payment Total	\$0.00
Adjustment Total	\$0.00
Balance Due	\$14,880.67

DETAIL FOR CURRENT INVOICE

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>MARTINEZ, CRYSTAL 02/14/1987</b>						
02/23/2012	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
				Patient Subtotal	\$71.50	\$71.50
<b>DADJE, PATRICIA 12/03/1980</b>						
11/15/2012	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
				Patient Subtotal	\$32.54	\$32.54
<b>VILLEGAS, ANIBERSELI 09/17/1982</b>						
12/13/2012	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
				Patient Subtotal	\$32.54	\$32.54
<b>THOMAS, KIMBERLY 06/26/1990</b>						
01/22/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
				Patient Subtotal	\$71.50	\$71.50
<b>ELMALIKI, NADWAH 12/20/1977</b>						
01/23/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
				Patient Subtotal	\$71.50	\$71.50
<b>MARGOLLA, JENNIFER 10/10/1992</b>						
01/23/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
				Patient Subtotal	\$71.50	\$71.50
<b>MAURICIO, CARLOS 03/04/1995</b>						
01/23/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
				Patient Subtotal	\$32.54	\$32.54
<b>HOYTE, ROSEANN 07/04/1975</b>						
01/24/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
				Patient Subtotal	\$32.54	\$32.54
<b>SERRATA, ALFREDO 05/11/1968</b>						
01/24/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
01/24/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERPANC	88312 26	\$23.42	\$23.42
				Patient Subtotal	\$55.96	\$88.50
<b>LOPEZ, ANTONIO 10/17/1952</b>						
01/25/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
				Patient Subtotal	\$9.77	\$9.77

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 03/31/2013	INVOICE# 24113
---	----------------------------	-------------------

**DETAIL FOR CURRENT INVOICE**

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>ROMAINE, GABRIEL 12/24/1951</b>						
01/25/2013	3	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$97.62
01/25/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERPANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$121.04</b>
<b>RUMIPULLA, ROMAM 01/15/1989</b>						
01/25/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>MARCELIN, JESULA 12/10/1979</b>						
01/27/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>WALKER, PATRICIA LOUISE 01/21/1966</b>						
01/28/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>ANDREWS, ANTHONY 05/10/1964</b>						
01/29/2013	1	88300.26	SURGICAL PATHOLOGY LEVEL 1 GROSS	88300 26	\$4.03	\$4.03
<b>Patient Subtotal</b>					<b>\$4.03</b>	<b>\$4.03</b>
<b>HANNIFORD, JULIA 07/02/1958</b>						
01/29/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
01/29/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERPANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$88.50</b>
<b>SECCHIANO, PATRICIA 12/18/1981</b>						
01/29/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>TORRES, OSCAR 12/20/1980</b>						
01/29/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>HYPPOLITE, BERTHA 08/24/1965</b>						
01/30/2013	2	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$143.00
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$143.00</b>
<b>MICKENS, CALEB 10/01/2008</b>						
01/30/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>MITCHELL, SHARLEEN 07/10/1973</b>						
01/30/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>MORTON, ERIC 10/25/1951</b>						
01/30/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$65.08</b>

<b>INVOICED TO</b> 144 Sound Shore Medical Center	<b>BILLING DATE</b> 03/31/2013	<b>INVOICE#</b> 24113
--	-----------------------------------	--------------------------

DETAIL FOR CURRENT INVOICE

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>OCHOA, ANNA 10/05/1958</b>						
01/30/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
01/30/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP AND	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$88.50</b>
<b>PASQUA, VIRGINIA 02/15/1962</b>						
01/30/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>QUEZADA, LORRAINE 09/23/1963</b>						
01/30/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$65.08</b>
<b>VALENCIA, RAFAEL 10/21/1964</b>						
01/30/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>ALLEN, LORNA JAMELLIAH 08/24/1948</b>						
01/31/2013	2	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$143.00
01/31/2013	7	88342.26	IMMUNOHISTOCYTOCHEMISTRY, EACH.	88342 26	\$36.81	\$257.67
<b>Patient Subtotal</b>					<b>\$108.31</b>	<b>\$400.67</b>
<b>AUSTIN, RAHEEM 12/10/1992</b>						
01/31/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>GIRFFITHS, MITZIE 08/31/1964</b>						
01/31/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>INGRAM, MARLEEN 12/11/1977</b>						
01/31/2013	1	88302.26	SURGICAL PATHOLOGY LEVEL 2 GROSS	88302 26	\$5.81	\$5.81
01/31/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$38.35</b>	<b>\$38.35</b>
<b>LESEVIC, DANIJELA 10/09/1975</b>						
01/31/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>ROWE, MARSHA 12/19/1984</b>						
01/31/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>ROYALKING, ZENA 06/05/1966</b>						
01/31/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>SMITH, VALRIE 05/14/1951</b>						
01/31/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 03/31/2013	INVOICE# 24113
---	----------------------------	-------------------

DETAIL FOR CURRENT INVOICE

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>ABDELDAYEM, AMINA 09/29/1944</b>						
02/01/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$65.08</b>
<b>ANDREWS, ANTHONY 05/10/1964</b>						
02/01/2013	1	88300.26	SURGICAL PATHOLOGY LEVEL 1 GROSS	88300 26	\$4.03	\$4.03
02/01/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
02/01/2013	1	88331.26	FIRST BLOCK,FROZEN SECTION SINGLE	88331 26	\$53.43	\$53.43
<b>Patient Subtotal</b>					<b>\$90.00</b>	<b>\$90.00</b>
<b>BARONA, ANTHONY 05/19/1971</b>						
02/01/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
02/01/2013	1	88311.26	DECALCIFICATION	88311 26	\$10.69	\$10.69
<b>Patient Subtotal</b>					<b>\$20.46</b>	<b>\$20.46</b>
<b>CANNADAY, DARRIN 10/12/1993</b>						
02/02/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>DIEGO, LISA 01/16/1984</b>						
02/03/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>SANABRIA, DEYSI 04/02/1988</b>						
02/03/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>BIVENS, LABRYLL 07/10/1974</b>						
02/04/2013	3	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$97.62
02/04/2013	3	88360.26	MORPHOMETRIC ANALYSIS, EACH ANTIH	88360 26	\$46.73	\$140.19
<b>Patient Subtotal</b>					<b>\$79.27</b>	<b>\$237.81</b>
<b>BLOUNT, PATRICK 03/17/1952</b>						
02/04/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
02/04/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$88.50</b>
<b>CANO, SKENDER 06/16/1968</b>						
02/04/2013	4	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$130.16
02/04/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$163.58</b>
<b>EPHRAIM, LYNDA 08/03/1958</b>						
02/04/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
02/04/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$88.50</b>
<b>FLORES, ANA LAURA 11/18/1976</b>						
02/04/2013	1	88300.26	SURGICAL PATHOLOGY LEVEL 1 GROSS	88300 26	\$4.03	\$4.03
<b>Patient Subtotal</b>					<b>\$4.03</b>	<b>\$4.03</b>

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 03/31/2013	INVOICE# 24113
---	----------------------------	-------------------

**DETAIL FOR CURRENT INVOICE**

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>PRIDE, STEPHEN 08/17/1956</b>						
02/04/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
02/04/2013	1	88311.26	DECALCIFICATION	88311 26	\$10.69	\$10.69
<b>Patient Subtotal</b>					<b>\$82.19</b>	<b>\$82.19</b>
<b>RAJKUMAR, RAJKUMAR 09/09/1939</b>						
02/04/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
02/04/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERPANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$56.96</b>
<b>EVANGELISTA, MIRIAM 03/30/1963</b>						
02/05/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
02/05/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERPANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$88.50</b>
<b>HERNANDEZ, LUIS FERNANDO 10/25/1960</b>						
Patient Not Responsible						
02/05/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
02/05/2013	1	88112.26	CYTOPATHOLOGY	88112 26	\$50.42	\$50.42
<b>Patient Subtotal</b>					<b>\$82.96</b>	<b>\$82.96</b>
<b>PARISH, JEAN 08/18/1968</b>						
02/05/2013	5	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$162.70
02/05/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERPANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$186.12</b>
<b>SELKRIDGE, TESSA 03/26/1973</b>						
02/05/2013	1	88300.26	SURGICAL PATHOLOGY LEVEL 1 GROSS	88300 26	\$4.03	\$4.03
<b>Patient Subtotal</b>					<b>\$4.03</b>	<b>\$4.03</b>
<b>BASHEER, SYEDA 09/24/1981</b>						
02/06/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>CARDENAS, SULLY 12/07/1981</b>						
02/06/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>CEJA, GABRIELA 12/09/1994</b>						
02/06/2013	2	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$19.54
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$19.54</b>
<b>CROOKS, SANDRA 02/05/1966</b>						
02/06/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
02/06/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERPANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$55.96</b>
<b>FIGUEROA, ROSENDO 12/08/1982</b>						
02/06/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
02/06/2013	1	88311.26	DECALCIFICATION	88311 26	\$10.69	\$10.69
<b>Patient Subtotal</b>					<b>\$20.46</b>	<b>\$20.46</b>

<b>INVOICED TO</b> 144 Sound Shore Medical Center	<b>BILLING DATE</b> 03/31/2013	<b>INVOICE#</b> 24113
--	-----------------------------------	--------------------------

DETAIL FOR CURRENT INVOICE

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>LINDAO, TERESA 02/18/1964</b>						
02/06/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
					<b>Patient Subtotal</b>	<b>\$32.54</b>
<b>ROSALES, GLENDY 10/17/1983</b>						
02/06/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
					<b>Patient Subtotal</b>	<b>\$9.77</b>
<b>SHELTON, MICHAEL 04/17/1976</b>						
02/06/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
					<b>Patient Subtotal</b>	<b>\$32.54</b>
<b>VALLE, DIANA 02/18/1970</b>						
02/06/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
					<b>Patient Subtotal</b>	<b>\$32.54</b>
<b>CHAMORRO, PABLO 01/15/1963</b>						
02/07/2013	3	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$97.62
					<b>Patient Subtotal</b>	<b>\$97.62</b>
<b>DAVILA, JOSEFINA 12/07/1981</b>						
02/07/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
02/07/2013	2	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$143.00
					<b>Patient Subtotal</b>	<b>\$175.54</b>
<b>GUILFORD, ELEANOR 05/29/1964</b>						
02/07/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
					<b>Patient Subtotal</b>	<b>\$32.54</b>
<b>PINEDA, ANGELA L 03/24/1980</b>						
02/07/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
					<b>Patient Subtotal</b>	<b>\$32.54</b>
<b>RAMDHANNY, DOODNAUTH 04/01/1954</b>						
02/07/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
02/07/2013	1	88311.26	DECALCIFICATION	88311 26	\$10.69	\$10.69
					<b>Patient Subtotal</b>	<b>\$20.46</b>
<b>VARGAS, SAUL 03/26/1981</b>						
02/07/2013	1	88112.26	CYTOPATHOLOGY	88112 26	\$50.42	\$50.42
					<b>Patient Subtotal</b>	<b>\$50.42</b>
<b>MEJIA, ERIKA 07/18/1990</b>						
02/08/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
					<b>Patient Subtotal</b>	<b>\$71.50</b>
<b>SALAMEA, GILMA 04/13/1973</b>						
02/08/2013	2	88302.26	SURGICAL PATHOLOGY LEVEL 2 GROSS	88302 26	\$5.81	\$11.62
					<b>Patient Subtotal</b>	<b>\$11.62</b>

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 03/31/2013	INVOICE# 24113
---	----------------------------	-------------------

DETAIL FOR CURRENT INVOICE

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>VELEZ, OLGA 03/26/1969</b>						
02/08/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
					<b>Patient Subtotal</b>	<b>\$9.77</b>
<b>NICHOLAS, FERDILIA 08/27/1976</b>						
02/09/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
					<b>Patient Subtotal</b>	<b>\$32.54</b>
<b>LEVY, ELISA 07/11/1959</b>						
02/11/2013	3	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$97.62
02/11/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP AND	88312 26	\$23.42	\$23.42
					<b>Patient Subtotal</b>	<b>\$55.96</b>
<b>LOPES, JOSE LUIS 03/19/1969</b>						
02/11/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
					<b>Patient Subtotal</b>	<b>\$32.54</b>
<b>VAZQUEZ, NORMA 05/23/1972</b>						
02/11/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
02/11/2013	1	88311.26	DECALCIFICATION	88311 26	\$10.69	\$10.69
					<b>Patient Subtotal</b>	<b>\$43.23</b>
<b>HERNANDEZ, LUIS FERNANDO 10/25/1980</b>						
Patient Not Responsible						
02/12/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
02/12/2013	1	88112.26	CYTOPATHOLOGY	88112 26	\$50.42	\$50.42
					<b>Patient Subtotal</b>	<b>\$82.96</b>
<b>DOBEY, RANDALL 11/27/1984</b>						
02/13/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
					<b>Patient Subtotal</b>	<b>\$9.77</b>
<b>BOWIE BECERRA, NATALIA N 08/03/1999</b>						
02/14/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
					<b>Patient Subtotal</b>	<b>\$9.77</b>
<b>AGUILAR, DINA Y 03/03/1981</b>						
02/15/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
					<b>Patient Subtotal</b>	<b>\$9.77</b>
<b>BROOKS, JOHANNE 10/23/1978</b>						
02/15/2013	2	88302.26	SURGICAL PATHOLOGY LEVEL 2 GROSS	88302 26	\$5.81	\$11.62
					<b>Patient Subtotal</b>	<b>\$5.81</b>
<b>HERNANDEZ, LUIS FERNANDO 10/25/1980</b>						
Patient Not Responsible						
02/15/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
02/15/2013	1	88112.26	CYTOPATHOLOGY	88112 26	\$50.42	\$50.42
					<b>Patient Subtotal</b>	<b>\$82.96</b>

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 03/31/2013	INVOICE# 24113
---	----------------------------	-------------------



DETAIL FOR CURRENT INVOICE

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>MURPHY, SEAN 05/15/1974</b>						
02/15/2013	2	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$19.54
02/15/2013	2	88311.26	DECALCIFICATION	88311 26	\$10.69	\$21.38
<b>Patient Subtotal</b>					<b>\$20.46</b>	<b>\$40.92</b>
<b>RIVERA, ALEXI 12/07/1954</b>						
02/15/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
02/15/2013	1	88331.26	FIRST BLOCK,FROZEN SECTION SINGLE	88331 28	\$53.43	\$53.43
02/15/2013	5	88342.26	IMMUNOHISTOCYTOCHEMISTRY, EACH.	88342 26	\$36.81	\$184.05
<b>Patient Subtotal</b>					<b>\$122.78</b>	<b>\$270.02</b>
<b>BERNARD, LEA 03/27/1987</b>						
02/18/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>GERVACIO, ALICIA 08/17/1982</b>						
02/19/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>HENLON, NATALIE 07/11/1975</b>						
02/19/2013	2	88302.26	SURGICAL PATHOLOGY LEVEL 2 GROSS	88302 26	\$5.81	\$11.62
02/19/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$77.31</b>	<b>\$83.12</b>
<b>HENRY, MARCIA 06/14/1962</b>						
02/19/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$65.08</b>
<b>LINKE, CRISTINA A 11/15/1984</b>						
02/19/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>DELLATESTA, LISSETTE 03/02/1960</b>						
02/20/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
02/20/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP AND	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$88.50</b>
<b>JARVIS, KEMORA 07/17/1983</b>						
02/20/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>MITCHELL, SERFENIA 09/15/1978</b>						
02/20/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 28	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>OCHOAFIGUEROA, PAULINA 10/28/1994</b>						
02/20/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 03/31/2013	INVOICE# 24113
---	----------------------------	-------------------

DETAIL FOR CURRENT INVOICE

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>SOLANO, MARIA 11/10/1969</b>						
02/20/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
02/20/2013	2	88312.26	SPECIAL STAIN INCLUDING INTERPANC	88312 26	\$23.42	\$46.84
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$111.92</b>
<b>VALENCIA, ANGELA 06/08/1971</b>						
02/20/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$65.08</b>
<b>DEMOPOULOS, LINDA 06/17/1977</b>						
02/21/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$65.08</b>
<b>LANDELL, SHANEKA 07/19/1986</b>						
02/21/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>SARKODIE, PAULINA 03/27/1972</b>						
02/21/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>VACCARO, DENISE 02/17/1953</b>						
02/21/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>VEGA, EILEEN 09/24/1955</b>						
02/21/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
02/21/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERPANC	88312 26	\$23.42	\$23.42
02/21/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
02/21/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERPANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$111.92</b>	<b>\$177.00</b>
<b>RESENDIZ, ARACELI 03/20/1978</b>						
02/22/2013	1	88302.26	SURGICAL PATHOLOGY LEVEL 2 GROSS	88302 26	\$5.81	\$5.81
02/22/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$15.58</b>	<b>\$15.58</b>
<b>ROUSON, GAIL 12/18/1969</b>						
02/22/2013	2	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$19.54
02/22/2013	1	88311.26	DECALCIFICATION	88311 26	\$10.69	\$10.69
02/22/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERPANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$43.88</b>	<b>\$53.85</b>
<b>SUMMERS, LORRAINE 03/25/1987</b>						
02/22/2013	3	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$97.62
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$97.62</b>
<b>PINEDA, SHIRLEY 04/06/1997</b>						
02/25/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 03/31/2013	INVOICE# 24113
---	----------------------------	-------------------

**DETAIL FOR CURRENT INVOICE**

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>STEPHENS, LONDELL 11/20/1970</b>						
02/25/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
02/25/2013	1	88311.26	DECALCIFICATION	88311 26	\$10.69	\$10.69
<b>Patient Subtotal</b>					<b>\$82.19</b>	<b>\$82.19</b>
<b>WALENCIK, PAULA 04/03/1973</b>						
02/25/2013	5	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$162.70
02/25/2013	2	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$46.84
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$209.54</b>
<b>DJANDOH, ANITA 05/31/1980</b>						
02/26/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>PEREZ, MARIA 10/29/1962</b>						
02/26/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>ROSALES, MARTHA 08/27/1987</b>						
02/26/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>VALERIO, MARIA 10/20/1970</b>						
02/26/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>BARRIOS, CONSUELO 05/02/1962</b>						
02/27/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
02/27/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
02/27/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
02/27/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$111.92</b>	<b>\$177.00</b>
<b>BROCKMAN, JUANITA 09/11/1963</b>						
02/27/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>CASTILLO, SYLVIA 01/08/1974</b>						
02/27/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
02/27/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
02/27/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
02/27/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$111.92</b>	<b>\$177.00</b>
<b>CHICAS, DINA 06/01/1958</b>						
02/27/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>EILLIOTT, ALANIZ 01/15/1999</b>						
02/27/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 03/31/2013	INVOICE# 24113
---	----------------------------	-------------------

DETAIL FOR CURRENT INVOICE

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>ELLIOTT, ALANIZ 06/15/1999</b>						
02/27/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>GONZALEZ, NORMA A 11/16/1973</b>						
02/27/2013	3	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$97.62
02/27/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERPANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$121.04</b>
<b>HURT, KENYON 12/30/1977</b>						
02/27/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
02/27/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$19.54</b>	<b>\$19.54</b>
<b>MAHMUTI, HYRIJE 07/08/1992</b>						
02/27/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$65.08</b>
<b>MCLEAN, JENNIFER 04/10/1980</b>						
02/27/2013	2	88302.26	SURGICAL PATHOLOGY LEVEL 2 GROSS	88302 26	\$5.81	\$11.62
<b>Patient Subtotal</b>					<b>\$5.81</b>	<b>\$11.62</b>
<b>SPAFFORD, NICOLE 07/21/1986</b>						
02/27/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
02/27/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERPANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$55.96</b>
<b>TORRES, MARIA 10/07/1977</b>						
02/27/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
02/27/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$19.54</b>	<b>\$19.54</b>
<b>FARIA, MARIA 08/18/1953</b>						
02/28/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
02/28/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$104.04</b>	<b>\$104.04</b>
<b>GORDON, CHRISTOPHER 06/30/1968</b>						
02/28/2013	1	88302.26	SURGICAL PATHOLOGY LEVEL 2 GROSS	88302 26	\$5.81	\$5.81
02/28/2013	2	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$19.54
<b>Patient Subtotal</b>					<b>\$15.58</b>	<b>\$25.35</b>
<b>JONES, CLIFFORD 12/14/1970</b>						
02/28/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>PIZARRO, SHARON 10/05/1976</b>						
02/28/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
02/28/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$19.54</b>	<b>\$19.54</b>

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 03/31/2013	INVOICE# 24113
---	----------------------------	-------------------

DETAIL FOR CURRENT INVOICE

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>RODRIGUEZ, STEVE 08/23/1966</b>						
03/01/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
03/01/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$65.96</b>	<b>\$65.96</b>
<b>SANCHEZMARTINEZ, MILY 04/01/1983</b>						
03/01/2013	2	88302.26	SURGICAL PATHOLOGY LEVEL 2 GROSS	88302 26	\$5.81	\$11.62
<b>Patient Subtotal</b>					<b>\$5.81</b>	<b>\$11.62</b>
<b>RIOS, ALEXANDRA 02/01/1976</b>						
03/02/2013	2	88302.26	SURGICAL PATHOLOGY LEVEL 2 GROSS	88302 26	\$5.81	\$11.62
<b>Patient Subtotal</b>					<b>\$5.81</b>	<b>\$11.62</b>
<b>MCGHEE, XIAMYRA 01/10/1993</b>						
03/03/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>METZ, KESHA 09/30/1974</b>						
03/03/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>MORALES, NYDIA 09/16/1978</b>						
03/03/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>WARREN, CHARMAINE 03/06/1981</b>						
03/03/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>ABDELDAYEM, AMINA 09/29/1944</b>						
03/04/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
03/04/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$55.96</b>
<b>BANCES, CLARA 07/19/1979</b>						
03/04/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
03/04/2013	3	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$214.50
<b>Patient Subtotal</b>					<b>\$104.04</b>	<b>\$247.04</b>
<b>BARRETT, HAZEL 11/14/1954</b>						
03/04/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>BRITO, LEONOR 07/01/1949</b>						
03/04/2013	1	88300.26	SURGICAL PATHOLOGY LEVEL 1 GROSS	88300 26	\$4.03	\$4.03
<b>Patient Subtotal</b>					<b>\$4.03</b>	<b>\$4.03</b>
<b>CELLINI, CHRISTINE 11/09/1988</b>						
03/04/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 03/31/2013	INVOICE# 24113
---	----------------------------	-------------------

DETAIL FOR CURRENT INVOICE

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>CLARKSON, LISA RAY 11/10/1954</b>						
03/04/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
					<b>Patient Subtotal</b>	<b>\$32.54</b>
<b>CLAYTON, LASHEA 03/25/1978</b>						
03/04/2013	2	88302.26	SURGICAL PATHOLOGY LEVEL 2 GROSS	88302 26	\$5.81	\$11.62
					<b>Patient Subtotal</b>	<b>\$6.81</b>
<b>PRICE, ERIC 04/22/1958</b>						
03/04/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
					<b>Patient Subtotal</b>	<b>\$32.54</b>
<b>QUINTANA, NYDIA 09/27/1948</b>						
03/04/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
03/04/2013	1	88311.26	DECALCIFICATION	88311 26	\$10.69	\$10.69
					<b>Patient Subtotal</b>	<b>\$20.46</b>
<b>SMITH, TEAIRA 05/06/1986</b>						
03/04/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
03/04/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERPANC	88312 26	\$23.42	\$23.42
					<b>Patient Subtotal</b>	<b>\$55.96</b>
<b>WARREN, JEAN 02/11/1956</b>						
03/04/2013	1	88112.26	CYTOPATHOLOGY	88112 26	\$50.42	\$50.42
					<b>Patient Subtotal</b>	<b>\$50.42</b>
<b>ARAUJO, MARIA 10/01/1981</b>						
03/05/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
03/05/2013	1	88311.26	DECALCIFICATION	88311 26	\$10.69	\$10.69
					<b>Patient Subtotal</b>	<b>\$43.23</b>
<b>BLACKSTOCK, JANAY SHILEASE 06/05/1989</b>						
03/05/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
					<b>Patient Subtotal</b>	<b>\$32.54</b>
<b>MONROIG, JESSICA 11/01/1990</b>						
03/05/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
					<b>Patient Subtotal</b>	<b>\$71.50</b>
<b>RAMIREZ, MARIA 06/25/1964</b>						
03/05/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
03/05/2013	1	88311.26	DECALCIFICATION	88311 26	\$10.69	\$10.69
					<b>Patient Subtotal</b>	<b>\$20.46</b>
<b>SANTANA, BERENISSE 03/24/1976</b>						
03/05/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
03/05/2013	1	88311.26	DECALCIFICATION	88311 26	\$10.69	\$10.69
					<b>Patient Subtotal</b>	<b>\$43.23</b>
<b>FAIR, CAROLYN 06/11/1956</b>						
03/06/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
					<b>Patient Subtotal</b>	<b>\$32.54</b>

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 03/31/2013	INVOICE# 24113
---	----------------------------	-------------------

DETAIL FOR CURRENT INVOICE

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>JORDAN, VICTORIA LONDON 09/24/2009</b>						
03/06/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>LIU, ZIYUN 10/31/1991</b>						
03/06/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>MCDONALD, KANDILEE 08/23/1980</b>						
03/06/2013	1	88300.26	SURGICAL PATHOLOGY LEVEL 1 GROSS	88300 26	\$4.03	\$4.03
<b>Patient Subtotal</b>					<b>\$4.03</b>	<b>\$4.03</b>
<b>REYES, LUZ 02/17/1955</b>						
03/06/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
03/06/2013	1	88311.26	DECALCIFICATION	88311 26	\$10.69	\$10.69
<b>Patient Subtotal</b>					<b>\$20.46</b>	<b>\$20.46</b>
<b>SIMMONS, JOHN 03/05/1961</b>						
03/06/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>DOMINGUEZAGUILAR, PEDRO 06/29/1987</b>						
03/07/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$65.08</b>
<b>GARCIA, ANGELICA 06/29/1982</b>						
03/07/2013	1	88300.26	SURGICAL PATHOLOGY LEVEL 1 GROSS	88300 26	\$4.03	\$4.03
<b>Patient Subtotal</b>					<b>\$4.03</b>	<b>\$4.03</b>
<b>GOMEZ, ADRIANA 04/07/1971</b>						
03/07/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>MARROW, ELOISE 08/07/1990</b>						
03/07/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>MONTGOMERY, TERRALYNE 07/31/1962</b>						
03/07/2013	3	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$97.62
03/07/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERPANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$121.04</b>
<b>NIEVES, JEANNETTE 05/03/1988</b>						
03/07/2013	1	88302.26	SURGICAL PATHOLOGY LEVEL 2 GROSS	88302 26	\$5.81	\$5.81
<b>Patient Subtotal</b>					<b>\$5.81</b>	<b>\$5.81</b>
<b>PRIDE, STEPHEN 08/17/1956</b>						
03/07/2013	4	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$39.08
03/07/2013	3	88311.26	DECALCIFICATION	88311 26	\$10.69	\$32.07
<b>Patient Subtotal</b>					<b>\$20.46</b>	<b>\$71.16</b>

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 03/31/2013	INVOICE# 24113
---	----------------------------	-------------------

DETAIL FOR CURRENT INVOICE

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>GERMAN, BELSICA 07/12/1966</b>						
03/08/2013	3	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$97.62
Patient Subtotal					\$32.54	\$97.62
<b>OSEGUERA, MARIA LILIA 07/16/1970</b>						
03/08/2013	2	88302.26	SURGICAL PATHOLOGY LEVEL 2 GROSS	88302 26	\$5.81	\$11.62
Patient Subtotal					\$5.81	\$11.62
<b>INGRAMCOLEY, JONITA L 09/10/1980</b>						
03/11/2013	3	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$97.62
Patient Subtotal					\$32.54	\$97.62
<b>SZUCS, GYONGYI 06/30/1979</b>						
03/11/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
Patient Subtotal					\$9.77	\$9.77
<b>BROWN, DONNA 01/19/1956</b>						
03/12/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
03/12/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
Patient Subtotal					\$55.96	\$88.50
<b>COX, CHRISTOPHER 02/02/1966</b>						
03/12/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
03/12/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
Patient Subtotal					\$55.96	\$88.50
<b>OVALLES, SHELIA 09/11/1973</b>						
03/12/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
Patient Subtotal					\$32.54	\$32.54
<b>PARISH, JEAN 08/18/1968</b>						
03/12/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
03/12/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
Patient Subtotal					\$55.96	\$88.50
<b>TAYLOR, GEORGETTE G 01/31/1973</b>						
03/12/2013	2	88302.26	SURGICAL PATHOLOGY LEVEL 2 GROSS	88302 26	\$5.81	\$11.62
Patient Subtotal					\$5.81	\$11.62
<b>GRAMAJO, CORY 09/04/1982</b>						
03/13/2013	4	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$130.16
Patient Subtotal					\$32.54	\$130.16
<b>GUO, FENGJIN 11/02/1954</b>						
03/13/2013	3	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$97.62
Patient Subtotal					\$32.54	\$97.62
<b>LOPEZ, CORNELIO R 09/16/1962</b>						
03/13/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
Patient Subtotal					\$32.54	\$32.54

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 03/31/2013	INVOICE# 24113
---	----------------------------	-------------------



DETAIL FOR CURRENT INVOICE

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>PAGE, ROBERT 01/17/1968</b>						
03/13/2013	2	88302.26	SURGICAL PATHOLOGY LEVEL 2 GROSS	88302 26	\$5.81	\$11.62
<b>Patient Subtotal</b>					<b>\$5.81</b>	<b>\$11.62</b>
<b>BUSH, RACHEL 02/06/1967</b>						
03/14/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
03/14/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$88.50</b>
<b>KENNEY, RITA 07/14/1966</b>						
03/14/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>PARKES, ISOLYN 02/01/1943</b>						
03/14/2013	3	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$97.62
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$97.62</b>
<b>RUSSELL, DEVEROW 03/23/1968</b>						
03/14/2013	2	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$19.54
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$19.54</b>
<b>LOPEZ, MILLIE 07/27/1988</b>						
03/15/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
03/15/2013	2	88311.26	DECALCIFICATION	88311 26	\$10.69	\$21.38
<b>Patient Subtotal</b>					<b>\$82.19</b>	<b>\$92.88</b>
<b>MORELL, JEAN 09/09/1958</b>						
03/15/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>NIFONTOFF, ANE 03/12/1984</b>						
03/15/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>DAVIS, KIRA 10/26/1974</b>						
03/18/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>WODS, KAREN 02/20/1961</b>						
03/18/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
03/18/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$55.96</b>
<b>GONZALEZ, GLORIA 07/30/1944</b>						
03/19/2013	3	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$97.62
03/19/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$121.04</b>
<b>SANTOS, FRANCISCO 08/06/1966</b>						
03/20/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
03/20/2013	2	88311.26	DECALCIFICATION	88311 26	\$10.69	\$21.38
<b>Patient Subtotal</b>					<b>\$43.23</b>	<b>\$86.46</b>

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 03/31/2013	INVOICE# 24113
---	----------------------------	-------------------

Subtotal \$7,602.63 \$10,838.42

BALANCE FORWARD	\$4,042.15
TOTAL BALANCE DUE	\$14,880.57

[Large area of the page is obscured by multiple thick, curved black scribbles.]

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 03/31/2013	INVOICE# 24113
---	----------------------------	-------------------



Sound Shore Medical Center		CLIENT: 144
INVOICE DATE 04/30/2013	PAY THIS AMOUNT \$22,798.15	ENTER AMOUNT PAID \$
		INVOICE# 45891

TAX ID NO: 141513452  
 BILLING INQUIRIES:  
 (845) 369-4200

Sound Shore Medical Center  
 Attn: Alan Jones, Lab Manager, John Mamangakis  
 16 Guion Pl  
 New Rochelle, NY 10802

MAKE CHECK PAYABLE TO:  
 Orange Pathology Assoc, PC  
 PO Box 911  
 RAMSEY, NJ 07446

DETACH AND RETURN TOP PORTION OF INVOICE WITH YOUR PAYMENT - RETAIN BOTTOM PORTION FOR YOUR RECORDS

INVOICE HISTORY

DATE	INVOICE	CHARGES	PAYMENTS	ADJUSTMENTS	BALANCE
04/30/2013	45891	\$7,917.58 Unapplied:	\$0.00	\$0.00	\$7,917.58
03/31/2013	24113	\$10,838.42	\$0.00	\$0.00	\$10,838.42
02/28/2013	12606	\$4,042.15	\$0.00	\$0.00	\$4,042.15
				BALANCE	\$22,798.15

MESSAGES

CURRENT	1-60 DAYS	61-90 DAYS	91-120 DAYS	OVER 120 DAYS	ACTUAL BALANCE
\$7,917.58	\$10,838.42	\$4,042.15	\$0.00	\$0.00	\$22,798.15
INVOICED TO 144 Sound Shore Medical Center			BILLING DATE 04/30/2013	AMOUNT OWED \$22,798.15	INVOICE# 45891

INVOICE SUMMARY

DESCRIPTION	SUBTOTALS
Balance Forward	\$14,880.57
Transaction Total	\$7,917.58
Payment Total	\$0.00
Adjustment Total	\$0.00
Balance Due	\$22,798.15

DETAIL FOR CURRENT INVOICE

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>NWOSISI, HENRY 02/09/1958</b>						
07/16/2012	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
07/16/2012	1	88311.26	DECALCIFICATION	88311 26	\$10.69	\$10.69
<b>Patient Subtotal</b>					<b>\$43.23</b>	<b>\$43.23</b>
<b>CARDENAS, RUDT 09/18/1971</b>						
10/27/2012	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>FIELDS, ELLEN 01/11/1957</b>						
11/13/2012	1	88300.26	SURGICAL PATHOLOGY LEVEL 1 GROSS	88300 26	\$4.03	\$4.03
11/13/2012	1	88329	PATHOLOGY CONSULTATION DURING SU	88329	\$49.06	\$49.06
<b>Patient Subtotal</b>					<b>\$53.09</b>	<b>\$53.09</b>
<b>VELAQUEZ, ELIZABETH 08/29/1972</b>						
12/04/2012	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>MORRISON, ROY 03/16/1951</b>						
Patient Not Responsible						
01/15/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
01/15/2013	1	88311.26	DECALCIFICATION	88311 26	\$10.69	\$10.69
<b>Patient Subtotal</b>					<b>\$82.19</b>	<b>\$82.19</b>
<b>MAURICIO, ANA 11/17/1972</b>						
Patient Not Responsible						
01/31/2013	1	88302.26	SURGICAL PATHOLOGY LEVEL 2 GROSS	88302 26	\$5.81	\$5.81
<b>Patient Subtotal</b>					<b>\$5.81</b>	<b>\$5.81</b>
<b>MCDOWELL, DARLINE 09/07/1966</b>						
Patient Not Responsible						
02/04/2013	1	88300.26	SURGICAL PATHOLOGY LEVEL 1 GROSS	88300 26	\$4.03	\$4.03
<b>Patient Subtotal</b>					<b>\$4.03</b>	<b>\$4.03</b>
<b>CASCAO, JANAINA 10/19/1985</b>						
Patient Not Responsible						
02/12/2013	1	88300.26	SURGICAL PATHOLOGY LEVEL 1 GROSS	88300 26	\$4.03	\$4.03
<b>Patient Subtotal</b>					<b>\$4.03</b>	<b>\$4.03</b>
<b>HERNANDEZ, MARGARET 08/08/1957</b>						
Patient Not Responsible						
02/14/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 04/30/2013	INVOICE# 45891
---	----------------------------	-------------------

DETAIL FOR CURRENT INVOICE

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>COYT, MARIA E 10/11/1963</b>						
Patient Not Responsible						
02/21/2013	1	88300.26	SURGICAL PATHOLOGY LEVEL 1 GROSS	88300 26	\$4.03	\$4.03
<b>Patient Subtotal</b>					<b>\$4.03</b>	<b>\$4.03</b>
<b>DJANDOH, ANITA 05/31/1980</b>						
02/26/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>MCCRAY, LILLIAN A 10/17/1952</b>						
Patient Not Responsible						
02/26/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
02/26/2013	1	88311.26	DECALCIFICATION	88311 26	\$10.69	\$10.69
<b>Patient Subtotal</b>					<b>\$20.46</b>	<b>\$20.46</b>
<b>MAHMUTI, HYRIJE 07/08/1992</b>						
02/27/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
02/27/2013	1	88309.26	SURGICAL PATHOLOGY LEVEL 6 GROSS	88309 26	\$124.85	\$124.85
<b>Patient Subtotal</b>					<b>\$157.39</b>	<b>\$157.39</b>
<b>PEREZ, MARIA G 11/03/1992</b>						
Patient Not Responsible						
02/28/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>IYASERE, TAIYE 10/12/1976</b>						
03/08/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>BECKFORD, SAMMANTER 09/17/1993</b>						
03/12/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>DAVIS, LAKEYA 08/14/1977</b>						
03/12/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>EDWARDS, LENNETT 12/02/1976</b>						
03/12/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>CUESTAS, ANA J 04/22/1951</b>						
03/13/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
03/13/2013	1	88333.26	CYTOLOGIC EXAMINATION INITIAL SITE	88333 26	\$54.11	\$54.11
<b>Patient Subtotal</b>					<b>\$86.65</b>	<b>\$86.65</b>
<b>EDWARDS, ALICIA 01/14/1961</b>						
03/13/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
03/13/2013	2	88312.26	SPECIAL STAIN INCLUDING INTERPANC	88312 26	\$23.42	\$46.84
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$111.92</b>

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 04/30/2013	INVOICE# 45891
---	----------------------------	-------------------

DETAIL FOR CURRENT INVOICE

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>JOHNSON, NIJERIAH L 02/12/1998</b>						
03/13/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
					<b>Patient Subtotal</b>	<b>\$9.77</b>
<b>MANU, GEORGE 12/12/1958</b>						
03/13/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
					<b>Patient Subtotal</b>	<b>\$32.54</b>
<b>MERCER, SANDRA M 08/01/1964</b>						
03/13/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
					<b>Patient Subtotal</b>	<b>\$71.50</b>
<b>OBISUE, EDITH O 08/23/1973</b>						
03/13/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
					<b>Patient Subtotal</b>	<b>\$32.54</b>
<b>DIONIZIO, MANUEL 12/17/1952</b>						
03/14/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
					<b>Patient Subtotal</b>	<b>\$71.50</b>
<b>GODOY, ALICIA 01/24/1953</b>						
03/14/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
03/14/2013	1	88333.26	CYTOLOGIC EXAMINATION INITIAL SITE	88333 26	\$54.11	\$54.11
03/14/2013	2	88334.26	CYTOLOGICAL EXAM EACH ADDITIONAL	88334 26	\$33.04	\$66.08
					<b>Patient Subtotal</b>	<b>\$158.85</b>
<b>GONZALES, MAURA 10/08/1959</b>						
03/14/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
					<b>Patient Subtotal</b>	<b>\$9.77</b>
<b>HERRERA, SINDY 07/11/1990</b>						
03/14/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
					<b>Patient Subtotal</b>	<b>\$32.54</b>
<b>JEMISON, ERICA 02/06/1975</b>						
03/14/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
					<b>Patient Subtotal</b>	<b>\$32.54</b>
<b>LEE, YVETTE A 10/19/1973</b>						
03/14/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
03/14/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP AND	88312 26	\$23.42	\$23.42
					<b>Patient Subtotal</b>	<b>\$55.96</b>
<b>LOPEZ, OSCAR ARMANDO 11/08/1950</b>						
03/14/2013	1	88112.26	CYTOPATHOLOGY	88112 26	\$50.42	\$50.42
					<b>Patient Subtotal</b>	<b>\$50.42</b>
<b>MCDOWELL, ALESHA R 09/27/1976</b>						
03/14/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
03/14/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
					<b>Patient Subtotal</b>	<b>\$81.27</b>

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 04/30/2013	INVOICE# 45891
---	----------------------------	-------------------

**DETAIL FOR CURRENT INVOICE**

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>NUNEZ, AURELIO 12/06/1964</b>						
03/14/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
03/14/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERPANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$33.19</b>	<b>\$33.19</b>
<b>PEREZ, TERESA 09/02/1955</b>						
03/14/2013	3	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$97.62
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$97.62</b>
<b>VARGAS, ANGELA 08/30/1987</b>						
03/14/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>ALSTON, ALTA 10/15/1951</b>						
Patient Not Responsible						
03/15/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
03/15/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERPANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$55.96</b>
<b>COAKLEY, KIESA 12/01/1980</b>						
03/15/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$65.08</b>
<b>TIRADO, CLAUDIA 07/18/1977</b>						
03/15/2013	1	88300.26	SURGICAL PATHOLOGY LEVEL 1 GROSS	88300 26	\$4.03	\$4.03
03/15/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$36.57</b>	<b>\$36.57</b>
<b>VELEZ, MARIA 05/11/1952</b>						
Patient Not Responsible						
03/15/2013	1	88112.26	CYTOPATHOLOGY	88112 26	\$50.42	\$50.42
<b>Patient Subtotal</b>					<b>\$50.42</b>	<b>\$50.42</b>
<b>SALAS, PATRICIA 09/10/1987</b>						
03/16/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>SHARHAN, SABA AHMED 09/18/1993</b>						
Patient Not Responsible						
03/16/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>ALBORES, OLGA 01/15/1955</b>						
03/17/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
03/17/2013	1	88311.25	DECALCIFICATION	88311 26	\$10.69	\$10.69
<b>Patient Subtotal</b>					<b>\$43.23</b>	<b>\$43.23</b>
<b>DIAS, STEPHANIE 09/12/1975</b>						
03/18/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 04/30/2013	INVOICE# 45891
---	----------------------------	-------------------

**DETAIL FOR CURRENT INVOICE**

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>GIALANELLA, LISA 10/14/1955</b>						
03/18/2013	7	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$227.78
03/18/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERPANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$65.96</b>	<b>\$251.20</b>
<b>MACIAS, SONIA 09/17/1994</b>						
03/18/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>MAGANAALVAREZ, EMMA 05/04/1954</b>						
03/18/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
03/18/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERPANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$55.96</b>
<b>MENDEZ, ORQUIDEA R 10/16/1977</b>						
03/18/2013	2	88302.26	SURGICAL PATHOLOGY LEVEL 2 GROSS	88302 26	\$5.81	\$11.62
<b>Patient Subtotal</b>					<b>\$5.81</b>	<b>\$11.62</b>
<b>NICASIO, ARELIS B 11/12/1971</b>						
03/18/2013	2	88302.26	SURGICAL PATHOLOGY LEVEL 2 GROSS	88302 26	\$5.81	\$11.62
<b>Patient Subtotal</b>					<b>\$5.81</b>	<b>\$11.62</b>
<b>WILLIAMS, LEROY 04/24/1967</b>						
03/18/2013	1	88300.26	SURGICAL PATHOLOGY LEVEL 1 GROSS	88300 26	\$4.03	\$4.03
03/18/2013	2	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$19.54
03/18/2013	2	88311.26	DECALCIFICATION	88311 26	\$10.69	\$21.38
<b>Patient Subtotal</b>					<b>\$24.49</b>	<b>\$44.95</b>
<b>HERNANDEZ, LUIS FERNANDO 10/25/1960</b>						
03/19/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
03/19/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
03/19/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$97.62</b>	<b>\$97.62</b>
<b>KWAN, SHUE 09/18/1950</b>						
03/19/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>MCKENZIELINDO, PAULINE 06/16/1967</b>						
03/19/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>SCHMERGE, ANTHONY 06/08/1965</b>						
03/19/2013	6	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$195.24
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$195.24</b>
<b>BARAJAS, STEPHANIE 10/29/1991</b>						
03/20/2013	2	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$19.54
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$19.54</b>

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 04/30/2013	INVOICE# 45891
---	----------------------------	-------------------



DETAIL FOR CURRENT INVOICE

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>CASTRO, ELVIA C 04/15/1955</b>						
03/20/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
03/20/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.98</b>	<b>\$88.50</b>
<b>EUYOQUE, ANABEL 07/17/1978</b>						
03/20/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
03/20/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$88.50</b>
<b>FAMILARA, JULIETA 07/01/1969</b>						
03/20/2013	3	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$97.62
03/20/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$56.96</b>	<b>\$121.04</b>
<b>GARCIA, MARY 08/04/2004</b>						
03/20/2013	2	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$19.54
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$19.54</b>
<b>HERNANDEZ, LUIS FERNANDO 10/25/1960</b>						
03/20/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
03/20/2013	1	88112.26	CYTOPATHOLOGY	88112 26	\$50.42	\$50.42
<b>Patient Subtotal</b>					<b>\$82.98</b>	<b>\$82.98</b>
<b>LAVAR, JADA L 10/01/1998</b>						
03/20/2013	2	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$19.54
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$19.54</b>
<b>LOPEZ, ELVIRA 07/06/1947</b>						
03/20/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.64</b>
<b>MANN, THERESA M 08/14/1955</b>						
03/20/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>ORDONEZ, BERNETT M 10/11/1973</b>						
03/20/2013	2	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$19.54
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$19.54</b>
<b>OSPINO, ANGELINA 01/19/1955</b>						
03/20/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
03/20/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
03/20/2013	1	88311.26	DECALCIFICATION	88311 26	\$10.69	\$10.69
<b>Patient Subtotal</b>					<b>\$53.00</b>	<b>\$53.00</b>
<b>SINGLETON, MARION 12/16/1957</b>						
03/20/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
03/20/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$88.50</b>

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 04/30/2013	INVOICE# 45891
---	----------------------------	-------------------

**DETAIL FOR CURRENT INVOICE**

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>SINKFIELD, MARC A 06/25/1968</b>						
03/20/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>VILORIO, PAULINA 12/19/1965</b>						
03/20/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
03/20/2013	1	88311.26	DECALCIFICATION	88311 26	\$10.69	\$10.69
<b>Patient Subtotal</b>					<b>\$20.46</b>	<b>\$20.46</b>
<b>FULLERTON, JESSUIEANNE 05/05/1968</b>						
03/21/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
03/21/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$104.04</b>	<b>\$104.04</b>
<b>GOODWIN, ROSETTA E 02/27/1979</b>						
03/21/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
03/21/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERPANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$55.96</b>
<b>GONZALEZ, MARIA 03/20/1974</b>						
03/22/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>JONES, PANDORA 02/01/1966</b>						
03/22/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>TELESFORD, JASETT A 12/16/1961</b>						
03/22/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>REID, TANYA 07/15/1980</b>						
03/24/2013	1	88302.26	SURGICAL PATHOLOGY LEVEL 2 GROSS	88302 26	\$5.81	\$5.81
<b>Patient Subtotal</b>					<b>\$5.81</b>	<b>\$5.81</b>
<b>APONTE, WILLIE 07/26/1967</b>						
03/25/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
03/25/2013	1	88300.26	SURGICAL PATHOLOGY LEVEL 1 GROSS	88300 26	\$4.03	\$4.03
03/25/2013	1	88311.26	DECALCIFICATION	88311 26	\$10.69	\$10.69
<b>Patient Subtotal</b>					<b>\$86.22</b>	<b>\$86.22</b>
<b>MCKENZIELINDO, PAULINE 06/16/1987</b>						
03/25/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>MENDES, MIRELLA 10/13/1970</b>						
03/25/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$65.08</b>

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 04/30/2013	INVOICE# 45891
---	----------------------------	-------------------

DETAIL FOR CURRENT INVOICE

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>PARRIS, MERLE 01/29/1945</b>						
03/25/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
03/25/2013	2	88312.26	SPECIAL STAIN INCLUDING INTERPANC	88312 26	\$23.42	\$46.84
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$79.38</b>
<b>PREMOLI, LUCIANA 02/16/1958</b>						
03/25/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$65.08</b>
<b>ALLEN, DANYELL 10/29/1979</b>						
03/26/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>PAYANO, SILVIA 06/08/1980</b>						
03/26/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>CORDOBA, SANDRA 06/25/1976</b>						
03/27/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>FLOYD, JERRY 07/18/1960</b>						
03/27/2013	1	88300.26	SURGICAL PATHOLOGY LEVEL 1 GROSS	88300 26	\$4.03	\$4.03
<b>Patient Subtotal</b>					<b>\$4.03</b>	<b>\$4.03</b>
<b>WILLIAMS, KEISHA 02/09/1983</b>						
03/27/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>ANAM, ABDO 01/01/1953</b>						
03/28/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>SILVERA, JACOB 03/01/1962</b>						
03/28/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>VASSELL, CLINTON GEORGE 01/01/1957</b>						
03/28/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
03/28/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERPANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$55.96</b>
<b>COKER, MICHAEL 05/17/1952</b>						
03/29/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>GRANT, LYN 06/04/1968</b>						
03/29/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 04/30/2013	INVOICE# 45891
---	----------------------------	-------------------

DETAIL FOR CURRENT INVOICE

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>JIMENEZ, GEORGINA 03/15/1964</b>						
03/29/2013	2	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$19.54
03/29/2013	2	88311.26	DECALCIFICATION	88311 26	\$10.69	\$21.38
<b>Patient Subtotal</b>					<b>\$20.46</b>	<b>\$40.92</b>
<b>BUSH, RACHEL 02/06/1967</b>						
04/01/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
04/01/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$55.96</b>
<b>MORENO, NELIDA 08/12/1966</b>						
04/01/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>THOMPSON, AVIS 09/14/1960</b>						
04/01/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
04/01/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$65.96</b>
<b>WALKER, ANDREA 06/07/1972</b>						
04/01/2013	1	85060	Blood Smear	85060	\$20.88	\$20.88
<b>Patient Subtotal</b>					<b>\$20.88</b>	<b>\$20.88</b>
<b>WILLIAMS, LEROY 04/24/1967</b>						
04/01/2013	1	88300.26	SURGICAL PATHOLOGY LEVEL 1 GROSS	88300 26	\$4.03	\$4.03
<b>Patient Subtotal</b>					<b>\$4.03</b>	<b>\$4.03</b>
<b>WITTOCK, ALTHEA 08/30/1967</b>						
04/01/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>BRANDON, ANTHONY 11/11/1956</b>						
04/02/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
04/02/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$55.96</b>
<b>WYNN, SERENA 08/01/1969</b>						
04/02/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$65.08</b>
<b>AJDINI, FLAKRON 08/11/1994</b>						
04/03/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>CEJUDO, RICARDO 06/20/2006</b>						
04/03/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>CHAVEZ, CLAUDIA 08/21/1981</b>						
04/03/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
04/03/2013	1	88311.26	DECALCIFICATION	88311 26	\$10.69	\$10.69
<b>Patient Subtotal</b>					<b>\$20.46</b>	<b>\$20.46</b>

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 04/30/2013	INVOICE# 45891
---	----------------------------	-------------------

DETAIL FOR CURRENT INVOICE

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>HIGGINS, NOELINA 03/31/1997</b>						
04/03/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
					<b>Patient Subtotal</b>	<b>\$9.77</b>
<b>HILTON, DEBRA 05/16/1959</b>						
04/03/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
					<b>Patient Subtotal</b>	<b>\$9.77</b>
<b>MITCHELL, DONNALENE 09/22/1976</b>						
04/03/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
04/03/2013	1	88312.28	SPECIAL STAIN INCLUDING INTERP ANC	88312 28	\$23.42	\$23.42
					<b>Patient Subtotal</b>	<b>\$55.96</b>
<b>OCHOA, ANNA 10/05/1956</b>						
04/03/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
04/03/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
					<b>Patient Subtotal</b>	<b>\$55.96</b>
<b>WILLIAMS, SIDONIE 11/16/1969</b>						
04/03/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
					<b>Patient Subtotal</b>	<b>\$9.77</b>
<b>ZEFERINO, LILIA 03/17/1980</b>						
04/03/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
04/03/2013	2	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$143.00
					<b>Patient Subtotal</b>	<b>\$104.04</b>
<b>COLON, ANA MARJA 11/07/1981</b>						
04/04/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
					<b>Patient Subtotal</b>	<b>\$71.50</b>
<b>MCFADDEN, TINA 03/01/1957</b>						
04/04/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
					<b>Patient Subtotal</b>	<b>\$32.54</b>
<b>PRIDE, STEPHEN 08/17/1956</b>						
04/04/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
04/04/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
					<b>Patient Subtotal</b>	<b>\$55.96</b>
<b>RODRIGUEZ, MARIA 11/25/1965</b>						
04/04/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
					<b>Patient Subtotal</b>	<b>\$9.77</b>
<b>VELEZ, STEPHANIE 06/16/1989</b>						
04/04/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
					<b>Patient Subtotal</b>	<b>\$32.54</b>
<b>WATERS, DARNELL JENISE 04/27/1960</b>						
04/04/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
					<b>Patient Subtotal</b>	<b>\$32.54</b>

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 04/30/2013	INVOICE# 45891
---	----------------------------	-------------------

DETAIL FOR CURRENT INVOICE

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>MAITA, JOSE L 02/16/1976</b>						
04/05/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
04/05/2013	1	88311.26	DECALCIFICATION	88311 26	\$10.69	\$10.69
<b>Patient Subtotal</b>					<b>\$20.46</b>	<b>\$20.46</b>
<b>MCDONALD, SHAUNA 08/27/1970</b>						
04/05/2013	2	88302.26	SURGICAL PATHOLOGY LEVEL 2 GROSS	88302 26	\$5.81	\$11.62
04/05/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$77.31</b>	<b>\$83.12</b>
<b>MONTAN, DINELIA 05/12/1963</b>						
04/05/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>PEREZ, TERESA 09/02/1955</b>						
04/05/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
04/05/2013	2	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$143.00
<b>Patient Subtotal</b>					<b>\$104.04</b>	<b>\$175.54</b>
<b>FARQUHARSON, CARLA 05/13/1972</b>						
04/08/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$65.08</b>
<b>JAWAHIR, DARCEL 12/31/1983</b>						
04/08/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>MILLER, SABRINA 04/05/1983</b>						
04/08/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>TORAIN, CHARON 06/27/1972</b>						
04/08/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>TURNER, DANIELLE ELIZABETH 03/16/1993</b>						
04/08/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$65.08</b>
<b>VALDOVINOS, GERARDO 11/17/1999</b>						
04/08/2013	1	88302.26	SURGICAL PATHOLOGY LEVEL 2 GROSS	88302 26	\$5.81	\$5.81
<b>Patient Subtotal</b>					<b>\$5.81</b>	<b>\$5.81</b>
<b>ORTIZ, DORALICE 05/08/1958</b>						
04/09/2013	3	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$97.62
04/09/2013	2	88312.26	SPECIAL STAIN INCLUDING INTERPANC	88312 26	\$23.42	\$46.84
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$144.46</b>
<b>SLOMSKA, MALGORZATA 10/14/1955</b>						
04/09/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
04/09/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERPANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$55.96</b>

<b>INVOICED TO</b> 144 Sound Shore Medical Center	<b>BILLING DATE</b> 04/30/2013	<b>INVOICE#</b> 45891
--	-----------------------------------	--------------------------

DETAIL FOR CURRENT INVOICE

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>CAUTHEM, BRUCE 02/19/1969</b>						
04/10/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
04/10/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
04/10/2013	1	88311.26	DECALCIFICATION	88311 26	\$10.69	\$10.69
<b>Patient Subtotal</b>					<b>\$53.00</b>	<b>\$53.00</b>
<b>GANT, JAMES 03/08/1950</b>						
04/10/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
04/10/2013	1	88311.26	DECALCIFICATION	88311 26	\$10.69	\$10.69
<b>Patient Subtotal</b>					<b>\$20.46</b>	<b>\$20.46</b>
<b>ALVAREZ, MARIA 09/25/1969</b>						
04/11/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>LOPEZ, SILVIA 04/13/1969</b>						
04/11/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
04/11/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERPANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.98</b>	<b>\$88.50</b>
<b>PENA, TANNYA 11/16/1991</b>						
04/11/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>KIRTON, TIESHA 07/29/1986</b>						
04/12/2013	4	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$130.16
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$130.16</b>
<b>MEJIA, KATIA 11/17/1958</b>						
04/12/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>SAMUELS, LILLIAN 10/15/1979</b>						
04/12/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>TIBURCIO, DARIANA 07/12/1993</b>						
04/12/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>BARAJAS, JUAN JOSE 03/08/1961</b>						
04/15/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
04/15/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERPANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.98</b>	<b>\$55.98</b>
<b>BEDOYA, KAREN A 11/04/1988</b>						
04/15/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$65.08</b>
<b>BLOUNT, DANNY 09/13/1963</b>						
04/15/2013	1	88302.26	SURGICAL PATHOLOGY LEVEL 2 GROSS	88302 26	\$5.81	\$5.81
<b>Patient Subtotal</b>					<b>\$5.81</b>	<b>\$5.81</b>

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 04/30/2013	INVOICE# 45891
---	----------------------------	-------------------

DETAIL FOR CURRENT INVOICE

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>MARSHALL, PAULETTE 09/10/1948</b>						
04/15/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
					<b>Patient Subtotal</b>	<b>\$32.54 \$65.08</b>
<b>TOLBERT, MELVIN J 04/11/1972</b>						
04/15/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
					<b>Patient Subtotal</b>	<b>\$32.54 \$32.54</b>
<b>WILLIAMS, CORINE 08/15/1959</b>						
04/16/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
04/16/2013	3	88360.26	MORPHOMETRIC ANALYSIS, EACH ANTIF	88360 26	\$46.73	\$140.19
					<b>Patient Subtotal</b>	<b>\$79.27 \$172.73</b>
<b>ZOGOMBOULOU, EMANNUEL 07/22/1999</b>						
04/16/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
					<b>Patient Subtotal</b>	<b>\$9.77 \$9.77</b>
<b>ZOGOMBOULOU, EPHRAIM D 02/27/1998</b>						
04/16/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
					<b>Patient Subtotal</b>	<b>\$9.77 \$9.77</b>
<b>ALVAREZ, BERNARDO Q 05/10/1961</b>						
04/17/2013	1	88112.26	CYTOPATHOLOGY	88112 26	\$50.42	\$50.42
					<b>Patient Subtotal</b>	<b>\$50.42 \$50.42</b>
<b>GILLIAMSEN, DIANE 07/06/1953</b>						
04/17/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
					<b>Patient Subtotal</b>	<b>\$32.54 \$65.08</b>
<b>HUTCHINS, ANTHONY 08/02/1958</b>						
04/17/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
					<b>Patient Subtotal</b>	<b>\$32.54 \$32.54</b>
<b>RAMOS, AUGUSTO 12/06/1962</b>						
04/17/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
					<b>Patient Subtotal</b>	<b>\$32.54 \$65.08</b>
<b>SPEARS, SANDRA J 04/29/1950</b>						
04/17/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
					<b>Patient Subtotal</b>	<b>\$9.77 \$9.77</b>
<b>THOMPSON, LORRAINE 06/27/1966</b>						
04/17/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
					<b>Patient Subtotal</b>	<b>\$32.54 \$32.54</b>
<b>WHITE, SANDRA 12/07/1964</b>						
04/17/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
					<b>Patient Subtotal</b>	<b>\$71.50 \$71.50</b>
					<b>Subtotal</b>	<b>\$6,211.33 \$7,917.58</b>

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 04/30/2013	INVOICE# 45891
---	----------------------------	-------------------



BALANCE FORWARD	\$14,880.57
TOTAL BALANCE DUE	\$22,798.15

[Redacted content]

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 04/30/2013	INVOICE# 45891
---	----------------------------	-------------------

From: (914) 607-3149  
Dawn Kirby, Esq.  
DalBello Donnellan et al LLP  
One North Lexington Avenue  
White Plains, NY 10601

Origin ID: NESA



Ship Date: 02DEC13  
ActWgt: 1.0 LB  
CAD: 104686209/NET3430

Delivery Address Bar Code

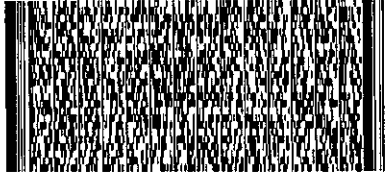


SHIP TO: (914) 681-0200  
BILL SENDER  
c/o GCG, Inc.  
Sound Shore Medical Center et al.  
5151 Blazer Parkway, Suite A  
DUBLIN, OH 43017

Ref # 50017560-003  
Invoice #  
PO #  
Dept #

TUE - 03 DEC AA  
STANDARD OVERNIGHT

TRKM 7972 8516 4294  
0201



XX OSUA

43017  
OH-US  
LCK



51AG490DS1AGE

**After printing this label:**


1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

**Warning:** Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on [fedex.com](http://fedex.com). FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

NME 1012903

B16 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT      Southern District of New York		<b>PROOF OF CLAIM</b>
Name of Debtor: Sound Shore Medical Center of Westchester	Case Number: 13-22840	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Orange Pathology Associates, P.C.		<b>COURT USE ONLY</b>
Name and address where notices should be sent: DeBello, Donnellan, Weingarten, Wise & Wiederkehr, LLP, Attn. Dawn Kirby, Esq. One North Lexington Ave., 11th Floor, White Plains, NY 10601		<input type="checkbox"/> Check this box if this claim amends a previously filed claim.
Telephone number: (914) 681-0200      email: dkirby@ddw-law.com		Court Claim Number: _____ (if known)
Name and address where payment should be sent (if different from above):		Filed on: _____
Telephone number: _____      email: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
1. Amount of Claim as of Date Case Filed:      \$ <u>133,873.12</u>		
FILLED - 09445 U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. DRADY		
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Executory Contract - pre-petition default</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor:	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		Basis for perfection: _____
Value of Property: \$ _____		Amount of Secured Claim: \$ _____
Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount Unsecured: \$ _____
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<input checked="" 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 the case was filed or the debtor's business ceased, 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)(____).
		Amount entitled to priority: \$ _____
*Amounts are subject to adjustment on 4/01/16 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. (See instruction #6)		

2015 FEB 23 11:01 AM

B10 (Official Form 10) (04/13)

2

**7. Documents:** Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). 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. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

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

If the documents are not available, please explain:

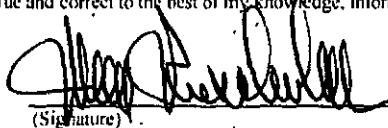
**8. Signature:** (See instruction #8)

Check the appropriate box.

- I am the creditor.     I am the creditor's authorized agent.     I am the trustee, or the debtor, or their authorized agent.     I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)  
(See Bankruptcy Rule 3004.)

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: Marc Kirschenbaum  
Title: CFO  
Company: Orange Pathology Associates, P.C.  
Address and telephone number (if different from notice address above):  
Orange Pathology Associates, P.C.  
156 Route 59, Suffern, NY 10901

  
(Signature)

9/4/13  
(Date)

Telephone number: (845) 369-4200    email: MKirschenbaum@Pathinelabs.com

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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

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

**Items to be completed in Proof of Claim form**

**Court, Name of Debtor, and Case Number:**

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

**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.

**3b. Uniform Claim Identifier:**

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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. 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.

**7. 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 and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. 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.

**8. 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, 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**

**INFORMATION**

**Debtor**

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

**Creditor**

A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).

**Claim**

A claim is the creditor's right to receive payment for a debt 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 clerk of the same bankruptcy court in which the bankruptcy case was filed.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**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.

**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 court's PACER system ([www.pacer.psc.uscourts.gov](http://www.pacer.psc.uscourts.gov)) for a small fee 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.

Claims Part 21 PW 12 of 25  
**DELBELLO DONNELLAN WEINGARTEN**

**WISE & WIEDERKEHR, LLP**

COUNSELLORS AT LAW

THE GATEWAY BUILDING  
ONE NORTH LEXINGTON AVENUE  
WHITE PLAINS, NEW YORK 10601

(914) 681-0200

FACSIMILE (914) 684-0288

ANDREW J. BALINT  
RICHARD BEMFORAD  
GERALD K. GEIST  
JAMES B. GLUCKSMAN  
BRANDON R. SALL\*  
DAVID R. SELZNICK & CO., LLP

COUNSEL

\*MEMBER OF NY & CT BARS  
\*MEMBER OF NY & NJ BARS  
\*MEMBER OF NY & DC BARS  
\*MEMBER OF NY, NJ & MA BARS  
\*MEMBER OF NY, NJ, CT & FL BARS

THOMAS R. BEIRNE  
BRIAN T. BELOWICH\*  
ANN FARRISSEY CARLSON\*  
JULIE CYEK  
ALFRED B. DELBELLO  
ALFRED E. DONNELLAN†  
ERICA R. FEYNNMAN  
JANET J. GIRISY  
FRANK J. HAUFEL  
ROBERT HERMANN  
DAWN KIRBY\*  
FAITH G. MILLER  
JONATHAN S. PASTERNAK  
ROBERT L. RATLET  
PATRICK M. REILLY  
ELIO F. M. SCHUMAN  
BRADLEY D. WANK\*  
MARK P. WEINGARTEN\*  
EVAN WIEDERKEHR  
LEE S. WIEDERKEHR  
PETER J. WISE, AICP †

JACOB E. AMIR  
JENNIFER M. JACKMAN\*  
ERIC J. MANDELL  
SUSAN CURRIE MOREHOUSE  
MICHAEL J. SCHWARZ\*  
DANIEL G. WALSH  
HEIDI WINSLOW

September 5, 2013

**Via Federal Express**

Sound Shore Medical Center of Westchester, et al.  
c/o GCG, Inc.  
5151 Blazer Parkway, Suite A  
Dublin, OH 43017

**RE: Proof of Claim Forms**

Dear Sir or Madam,

Enclosed please find two proof of claim forms on behalf of creditor Orange Pathology Associates, P.C.

One claim is against Sound Shore Medical Center of Westchester, Case No. 13-22840, and the other claim is against The Mount Vernon Hospital, Inc., Case No. 13-22841.

Also enclosed are duplicate copies of the proof of claim forms. Kindly acknowledge receipt on the enclosed copies and return to me in the enclosed pre-paid self-addressed Federal Express envelope.

Very truly yours,

*Dawn Kirby*  
Dawn Kirby

DK/  
Encl.

**Supporting Statement to Proof of Claim of  
Orange Pathology Associates, P.C.**

The basis for the claim is a pre-petition default under an Executory Contract. Annexed in support of the Proof of Claim are the following Exhibits:

- (i) Pathology Services Agreement (the "Contract") among Sound Shore Medical Center of Westchester ("SSMC"), The Mount Vernon Hospital ("MVH"), and Orange Pathology Associates, P.C. (the "Claimant") dated August 30, 2011.
- (ii) Letter dated August 21, 2013 from Marc Kirschenbaum, CFO of the Claimant providing a summary of the pre-petition claim along with all supporting invoices.

The Debtors' time to assume or reject the Contract has not yet expired. Therefore, this proof of claim may be subject to amendment at a later date. Claimant reserves all rights to amend or supplement this proof of claim to reflect any additional claims against SSMC, MHV and any of the other jointly administered the Debtors.

This proof of claim is filed to protect the Claimant from forfeiture of the claim. The filing of this proof of claim is not (a) a waiver or release of the Claimant's rights against any person, entity or property; (b) a consent by the Claimant to the jurisdiction of the bankruptcy court with respect to any other proceeding commenced in this case against or otherwise involving the Claimant; (c) a waiver of any rights or claims the Claimant has against the Debtors or any other person or entity with respect to any pending or future litigation; or (d) a waiver of past, present or future defaults or events of default.



[Redacted content]

**EXHIBIT 1**

[Redacted content]

## PATHOLOGY SERVICES AGREEMENT

This Pathology Services Agreement is entered into on 30 Aug, 2011, by and amongst Sound Shore Medical Center of Westchester (the "SSMC"), a New York not-for-profit corporation, located at 16 Guion Place, New Rochelle, New York 10802, The Mount Vernon Hospital ("MVH"), a New York not-for-profit corporation, located at 12 North Seventh Avenue, Mount Vernon, New York 10550 (SSMC and MVH together referred to as "Hospitals" and individually as "Hospital") and Orange Pathology Associates, P.C., a New York professional corporation with its principal office located at 156 Route 59, Suite B4, Suffern, NY 10901 (the "Group").

WHEREAS, the Hospitals operate hospital facilities licensed pursuant to Article 28 of the New York State Public Health Law; and

WHEREAS, Group operates a private practice of medicine in the specialty of pathology and Group employs, retains or otherwise engages qualified physicians ("Group Clinicians") who render medical services on behalf of Group to hospitals; and

WHEREAS, the Hospitals desire Group to provide professional and administrative pathology services required by the Hospitals for the benefit of Hospital patients ("Patients"); and

WHEREAS, Group desires to provide such pathology services;

NOW, THEREFORE, for and in consideration of the mutual covenants herein contained, the parties hereto agree as follows:

### 1. Group Services

1.1 Clinical and Administrative Services. Hospitals hereby retain Group to provide the clinical and administrative services described below (together, the "Services") through each Hospital's Department of Pathology (the "Department"). Group agrees to accept such retention to provide all such Services as needed by Hospitals in accordance with the terms of this Agreement. Hospitals and Group agree that except as otherwise specifically provided in this Agreement, Group shall be the exclusive provider of the Services for the Hospitals.

### 1.2 Provision of Clinical Services.

1.2.1. Hospitals hereby retain Group to provide all required pathology services to Hospital Patients, including inpatients, outpatients and clinic patients, including without limitation all pathology work done for the Emergency Room at the Hospitals (the "Clinical Services"). Such Clinical Services shall include clinical and intraoperative consultations, frozen section examinations and autopsies. Group shall provide said Clinical Services at each Hospital on a 24/7 basis. The Group shall ensure that an adequate complement of Group Clinicians are on duty, and on-site at the

Hospitals to provide care for Patients weekdays, during normal business hours. Evenings, night, weekend and holiday coverage shall be provided on an "on-call" basis. Group shall establish staffing and schedules for all Clinical Services provided hereunder as required by all applicable laws, rules, regulations and Hospital policies. In addition to on-site services, on-call services, 24 hours per day, 7 days per week shall be provided. Group shall provide a written monthly schedule for on-call back-up services. Group shall provide a written monthly schedule for on-call back-up services and shall include telephone numbers for each on-call Group Clinician. The parties recognize and agree that it is important for the pathologists providing services hereunder to build a rapport with other physicians on the Hospital's Medical Staff. To that end, Group shall ensure that the Clinical Services shall be provided by a reasonably stable group of physicians such that there shall be a continuity of services with respect to staffing and the provision of Clinical Services.

1.2.2. A Group Clinician shall be available by phone on a 24/7 basis.

1.2.3. The Group shall establish criteria for patient needs for specific laboratory procedures, quality improvement procedures, appropriate turnaround times for specific tests, criteria for STAT testing, critical test criteria and standards, report formats, referral criteria for pathologist review, and guidelines for cost-effective lab utilization. Such criteria shall be approved by Hospitals.

1.2.4. Hospitals shall provide the services of all support personnel reasonably necessary for Group Clinicians to provide the Clinical Services.

1.2.5. Group shall offer employment to the Pathology Assistant ("PA") currently employed by the Hospitals. Starting salary will be the current salary provided by the Hospitals. The PA will receive the standard benefit package offered to all Group employees. Hospitals and Group will share the expense for the total compensation for the PA which is reflected in the payments from the Hospitals to the Group for services provided under section 5.3.

1.3. Provision of Administrative Services. Without limiting the responsibilities of Groups set forth herein, it shall be the responsibility of Group, subject to the overall authority of each Hospital's Governing Body, to perform the services described below (collectively, the "Administrative Services"). These shall include participation in all appropriate committees established by the Hospital, including Tumor Board, Medical Board, Transfusion, Tissue, Cancer, Quality Improvement and others as listed in Exhibit A. The Group shall be responsible to assist in the selection and supervision of appropriate Hospital personnel to staff the Laboratory and to assist in ensuring compliance with regulatory and accrediting agencies, including the Joint Commission, New York State Department of Health, American Association of Blood Banks, CLIA and CAP. See Exhibit A.

1.3.1. The Group shall be responsible for Evaluation and Monitoring of instruments and procedures to include:

- Direction of point of care testing;
- Evaluation of new technology;
- Procedures for obtaining specimens for satisfactory evaluation;
- Assurance of prompt performance of adequate examinations in sufficient depth to meet the needs of patients;
- Responsibility for all laboratory reports, including assurances of delivery to appropriate persons with avoidance of misinterpretation; and
- Annual review of all clinical laboratory procedures

1.3.2. The Group shall assist the Hospitals in Space Planning and Fiscal Management in order to:

- Increase market share;
- Develop, maintain and grow hospital outreach programs; and
- Evaluation of contracted laboratory services.

1.3.3. The Group shall cooperate with Hospitals on the implementation of Information Technology.

1.3.4. The Group shall participate in Strategic and Project Planning including exploration of new service opportunities.

1.3.5. The Group shall actively support each Hospital's Corporate Compliance Program as evidenced by:

- Ensuring HIPAA compliance;
- Compliance with correct CPT and ICD-9 coding; and
- Monitoring Group Clinicians' performance.

1.3.6. The Group shall:

- Integrate the laboratory into each Hospital's primary functions;
- Coordinate and integrate interdepartmental services; and
- Develop and implement interdepartmental policies and procedures.

1.3.7. Department Director. An Interim Director of the Department (the "Interim Director") shall be appointed upon the recommendation of Group, subject to the approval of the Hospital, and such Interim Director shall be on-site at both Hospitals as necessary to assure the provision of Services under this Agreement during the initial phases thereof. The Director of the Department (the "Director") shall be appointed within six (6) months of the SSMC Effective Date upon recommendation of Group, subject to the approval of the Hospital, and the Director shall be on-site at both Hospitals on a full-time basis, subject to usual and customary absences for professional conferences, vacation and CME time-off. The Director shall serve in such capacity until such time as

(i) he/she shall resign; (ii) his/her medical staff membership and clinical privileges at the Hospital are terminated preventing him/her from carrying out his/her obligations pursuant to this Agreement; (iii) he/she is removed from such position as set forth herein; (iv) he/she ceases to be a Group Clinician; (v) he/she loses his/her license to practice medicine; or (vi) he/she is disabled for a period of six months and is unable to carry out his/her obligations hereunder. The Director shall be primarily responsible for the provision of Administrative Services to the Hospital hereunder on Group's behalf and shall be responsible for laboratory direction. It shall be the Director's responsibility to evaluate and make recommendations to the Hospital for cost-effective management of the Hospital laboratory services whether by expanding or consolidating existing services. This will include evaluation test menus to determine which tests should remain in-house or be sent to a reference laboratory. Each Hospital shall have the right to remove and replace the Director in accordance with its Medical Staff Bylaws and applicable policies. In the event that the Director is removed or replaced, Hospital, in consultation with the Group, shall appoint an Interim Director from among the Group Clinicians. Such Interim Director shall remain in such position until a permanent Director is named.

The Director shall obtain and maintain a valid New York State Certificate of Qualification. In the event that the Director fails to maintain the necessary Certificate of Qualification in one or more categories of laboratory services provided at the Hospital, the Group shall immediately provide for such categories an interim Director acceptable to the Hospital who currently maintains the necessary Certificate of Qualification.

1.3.8. Established of Policies. Group shall participate in the establishment of policies, procedures, rules, regulations and methods of operation related to the practice of pathology, as requested by Hospital.

1.3.9. Medical Teaching. Group shall provide medical teaching for all interns, residents, fellows, medical students, and other healthcare students as requested by Hospitals, whether they are based at the Hospitals or rotating through the Hospitals. Group shall be responsible for continuing medical education for Group Clinicians and will assist the Hospitals in developing educational policies and procedures for all other laboratory personnel.

1.3.10. Performance Improvement. As part of the Hospitals' overall performance improvement program, Group shall recommend procedures to ensure the consistency and quality of all pathology services to be provided by Hospitals and shall additionally participate in Hospitals' overall quality improvement program in accordance with Hospital policies and the policies of accrediting organizations. Such participation shall include, but shall not be limited to, attendance at monthly Department meetings, quarterly reports monitoring, Department performance using CAP and other industry standards for quality measurement which will be submitted to appropriate Hospital committees.

1.3.11. Surveys and Inspections. Group shall cooperate with the Hospital in connection with any surveys, inspections, and corrective actions related to the provision of pathology services and in the implementation of any corrections or recommendations. The Director or Hospital lab manager shall notify the Hospital CEO of all announced or unannounced surveys and inspections of the Department by regulatory agencies and of all preliminary and final reports and findings, which result from such surveys and inspections.

1.3.12. Selection, Maintenance and Utilization of Department Facilities and Other Equipment. Group shall cooperate with Hospitals in the planning, investigation and installation of devices, machinery, equipment and systems to be leased, purchased or otherwise acquired by Hospitals for use in the Department. Group shall advise Hospitals with respect to the selection of additional or replacement equipment required at the Hospitals. Group shall assist in the periodic inspection and evaluation of the equipment upon request of the Hospitals' CEO to determine whether it is being maintained in a safe condition and being utilized in a safe and efficient manner. Group shall advise Hospitals with respect to facility needs, including participation in the planning of any expansion of Department facilities, as requested by the Hospitals.

1.3.13. Budget. Group shall exercise diligence in assisting Hospitals in keeping costs of the Department to a minimum. Group shall, as requested by Hospitals, participate in the preparation of operating and capital budgets for the Department (including projections of both revenue and expenditures). Group shall perform its obligations under this Agreement in accordance with the budget of the Department as established by Hospitals, unless otherwise authorized in writing by Hospitals.

1.3.14. Media or Community Group Inquiries. Group shall notify the Hospitals' public affairs office of all announced or unannounced visits or phone calls to the Department by the media or community groups regarding Group, Department services or any other Department activities. Group shall cooperate with and follow the direction of Hospitals in connection with responding to such inquiries.

1.3.15. Medical Board Reporting. Group shall cooperate with Hospitals by making periodic reports, as requested, to Hospitals' Medical Board, Medical Staff Quality Improvement Committee or other oversight body regarding the Department's budgets, quality of care and such other matters related to the Department as may be requested by Hospitals from time to time.

1.3.16. Community Outreach. Group shall actively participate in the development of patient education materials and seminars. Group shall also work closely with the Marketing and Public Relations staff of the Hospitals to help communicate Department and Hospital developments to potential patients and the medical/surgical community.

1.4. Scheduling. Group shall provide Hospitals with telephone numbers to contact Group Clinicians in the event of an emergency.

1.5. Reporting Responsibility. Group and the Director shall report directly to the Medical Director and Senior Vice President/Operations and shall be at all times subject to the overall authority of the Governing Board of the Hospitals.

1.6. Pathology Reference Services. Subject to the Hospitals' continuing approval, the Group's affiliated laboratory, Histopathology Services, LLC (HPS) will be the provider of anatomic pathology reference laboratory services to include Immunohistochemistry, Hematopathology, Flow Cytometry, FISH, PCR, and Cytogenetics. HPS shall bill Patients and third party payors for such anatomic pathology reference laboratory services in accordance with the fee schedule set forth in Exhibit B. In the event HPS does not receive reimbursement from Patients or third party payors for such services, it shall bill the Hospital in accordance with the fee schedule set forth in Exhibit B. HPS shall be solely responsible for the collection of all such fees. In the event, the Hospital provides written notice to the Group that in the Hospitals' sole discretion, services being provided by HPS are unacceptable, the Group shall cease utilizing HPS' services and the Group shall instead utilize the services of a provider selected by the Hospitals. All testing not performed by HPS will be sent to the Hospital's clinical pathology reference laboratory.

1.7. Performance Evaluations. The Group shall be accountable for its performance under this Agreement to the Hospitals' Senior Vice President or his or her designee. On an annual basis (or more frequently, if necessary in the discretion of the Senior Vice President), the Hospitals will conduct a performance evaluation of the Services rendered and coverage provided by the Group. The performance indicators to be considered in this evaluation are contained in Exhibit C. The results of the evaluation will be provided to the Group in writing within thirty (30) days of completion. If the Hospitals identify issues regarding the availability of Group Clinicians to provide care, the Group shall promptly prepare and submit a manpower plan to the Hospitals specifying the manner in which it will correct such deficiencies. If deficiencies identified with respect to performance are not cured to the reasonable satisfaction of the Senior Vice President or the Group fails to provide a manpower plan as described above within thirty (30) days of receiving written notice of the deficiencies, the Hospitals may terminate this Agreement on thirty (30) days' written notice in accordance with Section 7.2.3. If such deficiencies are of such character as to reasonably require more than thirty (30) days to cure, then this Agreement may be terminated only if the Group fails to commence action within such thirty (30) days to cure the deficiencies and proceeds to use reasonable diligence to cure the deficiencies until they have been fully remedied.

## 2. Covenants of Group

2.1. Compliance with Hospital Policies and Applicable Law. In performing services hereunder, Group shall ensure that Group Clinicians, comply with all applicable law and all Hospital policies, including the Hospitals' certificate of incorporation, bylaws and rules, the bylaws, rules and regulations of the Medical Staffs, corporate compliance plan (including participation in training and education) and other policies, practices and procedures of the Hospitals, including those rules specifically applicable to the

administration of the Hospitals, the Department and any department within the Hospitals or the Hospitals' Board ("Hospital Policies"), the New York State Public Health Law, Committee for Accreditation of Pathology (CAP) and the regulations promulgated thereunder (including but not limited to Part 405) and all other applicable law, the standards of the Joint Commission, the standards of this profession and any other rules or regulations applicable to Group of the Hospitals.

2.2. Use of Hospital Facilities. Group shall ensure that Group Clinicians, do not use Hospitals' facilities for any purpose other than the provision of the Clinical and Administrative Services hereunder. Notwithstanding the foregoing, the parties agree that in consideration of being able to obtain pathological sub-specialty expertise and make additional pathologist staffing available to the Hospitals, Group may obtain the review, consult, opinion and interpretation with respect to Hospital cases by clinicians, at its cost, who are not on-site at the Hospitals, and Group Clinicians may provide the review, consult, opinion and interpretation with respect to non-Hospital cases to clinicians who are not rendering services to the Hospitals, subject to applicable laws, rules and regulations and provided that such review, consult, opinion and interpretation of non-Hospital cases to do not interfere with Group Clinicians' obligations hereunder.

2.3. Group Clinicians.

2.3.1. Group Clinician Qualifications. Group shall ensure that each Group Clinician who provides Clinical Services hereunder, as a continuing condition precedent to Hospitals' obligations under this Agreement, and prior to the provision of any services by a Group Clinician hereunder, as applicable: (i) hold and maintain in good standing a currently valid and unlimited license, registration or certification to practice medicine in the State of New York; (ii) apply for, be awarded and maintain in good standing membership on Hospital's Medical Staff with appropriate privileges in accordance with Hospital policies; (iii) be a provider under the Medicare and Medicaid programs; (iv) be board certified by the American Board of Pathology in anatomical and clinical pathology within five (5) years after post-graduate training, and (v) be approved by the Medical Staff appointment process. It will be the Group's responsibility to immediately alert the Hospital should any of the Group Clinicians receive a restriction or sanction from a regulatory authority.

2.3.2. Termination of Medical Staff Privileges. Group represents and covenants that Group has been informed and understands and agrees, and that each Group Clinician will be informed and will acknowledge in writing his/her understanding and agreement, that, upon the expiration, termination or non-renewal of this Agreement of his Employment Agreement with Group, for any reason whatsoever, each Group Clinician's membership on Hospital's medical staff and clinical privileges at Hospital may likewise and at the same time terminate at the election of Hospital. Any provision of Hospital policies to contrary notwithstanding, Hospital and Group each agree that in the event that a Group Clinician's medical staff membership and clinical privileges terminate as a result of the termination of this Agreement, or the individual Group Clinician's termination from the Group (i) Hospital has no duty to provide notice, hearing, or review; (ii)



Hospital, Group and Group Clinician hereby waive such notice, hearing, or review; and (iii) Group shall hold Hospital harmless from any and all liability or loss incurred by Hospital in reliance upon Group's covenants hereunder.

2.3.3. Retention of Group Clinicians. Group shall employ or retain, at its expense, such number of Group Clinicians as mutually determined to be reasonably necessary to discharge the duties of Group under this Agreement (including the Department Director duties), consistent with the professional standards of other similarly situated hospitals with like practices, provided, however, that the parties agree that a minimum of two full-time equivalent (2 FTEs) Group Clinicians shall be employed or retained to ensure that a total of two (2) Group Clinicians are on-site at the Hospitals during business hours.

2.3.4. Hospital's Ongoing Approval and Removal of Group Clinician. The selection of a Group Clinician for assignment to the Hospital shall be subject to the Hospital approval. If a Hospital becomes aware of any questions regarding professional qualifications or performance of any Group Clinician, such questions will be communicated promptly to the Group so that a resolution of the problem can be promptly made. Should a clinical or interpersonal problem arise with regard to a Group Clinician, the Group will work with the Group Clinician and the Hospital to correct the problem to the satisfaction of all parties. If Hospital and the Group determine that such problem is of a sufficiently serious nature to warrant suspension, then the Group Clinician in question will be suspended from the schedule in order to allow the parties time to fairly investigate and evaluate the problem, and if necessary, counsel the Group Clinician to correct the problem. Notwithstanding the foregoing, the Hospitals will have the right to require the Group to immediately terminate an individual Group Clinician from service at the Hospital for good cause, as determined by the Hospital in its reasonable discretion. Such termination will be administrative in nature and, with respect to the Group Clinician, will not be considered a denial or revocation of staff privileges subject to hearing and appellate review as may be provided in the Bylaws, Rules and Regulations of the Medical Staff or otherwise. Thus such a termination will not be an event reportable to New York State nor the National Practitioner Data Bank. Nothing in this section will be construed as limiting the right of a Hospital to take corrective action, limit, suspend or terminate a Group Clinician's privileges, or take other disciplinary action in accordance with the Bylaws, Rules and Regulations of the Medical Staff. In the event a Group Clinician is suspended or terminated, the Group shall promptly provide a qualified replacement Group Clinician.

2.3.5. Group Clinician Misconduct. Group shall promptly notify Hospital of any professional or criminal misconduct of a Group Clinician or any other incident or behavior negatively affecting the quality of care provided by Group Clinician. Hospital shall have the right to require that such Group Clinician not provide further Services under this Agreement,

2.3.6 Other Agreements. Group covenants that it and Group Clinicians who will perform Services hereunder, are not bound by any agreement or arrangement which would preclude Group and/or Group Clinicians from entering into this Agreement or from fully performing the Services.

2.4. Limitation of Group Authority.

2.4.1. Hospitals shall retain full legal authority over the day to day operations of Hospitals and the Departments and any powers not delegated to Group under this Agreement shall remain with Hospitals. Notwithstanding anything to the contrary stated herein, Hospitals shall retain (i) independent control over the Departments' books and records; (ii) exclusive authority over the disposition of the Hospital assets which were furnished or supplied to the Department by Hospital (provided, however, that any assets in the form of equipment and supplies furnished or purchases by Group shall remain the property of Group; (iii) exclusive authority to independently adopt and enforce policies affecting the delivery of health care services in the Department; and (iv) exclusive authority over the policies and procedures and the implementation with respect to the operation of the Department, in order to ensure the provision of quality health care services in the Department and to ensure that the Department is operated in compliance with all applicable laws and regulations.

2.4.2. Except pursuant to the prior written approval of Hospital, Group and Group Clinicians shall not engage in or cause direct purchasing or otherwise contract any liability on behalf of Hospital or the Department and shall neither charge the credit of Hospital nor incur any obligations or enter into any agreement for or on behalf of Hospital of the Department in the operation of the Department or otherwise.

2.5. Time Records and Allocation Agreements. The Group agrees and shall require Group Clinicians to agree to promptly record and maintain all information that, in the reasonable judgment of Hospitals, is necessary or desirable in order for Hospitals to have time records relating to services under this Agreement in compliance with the requirements of the Medicare Program and other third party payer programs. Upon request, Group (and each Group Clinician) shall execute an allocation agreement in such form as may be provided by the Hospitals for Services rendered to the Hospitals and Patients. In addition, Group and each Group Clinician, agrees to periodically execute written allocation agreements, based on the results of such time records which meet the requirements of the Medicare Program and such other third party payer programs. The form of such time records and allocation agreements shall be determined, and may be from time to time be amended, by Hospitals after consultation with the Group.

2.6. Non-Solicitation.

2.6.1. During the term of this Agreement and for one (1) year after its termination, neither party shall, directly or indirectly, employ or otherwise hire or engage any person who, during the one year period prior to termination of this Agreement, was

an employee or independent contractor of the other party, without such other party's prior written consent.

2.6.2. This Section will survive the expiration or earlier termination of this Agreement.

2.7. Third Party Payor Participation. Group shall make best efforts to enter into and maintain agreements with Hospitals' contracted third party payors. Group shall not be required to accept any fee schedule which is less than the applicable Medicare Fee Schedule for Westchester, New York.

3. Independent Contractors.

It is expressly acknowledged by the parties hereto that Group and each Group Clinician are "independent contractors" of Hospitals and nothing in this Agreement is intended or shall be construed to create with Hospitals and employer/employee relationship or a joint venture relationship. Group understands and agrees that Hospitals will not make any payment to the Group or any Group Clinician, other than specified in Section 5, and will not withhold on behalf of the Group or any Group Clinician any sums for income tax, unemployment insurance, social security, worker's compensation, NYS disability, or any other withholding pursuant to any law or requirement of any governmental body relating to Group or any Group Clinician, or make available to Group or any Group Clinician any of the benefits afforded to employees of Hospitals and that all of such payments, withholdings, and benefits, if any, are the sole responsibility of Group. In the event the Internal Revenue Service or any other governmental agency should question or challenge the independent contractor status of Group or any Group Clinician, Hospitals shall have the right to participate in any discussion or negotiation occurring with such agency or agencies, irrespective of whom or by whom such discussion or negotiation is initiated.

4. Records.

4.1. Medical Records. Group shall cause to be prepared reports of all examinations, procedures, and other clinical services performed by Group on behalf of Hospitals. Group shall cooperate with Hospitals with respect to the filing and maintenance of accurate and complete files in the Department of all such reports and supporting documents. In preparing such reports, Group and each Group Clinician shall comply with Hospital Policies, the New York State Public Health Law and the regulations promulgated thereunder (including but not limited to Part 405), and the standards of the Joint Commission and CAP. All such medical records shall be the property of Hospital.

4.2. Third Party Payor Program Requirements. Group acknowledges that the Hospital is a participant in various third party payment programs including, without limitation, Medicare and Medicaid, which participation is essential to the financial viability of the Hospitals. Therefore, in connection with the subject matter of this Agreement, Group agrees, and shall cause each Group Clinician to agree to fully

cooperate with the Hospital and to provide assistance to the Hospitals in meeting all reasonable requirements for participation and payment associated with such third party payment programs. Group further agrees, subject to all applicable law to make available to the Hospitals such information and records as the Hospital may reasonably request to; (i) substantiate its cost under this Agreement, and (ii) facilitate the Hospitals' compliance with the requirements of the Medicare Conditions of Participation and Medicaid State Plan and to facilitate the Hospital's substantiation of its reasonable costs or other claims for reimbursement in accordance with the requirements applicable to the Medicare and Medicaid Programs and any other third party payment program in which the Hospital participates.

4.3. Governmental Access to Books, Documents and Records. To the extent applicable under section 1861 (v)(1)(I)(ii) of the Social Security Act, as amended, and 42 CFR Part 420.300, Group agrees with Hospitals that, upon request made in accordance with applicable law and regulations, the Comptroller General of the United States, the United States Department of Health and Human Services and the duly authorized representative of the foregoing shall be given access by Group to the following records from the date of this Agreement until the expiration of four (4) years after the furnishing of the services under this Agreement: this Agreement, all books, documents and records of Group that are necessary to verify the nature and extent of the costs to Hospitals of services rendered hereunder. In the event any request for Group's books, documents and records is made pursuant to this Section, Group shall give notice of such request to Hospitals, shall provide Hospitals with a copy of such request and shall provide Hospitals with a copy of each book, document and record made available to one or more of the persons and agencies listed above or shall identify each such book, document and record to Hospitals and shall grant Hospitals access thereto for review and copying. In the event a similar request is made of Hospitals, it shall provide notice to Group and provide a copy of such request to Group.

4.4. Ownership. The ownership and right of control of all reports, records and supporting documents prepared in connection with Group's provision of services hereunder and the operation and administration of the Department shall vest exclusively in Hospitals, and shall be maintained according to Hospitals' retention policy and applicable laws, rules and regulations.

4.5. Confidentiality. Group shall maintain all Hospital and protected health information, confidential technology, proprietary information, patient or customer lists, trade secrets or other Hospital confidential information to which Group has access in performing hereunder, including but not limited to medical records, in the strictest confidence in accordance with all applicable laws and regulations. Without limiting the foregoing, Group represents that (i) Group and each Group Clinician has been trained in and will comply with the confidentiality and disclosure requirements set forth in Title 10 of N.Y.C.R.R., including those concerning HIV/AIDS related information; as well as the Health Insurance Accountability and Portability Act of 1996 ("HIPAA"), including compliance with the requirements set forth in Hospital's Notice of Privacy Practices; (ii) Group and each Group Clinician will comply with the Business Associate Addendum attached hereto as Exhibit D and made a part hereof, as required by HIPAA; and (iii)

Group and each Group Clinician will execute individual Confidentiality Attestations stating that they will comply with all such requirements. Group shall provide Hospital with copies of such Attestations upon request.

5. Financial Arrangements. The terms of the Group's financial arrangement with Hospitals are as follows:

5.1. Space, Equipment and Support Staff. Hospitals shall provide Group with suitable support staff, office space, equipment, supplies and utilities as shall be reasonably necessary and appropriate for Group to provide the Services, as reasonably determined by the Hospitals in consideration of recognized professional standards. All technicians, clerical staff and other personnel required for the efficient and proper operation of the Department shall be employed by the Hospitals. All salaries, benefits and other obligations attributable to such employees shall be paid by the Hospitals in accordance with its usual personnel policies. The Hospitals shall, at their own expense, furnish ordinary cleaning and maintenance service, mail service, phone service, gas, water and electricity for light and power and telephone, as may be required for the proper operation and conduct of the Department. The Hospitals shall provide the Group with an anatomic pathology information system and access to their information system for charge and demographic information.

5.2. Clinical Services - Group Billing. Except as otherwise provided herein, Hospitals shall not compensate Group for the provision of Clinical Services hereunder. Group shall independently bill Patients and third party payors for the Clinical Services. Group shall be solely responsible for the collection of all such fees for Clinical Services hereunder. All such billing shall be in accordance with all applicable law. Group agrees that its fees shall be reasonable and consistent with the currently prevailing rates in the community. With respect to Clinical Services rendered to Medicare beneficiaries, Group agrees to accept Medicare assignment as payment in full and shall not bill such Patients directly for any additional amount except for co-insurance and deductibles that are the direct responsibility of the patients.

5.3. Administrative Services Fee.

5.3.1. As a payment for administrative services, supervision, teaching, and provision of a Pathology Assistant ("PA"), the Hospital will pay the Group according to the following Fee Schedule:

Year 1:

Upon SSMC Effective Date  
(as defined in Section 7.1) - \$300,000/year \$25,000/month

Upon MVH Effective Date  
(as defined in Section 7.1) - \$325,000/year \$27,083.33/month

Year 2 - \$337,000/year \$28,083.33/month

Year 3 - \$337,000/year \$28,083.33/month

5.3.2. The administrative fee is to be paid in equal monthly installments on the first of each month.

5.3.3. The first payment is due on September 1, 2011.

5.4. Medicaid and Medicaid Managed Care

5.4.1. The Group will invoice the Hospital for Pathology Services performed on the Medicaid and Medicaid Managed Care Patients on the first of each month for the previous month's services.

5.4.2. Invoice will list each patient, date of service and CPT codes performed.

5.4.3. Hospital will be invoiced at 80% of the Westchester, New York Medicare Fee Schedule.

5.4.4. Hospital will pay Group's invoice within 30 days.

5.5. Charity and Uncompensated Care: In the event in any month over 8% of the Group's total volume of Pathology Services provided hereunder is provided for unfunded, uninsured, and indigent Patients, the Group will invoice the Hospital for such uncompensated Pathology Services performed on unfunded, uninsured and indigent Patient on the first of each month for the previous month's services. The invoice will list each patient, date of service and CPT codes performed. The Hospital shall be invoiced at 80% of the Westchester, New York Medicare Fee Schedule and the Hospital shall pay undisputed Group invoices within thirty (30) days.

5.6 Global Arrangements. Notwithstanding Section 5.2 above, in the event that the Hospital has a contract with any global payors, including capitated contracts (the "Global Payors") that includes the payments for hospital-based physicians in the fees paid to the Hospital for, among other things, outpatient clinic, inpatient, ambulatory surgery and emergency services, Hospital shall pay Group on a fee-for-service basis at one-hundred percent (100%) of the Westchester, New York Medicare Professional Fee Schedule (the "Global Fee"). Group shall invoice the Hospital on a monthly basis for all Clinical Services covered under such Global Payors contracts rendered during the prior month, which invoice shall detail the Clinical Services rendered to Global Payor patients during the prior month, including the CPT code, the Group Clinician, the patient and the date of service. The Hospital shall pay the Global Fee due within thirty (30) days of the Hospital's receipt of a complete invoice. The Global Fees shall constitute payment in full for all Clinical Services and Group shall not bill such payors or patients for such services. Hospital shall notify Group in writing of all arrangement with the Global Payor and if the Hospital enters into arrangements with any additional global payor or if the Hospital's arrangement with a Global Payor terminates.

5.7. Participation with Specific Insurer of Hospital Employees. The Group agrees to negotiate participation with the insurer currently engaged to provide coverage for Hospital employees. This agreement to participate is limited to the specific insurance provided for Hospital employees and does not extend to other products that may be offered by the insurance company. The intent of this Section 5.7 is that Hospital employees will not be billed by Group for professional pathology services, other than co-payments, as outlined for their specific insurance product, and as required by law. If a participation agreement cannot be reached with this insurer, Group agrees to accept the insurance payment for an out of network provider, plus required co-payments, as full payment for PC services.

5.8. Technical Services. The Hospitals shall charge, bill and collect from Patients for the use of Hospitals' equipment, personnel and supplies.

5.9. Cooperation. The parties agree to cooperate with each other to provide any necessary information to enable each to bill its respective charges. Hospitals shall cooperate with the Group as reasonably necessary in order for Group to capture patient demographics and other information necessary to perform efficient fee-for-service patient billing.

5.10. Fair Market Value. During the Term of this Agreement, Group acknowledges and agrees that the compensation to be paid to Group hereunder is based on fair market value as of the date of this Agreement. Group understands and agrees that in order to comply with applicable federal, state and local laws, rules and regulations, including without limitation, the Federal Anti-kickback statute (42 USC § 1320a-7b(b)), and the Stark (42 USC 1395nn), the compensation payable to Group must be fair market value. Nothing in this Agreement shall be construed as requiring the Group or any Group Clinician to make referrals to the Hospitals.

6. Insurance/Indemnification:

6.1. Insurance.

6.1.1. The Group will assume professional medical responsibility and liability for its services. In connection with the provision of services hereunder Group and each Group Clinician shall obtain and maintain, at no expense to Hospitals, professional liability insurance coverage with New York authorized providers, each in the amounts of \$1,300,000/\$3,900,000, covering Group and each Group Clinician. Each Group Clinician who is eligible will also obtain and maintain excess malpractice coverage policy, if available. Group shall furnish Hospitals with copies of each such insurance policy and any amendment or renewal or extension hereof. In the event that Group or Group Clinicians do not have an occurrence from policy, upon termination of such non-occurrence form policies Group and each Group Clinician shall purchase "tail" coverage or take other necessary steps to ensure that Group and Group Clinicians are covered at the levels set forth herein for all incidents occurring during the term hereof, regardless of when a claim is brought. Group shall maintain statutory workers compensation insurance for its employees.

6.1.2. Hospitals shall obtain and maintain, at their own expense, professional liability and general liability insurance coverage with New York approved carriers, each in the amounts of \$1,300,000/\$3,900,000, covering Hospitals and all Hospital employees, as applicable.

6.1.3. In the event that Hospitals or Group becomes aware of a claim being asserted related to an alleged injury arising out of the care or treatment of any patient provided Services under this Agreement, each party has a duty to give the others written notice containing the particulars sufficient to identify the name and address of the allegedly injured person, the place and circumstances of the alleged incident and the addresses of the available witnesses within five (5) calendar days. The notice given pursuant to this Section shall be treated as confidential and privilege to the fullest extent permitted by law. Subject to the terms of the respective professional liability and malpractice insurance policies, each of the parties hereto shall cooperate with each other and in the conduct of suits and in enforcing any right of contribution or indemnity against any other and in the conduct of suits and in enforcing any right of contribution or indemnity against any other person or organization who may be liable to either of the parties because of injury with respect to which insurance is afforded, and each of the parties hereto shall attend the hearing and trials and assist in securing evidence and obtaining the attendance of witnesses.

6.1.4. The obligations set forth hereunder shall survive termination or expiration of this Agreement for any reason.

## 6.2. Indemnification.

6.2.1. Each party shall indemnify and hold harmless the other party and its trustees, members, shareholders, officers, directors, employees, independent contractors and agents, as applicable, from and against any and all claims, actions, suits, proceedings, liabilities, losses, demands, judgments, and expenses (including court costs and reasonable attorney's fees) arising out of the acts of omissions of the indemnifying party of any of its trustees, members, directors, officers, shareholders, employees, independent contractors or agents, as applicable. The indemnity provided hereunder (a) shall apply to all activities conducted by the parties and (b) shall be secondary to, and shall only apply to, those amounts in the excess of any applicable insurance coverage. However, in order for any party to be obligated to provide such indemnification, such indemnitor must receive prompt notice of the matter; and indemnitor will select legal counsel for the defense of the matter for that party with is indemnified. Any party receiving indemnification must cooperate in the defense of the matter, and no settlement or compromise shall be effective as to the indemnitor unless the indemnitor has given its prior written consent. The obligations set forth hereunder shall survive termination or expiration of this Agreement for any reason.

6.2.2. The obligations set forth in this Section 6 shall survive termination or expiration of this Agreement for any reason.

## 7. Term and Termination of the Agreement



7.1. Term. With respect to services being provided by the Group at SSMC, this Agreement shall commence on September 1, 2011 ("SSMC Effective Date"). At such time that the parties shall mutually agree to in writing, this Agreement shall commence with respect to services being provided by the Group at MVH ("MVH Effective Date"). This Agreement shall be for an initial term of thirty-six (36) months commencing on the SSMC Effective Date (as may be extended, the "Term"). The parties agree that on or before the date that is one-hundred twenty (120) days prior to the end of the Term, the parties shall meet and negotiate in good faith a renewal of this Agreement, or shall provide written notice of intent not to renew. In the event that either party does not provide the other party with written notice of intent not to renew this Agreement, then this Agreement shall renew for an additional one year Term.

7.2. Termination.

7.2.1. Termination by Agreement. In the event Hospitals and Group shall mutually agree in writing, this Agreement may be terminated on the terms and date stipulated therein.

7.2.2. Termination Without Cause. After the first year of the Agreement, either party may terminate this Agreement, without cause, upon ninety (90) days prior written notice given to the other party.

7.2.3. Termination on Notice for Default. Subject to Section 7.2.6 below, either party may terminate this Agreement upon thirty (30) days prior written notice to the other upon a breach hereof, which breach has not been cured to the reasonable satisfaction of the notifying party within such thirty (30) day period.

7.2.4. Termination on Notice Under Special Circumstances. In the event that any term, covenant, condition or provision of this Agreement is likely, in the reasonable discretion of the Hospital, to jeopardize or interfere with the Hospital's (i) licensure; (ii) participation in Medicare or Medicaid programs; (iii) full accreditation by the Joint Commission; (iv) tax exempt status; or (v) ability to obtain, maintain, modify or amend any tax exempt financing, this Agreement shall be renegotiated so as to eliminate the violation or non-complying aspects hereof. If the parties cannot promptly agree on such renegotiated terms, the Hospital may terminate this Agreement upon one-hundred twenty (120) days' written notice to Group.

7.2.5. Immediate Termination. Notwithstanding anything herein to the contrary either party may terminate this Agreement immediately upon written notice to the other party in the event that; (i) the other party fails to maintain the insurance required hereunder; (ii) the other party loses or has suspended its license or other authority to perform its obligations hereunder; or (iii) the other party is excluded or suspended from participation in the Medicare or Medicaid program.

7.2.6. Limit on Re-negotiation. In the event of termination of this Agreement, the parties agree that they shall not enter into a new, amended or re-negotiated agreement containing revised pricing or compensation terms more than once

during any twelve (12) month period during which this Agreement is in effect, except as provided in section 7.2.4.

**7.2.7 Immediate Termination by the Hospital.** Notwithstanding anything to the contrary contained herein, or any current or future Bylaw, Rule or Regulation of the Hospital or Medical Staff to the contrary, a Hospital may terminate this Agreement immediately upon written notice to the Group upon the occurrence of any of the following events with respect to the Group or any of the Group Clinicians providing Services at the Hospital unless (a) the Group immediately prohibits such Group Clinician from providing any of the professional medical services or administrative services described in this Agreement; and (b) within ten (10) days, the Group and the Hospital reach an agreement regarding alternative staffing for the Department. In the event that the Group must arrange for alternative staffing, the Group will be responsible at its sole expense to ensure that the staffing requirements of Sections 1.2.1 and 2.3.3 are met.

(a) Loss, limitation or suspension of clinical privileges at a Hospital for any reason, or at any other health care institution for reasons relating to professional competence;

(b) Censure of, or the taking of any other disciplinary action by any board, institution, organization or professional society having any privilege or right to pass upon such Group Clinician's conduct;

(c) Failure of a Group Clinician to maintain an unrestricted license to practice medicine in the State of New York;

(d) Conviction of, pleas of guilty to, or pleas of no contest to, a crime, other than a minor traffic offense;

(e) Exclusion from participation in any federal health care insurance program, including Medicare or Medicaid for any reason; and

(f) In the reasonable discretion of a Hospital's Senior Vice President, the Group Clinician's conduct is sufficiently disruptive as to adversely impact the operations of the Hospital.

The Group shall immediately notify the Hospital in writing upon the occurrence of any of the events described in this Section 7.2.7.

**7.2.8 Termination Upon Notice.** Notwithstanding anything to the contrary contained herein, or any current or future Bylaw, Rule or Regulation of the Hospital or the Medical Staff to the contrary, the Hospital may terminate this Agreement upon thirty (30) days' written notice to the Group upon the occurrence of any of the following events:

(a) The Group engages in a pattern of conduct involving repeated breaches followed by remedial action within the thirty-day period as provided for in Section 7.2.3; or

(b) The Group fails to make reasonable attempts to become or remain a participating provider with any third-party payor with which the Hospitals are a participating provider as required in Section 2.7.

7.2.9. Effects of Termination. Upon termination of this Agreement as herein above provided, neither party shall have any further obligation hereunder except for; (i) obligations accruing prior to the date termination; and (ii) obligations, promises or covenants contained herein which are expressly made to extend beyond the term of this Agreement;

8. Miscellaneous.

8.1. Notices. Any notice, demand or communication required, permitted or desired to be given hereunder shall be deemed given when personally delivered (with signed delivery receipt), or delivered by U.S. Mail or any other reputable delivery service which, in both cases, obtains a signed delivery receipt, addressed as follows:

Group:

Orange Pathology Associates, P.C.  
156 Route 59, Suite B4  
Suffern, New York 10901  
Attn: Schuyler Newman, M.D.

Hospitals:

Sound Shore Medical Center of Westchester  
16 Guion Place  
New Rochelle, New York 10802  
Attn: John R. Spicer, President and CEO  
John Mamangakis, Senior Vice President; Operations

The Mount Vernon Hospital

12 North Seventh Avenue  
Mount Vernon, New York 10550  
Attn: John Mamangakis, Senior Vice President, Operations

8.2. Compliance with New York State Health Regulations. The New York State Health Regulations require the following provisions in the Agreement; (i) the parties to this Agreement shall comply with those provisions of Chapter V of Title 10 of the New York Codes, Rules and Regulations which are binding on that party under the law of the State of New York; and (ii) notwithstanding any other provision in this contract, Hospitals remain responsible for ensuring that any service provided pursuant to this contract complies with all pertinent provisions of federal, state and local statutes, rules and regulations.

8.3. Governing Law. This Agreement has been executed and delivered in and shall be interpreted, construed and enforced pursuant to and in accordance with the laws of the State of New York

8.4. Assignment. No assignment of this Agreement of the rights and obligations hereunder shall be valid without the specific written consent of the parties hereto.

8.5. Waiver of Breach. The waiver by a party of a breach or violation of any provision of this Agreement shall not operate as, or be construed to be, a waiver of any subsequent breach of the same or other provision hereof.

8.6. Severability. In the event of any provision of this Agreement is held to be unenforceable for any reason, the unenforceability thereof shall not affect the remainder of this Agreement, which shall remain in full force and effect and enforceable in accordance with its terms.

8.7. Amendment. This Agreement may be amended only by a written instrument executed by the parties.

8.8. Entire Agreement. This Agreement supersedes all previous contracts and constitutes the entire Agreement between the parties. Group shall be entitled to no benefits other than those specified herein. No oral statements of prior written material not specifically incorporated herein shall be of any force and effect and no changes in or additions to this Agreement shall be recognized unless incorporate herein by amendment as provided herein, such amendments(s) to become effective on the date stipulated in such amendment(s). Group specifically acknowledges that in entering into and executing this Agreement that it relies solely upon the representations and agreements contained in this Agreement and no others.

8.9. Counterparts. This Agreement may be executed in counterparts, each of which shall be considered an original and all which taken together shall constitute a single instrument.

8.10. Use of Name. Neither the Group nor the Hospitals shall use the name of the other in any format or for any purpose, without the prior written consent of the other party in each instance.

8.11. Eligibility for Government Programs. Group represents that (i) it has not been convicted of a criminal offense related to health care; and (ii) it is not currently listed by a federal agency as debarred, excluded or otherwise ineligible for participation on federally funded health care programs. Group shall notify Hospitals immediately, in writing, of any change in this representation during the term of this Agreement. Such change in circumstances shall constitute cause by the Hospitals to immediately terminate this Agreement. For purposes of this paragraph, "Group" is defined as the entity entering into this contract, and/or its principals, employees, independent contractors, directors and officers and shareholders.

8.12. Personal Inducements. Group represents and warrants that no cash, equity interest, merchandise, equipment, services or other forms of remuneration have been offered, shall be offered or will be paid distributed by or on behalf of Group to Hospitals and/or the officers, directors, trustees, employees or independent contractors of Hospitals or its member hospitals, or to any other person, party or entity affiliated with Hospitals or its member hospitals, as an inducement to purchase or to influence the purchase of services by Hospitals from Group.

8.13. Conflicts of Interest. Group represents that it has disclosed to Hospitals all relationships or financial interests that may represent or could be construed as a conflict of interest with respect to Group's transaction of business with Hospitals. Except as may be disclosed in writing by Group, Group further represents that no employee, independent contractor, director or officer of Hospitals or any member facility of Hospitals is a partner, member or shareholder of, or, has a financial interest in Group. For purposes of this Section, the term "financial interest" shall include, but not limited to, the following transactions or relationships between an employee, independent contractor, director, trustee or officer of Hospitals or any member facility of Hospitals and Group; (a) consulting fees, honoraria, gifts or other emoluments, or "in kind" compensation; (b) equity interests, including stock options, of any amount in a publicly or non-publicly traded company (or entitlement to the same); (c) royalty income (or other income) or the right to receive future royalties (or other income); (d) any non-royalty payments or entitlements to payments; or (e) service as an officer, director or in any other role, whether or not remuneration is received for such service. A breach of any representation under this Section shall be grounds in immediate termination of this Agreement. Group agrees to comply with Hospitals' Conflict of Interest Policy set forth on Exhibit E.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date below.

SOUND SHORE MEDICAL CENTER OF WESTCHESTER

By: John R. Spicer  
Name: John R. Spicer

Title: President and CEO

Date: 6/31/11

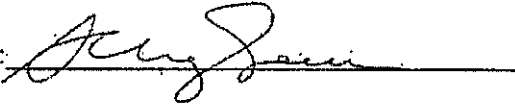
THE MOUNT VERNON HOSPITAL

By: John R. Spicer  
Name:  
Title:

Date:

ORANGE PATHOLOGY ASSOCIATES, P.C.

By:



Name: Schuyler Newman, M.D.

Title: President

Date:

30 Aug 11

---

## EXHIBIT A

### The following is a list of General Administrative Services:

#### Educational activities -

- Medical Staff
- Medical Students - interns and residents
- Medical technologists and students
- Other hospital personnel
- Presentation and participation in medical staff educational conferences

#### Committee Responsibilities:

- Transfusion
- Tissue
- Credentials
- Cancer
- Quality Improvement
- Infection Control
- Medical Board
- Tumor Board
- Other committees, as needed

#### Establishment of Department Organization Structure:

- Personnel selection.

#### Ensure Compliance with Accrediting Agencies:

- Joint Commission
- AABB
- New York State Department of Health
- CLIA
- CAP

#### Evaluation and Monitoring of Instruments and Procedures

- Direction of point of care testing
- Evaluate new technology
- Approve procedures for obtaining specimens for satisfactory evaluation
- Assure prompt performance of adequate examinations in sufficient depth to meet the needs of patients
- Assume responsibility for all laboratory reports, including assurance of delivery to appropriate persons with avoidance of misinterpretation
- Perform annual review of all clinical laboratory procedures
- Ensure that procedures and tests outside the capabilities of the department are not performed

#### Space Planning

Fiscal Management

- Increase market share
- Develop, maintain and grow hospital outreach programs.
- Evaluation of contracted laboratory services.

Laboratory Information System:

- Anatomic
- Clinical
- Interfaces
- Other information systems

Strategic and project planning

- Explore new service opportunities.
- Involvement in HMO, MSO, and PHO activities.

Ensure Corporate Compliance program

- Ensure HIPPA compliance.
- Ensure correct CPT and ICD-9 coding.
- Monitor pathologists' performance.

Interaction with other hospital departments:

- Integrating the pathology department and clinical laboratory into the organization's primary functions.
- Coordinate and integrate interdepartmental services.
- Develop and implement interdepartmental policies and procedures.

Provide 24-hour a day medical consultation services including clinical consultations, frozen section examinations, and autopsies.

Credentialing – Participate in credentialing and other peer review activities, including physician discipline, as necessary.

Managed Care Matters – Work cooperatively with Hospitals to obtain contracts with managed care organizations and other third party payors, and facilitate delivery of quality patient care in accordance with the requirements of such organizations and payors.

Liaison – Serve as the liaison to the Hospitals with regard to all Services provided in accordance with this Agreement.

Relationship with Hospital Staff – Work collaboratively with other members of the Medical Staff and the Hospital administrators, managers and support services personnel in the administration of services within the Department.



Records – Maintain such records, and prepare or assist in the preparation of such reports, as may be necessary in order to comply with the requirements of any governmental agency, accrediting body, funding source or similar entity.

Assume professional medical responsibility and liability for above services.

**EXHIBIT B**

**HPS Fee Schedule**

TEST NAME	CPT CODES	FEE
CYTOGENETICS (BLOOD, BONE MARROW, LYMPH-NODE)		\$500.00
CYTOGENETICS (PRODUCTS OF CONCEPTION)		\$500.00
BCR/ABL		\$500.00
KRAS		\$500.00
BRAF		\$500.00
EGFR		\$650.00
MSI		\$650.00
JAK 2		\$400.00
IgVH MUTATION ANALYSIS		\$500.00
ABL KINASE MUTATION		\$400.00
T AND B CELL GENE REARRANGEMENTS		\$500.00
BCL 2		\$500.00
PML/RARA		\$400.00
AMI/ET 0		\$400.00
IMMUNOHISTOCHEMISTRY (INCLUDES ER PR & HER-2)		
TC ONLY EACH UNIT	88342	\$100.00
FISH (HER-2)		
TC ONLY	88367 x 2	\$500.00
FISH (HEM; EACH PROBE)		

TC ONLY-EACH PROBE	88368	\$250.00
FISH (UROLOGY 3-5 PROBES)		
TC ONLY	88120	\$500.00
FLOW CYTOMETRY; COMPREHENSIVE		
TC ONLY		\$1,800.00
FLOW CYTOMETRY; LYMPHOPROLIFERATIVE		
TC ONLY		\$1,500.00
FLOW CYTOMETRY; PLASMA CELL PANEL		
TC ONLY		\$1,500.00
FLOW CYTOMETRY; PNH PANEL		
TC ONLY		\$500.00
FLOW CYTOMETRY; ZAP 70 PANEL		
TC ONLY		\$500.00

## EXHIBIT C

### PERFORMANCE INDICATORS

As provided in Section 1.7 of this Agreement, the Senior Vice President or his or her designee will perform a performance evaluation regarding the Services being provided by the Group. The expectations and indicators to be evaluated will include, but not be limited to, the following:

- A. Physician Satisfaction. The Group will work with the Hospitals to achieve physician satisfaction goals. The goals will be set on an annual basis and results will be measured annually. Action plans developed cooperatively between the Group and the Hospitals to achieve these goals will be developed and implemented on an annual basis at minimum and as needed.
- B. Patient Satisfaction. The Group will work with the Hospitals to achieve patient satisfaction goals. The goals will be set on an annual basis and results will be measured monthly. Action plans developed cooperatively between the Group and the Hospital to achieve these goals will be developed and implemented on a quarterly basis at minimum and as needed.
- C. Report Turnaround Time
  - 1. Frozen Section Turnaround Time: 95% of Frozen Section reports shall be available to surgeon within fifteen (15) minutes of specimen receipt (single specimen criteria).
  - 2. Autopsy Turnaround Time: Preliminary Autopsy Diagnosis (PAD) available within one (1) business day of autopsy consent. Final Autopsy Diagnosis (FAD) available within sixty (60) days.
  - 3. Discrepancies: All discrepancies (frozen section to final diagnosis) shall be graded and contain resolutions and appropriate follow-up.
  - 4. Transfusion Reaction Reports: Transfusion Reaction reports shall be reviewed and signed within one (1) business day of notification of incident.
  - 5. The Group shall provide an "exceptions" report to the Hospitals containing specimens submitted for diagnosis that fail to meet minimum submission guidelines.
  - 6. Final Diagnoses: 95% of final diagnoses for routine biopsies shall be available to the surgeon within one (1) business day. Cases requiring decalcification, extra fixation time or special studies will be excluded from this calculation.

**EXHIBIT 2**

**Orange Pathology Associates, P.C.**

156 RT 59  
Suffern, NY 10901

(845) 369-4200  
Fax (845) 369-4201

August 21, 2013

Dawn Kirby, Partner  
DelBello Donnellan Weingarten Wise & Wiederkehr, LLP  
One North Lexington Avenue  
11<sup>th</sup> Floor  
White Plains, NY 10601

Re: Sound Shore Medical Center Pre Bankruptcy Petition Filing Invoices

Dear Dawn,

As we discussed yesterday, I am forwarding the unpaid invoices for services rendered by Orange Pathology Associates, P.C. at Sound Shore Medical Center during the Pre-Bankruptcy Petition period. I have attached the following invoices for services that OPA has provided during the pre-bankruptcy petition filing, and they are:

**Part A Services:**

Invoice 12013	\$ 5,501.37
Invoice 22013	\$28,083.33
Invoice 32013	\$28,083.33
Invoice 42013	\$28,083.33
Invoice 52013-2	\$25,365.76
<b>Total Part A Services</b>	<b>\$115,117.12</b>

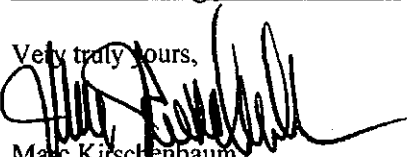
**Pass-Through Services:**

Invoice 24113	\$10,838.42
Invoice 45891	\$ 7,917.58
<b>Total Pass-Through Services</b>	<b>\$18,756.00</b>

I have attached detail for the invoices above for your submission.

As always, your assistance in this matter is greatly appreciated. In the event that you have any questions in this matter, or you need additional information for these pre-bankruptcy petition filing invoices, please feel free to contact me at my direct line of 201-934-2976 or via email at [mkirschenbaum@pathlinelabs.com](mailto:mkirschenbaum@pathlinelabs.com).

Very truly yours,

  
Marc Kirschenbaum  
CFO

cc: Edward Berlin  
Nader Okby, M.D.

Orange Pathology Associates, P.C.  
PO Box 911  
RAMSEY, NJ 07446

John Mamangakis  
Sound Shore Medical Center  
16 Guion Place  
New Rochelle, NY 10802

INVOICE DATE: 8/20/2013  
INVOICE #: 12013  
INVOICE PERIOD: 1/1/13-1/31/13

PART A PATHOLOGY SERVICES - JANUARY, 2013  
Less: Prior Partial Payment

\$28,083.33  
(\$22,581.96)

NET BALANCE DUE FOR SERVICES FOR PERIOD

\$5,501.37

NET PAYMENT DUE TO ORANGE PATHOLOGY ASSOCIATES, P.C.

\$5,501.37

Please Make All Checks Payable to:  
Orange Pathology Associates, P.C.  
PO Box 911  
Ramsey, NJ 07446  
Tax ID #: 14-1513452

Orange Pathology Associates, P.C.

PO Box 911  
RAMSEY, NJ 07446

John Marmangakis  
Sound Shore Medical Center  
16 Guion Place  
New Rochelle, NY 10802

INVOICE DATE: 8/20/2013  
INVOICE #: 22013  
INVOICE PERIOD: 2/1/13-2/28/13

PART A PATHOLOGY SERVICES - FEBRUARY, 2013	\$28,083.33
NET BALANCE DUE FOR SERVICES FOR PERIOD	\$28,083.33
NET PAYMENT DUE TO ORANGE PATHOLOGY ASSOCIATES, P.C.	\$28,083.33

Please Make All Checks Payable to:  
Orange Pathology Associates, P.C.  
PO Box 911  
Ramsey, NJ 07446  
Tax ID #: 14-1513452



Orange Pathology Associates, P.C.  
PO Box 911  
RAMSEY, NJ 07446

John Mamangakis  
Sound Shore Medical Center  
16 Guion Place  
New Rochelle, NY 10802

INVOICE DATE: 8/20/2013  
INVOICE #: 32013  
INVOICE PERIOD: 3/1/13-3/31/13

---

PART A PATHOLOGY SERVICES - MARCH, 2013 \$28,083.33  
NET BALANCE DUE FOR SERVICES FOR PERIOD \$28,083.33  
NET PAYMENT DUE TO ORANGE PATHOLOGY ASSOCIATES, P.C. \$28,083.33

Please Make All Checks Payable to:  
Orange Pathology Associates, P.C.  
PO Box 911  
Ramsey, NJ 07446  
Tax ID #: 14-1513452

John Mamangakis  
Sound Shore Medical Center  
16 Guion Place  
New Rochelle, NY 10802

Orange Pathology Associates, P.C.  
PO Box 911  
RAMSEY, NJ 07446

INVOICE DATE: 8/20/2013  
INVOICE #: 42013  
INVOICE PERIOD: 4/1/13-4/30/13

---

PART A PATHOLOGY SERVICES - APRIL, 2013 \$28,083.33  
NET BALANCE DUE FOR SERVICES FOR PERIOD \$28,083.33  
NET PAYMENT DUE TO ORANGE PATHOLOGY ASSOCIATES, P.C. \$28,083.33

Please Make All Checks Payable to:  
Orange Pathology Associates, P.C.  
PO Box 911  
Ramsey, NJ 07446  
Tax ID #: 14-1513452

John Mamangakis  
Sound Shore Medical Center  
16 Guion Place  
New Rochelle, NY 10802

Orange Pathology Associates, P.C.  
PO Box 911  
RAMSEY, NJ 07446

INVOICE DATE: 8/20/2013  
INVOICE #: 52013-2  
INVOICE PERIOD: 5/1/13-5/28/13

PART A PATHOLOGY SERVICES - MAY 1-28, 2013 (@ Daily rate of \$905.92) \$25,365.76

NET BALANCE DUE FOR SERVICES FOR PERIOD \$25,365.76

NET PAYMENT DUE TO ORANGE PATHOLOGY ASSOCIATES, P.C. \$25,365.76

Please Make All Checks Payable to:  
Orange Pathology Associates, P.C.  
PO Box 911  
Ramsey, NJ 07446  
Tax ID #: 14-1513452



Sound Shore Medical Center		CLIENT: 144
INVOICE DATE 03/31/2013	PAY THIS AMOUNT \$14,880.57	ENTER AMOUNT PAID \$
		<b>INVOICE# 24113</b>

TAX ID NO: 141513452  
 BILLING INQUIRIES:  
 (845) 369-4200

Sound Shore Medical Center  
 Attn: Alan Jones, Lab Manager, John Mamangakis  
 16 Guion Pl  
 New Rochelle, NY 10802

MAKE CHECK PAYABLE TO:  
 Orange Pathology Assoc, PC  
 PO Box 911  
 RAMSEY, NJ 07446

DETACH AND RETURN TOP PORTION OF INVOICE WITH YOUR PAYMENT - RETAIN BOTTOM PORTION FOR YOUR RECORDS

**INVOICE HISTORY**

DATE	INVOICE	CHARGES	PAYMENTS	ADJUSTMENTS	BALANCE
03/31/2013	24113	\$10,838.42 Unapplied:	\$0.00	\$0.00	\$10,838.42
02/28/2013	12606	\$4,042.15	\$0.00	\$0.00	\$4,042.15
<b>BALANCE</b>					<b>\$14,880.57</b>

**MESSAGES**

CURRENT	1-60 DAYS	61-90 DAYS	91-120 DAYS	OVER 120 DAYS	ACTUAL BALANCE
\$10,838.42	\$4,042.15	\$0.00	\$0.00	\$0.00	\$14,880.57
INVOICED TO 144 Sound Shore Medical Center			BILLING DATE 03/31/2013	AMOUNT OWED \$14,880.57	INVOICE# 24113

INVOICE SUMMARY

DESCRIPTION	SUBTOTALS
Balance Forward	\$4,042.15
Transaction Total	\$10,838.42
Payment Total	\$0.00
Adjustment Total	\$0.00
<b>Balance Due</b>	<b>\$14,880.57</b>

DETAIL FOR CURRENT INVOICE

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>MARTINEZ, CRYSTAL 02/14/1987</b>						
02/23/2012	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>DADJE, PATRICIA 12/03/1980</b>						
11/15/2012	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>VILLEGAS, ANIBERSEL 09/17/1982</b>						
12/13/2012	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>THOMAS, KIMBERLY 06/26/1990</b>						
01/22/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>ELMALIKI, NADWAH 12/20/1977</b>						
01/23/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>MARGOLLA, JENNIFER 10/10/1992</b>						
01/23/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>MAURICIO, CARLOS 03/04/1995</b>						
01/23/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>HOYTE, ROSEANN 07/04/1975</b>						
01/24/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>SERRATA, ALFREDO 05/11/1968</b>						
01/24/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
01/24/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$88.50</b>
<b>LOPEZ, ANTONIO 10/17/1952</b>						
01/25/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 03/31/2013	INVOICE# 24113
---	----------------------------	-------------------

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>ROMAINE, GABRIEL 12/24/1951</b>						
01/25/2013	3	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$97.62
01/25/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$121.04</b>
<b>RUMIPULLA, ROMAM 01/15/1989</b>						
01/25/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>MARCELIN, JESULA 12/10/1979</b>						
01/27/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>WALKER, PATRICIA LOUISE 01/21/1965</b>						
01/28/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>ANDREWS, ANTHONY 05/10/1964</b>						
01/29/2013	1	88300.26	SURGICAL PATHOLOGY LEVEL 1 GROSS	88300 26	\$4.03	\$4.03
<b>Patient Subtotal</b>					<b>\$4.03</b>	<b>\$4.03</b>
<b>HANNIFORD, JULIA 07/02/1956</b>						
01/29/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
01/29/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$88.50</b>
<b>SECCHIANO, PATRICIA 12/18/1981</b>						
01/29/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>TORRES, OSCAR 12/20/1980</b>						
01/29/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>HYPOLITE, BERTHA 08/24/1965</b>						
01/30/2013	2	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$143.00
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$143.00</b>
<b>MICKENS, CALEB 10/01/2008</b>						
01/30/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>MITCHELL, SHARLEEN 07/10/1973</b>						
01/30/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>MORTON, ERIC 10/25/1951</b>						
01/30/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$65.08</b>

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 03/31/2013	INVOICE# 24113
---	----------------------------	-------------------

Claims - Part 22 Pg 17 of 35  
 DETAIL FOR CURRENT INVOICE

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>OCHOA, ANNA 10/05/1956</b>						
01/30/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
01/30/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP AND	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$88.50</b>
<b>PASQUA, VIRGINIA 02/15/1962</b>						
01/30/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>QUEZADA, LORRAINE 09/23/1963</b>						
01/30/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$65.08</b>
<b>VALENCIA, RAFAEL 10/21/1964</b>						
01/30/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>ALLEN, LORNA JAMELLIAH 08/24/1948</b>						
01/31/2013	2	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$143.00
01/31/2013	7	88342.26	IMMUNOHISTOCYTOCHEMISTRY, EACH	88342 26	\$36.81	\$257.67
<b>Patient Subtotal</b>					<b>\$108.31</b>	<b>\$400.67</b>
<b>AUSTIN, RAHEEM 12/10/1992</b>						
01/31/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>GIRFFITHS, MITZIE 08/31/1964</b>						
01/31/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>INGRAM, MARLEEN 12/11/1977</b>						
01/31/2013	1	88302.26	SURGICAL PATHOLOGY LEVEL 2 GROSS	88302 26	\$5.81	\$5.81
01/31/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$38.35</b>	<b>\$38.35</b>
<b>LESEVIC, DANIJELA 10/09/1975</b>						
01/31/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>ROWE, MARSHA 12/19/1984</b>						
01/31/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>ROYALKING, ZENA 06/05/1966</b>						
01/31/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>SMITH, VALRIE 05/14/1951</b>						
01/31/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 03/31/2013	INVOICE# 24113
---	----------------------------	-------------------

Claims - Part 22 Pg 18 of 35  
DETAIL FOR CURRENT INVOICE

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>ABDELDAYEM, AMINA 09/29/1944</b>						
02/01/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$65.08</b>
<b>ANDREWS, ANTHONY 05/10/1964</b>						
02/01/2013	1	88300.26	SURGICAL PATHOLOGY LEVEL 1 GROSS	88300 26	\$4.03	\$4.03
02/01/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
02/01/2013	1	88331.26	FIRST BLOCK,FROZEN SECTION SINGLE	88331 26	\$53.43	\$53.43
<b>Patient Subtotal</b>					<b>\$90.00</b>	<b>\$90.00</b>
<b>BARONA, ANTHONY 05/19/1971</b>						
02/01/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
02/01/2013	1	88311.26	DECALCIFICATION	88311 26	\$10.69	\$10.69
<b>Patient Subtotal</b>					<b>\$20.46</b>	<b>\$20.46</b>
<b>CANNADAY, DARRIN 10/12/1993</b>						
02/02/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>DIEGO, LISA 01/16/1984</b>						
02/03/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>SANABRIA, DEYSI 04/02/1988</b>						
02/03/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>BIVENS, LABRYLL 07/10/1974</b>						
02/04/2013	3	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$97.62
02/04/2013	3	88360.26	MORPHOMETRIC ANALYSIS, EACH ANTI	88360 26	\$46.73	\$140.19
<b>Patient Subtotal</b>					<b>\$79.27</b>	<b>\$237.81</b>
<b>BLOUNT, PATRICK 03/17/1952</b>						
02/04/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
02/04/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$88.50</b>
<b>CANO, SKENDER 06/16/1968</b>						
02/04/2013	4	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$130.16
02/04/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$153.58</b>
<b>EPHRAIM, LYNDA 08/03/1958</b>						
02/04/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
02/04/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$88.50</b>
<b>FLORES, ANA LAURA 11/18/1976</b>						
02/04/2013	1	88300.26	SURGICAL PATHOLOGY LEVEL 1 GROSS	88300 26	\$4.03	\$4.03
<b>Patient Subtotal</b>					<b>\$4.03</b>	<b>\$4.03</b>

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 03/31/2013	INVOICE# 24113
---	----------------------------	-------------------

Orange Pathology Assoc, PC

PO Box 911

RAMSEY, NJ 07446

(845) 369-4200

PAGE 5 OF 18



DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>PRIDE, STEPHEN 08/17/1956</b>						
02/04/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
02/04/2013	1	88311.26	DECALCIFICATION	88311 26	\$10.69	\$10.69
<b>Patient Subtotal</b>					<b>\$82.19</b>	<b>\$82.19</b>
<b>RAJKUMAR, RAJKUMAR 09/09/1939</b>						
02/04/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
02/04/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$55.96</b>
<b>EVANGELISTA, MIRIAM 03/30/1953</b>						
02/05/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
02/05/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$88.50</b>
<b>HERNANDEZ, LUIS FERNANDO 10/25/1960</b>						
Patient Not Responsible						
02/05/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
02/05/2013	1	88112.26	CYTOPATHOLOGY	88112 26	\$50.42	\$50.42
<b>Patient Subtotal</b>					<b>\$82.96</b>	<b>\$82.96</b>
<b>PARISH, JEAN 08/18/1968</b>						
02/05/2013	5	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$162.70
02/05/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$186.12</b>
<b>SELKRIDGE, TESSA 03/26/1973</b>						
02/05/2013	1	88300.26	SURGICAL PATHOLOGY LEVEL 1 GROSS	88300 26	\$4.03	\$4.03
<b>Patient Subtotal</b>					<b>\$4.03</b>	<b>\$4.03</b>
<b>BASHEER, SYEDA 09/24/1981</b>						
02/06/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>CARDENAS, SULLY 12/07/1981</b>						
02/06/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>CEJA, GABRIELA 12/09/1994</b>						
02/06/2013	2	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$19.54
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$19.54</b>
<b>CROOKS, SANDRA 02/05/1966</b>						
02/06/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
02/06/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$55.96</b>
<b>FIGUEROA, ROSENDO 12/08/1982</b>						
02/06/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
02/06/2013	1	88311.26	DECALCIFICATION	88311 26	\$10.69	\$10.69
<b>Patient Subtotal</b>					<b>\$20.46</b>	<b>\$20.46</b>

INVOICED TO: 144 Sound Shore Medical Center	BILLING DATE 03/31/2013	INVOICE# 24113
--	----------------------------	-------------------

Claims - Part 22 Pg 20 of 35  
 DETAIL FOR CURRENT INVOICE

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>LINDAO, TERESA 02/18/1964</b>						
02/06/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>ROSALES, GLENDY 10/17/1983</b>						
02/06/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>SHELTON, MICHAEL 04/17/1976</b>						
02/06/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>VALLE, DIANA 02/18/1970</b>						
02/06/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>CHAMORRO, PABLO 01/15/1963</b>						
02/07/2013	3	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$97.62
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$97.62</b>
<b>DAVILA, JOSEFINA 12/07/1961</b>						
02/07/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
02/07/2013	2	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$143.00
<b>Patient Subtotal</b>					<b>\$104.04</b>	<b>\$175.54</b>
<b>GUILFORD, ELEANOR 05/29/1964</b>						
02/07/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>PINEDA, ANGELA L 03/24/1980</b>						
02/07/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>RAMDHANNY, DOODNAUTH 04/01/1954</b>						
02/07/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
02/07/2013	1	88311.26	DECALCIFICATION	88311 26	\$10.69	\$10.69
<b>Patient Subtotal</b>					<b>\$20.46</b>	<b>\$20.46</b>
<b>VARGAS, SAUL 03/26/1981</b>						
02/07/2013	1	88112.26	CYTOPATHOLOGY	88112 26	\$50.42	\$50.42
<b>Patient Subtotal</b>					<b>\$50.42</b>	<b>\$50.42</b>
<b>MEJIA, ERIKA 07/18/1990</b>						
02/08/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>SALAMEA, GILMA 04/13/1973</b>						
02/08/2013	2	88302.26	SURGICAL PATHOLOGY LEVEL 2 GROSS	88302 26	\$5.81	\$11.62
<b>Patient Subtotal</b>					<b>\$5.81</b>	<b>\$11.62</b>

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 03/31/2013	INVOICE# 24113
---	----------------------------	-------------------

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>VELEZ, OLGA 03/26/1969</b>						
02/08/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>NICHOLAS, FERDILIA 08/27/1976</b>						
02/09/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>LEVY, ELISA 07/11/1959</b>						
02/11/2013	3	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$97.62
02/11/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP AND	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$121.04</b>
<b>LOPES, JOSE LUIS 03/19/1969</b>						
02/11/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$65.08</b>
<b>VAZQUEZ, NORMA 05/23/1972</b>						
02/11/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
02/11/2013	1	88311.26	DECALCIFICATION	88311 26	\$10.69	\$10.69
<b>Patient Subtotal</b>					<b>\$43.23</b>	<b>\$43.23</b>
<b>HERNANDEZ, LUIS FERNANDO 10/25/1960</b>						
Patient Not Responsible						
02/12/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
02/12/2013	1	88112.26	CYTOPATHOLOGY	88112 26	\$50.42	\$50.42
<b>Patient Subtotal</b>					<b>\$82.96</b>	<b>\$82.96</b>
<b>DOBEY, RANDALL 11/27/1984</b>						
02/13/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>BOWIE BECERRA, NATALIA N 08/03/1999</b>						
02/14/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>AGUILAR, DINA Y 03/03/1981</b>						
02/15/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>BROOKS, JOHANNE 10/23/1978</b>						
02/15/2013	2	88302.26	SURGICAL PATHOLOGY LEVEL 2 GROSS	88302 26	\$5.81	\$11.62
<b>Patient Subtotal</b>					<b>\$5.81</b>	<b>\$11.62</b>
<b>HERNANDEZ, LUIS FERNANDO 10/25/1960</b>						
Patient Not Responsible						
02/15/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
02/15/2013	1	88112.26	CYTOPATHOLOGY	88112 26	\$50.42	\$50.42
<b>Patient Subtotal</b>					<b>\$82.96</b>	<b>\$82.96</b>

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 03/31/2013	INVOICE# 24113
---	----------------------------	-------------------

Claims - Part 22 Pg 22 of 35  
 DETAIL FOR CURRENT INVOICE

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>MURPHY, SEAN 05/15/1974</b>						
02/15/2013	2	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$19.54
02/15/2013	2	88311.26	DECALCIFICATION	88311 26	\$10.69	\$21.38
<b>Patient Subtotal</b>					<b>\$20.46</b>	<b>\$40.92</b>
<b>RIVERA, ALEXI 12/07/1954</b>						
02/15/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
02/15/2013	1	88331.26	FIRST BLOCK,FROZEN SECTION SINGLE	88331 26	\$53.43	\$53.43
02/15/2013	5	88342.26	IMMUNOHISTOCYTOCHEMISTRY, EACH.	88342 26	\$36.81	\$184.05
<b>Patient Subtotal</b>					<b>\$122.78</b>	<b>\$270.02</b>
<b>BERNARD, LEA 03/27/1987</b>						
02/18/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>GERVACIO, ALICIA 08/17/1982</b>						
02/19/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>HENLON, NATALIE 07/11/1975</b>						
02/19/2013	2	88302.26	SURGICAL PATHOLOGY LEVEL 2 GROSS	88302 26	\$5.81	\$11.62
02/19/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$77.31</b>	<b>\$83.12</b>
<b>HENRY, MARCIA 06/14/1962</b>						
02/19/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$65.08</b>
<b>LINKE, CRISTINA A 11/15/1984</b>						
02/19/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>DELLATESTA, LISSETTE 03/02/1960</b>						
02/20/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
02/20/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$88.50</b>
<b>JARVIS, KEMORA 07/17/1983</b>						
02/20/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>MITCHELL, SERFENIA 09/15/1978</b>						
02/20/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>OCHOAFIGUEROA, PAULINA 10/28/1994</b>						
02/20/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>

<b>INVOICED TO:</b> 144 Sound Shore Medical Center	<b>BILLING DATE:</b> 03/31/2013	<b>INVOICE#:</b> 24113
---	------------------------------------	---------------------------

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>SOLANO, MARIA 11/10/1969</b>						
02/20/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
02/20/2013	2	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$46.84
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$111.92</b>
<b>VALENCIA, ANGELA 06/08/1971</b>						
02/20/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$65.08</b>
<b>DEMOPOULOS, LINDA 06/17/1977</b>						
02/21/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$65.08</b>
<b>LANDELL, SHANEKA 07/19/1986</b>						
02/21/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>SARKODIE, PAULINA 03/27/1972</b>						
02/21/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>VACCARO, DENISE 02/17/1953</b>						
02/21/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>VEGA, EILEEN 09/24/1955</b>						
02/21/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
02/21/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
02/21/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
02/21/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$111.92</b>	<b>\$177.00</b>
<b>RESENDIZ, ARACELI 03/20/1978</b>						
02/22/2013	1	88302.26	SURGICAL PATHOLOGY LEVEL 2 GROSS	88302 26	\$5.81	\$5.81
02/22/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$15.58</b>	<b>\$15.58</b>
<b>ROUSON, GAIL 12/18/1969</b>						
02/22/2013	2	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$19.54
02/22/2013	1	88311.26	DECALCIFICATION	88311 26	\$10.69	\$10.69
02/22/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$43.88</b>	<b>\$53.65</b>
<b>SUMMERS, LORRAINE 03/25/1987</b>						
02/22/2013	3	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$97.62
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$97.62</b>
<b>PINEDA, SHIRLEY 04/06/1997</b>						
02/25/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 03/31/2013	INVOICE# 24113
---	----------------------------	-------------------

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>STEPHENS, LONDELL 11/20/1970</b>						
02/25/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
02/25/2013	1	88311.26	DECALCIFICATION	88311 26	\$10.69	\$10.69
<b>Patient Subtotal</b>					<b>\$82.19</b>	<b>\$82.19</b>
<b>WALENCIK, PAULA 04/03/1973</b>						
02/25/2013	5	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$162.70
02/25/2013	2	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$46.84
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$209.54</b>
<b>DJANDOH, ANITA 05/31/1980</b>						
02/26/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>PEREZ, MARIA 10/29/1962</b>						
02/26/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>ROSALES, MARTHA 08/27/1987</b>						
02/26/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>VALERIO, MARIA 10/20/1970</b>						
02/26/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>BARRIOS, CONSUELO 06/02/1962</b>						
02/27/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
02/27/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
02/27/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
02/27/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$111.92</b>	<b>\$177.00</b>
<b>BROCKMAN, JUANITA 09/11/1963</b>						
02/27/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>CASTILLO, SYLVIA 01/06/1974</b>						
02/27/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
02/27/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
02/27/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
02/27/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$111.92</b>	<b>\$177.00</b>
<b>CHICAS, DINA 06/01/1958</b>						
02/27/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>EILLIOTT, ALANIZ 01/15/1999</b>						
02/27/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 03/31/2013	INVOICE# 24113
---	----------------------------	-------------------

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>ELLIOTT, ALANIZ 06/15/1999</b>						
02/27/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>GONZALEZ, NORMA A 11/16/1973</b>						
02/27/2013	3	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$97.62
02/27/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$121.04</b>
<b>HURT, KENYON 12/30/1977</b>						
02/27/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
02/27/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$19.54</b>	<b>\$19.54</b>
<b>MAHMUTI, HYRIJE 07/08/1992</b>						
02/27/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$65.08</b>
<b>MCLEAN, JENNIFER 04/10/1980</b>						
02/27/2013	2	88302.26	SURGICAL PATHOLOGY LEVEL 2 GROSS	88302 26	\$5.81	\$11.62
<b>Patient Subtotal</b>					<b>\$5.81</b>	<b>\$11.62</b>
<b>SPAFFORD, NICOLE 07/21/1986</b>						
02/27/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
02/27/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$55.96</b>
<b>TORRES, MARIA 10/07/1977</b>						
02/27/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
02/27/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$19.54</b>	<b>\$19.54</b>
<b>FARIA, MARIA 08/18/1953</b>						
02/28/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
02/28/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$104.04</b>	<b>\$104.04</b>
<b>GORDON, CHRISTOPHER 05/30/1958</b>						
02/28/2013	1	88302.26	SURGICAL PATHOLOGY LEVEL 2 GROSS	88302 26	\$5.81	\$5.81
02/28/2013	2	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$19.54
<b>Patient Subtotal</b>					<b>\$15.58</b>	<b>\$25.35</b>
<b>JONES, CLIFFORD 12/14/1970</b>						
02/28/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>PIZARRO, SHARON 10/05/1976</b>						
02/28/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
02/28/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$19.54</b>	<b>\$19.54</b>

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 03/31/2013	INVOICE# 24113
---	----------------------------	-------------------

Claims - Part 22 Pg 26 of 35  
**DETAIL FOR CURRENT INVOICE**

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>RODRIGUEZ, STEVE 08/23/1965</b>						
03/01/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
03/01/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$55.96</b>
<b>SANCHEZMARTINEZ, MILY 04/01/1983</b>						
03/01/2013	2	88302.26	SURGICAL PATHOLOGY LEVEL 2 GROSS	88302 26	\$5.81	\$11.62
<b>Patient Subtotal</b>					<b>\$5.81</b>	<b>\$11.62</b>
<b>RIOS, ALEXANDRA 02/01/1976</b>						
03/02/2013	2	88302.26	SURGICAL PATHOLOGY LEVEL 2 GROSS	88302 26	\$5.81	\$11.62
<b>Patient Subtotal</b>					<b>\$5.81</b>	<b>\$11.62</b>
<b>MCGHEE, XIAMYRA 01/10/1993</b>						
03/03/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>METZ, KESHA 09/30/1974</b>						
03/03/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>MORALES, NYDIA 09/16/1978</b>						
03/03/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>WARREN, CHARMAINE 03/06/1981</b>						
03/03/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>ABDELDAYEM, AMINA 09/29/1944</b>						
03/04/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
03/04/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$55.96</b>
<b>BANCES, CLARA 07/19/1979</b>						
03/04/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
03/04/2013	3	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$214.50
<b>Patient Subtotal</b>					<b>\$104.04</b>	<b>\$247.04</b>
<b>BARRETT, HAZEL 11/14/1954</b>						
03/04/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>BRITO, LEONOR 07/01/1949</b>						
03/04/2013	1	88300.26	SURGICAL PATHOLOGY LEVEL 1 GROSS	88300 26	\$4.03	\$4.03
<b>Patient Subtotal</b>					<b>\$4.03</b>	<b>\$4.03</b>
<b>CELLINI, CHRISTINE 11/09/1988</b>						
03/04/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>

<b>INVOICED TO</b> 144 Sound Shore Medical Center	<b>BILLING DATE</b> 03/31/2013	<b>INVOICE#</b> 24113
--	-----------------------------------	--------------------------



DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>CLARKSON, LISA RAY 11/10/1954</b>						
03/04/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>CLAYTON, LASHEA 03/26/1978</b>						
03/04/2013	2	88302.26	SURGICAL PATHOLOGY LEVEL 2 GROSS	88302 26	\$5.81	\$11.62
<b>Patient Subtotal</b>					<b>\$5.81</b>	<b>\$11.62</b>
<b>PRICE, ERIC 04/22/1956</b>						
03/04/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>QUINTANA, NYDIA 09/27/1948</b>						
03/04/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
03/04/2013	1	88311.26	DECALCIFICATION	88311 26	\$10.69	\$10.69
<b>Patient Subtotal</b>					<b>\$20.46</b>	<b>\$20.46</b>
<b>SMITH, TEAIRA 05/06/1986</b>						
03/04/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
03/04/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERPANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$88.50</b>
<b>WARREN, JEAN 02/11/1956</b>						
03/04/2013	1	88112.26	CYTOPATHOLOGY	88112 26	\$50.42	\$50.42
<b>Patient Subtotal</b>					<b>\$50.42</b>	<b>\$50.42</b>
<b>ARAUJO, MARIA 10/01/1961</b>						
03/05/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
03/05/2013	1	88311.26	DECALCIFICATION	88311 26	\$10.69	\$10.69
<b>Patient Subtotal</b>					<b>\$43.23</b>	<b>\$43.23</b>
<b>BLACKSTOCK, JANAY SHILEASE 06/05/1989</b>						
03/05/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>MONROIG, JESSICA 11/01/1990</b>						
03/05/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>RAMIREZ, MARIA 06/25/1964</b>						
03/05/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
03/05/2013	1	88311.26	DECALCIFICATION	88311 26	\$10.69	\$10.69
<b>Patient Subtotal</b>					<b>\$20.46</b>	<b>\$20.46</b>
<b>SANTANA, BERENISSE 03/24/1976</b>						
03/05/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
03/05/2013	1	88311.26	DECALCIFICATION	88311 26	\$10.69	\$10.69
<b>Patient Subtotal</b>					<b>\$43.23</b>	<b>\$43.23</b>
<b>FAIR, CAROLYN 06/11/1956</b>						
03/06/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 03/31/2013	INVOICE# 24113
---	----------------------------	-------------------

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT Mod	UNIT PRICE	AMOUNT
<b>JORDAN, VICTORIA LONDON 09/24/2009</b>						
03/06/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>LIU, ZIYUN 10/31/1991</b>						
03/06/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>MCDONALD, KANDILEE 08/23/1980</b>						
03/06/2013	1	88300.26	SURGICAL PATHOLOGY LEVEL 1 GROSS	88300 26	\$4.03	\$4.03
<b>Patient Subtotal</b>					<b>\$4.03</b>	<b>\$4.03</b>
<b>REYES, LUZ 02/17/1955</b>						
03/06/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
03/06/2013	1	88311.26	DECALCIFICATION	88311 26	\$10.69	\$10.69
<b>Patient Subtotal</b>					<b>\$20.46</b>	<b>\$20.46</b>
<b>SIMMONS, JOHN 03/05/1961</b>						
03/06/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>DOMINGUEZAGUILAR, PEDRO 06/29/1967</b>						
03/07/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$65.08</b>
<b>GARCIA, ANGELICA 06/29/1982</b>						
03/07/2013	1	88300.26	SURGICAL PATHOLOGY LEVEL 1 GROSS	88300 26	\$4.03	\$4.03
<b>Patient Subtotal</b>					<b>\$4.03</b>	<b>\$4.03</b>
<b>GOMEZ, ADRIANA 04/07/1971</b>						
03/07/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>MARROW, ELOISE 08/07/1990</b>						
03/07/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>MONTGOMERY, TERRALYNE 07/31/1962</b>						
03/07/2013	3	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$97.62
03/07/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERPAND	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$121.04</b>
<b>NIEVES, JEANNETTE 05/03/1988</b>						
03/07/2013	1	88302.26	SURGICAL PATHOLOGY LEVEL 2 GROSS	88302 26	\$5.81	\$5.81
<b>Patient Subtotal</b>					<b>\$5.81</b>	<b>\$5.81</b>
<b>PRIDE, STEPHEN 08/17/1956</b>						
03/07/2013	4	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$39.08
03/07/2013	3	88311.26	DECALCIFICATION	88311 26	\$10.69	\$32.07
<b>Patient Subtotal</b>					<b>\$20.46</b>	<b>\$71.15</b>

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 03/31/2013	INVOICE# 24113
---	----------------------------	-------------------

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>GERMAN, BELSICA 07/12/1966</b>						
03/08/2013	3	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$97.62
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$97.62</b>
<b>OSEGUERA, MARIA LILIA 07/16/1970</b>						
03/08/2013	2	88302.26	SURGICAL PATHOLOGY LEVEL 2 GROSS	88302 26	\$5.81	\$11.62
<b>Patient Subtotal</b>					<b>\$5.81</b>	<b>\$11.62</b>
<b>INGRAMCOLEY, JONITA L 09/10/1980</b>						
03/11/2013	3	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$97.62
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$97.62</b>
<b>SZUCS, GYONGYI 06/30/1979</b>						
03/11/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>BROWN, DONNA 01/19/1956</b>						
03/12/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
03/12/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERPANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$88.50</b>
<b>COX, CHRISTOPHER 02/02/1968</b>						
03/12/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
03/12/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERPANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$88.50</b>
<b>OVALLES, SHELIA 09/11/1973</b>						
03/12/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>PARISH, JEAN 08/18/1968</b>						
03/12/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
03/12/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERPANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$88.50</b>
<b>TAYLOR, GEORGETTE G 01/31/1973</b>						
03/12/2013	2	88302.26	SURGICAL PATHOLOGY LEVEL 2 GROSS	88302 26	\$5.81	\$11.62
<b>Patient Subtotal</b>					<b>\$5.81</b>	<b>\$11.62</b>
<b>GRAMAJO, CORY 09/04/1982</b>						
03/13/2013	4	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$130.16
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$130.16</b>
<b>GUO, FENGJIN 11/02/1954</b>						
03/13/2013	3	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$97.62
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$97.62</b>
<b>LOPEZ, CORNELIO R 09/16/1962</b>						
03/13/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 03/31/2013	INVOICE# 24113
---	----------------------------	-------------------

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT:Mod	UNIT PRICE	AMOUNT
<b>PAGE, ROBERT 01/17/1958</b>						
03/13/2013	2	88302.26	SURGICAL PATHOLOGY LEVEL 2 GROSS	88302 26	\$5.81	\$11.62
<b>Patient Subtotal</b>					<b>\$5.81</b>	<b>\$11.62</b>
<b>BUSH, RACHEL 02/06/1967</b>						
03/14/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
03/14/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$88.50</b>
<b>KENNEY, RITA 07/14/1956</b>						
03/14/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>PARKES, ISOLYN 02/01/1943</b>						
03/14/2013	3	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$97.62
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$97.62</b>
<b>RUSSELL, DEVEROW 03/23/1968</b>						
03/14/2013	2	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$19.54
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$19.54</b>
<b>LOPEZ, MILLIE 07/27/1966</b>						
03/15/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
03/15/2013	2	88311.26	DECALCIFICATION	88311 26	\$10.69	\$21.38
<b>Patient Subtotal</b>					<b>\$82.19</b>	<b>\$92.88</b>
<b>MORELL, JEAN 09/09/1958</b>						
03/15/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>NIFONTOFF, ANE 03/12/1984</b>						
03/15/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>DAVIS, KIRA 10/26/1974</b>						
03/18/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>WODS, KAREN 02/20/1961</b>						
03/18/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
03/18/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$55.96</b>
<b>GONZALEZ, GLORIA 07/30/1944</b>						
03/19/2013	3	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$97.62
03/19/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$121.04</b>
<b>SANTOS, FRANCISCO 08/06/1956</b>						
03/20/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
03/20/2013	2	88311.26	DECALCIFICATION	88311 26	\$10.69	\$21.38
<b>Patient Subtotal</b>					<b>\$43.23</b>	<b>\$86.46</b>

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 03/31/2013	INVOICE# 24113
---	----------------------------	-------------------

**Subtotal** \$7,602.63 \$10,838.42

BALANCE FORWARD \$4,042.15

TOTAL BALANCE DUE \$14,880.57

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 03/31/2013	INVOICE# 24113
---	----------------------------	-------------------



Sound Shore Medical Center		CLIENT: 144
INVOICE DATE 04/30/2013	PAY THIS AMOUNT \$22,798.15	ENTER AMOUNT PAID \$
		INVOICE# 45891

TAX ID NO: 141513452

BILLING INQUIRIES:

(845) 369-4200

Sound Shore Medical Center  
 Attn: Alan Jones, Lab Manager, John Mamangakis  
 16 Guion Pl  
 New Rochelle, NY 10802

MAKE CHECK PAYABLE TO:  
 Orange Pathology Assoc, PC  
 PO Box 911  
 RAMSEY, NJ 07446

DETACH AND RETURN TOP PORTION OF INVOICE WITH YOUR PAYMENT - RETAIN BOTTOM PORTION FOR YOUR RECORDS

INVOICE HISTORY

DATE	INVOICE	CHARGES	PAYMENTS	ADJUSTMENTS	BALANCE
04/30/2013	45891	\$7,917.58 Unapplied:	\$0.00	\$0.00	\$7,917.58
03/31/2013	24113	\$10,838.42	\$0.00	\$0.00	\$10,838.42
02/28/2013	12606	\$4,042.15	\$0.00	\$0.00	\$4,042.15
BALANCE					\$22,798.15

MESSAGES

CURRENT	1-60 DAYS	61-90 DAYS	91-120 DAYS	OVER 120 DAYS	ACTUAL BALANCE
\$7,917.58	\$10,838.42	\$4,042.15	\$0.00	\$0.00	\$22,798.15
INVOICED TO 144 Sound Shore Medical Center			BILLING DATE 04/30/2013	AMOUNT OWED \$22,798.15	INVOICE# 45891

**INVOICE SUMMARY**

DESCRIPTION	SUBTOTALS
Balance Forward	\$14,880.57
Transaction Total	\$7,917.58
Payment Total	\$0.00
Adjustment Total	\$0.00
<b>Balance Due</b>	<b>\$22,798.15</b>

**DETAIL FOR CURRENT INVOICE**

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>NWOSISI, HENRY 02/09/1958</b>						
07/16/2012	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
07/16/2012	1	88311.26	DECALCIFICATION	88311 26	\$10.69	\$10.69
<b>Patient Subtotal</b>					<b>\$43.23</b>	<b>\$43.23</b>
<b>CARDENAS, RUDT 09/18/1971</b>						
10/27/2012	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>FIELDS, ELLEN 01/11/1957</b>						
11/13/2012	1	88300.26	SURGICAL PATHOLOGY LEVEL 1 GROSS	88300 26	\$4.03	\$4.03
11/13/2012	1	88329	PATHOLOGY CONSULTATION DURING SL	88329	\$49.06	\$49.06
<b>Patient Subtotal</b>					<b>\$53.09</b>	<b>\$53.09</b>
<b>VELAQUEZ, ELIZABETH 08/29/1972</b>						
12/04/2012	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>MORRISON, ROY 03/16/1951</b>						
Patient Not Responsible						
01/15/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
01/15/2013	1	88311.26	DECALCIFICATION	88311 26	\$10.69	\$10.69
<b>Patient Subtotal</b>					<b>\$82.19</b>	<b>\$82.19</b>
<b>MAURICIO, ANA 11/17/1972</b>						
Patient Not Responsible						
01/31/2013	1	88302.26	SURGICAL PATHOLOGY LEVEL 2 GROSS	88302 26	\$5.81	\$5.81
<b>Patient Subtotal</b>					<b>\$5.81</b>	<b>\$5.81</b>
<b>MCDOWELL, DARLINE 09/07/1966</b>						
Patient Not Responsible						
02/04/2013	1	88300.26	SURGICAL PATHOLOGY LEVEL 1 GROSS	88300 26	\$4.03	\$4.03
<b>Patient Subtotal</b>					<b>\$4.03</b>	<b>\$4.03</b>
<b>CASCAO, JANAINA 10/19/1985</b>						
Patient Not Responsible						
02/12/2013	1	88300.26	SURGICAL PATHOLOGY LEVEL 1 GROSS	88300 26	\$4.03	\$4.03
<b>Patient Subtotal</b>					<b>\$4.03</b>	<b>\$4.03</b>
<b>HERNANDEZ, MARGARET 08/08/1957</b>						
Patient Not Responsible						
02/14/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>

<b>INVOICED TO:</b> 144 Sound Shore Medical Center	<b>BILLING DATE</b> 04/30/2013	<b>INVOICE#</b> 45891
---	-----------------------------------	--------------------------

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>COYT, MARIA E 10/11/1963</b>						
Patient Not Responsible						
02/21/2013	1	88300.26	SURGICAL PATHOLOGY LEVEL 1 GROSS	88300 26	\$4.03	\$4.03
<b>Patient Subtotal</b>					<b>\$4.03</b>	<b>\$4.03</b>
<b>DJANDOH, ANITA 05/31/1980</b>						
02/26/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>MCCRAY, LILLIAN A 10/17/1952</b>						
Patient Not Responsible						
02/26/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
02/26/2013	1	88311.26	DECALCIFICATION	88311 26	\$10.69	\$10.69
<b>Patient Subtotal</b>					<b>\$20.46</b>	<b>\$20.46</b>
<b>MAHMUTI, HYRIJE 07/08/1992</b>						
02/27/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
02/27/2013	1	88309.26	SURGICAL PATHOLOGY LEVEL 6 GROSS	88309 26	\$124.85	\$124.85
<b>Patient Subtotal</b>					<b>\$157.39</b>	<b>\$157.39</b>
<b>PEREZ, MARIA G 11/03/1992</b>						
Patient Not Responsible						
02/28/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>IYASERE, TAIYE 10/12/1976</b>						
03/08/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>BECKFORD, SAMMANter 09/17/1993</b>						
03/12/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>DAVIS, LAKEYA 06/14/1977</b>						
03/12/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>EDWARDS, LENNETT 12/02/1976</b>						
03/12/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>CUESTAS, ANA J 04/22/1951</b>						
03/13/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
03/13/2013	1	88333.26	CYTOLOGIC EXAMINATION INITIAL SITE	88333 26	\$54.11	\$54.11
<b>Patient Subtotal</b>					<b>\$86.65</b>	<b>\$86.65</b>
<b>EDWARDS, ALICIA 01/14/1961</b>						
03/13/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
03/13/2013	2	88312.26	SPECIAL STAIN INCLUDING INTERP AND	88312 26	\$23.42	\$46.84
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$111.92</b>

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 04/30/2013	INVOICE# 45891
---	----------------------------	-------------------



Claims - Part 22 Pg 35 of 35  
**DETAIL FOR CURRENT INVOICE**

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT:Mod	UNIT PRICE	AMOUNT
<b>JOHNSON, NIJERIAH L 02/12/1998</b>						
03/13/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>MANU, GEORGE 12/12/1956</b>						
03/13/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$65.08</b>
<b>MERCER, SANDRA M 08/01/1964</b>						
03/13/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>OBISUE, EDITH O 08/23/1973</b>						
03/13/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>DIONIZIO, MANUEL 12/17/1952</b>						
03/14/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>GODOY, ALICIA 01/24/1953</b>						
03/14/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
03/14/2013	1	88333.26	CYTOLOGIC EXAMINATION INITIAL SITE	88333 26	\$54.11	\$54.11
03/14/2013	2	88334.26	CYTOLOGICAL EXAM EACH ADDITIONAL	88334 26	\$33.04	\$66.08
<b>Patient Subtotal</b>					<b>\$158.65</b>	<b>\$191.69</b>
<b>GONZALES, MAURA 10/08/1959</b>						
03/14/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>HERRERA, SINDY 07/11/1990</b>						
03/14/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$65.08</b>
<b>JEMISON, ERICA 02/06/1975</b>						
03/14/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$65.08</b>
<b>LEE, YVETTE A 10/19/1973</b>						
03/14/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
03/14/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERPANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$55.96</b>
<b>LOPEZ, OSCAR ARMANDO 11/08/1950</b>						
03/14/2013	1	88112.26	CYTOPATHOLOGY	88112 26	\$50.42	\$50.42
<b>Patient Subtotal</b>					<b>\$50.42</b>	<b>\$50.42</b>
<b>MCDOWELL, ALESHA R 09/27/1976</b>						
03/14/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
03/14/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$81.27</b>	<b>\$81.27</b>

<b>INVOICED TO</b> 144 Sound Shore Medical Center	<b>BILLING DATE</b> 04/30/2013	<b>INVOICE#</b> 45891
--	-----------------------------------	--------------------------

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>NUNEZ, AURELIO 12/06/1964</b>						
03/14/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
03/14/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERPANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$33.19</b>	<b>\$33.19</b>
<b>PEREZ, TERESA 09/02/1955</b>						
03/14/2013	3	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$97.62
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$97.62</b>
<b>VARGAS, ANGELA 08/30/1987</b>						
03/14/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>ALSTON, ALTA 10/15/1951</b>						
Patient Not Responsible						
03/15/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
03/15/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERPANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$55.96</b>
<b>COAKLEY, KIESA 12/01/1980</b>						
03/15/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$65.08</b>
<b>TIRADO, CLAUDIA 07/18/1977</b>						
03/15/2013	1	88300.26	SURGICAL PATHOLOGY LEVEL 1 GROSS	88300 26	\$4.03	\$4.03
03/15/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$36.57</b>	<b>\$36.57</b>
<b>VELEZ, MARIA 05/11/1952</b>						
Patient Not Responsible						
03/15/2013	1	88112.26	CYTOPATHOLOGY	88112 26	\$50.42	\$50.42
<b>Patient Subtotal</b>					<b>\$50.42</b>	<b>\$50.42</b>
<b>SALAS, PATRICIA 09/10/1987</b>						
03/16/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>SHARHAN, SABA AHMED 09/18/1993</b>						
Patient Not Responsible						
03/16/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>ALBORES, OLGA 01/15/1955</b>						
03/17/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
03/17/2013	1	88311.26	DECALCIFICATION	88311 26	\$10.69	\$10.69
<b>Patient Subtotal</b>					<b>\$43.23</b>	<b>\$43.23</b>
<b>DIAS, STEPHANIE 09/12/1975</b>						
03/18/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 04/30/2013	INVOICE# 45891
---	----------------------------	-------------------

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>GIALANELLA, LISA 10/14/1955</b>						
03/18/2013	7	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$227.78
03/18/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$251.20</b>
<b>MACIAS, SONIA 09/17/1994</b>						
03/18/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>MAGANAALVAREZ, EMMA 05/04/1954</b>						
03/18/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
03/18/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$55.96</b>
<b>MENDEZ, ORQUIDEA R 10/16/1977</b>						
03/18/2013	2	88302.26	SURGICAL PATHOLOGY LEVEL 2 GROSS	88302 26	\$5.81	\$11.62
<b>Patient Subtotal</b>					<b>\$5.81</b>	<b>\$11.62</b>
<b>NICASIO, ARELIS B 11/12/1971</b>						
03/18/2013	2	88302.26	SURGICAL PATHOLOGY LEVEL 2 GROSS	88302 26	\$5.81	\$11.62
<b>Patient Subtotal</b>					<b>\$5.81</b>	<b>\$11.62</b>
<b>WILLIAMS, LEROY 04/24/1967</b>						
03/18/2013	1	88300.26	SURGICAL PATHOLOGY LEVEL 1 GROSS	88300 26	\$4.03	\$4.03
03/18/2013	2	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$19.54
03/18/2013	2	88311.26	DECALCIFICATION	88311 26	\$10.69	\$21.38
<b>Patient Subtotal</b>					<b>\$24.49</b>	<b>\$44.95</b>
<b>HERNANDEZ, LUIS FERNANDO 10/25/1960</b>						
03/19/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
03/19/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
03/19/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$97.62</b>	<b>\$97.62</b>
<b>KWAN, SHUE 09/18/1950</b>						
03/19/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>MCKENZIELINDO, PAULINE 06/16/1967</b>						
03/19/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>SCHMERGE, ANTHONY 06/08/1955</b>						
03/19/2013	6	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$195.24
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$195.24</b>
<b>BARAJAS, STEPHANIE 10/29/1991</b>						
03/20/2013	2	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$19.54
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$19.54</b>

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 04/30/2013	INVOICE# 45891
---	----------------------------	-------------------

Claims - Part 23 Pg 3 of 35  
 DETAIL FOR CURRENT INVOICE

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>CASTRO, ELVIA C 04/15/1955</b>						
03/20/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
03/20/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERPANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$88.50</b>
<b>EUYOQUE, ANABEL 07/17/1978</b>						
03/20/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
03/20/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERPANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$88.50</b>
<b>FAMILARA, JULIETA 07/01/1969</b>						
03/20/2013	3	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$97.62
03/20/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERPANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$121.04</b>
<b>GARCIA, MARY 08/04/2004</b>						
03/20/2013	2	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$19.54
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$19.54</b>
<b>HERNANDEZ, LUIS FERNANDO 10/25/1960</b>						
03/20/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
03/20/2013	1	88112.26	CYTOPATHOLOGY	88112 26	\$50.42	\$50.42
<b>Patient Subtotal</b>					<b>\$82.96</b>	<b>\$82.96</b>
<b>LAVAR, JADA L 10/01/1998</b>						
03/20/2013	2	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$19.54
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$19.54</b>
<b>LOPEZ, ELVIRA 07/06/1947</b>						
03/20/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>MANN, THERESA M 08/14/1955</b>						
03/20/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>ORDONEZ, BERNETT M 10/11/1973</b>						
03/20/2013	2	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$19.54
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$19.54</b>
<b>OSPINO, ANGELINA 01/19/1955</b>						
03/20/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
03/20/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
03/20/2013	1	88311.26	DECALCIFICATION	88311 26	\$10.69	\$10.69
<b>Patient Subtotal</b>					<b>\$53.00</b>	<b>\$53.00</b>
<b>SINGLETON, MARION 12/15/1957</b>						
03/20/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
03/20/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERPANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$88.50</b>

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 04/30/2013	INVOICE# 45891
---	----------------------------	-------------------

Claims - Part 23 Pg 4 of 35  
DETAIL FOR CURRENT INVOICE

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>SINKFIELD, MARC A 06/25/1968</b>						
03/20/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>VILORIO, PAULINA 12/19/1965</b>						
03/20/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
03/20/2013	1	88311.26	DECALCIFICATION	88311 26	\$10.69	\$10.69
<b>Patient Subtotal</b>					<b>\$20.46</b>	<b>\$20.46</b>
<b>FULLERTON, JESSUIEANNE 05/05/1968</b>						
03/21/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
03/21/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$104.04</b>	<b>\$104.04</b>
<b>GOODWIN, ROSETTA E 02/27/1979</b>						
03/21/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
03/21/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERPANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$55.96</b>
<b>GONZALEZ, MARIA 03/20/1974</b>						
03/22/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>JONES, PANDORA 02/01/1966</b>						
03/22/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>TELESFORD, JASETT A 12/16/1961</b>						
03/22/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>REID, TANYA 07/15/1980</b>						
03/24/2013	1	88302.26	SURGICAL PATHOLOGY LEVEL 2 GROSS	88302 26	\$5.81	\$5.81
<b>Patient Subtotal</b>					<b>\$5.81</b>	<b>\$5.81</b>
<b>APONTE, WILLIE 07/25/1967</b>						
03/25/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
03/25/2013	1	88300.26	SURGICAL PATHOLOGY LEVEL 1 GROSS	88300 26	\$4.03	\$4.03
03/25/2013	1	88311.26	DECALCIFICATION	88311 26	\$10.69	\$10.69
<b>Patient Subtotal</b>					<b>\$86.22</b>	<b>\$86.22</b>
<b>MCKENZIELINDO, PAULINE 06/16/1967</b>						
03/25/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>MENDES, MIRELLA 10/13/1970</b>						
03/25/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$65.08</b>

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 04/30/2013	INVOICE# 45891
---	----------------------------	-------------------

Claims - Part 23 Pg 5 of 35  
DETAIL FOR CURRENT INVOICE

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT:Mod	UNIT PRICE	AMOUNT
<b>PARRIS, MERLE 01/29/1945</b>						
03/25/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
03/25/2013	2	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$46.84
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$79.38</b>
<b>PREMOLI, LUCIANA 02/16/1958</b>						
03/25/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$65.08</b>
<b>ALLEN, DANYELL 10/29/1979</b>						
03/26/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>PAYANO, SILVIA 06/08/1980</b>						
03/26/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>CORDOBA, SANDRA 06/25/1976</b>						
03/27/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>FLOYD, JERRY 07/18/1960</b>						
03/27/2013	1	88300.26	SURGICAL PATHOLOGY LEVEL 1 GROSS	88300 26	\$4.03	\$4.03
<b>Patient Subtotal</b>					<b>\$4.03</b>	<b>\$4.03</b>
<b>WILLIAMS, KEISHA 02/09/1983</b>						
03/27/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>ANAM, ABDO 01/01/1953</b>						
03/28/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>SILVERA, JACOB 03/01/1952</b>						
03/28/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>VASSELL, CLINTON GEORGE 01/01/1957</b>						
03/28/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
03/28/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$55.96</b>
<b>COKER, MICHAEL 05/17/1952</b>						
03/29/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>GRANT, LYN 06/04/1968</b>						
03/29/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>

INVOICED TO: 144 Sound Shore Medical Center	BILLING DATE 04/30/2013	INVOICE# 45891
--	----------------------------	-------------------

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>JIMENEZ, GEORGINA 03/15/1964</b>						
03/29/2013	2	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$19.54
03/29/2013	2	88311.26	DECALCIFICATION	88311 26	\$10.69	\$21.38
<b>Patient Subtotal</b>					<b>\$20.46</b>	<b>\$40.92</b>
<b>BUSH, RACHEL 02/06/1967</b>						
04/01/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
04/01/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP AND	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$55.96</b>
<b>MORENO, NELIDA 08/12/1966</b>						
04/01/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>THOMPSON, AVIS 09/14/1960</b>						
04/01/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
04/01/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP AND	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$55.96</b>
<b>WALKER, ANDREA 06/07/1972</b>						
04/01/2013	1	85060	Blood Smear	85060	\$20.88	\$20.88
<b>Patient Subtotal</b>					<b>\$20.88</b>	<b>\$20.88</b>
<b>WILLIAMS, LEROY 04/24/1967</b>						
04/01/2013	1	88300.26	SURGICAL PATHOLOGY LEVEL 1 GROSS	88300 26	\$4.03	\$4.03
<b>Patient Subtotal</b>					<b>\$4.03</b>	<b>\$4.03</b>
<b>WITTOCK, ALTHEA 08/30/1967</b>						
04/01/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>BRANDON, ANTHONY 11/11/1956</b>						
04/02/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
04/02/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP AND	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$55.96</b>
<b>WYNN, SERENA 08/01/1969</b>						
04/02/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$65.08</b>
<b>AJDINI, FLAKRON 08/11/1994</b>						
04/03/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>CEJUDO, RICARDO 06/20/2006</b>						
04/03/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>CHAVEZ, CLAUDIA 08/21/1981</b>						
04/03/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
04/03/2013	1	88311.26	DECALCIFICATION	88311 26	\$10.69	\$10.69
<b>Patient Subtotal</b>					<b>\$20.46</b>	<b>\$20.46</b>

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 04/30/2013	INVOICE# 45891
---	----------------------------	-------------------

Claims - Part 23 Pg 7 of 35  
**DETAIL FOR CURRENT INVOICE**

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>HIGGINS, NOELINA 03/31/1997</b>						
04/03/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>HILTON, DEBRA 05/16/1959</b>						
04/03/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>MITCHELL, DONNALENE 09/22/1976</b>						
04/03/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
04/03/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$88.50</b>
<b>OCHOA, ANNA 10/05/1956</b>						
04/03/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
04/03/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$55.96</b>
<b>WILLIAMS, SIDONIE 11/16/1969</b>						
04/03/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>ZEFERINO, LILIA 03/17/1980</b>						
04/03/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
04/03/2013	2	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$143.00
<b>Patient Subtotal</b>					<b>\$104.04</b>	<b>\$175.54</b>
<b>COLON, ANA MARIA 11/07/1981</b>						
04/04/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>MCFADDEN, TINA 03/01/1957</b>						
04/04/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>PRIDE, STEPHEN 08/17/1956</b>						
04/04/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
04/04/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$55.96</b>
<b>RODRIGUEZ, MARIA 11/25/1966</b>						
04/04/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>VELEZ, STEPHANIE 06/16/1989</b>						
04/04/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>WATERS, DARNELL JENISE 04/27/1960</b>						
04/04/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 04/30/2013	INVOICE# 45891
---	----------------------------	-------------------



DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>MAITA, JOSE L 02/15/1975</b>						
04/05/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
04/05/2013	1	88311.26	DECALCIFICATION	88311 26	\$10.69	\$10.69
<b>Patient Subtotal</b>					<b>\$20.46</b>	<b>\$20.46</b>
<b>MCDONALD, SHAUNA 08/27/1970</b>						
04/05/2013	2	88302.26	SURGICAL PATHOLOGY LEVEL 2 GROSS	88302 26	\$5.81	\$11.62
04/05/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$77.31</b>	<b>\$83.12</b>
<b>MONTAN, DINELIA 05/12/1963</b>						
04/05/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>PEREZ, TERESA 09/02/1955</b>						
04/05/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
04/05/2013	2	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$143.00
<b>Patient Subtotal</b>					<b>\$104.04</b>	<b>\$175.54</b>
<b>FARQUHARSON, CARLA 05/13/1972</b>						
04/08/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$65.08</b>
<b>JAWAHIR, DARCEL 12/31/1983</b>						
04/08/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>MILLER, SABRINA 04/05/1983</b>						
04/08/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>TORAIN, CHARON 06/27/1972</b>						
04/08/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>TURNER, DANIELLE ELIZABETH 03/16/1993</b>						
04/08/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$65.08</b>
<b>VALDOVINOS, GERARDO 11/17/1999</b>						
04/08/2013	1	88302.26	SURGICAL PATHOLOGY LEVEL 2 GROSS	88302 26	\$5.81	\$5.81
<b>Patient Subtotal</b>					<b>\$5.81</b>	<b>\$5.81</b>
<b>ORTIZ, DORALICE 05/06/1958</b>						
04/09/2013	3	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$97.62
04/09/2013	2	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$46.84
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$144.46</b>
<b>SLOMSKA, MALGORZATA 10/14/1955</b>						
04/09/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
04/09/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERP ANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$55.96</b>

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 04/30/2013	INVOICE# 45891
---	----------------------------	-------------------

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>CAUTHEM, BRUCE 02/19/1959</b>						
04/10/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
04/10/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
04/10/2013	1	88311.26	DECALCIFICATION	88311 26	\$10.69	\$10.69
<b>Patient Subtotal</b>					<b>\$53.00</b>	<b>\$53.00</b>
<b>GANT, JAMES 03/08/1950</b>						
04/10/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
04/10/2013	1	88311.26	DECALCIFICATION	88311 26	\$10.69	\$10.69
<b>Patient Subtotal</b>					<b>\$20.46</b>	<b>\$20.46</b>
<b>ALVAREZ, MARIA 09/25/1969</b>						
04/11/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>LOPEZ, SILVIA 04/13/1969</b>						
04/11/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
04/11/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERPANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$88.50</b>
<b>PENA, TANNYA 11/15/1991</b>						
04/11/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>KIRTON, TIESHA 07/29/1986</b>						
04/12/2013	4	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$130.16
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$130.16</b>
<b>MEJIA, KATIA 11/17/1958</b>						
04/12/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>SAMUELS, LILLIAN 10/15/1979</b>						
04/12/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>TIBURCIO, DARIANA 07/12/1993</b>						
04/12/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>BARAJAS, JUAN JOSE 03/08/1961</b>						
04/15/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
04/15/2013	1	88312.26	SPECIAL STAIN INCLUDING INTERPANC	88312 26	\$23.42	\$23.42
<b>Patient Subtotal</b>					<b>\$55.96</b>	<b>\$55.96</b>
<b>BEDOYA, KAREN A 11/04/1988</b>						
04/15/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$66.08</b>
<b>BLOUNT, DANNY 09/13/1963</b>						
04/15/2013	1	88302.26	SURGICAL PATHOLOGY LEVEL 2 GROSS	88302 26	\$5.81	\$5.81
<b>Patient Subtotal</b>					<b>\$5.81</b>	<b>\$5.81</b>

INVOICED TO 144 Sound Shore Medical Center	BILLING DATE 04/30/2013	INVOICE# 45891
---	----------------------------	-------------------

DATE	QTY	PATIENT PROCEDURE	DESCRIPTION	CPT-Mod	UNIT PRICE	AMOUNT
<b>MARSHALL, PAULETTE 09/10/1948</b>						
04/15/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$65.08</b>
<b>TOLBERT, MELVIN J 04/11/1972</b>						
04/15/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>WILLIAMS, CORINE 08/15/1959</b>						
04/16/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
04/16/2013	3	88360.26	MORPHOMETRIC ANALYSIS, EACH ANTI	88360 26	\$46.73	\$140.19
<b>Patient Subtotal</b>					<b>\$79.27</b>	<b>\$172.73</b>
<b>ZOGOMBOULOU, EMANNUEL 07/22/1999</b>						
04/16/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>ZOGOMBOULOU, EPHRAIM D 02/27/1998</b>						
04/16/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>ALVAREZ, BERNARDO Q 05/10/1961</b>						
04/17/2013	1	88112.26	CYTOPATHOLOGY	88112 26	\$50.42	\$50.42
<b>Patient Subtotal</b>					<b>\$50.42</b>	<b>\$50.42</b>
<b>GILLIAMSEN, DIANE 07/06/1953</b>						
04/17/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$65.08</b>
<b>HUTCHINS, ANTHONY 08/02/1958</b>						
04/17/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>RAMOS, AUGUSTO 12/06/1962</b>						
04/17/2013	2	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$65.08
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$65.08</b>
<b>SPEARS, SANDRA J 04/29/1950</b>						
04/17/2013	1	88304.26	SURGICAL PATHOLOGY LEVEL 3 GROSS	88304 26	\$9.77	\$9.77
<b>Patient Subtotal</b>					<b>\$9.77</b>	<b>\$9.77</b>
<b>THOMPSON, LORRAINE 06/27/1956</b>						
04/17/2013	1	88305.26	SURGICAL PATHOLOGY LEVEL 4 GROSS	88305 26	\$32.54	\$32.54
<b>Patient Subtotal</b>					<b>\$32.54</b>	<b>\$32.54</b>
<b>WHITE, SANDRA 12/07/1964</b>						
04/17/2013	1	88307.26	SURGICAL PATHOLOGY LEVEL 5 GROSS	88307 26	\$71.50	\$71.50
<b>Patient Subtotal</b>					<b>\$71.50</b>	<b>\$71.50</b>
<b>Subtotal</b>					<b>\$6,211.33</b>	<b>\$7,917.58</b>

INVOICED TO: 144 Sound Shore Medical Center	BILLING DATE 04/30/2013	INVOICE# 45891
--	----------------------------	-------------------

BALANCE FORWARD \$14,880.57

TOTAL BALANCE DUE \$22,798.15

[REDACTED]

INVOICED TO:	BILLING DATE	INVOICE#
144 Sound Shore Medical Center	04/30/2013	45891

**UNITED STATES BANKRUPTCY COURT  
 SOUTHERN DISTRICT OF NEW YORK**

-----x

In re:

Chapter 11 Case

SOUND SHORE MEDICAL CENTER OF  
 WESTCHESTER, et al.,

Case No. 13- 22840 (RDD)

Debtors.

(Jointly Administered)

-----x

**NOTICE OF DEADLINE REQUIRING FILING OF PROOFS OF CLAIM  
 (INCLUDING CLAIMS UNDER SECTION 503(B)(9) OF THE BANKRUPTCY CODE**

The United States Bankruptcy Court for the Southern District of New York has entered an Order establishing (i) **September 16, 2013 at 4:00 p.m. (prevailing Eastern time)** as the last date for each person or entity (including individuals, partnerships, limited liability companies, corporations, joint ventures and trusts) to file a proof of claim based on prepetition claims, including claims under section 503(b)(9) of the Bankruptcy Code, and (ii) **November 25, 2013 at 4:00 p.m. (prevailing Eastern time)** as the last date for each governmental unit to file a proof of claim based on prepetition claims, as against any of the following Debtors:

Name of Debtor	Case Number	Tax Identification Number	Other Names Used by Debtors in Last 5 Years
Sound Shore Health System, Inc.	13-22844	13-4011398	N/A
Sound Shore Medical Center of Westchester	13-22840	13-1740117	N/A
The Mount Vernon Hospital, Inc.	13-22841	13-1740115	N/A
Howe Avenue Nursing Home d/b/a Helen and Michael Schaffer Extended Care Center	13-22842	23-7000781	N/A
NRHMC Services Corporation	13-22845	13-3769137	N/A
The M.V.H. Corporation	13-22843	13-3281514	N/A
New Rochelle Sound Shore Housing, LLC	13-22846	13-1740117	N/A

The Bar Date and procedures set forth in the Order for filing proofs of claim apply to all claims against the Debtors that arose prior to May 29, 2013 (the "**Petition Date**"), the date on which the Debtors commenced their respective cases under chapter 11 of the Bankruptcy Code, except those holders of the certain claims listed in the Order that are specifically excluded from the Bar Date filing requirements ("**Excluded Claims**").

You **MUST** file a proof of claim to vote on a chapter 11 plan filed by the Debtors or to share in distributions from any of the Debtors' bankruptcy estates if you have a claim that arose prior to the Petition Date, and it is not one of the types of Excluded Claims described in the Order. Claims based on acts or omissions of the Debtors that occurred before the Petition Date (other than Excluded Claims) must be filed on or prior to the Bar Date, even if such claims are not now fixed, liquidated or certain or did not mature or become fixed, liquidated or certain before the Filing Date.

For a copy of the Order and a sample proof of claim form, you may contact the Debtor's Claims Agent: GCG, Inc., P.O. Box 9982 Dublin, Ohio 43017-5982, by phone at (866) 300-1288, by email at SoundShoreInfo@gcginc.com, or visit their website at [www.gcginc.com/cases/soundshore](http://www.gcginc.com/cases/soundshore).

Except as provided for in the Order and herein, all proofs of claim must be filed so as to be received on or before  
September 16, 2013 at 4:00 p.m. (Eastern time) at the following address to:

**IF BY MAIL:**

Sound Shore Medical Center of Westchester, *et al.*  
c/o GCG, Inc.  
P.O. Box 9982  
Dublin, OH 43017-5982

**IF BY HAND DELIVERY OR OVERNIGHT COURIER:**

Sound Shore Medical Center of Westchester, *et al.*  
c/o GCG, Inc.  
5151 Blazer Parkway, Suite A  
Dublin, OH 43017  
OR

**IF BY HAND DELIVERY:**

United States Bankruptcy Court, SDNY  
300 Quarropas Street  
White Plains, New York 10601  
Attention: Clerk of the Court

Proofs of claim will be deemed filed only if received by the Bankruptcy Court on or before 4:00 p.m. (prevailing  
Eastern Time) on the Bar Date. Proofs of claim may not be delivered by facsimile, telecopy or electronic mail transmission.

ANY HOLDER OF A CLAIM THAT IS NOT EXCEPTED FROM THE AFOREMENTIONED FILING  
REQUIREMENTS OF THE COURT ORDER, AND THAT FAILS TO TIMELY FILE A PROOF OF CLAIM IN THE  
APPROPRIATE FORM WILL BE BARRED FROM ASSERTING SUCH CLAIM AGAINST THE DEBTORS AND THEIR  
CHAPTER 11 ESTATES, FROM VOTING ON ANY PLAN OF REORGANIZATION OR LIQUIDATION FILED IN THIS CASE,  
AND FROM PARTICIPATING IN ANY DISTRIBUTION IN THE DEBTORS' CASES ON ACCOUNT OF SUCH CLAIM.

You may be listed as the holder of a claim against the Debtors in the Debtors' Schedules of Assets and Liabilities  
and/or Schedules of Executory Contracts and Unexpired Leases (collectively, the "Schedules"). Copies of the Debtor's Schedules are  
available for inspection on the Court's Internet Website at <http://www.nysb.uscourts.gov>. A login and password to the Court's Public  
Access to Electronic Court Records ("PACER") are required to access this information and can be obtained through the PACER  
Service Center at <http://www.pacer.gov>. Copies of the Schedules may also be examined between the hours of 9:00 A.M. and 4:00  
P.M., Monday through Friday at the Office of the Debtor's Claims Agent GCG, Inc., 190 S. LaSalle St., Suite 1520, Chicago, IL  
60603. Copies of the Debtor's Schedules may also be obtained on the website of GCG, Inc. at [http://  
www.gcginc.com/cases/soundshore](http://www.gcginc.com/cases/soundshore).


A holder of a possible claim against the Debtor should consult an attorney regarding any matters not covered  
by this notice, such as whether the holder should file a proof of claim.

Dated: Great Neck, New York  
July 31, 2013

**BY ORDER OF THE COURT**

GARFUNKEL WILD, P.C.  
Counsel to the Debtors  
111 Great Neck Road  
Great Neck, New York  
(516) 393-2200



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
<b>Name of Debtor (Check Only One):</b> <input checked="" type="checkbox"/> Sound Shore Medical Center of Westchester <input type="checkbox"/> The Mount Vernon Hospital, Inc. <input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center <input type="checkbox"/> The M.V.H. Corporation <input type="checkbox"/> Sound Shore Health System, Inc. <input type="checkbox"/> NRHMC Services Corporation <input type="checkbox"/> New Rochelle Sound Shore Housing, LLC		<b>Your Claim is Scheduled As Follows:</b>  
NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).		
<b>Name of Creditor (the person or other entity to whom the Debtor owes money or property):</b> Perkins Eastman Architects, PC		If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.
<b>Name and address where notices should be sent:</b> Perkins Eastman Architects, PC 115 Fifth Avenue, 3rd Floor New York, New York 10003 Att: Andrew J. Adelhardt III, Esq.		
Telephone number: (212) 353-7430 Email Address: a.adelhardt@perkinseastman.com		
<b>Name and address where payment should be sent (if different from above):</b> Perkins Eastman Architects, PC 115 Fifth Avenue, 3rd Floor New York, New York 10003 Att: Candace Carroll Telephone number: (212) 353-0155 Email Address: c.carroll@perkinseastman.com		
<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  <b>Court Claim Number:</b>  (If known)		
<input checked="" type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars. See Attached Case No. 13-22841		
<b>1. Amount of Claim as of Date Case Filed (May 29, 2013):</b> \$ 235,616.61 <span style="float: right;">FILED - 00630</span>  If all or part of the claim is secured, complete item 4. <span style="float: right;">U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK</span>  If all or part of the claim is entitled to priority, complete item 5. <span style="float: right;">SOUND SHORE MEDICAL CENTER OF WESTCHESTER</span>  If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6. <span style="float: right;">ROBERT D. BRAIN</span>  <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
<b>2. Basis for Claim:</b> Architectural Services (See instruction #2)		
<b>3. Last four digits of any number by which creditor identifies Debtor:</b>  <div style="text-align: center;"> <u>  0  </u> <u>  3  </u> <u>  6  </u> <u>  0  </u> </div>	<b>3a. Debtor may have scheduled account as:</b>  <div style="text-align: center;"> <u>Mount Vernon Hospital</u>                      (See instruction #3a)                 </div>	<b>3b. Uniform Claim Identifier (optional):</b>  <div style="text-align: center;">                     _____                      (See instruction #3b)                 </div>
<b>4. Secured Claim (See instruction #4)</b> Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.  Nature of property or right of setoff: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other  Describe: <u>12 North 7th Ave, Mt Vernon, NY 10550. Section 165.61, Block 1084, Lots 9&amp;10-21</u> Basis for perfection: <u>Mechanic's Lien</u>  Value of Property: \$ <u>22,400,000.00</u> Amount of Secured Claim: \$ <u>235,616.61</u>  Annual Interest Rate _____ % <input type="checkbox"/> Fixed      or <input type="checkbox"/> Variable      Amount Unsecured: \$ <u>0</u>		
<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a).</b> If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <input checked="" 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 the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(___).  Amount entitled to priority: \$ <u>0</u>		
<b>6. Claim Pursuant to 11 U.S.C. § 503(b)(9):</b> Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ <u>0</u>		
<b>7. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)		

Modified B10 (GCG) (04/13)

8. Documents: Attached are 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, and the definition of "redacted")] DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: See Attached Documents

9. Signature: (See instruction #9) Check the appropriate box. [X] I am the creditor [ ] I am the creditor's authorized agent [ ] I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004) [ ] I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005) 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: Candace Carroll Title: Chief Financial Officer Company: Perkins Eastman Architects, PC Address and telephone number (if different from notice address above): Telephone number: email:

(Signature) (Date) 9-12-13

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.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: IF BY MAIL: Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. IF BY HAND OR OVERNIGHT COURIER: Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME) THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)

Items to be completed in Proof of Claim Form

Court, Name of Debtor, and Case Number: These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim. A SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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. 3b. Uniform Claim Identifier: If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases. 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 your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9): If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below) 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 healthcare 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**

**INFORMATION**

**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 to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).

**Claim**

A claim is the creditor's right to receive payment for a debt 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 GCG as described in the instructions above and in the Bar Date Notice.

**Section 503(b)(9) Claim**

A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**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.

**Acknowledgment of Filing of Claim**

To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.

**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.

**Display of Proof of Claim on Case Administration Website**

As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the internet.

IN RE Chapter 11

Sound Shore Medical Center of Westchester, Case No. 13-22840

The Mount Vernon Hospital, Inc., Case No. 13-22841

ML 192/13

### NOTICE OF MECHANIC'S LIEN

To the Clerk of the County of Westchester and all others whom it may concern:

PLEASE TAKE NOTICE, that Perkins Eastman Architects, PC lienor has a claim and a lien on the real property hereinafter described as follows:

(1) the name and address of the lienor is: Perkins Eastman Architects, PC  
115 Fifth Avenue  
New York, NY 10003

being a Professional Corporation organized & existing under the laws of the State of New York.

(2) the Owner of the real property is: The Mount Vernon Hospital  
12 North 7<sup>th</sup> Avenue  
Mt. Vernon, NY 10550

**RECEIVED**  
JUN 21 2013  
TIMOTHY C. IDONI  
COUNTY CLERK  
COUNTY OF WESTCHESTER

And the interest of the Owner as far as known to the Lienor is: Fee Simple

(3) the name of the person(s) to whom the lienor furnished materials and provided labor and services (the "Work") is:

The Mount Vernon Hospital                                      Sound Shore Medical Center  
12 North 7<sup>th</sup> Avenue    -and- 16 Guion Place  
Mt. Vernon, NY 10550    New Rochelle, NY 10802

(4) The Work performed was: to provide all work, labor and materials necessary to provide various Architectural Services including the design of an assisted living facility located at 12 North 7<sup>th</sup> Avenue Mt. Vernon, NY.

The agreed price & value of the equipment furnished was:

\$278,199.70

The total amount paid to the lienor or paid to others on its behalf was:

\$42,583.09

(5) The total amount unpaid to the lienor for which the Lien is claimed is:

\$235,616.61

(6) The time when the first item of Work was performed was: On or about October 19 2009.

The time when the last item of Work was performed was: October 24, 2012.

(7) The property subject to the lien is situated in the County of Westchester with a street address at 12 North 7<sup>th</sup> Avenue, Mt. Vernon, NY 10550 and is further described as:

Section: 165.61, Block: 1084, Lots: 9 & 10-21

That said labor, services and materials were performed and furnished for and used in the improvement of the real property hereinbefore described. That 8 months (4 months if residential premises) have not elapsed dating from the last item of Work performed, or since the completion of the contract, or since the final performance of the Work for which the lien is claimed.

Dated: June 21, 2013

Perkins Eastman Architects PC

By: 

Matthew T. Worner, Esq.  
Its Attorney/Authorized Agent

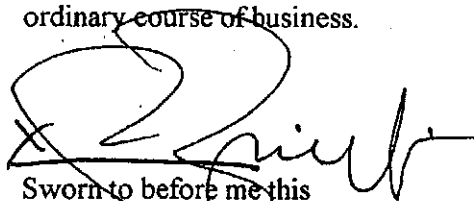
**VERIFICATION**

State of New York )  
 )ss.:  
County of Westchester )

Matthew T. Worner, Esq., being duly sworn deposes and says that deponent is the Attorney/Authorized Agent of the lienor Professional Corporation named herein, that deponent has read the foregoing notice of lien and knows the contents thereof, and that the same is true to deponent's own knowledge, except as to the matters therein stated to be upon information and belief, and that as to those matters deponent believes them to be true.

The reason why this verification is made by deponent is that deponent is the Attorney/Authorized Agent of the lienor Corporation and is familiar with the facts and circumstances herein.

The source of deponent's information and grounds of deponent's belief as to all matters not therein stated upon deponent's knowledge are as follows: conversations had with lienor's General Counsel, officers and/or employees and books and records kept in the ordinary course of business.



Sworn to before me this  
21<sup>st</sup> day of June, 2013



Matthew T. Worner, Esq.  
Attorney/Authorized Agent

**PAUL S. ZILBERFEIN**  
Notary Public, State of New York  
No. 02216227321  
Qualified in Westchester County  
Commission Expires August 30, 2014

**AFFIDAVIT OF SERVICE OF NOTICE OF MECHANIC'S LIEN BY CERTIFIED MAIL**

**LIEN FILED AGAINST PREMISES SITUATED IN THE COUNTY OF WESTCHESTER LOCATED AT:**

Mt. Vernon Hospital  
12 North 7<sup>th</sup> Avenue  
Mt. Vernon, NY 10550

**Section: 165.61, Block: 1084, Lots: 9 & 10-21**

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

**RECEIVED**

JUN 21 2013

TIMOTHY C. IDONI  
COUNTY CLERK  
COUNTY OF WESTCHESTER

MATTHEW T. WORNER, being duly sworn hereby deposes and states the following under penalties of perjury:

1. I am over the age of 18 and reside in Westchester County, NY.
2. On June 21, 2013, I served a true copy of the within Notice of Mechanic's Lien upon the following individuals or entities by depositing said copy into a postage paid envelope with postage and labeling for "Certified Mail Return Receipt Requested" and depositing same into the care and custody of the US Postal Service with addresses as follows:

Sound Shore Medical Center  
16 Guion Place  
New Rochelle, NY 10802

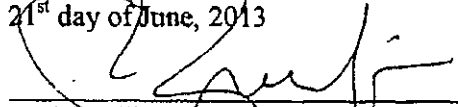
Mt. Vernon Hospital  
12 North 7<sup>th</sup> Avenue  
Mt. Vernon, NY 10550

Dated: June 21, 2013



Matthew T. Worner

Sworn to before me this  
21<sup>st</sup> day of June, 2013



Paul S. Zilberfein Notary Public State of New York  
License No. 02Z16227321  
Qualified In Westchester County  
Commission Expires August 30, 2014

IN RE Chapter 11

Sound Shore Medical Center of Westchester, Case No. 13-22840

The Mount Vernon Hospital, Inc., Case No. 13-22841

# Aged Accounts Receivable

Wednesday, August 07, 2013

3:35:45 PM

Aged as of 8/7/2013

Perkins Eastman Architects, PC

Job-to-Date through 8/31/2013

Invoice	Date	Balance	Current	31-60	61-90	91-120	Over 120
<b>Project Number: 40360.00.0 Mount Vernon Hospital: Assisted Living F / Contract Admin: Fink / Project Manager: Rosen</b>							
2	2/10/2010	229.79					229.79
3	4/21/2010	30.51					30.51
6	6/15/2010	13.90					13.90
7	7/16/2010	3.20					3.20
9	12/15/2010	52.25					52.25
10	3/16/2011	2,704.40					2,704.40
11	5/16/2011	130.58					130.58
<b>Total for 40360.00.0</b>		<b>3,164.63</b>					<b>3,164.63</b>
<b>Project Number: 40361.00.0 Mount Vernon Hospital: New ALP / Contract Admin: Fink / Project Manager: Basch</b>							
1	12/16/2011	20,270.43					20,270.43
2	1/4/2012	40,518.15					40,518.15
3	2/15/2012	121,599.44					121,599.44
4	3/14/2012	21,433.49					21,433.49
5	4/17/2012	282.33					282.33
6	6/18/2012	117.34					117.34
<b>Total for 40361.00.0</b>		<b>204,221.18</b>					<b>204,221.18</b>
<b>Project Number: 40361.01.0 Mount Vernon Hosp: ALP: MEP-FP Precon / Contract Admin: Fink / Project Manager: Basch</b>							
1	4/17/2012	28,211.80					28,211.80
2	6/18/2012	19.00					19.00
<b>Total for 40361.01.0</b>		<b>28,230.80</b>					<b>28,230.80</b>
<b>Final Totals (Interest Included)</b>		<b>235,816.61</b>					<b>235,816.61</b>
<b>Distribution</b>		<b>100%</b>					<b>100%</b>
<b>Interest Totals</b>							
<b>Final Totals (Net of Interest)</b>		<b>235,816.61</b>					<b>235,816.61</b>

IN RE: CHAPTER 11

Sound Shore Medical Center of Westchester, Case No. 13-22840  
The Mount Vernon Hospital, Inc., Case No. 13-22841

## Perkins Eastman

ARCHITECTURE  
CONSULTING  
INTERIOR DESIGN  
PLANNING  
PROGRAMMING

September 14, 2011, Revised October 12, 2011

Mr. Paul Rowland  
Senior Vice President Strategic Planning  
Sound Shore Medical-Center  
16 Guion Place  
New Rochelle, New York 10802

Re: Mt Vernon Hospital Assisted Living Program Facility  
PE Project No: 40360.01  
Fee Proposal - Full Services

Dear Paul:

In accordance with your request, we are pleased to provide this fee proposal for professional services in connection with the development of the proposed new ALP facility to be located at Mt Vernon Hospital.

### Project Understanding

We understand that the project will consist of a new 88,000 gross square foot seven story freestanding building planned to house 147 Assisted Living residents (140 ALP beds plus 7 private pay beds). It will be located at the south east corner of the MVH property at the corner of North Seventh Avenue and Valentine Street, Mt Vernon. At present this site is occupied by the South and Central Wings and the two story portion of the South Addition of the hospital which will be demolished as a part of this project.

Our scope of work will be limited to the new building, except for two connections: one at an upper floor and connecting to the hospital and one at the first floor connecting to the receiving dock. We assume that the planning and design of renovations to the existing hospital wings scheduled to remain is understood to be by others.

The new building will be provided with "stand-alone" utilities. However, portions of existing hospital utilities, notably steam services presently running from the central plant of the West Wing to the Nurses Residence Building, will remain and require protection during construction. The project is assumed to include a freestanding kitchen that will be sized to accommodate the hospital as well as the ALP. The existing kitchen will be demolished.

This project excludes parking facilities, based on our mutual assumption that sufficient parking facilities are provided in the MVH parking structure located across North Seventh Avenue.

Perkins Eastman has been providing pre-schematic services to SSMC since late 2009 in accordance with John Spicer's Nov. 12, 2009 letter authorizing month to month services. During this period we have provided several alternate programs, planning concepts, design renderings and DOH assistance. Our "Option A" conceptual plans

PERKINS EASTMAN  
ARLINGTON, VA  
CHARLOTTE, NC  
CHICAGO, IL  
DUBAI, UAE  
NEW YORK, NY  
OAKLAND, CA  
PITTSBURGH, PA  
SHANGHAI, PRC  
STAMFORD, CT  
PERKINS EASTMAN BLACK  
TORONTO, ON

L. BRADFORD PERKINS FAIA  
MARY JEAN EASTMAN FAIA  
J. DAVID HOGGLUND FAIA  
AARON B. SCHWARTZ FAIA  
JONATHAN N. STARK AIA

PERKINS EASTMAN ARCHITECTS PC  
115 FIFTH AVENUE  
NEW YORK, NY 10003  
T. 212.353.7200  
F. 212.353.7676

WWW.PERKINSEASTMAN.COM

## Perkins Eastman

October 12, 2011, Revised October 12, 2011  
Mr. Paul Rowland  
Mt Vernon Hospital Assisted Living Program Facility

ARCHITECTURE  
CONSULTING  
INTERIOR DESIGN  
PLANNING  
PROGRAMMING

Page 2 of 6

dated February 7, 2011, for which we assisted SSMC in its submittal to the NYS DOH, form the basis for this proposal.

Our initial projections are that the construction cost of this building at approximately twenty two million dollars (\$22,000,000) plus demolition costs of three million dollars (\$3,000,000). This cost projection is, of course, subject to more detailed development by Barr & Barr, your program manager / construction manager. The cost projection includes the cost of the building core and shell; interior finishes, fixtures and building equipment and associated site development; but excludes the cost of decanting, demolition, land acquisition, professional fees, project administration, and other soft costs as well as furniture, furnishings and user equipment.

### Basic Services

Perkins Eastman Architects Inc, and our structural engineer (GACE) and mechanical/electrical engineer (either Kohler Ronan or WP Flack & Kurtz), propose to provide architectural, structural, mechanical and electrical engineering services as follows: Basic Services – shall be as described in AIA Document B103 – Standard Form of Agreement between Owner and Architect (AIA B103), except that basic services will include:

- Program development: we will work closely with SSMC and with Wartburg, the proposed operator
- Zoning and building code review, preliminary building massing and interface with the City of Mt. Vernon.

### Supplemental Services

Also included in this proposal are the following assumed supplemental services:

- Interior Design and Furniture, Furnishings and Equipment (FFE) (Perkins Eastman) We will include equipment specified by others in our layouts and coordinate the mechanical and electrical requirements, but have not included equipment selection or specifications in this proposal. (Perkins Eastman)
- Landscape Architecture (RGR Landscape Architects)
- Food service consulting (Food Facility Concepts)
- Low voltage engineering services (Sentinel Consulting)
- Zoning approvals: hearings and meetings with local officials on an hourly basis (Perkins Eastman)
- CON application in conjunction with SSMC should this be required by NYSDOH

## Perkins Eastman

ARCHITECTURE  
CONSULTING  
INTERIOR DESIGN  
PLANNING  
PROGRAMMING

October 12, 2011, Revised October 12, 2011  
Mr. Paul Rowland  
Mt. Vernon Hospital Assisted Living Program Facility

Page 3 of 6

### Exclusions:

We exclude the following services which are assumed to be provided by SSMC or other consultants:

- Plans of existing buildings to be demolished
- Interior building survey and existing plans of the existing buildings affected by this project
- Site and topographical survey
- Civil Engineering (to be provided by a Civil Engineer selected by and directly under contract to SSMC/MVH; Perkins Eastman will coordinate with the Civil Engineer)
- Geo-technical services
- Abatement services
- Cost Estimating services.
- Signage and Way-finding

### Schedule

During meetings held this summer we drafted a project schedule indicating proposed design, agency approvals, bidding and construction phases which we submitted for SSMC and Barr & Barr approval. The current expectation is that design will require approximately nine months to complete including your and the required public authority reviews; that bidding and construction, subject to Barr & Barr confirmation, will require no more than sixteen months to complete and that furniture installation will be completed approximately two months thereafter.

### Fees

Based upon the above understandings we propose to be compensated for our services as follows:

Basic Services including structural, mechanical, and electrical services as described above, we propose a lump sum fee of \$1,338,000 with progress payments for each phase totaling the following percentages of the total fee:

Schematic Design	15%
Design Development	20%
Construction Documents	40%
Bidding	5%
Construction Administration	20%

Supplemental Services: for the services of consultants engaged by us in connection with our basic services we propose to be compensated based upon the amounts billed to us for their services plus 10% to cover the cost of insurance, administrative overhead



## Perkins Eastman

October 12, 2011, Revised October 12, 2011  
Mr. Paul Rowland  
MI Vernon Hospital Assisted Living Program Facility

ARCHITECTURE  
CONSULTING  
INTERIOR DESIGN  
PLANNING  
PROGRAMMING

Page 4 of 6

and profit associated with commissioning such services. Our current budget for Supplemental Services required in connection with our basic services not including the 10% markup is:

- |                                      |              |
|--------------------------------------|--------------|
| • Interior Design and FF & E         | \$145,000    |
| • Landscape Architecture             | \$40,000     |
| • Food service consulting            | \$34,000     |
| • Low voltage engineering            | \$44,250     |
| • Zoning approvals hearings/meetings | Hourly basis |

These fees are based upon our understanding of the size and complexity of the project as described above and shall be equitably adjusted if there is a significant change in the construction budget.

We anticipate a billing schedule for basic and supplemental services as follows:  
Schematic Design and Design Development: \$106,750 per month for a total of 5 months.  
Construction Documents: \$160,125 per month for a period of 4 months.  
Bid/ Construction Administration: per schedule

### Reimbursable Expenses

Reimbursable expenses are in addition to compensation for basic and additional services and include expenses incurred by us and our basic and additional consultants directly related to the project specifically enumerated in AIA B103 plus the cost of telecommunications; messengers and couriers; model, presentation, and similar supplies; photo supplies and processing; codes and reference standards purchased particularly for the project; professional photography; meeting catering and other similar expenses. For reimbursable expenses we propose to be reimbursed at cost plus 10% to cover the administrative overhead cost associated with processing these expenses.

### Terms and Conditions

We propose that our relationship with you be governed by the terms and conditions outlined in our standard form of professional services agreement (AIA B103) as modified by our usual and customary amendments.

Payments for services and reimbursable expenses shall be made monthly in proportion to the services performed and expenses incurred. Payment is due and payable upon presentation of our invoice. Nothing shall be withheld from our compensation as security, to impose a penalty or as liquidated damages unless we agree or have been found liable in a binding dispute resolution proceeding. Amounts unpaid thirty days after the invoice date shall bear interest at the rate of one and one half percent per month. Failure to make payments when due shall be cause for suspension or

# Perkins Eastman

October 12, 2011, Revised October 12, 2011  
Mr. Paul Rowland  
Mt Vernon Hospital Assisted Living Program Facility

ARCHITECTURE  
CONSULTING  
INTERIOR DESIGN  
PLANNING  
PROGRAMMING

Page 5 of 6

termination of our services; we will have no liability for any delay or damage caused because of such suspension of services and any expense incurred by us in collecting overdue amounts including, but not limited to legal fees, collection agency fees and expenses, court costs, collections bonds and reasonable staff costs shall be reimbursable expenses.

Please contact me anytime to discuss the above. Once we have reached agreement on the terms outlined in this proposal, we will prepare our standard form of professional services agreement for your acceptance.

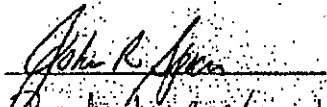
Sincerely,



Francis C. Gunther, AIA  
Principal and Director

cc: File  
Rich Rosen, Judy Fink  
John Decina

Enclosure Schedule of Current Hourly Billing Rates

Approved:   
Title: President / CEO / Sand Shore Medical Center  
Date: 10/14/11

**Perkins Eastman**

ARCHITECTURE  
CONSULTING  
INTERIOR DESIGN  
PLANNING  
PROGRAMMING

**SCHEDULE OF STANDARD RATES (As of July 1, 2010)\***

Principal Level 2	\$ 357.00
Principal Level 1	\$ 267.00
Professional Level 6	\$ 228.00
Professional Level 5	\$ 196.00
Professional Level 4	\$ 164.00
Professional Level 3	\$ 133.00
Professional Level 2	\$ 101.00
Professional Level 1	\$ 70.00

\* These current rates are adjusted annually to reflect increases to employee's salaries.

IN RE Chapter 11

Sound Shore Medical Center of Westchester, Case No. 13-22840

The Mount Vernon Hospital, Inc., Case No. 13-22841

**Frank Gunther**

---

**From:** Rowland, Paul [prowland@sshsw.org]  
**Sent:** Monday, October 01, 2012 11:57 AM  
**To:** Frank Gunther  
**Cc:** Spicer, John R  
**Subject:** MV ALP DOH required document

Morning Frank,

Good speaking with you last week. We appreciate your willingness to provide the DOH form (Third Party Certification) for the MV ALP that is required per their 30-day letter due in the next few days. It is critical that we keep DOH informed and address their requests as it will keep the project alive as SSHS recovers from the problematic patient accounting system installation. The MV ALP is still a vital component of the stabilization of the services at the MV campus. All parties are in agreement that the ALP must be constructed and opened as soon as possible.

My records indicate that for three contracts (#40360.00.0 - \$37,762; #40361.00.0 - \$204,221 and #40361.01.0 - \$28,230), we owe PE in total approximately \$270,082. As I explained on our call last week, SSHS management is working diligently with our Board, our consultants within Finance and NYS DOH to develop plans to correct our cash flow and expense issues. As the plans of correction improve our cash position, we'll have the ability to begin paying arrears to PE and other vendors.

Additionally, the SSHS Board has initiated a search for a strategic partner for a sponsorship, acquisition or merger. Our Board has set an aggressive time table to have an MOU executed by the end of October 2012 with a selected partner. A detailed due diligence and partnership agreement process will follow over the next 4-9 months.

It has been a challenging time for SSHS and we appreciate your patience in working with us. Although my updates have been intermittent, I have tried to keep you informed of our issues and progress in solving them.

If you have questions, please contact me.

Paul

Paul J. Rowland, FACHE  
Sr. V.P. for Strategic Planning  
Sound Shore Health System  
16 Guion Place  
New Rochelle, NY 10802  
O - 914-365-3636  
F - 914-632-1976  
C - 631-560-6044

Claims - Part 23 Pg 28 of 35

Ref: OH580.00  
Dep:

Date: 12Sep13  
Wgt: 2.00 LBS

SHIPPING: 21.85  
SPECIAL: 2.08  
HANDLING: 0.00  
TOTAL: 23.93

DV: 0.00

Svcs: PRIORITY OVERNIGHT  
TRCK: 5710 9387 2597

ORIGIN ID: MGJA (546) 225-6229  
REY SALVATIERRA  
PERKINS EASTMAN ARCH  
115 5TH AVE FL 3

SHIP DATE: 12SEP13  
ACTWGT: 2.0 LB MAX  
CAD: 0989428/CAPE2704

NEW YORK, NY 10003  
UNITED STATES US

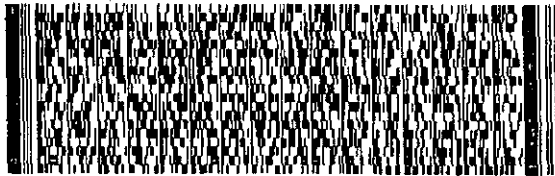
BILL SENDER

**TO C/O GCG**  
**SOUNDSHORE MEDICAL OF WESTCHESTER**  
**5151 BLAZER PARKWAY**  
**SUITE A**  
**DUBLIN OH 43017**

518C1/9256/6F83

REF: OH580.00

DETAILED ADDRESS LIST FOR YOUR USE OF FEDEX SERVICES. PLEASE REFER TO THE FULL ADDRESS LIST FOR ALL FEDEX SERVICES.



J1311305230126

TRK# 5710 9387 2597  
0201

**FRI - 13 SEP 10:30A**  
**PRIORITY OVERNIGHT**

**XX OSUA**

**43017**  
**OH-US LCK**

RT # 156188-434 NRIT 02-10 3:




RT **219** 3  
ST **16**

**A**  
2597  
09.13

09-16-13 A11:37 IN



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
<b>Name of Debtor (Check Only One):</b> <input type="checkbox"/> Sound Shore Medical Center of Westchester <input checked="" type="checkbox"/> The Mount Vernon Hospital, Inc. <input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center <input type="checkbox"/> The M.V.H. Corporation <input type="checkbox"/> Sound Shore Health System, Inc. <input type="checkbox"/> NRHMC Services Corporation <input type="checkbox"/> New Rochelle Sound Shore Housing, LLC		<b>Your Claim is Scheduled As Follows:</b>  <div style="text-align: center;">  </div> <p>If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.</p>
Case No. 13-22840 13-22841 13-22842 13-22843 13-22844 13-22845 13-22846		
NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): Perkins Eastman Architects, PC		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____  (If known)  Filed on: _____
Name and address where notices should be sent: Perkins Eastman Architects, PC 115 Fifth Avenue, 3rd Floor New York, New York 10003 Att: Andrew J. Adelhardt III, Esq.		
Telephone number: (212) 353-7430 Email Address: a.adelhardt@perkinseastman.com		
Name and address where payment should be sent (if different from above): Perkins Eastman Architects, PC 115 Fifth Avenue, 3rd Floor New York, New York 10003, Att: Candace Carroll Telephone number: (212)353-0155 Email Address: c.carroll@perkinseastman.com		
		<input checked="" type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars. See Attached Case No. 13-22840
1. Amount of Claim as of Date Case Filed (May 29, 2013): \$ <u>235,616.61</u>		
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. DRAIN		
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6.		
<input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Architectural Services</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies Debtor:  <u>0 3 6 0</u>	3a. Debtor may have scheduled account as:  <u>Sound Shore MC</u> (See instruction #3a)	3b. Uniform Claim Identifier (optional):  _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ <u>235,616.61</u>
Nature of property or right of setoff: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other		Basis for perfection: <u>Mechanic's Lien</u>
Describe: <u>12 North 7th Ave, Mt Vernon, NY 10550. Section 165.61, Block 1084, Lots 9&amp;10-21</u>		Amount of Secured Claim: \$ <u>235,616.61</u>
Value of Property: \$ <u>22,400,000.00</u>		Amount Unsecured: \$ <u>0</u>
Annual Interest Rate _____% <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <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).		Amount entitled to priority: \$ <u>0</u>
<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).		
<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).		
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Claim Pursuant to 11 U.S.C. § 503(b)(9): Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ <u>0</u>		
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)		

Modified B10 (GCG) (04/13)

8. **Documents:** Attached are 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, and the definition of "redacted"))  
**DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.**  
 If the documents are not available, please explain: See Attached Documents

9. **Signature:** (See instruction #9) Check the appropriate box.  
 I am the creditor  I am the creditor's authorized agent.  I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004)  I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)  
 (Attach 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: Candace Carroll  
 Title: Chief Financial Officer  
 Company: Perkins Eastman Architects, PC  
 Address and telephone number (if different from notice address above):  
 \_\_\_\_\_  
 Telephone number: \_\_\_\_\_ email: \_\_\_\_\_

*Candace Carroll* (Signature) 9-12-13 (Date)

*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.*

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. **IF BY HAND OR OVERNIGHT COURIER:** Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

**THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**  
**THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**

**Items to be completed in Proof of Claim Form**

**Court, Name of Debtor, and Case Number:**  
 These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.  
**ADSEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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.

**3b. Uniform Claim Identifier:**  
 If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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 your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9):**  
 If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

**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 healthcare 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.

Modified B10 (GCG) (04/13)

8. **Documents:** Attached are 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 #3, and the definition of "redacted")]  
 DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.  
 If the documents are not available, please explain: See Attached Documents

9. **Signature:** (See instruction #9) Check the appropriate box.  
 I am the creditor  I am the creditor's authorized agent.  I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004)  I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)  
 (Attach 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: Candace Carroll  
 Title: Chief Financial Officer (Signature) \_\_\_\_\_ (Date) \_\_\_\_\_  
 Company: Perkins Eastman Architects, PC  
 Address and telephone number (if different from notice address above):  
 \_\_\_\_\_  
 Telephone number: \_\_\_\_\_ email: \_\_\_\_\_  
*EXPRESS*  
*Priority mail to address below*

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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. **IF BY HAND OR OVERNIGHT COURIER:** Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017 ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)  
 THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)

**Items to be completed in Proof of Claim Form**

**Court, Name of Debtor, and Case Number:**  
 These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.

**A SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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.

**3b. Uniform Claim Identifier:**

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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 your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9):**

If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

**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 healthcare 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**

**INFORMATION**

**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 to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).

**Claim**

A claim is the creditor's right to receive payment for a debt 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 GCG as described in the instructions above and in the Bar Date Notice.

**Section 503(b)(9) Claim**

A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**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.

**Acknowledgment of Filing of Claim**

To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.

**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.

**Display of Proof of Claim on Case Administration Website**

As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.

IN RE Chapter 11

Sound Shore Medical Center of Westchester, Case No. 13-22840

The Mount Vernon Hospital, Inc., Case No. 13-22841

ML 192/13

### NOTICE OF MECHANIC'S LIEN

To the Clerk of the County of Westchester and all others whom it may concern:  
PLEASE TAKE NOTICE, that Perkins Eastman Architects, PC lienor has a claim and  
a lien on the real property hereinafter described as follows:

(1) the name and address of the lienor is: Perkins Eastman Architects, PC  
115 Fifth Avenue  
New York, NY 10003

being a Professional Corporation organized & existing under the laws of the State of  
New York.

(2) the Owner of the real property is: The Mount Vernon Hospital  
12 North 7<sup>th</sup> Avenue  
Mt. Vernon, NY 10550

RECEIVED

JUN 21 2013

TIMOTHY C. IDONI  
COUNTY CLERK  
COUNTY OF WESTCHESTER

And the interest of the Owner as far  
as known to the Lienor is: Fee Simple

(3) the name of the person(s) to whom the lienor furnished materials and provided labor  
and services (the "Work") is:

The Mount Vernon Hospital  
12 North 7<sup>th</sup> Avenue  
Mt. Vernon, NY 10550

Sound Shore Medical Center  
-and- 16 Guion Place  
New Rochelle, NY 10802

(4) The Work performed was: to provide all work, labor and materials necessary to  
provide various Architectural Services including the design of an assisted living facility  
located at 12 North 7<sup>th</sup> Avenue Mt. Vernon, NY.

The agreed price & value of the equipment furnished was:

\$278,199.70

The total amount paid to the lienor or paid to others on its behalf was:

\$42,583.09

(5) The total amount unpaid to the lienor for which the Lien is claimed is:

\$235,616.61

(6) The time when the first item of Work was performed was: On or about October 19 2009.

The time when the last item of Work was performed was: October 24, 2012.


(7) The property subject to the lien is situated in the County of Westchester with a street address at 12 North 7<sup>th</sup> Avenue, Mt. Vernon, NY 10550 and is further described as:

Section: 165.61, Block: 1084, Lots: 9 & 10-21

That said labor, services and materials were performed and furnished for and used in the improvement of the real property hereinbefore described. That 8 months (4 months if residential premises) have not elapsed dating form the last item of Work performed, or since the completion of the contract, or since the final performance of the Work for which the lien is claimed.

Dated: June 21, 2013

Perkins Eastman Architects PC

By:   
Matthew T. Worner, Esq.  
Its Attorney/Authorized Agent

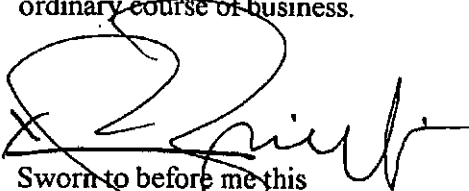
VERIFICATION


State of New York            )  
  )ss.:  
County of Westchester        )

Matthew T. Worner, Esq., being duly sworn deposes and says that deponent is the Attorney/Authorized Agent of the lienor Professional Corporation named herein, that deponent has read the foregoing notice of lien and knows the contents thereof, and that the same is true to deponent's own knowledge, except as to the matters therein stated to be upon information and belief, and that as to those matters deponent believes them to be true.

The reason why this verification is made by deponent is that deponent is the Attorney/Authorized Agent of the lienor Corporation and is familiar with the facts and circumstances herein.

The source of deponent's information and grounds of deponent's belief as to all matters not therein stated upon deponent's knowledge are as follows: conversations had with lienor's General Counsel, officers and/or employees and books and records kept in the ordinary course of business.

  
Sworn to before me this  
21<sup>st</sup> day of June, 2013

  
Matthew T. Worner, Esq.  
Attorney/Authorized Agent

PAUL S. ZILBERFEIN  
Notary Public, State of New York  
No. 02218227321  
Qualified in Westchester County  
Commission Expires August 30, 2014

**AFFIDAVIT OF SERVICE OF NOTICE OF MECHANIC'S LIEN BY CERTIFIED MAIL**

LIEN FILED AGAINST PREMISES SITUATED IN THE COUNTY OF WESTCHESTER LOCATED AT:

Mt. Vernon Hospital  
12 North 7<sup>th</sup> Avenue  
Mt. Vernon, NY 10550

Section: 165.61, Block: 1084, Lots: 9 & 10-21

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

**RECEIVED**

JUN 21 2013

TIMOTHY C. IDONI  
COUNTY CLERK  
COUNTY OF WESTCHESTER

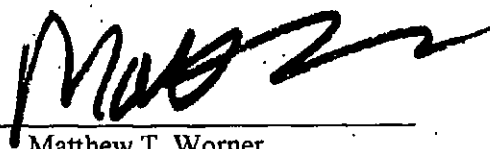
MATTHEW T. WORNER, being duly sworn hereby deposes and states the following under penalties of perjury:

1. I am over the age of 18 and reside in Westchester County, NY.
2. On June 21, 2013, I served a true copy of the within Notice of Mechanic's Lien upon the following individuals or entities by depositing said copy into a postage paid envelope with postage and labeling for "Certified Mail Return Receipt Requested" and depositing same into the care and custody of the US Postal Service with addresses as follows:

Sound Shore Medical Center  
16 Guion Place  
New Rochelle, NY 10802

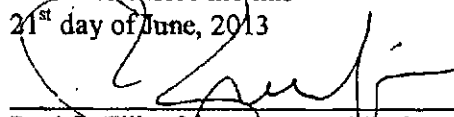
Mt. Vernon Hospital  
12 North 7<sup>th</sup> Avenue  
Mt. Vernon, NY 10550

Dated: June 21, 2013



Matthew T. Worner

Sworn to before me this  
21<sup>st</sup> day of June, 2013



Paul S. Zilberfein Notary Public State of New York  
License No. 02216227321  
Qualified In Westchester County  
Commission Expires August 30, 2014

IN RE Chapter 11

Claims Part 24 Page 1 of 35  
 Sound Shore Medical Center of Westchester, Case No. 13-22840  
 The Mount Vernon Hospital, Inc., Case No. 13-22841

# Aged Accounts Receivable

Wednesday, August 07, 2013  
 3:35:45 PM

Perkins Eastman Architects, PC

Aged as of 8/7/2013  
 Job-to-Date through 8/31/2013

Invoice	Date	Balance	Current	31-60	61-90	91-120	Over 120
<b>Project Number: 40360.00.0 Mount Vernon Hospital: Assisted Living F / Contract Admin: Fink / Project Manager: Rosen</b>							
2	2/10/2010	229.79					229.79
3	4/21/2010	30.51					30.51
6	6/15/2010	13.90					13.90
7	7/16/2010	3.20					3.20
9	12/15/2010	52.25					52.25
10	3/16/2011	2,704.40					2,704.40
11	5/16/2011	130.58					130.58
<b>Total for 40360.00.0</b>		<b>3,164.63</b>					<b>3,164.63</b>
<b>Project Number: 40361.00.0 Mount Vernon Hospital: New ALP / Contract Admin: Fink / Project Manager: Basch</b>							
1	12/16/2011	20,270.43					20,270.43
2	1/4/2012	40,518.15					40,518.15
3	2/15/2012	121,599.44					121,599.44
4	3/14/2012	21,433.49					21,433.49
5	4/17/2012	282.33					282.33
6	6/18/2012	117.34					117.34
<b>Total for 40361.00.0</b>		<b>204,221.18</b>					<b>204,221.18</b>
<b>Project Number: 40361.01.0 Mount Vernon Hosp: ALP: MEP-FP Precon / Contract Admin: Fink / Project Manager: Basch</b>							
1	4/17/2012	28,211.80					28,211.80
2	6/18/2012	19.00					19.00
<b>Total for 40361.01.0</b>		<b>28,230.80</b>					<b>28,230.80</b>
<b>Final Totals (Interest Included)</b>		<b>235,616.61</b>					<b>235,616.61</b>
<b>Distribution</b>		<b>100%</b>					<b>100%</b>
<b>Interest Totals</b>							
<b>Final Totals (Net of Interest)</b>		<b>235,616.61</b>					<b>235,616.61</b>

IN RE: CHAPTER 11

Sound Shore Medical Center of Westchester, Case No. 13-22840  
The Mount Vernon Hospital, Inc., Case No. 13-22841

## Perkins Eastman

ARCHITECTURE  
CONSULTING  
INTERIOR DESIGN  
PLANNING  
PROGRAMMING

September 14, 2011, Revised October 12, 2011

Mr. Paul Rowland  
Senior Vice President Strategic Planning  
Sound Shore Medical Center  
16 Guion Place  
New Rochelle, New York 10802

Re: Mt Vernon Hospital Assisted Living Program Facility  
PE Project No: 40360.01  
Fee Proposal - Full Services

Dear Paul:

In accordance with your request, we are pleased to provide this fee proposal for professional services in connection with the development of the proposed new ALP facility to be located at Mt Vernon Hospital.

### Project Understanding

We understand that the project will consist of a new 88,000 gross square foot seven story freestanding building planned to house 147 Assisted Living residents (140 ALP beds plus 7 private pay beds). It will be located at the south east corner of the MVH property at the corner of North Seventh Avenue and Valentine Street, Mt. Vernon. At present this site is occupied by the South and Central Wings and the two story portion of the South Addition of the hospital which will be demolished as a part of this project.

Our scope of work will be limited to the new building, except for two connections: one at an upper floor and connecting to the hospital and one at the first floor connecting to the receiving dock. We assume that the planning and design of renovations to the existing hospital wings scheduled to remain is understood to be by others.

The new building will be provided with "stand-alone" utilities. However, portions of existing hospital utilities, notably steam services presently running from the central plant at the West Wing to the Nurses Residence Building, will remain and require protection during construction. The project is assumed to include a freestanding kitchen that will be sized to accommodate the hospital as well as the ALP. The existing kitchen will be demolished.

This project excludes parking facilities, based on our mutual assumption that sufficient parking facilities are provided in the MVH parking structure located across North Seventh Avenue.

Perkins Eastman has been providing pre-schematic services to SSMC since late 2009 in accordance with John Spicer's Nov. 12, 2009 letter authorizing month to month services. During this period we have provided several alternate programs, planning concepts, design renderings and DOH assistance. Our "Option A" conceptual plans

PERKINS EASTMAN  
ARLINGTON, VA  
CHARLOTTE, NC  
CHICAGO, IL  
DUBAI, UAE  
NEW YORK, NY  
OAKLAND, CA  
PITTSBURGH, PA  
SHANGHAI, PRC  
STAMFORD, CT  
PERKINS EASTMAN BLACK  
TORONTO, ON

L. BRADFORD PERKINS FAIA  
MARY-JEAN EASTMAN FAIA  
J. DAVID HOGGLUND FAIA  
ARON B. SCHWARZ FAIA  
JONATHAN N. STARR, AIA

PERKINS EASTMAN ARCHITECTS PC  
115 FIFTH AVENUE  
NEW YORK, NY 10003  
T. 212.353.7200  
F. 212.353.7676

WWW.PERKINSEASTMAN.COM

## Perkins Eastman

October 12, 2011, Revised October 12, 2011  
Mr. Paul Rowland  
Mt Vernon Hospital Assisted Living Program Facility

ARCHITECTURE  
CONSULTING  
INTERIOR DESIGN  
PLANNING  
PROGRAMMING

Page 2 of 6

dated February 7, 2011, for which we assisted SSMC in its submittal to the NYS DOH, form the basis for this proposal.

Our initial projections are that the construction cost of this building at approximately twenty two million dollars (\$22,000,000) plus demolition costs of three million dollars (\$3,000,000). This cost projection is, of course, subject to more detailed development by Barr & Barr, your program manager / construction manager. The cost projection includes the cost of the building core and shell; interior finishes, fixtures and building equipment and associated site development; but excludes the cost of decanting, demolition, land acquisition, professional fees, project administration, and other soft costs as well as furniture, furnishings and user equipment.

### Basic Services

Perkins Eastman Architects Inc, and our structural engineer (GACE) and mechanical/electrical engineer (either Kohler Ronan or WP Flack & Kurtz); propose to provide architectural, structural, mechanical and electrical engineering services as follows: *Basic Services* – shall be as described in AIA Document B103 – *Standard Form of Agreement between Owner and Architect* (AIA B103); except that basic services will include:

- Program development: we will work closely with SSMC and with Wartburg, the proposed operator
- Zoning and building code review, preliminary building massing and interface with the City of Mt. Vernon.

### Supplemental Services

Also included in this proposal are the following assumed supplemental services:

- Interior Design and Furniture, Furnishings and Equipment (FFE) (Perkins Eastman) We will include equipment specified by others in our layouts and coordinate the mechanical and electrical requirements, but have not included equipment selection or specifications in this proposal. (Perkins Eastman)
- Landscape Architecture (RGR Landscape Architects)
- Food service consulting (Food Facility Concepts)
- Low voltage engineering services (Sentinel Consulting)
- Zoning approvals, hearings and meetings with local officials on an hourly basis (Perkins Eastman)
- CON application in conjunction with SSMC should this be required by NYSDOH

# Perkins Eastman

ARCHITECTURE  
CONSULTING  
INTERIOR DESIGN  
PLANNING  
PROGRAMMING

October 12, 2011, Revised October 12, 2011  
Mr. Paul Rowland  
Mt. Vernon Hospital Assisted Living Program Facility

Page 3 of 6

## Exclusions:

We exclude the following services which are assumed to be provided by SSMC or other consultants:

- Plans of existing buildings to be demolished
- Interior building survey and existing plans of the existing buildings affected by this project
- Site and topographical survey
- Civil Engineering (to be provided by a Civil Engineer selected by and directly under contract to SSMC/MVH: Perkins Eastman will coordinate with the Civil Engineer)
- Geo-technical services
- Abatement services
- Cost Estimating services
- Signage and Way-finding

## Schedule

During meetings held this summer we drafted a project schedule indicating proposed design, agency approvals, bidding and construction phases which we submitted for SSMC and Barr & Barr approval. The current expectation is that design will require approximately nine months to complete including your and the required public authority reviews; that bidding and construction, subject to Barr & Barr confirmation, will require no more than sixteen months to complete and that furniture installation will be completed approximately two months thereafter.

## Fees

Based upon the above understandings we propose to be compensated for our services as follows:

Basic Services including structural, mechanical, and electrical services as described above, we propose a lump sum fee of \$1,338,000 with progress payments for each phase totaling the following percentages of the total fee:

Schematic Design	15%
Design Development	20%
Construction Documents	40%
Bidding	5%
Construction Administration	20%

Supplemental Services: for the services of consultants engaged by us in connection with our basic services we propose to be compensated based upon the amounts billed to us for their services plus 10% to cover the cost of insurance, administrative overhead



## Perkins Eastman

October 12, 2011, Revised October 12, 2011  
Mr. Paul Rowland  
Mt Vernon Hospital Assisted Living Program Facility

ARCHITECTURE  
CONSULTING  
INTERIOR DESIGN  
PLANNING  
PROGRAMMING

Page 4 of 6

and profit associated with commissioning such services. Our current budget for Supplemental Services required in connection with our basic services not including the 10% markup is:

- Interior Design and FF & E \$145,000
- Landscape Architecture \$40,000
- Food service consulting \$34,000
- Low voltage engineering \$44,250
- Zoning approvals hearings/meetings Hourly basis

These fees are based upon our understanding of the size and complexity of the project as described above and shall be equitably adjusted if there is a significant change in the construction budget.

We anticipate a billing schedule for basic and supplemental services as follows:  
Schematic Design and Design Development: \$106,750 per month for a total of 5 months  
Construction Documents: \$160,125 per month for a period of 4 months  
Bid/ Construction Administration: per schedule

### Reimbursable Expenses

Reimbursable expenses are in addition to compensation for basic and additional services and include expenses incurred by us and our basic and additional consultants directly related to the project specifically enumerated in AIA B103 plus the cost of telecommunications; messengers and couriers; model, presentation, and similar supplies; photo supplies and processing; codes and reference standards purchased particularly for the project; professional photography; meeting catering and other similar expenses. For reimbursable expenses we propose to be reimbursed at cost plus 10% to cover the administrative overhead cost associated with processing these expenses.

### Terms and Conditions

We propose that our relationship with you be governed by the terms and conditions outlined in our standard form of professional services agreement (AIA B103) as modified by our usual and customary amendments.

Payments for services and reimbursable expenses shall be made monthly in proportion to the services performed and expenses incurred. Payment is due and payable upon presentation of our invoice. Nothing shall be withheld from our compensation as security, to impose a penalty or as liquidated damages unless we agree or have been found liable in a binding dispute resolution proceeding. Amounts unpaid thirty days after the invoice date shall bear interest at the rate of one and one-half percent per month. Failure to make payments when due shall be cause for suspension or

# Perkins Eastman

October 12, 2011, Revised October 12, 2011  
Mr. Paul Rowland  
Mt Vernon Hospital Assisted Living Program Facility

ARCHITECTURE  
CONSULTING  
INTERIOR DESIGN  
PLANNING  
PROGRAMMING

Page 5 of 6

termination of our services; we will have no liability for any delay or damage caused because of such suspension of services and any expense incurred by us in collecting overdue amounts including, but not limited to legal fees, collection agency fees and expenses, court costs, collections bonds and reasonable staff costs shall be reimbursable expenses.

Please contact me anytime to discuss the above. Once we have reached agreement on the terms outlined in this proposal, we will prepare our standard form of professional services agreement for your acceptance.

Sincerely,



Francis C. Gurthier, AIA  
Principal and Director

cc: File  
Rich Rosen; Judy Fink  
John Decina

Enclosure Schedule of Current Hourly Billing Rates

Approved: John R. Spurr  
Title: President / CEO / sand shore medical center  
Date: 10/14/11

# Perkins Eastman

ARCHITECTURE  
CONSULTING  
INTERIOR DESIGN  
PLANNING  
PROGRAMMING

## SCHEDULE OF STANDARD RATES (As of July 1, 2010)\*

Principal Level 2	\$ 357.00
Principal Level 1	\$ 267.00
Professional Level 6	\$ 228.00
Professional Level 5	\$ 196.00
Professional Level 4	\$ 164.00
Professional Level 3	\$ 133.00
Professional Level 2	\$ 101.00
Professional Level 1	\$ 70.00

\* These current rates are adjusted annually to reflect increases to employee's salaries.

IN RE Chapter 11

Sound Shore Medical Center of Westchester, Case No. 13-22840

The Mount Vernon Hospital, Inc., Case No. 13-22841

**Frank Gunther**

---

**From:** Rowland, Paul [prowland@sshsw.org]  
**Sent:** Monday, October 01, 2012 11:57 AM  
**To:** Frank Gunther  
**Cc:** Spicer, John R  
**Subject:** MV ALP DOH required document

Morning Frank,

Good speaking with you last week. We appreciate your willingness to provide the DOH form (Third Party Certification) for the MV ALP that is required per their 30-day letter due in the next few days. It is critical that we keep DOH informed and address their requests as it will keep the project alive as SSHS recovers from the problematic patient accounting system installation. The MV ALP is still a vital component of the stabilization of the services at the MV campus. All parties are in agreement that the ALP must be constructed and opened as soon as possible.

My records indicate that for three contracts (#40360.00.0 - \$37,762; #40361.00.0 - \$204,221 and #40361.01.0 - \$28,230), we owe PE in total approximately \$270,082. As I explained on our call last week, SSHS management is working diligently with our Board, our consultants within Finance and NYS DOH to develop plans to correct our cash flow and expense issues. As the plans of correction improve our cash position, we'll have the ability to begin paying arrears to PE and other vendors.

Additionally, the SSHS Board has initiated a search for a strategic partner for a sponsorship, acquisition or merger. Our Board has set an aggressive time table to have an MOU executed by the end of October 2012 with a selected partner. A detailed due diligence and partnership agreement process will follow over the next 4-9 months.

It has been a challenging time for SSHS and we appreciate your patience in working with us. Although my updates have been intermittent, I have tried to keep you informed of our issues and progress in solving them.

If you have questions, please contact me.  
Paul

Paul J. Rowland, FACHE  
Sr. V.P. for Strategic Planning  
Sound Shore Health System  
16 Guion Place  
New Rochelle, NY 10802  
O - 914-365-3636  
F - 914-632-1976  
C - 631-560-6044

Visit us at usps.com



E727782205



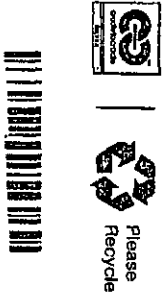
UNITED STATES POSTAL SERVICE Post Office To Addressee

Addressee Copy  
Label 11-F, April 2004

ORIGIN (POSTAL SERVICE USE ONLY)				DELIVERY (POSTAL SERVICE USE ONLY)			
PO ZIP Code	Day of Delivery	Postage	Delivery Address	Time	Employee Signature		
	<input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th	\$	No. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature		
Date Accepted	Scheduled Date of Delivery	System Receipt Fee	Delivery Address	Time	Employee Signature		
Mo. Day Year	Month Day	\$	No. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature		
Time Accepted	Scheduled Time of Delivery	COD Fee	Delivery Address	Time	Employee Signature		
<input type="checkbox"/> AM <input type="checkbox"/> PM	Month Day Year	\$	No. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature		
Flat Rate <input type="checkbox"/> or Weight	Month Day Year	Total Postage & Fees	Delivery Date	Time	Employee Signature		
lb. oz.	Month Day Year	\$	No. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature		
	Month Day Year	Insurance Fee	<small>WARRANTY OF DELIVERABILITY: Domestic Mail Only. Additional restrictions/insurance is available for international mail. For details, visit usps.com. A special of delivery is available for international mail. For details, visit usps.com. A special of delivery is available for international mail. For details, visit usps.com.</small>				
	Month Day Year	Adaptation Exp. Initials	<small>NO DELIVERY: <input type="checkbox"/> No delivery <input type="checkbox"/> No delivery <input type="checkbox"/> No delivery</small>				
CUSTOMER USE ONLY				CUSTOMER USE ONLY			
FROM: FLUKE FROM				TO: GRACE FROM			
PHONE: 212-353-7200				PHONE: [REDACTED]			
PERKINS EASTMAN 115 5TH AVE. 3RD FL. NEW YORK, N.Y. 10003				SAND SHORE MEDICAL OF WYOMING 6401 C/O 6CG, INC. PO, BOX 9982 DUBLIN, OHIO 43017-5982			
FOR PICKUP OR TRACKING: Visit <a href="http://www.usps.com">www.usps.com</a>				CALL 1-800-222-1844			


Expres  
ComSe

UNITED STATES POSTAL SERVICE  
02 1P \$022.980  
0003214497 SEP 12 2013  
MAILED FROM ZIP CODE 10003



09-16-13 A11:37 IN



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
<b>Name of Debtor (Check Only One):</b> <input checked="" type="checkbox"/> Sound Shore Medical Center of Westchester <input type="checkbox"/> The Mount Vernon Hospital, Inc. <input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center <input type="checkbox"/> The M.V.H. Corporation <input type="checkbox"/> Sound Shore Health System, Inc. <input type="checkbox"/> NRHMC Services Corporation <input type="checkbox"/> New Rochelle Sound Shore Housing, LLC	<b>Case No.</b> 13-22840 13-22841 13-22842 13-22843 13-22844 13-22845 13-22846	<b>Your Claim is Scheduled As Follows:</b>  <div style="text-align: center;">  </div> <p>If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.</p>
NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).		
<b>Name of Creditor (the person or other entity to whom the Debtor owes money or property):</b> Perkins Eastman Architects, PC	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  <b>Court Claim Number:</b>  (If known)  <b>Filed on:</b>	
<b>Name and address where notices should be sent:</b> Perkins Eastman Architects, PC 115 Fifth Avenue, 3rd Floor New York, New York 10003 Att: Andrew J. Adelhardt III, Esq.  Telephone number: (212) 353-7430 Email Address: a.adelhardt@perkinseastman.com	<input checked="" type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars. See Attached Case No. 13-22841	
<b>Name and address where payment should be sent (if different from above):</b> Perkins Eastman Architects, PC 115 Fifth Avenue, 3rd Floor New York, New York 10003 Att: Candace Carroll Telephone number: (212) 353-0155 Email Address: c.carroll@perkinseastman.com		
1. Amount of Claim as of Date Case Filed (May 29, 2013): \$ <u>235,616.61</u>		
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Architectural Services</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies Debtor:  <u>0 3 6 0</u>	3a. Debtor may have scheduled account as: <u>Mount Vernon Hospital</u> (See instruction #3a)	3b. Uniform Claim Identifier (optional):  _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		
Nature of property or right of setoff: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: <u>12 North 7th Ave, Mt Vernon, NY 10550. Section 165.61, Block 1084, Lots 9&amp;10-21</u> Value of Property: \$ <u>22,400,000.00</u> Annual Interest Rate _____% <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)	Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ <u>235,616.61</u> Basis for perfection: <u>Mechanic's Lien</u> Amount of Secured Claim: \$ <u>235,616.61</u> Amount Unsecured: \$ <u>0</u>	
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). <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"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____). Amount entitled to priority: \$ <u>0</u>
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Claim Pursuant to 11 U.S.C. § 503(b)(9): Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ <u>0</u>		
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)		

Modified B10 (GCG) (04/13)

8. **Documents:** Attached are 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, and the definition of "redacted")]  
 DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.  
 If the documents are not available, please explain: See Attached Documents

9. **Signature:** (See instruction #9) Check the appropriate box.  
 I am the creditor  I am the creditor's authorized agent.  I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004)  I am a guarantor, surety, indorser, or other codebtor (See Bankruptcy Rule 3005)  
 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: Candace Carroll  
 Title: Chief Financial Officer (Signature)  
 Company: Perkins Eastman Architects, PC (Date)  
 Address and telephone number (if different from notice address above):  
 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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. **IF BY HAND OR OVERNIGHT COURIER:** Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

**THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**  
**THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**

**Items to be completed in Proof of Claim Form**

**Court, Name of Debtor, and Case Number:**  
 These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.  
**A SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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.

**3b. Uniform Claim Identifier:**  
 If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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 your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9):**  
 If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

**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 healthcare 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.

Modified B10 (GCG) (04/13)

8. **Documents:** Attached are 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, and the definition of "redacted"))  
**DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.**  
 If the documents are not available, please explain: See Attached Documents

9. **Signature:** (See instruction #9) Check the appropriate box.  
 I am the creditor  I am the creditor's authorized agent.  I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004)  I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)  
 (Attach 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: Candace Carroll  
 Title: Chief Financial Officer (Signature) \_\_\_\_\_ (Date) \_\_\_\_\_  
 Company: Perkins Eastman Architects, PC  
 Address and telephone number (if different from notice address above): \_\_\_\_\_  
 Telephone number: \_\_\_\_\_ email: \_\_\_\_\_

*EXPRESS*  
*Priority mail to*  
*address below*

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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** Sound Shore Medical of Westchester, et al. c/o GCG, Inc., P.O. Box 59982, Dublin, Ohio, 43017-5982; **IF BY HAND OR OVERNIGHT COURIER:** Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

**THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**  
**THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**

**Items to be completed in Proof of Claim Form**

<p><b>Court, Name of Debtor, and Case Number:</b>                  These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.</p> <p><b>ADSEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST EACH DEBTOR.</b></p> <p><b>Creditor's Name and Address:</b>                  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. Please provide us with a valid email address. 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).</p> <p><b>1. Amount of Claim as of Date Case Filed:</b>                  State the total amount owed to the creditor on the Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. Check the box if interest or other charges are included in the claim.</p> <p><b>2. Basis for Claim:</b>                  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 your claim.</p> <p><b>3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:</b> State only the last four digits of the Debtor's account or other number used by the creditor to identify the Debtor.</p> <p><b>3a. Debtor May Have Scheduled Account As:</b>                  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.</p> <p><b>3b. Uniform Claim Identifier:</b>                  If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.</p> <p><b>4. Secured Claim:</b>                  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's fixed or variable), and the amount past due on the claim.</p>	<p><b>5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507(a):</b>                  If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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.</p> <p><b>6. Claim Pursuant to 11 U.S.C. § 503 (b)(9):</b>                  If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)</p> <p><b>7. Credits:</b>                  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.</p> <p><b>8. Documents:</b>                  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 healthcare information. Do not send original documents, as attachments may be destroyed after scanning.</p> <p><b>9. Date and Signature:</b>                  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.</p>
---	--



**DEFINITIONS**

**INFORMATION**

**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 to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).

**Claim**

A claim is the creditor's right to receive payment for a debt 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 GCG as described in the instructions above and in the Bar Date Notice.

**Section 503(b)(9) Claim**

A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**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.

**Acknowledgment of Filing of Claim**

To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.

**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.

**Display of Proof of Claim on Case Administration Website**

As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.

IN RE Chapter 11

Sound Shore Medical Center of Westchester, Case No. 13-22840

The Mount Vernon Hospital, Inc., Case No. 13-22841

ML 192/13

### NOTICE OF MECHANIC'S LIEN

To the Clerk of the County of Westchester and all others whom it may concern:  
PLEASE TAKE NOTICE, that Perkins Eastman Architects, PC lienor has a claim and  
a lien on the real property hereinafter described as follows:

(1) the name and address of the lienor is: Perkins Eastman Architects, PC  
115 Fifth Avenue  
New York, NY 10003

being a Professional Corporation organized & existing under the laws of the State of  
New York.

(2) the Owner of the real property is: The Mount Vernon Hospital  
12 North 7<sup>th</sup> Avenue  
Mt. Vernon, NY 10550

And the interest of the Owner as far  
as known to the Lienor is: Fee Simple

(3) the name of the person(s) to whom the lienor furnished materials and provided labor  
and services (the "Work") is:

The Mount Vernon Hospital	Sound Shore Medical Center
12 North 7 <sup>th</sup> Avenue	-and- 16 Guion Place
Mt. Vernon, NY 10550	New Rochelle, NY 10802

(4) The Work performed was: to provide all work, labor and materials necessary to  
provide various Architectural Services including the design of an assisted living facility  
located at 12 North 7<sup>th</sup> Avenue Mt. Vernon, NY.

The agreed price & value of the equipment furnished was:

\$278,199.70

The total amount paid to the lienor or paid to others on its behalf was:

\$42,583.09

(5) The total amount unpaid to the lienor for which the Lien is claimed is:

\$235,616.61

RECEIVED  
JUN 21 2013  
TIMOTHY C. IDONI  
COUNTY CLERK  
COUNTY OF WESTCHESTER

(6) The time when the first item of Work was performed was: On or about October 19 2009.

The time when the last item of Work was performed was: October 24, 2012.


(7) The property subject to the lien is situated in the County of Westchester with a street address at 12 North 7<sup>th</sup> Avenue, Mt. Vernon, NY 10550 and is further described as:

Section: 165.61, Block: 1084, Lots: 9 & 10-21

That said labor, services and materials were performed and furnished for and used in the improvement of the real property hereinbefore described. That 8 months (4 months if residential premises) have not elapsed dating from the last item of Work performed, or since the completion of the contract, or since the final performance of the Work for which the lien is claimed.

Dated: June 21, 2013

Perkins Eastman Architects PC

By:   
Matthew T. Worner, Esq.  
Its Attorney/Authorized Agent

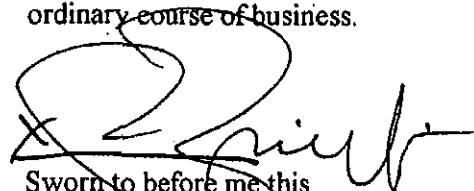
**VERIFICATION**

State of New York )  
 )ss.:  
County of Westchester )

Matthew T. Worner, Esq., being duly sworn deposes and says that deponent is the Attorney/Authorized Agent of the lienor Professional Corporation named herein, that deponent has read the foregoing notice of lien and knows the contents thereof, and that the same is true to deponent's own knowledge, except as to the matters therein stated to be upon information and belief, and that as to those matters deponent believes them to be true.

The reason why this verification is made by deponent is that deponent is the Attorney/Authorized Agent of the lienor Corporation and is familiar with the facts and circumstances herein.

The source of deponent's information and grounds of deponent's belief as to all matters not therein stated upon deponent's knowledge are as follows: conversations had with lienor's General Counsel, officers and/or employees and books and records kept in the ordinary course of business.



Sworn to before me this  
21<sup>st</sup> day of June, 2013

  
Matthew T. Worner, Esq.  
Attorney/Authorized Agent

**PAUL S. ZILBERFEIN**  
Notary Public, State of New York  
No. 02216227321  
Qualified in Westchester County  
Commission Expires August 30, 2014

**AFFIDAVIT OF SERVICE OF NOTICE OF MECHANIC'S LIEN BY CERTIFIED MAIL**

**LIEN FILED AGAINST PREMISES SITUATED IN THE COUNTY OF WESTCHESTER LOCATED AT:**

Mt. Vernon Hospital  
12 North 7<sup>th</sup> Avenue  
Mt. Vernon, NY 10550

**Section: 165.61, Block: 1084, Lots: 9 & 10-21**

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

**RECEIVED**

JUN 21 2013

TIMOTHY C. IDONI  
COUNTY CLERK  
COUNTY OF WESTCHESTER

MATTHEW T. WORNER, being duly sworn hereby deposes and states following under penalties of perjury:

1. I am over the age of 18 and reside in Westchester County, NY.
2. On June 21, 2013, I served a true copy of the within Notice of Mechanic's Lien upon the following individuals or entities by depositing said copy into a postage paid envelope with postage and labeling for "Certified Mail Return Receipt Requested" and depositing same into the care and custody of the US Postal Service with addresses as follows:

Sound Shore Medical Center  
16 Guion Place  
New Rochelle, NY 10802

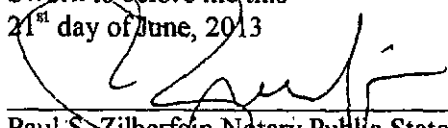
Mt. Vernon Hospital  
12 North 7<sup>th</sup> Avenue  
Mt. Vernon, NY 10550

Dated: June 21, 2013



Matthew T. Worner

Sworn to before me this  
21<sup>st</sup> day of June, 2013



Paul S. Zilberfein Notary Public State of New York  
License No. 02216227321  
Qualified In Westchester County  
Commission Expires August 30, 2014

IN RE: CHAPTER 11

Sound Shore Medical Center of Westchester, Case No. 13-22840  
The Mount Vernon Hospital, Inc., Case No. 13-22841

## Perkins Eastman

ARCHITECTURE  
CONSULTING  
INTERIOR DESIGN  
PLANNING  
PROGRAMMING

September 14, 2011, Revised October 12, 2011

Mr. Paul Rowland  
Senior Vice President Strategic Planning  
Sound Shore Medical Center  
16 Guion Place  
New Rochelle, New York 10802

Re: Mt Vernon Hospital Assisted Living Program Facility  
PE Project No: 40360.01  
Fee Proposal - Full Services

Dear Paul:

In accordance with your request, we are pleased to provide this fee proposal for professional services in connection with the development of the proposed new ALP facility to be located at Mt Vernon Hospital.

### Project Understanding

We understand that the project will consist of a new 88,000 gross square foot seven story freestanding building planned to house 147 Assisted Living residents (140 ALP beds plus 7 private pay beds). It will be located at the south east corner of the MVH property at the corner of North Seventh Avenue and Valentina Street, Mt Vernon. At present this site is occupied by the South and Central Wings and the two story portion of the South Addition of the hospital which will be demolished as a part of this project.

Our scope of work will be limited to the new building, except for two connections: one at an upper floor and connecting to the hospital and one at the first floor connecting to the receiving dock. We assume that the planning and design of renovations to the existing hospital wings scheduled to remain is understood to be by others.

The new building will be provided with "stand-alone" utilities. However, portions of existing hospital utilities, notably steam services presently running from the central plant at the West Wing to the Nurses Residence Building, will remain and require protection during construction. The project is assumed to include a freestanding kitchen that will be sized to accommodate the hospital as well as the ALP. The existing kitchen will be demolished.

This project excludes parking facilities, based on our mutual assumption that sufficient parking facilities are provided in the MVH parking structure located across North Seventh Avenue.

Perkins Eastman has been providing pre-schematic services to SSMC since late 2009 in accordance with John Spicer's Nov. 12, 2009 letter authorizing month to month services. During this period we have provided several alternate programs, planning concepts, design renderings and DOH assistance. Our "Option A" conceptual plans

PERKINS EASTMAN  
ARLINGTON, VA  
CHARLOTTE, NC  
CHICAGO, IL  
DUBAI, UAE  
NEW YORK, NY  
OAKLAND, CA  
PITTSBURGH, PA  
SHANGHAI, PRC  
SOMERFORD, CT  
PERKINS EASTMAN BLACK  
TORONTO, ON

L. BRADFORD PERKINS FAIA  
MARY-JEAN EASTMAN FAIA  
J. DAVID HOGGLUND FAIA  
ARON B. SCHWARTZ FAIA  
JONATHAN N. STARR AIA

PERKINS EASTMAN ARCHITECTS PC  
115 FIFTH AVENUE  
NEW YORK, NY 10003  
T. 212.353.7200  
F. 212.353.7676

WWW.PERKINSEASTMAN.COM

## Perkins Eastman

October 12, 2011, Revised October 12, 2011  
Mr. Paul Rowland  
Mt Vernon Hospital Assisted Living Program Facility

ARCHITECTURE  
CONSULTING  
INTERIOR DESIGN  
PLANNING  
PROGRAMMING

Page 2 of 6

dated February 7, 2011, for which we assisted SSMC in its submittal to the NYS DOH, form the basis for this proposal.

Our initial projections are that the construction cost of this building at approximately twenty two million dollars (\$22,000,000) plus demolition costs of three million dollars (\$3,000,000). This cost projection is, of course, subject to more detailed development by Barr & Barr, your program manager / construction manager. The cost projection includes the cost of the building core and shell; interior finishes, fixtures and building equipment and associated site development; but excludes the cost of decanting, demolition, land acquisition, professional fees, project administration, and other soft costs as well as furniture, furnishings and user equipment.

### Basic Services

Perkins Eastman Architects Inc, and our structural engineer (GACE) and mechanical/electrical engineer (either Kohler Ronan or WP Flack & Kurtz), propose to provide architectural, structural, mechanical and electrical engineering services as follows: Basic Services - shall be as described in AIA Document B103 - Standard Form of Agreement between Owner and Architect (AIA B103), except that basic services will include:

- Program development: we will work closely with SSMC and with Warburg, the proposed operator.
- Zoning and building code review, preliminary building massing and interface with the City of Mt. Vernon.

### Supplemental Services

Also included in this proposal are the following assumed supplemental services:

- Interior Design and Furniture, Furnishings and Equipment (FFE) (Perkins Eastman) We will include equipment specified by others in our layouts and coordinate the mechanical and electrical requirements, but have not included equipment selection or specifications in this proposal. (Perkins Eastman)
- Landscape Architecture (RGR Landscape Architects)
- Food service consulting (Food Facility Concepts)
- Low voltage engineering services (Sentinel Consulting)
- Zoning approvals hearings and meetings with local officials on an hourly basis (Perkins Eastman)
- CON application in conjunction with SSMC should this be required by NYSDOH

## Perkins Eastman

October 12, 2011, Revised October 12, 2011  
Mr. Paul Rowland  
Mt. Vernon Hospital Assisted Living Program Facility

ARCHITECTURE  
CONSULTING  
INTERIOR DESIGN  
PLANNING  
PROGRAMMING

Page 3 of 6

### Exclusions:

We exclude the following services which are assumed to be provided by SSMC or other consultants:

- Plans of existing buildings to be demolished
- Interior building survey and existing plans of the existing buildings affected by this project
- Site and topographical survey
- Civil Engineering (to be provided by a Civil Engineer selected by and directly under contract to SSMC/MVH; Perkins Eastman will coordinate with the Civil Engineer)
- Geo-technical services
- Abatement services
- Cost Estimating services
- Signage and Way-finding

### Schedule

During meetings held this summer we drafted a project schedule indicating proposed design, agency approvals, bidding and construction phases which we submitted for SSMC and Barr & Barr approval. The current expectation is that design will require approximately nine months to complete including your and the required public authority reviews, that bidding and construction, subject to Barr & Barr confirmation, will require no more than sixteen months to complete and that furniture installation will be completed approximately two months thereafter.

### Fees

Based upon the above understandings we propose to be compensated for our services as follows:

Basic Services including structural, mechanical, and electrical services as described above, we propose a lump sum fee of \$1,338,000 with progress payments for each phase totaling the following percentages of the total fee:

Schematic Design	15%
Design Development	20%
Construction Documents	40%
Bidding	5%
Construction Administration	20%

Supplemental Services: for the services of consultants engaged by us in connection with our basic services we propose to be compensated based upon the amounts billed to us for their services plus 10% to cover the cost of insurance, administrative overhead

# Perkins Eastman

October 12, 2011, Revised October 12, 2011  
Mr. Paul Rowland  
Mt Vernon Hospital Assisted Living Program Facility

ARCHITECTURE  
CONSULTING  
INTERIOR DESIGN  
PLANNING  
PROGRAMMING

Page 4 of 6

and profit associated with commissioning such services. Our current budget for Supplemental Services required in connection with our basic services not including the 10% markup is:

- Interior Design and FF & E \$145,000
- Landscape Architecture \$40,000
- Food service consulting \$34,000
- Low voltage engineering \$44,250
- Zoning approvals hearings/meetings Hourly basis

These fees are based upon our understanding of the size and complexity of the project as described above and shall be equitably adjusted if there is a significant change in the construction budget.

We anticipate a billing schedule for basic and supplemental services as follows:  
Schematic Design and Design Development: \$106,750 per month for a total of 5 months  
Construction Documents: \$160,125 per month for a period of 4 months  
Bid/ Construction Administration: per schedule

### Reimbursable Expenses

Reimbursable expenses are in addition to compensation for basic and additional services and include expenses incurred by us and our basic and additional consultants directly related to the project specifically enumerated in AIA B103 plus the cost of telecommunications; messengers and couriers; model, presentation, and similar supplies; photo supplies and processing; codes and reference standards purchased particularly for the project; professional photography; meeting catering; and other similar expenses. For reimbursable expenses we propose to be reimbursed at cost plus 10% to cover the administrative overhead cost associated with processing these expenses.

*for*

### Terms and Conditions

We propose that our relationship with you be governed by the terms and conditions outlined in our standard form of professional services agreement (AIA B103) as modified by our usual and customary amendments.

Payments for services and reimbursable expenses shall be made monthly in proportion to the services performed and expenses incurred. Payment is due and payable upon presentation of our invoice. Nothing shall be withheld from our compensation as security, to impose a penalty or as liquidated damages unless we agree or have been found liable in a binding dispute resolution proceeding. Amounts unpaid thirty days after the invoice date shall bear interest at the rate of one and one half percent per month. Failure to make payments when due shall be cause for suspension or



## Perkins Eastman

October 12, 2011, Revised October 12, 2011  
Mr. Paul Rowland  
Mt Vernon Hospital Assisted Living Program Facility

ARCHITECTURE  
CONSULTING  
INTERIOR DESIGN  
PLANNING  
PROGRAMMING

Page 5 of 6.

termination of our services; we will have no liability for any delay or damage caused because of such suspension of services and any expense incurred by us in collecting overdue amounts including, but not limited to legal fees, collection agency fees and expenses, court costs, collections bonds and reasonable staff costs shall be reimbursable expenses.

Please contact me anytime to discuss the above. Once we have reached agreement on the terms outlined in this proposal, we will prepare our standard form of professional services agreement for your acceptance.

Sincerely,

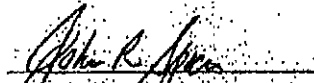


Francis C. Günther, AIA  
Principal and Director

cc: File  
Rich Rosen, Judy Fink  
John Decina

Enclosure Schedule of Current Hourly Billing Rates

Approved:



Title:

President, CEO/Sand Shore Medical Center

Date:

10/14/11

# Perkins Eastman

ARCHITECTURE  
CONSULTING  
INTERIOR DESIGN  
PLANNING  
PROGRAMMING

## SCHEDULE OF STANDARD RATES (As of July 1, 2010)\*

Principal Level 2	\$ 357.00
Principal Level 1	\$ 267.00
Professional Level 6	\$ 228.00
Professional Level 5	\$ 196.00
Professional Level 4	\$ 164.00
Professional Level 3	\$ 133.00
Professional Level 2	\$ 101.00
Professional Level 1	\$ 70.00

\* These current rates are adjusted annually to reflect increases to employee's salaries.

IN RE Chapter 11

Sound Shore Medical Center of Westchester, Case No. 13-22840  
 The Mount Vernon Hospital, Inc., Case No. 13-22841

# Aged Accounts Receivable

Wednesday, August 07, 2013  
 3:35:45 PM

Aged as of 6/7/2013

Perkins Eastman Architects, PC

Job-to-Date through 8/31/2013

Invoice	Date	Balance	Current	31-60	61-90	91-120	Over 120
<b>Project Number: 40360.00.0 Mount Vernon Hospital: Assisted Living F / Contract Admin: Fink / Project Manager: Rosen</b>							
2	2/10/2010	229.79					229.79
3	4/21/2010	30.51					30.51
6	6/15/2010	13.90					13.90
7	7/16/2010	3.20					3.20
9	12/15/2010	52.25					52.25
10	3/16/2011	2,704.40					2,704.40
11	5/16/2011	130.58					130.58
<b>Total for 40360.00.0</b>		<b>3,164.63</b>					<b>3,164.63</b>
<b>Project Number: 40361.00.0 Mount Vernon Hospital: New ALP / Contract Admin: Fink / Project Manager: Basch</b>							
1	12/16/2011	20,270.43					20,270.43
2	1/4/2012	40,518.15					40,518.15
3	2/15/2012	121,599.44					121,599.44
4	3/14/2012	21,433.49					21,433.49
5	4/17/2012	282.33					282.33
6	6/18/2012	117.34					117.34
<b>Total for 40361.00.0</b>		<b>204,221.18</b>					<b>204,221.18</b>
<b>Project Number: 40361.01.0 Mount Vernon Hosp: ALP: MEP-FP Precon / Contract Admin: Fink / Project Manager: Basch</b>							
1	4/17/2012	28,211.80					28,211.80
2	6/18/2012	19.00					19.00
<b>Total for 40361.01.0</b>		<b>28,230.80</b>					<b>28,230.80</b>
<b>Final Totals (Interest Included)</b>		<b>235,616.61</b>					<b>235,616.61</b>
<b>Distribution</b>		<b>100%</b>					<b>100%</b>
<b>Interest Totals</b>							
<b>Final Totals (Net of Interest)</b>		<b>235,616.61</b>					<b>235,616.61</b>

IN RE Chapter 11

Sound Shore Medical Center of Westchester, Case No. 13-22840  
The Mount Vernon Hospital, Inc., Case No. 13-22841

**Frank Gunther**

---

**From:** Rowland, Paul [prowland@sshsw.org]  
**Sent:** Monday, October 01, 2012 11:57 AM  
**To:** Frank Gunther  
**Cc:** Spicer, John R  
**Subject:** MV ALP DOH required document

Morning Frank,

Good speaking with you last week. We appreciate your willingness to provide the DOH form (Third Party Certification) for the MV ALP that is required per their 30-day letter due in the next few days. It is critical that we keep DOH informed and address their requests as it will keep the project alive as SSHS recovers from the problematic patient accounting system installation. The MV ALP is still a vital component of the stabilization of the services at the MV campus. All parties are in agreement that the ALP must be constructed and opened as soon as possible.

My records indicate that for three contracts (#40360.00.0 -\$37,762; #40361.00.0 - \$204,221 and #40361.01.0 - \$28,230), we owe PE in total approximately \$270,082. As I explained on our call last week, SSHS management is working diligently with our Board, our consultants within Finance and NYS DOH to develop plans to correct our cash flow and expense issues. As the plans of correction improve our cash position, we'll have the ability to begin paying arrears to PE and other vendors.

Additionally, the SSHS Board has initiated a search for a strategic partner for a sponsorship, acquisition or merger. Our Board has set an aggressive time table to have an MOU executed by the end of October 2012 with a selected partner. A detailed due diligence and partnership agreement process will follow over the next 4-9 months.

It has been a challenging time for SSHS and we appreciate your patience in working with us. Although my updates have been intermittent, I have tried to keep you informed of our issues and progress in solving them.

If you have questions, please contact me.  
Paul

Paul J. Rowland, FACHE  
Sr. V.P. for Strategic Planning  
Sound Shore Health System  
16 Guion Place  
New Rochelle, NY 10802  
O - 914-365-3636  
F - 914-632-1976  
C - 631-560-6044

visit us at [usps.com](http://usps.com)

EM 722778122 US



UNITED STATES POSTAL SERVICE®

Post Office To Addressee

Mailing Label  
Label 11 x 5, April 2004

**ORIGIN (POSTAL SERVICE USE ONLY)**

Service Code: 0191

Date Accepted: 02/19/15

Time of Acceptance: 10:30 AM

Address: 115 5th Ave, 3rd Fl, New York, NY 10003

City: NEW YORK State: NY ZIP: 10003

Day of Delivery:  Next  2nd  3rd  4th  5th

Scheduled Date of Delivery: 02/23/15

Day: THU

Time of Delivery: 10:30 AM

Postage: \$ 2.00

Return Receipt Fee: \$ 0.00

Insurance Fee: \$ 0.00

Total Postage & Fees: \$ 2.00

Acceptance Emp. Initials: [Signature]

**DELIVERY (POSTAL SERVICE USE ONLY)**

Delivery Attempt:  No  Yes

Day: THU Time: 10:30 AM Employee Signature: [Signature]

Delivery Attempt:  No  Yes

Day: THU Time: 10:30 AM Employee Signature: [Signature]

Delivery Date: 02/19/15 Time: 10:30 AM Employee Signature: [Signature]

NO DELIVERY:  No  Yes

Signature: [Signature]

**CUSTOMER USE ONLY**

Method of Payment: CASH

Express Mail Certificate No.:

Federal Agency Acct. No. of Postal Service Act. No.:

FROM: (PLEASE PRINT)

PHONE: 212.353-7200

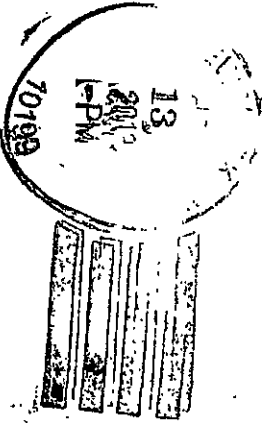
**PERKINS EASTMAN**  
115 5th AVE, 3rd FL  
NEW YORK, N.Y. 10003

TO: (PLEASE PRINT)

PHONE:

**Sand Shore Medical of Westchester**  
et al, c/o GCG, Inc.  
PO Box 9982  
Dublin, OHIO 43017-5982

FOR PICKUP OR TRACKING: visit [www.usps.com](http://www.usps.com) or Call 1-800-222-1811



Expres ComBa



UNITEL  
02 1P  
0003214497  
MAILED FROM ZIP CODE 10003

**PITNEY BOWES**  
\$ **022.980**  
SEP 12 2013



Please Recycle



01013865

SSM0203462545



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM						
<p><b>Name of Debtor (Check Only One):</b></p> <p><input type="checkbox"/> Sound Shore Medical Center of Westchester Case No. 13-22840</p> <p><input type="checkbox"/> The Mount Vernon Hospital, Inc. 13-22841</p> <p><input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helén and Michael Schaffer Extended Care Center 13-22842</p> <p><input type="checkbox"/> The M.V.H. Corporation 13-22843</p> <p><input type="checkbox"/> Sound Shore Health System, Inc. 13-22844</p> <p><input type="checkbox"/> NRHMC Services Corporation 13-22845</p> <p><input type="checkbox"/> New Rochelle Sound Shore Housing, LLC 13-22846</p>	<p><b>Your Claim is Scheduled As Follows:</b></p> <div style="text-align: center; border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> </div> <p>If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.</p>							
<p><b>NOTE:</b> Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).</p>								
<p><b>Name of Creditor (the person or other entity to whom the Debtor owes money or property):</b> PERRY BOTINGER LYNNE MD</p> <p><b>Name and address where notices should be sent:</b></p> <p>PERRY BOTINGER LYNNE MD 140 LOCKWOOD AVE STE A NEW ROCHELLE, NY 10801-4920</p> <p><b>Telephone number:</b></p> <p><b>Email Address:</b></p>	<p><input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.</p> <p><b>Court Claim Number:</b></p> <p style="text-align: center;">(If known)</p> <p><b>Filed on:</b></p>							
<p><b>Name and address where payment should be sent (if different from above):</b></p> <p style="text-align: center;">09-16-13 A 11:19 IN</p> <p><b>Telephone number:</b></p> <p><b>Email Address:</b></p>	<p><input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.</p>							
<p><b>1. Amount of Claim as of Date Case Filed (May 29, 2013): \$</b> _____ <span style="float: right;">FILED - 08773</span></p> <p>If all or part of the claim is secured, complete item 4. <span style="float: right;">U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK</span></p> <p>If all or part of the claim is entitled to priority, complete item 5. <span style="float: right;">SOUND SHORE MEDICAL CENTER OF WESTCHESTER</span></p> <p>If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6. <span style="float: right;">ROBERT D. DRAIN</span></p> <p><input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.</p>								
<p><b>2. Basis for Claim:</b> _____ (See instruction #2)</p>								
<p><b>3. Last four digits of any number by which creditor identifies Debtor:</b></p> <p>_____</p>	<p><b>3a. Debtor may have scheduled account as:</b></p> <p>_____</p> <p style="text-align: center;">(See instruction #3a)</p>	<p><b>3b. Uniform Claim Identifier (optional):</b></p> <p>_____</p> <p style="text-align: center;">(See instruction #3b)</p>						
<p><b>4. Secured Claim (See instruction #4)</b></p> <p>Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.</p> <p><b>Nature of property or right of setoff:</b>    <input type="checkbox"/> Real Estate    <input type="checkbox"/> Motor Vehicle</p> <p style="padding-left: 100px;"><input type="checkbox"/> Other</p> <p><b>Describe:</b> _____</p> <p><b>Value of Property:</b> \$ _____</p> <p><b>Annual Interest Rate</b> _____ %    <input type="checkbox"/> Fixed    or    <input type="checkbox"/> Variable (when case was filed)</p> <p style="text-align: right;"><b>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:</b></p> <p style="text-align: right;">\$ _____</p> <p style="text-align: right;"><b>Basis for perfection:</b> _____</p> <p style="text-align: right;"><b>Amount of Secured Claim:</b>    \$ _____</p> <p style="text-align: right;"><b>Amount Unsecured:</b>    \$ _____</p>								
<p><b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).             </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4).             </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).             </td> </tr> <tr> <td style="vertical-align: top;"> <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).             </td> <td style="vertical-align: top;"> <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).             </td> <td style="vertical-align: top;"> <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).             </td> </tr> </table> <p style="text-align: right;"><b>Amount entitled to priority:</b></p> <p style="text-align: right;">\$ _____</p> <p><small>*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small></p>			<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 the case was filed or the Debtor's business ceased, 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)( ).
<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 the case was filed or the Debtor's business ceased, 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)( ).						
<p><b>6. Claim Pursuant to 11 U.S.C. § 503(b)(9):</b> Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____</p>								
<p><b>7. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)</p>								

Modified B10 (GCC) (04/13)

8. **Documents:** Attached are 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, and the 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) Check the appropriate box.  
 I am the creditor     I am the creditor's authorized agent.     I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004)     I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)  
 (Attach 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: \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)  
 Company: \_\_\_\_\_  
 Address and telephone number (if different from notice address above): \_\_\_\_\_  
 \_\_\_\_\_  
 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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. **IF BY HAND OR OVERNIGHT COURIER:** Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

**THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**  
**THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**

**Items to be completed in Proof of Claim Form**

**Court, Name of Debtor, and Case Number:**  
 These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.

**SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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.

**3b. Uniform Claim Identifier:**  
 If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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 your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9):**  
 If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

**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 healthcare 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**

**INFORMATION**

**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 to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).

**Claim**

A claim is the creditor's right to receive payment for a debt 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 GCG as described in the instructions above, and in the Bar Date Notice.

**Section 503(b)(9) Claim**

A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**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.

**Acknowledgment of Filing of Claim**

To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.

**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.

**Display of Proof of Claim on Case Administration Website**

As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.



01013865  
SSM0203462545



PERRY BOTINGER LYNNE MD  
140 LOCKWOOD AVE STE A  
NEW ROCHELLE, NY 10801-4920

**Clinical and Interventional Cardiology, P.L.L.C.**

Lynne Perry-Böttinger, M.D., F.A.C.C.  
Clinical Assistant Professor of Medicine  
Columbia and Cornell Universities  
Internet: www.savehearts.com  
Telephone: 914-576-7577

140A Lockwood Ave.  
New Rochelle, NY 10801  
Facsimile: 914-576-7377

**SPRING INVOICE 2013**

SOUND SHORE MEDICAL CENTER RADIOLOGY-STRESS TEST SUPERVISION:

LYNNE PERRY-BOTTINGER MD FACC-611423731

<u>DATE</u>	<u>SESSIONS</u>	<u>AMOUNT</u>
MARCH 2013	4	\$1000
APRIL 2013	7	\$1750
MAY 2013 (pre-May 29)	5	\$1250

**TOTAL OUTSTANDING : \$4000**

7/9/13 Attn: Mr. Mama galea, Thanks!  
6321976

*MS*

8/1/13 Refaxed 6321976

Please give to Mr. John Mama galea

*MS*

Sound Shore Surgical Center

Stress Test Monitoring  
Nuclear Medicine

Month: March Year: 2013

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Dr. Perry-Bollinger	3	4	5	6	7	8	9
Dr. Perry-Bollinger	10	11	12	13	14	15	16
Dr. Perry-Bollinger	17	18	19	20	21	22	23
Dr. Perry-Bollinger	24	25	26	27	28	29	30
Dr. Perry-Bollinger	31						

Total No. of exercise stresses: 29

Total No. of pharm. stresses: 16

Prepared by: Yvonne Jim

Authorized by: \_\_\_\_\_

Dr. Perry-Bollinger: 3 No. of patients: 8

Dr. Thomas Landau: 0 No. of patients: 0

Cardiac Fellow: 12 No. of patients: 27

Monthly Total: 15 No. of patients: 29

Sound Shore Medical Center  
Stress Test Monitoring  
Nuclear Medicine

Month: April Year: 2013

DATE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	Dr. Perry-Bollinger 2	Dr. Landau 1	Dr. Landau 2	Dr. Landau 1	Dr. Landau 2	Dr. Perry-Bollinger 2	
1	1	2	3	3	4	5	6
	Dr. Perry-Bollinger 1	Dr. Landau 3	Dr. Landau 3	Dr. Landau 2	Dr. Perry-Bollinger 2		
7	8	9	10	11	12	13	
	Dr. Landau 8	Dr. Landau 9	Dr. Landau 10	Dr. Landau 11	Dr. Landau 12		
14	15	16	17	18	19	20	
	Dr. Perry-Bollinger 15	Dr. Landau 16	Dr. Landau 17	Dr. Landau 18	Dr. Perry-Bollinger 19		
21	22	23	24	25	26	27	
	Dr. Perry-Bollinger 22	Dr. Landau 23	Dr. Landau 24	Dr. Landau 25	Dr. Perry-Bollinger 26		
28	29	30					
	Dr. Perry-Bollinger 29	Dr. Landau 30					
	39	34	34	28	26	27	
	Dr. Perry-Bollinger 39	Dr. Landau 34	Dr. Landau 34	Dr. Landau 28	Dr. Perry-Bollinger 26	Dr. Perry-Bollinger 27	

Total No. of exercise stresses: 39

Total No. of pharm. stresses: 5

Prepared by: Yan Pan

Authorized by: \_\_\_\_\_

Dr. Thomas Landau No. of sessions: 16 No. of patients: 25

Cardiac Fellow No. of sessions: 23 No. of patients: 39

Monthly Total No. of sessions: 27 No. of patients: 39

Dr. Perry-Bollinger No. of sessions: 7 No. of patients: 14

Sound Shore Medical Center  
Stress Test Monitoring  
Nuclear Medicine

Month: Nov Year: 2015

	MON	TUE	WED	THUR	FRI	SAT	SUN
Dr. Perry-Bollinger			0		0		
Dr. Landau							
Dr. Perry-Bollinger	3				2		
Dr. Landau			Landau				
Dr. Perry-Bollinger	12			2		3	
Dr. Landau				PPM			
Dr. Perry-Bollinger	19	20		22		24	
Dr. Landau						Disruption	
Dr. Perry-Bollinger	26	27		29		31	
Dr. Landau			Landau				
Dr. Perry-Bollinger							
Dr. Landau							
Dr. Perry-Bollinger							
Dr. Landau							

Total No. of exercises: 21 Total No. of sessions: 6 Total No. of patients: 13

Total No. of pharm. stresses: 5 Dr. Thomas Landau No. of sessions: 8 No. of patients: 12

Prepared by: Ju Pan Cardiac Fellow No. of sessions: 14 No. of patients: 20

Authorized by: \_\_\_\_\_ Monthly Total No. of sessions: 14 No. of patients: 25

**Clinical and Interventional Cardiology, P.L.L.C.**

*Lynne Perry-Böttinger, M.D., F.A.C.C.  
Clinical Assistant Professor of Medicine  
Columbia and Cornell Universities  
Board-Certified in Cardiovascular Diseases  
Telephone: 914-576-7577*

*140A Lockwood Ave.  
New Rochelle, NY 10801  
Internet: [www.savehearts.com](http://www.savehearts.com)  
Facsimile: 914-576-7377*

To whom it may concern:

You sent me at least eight different claim forms for my unreimbursed services performed at Sound Shore Medical Center. I completed the only one with an amount on it although the amount is incorrect. I performed ecg monitoring for nuclear stress tests at Sound Shore Hospital for \$250 per session. I presented attached invoice once to supervisor Mr. Tom Truscio and several times to Mr. John Mamagakis at Sound Shore Medical Center (now retired) without response. Please reimburse \$4000 in full. I have attached attendant worksheets to support my invoice.

Yours truly,



Lynne Perry-Böttinger MD FACC

**UNITED STATES BANKRUPTCY COURT  
 SOUTHERN DISTRICT OF NEW YORK**

In re:

Chapter 11 Case

SOUND SHORE MEDICAL CENTER OF  
 WESTCHESTER, et al.,

Case No. 13- 22840 (RDD)

Debtors.

(Jointly Administered)

**NOTICE OF DEADLINE REQUIRING FILING OF PROOFS OF CLAIM  
 (INCLUDING CLAIMS UNDER SECTION 503(B)(9) OF THE BANKRUPTCY CODE**

The United States Bankruptcy Court for the Southern District of New York has entered an Order establishing (i) **September 16, 2013 at 4:00 p.m. (prevailing Eastern time)** as the last date for each person or entity (including individuals, partnerships, limited liability companies, corporations, joint ventures and trusts) to file a proof of claim based on prepetition claims, including claims under section 503(b)(9) of the Bankruptcy Code, and (ii) **November 25, 2013 at 4:00 p.m. (prevailing Eastern time)** as the last date for each governmental unit to file a proof of claim based on prepetition claims, as against any of the following Debtors:

Name of Debtor	Case Number	Tax Identification Number	Other Names Used by Debtors in Last 5 Years
Sound Shore Health System, Inc.	13-22844	13-4011398	N/A
Sound Shore Medical Center of Westchester	13-22840	13-1740117	N/A
The Mount Vernon Hospital, Inc.	13-22841	13-1740115	N/A
Howe Avenue Nursing Home d/b/a Helen and Michael Schaffer Extended Care Center	13-22842	23-7000781	N/A
NRHMC Services Corporation	13-22845	13-3769137	N/A
The M.V.H. Corporation	13-22843	13-3281514	N/A
New Rochelle Sound Shore Housing, LLC	13-22846	13-1740117	N/A

The Bar Date and procedures set forth in the Order for filing proofs of claim apply to all claims against the Debtors that arose prior to May 29, 2013 (the "**Petition Date**"), the date on which the Debtors commenced their respective cases under chapter 11 of the Bankruptcy Code, except those holders of the certain claims listed in the Order that are specifically excluded from the Bar Date filing requirements ("**Excluded Claims**").

You **MUST** file a proof of claim to vote on a chapter 11 plan filed by the Debtors or to share in distributions from any of the Debtors' bankruptcy estates if you have a claim that arose prior to the Petition Date, and it is not one of the types of Excluded Claims described in the Order. Claims based on acts or omissions of the Debtors that occurred before the Petition Date (other than Excluded Claims) must be filed on or prior to the Bar Date, even if such claims are not now fixed, liquidated or certain or did not mature or become fixed, liquidated or certain before the Filing Date.

For a copy of the Order and a sample proof of claim form, you may contact the Debtor's Claims Agent: GCG, Inc., P.O. Box 9982 Dublin, Ohio 43017-5982, by phone at (866) 300-1288, by email at SoundShoreInfo@gcginc.com, or visit their website at www.gcginc.com/cases/soundshore.

UNION INTERNATIONAL CARDIOLOGY, P.L.L.C.  
110 ALMOND AVE.  
NEW ROCHELLE, NY 10801

2015-03-17  
43617-5992  
HEAVEN  
DUSCIN 1 21  
PO BOX 9992  
CHICAGO  
SPRINGFIELD MASS 01104  
MAY 15 2015



Please Rush To Addressee  
PLEASE PRESS FIRMLY



UNITED STATES POSTAL SERVICE

PLEASE PRESS FIRMLY

Flat Rate Envelope

Visit us at usps.com

**EXTREMELY URGENT**

Please Rush To Addressee



10801 SEP 13 13 AM 04:11

\$22.50  
0006112-11

PLEASE NOTE:

When used internationally affix customs declarations (PS Form 2976, or 2976A).

Entered 02/23/15 11:01:24  
Pg 2 of 35

EI 726893335 US



Mailing Label  
Label 1-9, March 2004

UNITED STATES POSTAL SERVICE® Post Office To Addressee

**DELIVERY POSTAL USE ONLY**

No. Delivery Attempt	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
No. Day	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
No. Day	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature

**CUSTOMER USE ONLY**

WAIVER OF SIGNATURE (Domestic Mail Only)  
Additional merchandise insurance is void if  
signature is not provided.

Federal Agency Acct. No. or  
Express Mail Corporate Acct. No. \_\_\_\_\_  
Federal Service Acct. No. \_\_\_\_\_  
I want delivery to be made without obtaining signature  
of addressee or addressee's agent. If delivery employee  
judges that article can be left in secure location and I  
authorize flat delivery employee's signature constitutes  
said kind of delivery.

**ORIGINATOR POSTAL USE ONLY**

Postage \$ 14.45  
Return Receipt Fee \$ 2.55  
COD Fee \$  
Insurance Fee \$

Day of Delivery:  1st Day,  2nd Day,  3rd Day

Scheduled Date of Delivery: Month 9, Day 14, Year 2015

Scheduled Time of Delivery:  9 AM,  3 PM,  6 PM

Time Accepted:  AM,  PM

Flat Rate  or Weight

Int'l Airline Country Code:  1st Day,  2nd Day

Acceptance Employee: *CS*

FROM: (PLEASE PRINT) PHONE: 94 235-5149

*SPENNY-BOTTINER*

*PO Box 09*

*NEW ROCHESTER, NY 10804*

FOR PICKUP OR TRACKING  
VISIT WWW.USPS.COM  
CALL 1-800-222-1811

**NO DELIVERY**  Western  Heavy  Mailed Signature

TO: (PLEASE PRINT) PHONE: \_\_\_\_\_

*SUMNER HOWE WSO CLK*

*CLIO GCA*

*PO Box 9982*

*DUBLIN, OH*

ZIP 43001-9982 (U.S. addresses only. DO NOT USE FOR FOREIGN POSTAL CODES.)

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

4 3 0 1 7 7 + 5 9 1 8 2

Please Recycle



**Claim Nos. 774, 772, 771 and 777 are the same as Claim No.  
773.**

01004117  
SSM0202743775



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM						
<p>Name of Debtor (Check Only One):</p> <p><input type="checkbox"/> Sound Shore Medical Center of Westchester</p> <p><input type="checkbox"/> The Mount Vernon Hospital, Inc.</p> <p><input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center</p> <p><input type="checkbox"/> The M.V.H. Corporation</p> <p><input checked="" type="checkbox"/> Sound Shore Health System, Inc.</p> <p><input type="checkbox"/> NRHMC Services Corporation</p> <p><input type="checkbox"/> New Rochelle Sound Shore Housing, LLC</p>	<p>Case No.</p> <p>13-22840</p> <p>13-22841</p> <p>13-22842</p> <p>13-22843</p> <p>13-22844</p> <p>13-22845</p> <p>13-22846</p>	<p style="text-align: center;"><b>Your Claim is Scheduled As Follows:</b></p> <div style="text-align: center; border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 8px; margin: 0 5px;">THE GARDEN CITY GROUP INC.</div> <div style="text-align: center; font-weight: bold; font-size: 12px;">SEP 13 2013</div> </div> <p>If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.</p>						
<p><b>NOTE:</b> Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).</p>								
<p>Name of Creditor (the person or other entity to whom the Debtor owes money or property): SALVATORE PORRETTO, INDIV. ET AL * (see below)</p>	<p><input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.</p>							
<p>Name and address where notices should be sent:</p> <p>SALVATORE PORRETTO, INDIV. ET AL C/O <del>PIRROTTO &amp; GLATT</del> <b>Pirrotti &amp; Glatt Law Firm PLLC</b> 2 OVERHILL RD STE 200 SCARSDALE, NY 10583-6333</p>	<p>Court Claim Number: _____</p> <p style="text-align: center;">(If known)</p> <p>Filed on: _____</p>							
<p>Telephone number: 914-723-4333</p> <p>Email Address: <a href="mailto:info@pirrottilawfirm.com">info@pirrottilawfirm.com</a></p>	<p><input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.</p>							
<p>Name and address where payment should be sent (if different from above):</p>	<p>Telephone number: _____</p> <p>Email Address: _____</p>							
<p>1. Amount of Claim as of Date Case Filed (May 29, 2013): \$ <u>1,000,000.00</u> FILED - 00598</p> <p style="text-align: center;">U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. BRAIN</p> <p>If all or part of the claim is secured, complete item 4.</p> <p>If all or part of the claim is entitled to priority, complete item 5.</p> <p>If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6.</p> <p><input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.</p>								
<p>2. Basis for Claim: <u>Personal injury/wrongful death - medical malpractice</u></p> <p>(See instruction #2)</p>								
<p>3. Last four digits of any number by which creditor identifies Debtor: <u>2 7 1 0</u></p>	<p>3a. Debtor may have scheduled account as: _____</p> <p style="text-align: center;">(See instruction #3a)</p>	<p>3b. Uniform Claim Identifier (optional): _____</p> <p style="text-align: center;">(See instruction #3b)</p>						
<p>4. Secured Claim (See instruction #4)</p> <p>Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.</p> <p>Nature of property or right of setoff:      <input type="checkbox"/> Real Estate      <input type="checkbox"/> Motor Vehicle</p> <p style="padding-left: 150px;"><input type="checkbox"/> Other</p> <p>Describe: _____</p> <p>Value of Property: \$ _____</p> <p>Annual Interest Rate _____ %      <input type="checkbox"/> Fixed      or      <input type="checkbox"/> Variable</p> <p>(when case was filed)</p> <p style="text-align: right;">Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____</p> <p style="text-align: right;">Basis for perfection: _____</p> <p style="text-align: right;">Amount of Secured Claim: \$ _____</p> <p style="text-align: right;">Amount Unsecured: \$ _____</p>								
<p>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none; vertical-align: top;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).                 </td> <td style="width: 33%; border: none; vertical-align: top;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4).                 </td> <td style="width: 33%; border: none; vertical-align: top;"> <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).                 </td> </tr> <tr> <td style="border: none; vertical-align: top;"> <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).                 </td> <td style="border: none; vertical-align: top;"> <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).                 </td> <td style="border: none; vertical-align: top;"> <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).                 </td> </tr> </table> <p style="text-align: right;">Amount entitled to priority: \$ _____</p> <p><small>* Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small></p>			<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 the case was filed or the Debtor's business ceased, 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)( ).
<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 the case was filed or the Debtor's business ceased, 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)( ).						
<p>6. Claim Pursuant to 11 U.S.C. § 503(b)(9): Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____</p>								
<p>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)</p>								

\* SALVATORE PORRETTO, Individually and on behalf of the Estate of JOSEPHINE PORRETTO, Deceased, and the Estate of STEPHEN PORRETTO, Deceased

Modified B10 (GCG) (04/13)

8. Documents: Attached are 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, and the 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) Check the appropriate box.  
 I am the creditor  I am the creditor's authorized agent.  I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004)  I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)  
(Attach 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: Anthony Pirrotti, Jr. Esq.

Title: Attorneys for creditor

(Signature)

(Date)

Company: Pirrotti & Glatt Law Firm PLLC

Address and telephone number (if different from notice address above):  
\_\_\_\_\_  
\_\_\_\_\_

Telephone number: 914-723-4333 email: info@pirrotttilawfirm.com

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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: IF BY MAIL: Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. IF BY HAND OR OVERNIGHT COURIER: Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)  
THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)

**Items to be completed in Proof of Claim Form**

**Court, Name of Debtor, and Case Number:**

These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.

SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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.

**3b. Uniform Claim Identifier:**

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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 your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9):**

If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

**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 healthcare 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**

**INFORMATION**

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

**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).

**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.

**Creditor**  
A creditor is the person, corporation, or other entity to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).

**Acknowledgment of Filing of Claim**  
To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.

**Claim**  
A claim is the creditor's right to receive payment for a debt 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.

**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.

**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 GCG as described in the instructions above and in the Bar Date Notice.

**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.

**Section 503(b)(9) Claim**  
A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**Display of Proof of Claim on Case Administration Website**  
As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.

## PIRROTTI & GLATT LAW FIRM PLLC

*Anthony Pirrotti, Jr.  
Adam J. Glatt*

*Counsellors at Law*

September 12, 2013

*Via Federal Express #8019 8701 7217*

Sound Shore Medical Center of Westchester, et. al.  
c/o GCG  
5151 Blazer Parkway, Suite A  
Dublin, OH 43017

Re: Porretto v. Sound Shore Medical Center of Westchester, et al.  
Case No. 13-22840  
Case No. 13-22844  
Our File No.: 2710-01

Dear Madam/Sir:

Enclosed for filing are the following:

1. Proof of Claim against Debtor, Sound Shore Medical Center of Westchester, Case No. 13-22840, by Creditor, Salvatore Porretto
2. Proof of Claim against Debtor, Sound Shore Medical Center of Westchester, Case No. 13-22840, by Creditor, Salvatore Porretto, Individually and on behalf of the Estate of JOSEPHINE PORRETTO, Deceased, and the Estate of STEPHEN PORRETTO, Deceased
3. Proof of Claim against Debtor, Sound Shore Health System, Inc., Case No. 13-22844, by Creditor, Salvatore Porretto
4. Proof of Claim against Debtor, Sound Shore Health System, Inc., Case No. 13-22844, by Creditor, Salvatore Porretto, Individually and on behalf of the Estate of JOSEPHINE PORRETTO, Deceased, and the Estate of STEPHEN PORRETTO, Deceased

Also enclosed is a self-addressed stamped envelope and a copy of each proof of claim form (form only, without attachments). I kindly ask that you date-stamp and return each copy in the provided envelope, thereby acknowledging filing of the claims.

*2 Overhill Road, Suite 200  
Scarsdale, New York 10583*

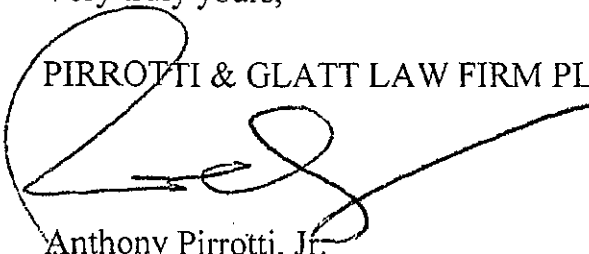
*(914) 723-4333  
Fax (914) 723-4838*

*www.pg-lawfirm.com*

Naturally, if you have any questions regarding this matter, please do not hesitate to  
contact me at any time.

Very truly yours,

PIRROTTI & GLATT LAW FIRM PLLC

  
Anthony Pirrotti, Jr.

AJP, Jr/296

Enclosures

01004117  
SSM0202743775



SALVATORE PORRETTO, INDIV. ET AL  
C/O PIRROTTI LAW FIRM, LLC  
2 OVERHILL RD STE 200  
SCARSDALE, NY 10583-5333



Certificate# 7495

**SURROGATE'S COURT OF THE STATE OF NEW YORK  
WESTCHESTER COUNTY**

File #: 2008-1517

**CERTIFICATE OF APPOINTMENT OF EXECUTOR(S)**

IT IS HEREBY CERTIFIED that Letters in the estate of the Decedent named below have been granted by this court, as follows:

Name of Decedent: **Josephine Porretto** Date of Death: **November 4, 2007**  
Domicile of Decedent: **New Rochelle New York**  
Fiduciary Appointed: **Salvatore Porretto**  
Mailing Address: **5 Edgewood Park  
Edgewood NY 10801**

Type of Letters Issued: **LETTERS TESTAMENTARY**

Letters Issued On: **June 25, 2008**

Limitations: **THE FIDUCIARY IS HEREBY RESTRAINED FROM COMPROMISING ANY CAUSE OF ACTION AND FROM COLLECTING ANY PROCEEDS THEREOF UNTIL THE FURTHER ORDER OF THIS COURT.**

and such Letters are unrevoked and in full force as of this date.

**Dated: June 27, 2008**

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of the Westchester County Surrogate's Court at White Plains, New York.

WITNESS, Hon. Anthony A. Scarpino Jr., Judge of the Westchester County Surrogate's Court.



---

Charles T Scott, Esq., Chief Clerk  
Westchester County Surrogate's Court

*This Certificate is Not Valid Without the Raised Seal of the Westchester County Surrogate's Court*

Certificate# 86642

**Surrogate's Court of the State of New York  
Westchester County  
Certificate of Appointment of Executor**

File #: 2012-1985

IT IS HEREBY CERTIFIED that Letters in the estate of the Decedent named below have been granted by this court, as follows:

Name of Decedent: **Stephen Porretto** Date of Death: **May 22, 2012**  
aka Stephen V Porretto  
Domicile: **New Rochelle, New York**  
Fiduciary Appointed: **Salvatore Porretto**  
Mailing Address: **5 Edgewood Park  
New Rochelle NY 10801**

Type of Letters Issued: **LETTERS TESTAMENTARY**

Letters Issued On: **September 7, 2012**

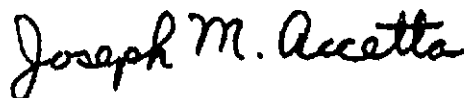
Limitations: **NONE**

and such Letters are unrevoked and in full force as of this date.

Dated: **September 11, 2012**

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of the Westchester County Surrogate's Court at White Plains, New York.

WITNESS, Hon. Anthony A. Scarpino Jr., Judge of the Westchester County Surrogate's Court.



Joseph M Accetta, Chief Clerk  
Westchester County Surrogate's Court

*This Certificate is Not Valid Without the Raised Seal of the Westchester County Surrogate's Court*

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF WESTCHESTER

-----x  
SALVATORE PORRETTO, Individually and on behalf  
of the Estate of JOSEPHINE PORRETTO, Deceased, and  
STEPHEN PORRETTO,  
Plaintiffs,

**SUPPLEMENTAL  
VERIFIED BILL  
OF PARTICULARS**

- against -

Index No. 16643/09

MADHU S. RANGRAJ, M.D., VENKATESH  
SASTHAKONAR, M.D., AMIRHOSSEIN PAYMON  
MAHFOOZI, M.D., SOUND SHORE MEDICAL  
CENTER OF WESTCHESTER a/k/a SOUND SHORE  
MEDICAL CENTER, SOUND SHORE HEALTH  
SYSTEM, INC., IBRAHIM AZER, M.D., SAMER  
ARAB, M.D. and SOUND SHORE SURGICAL  
ASSOCIATES OF NEW ROCHELLE, LLP a/k/a  
SOUND SHORE SURGICAL ASSOCIATES,

Defendants.

-----x  
Plaintiffs, by and through their attorneys, PIRROTTI LAW FIRM LLC, in  
supplemental response to the demand of the defendants, **SOUND SHORE MEDICAL  
CENTER OF WESTCHESTER s/h/a SOUND SHORE MEDICAL CENTER OF  
WESTCHESTER a/k/a SOUND SHORE MEDICAL CENTER and SOUND  
SHORE HEALTH SYSTEM, INC.** (hereinafter collectively referred to as "SOUND  
SHORE MEDICAL CENTER"), for a Verified Bill of Particulars, states and alleges  
as follows:

1. The dates and times of the day of the negligent acts and/or omissions  
which are alleged against the defendant, SOUND SHORE MEDICAL CENTER, are  
set forth in the medical records of plaintiff's decedent, JOSEPHINE PORRETTO, and  
are set forth in paragraph 3 below.

2. The negligent acts and/or omissions charged against the defendant, SOUND SHORE MEDICAL CENTER, occurred at SOUND SHORE MEDICAL CENTER.

3. Defendants, SOUND SHORE MEDICAL CENTER, through its/their employees, agents, servants, assigns, nurses, LPNs, independent contractors, administration, staff, medical students, fellows, residents, and/or doctors, committed the following act(s) and/or omission(s) which constitute negligence and/or medical malpractice, which was/were a substantial factor(s) in causing plaintiff's decedent's injuries and ultimate death:

**October 30, 2007**

JOSEPHINE PORRETTO presented to SOUND SHORE MEDICAL CENTER's emergency room on October 30, 2007, at approximately 12:02 p.m. The chief complaint was abdominal pain and vomiting. She had pain of 9 out of 10, a temperature of 97.8 degrees oral, pulse of 95, respiration of 19, blood pressure of 138/69 and SO2 was 96% on room air. She also complained of stomach aches on and off for quite some time but the previous night it was really bad and she was vomiting up too. JOSEPHINE PORRETTO was advised to return to triage if any change in symptoms.

Later that day, JOSEPHINE PORRETTO was seen by Syed A. Nayeem, M.D. She was complaining of abdominal pain and vomiting throughout the previous night (pain in the lower abdomen where she had previous GYN surgery). Syed A. Nayeem, M.D. made a diagnosis of an incarcerated ventral hernia and reduced the obstruction.

She felt ill all day and had abdominal pain. She complained of nausea and vomiting times three (3). She was unable to hold any food down and was the same with liquids.

At approximately 8:25 p.m., JOSEPHINE PORRETTO was transported by ambulance to SOUND SHORE MEDICAL CENTER Emergency room. At approximately 8:33 p.m., she presented to SOUND SHORE MEDICAL CENTER's emergency room and reported pain of 4 out of 10. Her temperature was 96.7 degrees (tympanic), pulse was 82, respirations was 21, blood pressure was 155/51 and SO2 was 100% on room air. She

complained of abdominal pain and vomiting since yesterday (nausea for two days). She was placed in Emergency Department physician observation status at 21:16 (9:16 p.m.), for vomiting. JOSEPHINE PORRETTO was seen in the Emergency Department by Ligija Rociunas, M.D., who in turn, discussed the case with Syed A. Nayeem, M.D. and MADHU RANGRAJ, M.D. While in the emergency room, JOSEPHINE PORRETTO, had diagnostic testing.

JOSEPHINE PORRETTO had Abdominal x-rays taken. The findings of the Abdominal x-rays, performed October 30, 2007, are: "There are long segments of dilated small bowel with air fluid level seen predominantly on the left side of the abdomen. There is some colon gas. A fairly large air fluid level is seen in the stomach. There is no free intra-abdominal air. Surgical staples are seen in the right upper quadrant of the abdomen." The impression of the Abdominal x-rays is, "Findings compatible with small bowel obstruction." The Abdominal x-rays were ordered by Ligija Rociunas, M.D. and read by Ira Novich, M.D.

After evaluation in the Emergency Department, the clinical impression of Ligija Rociunas, M.D. was rule out incarcerated hernia. The plan of Ligija Rociunas, M.D. was to admit JOSEPHINE PORRETTO to surgery.

JOSEPHINE PORRETTO's pain rating at 22:53 (10:53 p.m.) was 3 out of 10. At approximately 23:09 (11:09 p.m.), the order was to admit her to surgical, MADHU RANGRAJ, M.D., to rule out incarcerated hernia.

The order was for JOSEPHINE PORRETTO, to have a CT Abdomen with PO & IV contrast. At approximately 23:10 (11:10 p.m.), JOSEPHINE PORRETTO went to CT for CT of Abdomen with PO & IV contrast. The findings of the CT Abdomen PO & IV Contrast, performed October 30, 2007, are:

Imaging of the lung bases demonstrates patchy and confluent atelectatic changes.

Enhanced parenchyma of the liver, pancreas, adrenal glands, is unremarkable. The spleen contains several simple cysts,

findings of dubious clinical significance. Both kidneys contain irregular cortical margin, probably scar. There are simple cysts as well but no solid renal mass. There are 2 mm calculi in right upper pole and left lower pole calyces. There has been cholecystectomy.

Opacified loops of small bowel are *diffusely* dilated. The large bowel is empty. There is fecal content in the distal ileum. Collapsed segment of small bowel is present in the mid abdomen, probably mid ileum. No associated mass is seen at this location. There is a fat containing umbilical hernia near this location. However, there is no incarcerated bowel.

In the pelvis, the uterus is surgically absent. The urinary bladder and rectosigmoid colon are unremarkable.

The impression of the CT Abdomen PO & IV Contrast, performed October 30, 2007, is:

“Small bowel obstruction proximal to a collapsed segment of mid ileum, very likely strictured, etiology unknown. No definite mass is seen at this location.”

The CT Abdomen PO & IV Contrast was ordered by Wayne A. Abrahams, M.D. and read by Michael Mecca, M.D.

At approximately 23:30 (11:30 p.m.), JOSEPHINE PORRETTO was admitted to surgery, MADHU RANGRAJ, M.D. Her diagnosis was incarcerated ventral hernia. She was also diagnosed as having a small bowel obstruction and was admitted to the hospital *via* the emergency room for same.

JOSEPHINE PORRETTO's surgical history was noted to include removal of a cancerous polyp in 2002 followed by 20 weeks of chemotherapy and partial abdominal hysterectomy with a bladder suspension in 2005 and cholecystectomy. Her prior medical problems included hypertension, osteoporosis *and type 2 diabetes mellitus*. Her

hypertension medications were Toprol 50 mg xl, Tiazac 180 mg and Vaseretic 10/25 mg and her oral diabetic medications included Glucophage 500 mg and Amaryl 4 mg. She took Fosamax weekly and Cal-mag-D for Osteoporosis. She also took Zocor 10 mg for Hyperlipidemia. She presented a list of medication to the emergency room personnel, which is a part of the chart. Prior to this acute incarcerated ventral hernia, JOSEPHINE PORRETTO was stable at her baseline health.

**October 31, 2007**

At approximately 00:30 (12:30 a.m.), JOSEPHINE PORRETTO vomited a moderate amount of brown fluid. The surgical resident was notified. JOSEPHINE PORRETTO was moved to in-house observation bed at 1:14. She was awaiting CT at 2 a.m.

At approximately 2:45 a.m., JOSEPHINE PORRETTO was received from ER via stretcher and was admitted secondary to incarcerated ventral hernia. She was treated with nasogastric decompression, fluid resuscitation with lactated ringers solution and sliding scale IV insulin therapy. Her diagnosis was small bowel obstruction secondary to ventral hernia.

JOSEPHINE PORRETTO had a NG tube placed at approximately 4:00 a.m. She vomited one time after NGT placement. After NGT placed, 800 mL greenish liquid returned - no further emesis noted. At approximately 6:10 or 6:40 a.m., She had shortness of breath and abdominal distension. The NGT was noted to be too low intermittent suction. NG tube draining about 1000 cc at that point. Temp was febrile at 100.3, HR was 78, RR 20, BP 132/70. Probably fatty tissue due small bowel obstruction *probably due to adhesions*.

At 8:19 am WBC 3.6(L), RBC 4.52, HGB 12.5, HCT 38.1, MCV 84.1, MCH 27.7, MCHC 32.9(L), PLTS 219, *and Bands 31(H)*. At 1751 K 3.5, Glucose is 208(H), BUN 32(H) and Creat is 1.1.

She had abdominal x-rays which showed persistent small bowel obstruction with large amount of NG drainage. The findings of the Abdominal x-rays are, "There is more air noted within the distended

small bowel loops predominately in the left abdomen, likely representing jejunal loops. There is still stool and some air noted in colon loops. There has been interval placement of a nasogastric tube. Right upper quadrant surgical clips are again noted." The impression of the Abdominal x-rays is, "Partial versus early small bowel obstruction. If clinically warranted, a CT scan may be performed." The Abdominal x-rays were ordered by MADHU RANGRAJ, M.D. and read by Michael B. Rubin, M.D. at 1001.

The CT scan of the abdomen confirmed the hernia and small bowel obstruction. In the preliminary report by imaging on call, the impression was "findings consistent with small bowel obstruction. Consider dedicated follow-up small bowel examination." The preliminary report was signed by Lynn Clements-Northland, M.D. and final report read by Michael Mecca MD at 1653.

Decision was made to take JOSEPHINE PORRETTO to the operating room to repair the obstruction. MADHU RANGRAJ, M.D. diagnosed JOSEPHINE PORRETTO with ventral hernia and obstruction probably due to both the hernia and adhesions from previous surgery.

At 7:00 p.m., JOSEPHINE PORRETTO allegedly gave consent for surgical performance upon her by or under the direction of MADHU RANGRAJ, M.D., for "exploratory laparotomy", repair of ventral hernia and related procedures including lap poss open. No consent for "diagnostic laparoscopy". JOSEPHINE PORRETTO's family members were only informed about the hernia and not the additional intended surgical repairs. The input on 10/31/07 from 7 pm to 7 am is miscalculated, as it states 1,000, but it should be 1,200.

#### November 1, 2007

At 7:00 am WBC 4.6(L), RBC 4.32, HGB 11.8(L), HCT 36.8(L), MCV 84.9, MCH 27.3, MCHC 32.2(L), PLTS 192 and Bands \_\_\_ (not noted). At 820 K 3.5, Glucose is 248(H), BUN 28(H) and Creat is 1.0. At approximately 10:20 a.m., JOSEPHINE PORRETTO was brought to the operating room *via* stretcher. JOSEPHINE PORRETTO underwent diagnostic laparoscopy, exploratory laparotomy, lysis of adhesions, reduction of incarcerated hernia and insertion of parietex mesh. The



surgical procedure started laparoscopically but was converted to an open procedure due to extensive adhesions from the known previous surgery and as set forth by MADHU RANGRAJ, M.D. in his note. Laparoscopy was performed and was difficult to identify the structures because of dilated small bowel so the skin was opened. An opening incision was made overlying the previous scar of surgery. JOSEPHINE PORRETTO was found to have small bowel obstruction with clear transition point and also had inspissated material proximal to the obstruction which was milked past the obstruction. The open laparotomy proceeded with lysis of adhesions and purported release of the small bowel obstruction and mesh repair of ventral hernia. After the obstruction was purportedly relieved, the wound was repaired and mesh placed on top. Parietex mesh was placed and the wound was closed. As per the Brief Op Note, the findings were "Point of obstruction at incisional hernia with obvious transition point. Multiple small bowel & transverse colon adhesions to the anterior abdominal wall." MADHU RANGRAJ, M.D. performed the surgery. He was assisted by AMIRHOSSEIN PAYMON MAHFOOZI, M.D. and VENKATESH SASTHAKONAR, M.D. JOSEPHINE PORRETTO's pre-operative diagnosis was small bowel obstruction and ventral hernia and her postoperative diagnosis was ventral hernia with incarcerated omentum and small bowel obstruction with transition zone. The anaesthesia record was "uncomplicated" and the procedure was completed in less than 2 hours.

Post op Note states at 5:20 pm that Temperature was 98.4, HR 61, RR 16, BP 155/85 O2 sat 94% and mentions labs to be ordered in the am, including loproressor and other things. JOSEPHINE PORRETTO returned from Recovery by stretcher to room #407 (1) (step down). She was discharged to room at approximately 5:30 p.m. (Note: the Discharge Summary notes that "Postoperatively the patient did well for the first two days." The discharge Summary is incorrect. The Discharge Summary also notes that "Her NG tube was still putting out a fair amount of fluid which was expected because of her small bowel obstruction"). Postoperatively, JOSEPHINE PORRETTO, appeared to be recuperating in the expected fashion until *she developed a temperature of 101.5 degrees at 11:30 p.m.*, on November 1, 2007, which was recorded at 4:00 a.m., on November 2, 2007. The fever was treated with Tylenol. A cool compress was applied.

November 2, 2007

Between 11:30 pm the prior night and 4 am, the temperature went from 101.5 to 100 with the use of Tylenol (still febrile). JOSEPHINE PORRETTO was seen by Daniel Hoffman, M.D., at 6:45 am. Temperature was 101.5 (up), HR 93 (up), RR 22 (up), BP 122/69 (down), O2 sat 94%. No gas, no bm. He felt the fever was secondary atelectasis (minor bronchiolar collapse common with reduced ventilation after surgery). He recommended incentive spirometry. JOSEPHINE PORRETTO was already on prophylactic antibiotic cefoxitin and on prophylactic lovenox to reduce the risk of pulmonary emboli postoperatively.

The fellow "Dr. V.S." (VENKATESH SASTHAKONAR, M.D.) saw JOSEPHINE PORRETTO, at 7:30 am., on November 2, 2007. VENKATESH SASTHAKONAR, M.D. agreed with incentive spirometry as a treatment. In the postoperative period, JOSEPHINE PORRETTO was receiving D4 ½ NS which has a 5% glucose concentration. The foregoing is acceptable treatment in a diabetic patient who is not eating *as long as blood sugars are monitored and sliding scale insulin is administered as necessary, which it was not.* Temperature 101.5 and no bowel sounds.

At 0853 am WBC 4.8, RBC 3.64(L), HGB 9.8(L), HCT 31.1(L), MCV 85.4, MCH 27.0, MCHC 31.6(L), PLTS 167 and Bands \_\_\_\_\_. At 0905 K 3.5, Glucose is 212(H), BUN 18 and Creat is 1.0.

At 4 pm Nurse notes that no flatus, hypoactive bowel sounds and MD aware about bowel sounds. At approximately 7:30 p.m., JOSEPHINE PORRETTO had a "High temp" of 101.2 degrees. Tylenol 650 suppository was given. JOSEPHINE PORRETTO temperature decreased to 100.1 degrees (again, still febrile). The I&O [input and output] for November 2, 2007, was 2200 in and 1680 out.

November 3, 2007

At 8 am "Surgery" acknowledges that she had a spiked fever, no flatus, no bm, BP 166/69, HR 93, RR 20 and temp 101.2. All of the Lab studies set forth in the "Surgery" note is 23 hours old (*the labs are based on the results of 11/2/07 at 0905 and 0853, not from 11/3/07*). (JOSEPHINE

PORRETTO was still febrile. JOSEPHINE PORRETTO was developing significant hypotension due to inadequate fluid resuscitation, insensible water loss from NG tube and fever. Her blood pressure, heart rate and O2 saturation were maintained according to the SOUND SHORE HEALTH SYSTEM's Medical-Surgical Flowsheet. At 4 pm IV was infusing, HR was "84 - 96" and no bm and no flatus. At 8 p.m., her fever persisting at 102.2 degrees. Tylenol suppository 600 mg given. Surgical intern "aware" and "assessed" JOSEPHINE PORRETTO, at bedside. At 2252 the Urinalysis showed WBCs at 71(H) and the RBCs was 12(H). At 11:40 pm, JOSEPHINE PORRETTO was (belatedly) given two broad spectrum antibiotics, Flagyl and Cipro IVPB. At 11:40 p.m., JOSEPHINE PORRETTO's temperature was reduced to 99.8 degrees. On November 3, 2007, the I&O from 7 am through November 4, 2007 at 7 am was 1275 in and 3,600 out. The output in the morning is miscalculated at 1050, when it was 1,300.

#### November 4, 2007

There is, wrongly, no input of fluids from 12 am to 7-8 am on November 4, 2007. At 2:00 a.m., the nurse noted 1200 cc of NGT in 6 hours which was dark greenish and surgical intern (resident) was made aware. The nurse notes: "No new orders obtained". No further monitoring, such as a Swan Ganz catheter or increase in IV fluids, was recommended. Pain controlled with Dilaudid PCA. At approximately 4:30 a.m., JOSEPHINE PORRETTO was seen at bedside complaining of "feeling very unwell" - NGT out overnight >1.5 liter. The surgical nurse practitioner evaluated JOSEPHINE PORRETTO, and noted she was unwell, hypotensive, tachycardic, hyperglycemic and hypoxic. HR 118, BP 96/66, Temp 102, no bm, no flatus, abdomen distended. "Discussed with Chief". The surgical nurse practitioner suspected a pulmonary embolism and ordered a Chest CT, EKG and Cardiac Enzymes. The surgical nurse practitioner also ordered a bolus of one liter Lactated Ringers.

At 7 am the vitals of 4 am are repeated, UO is 250, and "surgical intern made aware". Blood work ordered. At 7 am BP 101/66, HR 113, RR 18, Temp 99. JOSEPHINE PORRETTO, had some shortness of breath. At approximately 7:50 a.m. Dr Arab documents that, Plaintiff's decedent's, JOSEPHINE PORRETTO, O2 sats 97, her BP 99/76, HR 92, RR 20, Temp 99.8 and he states her abdomen was soft with minimal incisional

tenderness.

Someone documents around 8 am that she was getting dehydrated, BP was decreasing, output is down, HCT and HGB is up, no flatus yet and awaiting hydration and bowel activity. JOSEPHINE PORRETTO was seen in the morning by MADHU RANGRAJ, M.D. It was felt that JOSEPHINE PORRETTO was getting dehydrated because of the large amount of NG output and blood pressure was down, hemoglobin had gone up indicating dehydration. She was finally *re-started* on hydration. The abdominal findings were reportedly benign. The abdomen was reportedly nontender. JOSEPHINE PORRETTO, did not pass any flatus. Again, no further monitoring, such as a Swan Ganz catheter or increase in IV fluids, was timely recommended.

At 8:00 a.m., JOSEPHINE PORRETTO, complained of abdominal discomfort. SAMER ARAB, M.D. was notified. JOSEPHINE PORRETTO, was encouraged to use PCA.

At 9 am to 10 am a 1,000 cc bolus is given, and again another 1,000 cc bolus at 12 pm to 1 pm.

At 10:30 a.m., plaintiff's decedent's, JOSEPHINE PORRETTO, blood sugar was 429. Her blood sugar was rechecked and it was 472. At 12:00 p.m., SAMER ARAB, M.D. was notified. Insulin was ordered to be given right away. It is noted that JOSEPHINE PORRETTO's blood sugar went down 200 in 1 hour. At 1:45 p.m., JOSEPHINE PORRETTO was seen by IBRAHIM AZER, M.D. JOSEPHINE PORRETTO was sweating, her HR was 118, O2@88% and her blood sugar was back up to 489.

In the early afternoon MADHU RANGRAJ, M.D. was called by surgical resident IBRAHIM AZER, M.D. to let MADHU RANGRAJ, M.D. know that JOSEPHINE PORRETTO, had a drop in O2 saturation and question of pulmonary embolism. An Abdomen and Pelvis CT with contrast was to be done to rule out pulmonary embolism. The Abdomen and Pelvis CT with contrast, performed on November 4, 2007, was compared with the CT of the abdomen and pelvis dated 10/31/07. The findings of the Abdominal and Pelvis CT with contrast, performed November 4, 2007,

are:

The patient is status post cholecystectomy.

There is mild intrahepatic ductal dilation. Multiple splenic low attenuation lesions are noted likely representing cysts without significant interval change.

The pancreas is unremarkable.

There is nodular appearance of the adrenal glands without significant interval change.

Multiple renal cysts are noted and other hypodensities which are too small to characterize.

*Again* noted are dilated loops of small bowel with collapsed distal ileum and terminal ileum. There is gradual tapering of the caliber of the small bowel in the mid abdomen, image 155. There is new small bowel wall thickening in several of the small bowel loops. An ng tube is present with tip in the stomach.

Small amount of abdominal (perihepatic and perisplenic) and pelvic *free fluid* are noted.

There is no intraperitoneal free air.

Fluid, *air* and postoperative changes are noted in the anterior subcutaneous tissues.

The patient appears to be status post hysterectomy. A foley catheter is present.

The impression of the Abdomen and Pelvis CT with contrast, performed November 4, 2007, is:

Findings suggestive of small bowel obstruction with new thickening of several of the small bowel loops as described above. Differential diagnosis of small bowel wall thickening includes ischemic, *infectious and inflammatory etiologies*. No evidence of pneumatosis intestinalis. Correlate clinically.

Small amount of abdominal and pelvic free fluid.  
Both splenic and renal cysts.  
Stable nodular appearance of adrenal glands.  
Colonic diverticulosis.

The Abdomen and Pelvis CT with contrast taken on November 4, 2007, was ordered by MADHU RANGRAJ, M.D. and read by Samuel Kim, M.D. Final report is dated 11/5/07 at 1404, after she is dead. Time of interpretation cannot be determined as time is cut off on our copy.

The plan at that point was to place a central line and move JOSEPHINE PORRETTO, to Intensive Care Unit (which should have been done days earlier). The plan at that point was also if fluid requirement is a problem, to put a Swan Ganz in and monitor JOSEPHINE PORRETTO (which should have been done days earlier). SAMER AZER, M.D. was instructed to inform the medical attending about the case and cardiology. After JOSEPHINE PORRETTO, returned from CAT scan MADHU RANGRAJ, M.D. was allegedly told JOSEPHINE PORRETTO, was doing much better and was not having any difficulty breathing and was feeling quite comfortable. Cardiology was called and JOSEPHINE PORRETTO, was instructed to be given Lopressor.

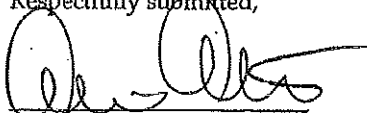
At 4:00 p.m., (after JOSEPHINE PORRETTO had clinically been in shock for days) a Central Line was finally placed. The EKG showed "new" onset tachycardia and poor R wave progression and possible inferior wall infarct. The erroneous treatment was causing heart failure. JOSEPHINE PORRETTO had a cardiac workup and the blood sugar was noted, again, to be 489. JOSEPHINE PORRETTO was treated with 18 U of insulin IV. The tachycardia persisted and the consults by telephone recommended IV Lasix 10 mg to stimulate urine output and then

Dr. Waizer discussed the transformative changes and growth opportunities in the healthcare field and integration of primary medical care and coordination into the delivery of behavioral health services. Of note were the Federal and State changes within existing outpatient clinic models and the opportunities it presents for F.E.G.S. Ms. Dorin discussed the operational changes since F.E.G.S. was awarded the St. Vincent's Article 31 outpatient clinic license: emphasizing the expanded role of psychiatry and medical management component of this clinic and new clinical structure for overseeing these activities. Dr. Greenly gave the history of the Agency's clinical operations and how the Division is advancing in technology and pharmacology. Dr. McAfee, commented on his experience coming to F.E.G.S. from St. Vincent's Hospital and how impressed he was with the high quality infrastructure and professional resources of F.E.G.S.

Dr. Waizer additionally commented on the direction to integrate medical care in the behavioral health clinics, a hybrid of medical care and social work, a shift from hospitals to outpatient. Upgrades in technology are a major necessity in order for community and human service organizations and hospitals to stay viable in current healthcare field and the direction it is headed to. F.E.G.S. is actively pursuing capital investment in this area. F.E.G.S. continues to be a part of a major thrust in healthcare, sharing information, as the Agency is a leading organization in the RHIOs regional networks. F.E.G.S. has applied for NYSDOH HEAL grants to partially support the cost of computer upgrades for Health Information Technology. The staff panel responded to a series of questions from the Board

There being no further business before the Board, Mr. Oltchick adjourned the Meeting at 6:30 P.M.

Respectfully submitted,



Allen Alter, Secretary

Lopressor 2.5 mg IV feeling that the tachycardia might be due to beta blocker reversal.

The General Surgery note, signed by SAMER ARAB, M.D., in the Progress Record on November 4, 2007, at 6:00 p.m. states:

Cardiology called to consult for patient status post exploratory laporotomy repair of ventral hernia. Starts having low urine output last night. Gave 1 liter bolus of NS [normal saline]. Continues to have low urine output. Today the patient was tachycardic with HR: 120's with low urine output. In afternoon decreased O2 sat to low 80's. EKG. Cardiac enzyme ordered were negative. CT Pulmonary Embolism protocol of chest done was \_\_\_ [?negative?] for PE. *CT A/P showed dilated loops of small bowel with transition point and small bowel wall thickening.* Patient bolused total of 4 liters NS. Continued low urine output. Became tachycardic HR=130's. Cardiology called --> possible refractory tachycardia from B-Blocker holding and dehydration. Recommended 2.5 mg IVP Lopressor now \_\_\_ [?regarding?] of low BP. Increase frequency to 5 mg Lopressor every 4 hours. Discussed with Dr. AZER. (Medical abbreviations/symbols written out).

SAMER ARAB, M.D. ordered Lopressor. Lopressor is a beta-adrenergic receptor blocking agent (i.e., a beta blocker). The SAMER ARAB, M.D. ordered a beta blocker that causes bronchospasm. Tachycardia can be caused by beta blockers. Lopressor was give to JOSEPHINE PORRETTO by IBRAHIM AZER, M.D.

JOSEPHINE PORRETTO had a cardiac arrest and was intubated by anesthesia. At 6:10 p.m., Code Blue called. JOSEPHINE PORRETTO was tachycardic, HR 120 and then bradycardic and pulseless then unresponsive. The Anesthesia note is at 18:15 (6:15 p.m.), on November 4, 2007. JOSEPHINE PORRETTO was intubated. JOSEPHINE PORRETTO remained unresponsive and



pulseless. JOSEPHINE PORRETTO did not respond to standard cardiac resuscitation protocols. The Surgery note on November 4, 2007, at 6:30 p.m., by IBRAHIM AZER, M.D. states:

Called by nurse to see pt. \_\_\_\_\_ [?cause?] of low urine and tachy. Pt. was examined and \_\_\_\_\_ [area missing] H.R. 125-139. O2 Sat 88-92% and pt. RR 25. Pt was sent to CT scan to RO [rule out] PE and \_\_\_\_\_ [?also?] GKC showed sinus tachy. Troponin was \_\_\_\_\_ [?normal?].

CT scan \_\_\_\_\_ [?negative?] for PE. Some dilated small bowel loop.

Pt felt better and HR ↓ 100-105 and \_\_\_\_\_ [illegible]. Pt has low urine after given \_\_\_\_\_ [illegible] fluid total urine. 100 cc since 7 am. Urine electrolyte sent to \_\_\_\_\_ [illegible]. Spoke to Dr. Noem Medical Attending and notified him of the CT scan result and also told him about H.R. He Req. Dr. Karls, one of Dr. \_\_\_\_\_ [illegible] group to see pt. Then cardiologist was contacted and he \_\_\_\_\_ [?recommendation?] is to give Lopressor 2.5 mg to bring H.R. down then pt. kept having ↑ H.R. and became confused. Decision to \_\_\_\_\_ [?transfer?] to ICU also was done and while waiting for the patient to be transferred spoke to anesthesia on call to be there during transfer but the \_\_\_\_\_ [?answer was?] when we ready to intubate call back. Pt O2 sat ↓↓ 68% and Pt became unresponsive and Code 911 called and Anesthesia called STAT to floor. Pt intubated and Code started but there was no response. Code ended. Pt expired.

The Incident Note, signed by SAMER ARAB, M.D., on November 4, 2007, at 19:00 (7:00 p.m.) states:

SAMER ARAB, M.D. writes: Called to the bedside of the patient. Coding non-responsive. Bradycardic --> pulseless.

Resuscitation started according to ACLS protocol. The patient remained to be pulseless and unresponsive. The patient intubated and was on the monitor all the time. O2 sat decreased. Resuscitation continued for 30 minutes. The patient went from PEA [?Pulseless electrical activity?] to asystole and the Code called at 6:45 p.m.

JOSEPHINE PORRETTO was having difficulty breathing and MADHU RANGRAJ, M.D. was called regarding that. MADHU RANGRAJ, M.D. came to the hospital. When MADHU RANGRAJ, M.D. was in the parking lot he was told that JOSEPHINE PORRETTO had a cardiac arrest and when he came to the floor she was being resuscitated. Resuscitation was unsuccessful. JOSEPHINE PORRETTO was pronounced dead at 6:45 p.m., on November 4, 2007.

The death certificate, certified by MADHU RANGRAJ, M.D., states that the immediate cause of death was cardiac arrest (10 mins), due to or as a consequence of pulmonary failure (30 mins), due to or as a consequence of renal failure (12 hours). The other significant conditions contributing to death but not related to cardiac arrest are hernia and small bowel obstruction repair.

In addition to the errors set forth above, which constitute departures from acceptable medical practice which was/were substantial factor(s) in causing plaintiff's decedent's injury, the following also represents more of the same:

- JOSEPHINE PORRETTO had an acute abdomen with a ventral hernia and re-current small bowel obstruction which was not properly treated.
- Within a reasonable degree of medical certainty, JOSEPHINE PORRETTO's shock was due to sepsis secondary to a pre/post operative bowel obstruction.
- JOSEPHINE PORRETTO had multiple medical problems which placed her at risk for postoperative complications including, but not limited to: age, diabetes, hypertension, hyperlipidemia and previous abdominal surgeries, which were known to SOUND

SHORE MEDICAL CENTER, but they failed to take these factors into consideration while treating the Plaintiff's decedent.

- A departure in the management of JOSEPHINE PORRETTO's care was the failure to recognize the signs of shock for days and to place her in an ICU where she could be effectively monitored and adequately treated.
- JOSEPHINE PORRETTO was not getting enough perfusion.
- JOSEPHINE PORRETTO was receiving D4 ½ NS which has a 5% glucose concentration, in a diabetic patient who is not eating, without proper monitoring blood sugars and without sliding scale insulin being administered as necessary. There were management errors such as giving dextrose and not monitoring the blood sugar adequately.
- Defendant, SOUND SHORE MEDICAL CENTER, should have monitored JOSEPHINE PORRETTO's fluid output and they should not have waited days to put in a central line.
- While the many health care providers who attended plaintiff's decedent, JOSEPHINE PORRETTO, frequently picked up on small pieces of the puzzle, no one made the clinical diagnosis of shock and arranged for immediate monitoring and appropriate treatment. There was delay in treatment and care which caused JOSEPHINE PORRETTO's demise.
- When the blood sugar was above 400, this was driven by JOSEPHINE PORRETTO's body attempting to compensate for shock with release of endocrine hormones which raise blood pressure and blood sugar. Defendant, SOUND SHORE MEDICAL CENTER, failed to recognize the above and treat the underlying cause/condition.
- If the physicians and nurses who were monitoring JOSEPHINE PORRETTO would have paid attention to the reversal of Input and Output from on or about November 2, 2007 through on or about

November 4, 2007 by 7 -8 am, they would have identified that she was behind in her fluids (she was behind for the preceding 24 hours by 2,325 and cumulatively from October 31, 2007 she was behind 1,005); they would have treated her with more aggressive fluid management by an intensivist in the ICU, and they would have looked for the underlying cause and treated that problem. No further monitoring, such as a Swan Ganz catheter or increase in IV fluids, was recommended. SOUND SHORE MEDICAL CENTER failed to recognize the significance of the above, or if they did recognize it, they failed to address it, resulting in her untimely death.

**INTAKE & OUTPUT**

Page	Date	Shift	In	Out	Diff	Cumul.	Notes
154	10/30	PM	400	1250	-850		
154	10/30	Total	400	1250	-850	-850	
155	10/31	AM	1500	1050	450		
155	10/31	PM	1200	700	500		In wrongly says 1000
155	10/31	Total	2700	1750	950	100	
156	11/01	AM	150	450	-300		Return from OR 6 pm - Foley
156	11/01	PM	1800	800	1000		
156	11/01	Total	1950	1250	700	800	
157	11/02	AM	1300	680	620		
157	11/02	PM	900	1000	-100		

Page	Date	Shift	In	Out	Diff	Cumul.	Notes
157	11/02	Total	2200	1680	520	1320	
163	11/03	AM	900	1400	-500		Out wrongly says 1050 100
163	11/03	PM	375	2200	-1825		
163	11/03	Total	1275	3600	-2325	-1005	
164	11/04	AM	3500	935	2565		
164	11/04	Total	3500	935	2565	1560	

- The cardiologist and/or SAMER ARAB, M.D. wrongly ordered a beta blocker, Lopressor, with a known adverse reaction of which is bronchospasm.
- The cardiologist and/or SAMER ARAB, M.D. wrongly ordered Lopressor, also without seeing JOSEPHINE PORRETTO and orders it over the phone.
- The cardiologist and/or SAMER ARAB, M.D. wrongly ordered Lopressor which caused bradycardia, and JOSEPHINE PORRETTO's ultimate death, combined with the other mentioned departures.
- The Discharge Summary, by MADHU RANGRAJ, M.D., states, "The incident occurred after the patient was given Lopressor is what information I got."
- SOUND SHORE MEDICAL CENTER should have followed post operative care more closely, as JOSEPHINE PORRETTO either had an intra-operative complication or developed a post operative complication which should have been addressed and repaired. SOUND SHORE MEDICAL CENTER should have recognized that the surgeon either did not repair the bowel obstruction or

caused a bowel perforation, did not properly check the operative field or did not properly run the bowel. There was a delay in treatment. For days, JOSEPHINE PORRETTO had a fever, was hypoxic, had abnormal laboratory studies, her blood sugar was grossly abnormal, her input/output was abnormal, she was in shock for days, she was sweating, she was tachycardic, dehydrated, she had difficulty breathing, defendant, SOUND SHORE MEDICAL CENTER, ignored JOSEPHINE PORRETTO's documented symptoms (as also set forth in the record cited above [the surgical nurse practitioner evaluated JOSEPHINE PORRETTO, and noted she was unwell, hypotensive, tachycardic, hyperglycemic and hypoxic]), she had re-confirmed dilated loops of small bowel, she had dilated loops of small bowel with collapsed distal ileum and terminal ileum, she had new small bowel wall thickening in several of the small bowel loops; she was not passing gas/flatulence nor did she have a bowel movement (bm) since *at least* 10/30/07; ignored the families' plea for help and proper care and the etiology of JOSEPHINE PORRETTO's symptoms were ignored and/or not understood.

- Failure of the defendant, SOUND SHORE MEDICAL CENTER, to properly monitor the Plaintiff's decedent's vitals, and act upon their deficiencies in a timely manner. Lack of coordination of care amongst the medical professionals. Complete failure to properly monitor input and output and miscalculation of same. Defendant, SOUND SHORE MEDICAL CENTER, was not replacing the NG output. She was dehydrated and defendant, SOUND SHORE MEDICAL CENTER, failed to recognize that Lopressor was erroneously ordered, which appears to have been ordered over the phone. There was documentation that the "MD was aware" of the dehydration (several times), but SOUND SHORE MEDICAL CENTER failed to address it.
- Anesthesia did not timely respond to the code and they had to be called two times, and the Plaintiff's decedent's O2 saturation dropped precipitously.

- Failure to ascertain the etiology of the Plaintiff's decedent's elevated abnormal temperature and clinical presentation, and just treating it with Tylenol and failure to consider proper differential diagnosis (as set forth in above paragraphs) within a reasonable period of time to address sepsis/infection. JOSEPHINE PORRETTO was (belatedly/untimely) given two broad spectrum antibiotics, Flagyl and Cipro IVPB at 11:40 pm on November 3, 2007.
- On November 3, 2007, at 8 am "Surgery" acknowledges that she had a spiked fever, no flatus, no bm, BP 166/69, HR 93, RR 20 and temp 101.2., but erroneously relied upon Lab studies that are 23 hours old (*the labs are based on the results of 11/2/07 at 0905 and 0853, not from 11/3/07*).
- Defendant, SOUND SHORE MEDICAL CENTER, had knowledge of prior abdominal surgery, chemotherapy and related abdominal adhesions, and Plaintiff's decedent should have been told that blind insertion of trocars into an adherent bowel/colon to the abdominal wall can cause damage, perforation, sepsis, infection and can be life threatening. The consent does not even mention "diagnostic laparoscopy".
- The chart is inadequately documented, and there appears to be parts missing, and areas strangely blank. Poor chart documentation: incorrect calculations, things "scribbled"/"crossed" out, left blank or whited out, and/or failed to be documented as set forth above. Plaintiffs claim that the defendant, SOUND SHORE MEDICAL CENTER, violated of Education Law §6530, including but not limited to sections (3), (21), (30) and (32). Applicable to physicians, Education Law §6530 states that each of the following is professional misconduct:
  - (3) Practicing the profession with negligence on more than one occasion
  - (21) Willfully making or filing a false report, or failing to file a report required by law or the

department of health or the education  
department

(30) Abandoning or neglecting a patient  
under and in need of immediate professional  
care, without making reasonable arrangements  
for the continuation of such care

(32) Failing to maintain a record for each  
patient which accurately reflects the evaluation  
and treatment of the patient

Defendant, SOUND SHORE MEDICAL CENTER, through its employees, agents, servants, assigns, nurses, LPNs, independent contractors, administration, staff, medical students, fellows, residents, and/or doctors should have been aware of the above and intervened in a timely manner. Defendant, SOUND SHORE MEDICAL CENTER, failed to accurately monitor and/or document post-operative findings. Defendant, SOUND SHORE MEDICAL CENTER, failed to have specialists available for consultation and/or intervention. Defendant, SOUND SHORE MEDICAL CENTER, failed to promulgate, write and/or enforce rules, regulations and/or policies/protocols concerning consults with other specialists; intra-operative and/or post-operative complications; post-operative care; and transfer to Intensive Care Unit. Defendant, SOUND SHORE MEDICAL CENTER, failed to provide equipment and/or provided defective equipment. Defendant, SOUND SHORE MEDICAL CENTER, failed to appreciate the severity of JOSEPHINE PORRETTO's condition and failed to transfer her to the ICU for effective monitoring. Defendant, SOUND SHORE MEDICAL CENTER, failed in its duty to her.

Defendant, SOUND SHORE MEDICAL CENTER, is vicariously liable for the acts and/or omissions of defendants, MADHU S. RANGRAJ, M.D., VENKATESH



SASTHAKONAR, M.D., AMIRHOSSEIN PAYMON MAHFOOZI, M.D., IBRAHIM AZER, M.D., SAMER ARAB, M.D. and SOUND SHORE SURGICAL ASSOCIATES OF NEW ROCHELLE, LLP a/k/a SOUND SHORE SURGICAL ASSOCIATES, as well as for its employees, agents, servants, assigns, nurses, LPNs, independent contractors, administration, staff, medical students, fellows, residents, and/or doctors.

Defendant, SOUND SHORE MEDICAL CENTER, also failed to obtain the informed consent of plaintiff's decedent. Defendant, SOUND SHORE MEDICAL CENTER, did not advise plaintiff's decedent of the risks, benefits and alternatives to the treatment, procedures and/or surgeries set forth above. Had plaintiff's decedent or any reasonably prudent person in plaintiff's decedent's position, been fully apprised of the risks, benefits and alternatives to the treatment, procedures and/or surgery provided plaintiff's decedent by defendant, SOUND SHORE MEDICAL CENTER, plaintiff's decedent or said reasonably prudent person in plaintiff's decedent's position would not have undergone the aforementioned treatment, procedures and/or surgeries. No consent for diagnostic laparoscopy. JOSEPHINE PORRETTO's family members were only informed about the hernia and not the additional surgical repairs. Defendants had the knowledge of prior abdominal surgery, chemotherapy and related adhesions, and Plaintiff should have been told that blind insertion of trocars into adherent bowel/colon to the abdominal wall can cause damage, perforation, sepsis and can be life threatening. The lack of informed consent is a proximate cause of the injury and/or condition, including death, for which recovery is being sought by plaintiff's decedent, against defendant, SOUND SHORE MEDICAL CENTER. Moreover, defendant, SOUND SHORE MEDICAL CENTER, failed to advise plaintiff's decedent or her family of the true nature of her condition and/or failed to advise plaintiff's decedent of their experience treating patients with her condition(s),

thereby precluding plaintiff's decedent from seeking treatment from other medical professionals.

The above identified departures from acceptable medical practice were a proximate cause and/or substantial factor in causing plaintiff's decedent's injuries identified herein. The injuries sustained by the plaintiff's decedent were as a result of the medical negligence of the defendant, SOUND SHORE MEDICAL CENTER, without any negligence on the part of plaintiff's decedent contributing thereto, and failure of said defendant, SOUND SHORE MEDICAL CENTER, to properly inform the plaintiff's decedent and her family of the risks, benefits and alternatives. Within a reasonable degree of medical certainty, the defendant, SOUND SHORE MEDICAL CENTER, departed from acceptable medical practice as aforementioned.

4. The names of each and every person who performed such acts and/or failed to act is set forth in the medical records of plaintiff's decedent, for which an authorization to obtain said records has been provided. See also paragraph 3 above.

5. At this juncture it is unknown to plaintiffs whether there was improper and/or defective equipment. See paragraph 3 above.

6. Plaintiffs object to this demand as "... there is no need for the plaintiffs to set forth the manner in which the physician failed to act in accordance with good and accepted medical practice since a physician is chargeable with knowing those medically accepted standards applicable to the proper care and treatment of the [plaintiff's decedent]." *See, Dellaglio v. Paul*, 250 A.D.2d 806, 673 N.Y.S.2d 212 (2d Dep't., 1998).

7.

- a. Plaintiffs object to defendants' demand for the complaints, signs, symptoms that the defendants ignored insofar as the demand calls for extensive disclosure; it is, in effect, a written interrogatory; and it seeks evidentiary matter, which is beyond the scope of a bill of particulars. *See, Patterson v. Jewish Hospital and Medical Center of Brooklyn*, 94 Misc.2d 680, 405 N.Y.S.2d 194 (N.Y. Sup.

[Kings], 1978), *affirmed by* 65 A.D.2d 553, 409 N.Y.S.2d 124 (2d Dep't., 1978). See paragraph 3 above.

- b. Plaintiffs object to defendants' demand in what respect the diagnosis was erroneous and incorrect, what the claimed correct diagnosis is, the point in time that the plaintiffs claim the defendants should have made the correct diagnosis insofar as the demand calls for extensive disclosure; it is, in effect, a written interrogatory; and it seeks evidentiary matter, which is beyond the scope of a bill of particulars. *See, Patterson v. Jewish Hospital and Medical Center of Brooklyn*, 94 Misc.2d 680, 405 N.Y.S.2d 194 (N.Y. Sup. [Kings], 1978), *affirmed by* 65 A.D.2d 553, 409 N.Y.S.2d 124 (2d Dep't., 1978). See paragraph 3 above.
- c. Plaintiffs object to defendants' demand for the improper treatment that was afforded and in what manner the said treatment was improperly performed insofar as the demand calls for extensive disclosure; it is, in effect, a written interrogatory; and it seeks evidentiary matter, which is beyond the scope of a bill of particulars. *See, Patterson v. Jewish Hospital and Medical Center of Brooklyn*, 94 Misc.2d 680, 405 N.Y.S.2d 194 (N.Y. Sup. [Kings], 1978), *affirmed by* 65 A.D.2d 553, 409 N.Y.S.2d 124 (2d Dep't., 1978). See paragraph 3 above.
- d. Plaintiffs object to defendants' demand for the name of each and every contraindicated drug insofar as the demand calls for extensive disclosure; it is, in effect, a written interrogatory; and it seeks evidentiary matter, which is beyond the scope of a bill of particulars. *See, Patterson v. Jewish Hospital and Medical Center of Brooklyn*, 94 Misc.2d 680, 405 N.Y.S.2d 194 (N.Y. Sup. [Kings], 1978), *affirmed by* 65 A.D.2d 553, 409 N.Y.S.2d 124 (2d Dep't., 1978). See paragraph 3 above.
- e. Plaintiffs object to defendants' demand for the name of each proper drug allegedly administered incorrectly insofar as the demand calls for extensive disclosure; it is, in effect, a written interrogatory; and it seeks evidentiary matter, which is beyond the scope of a bill of particulars. *See, Patterson v. Jewish Hospital and*

Medical Center of Brooklyn, 94 Misc.2d 680, 405 N.Y.S.2d 194 (N.Y. Sup. [Kings], 1978), *affirmed by* 65 A.D.2d 553, 409 N.Y.S.2d 124 (2d Dep't., 1978). See paragraph 3 above.

- f. Plaintiffs object to defendants' demand for the name of each and every test the defendants failed to take or administer insofar as the demand calls for extensive disclosure; it is, in effect, a written interrogatory; and it seeks evidentiary matter, which is beyond the scope of a bill of particulars. *See, Patterson v. Jewish Hospital and Medical Center of Brooklyn*, 94 Misc.2d 680, 405 N.Y.S.2d 194 (N.Y. Sup. [Kings], 1978), *affirmed by* 65 A.D.2d 553, 409 N.Y.S.2d 124 (2d Dep't., 1978). See paragraph 3 above.
  - g. Plaintiffs object to defendants' demand for the name of each and every test the defendants improperly took or administered and the manner in which each said test was improperly taken or administered insofar as the demand calls for extensive disclosure; it is, in effect, a written interrogatory; and it seeks evidentiary matter, which is beyond the scope of a bill of particulars. *See, Patterson v. Jewish Hospital and Medical Center of Brooklyn*, 94 Misc.2d 680, 405 N.Y.S.2d 194 (N.Y. Sup. [Kings], 1978), *affirmed by* 65 A.D.2d 553, 409 N.Y.S.2d 124 (2d Dep't., 1978). See paragraph 3 above.
- 8.
- a. Plaintiffs object to defendants' demand for the manner in which the physical examination was improperly performed insofar as the demand calls for extensive disclosure; it is, in effect, a written interrogatory; and it seeks evidentiary matter, which is beyond the scope of a bill of particulars. *See, Patterson v. Jewish Hospital and Medical Center of Brooklyn*, 94 Misc.2d 680, 405 N.Y.S.2d 194 (N.Y. Sup. [Kings], 1978), *affirmed by* 65 A.D.2d 553, 409 N.Y.S.2d 124 (2d Dep't., 1978). See paragraph 3 above.
  - b. Plaintiffs object to defendants' demand for the name of the surgical procedure and the date performed insofar as the demand calls for extensive disclosure; it is, in effect, a written interrogatory; and it seeks evidentiary matter, which is beyond the

scope of a bill of particulars. See, Patterson v. Jewish Hospital and Medical Center of Brooklyn, 94 Misc.2d 680, 405 N.Y.S.2d 194 (N.Y. Sup. [Kings], 1978), *affirmed by* 65 A.D.2d 553, 409 N.Y.S.2d 124 (2d Dep't., 1978). See paragraph 3 above.

- c. Plaintiffs object to defendants' demand for the manner the surgical procedure(s) were improperly performed insofar as the demand calls for extensive disclosure; it is, in effect, a written interrogatory; and it seeks evidentiary matter, which is beyond the scope of a bill of particulars. See, Patterson v. Jewish Hospital and Medical Center of Brooklyn, 94 Misc.2d 680, 405 N.Y.S.2d 194 (N.Y. Sup. [Kings], 1978), *affirmed by* 65 A.D.2d 553, 409 N.Y.S.2d 124 (2d Dep't., 1978). See paragraph 3 above.

9. The acts and/or omissions of defendant, SOUND SHORE MEDICAL CENTER, constituting departure(s) from acceptable medical practice, was/were a substantial factor(s) in causing plaintiff's decedent, JOSEPHINE PORRETTO, to sustain and/or aggravate the following injuries:

- a. Death;
- b. Cardiac arrest;
- c. Failed resuscitation;
- d. Intubated;
- e. Bradycardic;
- f. Pulseless;
- g. Unresponsive;
- h. Shock;
- i. Sepsis;
- j. Placement of central line;
- k. Either had failure to repair the bowel obstruction or caused bowel perforation;
- l. Differential diagnosis of small bowel wall thickening including ischemia, infections and inflammatory etiologies;
- m. Small bowel obstruction;
- n. Dilated loops of small bowel with collapsed distal ileum and terminal ileum;
- o. Low urine output;
- p. Inadequate fluid resuscitation;

- q. Insensible water loss;
- r. Dehydration;
- s. Sweating;
- t. Difficulty breathing;
- u. Fever;
- v. Hypotension;
- w. Feeling very unwell;
- x. Tachycardic;
- y. Hypoglycemic;
- z. Hypoxic;
- aa. Shortness of breath;
- bb. Abdominal pain;
- cc. Nausea;
- dd. Vomiting;
- ee. Confusion;
- ff. Fear of impending death and
- gg. Pain and suffering.

9a. All of the injuries listed above are claimed to be permanent.

10. Plaintiff's decedent's injuries required her to be hospitalized, as she remained hospitalized until her death on November 4, 2007.

11. Plaintiff's decedent was confined to bed during her hospitalization at SOUND SHORE MEDICAL CENTER, from on or about October 30, 2007 through on or about November 4, 2007. Plaintiff's decedent was not confined to home, as she remained hospitalized until her death on November 4, 2007.

12.

- a. Physicians' services - expenses incurred have been covered by MSPRC and/or AARP (United Health Care). The extent to which MSPRC and/or AARP covered expenses relating to this litigation constituting a claimed lien will be claimed as special damages. As of January 15, 2010, MSPRC has asserted a lien in the amount of \$556.38 and as of April 19, 2010, AARP has asserted a lien in the amount of \$1,517.03.

- b. Nurses' services - expenses incurred have been covered by MSPRC and/or AARP (United Health Care). The extent to which MSPRC and/or AARP covered expenses relating to this litigation constituting a claimed lien will be claimed as special damages. As of January 15, 2010, MSPRC has asserted a lien in the amount of \$556.38 and as of April 19, 2010, AARP has asserted a lien in the amount of \$1,517.03.
  - c. Medicine - expenses incurred have been covered by MSPRC and/or AARP (United Health Care). The extent to which MSPRC and/or AARP covered expenses relating to this litigation constituting a claimed lien will be claimed as special damages. As of January 15, 2010, MSPRC has asserted a lien in the amount of \$556.38 and as of April 19, 2010, AARP has asserted a lien in the amount of \$1,517.03.
  - d. Hospital expenses - expenses incurred have been covered by MSPRC and/or AARP (United Health Care). The extent to which MSPRC and/or AARP covered expenses relating to this litigation constituting a claimed lien will be claimed as special damages. As of January 15, 2010, MSPRC has asserted a lien in the amount of \$556.38 and as of April 19, 2010, AARP has asserted a lien in the amount of \$1,517.03.
13. Plaintiffs are not making a claim for plaintiff's decedent's lost earnings.
14. Plaintiffs are not making a claim for plaintiff's decedent's lost profits from a business or enterprise as a result of the defendant's negligence.
15. Plaintiffs do not anticipate that further loss of earnings will be incurred in the future as a result of the alleged malpractice.
16. At this juncture, plaintiff's decedent and/or representative of the decedent has not been reimbursed for physician and/or hospital expenses. See paragraph 12 above.
17. Further expenses are not anticipated as a result of the alleged malpractice.

18. Plaintiff's decedent date of birth is [REDACTED], 1929. Plaintiffs' dates of birth will be supplied. Plaintiff's decedent resided at 5 Edgewood Park, New Rochelle, New York prior to her death. Plaintiffs presently reside at 5 Edgewood Park, New Rochelle, New York.

19. Plaintiff's decedent's, JOSEPHINE PORRETTO, social security number is supplied in the letter attached hereto so as to protect her identity and to not be a part of any pleading or document filed with a Court. Please safeguard the social security number. Plaintiffs object to the demand for their social security numbers as such demand is evidentiary in nature.

20. Defendant, SOUND SHORE MEDICAL CENTER, through its/their employees, agents, servants, assigns, nurses, LPNs, independent contractors, administration, staff, medical students, fellows, residents, and/or doctors violated those statutes, rules, regulations and/or ordinances which the Court will take judicial notice of at the time of trial, including, but not limited to those set forth by the Joint Commission on Accreditation of Healthcare Organizations and Public Health Law. The specific sections violated will be supplied.

21.

- a. STEPHEN PORRETTO, age 85, surviving spouse, resides at 5 Edgewood Park, New Rochelle, New York 10801; SALVATORE PORRETTO, age 53, surviving son, resides at 5 Edgewood Park, New Rochelle, New York 10801; Dominick Porretto, age to be supplied, surviving son, resides at 7775 East Amond Street,, Tucson, AZ 85730.
- b. Plaintiffs object to this demand as it is evidentiary in nature [the occupations of each of the decedent's representatives].
- c. All of the above named distributees of plaintiff's decedent suffered a pecuniary loss as a result of plaintiff's decedent's death. Plaintiff's decedent's husband and children have also been deprived of his wife and their mother's nurture, instruction, training, moral and intellectual guidance, discipline and education.
- d. The portion of decedent's earnings that contributed to the support of each claimed distributee will be supplied.



- e. To be supplied - amount of funeral and cemetery and monument expenses paid by decedent's estate.
- f. Plaintiff's decedent's date of death was November 4, 2007, she was 78 years old.
- g. The death certificate states that the immediate cause of death was cardiac arrest (10 mins), due to or as a consequence of pulmonary failure.(30 mins), due to or as a consequence of renal failure (12 hours). The other significant conditions contributing to death but not related to cardiac arrest are hernia and small bowel obstruction repair.

22.

- a. Plaintiff's decedent, JOSEPHINE PORRETTO, and STEPHEN PORRETTO were married on June 24, 1951.
- b. Plaintiff's decedent, JOSEPHINE PORRETTO, and plaintiff, STEPHEN PORRETTO, were living together as husband and wife as of the date of the accident.
- c. Plaintiffs object to this demand as it is evidentiary in nature [the usual business or occupation of the plaintiff's spouse].
- d. Plaintiff, STEPHEN PORRETTO, is claiming loss of services, society, companionship and consortium. At all times mentioned herein, plaintiff, STEPHEN PORRETTO, was the husband of plaintiff's decedent, JOSEPHINE PORRETTO, and as such was entitled to her services and society, and was responsible for her care and support. As a result of the acts of defendant, SOUND SHORE MEDICAL CENTER, as alleged in all Causes of Action of the Amended Complaint, plaintiff, STEPHEN PORRETTO, was deprived of his wife's services and society, and expended large sums of money to care for her injuries, to his damage in a sum in excess of the jurisdiction of all lower courts in an amount to be determined at trial.

- e. Plaintiffs object to this demand as it is evidentiary in nature [an itemized statement of all monetary sums claimed as part of the loss of services claim].
- f. There are no future monetary damages claimed as part of the loss of services cause of action as plaintiff's decedent is dead.
- g. All elements of plaintiff's, STEPHEN PORRETTO, loss of services claim is a permanent condition.

23.

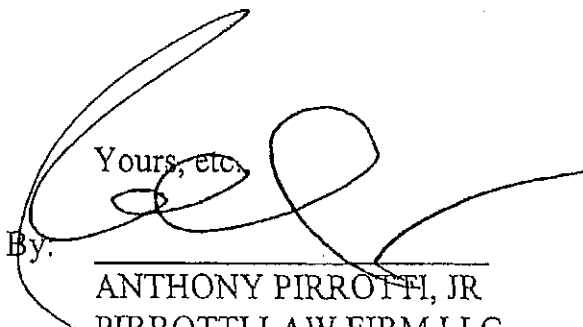
- a. Except as set forth in 23(d) below, the procedures performed on plaintiff's decedent were done without having obtained her informed consent. With respect to the procedures identified in paragraph 23(d) below, plaintiff's decedent's informed consent was not obtained - see response to paragraph 3 above.
- b. Plaintiffs object to this demand as it is evidentiary in nature [what risks were disclosed relative to the procedures or treatment state in response to 21(a) above]. Further, reference to 21(a) above does not make sense.
- c. Plaintiffs object to this demand as it is evidentiary in nature [what alternatives to treatment were discussed].
- d. At this juncture, plaintiffs are aware of the following written consents: Consent for Emergency Treatment, undated; General Admission Consent, undated; Consent for Operation, Transfusion, Procedure or Treatment by MADHU S. RANGRAJ, M.D., and the "surgical team", for exploratory laparotomy, repair of ventral hernia and related procedures including open laparotomy, dated October 31, 2007; and Consent for Operation, Transfusion, Procedure or Treatment by Dr. Azer, Arab concerning "placement of central venous catheter and all indicated procedures", dated November 4, 2007. Reference to 21(a) above does not make sense.

- e. There is no witness identified on the undated Consent for Emergency Treatment. There is no witness identified on the undated General Admission Consent. The name of the witness to the October 31, 2007 consent is illegible to plaintiffs. The name of the witness to the November 4, 2007 consent is believed to be M. Varyhese.
  
- f. Plaintiffs are not presently aware of oral consent being given.

Plaintiffs reserve the right to supplement this document. As to issues of law requested by defendants to be answered in this document, plaintiffs rely upon information supplied by plaintiffs' counsel and verify the truth and veracity of all factual parts of this document.

Dated: Scarsdale, New York  
December 2, 2010

Yours, etc.

By: 

ANTHONY PIRROTTI, JR  
PIRROTTI LAW FIRM LLC  
Attorneys for Plaintiffs  
2 Overhill Road, Suite 200  
Scarsdale, New York 10583  
(914) 723-4333

TO: AARONSON, RAPPAPORT, FEINSTEIN & DEUTSCH, LLP  
Attorneys for Defendants/SOUND SHORE MEDICAL CENTER OF  
WESTCHESTER s/h/a SOUND SHORE MEDICAL CENTER OF  
WESTCHESTER a/k/a SOUND SHORE MEDICAL CENTER,  
AMIRHOSSEIN PAYMON MAHFOOZI, M.D., SOUND SHORE  
HEALTH SYSTEM, INC., SAMER ARAB, M.D. and IBRAHIM AZER, M.D.  
757 Third Avenue  
New York, New York 10017  
(212) 593-6700

PILKINGTON & LEGGETT, P.C.

Attorneys for Defendants/MADHU S. RANGRAJ, M.D. and SOUND SHORE  
SURGICAL ASSOCIATES OF NEW ROCHELLE, LLP

222 Bloomingdale Road

White Plains, New York 10605

(914) 946-6774

WILSON, ELSER, MOSKOWITZ, EDELMAN & DICKER LLP

Attorneys for Defendant/VENKATESH SASTHAKONAR, M.D.

3 Gannett Drive

White Plains, New York 10604-3407

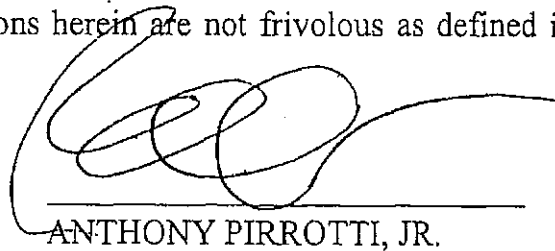
(914) 323-7000

M:\P\PORRETTO\2710-01\NBP.05

**ATTORNEY'S CERTIFICATION**

Pursuant to 22 NYCRR 130-1.1a, the undersigned, an attorney admitted to practice in the Courts of New York State, certifies that, to the best of my knowledge, information and belief, formed after an inquiry reasonable under the circumstances, the presentation of the paper or the contentions herein are not frivolous as defined in subsection (c) of Section 130-1.1.

Dated: December 2, 2010



\_\_\_\_\_

ANTHONY PIRROTTI, JR.

STATE OF NEW YORK )  
 )  
COUNTY OF WESTCHESTER ) SS:

**Diane Sobczak**, being duly sworn, deposes and says:

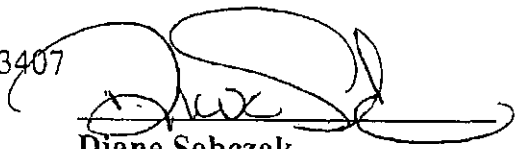
I am not a party to the action, am over the age of eighteen (18), and reside in Yorktown Heights, New York.

On December 3, 2010, I served the within Supplemental Verified Bill of Particulars in response to Defendant's, SOUND SHORE MEDICAL CENTER OF WESTCHESTER s/h/a SOUND SHORE MEDICAL CENTER OF WESTCHESTER a/k/a SOUND SHORE MEDICAL CENTER and SOUND SHORE HEALTH SYSTEM, INC., Demand, by depositing a true copy thereof, enclosed in a post-paid wrapper, in an official depository under the exclusive care and custody of the U.S. Postal Service within New York State, addressed to each of the following persons at the last known address set forth after each name:

AARONSON, RAPPAPORT, FEINSTEIN & DEUTSCH, LLP  
757 Third Avenue  
New York, New York 10017

PILKINGTON & LEGGETT, P.C.  
222 Bloomingdale Road  
White Plains, New York 10605

WILSON, ELSER, MOSKOWITZ, EDELMAN & DICKER LLP  
3 Gannett Drive  
White Plains, New York 10604-3407

  
Diane Sobczak

Sworn to before me this  
3<sup>rd</sup> day of December, 2010

  
NOTARY PUBLIC

DIANA MARSH BARRETT  
Notary Public, State of New York  
No. 01MA6096321  
Qualified in Bronx County  
Commission Expires July 28, 2011

SALVATORE PORRETTO, Individually and on behalf of the Estate of JOSEPHINE PORRETTO, Deceased, and STEPHEN PORRETTO,

Plaintiffs,

- against -

MADHU S. RANGRAJ, M.D., VENKATESH SASTHAKONAR, M.D., et. al., Defendants.

SUPPLEMENTAL VERIFIED BILL OF PARTICULARS

PIRROTTI LAW FIRM LLC

Attorney for

Plaintiffs

2 OVERHILL ROAD, SUITE 200 SCARSDALE, NEW YORK 10583 (914) 723-4333

Pursuant to 22 NYCRR 130-1.1-a, the undersigned, an attorney admitted to practice in the courts of New York State, certifies that, upon information and belief and reasonable inquiry, (1) the contentions contained in the annexed document are not frivolous and that (2) if the annexed document is an initiating pleading, (i) the matter was not obtained through illegal conduct, or that if it was, the attorney or other persons responsible for the illegal conduct are not participating in the matter or sharing in any fee earned therefrom and that (ii) if the matter involves potential claims for personal injury or wrongful death, the matter was not obtained in violation of 22 NYCRR 1200.41-a.

Dated: Signature

Print Signer's Name

Service of a copy of the within is hereby admitted.

Dated:

Attorney(s) for

PLEASE TAKE NOTICE

Check Applicable Box

NOTICE OF ENTRY checkbox

NOTICE OF ENTRY

that the within is a (certified) true copy of a entered in the office of the clerk of the within-named Court on

20

NOTICE OF SETTLEMENT checkbox

NOTICE OF SETTLEMENT

that an Order of which the within is a true copy will be presented for settlement to the Hon. , one of the judges of the within-named Court, at on 20 , at M.

Dated:

PIRROTTI LAW FIRM LLC

Attorney for

To:

2 OVERHILL ROAD, SUITE 200 SCARSDALE, NEW YORK 10583

Attorney(s) for

fedex.com 1.800.GoFedEx 1.800.463.3339

52  
**FedEx** Package  
 Express Airbill  
 Airbill Number: 8019 8701 7217  
 Date: 9/12/13

1 Sender's Name: Anthony P. Pappalardo, Jr. Phone: 914.724.4334

Company: PETERSON & WILLY LAW FIRM PLLC

Address: 2 WASHINGTON RD STE 700  
 City: WESTPHALIA State: PA ZIP: 19381

2 Your Internal Billing Reference: 710001

3 To Recipient's Name: Sound Shore Medical of Westphalister, et al

Company: SCS

Address: 5151 BISSAR Parkway, Suite A  
 City: PA State: PA ZIP: 19381

Address: [Blank] City: PA State: PA ZIP: 19381



8019 8701 7217

Fold along dotted line to close.

4 Express Package Service - 1-2 Business Days  
 Packages up to 150 lbs.  
 For packages over 150 lbs, see the FedEx Express Priority 3D Service

NEW BUSINESS DAY

FedEx First Overnight - Ship by 8 AM, receive by 10 AM, next business day. Monday-Friday delivery only. Saturday delivery not available.

FedEx Priority Overnight - Ship by 10 AM, receive by 10 PM, next business day. Monday-Friday delivery only. Saturday delivery not available.

FedEx Standard Overnight - Ship by 11 AM, receive by 10 PM, next business day. Monday-Friday delivery only. Saturday delivery not available.

FedEx 2Day AM - Ship by 10 AM, receive by 10 AM, next business day. Monday-Friday delivery only. Saturday delivery not available.

FedEx 2Day - Ship by 10 AM, receive by 10 PM, next business day. Monday-Friday delivery only. Saturday delivery not available.

FedEx Express Saver - Ship by 11 AM, receive by 10 PM, next business day. Monday-Friday delivery only. Saturday delivery not available.

5 Packaging - Standard (value based)

FedEx Envelope - FedEx Pak - FedEx Box - FedEx Tube - Other

6 Special Handling and Delivery Signature Options

SATURDAY Delivery - Not available for FedEx Standard Overnight, FedEx 2Day, 1st Day, or FedEx Express Saver.

No Signature Required - No signature required for delivery. Signature at recipient address not required for delivery. Signature required for delivery.

Does this shipment contain dangerous goods? - Yes/No

Direct Signature - Indirect Signature

7 Payment - Bill to:

Send to: Sender - Recipient - Third Party - Credit Card - Cash/Check

Total Packages: Total Weight


Card Card/Check

fedex.com 1.800.GoFedEx 1.800.463.3339



**Claim Nos. 599 and 600 are the same as Claim No. 598.**

B10 (Official Form 10) (04/13)

<b>UNITED STATES BANKRUPTCY COURT</b> Southern District of New York		<b>PROOF OF CLAIM</b>
Name of Debtor: <b>The Mount Vernon Hospital, Inc.</b>	Case Number: <b>13-22841</b>	 09-16-13 A10:04 IN <b>COURT USE ONLY</b> <input type="checkbox"/> Check this box if this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____
NOTE: <i>Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.</i>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>Press Ganey Associates, Inc.</b>		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Name and address where notices should be sent: <b>Press Ganey Associates, Inc. Attn: Legal Department 404 Columbia Place South Bend, IN 46601</b>  Telephone number: (800) 232-8032    email: legal@pressganey.com		
Name and address where payment should be sent (if different from above): <b>Press Ganey Associates, Inc. Box 88335 Milwaukee, WI 53288-0335</b>  Telephone number: (800) 232-8032    email:		
<b>1. Amount of Claim as of Date Case Filed:</b> \$ <u>54,772.00</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
FILED - 90726 U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. DRAIN		
<b>2. Basis for Claim:</b> <u>Services performed.</u> (See instruction #2)		
<b>3. Last four digits of any number by which creditor identifies debtor:</b>	<b>3a. Debtor may have scheduled account as:</b> _____ (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b> _____ (See instruction #3b)
<b>4. Secured Claim (See instruction #4)</b> Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, 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 was filed)		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____  Basis for perfection: _____  Amount of Secured Claim: \$ _____  Amount Unsecured: \$ _____
<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a).</b> If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<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 the case was filed or the debtor's business ceased, 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)(____).
Amount entitled to priority: \$ _____		
*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
<b>6. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

1013-28

1013-28

1013-28

1013-28

1013-28

1013-28

1013-28

1013-28

B10 (Official Form 10) (04/13)

2

**7. Documents:** Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). 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. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

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

If the documents are not available, please explain:

**8. Signature:** (See instruction #8)

Check the appropriate box.

- I am the creditor.     I am the creditor's authorized agent.     I am the trustee, or the debtor, or their authorized agent (See Bankruptcy Rule 3004)     I am a guarantor, surety, indorser, or other codebtor (See Bankruptcy Rule 3005.)

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: Paul Worland  
 Title: President, Operations  
 Company: Press Ganey Associates, Inc.  
 Address and telephone number (if different from notice address above):  
 \_\_\_\_\_  
 \_\_\_\_\_

Paul D. Worland    9/6/13  
 (Signature)    (Date)

Telephone number: (800) 232-8032    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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

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

**Items to be completed in Proof of Claim form**

**Court, Name of Debtor, and Case Number:**  
 Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

**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.

**3b. Uniform Claim Identifier:**  
 If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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.

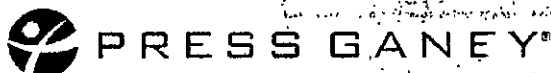
**6. Credits:**  
 An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

**7. 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 and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. 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.

**8. 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, 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	INFORMATION
<b>Debtor</b> A debtor is the person, corporation, or other entity that has filed a bankruptcy case.	<b>Acknowledgment of Filing of Claim</b> 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 court's PACER system ( <a href="http://www.pacer.dsc.uscourts.gov">www.pacer.dsc.uscourts.gov</a> ) for a small fee to view your filed proof of claim.
<b>Creditor</b> A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).	<b>Offers to Purchase a Claim</b> 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(c), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 <i>et seq.</i> ), and any applicable orders of the bankruptcy court.
<b>Claim</b> A claim is the creditor's right to receive payment for a debt 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.	<b>Claim Entitled to Priority Under 11 U.S.C. § 507 (a)</b> 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.
<b>Proof of Claim</b> 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 clerk of the same bankruptcy court in which the bankruptcy case was filed.	<b>Redacted</b> A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.
<b>Secured Claim Under 11 U.S.C. § 506 (a)</b> 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.	<b>Evidence of Perfection</b> 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.

# Invoice



Tax ID Number: 35-1646289

Date: 10/31/2012  
Page: 1

Mount Vernon Hospital (The)  
Nicolas D'addesio  
12 North Seventh Ave  
Mount Vernon, NY 10550

Invoice / Credit Note #: IN000227464  
Client ID : 5342  
Terms : Net Due 30 Days  
Due date : 11/30/2012  
Purchase Order #

<u>Description</u>	<u>Qty / Hrs</u>	<u>Unit price</u>	<u>Extended price</u>
5342 - Mount Vernon Hospital (The)			
Quality Performer-Behavioral Health Measures - Contract Term 10/1/2012 - 12/31/2012			
Service 1			
Behavioral Health Measures-Pro-Rated Adj			666.67
Sub-Total Quality Performer-Behavioral Health Measures - 1	0.00		666.67

**\*\* NOTE \*\***

For additional information or questions regarding your invoice, please contact the Business Services department at 1.800.232.8032 or [invoice@pressganey.com](mailto:invoice@pressganey.com).

REMIT PAYMENT TO:  
Press Ganey Associates, Inc.  
Box 88335  
Milwaukee, WI 53288-0335

Total \$ 666.67

# Invoice



Tax ID Number: 35-1646289

Date: 11/30/2012  
Page: 1

Mount Vernon Hospital (The)  
Nicolas D'addesio  
12 North Seventh Ave  
Mount Vernon, NY 10550

Invoice / Credit Note #: IN000233462  
Client ID .....: 5342  
Terms .....: Net Due 30 Days  
Due date .....: 12/30/2012  
Purchase Order # .....

<u>Description</u>	<u>Qty / Hrs</u>	<u>Unit price</u>	<u>Extended price</u>
5342 - Mount Vernon Hospital (The)			
Quality Performer-Behavioral Health Measures - Contract Term 10/1/2012 - 12/31/2012			
Service 1			
Behavioral Health Measures-Pro-Rated Adj			666.67
Sub-Total Quality Performer-Behavioral Health Measures - 1	0.00		666.67

**\*\* NOTE \*\***

For additional information or questions regarding your invoice, please contact the Business Services department at 1.800.232.8032 or [invoice@pressganey.com](mailto:invoice@pressganey.com).

REMIT PAYMENT TO:  
Press Ganey Associates, Inc.  
Box 88335  
Milwaukee, WI 53288-0335

**Total \$ 666.67**



# Invoice

Tax ID Number: 35-1646289

Date: 12/31/2012  
Page: 1

Mount Vernon Hospital (The)  
Nicolas D'addesio  
12 North Seventh Ave  
Mount Vernon, NY 10550

Invoice / Credit Note #: IN000235482  
Client ID .....: 5342  
Terms .....: Net Due 30 Days  
Due date .....: 1/30/2013  
Purchase Order # ....:

<u>Description</u>	<u>Qty / Hrs</u>	<u>Unit price</u>	<u>Extended price</u>
5342 - Mount Vernon Hospital (The)			
Quality Performer-Behavioral Health Measures - Contract Term 10/1/2012 - 12/31/2012			
Service 1			
Behavioral Health Measures-Pro-Rated Adj			666.66
Sub-Total Quality Performer-Behavioral Health Measures - 1	0.00		666.66

**\*\* NOTE \*\***

For additional information or questions regarding your invoice,  
please contact the Business Services department at 1.800.232.8032 or [invoice@pressganey.com](mailto:invoice@pressganey.com).

REMIT PAYMENT TO:  
Press Ganey Associates, Inc.  
Box 88335  
Milwaukee, WI 53288-0335

Total \$ 666.66



# Invoice



Tax ID Number: 35-1646289

Date: 1/31/2013  
Page: 1

Mount Vernon Hospital (The)  
Nicolas D'addesio  
12 North Seventh Ave  
Mount Vernon, NY 10550

Invoice / Credit Note #: IN000239332  
Client ID .....: 5342  
Terms .....: Net Due 30 Days  
Due date .....: 3/2/2013  
Purchase Order # ....:

Description	Qty / Hrs	Unit price	Extended price
<b>5342 - Mount Vernon Hospital (The)</b>			
Quality Performer-Behavioral Health Measures - Contract Term 1/1/2013 - 12/31/2013			
Service 1			
Behavioral Health Measures-Annual Renewal Fee			8,000.00
Sub-Total Quality Performer-Behavioral Health Measures - 1		0.00	8,000.00
Quality Performer-Inpatient Measures - Contract Term 1/1/2013 - 12/31/2013			
Service 1			
Inpatient Measure Set-1st Set-Annual Renewal Fee			9,314.00
Inpatient Measure Set-2nd Set-Annual Renewal Fee			4,334.00
Inpatient Measure Set-3rd Set-Annual Renewal Fee			4,334.00
Inpatient Measure Set-4th Set-Annual Renewal Fee			4,334.00
Inpatient Measure Set-5th Set-Annual Renewal Fee			4,334.00
Inpatient Measure Set-6th Set-Annual Renewal Fee			4,334.00
Inpatient Measure Set-7th Set-Annual Fee			4,334.00
Sub-Total Quality Performer-Inpatient Measures - 1		0.00	35,318.00
Quality Performer-Outpatient Measures - Contract Term 1/1/2013 - 12/31/2013			
Service 1			
Outpatient Measures-Inpatient Client-Annual Renewal Fee			6,454.00
Sub-Total Quality Performer-Outpatient Measures - 1		0.00	6,454.00
Quality Performer-Other Services - Contract Term 1/1/2013 - 12/31/2013			
Service 1			
ORYX Transmission Fee-Annual Renewal Fee			1,500.00
QNet Transmission Fee-Annual Renewal Fee			1,500.00
Sub-Total Quality Performer-Other Services - 1		0.00	3,000.00

**\*\* NOTE \*\***

For additional information or questions regarding your invoice, please contact the Business Services department at 1.800.232.8032 or [invoice@pressganey.com](mailto:invoice@pressganey.com).

REMIT PAYMENT TO:  
Press Ganey Associates, Inc.  
Box 88335  
Milwaukee, WI 53288-0335


**Total \$ 52,772.00**



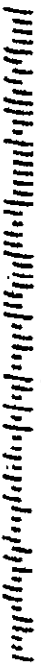
**PRESS GANEY™**  
Outcomes driven. Performance strong.

Sound Shore Medical Center of Westchester c/o  
CGG, Inc.  
P.O. Box 9982  
Dublin, Ohio 43017-5982




U.S. POSTAGE  PTNEY BOWES  
ZIP 46601 \$ 000.66<sup>0</sup>  
02 1M  
0001386284 SEP. 12. 2013

43017-5982



B10 (Official Form 10) (04/13)

<b>UNITED STATES BANKRUPTCY COURT</b> Southern District of New York		<b>PROOF OF CLAIM</b>
Name of Debtor: <b>The Mount Vernon Hospital, Inc.</b>		Case Number: <b>13-22841</b>
NOTE: <i>Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.</i>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>Press Ganey Associates, Inc.</b>		<b>09-16-13 A10:04 IN</b>
Name and address where notices should be sent: <b>Press Ganey Associates, Inc. Attn: Legal Department 404 Columbia Place South Bend, IN 46601</b>  Telephone number: (800) 232-8032    email: legal@pressganey.com		<b>COURT USE ONLY</b> <input type="checkbox"/> Check this box if 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): <b>Press Ganey Associates, Inc. Box 88335 Milwaukee, WI 53288-0335</b>  Telephone number: (800) 232-8032    email: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
1. Amount of Claim as of Date Case Filed:      \$ <u>54,772.00</u>		
FILED - 00726 U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK ROUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. DRAIN		
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Services performed.</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor:	3a. Debtor may have scheduled account as:  (See instruction #3a)	3b. Uniform Claim Identifier (optional):  (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff; attach required redacted documents, 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 was filed)		Amount of arrearage and other charges, as of the time case was 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 part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<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 the case was filed or the debtor's business ceased, 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).  Amount entitled to priority: \$ _____
<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)(____). \$ _____
*Amounts are subject to adjustment on 4/01/16 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. (See instruction #6)		

13-22840-rdd  
Doc 1013-28

FILED  
MAR 10 2015  
FBI - MEMPHIS

MEMPHIS, TENNESSEE  
MAR 10 2015

FILED  
MAR 10 2015  
FBI - MEMPHIS

MEMPHIS, TENNESSEE  
MAR 10 2015

FILED  
MAR 10 2015  
FBI - MEMPHIS

MEMPHIS, TENNESSEE  
MAR 10 2015

FILED  
MAR 10 2015  
FBI - MEMPHIS

B10 (Official Form 10) (04/13)

2

**7. Documents:** Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). 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. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

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

If the documents are not available, please explain:

**8. Signature:** (See instruction #8)

Check the appropriate box.

- I am the creditor.     I am the creditor's authorized agent.     I am the trustee, or the debtor, or their authorized agent (See Bankruptcy Rule 3004)     I am a guarantor, surety, indorser, or other codebtor (See Bankruptcy Rule 3005.)

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: Paul Worland  
 Title: President, Operations  
 Company: Press Ganey Associates, Inc.  
 Address and telephone number (if different from notice address above):  
 \_\_\_\_\_  
 \_\_\_\_\_

Paul D. Worland    9/6/13  
 (Signature)    (Date)

Telephone number: (800) 232-8032    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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

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

**Items to be completed in Proof of Claim form**

**Court, Name of Debtor, and Case Number:**  
 Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

**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.

**3b. Uniform Claim Identifier:**  
 If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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. 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.

**7. 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 and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. 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.

**8. 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, 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	INFORMATION
<p><b>Debtor</b> A debtor is the person, corporation, or other entity that has filed a bankruptcy case.</p>	<p><b>Acknowledgment of Filing of Claim</b> 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 court's PACER system (<a href="http://www.pacer.nsc.uscourts.gov">www.pacer.nsc.uscourts.gov</a>) for a small fee to view your filed proof of claim.</p>
<p><b>Creditor</b> A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).</p>	<p><b>Offers to Purchase a Claim</b> 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(c), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 <i>et seq.</i>), and any applicable orders of the bankruptcy court.</p>
<p><b>Claim</b> A claim is the creditor's right to receive payment for a debt 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.</p>	<p>A claim also may be secured if the creditor owes the debtor money (has a right to setoff).</p>
<p><b>Proof of Claim</b> 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 clerk of the same bankruptcy court in which the bankruptcy case was filed.</p>	<p><b>Unsecured Claim</b> 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.</p>
<p><b>Secured Claim Under 11 U.S.C. § 506 (a)</b> 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.</p>	<p><b>Claim Entitled to Priority Under 11 U.S.C. § 507 (a)</b> 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.</p>
	<p><b>Redacted</b> A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.</p>
	<p><b>Evidence of Perfection</b> 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.</p>

# Invoice



Tax ID Number: 35-1646289

Date: 10/31/2012  
Page: 1

Mount Vernon Hospital (The)  
Nicolas D'addesio  
12 North Seventh Ave  
Mount Vernon, NY 10550

Invoice / Credit Note #: IN000227464  
Client ID : 5342  
Terms : Net Due 30 Days  
Due date : 11/30/2012  
Purchase Order # :

<u>Description</u>	<u>Qty / Hrs</u>	<u>Unit price</u>	<u>Extended price</u>
5342 - Mount Vernon Hospital (The)			
Quality Performer-Behavioral Health Measures - Contract Term 10/1/2012 - 12/31/2012			
Service 1			
Behavioral Health Measures-Pro-Rated Adj			666.67
Sub-Total Quality Performer-Behavioral Health Measures - 1	0.00		666.67

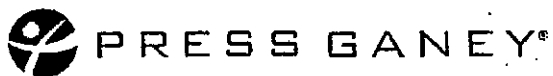
**\*\* NOTE \*\***

For additional information or questions regarding your invoice, please contact the Business Services department at 1.800.232.8032 or [invoice@pressganey.com](mailto:invoice@pressganey.com).

REMIT PAYMENT TO:  
Press Ganey Associates, Inc.  
Box 88335  
Milwaukee, WI 53288-0335

**Total \$ 666.67**

# Invoice



Tax ID Number: 35-1646289

Date: 11/30/2012  
Page: 1

Mount Vernon Hospital (The)  
Nicolas D'addesio  
12 North Seventh Ave  
Mount Vernon, NY 10550

Invoice / Credit Note #: IN000233462  
Client ID .....: 5342  
Terms .....: Net Due 30 Days  
Due date .....: 12/30/2012  
Purchase Order # .....

<u>Description</u>	<u>Qty / Hrs</u>	<u>Unit price</u>	<u>Extended price</u>
5342 - Mount Vernon Hospital (The)			
Quality Performer-Behavioral Health Measures - Contract Term 10/1/2012 - 12/31/2012			
Service 1			
Behavioral Health Measures-Pro-Rated Adj			666.67
Sub-Total Quality Performer-Behavioral Health Measures - 1	0.00		666.67

**\*\* NOTE \*\***

For additional information or questions regarding your invoice, please contact the Business Services department at 1.800.232.8032 or [invoice@pressganey.com](mailto:invoice@pressganey.com).

REMIT PAYMENT TO:  
Press Ganey Associates, Inc.  
Box 88335  
Milwaukee, WI 53288-0335

**Total \$ 666.67**





# Invoice

Tax ID Number: 35-1646289

Date: 12/31/2012  
Page: 1

Mount Vernon Hospital (The)  
Nicolas D'addesio  
12 North Seventh Ave  
Mount Vernon, NY 10550

Invoice / Credit Note #: IN000235482  
Client ID .....: 5342  
Terms .....: Net Due 30 Days  
Due date .....: 1/30/2013  
Purchase Order # .....

<u>Description</u>	<u>Qty / Hrs</u>	<u>Unit price</u>	<u>Extended price</u>
5342 - Mount Vernon Hospital (The)			
Quality Performer-Behavioral Health Measures - Contract Term 10/1/2012 - 12/31/2012			
Service 1			
Behavioral Health Measures-Pro-Rated Adj			666.66
Sub-Total Quality Performer-Behavioral Health Measures - 1	0.00		666.66

**\*\* NOTE \*\***

For additional information or questions regarding your invoice, please contact the Business Services department at 1.800.232.8032 or [invoice@pressganey.com](mailto:invoice@pressganey.com).

REMIT PAYMENT TO:  
Press Ganey Associates, Inc.  
Box 88335  
Milwaukee, WI 53288-0335

**Total \$ 666.66**



# Invoice

Tax ID Number: 35-1646289

Date: 1/31/2013  
Page: 1

Mount Vernon Hospital (The)  
Nicolas D'addesio  
12 North Seventh Ave  
Mount Vernon, NY 10550

Invoice / Credit Note #: IN000239332  
Client ID .....: 5342  
Terms .....: Net Due 30 Days  
Due date .....: 3/2/2013  
Purchase Order # ....:

Description	Qty / Hrs	Unit price	Extended price
<b>5342 - Mount Vernon Hospital (The)</b>			
Quality Performer-Behavioral Health Measures - Contract Term 1/1/2013 - 12/31/2013			
Service 1			
Behavioral Health Measures-Annual Renewal Fee			8,000.00
Sub-Total Quality Performer-Behavioral Health Measures - 1		0.00	8,000.00
Quality Performer-Inpatient Measures - Contract Term 1/1/2013 - 12/31/2013			
Service 1			
Inpatient Measure Set-1st Set-Annual Renewal Fee			9,314.00
Inpatient Measure Set-2nd Set-Annual Renewal Fee			4,334.00
Inpatient Measure Set-3rd Set-Annual Renewal Fee			4,334.00
Inpatient Measure Set-4th Set-Annual Renewal Fee			4,334.00
Inpatient Measure Set-5th Set-Annual Renewal Fee			4,334.00
Inpatient Measure Set-6th Set-Annual Renewal Fee			4,334.00
Inpatient Measure Set-7th Set-Annual Fee			4,334.00
Sub-Total Quality Performer-Inpatient Measures - 1		0.00	35,316.00
Quality Performer-Outpatient Measures - Contract Term 1/1/2013 - 12/31/2013			
Service 1			
Outpatient Measures-Inpatient Client-Annual Renewal Fee			6,454.00
Sub-Total Quality Performer-Outpatient Measures - 1		0.00	6,454.00
Quality Performer-Other Services - Contract Term 1/1/2013 - 12/31/2013			
Service 1			
ORYX Transmission Fee-Annual Renewal Fee			1,500.00
QNet Transmission Fee-Annual Renewal Fee			1,500.00
Sub-Total Quality Performer-Other Services - 1		0.00	3,000.00

**\*\* NOTE \*\***

For additional information or questions regarding your invoice, please contact the Business Services department at 1.800.232.8032 or [invoice@pressganey.com](mailto:invoice@pressganey.com).

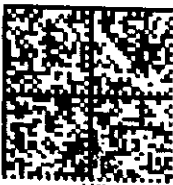
REMIT PAYMENT TO:  
Press Ganey Associates, Inc.  
Box 88335  
Milwaukee, WI 53288-0335

**Total \$ 52,772.00**



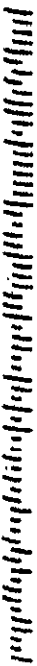
**PRESS GANEY**  
Outcomes driven. Performance strong.

Sound Shore Medical Center of Westchester c/o  
GCC, Inc.  
P.O. Box 9982  
Dubuque, Ohio 43017-5982




U.S. POSTAGE PITNEY BOWES  
ZIP 46601 \$000.66<sup>0</sup>  
02 1M  
0001386284 SEP 12 2013

430175982



B10 (Official Form 10) (04/13)

<b>UNITED STATES BANKRUPTCY COURT</b> Southern District of New York		<b>PROOF OF CLAIM</b>
Name of Debtor: <b>Sound Shore Medical Center of Westchester</b>	Case Number: <b>13-22840</b>	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>Press Ganey Associates, Inc.</b>		<b>COURT USE ONLY</b>
Name and address where notices should be sent: <b>Press Ganey Associates, Inc. Attn: Legal Department 404 Columbia Place South Bend, IN 46601</b>		<input checked="" type="checkbox"/> Check this box if this claim amends a previously filed claim.
Telephone number: <b>(800) 232-8032</b> email: <b>legal@pressganey.com</b>		Court Claim Number: _____ (if known)
Name and address where payment should be sent (if different from above): <b>Press Ganey Associates, Inc. Box 88335 Milwaukee, WI 53288-0335</b>		Filed on: <b>06/24/2013</b>
Telephone number: <b>(800) 232-8032</b> email: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
<b>1. Amount of Claim as of Date Case Filed:</b> \$ <u>47,898.00</u>		<small>FILED - 89227</small>
If all or part of the claim is secured, complete item 4.		<small>U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. DRAIN</small>
If all or part of the claim is entitled to priority, complete item 5.		
<input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
<b>2. Basis for Claim:</b> <u>Services performed.</u> (See instruction #2)		
<b>3. Last four digits of any number by which creditor identifies debtor:</b> <b>0 5 3 4</b>	<b>3a. Debtor may have scheduled account as:</b> _____ (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b> _____ (See instruction #3b)
<b>4. Secured Claim (See instruction #4)</b> Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		<b>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:</b> \$ _____
<b>Nature of property or right of setoff:</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		<b>Basis for perfection:</b> _____
<b>Value of Property:</b> \$ _____		<b>Amount of Secured Claim:</b> \$ _____
<b>Annual Interest Rate</b> _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		<b>Amount Unsecured:</b> \$ _____
<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a).</b> If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<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 the case was filed or the debtor's business ceased, 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). <b>Amount entitled to priority:</b> \$ _____
<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)(____).
*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
<b>6. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

B10 (Official Form 10) (04/13)

2

7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). 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. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7. and the definition of "redacted".)

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

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

- I am the creditor.
- I am the creditor's authorized agent.
- I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.)
- I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

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: Paul Worland  
 Title: President, Operations  
 Company: Press Ganey Associates, Inc.  
 Address and telephone number (if different from notice address above):  
 \_\_\_\_\_  
 \_\_\_\_\_

Paul P Worland 9/6/13  
 (Signature) (Date)

Telephone number: (800) 232-8032 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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

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

**Items to be completed in Proof of Claim form**

**Court, Name of Debtor, and Case Number:**  
 Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

**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.

**3b. Uniform Claim Identifier:**  
 If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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. 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.

**7. 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 and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. 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.

**8. 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, 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**

**INFORMATION**

**Debtor**

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

**Creditor**

A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).

**Claim**

A claim is the creditor's right to receive payment for a debt 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 clerk of the same bankruptcy court in which the bankruptcy case was filed.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**Evidence of Perfection**

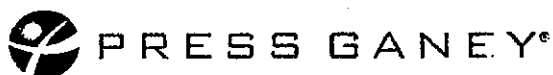
Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

**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 court's PACER system ([www.pacer.psc.uscourts.gov](http://www.pacer.psc.uscourts.gov)) for a small fee 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(c), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.



# Invoice

Tax ID Number: 35-1646289

Date: 1/31/2013  
Page: 1

Sound Shore Medical Center of Westchester  
Richard Barone  
16 Guion Place  
New Rochelle, NY 10802

Invoice / Credit Note #: IN000239327  
Client ID .....: 534  
Terms .....: Net Due 30 Days  
Due date .....: 3/2/2013  
Purchase Order # ....:

<u>Description</u>	<u>Qty / Hrs</u>	<u>Unit price</u>	<u>Extended price</u>
<b>534 - Sound Shore Medical Center of Westchester</b>			
<b>Quality Performer-Inpatient Measures - Contract Term 1/1/2013 - 12/31/2013</b>			
Service 1			
Inpatient Measure Set-1st Set-Annual Renewal Fee			9,314.00
Inpatient Measure Set-2nd Set-Annual Renewal Fee			4,334.00
Inpatient Measure Set-3rd Set-Annual Renewal Fee			4,334.00
Inpatient Measure Set-4th Set-Annual Renewal Fee			4,334.00
Inpatient Measure Set-5th Set-Annual Renewal Fee			4,334.00
Inpatient Measure Set-6th Set-Annual Renewal Fee			4,334.00
Inpatient Measure Set-7th Set-Annual Fee			3,730.00
Inpatient Measure Set-8th Set-Annual Fee			3,730.00
Sub-Total Quality Performer-Inpatient Measures - 1	0.00		38,444.00
<b>Quality Performer-Outpatient Measures - Contract Term 1/1/2013 - 12/31/2013</b>			
Service 1			
Outpatient Measures-Inpatient Client-Annual Renewal Fee			6,454.00
Sub-Total Quality Performer-Outpatient Measures - 1	0.00		6,454.00
<b>Quality Performer-Other Services - Contract Term 1/1/2013 - 12/31/2013</b>			
Service 1			
ORYX Transmission Fee-Annual Renewal Fee			1,500.00
QNet Transmission Fee-Annual Renewal Fee			1,500.00
Sub-Total Quality Performer-Other Services - 1	0.00		3,000.00

**\*\* NOTE \*\***

For additional information or questions regarding your invoice, please contact the Business Services department at 1.800.232.8032 or [invoice@pressganey.com](mailto:invoice@pressganey.com).

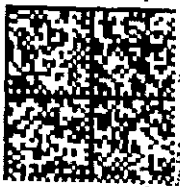
**REMIT PAYMENT TO:**  
Press Ganey Associates, Inc.  
Box 88335  
Milwaukee, WI 53288-0335


**Total \$ 47,898.00**



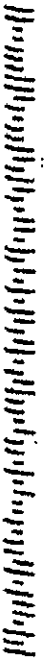
**PRESSGANEY™**  
Outcomes driven. Performance strong.

Sound Shore Medical Center of Westchester c/o  
GCG, Inc.  
P.O. Box 9982  
Dublin, Ohio 43017-5982



U.S. POSTAGE  PITNEY BOWES  
ZIP 46601 \$ 000.46<sup>0</sup>  
02 1W  
0001386284 SEP 12 2013

4301745982







<b>UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK</b>	<b>ADMINISTRATIVE EXPENSE PROOF OF CLAIM</b>	Administrative Expense Bar Date <b>January 31, 2014</b>
---	--	--

**Note:** This form should only be used by claimants asserting an Administrative Expense arising between May 29, 2013 and November 6, 2013 (the "Administrative Claim Period"). THIS FORM SHOULD NOT BE USED FOR ANY CLAIMS THAT ARE NOT OF A KIND ENTITLED TO PRIORITY IN ACCORDANCE WITH 11 U.S.C. §§ 503(b) and 507(a)(2)

Indicate Debtor(s) against which you assert a claim by checking the appropriate box(es) below.

Name of Debtor (Check Only One):	Case No.	Name of Debtor (Check Only One):	Case No.
<input type="checkbox"/> Sound Shore Medical Center of Westchester	13-22840	<input type="checkbox"/> The M.V.H. Corporation	13-22843
<input type="checkbox"/> The Mount Vernon Hospital, Inc.	13-22841	<input type="checkbox"/> SoundShore Health System, Inc.	13-22844
<input checked="" type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842	<input type="checkbox"/> NRHMC Services Corporation	13-22845
		<input type="checkbox"/> New Rochelle Sound Shore Housing LLC	13-22846

Name of Creditor (The person or entity to whom the debtor owes money or property)  <i>Quality Billing Service Inc</i>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your administrative expense claim. Attach copy of statement giving particulars	
Name and Addresses Where Notices Should be Sent:  <i>QUALITY BILLING SERVICE 141 HALSTEAD AVE HAMARONCK, NY 10543</i>	<input type="checkbox"/> Check here if this claim: <input type="checkbox"/> replaces or <input type="checkbox"/> amends a previously filed administrative expense claim  Claim Number (if known): _____  Dated: _____	
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: _____		

1. BASIS FOR CLAIM:

<input type="checkbox"/> Goods sold	<input checked="" type="checkbox"/> Services performed	<input type="checkbox"/> Personal Injury/Wrongful Death	<input type="checkbox"/> Wages (Dates): _____
<input type="checkbox"/> Money loaned	<input type="checkbox"/> Taxes	<input type="checkbox"/> Retiree Benefits as Defined in 11 U.S.C. § 1114(a)	<input type="checkbox"/> Other (Specify): _____

2. DATE DEBT WAS INCURRED (IF KNOWN): *5/29/13*

3. DESCRIPTION OF CLAIM (IF KNOWN): *MEDICAID ELIGIBILITY SERVICES*

4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: *\$ 1,200.00*  
(Total)

5. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.  6. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. Do not send original documents. If the documents are not available, explain. If the documents are voluminous, attach a summary.  7. TIME-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim	THIS SPACE IS FOR COURT USE ONLY
--	-------------------------------------

8. Signature: Check the appropriate box

<input checked="" type="checkbox"/> I am the creditor	<input type="checkbox"/> I am the creditor's authorized agent. (Attach copy of power of attorney, if any)	<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)
---	--	---	--

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: *PERIY SAUTULLO*  
 Title: *PRESIDENT*  
 Company: *QUALITY BILLING SERVICE*  
 Address and telephone number (if different from notice address above):  
*141 HALSTEAD AVE  
HAMARONCK, NY 10543*  
 Telephone number: *914 835 5653* email: *PSautullo@QualityBillingService.com*

(Signature) *[Signature]* (Date) *1/27/14*

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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**  
 The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. **IF BY HAND OR OVERNIGHT COURIER:** Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. **IF BY HAND:** United States Bankruptcy Court, SDNY, 300 Quarropas Street, Room 248, White Plains, New York 10601; Attn: Clerk of the Court. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED



# Quality Billing Service, Inc.

---

3 Neptune Road • Suite S200 • Poughkeepsie, NY 12601 • (845) 463-4363 • Fax: (845) 463-4360  
141 Halstead Avenue • Suite 201 • Mamaroneck, NY 10543 • (914) 835-5653 • Fax: (914) 835-8717

**\*\*INVOICE\*\***

Schaffer Extended Care Center  
16 Guin Place  
New Rochelle, NY 10802  
Att: Jeffrey Schanzer

For Professional Services Rendered  
Invoice Number: 4562  
Invoice Date: June 01, 2013

-----  
For services rendered in connection with the successful nursing home resident enrollment  
into Medicaid for the period ending 05/31/13:

Amount Due:

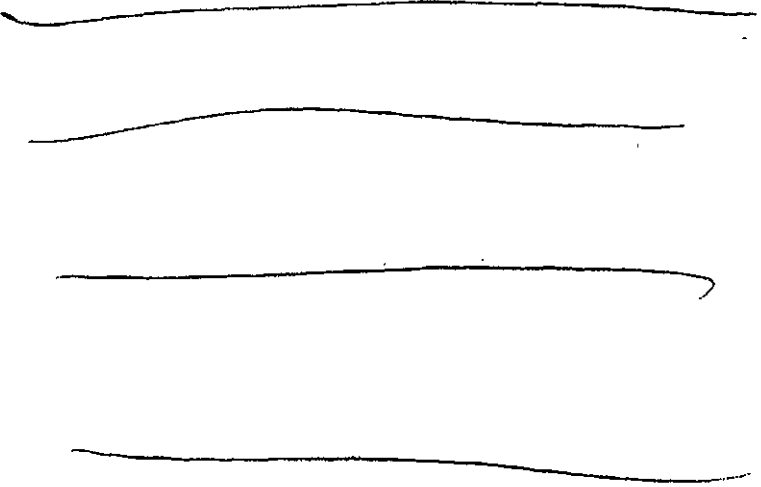
1,200.00

**Schaffer Extended Care Center - EAS**  
**Invoice Report**

Start: 05/01/13  
 End: 05/31/13

ACCOUNT NUMBER	PATIENT NAME	ZIP CODE	SVC TYPE	DATE PAID	AMOUNT PAID	FEE (%)	FEE (\$)
2226678	MITCHELL, PHYLLIS	10801	N/A	5/29/2013	\$0.00	FLAT	\$1,200.00

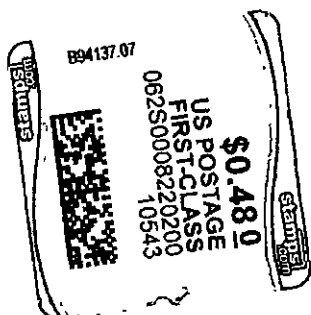
\$0.00  
\$1,200.00





141 Halstead Avenue, Suite 201  
Mamaroneck, NY 10543

Sound Shore Medical Center  
c/o GCG, Inc.  
P.O. Box 9982  
Dublin, OH 43017-5982



43017598282



Revised



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
<b>Name of Debtor (Check Only One):</b> <input checked="" type="checkbox"/> Sound Shore Medical Center of Westchester <input type="checkbox"/> The Mount Vernon Hospital, Inc. <input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center <input type="checkbox"/> The M.V.H. Corporation <input type="checkbox"/> Sound Shore Health System, Inc. <input type="checkbox"/> NRHMC Services Corporation <input type="checkbox"/> New Rochelle Sound Shore Housing, LLC	<b>Case No.</b> 13-22840 13-22841 13-22842 13-22843 13-22844 13-22845 13-22846	<b>Your Claim is Scheduled As Follows:</b>  <div style="text-align: center; border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 8px;">THE GARDEN CITY GROUP</div> <div style="text-align: center; font-size: 12px; margin: 0 10px;">SEP 13 2013</div> </div> <p style="font-size: 8px;">If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.</p>
NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).		
<b>Name of Creditor (the person or other entity to whom the Debtor owes money or property):</b> MADHU RANGRAJ	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.	If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.
<b>Name and address where notices should be sent:</b> MADHU RANGRAJ 110 MONTEREY AVE PELHAM NY 10803	<b>Court Claim Number:</b>  (If known)	
<b>Telephone number:</b> (514) 632-9650 <b>Email Address:</b>	Filed on:	
<b>Name and address where payment should be sent (if different from above):</b> FILED - 00896 U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER Telephone number: ROBERT D. DRAIN Email Address:	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.	
<b>1. Amount of Claim as of Date Case Filed (May 29, 2013):</b> \$ <u>229,642.95</u>		
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
<b>2. Basis for Claim:</b> <u>EMPLOYEE EXPENSES TO BE REIMBURSED</u> (See instruction #2)		
<b>3. Last four digits of any number by which creditor identifies Debtor:</b> <u>7 4 3 4</u>	<b>3a. Debtor may have scheduled account as:</b>  (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b>  (See instruction #3b)
<b>4. Secured Claim (See instruction #4)</b> Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		
<b>Nature of property or right of setoff:</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other	<b>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:</b> \$ _____	<b>Basis for perfection:</b> _____
<b>Describe:</b> _____ <b>Value of Property:</b> \$ _____ <b>Annual Interest Rate</b> _____ % <input type="checkbox"/> Fixed    or <input type="checkbox"/> Variable (when case was filed)	<b>Amount of Secured Claim:</b> \$ _____  <b>Amount Unsecured:</b> \$ _____	
<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</b>		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <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 checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C § 507 (a)(____).
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		<b>Amount entitled to priority:</b> \$ <u>11,538.47</u>
<b>6. Claim Pursuant to 11 U.S.C. § 503(b)(9):</b> Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$		
<b>7. Credits:</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)		

Revised

Revised

Modified B10 (GCG) (04/13)

8. **Documents:** Attached are 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, and the 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) Check the appropriate box.  
 I am the creditor  I am the creditor's authorized agent.  I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004)  I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)  
 (Attach 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: DR MADHU RANGRAJ  
 Title: DIRECTOR OF SURGERY (Signature) [Signature] 9-12-13 (Date)  
 Company: SOUND SHORE MEDICAL CENTER OF WESTCHESTER  
 Address and telephone number (if different from notice address above): \_\_\_\_\_  
 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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. **IF BY HAND OR OVERNIGHT COURIER:** Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

**THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**  
**THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**

**Items to be completed in Proof of Claim Form**

**Court, Name of Debtor, and Case Number:**  
 These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.  
**ADSEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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.

**3b. Uniform Claim Identifier:**  
 If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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 your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9):**  
 If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

**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 healthcare 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.

Revised

**DEFINITIONS**

**INFORMATION**

**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 to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).

**Claim**

A claim is the creditor's right to receive payment for a debt 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 GCG as described in the instructions above and in the Bar Date Notice.

**Section 503(b)(9) Claim**

A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**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.

**Acknowledgment of Filing of Claim**

To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.

**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.

**Display of Proof of Claim on Case Administration Website**

As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.

Madhu S Rangraj MD  
Protective Claim  
Employee expenses to be reimbursed by Sound Shore

Dep Registration	556.00
NYS License	600.00
Non priority sick pay 855 hrx \$256.4103	219,230.81
12/17/11 expense report	300.00
09/07/12 expense report	1,125.00
12/3/12 expense report	2,213.49
12/14/12 expense report	490.00
01/09/13 expense report	505.00
01/09/13 expense report	1,200.00
05/01/13 expense report	1,576.88
07/26/13 expense report Jan to May 19 2013 portion	<u>1,845.17</u>
Total amount due	229,642.35



Sick Time 900 hours accrued

Sick Time 180 days

~~7.5~~ 7.5 HRS MONTH

x 6

< 45 >

HRS BEFORE

855

PRIORITY CLAIM

$45 \times \$256,4103 = 11538$ <sup>47</sup>

OTHER CLAIM

$855 \times \$256,4103 = 219230$ <sup>81</sup>

230769<sup>88</sup>

JM 12/16

SOUND SHORE MEDICAL CENTER OF WESTCHESTER  
16 UNION PLACE  
New Rochelle, NY 10802

Accounts Payable  
Check Request

Vendor Number

[Empty box for Vendor Number]

Check to be drawn to:

Name	Madhu Rangraj, MD
Street Address	surgery Dept.
City, State and Zip	

Reason for Request:

Reimbursement for the Westchester Surgical Society 2012 Dues - See  
attached copy of check.

Invoice Number

Invoice Date Mo/Day/Year

Charge To Cost Center
506-752

Distribution Amount
\$300

Requested Issue Date:

Regina

Return Check to (Please print):

REGINA

Person

Surgery  
Department

3995

Extension

Business office should mail check.

Enclosures to accompany check are attached.

Madhu Rangraj, MD

12/17/15

Check requested by date

Administrative Approval date

Finance Approval date

(CHECK TOTAL

\$300

# SOUND SHORE MEDICAL CENTER

16 GUION PLACE  
NEW ROCHELLE, NY 10801

Accounts Payable  
Check Request

Vendor Number

Check to be drawn to:

Name	Madhu Rangra], MD
Street Address	
City, State and Zip	

Reason for Request:

**REIMBURSEMENT FOR ATLS COURSE FOR SURGICAL RESIDENTS**

SEE ATTACHED COPY OF CHECK AND DISBURSEMENT

Invoice Number	Invoice Date Mo/Day/Year	Charge To Cost Center	Distribution Amount
	09/07/12	54 12-752	\$1,125.00
<b>CHECK TOTAL</b>			<b>\$1,125.00</b>

Date Check is to be issued

**ASAP**

Return Check to (Please print):  
**Chris Lenon**

Person: **Surgery**  
Department: **Ext 3198**  
Location:

MAIL CHECK TO ADDRESSED

Enclosures to accompany check are attached.

**Madhu S. Rangra], M.D.** 09/07/12

Check requested by

Administrative Approval

date

*Given to  
George 12/7/12*

**SOUND SHORE MEDICAL CENTER**  
16 UNION PLACE  
NEW ROCHELLE, NY 10801

Accounts Payable  
Check Request

Vendor Number

Check to be drawn to:

Name	<b>Madhu Rangraj, MD</b>
Street Address	
City, State and Zip	

Reason for Request:

**REIMBURSEMENT FOR CONSULTING WORK FOR SURGICAL RESIDENCY PROGRAM**

**SEE ATTACHED COPY OF CHECK, RECEIPTS AND W-9**

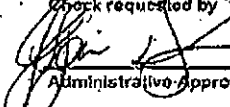
Invoice Number	Invoice Date Mo/Day/Year	Charge to Cost Center	Distribution Amount
	12/03/12	5462-752	\$2,213.49

CHECK TOTAL **\$2,213.49**

Date Check is to be issued  
**ASAP**

Return Check to (Please print):  
**Chris Lention**  
Person  
**Surgery** Ext 3198  
Department Location

MAIL CHECK TO ADDRESSED  
 Enclosures to accompany check are attached.

**Madhu S. Rangraj, M.D.** 12/03/12  
Check requested by  
  
Administrative Approval date

*Acct's payable  
 12/17/12*

**SOUND SHORE MEDICAL CENTER**  
 16 GUON PLACE  
 NEW ROCHELLE, NY 10801

Accounts Payable  
 Check Request

Vendor Number

Check to be drawn to:

Name	Madhu Rangraj, MD
Street Address	
City, State and Zip	

Reason for Request:

REIMBURSEMENT AMERICAN BOARD OF SURGERY RESIDENT EXAMINATION

SEE ATTACHED COPY OF CHECK AND INVOICES

Invoice Number	Invoice Date Mo/Day/Year	Charge To Cost Center	Distribution Amount
	12/14/12	5462-75	\$490.00
<b>CHECK TOTAL</b>			<b>\$490.00</b>

Date Check is to be issued

ASAP

Return Check to (Please print):

Chris Lennon

Person

Surgery Ext 3998

Department

Location

MAIL CHECK TO ADDRESSED

Enclosures to accompany check are attached.

Madhu S. Rangraj, M.D. 12/14/12

Check requested by

*[Signature]*

Administrative Approval

date

*hand del to Finance  
 1/11/13*

**SOUND SHORE MEDICAL CENTER OF WESTCHESTER**  
 16 GUION PLACE  
 New Rochelle, NY 10802

Accounts Payable  
 Check Request

Vendor Number

--

Check to be drawn to:

Name	Madhu Rangra, MD
Street Address	
City, State and Zip	Dept. of Surgery

Reason for Request:

Reimbursement for 2013 Dues: Assoc. of Program Directors in Surgery	\$225
American College of Surgeons Assoc.	\$280
See attached invoices	

Invoice Number

Invoice Date Mo/Day/Year

Charge To Cost Center
5506-762

Distribution Amount
\$505

Requested Issue Date:

January 9, 2013

Return Check to (Please print):

Regina

Person

Surgery

3995

Department

Extension

Business office should mail check.

Enclosures to accompany check are attached.

Madhu Rangra, MD

Director of Surgery

Check requested by

date

1-9-13

*[Signature]*

Administrative Approval

date

1-10-13

CHECK TOTAL

\$505.00

Finance Approval

date

*Hand del' to Finance  
1/11/13*

**SOUND SHORE MEDICAL CENTER OF WESTCHESTER**  
 16 GUION PLACE  
 New Rochelle, NY 10802

Accounts Payable  
 Check Request

Vendor Number

--

Check to be drawn to:

Name	Madhu Rangraj, MD
Street Address	Director of Surgery
City, State and Zip	

Reason for Request:

October, November, & December Reimbursement for Car rental

(\$400 per month - totalling \$1,200) See attached invoices

Invoice Number	Invoice Date Mo/Day/Year	Charge To Cost Center	Distribution Amount
		506-836	\$1,200

Requested Issue Date:

January 9, 2013

Return Check to (Please print):

Regina Person  
 Surgery Department 3995 Extension

Business office should mail check.

Enclosures to accompany check are attached.

Madhu Rangraj, MD  
 Director of Surgery 01-09-13

Check requested by date

*J. Manoj* 1-10-13  
 Administrative Approval date

CHECK TOTAL

\$1,200

Finance Approval date

# Sound Shore

MEDICAL CENTER OF WESTCHESTER

*5/30*

Expense Report

Employee Madhu Rangaj, MD

Purpose of Trip Assoc. of Program Directors in Surgery Conference

Department Surgery

EX: 3995

Dates Period Covered	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Totals
To:								
From:				4/24/13	4/25	4/26		
*Plane Fare or *Air Fare				177.80				177.80
*Auto rental or Auto mileage								
*Room Rental				261.36	261.36	261.36		784.08
Meals (Including Tips)				30.00	30.00	30.00		90.00
*Bus, Taxi, Etc.								
**Other Miscellaneous Expenditures				525.00				525.00
Totals				994.16	291.36	291.36		1576.88

Detail of Other Miscellaneous Expenses

Date	Amount	Detail Explanation
02/14/13	525.00	Registration fee for APDS

Note: \* Attach All Receipts



\*\*List of Miscellaneous Expenditures

Auto Mileage = .20 cents per mile & Meals Can not exceed \$30.00 per day

For Accounting Dept. ONLY	
Cash Advance	\$
Total Expenses	\$
Amt. Due Hospital	\$
Amt. Due Employee	\$
Account Distribution:	
Account #	Amount

Employee Instructions:

- Expense Report must be submitted no later than FIVE days after trip.
- All monies due to the hospital are to accompany this report.
- Report must be submitted to your Department Head for approval.
- All items with a single asterisk (\*) must be accompanied with receipts.

1		Employee Signature
2		Department Head Approval
3		Administrative Approval
4		Audited By



M  
7/29

SOUND SHORE MEDICAL CENTER OF WESTCHESTER  
16 GUIDON PLACE  
New Rochelle, NY 10802

Accounts Payable  
Check Request

Vendor Number

[Empty box for Vendor Number]

Check to be drawn to:

Name	<i>Madhu Sangraj, MD</i>
Street Address	<i>Director of Surgery</i>
City, State and Zip	

Reason for Request:

*January, February, March, April, May, June & July 2013  
(\$400 per month - totalling \$2,800.00)  
see attached Invoices*

Invoice Number

Invoice Date Mo/Day/Year

Charge To Cost Center
<i>306-826</i>

Distribution Amount
<i>\$2,800.</i>

Requested Issue Date:

*July 26, 2013*

Return Check to (Please print):  
*Regina*  
Person  
*Surgery* 3995  
Department Extension

Business office should mail check.

Enclosures to accompany check are attached.

*Madhu Sangraj* 07/26/13  
Director of Surgery date  
Check requested by

Administrative Approval date

Finance Approval date

CHECK TOTAL *\$2,800.*

FedEx Express US Airbill

FedEx Tracking Number

8682 8133 8087

0215 Recipient's Copy

From: This portion can be removed for Recipient's records.

Date 9-13-12 FedEx Tracking Number 868281338087

Sender's Name Phone 914 962-8735

Company ANGELO CIOFFI CPA

Address 1396 SUNFLOWER DR

City YORKTOWN HEIGHTS State NY ZIP 10598-4930

Your Internal Billing Reference

To Recipient's Name Phone

Company Sound Shore Medical of Westchester

Recipient's Address 410 GCG

We cannot deliver to P.O. boxes or P.O. ZIP codes

Address 5151 Blazer Parkway Suite A

City Dublin State OH ZIP 43017

0393461714



8682 8133 8087

4a Express Package Service

Options for Express Package Service including Priority Overnight, Standard Overnight, First Overnight, 2Day, and Express Saver.

4b Express Freight Service

Options for Express Freight Service including 1Day Freight and 2Day Freight.

5 Packaging

Options for packaging including Envelope, Pak, Box, Tube, and Other.

6 Special Handling

Options for special handling including SATURDAY Delivery, HOLD Weekday, HOLD Saturday, and dangerous goods declaration.

7 Payment - Bill to:

Options for payment including Sender, Recipient, Third Party, Credit Card, and Cash/Check.

Total Packages, Total Weight, and Credit Card Auth fields.

8 Residential Delivery Signature Options

Options for residential delivery signatures: No Signature Required, Direct Signature, and Indirect Signature.

Rev Date 10/09/09 Part #150279-01994-2000 FedEx-PRINTED IN U.S.A.-SRS



Express

RT 219 3 A 16.2 8087 09.13



01000475  
SSM0202113178



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
<b>Name of Debtor (Check Only One):</b> <input type="checkbox"/> Sound Shore Medical Center of Westchester <input type="checkbox"/> The Mount Vernon Hospital, Inc. <input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center <input checked="" type="checkbox"/> The M.V.H. Corporation <input type="checkbox"/> Sound Shore Health System, Inc. <input type="checkbox"/> NRRHMC Services Corporation <input type="checkbox"/> New Rochelle Sound Shore Housing, LLC		<b>Case No.</b> 13-228-40 13-228-41 13-228-42 13-228-43 13-228-44 13-228-45 13-228-46
NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).		<b>Your Claim is Scheduled As Follows:</b>  The Mount Vernon Hospital, Inc.  Unsecured: \$60,209.55
<b>Name of Creditor (the person or other entity to whom the Debtor owes money or property):</b> RENAL CARE	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.	If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.
<b>Name and address where notices should be sent:</b>  RENAL CARE Registered Nursing Services, Inc. 19 DEMAREST AVE NANUET, NY 10954-3311  Telephone number: 800-439-7365 Email Address:	<b>Court Claim Number:</b>  (If known)  Filed on:	
<b>Name and address where payment should be sent (if different from above):</b>  U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. DRAIN  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 this claim. Attach copy of statement giving particulars.	
1. Amount of Claim as of Date Case Filed (May 29, 2013): \$ 75,954.55*		
If all or part of the claim is secured, complete item 4.  If all or part of the claim is entitled to priority, complete item 5.  If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6.  <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		09-16-13 P01:37 IN
2. Basis for Claim: <u>Services Rendered</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies Debtor:	3a. Debtor may have scheduled account as:  (See instruction #3a)	3b. Uniform Claim Identifier (optional):  (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other		Basis for perfection: _____
Describe: _____		Amount of Secured Claim: \$ _____
Value of Property: \$ _____		Amount Unsecured: \$ _____
Annual Interest Rate _____% <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<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 the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).
<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"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).
<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)(____).
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		Amount entitled to priority: \$ _____
6. Claim Pursuant to 11 U.S.C. § 503(b)(9): Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____		
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)		



\*duplicate of claim filed in Mt. Vernon Hospital 13-22841

Modified B10 (GCG) (04/13)

8. Documents: Attached are 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, and the 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) Check the appropriate box.  
 I am the creditor     I am the creditor's authorized agent     I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004)     I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)  
 (Attach 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: Valerie Millerick    Valerie Millerick    09/12/13  
 Title: President    (Signature)    (Date)  
 Company: Renal Care Registered Nursing Services, Inc.  
 Address and telephone number (if different from notice address above): \_\_\_\_\_  
 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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: IF BY MAIL: Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. IF BY HAND OR OVERNIGHT COURIER: Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)  
 THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)

**Items to be completed in Proof of Claim Form**

<p><b>Court, Name of Debtor, and Case Number:</b>                  These Chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.</p> <p><b>A SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST EACH DEBTOR.</b></p> <p><b>Creditor's Name and Address:</b>                  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. Please provide us with a valid email address. 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).</p> <p><b>1. Amount of Claim as of Date Case Filed:</b>                  State the total amount owed to the creditor on the Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. Check the box if interest or other charges are included in the claim.</p> <p><b>2. Basis for Claim:</b>                  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 your claim.</p> <p><b>3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:</b> State only the last four digits of the Debtor's account or other number used by the creditor to identify the Debtor.</p> <p><b>3a. Debtor May Have Scheduled Account As:</b>                  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.</p> <p><b>3b. Uniform Claim Identifier:</b>                  If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.</p> <p><b>4. Secured Claim:</b>                  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.</p>	<p><b>5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507(a):</b>                  If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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.</p> <p><b>6. Claim Pursuant to 11 U.S.C. § 503 (b)(9):</b>                  If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)</p> <p><b>7. Credits:</b>                  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.</p> <p><b>8. Documents:</b>                  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 healthcare information. Do not send original documents, as attachments may be destroyed after scanning.</p> <p><b>9. Date and Signature:</b>                  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.</p>
--	--

***Elizabeth A. Haas, Esq., PLLC***

*254 South Main Street, Suite 210*

*New City, New York 10956-3363*

*Telephone: (845) 708-0340*

*Fax: (845) 708-5622*

*Email: info@thehaaslawfirm.com*

Elizabeth A. Haas, Esq.

*Of Counsel*

Steven M. Silverstein, Esq.

Larry J. Schwartz, Esq.

September 13, 2013

VIA FEDERAL EXPRESS

Sound Shore Medical of Westchester, *et al.*  
c/o GCG  
5151 Blazer Parkway, Suite A  
Dublin, Ohio 43017

Re: The M.V.H. Corporation  
Chapter 11 - Case No. 13-22843

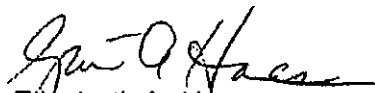
Dear Sir/Madam:

Enclosed please find an original and one copy of the Proof of Claim of Renal Care Registered Nursing Services, Inc. Please file the original and return the copy date stamped to the undersigned in the self-addressed, stamped envelope provided.

Should you have any questions, please do not hesitate to contact me.

Very truly yours,

ELIZABETH A. HAAS, ESQ., PLLC

  
Elizabeth A. Haas

EAH:imt  
encs.

T:\Schwartz & Silverstein\Renal Care\LettterstGCG 3.doc

**ORIGINAL**

**CHAPTER 11 CASE NO. 13-22843-rdd**

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK**

**In re:**

**THE M.V.H. CORPORATION**

**PROOF OF CLAIM**

**ELIZABETH A. HAAS, ESQ., PLLC  
Attorneys for RENAL CARE REGISTERED NURSES, INC.  
254 S. Main St., Suite 210  
New City, N.Y. 10956-3363  
(845) 708-0340**

**To:**

**Attorneys(s) for**

**Service of a copy of the within is hereby admitted.**

**Dated:**

**.....  
Attorneys(s) for**

**PLEASE TAKE NOTICE**

**// that the within is a (certified) true copy of a  
Notice of entered in the office of the clerk of  
Entry the within named Court on , 20**

**// that an Order of which the within is a true copy will be  
Notice of presented for settlement to the Hon.  
Settlement one of the Judges of the within named Court,  
at  
on 20 , at M.**

**Dated:**

**ELIZABETH A. HAAS, ESQ., PLLC  
Attorneys for  
254 S. Main St., Suite 210  
New City, N.Y. 10956-3363  
845-708-0340**

**To:  
Attorney(s) for**

**Renal Care Registered Nursing Services, P.C.**

19 Demarest Avenue  
 Nanuet, NY 10954-3311

**Invoice**

DATE	INVOICE #
4/15/2013	6892

<b>BILL TO</b>
Mount Vernon Hospital 12 No. Seventh Avenue Mt. Vernon, NY 10552 ATTN: ODESSA CHARLES

<b>TERMS</b>
NET45

DESCRIPTION	QUANTITY	RATE	AMOUNT
3-31-13 Rodriguez, Roberto - Sunday Differential	1	125.00	125.00
4-1-13 Rodriguez, Roberto - Single Patient Rate	1	520.00	520.00
4-2-13 Belony, Rosemarie - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
4-2-13 Burrus, George - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
4-2-13 Alston, Alta - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
Unscheduled treatment	3	100.00	300.00
PM differential	1	125.00	125.00
4-2-13 McDuffie, Bristow - Single Patient Rate	1	520.00	520.00
Unscheduled treatment	1	100.00	100.00
PM differential	1	125.00	125.00
4-2-13 Powell, Beverly - Single Patient Rate	1	520.00	520.00
Unscheduled treatment	1	100.00	100.00
PM differential	1	125.00	125.00
4-3-13 Rodriguez, Roberto - Dry Run	1	150.00	150.00
4-3-13 McDuffie, Bristow - Single Patient Rate	1	520.00	520.00
Unscheduled treatment	1	100.00	100.00
4-4-13 Rodriguez, Roberto - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
4-4-13 Belony, RoseMarie - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
4-4-13 Alston, Alta - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
Detention time	3	75.00	225.00
PM differential	1	125.00	125.00
<b>Total</b>			



**Renal Care Registered Nursing Services, P.C.**

19 Demarest Avenue  
 Nanuet, NY 10954-3311

**Invoice**

DATE	INVOICE #
4/15/2013	6892

<b>BILL TO</b>
Mount Vernon Hospital 12 No. Seventh Avenue Mt. Vernon, NY 10552 ATTN: ODESSA CHARLES

<b>TERMS</b>
NET45

DESCRIPTION	QUANTITY	RATE	AMOUNT
4-4-13 Powell, Beverly - Single Patient Rate	1	520.00	520.00
4-5-13 Reno, Martha - Single Patient Rate	1	520.00	520.00
4-5-13 McDuffie, Bristow - Single Patient Rate	1	520.00	520.00
Detention time	1	75.00	75.00
4-6-13 Alston, Alta - Single Patient Rate	1	520.00	520.00
4-6-13 Belony, RoseMarie - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
4-6-13 Reno, Martha - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
4-8-13 Aaron, Michael - Single Patient Rate	1	520.00	520.00
Unscheduled treatment	1	100.00	100.00
PM differential	1	125.00	125.00
4-8-13 McDuffie, Bristow - Dry Run	1	150.00	150.00
4-9-13 Aaron, Michael - Single Patient Rate	1	520.00	520.00
Unscheduled treatment	1	100.00	100.00
Detention time	1	75.00	75.00
PM differential	1	125.00	125.00
4-9-13 Reno, Martha - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
4-9-13 Alston, Alta - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
4-9-13 Belony, RoseMarie - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
Detention time	1	75.00	75.00
		<b>Total</b>	

**Renal Care Registered Nursing Services, P.C.**

19 Demarest Avenue  
 Nanuet, NY 10954-3311

**Invoice**

DATE	INVOICE #
4/15/2013	6892

<b>BILL TO</b>
Mount Vernon Hospital 12 No. Seventh Avenue Mt. Vernon, NY 10552 ATTN: ODESSA CHARLES

<b>TERMS</b>
NET45

DESCRIPTION	QUANTITY	RATE	AMOUNT
4-10-13 Kwanmuang, Ratana - Dry Run	1	150.00	150.00
4-10-13 McDuffie, Bristol - Dry Run	1	150.00	150.00
4-10-13 Aaron, Michael - Single Patient Rate	1	520.00	520.00
4-11-13 Streeter, Patricia - Single Patient Rate	1	520.00	520.00
PM differential	1	125.00	125.00
4-11-13 Powell, Beverly - Single Patient Rate	1	520.00	520.00
PM differential	1	125.00	125.00
4-11-13 Rodriguez, Roberto - Single Patient Rate	1	520.00	520.00
Unscheduled treatment	1	100.00	100.00
4-11-13 Kwanmuang, Ratana - Dry Run	1	150.00	150.00
4-11-13 Belony, RoseMarie - Single Patient Rate	1	520.00	520.00
4-12-13 Hernandez, Efrain - Single Patient Rate	1	520.00	520.00
4-12-13 Plummer, Sheldon - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
4-12-13 Rodriguez, Roberto - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
4-13-13 Kwanmuang, Ratana - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
4-13-13 Belony, RoseMarie - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
4-13-13 Streeter, Patricia - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
4-13-13 Jordan, Marlene - Single Patient Rate	1	520.00	520.00
		<b>Total</b>	

**Renal Care Registered Nursing Services, P.C.**

19 Demarest Avenue  
 Nanuet, NY 10954-3311

**Invoice**

DATE	INVOICE #
4/15/2013	6892

<b>BILL TO</b>
Mount Vernon Hospital 12 No. Seventh Avenue Mt. Vernon, NY 10552 ATTN: ODESSA CHARLES

<b>TERMS</b>
NET45

DESCRIPTION	QUANTITY	RATE	AMOUNT
Unscheduled treatment	1	100.00	100.00
Detention time	1	75.00	75.00
4-13-13 Hammonds. Olamae - Single Patient Rate	1	520.00	520.00
4-14-13 Hammonds. Olamae - Single Patient Rate	1	520.00	520.00
Unscheduled treatment	1	100.00	100.00
Sunday Differential	1	125.00	125.00
PM differential	1	125.00	125.00
4-15-13 Hernandez. Efrain -Single Patient Rate	1	520.00	520.00
PM differential	1	125.00	125.00
4-15-13 Kwanmuang. Ratana - Single Patient Rate	1	520.00	520.00
PM differential	1	125.00	125.00
4-15-13 Hammonds. Olamae - Single Patient Rate	1	520.00	520.00
<b>Total</b>			<b>\$22,640.00</b>

**Renal Care Registered Nursing Services, P.C.**

19 Demarest Avenue  
 Nanuet, NY 10954-3311

**Invoice**

DATE	INVOICE #
4/30/2013	6913

<b>BILL TO</b>
Mount Vernon Hospital 12 No. Seventh Avenue Mt. Vernon, NY 10552 ATTN: ODESSA CHARLES

<b>TERMS</b>
NET45

DESCRIPTION	QUANTITY	RATE	AMOUNT
4-16-13 Hammonds, Olamae - Single Patient Rate	1	520.00	520.00
Unscheduled treatment	1	100.00	100.00
4-16-13 Graham, Johnniemae - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
4-16-13 Streeter, Patricia - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
4-16-13 Jordan, Marlene - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
4-17-13 Hernandez, Efrain - Single Patient Rate	1	520.00	520.00
4-18-13 Hammonds, Olamae - Single Patient Rate	1	520.00	520.00
4-20-13 Parnell, Avalda - Single Patient Rate	1	520.00	520.00
4-21-13 Wilson, Patricia - Single Patient Rate	1	520.00	520.00
Unscheduled treatment	1	100.00	100.00
PM differential	1	125.00	125.00
Detention time	1	75.00	75.00
Sunday Differential	1	125.00	125.00
4-22-13 Wilson, Patricia - Single Patient Rate	1	520.00	520.00
4-23-13 Parnell, Avalda - Single Patient Rate	1	520.00	520.00
4-24-13 Wilson, Patricia - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
4-24-13 Serrano, Angelo - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
Detention time	1	75.00	75.00
4-25-13 Parnell, Avalda - Single Patient Rate	1	520.00	520.00
A 1.5% late fee will be applied to all late payments.		<b>Total</b>	

**Renal Care Registered Nursing Services, P.C.**

19 Demarest Avenue  
Nanuet, NY 10954-3311

**Invoice**

DATE	INVOICE #
4/30/2013	6913

<b>BILL TO</b>
Mount Vernon Hospital 12 No. Seventh Avenue Mt. Vernon, NY 10552 ATTN: ODESSA CHARLES

<b>TERMS</b>
NET45

DESCRIPTION	QUANTITY	RATE	AMOUNT
4-26-13 Anyichie, Sr. Reginald - Single Patient Rate	1	520.00	520.00
4-26-13 Pryce, Henry - Single Patient Rate	1	520.00	520.00
Unscheduled treatment	1	100.00	100.00
4-27-13 Jackson, Kenneth - Single Patient Rate	1	520.00	520.00
Unscheduled treatment	1	100.00	100.00
4-27-13 Pryce, Henry - Single Patient Rate	1	520.00	520.00
Unscheduled treatment	1	100.00	100.00
PM differential	1	125.00	125.00
4-27-13 Wong, Winston - Single Patient Rate	1	520.00	520.00
Unscheduled treatment	1	100.00	100.00
4-28-13 Snipes, Gwendolyn - Single Patient Rate	1	520.00	520.00
Unscheduled treatment	1	100.00	100.00
Sunday Differential	1	125.00	125.00
4-29-13 Anichye, R - Dry Run	1	150.00	150.00
4-30-13 Presley, Charles - Single Patient Rate	1	520.00	520.00
Unscheduled treatment	1	100.00	100.00
4-30-13 Johnson, Anna - Single Patient Rate	1	520.00	520.00
Unscheduled treatment	1	100.00	100.00
4-30-13 Norman, Freeman - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
4-30-13 Jackson, Kenneth - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
4-30-13 Pryce, Henry - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
A 1.5% late fee will be applied to all late payments.		<b>Total</b>	

**Renal Care Registered Nursing Services, P.C.**

19 Demarest Avenue  
 Nanuet, NY 10954-3311

**Invoice**

DATE	INVOICE #
4/30/2013	6913

<b>BILL TO</b>
Mount Vernon Hospital 12 No. Seventh Avenue Mt. Vernon, NY 10552 ATTN: ODESSA CHARLES

<b>TERMS</b>
NET45

DESCRIPTION	QUANTITY	RATE	AMOUNT
2-15-13 #682 - \$27,970.00 - 1.5% charge late payment fee.	1	419.55	419.55
A 1.5% late fee will be applied to all late payments.			<b>Total</b> \$14,039.55

**Renal Care Registered Nursing Services, P.C.**

**Invoice**

19 Demarest Avenue  
Nanuet, NY 10954-3311

DATE	INVOICE #
5/15/2013	6916

BILL TO
Mount Vernon Hospital 12 No. Seventh Avenue Mt. Vernon, NY 10552 ATTN: ODESSA CHARLES

DESCRIPTION	QUANTITY	RATE	TERMS	
			AMOUNT	NET45
4-30-13 Jordan, Marlene - Single Patient Rate	1	520.00	520.00	
Unscheduled treatment	1	100.00	100.00	
PM differential	1	125.00	125.00	
4-28-13 Snipes, Gwendolyn - PM differential	1	125.00	125.00	
5-1-13 Norman, Freeman - Single Patient Rate	1	520.00	520.00	
5-2-13 Johnson, Anna - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00	
5-2-13 Jackson, Kenneth - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00	
5-2-13 Pryce, Henry - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00	
5-2-13 Pratt, Alonzo - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00	
Unscheduled treatment	1	100.00	100.00	
PM differential	2	125.00	250.00	
5-2-13 Presley, Charles - Single Patient Rate	1	520.00	520.00	
PM differential	1	125.00	125.00	
5-3-13 Pratt, Alonzo - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00	
5-3-13 Sawyer, Shanta - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00	
Unscheduled treatment	1	100.00	100.00	
5-3-13 Norman, Freeman - Single Patient Rate	1	520.00	520.00	
Unscheduled treatment	1	100.00	100.00	
5-4-13 Presley, Charles - Single Patient Rate	1	520.00	520.00	
Unscheduled treatment	1	100.00	100.00	
A 1.5% late fee will be applied to all late payments.			<b>Total</b>	1

**Renal Care Registered Nursing Services, P.C.**

19 Demarest Avenue  
 Nanuet, NY 10954-3311

**Invoice**

DATE	INVOICE #
5/15/2013	6916

<b>BILL TO</b>
Mount Vernon Hospital 12 No. Seventh Avenue Mt. Vernon, NY 10552 ATTN: ODESSA CHARLES

<b>TERMS</b>
NET45

DESCRIPTION	QUANTITY	RATE	AMOUNT
PM differential	1	125.00	125.00
5-4-13 Pryce, Henry - Single Patient Rate	1	520.00	520.00
5-4-13 Jackson, Kenneth - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
5-4-13 Pratt, Alonzo - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
5-4-13 Johnson, Anna - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
Detention time	1	75.00	75.00
5-6-13 Barton, Raymond - Single Patient Rate	1	520.00	520.00
Unscheduled treatment	1	100.00	100.00
5-6-13 Arrindell, Beatrice - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
5-6-13 Norman, Freeman - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
5-7-13 Norman, Freeman - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
5-7-13 Jackson, Kenneth - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
Detention time	1	75.00	75.00
5-7-13 Johnson, Anna - Single Patient Rate	1	520.00	520.00
5-7-13 Barton, Raymond - Single Patient Rate	1	520.00	520.00
Detention time	1	75.00	75.00
5-7-13 Pratt, Alonzo - Single Patient Rate	1	520.00	520.00
Detention time	1	75.00	75.00
PM differential	1	125.00	125.00
A 1.5% late fee will be applied to all late payments.		<b>Total</b>	



**Renal Care Registered Nursing Services, P.C.**

**Invoice**

19 Demarest Avenue  
Nanuet, NY 10954-3311

DATE	INVOICE #
5/15/2013	6916

<b>BILL TO</b>
Mount Vernon Hospital 12 No. Seventh Avenue Mt. Vernon, NY 10552 ATTN: ODESSA CHARLES

DESCRIPTION	QUANTITY	RATE	TERMS
			NET45
DESCRIPTION	QUANTITY	RATE	AMOUNT
5-7-13 Presley, Charles - Single Patient Rate	1	520.00	520.00
5-8-13 Barton, Raymond - Dry Run	1	150.00	150.00
Detention time	2	75.00	150.00
5-8-13 Norman, Freeman - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
5-8-13 Arrindell, Beatrice - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
5-9-13 Pratt, Alonzo - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
5-9-13 Jackson, Kenneth - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
Detention time	3	75.00	225.00
5-9-13 Presley, Charles - Single Patient Rate	1	520.00	520.00
PM differential	1	125.00	125.00
5-10-13 Pierce, Joseph - Single Patient Rate	1	520.00	520.00
Unscheduled treatment	1	100.00	100.00
PM differential	1	125.00	125.00
5-10-13 Norman, Freeman - Single Patient Rate	1	520.00	520.00
5-11-13 Jackson, Kenneth - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
5-11-13 Pratt, Alonzo - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
5-11-13 Presley, Charles - Single Patient Rate	1	520.00	520.00
A 1.5% late fee will be applied to all late payments.			<b>Total</b>

**Renal Care Registered Nursing Services, P.C.**

19 Demarest Avenue  
 Nanuet, NY 10954-3311

**Invoice**

DATE	INVOICE #
5/15/2013	6916

<b>BILL TO</b>
Mount Vernon Hospital 12 No. Seventh Avenue Mt. Vernon, NY 10552 ATTN: ODESSA CHARLES

TERMS
NET45

DESCRIPTION	QUANTITY	RATE	AMOUNT
5-13-13 Norman, Freeman - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
5-13-13 Souza, Jairo - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
Unscheduled treatment	1	100.00	100.00
5-13-13 Pratt, Alonzo - Ultrafiltration	1	520.00	520.00
Unscheduled treatment	1	100.00	100.00
5-14-13 Moore, Thomas - Single Patient Rate	1	520.00	520.00
Unscheduled treatment	1	100.00	100.00
PM differential	1	125.00	125.00
5-15-13 Norman, Freeman - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
5-15-13 Souza, Jairo - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
5-15-13 Moore, Thomas - Single Patient Rate	1	520.00	520.00
Unscheduled treatment	1	100.00	100.00
5-15-13 Snipe, Clarence - Single Patient Rate	1	520.00	520.00
PM differential	1	125.00	125.00

A 1.5% late fee will be applied to all late payments.

<b>Total</b>	<b>\$23,530.00</b>
--------------	--------------------

**Renal Care Registered Nursing Services, P.C.**

19 Demarest Avenue  
 Nanuet, NY 10954-3311

**Invoice**

DATE	INVOICE #
5/31/2013	7014

<b>BILL TO</b>
Mount Vernon Hospital 12 No. Seventh Avenue Mt. Vernon, NY 10552 ATTN: ODESSA CHARLES

<b>TERMS</b>
NET45

DESCRIPTION	QUANTITY	RATE	AMOUNT
5-11-13 Presley, Charles - Detention time	1	75.00	75.00
PM differential	1	125.00	125.00
5-14-13 Jackson, Kenneth - Single Patient Rate	1	520.00	520.00
5-14-13 Pratt, Alonzo - Single Patient Rate	1	520.00	520.00
5-17-13 Snipe, Clarence - Single Patient Rate	1	520.00	520.00
Unscheduled treatment	1	100.00	100.00
5-17-13 Pryce, Henry - Single Patient Rate	1	520.00	520.00
5-17-13 Norman, Freeman - Dry Run	1	150.00	150.00
5-18-13 Pryce, Henry - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
5-18-13 Norman, Freeman - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
5-20-13 Alston, Alta - Single Patient Rate	1	520.00	520.00
Unscheduled treatment	1	100.00	100.00
5-20-13 Norman, Freeman - Single Patient Rate	1	520.00	520.00
PM differential	1	125.00	125.00
5-21-13 Alston, Alta - Single Patient Rate	1	520.00	520.00
5-21-13 Snipe, Clarence - Single Patient Rate	1	520.00	520.00
Unscheduled treatment	1	100.00	100.00
5-21-13 Pryce, Henry - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
5-21-13 Coleman, Joseph - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
A 1.5% late fee will be applied to all late payments.			<b>Total</b>

**Renal Care Registered Nursing Services, P.C.**

19 Demarest Avenue  
Nanuet, NY 10954-3311

**Invoice**

DATE	INVOICE #
5/31/2013	7014

BILL TO
Mount Vernon Hospital 12 No. Seventh Avenue Mt. Vernon, NY 10552 ATTN: ODESSA CHARLES

TERMS
NET45

DESCRIPTION	QUANTITY	RATE	AMOUNT
5-22-13 Bennett, Lester - Single Patient Rate	1	520.00	520.00
Unscheduled treatment	1	100.00	100.00
5-22-13 Alston, Alta - Single Patient Rate	1	520.00	520.00
Unscheduled treatment	1	100.00	100.00
5-23-13 Alston, Alta - Single Patient Rate	1	520.00	520.00
5-23-13 Norman, Freeman - Single Patient Rate	1	520.00	520.00
PM differential	1	125.00	125.00
Detention time	1	75.00	75.00
5-23-13 Bennett, Lester - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
5-23-13 Snipe, Clarence - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
5-24-13 Snipe, Clarence - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
5-24-13 Bennett, Lester - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
5-25-13 Alston, Alta - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
5-25-13 Norman, Freeman - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
5-27-13 Burns, Harold - Single Patient Rate	1	520.00	520.00
Holiday Differential	1	200.00	200.00
5-27-13 Bennett, Lester - Dry Run	1	150.00	150.00
Holiday Differential		200.00	200.00
A 1.5% late fee will be applied to all late payments.			<b>Total</b>

**Renal Care Registered Nursing Services, P.C.**

**Invoice**

19 Demarest Avenue  
 Nanuet, NY 10954-3311

DATE	INVOICE #
5/31/2013	7014

<b>BILL TO</b>
Mount Vernon Hospital 12 No. Seventh Avenue Mt. Vernon, NY 10552 ATTN: ODESSA CHARLES

<b>TERMS</b>
NET45

DESCRIPTION	QUANTITY	RATE	AMOUNT
5-27-13 Smith. - Single Patient Rate	1	520.00	520.00
Holiday Differential	1	200.00	200.00
5-28-13 Watson. - Single Patient Rate	1	520.00	520.00
Unscheduled treatment	1	100.00	100.00
5-28-13 Alston, Alta - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
5-28-13 Norman, Freeman - Hemodialysis shift rate for multiple patients dialyzed at once.	1	450.00	450.00
5-29-13 Burns, Harold - Single Patient Rate	1	520.00	520.00
A 1.5% late fee will be applied to all late payments.			<b>Total</b> \$15,745.00

press

fedex.com 1.800.GoFedEx 1.800.463.3339

envelope shipping

FedEx  
TRK# 8029 9215 1703

MON - 16 SEP AA  
STANDARD OVERNIGHT

SB OSUA

43017  
OH-IS  
LCK

RT 219 2 A  
ST 18.2 1703 09.16



Emp# 268158 13SEP13 SVA 519C1/9256/93A8

**FedEx** Package  
Express US Airbill

1 From  
Date 09/13/13  
Tracking Number [REDACTED]  
Phone 8029 9215 1703

Sender's Name  
ELIZABETH A WAGB, ESQ, PLLC  
Phone 81-770-0134

Company  
204 S MAIN ST STE 210  
Address

City NEW CARY State IY ZIP 1920-3463  
Duchess County, NY

2 Your Internal Billing Reference  
W Rental Care

3 To  
Recipient's Name  
Sound Shore Medical of Westchester, et al

Company  
c/o GCG

Address  
5151 Blazer Parkway Suite A  
We cannot deliver to PO boxes or PO ZIP codes

Address  
Dublin  
State Ohio ZIP 43017

Use this bar for the HOLD Recipient address or for equipment at your shipping address

0407953706



8029 9215 1703

20215  
Recipient's Copy

4 Express Package Service  
NOTE: Service order has changed. Please select carefully.

Next Business Day  
FedEx First Overnight  
FedEx Priority Overnight  
FedEx Standard Overnight

2 or 3 Business Days  
FedEx 2Day AM  
FedEx 2Day  
FedEx Express Saver

5 Packaging  
FedEx Envelope  
FedEx Pak

6 Special Handling and Delivery/Signature Options  
SATURDAY Delivery  
No Signature Required  
Direct Signature  
Indirect Signature

7 Payment Bill to:  
Sender  
Recipient  
Third Party  
Cash/Check



01011893  
 SSM0202289815

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
Name of Debtor (Check Only One): <input checked="" type="checkbox"/> Sound Shore Medical Center of Westchester <input type="checkbox"/> The Mount Vernon Hospital, Inc. <input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center <input type="checkbox"/> The M.V.H. Corporation <input type="checkbox"/> Sound Shore Health System, Inc. <input type="checkbox"/> NRHMC Services Corporation <input type="checkbox"/> New Rochelle Sound Shore Housing, LLC		Case No. 13-22840 13-22841 13-22842 13-22843 13-22844 13-22845 13-22846
NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).		Your Claim Is Scheduled As Follows:  Sound Shore Medical Center of Westchester  Unsecured; Unknown  Contingent / Unliquidated / Disputed  If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claims against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <u>Rishaun Jawahir an infant by his m/n/g Darcel Jawahir</u>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number:  (If known) _____  Filed on: _____
Name and address where notices should be sent:  <u>John M. Daly, Esq.</u> <u>Fitzgerald &amp; Fitzgerald, P.C.</u> <u>538 Riverdale Avenue</u> <u>Yonkers, New York 10705</u> Telephone number: <u>914-378-1010</u> Email Address: <u>jdaly@lawfitz.com</u>		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Name and address where payment should be sent (if different from above):  Telephone number: Email Address:		
1. Amount of Claim as of Date Case Filed (May 29, 2013): \$ <u>Undetermined</u>		FILED - 10502
If all or part of the claim is secured, complete item 4.  If all or part of the claim is entitled to priority, complete item 5.  If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT B. DRAIN
2. Basis for Claim: <u>Medical Malpractice</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies Debtor:  _____	3a. Debtor may have scheduled account as:  _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional):  _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, 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 was filed)		Amount of arrearage and other charges, as of the time case was 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 part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). <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"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).		
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		Amount entitled to priority: \$ _____
6. Claim Pursuant to 11 U.S.C. § 503(b)(9): Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____		
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)		

Modified B10 (CGC) (04/13)

8. Documents: Attached are 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, and the 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) Check the appropriate box.  
 I am the creditor  I am the creditor's authorized agent.  I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004)  I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)  
 (Attach 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: John M. Daly, Esq. 9/9/13  
 Title: Attorney (Signature) (Date)  
 Company: Fitzgerald & Fitzgerald, P.C.  
 Address and telephone number (if different from notice address above):  
538 Riverdale Avenue  
Yonkers, New York 10705  
 Telephone number: 914-378-1010 email: jdaly@lawfitz.com

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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, CGC, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: IF BY MAIL: Sound Shore Medical of Westchester, et al., c/o CGC, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. IF BY HAND OR OVERNIGHT COURIER: Sound Shore Medical of Westchester, et al., c/o CGC, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)  
 THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)

**Items to be completed in Proof of Claim Form**

<p><b>Court, Name of Debtor, and Case Number:</b>                  These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.</p> <p><b>ADSEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST EACH DEBTOR.</b></p> <p><b>Creditor's Name and Address:</b>                  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. Please provide us with a valid email address. 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).</p> <p><b>1. Amount of Claim as of Date Case Filed:</b>                  State the total amount owed to the creditor on the Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. Check the box if interest or other charges are included in the claim.</p> <p><b>2. Basis for Claim:</b>                  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 your claim.</p> <p><b>3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:</b> State only the last four digits of the Debtor's account or other number used by the creditor to identify the Debtor.</p> <p><b>3a. Debtor May Have Scheduled Account As:</b>                  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.</p> <p><b>3b. Uniform Claim Identifier:</b>                  If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.</p> <p><b>4. Secured Claim:</b>                  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.</p>	<p><b>5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507(a):</b>                  If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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.</p> <p><b>6. Claim Pursuant to 11 U.S.C. § 503 (b)(9):</b>                  If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)</p> <p><b>7. Credits:</b>                  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.</p> <p><b>8. Documents:</b>                  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 300(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential healthcare information. Do not send original documents, as attachments may be destroyed after scanning.</p> <p><b>9. Date and Signature:</b>                  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.</p>
--	---



DEFINITIONS

INFORMATION

**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 to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).

**Claim**  
A claim is the creditor's right to receive payment for a debt 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 GCG as described in the instructions above and in the Bar Date Notice.

**Section 503(b)(9) Claim**  
A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**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.

**Acknowledgment of Filing of Claim**  
To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.

**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.

**Display of Proof of Claim on Case Administration Website**  
As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.

1/28/13

**CONTINGENT FEE  
RETAINER AGREEMENT  
Between  
FITZGERALD & FITZGERALD, P.C.  
And**

**DARCEL JAWAHIR as Mother and Natural Guardian**

**On Behalf Of RISHAUN JAWAHIR**

**For Injuries Sustained As a Result of Medical Malpractice**

**In the County of BRONX State of NEW YORK on or about APRIL 6<sup>TH</sup>, 2013**

Client(s) request and authorize Fitzgerald & Fitzgerald, P.C., a Professional Corporation, ("F&F") to represent Client(s) as legal counsel for all purposes in connection with injuries and damages arising out of an incident noted above on the following conditions:

1. F&F will devote their full professional abilities to the case and Client(s) agree to fully cooperate with F&F. F&F will not settle case without approval from Client(s) in writing, except as provided in Paragraph 6. Associates or outside counsel may be employed at the discretion and expense of F&F. Client(s) authorize the retention of co-counsel or outside counsel on a sharing of the contingent fees set forth below.

2. **CONTINGENT FEES** – In consideration of the services rendered and to be rendered, Client(s) agree to pay and F&F is authorized to retain out of any monies that may come into their possession by reason of the above claim one third (33 1/3%) of the net settlement or award. Fees shall be computed on the net sum after deducting costs. But for the following or similar items, there shall be no deduction in computing fees: Liens, (including attorney's liens for Appeals or other services. See Paragraphs 8 & 9), assignments or claims in favor of health care providers, self insurers or carriers.

3. In the event of substitution of Attorneys, F&F shall be entitled to immediate repayment of all disbursements. F&F may elect to receive as compensation either (a) a quantum meruit sum which shall be paid immediately and prior to the transfer of the file; or (b) a percentage of the contingent fee to be calculated upon the disposition of the case.

4. **IN THE EVENT OF NO RECOVERY, CLIENT(S) SHALL OWE ATTORNEYS NOTHING FOR SERVICES RENDERED.**

5. **COSTS OF LITIGATION** - Client(s) understand that F&F may not ethically pay the cost of litigation without recourse to Client(s). Said costs may include some or all of the following: investigation; finding and retention of medical and technical experts; court costs; stenographic services; telephone, postage, and copying costs; photographs, computerized legal and medical research; trial exhibits; attorney expenses; document search and retrieval; and document storage and management. Client(s) shall advance the costs of litigation.

6. **CLIENT(S) AGREE THAT ATTORNEYS HAVE MADE NO PROMISES OR GUARANTEES REGARDING THE OUTCOME OF CLIENT'S CLAIM.** Client(s) understand F&F will investigate Client's claim and, if after so investigating, claim does not appear to them to have merit, or in the event that it appears defendants have no insurance coverage, then F&F shall have the right to cancel this agreement.

7. **CLIENT DEFINITION** - The "client" is the injured person. If the injured person is an infant or incompetent, then the client must be represented by a parent, guardian, or administrator and all settlements must be approved by the court. The parent, guardian, or administrator acts as a plaintiff in a representative capacity. Unless otherwise agreed in writing, attorneys will not be representing parents, guardians, or administrators in derivative actions or actions for the recovery of economic losses in caring for the injured client.

8. **APPEALS** - F&F is not obligated to take Appeals or defend against Appeals. F&F agrees to assist Client(s) in locating and retaining appellate counsel. Fees charged by appellate counsel shall be paid by Client(s) and in the event appellate counsel agrees to a contingent fee or to defer collection of fees, these appellate counsel fees shall be treated as liens and not expenses. (See Paragraph 2)

9. **OTHER SERVICES** - In the event that F&F is requested to and does perform services for Client(s) that are not directly related to the third party tort action for personal injury, then those services, unless otherwise agreed, shall be performed at the usual hourly rates of attorneys (range \$200 - \$500) and shall be paid in advance or shall be a lien on the file. Said services may include but are not limited to services in connection with Personal Injury Protection (no fault) benefits, landlord-tenant actions, lien disputes, guardianship proceedings, or proceedings before the Surrogates Court.

10. **POWER OF ATTORNEY** - Client(s) grant F&F and James P. Fitzgerald authority to take all action that attorneys deem necessary, including the authority to execute all instruments and to negotiate Client's claim. Client(s) understand that medical records (including records relating to psychiatric treatment, substance abuse treatment, or HIV testing and treatment), school,

employment, and government agency records must be obtained and exchanged with the defendants during litigation and that health care providers, Medicaid/Medicare, HMOs, schools, employers, and governmental agencies require authorizations to release these records. Client(s) grant F&F and its employees the authority to issue the necessary authorizations, including the authority to affix facsimile of Client's signatures in order to obtain and exchange the records necessary to litigate the case. The F&F witnesses to this agreement are also granted power of attorney to obtain and exchange said records.

MEDICAL MALPRACTICE ADDENDUM

11. Client(s) understand that attorneys are not undertaking to represent them in any case involving a vaccination. Vaccination injuries are covered by the National Vaccine Injury Compensation Program and are brought in the United States Court of Federal Claims ([www.uscfc.com](http://www.uscfc.com)). Client(s) understand that attorneys will not be referring this case to an attorney handling such cases.

12. Client(s) have discussed the Medical Malpractice Sliding Scale Attorney Fees with a representative of F&F and understand that the Attorney Fees are restricted, under Judiciary Law § 474-a, as follows: 30% of the first \$250,000.00; 25% of the next \$250,000.00; 20% of the next \$500,000.00; 15% of the next \$250,000.00; 10% of anything over \$1,250,000.00; unless otherwise ordered by the Court.

13. If the case is tried or if any appeal is taken, clients will support F&F's application to the court for an enhanced fee; provided that the request does not exceed 30% of the net sum recovered.

DATED: 8/13/2013

AGREED TO BY:

(X) Darcel Jawahir Guardian/  
Administrator  
DARCEL JAWAHIR

INTERPRETED BY:

X  
Print Name:

WITNESSED BY:

X Doris Herrmann  
Print Name: Doris Herrmann

FITZGERALD & FITZGERALD, P.C.

James P. Fitzgerald  
By: James P. Fitzgerald

1/2/13

**REQUEST FOR ASSISTANCE IN FINANCING DISBURSEMENTS ADDENDUM  
TO CONTINGENT FEE AGREEMENT**

Client has advised that (s)he is not able to advance or finance disbursements without great financial hardship. Client requests that F&F advance disbursements or arrange for financing of disbursements.

Client understands that the prospect of a full recovery for injuries often depends on attorneys retaining expert witnesses who can investigate, research, test, examine, and consult with attorneys and write reports and affidavits. These experts may also have their testimony taken at a deposition (under federal rules) and at trial. Client understands experts get paid for their time and expertise at the time they render their services.

Client also requests that financing of the expenses on the case be done on a non-recourse basis. Non-recourse means that in the event the case is dismissed or closed without recovery of money, Client is not obligated to pay the expenses advanced. Client authorizes F&F to seek such non-recourse financing from a firm that provides non-recourse financing for the litigation expenses on personal injury lawsuits. Client understands that case expenses are significantly increased when a financing entity assumes the risk of not being reimbursed when a case is dismissed.

DATED: 8/30/2013

Darcel Jawahir  
By: DARCEL JAWAHIR

[Signature]

Witness

F&F Approval to Advancement of  
Disbursements and Retention of Non-  
Recourse Financing

[Signature]  
By: James P. Fitzgerald

DATED:    /   /

LIMITED POWER OF ATTORNEY

This Limited Power of Attorney is given by:

DARCEL JAWAHIR

presently residing at:

4633 Bronx Boulevard, Bronx, NY 10470

pursuant to the provisions of the New York State Public Health Law §§ 18(1)(g) and 18(3)(g) and as a "qualified person" pursuant to New York State Public Health Law § 18(1)(g) as he/she is the parent and natural guardian of:

JAWAHIR RISHAUN

DOB: APRIL 6<sup>TH</sup>, 2013

I hereby appoint JAMES P. FITZGERALD, ESQ. as my attorney-in-fact to act in my name, place, and stead in any way which I myself could do if I were personally present with respect to the following matters as permitted by the New York State Public Health Law §§ 18(1)(g) and 18(3)(g) to execute a written request for patient information concerning medical treatment rendered to me and my child above, including, but not limited to, all medical, hospital, physician, Medicaid, Medicare, health maintenance organization, pharmacy, psychology, education, governmental agency, and any other records that would require my authorization to obtain under said law. I specifically authorize the release of all alcohol, drug, mental health, and HIV related information and any and all information that may be protected from disclosure by federal and state law.

Giving and granting said attorney full power and authority to do and perform all and every act and thing whatsoever necessary to be done in and about the specific and limited premises (set out herein) as fully, to all intents and purposes, as might or could be done if personally present, with full power of substitution and revocation, hereby ratifying and confirmed all that said attorney shall lawfully do or cause to be done by virtue hereof.

I specifically grant power to my attorney to authorize this release of all medical records to attorneys representing other parties in litigation in which my attorney represents me.

This Limited Power of Attorney shall remain in effect until revoked by me by a notarized written instrument specifically revoking this limited power.

In witness whereof, I have hereunto signed my name:

(YOU SIGN HERE) *Darcel Jawahir*  
DARCEL JAWAHIR

*James P. Fitzgerald*  
James P. Fitzgerald, Esq.

State of New York )  
County of WESTCHESTER ) ss.:  
30 Day of AUGUST, 2013

Before me, the undersigned, personally known to me or provided to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

*Theresa O'Gorman*

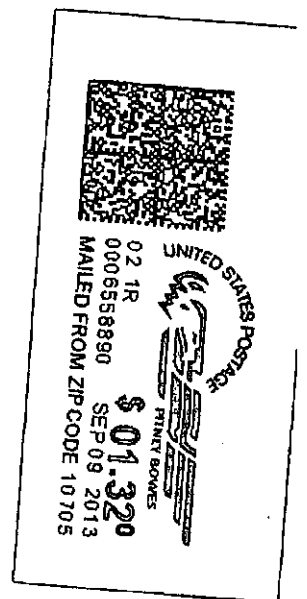
THERESA O'GORMAN  
COMMISSIONER OF DEEDS  
STATE OF NEW YORK  
CITY OF YONKERS  
Certificate Filed in Westchester County  
My Commission Expires December 31, 2013

**FITZGERALD & FITZGERALD, P.C.**

538 Riverdale Avenue  
YONKERS, NEW YORK 10705-3635  
(914) 378-1010

*DTL/MS/11*

TO Soundshore Medical Center of  
Westchester, et al.  
c/o GCG, Inc.  
P.O. Box 9982  
Dublin, OH 43017-5982



SSM0202260230



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
<p><b>Name of Debtor (Check Only One):</b></p> <p><input checked="" type="checkbox"/> Sound Shore Medical Center of Westchester</p> <p><input checked="" type="checkbox"/> The Mount Vernon Hospital, Inc.</p> <p><input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center</p> <p><input checked="" type="checkbox"/> The M.V.H. Corporation</p> <p><input type="checkbox"/> Sound Shore Health System, Inc.</p> <p><input type="checkbox"/> NRHMC Services Corporation</p> <p><input type="checkbox"/> New Rochelle Sound Shore Housing, LLC</p>	<p><b>Case No.</b></p> <p>13-22840</p> <p>13-22841</p> <p>13-22842</p> <p>13-22843</p> <p>13-22844</p> <p>13-22845</p> <p>13-22846</p>	<p><b>Your Claim is Scheduled As Follows:</b></p> <p>The Mount-Vernon Hospital, Inc.</p> <p>Priority: Unknown</p> <p>Unsecured: Unknown</p> <p>Contingent / Unliquidated</p> <p>If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.</p>
<p><b>NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).</b></p>		
<p><b>Name of Creditor (the person or other entity to whom the Debtor owes money or property):</b> RIVERA ANN</p>	<p><input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.</p>	<p><b>Court Claim Number:</b></p> <p>(If known)</p>
<p><b>Name and address where notices should be sent:</b></p> <p>RIVERA ANN 114 W SIDNEY AVE THIRD FLOOR MT-VERNON, NY 10550</p>	<p><b>Filed on:</b></p>	<p><b>THE GARDEN CITY GROUP, INC.</b> SEP 3 2013</p>
<p><b>Telephone number:</b></p>	<p><input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.</p>	<p><b>Name and address where payment should be sent (if different from above):</b></p> <p>1285 WOODSEDGE RD WINGGAP, PA 18091-9711</p>
<p><b>Email Address:</b></p>	<p><b>Telephone number:</b> 610-984-5202</p>	<p><b>Email Address:</b> BRUNIE61@YAHOO.COM</p>
<p><b>1. Amount of Claim as of Date Case Filed (May 29, 2013):</b> \$ UNKNOWN</p> <p>If all or part of the claim is secured, complete item 4.</p> <p>If all or part of the claim is entitled to priority, complete item 5.</p> <p>If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6.</p> <p><input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.</p>		
<p><b>2. Basis for Claim:</b> PENSION PAYMENTS, SORRENTE PAY ACCRUED SICK VACATION TIME, FOR SERVICE RENDERED AS AN EMPLOYEE AND OTHER BONUS</p> <p>(See instruction #2)</p>		
<p><b>3. Last four digits of any number by which creditor identifies Debtor:</b></p> <p>7 1 2 2</p>	<p><b>3a. Debtor may have scheduled account as:</b></p> <p>(See instruction #3a)</p>	<p><b>3b. Uniform Claim Identifier (optional):</b></p> <p>(See instruction #3b)</p>
<p><b>4. Secured Claim (See instruction #4)</b></p> <p>Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.</p> <p><b>Nature of property or right of setoff:</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other</p> <p><b>Describe:</b></p> <p><b>Value of Property:</b> \$</p> <p><b>Annual Interest Rate:</b> % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)</p> <p><b>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:</b> \$</p> <p><b>Basis for perfection:</b></p> <p><b>Amount of Secured Claim:</b> \$</p> <p><b>Amount Unsecured:</b> \$</p>		
<p><b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a):</b> If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</p> <p><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B)</p> <p><input checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4)</p> <p><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)</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8)</p> <p><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5)</p> <p><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)( )</p> <p><b>Amount entitled to priority:</b></p> <p>*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on, or after, the date of adjustment.</p>		
<p><b>6. Claim Pursuant to 11 U.S.C. § 503(b)(9):</b> Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim: \$</p>		
<p><b>7. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)</p>		





8. Documents: Attached are 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, and the 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) Check the appropriate box.  
 I am the creditor  I am the creditor's authorized agent.  I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004)  I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)

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: And L. Rivera X Anna L. Rivera 8/27/13  
 Title: Diet Aide (Signature) (Date)  
 Company: St. Vernon Hospital  
 Address and telephone number (if different from notice address above):  
 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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: IF BY MAIL: Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. IF BY HAND OR OVERNIGHT COURIER: Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME).  
 THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME).

**Items to be completed in Proof of Claim Form**

**Court, Name of Debtor, and Case Number:**  
 These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.

**SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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.

**3b. Uniform Claim Identifier:**  
 If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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 your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9):**  
 If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

**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 healthcare 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 rule 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 certificate 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 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 agent. If the authorized agent is a servicer, identify the corporate servicer as company. Criminal penalties apply for making a false statement on a proof of claim.



**DEFINITIONS**

**INFORMATION**

**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 to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).

**Claim**

A claim is the creditor's right to receive payment for a debt 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 GCG as described in the restrictions above and in the Bar Date Notice.

**Section 503(b)(9) Claim**

A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**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.

**Acknowledgment of Filing of Claim**

To receive a date-stamped copy of your proof of claim form, please provide a self-addressed, stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.

**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 300(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.

**Display of Proof of Claim on Case Administration Website**

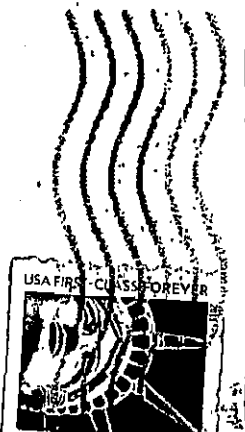
As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.



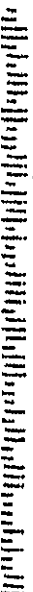
Ant L. Pereira  
1985. Wholesale  
Blind Cap, PA  
19091

Grand Shore Medical of White Lake  
c/o ECC Inc.  
P.O. Box 9982  
Dublin, Ohio 43017-5982


LEHIGH VALLEY PA 150  
30 AUG 2013 PM 11



430175582282



B 10 (Official Form 10) (12/11)

<b>UNITED STATES BANKRUPTCY COURT</b> Southern District of New York		<b>PROOF OF CLAIM</b>
Name of Debtor: Sound Shore Health System, Inc.	Case Number: 13-22844	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Sleep Services of America Inc.		
Name and address where notices should be sent: Michael B. Bach 25 Whitney Drive, Suite 106 Milford, Ohio 45150 Telephone number: (513) 247-7407     email: michaelb@dehaan-bach.com		<b>COURT USE ONLY</b> <input checked="" type="checkbox"/> Check this box if this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: <u>06/27/2013</u>
Name and address where payment should be sent (if different from above):  Telephone number: _____     email: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
1. Amount of Claim as of Date Case Filed:     \$ <u>98,183.17</u>		
<small>FILED - 0049X U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. DRAIN</small>		
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>goods sold, services provided</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor:	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:		Basis for perfection: _____
Value of Property: \$ _____		Amount of Secured Claim: \$ _____
Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount Unsecured: \$ _____
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<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 \$11,725*) earned within 180 days before the case was filed or the debtor's business ceased, 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).  Amount entitled to priority: \$ _____
<input type="checkbox"/> 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).	<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)(____).
*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. (See instruction #6)		

B 10 (Official Form 10) (12/11)

2

7. Documents: Attached are 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 #7, and the definition of "redacted".)

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

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

- Checkboxes for creditor, authorized agent, trustee, guarantor, etc.

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: Michael B. Bach
Title: Authorized Agent
Company: Sleep Services of America Inc.
Address and telephone number...

(Signature)

(Date) 09/09/2013

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.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

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

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:
Fill in the federal judicial district in which the bankruptcy case was filed...
Creditor's Name and Address:
Fill in the name of the person or entity asserting a claim...
1. Amount of Claim as of Date Case Filed:
State the total amount owed to the creditor on the date of the bankruptcy filing...
2. Basis for Claim:
State the type of debt or how it was incurred...
3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:
State only the last four digits of the debtor's account...
3a. Debtor May Have Scheduled Account As:
Report a change in the creditor's name...
3b. Uniform Claim Identifier:
If you use a uniform claim identifier, you may report it here...

4. Secured Claim:
Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured...
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...
6. 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...
7. Documents:
Attach redacted copies of any documents that show the debt exists and a lien secures the debt...
8. 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...



Sound Shore Medical Center  
Attn: James Vallarelli  
16 Guion Place  
New Rochelle, NY 10801

Claims - Part 28, Pg 25 of 35  
Sleep Service Of America  
PO Box 198320  
Atlanta, GA 30384-8320

Invoice# 1902  
May 1, 2013  
May 31, 2013

Patient Name	Item	Amount	Date Of Service
Germano, Louise	2-1 TITRATION	650.00	05/03/13
Slater, Richard	2-1 TITRATION	650.00	05/03/13
Calayag, Marino	2-1 TITRATION	650.00	05/05/13
Carmona-Ramirez, Nuria	2-1 PSG	650.00	05/05/13
Durrant, Deon	1-1 TITRATION	700.00	05/07/13
Mokbel, Randa	2-1 TITRATION	650.00	05/08/13
Taylor, Deighton	2-1 PSG	650.00	05/08/13
Caldarola, Vincent	3:1 TITRATION	550.00	05/10/13
Gaitan, Alfonso	3:1 TITRATION	550.00	05/10/13
Nelson, Jacqueline	3:1 PSG	550.00	05/10/13
Burke Foster, Hermah	SLEEP STUDY - HOME	200.00	05/14/13
DiSanto, Rita Ann	1-1 PSG	700.00	05/14/13
Mendez, Daniel	MSLT/MWT	375.00	05/16/13
	<b>Total</b>	<b><u>7,525.00</u></b>	

Sound Shore Medical Center  
Attn: James Vallarelli  
16 Guion Place  
New Rochelle, NY 10801

Claims - Part 28 Pg 26 of 35  
Sleep Service Of America  
PO Box 198320  
Atlanta, GA 30384-8320

Invoice# 1856  
Apr 1, 2013  
Apr 30, 2013

Patient Name	Item	Amount	Date Of Service
Chiappetta, Jerome	1-1 PSG	700.00	04/05/13
Curneen, Thomas	2-1 SPLIT	650.00	04/23/13
Denize, Pierre	2-1 TITRATIO	650.00	04/23/13
Natoli, Patricia	1-1 SPLIT	700.00	04/26/13
Hollis, Jermaine	2-1 SPLIT	650.00	04/30/13
Silva, Susana	2-1 PSG	650.00	04/30/13
<b>Total</b>		<u><b>4,000.00</b></u>	

Sound Shore Medical Center  
Attn: James Vallarelli  
16 Guion Place  
New Rochelle, NY 10801

Claims - Part 28, Pg. 27 of 35  
Sleep Service Of America

PO Box 198320  
Atlanta, GA 30384-8320

Invoice# 1814  
Mar 1, 2013  
Mar 31, 2013

Patient Name	Item	Amount	Date Of Service
Cirillo, Anthony	TITRATION	634.78	03/01/13
Fontanello, Lisa	PSG ADULT	721.35	03/01/13
Williams, Estelle	SPLIT	634.78	03/05/13
Dillon, Edward	SPLIT	721.35	03/05/13
McGrath, Kevin	MSLT/MWT	432.80	03/05/13
Quamina, Keisha	SPLIT	721.35	03/05/13
Turturiello, Tiffany	PSG ADULT	721.35	03/05/13
Johnson, Antwanette	PSG	634.78	03/06/13
Moss, Christopher	PSG ADULT	721.35	03/06/13
Carvalho, Amauri	TITRATION	721.35	03/07/13
Kumpan, Frank	TITRATION	721.35	03/07/13
Perez, Gregory	PSG ADULT	721.35	03/08/13
Cousart, Yolanda	TITRATION	721.35	03/08/13
Johnson, Antwanette	TITRATION	634.78	03/12/13
Gonzalez, Sergio	SPLIT	721.35	03/12/13
Turanica, Mary	TITRATION	721.35	03/12/13
Dixon, Felicia	PSG ADULT	721.35	03/13/13
Seckerson, Carol	TITRATION	721.35	03/14/13
Perez, Gregory	TITRATION	721.35	03/15/13
Roselle, Shamekia	TITRATION	721.35	03/15/13
Cookman, James	PSG	634.78	03/19/13
Harrison, Brenda	TITRATION	634.78	03/19/13
White-Hayes, Michel	PSG ADULT	721.35	03/19/13
Dellaripa, Joseph	TITRATION	721.35	03/20/13
Mokbel, Randa	PSG ADULT	721.35	03/20/13
Hiraldo, Sharon	PSG ADULT	721.35	03/21/13
Nunez, Helen	PSG ADULT	721.35	03/21/13
Wells, Gregory	TITRATION	721.35	03/21/13
Cajigas, Benito	PSG ADULT	721.35	03/22/13
Durrant, Deon	PSG ADULT	721.35	03/22/13
Winter, Stephen	PSG ADULT	721.35	03/22/13
<b>Total</b>		<u>21,553.88</u>	

Sound Shore Medical Center  
 Attn: James Vallarelli  
 16 Guion Place  
 New Rochelle, NY 10801

Claims - Part 28 Pg 28 of 35  
 Sleep Service Of America

PO Box 198320  
 Atlanta, GA 30384-8320

Invoice# 1790  
 Feb 1, 2013  
 Feb 28, 2013

Patient Name	Name	Amount	Date Of Service
Castaneda, Jose	PSG	721.35	02/01/13
Hardee, Kaywhan	PSG	721.35	02/01/13
Reid, Errold	PSG	721.35	02/01/13
Hardee, Kaywhan	MSLT/MWT	432.80	02/02/13
Brown, Kenneth	PSG	634.78	02/05/13
Gonzalez, Pedro	TITRATION	721.35	02/05/13
DaSilva, Maria	TITRATION	721.35	02/06/13
Lapera, Dean	PSG	721.35	02/06/13
Hester, Letitia	PSG	634.78	02/12/13
Campos, Noemy	PSG	721.35	02/13/13
Schuck, Kristopher	TITRATION	721.35	02/13/13
Angarita, Heli	TITRATION	721.35	02/15/13
Pallone, Robert	TITRATION	721.35	02/15/13
Carter, Dorothy	PSG	721.35	02/17/13
Lewis, Arthur	TITRATION	721.35	02/17/13
Mitchell, Donnalene	SPLIT	721.35	02/19/13
Dellaripa, Joseph	TITRATION	721.35	02/19/13
Payano, Nohemi	PSG	721.35	02/19/13
Burns, Hubert	TITRATION	634.78	02/20/13
Carvalho, Amauri	PSG	721.35	02/20/13
Díaz-Rodriguez, Linda	TITRATION	721.35	02/21/13
Gumbs, Elvia	PSG	721.35	02/21/13
Ifill, Norma	SPLIT	634.78	02/22/13
Rogers, Julian	PSG	721.35	02/26/13
Wolfe, Ann	TITRATION	634.78	02/26/13
Nieves, David	TITRATION	721.35	02/27/13
Antico, Craig	PSG	721.35	02/27/13
Roselle, Sharnekia	PSG	721.35	02/27/13
Nieves, David	MSLT/MWT	432.80	02/28/13
Ortiz, Victor	SPLIT	721.35	02/28/13
Vera, Edwin	TITRATION	721.35	02/28/13
	<b>Total</b>	<b>21,351.90</b>	

Sound Shore Medical Center  
 Attn: James Vallarelli  
 16 Guion Place  
 New Rochelle, NY 10801

Claims - Part 28, Pg 29 of 35  
 Sleep Service Of America  
 PO Box 198320  
 Atlanta, GA 30384-8320

Invoice# 1722  
 Jan 1, 2013  
 Jan 31, 2013

Patient Name	Name	Amount	Date Of Service
Cedrola, Carmine	TITRATION	721.35	01/02/13
Pouder, Leonard	PSG ADULT	721.35	01/02/13
Brigandi, Donna	PSG	634.78	01/04/13
Freeman Jr, Thomas	PSG ADULT	721.35	01/04/13
Ortiz, Ida	TITRATION	721.35	01/04/13
Pintauro, Lora	PSG ADULT	721.35	01/06/13
Claudio, Sonia	TITRATION	721.35	01/08/13
McLean, Corwinthia	TITRATION	634.78	01/08/13
Pallone, Robert	PSG	634.78	01/08/13
Viggiano, Harry M.	TITRATION	721.35	01/08/13
Hollwitz, John	TITRATION	721.35	01/09/13
Jakeway, Kevin	PSG ADULT	721.35	01/09/13
Hirsch, Stanley	PSG	634.78	01/10/13
Kon, Ruth	TITRATION	634.78	01/10/13
Pintauro, Lora	TITRATION	634.78	01/11/13
Graham, Carole	PSG ADULT	721.35	01/11/13
Amato, Edward D.	SPLIT	634.78	01/15/13
Burns, Hubert	PSG	634.78	01/15/13
Torelli, Thomas	TITRATION	721.35	01/16/13
Alvarez, Florentino	PSG ADULT	721.35	01/18/13
Goodwin, Rossetta	SPLIT	721.35	01/22/13
Marino, Janet	TITRATION	721.35	01/22/13
DaSilva, Maria	PSG ADULT	721.35	01/23/13
Eager, Kendra	PSG ADULT	721.35	01/23/13
Lua, Francisco	TITRATION	721.35	01/25/13
Cowan, Christopher	TITRATION	721.35	01/27/13
Washington, Jamar	SPLIT	721.35	01/27/13
Berle, Norman	TITRATION	721.35	01/29/13
Flemister, Phillip	SPLIT	721.35	01/29/13
Murphy, Martin	PSG	634.78	01/29/13
Murphy, Martin	MSLT/MWT	432.80	01/30/13
	<b>Total</b>	<b>21,294.17</b>	

Sound Shore Medical Center Sleep Service Of America  
Attn: James Vallarelli  
16 Guion Place  
New Rochelle, NY 10801

Claims - Part 28, Pg 30 of 35  
PO Box 198320  
Atlanta, GA 30384-8320

Invoice# 1700  
Dec 1, 2012  
Dec 31, 2012

Patient Name	Name	Amount	Date Of Service
Renda, Connie	TITRATION	721.35	12/04/12
Cedrola, Carmine	PSG	634.78	12/07/12
Singleton, Damon	PSG ADULT	721.35	12/07/12
Smith, Sandra	PSG ADULT	721.35	12/07/12
Parker, Joshua	SPLIT	721.35	12/11/12
Parker, Gardenia	TITRATION	721.35	12/12/12
Bing, Wilmot	PSG	634.78	12/12/12
Maldonado, Isaac	SPLIT	721.35	12/14/12
Llewellyn, Dennis	PSG ADULT	721.35	12/18/12
Pavone, Mary	PSG ADULT	721.35	12/18/12
Mooney, Lawrence	TITRATION	634.78	12/19/12
Asta, Leo	SPLIT	634.78	12/21/12
Nieves, David	TITRATION	721.35	12/21/12
Ferreira, Kristine	PSG ADULT	721.35	12/27/12
Push, Pat	TITRATION	721.35	12/27/12
Ferreira, Kristine	MSLT/MWT	432.80	12/28/12
	Total	<u>10,906.77</u>	

Sound Shore Medical Center  
Attn: James Vallarelli  
16 Guion Place  
New Rochelle, NY 10801

Sleep Services Of America  
PO Box 198320  
Atlanta, GA 30384-8320

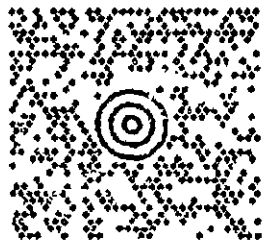
Invoice# 1216  
February 1, 2012  
February 29, 2012

Patient Name	Item	Amount	Date Of Service
Averette, Dequan	TITRATION	\$ 634.78	2/2/2012
Morse, Roberta	PSG	\$ 634.78	2/2/2012
Riotis, Peter	TITRATION	\$ 721.35	2/2/2012
Roth, Matthew	PSG ADULT	\$ 721.35	2/2/2012
DeBourno III, Eugene	PSG ADULT	\$ 721.35	2/3/2012
Grenadier, Michael	TITRATION	\$ 721.35	2/3/2012
Martignetti, Frank	SPLIT	\$ 634.78	2/3/2012
Dockery, Dana	SPLIT	\$ 721.35	2/5/2012
Dasilva, Paulo	TITRATION	\$ 721.35	2/5/2012
Luciano-Perez, Iris	TITRATION	\$ 634.78	2/5/2012
Rehn, Timothy	PSG ADULT	\$ 721.35	2/5/2012
Horton, James	PSG ADULT	\$ 721.35	2/7/2012
TenEyck, Ronald	SPLIT	\$ 634.78	2/7/2012
Baylock, Carmen	PSG ADULT	\$ 721.35	2/13/2012
Carasone, David	PSG ADULT	\$ 721.35	2/13/2012
Bolton, Alan	TITRATION	\$ 721.35	2/21/2012
Gomez, Jeanette	PSG ADULT	\$ 721.35	2/21/2012
Scalisi, Joseph	TITRATION	\$ 721.35	2/21/2012
	<b>TOTAL</b>	<b>\$ 12,551.45</b>	

SHAUN BELLMAN  
513-247-7555  
DEHAAN & BACH  
25 WHITNEY DRIVE  
MILFORD OH 45150

1.0 LBS LTR 1 OF 1

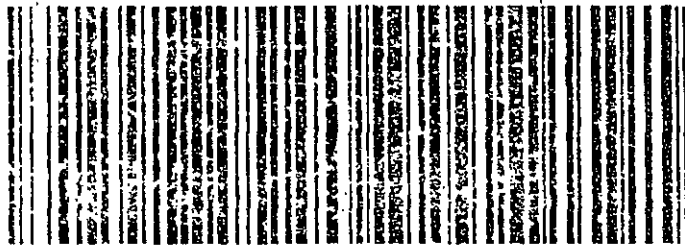
**SHIP TO:**  
SOUTH SHORE MEDICAL OF WESTCHESTER  
C/O GCG  
SUITE A  
5151 BLAZER PARKWAY  
DUBLIN OH 43017-9306



OH 432 9-30



**UPS NEXT DAY AIR SAVER 1P**  
TRACKING #: 1Z 875 05X 13 9589 5449



BILLING: P/P

Reference#1: gem

UPS 15 6.12 WXP1E70 42.0A 07/2013



UPS Internet Shipping: Shipment Label  FOR UPS SHIPPING ONLY



01003433

SSM0202164879



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
<b>Name of Debtor (Check Only One):</b> <input type="checkbox"/> Sound Shore Medical Center of Westchester <input checked="" type="checkbox"/> The Mount Vernon Hospital, Inc. <input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center <input type="checkbox"/> The M.V.H. Corporation <input type="checkbox"/> Sound Shore Health System, Inc. <input type="checkbox"/> NRHMC Services Corporation <input type="checkbox"/> New Rochelle Sound Shore Housing, LLC		<b>Your Claim is Scheduled As Follows:</b>  The Mount Vernon Hospital, Inc.           Unsecured: \$12,468.45   If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.
<b>Case No.</b> 13-22840 13-22841 13-22842 13-22843 13-22844 13-22845 13-22846		
<b>NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).</b>		
<b>Name of Creditor (the person or other entity to whom the Debtor owes money or property):</b> SUMMIT RESTAURANT REPAIRS	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.	
<b>Name and address where notices should be sent:</b> SUMMIT RESTAURANT REPAIRS 160 E 2ND ST MINEOLA, NY 11501-3507	<b>Court Claim Number:</b>  (If known)  <b>Filed on:</b>	
<b>Telephone number:</b>  <b>Email Address:</b>	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.	
<b>Name and address where payment should be sent (if different from above):</b>  <b>Telephone number:</b>  <b>Email Address:</b>		
<b>1. Amount of Claim as of Date Case Filed (May 29, 2013):</b> \$ <u>16,521.90</u>		
<small>FILED - 08518</small> <small>U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK</small> <small>SOUND SHORE MEDICAL CENTER OF WESTCHESTER</small> <small>ROBERT D. BRAIN</small>		
If all or part of the claim is secured, complete item 4.  If all or part of the claim is entitled to priority, complete item 5.  If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6.  <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
<b>2. Basis for Claim:</b> <u>services &amp; goods</u> <small>(See instruction #2)</small>		
<b>3. Last four digits of any number by which creditor identifies Debtor:</b>  <u>2 4 5 1</u>	<b>3a. Debtor may have scheduled account as:</b>  _____ <small>(See instruction #3a)</small>	<b>3b. Uniform Claim Identifier (optional):</b>  _____ <small>(See instruction #3b)</small>
<b>4. Secured Claim (See instruction #4)</b> Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		<b>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:</b> \$ _____
<b>Nature of property or right of setoff:</b>	<input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other	<b>Basis for perfection:</b> _____
<b>Describe:</b> _____  <b>Value of Property:</b> \$ _____  <b>Annual Interest Rate</b> _____ % <input type="checkbox"/> Fixed     or <input type="checkbox"/> Variable <small>(when case was filed)</small>	<b>Amount of Secured Claim:</b> \$ _____  <b>Amount Unsecured:</b> \$ _____	
<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</b>		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <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"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).  <b>Amount entitled to priority:</b> \$ _____
<small>*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>		
<b>6. Claim Pursuant to 11 U.S.C. § 503(b)(9):</b> Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____		
<b>7. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)		

8. **Documents:** Attached are 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, and the 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) Check the appropriate box.  
 I am the creditor     I am the creditor's authorized agent.     I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004)     I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)  
 (Attach 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: Paul J. Pachuta  
 Title: President (Signature) 9/10/2013 (Date)  
 Company: Summit Restaurant Repairs + Servs. Inc.  
 Address and telephone number (if different from notice address above): \_\_\_\_\_  
 Telephone number: (516) 947-3333 email: Accounting@summitrepairs.net

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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. **IF BY HAND OR OVERNIGHT COURIER:** Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

**THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**  
**THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**

**Items to be completed in Proof of Claim Form**

**Court, Name of Debtor, and Case Number:**  
 These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.

**ADSEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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.

**3b. Uniform Claim Identifier:**  
 If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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 your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9):**  
 If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

**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 healthcare 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**

**INFORMATION**

**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 to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).

**Claim**  
A claim is the creditor's right to receive payment for a debt 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 GCG as described in the instructions above and in the Bar Date Notice.

**Section 503(b)(9) Claim**  
A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**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.

**Acknowledgment of Filing of Claim**  
To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.

**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(c), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.

**Display of Proof of Claim on Case Administration Website**  
As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.

01003433  
SSM0202164879



SUMMIT RESTAURANT REPAIRS  
160 E 2ND ST  
MINEOLA, NY 11501-3507

# Statement

## SUMMIT RESTAURANT REPAIRS & SALES, INC.

Date: 4/2/2013

160 E 2nd Street, Mineola, NY 11501  
Tel 516-747-3333  
Fax 516-747-7776  
1-800-675-7560 (NY, NJ, & CT)

**Customer:** MOUNT VERNON HOSPITAL  
12 NORTH SEVENTH AVENUE  
ATTN:ALLEN BUSHEY  
MOUNT VERNON, NY 10550

Invoice	Date	Description	Invoice Amount	Payments	Balance
121000	1/15/2012	Agreement 421, 1/15/2012 - 4/14/2012	\$1,350.00	\$0.00	\$1,350.00
122114	12/29/2011	WO#265562	\$439.00	\$0.00	\$439.00
123742	4/15/2012	Agreement 421, 4/15/2012 - 7/14/2012	\$1,350.00	\$0.00	\$1,350.00
124204	3/6/2012	WO#273381	\$298.00	\$0.00	\$298.00
124218	3/6/2012	WO#269163	\$593.80	\$0.00	\$593.80
124304	3/13/2012	WO#269203	\$405.75	\$0.00	\$405.75
124579	3/26/2012	WO#270833	\$170.70	\$0.00	\$170.70
124657	4/4/2012	WO#273888	\$414.50	\$0.00	\$414.50
124732	4/6/2012	WO#274925	\$683.80	\$0.00	\$683.80
124811	3/13/2012	WO#269256	\$376.00	\$0.00	\$376.00
125002	3/27/2012	WO#267728	\$982.05	\$0.00	\$982.05
125421	4/30/2012	WO#270857	\$222.70	\$0.00	\$222.70
125546	5/9/2012	WO#268105	\$463.00	\$0.00	\$463.00
125547	5/9/2012	WO#269792	\$100.20	\$0.00	\$100.20
125778	5/11/2012	WO#270858	\$715.00	\$0.00	\$715.00
125868	5/29/2012	WO#268124	\$127.20	\$0.00	\$127.20
125877	7/15/2012	Agreement 421, 7/15/2012 - 10/14/2012	\$1,350.00	\$0.00	\$1,350.00
126234	6/19/2012	WO#273737	\$395.00	\$0.00	\$395.00
126235	6/19/2012	WO#273738	\$165.50	\$0.00	\$165.50
126236	6/19/2012	WO#273739	\$323.00	\$0.00	\$323.00
126351	6/19/2012	WO#285801	\$589.00	\$0.00	\$589.00
126399	7/5/2012	WO#285846	\$221.00	\$0.00	\$221.00
126533	7/2/2012	WO#282757	\$323.00	\$0.00	\$323.00
126725	7/30/2012	WO#267572	\$322.50	\$0.00	\$322.50
126861	7/30/2012	WO#283616	\$103.00	\$0.00	\$103.00
127162	10/15/2012	Agreement 421, 10/15/2012 - 1/14/2013	\$1,350.00	\$0.00	\$1,350.00
127238	9/10/2012	WO#283809	\$617.05	\$0.00	\$617.05
127577	9/13/2012	WO#285976/285975	\$477.00	\$0.00	\$477.00
127725	9/27/2012	WO#283949	\$333.90	\$0.00	\$333.90
127742	10/8/2012	WO#285662	\$684.25	\$0.00	\$684.25
128156	10/3/2012	WO#283829	\$576.00	\$0.00	\$576.00

0 to 30 Days	31 to 60 Days	61 to 90 Days	91+ Days	Balance Due
\$0.00	\$0.00	\$0.00	\$16,521.90	\$16,521.90

# Invoice

## Summit Restaurant Repairs INC.

Date: 1/15/2012  
 Invoice No.: 121000

160 E 2ND STREET  
 MINEOLA, NY 11501-3507

(516) 747-3333 (516) 747-7776 (fax)

Bill to: MOUNT VERNON HOSPITAL  
 12 NORTH SEVENTH AVENUE  
 ATTN:JEFF OSSIP-FSD  
 MOUNT VERNON, NY 10550

Service at: MOUNT VERNON HOSPITAL  
 12 NORTH SEVENTH AVENUE  
 ATTN:JEFF OSSIP-FSD  
 MOUNT VERNON, NY 10550

Customer ID: 2451

Agreement Coverage: 1/15/2011 thru 1/14/2013

Description: Agreement 421, 1/15/2012 - 4/14/2012

Reference: Agreement 421

Terms: DUE UPON RECEIPT

PO Number: MV13381

Item	Description	Quantity	Unit Price	Amount
Agreement	COOKING/REFRIG.EQUIP.CONTRACT	1.00	\$1,350.00	\$1,350.00
			<b>Agreement Subtotal</b>	<b>\$1,350.00</b>

Subtotal:	\$1,350.00
Sales Tax:	\$0.00
Payments:	\$0.00
<b>Total Due:</b>	<b>\$1,350.00</b>

# Invoice

## Summit Restaurant Repairs INC.

Date: 4/15/2012  
 Invoice No.: 123742

160 E 2ND STREET  
 MINEOLA, NY 11501-3507

(516) 747-3333 (516) 747-7776 (fax)

Bill to: MOUNT VERNON HOSPITAL  
 12 NORTH SEVENTH AVENUE  
 ATTN: ANDREW WALTERS  
 MOUNT VERNON, NY 10550

Service at: MOUNT VERNON HOSPITAL  
 12 NORTH SEVENTH AVENUE  
 ATTN: ANDREW WALTERS  
 MOUNT VERNON, NY 10550

Customer ID: 2451

Agreement Coverage: 1/15/2011 thru 1/14/2013

Description: Agreement 421, 4/15/2012 - 7/14/2012

Reference: Agreement 421

Terms: DUE UPON RECEIPT

PO Number: MV13381

Item	Description	Quantity	Unit Price	Amount
Agreement	COOKING/REFRIG.EQUIP.CONTRACT	1.00	\$1,350.00	\$1,350.00
			<b>Agreement Subtotal</b>	<b>\$1,350.00</b>

Subtotal:	\$1,350.00
Sales Tax:	\$0.00
Payments:	\$0.00
<b>Total Due:</b>	<b>\$1,350.00</b>

# Invoice

## Summit Restaurant Repairs INC.

Date: 7/15/2012  
 Invoice No.: 125877

160 E 2ND STREET  
 MINEOLA, NY 11501-3507

(516) 747-3333 (516) 747-7776 (fax)

Bill to: MOUNT VERNON HOSPITAL  
 12 NORTH SEVENTH AVENUE  
 ATTN: ANDREW WALTERS  
 MOUNT VERNON, NY 10550

Service at: MOUNT VERNON HOSPITAL  
 12 NORTH SEVENTH AVENUE  
 ATTN: ANDREW WALTERS  
 MOUNT VERNON, NY 10550

Customer ID: 2451

Agreement Coverage: 1/15/2011 thru 1/14/2013

Description: Agreement 421, 7/15/2012 - 10/14/2012

Reference: Agreement 421

Terms: DUE UPON RECEIPT

PO Number: MV13381

Item	Description	Quantity	Unit Price	Amount
<b>Agreement</b>				
	COOKING/REFRIG.EQUIP.CONTRACT	1.00	\$1,350.00	\$1,350.00
			<b>Agreement Subtotal</b>	<b>\$1,350.00</b>

<b>Subtotal:</b>	\$1,350.00
<b>Sales Tax:</b>	\$0.00
<b>Payments:</b>	\$0.00
<b>Total Due:</b>	<b>\$1,350.00</b>



# Invoice

## Summit Restaurant Repairs INC.

Date: 10/15/2012  
 Invoice No.: 127162

160 E 2ND STREET  
 MINEOLA, NY 11501-3507

(516) 747-3333 (516) 747-7776 (fax)

Bill to: MOUNT VERNON HOSPITAL  
 12 NORTH SEVENTH AVENUE  
 ATTN: ANDREW WALTERS  
 MOUNT VERNON, NY 10550

Service at: MOUNT VERNON HOSPITAL  
 12 NORTH SEVENTH AVENUE  
 ATTN: ANDREW WALTERS  
 MOUNT VERNON, NY 10550

Customer ID: 2451

Agreement Coverage: 1/15/2011 thru 1/14/2013

Description: Agreement 421, 10/15/2012 - 1/14/2013

Reference: Agreement 421

Terms: DUE UPON RECEIPT

PO Number: MV13381

Item	Description	Quantity	Unit Price	Amount
Agreement	COOKING/REFRIG.EQUIP.CONTRACT	1.00	\$1,350.00	\$1,350.00
			<b>Agreement Subtotal</b>	<b>\$1,350.00</b>

Subtotal:	\$1,350.00
Sales Tax:	\$0.00
Payments:	\$0.00
<b>Total Due:</b>	<b>\$1,350.00</b>

# Invoice

## Summit Restaurant Repairs INC.

Date: 12/29/2011  
Invoice No.: 122114

160 E 2ND STREET  
MINEOLA, NY 11501-3507

(516) 747-3333 (516) 747-7776 (fax)

Bill to: MOUNT VERNON HOSPITAL  
12 NORTH SEVENTH AVENUE  
ATTN:JEFF OSSIP-FSD  
MOUNT VERNON, NY 10550

Service at: MOUNT VERNON HOSPITAL  
12 NORTH SEVENTH AVENUE  
ATTN:JEFF OSSIP-FSD  
MOUNT VERNON, NY 10550

Customer ID: 2451

Description: WO#265562

Reference: Work Order 141395



Terms: DUE UPON RECEIPT

PO Number:

Item	Description	Quantity	Unit Price	Amount
<b>Miscellaneous</b>				
	RECOVERED REFRIGERANT, EVACUATE WITH NITROGEN, REFRIGERANT	1.00	\$439.00	\$439.00
			<b>Miscellaneous Subtotal</b>	<b>\$439.00</b>

Subtotal:	\$439.00
Sales Tax:	\$0.00
Payments:	\$0.00
<b>Total Due:</b>	<b>\$439.00</b>

**"A Complete Repair Service to the Food Industry"**

 <b>SUMMIT RESTAURANT REPAIRS &amp; SALES, INC.</b> 160 E 2nd Street • Mineola, NY 11501 NY, NJ, CT 1-800-675-7560 • (516) 747-3333 • Fax: (516) 747-7776		 30 Years of Quality Service	<b>WORK TICKET</b>				
			NO: 265562	E #: 141395			
CLIENT: <u>MOUNT VERNON HOSP</u>		PO#:	TELE:				
ADDRESS:		I AUTHORIZE PARTS TO BE ORDERED WITHOUT A QUOTE/ESTIMATE.					
CITY: <u>MOUNT VERNON</u>	STATE:	ZIP:	Shipping Method: Regular or NDA circle one				
BILL TO:		Sign & Print	Title				
LOCATION OF EQ:	MFG:	TYPE OF EQUIPMENT:	MODEL NO.:	SERIAL NO.:			
		<u>N-1 COOL</u>					
GAS NAT:	HP:	MFG:	PHASE:	SPEED:			
			KW:	VOLTS:			
			OTHER:	OTHER:			
				<u>#1 (SYSTEM)</u>			
Warranty:	SERVICE CONTRACT:	Timer & Materials:					
CONDITION AND SERVICE PERFORMED <u>FOUND AND REPAIRS MADE FROM RECEIVER FUSE CONNECTION. RECHARGED SYSTEM.</u>							
QTY. ORD.	PART #	DESCRIPTION	UNIT PRICE	AMOUNT			
		<u>REWORK</u>					
		<u>NO + R.O. PRESSURE TEST</u>					
		<u>EVACUATION</u>		<u>439.<sup>00</sup></u>			
<u>RUBS</u>		<u>REPAIRS UNIT R-409</u>					
I certify the technician(s) arrived and departed at the times shown and that the repairs made have been performed as stated and that these repairs have been made to my complete satisfaction. Signature below acknowledges that the consumer has read & agreed to front & back hereof to the terms & conditions of this said document. *Not responsible for equipment left on premises for more than 30 days. (*Shop Repairs)							
DATE MONTH DAY YEAR	TIME IN	TIME OUT	TOTAL HOURS	AUTHORIZED SIGNATURE SIGN & PRINT	TECH SIGNATURE	TOTAL PART(S)	
<u>12/23/11</u>	<u>10:00</u>	<u>12:30</u>		<u>James Turner</u>	<u>[Signature]</u>	<u>439.<sup>00</sup></u>	
						LABOR @	<u>s/k</u>
						TRAVEL CHARGE	
						OTHER	
						TOTAL LABOR	
						TAX %	
						FREIGHT	
(JC) JOB COMPLETE    BS - BROUGHT TO SHOP FE - FORWARD ESTIMATE    OP - ORDER PARTS						TOTAL AMOUNT	<u>439.<sup>00</sup></u>

# Invoice

## Summit Restaurant Repairs INC.

Date: 3/6/2012  
Invoice No.: 124204

160 E 2ND STREET  
MINEOLA, NY 11501-3507

(516) 747-3333 (516) 747-7776 (fax)

Bill to: MOUNT VERNON HOSPITAL  
12 NORTH SEVENTH AVENUE  
ATTN: ANDREW WALTERS  
MOUNT VERNON, NY 10550

Service at: MOUNT VERNON HOSPITAL  
12 NORTH SEVENTH AVENUE  
ATTN: ANDREW WALTERS  
MOUNT VERNON, NY 10550

Customer ID: 2451

Description: WO#273381

Reference: Work Order 143176



Terms: DUE UPON RECEIPT

PO Number:

Item	Description	Quantity	Unit Price	Amount
<b>Miscellaneous</b>				
	SOLENOID VALVE	1.00	\$298.00	\$298.00
		<b>Miscellaneous Subtotal</b>		<b>\$298.00</b>

<b>Subtotal:</b>	\$298.00
<b>Sales Tax:</b>	\$0.00
<b>Payments:</b>	\$0.00
<b>Total Due:</b>	<b>\$298.00</b>

**"A Complete Repair Service to the Food Industry"**

 <b>SUMMIT RESTAURANT REPAIRS &amp; SALES, INC.</b> 160 E 2nd Street • Mineola, NY 11501 NY, NJ, CT 1-800-675-7560 • (516) 747-3333 • Fax: (516) 747-7776			<b>WORK TICKET</b> NO: 273381 E #: 143176
CLIENT: <i>Mount Vassar Hospital</i>		PO#:	TELE:
ADDRESS:		I AUTHORIZE PARTS TO BE ORDERED WITHOUT A QUOTE/ESTIMATE.	
CITY: <i>Mount Vassar</i>	STATE: <i>NY</i>	Shipping Method: Regular or NDA circle one	
BILL TO:		Sign & Print	Title
LOCATION OF EQ: <i>Wheeler</i>	MFG: <i>Whar</i>	TYPE OF EQUIPMENT: <i>Refrigerator</i>	MODEL NO.: <i>F79005</i>
		SERIAL NO.: <i>121025782</i>	
GAS: <i>NAT.</i>	MFG:	PHASE: <i>3</i>	SPEED:
		KW: <i>2000</i>	VOLTS:
Warrant:		SERVICE CONTRACT: <i>ml 5F-145753-3-85</i>	
CONDITION AND SERVICE PERFORMED: <i>removed and replaced the shorted fans out of front defrosting phase replace value was 298</i>			
QTY:	PART #	DESCRIPTION	UNIT PRICE
		<i>Wet</i>	
<i>1</i>		<i>120V Phase replace Value</i>	<i>298.00</i>
I certify the technician(s) arrived and departed at the times shown and that the repairs made have been performed as stated and that these repairs have been made to my complete satisfaction. Signature below acknowledges that the consumer has read & agreed to front & back hereof to the terms & conditions of this said document. *Not responsible for equipment left on premises for more than 30 days. (*Shop Repairs)			
DATE MONTH DAY YEAR	TIME IN	TIME OUT	TOTAL HOURS
<i>03 05 12</i>	<i>2:00</i>	<i>2:45</i>	
		AUTHORIZED SIGNATURE SIGN & PRINT	TECH SIGNATURE
		<i>[Signature]</i>	<i>[Signature]</i>
			TOTAL PART(S) <i>298.00</i>
			LABOR @ <i>5/10</i>
			TRAVEL CHARGE
			OTHER
			TOTAL LABOR
			TAX %
			FREIGHT
JC - JOB COMPLETE    BS - BROUGHT TO SHOP FE - FORWARD ESTIMATE    OP - ORDER PARTS			TOTAL AMOUNT <i>298.00</i>

# Invoice

## Summit Restaurant Repairs INC.

Date: 3/6/2012  
 Invoice No.: 124218

160 E 2ND STREET  
 MINEOLA, NY 11501-3507

(516) 747-3333 (516) 747-7776 (fax)

Bill to: MOUNT VERNON HOSPITAL  
 12 NORTH SEVENTH AVENUE  
 ATTN: ANDREW WALTERS  
 MOUNT VERNON, NY 10550

Service at: MOUNT VERNON HOSPITAL  
 12 NORTH SEVENTH AVENUE  
 ATTN: ANDREW WALTERS  
 MOUNT VERNON, NY 10550

Customer ID: 2451

Description: WO#269163

Reference: Work Order 141173



Terms: DUE UPON RECEIPT

PO Number:

Item	Description	Quantity	Unit Price	Amount
<b>Parts</b>				
	TIMER	1.00	\$101.50	\$101.50
	SOLID STATE RELAY	2.00	\$88.55	\$177.10
	RELAY	2.00	\$23.45	\$46.90
	TEMP BOARD	1.00	\$183.30	\$183.30
	PROBE	1.00	\$69.00	\$69.00
			<b>Parts Subtotal</b>	<b>\$577.80</b>
<b>Miscellaneous</b>				
	UPS/FREIGHT CHARGE	1.00	\$16.00	\$16.00
			<b>Miscellaneous Subtotal</b>	<b>\$16.00</b>

Subtotal:	\$593.80
Sales Tax:	\$0.00
Payments:	\$0.00
<b>Total Due:</b>	<b>\$593.80</b>

**"A Complete Repair Service to the Food Industry"**

 <b>SUMMIT RESTAURANT REPAIRS &amp; SALES, INC.</b> 160 E 2nd Street • Mineola, NY 11501 NY, NJ, CT 1-800-675-7560 • (516) 747-3333 • Fax: (516) 747-7776		 <b>WORK TICKET</b> NO: 269163 E #: 141173					
CLIENT: <i>Mount Vernon Hospital</i>		PO#:	TELE:				
ADDRESS:		I AUTHORIZE PARTS TO BE ORDERED WITHOUT A QUOTE/ESTIMATE.					
CITY: <i>Mount Vernon</i>	STATE: <i>NY</i>	ZIP:	Shipping Method: Regular or NDA circle one				
BILL TO:		Sign & Print	Title				
LOCATION OF EQ:	MFG:	TYPE OF EQUIPMENT:	MODEL NO. SERIAL NO.				
<i>mountain</i>	<i>Wharfedale</i>	<i>cleaner</i>	<i>562083D1003020 29617</i>				
GAS NAT:	LPA:	MFG PHASE:	SPEED:				
			<i>209V</i>				
WARRANTY:	SERVICE CONTRACT:	Time & Materials:					
CONDITION AND SERVICE PERFORMED: <i>arrived and removed top shell. Replaced unit and found defective below parts. units will be order.</i>							
QTY. ORD.	PART #	DESCRIPTION	UNIT PRICE \$	AMOUNT \$			
		<i>Wheels</i>					
<i>1</i>		<i>timer</i>		<i>101.50</i>			
<i>2</i>		<i>solid state relay</i>	<i>88.55</i>	<i>177.10</i>			
<i>2</i>		<i>Relay</i>	<i>23.45</i>	<i>46.90</i>			
<i>1</i>		<i>top panel</i>		<i>183.30</i>			
<i>1</i>		<i>top washer</i>		<i>59.00</i>			
<i>2</i>		<i>1/2 plastic case</i>					
I certify the technician(s) arrived and departed at the times shown and that the repairs made have been performed as stated and that these repairs have been made to my complete satisfaction. Signature below acknowledges that the consumer has read & agreed to front & back hereof to the terms & conditions of this said document. *Not responsible for equipment left on premises for more than 30 days. (*Shop Repairs)							
DATE MONTH DAY YEAR	TIME IN	TIME OUT	TOTAL HOURS	AUTHORIZED SIGNATURE SIGN & PRINT	TECH SIGNATURE	TOTAL PART(S)	
<i>12 20 11</i>				<i>[Signature]</i>	<i>[Signature]</i>	<i>577</i>	
						LABOR @	<i>slk</i>
						TRAVEL CHARGE	
<i>03 06 12</i>	<i>1:00</i>	<i>4:00</i>		<i>[Signature]</i>	<i>[Signature]</i>	OTHER	
						TOTAL LABOR	
						TAX %	
						FREIGHT	<i>16.00</i>
JC - JOB COMPLETE    BS - BROUGHT TO SHOP FE - FORWARD ESTIMATE    OP - ORDER PARTS						TOTAL AMOUNT	<i>593.80</i>

WORK TICKET

# Invoice

## Summit Restaurant Repairs INC.

Date: 3/13/2012  
Invoice No.: 124304

160 E 2ND STREET  
MINEOLA, NY 11501-3507

(516) 747-3333 (516) 747-7776 (fax)

Bill to: MOUNT VERNON HOSPITAL  
12 NORTH SEVENTH AVENUE  
ATTN: ANDREW WALTERS  
MOUNT VERNON, NY 10550

Service at: MOUNT VERNON HOSPITAL  
12 NORTH SEVENTH AVENUE  
ATTN: ANDREW WALTERS  
MOUNT VERNON, NY 10550

Customer ID: 2451

Description: WO#269203

Reference: Work Order 141564

Terms: DUE UPON RECEIPT


PO Number:

Item	Description	Quantity	Unit Price	Amount
<b>Miscellaneous</b>				
	DOOR LATCH	1.00	\$389.75	\$389.75
	UPS/FREIGHT CHARGE	1.00	\$16.00	\$16.00
	<b>Miscellaneous Subtotal</b>			<b>\$405.75</b>

Subtotal:	\$405.75
Sales Tax:	\$0.00
Payments:	\$0.00
<b>Total Due:</b>	<b>\$405.75</b>



**"A Complete Repair Service to the Food Industry"**

 <b>SUMMIT RESTAURANT REPAIRS &amp; SALES, INC.</b> 160 E 2nd Street • Mineola, NY 11501 NY, NJ, CT 1-800-675-7560 • (516) 747-3333 • Fax: (516) 747-7776			<b>WORK TICKET</b> NO: 269203 E#: 181564				
CLIENT: <u>MOUNT VERNON HOSPITAL</u> ADDRESS: <u>12 East 7th St.</u> CITY: <u>MOUNT VERNON NY</u> STATE: <u>NY</u> ZIP: <u></u>		PO#: _____ TELE: _____ I AUTHORIZE PARTS TO BE ORDERED WITHOUT A QUOTE/ESTIMATE. Shipping Method: Regular or NDA circle one _____ Sign & Print _____ Title _____					
LOCATION OF EQ:	MEG:	TYPE OF EQUIPMENT:	MODEL NO:	SERIAL NO:			
<u>Kitchen</u>	<u>SCHMIDT</u>	<u>W/R</u>	<u>-</u>	<u>-</u>			
GAS: NAT. / LP:	MFG:	PHASE:	SPEED:	KW:	VOLTS:	OTHER:	OTHER:
						<u>3C</u>	
PM:	Warranty:	SERVICE CONTRACT:	Time & Materials:				
CONDITION AND SERVICE PERFORMED <u>This walking box need</u> <u>a latch replacement</u> <u>installed a door latch</u>							
QTY. ORD.	PART #	DESCRIPTION	UNIT PRICE	AMOUNT			
<u>1</u>		<u>Door LATCH</u>		<u>389</u>	<u>25</u>		
I certify the technician(s) arrived and departed at the times shown and that the repairs made have been performed as stated and that these repairs have been made to my complete satisfaction. Signature below acknowledges that the consumer has read & agreed to front & back hereof to the terms & conditions of this said document. *Not responsible for equipment left on premises for more than 30 days. (*Shop Repairs)							
DATE MONTH DAY YEAR	TIME IN	TIME OUT	TOTAL HOURS	AUTHORIZED SIGNATURE SIGN & PRINT.	TECH SIGNATURE	TOTAL PART(S)	
<u>01 08 12</u>	<u>12:14</u>	<u>1:30</u>		<u>Jeanne Skinner</u>	<u>[Signature]</u>	<u>389</u>	<u>25</u>
<u>03 13 12</u>	<u>7:40</u>			<u>[Signature]</u>	<u>[Signature]</u>		
						LABOR @	<u>56</u>
						TRAVEL CHARGE	
						OTHER	
						TOTAL LABOR	
						TAX %	
						FREIGHT	<u>16</u>
						TOTAL AMOUNT	<u>465</u>

JOB COMPLETE    BS - BROUGHT TO SHOP  
 FE - FORWARD ESTIMATE    OP - ORDER PARTS

# Invoice

## Summit Restaurant Repairs INC.

Date: 3/26/2012  
 Invoice No.: 124579

160 E 2ND STREET  
 MINEOLA, NY 11501-3507

(516) 747-3333 (516) 747-7776 (fax)

Bill to: MOUNT VERNON HOSPITAL  
 12 NORTH SEVENTH AVENUE  
 ATTN: ANDREW WALTERS  
 MOUNT VERNON, NY 10550

Service at: MOUNT VERNON HOSPITAL  
 12 NORTH SEVENTH AVENUE  
 ATTN: ANDREW WALTERS  
 MOUNT VERNON, NY 10550

Customer ID: 2451

Description: WO#270833

Reference: Work Order 143676



Terms: DUE UPON RECEIPT

PO Number:

Item	Description	Quantity	Unit Price	Amount
<b>Parts</b>				
	VALVE	1.00	\$129.50	\$129.50
	EXTENSION	1.00	\$30.20	\$30.20
			<b>Parts Subtotal</b>	<b>\$159.70</b>
<b>Miscellaneous</b>				
	UPS/FREIGHT CHARGE	1.00	\$11.00	\$11.00
			<b>Miscellaneous Subtotal</b>	<b>\$11.00</b>

Subtotal:	\$170.70
Sales Tax:	\$0.00
Payments:	\$0.00
<b>Total Due:</b>	<b>\$170.70</b>

**"A Complete Repair Service to the Food Industry"**

 <b>SUMMIT RESTAURANT REPAIRS &amp; SALES, INC.</b> 160 E 2nd Street • Mineola, NY 11501 NY, NJ, CT 1-800-675-7560 • (516) 747-3333 • Fax: (516) 747-7776		 <b>WORK TICKET</b> NO: 270833 E#: 143676					
				CLIENT: MOUNT VERNON HOSPITAL	PO#: _____	TELE: _____	
ADDRESS: 12 N 7 AV		I AUTHORIZE PARTS TO BE ORDERED WITHOUT A QUOTE/ESTIMATE.					
CITY: MT VERNON	STATE: NY	ZIP: _____	Shipping Method: Regular or NDA circle one				
BILL TO: _____		Sign & Print _____	Title _____				
LOCATION OF EQ: KITCHEN	MFG: GEORGE	TYPE OF EQUIPMENT: WAPPE	MODEL NO: _____				
SERIAL NO: _____	GAS: NAT.	LP: _____	PHASE: _____				
SPEED: _____	KW: _____	VOLTS: _____	OTHER: _____				
WARRANTY: _____	SERVICE CONTRACT: _____	Time & Materials: _____					
CONDITION AND SERVICE PERFORMED THE SPRAY NOZZLE NOT WORKING PROPERLY PARTS MUST BE REPLACED							
QTY. ORD.	PART #	DESCRIPTION	UNIT PRICE \$	AMOUNT \$			
1		SPRAY NOZZLE (ASSY) (11)		159 70			
1		EXTENSION					
I certify the technician(s) arrived and departed at the times shown and that the repairs made have been performed as stated and that these repairs have been made to my complete satisfaction. Signature below acknowledges that the consumer has read & agreed to front & back hereof to the terms & conditions of this said document. *Not responsible for equipment left on premises for more than 30 days. (*Shop Repairs).							
DATE MONTH DAY YEAR	TIME IN	TIME OUT	TOTAL HOURS	AUTHORIZED SIGNATURE SIGN & PRINT	TECH SIGNATURE	TOTAL PART(S)	
3 15 12	10:30			Ronald	YANUY	159 70	
3 26 12	7:45			Ronald	YANUY		
						LABOR @	5/k
						TRAVEL CHARGE	
						OTHER	
						TOTAL LABOR	
						TAX %	
						FREIGHT	11.00
JC - JOB COMPLETE    BSI - BROUGHT TO SHOP FE - FORWARD ESTIMATE    OP - ORDER PARTS						TOTAL AMOUNT	170 70

WORK TICKET  
PARTS DEPARTMENT

# Invoice

## Summit Restaurant Repairs INC.

Date: 3/13/2012  
Invoice No.: 124811

160 E 2ND STREET  
MINEOLA, NY 11501-3507

(516) 747-3333 (516) 747-7776 (fax)

Bill to: MOUNT VERNON HOSPITAL  
12 NORTH SEVENTH AVENUE  
ATTN: ANDREW WALTERS  
MOUNT VERNON, NY 10550

Service at: MOUNT VERNON HOSPITAL  
12 NORTH SEVENTH AVENUE  
ATTN: ANDREW WALTERS  
MOUNT VERNON, NY 10550

Customer ID: 2451

Description: WO#269256

Reference: Work Order 143610



Terms: DUE UPON RECEIPT

PO Number:

Item	Description	Quantity	Unit Price	Amount
<b>Miscellaneous</b>				
	FAN MOTOR,FAN BLADE	1.00	\$376.00	\$376.00
			<b>Miscellaneous Subtotal</b>	<b>\$376.00</b>

<b>Subtotal:</b>	<b>\$376.00</b>
<b>Sales Tax:</b>	<b>\$0.00</b>
<b>Payments:</b>	<b>\$0.00</b>
<b>Total Due:</b>	<b>\$376.00</b>

**"A Complete Repair Service to the Food Industry"**

 <b>SUMMIT RESTAURANT REPAIRS &amp; SALES, INC.</b> 160 E 2nd Street • Mineola, NY 11501 NY, NJ, CT 1-800-675-7560 • (516) 747-3333 • Fax: (516) 747-7776			<b>WORK TICKET</b> NO: 269256 E #: 143600				
CLIENT: <u>MOUNT VERNON HOSPITAL</u>		PO#: _____ TELE: _____	I AUTHORIZE PARTS TO BE ORDERED WITHOUT A QUOTE/ESTIMATE.				
ADDRESS: <u>12 EAST TRUST</u>		Shipping Method: Regular or NDA circle one	Sign & Print: <u>[Signature]</u> Title: <u>Mgr</u>				
CITY: <u>MOUNT VERNON NY</u>	STATE: _____ ZIP: _____	BILL TO: _____					
LOCATION OF EQ: <u>K-Tech</u>	MFG: <u>TRULSEN</u>	TYPE OF EQUIPMENT: <u>R/R POSING</u>	MODEL NO: _____ SERIAL NO: _____				
GAS: <u>NAT</u>	LPR: _____ MEG: _____	PHASE: _____ SPEED: _____	KW: _____ VOLTS: _____				
WARRANTY: _____		SERVICE CONTRACT: _____					
CONDITION AND SERVICE PERFORMED: <u>found evaporator motor cause fan is not working it need replace.  replace motor and so working ground 38°F</u>							
QTY. ORD.	PART #	DESCRIPTION	UNIT PRICE	AMOUNT			
2		evaporator fan motor		376.00			
2		evaporator fan blade					
I certify the technician(s) arrived and departed at the times shown and that the repairs made have been performed as stated and that these repairs have been made to my complete satisfaction. Signature below acknowledges that the consumer has read & agreed to front & back hereof to the terms & conditions of this said document. *Not responsible for equipment left on premises for more than 30 days. (*Shop Repairs)							
DATE MONTH DAY YEAR	TIME IN	TIME OUT	TOTAL HOURS	AUTHORIZED SIGNATURE SIGN & PRINT	TECH SIGNATURE	TOTAL PART(S)	
03 13 12	7:30			<u>[Signature]</u>	<u>[Signature]</u>	376.00	
						LABOR @	5/c
						TRAVEL CHARGE	
						OTHER	
						TOTAL LABOR	
						TAX %	
						FREIGHT	
JOB COMPLETE BS - BROUGHT TO SHOP FE - FORWARD ESTIMATE OP - ORDER PARTS						TOTAL AMOUNT <u>376.00</u>	

WORK TICKET.

# Invoice

## Summit Restaurant Repairs INC.

Date: 3/27/2012  
 Invoice No.: 125002

160 E 2ND STREET  
 MINEOLA, NY 11501-3507

(516) 747-3333 (516) 747-7776 (fax)

Bill to: MOUNT VERNON HOSPITAL  
 12 NORTH SEVENTH AVENUE  
 ATTN: ANDREW WALTERS  
 MOUNT VERNON, NY 10550

Service at: MOUNT VERNON HOSPITAL  
 12 NORTH SEVENTH AVENUE  
 ATTN: ANDREW WALTERS  
 MOUNT VERNON, NY 10550

Customer ID: 2451

Description: WO#267728

Reference: Work Order 143679

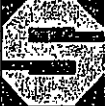

Terms: DUE UPON RECEIPT.

PO Number:

Item	Description	Quantity	Unit Price	Amount
<b>Miscellaneous</b>				
	RECOVERED REFRIGERANT	1.00	\$30.00	\$30.00
	EVACUATE WITH NITROGEN	1.00	\$25.00	\$25.00
	FILTER DRIER	1.00	\$78.10	\$78.10
	RECEIVER	1.00	\$214.45	\$214.45
	REFRIGERANT	14.00	\$32.00	\$448.00
	MISC COPPER TUBING	1.00	\$55.00	\$55.00
	SERVICE VALVE	1.00	\$101.50	\$101.50
	BRAZING MATERIALS	1.00	\$18.00	\$18.00
	UPS/FREIGHT CHARGE	1.00	\$12.00	\$12.00
	<b>Miscellaneous Subtotal</b>			<b>\$982.05</b>

Subtotal:	\$982.05
Sales Tax:	\$0.00
Payments:	\$0.00
<b>Total Due:</b>	<b>\$982.05</b>

**"A Complete Repair Service to the Food Industry"**

 <b>SUMMIT RESTAURANT REPAIRS &amp; SALES, INC.</b> 160 E 2nd Street • Mineola, NY 11501 NY, NJ, CT 1-800-675-7560 • (516) 747-3333 • Fax: (516) 747-7776		 <b>WORK TICKET</b>					
		NO: 267728		E #: 143679			
CLIENT: Mount Vernon Hospital		PO#:		TELE:			
ADDRESS: 12 NORTH 7 AVE		I AUTHORIZE PARTS TO BE ORDERED WITHOUT A QUOTE/ESTIMATE.					
CITY: Mount Vernon	STATE:	ZIP:	Shipping Method: Regular or NDA circle one				
BILL TO:		Sign & Print		Title			
LOCATION OF EQ:		TYPE OF EQUIPMENT: N-1 COOL		MODEL NO:			
GAS: NAT		MFG: PHASE: SPEED:		OTHER:			
Warranty:		SERVICE CONTRACT:		Time & Materials:			
CONDITION AND SERVICE PERFORMED FOUND LEAKING RECEIVER THAT SHOULD BE REPLACED.							
QTY OR	PART #	DESCRIPTION		UNIT PRICE	AMOUNT		
2		RECOVERY RECEIVER 3/8 PLATE TWT 3/8 COPPER TUBING BRAZING MATERIALS R/S DRYER (PLATE) EVACUATION			970.00		
1	32712	REFRIGERANT MP-39 SERVICE VALVE REPLACED RECEIVER RECHARGED SYSTEM JOB COMPLETE					
I certify the technician(s) arrived and departed at the times shown and that the repairs made have been performed as stated and that these repairs have been made to my complete satisfaction. Signature below acknowledges that the consumer has read & agreed to front & back hereof to the terms & conditions of this said document. *Not responsible for equipment left on premises for more than 30 days. (*Shop Repairs)							
DATE	TIME IN	TIME OUT	TOTAL HOURS	AUTHORIZED SIGNATURE SIGN & PRINT	TECH SIGNATURE	TOTAL PART(S)	970.00
3/15/12				Journe Sturmer	JKR	LABOR @	5/4
3/27/12				Justin Abj - Per Tech	JKR	TRAVEL CHARGE	
				Job done, receiver charged, need to be verified.		OTHER	
						TOTAL LABOR	
						TAX %	
						FREIGHT	12.00
(JC) JOB COMPLETE    BS! BROUGHT TO SHOP FE FORWARD ESTIMATE    OP ORDER PARTS						TOTAL AMOUNT	982.00

WORK TICKET

# Invoice

## Summit Restaurant Repairs INC.

Date: 4/4/2012  
Invoice No.: 124657

160 E 2ND STREET  
MINEOLA, NY 11501-3507

(516) 747-3333 (516) 747-7776 (fax)

Bill to: MOUNT VERNON HOSPITAL  
12 NORTH SEVENTH AVENUE  
ATTN: ANDREW WALTERS  
MOUNT VERNON, NY 10550

Service at: MOUNT VERNON HOSPITAL  
12 NORTH SEVENTH AVENUE  
ATTN: ANDREW WALTERS  
MOUNT VERNON, NY 10550

Customer ID: 2451

Description: WO#273888

Reference: Work Order 143946

Terms: DUE UPON RECEIPT



PO Number:

Item	Description	Quantity	Unit Price	Amount
<b>Miscellaneous</b>				
	FAN MOTOR	1.00	\$386.50	\$386.50
	CAPACITOR	1.00	\$28.00	\$28.00
	<b>Miscellaneous Subtotal</b>			<b>\$414.50</b>

Subtotal:	\$414.50
Sales Tax:	\$0.00
Payments:	\$0.00
<b>Total Due:</b>	<b>\$414.50</b>



**"A Complete Repair Service to the Food Industry"**

 <b>SUMMIT RESTAURANT REPAIRS &amp; SALES, INC.</b> 160 E 2nd Street • Mineola, NY 11501 NY, NJ, CT 1-800-675-7560 • (516) 747-3333 • Fax: (516) 747-7776				<b>WORK TICKET</b> NO: 273888 E #: 143946		
		CLIENT: <u>Mt. Vernon Hospital</u>		PO#: _____ TELE: _____		
ADDRESS: _____		I AUTHORIZE PARTS TO BE ORDERED WITHOUT A QUOTE/ESTIMATE.				
CITY: <u>MT. VERNON</u> STATE: <u>NY</u> ZIP: _____		Shipping Method: Regular or NDA circle one				
BILL TO: _____		Sign & Print _____		Title _____		
LOCATION OF EQ: <u>KIT</u>	MGF: _____	TYPE OF EQUIPMENT: <u>W.I. FRE.</u>	MODEL NO: _____	SERIAL NO: _____		
GAS: NAT. _____	LP: _____	MEG: _____	PHASE: _____	SPEED: _____	KW: _____	
		VOLTS: <u>208/230</u>		OTHER: _____		
Warranty: _____		SERVICE CONTRACT: _____		Time & Materials: _____		
CONDITION AND SERVICE PERFORMED <u>Box out due to a burnt condenser fan motor. Need replacement.</u>						
QTY. ORD.	PART #	DESCRIPTION		UNIT PRICE	AMOUNT	
		<u>Need</u>				
<u>1</u>		<u>Condenser fan motor</u>			<u>414.50</u>	
<u>1</u>		<u>Capacitor</u>				
<u>04/4/12 Job Completed</u>						
I certify the technician(s) arrived and departed at the times shown and that the repairs made have been performed as stated and that these repairs have been made to my complete satisfaction. Signature below acknowledges that the consumer has read & agreed to front & back hereof to the terms & conditions of this said document. *Not responsible for equipment left on premises for more than 30 days. (*Shop Repairs)						
DATE MONTH DAY YEAR	TIME IN	TIME OUT	TOTAL HOURS	AUTHORIZED SIGNATURE SIGN & PRINT	TECH SIGNATURE	TOTAL PART(S)
<u>03 29 12</u>	<u>1:10</u>	<u>3:10</u>	<u>2</u>	<u>Romano</u>	<u>[Signature]</u>	<u>414.50</u>
				<u>Romano</u>		LABOR @ <u>5/c</u>
						TRAVEL CHARGE
						OTHER
						TOTAL LABOR
<u>04 04 12</u>	<u>500</u>				<u>[Signature]</u>	TAX %
						FREIGHT
(JC) JOB COMPLETE    BS - BROUGHT TO SHOP FE - FORWARD ESTIMATE    OP - ORDER PARTS						TOTAL AMOUNT <u>414.50</u>

WORK TICKET

# Invoice

## Summit Restaurant Repairs INC.

Date: 4/6/2012  
 Invoice No.: 124732

160 E 2ND STREET  
 MINEOLA, NY 11501-3507

(516) 747-3333 (516) 747-7776 (fax)

Bill to: MOUNT VERNON HOSPITAL  
 12 NORTH SEVENTH AVENUE  
 ATTN: ANDREW WALTERS  
 MOUNT VERNON, NY 10550

Service at: MOUNT VERNON HOSPITAL  
 12 NORTH SEVENTH AVENUE  
 ATTN: ANDREW WALTERS  
 MOUNT VERNON, NY 10550

Customer ID: 2451

Description: WO#274925

Reference: Work Order 143088


Terms: DUE UPON RECEIPT

PO Number:

Item	Description	Quantity	Unit Price	Amount
<b>Parts</b>				
	BLOWER MOTOR	2.00	\$216.65	\$433.30
	HEAT ELEMENT	2.00	\$98.00	\$196.00
	HI-TEMP WIRE	6.00	\$4.75	\$28.50
	HI TEMP TERMINALS	4.00	\$1.00	\$4.00
			<b>Parts Subtotal</b>	<b>\$661.80</b>
<b>Miscellaneous</b>				
	UPS/FREIGHT CHARGE	1.00	\$22.00	\$22.00
			<b>Miscellaneous Subtotal</b>	<b>\$22.00</b>

Subtotal:	\$683.80
Sales Tax:	\$0.00
Payments:	\$0.00
<b>Total Due:</b>	<b>\$683.80</b>

**"A Complete Repair Service to the Food Industry"**

<b>SUMMIT RESTAURANT REPAIRS &amp; SALES, INC.</b> 160 E 2nd Street • Mineola, NY 11501 NY, NJ, CT 1-800-675-7560 • (516) 747-3333 • Fax: (516) 747-7776			<b>WORK TICKET</b> NO: 274925 E#: 143088				
CLIENT: <i>Mount Vernon Hospital</i> ADDRESS: <i>12 N. 7th Ave</i> CITY: <i>MT. Vernon NY</i> STATE: <i>NY</i> ZIP: _____ BILL TO: _____		PO#: _____ TELE: _____ I AUTHORIZE PARTS TO BE ORDERED WITHOUT A QUOTE/ESTIMATE. Shipping Method: Regular or NDA circle one. Sign & Print _____ Title _____					
LOCATION OF EQUIPMENT: <i>Kitchen Scroffitt</i> MFG: <i>Foster</i> TYPE OF EQUIPMENT: <i>Phlebotomy</i> MODEL NO: <i>32803</i> SERIAL NO: <i>0296158868</i>							
GAS: _____ NAT: _____ MFG: _____ PHASE: _____ SPEED: _____ KW: _____ VOLTS: _____ OTHER: _____							
WARRANTY: _____ SERVICE CONTRACT: _____ TIME & MATERIALS: _____							
CONDITION AND SERVICE PERFORMED: <i>Customer Complaint - Machine Not Working. After checking unit thoroughly, found both Motor Blowers Seized up, Not working, Also Both Heating Elements Broken.</i>							
<i>All parts below Needs Replacement</i>							
QTY. ORD.	PART #	DESCRIPTION	UNIT PRICE \$ C	AMOUNT \$ C			
<i>2</i>		<i>Motor Blowers</i>					
<i>2</i>		<i>Heating Elements</i>		<i>661.80</i>			
<i>6</i>		<i>H Temp Wire</i>					
<i>4</i>		<i>Terminals</i>					
<i>Douglas @ Piper Prod.</i>							
I certify the technician(s) arrived and departed at the times shown and that the repairs made have been performed as stated and that these repairs have been made to my complete satisfaction. Signature below acknowledges that the consumer has read & agreed to front & back hereof to the terms & conditions of this said document. *Not responsible for equipment left on premises for more than 30 days. (Shop Repairs)							
DATE MONTH DAY YEAR	TIME IN	TIME OUT	TOTAL HOURS	AUTHORIZED SIGNATURE SIGN & PRINT	TECH SIGNATURE	TOTAL PART(S)	
<i>2 25 12</i>	<i>8:30</i>	<i>11:00</i>		<i>[Signature]</i>	<i>[Signature]</i>	<i>661.80</i>	
<i>04 06 12</i>	<i>9:00</i>	<i>11:30</i>		<i>[Signature]</i>			
						LABOR @	<i>54</i>
						TRAVEL CHARGE	
						OTHER	
						TOTAL LABOR	
						TAX %	
						FREIGHT	<i>22.00</i>
JC - JOB COMPLETE    BS - BROUGHT TO SHOP FE - FORWARD ESTIMATE    OP - ORDER PARTS						TOTAL AMOUNT	<i>683.80</i>

WORK TICKET  
PARTS DEPARTMENT

# Invoice

## Summit Restaurant Repairs INC.

Date: 4/30/2012  
 Invoice No.: 125421

160 E 2ND STREET  
 MINEOLA, NY 11501-3507

(516) 747-3333 (516) 747-7776 (fax)

Bill to: MOUNT VERNON HOSPITAL  
 12 NORTH SEVENTH AVENUE  
 ATTN: ANDREW WALTERS  
 MOUNT VERNON, NY 10550

Service at: MOUNT VERNON HOSPITAL  
 12 NORTH SEVENTH AVENUE  
 ATTN: ANDREW WALTERS  
 MOUNT VERNON, NY 10550

Customer ID: 2451

Description: WO#270857

Reference: Work Order 143902



Terms: DUE UPON RECEIPT

PO Number:

Item	Description	Quantity	Unit Price	Amount
<b>Parts</b>				
	HEAT ELEMENT	1.00	\$71.70	\$71.70
	THERMOSTAT	1.00	\$139.00	\$139.00
			<b>Parts Subtotal</b>	<b>\$210.70</b>
<b>Miscellaneous</b>				
	UPS/FREIGHT CHARGE	1.00	\$12.00	\$12.00
			<b>Miscellaneous Subtotal</b>	<b>\$12.00</b>

Subtotal:	\$222.70
Sales Tax:	\$0.00
Payments:	\$0.00
<b>Total Due:</b>	<b>\$222.70</b>

**"A Complete Repair Service to the Food Industry"**

 <b>SUMMIT-RESTAURANT REPAIRS &amp; SALES, INC.</b> 160 E 2nd Street • Mineola, NY 11501 NY, NJ, CT 1-800-675-7560 • (516) 747-3333 • Fax: (516) 747-7776		 <b>WORK TICKET</b> NO: 270857 E#: 143902					
CLIENT: <u>MT VERNON HOSPITAL</u>		PO#: _____ TELE: _____					
ADDRESS: _____		I AUTHORIZE PARTS TO BE ORDERED WITHOUT A QUOTE/ESTIMATE.					
CITY: <u>MT VERNON NY</u> STATE: <u>NY</u> ZIP: _____		Shipping Method: Regular or NDA circle one					
BILL TO: _____		Sign & Print _____ Title _____					
LOCATION OF EQ:	MFG:	TYPE OF EQUIPMENT:	MODEL NO:	SERIAL NO:			
<u>KITCHEN</u>	<u>SECO</u>	<u>STEAM TABLE</u>	<u>4HF</u>	<u>9751664</u>			
GAS NAT. LP:	MFG:	PHASE:	SPEED:	KW:	VOLTS:	OTHER:	OTHER:
		<u>3PH</u>			<u>208V</u>		<u>7112729</u>
PM:	Warranty:	SERVICE CONTRACT:	Time & Materials:				
CONDITION AND SERVICE PERFORMED <u>1ST LEFT SIDE NOT HEATING</u> <u>PARTS MUST BE REPLACE</u>							
QTY. ORD.	PART #	DESCRIPTION	UNIT PRICE	AMOUNT			
1		<u>STAT</u>					
1		<u>HEAT ELEMENT</u>		<u>253.46</u>			
6		<u>H Temp Wire</u>					
4		<u>H Temp Connect</u>					
<u>NEED 2 PROPR</u>							
I certify the technician(s) arrived and departed at the times shown and that the repairs made have been performed as stated and that these repairs have been made to my complete satisfaction. Signature below acknowledges that the consumer has read & agreed to front & back hereof to the terms & conditions of this said document. *Not responsible for equipment left on premises for more than 30 days. (*Shop Repairs)							
DATE MONTH DAY YEAR	TIME IN	TIME OUT	TOTAL HOURS	AUTHORIZED SIGNATURE SIGN & PRINT	TECH SIGNATURE	TOTAL PART(S)	
3 28 11	7:00			<u>[Signature]</u>	<u>[Signature]</u>	<u>253.46</u>	
4 30 12	7:45			<u>[Signature]</u>	<u>[Signature]</u>	<u>5/c</u>	
						LABOR @	
						TRAVEL CHARGE	
						OTHER	
						TOTAL LABOR	
						TAX %	
						FREIGHT	<u>12.00</u>
JC - JOB COMPLETE    BS - BROUGHT TO SHOP PE - FORWARD ESTIMATE    OP - ORDER PARTS						TOTAL AMOUNT	<u>222.70</u>

WORK TICKET

# Invoice

## Summit Restaurant Repairs INC.

Date: 5/9/2012  
 Invoice No.: 125546

160 E 2ND STREET  
 MINEOLA, NY 11501-3507

(516) 747-3333 (516) 747-7776 (fax)

Bill to: MOUNT VERNON HOSPITAL  
 12 NORTH SEVENTH AVENUE  
 ATTN: ANDREW WALTERS  
 MOUNT VERNON, NY 10550

Service at: MOUNT VERNON HOSPITAL  
 12 NORTH SEVENTH AVENUE  
 ATTN: ANDREW WALTERS  
 MOUNT VERNON, NY 10550

Customer ID: 2451

Description: WO#268105

Reference: Work Order 144324



Terms: DUE UPON RECEIPT

PO Number:

Item	Description	Quantity	Unit Price	Amount
<b>Miscellaneous</b>				
	IGNITION MODULE,PILOT BURNER,TRANSFORMER	1.00	\$450.00	\$450.00
	UPS/FREIGHT CHARGE	1.00	\$13.00	\$13.00
	<b>Miscellaneous Subtotal</b>			<b>\$463.00</b>

<b>Subtotal:</b>	<b>\$463.00</b>
<b>Sales Tax:</b>	<b>\$0.00</b>
<b>Payments:</b>	<b>\$0.00</b>
<b>Total Due:</b>	<b>\$463.00</b>

**"A Complete Repair Service to the Food Industry"**

 <b>SUMMIT RESTAURANT REPAIRS &amp; SALES, INC.</b> 160 E 2nd Street • Mineola, NY 11501 NY, NJ, CT 1-800-675-7560 • (516) 747-3333 • Fax: (516) 747-7776		 <b>WORK TICKET</b> NO: 268105 E#: 144324											
CLIENT: <u>MOUNT VERNON - HOSP</u>		PO#: <u>OK</u> TELE:											
ADDRESS:		I AUTHORIZE PARTS TO BE ORDERED WITHOUT A QUOTE/ESTIMATE.											
CITY: <u>MOUNT VERNON</u> STATE: <u>NY</u> ZIP:		Shipping Method: Regular or NDA circle one											
BILL TO:		Sign & Print: <u>[Signature]</u> Title:											
LOCATION OF EQ:	MFG:	TYPE OF EQUIPMENT:	MODEL NO:	SERIAL NO:									
	<u>BUDGETT</u>	<u>C/OVEN</u>	<u>DFG-100-3-5</u>	<u>041896-2A-005-7</u>									
GAS NAT:	LP	MFG:	PHASE:	SPEED:									
KW:	VOLTS:	OTHER:											
	<u>120</u>												
PM:	Warranty:	SERVICE CONTRACT:	Time & Materials										
CONDITION AND SERVICE PERFORMED													
PART TO ORDER													
QTY. ORD.	PART #	DESCRIPTION	UNIT PRICE \$ C.	AMOUNT \$ C.									
1		<u>SPARK module box</u>		} 450.00									
1		<u>Pilot Burner</u>											
1		<u>TRANSFORMER</u>											
I certify the technician(s) arrived and departed at the times shown and that the repairs made have been performed as stated and that these repairs have been made to my complete satisfaction. Signature below acknowledges that the consumer has read & agreed to front & back hereof to the terms & conditions of this said document. *Not responsible for equipment left on premises for more than 30 days. (Shop Repairs)													
DATE MONTH DAY YEAR	TIME IN	TIME OUT	TOTAL HOURS	AUTHORIZED SIGNATURE SIGN & PRINT	TECH SIGNATURE	TOTAL PART(S)	LABOR @	TRAVEL CHARGE	OTHER	TOTAL LABOR	TAX %	FREIGHT	TOTAL AMOUNT
4 24 12	1130	100			<u>ST</u>	<u>450</u>	<u>s/c</u>					<u>13.00</u>	<u>463.00</u>
5 9 12	1145	200		<u>[Signature]</u>									
JOB COMPLETE BS - BROUGHT TO SHOP FORWARD ESTIMATE OF - ORDER PARTS													

# Invoice

## Summit Restaurant Repairs INC.

Date: 5/9/2012  
 Invoice No.: 125547

160 E 2ND STREET  
 MINEOLA, NY 11501-3507

(516) 747-3333 (516) 747-7776 (fax)

Bill to: MOUNT VERNON HOSPITAL  
 12 NORTH SEVENTH AVENUE  
 ATTN: ANDREW WALTERS  
 MOUNT VERNON, NY 10550

Service at: MOUNT VERNON HOSPITAL  
 12 NORTH SEVENTH AVENUE  
 ATTN: ANDREW WALTERS  
 MOUNT VERNON, NY 10550

Customer ID: 2451

Description: WO#269792

Reference: Work Order 143677

Terms: DUE UPON RECEIPT

PO Number:

Item	Description	Quantity	Unit Price	Amount
<b>Parts</b>				
	KNOB	4.00	\$22.80	\$91.20
			<b>Parts Subtotal</b>	<b>\$91.20</b>
<b>Miscellaneous</b>				
	UPS/FREIGHT CHARGE	1.00	\$9.00	\$9.00
			<b>Miscellaneous Subtotal</b>	<b>\$9.00</b>

Subtotal:	\$100.20
Sales Tax:	\$0.00
Payments:	\$0.00
<b>Total Due:</b>	<b>\$100.20</b>



**"A Complete Repair Service to the Food Industry"**

<b>SUMMIT RESTAURANT REPAIRS &amp; SALES, INC.</b> 160 E 2nd Street • Mineola, NY 11501 NY, NJ, CT 1-800-675-7560 • (516) 747-3333 • Fax: (516) 747-7776				<b>WORK TICKET</b> NO: 269792 E #: 143677			
		CLIENT: <u>THE MOUNT VERNON HOSPITAL</u> ADDRESS: <u>12 NORTH 7 AVE</u> CITY: <u>MOUNT VERNON</u> STATE: <u>NY</u> ZIP: _____ BILL TO: _____		PO#: _____ TELE: _____ I AUTHORIZE PARTS TO BE ORDERED WITHOUT A QUOTE/ESTIMATE. Shipping Method: Regular or NDA circle one _____ Sign & Print _____ Title _____			
LOCATION OF EQ:	MFG:	TYPE OF EQUIPMENT:	MODEL NO.:	SERIAL NO.:			
	<u>SECO</u>	<u>STEAME TABLE</u>					
GAS: NAT. LP	MFG:	PHASE:	SPEED:	KW:	VOLTS:		
					<u>208</u>		
PM:	Warranty:	SERVICE CONTRACT:	Time & Materials:				
CONDITION AND SERVICE PERFORMED <u>UNIT NEED ALL KNOBS TO REPLACE</u>							
QTY. ORD.	PART #	DESCRIPTION	UNIT PRICE	AMOUNT			
			\$	\$			
<u>4</u>	<u>1-10</u>	<u>TERMO STAT KNOBS</u>	<u>22.80</u>	<u>91.20</u>			
I certify the technician(s) arrived and departed at the times shown and that the repairs made have been performed as stated and that these repairs have been made to my complete satisfaction. Signature below acknowledges that the consumer has read & agreed to front & back hereof to the terms & conditions of this said document. *Not responsible for equipment left on premises for more than 30 days. (*Shop Repairs)							
DATE MONTH DAY YEAR	TIME IN	TIME OUT	TOTAL HOURS	AUTHORIZED SIGNATURE SIGN & PRINT	TECH SIGNATURE	TOTAL PART(S)	
<u>4 13 12</u>	<u>900</u>				<u>STEWART</u>	<u>91</u>	<u>20</u>
<u>5 9 12</u>	<u>1141</u>	<u>200</u>					
						LABOR @	<u>56</u>
						TRAVEL CHARGE	
						OTHER	
						TOTAL LABOR	
						TAX %	
						FREIGHT?	<u>9.00</u>
<input checked="" type="checkbox"/> JOB COMPLETE <input type="checkbox"/> BS - BROUGHT TO SHOP <input checked="" type="checkbox"/> FORWARD ESTIMATE <input type="checkbox"/> ORDER PARTS						TOTAL AMOUNT	<u>100.20</u>

WORK TICKET

# Invoice

## Summit Restaurant Repairs INC.

Date: 5/11/2012  
Invoice No.: 125778

160 E 2ND STREET  
MINEOLA, NY 11501-3507

(516) 747-3333 (516) 747-7776 (fax)

Bill to: MOUNT VERNON HOSPITAL  
12 NORTH SEVENTH AVENUE  
ATTN: ANDREW WALTERS  
MOUNT VERNON, NY 10550

Service at: MOUNT VERNON HOSPITAL  
12 NORTH SEVENTH AVENUE  
ATTN: ANDREW WALTERS  
MOUNT VERNON, NY 10550

Customer ID: 2451

Description: WO#270858

Reference: Work Order 143901



Terms: DUE UPON RECEIPT

PO Number:

Item	Description	Quantity	Unit Price	Amount
<b>Parts</b>				
	MOTOR	1.00	\$695.00	\$695.00
			<b>Parts Subtotal</b>	<b>\$695.00</b>
<b>Miscellaneous</b>				
	UPS/FREIGHT CHARGE	1.00	\$20.00	\$20.00
			<b>Miscellaneous Subtotal</b>	<b>\$20.00</b>

Subtotal:	\$715.00
Sales Tax:	\$0.00
Payments:	\$0.00
<b>Total Due:</b>	<b>\$715.00</b>

**"A Complete Repair Service to the Food Industry"**

 <b>SUMMIT RESTAURANT REPAIRS &amp; SALES, INC.</b> 160 E 2nd Street • Mineola, NY 11501 NY, NJ, CT 1-800-675-7560 • (516) 747-3333 • Fax: (516) 747-7776		 <b>WORK TICKET</b> NO: 270858 E #: 143901					
CLIENT: <b>MT VERNON HOSPITAL</b>		PO#:	TELE:				
ADDRESS:		I AUTHORIZE PARTS TO BE ORDERED WITHOUT A QUOTE/ESTIMATE.					
CITY: <b>MT VERNON</b>	STATE:	Shipping Method: Regular or NDA circle one					
BILL TO:	ZIP:	Sign & Print	Title				
LOCATION OF EQ:	MFG:	TYPE OF EQUIPMENT:	MODEL NO:				
<b>KITCHEN</b>	<b>ACQUAMP</b>	<b>STEAMER</b>	<b>S62083D1003020</b>				
SERIAL NO:	<b>28617</b>						
GAS: NAT. L.P. MFG:	PHASE:	SPEED:	KW:				
	<b>3PH</b>		<b>208V</b>				
VOLTS:	OTHER:						
Warranty:	SERVICE CONTRACT:	Time:	Materials:				
CONDITION AND SERVICE PERFORMED <b>THE EVACUATING PUMP LEAKING PARTS MUST BE REPLACED</b>							
QTY. ORD:	PART:	DESCRIPTION:	UNIT PRICE \$:	AMOUNT \$:			
<b>1</b>		<b>MOTOR</b>		<b>695<sup>00</sup></b>			
I certify the technician(s) arrived and departed at the times shown and that the repairs made have been performed as stated and that these repairs have been made to my complete satisfaction. Signature below acknowledges that the consumer has read & agreed to front & back hereof to the terms & conditions of this said document. *Not responsible for equipment left on premises for more than 30 days. (*Shop Repairs)							
DATE MONTH DAY YEAR	TIME IN	TIME OUT	TOTAL HOURS	AUTHORIZED SIGNATURE SIGN & PRINT	TECH SIGNATURE	TOTAL PART(S)	
<b>3 28 12</b>	<b>9:00</b>			<i>[Signature]</i>	<i>[Signature]</i>	<b>695<sup>00</sup></b>	
<b>5 11 12</b>	<b>2:00</b>			<i>[Signature]</i>	<i>[Signature]</i>	<b>LABOR @</b>	<b>etc</b>
						<b>TRAVEL CHARGE</b>	
						<b>OTHER</b>	
						<b>TOTAL LABOR</b>	
						<b>TAX %</b>	
						<b>FREIGHT</b>	<b>20<sup>00</sup></b>
JC - JOB COMPLETE    BS - BROUGHT TO SHOP FE - FORWARD ESTIMATE    OP - ORDER PARTS						<b>TOTAL AMOUNT</b>	<b>715<sup>00</sup></b>

WORK TICKET:

# Invoice

## Summit Restaurant Repairs INC.

Date: 5/29/2012  
 Invoice No.: 125868

160 E 2ND STREET  
 MINEOLA, NY 11501-3507

(516) 747-3333 (516) 747-7776 (fax)

Bill to: MOUNT VERNON HOSPITAL  
 12 NORTH SEVENTH AVENUE  
 ATTN: ANDREW WALTERS  
 MOUNT VERNON, NY 10550

Service at: MOUNT VERNON HOSPITAL  
 12 NORTH SEVENTH AVENUE  
 ATTN: ANDREW WALTERS  
 MOUNT VERNON, NY 10550

Customer ID: 2451

Description: WO#268124

Reference: Work Order 144543



Terms: DUE UPON RECEIPT

PO Number:

Item	Description	Quantity	Unit Price	Amount
<b>Parts</b>				
	IGNITOR ASSY	1.00	\$118.20	\$118.20
			<b>Parts Subtotal</b>	<b>\$118.20</b>
<b>Miscellaneous</b>				
	UPS/FREIGHT CHARGE	1.00	\$9.00	\$9.00
			<b>Miscellaneous Subtotal</b>	<b>\$9.00</b>

Subtotal:	\$127.20
Sales Tax:	\$0.00
Payments:	\$0.00
<b>Total Due:</b>	<b>\$127.20</b>

**"A Complete Repair Service to the Food Industry"**

 <b>SUMMIT RESTAURANT REPAIRS &amp; SALES, INC.</b> 160 E 2nd Street • Mineola, NY 11501 NY, NJ, CT 1-800-675-7560 • (516) 747-3333 • Fax: (516) 747-7776		 <b>WORK TICKET</b> NO: 268124 E #: 144543					
		CLIENT: <u>MOUNT - VERNON HOSP</u> PO#: <u>0666</u> TELE: _____ ADDRESS: _____ I AUTHORIZE PARTS TO BE ORDERED WITHOUT A QUOTE/ESTIMATE. CITY: <u>MOUNT VERNON</u> STATE: <u>NY</u> ZIP: _____ Shipping Method: Regular or NDA circle one BILL TO: _____ Sign & Print: <u>[Signature]</u> Title: _____					
LOCATION OF EQ:	MFG:	TYPE OF EQUIPMENT:	MODEL NO.:	SERIAL NO.:			
	<u>BUDGET</u>	<u>C / OVEN</u>	<u>DFG-100-3-S</u>	<u>041896-R-A-005-T</u>			
GAS: NAT. LP	MFG:	PHASE:	SPEED:	KW:			
				<u>120</u>			
PM:	Warranty:	SERVICE CONTRACT:	Time:	Materials:			
CONDITION AND SERVICE PERFORMED <u>UNIT NEED PART TO REPLACE</u>							
QTY. ORD.	PART #	DESCRIPTION	UNIT PRICE	AMOUNT			
<u>1</u>		<u>IGNITOR ASSY</u>		<u>118.00</u>			
I certify the technician(s) arrived and departed at the times shown and that the repairs made have been preformed as stated and that these repairs have been made to my complete satisfaction. Signature below acknowledges that the consumer has read & agreed to front & back hereof to the terms & conditions of this said document. *Not responsible for equipment left on premises for more than 30 days. (*Shop Repairs)							
DATE MONTH DAY YEAR	TIME IN	TIME OUT	TOTAL HOURS	AUTHORIZED SIGNATURE SIGN & PRINT	TECH SIGNATURE	TOTAL PART(S)	
<u>5</u> <u>9</u> <u>12</u>	<u>1141</u>	<u>200</u>		<u>[Signature]</u>	<u>Stewart</u>	<u>118.00</u>	
<u>5</u> <u>29</u> <u>12</u>	<u>930</u>	<u>1050</u>					
						LABOR @	<u>5.16</u>
						TRAVEL CHARGE	
						OTHER	
						TOTAL LABOR	
						TAX %	
						FREIGHT	<u>9.00</u>
						TOTAL AMOUNT	<u>127.16</u>
JC - JOB COMPLETE    BS - BROUGHT TO SHOP FW - FORWARD ESTIMATE    OP - ORDER PARTS							

# Invoice

## Summit Restaurant Repairs INC.

Date: 6/19/2012  
Invoice No.: 126234

160 E 2ND STREET  
MINEOLA, NY 11501-3507

(516) 747-3333 (516) 747-7776 (fax)

Bill to: MOUNT VERNON HOSPITAL  
12 NORTH SEVENTH AVENUE  
ATTN: ANDREW WALTERS  
MOUNT VERNON, NY 10550

Service at: MOUNT VERNON HOSPITAL  
12 NORTH SEVENTH AVENUE  
ATTN: ANDREW WALTERS  
MOUNT VERNON, NY 10550

Customer ID: 2451

Description: WO#273737

Reference: Work Order 144705



Terms: DUE UPON RECEIPT

PO Number:

Item	Description	Quantity	Unit Price	Amount
<b>Miscellaneous</b>				
	DOOR GASKET	1.00	\$382.00	\$382.00
	UPS/FREIGHT CHARGE	1.00	\$13.00	\$13.00
	<b>Miscellaneous Subtotal</b>			<b>\$395.00</b>

Subtotal:	\$395.00
Sales Tax:	\$0.00
Payments:	\$0.00
<b>Total Due:</b>	<b>\$395.00</b>

**"A Complete Repair Service to the Food Industry"**

 <b>SUMMIT RESTAURANT REPAIRS &amp; SALES, INC.</b> 160 E 2nd Street • Mineola, NY 11501 NY, NJ, CT 1-800-675-7560 • (516) 747-3333 • Fax: (516) 747-7776				<b>WORK TICKET</b> NO: 273737 E #: 144705		
		CLIENT: <i>MOUNT VERNON HOSPITAL</i>		PO#: _____ TELE: _____		
ADDRESS: <i>12 N 7th AVE</i>		I AUTHORIZE PARTS TO BE ORDERED WITHOUT A QUOTE/ESTIMATE.				
CITY: <i>MT. VERNON</i> STATE: <i>NJ</i> ZIP: <i>10550</i>		Shipping Method: Regular or NDA circle one				
BILL TO: _____		Sign & Print: <i>[Signature]</i>		Title: _____		
LOCATION OF REQ:	MFG:	TYPE OF EQUIPMENT:	MODEL NO:	SERIAL NO:		
<i>Main Kitchen</i>	<i>EPCO</i>	<i>Air Screen Ref</i>	<i>INS-338RG</i>	<i>970710AS02</i>		
GAS: NAT. LP:	MFG. PHASE:	SPEED:	KW:	VOLTS:	OTHER:	
	<i>1φ</i>		<i>115V</i>	<i>R134A</i>	<i>Box # 7</i>	
PM:	Warranty:	SERVICE CONTRACT:	Time & Materials:			
CONDITION AND SERVICE PERFORMED <i>DAMAGED DOOR GASKET, TO BE REPLACED</i> <i>Replace door gaskets</i>						
QTY. ORD.	PART #	DESCRIPTION			UNIT PRICE	AMOUNT
<i>1</i>		<i>DOOR GASKET</i>				<i>382.00</i>
I certify the technician(s) arrived and departed at the times shown and that the repairs made have been performed as stated and that these repairs have been made to my complete satisfaction. Signature below acknowledges that the consumer has read & agreed to front & back hereof to the terms & conditions of this said document. *Not responsible for equipment left on premises for more than 30 days. (Shop Repairs)						
DATE MONTH DAY YEAR	TIME IN	TIME OUT	TOTAL HOURS	AUTHORIZED SIGNATURE SIGN & PRINT	TECH SIGNATURE	TOTAL PART(S)
<i>5 12 12</i>	<i>7:15 am</i>			<i>[Signature]</i>	<i>Naughn</i>	<i>382.00</i>
<i>6 19 12</i>	<i>1000</i>	<i>200</i>				<i>56</i>
						LABOR @
						TRAVEL CHARGE
						OTHER
						TOTAL LABOR
						TAX %
						FREIGHT
						TOTAL AMOUNT
JC - JOB COMPLETE    BS - BROUGHT TO SHOP FE - FORWARD ESTIMATE    OP - ORDER PARTS						<i>395.00</i>

WORK TICKET

# Invoice

## Summit Restaurant Repairs INC.

Date: 6/19/2012  
Invoice No.: 126235

160 E 2ND STREET  
MINEOLA, NY 11501-3507

(516) 747-3333 (516) 747-7776 (fax)

Bill to: MOUNT VERNON HOSPITAL  
12 NORTH SEVENTH AVENUE  
ATTN: ANDREW WALTERS  
MOUNT VERNON, NY 10550

Service at: MOUNT VERNON HOSPITAL  
12 NORTH SEVENTH AVENUE  
ATTN: ANDREW WALTERS  
MOUNT VERNON, NY 10550

Customer ID: 2451

Description: WO#273738

Reference: Work Order 144627

Terms: DUE UPON RECEIPT

PO Number:

Item	Description	Quantity	Unit Price	Amount
<b>Miscellaneous</b>				
	GASKET	1.00	\$152.50	\$152.50
	UPS/FREIGHT CHARGE	1.00	\$13.00	\$13.00
			<b>Miscellaneous Subtotal</b>	<b>\$165.50</b>

Subtotal:	\$165.50
Sales Tax:	\$0.00
Payments:	\$0.00
<b>Total Due:</b>	<b>\$165.50</b>



**"A Complete Repair Service to the Food Industry"**

<b>SUMMIT RESTAURANT REPAIRS &amp; SALES, INC.</b> 160 E 2nd Street • Mineola, NY 11501 NY, NJ, CT 1-800-675-7580 • (516) 747-3333 • Fax: (516) 747-7776		<b>30</b> Years of Quality Service	<b>WORK TICKET</b> NO: 273738 E #: 144627			
CLIENT: <u>MOUNT VERNON HOSPITAL</u> ADDRESS: <u>12 N 7th AVE</u> CITY: <u>MT. VERNON</u> STATE: <u>NJ</u> ZIP: <u>10550</u> BILL TO:		PO#: _____ TELE: _____ I AUTHORIZE PARTS TO BE ORDERED WITHOUT A QUOTE/ESTIMATE. Shipping Method: Regular or NDA circle one _____ Sign & Print _____ Title _____				
LOCATION OR EQ. NO.	MFG.	TYPE OF EQUIPMENT	MODEL NO.	SERIAL NO.		
<u>MAIN KITCHEN</u>	<u>POWERS</u>	<u>MILK BOX</u>	<u>681</u>	<u>D093111</u>		
GAS NAT.	LP	MFG.	PHASE	SPEED		
	<u>1φ</u>					
KW	VOLTS	OTHER	OTHER			
	<u>115</u>	<u>R134A</u>				
Warranty	SERVICE CONTRACT	Time & Materials				
CONDITION AND SERVICE PERFORMED: <u>ALL GASKETS ON THIS BOX TO BE REPLACED</u> <u>Replaced all gasket m/c</u>						
QTY. ORD.	PART #	DESCRIPTION	UNIT PRICE	AMOUNT		
<u>1</u>		<u>GASKET SET</u>		<u>15.25</u>		
I certify the technician(s) arrived and departed at the times shown and that the repairs made have been performed as stated and that these repairs have been made to my complete satisfaction. Signature below acknowledges that the consumer has read & agreed to front & back hereof to the terms & conditions of this said document. *Not responsible for equipment left on premises for more than 30 days. (*Shop Repairs)						
DATE MONTH DAY YEAR	TIME IN	TIME OUT	TOTAL HOURS	AUTHORIZED SIGNATURE SIGN & PRINT	TECH SIGNATURE	TOTAL PART(S)
<u>5</u> <u>17</u> <u>12</u>	<u>10:00</u>	<u>12:00</u>	<u>2:00</u>	<u>[Signature]</u>	<u>Wang</u>	<u>15.25</u>
<u>6</u> <u>19</u> <u>12</u>	<u>10:00</u>	<u>8:00</u>		<u>[Signature]</u>		<u>SLC</u>
						LABOR @
						TRAVEL CHARGE
						OTHER
						TOTAL LABOR
						TAX %
						FREIGHT
						TOTAL AMOUNT

WORK TICKET

# Invoice

## Summit Restaurant Repairs INC.

Date: 6/19/2012  
 Invoice No.: 126236

160 E 2ND STREET  
 MINEOLA, NY 11501-3507

(516) 747-3333 (516) 747-7776 (fax)

Bill to: MOUNT VERNON HOSPITAL  
 12 NORTH SEVENTH AVENUE  
 ATTN: ANDREW WALTERS  
 MOUNT VERNON, NY 10550

Service at: MOUNT VERNON HOSPITAL  
 12 NORTH SEVENTH AVENUE  
 ATTN: ANDREW WALTERS  
 MOUNT VERNON, NY 10550

Customer ID: 2451

Description: WO#273739

Reference: Work Order 144704



Terms: DUE UPON RECEIPT

PO Number:

Item	Description	Quantity	Unit Price	Amount
<b>Miscellaneous</b>				
	DOOR GASKET	2.00	\$152.50	\$305.00
	UPS/FREIGHT CHARGE	1.00	\$18.00	\$18.00
	<b>Miscellaneous Subtotal</b>			<b>\$323.00</b>

<b>Subtotal:</b>	<b>\$323.00</b>
<b>Sales Tax:</b>	<b>\$0.00</b>
<b>Payments:</b>	<b>\$0.00</b>
<b>Total Due:</b>	<b>\$323.00</b>

**"A Complete Repair Service to the Food Industry"**

 <b>SUMMIT RESTAURANT REPAIRS &amp; SALES, INC.</b> 160 E 2nd Street • Mineola, NY 11501 NY, NJ, CT 1-800-675-7560 • (516) 747-3333 • Fax: (516) 747-7776		 <b>WORK TICKET</b> NO: 273739 E#: 144704				
CLIENT: <u>MOUNT VERNON HOSPITAL</u>		PO#: _____ TELE: _____				
ADDRESS: <u>12 N 7<sup>th</sup> AVE</u>		I AUTHORIZE PARTS TO BE ORDERED WITHOUT A QUOTE/ESTIMATE. Shipping Method: Regular or NDA circle one Sign & Print <u>[Signature]</u> Title _____				
CITY: <u>MT. VERNON</u>	STATE: <u>NY</u> ZIP: <u>10550</u>					
BILL TO: _____						
LOCATION OF EQUIP:	MFG. NAME:	TYPE OF EQUIPMENT:				
<u>MAN KITCHEN</u>	<u>TRAUlsen</u>	<u>R.I.R</u>				
GAS NAT.:	PHASE:	SPEED:				
	<u>1 φ</u>					
		<u>208</u>				
MODEL NO.:	SERIAL NO.:					
<u>RRI-2-32Wt</u>	<u>3184H</u>					
WARRANTY:	SERVICE CONTRACT:	TIME & MATERIALS:				
CONDITION AND SERVICE PERFORMED <u>DOOR GASKETS TO BE REPLACED</u> <u>Replace gaskets</u>						
QTY. ORD.	PART #	DESCRIPTION	UNIT PRICE	AMOUNT		
<u>2</u>		<u>DOOR GASKETS</u>	<u>152.50</u>	<u>305.00</u>		
I certify the technician(s) arrived and departed at the times shown and that the repairs made have been performed as stated and that these repairs have been made to my complete satisfaction. Signature below acknowledges that the consumer has read & agreed to front & back hereof to the terms & conditions of this said document. *Not responsible for equipment left on premises for more than 30 days. (Shop Repairs)						
DATE MONTH DAY YEAR	TIME IN	TIME OUT	TOTAL HOURS	AUTHORIZED SIGNATURE SIGN & PRINT	TECH SIGNATURE	TOTAL PART(S)
<u>4 17 12</u>				<u>[Signature]</u>	<u>Haugh</u>	<u>305.00</u>
<u>6 19 12</u>	<u>1000</u>	<u>200</u>	<u>12.00</u>	<u>[Signature]</u>		<u>ELC</u>
						LABOR @
						TRAVEL CHARGE
						OTHER
						TOTAL LABOR
						TAX %
						FREIGHT
						<u>18.00</u>
<input checked="" type="checkbox"/> JOB COMPLETE <input type="checkbox"/> BS - BROUGHT TO SHOP <input type="checkbox"/> FORWARD ESTIMATE <input type="checkbox"/> OP - ORDER PARTS						TOTAL AMOUNT <u>323.00</u>

WORK TICKET

# Invoice

## Summit Restaurant Repairs INC.

Date: 6/19/2012  
 Invoice No.: 126351

160 E 2ND STREET  
 MINEOLA, NY 11501-3507

(516) 747-3333 (516) 747-7776 (fax)

Bill to: MOUNT VERNON HOSPITAL  
 12 NORTH SEVENTH AVENUE  
 ATTN: ANDREW WALTERS  
 MOUNT VERNON, NY 10550

Service at: MOUNT VERNON HOSPITAL  
 12 NORTH SEVENTH AVENUE  
 ATTN: ANDREW WALTERS  
 MOUNT VERNON, NY 10550

Customer ID: 2451

Description: WO#285801

Reference: Work Order 144834

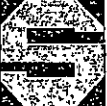

Terms: DUE UPON RECEIPT

PO Number:

Item	Description	Quantity	Unit Price	Amount
<b>Miscellaneous</b>				
	EVAPORATOR COVER ASSY	1.00	\$354.00	\$354.00
	THERMOSTAT	1.00	\$221.00	\$221.00
	UPS/FREIGHT CHARGE	1.00	\$14.00	\$14.00
	<b>Miscellaneous Subtotal</b>			<b>\$589.00</b>

Subtotal:	\$589.00
Sales Tax:	\$0.00
Payments:	\$0.00
<b>Total Due:</b>	<b>\$589.00</b>

**"A Complete Repair Service to the Food Industry"**

 <b>SUMMIT RESTAURANT REPAIRS &amp; SALES, INC.</b> 160 E 2nd Street • Mineola, NY 11501 NY, NJ, CT 1-800-675-7560 • (516) 747-3333 • Fax: (516) 747-7776		 <b>WORK TICKET</b> NO: 285801 E#: 144934					
CLIENT: <u>THE MOUNT VERNON HOSPITAL</u>		PO#: <u>ok Kenny</u> TELE:					
ADDRESS: <u>12 N T AVE</u>		I AUTHORIZE PARTS TO BE ORDERED WITHOUT A QUOTE/ESTIMATE.					
CITY: <u>MT. VERNON</u> STATE: <u>NY</u> ZIP: <u>10550</u>		Shipping Method: Regular or NDA circle one					
BILL TO:		Sign & Print _____ Title _____					
LOCATION OF EQ:	MFG:	TYPE OF EQUIPMENT:	MODEL NO:				
<u>KITCHEN</u>	<u>TRAUlsen</u>	<u>PASS THRU REF</u>	<u>BR12-321PUS</u>				
SERIAL NO:	<u>31844</u>						
GAS-NAT./L.P.:	MEG. PHASE:	SPEED:	KWT IN. VOLTS:				
	<u>1 P</u>		<u>115/208</u>				
OTHER:	<u>R12</u>						
PM:	WARRANTY:	SERVICE CONTRACT:	TIME & MATERIALS:				
CONDITION AND SERVICE PERFORMED <u>Complaint: Box Temperature HIGH (60°F.)</u> <u>Found Evaporator frozen with ice; THE EVAPORATOR COVER ON THIS UNIT</u> <u>MUST BE REPLACED ALONG WITH THE THERMOSTAT. T-stat and EXPANSION</u> <u>COVER WAS REPLACE. Adjusted Temp Control at 38°</u>							
QTY. ORD.	PART #	DESCRIPTION	UNIT PRICE	AMOUNT			
<u>1</u>		<u>EVAPORATOR COVER ASSY</u>		<u>354</u> <sup>00</sup>			
<u>1</u>		<u>THERMOSTAT</u>		<u>221</u> <sup>00</sup>			
<u>1000.00</u>							
I certify the technician(s) arrived and departed at the times shown and that the repairs made have been performed as stated and that these repairs have been made to my complete satisfaction. Signature below acknowledges that the consumer has read & agreed to front & back hereof to the terms & conditions of this said document. *Not responsible for equipment left on premises for more than 30 days. (*Shop Repairs)							
DATE MONTH DAY YEAR	TIME IN	TIME OUT	TOTAL HOURS	AUTHORIZED SIGNATURE SIGN & PRINT	TECH SIGNATURE	TOTAL PART(S)	
<u>6 1 12</u>	<u>7:45 AM</u>	<u>9:30 AM</u>		<u>Joanne Skunne</u>	<u>Wang</u>	<u>575</u> <sup>00</sup>	
<u>6 19 12</u>	<u>10:00</u>	<u>8:00</u>				LABOR @ <u>56</u>	
						TRAVEL CHARGE	
						OTHER	
						TOTAL LABOR	
						TAX %	
						FREIGHT	<u>14</u> <sup>00</sup>
(C) JOB COMPLETE (B) BROUGHT TO SHOP (F) FORWARD-ESTIMATE (P) ORDER PARTS						TOTAL AMOUNT	<u>589</u> <sup>00</sup>

# Invoice

## Summit Restaurant Repairs INC.

Date: 7/5/2012  
Invoice No.: 126399

160 E 2ND STREET  
MINEOLA, NY 11501-3507

(516) 747-3333 (516) 747-7776 (fax)

Bill to: MOUNT VERNON HOSPITAL  
12 NORTH SEVENTH AVENUE  
ATTN: ANDREW WALTERS  
MOUNT VERNON, NY 10550

Service at: MOUNT VERNON HOSPITAL  
12 NORTH SEVENTH AVENUE  
ATTN: ANDREW WALTERS  
MOUNT VERNON, NY 10550

Customer ID: 2451

Description: WO#285846

Reference: Work Order 145506



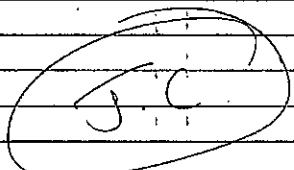
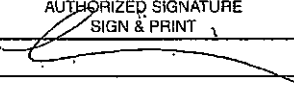
Terms: DUE UPON RECEIPT

PO Number:

Item	Description	Quantity	Unit Price	Amount
<b>Miscellaneous</b>				
	TEMP CONTROL	1.00	\$221.00	\$221.00
			<b>Miscellaneous Subtotal</b>	<b>\$221.00</b>

<b>Subtotal:</b>	\$221.00
<b>Sales Tax:</b>	\$0.00
<b>Payments:</b>	\$0.00
<b>Total Due:</b>	<b>\$221.00</b>

**"A Complete Repair Service to the Food Industry"**

 <b>SUMMIT RESTAURANT REPAIRS &amp; SALES, INC.</b> 160 E 2nd Street • Mineola, NY 11501 NY, NJ, CT 1-800-675-7560 • (516) 747-3333 • Fax: (516) 747-7776		 <b>WORK TICKET</b>					
		NO: 285846		E #: 195506			
CLIENT <i>MOUNT VERNON HOSPITAL</i>			PO#:	TELE:			
ADDRESS <i>12 N 7<sup>th</sup> AVE.</i>			I AUTHORIZE PARTS TO BE ORDERED WITHOUT A QUOTE/ESTIMATE.				
CITY: <i>MT. VERNON</i>	STATE: <i>NY</i>	ZIP: <i>10550</i>	Shipping Method: Regular or NDA circle one				
BILL TO:			Sign & Print	Title			
LOCATION OF EQ.:	MFG.:	TYPE OF EQUIPMENT:	MODEL NO.:	SERIAL NO.:			
<i>KITCHEN</i>	<i>TRAUZSEN</i>	<i>ROLL-IN-REF</i>	<i>RR12-321PUT</i>	<i>31844</i>			
GAS-NAT. LP MFG.	PHASE:	SPEED:	KW. VOLTS:	OTHER:			
	<i>1 φ</i>		<i>115/208</i>	<i>R12</i>			
WARRANTY:	SERVICE CONTRACT:	TIME & MATERIALS					
CONDITION AND SERVICE PERFORMED <i>Complaint: CABINET TEMPERATURE HIGH.</i> <i>FOUND EVAPORATOR COIL FROZEN WITH ICE, DEFROSTED SAME &amp; REPLACED</i> <i>FAULTY THERMOSTAT WITH NEW ONE, CHECKED UNIT OPERATION, LEFT BOX</i> <i>TEMPERATURE AT 37°F (Working. OK)</i>							
QTY. ORD.	PART #	DESCRIPTION	UNIT PRICE \$ . c.	AMOUNT \$ . c.			
<i>1</i>		<i>Temp. Control</i>		<i>221</i>			
							
I certify the technician(s) arrived and departed at the times shown and that the repairs made have been performed as stated and that these repairs have been made to my complete satisfaction. Signature below acknowledges that the consumer has read & agreed to front & back hereof to the terms & conditions of this said document. *Not responsible for equipment left on premises for more than 30 days. (*Shop Repairs)							
DATE MONTH DAY YEAR	TIME IN	TIME OUT	TOTAL HOURS	AUTHORIZED SIGNATURE SIGN & PRINT	TECH SIGNATURE	TOTAL PART(S)	
<i>7 5 12</i>	<i>6<sup>45</sup> AM</i>	<i>10<sup>45</sup> AM</i>	<i>x</i>		<i>Naugh</i>	<i>221</i>	<i>00</i>
						LABOR @	<i>5/c</i>
						TRAVEL CHARGE	
						OTHER	
						TOTAL LABOR	
						TAX %	
						FREIGHT	
Ⓟ - JOB COMPLETE    BS - BROUGHT TO SHOP FE - FORWARD ESTIMATE    OP - ORDER PARTS						<b>TOTAL AMOUNT</b>	<i>221 00</i>

WORK TICKET

# Invoice

## Summit Restaurant Repairs INC.

Date: 7/2/2012  
Invoice No.: 126533

160 E 2ND STREET  
MINEOLA, NY 11501-3507

(516) 747-3333 (516) 747-7776 (fax)

Bill to: MOUNT VERNON HOSPITAL  
12 NORTH SEVENTH AVENUE  
ATTN: ANDREW WALTERS  
MOUNT VERNON, NY 10550

Service at: MOUNT VERNON HOSPITAL  
12 NORTH SEVENTH AVENUE  
ATTN: ANDREW WALTERS  
MOUNT VERNON, NY 10550

Customer ID: 2451

Description: WO#282757

Reference: Work Order 145413

Terms: DUE UPON RECEIPT



PO Number:

Item	Description	Quantity	Unit Price	Amount
Miscellaneous	DEFROST TIMER	1.00	\$323.00	\$323.00
			Miscellaneous Subtotal	\$323.00

Subtotal:	\$323.00
Sales Tax:	\$0.00
Payments:	\$0.00
Total Due:	\$323.00



**"A Complete Repair Service to the Food Industry"**

 <b>SUMMIT RESTAURANT REPAIRS &amp; SALES, INC.</b> 160 E 2nd Street • Mineola, NY 11501 NY, NJ, CT 1-800-675-7560 • (516) 747-3333 • Fax: (516) 747-7776				<b>WORK TICKET</b> NO: 282757 E #: 145413			
		CLIENT: <u>MOUNT VERNON HOSPITAL</u>		PO#: _____ TELE: _____			
ADDRESS: _____			I AUTHORIZE PARTS TO BE ORDERED WITHOUT A QUOTE/ESTIMATE.				
CITY: <u>M. VERNON</u>		STATE: _____	ZIP: _____	Shipping Method: Regular or NDA circle one			
BILL TO: _____			Sign & Print: <u>[Signature]</u> Title _____				
LOCATION OF EQ.:	MFG.:	TYPE OF EQUIPMENT:	MODEL NO.:	SERIAL NO.:			
		<u>W-1 FR.</u>					
GAS-NAT.:	LP:	MFG. PHASE:	SPEED:	KW:	VOLTS:		
RM.:	WARRANTY:	SERVICE CONTRACT:	TIME & MATERIALS:				
CONDITION AND SERVICE PERFORMED <u>REPAIRED DEFROST TIMER</u>							
QTY. ORD.:	PART#:	DESCRIPTION:	UNIT PRICE:	AMOUNT:			
		<u>DEFROST TIMER (PARTS)</u>		<u>323</u>	<u>00</u>		
		<u>M# 8745 20</u>					
I certify the technician(s) arrived and departed at the times shown and that the repairs made have been performed as stated and that these repairs have been made to my complete satisfaction. Signature below acknowledges that the consumer has read & agreed to front & back hereof to the terms & conditions of this said document. *Not responsible for equipment left on premises for more than 30 days. (*Shop Repairs)							
DATE MONTH DAY YEAR	TIME IN	TIME OUT	TOTAL HOURS	AUTHORIZED SIGNATURE SIGN & PRINT	TECH SIGNATURE	TOTAL PART(S)	
<u>7 2 12</u>				<u>[Signature]</u>	<u>[Signature]</u>	<u>323</u>	<u>00</u>
						LABOR @	<u>516</u>
						TRAVEL CHARGE	
						OTHER	
						TOTAL LABOR	
						TAX %	
						FREIGHT	
JC - JOB COMPLETE    BS - BROUGHT TO SHOP FE - FORWARD ESTIMATE    OP - ORDER PARTS						<b>TOTAL AMOUNT</b>	<u>323 00</u>

WORK TICKET

# Invoice

## Summit Restaurant Repairs INC.

Date: 7/30/2012  
Invoice No.: 126725

160 E 2ND STREET  
MINEOLA, NY 11501-3507

(516) 747-3333 (516) 747-7776 (fax)

Bill to: MOUNT VERNON HOSPITAL  
12 NORTH SEVENTH AVENUE  
ATTN: ANDREW WALTERS  
MOUNT VERNON, NY 10550

Service at: MOUNT VERNON HOSPITAL  
12 NORTH SEVENTH AVENUE  
ATTN: ANDREW WALTERS  
MOUNT VERNON, NY 10550

Customer ID: 2451

Description: WO#267572

Reference: Work Order 145755



Terms: DUE UPON RECEIPT

PO Number:

Item	Description	Quantity	Unit Price	Amount
Parts	HI TEMP WIRE (ROLL)	50.00	\$6.45	\$322.50
			Parts Subtotal	\$322.50

Subtotal:	\$322.50
Sales Tax:	\$0.00
Payments:	\$0.00
<b>Total Due:</b>	<b>\$322.50</b>

**"A Complete Repair Service to the Food Industry"**

 <b>SUMMIT RESTAURANT REPAIRS &amp; SALES, INC.</b> 160 E 2nd Street • Mineola, NY 11501 NY, NJ, CT 1-800-675-7560 • (516) 747-3333 • Fax: (516) 747-7776		 <b>WORK TICKET</b> NO: 267572 E#: 195755					
				CLIENT: <i>WAT Vernon Hospital</i>	PO#:	TELE:	
ADDRESS:		I AUTHORIZE PARTS TO BE ORDERED WITHOUT A QUOTE/ESTIMATE.					
CITY: <i>WAT Vernon</i>	STATE:	ZIP:	Shipping Method: Regular or NDA circle one				
BILL TO:		Sign & Print	Title				
LOCATION OF EQ:	MFG:	TYPE OF EQUIPMENT:	MODEL NO:				
	<i>3BCD</i>	<i>Steam Table</i>	<i>985116A</i>				
GAS NAT:	PHASE:	SPEED:	KW:				
			<i>71187729</i>				
Warranty:	SERVICE CONTRACT:	Time & Materials:					
<b>CONDITION AND SERVICE PERFORMED</b>							
<p><i>chk unit found burned wire on board                  1, 2, 3 from RT board second main to left                  upper section no order to service unit</i></p>							
QTY ORD.	PART #	DESCRIPTION	UNIT PRICE \$ . c	AMOUNT \$ . c			
<i>1</i>		<i>Roll Heat Seal Liner</i>		<i>322.50</i>			
I certify the technician(s) arrived and departed at the times shown and that the repairs made have been performed as stated and that these repairs have been made to my complete satisfaction. Signature below acknowledges that the consumer has read & agreed to front & back hereof to the terms & conditions of this said document. *Not responsible for equipment left on premises for more than 30 days. (Shop Repairs)							
DATE MONTH DAY YEAR	TIME IN	TIME OUT	TOTAL HOURS	AUTHORIZED SIGNATURE SIGN & PRINT	TECH SIGNATURE	TOTAL PART(S)	<i>322.50</i>
<i>7/29/2012</i>				<i>[Signature]</i>	<i>[Signature]</i>	LABOR @	<i>5/c</i>
						TRAVEL CHARGE	
						OTHER	
<i>7/30/2012</i>				<i>[Signature]</i>	<i>[Signature]</i>	TOTAL LABOR	
						TAX	
						FREIGHT	
JC - JOB COMPLETE    BS - BROUGHT TO SHOP FE - FORWARD ESTIMATE    OP - ORDER PARTS						<b>TOTAL AMOUNT</b>	<i>322.50</i>

WORK TICKET

# Invoice

## Summit Restaurant Repairs INC.

Date: 7/30/2012  
 Invoice No.: 126861

160 E 2ND STREET  
 MINEOLA, NY 11501-3507

(516) 747-3333 (516) 747-7776 (fax)

Bill to: MOUNT VERNON HOSPITAL  
 12 NORTH SEVENTH AVENUE  
 ATTN: ANDREW WALTERS  
 MOUNT VERNON, NY 10550

Service at: MOUNT VERNON HOSPITAL  
 12 NORTH SEVENTH AVENUE  
 ATTN: ANDREW WALTERS  
 MOUNT VERNON, NY 10550

Customer ID: 2451

Description: WO#283616

Reference: Work Order 145395

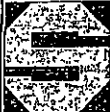

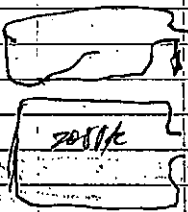
Terms: DUE UPON RECEIPT

PO Number:

Item	Description	Quantity	Unit Price	Amount
<b>Parts</b>				
	ELEMENT	1.00	\$69.00	\$69.00
	MISC ELECTRICAL MATERIALS	1.00	\$25.00	\$25.00
			<b>Parts Subtotal</b>	<b>\$94.00</b>
<b>Miscellaneous</b>				
	UPS/FREIGHT CHARGE	1.00	\$9.00	\$9.00
			<b>Miscellaneous Subtotal</b>	<b>\$9.00</b>

Subtotal:	\$103.00
Sales Tax:	\$0.00
Payments:	\$0.00
<b>Total Due:</b>	<b>\$103.00</b>

**"A Complete Repair Service to the Food Industry"**

 <b>SUMMIT RESTAURANT REPAIRS &amp; SALES, INC.</b> 160 E 2nd Street • Mineola, NY 11501 NY, NJ, CT: 1-800-675-7560 • (516) 747-3333 • Fax: (516) 747-7776		 <b>WORK TICKET</b> NO: 283616 E#: 145395					
CLIENT: <i>Mr. Vernon Hospitall</i> ADDRESS: <i>12 N 7th Ave</i> CITY: <i>McVean</i> STATE: <i>NY</i> ZIP: _____ BILL TO: _____		PO#: _____ TELE: _____ I AUTHORIZE PARTS TO BE ORDERED WITHOUT A QUOTE/ESTIMATE. Shipping Method: Regular or NDA circle one Sign & Print: <i>[Signature]</i> Title: _____					
LOCATION OF EQ:	MEG:	TYPE OF EQUIPMENT:	MODEL NO:	SERIAL NO:			
	<i>Seco</i>	<i>Steam Table</i>	<i>4HE</i>	<i>7118729</i>			
GAS: NAT:	LP: MFG:	PHASE:	SPEED:	KW:	VOLTS:	OTHER:	OTHER:
	<i>3</i>		<i>4</i>	<i>208</i>		<i>9M 5106H</i>	
PM:	WARRANTY:	SERVICE CONTRACT:	TIME & MATERIALS:				
CONDITION AND SERVICE PERFORMED: <i>2 Wells out #1 &amp; #3 - Removed top and tested and burned off wire on #1 Replaced burner &amp; operated on #3 Element is burned off @ terminal needs new.</i> <i>Installed parts for Silgan All Drain Drip To well &amp; Rinsed Area MUST ALLOW 24 hrs for Silgan to dry</i> <i>SEE Ticket # 25388</i>							
QTY. ORD.	PART #	DESCRIPTION	UNIT PRICE	AMOUNT			
1		<i>Element</i>		69.00			
							
1		<i>Terminal</i>					
2		<i>For #1 &amp; #3</i>					
1		<i>Wirenut</i>					
I certify the technician(s) arrived and departed at the times shown and that the repairs made have been performed as stated and that these repairs have been made to my complete satisfaction. Signature below acknowledges that the consumer has read & agreed to front & back hereof to the terms & conditions of this said document. *Not responsible for equipment left on premises for more than 30 days. (Shop Repairs)							
DATE	TIME IN	TIME OUT	TOTAL HOURS	AUTHORIZED SIGNATURE	TECH SIGNATURE	TOTAL PART(S)	
06 29 2012	1135	1210		<i>[Signature]</i>	<i>[Signature]</i>	94.00	
						LABOR @	<i>5/1</i>
						TRAVEL CHARGE	
						OTHER	
						TOTAL LABOR	
						TAX %	
						FREIGHT	9.00
						TOTAL AMOUNT	103.00

JOB COMPLETE   
  BS - BROUGHT TO SHOP  
 FORWARD ESTIMATE   
  ORDER PARTS

# Invoice

## Summit Restaurant Repairs INC.

Date: 9/10/2012  
 Invoice No.: 127238

160 E 2ND STREET  
 MINEOLA, NY 11501-3507

(516) 747-3333 (516) 747-7776 (fax)

Bill to: MOUNT VERNON HOSPITAL  
 12 NORTH SEVENTH AVENUE  
 ATTN: ANDREW WALTERS  
 MOUNT VERNON, NY 10550

Service at: MOUNT VERNON HOSPITAL  
 12 NORTH SEVENTH AVENUE  
 ATTN: ANDREW WALTERS  
 MOUNT VERNON, NY 10550

Customer ID: 2451

Description: WO#283809

Reference: Work Order 140344



Terms: DUE UPON RECEIPT

PO Number:

Item	Description	Quantity	Unit Price	Amount
<b>Parts</b>				
	MOTOR	1.00	\$481.90	\$481.90
	BLADE ASSY	1.00	\$91.10	\$91.10
	SEAL	1.00	\$21.05	\$21.05
			<b>Parts Subtotal</b>	<b>\$594.05</b>
<b>Miscellaneous</b>				
	UPS/FREIGHT CHARGE	1.00	\$23.00	\$23.00
			<b>Miscellaneous Subtotal</b>	<b>\$23.00</b>

Subtotal:	\$617.05
Sales Tax:	\$0.00
Payments:	\$0.00
<b>Total Due:</b>	<b>\$617.05</b>

**"A Complete Repair Service to the Food Industry"**

 <b>SUMMIT RESTAURANT REPAIRS &amp; SALES, INC.</b> 160 E 2nd Street • Mineola, NY 11501 NY, NJ, CT 1-800-675-7560 • (516) 747-3333 • Fax: (516) 747-7776		 <b>WORK TICKET</b> NO: 283809 E#: 140340					
CLIENT: <i>MT Vernon</i>		PO#: _____ TELE: _____					
ADDRESS: _____		I AUTHORIZE PARTS TO BE ORDERED WITHOUT A QUOTE/ESTIMATE.					
CITY: _____	STATE: _____	Shipping Method: Regular or NDA circle one					
BILL TO: _____		Sign & Print _____ Title _____					
LOCATION OF EQ: _____	MFG: _____	TYPE OF EQUIPMENT: _____	MODEL NO: _____				
<i>Miami Robo Queen Blender</i>		<i>REV</i>					
SERIAL NO: _____		<i>2465023103B-12</i>					
GAS: NAT _____	LP _____	MFG: _____	PHASE: _____				
<i>110</i>		<i>120V</i>					
PM: _____	WARRANTY: _____	SERVICE CONTRACT: _____	TIME & MATERIALS: _____				
CONDITION AND SERVICE PERFORMED _____							
<p style="text-align: center;"><i>Complete Motor/shaft Assy Broken                  Have to be Replaced Note DO NOT USE                  UNIT UNTIL New PARTS Are installed</i></p>							
QTY. ORD.	PART #	DESCRIPTION	UNIT PRICE	AMOUNT			
1		Motor Shaft Assy					
1		Motor		594			
1		Chopping Block Assy					
1		Seal (motor)					
<p><i>Rush Estimate</i></p>							
I certify the technician(s) arrived and departed at the times shown and that the repairs made have been performed as stated and that these repairs have been made to my complete satisfaction. Signature below acknowledges that the consumer has read & agreed to front & back hereof to the terms & conditions of this said document. *Not responsible for equipment left on premises for more than 30 days. (*Shop Repairs)							
DATE	TIME IN	TIME OUT	TOTAL HOURS	AUTHORIZED SIGNATURE	TECH SIGNATURE	TOTAL PART(S)	
7 18 07	9:00	11:00		<i>Ronald</i>	<i>JA</i>	594	05
9 6 12	2:30	4:30			<i>Ben Boyd</i>	LABOR @	s/c
09 00 12	2:30	3:00		<i>Scott Fyfe</i>	<i>CF</i>	TRAVEL CHARGE	
						OTHER	
						TOTAL LABOR	
						TAX %	
						FREIGHT	23.00
JC - JOB COMPLETE    BS - BROUGHT TO SHOP FE - FORWARD ESTIMATE    OP - ORDER PARTS						TOTAL AMOUNT	617.05

WORK TICKET  
 PARTS DEPARTMENT

# Invoice

## Summit Restaurant Repairs INC.

Date: 9/13/2012  
Invoice No.: 127577

160 E 2ND STREET  
MINEOLA, NY 11501-3507

(516) 747-3333 (516) 747-7776 (fax)

Bill to: MOUNT VERNON HOSPITAL  
12 NORTH SEVENTH AVENUE  
ATTN: ANDREW WALTERS  
MOUNT VERNON, NY 10550

Service at: MOUNT VERNON HOSPITAL  
12 NORTH SEVENTH AVENUE  
ATTN: ANDREW WALTERS  
MOUNT VERNON, NY 10550

Customer ID: 2451

Description: WO#285976/285975

Reference: Work Order 144391

Terms: DUE UPON RECEIPT



PO Number:

Item	Description	Quantity	Unit Price	Amount
<b>Miscellaneous</b>				
	DOOR LATCH	2.00	\$231.00	\$462.00
	UPS/FREIGHT CHARGE	1.00	\$15.00	\$15.00
	<b>Miscellaneous Subtotal</b>			<b>\$477.00</b>

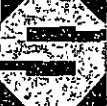

<b>Subtotal:</b>	\$477.00
<b>Sales Tax:</b>	\$0.00
<b>Payments:</b>	\$0.00
<b>Total Due:</b>	<b>\$477.00</b>



**"A Complete Repair Service to the Food Industry"**

 <b>SUMMIT RESTAURANT REPAIRS &amp; SALES, INC.</b> 160 E 2nd Street • Mineola, NY 11501 NY, NJ, CT 1-800-675-7560 • (516) 747-3333 • Fax: (516) 747-7776		 <b>WORK TICKET</b>				
		NO: 285976		E #: 144391		
CLIENT: Mount Vernon Hospital			PO#:	TELE#:		
ADDRESS: 127 Ave			I AUTHORIZE PARTS TO BE ORDERED WITHOUT A QUOTE/ESTIMATE.			
CITY: Mount Vernon		STATE:	Shipping Method: Regular or NDA circle one			
BILL TO:			Sign & Print: <i>[Signature]</i> Title:			
LOCATION OF EQ:	MFG:	TYPE OF EQUIPMENT:	MODEL NO.:	SERIAL NO.:		
	Epc	AIR CURTAIN	INSE 3BRG	97071040065		
GAS NAT:	LP	MFG PHASE:	SPEED:	KW:	VOLTS:	
PM:	WARRANTY:	SERVICE CONTRACT:	TIME & MATERIALS:			
CONDITION AND SERVICE PERFORMED						
UNIT need a door latch Assembly						
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;">                     INSTALLED 9/13/12                 </div>						
QTY. ORD.	PART #	DESCRIPTION		UNIT PRICE	AMOUNT	
1		Door Latch			231	
I certify the technician(s) arrived and departed at the times shown and that the repairs made have been performed as stated and that these repairs have been made to my complete satisfaction. Signature below acknowledges that the consumer has read & agreed to front & back hereof to the terms & conditions of this said document. *Not responsible for equipment left on premises for more than 30 days. (*Shop Repairs)						
DATE MONTH DAY YEAR	TIME IN	TIME OUT	TOTAL HOURS	AUTHORIZED SIGNATURE SIGN & PRINT	TECH SIGNATURE	TOTAL PART(S)
09 19 12	2:00	3:00		Leonarda Belmonti	hw	231
09 13 12	10:40	1:45		<i>[Signature]</i>	Wang	LABOR @ s/c
						TRAVEL CHARGE
						OTHER
						TOTAL LABOR
						TAX %
						FREIGHT 15.00
JO - JOB COMPLETE    BS - BROUGHT TO SHOP FE - FORWARD ESTIMATE    OP - ORDER PARTS						
TOTAL AMOUNT (Cont)						

**"A Complete Repair Service to the Food Industry"**

 <b>SUMMIT RESTAURANT REPAIRS &amp; SALES, INC.</b> 160 E 2nd Street • Mineola, NY 11501 NY, NJ, CT 1-800-675-7560 • (516) 747-3333 • Fax: (516) 747-7776				<b>WORK TICKET</b> NO: 285975 E #: 144321		
		CLIENT: Mount Vernon Hospital		PO#: _____ TELE: _____		
ADDRESS: 12 7 AVE		I AUTHORIZE PARTS TO BE ORDERED WITHOUT A QUOTE/ESTIMATE.				
CITY: Mount Vernon STATE: _____ ZIP: _____		Shipping Method: Regular or NDA circle one				
BILL TO: _____		Sign & Print <i>[Signature]</i>		Title _____		
LOCATION OF EQ:	MFG:	TYPE OF EQUIPMENT:	MODEL NO.:	SERIAL NO.:		
	RPCO	AIR CURTAIN	Inse 336RG	970710ASD		
GAS-NAT:	LP MFG	PHASE:	SPEED:	KW:	VOLTS:	
PM:	WARRANTY:	SERVICE CONTRACT:	TIME & MATERIALS:			
CONDITION AND SERVICE PERFORMED						
INSTALLED PARTS MENTIONED BELOW 9/13/12						
QTY. ORD.	PART #	DESCRIPTION	UNIT PRICE	AMOUNT		
1		Door Latch Assembly		231.00		
I certify the technician(s) arrived and departed at the times shown and that the repairs made have been performed as stated and that these repairs have been made to my complete satisfaction. Signature below acknowledges that the consumer has read & agreed to front & back hereof to the terms & conditions of this said document. *Not responsible for equipment left on premises for more than 30 days. (*Shop Repairs)						
DATE MONTH DAY YEAR	TIME IN	TIME OUT	TOTAL HOURS	AUTHORIZED SIGNATURE SIGN & PRINT	TECH SIGNATURE	TOTAL PART(S)
6 19 12	200	300		<i>[Signature]</i>	<i>[Signature]</i>	231
9 13 12						
						LABOR @
						TRAVEL CHARGE
						OTHER
						TOTAL LABOR
						TAX %
						FREIGHT
						TOTAL AMOUNT
						477.00

WORK TICKET

# Invoice

## Summit Restaurant Repairs INC.

Date: 9/27/2012  
Invoice No.: 127725

160 E 2ND STREET  
MINEOLA, NY 11501-3507

(516) 747-3333 (516) 747-7776 (fax)

Bill to: MOUNT VERNON HOSPITAL  
12 NORTH SEVENTH AVENUE  
ATTN: ANDREW WALTERS  
MOUNT VERNON, NY 10550

Service at: MOUNT VERNON HOSPITAL  
12 NORTH SEVENTH AVENUE  
ATTN: ANDREW WALTERS  
MOUNT VERNON, NY 10550

Customer ID: 2451

Description: WO#283949

Reference: Work Order 146346



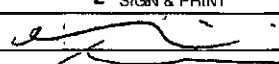
Terms: DUE UPON RECEIPT

PO Number:

Item	Description	Quantity	Unit Price	Amount
<b>Parts</b>				
	STEAM SOLENOID	1.00	\$281.90	\$281.90
			<b>Parts Subtotal</b>	<b>\$281.90</b>
<b>Miscellaneous</b>				
	UPS/FREIGHT/NDA	1.00	\$52.00	\$52.00
			<b>Miscellaneous Subtotal</b>	<b>\$52.00</b>

Subtotal:	\$333.90
Sales Tax:	\$0.00
Payments:	\$0.00
<b>Total Due:</b>	<b>\$333.90</b>

**"A Complete Repair Service to the Food Industry"**

 <b>SUMMIT RESTAURANT REPAIRS &amp; SALES, INC.</b> 160 E 2nd Street • Mineola, NY 11501 NY, NJ, CT 1-800-675-7560 • (516) 747-3333 • Fax: (516) 747-7776		 <b>WORK TICKET</b> NO: 283949 E #: 146846					
				CLIENT: <b>MT VERNON HOSPITAL</b>	PO#: _____ TELE: _____		
ADDRESS: _____		I AUTHORIZE PARTS TO BE ORDERED WITHOUT A QUOTE/ESTIMATE.					
CITY: <b>MT VERNON</b>	STATE: <b>NY</b>	ZIP: _____	Shipping Method: Regular or <input checked="" type="checkbox"/> NDA circle one				
BILL TO: _____		Sign & Print _____ Title _____					
LOCATION OF EQ: <b>KITCHEN</b>	MFGS: <b>HOBART</b>	TYPE OF EQUIPMENT: <b>D/W</b>	MODEL NO.: <b>FT 800 S</b>				
GAS: NAT. <input type="checkbox"/> LP <input type="checkbox"/> MFG PHASE: _____		SPEED: _____	KW: _____ VOLTS: _____ OTHER: _____				
SERIAL NO.: <b>121025782</b>		OTHER: _____					
WARRANTY: _____		SERVICE CONTRACT: _____	TIME & MATERIALS: _____				
CONDITION AND SERVICE PERFORMED <p style="text-align: center;"><b>THE STEAM COME OUT FOR COIL PIPE I TOOK OUT PIPE TIGHT UP ALSO THE SOLENOID VALVE NOT WORKING HAVE TO PRODUCE PROCEED SHUT OFF MANUALLY MAIN STEAM VALVE UNTIL PARTS COMING</b></p>							
QTY. ORD.	PART #	DESCRIPTION	UNIT PRICE	AMOUNT			
1		WASH TANK STEAM SOLENOID VALVE	281.90	281.90			
I certify the technician(s) arrived and departed at the times shown and that the repairs made have been performed as stated and that these repairs have been made to my complete satisfaction. Signature below acknowledges that the consumer has read & agreed to front & back hereof to the terms & conditions of this said document. *Not responsible for equipment left on premises for more than 30 days. (*Shop Repairs)							
DATE MONTH DAY YEAR	TIME IN	TIME OUT	TOTAL HOURS	AUTHORIZED SIGNATURE SIGN & PRINT	TECH SIGNATURE	TOTAL PART(S)	
8 28 12	9:00				<b>MANNY</b>	LABOR @	281.90
9 27 12	12:30				<b>MANNY</b>	TRAVEL CHARGE	5.00
						OTHER	
						TOTAL LABOR	
						TAX %	
						FREIGHT	52.00
<input checked="" type="checkbox"/> JOB COMPLETE <input type="checkbox"/> BS - BROUGHT TO SHOP <input type="checkbox"/> FE - FORWARD ESTIMATE <input type="checkbox"/> OR - ORDER PARTS						TOTAL AMOUNT	333.90

WORK TICKET

# Invoice

## Summit Restaurant Repairs INC.

Date: 10/8/2012  
 Invoice No.: 127742

160 E 2ND STREET  
 MINEOLA, NY 11501-3507

(516) 747-3333 (516) 747-7776 (fax)

Bill to: MOUNT VERNON HOSPITAL  
 12 NORTH SEVENTH AVENUE  
 ATTN: ANDREW WALTERS  
 MOUNT VERNON, NY 10550

Service at: MOUNT VERNON HOSPITAL  
 12 NORTH SEVENTH AVENUE  
 ATTN: ANDREW WALTERS  
 MOUNT VERNON, NY 10550

Customer ID: 2451

Description: WO#285662

Reference: Work Order 145568



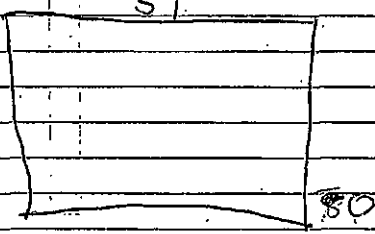
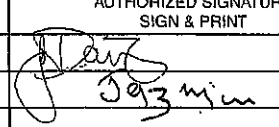
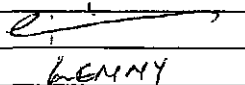
Terms: DUE UPON RECEIPT

PO Number:

Item	Description	Quantity	Unit Price	Amount
<b>Labor</b>				
	ON SITE-LABOR-2ND MAN	3.00	\$120.00	\$360.00
			<b>Labor Subtotal</b>	<b>\$360.00</b>
<b>Miscellaneous</b>				
	DOOR HEATER	1.00	\$312.25	\$312.25
	UPS/FREIGHT CHARGE	1.00	\$12.00	\$12.00
			<b>Miscellaneous Subtotal</b>	<b>\$324.25</b>

Subtotal:	\$684.25
Sales Tax:	\$0.00
Payments:	\$0.00
<b>Total Due:</b>	<b>\$684.25</b>

**"A Complete Repair Service to the Food Industry"**

 <b>SUMMIT RESTAURANT REPAIRS &amp; SALES, INC.</b> 160 E 2nd Street • Mineola, NY 11501 NY, NJ, CT 1-800-675-7560 • (516) 747-3333 • Fax: (516) 747-7776		 <b>WORK TICKET</b> NO: 285662 E #: 145568					
				CLIENT: <u>Mt. Vernon Hospital</u>	PO#: _____ TELE: _____		
ADDRESS: _____		1 AUTHORIZE PARTS TO BE ORDERED WITHOUT A QUOTE/ESTIMATE.					
CITY: <u>Mt Vernon</u>	STATE: <u>NY</u>	ZIP: _____	Shipping Method: Regular or NDA circle one				
BILL TO: _____		Sign & Print _____	Title _____				
LOCATION OF EQ: <u>Hallway</u>	MFG: _____	TYPE OF EQUIPMENT: <u>W. I. Ice</u>	MODEL NO: _____ SERIAL NO: _____				
GAS NAT: _____ LP: _____ MFG: _____	PHASE: _____	SPEED: _____ KW: _____ VOLTS: _____	OTHER: _____ OTHER: _____				
PM: _____	WARRANTY: _____	SERVICE CONTRACT: _____	TIME & MATERIALS: _____				
CONDITION AND SERVICE PERFORMED <u>Found door frame frozen. Will have to find a way to install an additional door frame heat in the inner door frame. This could be complicated as the outer door might have to move to be able to get to the original door frame. Might need two (2) men.</u>							
QTY: _____	PART # _____	DESCRIPTION _____	UNIT PRICE _____ AMOUNT _____				
		<u>Need</u>					
<u>1</u>		<u>Door frame heater</u>	<u>312</u>				
		<u>39</u>					
							
		<u>10/08/12</u>	<u>Job Completed.</u>				
I certify the technician(s) arrived and departed at the times shown and that the repairs made have been performed as stated and that these repairs have been made to my complete satisfaction. Signature below acknowledges that the consumer has read & agreed to front & back hereof to the terms & conditions of this said document. *Not responsible for equipment left on premises for more than 30 days. (*Shop Repairs)							
DATE MONTH DAY YEAR	TIME IN	TIME OUT	TOTAL HOURS	AUTHORIZED SIGNATURE SIGN & PRINT	TECH SIGNATURE	TOTAL PART(S)	
<u>07 10 12</u>	<u>7:40</u>					<u>312</u>	
						LABOR @ _____	<u>156</u>
						TRAVEL CHARGE	
						OTHER _____	<u>360</u>
						TOTAL LABOR	<u>360</u>
<u>10 08 12</u>	<u>8:00</u>	<u>2:10</u>			<u>Jacob/Mike</u>	TAX %	
						FREIGHT	<u>12.00</u>
(JC) JOB COMPLETE BS - BROUGHT TO SHOP (FE) FORWARD ESTIMATE OP - ORDER PARTS						TOTAL AMOUNT	<u>684.25</u>

# Invoice

## Summit Restaurant Repairs INC.

Date: 10/3/2012  
Invoice.No.: 128156

160 E 2ND STREET  
MINEOLA, NY 11501-3507

(516) 747-3333 (516) 747-7776 (fax)

Bill to: MOUNT VERNON HOSPITAL  
12 NORTH SEVENTH AVENUE  
ATTN: ANDREW WALTERS  
MOUNT VERNON, NY 10550

Service at: MOUNT VERNON HOSPITAL  
12 NORTH SEVENTH AVENUE  
ATTN: ANDREW WALTERS  
MOUNT VERNON, NY 10550

Customer ID: 2451

Description: WO#283829

Reference: Work Order 145931



Terms: DUE UPON RECEIPT

PO Number:

Item	Description	Quantity	Unit Price	Amount
<b>Miscellaneous</b>				
	HEAT ELEMENT,HI TEMP WIRE, HI TEMP TERMINALS	1.00	\$560.00	\$560.00
	UPS/FREIGHT CHARGE	1.00	\$16.00	\$16.00
	<b>Miscellaneous Subtotal</b>			<b>\$576.00</b>

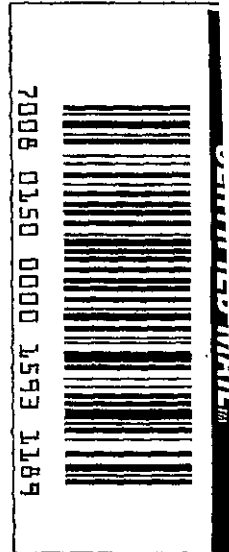
Subtotal:	\$576.00
Sales Tax:	\$0.00
Payments:	\$0.00
<b>Total Due:</b>	<b>\$576.00</b>

**"A Complete Repair Service to the Food Industry"**

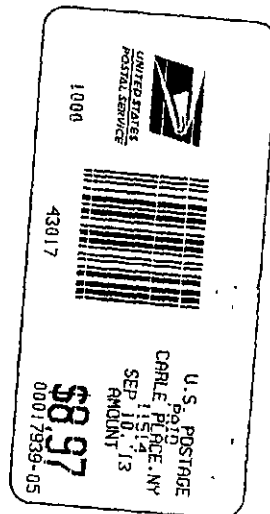
 <b>SUMMIT RESTAURANT REPAIRS &amp; SALES, INC.</b> 160 E 2nd Street • Mineola, NY 11501 NY, NJ, CT 1-800-675-7560 • (516) 747-3333 • Fax: (516) 747-7776		 <b>WORK TICKET</b> NO: 283829 E #: 195931					
CLIENT: <i>MT Vernon Hospital</i> PO#: _____ TELE: _____		I AUTHORIZE PARTS TO BE ORDERED WITHOUT A QUOTE/ESTIMATE.					
ADDRESS: <i>12 N 7th Ave</i>		Shipping Method: Regular or NDA circle one					
CITY: <i>MT Vernon</i> STATE: <i>NY</i> ZIP: _____		Sign & Print _____ Title _____					
BILL TO: _____		_____					
LOCATION OF EQ:	MFG.:	TYPE OF EQUIPMENT:	MODEL NO.:	SERIAL NO.:			
<i>Market</i>	<i>5000</i>	<i>Steam Table</i>	<i>4HB</i>	<i>7118729</i>			
GAS-NAT:	UP:	MFG.:	PHASE:	SPEED:			
		<i>30</i>					
KW:	VOLTS:	OTHER:	OTHER:				
<i>4</i>	<i>208</i>	<i>9MB106H</i>					
PM:	WARRANTY:	SERVICE CONTRACT:	TIME & MATERIALS:				
CONDITION AND SERVICE PERFORMED <i>Just used two Herten Element, Mill Wires &amp; Connector</i> <i>Heater 1st + 2nd from Rtsid</i> <i>Parts below needed</i> <i>Returned Installed Parts and tested Operates Normally @ this time</i>							
QTY. ORD.	PART #	DESCRIPTION	UNIT PRICE \$ C	AMOUNT \$ C			
<i>2</i>		<i>Herten Element</i>					
<i>2</i>		<i>3/8" High Temp Anneal Wire</i>		<i>5.00</i>			
<i>4</i>		<i>ROUND Connector Terminal</i>					
		<i>SAPA</i>					
<i>Contract Cash on Delivery</i> <i>Before 02/03/15</i> <i>44361 6425 Henry</i>							
I certify the technician(s) arrived and departed at the times shown and that the repairs made have been performed as stated and that these repairs have been made to my complete satisfaction. Signature below acknowledges that the consumer has read & agreed to front & back hereof to the terms & conditions of this said document. *Not responsible for equipment left on premises for more than 30 days. (*Shop Repairs)							
DATE MONTH DAY YEAR	TIME IN	TIME OUT	TOTAL HOURS	AUTHORIZED SIGNATURE SIGN & PRINT	TECH SIGNATURE	TOTAL PART(S)	
<i>7 30 2012</i>				<i>[Signature]</i>	<i>[Signature]</i>	<i>560</i>	
<i>10 3 2012</i>	<i>110</i>	<i>350</i>		<i>[Signature]</i>	<i>[Signature]</i>		
						LABOR @	<i>5/c</i>
						TRAVEL CHARGE	
						OTHER	
						TOTAL LABOR	
						TAX %	
						FREIGHT	<i>16.00</i>
JC - JOB COMPLETE BS - BROUGHT TO SHOP FE - FORWARD ESTIMATE OP - ORDER PARTS						TOTAL AMOUNT	<i>576.00</i>



SUMMIT RESTAURANT REPAIRS, INC.  
160 E 2<sup>ND</sup> STREET  
MINEOLA, NY 11501



*Send Share Medical  
of Westchester, at, at, cc cc  
PO Box 9382  
Aurora, Ohio 43017-5382*



09-16-13 A10:45 IN



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
<p><b>Name of Debtor (Check Only One):</b></p> <p><input type="checkbox"/> Sound Shore Medical Center of Westchester</p> <p><input type="checkbox"/> The Mount Vernon Hospital, Inc</p> <p><input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center</p> <p><input type="checkbox"/> The M.V.H. Corporation</p> <p><input checked="" type="checkbox"/> Sound Shore Health System, Inc.</p> <p><input type="checkbox"/> NRHMC Services Corporation</p> <p><input type="checkbox"/> New Rochelle Sound Shore Housing, LLC</p>	<p><b>Case No.</b></p> <p>13-22840</p> <p>13-22841</p> <p>13-22842</p> <p>13-22843</p> <p>13-22844</p> <p>13-22845</p> <p>13-22846</p>	<p><b>Your Claim is Scheduled As Follows:</b></p> <div style="text-align: center; border: 1px solid black; border-radius: 50%; width: 100px; margin: 0 auto; padding: 5px;"> <p>THE GARDEN CITY GROUP, INC.</p> <p>SEP 16 2013</p> </div> <p>If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.</p>
<p><b>NOTE:</b> Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).</p>		
<p><b>Name of Creditor (the person or other entity to whom the Debtor owes money or property):</b> <u>Sung Wu Sun</u></p>	<p><input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.</p> <p><b>Court Claim Number:</b> _____</p> <p style="text-align: center;">(if known)</p> <p>Filed on: _____</p>	
<p><b>Name and address where notices should be sent:</b></p> <p><u>500 Central Park Ave #433</u> <u>Scarsdale, NY 10583</u></p> <p><b>Telephone number:</b> <u>914-826-1626</u></p> <p><b>Email Address:</b> <u>sunmd12@gmail.com</u></p>	<p><input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.</p>	
<p>FILED - 83788</p> <p>U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK</p> <p>SOUND SHORE MEDICAL CENTER OF WESTCHESTER</p> <p>ROBERT D. DRAIN</p>		
<p><b>Name and address where payment should be sent (if different from above):</b></p>	<p><b>Telephone number:</b> _____</p> <p><b>Email Address:</b> _____</p>	
<p>1. <b>Amount of Claim as of Date Case Filed (May 29, 2013):</b> <u>\$ up to 3.9 million dollars (1.3 million dollars per case) and future legal defence fee, pension</u></p> <p>If all or part of the claim is secured, complete item 4.</p> <p>If all or part of the claim is entitled to priority, complete item 5.</p> <p>If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6.</p> <p><input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.</p>		
<p>2. <b>Basis for Claim:</b> <u>Malpractice insurance coverage including legal defence fee, pension</u> (See instruction #2)</p>		
<p>3. <b>Last four digits of any number by which creditor identifies Debtor:</b></p> <p style="text-align: center; font-size: 2em;"><u>1 3 9 8</u></p>	<p>3a. <b>Debtor may have scheduled account as:</b></p> <p style="text-align: center;">_____ (See instruction #3a)</p>	<p>3b. <b>Uniform Claim Identifier (optional):</b></p> <p style="text-align: center;">_____ (See instruction #3b)</p>
<p>4. <b>Secured Claim (See instruction #4)</b></p> <p>Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.</p> <p><b>Nature of property or right of setoff:</b>    <input type="checkbox"/> Real Estate    <input type="checkbox"/> Motor Vehicle</p> <p style="padding-left: 150px;"><input type="checkbox"/> Other</p> <p><b>Describe:</b> _____</p> <p><b>Value of Property:</b> \$ _____</p> <p><b>Annual Interest Rate</b> _____ %    <input type="checkbox"/> Fixed    or    <input type="checkbox"/> Variable (when case was filed)</p> <p style="text-align: right;"><b>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:</b></p> <p style="text-align: right;">\$ _____</p> <p style="text-align: right;"><b>Basis for perfection:</b> _____</p> <p style="text-align: right;"><b>Amount of Secured Claim:</b> \$ _____</p> <p style="text-align: right;"><b>Amount Unsecured:</b> \$ _____</p>		
<p>5. <b>Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a).</b> If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</p> <p><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).</p> <p><input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4).</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8)</p> <p><input checked="" type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).</p> <p><input checked="" type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).</p> <p style="text-align: right;"><b>Amount entitled to priority:</b></p> <p style="text-align: right;">\$ _____</p> <p><small>* Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small></p>		
<p>6. <b>Claim Pursuant to 11 U.S.C. § 503(b)(9):</b> Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____</p>		
<p>7. <b>Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)</p>		

Modified B10 (GCG) (04/13)

**8. Documents:** Attached are 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, and the 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) Check the appropriate box.  
 I am the creditor     I am the creditor's authorized agent     I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004)     I am a guarantor, surety, indorser, or other codebtor (See Bankruptcy Rule 3005)  
 (Attach 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: Sung Wu Sun    Signature: Sung Wu Sun    Date: 9/13/13  
 Title: physician    (Signature)    (Date)  
 Company: \_\_\_\_\_  
 Address and telephone number (if different from notice address above): \_\_\_\_\_  
 Telephone number: 914-826-1626    email: swsunmd12@gmail.com

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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS. **IF BY MAIL:** Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. **IF BY HAND OR OVERNIGHT COURIER:** Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

**THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**  
**THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)**

**Items to be completed in Proof of Claim Form**

**Court, Name of Debtor, and Case Number:**  
 These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim  
**ACSEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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

**3b. Uniform Claim Identifier:**  
 If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases

**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 your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9):**  
 If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

**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 healthcare 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.

THE MOUNT VERNON HOSPITAL

12 North Seventh Avenue  
Mount Vernon, New York 10550  
(914) 664 8000

November 28, 2007

Sung Wu Sun, MD  
500 Central Park Avenue #433  
Scarsdale, New York 10583

Dear Dr. Sun:

The purpose of this letter is to update the Agreement between us dated March 30, 2004. In addition it recognizes the fact that, as you know, the hospital is putting into place a Transitional Care Unit, and that hospital management has asked you to assume the position of medical director of this 20-bed, long-term care unit, scheduled to open for patient care on or about January 1, 2008.

**1) DUTIES**

As an attending physician in the department of Internal Medicine, your duties will include, but not be limited to, those summarized in Attachment 1, **Position Specification Sheet**. Other, related duties may be assigned by the department chair. You will devote a minimum of 80 hours per pay period in order to fulfill your duties hereunder.

**2) COMPENSATION**

Your total compensation for services rendered pursuant to this Agreement shall be in the annual amount of \$134,934. Of this total amount, \$125,000 shall be

Sung Wu Sun, MD

Page 2

payable in every-other-week installments. You must properly document your time and activities each pay period. The remaining \$9,934 is the agreed-upon fair market price to cover the provisions, below, related to the provision of malpractice insurance in a private practice setting.

### **3) TERM**

This three-year employment agreement will be effective December 1, 2007, subject to the approval of the Board of Trustees, and it shall run to December 31, 2010, as modified by Paragraph 7 hereof. This agreement may be automatically renewed for successive one-year periods, unless otherwise terminated as hereinafter provided.

### **4) PRIVATE PRACTICE**

There may be private practice opportunities during the period of this contract. Each such arrangement would be committed to in writing and decided on a case-by-case basis, recognizing the hospital's need as well as yours. The hospital has agreed to your working at Wartburg Adult Care Community. As we have discussed, carrying out this arrangement cannot interfere with your obligations to the hospital.

#### **5) MALPRACTICE**

Professional liability insurance coverage will be provided to you by the Hospital. This coverage benefit includes your private practice activities at Wartburg Adult Care Community. You will not be covered for services you provide at other sites that are not sanctioned by the Hospital. You will be covered without a deductible, on an occurrence basis, and the limits, recognizing current medical staff bylaws, are \$1,300,000/\$3,900,000. If the bylaws should change, the limits too will change. The Hospital may also choose to purchase malpractice insurance from a commercial insurance carrier provider.

#### **6) BENEFITS**

See **Attachment 2, Fringe Benefits for Full Time Physicians**. For this current contract period and subject to prior Hospital approval, you will also be allowed one week (40 hours) to participate in professionally relevant medical education seminars or conferences for the purpose of continuing medical education. The Hospital's financial support for registration fees, travel expenses, room and board, etc. may be up to \$2,000. Claims for reimbursement of all such expenses must be accompanied by appropriate documentation.

#### **7) TERMINATION**

This Agreement may be terminated on sixty (60) days notice by either party at any time without cause. Your employment may also be terminated by the Hospital for cause on ten (10) days notice, which shall be defined as including

Sung Wu Sun, MD

Page 4

(but shall not be limited to) any breach by you of a provision of this Agreement, your loss of Medical Staff privileges at the Hospital or of your license to practice medicine, your failure to qualify for medical malpractice insurance in accordance with Paragraph 5 hereof, or your failure to provide timely and proper medical record and billing documentation and information appropriate to your duties hereunder. Your employment may also be terminated at any time for conduct which in the fair and reasonable opinion of the Board of Trustees is determined to be prejudicial to the best interests and welfare of the Hospital.

#### **8) BYLAWS, RULES AND REGULATIONS**

As a condition of your employment hereunder, you agree at all times to comply with the Bylaws, Rules and Regulations of the Medical Staff. Your Medical Staff appointment at the Hospital shall not be contingent upon your employment hereunder. You agree that any employee who provides patient care items or services at the Hospital or who performs billing or coding functions for the Hospital will comply with the Hospital's Compliance program, including the training related to the Anti-Kickback Statute, 42 U.S.C. § 1320a-7(b), and the Stark Law, 42 U.S.C. § 1395nn. You acknowledge receipt of the Hospital's Code of Conduct and its Stark Law and Anti-Kickback Policies and Procedures. You and Hospital both certify that in the performance of this Agreement, neither party shall violate the Stark Law or the Anti-Kickback Statute.

Kindly indicate your acceptance of the above terms and conditions by providing

Sung Wu Sun, MD

Page 5

your signature in the space indicated below.

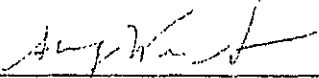
Sincerely,

THE MOUNT VERNON HOSPITAL

By: 

George Haskins  
Senior Vice President/  
Chief Operating Officer

AGREED TO BY:

  
Sung Wu Sun, MD



**ATTACHMENT 1**  
**POSITION SPECIFICATION SHEET**

Position Titles: Director, Family Health & Wellness Center  
Medical Director, Transitional Care Unit  
Attending Physician

Principle Functions: Care for patients in the Family Health and Wellness Center  
Participate as a member of the geriatric and adult teaching  
Faculty.  
Medical director of the Transitional Care Unit (8 hours per pay  
period).

Duties: Out-patient caregiver at the Family Health and Wellness Center.

Major teaching faculty, Internal Medicine Residency Program.

Emergency room on-call coverage for medical service patients, 4-5  
times per month and subsequent in-patient care. Administrative,  
education and clerical responsibilities for the medical residents in  
ambulatory clinic. Geriatric education of medical residents including  
patient care and teaching in geriatric skills in clinic. Member,  
Graduate Medical Education Committee and the Clinical  
Competency Committee and Audit Committee. Research and  
quality improvement projects in the Family Health and Wellness  
Center, as requested.

Engage in community outreach programs involving medical  
residents and members of the Mount Vernon Hospital staff.

Employee Health: perform employee physical, counseling and  
consulting, as requested from time to time.

Reports to: Chair, Department of Internal Medicine; hospital management

Private Practice: Yes, subject to Hospital approval.

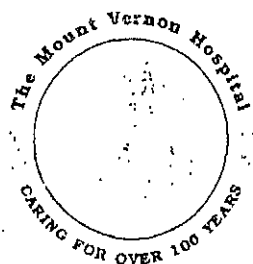
## ATTACHMENT 2

### Fringe Benefits for Full Time Physicians

- Life Insurance - \$100,000  
Eligibility waiting period – First of the month following 4 full calendar months of employment.
- AD&D - \$100,000  
Eligibility waiting period – First of the month following 4 full calendar months of employment.
- Long Term Disability – 66.66% of salary to a maximum of \$10,000 per month. Waiting period after declaration of disability is 90 calendar days.  
  
Eligibility waiting period – First of the month following 4 full calendar months of employment.
- Eligible for statutory benefits, i.e., unemployment, workers' compensation, short term disability.
- Medical insurance, prescription drug, dental and vision – MVH self-insured plan for full time employees only.  
Eligibility waiting period – First of the month following 4 full calendar months of employment for the employee. For dependent coverage, the eligibility waiting period is the first of the month following 8 full calendar months of employment. Cost to full time employee for participation in health insurance program if salary is over \$125,000 is:  
  
Single \$2,000 per year via payroll deduction  
Family of 2 \$4,000 per year via payroll deduction  
Family of 2+ \$5,000 per year via payroll deduction
- Pension – 100% employer contribution. The percent of contribution is based on years of service with the contribution escalating with more years of service. The employee must work a minimum of 1,000 hours in a calendar year to gain credit for that year.
- Vacation – Full time employees are issued 20 paid vacation days per calendar year to be used no later than the March 31<sup>st</sup> following the year in which the days were issued. The issuance of paid vacation days is pro-rated if the date of hire is not January 1<sup>st</sup>. There is no carry over of days beyond March 31<sup>st</sup>. There is no pay out of unused vacation days.

- Free Days – Full time employees are issued 4 paid free days per calendar year. The issuance of paid free days is pro-rated if the date of hire is not January 1<sup>st</sup>. There is no carry over of days beyond December 31<sup>st</sup>. There is no pay out of unused free days.
- Holidays – Full time employees are issued 8 paid scheduled holidays to be taken on the day the holiday occurs. For identification of these days refer to hospital holiday calendar. There is no pay out of unused holidays.
- Sick Days – Full time employees are issued 1 sick day per month. There is no pay out of unused sick days.
- Parking – Free parking

All benefits subject to change.



# The Mount Vernon Hospital

12 North Seventh Avenue  
Mount Vernon, New York 10550  
Tel: 914-664-8000 • Fax: 914-664-6405

December 1, 2007

To Whom It May Concern:

Please be advised that The Mount Vernon Hospital maintains a self-insured trust fund, which covers Sung Wu Sun, MD for professional liability during the period beginning 12.01a.m., December 1, 2007 and continues through 12:00 midnight, December 31, 2010. Coverage limits are \$1.3 million and \$3.9 million.

This coverage is for the time that Dr. Sun is working on behalf of the hospital either at the hospital site, a satellite office or with one of its affiliates. This coverage also includes services he provides at the Wartburg Adult Care Community.

Sincerely,

A handwritten signature in black ink, appearing to read "George Haskins", written over a horizontal line.

George Haskins,  
Sr. Vice President/COO

Southern Sun  
1000 Central Park Ave #433  
Sewickley, NY 10588

Southern Sun Medical Center of Westchester  
c/o GAC, LLC  
1515 Park Boulevard, Purchase, NY 10577  
Dublin, OH 43017



SUNG WU SUN  
15 CENTRE ST APT 2

MOUNT VERNON, NY 105521861  
UNITED STATES US

ACTWT: 0.4 LB  
CAD: /OFFC1400  
DIMS: 0x0x0 IN

BILL SENDER

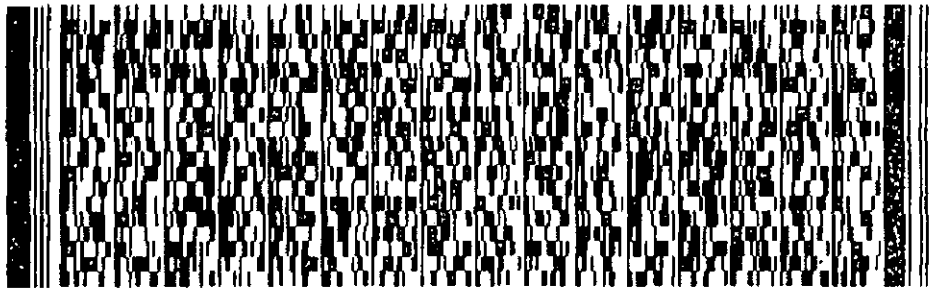
Part # 156297435 RITZ 08/13

TO **SOUND SHORE MEDICAL CENTER  
GARDEN CITY GROUP, INC., THE  
5151 BLAZER PKWY  
STE A  
DUBLIN OH 43017**

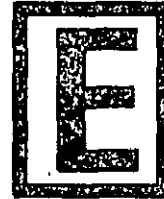
(800) 327-3664

REF:

DEPT:



**FedEx**  
Express



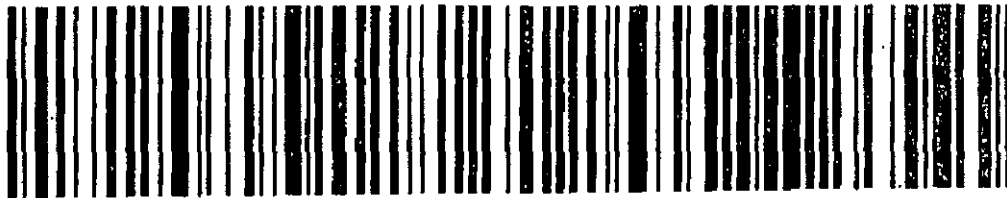
JST11502120126

TRK# 8037 2399 3070  
0200

**MON - 16 SEP 10:30A  
PRIORITY OVERNIGHT**

**XX OSUA**

**43017  
OH-US LCK**



**FedEx** **NEW Package**  
Express **US Airbill** FedEx Tracking Number **8037 2399 3070**

From **9/14/13**  
Date

Sender's Name **Sigman Sim** Phone **226-1126**

Company \_\_\_\_\_

Address **600 Central Park Ave # 433**  
City **Stamford** State **NY** ZIP **10583**  
Dept./Floor/Suite/Room \_\_\_\_\_

Your Internal Billing Reference \_\_\_\_\_

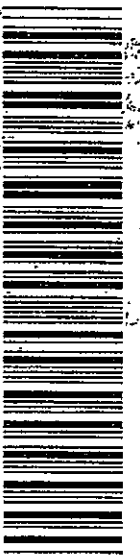
To Recipient's Name **Sound Shore Medical Center of Stamford** Phone \_\_\_\_\_

Company **SCC E. Inc.**

Address **5151 Slager Parkway** Dept./Floor/Suite/Room \_\_\_\_\_

Address \_\_\_\_\_  
Use this line for the HOLD location address or for continuation of your shipping address.

City **Quakertown** State **PA** ZIP **17119**



8037 2399 3070

Form ID No. **0200**  
Signature **[Signature]**  
Date **02/23/15**

**4 Express Package Service** - To most locations.  
NOTE: Service order has changed. Please select carefully.

**Next Business Day**  
 **FedEx First Overnight** - Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless SAT/DAY Delivery is selected.  
 **FedEx Priority Overnight** - Next business morning. Friday shipments will be delivered on Monday unless SAT/DAY Delivery is selected.  
 **FedEx Standard Overnight** - Next business afternoon. Saturday Delivery NOT available.

**2 or 3 Business Days**  
 **FedEx 2DAY AM** - Second business morning. Saturday Delivery NOT available.  
 **FedEx 2DAY** - Second business afternoon. Thursday shipments will be delivered on Monday unless SAT/DAY Delivery is selected.  
 **FedEx Express Saver** - Third business day. Saturday Delivery NOT available.

**5 Packaging** - Declared value limit \$500.  
 **FedEx Envelope\***  **FedEx Pak\***  **FedEx Box**  **FedEx Tube**  **Other**

**6 Special Handling and Delivery Signature Options**  
 **SATURDAY Delivery** - NOT available for FedEx Standard Overnight, FedEx 2Day AM, or FedEx Express Saver.  
 **No Signature Required** - Package may be left without obtaining a signature for delivery.  
 **Direct Signature** - Someone at recipient's address may sign for delivery. Fee applies.  
 **Indirect Signature** - If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only. Fee applies.

**7 Payment Bill to:**  
 **Sender**  **Recipient**  **Third Party**  **Credit Card**  **Cash/Check**  
Enter FedEx Acct. No. or Credit Card No. below: \_\_\_\_\_ Obtain recip. Acct. No. \_\_\_\_\_  
Total Packages \_\_\_\_\_ Total Weight \_\_\_\_\_ lbs.

**Does this shipment contain dangerous goods?**  
 **NO**  **YES** - As per attached Shipper's Declaration not required.  
Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in FedEx Express Drop Box.  
 **Dry Ice** - Dry Ice 3 UN 1845 \_\_\_\_\_ x \_\_\_\_\_ kg  
 **Cargo Aircraft Only**


**7 Payment Bill to:**  
Enter FedEx Acct. No. or Credit Card No. below: \_\_\_\_\_ Obtain recip. Acct. No. \_\_\_\_\_  
Total Packages \_\_\_\_\_ Total Weight \_\_\_\_\_ lbs.

Rev. Date 1/12 - Part AIR002 - ©2012 FedEx - PRINTED IN U.S.A. SNF

91.60  
07.00

FedEx.com 1.800.GoFedEx 1.800.463.3339

09-16-13 P01:24 IN

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
Name of Debtor (Check Only One): <input checked="" type="checkbox"/> Sound Shore Medical Center of Westchester <input type="checkbox"/> The Mount Vernon Hospital, Inc. <input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center <input type="checkbox"/> The M.V.H. Corporation <input type="checkbox"/> Sound Shore Health System, Inc. <input type="checkbox"/> NRHMC Services Corporation <input type="checkbox"/> New Rochelle Sound Shore Housing, LLC		Case No. 13-22840 13-22841 13-22842 13-22843 13-22844 13-22845 13-22846
NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <b>Thaliana Frencigui, An Infant By Her M/N/G Vivian Lambert</b>		<div style="text-align: center;">  </div> <p>If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.</p>
Name and address where notices should be sent: <b>John M. Daly, Esq.</b> <b>Fitzgerald &amp; Fitzgerald, P.C.</b> <b>538 Riverdale Avenue</b> <b>Yonkers, New York 10705</b> Telephone number: (914) 378-1010 Email Address: jdaly@lawfitz.com		
Name and address where payment should be sent (if different from above): FILED - 00012 U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. DRAIN Telephone number: Email Address:		
<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____		
<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.		
1. Amount of Claim as of Date Case Filed (May 29, 2013): 5. <u>undetermined</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Medical Malpractice</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies Debtor:	3a. Debtor may have scheduled account as:	3b. Uniform Claim Identifier (optional):
_____	_____	_____
		(See instruction #3a)
		(See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, 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 was filed)		Amount of arrearage and other charges, as of the time case was 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 part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). <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"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).		<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)(____). Amount entitled to priority: \$ _____
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Claim Pursuant to 11 U.S.C. § 503(b)(9): Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$		
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)		



Modified B10 (GCG) (04/15)

3. Documents: Attached are 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, and the definition of "redacted")]  
 DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.  
 If the documents are not available, please explain: \_\_\_\_\_

8. Signature: (See instruction #9) Check the appropriate box.  
 I am the creditor  I am the creditor's authorized agent.  I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004)  I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)  
 (Attach 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: John M. Daly, Esq. September 13, 2013  
 Title: Attorney (Signature) (Date)  
 Company: Fitzgerald & Fitzgerald, P.C.  
 Address and telephone number (if different from notice address above):  
538 Riverdale Avenue  
Yonkers, New York 10705  
 Telephone number: (914) 378-1010 email: jdaly@lawfitz.com

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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM.**

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: IF BY MAIL: Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. IF BY HAND OR OVERNIGHT COURIER: Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)  
 THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)

**Items to be completed in Proof of Claim Form**

**Court, Name of Debtor, and Case Number:**  
 These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.  
**ADSEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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.

**3.a. 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.

**5b. Uniform Claim Identifier:**  
 If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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 your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9):**  
 If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

**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 healthcare 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.

Modified E19 (GCG) (04/13)

DEFINITIONS

INFORMATION

**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 to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).

**Claim**  
A claim is the creditor's right to receive payment for a debt 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 GCG as described in the instructions above and in the Bar Date Notice.

**Section 503(b)(9) Claim**  
A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**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.

**Acknowledgment of Filing of Claim**  
To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.

**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.

**Display of Proof of Claim on Case Administration Website**  
As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.

LIMITED POWER OF ATTORNEY

This Limited Power of Attorney is given by:

Vivianne Lambert

presently residing at:

57 West 2nd Street, Mount Vernon, NY 10550

pursuant to the provisions of the New York State Public Health Law §§ 18(1)(g) and 18(3)(g) and as a "qualified person" pursuant to New York State Public Health Law § 18(1)(g) as he/she is the parent and natural guardian of:

Thalliana Frencique

DOB: 7/14/2008

I hereby appoint JAMES P. FITZGERALD, ESQ. as my attorney-in-fact to act in my name, place, and stead in any way which I myself could do if I were personally present with respect to the following matters as permitted by the New York State Public Health Law §§ 18(1)(g) and 18(3)(g) to execute a written request for patient information concerning medical treatment rendered to me and my child above, including, but not limited to, all medical, hospital, physician, Medicaid, Medicare, health maintenance organization, pharmacy, psychology, education, governmental agency, and any other records that would require my authorization to obtain under said law. I specifically authorize the release of all alcohol, drug, mental health, and HIV related information and any and all information that may be protected from disclosure by federal and state law.

Giving and granting said attorney full power and authority to do and perform all and every act and thing whatsoever necessary to be done in and about the specific and limited premises (set out herein) as fully, to all intents and purposes, as might or could be done if personally present, with full power of substitution and revocation, hereby ratifying and confirmed all that said attorney shall lawfully do or cause to be done by virtue hereof.

I specifically grant power to my attorney to authorize this release of all medical records to attorneys representing other parties in litigation in which my attorney represents me.

This Limited Power of Attorney shall remain in effect until revoked by me by a notarized written instrument specifically revoking this limited power.

In witness whereof, I have hereunto signed my name:

(YOU SIGN HERE) *Vivianne Lambert*  
(Signature of Principal)

*James P. Fitzgerald*  
James P. Fitzgerald, Esq.

State of New York )  
County of Westchester ) ss.:  
13 Day of September, 2013

Before me, the undersigned, personally known to me or provided to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

*Mercedes Guina*

MERCEDES GUINA  
Commissioner of Deeds  
City of Yonkers  
Certificate Filed in Westchester County  
Commission Expires 2/28/15

From: (814) 378-1010  
John M. Daly  
Fitzgerald & Fitzgerald, P.C.  
538 Riverdale Ave  
Yonkers, NY 10705

Origin ID: NNKA



Ship Date: 13SEP13  
ActWgt: 1.0 LB  
CAD: 100294614/MNET3430

Delivery Address Bar Code

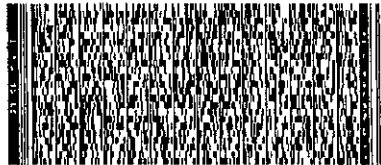


SHIP TO: (914) 378-1010  
BILL SENDER  
WHOM IT MAY CONCERN  
SOUND SHORE MED CTR OF WESTCHESTER  
5151 BLAZER PARKWAY  
SUITE A  
DUBLIN, OH 43017

Ref # JMD  
Invoice #  
PO #  
Dept #

MON - 16 SEP AA  
STANDARD OVERNIGHT

TRK# 7966 8830 5630  
0201



SB OSUA

43017  
OH-US  
LCK



51AG1925HASE

After printing this label:

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.  
Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.



Modified B10 (GCG) (04/13)

8. Documents: Attached are 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, and the 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) Check the appropriate box.  
 I am the creditor  I am the creditor's authorized agent  I am the trustee, or the Debtor, or their authorized agent (See Bankruptcy Rule 3004)  I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)  
(Attach 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: John M. Daly, Esq. September 13, 2013

Title: Attorney (Signature) (Date)

Company: Fitzgerald & Fitzgerald, P.C.

Address and telephone number (if different from notice address above):

538 Riverdale Avenue

Yonkers, New York 10705

Telephone number: (914) 378-1010 email: jdaly@lawfitz.com

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.

INSTRUCTIONS FOR PROOF OF CLAIM FORM.

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: IF BY MAIL: Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. IF BY HAND OR OVERNIGHT COURIER: Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)  
THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)

Items to be completed in Proof of Claim Form

Court, Name of Debtor, and Case Number:  
These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.

ADSEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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.

J.a. 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.

J.b. Uniform Claim Identifier:  
If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

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 your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9):  
If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

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 healthcare 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

INFORMATION

**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 to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).

**Claim**  
A claim is the creditor's right to receive payment for a debt 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 GCG as described in the instructions above and in the Bar Date Notice.

**Section 503(b)(9) Claim**  
A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**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.

**Acknowledgment of Filing of Claim**  
To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.

**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.

**Display of Proof of Claim on Case Administration Website**  
As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.

**LIMITED POWER OF ATTORNEY**

This Limited Power of Attorney is given by:

**Vivianne Lambert**

presently residing at:

57 West 2nd Street, Mount Vernon, NY 10550

pursuant to the provisions of the New York State Public Health Law §§ 18(1)(g) and 18(3)(g) and as a "qualified person" pursuant to New York State Public Health Law § 18(1)(g) as he/she is the parent and natural guardian of:

**Thalliana Frencique**

DOB: 7/14/2008

I hereby appoint **JAMES P. FITZGERALD, ESQ.** as my attorney-in-fact to act in my name, place, and stead in any way which I myself could do if I were personally present with respect to the following matters as permitted by the New York State Public Health Law §§ 18(1)(g) and 18(3)(g) to execute a written request for patient information concerning medical treatment rendered to me and my child above, including, but not limited to, all medical, hospital, physician, Medicaid, Medicare, health maintenance organization, pharmacy, psychology, education, governmental agency, and any other records that would require my authorization to obtain under said law. I specifically authorize the release of all alcohol, drug, mental health, and HIV related information and any and all information that may be protected from disclosure by federal and state law.

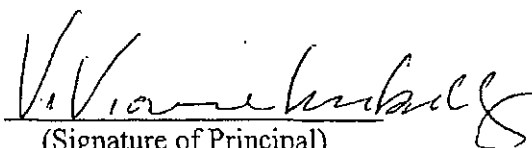
Giving and granting said attorney full power and authority to do and perform all and every act and thing whatsoever necessary to be done in and about the specific and limited premises (set out herein) as fully, to all intents and purposes, as might or could be done if personally present, with full power of substitution and revocation, hereby ratifying and confirmed all that said attorney shall lawfully do or cause to be done by virtue hereof.

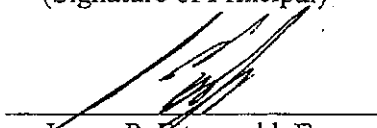
I specifically grant power to my attorney to authorize this release of all medical records to attorneys representing other parties in litigation in which my attorney represents me.

This Limited Power of Attorney shall remain in effect until revoked by me by a notarized written instrument specifically revoking this limited power.

In witness whereof, I have hereunto signed my name:

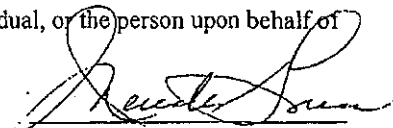
(YOU SIGN HERE)

  
(Signature of Principal)

  
James P. Fitzgerald, Esq.

State of New York )  
County of Westchester ) ss.:  
13 Day of September, 2013

Before me, the undersigned, personally known to me or provided to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.



MERCEDES GUINA  
Commissioner of Deeds  
City of Yonkers  
Certificate Filed in Westchester County  
Commission Expires 2/28/15



From: (914) 378-1010  
John M. Daly  
Fitzgerald & Fitzgerald, P.C.  
538 Riverdale Ave  
Yonkers, NY 10705

Origin ID: NNKA



Ship Date: 13SEP13  
ActWgt: 1.0 LB  
CAD: 100234614/NET3430

Delivery Address Bar Code

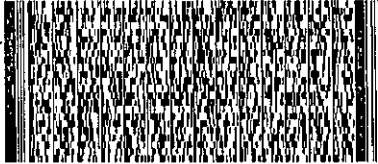


SHIP TO: (914) 378-1010  
BILL SENDER  
WHOM IT MAY CONCERN  
SOUND SHORE MED CTR OF WESTCHESTER  
5151 BLAZER PARKWAY  
SUITE A  
DUBLIN, OH 43017

Ref # JMD  
Invoice #  
PO #  
Dept #

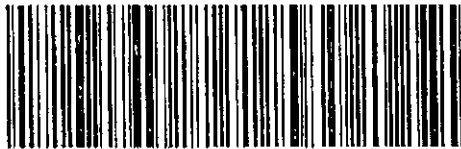
MON - 16 SEP AA  
STANDARD OVERNIGHT

TRK# 7966 8830 5630  
0201



SB OSUA

43017  
OH-US  
LCK



51AG1ZZ501AGE

After printing this label:

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number. Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

01004791

SSM0202865219



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
<b>Name of Debtor (Check Only One):</b> <input checked="" type="checkbox"/> Sound Shore Medical Center of Westchester <input type="checkbox"/> The Mount Vernon Hospital, Inc. <input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center <input type="checkbox"/> The M.V.H. Corporation <input type="checkbox"/> Sound Shore Health System, Inc. <input type="checkbox"/> NRHMC Services Corporation <input type="checkbox"/> New Rochelle Sound Shore Housing, LLC		<b>Case No.:</b> 13-22840 13-22841 13-22842 13-22843 13-22844 13-22845 13-22846
<b>Name of Creditor (the person or other entity to whom the Debtor owes money or property):</b> TURIANO, JOAN		<b>Your Claim is Scheduled As Follows:</b>    If an amount is identified above, you have a claim scheduled* by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form. EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.
<b>Name and address where notices should be sent:</b> TURIANO, JOAN NRHMC 342 UNION AVE NEW ROCHELLE, NY 10801-5821		
<b>Telephone number:</b> <b>Email Address:</b>		
<b>Name and address where payment should be sent (if different from above):</b>  <b>Telephone number:</b> 914 406 9549 <b>Email Address:</b>		
<b>NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).</b>		
<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  <b>Court Claim Number:</b>  (If known)  <b>Filed on:</b>		
<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.		
<b>1. Amount of Claim as of Date Case Filed (May 29, 2013):</b> \$ 60,525.19		FILED - 01459
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6.		U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. DRAIN
<input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
<b>2. Basis for Claim:</b> PENSION - SEVERANCE AGREEMENT & RELEASE (See instruction #2)		
<b>3. Last four digits of any number by which creditor identifies Debtor:</b> 0 1 1 7	<b>3a. Debtor may have scheduled account as:</b>  (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b>  (See instruction #3b)
<b>4. Secured Claim (See instruction #4)</b> Check the appropriate box if the claim is secured by a lien on property, or a right of setoff. attach required redacted documents, and provide the requested information. <b>Nature of property or right of setoff:</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other <b>Describe:</b>		<b>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:</b> \$
<b>Value of Property:</b> \$ <b>Annual Interest Rate</b> % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		<b>Amount of Secured Claim:</b> \$  <b>Amount Unsecured:</b> \$
<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</b> <input checked="" type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). <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"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed of the Debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).		<b>Amount entitled to priority:</b> \$
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
<b>6. Claim Pursuant to 11 U.S.C. § 503(b)(9):</b> Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$		
<b>7. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)		

Modified B10 (GCG) (04/13)

8. **Documents:** Attached are 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. and the definition of "redacted")]  
 DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.  
 If the documents are not available, please explain: INFORMATION AVAILABLE IN HUMAN Resource DEPT SOUND SHORE MED CTR OF WESTCHESTER

9. **Signature:** (See instruction #9) Check the appropriate box.  
 I am the creditor  I am the creditor's authorized agent.  I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004)  I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)  
 (Attach 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: JOAN TURIANO  
 Title: OR MEDICAL MANAGER SPECIALIST (Signature) J. Turiano  
 Company: MEDICAL CENTRAL Employee (Date) 9/12/13  
 Address and telephone number (if different from notice address above):  
 Telephone number: 914 406-9549 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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: IF BY MAIL: Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. IF BY HAND OR OVERNIGHT COURIER: Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)  
 THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)

**Items to be completed in Proof of Claim Form**

**Court, Name of Debtor, and Case Number:**  
 These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.

**SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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.

**3b. Uniform Claim Identifier:**  
 If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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 your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9):**  
 If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

**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 healthcare information. Do not send original documents, as attachments may be destroyed after scanning.

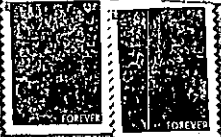
**9. Date and Signature:**  
 The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury 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.

JOAN TURIANO - 090446

DATE	BALANCE
	\$ 104,910.41
02/23/13	\$ 100,875.39
03/09/13	\$ 96,840.37
03/23/13	\$ 92,805.35
04/06/13	\$ 88,770.33
04/20/13	\$ 84,735.31
05/04/13	\$ 80,700.29
05/18/13	\$ 76,665.27
06/01/13	\$ 72,630.25
06/15/13	\$ 68,595.23
06/29/13	\$ 64,560.21
07/13/13	\$ 60,525.19
07/27/13	\$ 56,490.17
08/10/13	\$ 52,455.15
08/24/13	\$ 48,420.13
<del>09/07/13</del>	<del>\$ 48,420.13</del>
09/21/13	\$ 48,420.13
10/05/13	\$ 48,420.13
10/19/13	\$ 48,420.13
11/02/13	\$ 48,420.13
11/16/13	\$ 48,420.13
11/30/13	\$ 48,420.13
12/14/13	\$ 48,420.13
12/28/13	\$ 48,420.13
01/11/14	\$ 48,420.13
01/25/14	\$ 48,420.13
02/08/14	\$ 48,420.13

342 Union Ave  
New Rochelle, NY

POSTAGE  
DUE



300 N. State Street, New York, NY 10017

PO BOX 9982

NEW YORK, NY 10108

13017-8912

13017-8912

B 10 (Official Form 10) (12/11)

<b>UNITED STATES BANKRUPTCY COURT Southern District of New York</b>		<b>PROOF OF CLAIM</b>
Name of Debtor: Sound Shore Health System, Inc.	Case Number: 13-22840	U.S. BANKRUPTCY COURT S.D. OF N.Y. 2013 JUN 28 AM 9:00 FILED COURT USE ONLY
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): United Healthcare Insurance Company on behalf of PICIS, Inc./OptumInsight		<input checked="" type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Name and address where notices should be sent: Rachel A. Smith, UHC, CDM 185 Asylum Street - 03B Hartford, CT 06103 Telephone number: (860) 702-7091 email: rasmith@uhc.com		
Name and address where payment should be sent (if different from above): U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER Telephone number: _____ email: ROBERT D. DRAIN		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
THE GARDEN CITY GROUP INC. JUL 12 2013		
1. Amount of Claim as of Date Case Filed: \$ <u>102,005.72</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Unpaid fees for software services</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor:  2 5 1 8	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, 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 was filed)		Amount of arrearage and other charges, as of the time case was 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 part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<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 \$11,725*) earned within 180 days before the case was filed or the debtor's business ceased, 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 \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7)	<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)( ).
<b>CRT</b>		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. (See instruction #6)		

B 10 (Official Form 10) (12/11)

2

**7. Documents:** Attached are 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 #7, and the definition of "redacted".)

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

If the documents are not available, please explain:

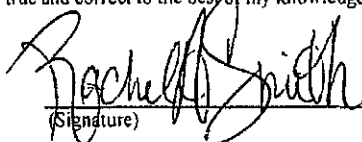
**8. Signature:** (See instruction #8)

Check the appropriate box.

- I am the creditor.     I am the creditor's authorized agent.     I am the trustee, or the debtor, or their authorized agent.     I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)  
 (Attach copy of power of attorney, if any.)    (See Bankruptcy Rule 3004.)

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: Rachel A. Smith  
 Title: Bankruptcy Legal Services Specialist  
 Company: UnitedHealthcare Insurance Company  
 Address and telephone number (if different from notice address above): \_\_\_\_\_

  
 (Signature)

06/27/2013  
 (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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

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

**Items to be completed in Proof of Claim form**

**Court, Name of Debtor, and Case Number:**

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

**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.

**3b. Uniform Claim Identifier:**

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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. 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.

**7. 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.

**8. 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.



Rachel A. Smith  
Credit & Delinquency Management  
185 Asylum Street, 03B  
Hartford, CT 06115-0450  
Telephone: (860) 702 - 7091  
Facsimile: (860) 702 - 6796

June 27, 2013

**VIA OVERNIGHT MAIL**

ATTN: Vito Genna, Clerk  
U.S. Bankruptcy Court  
Clerk's Office  
300 Quarropas Street  
White Plains, NY 10601

Re: Sound Shore Health System, Inc.  
Chpt. 11 Bankruptcy filed 5/29/2013  
Case No. 13-22844 | Lead Case No. 13-22840  
Proof of Claim: \$102,005.72

Dear Mr. Genna:

Enclosed please find an executed Amended Proof of Claim regarding debt outstanding of the above-referenced debtors, in the amount of \$102,005.72 being due United Healthcare Insurance Company/PICIS.

Please note that the change consists of the entity/creditor filing the claim as well as the claim description – the amount of the actual claim has not changed.

Kindly file and return a stamped copy to my attention in the self-addressed pre-paid envelope enclosed for your convenience.

Your prompt anticipated cooperation in this matter is greatly appreciated.

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

Thank you.

Cordially yours,

Rachel A. Smith  
Bankruptcy Legal Services Specialist  
Credit & Delinquency Management

RAS/jar  
Enclosures

(Overnight Mail No. 1ZR8473F0196634387)

FILED  
U.S. BANKRUPTCY COURT  
2013 JUN 28 A 10:39  
S.D. OF N.Y.



Co	Customer#	Invoice #	Inv. Date	Due Date	Amount	Customer	Currency	Current	1 - 30	31 - 60	61 - 90	91 - 120	>120	TOTAL
1509	2518	16817	4/12/2011	5/12/2011	\$ 5,151.03	Sound Shore Health System	USD	-	-	-	-	-	\$ 5,151.03	\$ 5,151.03
1509	2518	17285	5/10/2011	6/9/2011	\$ 4,913.10	Sound Shore Health System	USD	-	-	-	-	-	\$ 4,913.10	\$ 4,913.10
1509	2518	17773	6/9/2011	7/9/2011	\$ 5,571.27	Sound Shore Health System	USD	-	-	-	-	-	\$ 5,571.27	\$ 5,571.27
1509	2518	18237	7/12/2011	8/11/2011	\$ 5,435.31	Sound Shore Health System	USD	-	-	-	-	-	\$ 5,435.31	\$ 5,435.31
1509	2518	18725	8/10/2011	9/9/2011	\$ 5,401.32	Sound Shore Health System	USD	-	-	-	-	-	\$ 5,401.32	\$ 5,401.32
1509	2518	19225	9/9/2011	10/9/2011	\$ 5,104.68	Sound Shore Health System	USD	-	-	-	-	-	\$ 5,104.68	\$ 5,104.68
1509	2518	19695	10/10/2011	11/9/2011	\$ 4,396.84	Sound Shore Health System	USD	-	-	-	-	-	\$ 4,396.84	\$ 4,396.84
1509	2518	20206	11/8/2011	12/8/2011	\$ 5,725.65	Sound Shore Health System	USD	-	-	-	-	-	\$ 5,725.65	\$ 5,725.65
1509	2518	20388	11/10/2011	12/10/2011	\$ 2,755.46	Sound Shore Health System	USD	-	-	-	-	-	\$ 2,755.46	\$ 2,755.46
1509	2518	20399	11/16/2011	12/16/2011	\$ 439.08	Sound Shore Health System	USD	-	-	-	-	-	\$ 439.08	\$ 439.08
1509	2518	20735	12/7/2011	1/6/2012	\$ 8,762.11	Sound Shore Health System	USD	-	-	-	-	-	\$ 8,762.11	\$ 8,762.11
1509	2518	21011	12/27/2011	1/26/2012	\$ 46.88	Sound Shore Health System	USD	-	-	-	-	-	\$ 46.88	\$ 46.88
1509	2518	21338	1/6/2012	2/5/2012	\$ 3,656.38	Sound Shore Health System	USD	-	-	-	-	-	\$ 3,656.38	\$ 3,656.38
1509	2518	21419	1/9/2012	2/8/2012	\$ 7,367.29	Sound Shore Health System	USD	-	-	-	-	-	\$ 7,367.29	\$ 7,367.29
1509	2518	21920	2/9/2012	3/10/2012	\$ 4,744.11	Sound Shore Health System	USD	-	-	-	-	-	\$ 4,744.11	\$ 4,744.11
1509	2518	21971	2/9/2012	3/10/2012	\$ 8,908.48	Sound Shore Health System	USD	-	-	-	-	-	\$ 8,908.48	\$ 8,908.48
1509	2518	22547	3/9/2012	4/8/2012	\$ 4,029.48	Sound Shore Health System	USD	-	-	-	-	-	\$ 4,029.48	\$ 4,029.48
1509	2518	22663	3/9/2012	4/8/2012	\$ 7,869.54	Sound Shore Health System	USD	-	-	-	-	-	\$ 7,869.54	\$ 7,869.54
1509	2518	23087	4/6/2012	5/6/2012	\$ 4,150.02	Sound Shore Health System	USD	-	-	-	-	-	\$ 4,150.02	\$ 4,150.02
1509	2518	23120	4/6/2012	5/6/2012	\$ 8,036.00	Sound Shore Health System	USD	-	-	-	-	-	\$ 8,036.00	\$ 8,036.00
1509	2518	23305	4/17/2012	4/17/2012	\$ (458.31)	Sound Shore Health System	USD	-	-	-	-	-	\$ (458.31)	\$ (458.31)

Total Outstanding: \$ 102,005.72

01/11

# Invoice

Company	Invoice No	Date	Page
1509	19695	10/Oct/2011	1 of 1

**Bill To:** Sound Shore Health System  
 Attn: Rosa Karounos  
 16 Guion Place  
 NEW ROCHELLE NY 10801  
 United States

**Ship To:** Sound Shore Health System  
 Attn: Rosa Karounos  
 16 Guion Place  
 NEW ROCHELLE NY 10801  
 United States

Customer Grp/No.	Customer Name	Customer PO Number	Currency Code	Terms	Due Date
1 2518	Sound Shore Health System		USD	Net-30	09/Nov/2011

No.	SKU Code/Description/Comments	Taxable	No. of Users	Units	Rate	Disc %	Extended
1	605323 E/Point Hosted Services September 2011 Sound Shore Health System- Mount Vernon	Yes	1	1,532.00	3.09	0	4,733.88
2	Tax (Type - AS)	No	1	1.00	0.00	0	0.00

Page Total 4,733.88

Comments: Please Remit To: Picis, Inc.  
 P.O. Box 83139  
 Woburn, MA 01813-3139

Subtotal	<span style="border: 1px solid black; padding: 2px;">4,733.88</span>
Sales Tax	<span style="border: 1px solid black; padding: 2px;">0.00</span>
Invoice Total	<span style="border: 1px solid black; padding: 2px;">4,733.88</span>
Payment Received	<span style="border: 1px solid black; padding: 2px;">4,733.88</span>
Balance if paid by 10/Oct/2011	<span style="border: 1px solid black; padding: 2px;">0.00</span>

# Invoice

Company	Invoice No	Date	Page
1509	20206	08/Nov/2011	1 of 1

**Bill To:** Sound Shore Health System  
 Attn: Rosa Karounos  
 16 Guion Place  
 NEW ROCHELLE NY 10801  
 United States

**Ship To:** Sound Shore Health System  
 Attn: Rosa Karounos  
 16 Guion Place  
 NEW ROCHELLE NY 10801  
 United States

Customer Grp/No.	Customer Name	Customer PO Number	Currency Code	Terms	Due Date
1 2518	Sound Shore Health System		USD	Net-30	08/Dec/2011

No.	SKU Code/Description/Comments	Taxable	No. of Users	Units	Rate	Disc %	Extended
1	605323 E/Point Hosted Services October 2011 Mt Vernon	Yes	1	1,359.00	2.87	0	3,900.33
3	605323 E/Point Hosted Services New Rochelle October 2011	Yes	1	636.00	2.87	0	1,825.32
4	Tax (Type - AS)	No	1	1.00	0.00	0	0.00

Page Total 5,725.65

**Comments:** Please Remit To: Picis, Inc.  
 P.O. Box 83139  
 Woburn, MA 01813-3139

Subtotal	<span style="border: 1px solid black; padding: 2px;">5,725.65</span>
Sales Tax	<span style="border: 1px solid black; padding: 2px;">0.00</span>
Invoice Total	<span style="border: 1px solid black; padding: 2px;">5,725.65</span>
Payment Received	<span style="border: 1px solid black; padding: 2px;">5,725.65</span>
Balance if paid by 08/Nov/2011	<span style="border: 1px solid black; padding: 2px;">0.00</span>

# Invoice

Company	Invoice No	Date	Page
1509	20388	10/Nov/2011	1 of 4

**Bill To:** Sound Shore Health System  
 Attn: Rosa Karounos  
 16 Guion Place  
 NEW ROCHELLE NY 10801  
 United States

**Ship To:** Sound Shore Health System  
 Attn: Rosa Karounos  
 16 Guion Place  
 NEW ROCHELLE NY 10801  
 United States

Customer Grp/No.	Customer Name	Customer PO Number	Currency Code	Terms	Due Date
1 2518	Sound Shore Health System		USD	Net-30	10/Dec/2011

No.	SKU Code/Description/Comments	Taxable	No. of Users	Units	Rate	Disc %	Extended
1	606700 Watson, Bonita R ; Sound Shore Medical Center L200 : Airfare : 10/19/2011 - 10/26/2011	Yes	1	1.00	1,155.75	0	1,155.75
2	606700 Watson, Bonita R ; Sound Shore Medical Center L200 : Airfare : 10/19/2011 - 10/26/2011	Yes	1	1.00	25.00	0	25.00
3	606725 Watson, Bonita R ; Sound Shore Medical Center L200 : Cellular/PDA/Aircard : 10/19/2011	Yes	1	1.00	9.95	0	9.95
4	606710 Watson, Bonita R ; Sound Shore Medical Center L200 : Gas - Rental Cars : 10/23/2011	Yes	1	1.00	34.69	0	34.69
5	606705 Watson, Bonita R ; Sound Shore Medical Center L200 : Lodging Tax : 10/19/2011	Yes	1	1.00	14.68	0	14.68
6	606705 Watson, Bonita R ; Sound Shore Medical Center L200 : Lodging Tax : 10/20/2011	Yes	1	1.00	27.17	0	27.17
7	606705 Watson, Bonita R ; Sound Shore Medical Center L200 : Lodging Tax : 10/21/2011	Yes	1	1.00	27.17	0	27.17
8	606705 Watson, Bonita R ; Sound Shore Medical Center L200 : Lodging Tax : 10/22/2011	Yes	1	1.00	27.17	0	27.17
9	606705 Watson, Bonita R ; Sound Shore Medical Center L200 : Lodging Tax : 10/24/2011	Yes	1	1.00	23.15	0	23.15
10	606705 Watson, Bonita R ; Sound Shore Medical Center L200 : Lodging Tax : 10/25/2011	Yes	1	1.00	19.46	0	19.46
11	606705 Watson, Bonita R ; Sound Shore Medical Center L200 : Lodging/Hotel : 10/19/2011	Yes	1	1.00	129.00	0	129.00
12	606705 Watson, Bonita R ; Sound Shore Medical Center L200 : Lodging/Hotel : 10/20/2011	Yes	1	1.00	189.00	0	189.00

Page Total 1,682.19

**Comments:** Please Remit To.

Picis, Inc.  
 P.O. Box 83139  
 Woburn, MA 01813-3139

# Invoice

Company	Invoice No	Date	Page
1509	20388	10/Nov/2011	2 of 4

**Bill To:** Sound Shore Health System  
 Attn: Rosa Karounos  
 16 Guion Place  
 NEW ROCHELLE NY 10801  
 United States

**Ship To:** Sound Shore Health System  
 Attn: Rosa Karounos  
 16 Guion Place  
 NEW ROCHELLE NY 10801  
 United States

Customer Grp/No.	Customer Name	Customer PO Number	Currency Code	Terms	Due Date
1 2518	Sound Shore Health System		USD	Net-30	10/Dec/2011

No.	SKU Code/Description/Comments	Taxable	No. of Users	Units	Rate	Disc %	Extended
13	606705 Watson, Bonita R : Sound Shore Medical Center L200 : Lodging/Hotel : 10/21/2011	Yes	1	1.00	189.00	0	189.00
14	606705 Watson, Bonita R : Sound Shore Medical Center L200 : Lodging/Hotel : 10/22/2011	Yes	1	1.00	189.00	0	189.00
15	606705 Watson, Bonita R : Sound Shore Medical Center L200 : Lodging/Hotel : 10/24/2011	Yes	1	1.00	161.10	0	161.10
16	606705 Watson, Bonita R : Sound Shore Medical Center L200 : Lodging/Hotel : 10/25/2011	Yes	1	1.00	139.00	0	139.00
17	606715 Watson, Bonita R : Sound Shore Medical Center L200 : Meals Individual Travel : 10/19/2011	Yes	1	1.00	4.00	0	4.00
18	606715 Watson, Bonita R : Sound Shore Medical Center L200 : Meals Individual Travel : 10/19/2011	Yes	1	1.00	17.27	0	17.27
19	606715 Watson, Bonita R : Sound Shore Medical Center L200 : Meals Individual Travel : 10/19/2011	Yes	1	1.00	2.44	0	2.44
20	606715 Watson, Bonita R : Sound Shore Medical Center L200 : Meals Individual Travel : 10/19/2011	Yes	1	1.00	4.49	0	4.49
21	606715 Watson, Bonita R : Sound Shore Medical Center L200 : Meals Individual Travel : 10/20/2011	Yes	1	1.00	55.79	0	55.79
22	606715 Watson, Bonita R : Sound Shore Medical Center L200 : Meals Individual Travel : 10/21/2011	Yes	1	1.00	45.92	0	45.92
23	606715 Watson, Bonita R : Sound Shore Medical Center L200 : Meals Individual Travel : 10/21/2011	Yes	1	1.00	4.08	0	4.08
24	606715 Watson, Bonita R : Sound Shore Medical Center L200 : Meals Individual Travel : 10/22/2011	Yes	1	1.00	47.95	0	47.95

Page Total 860.04

**Comments:** Please Remit To:  
 Picis, Inc.  
 P.O. Box 83139  
 Woburn, MA 01813-3139

# Invoice

Company	Invoice No	Date	Page
1509	20388	10/Nov/2011	3 of 4

**Bill To:** Sound Shore Health System  
 Attn: Rosa Karounos  
 16 Guion Place  
 NEW ROCHELLE NY 10801  
 United States

**Ship To:** Sound Shore Health System  
 Attn: Rosa Karounos  
 16 Guion Place  
 NEW ROCHELLE NY 10801  
 United States

Customer Grp/No.	Customer Name	Customer PO Number	Currency Code	Terms	Due Date
1 2518	Sound Shore Health System		USD	Net-30	10/Dec/2011

No.	SKU Code/Description/Comments	Taxable	No. of Users	Units	Rate	Disc %	Extended
25	606715 Watson, Bonita R : Sound Shore Medical Center L200 : Meals Individual Travel : 10/22/2011	Yes	1	1.00	2.05	0	2.05
26	606715 Watson, Bonita R : Sound Shore Medical Center L200 : Meals Individual Travel : 10/24/2011	Yes	1	1.00	2.98	0	2.98
27	606715 Watson, Bonita R : Sound Shore Medical Center L200 : Meals Individual Travel : 10/24/2011	Yes	1	1.00	8.76	0	8.76
28	606715 Watson, Bonita R : Sound Shore Medical Center L200 : Meals Individual Travel : 10/25/2011	Yes	1	1.00	2.75	0	2.75
29	606715 Watson, Bonita R : Sound Shore Medical Center L200 : Meals Individual Travel : 10/25/2011	Yes	1	1.00	2.00	0	2.00
30	606715 Watson, Bonita R : Sound Shore Medical Center L200 : Meals Individual Travel : 10/25/2011	Yes	1	1.00	29.46	0	29.46
31	606715 Watson, Bonita R : Sound Shore Medical Center L200 : Meals Individual Travel : 10/26/2011	Yes	1	1.00	4.96	0	4.96
32	606715 Watson, Bonita R : Sound Shore Medical Center L200 : Meals Individual Travel : 10/26/2011	Yes	1	1.00	2.34	0	2.34
33	606715 Watson, Bonita R : Sound Shore Medical Center L200 : Meals Individual Travel : 10/26/2011	Yes	1	1.00	4.49	0	4.49
34	606710 Watson, Bonita R : Sound Shore Medical Center L200 : Parking/Tolls : 10/19/2011	Yes	1	1.00	52.06	0	52.06
35	606710 Watson, Bonita R : Sound Shore Medical Center L200 : Parking/Tolls : 10/20/2011	Yes	1	1.00	10.00	0	10.00
36	606710 Watson, Bonita R : Sound Shore Medical Center L200 : Parking/Tolls : 10/21/2011	Yes	1	1.00	10.00	0	10.00

Page Total 131.85

**Comments:** Please Remit To: Picis, Inc.  
 P.O. Box 83139  
 Woburn, MA 01813-3139

# Invoice

Company	Invoice No	Date	Page
1509	20388	10/Nov/2011	4 of 4

**Bill To:** Sound Shore Health System  
 Attn: Rosa Karounos  
 16 Guion Place  
 NEW ROCHELLE NY 10801  
 United States

**Ship To:** Sound Shore Health System  
 Attn: Rosa Karounos  
 16 Guion Place  
 NEW ROCHELLE NY 10801  
 United States

Customer Grp/No.	Customer Name	Customer PO Number	Currency Code	Terms	Due Date
1 2518	Sound Shore Health System		USD	Net-30	10/Dec/2011

No.	SKU Code/Description/Comments	Taxable	No. of Users	Units	Rate	Disc %	Extended
37	606710 Watson, Bonita R : Sound Shore Medical Center L200 : Parking/Tolls : 10/22/2011	Yes	1	1.00	10.00	0	10.00
38	606710 Watson, Bonita R . Sound Shore Medical Center L200 : Personal Car Mileage : 10/19/2011	Yes	1	125.00	0.555	0	69.38
39	606725 Watson, Bonita R : Sound Shore Medical Center L200 : Tips : 10/19/2011 Travel expense report for Bonita Watson  Training See expense report for details	Yes	1	1.00	2.00	0	2.00
40	Tax (Type - RE)	No	1	1.00	0.00	0	0.00

Page Total 81.38

**Comments:** Please Remit To: Picis, Inc.  
 P.O. Box 83139  
 Woburn, MA 01813-3139

Subtotal	2,755.46
Sales Tax	0.00
Invoice Total	2,755.46
Payment Received	2,755.46
Balance if paid by 10/Nov/2011	0.00

# Invoice

Company	Invoice No	Date	Page
1509	22547	09/Mar/2012	1 of 1

**Bill To:** Sound Shore Health System  
 Attn: Rosa Karounos  
 16 Guion Place  
 NEW ROCHELLE NY 10801  
 United States

**Ship To:** Sound Shore Health System  
 Attn: Rosa Karounos  
 16 Guion Place  
 NEW ROCHELLE NY 10801  
 United States

Customer Grp/No.	Customer Name	Customer PO Number	Currency Code	Terms	Due Date
1 2518	Sound Shore Health System		USD	Net-30	08/Apr/2012

No.	SKU Code/Description/Comments	Taxable	No. of Users	Units	Rate	Disc %	Extended
1	605323 E/Point Hosted Services February 2012 Mount Vernon	Yes	1	1,404.00	2.87	0	4,029.48
2	Tax (Type - AS)	No	1	1.00	0.00	0	0.00

Page Total 4,029.48

**Comments:** Please Remit To: Picis, Inc.  
 P.O. Box 83139  
 Woburn, MA 01813-3139

Subtotal	<span style="border: 1px solid black; padding: 2px;">4,029.48</span>
Sales Tax	<span style="border: 1px solid black; padding: 2px;">0.00</span>
Invoice Total	<span style="border: 1px solid black; padding: 2px;">4,029.48</span>
Payment Received	<span style="border: 1px solid black; padding: 2px;">4,029.48</span>
Balance if paid by 09/Mar/2012	<span style="border: 1px solid black; padding: 2px;">0.00</span>



# Invoice

<i>Company</i>	<i>Invoice No</i>	<i>Date</i>	<i>Page</i>
1509	22663	09/Mar/2012	1 of 1

**Bill To:** Sound Shore Health System  
 Attn: Rosa Karounos  
 16 Guion Place  
 NEW ROCHELLE NY 10801  
 United States

**Ship To:** Sound Shore Health System  
 Attn: Rosa Karounos  
 16 Guion Place  
 NEW ROCHELLE NY 10801  
 United States

<i>Customer Grp/No.</i>	<i>Customer Name</i>	<i>Customer PO Number</i>	<i>Currency Code</i>	<i>Terms</i>	<i>Due Date</i>
1 2518	Sound Shore Health System		USD	Net-30	08/Apr/2012

No.	SKU Code/Description/Comments	Taxable	No. of Users	Units	Rate	Disc %	Extended
1	605323 E/Point Hosted Services February 2012 New Rochelle	Yes	1	2,742.00	2.87	0	7,869.54
2	Tax (Type - AS)	No	1	1.00	0.00	0	0.00

Page Total 7,869.54

**Comments:** Please Remit To: Picis, Inc.  
 P.O. Box 83139  
 Woburn, MA 01813-3139

Subtotal	7,869.54
Sales Tax	0.00
Invoice Total	7,869.54
Payment Received	7,869.54
Balance if paid by 09/Mar/2012	0.00

# Invoice

<b>Company</b>	<b>Invoice No</b>	<b>Date</b>	<b>Page</b>
1509	23087	06/Apr/2012	1 of 1
<b>Sales Order: 0</b>			

**Bill To:** Sound Shore Health System  
 Attn: Rosa Karounos  
 16 Guion Place  
 NEW ROCHELLE NY 10801  
 United States

**Ship To:** Sound Shore Health System  
 Attn: Rosa Karounos  
 16 Guion Place  
 NEW ROCHELLE NY 10801  
 United States

<b>Customer Grp/No.</b>	<b>Customer Name</b>	<b>Customer PO Number</b>	<b>Currency Code</b>	<b>Terms</b>	<b>Due Date</b>
1 2518	Sound Shore Health System		USD	Net-30	06/May/2012

No.	SKU Code/Description/Comments	Taxable	No. of Users	Units	Rate	Disc %	Extended
1	605323 E/Point Hosted Services Mount Vernon March 2012	Yes	0	1,446.00	2.87	0	4,150.02
2	Tax (Type - AS)	No	1	1.00	0.00	0	0.00

Page Total 4,150.02

**Comments:** Please Remit To: Picis, Inc.  
 P.O. Box 83139  
 Woburn, MA 01813-3139

Subtotal	4,150.02
Sales Tax	0.00
Invoice Total	4,150.02
Payment Received	4,150.02
Balance If paid by 06/Apr/2012	0.00

# Invoice

Company	Invoice No	Date	Page
1509	20399	16/Nov/2011	1 of 1

**Bill To:** Sound Shore Health System  
 Attn: Rosa Karounos  
 16 Guion Place  
 NEW ROCHELLE NY 10801  
 United States

**Ship To:** Sound Shore Health System  
 Attn: Rosa Karounos  
 16 Guion Place  
 NEW ROCHELLE NY 10801  
 United States

Customer Grp/No.	Customer Name	Customer PO Number	Currency Code	Terms	Due Date
1 2518	Sound Shore Health System		USD	Net-30	16/Dec/2011

No.	SKU Code/Description/Comments	Taxable	No. of Users	Units	Rate	Disc %	Extended
1	606710 Watson, Bonita R : Sound Shore Medical Center L200 : Car Rental : 10/26/2011 Hertz receipt for \$526.90 less \$(87.82) which belongs to a different customer. Total amount due \$439.08	Yes	1	1.00	439.08	0	439.08
2	Tax (Type - RE)	No	1	1.00	0.00	0	0.00

Page Total 439.08

**Comments:** Please Remit To: Picis, Inc.  
 P.O. Box 83139  
 Woburn, MA 01813-3139

Subtotal	<span style="border: 1px solid black; padding: 2px;">439.08</span>
Sales Tax	<span style="border: 1px solid black; padding: 2px;">0.00</span>
Invoice Total	<span style="border: 1px solid black; padding: 2px;">439.08</span>
Payment Received	<span style="border: 1px solid black; padding: 2px;">439.08</span>
Balance if paid by 16/Nov/2011	<span style="border: 1px solid black; padding: 2px;">0.00</span>

# Invoice

Company	Invoice No	Date	Page
1509	20735	07/Dec/2011	1 of 1

**Bill To:** Sound Shore Health System  
 Attn: Rosa Karounos  
 16 Guion Place  
 NEW ROCHELLE NY 10801  
 United States

**Ship To:** Sound Shore Health System  
 Attn: Rosa Karounos  
 16 Guion Place  
 NEW ROCHELLE NY 10801  
 United States

Customer Grp/No.	Customer Name	Customer PO Number	Currency Code	Terms	Due Date
1 2518	Sound Shore Health System		USD	Net-30	06/Jan/2012

No.	SKU Code/Description/Comments	Taxable	No. of Users	Units	Rate	Disc %	Extended
1	605323 E/Point Hosted Services November 2011 Sound Shore Health System- Mount Vernon	Yes	1	1,013.00	2.87	0	2,907.31
3	605323 E/Point Hosted Services Soundshore New Rochelle November 2011	Yes	1	2,040.00	2.87	0	5,854.80
4	Tax (Type - AS)	No	1	1.00	0.00	0	0.00

Page Total 8,762.11

**Comments:** Please Remit To: Picis, Inc.  
 P.O. Box 83139  
 Woburn, MA 01813-3139

Subtotal	8,762.11
Sales Tax	0.00
Invoice Total	8,762.11
Payment Received	8,762.11
Balance if paid by 07/Dec/2011	0.00

# Invoice

Company	Invoice No	Date	Page
1509	21011	27/Dec/2011	1 of 1

**Bill To:** Sound Shore Health System  
 Attn: Rosa Karounos  
 16 Guion Place  
 NEW ROCHELLE NY 10801  
 United States

**Ship To:** Sound Shore Health System  
 Attn: Rosa Karounos  
 16 Guion Place  
 NEW ROCHELLE NY 10801  
 United States

Customer Grp/No.	Customer Name	Customer PO Number	Currency Code	Terms	Due Date
1 2518	Sound Shore Health System		USD	Net-30	26/Jan/2012

No.	SKU Code/Description/Comments	Taxable	No. of Users	Units	Rate	Disc %	Extended
1	606710 Watson, Bonita R : Sound Shore Medical Center L200 : Parking/Tolls : 11/04/2011	Yes	1	1.00	46.88	0	46.88
2	Tax (Type - RE)	No	1	1.00	0.00	0	0.00

Page Total 46.88

**Comments:** Please Remit To: Picis, Inc.  
 P.O. Box 83139  
 Woburn, MA 01813-3139

Subtotal	<span style="border: 1px solid black; padding: 2px;">46.88</span>
Sales Tax	<span style="border: 1px solid black; padding: 2px;">0.00</span>
Invoice Total	<span style="border: 1px solid black; padding: 2px;">46.88</span>
Payment Received	<span style="border: 1px solid black; padding: 2px;">46.88</span>
Balance if paid by 27/Dec/2011	<span style="border: 1px solid black; padding: 2px;">0.00</span>

# Invoice

Company	Invoice No	Date	Page
1509	21338	06/Jan/2012	1 of 1

**Bill To:** Sound Shore Health System  
 Attn: Rosa Karounos  
 16 Guion Place  
 NEW ROCHELLE NY 10801  
 United States

**Ship To:** Sound Shore Health System  
 Attn: Rosa Karounos  
 16 Guion Place  
 NEW ROCHELLE NY 10801  
 United States

Customer Grp/No.	Customer Name	Customer PO Number	Currency Code	Terms	Due Date
1 2518	Sound Shore Health System		USD	Net-30	05/Feb/2012

No.	SKU Code/Description/Comments	Taxable	No. of Users	Units	Rate	Disc %	Extended
1	605323 E/Point Hosted Services December 2011 Mount Vernon	Yes	1	1,274.00	2.87	0	3,656.38
2	Tax (Type - AS)	No	1	1.00	0.00	0	0.00

Page Total 3,656.38

**Comments:** Please Remit To: Picis, Inc.  
 P.O. Box 83139  
 Woburn, MA 01813-3139

Subtotal	3,656.38
Sales Tax	0.00
Invoice Total	3,656.38
Payment Received	3,656.38
Balance if paid by 06/Jan/2012	0.00

# Invoice

Company	Invoice No	Date	Page
1509	21419	09/Jan/2012	1 of 1

**Bill To:** Sound Shore Health System  
 Attn: Rosa Karounos  
 16 Guion Place  
 NEW ROCHELLE NY 10801  
 United States

**Ship To:** Sound Shore Health System  
 Attn: Rosa Karounos  
 16 Guion Place  
 NEW ROCHELLE NY 10801  
 United States

Customer Grp/No.	Customer Name	Customer PO Number	Currency Code	Terms	Due Date
1 2518	Sound Shore Health System		USD	Net-30	08/Feb/2012

No.	SKU Code/Description/Comments	Taxable	No. of Users	Units	Rate	Disc %	Extended
1	605323 E/Point Hosted Services December 2011 New Rochelle	Yes	1	2,567.00	2.87	0	7,367.29
2	Tax (Type - AS)	No	1	1.00	0.00	0	0.00

Page Total 7,367.29

**Comments:** Please Remit To: Picis, Inc.  
 P.O. Box 83139  
 Woburn, MA 01813-3139

Subtotal	7,367.29
Sales Tax	0.00
Invoice Total	7,367.29
Payment Received	7,367.29
Balance if paid by 09/Jan/2012	0.00

# Invoice

Company	Invoice No	Date	Page
1509	21920	09/Feb/2012	1 of 1

**Bill To:** Sound Shore Health System  
 Attn: Rosa Karounos  
 16 Guion Place  
 NEW ROCHELLE NY 10801  
 United States

**Ship To:** Sound Shore Health System  
 Attn: Rosa Karounos  
 16 Guion Place  
 NEW ROCHELLE NY 10801  
 United States

Customer Grp/No.	Customer Name	Customer PO Number	Currency Code	Terms	Due Date
1 2518	Sound Shore Health System		USD	Net-30	10/Mar/2012

No.	SKU Code/Description/Comments	Taxable	No. of Users	Units	Rate	Disc %	Extended
1	605323 E/Point Hosted Services January 2012 Mount Vernon	Yes	1	1,653.00	2.87	0	4,744.11
2	Tax (Type - AS)	No	1	1.00	0.00	0	0.00

Page Total 4,744.11

**Comments:** Please Remit To: Picls, Inc.  
 P.O. Box 83139  
 Woburn, MA 01813-3139

Subtotal	4,744.11
Sales Tax	0.00
Invoice Total	4,744.11
Payment Received	4,744.11
Balance if paid by 09/Feb/2012	0.00



# Invoice

Company	Invoice No	Date	Page
1509	21971	09/Feb/2012	1 of 1

**Bill To:** Sound Shore Health System  
 Attn: Rosa Karounos  
 16 Guion Place  
 NEW ROCHELLE NY 10801  
 United States

**Ship To:** Sound Shore Health System  
 Attn: Rosa Karounos  
 16 Guion Place  
 NEW ROCHELLE NY 10801  
 United States

Customer Grp/No.	Customer Name	Customer PO Number	Currency Code	Terms	Due Date
1 2518	Sound Shore Health System		USD	Net-30	10/Mar/2012

No.	SKU Code/Description/Comments	Taxable	No. of Users	Units	Rate	Disc %	Extended
1	605323 E/Point Hosted Services January 2012 New Rochelle	Yes	1	3,104.00	2.87	0	8,908.48
2	Tax (Type - AS)	No	1	1.00	0.00	0	0.00

Page Total 8,908.48

**Comments:** Please Remit To: Picis, Inc.  
 P.O. Box 83139  
 Woburn, MA 01813-3139

Subtotal	8,908.48
Sales Tax	0.00
Invoice Total	8,908.48
Payment Received	8,908.48
Balance if paid by 09/Feb/2012	0.00

# Invoice

<b>Company</b>	<b>Invoice No</b>	<b>Date</b>	<b>Page</b>
1509	23120	06/Apr/2012	1 of 1
<b>Sales Order: 0</b>			

**Bill To:** Sound Shore Health System  
 Attn: Rosa Karounos  
 16 Guion Place  
 NEW ROCHELLE NY 10801  
 United States

**Ship To:** Sound Shore Health System  
 Attn: Rosa Karounos  
 16 Guion Place  
 NEW ROCHELLE NY 10801  
 United States

<b>Customer Grp/No.</b>	<b>Customer Name</b>	<b>Customer PO Number</b>	<b>Currency Code</b>	<b>Terms</b>	<b>Due Date</b>
1 2518	Sound Shore Health System		USD	Net-30	06/May/2012

No.	SKU Code/Description/Comments	Taxable	No. of Users	Units	Rate	Disc %	Extended
1	605323 E/Point Hosted Services  March 2012 New Rochelle	Yes	0	2,800.00	2.87	0	8,036.00
2	Tax (Type - AS)	No	1	1.00	0.00	0	0.00

Page Total 8,036.00

**Comments:** Please Remit To: Picis, Inc.  
 P.O. Box 83139  
 Woburn, MA 01813-3139

Subtotal	8,036.00
Sales Tax	0.00
Invoice Total	8,036.00
Payment Received	8,036.00
Balance if paid by 06/Apr/2012	0.00

# Credit Invoice

<b>Company</b>	<b>Invoice No</b>	<b>Date</b>	<b>Page</b>
1509	23305	17/Apr/2012	1 of 1
<b>Invoice Cross Ref:</b>			

**Bill To:** Sound Shore Health System  
 Attn: Rosa Karounos  
 16 Guion Place  
 NEW ROCHELLE NY 10801  
 United States

**Ship To:** Sound Shore Health System  
 Attn: Rosa Karounos  
 16 Guion Place  
 NEW ROCHELLE NY 10801  
 United States

<b>Customer Grp/No.</b>	<b>Customer Name</b>	<b>Customer PO Number</b>	<b>Currency Code</b>	<b>Terms</b>	<b>Due Date</b>
1 2518	Sound Shore Health System		USD	RECEIPT	17/Apr/2012

No.	SKU Code/Description/Comments	Taxable	No. of Users	Units	Rate	Disc %	Extended
1	Tax (Type - AS)	No	1	1.00	458.31	0	458.31

Credit sales tax on invoice # 12842

Page Total 458.31

Subtotal 458.31

Sales Tax 0.00

Credit Invoice Total 458.31

# Invoice

Company	Invoice No	Date	Page
1509	16817	12/Apr/2011	1 of 1

**Bill To:** Sound Shore Health System  
 Attn: Rosa Karounos  
 16 Guion Place  
 NEW ROCHELLE NY 10801  
 United States

**Ship To:** Sound Shore Health System  
 Attn: Rosa Karounos  
 16 Guion Place  
 NEW ROCHELLE NY 10801  
 United States

Customer Grp/No.	Customer Name	Customer PO Number	Currency Code	Terms	Due Date
1 2518	Sound Shore Health System		USD	Net-30	12/May/2011

No.	SKU Code/Description/Comments	Taxable	No. of Users	Units	Rate	Disc %	Extended
1	605323 E/Point Hosted Services March 2011 Sound Shore Health System- Mount Vernon	Yes	1	1,667.00	3.09	0	5,151.03
2	Tax (Type - AS)	No	1	1.00	431.40	0	431.40

Page Total 5,582.43

Comments: Please Remit To:

Picis, Inc.  
 P.O. Box 83139  
 Woburn, MA 01813-3139

Subtotal	5,151.03
Sales Tax	431.40
Invoice Total	5,582.43
Payment Received	5,582.43
Balance if paid by 12/Apr/2011	(0.00)

# Invoice

Company	Invoice No	Date	Page
1509	17285	10/May/2011	1 of 1

**Bill To:** Sound Shore Health System  
 Attn: Rosa Karounos  
 16 Guion Place  
 NEW ROCHELLE NY 10801  
 United States

**Ship To:** Sound Shore Health System  
 Attn: Rosa Karounos  
 16 Guion Place  
 NEW ROCHELLE NY 10801  
 United States

Customer Grp/No.	Customer Name	Customer PO Number	Currency Code	Terms	Due Date
1 2518	Sound Shore Health System		USD	Net-30	09/Jun/2011

No.	SKU Code/Description/Comments	Taxable	No. of Users	Units	Rate	Disc %	Extended
1	605323 E/Point Hosted Services Mount Vernon Hospital April 2011	Yes	1	1,590.00	3.09	0	4,913.10
2	Tax (Type - AS)	No	1	1.00	411.46	0	411.46

Page Total 5,324.56

**Comments:** Please Remit To: Picis, Inc.  
 P.O. Box 83139  
 Woburn, MA 01813-3139

Subtotal	4,913.10
Sales Tax	411.46
Invoice Total	5,324.56
Payment Received	5,324.56
Balance if paid by 10/May/2011	0.00

# Invoice

Company	Invoice No	Date	Page
1509	17773	09/Jun/2011	1 of 1

**Bill To:** Sound Shore Health System  
 Attn: Rosa Karounos  
 16 Guion Place  
 NEW ROCHELLE NY 10801  
 United States

**Ship To:** Sound Shore Health System  
 Attn: Rosa Karounos  
 16 Guion Place  
 NEW ROCHELLE NY 10801  
 United States

Customer Grp/No.	Customer Name	Customer PO Number	Currency Code	Terms	Due Date
1 2518	Sound Shore Health System		USD	Net-30	09/Jul/2011

No.	SKU Code/Description/Comments	Taxable	No. of Users	Units	Rate	Disc %	Extended
1	605323 E/Point Hosted Services May 2011 Sound Shore Health System- Mount Vernon	Yes	1	1,803.00	3.09	0	5,571.27
2	Tax (Type - AS)	No	1	1.00	466.59	0	466.59

Page Total 6,037.86

**Comments:** Please Remit To: Picis, Inc.  
 P.O. Box 83139  
 Woburn, MA 01813-3139

Subtotal	5,571.27
Sales Tax	466.59
Invoice Total	6,037.86
Payment Received	6,037.86
Balance if paid by 09/Jun/2011	0.00

# Invoice

Company	Invoice No	Date	Page
1509	18237	12/Jul/2011	1 of 1

**Bill To:** Sound Shore Health System  
 Attn: Rosa Karounos  
 16 Guion Place  
 NEW ROCHELLE NY 10801  
 United States

**Ship To:** Sound Shore Health System  
 Attn: Rosa Karounos  
 16 Guion Place  
 NEW ROCHELLE NY 10801  
 United States

Customer Grp/No.	Customer Name	Customer PO Number	Currency Code	Terms	Due Date
1 2518	Sound Shore Health System		USD	Net-30	11/Aug/2011

No.	SKU Code/Description/Comments	Taxable	No. of Users	Units	Rate	Disc %	Extended
1	605323 E/Point Hosted Services June 2011	Yes	1	1,759.00	3.09	0	5,435.31
2	Tax (Type - AS)	No	1	1.00	455.20	0	455.20

Page Total 5,890.51

**Comments:** Please Remit To: Picis, Inc.  
 P.O. Box 83139  
 Woburn, MA 01813-3139

Subtotal	5,435.31
Sales Tax	455.20
Invoice Total	5,890.51
Payment Received	5,890.51
Balance if paid by 12/Jul/2011	0.00

# Invoice

Company	Invoice No	Date	Page
1509	18725	10/Aug/2011	1 of 1

**Bill To:** Sound Shore Health System  
 Attn: Rosa Karounos  
 16 Guion Place  
 NEW ROCHELLE NY 10801  
 United States

**Ship To:** Sound Shore Health System  
 Attn: Rosa Karounos  
 16 Guion Place  
 NEW ROCHELLE NY 10801  
 United States

Customer Grp/No.	Customer Name	Customer PO Number	Currency Code	Terms	Due Date
1 2518	Sound Shore Health System		USD	Net-30	09/Sep/2011

No.	SKU Code/Description/Comments	Taxable	No. of Users	Units	Rate	Disc %	Extended
1	605323 E/Point Hosted Services July 2011 Sound Shore Health System- Mount Vernon	Yes	1	1,748.00	3.09	0	5,401.32
2	Tax (Type - AS)	No	1	1.00	0.00	0	0.00

Page Total 5,401.32

Comments: Please Remit To:

Picis, Inc.  
 P.O. Box 83139  
 Woburn, MA 01813-3139

Subtotal	5,401.32
Sales Tax	0.00
Invoice Total	5,401.32
Payment Received	5,401.32
Balance if paid by 10/Aug/2011	0.00



# Invoice

Company	Invoice No	Date	Page
1509	19225	09/Sep/2011	1 of 1

**Bill To:** Sound Shore Health System  
 Attn: Rosa Karounos  
 16 Guion Place  
 NEW ROCHELLE NY 10801  
 United States

**Ship To:** Sound Shore Health System  
 Attn: Rosa Karounos  
 16 Guion Place  
 NEW ROCHELLE NY 10801  
 United States

Customer Grp/No.	Customer Name	Customer PO Number	Currency Code	Terms	Due Date
1 2518	Sound Shore Health System		USD	Net-30	09/Oct/2011

No.	SKU Code/Description/Comments	Taxable	No. of Users	Units	Rate	Disc %	Extended
1	605323 E/Point Hosted Services August 2011 Sound Shore Health System- Mount Vernon	Yes	1	1,652.00	3.09	0	5,104.68
2	Tax (Type - AS)	No	1	1.00	0.00	0	0.00

Page Total 5,104.68

**Comments:** Please Remit To: Picis, Inc.  
 P.O. Box 83139  
 Woburn, MA 01813-3139

Subtotal	<span style="border: 1px solid black; padding: 2px;">5,104.68</span>
Sales Tax	<span style="border: 1px solid black; padding: 2px;">0.00</span>
Invoice Total	<span style="border: 1px solid black; padding: 2px;">5,104.68</span>
Payment Received	<span style="border: 1px solid black; padding: 2px;">5,104.68</span>
Balance if paid by 09/Sep/2011	<span style="border: 1px solid black; padding: 2px;">0.00</span>

From: (631) 470-5000  
Attn: Arturo D. Tavaréz  
Case Adm./ECF Trainer  
US Bankruptcy Court, SDNY  
300 Quarropas Street  
WHITE PLAINS, NY 10601

Origin ID: NESA



J13111302120326

Ship Date: 10JUL13  
ActWgt: 1.0 LB  
CAD: 100098143/INET3370

Delivery Address Bar Code



SHIP TO: (631) 470-5000  
Attn: Bankruptcy Dept.  
c/o GCG, Inc.  
5151 Blazer Parkway  
Suite A  
DUBLIN, OH 43017

BILL THIRD PARTY

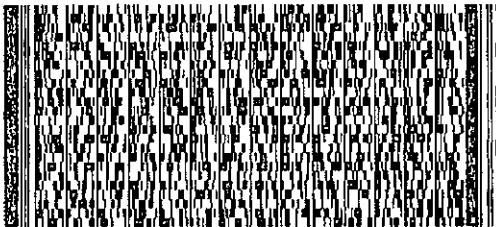
Ref# -SSM-

RMA #  
Return Reason:

RETURNS MON-FRI  
STANDARD OVERNIGHT

TRK# 7961 9389 3314  
0221

43017  
OH-US



518G1/AA0483AB

1. Select the 'Print' button to print 1 copy of each label.
2. The Return Shipment instructions, which provide your recipient with information on the returns process, will be printed with the label(s).
3. After printing, select your next step by clicking one of the displayed buttons.

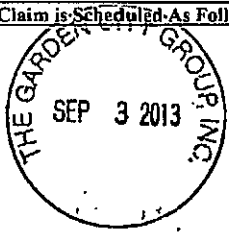
Note: To review or print individual labels, select the Label button under each label image above.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$500. e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

00000249

SSM0202791402



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
<b>Name of Debtor (Check Only One):</b> <input type="checkbox"/> Sound Shore Medical Center of Westchester <input checked="" type="checkbox"/> The Mount Vernon Hospital, Inc. <input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center <input type="checkbox"/> The M.V.H. Corporation <input type="checkbox"/> Sound Shore Health System, Inc. <input type="checkbox"/> NRHMC Services Corporation <input type="checkbox"/> New Rochelle Sound Shore Housing, LLC		<b>Your Claim is Scheduled As Follows:</b>   If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.
<b>Case No.</b> 13-22840 13-22841 13-22842 13-22843 13-22844 13-22845 13-22846		
<b>NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).</b>		
<b>Name of Creditor (the person or other entity to whom the Debtor owes money or property):</b> UNITED RENTALS INC	<input checked="" type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.	
<b>Name and address where notices should be sent:</b> UNITED RENTALS INC ATTN RHONDA SIMS 6125 LAKEVIEW RD #300 CHARLOTTE, NC 28269	<b>Court Claim Number:</b>  (If known)	
<b>Telephone number:</b> (704) 916-4831 <b>Email Address:</b> rsimons@ur.com	<b>Filed on:</b> 2/6/13	
<b>Name and address where payment should be sent (if different from above):</b> United Rentals, Inc. PO Box 100711 Atlanta, GA 30384-0711	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.	
<b>1. Amount of Claim as of Date Case Filed (May 29, 2013):</b> \$ 39,882.51		FILED - 00371 U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. DRAIN
If all or part of the claim is secured, complete item 4.  If all or part of the claim is entitled to priority, complete item 5.  If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6.  <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
<b>2. Basis for Claim:</b> Goods sold, services performed, rental of construction equipment (See instruction #2) Debt incurred 7/19/12 - 8/7/12		
<b>3. Last four digits of any number by which creditor identifies Debtor:</b> 1 1 2 9	<b>3a. Debtor may have scheduled account as:</b>  (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b>  (See instruction #3b)
<b>4. Secured Claim (See instruction #4)</b> Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.  <b>Nature of property or right of setoff:</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other  <b>Describe:</b> _____  <b>Value of Property:</b> \$ _____  <b>Annual Interest Rate</b> _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		<b>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:</b> \$ _____  <b>Basis for perfection:</b> _____  <b>Amount of Secured Claim:</b> \$ _____  <b>Amount Unsecured:</b> \$ _____
<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</b> <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 the case was filed or the Debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)( ). <b>Amount entitled to priority:</b> \$ _____		
<b>*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</b>		
<b>6. Claim Pursuant to 11 U.S.C. § 503(b)(9):</b> Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$		
<b>7. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)		

8. Documents: Attached are 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, and the 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) Check the appropriate box. [X] I am the creditor [ ] I am the creditor's authorized agent. [ ] I am the trustee, or the Debtor, or their authorized agent. [ ] I am a guarantor, surety, indorser, or other codebtor. 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: Rhonda Sims Title: Credit coordinator Company: United Rentals, Inc. Telephone number: (704) 916-4831 email: rsimms@ur.com

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.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: IF BY MAIL: Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. IF BY HAND OR OVERNIGHT COURIER: Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME) THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)

Items to be completed in Proof of Claim Form

Court, Name of Debtor, and Case Number: These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim. SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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. 3b. Uniform Claim Identifier: If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases. 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 your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9): If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below) 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 healthcare 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**

**INFORMATION**

**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 to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).

**Claim**  
A claim is the creditor's right to receive payment for a debt 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 GCG as described in the instructions above and in the Bar Date Notice.

**Section 503(b)(9) Claim**  
A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**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.

**Acknowledgment of Filing of Claim**  
To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.


**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(c), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.

**Display of Proof of Claim on Case Administration Website**  
As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.

00000249  
SSM0202791402



UNITED RENTALS INC  
ATTN RHONDA SIMS  
6125 LAKEVIEW RD #300  
CHARLOTTE, NC 28269

<b>UNITED STATES BANKRUPTCY COURT</b> Southern District of New York		<b>PROOF OF CLAIM</b> Chapter <input type="checkbox"/> 13 <input checked="" type="checkbox"/> 11 <input type="checkbox"/> 7 <input type="checkbox"/> Other:
Name of Debtor Sound Shore Health Systems, Inc. The Mount Vernon Hospital		Case Number 13-22844-rdd
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. Section 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property)  United Rentals, Inc. 6125 Lakeview Road #300 Charlotte, NC 28269		(This space for court use)
Name & address where notices should be sent:  United Rentals Attn: Rhonda Sims 6125 Lakeview Road #300 Charlotte, NC 28269 Telephone number: (704) 916-4831		
Account or other number by which creditor identifies debtor: <u>1291129</u>		Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated _____
<b>1. BASIS FOR CLAIM</b> <input checked="" type="checkbox"/> Goods sold Services performed Money loaned Personal injury/wrongful death Taxes <input checked="" type="checkbox"/> Other: <u>Rental of Construction Equipment</u>		
Retiree benefits as defined in 11 U.S.C. § 1114(a) Wages, salaries, and compensation (FILL OUT BELOW) Your Social Security # _____ Unpaid compensation for services performed from (date) _____ To _____ (date) _____		
<b>2. Date debt was incurred:</b> <u>7/19/12-8/7/12</u>		<b>3. If court judgment, date obtained:</b>
<b>4. Total amount of claim at time case filed:</b> <u>\$39,882.51</u> If all or part of your claim is secured or entitled to priority, also complete item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest, or other charges in addition to the principal amount of the claim. Attach an itemized statement of all interest or additional charges.		
<b>5. Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff)  Brief description of collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other: Value of collateral:  Amount of arrearage and other charges at time case filed included in secured claim, if any:  \$ _____		<b>6. Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority \$____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions up to \$4,650* earned within 90 days before filing of the bankruptcy petition, or cessation of the debtor's business, whichever is earlier- 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan.- 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$2,100* of deposits toward purchase, lease or rental of property Or services for personal, family or household use- 11 U.S.C. § 507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child- 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)(____). *Amounts are subject to adjustment on 4/1/98 and every three years thereafter with respect to cases commenced on or after the date of adjustment.
<b>7. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <b>8. Supporting documents:</b> Attach copies of supporting documents, such as promissory notes purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. <b>9. Date-Stamped copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and a copy of this proof of claim.		(This space for court use)
Date: 6/6/13	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): Print: Rhonda Sims, Credit Coordinator Sign: 	
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 & 3571		

6/06/13 11:13:16

Customer Invoice Inquiry

Sys: UNITED

Status: L Total \$: 39,882.51

Cmp: U1 Loc: 214

Cust #: 1291129 MOUNT VERNON HOSPITAL THE

Phone: 914-365-4588

Select-Open: Y Paid: N

Inv Opt: Mail

3=Pmt/Adj 5=Display 6=Reprint 7=Fax 9=Dispute 10=Collection Comments

13=Email 15=EDI Review 16=Tax Credit Memo

Op	Invoice #	Inv Date	Loc	ST	Typ	Balance	DI	Job Location	To
	104194550-001	7/19/12	492	OP		1634.41		12 N 7TH AVE, MOUNT VE	2
	103887304-001	7/24/12	492	PP		16525.00		12 N 7TH AVE, MOUNT VE	2
	103867982-002	7/27/12	492	PP		20215.00		12 N 7TH AVE, MOUNT VE	2
	104682183-001	8/07/12	K58	PP	W	1508.10		12 N 7TH AVE, MOUNT VE	2
						39882.51		<---- Total	
								<---- P.O. \$ amount	

Bottom

F3=Exit F4=Search F9=Coll Comments F11=Detail F17=Apply Credits F24=More  
 Already at top of area.





**United  
Rentals**

United Rentals  
6125 Lakeview Road #300  
Charlotte, NC 28269

**CERTIFIED MAIL™**



7009 0820 0001 2100 0596

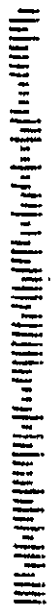
**RETURN SERVICE  
REQUESTED**

Sound Shore Medical of Westchester  
et al c/o GCG, Inc.  
PO Box 9982  
Dublin, OH 43017-5982




UNITED STATES POSTAGE  
PITNEY BOWES  
02 1P  
\$ 006.110  
0001651148 AUG 29 2013  
MAILED FROM ZIP CODE 28269

430175598282



B10 (Official Form 10) (04/13)

<b>UNITED STATES BANKRUPTCY COURT</b>		<b>PROOF OF CLAIM</b>						
Name of Debtor: <b>Sound Shore Medical Center of Westchester</b>	Case Number: <b>13-22840 (RDD)</b>							
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.								
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>Urstadt Biddle Properties Inc</b>		<b>COURT USE ONLY</b>						
Name and address where notices should be sent: <b>Douglas M. Evans, Esq. Kroll McNamara Evans &amp; Delehanty, LLP 65 Memorial Rd, Suite 300 - West Hartford, CT 06107</b>  Telephone number: (860) 561-7070 email: devans@krmelaw.com		<input type="checkbox"/> Check this box if 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): <b>Urstadt Biddle Properties Inc. 321 Railroad Ave Greenwich, CT 06830 - Attn: Thomas D. Myers</b>  Telephone number: (203) 863-8200 email: tmyers@ubproperties.com		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.						
<b>1. Amount of Claim as of Date Case Filed:</b> \$ <u>5,071.94</u> If all or part of the claim is secured, complete item 4. <span style="float: right;">FILED - 00325</span> If all or part of the claim is entitled to priority, complete item 5. <span style="float: right;">U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK</span> <span style="float: right;">SOUND SHORE MEDICAL CENTER OF WESTCHESTER</span> <span style="float: right;">ROBERT D. DRAIN</span> <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.								
<b>2. Basis for Claim:</b> <u>Guaranty of Lease</u> (See instruction #2)								
<b>3. Last four digits of any number by which creditor identifies debtor:</b>	<b>3a. Debtor may have scheduled account as:</b>  (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b>  (See instruction #3b)						
<b>4. Secured Claim (See instruction #4)</b> Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, 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 was filed)		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____  Basis for perfection: _____  Amount of Secured Claim: \$ _____  Amount Unsecured: \$ _____						
<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</b>  <table style="width:100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).                 </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475* earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).                 </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).                 </td> </tr> <tr> <td style="vertical-align: top;"> <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).                 </td> <td style="vertical-align: top;"> <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).                 </td> <td style="vertical-align: top;"> <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).                 </td> </tr> </table> <p style="text-align: right;">Amount entitled to priority: \$ _____</p> <p><small>*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small></p>			<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 the case was filed or the debtor's business ceased, 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)(____).
<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 the case was filed or the debtor's business ceased, 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)(____).						
<b>6. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)								

B10 (Official Form 10) (04/13)

2

**7. Documents:** Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). 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. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

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

If the documents are not available, please explain:

**8. Signature:** (See instruction #8)

Check the appropriate box.

- I am the creditor.     I am the creditor's authorized agent.     I am the trustee, or the debtor, or their authorized agent.     I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)  
(See Bankruptcy Rule 3004.)

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: Thomas D. Myers  
Title: Executive Vice President  
Company: Urstadt Biddle Properties Inc.  
Address and telephone number (if different from notice address above):  
321 Railroad Ave  
Greenwich, CT 06830

*Thomas D. Myers*    8/26/13  
(Signature)    (Date)

Telephone number: (203) 863-8200    email: tmyers@ubproperties.com

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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

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

**Items to be completed in Proof of Claim form**

**Court, Name of Debtor, and Case Number:**  
Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

**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.

**3b. Uniform Claim Identifier:**  
If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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. 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.

**7. 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 and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. 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.

**8. 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, 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**

**INFORMATION**

**Debtor**

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

**Creditor**

A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).

**Claim**

A claim is the creditor's right to receive payment for a debt 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 clerk of the same bankruptcy court in which the bankruptcy case was filed.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**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

**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 court's PACER system ([www.pacer.psc.uscourts.gov](http://www.pacer.psc.uscourts.gov)) for a small fee 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.



321 Railroad Avenue, Greenwich, Connecticut 06830  
Tel: 203-863-8200 Fax: 203-861-6755 Web site: www.ubproperties.com  
(New York Stock Exchange Symbols: UBA and UBP)

VIA FEDERAL EXPRESS:

August 26, 2013

Sound Shore Medical Center of Westchester, *et. al.*  
c/o GCG, Inc.  
5151 Blazer Parkway, Suite A  
Dublin, OH 43017

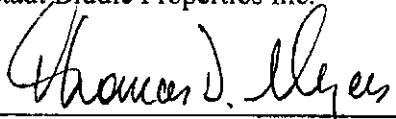
Re: Sound Shore Medical Center of Westchester and  
NRHMC Services Corporation  
Chapter 11, Case Nos. 13-22840 and 13-22845 (RDD)

Dear Sir or Madam:

Enclosed for filing please find one original Proof of Claim and corresponding original Addendum to the Proof of Claim for each of the referenced Debtors, Sound Shore Medical Center of Westchester and NRHMC Services Corporation. Also enclosed are copies of each Proof of Claim and a self-addressed stamped envelope. Kindly file the original Proofs of Claim (with Addenda) and have the copies date-stamped and returned to me in the enclosed envelope.

Thank you in advance for your assistance.

Very truly yours,  
Urstadt Biddle Properties Inc.

By: 

Thomas D. Myers  
Executive Vice President

TDM/brc  
Enclosures

cc: Douglas Evans, Esq. (via email w/encl.)  
Willing L. Biddle (via email w/encl.)

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK

In re:

SOUND SHORE MEDICAL CENTER  
OF WESTCHESTER, et al.

Debtors.

Chapter 11

Case No. 13-22840 (RDD)

(Jointly Administered)

**ADDENDUM TO PROOF OF CLAIM**

**A. CREDITOR INFORMATION**

All communications regarding Urstadt Biddle Properties Inc.'s ("Urstadt Biddle") proof of claim should be addressed to: Douglas M. Evans, Esq., Kroll McNamara Evans & Delehanty, LLP, 65 Memorial Road – Suite 300, West Hartford, Connecticut 06107, Telephone (860) 561-7070.

**B. CLAIM INFORMATION**

1. Basis for Claim. Urstadt Biddle, as landlord, leased premises located at Pelham Manor Shopping Center, Pelham, New York to NRHMC Services Corporation ("NRHMC"), pursuant to a Lease Agreement dated April 11, 2012 (the "Lease"). By guaranty dated March 9, 2012 (the "Guaranty"), Sound Shore Medical Center of Westchester ("Debtor") guaranteed to Urstadt Biddle the obligations of NRHMC under the Lease. On May 29, 2013, NRHMC filed a voluntary petition for relief under chapter 11 of title 11 of the United States Code, 11 U.S.C. §§ 101-1532 in the United States Bankruptcy Court for the Southern District of New York,

concurrently with Debtor, in a case being jointly administered with the captioned case. Urstadt Biddle has claims for pre-petition defaults under the Guaranty in connection with defaults by NRHMC under the Lease.

2. Classification of Claim. Urstadt Biddle reserves its right to amend or further supplement this proof of claim in all respects including, but not limited to, asserting a claim or claims for additional amounts due and/or claims based on alternative theories or liabilities. Urstadt Biddle further reserves the right to assert all or part of its claims as administrative claims or other priority claims, and to file additional claim(s) for administrative claims or other priority claims. Urstadt Biddle intends to liquidate any unliquidated claims it may have, and will amend or supplement this proof of claim further to reflect any such liquidated amounts.

Filing of this proof of claim is not (a) a waiver or release of Urstadt Biddle's rights against any person, entity or property; (b) a consent by Urstadt Biddle to the jurisdiction of this Court with respect to proceedings, if any, commenced in the case against or otherwise involving Urstadt Biddle; (c) a waiver or release of Urstadt Biddle's right to trial by jury in any proceeding as to any and all matters so triable herein, notwithstanding the designation or not of such matters as "core proceedings" pursuant to 28 U.S.C. §157(b)(2); (d) a waiver or release of Urstadt Biddle's right to have any and all final orders in any and all non-core matters or proceedings entered only after de novo review by a United States District Court Judge; or (e) an election of remedy.

3. Amount of Claim. Urstadt Biddle's claim in the amount of \$5,071.94 is based upon the Debtor's obligations under the Guaranty consisting of pre-petition defaults (which include \$3,592.09 for Minimum Rent, \$451.44 for Common Area Costs, \$616.00 for Real Estate Taxes (each for June, 2013), and accumulated Late Charges of \$412.41, all as provided under the Lease.

- 
- 
- 
4. This claim is not subject to any known right of setoff.
  5. Copies of the Lease and Guaranty are available upon request.

Dated: Greenwich, Connecticut  
August 26, 2013

By: Thomas D. Myers

Thomas D. Myers  
Executive Vice President

---



8/26/13

From: (203) 863-8227  
Nicole Lamoreaux

Origin ID: YAKA



J13201306280326

Urstadt Biddle Properties Inc.  
321 Railroad Avenue  
Greenwich, CT 06830

Ship Date: 26AUG13  
ActWgt: 1.0 LB  
CAD: 104878159/NET3430

Delivery Address Bar Code



SHIP TO: (203) 863-8200  
**Sound Shore Medical Center of West.**  
c/o GCG, Inc.  
5151 Blazer Parkway  
Suite A  
DUBLIN, OH 43017

BILL SENDER

Ref #  
Invoice #  
PO #  
Dept #

WED - 28 AUG 10:30A

MORNING 2DAY

TRK# 7965 4818 0416

0201

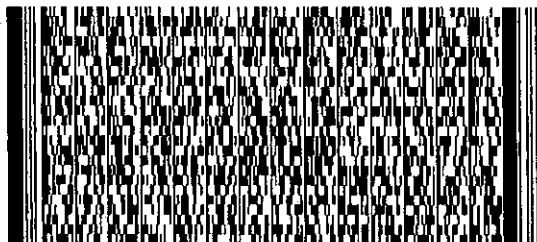
ASR

43017

OH-US

LCK

**SB OSUA**



51AG109B9/1ASE

**After printing this label:**

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

**Warning:** Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

01007719

Claims Part 32 Pg 30 of 35

SSM0202220266



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

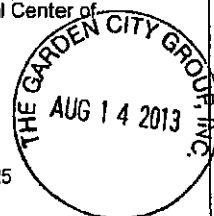
PROOF OF CLAIM

Name of Debtor (Check Only One):
Sound Shore Medical Center of Westchester
The Mount Vernon Hospital, Inc.
Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center
The M.V.H. Corporation
Sound Shore Health System, Inc.
NRHMC Services Corporation
New Rochelle Sound Shore Housing, LLC

Case No.
13-22840
13-22841
13-22842
13-22843
13-22844
13-22845
13-22846

Your Claim is Scheduled As Follows:

Sound Shore Medical Center of Westchester



Unsecured: \$1,859.25

NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case.

Name of Creditor (the person or other entity to whom the Debtor owes money or property): WESSBACK LLC DBA DIVERS

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

Name and address where notices should be sent:

Court Claim Number:

WESSBACK LLC DBA DIVERS
PO BOX 34
ROCHDALE, MA 01542-0034

13-22840
(if known)

Filed on:

If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim.

Telephone number: 508 450 3573
Email Address: JIM@DIVER.COM

Name and address where payment should be sent (if different from above):

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

FILED - 0814
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER

Telephone number:
Email Address: ROBERT D. DRAIN

1. Amount of Claim as of Date Case Filed (May 29, 2013): \$ 1996.25

If all or part of the claim is secured, complete item 4.

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

If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6.

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

2. Basis for Claim: Provided Computer Support For 4 Year - recurring

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

2840

3a. Debtor may have scheduled account as:

(See instruction #3a)

3b. Uniform Claim Identifier (optional):

(See instruction #3b)

4. Secured Claim (See instruction #4)
Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.

Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:

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

\$

Describe:

Basis for perfection:

Value of Property: \$

Amount of Secured Claim: \$

Annual Interest Rate % Fixed or Variable

Amount Unsecured: \$

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

- Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).
Wages, salaries, or commissions (up to \$12,475\*) earned within 180 days before the case was filed or the Debtor's business ceased, 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 \$2,775\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7).
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 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

6. Claim Pursuant to 11 U.S.C. § 503(b)(9): Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$

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)

8. Documents: Attached are 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, and the 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) Check the appropriate box. [X] I am the creditor [ ] I am the creditor's authorized agent. [ ] I am the trustee, or the Debtor, or their authorized agent. [ ] I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)

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: James Wessell Title: President Company: Westcoast LLC Address and telephone number (if different from notice address above):

(Signature) (Date) 8/12/13

Telephone number: 808 450 3573 email: Jim@DWC.com

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.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: IF BY MAIL: Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. IF BY HAND OR OVERNIGHT COURIER: Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME) THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)

Items to be completed in Proof of Claim Form

Court, Name of Debtor, and Case Number: These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.

SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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.

3b. Uniform Claim Identifier: If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

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 your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9): If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

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 healthcare 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**

**INFORMATION**

**Debtor**  
A Debtor is the person, corporation, or other entity to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).

**Creditor**  
A creditor is the person, corporation, or other entity to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).

**Claim**  
A claim is the creditor's right to receive payment for a debt 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 GCG as described in the instructions above and in the Bar Date Notice.

**Section 503(b)(9) Claim**  
A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.

**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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**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.

**Acknowledgment of Filing of Claim**  
To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.

**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.

**Display of Proof of Claim on Case Administration Website**  
As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the internet.

01007719  
SSM0202220266



WESSBACK LLC DBA DIVERS  
PO BOX 34  
ROCHDALE, MA 01542-0034

Except as provided for in the Order and herein, all proofs of claim must be filed so as to be received on or before September 16, 2013 at 4:00 p.m. (Eastern time) at the following address to:

**IF BY MAIL:**

Sound Shore Medical Center of Westchester, *et al.*  
c/o GCG, Inc.  
P.O. Box 9982  
Dublin, OH 43017-5982

**IF BY HAND DELIVERY OR OVERNIGHT COURIER:**

Sound Shore Medical Center of Westchester, *et al.*  
c/o GCG, Inc.  
5151 Blazer Parkway, Suite A  
Dublin, OH 43017

OR

**IF BY HAND DELIVERY:**

United States Bankruptcy Court, SDNY  
300 Quarropas Street  
White Plains, New York 10601  
Attention: Clerk of the Court

Proofs of claim will be deemed filed only if received by the Bankruptcy Court on or before 4:00 p.m. (prevailing Eastern Time) on the Bar Date. Proofs of claim may not be delivered by facsimile, telecopy or electronic mail transmission.

ANY HOLDER OF A CLAIM THAT IS NOT EXCEPTED FROM THE AFOREMENTIONED FILING REQUIREMENTS OF THE COURT ORDER, AND THAT FAILS TO TIMELY FILE A PROOF OF CLAIM IN THE APPROPRIATE FORM WILL BE BARRED FROM ASSERTING SUCH CLAIM AGAINST THE DEBTORS AND THEIR CHAPTER 11 ESTATES, FROM VOTING ON ANY PLAN OF REORGANIZATION OR LIQUIDATION FILED IN THIS CASE, AND FROM PARTICIPATING IN ANY DISTRIBUTION IN THE DEBTORS' CASES ON ACCOUNT OF SUCH CLAIM.

You may be listed as the holder of a claim against the Debtors in the Debtors' Schedules of Assets and Liabilities and/or Schedules of Executory Contracts and Unexpired Leases (collectively, the "Schedules"). Copies of the Debtor's Schedules are available for inspection on the Court's Internet Website at <http://www.nysb.uscourts.gov>. A login and password to the Court's Public Access to Electronic Court Records ("PACER") are required to access this information and can be obtained through the PACER Service Center at <http://www.pacer.gov>. Copies of the Schedules may also be examined between the hours of 9:00 A.M. and 4:00 P.M., Monday through Friday at the Office of the Debtor's Claims Agent GCG, Inc., 190 S. LaSalle St., Suite 1520, Chicago, IL 60603. Copies of the Debtor's Schedules may also be obtained on the website of GCG, Inc. at <http://www.gcginc.com/cases/soundshore>.

A holder of a possible claim against the Debtor should consult an attorney regarding any matters not covered by this notice, such as whether the holder should file a proof of claim.

Dated: Great Neck, New York  
July 31, 2013

**BY ORDER OF THE COURT**

GARFUNKEL WILD, P.C.  
Counsel to the Debtors  
111 Great Neck Road  
Great Neck, New York  
(516) 393-2200

**UNITED STATES BANKRUPTCY COURT  
 SOUTHERN DISTRICT OF NEW YORK**

-----x

In re:

Chapter 11 Case

SOUND SHORE MEDICAL CENTER OF  
 WESTCHESTER, et al.,

Case No. 13- 22840 (RDD)

Debtors.

(Jointly Administered)

-----x

**NOTICE OF DEADLINE REQUIRING FILING OF PROOFS OF CLAIM  
 (INCLUDING CLAIMS UNDER SECTION 503(B)(9) OF THE BANKRUPTCY CODE**

The United States Bankruptcy Court for the Southern District of New York has entered an Order establishing (i) **September 16, 2013 at 4:00 p.m. (prevailing Eastern time)** as the last date for each person or entity (including individuals, partnerships, limited liability companies, corporations, joint ventures and trusts) to file a proof of claim based on prepetition claims, including claims under section 503(b)(9) of the Bankruptcy Code, and (ii) **November 25, 2013 at 4:00 p.m. (prevailing Eastern time)** as the last date for each governmental unit to file a proof of claim based on prepetition claims, as against any of the following Debtors:

Name of Debtor	Case Number	Tax Identification Number	Other Names Used by Debtors in Last 5 Years
Sound Shore Health System, Inc.	13-22844	13-4011398	N/A
Sound Shore Medical Center of Westchester	13-22840	13-1740117	N/A
The Mount Vernon Hospital, Inc.	13-22841	13-1740115	N/A
Howe Avenue Nursing Home d/b/a Helen and Michael Schaffer Extended Care Center	13-22842	23-7000781	N/A
NRHMC Services Corporation	13-22845	13-3769137	N/A
The M.V.H. Corporation	13-22843	13-3281514	N/A
New Rochelle Sound Shore Housing, LLC	13-22846	13-1740117	N/A

The Bar Date and procedures set forth in the Order for filing proofs of claim apply to all claims against the Debtors that arose prior to May 29, 2013 (the "**Petition Date**"), the date on which the Debtors commenced their respective cases under chapter 11 of the Bankruptcy Code, except those holders of the certain claims listed in the Order that are specifically excluded from the Bar Date filing requirements ("**Excluded Claims**").

You **MUST** file a proof of claim to vote on a chapter 11 plan filed by the Debtors or to share in distributions from any of the Debtors' bankruptcy estates if you have a claim that arose prior to the Petition Date, and it is not one of the types of Excluded Claims described in the Order. Claims based on acts or omissions of the Debtors that occurred before the Petition Date (other than Excluded Claims) must be filed on or prior to the Bar Date, even if such claims are not now fixed, liquidated or certain or did not mature or become fixed, liquidated or certain before the Filing Date.

For a copy of the Order and a sample proof of claim form, you may contact the Debtor's Claims Agent: GCG, Inc., P.O. Box 9982 Dublin, Ohio 43017-5982, by phone at (866) 300-1288, by email at SoundShoreInfo@gcginc.com, or visit their website at www.gcginc.com/cases/soundshore.

Wessback LLC dba Diversified Consulting

# Invoice

P.O. Box 34  
 Rochdale, MA 01542-0034

Date	Invoice #
9/5/2011	4089

<b>Bill To</b>
Sound Shore Medical 16 Guion Place New Rochelle, NY 10802

<b>Ship To</b>

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
Verbal / L Signore	Due on receipt	JW	9/5/2011	NA		
Quantity	Item Code	Description			Price Each	Amount
1	SC	Self Maintainer Service Contract per Agreement - Oct			980.00	980.00
<p><i>\$619.75</i>  <i>Received 6/30/13</i>  <i>From Sound Shore</i>  <i>chk #</i>  <i>7035936</i></p>						
thanx					<b>Total</b>	<i>360.25</i> <del>980.00</del>



Wessback LLC dba Diversified Consulting

# Invoice

P.O. Box 34  
 Rochdale, MA 01542-0034

Date	Invoice #
10/4/2011	4121

<b>Bill To</b>
Sound Shore Medical 16 Guion Place New Rochelle, NY 10802

<b>Ship To</b>

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
Verbal / L Signore	Due on receipt	JW	10/4/2011	NA		
Quantity	Item Code	Description			Price Each	Amount
1	SC	Self Maintainer Service Contract per Agreement - Nov			980.00	- 980.00
Thank you					<b>Total</b>	\$980.00

Wessback LLC dba Diversified Consulting

# Invoice

P.O. Box 34  
 Rochdale, MA 01542-0034

Date	Invoice #
11/2/2011	4153

<b>Bill To</b>
Sound Shore Medical 16 Guion Place New Rochelle, NY 10802

<b>Ship To</b>

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
Verbal / L Signore	Due on receipt	JW	11/2/2011	NA		

Quantity	Item Code	Description	Price Each	Amount
1	SC	Self Maintainer Service Contract per Agreement - Dec	980.00	980.00

Thank you	<b>Total</b>	\$980.00
-----------	--------------	----------

Wessback LLC dba Diversified Consulting

# Invoice

P.O. Box 34  
Rochdale, MA 01542-0034

Date	Invoice #
12/1/2011	4184

<b>Bill To</b>
Sound Shore Medical 16 Guion Place New Rochelle, NY 10802

<b>Ship To</b>

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
Verbal / L Signore	Duc on receipt	JW	12/1/2011	NA		
Quantity	Item Code	Description			Price Each	Amount
1	SC	Self Maintainer Service Contract per Agreement - Jan			980.00	980.00
thanx					<b>Total</b>	\$980.00

Wessback LLC dba Diversified Consulting

# Invoice

P.O. Box 34  
 Rochdale, MA 01542-0034

Date	Invoice #
1/3/2012	4215

<b>Bill To</b>
Sound Shore Medical 16 Guion Place New Rochelle, NY 10802

<b>Ship To</b>

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
Verbal / L Signore	Due on receipt	JW	1/3/2012	NA		
Quantity	Item Code	Description			Price Each	Amount
1	SC	Self Maintainer Service Contract per Agreement - Feb			980.00	980.00
Thank you					<b>Total</b>	\$980.00

Wessback LLC dba Diversified Consulting

# Invoice

P.O. Box 34  
 Rochdale, MA 01542-0034

Date	Invoice #
2/1/2012	4246

<b>Bill To</b>
Sound Shore Medical 16 Guion Place New Rochelle, NY 10802

<b>Ship To</b>

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
Verbal / L Signore	Due on receipt	JW	2/1/2012	NA		

Quantity	Item Code	Description	Price Each	Amount
1	SC	Self Maintainer Service Contract per Agreement - March	980.00	980.00

Thank you	<b>Total</b>	\$980.00
-----------	--------------	----------

Wessback LLC dba Diversified Consulting

# Invoice

P.O. Box 34  
 Rochdale, MA 01542-0034

Date	Invoice #
3/2/2012	4274

<b>Bill To</b>
Sound Shore Medical 16 Guion Place New Rochelle, NY 10802

<b>Ship To</b>

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
Verbal / L Signore	Due on receipt	JW	3/2/2012	NA		
Quantity	Item Code	Description			Price Each	Amount
1	SC	Self Maintainer Service Contract per Agreement - April			980.00	980.00
Thank you					<b>Total</b>	\$980.00

Wessback LLC dba Diversified Consulting

# Invoice

P.O. Box 34  
 Rochdale, MA 01542-0034

Date	Invoice #
4/18/2012	4308

<b>Bill To</b>
Sound Shore Medical 16 Guion Place New Rochelle, NY 10802

<b>Ship To</b>

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
Verbal / L Signore	Due on receipt	JW	4/18/2012	NA		

Quantity	Item Code	Description	Price Each	Amount
1	SC	Self Maintainer Service Contract per Agreement - May	980.00	980.00

Thank you	<b>Total</b>	\$980.00
-----------	--------------	----------

Wessback LLC dba Diversified Consulting

# Invoice

P.O. Box 34  
 Rochdale, MA 01542-0034

Date	Invoice #
4/30/2012	4332

Bill To
Sound Shore Medical 16 Guion Place New Rochelle, NY 10802

Ship To

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
Verbal / L. Signore	Duc on receipt	JW	4/30/2012	NA		

Quantity	Item Code	Description	Price Each	Amount
1	SC	Self Maintainer Service Contract per Agreement - June	980.00	980.00

Thank you	<b>Total</b>	\$980.00
-----------	--------------	----------



Wessback LLC dba Diversified Consulting

# Invoice

P.O. Box 34  
 Rochdale, MA 01542-0034

Date	Invoice #
5/31/2012	4356

Bill To
Sound Shore Medical 16 Guion Place New Rochelle, NY 10802

Ship To

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
Verbal / L Signore	Due on receipt	JW	5/31/2012	NA		

Quantity	Item Code	Description	Price Each	Amount
1	SC	Self Maintainer Service Contract per Agreement - July	980.00	980.00

Thank you	<b>Total</b>	\$980.00
-----------	--------------	----------

Wessback LLC dba Diversified Consulting

# Invoice

P.O. Box 34  
 Rochdale, MA 01542-0034

Date	Invoice #
7/2/2012	4389

<b>Bill To</b>
Sound Shore Medical 16 Guion Place New Rochelle, NY 10802

<b>Ship To</b>

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
Verbal / L Signore	Due on receipt	JW	7/2/2012	NA		

Quantity	Item Code	Description	Price Each	Amount
1	SC	Self Maintainer Service Contract per Agreement - Aug	980.00	980.00

Thank you	<b>Total</b>	\$980.00
-----------	--------------	----------

Wessback LLC dba Diversified Consulting

# Invoice

P.O. Box 34  
 Rochdale, MA 01542-0034

Date	Invoice #
7/31/2012	4414

<b>Bill To</b>
Sound Shore Medical 16 Gtition Place New Rochelle, NY 10802

<b>Ship To</b>

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
Verbal / L. Signore	Due on receipt	JW	7/31/2012	NA		

Quantity	Item Code	Description	Price Each	Amount
1	SC	Self Maintainer Service Contract per Agreement - Sept	980.00	980.00

Thank you	<b>Total</b>	\$980.00
-----------	--------------	----------

Wessback LLC dba Diversified Consulting

# Invoice

P.O. Box 34  
 Rochdale, MA 01542-0034

Date	Invoice #
9/4/2012	4435

<b>Bill To</b>
Sound Shore Medical 16 Guion Place New Rochelle, NY 10802

<b>Ship To</b>

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
Verbal / L Signore	Due on receipt	JW	9/4/2012	NA		
Quantity	Item Code	Description			Price Each	Amount
1	SC	Self Maintainer Service Contract per Agreement - Oct			980.00	980.00
Thank you					<b>Total</b>	\$980.00

Wessback LLC dba Diversified Consulting

# Invoice

P.O. Box 34  
 Rochdale, MA 01542-0034

Date	Invoice #
10/1/2012	4463

Bill To
Sound Shore Medical 16 Guion Place New Rochelle, NY 10802

Ship To

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
Verbal / L. Signore	Duc on receipt	JW	10/1/2012	NA		

Quantity	Item Code	Description	Price Each	Amount
1	SC	Self Maintainer Service Contract per Agreement - Nov	980.00	980.00

Thank you	<b>Total</b>	\$980.00
-----------	--------------	----------

Wessback LLC dba Diversified Consulting

# Invoice

P.O. Box 34  
 Rochdale, MA 01542-0034

Date	Invoice #
10/31/2012	4483

<b>Bill To</b>
Sound Shore Medical 16 Guion Place New Rochelle, NY 10802

<b>Ship To</b>

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
Verbal / L Signore	Due on receipt	JW	10/31/2012	NA		

Quantity	Item Code	Description	Price Each	Amount
1	SC	Self Maintainer Service Contract per Agreement - Dec	980.00	980.00

Thank you	<b>Total</b>	\$980.00
-----------	--------------	----------

Wessback LLC dba Diversified Consulting

# Invoice

P.O. Box 34.  
 Rochdale, MA 01542-0034

Date	Invoice #
12/2/2012	4501

<b>Bill To</b>
Sound Shore Medical 16 Guion Place New Rochelle, NY 10802

<b>Ship To</b>

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
Verbal / L Signore	Due on receipt	JW	12/2/2012	NA		

Quantity	Item Code	Description	Price Each	Amount
1	SC	Self Maintainer Service Contract per Agreement - Jan	980.00	980.00

Thank you	<b>Total</b>	980.00
-----------	--------------	--------

Wessback LLC dba Diversified Consulting

# Invoice

P.O. Box 34  
 Rochdale, MA 01542-0034

Date	Invoice #
1/1/2013	4523

<b>Bill To</b>
Sound Shore Medical 16 Guion Place New Rochelle, NY 10802

<b>Ship To</b>

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
Verbal / L Signore	Due on receipt	JW	1/1/2013	NA		

Quantity	Item Code	Description	Price Each	Amount
1	SC	Self Maintainer Service Contract per Agreement - Feb	980.00	980.00

Thank you	<b>Total</b>	\$980.00
-----------	--------------	----------



Wessback LLC dba Diversified Consulting

# Invoice

P.O. Box 34  
 Rochdale, MA 01542-0034

Date	Invoice #
2/1/2013	4541

<b>Bill To</b>
Sound Shore Medical 16 Guion Place New Rochelle, NY 10802

<b>Ship To</b>

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
Verbal / L Signore	Due on receipt	JW	2/1/2013	NA		

Quantity	Item Code	Description	Price Each	Amount
1	SC	Self Maintainer Service Contract per Agreement - March	980.00	980.00

Thank you	<b>Total</b>	\$980.00
-----------	--------------	----------

Wessback LLC dba Diversified Consulting

# Invoice

P.O. Box 34  
 Rochdale, MA 01542-0034

Date	Invoice #
3/1/2013	4559

<b>Bill To</b>
Sound Shore Medical 16 Guion Place New Rochelle, NY 10802

<b>Ship To</b>

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
Verbal / L Signore	Due on receipt	JW	3/1/2013	NA		

Quantity	Item Code	Description	Price Each	Amount
1	SC	Self Maintainer Service Contract per Agreement - April	980.00	980.00

Thank you	<b>Total</b>	\$980.00
-----------	--------------	----------

Wessback LLC dba Diversified Consulting

# Invoice

P.O. Box 34  
 Rochdale, MA 01542-0034

Date	Invoice #
4/1/2013	4583

<b>Bill To</b>
Sound Shore Medical 16 Guion Place New Rochelle, NY 10802

<b>Ship To</b>

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
Verbal / L Signore	Due on receipt	JW	4/1/2013	NA		

Quantity	Item Code	Description	Price Each	Amount
1	SC	Self Maintainer Service Contract per Agreement - May	980.00	980.00

send payment!!!!!!	<b>Total</b>	\$980.00
--------------------	--------------	----------

Wessback LLC dba Diversified Consulting

# Invoice

P.O. Box 34  
 Rochdale, MA 01542-0034

Date	Invoice #
5/1/2013	4598

<b>Bill To</b>
Sound Shore Medical 16 Guion Place New Rochelle, NY 10802

<b>Ship To</b>

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
Verbal / L Signore	Due on receipt	JW	5/1/2013	NA		
Quantity	Item Code	Description			Price Each	Amount
1	SC	Self Maintainer Service Contract per Agreement - June			980.00	980.00
please address open invoices					<b>Total</b>	\$980.00

PLEASE PRESS FIRMLY



UNITED STATES POSTAL SERVICE



EI 215223398 US

Flat Rate  
Mailing Envelope  
For Domestic and International Use  
Visit us at [usps.com](http://usps.com)



Mailing Label  
Label 11-5, March 2004

UNITED STATES POSTAL SERVICE®

Post Office To Addressee

**ORIGIN (POSTAL SERVICE USE ONLY)**

PO ZIP Code: 01542

Date Accepted: 8/13/13

Time Accepted: 1:55 PM

Day of Delivery:  1st  2nd  2nd Day

Scheduled Date of Delivery: 8/14/13

Postage: \$14.95

Return Receipt Fee: \$

Insurance Fee: \$

Acceptance Emp. Initials: [Signature]

**DELIVERY (POSTAL SERVICE USE ONLY)**

Delivery Attempt:  AM  PM

Employee Signature: \_\_\_\_\_

Mo. Day: \_\_\_\_\_

Time: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Mo. Day: \_\_\_\_\_

Time: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

**CUSTOMER USE ONLY**

PAID BY ACCOUNT

Express Mail Corporate Acct. No. \_\_\_\_\_

Federal Agency Acct. No. or Postal Service Acct. No. \_\_\_\_\_

WAVEN OF SIGNATURE (Domestic Mail Only)

Additional merchandise insurance is void if customer requests waiver of signature.

Signature of addressee is required if delivery employee judges that article can be left in secure location and 1 authority that delivery employee's signature constitutes valid proof of delivery.

FROM: (PLEASE PRINT) PHONE: 508 450 3573

Address: Messback LLC  
PO Box 34  
Rochdale MA 01542

TO: (PLEASE PRINT) PHONE: \_\_\_\_\_

Address: Sound shore Medical  
c/o GCG Inc  
PO Box 9982  
Dublin, OH 43017-5982

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

FOR PICKUP OR TRACKING  
Visit [www.usps.com](http://www.usps.com)  
Call 1-800-222-1811

NO DELIVERY  Weekend  Holiday

Mailing Signature: \_\_\_\_\_



1007

PAID  
ROCHDALE, MA  
01542  
RUE 13-13  
00088745-03

\$19.95

When used internationally  
affix customs declarations  
(PS Form 2976, or 2976A)



USPS packaging products have  
awarded Cradle to Cradle Certified  
for their ecologically-intelligent  
For more information go to  
[mbdc.com/usps](http://mbdc.com/usps)  
Cradle to Cradle Certified™ is a certification

Please recycle.




recycled paper



**Claim No. 149 is the same as Claim No. 148.**

FILED - 00113  
 U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK  
 SOUND SHORE MEDICAL CENTER OF WESTCHESTER  
 ROBERT D. DRAIN

B10 (Official Form 10) (04/13)

<b>UNITED STATES BANKRUPTCY COURT</b> Southern District of New York		<b>PROOF OF CLAIM</b>
Name of Debtor: Sound Shore Medical Center of Westchester		Case Number: 13-22840 (RDD)
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Whitaker Medical, LLC		
Name and address where notices should be sent: Whitaker Medical, LLC c/o Sills Cummins & Gross P.C. (Attn: Lori K. Sapir, Esq.) 30 Rockefeller Plaza, 29th Floor, New York, New York 10112 Telephone number: (212) 643-7000 email: lsapir@sillscummins.com		<b>COURT USE ONLY</b> <input type="checkbox"/> Check this box if 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):  Telephone number: _____ email: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
1. Amount of Claim as of Date Case Filed: \$ <u>62,011.34</u>		
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 3. <input checked="" type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Contract - services rendered</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor:	3a. Debtor may have scheduled account as: <u>_____</u> (See instruction #3a)	3b. Uniform Claim Identifier (optional): <u>_____</u> (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, 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 was filed)		Amount of arrearage and other charges as of the time case was 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 part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<input checked="" 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 the case was filed or the debtor's business ceased, 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). Amount entitled to priority: \$ _____
<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)(____) \$ _____
*Amounts are subject to adjustment on 4/01/16 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. (See instruction #6)		



B10 (Official Form 10) (04/13)

2

7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). 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. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

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

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

- I am the creditor.     I am the creditor's authorized agent.     I am the trustee, or the debtor, or their authorized agent.     I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)  
(See Bankruptcy Rule 3004.)

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: Jason Burnett  
Title: VP  
Company: Whitaker Medical LLC  
Address and telephone number (if different from notice address above):  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone number: \_\_\_\_\_ email: \_\_\_\_\_

(Signature) [Handwritten Signature] (Date) 7/23/13

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.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply. Items to be completed in Proof of Claim form

**Court, Name of Debtor, and Case Number:**  
Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

**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.

**3b. Uniform Claim Identifier:**  
If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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. 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.

**7. 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 and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. 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.

**8. 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(u)(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(h). 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, 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	INFORMATION
<b>Debtor</b> A debtor is the person, corporation, or other entity that has filed a bankruptcy case.	<b>Acknowledgment of Filing of Claim</b> 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 court's PACER system ( <a href="http://www.uscourts.gov">www.uscourts.gov</a> ) for a small fee to view your filed proof of claim.
<b>Creditor</b> A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).	<b>Offers to Purchase a Claim</b> 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(c), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 <i>et seq.</i> ), and any applicable orders of the bankruptcy court.
<b>Claim</b> A claim is the creditor's right to receive payment for a debt 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.	<b>Claim Entitled to Priority Under 11 U.S.C. § 507 (a)</b> 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.
<b>Proof of Claim</b> 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 clerk of the same bankruptcy court in which the bankruptcy case was filed.	<b>Redacted</b> A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.
<b>Secured Claim Under 11 U.S.C. § 506 (a)</b> 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.	<b>Evidence of Perfection</b> 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.

## Sills Cummis & Gross

A Professional Corporation

30 Rockefeller Plaza  
New York, New York 10112  
Tel: (212) 643-7000  
Fax (212) 643-6500

The Legal Center  
One Riverfront Plaza  
Newark, NJ 07102  
Tel: (973) 643-7000  
Fax: (973) 643-6500

Lori Sapir  
Associate  
Direct Dial: 212-500-1593  
Email: lsapir@sillscummis.com

650 College Road East  
Princeton, NJ 08540  
Tel: (609) 227-4600  
Fax: (609) 227-4646

August 6, 2013

### Via FedEx

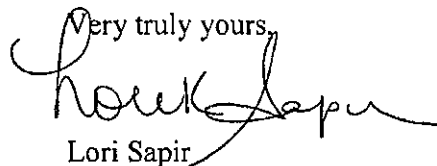
Sound Shore Medical Center of Westchester  
c/o GCG Inc.  
5151 Blazer Parkway, Suite A  
Dublin, Ohio 43017

**Re: Sound Shore Medical Center of Westchester  
United States Bankruptcy Court, Southern District of New York  
Case No. 13-22840(RDD)**

Dear Sir or Madam:

Enclosed please find a Proof of Claim to be filed in the above-mentioned matter. Please forward a filed, stamped copy in the enclosed self-addressed stamped envelope.

Thank you for your attention to this matter.

Very truly yours,  
  
Lori Sapir

Enclosures

Principal Amount of Claim: \$54,165.00

Attorneys' Fees and Expenses: \$7,846.34



SERVICE AGREEMENT

WHEREAS, Whitaker Medical, LLC, ("Whitaker") has experience in locating and screening Medical Doctors (M.D.'s), Doctors of Osteopathy (D.O.'s), Pharmacists (R.Ph.'s), Certified Pharmacy Techs (C.Ph.T.'s), Physician Assistants (P.A.'s), Nurse Practitioners (N.P.'s), Radiologic Technologists (R.T.'s) and Certified Registered Nurse Anesthetists (CRNA's) (individual and/or collectively known as "candidate") to perform services, either on a temporary or permanent basis, in clinics, hospitals and for other healthcare providers;

WHEREAS, Sound Shore Medical Center of Westchester ("Client") location in New Rochelle, NY desires to avail itself of Whitaker's services described herein and otherwise.

NOW THEREFORE, IN CONSIDERATION of the mutual covenants and promises contained herein, the parties agree as follows:

I. Whitaker's Obligations

Whitaker will use good faith efforts to locate and screen candidate(s) for services, either on a temporary (locum tenens) or permanent basis as requested from time to time in writing, or otherwise, by client. In consideration for Client's agreement to perform the covenants and promises herein, the same will enable Whitaker to present the candidates described herein.

II. Client's Obligations

Client agrees to pay for the services provided by Whitaker as set forth herein and to otherwise perform all of the covenants and conditions set forth.

A. For Locum Tenens Services or Coverage Provided by a Candidate:

It is agreed that the rates for any of the candidates presented by Whitaker will be paid by Client at the rate negotiated between the parties for each individual candidate (attached hereto as Schedule A is the suggested range for each/all of the specialties). Whitaker will forward in a confirmation letter or other writing delivered to the Client, the rate to be paid for each individual candidate presented to and used by the Client.

If Client cancels the assignment without notifying Whitaker with at least 30 days notice or if Client fails to credential/privilege candidates prior to start date, Client will be responsible for paying 100% of the total amount due for the scheduled time of this assignment and pre-paid travel accommodations and expenses (i.e. airfare, hotel, etc.) Fee is due upon cancellation.

In the event Whitaker is to secure travel accommodations (i.e., air, hotel and/or car reservations) for the candidate, client will reimburse Whitaker for those costs.

B. For Permanent Placement of a Candidate and Miscellaneous Fees:

It is agreed that the fee for services rendered will be a flat fee and paid in accordance of the attached Schedule B. The fees are due and payable for a permanent placement as follows:  
50% due on candidate signing or agreeing to a contract and 50% due on start date.

In the event that the original placement fee is paid in full, and that candidate subsequently buys into practice at a later date, no additional fee is owed.

C. Once a candidate has been presented to Client by Whitaker, Client may not for two years after the termination of this agreement, for any reason, or the last placement, whether permanent or locum by Whitaker at Client accept the referral or services of that candidate, whether on a temporary or permanent basis, through another entity or concern or as a result of direct contact with that candidate without compensating Whitaker as set forth herein. (Hourly fees set forth in Exhibit "A" or permanent fees set forth in Exhibit "B")

D. In the event a candidate is presented to Client and said Candidate buys some or all of the medical practices of Client, such an event shall be treated as a permanent placement by Whitaker at Client's facility and Client will be obligated to pay the permanent placement fee set forth in Exhibit B.

PQ Initials

11/18/2010 12:11 261581

DIANA

PAGE 02/05

E. In the event that Client is dissatisfied regarding the quality or performance of a candidate performing services (locum tenens services only) under the Agreement, the Client shall promptly inform Whitaker in writing and give it an opportunity within five (5) days from receiving such written notice to remedy the problem, or to replace the candidate. If Whitaker is unable to remedy the problem or replace the candidate within the period specified above, Client has the right to immediately terminate the assignment in question however, Client is still responsible for payment for the service provided by the candidate and reimbursable expenses up through the date of termination.

Nothing herein shall limit the right of the Client to immediately terminate the services of a specific candidate, should Client wish to do so.

F. Whitaker shall invoice Client weekly for services rendered by Candidate based on Client approval from signed worklog. Terms for payment are due upon receipt.

III. Relationship of Parties

Whitaker shall perform its services hereunder and shall be an independent contractor to Client. The candidate who performs services of Client shall perform same as independent contractor to Client and Client is responsible for the direction and control of the candidate

IV. Term and Termination

This Agreement shall remain in effect until terminated or otherwise modified in writing by one or more of the parties. Either party may terminate this contract upon thirty (30) days written notice. Termination does not affect client's obligation to pay fees already due or to perform any other obligation(s), which have become due or may become due under any other term or provision of this Agreement.

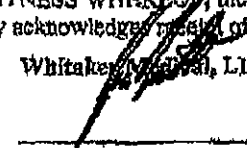
V. Choice of Law, Venue, Attorney's Fees and Miscellaneous

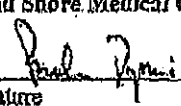
~~This Agreement shall be construed in accordance with the laws of the State of Texas and any dispute concerning this Agreement must be brought in a court of competent jurisdiction in Houston, Harris County, Texas and the parties hereto consent to such jurisdiction. In the event that either party secures the services of an attorney due to breach of agreement, the prevailing party shall be entitled to recover expenses, included but not limited to, reasonable attorney's fees and court costs. Whitaker is an Equal Employment Opportunity employer. As such, 41 CFR 60-1.4 (a), 60-230.5 and/or 60-300.5, & 60-741.5 as well as 29 CFR Part 471, Appendix A to Subpart A are herein incorporated by reference.~~

VI. Successor and Assigns, Modification

This Agreement shall be binding upon and shall inure to the benefits of the parties hereto and their successors, assigns, heirs, and personal representatives. No modification of this Agreement, whether oral or otherwise, is enforceable unless the same is memorialized in writing and signed by the parties of the Agreement.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of September 28, 2010. Client hereby acknowledges receipt of a copy of this Agreement.

By: Whitaker Medical, LLC  
  
\_\_\_\_\_  
Signature  
Jason Burnett, Vice President  
Name/Title  
Address: Whitaker Medical, LLC  
1200 Enclave Parkway, Ste. 200  
Houston, TX 77077  
Fax: 1-866-513-018

Sound Shore Medical Center of Westchester  
  
\_\_\_\_\_  
Signature  
Pamela Dupuis, Senior Vice President  
Name/Title  
Address: 160 Conna Plaza  
New Rochelle, New York  
10802

11/10/2010 12:11

281581

DIANA

PAGE 03/05



**PSYCHIATRY RATES**

**Locum Tenens - Schedule A**

**Adult & Geriatric Psychiatry**

Hourly Rate	\$155 - \$180 / hour
Overtime (after 8 hours)	\$155 - \$180 / hour
Weeknight Call	\$200 - \$240 / night
Weekend Call	\$1,160 - \$1,400 / weekend
Service On Call	\$163 - \$195 / hour

**Child Psychiatry**

Hourly	\$185 - \$220 / hour
Overtime	\$185 - \$220 / hour
Weeknight Call	\$200 - \$240 / night
Weekend Call	\$1,480 - \$1,760 / weekend
Service On Call	\$200 - \$240 / hour

**Permanent Placement - Schedule B**

Adult / Geriatric Psychiatrist	\$28,000
Child Psychiatrist	\$32,000

When applicable, client will pay for them, travel, and/or housing expenses incurred.

\*Medical malpractice insurance of \$1,000,000/\$3,000,000 is included in our rates.

\*Mileage (if the candidate travels over 25 miles one way to an assignment) will be billed at the IRS's standard rate.

\*Client's responsible for paying medical staff application &/or membership fees for the locum tenens practitioner(s).

\*All rates have a range based upon medical malpractice for client's individual country. Holiday rates may vary.

Whitaker Medical, LLC

Signature: \_\_\_\_\_

Printed Name: Jason Burnett, VP

Date: 11/9/10

Sound Shore Medical Center of Westchester

Signature: \_\_\_\_\_

Printed Name: Camela Davis

Date: 11/8/10

11/18/2010 12:11

281582

DIANA

PAGE 04/05

**LOCUM TENENS - SCHEDULE A**

<b>Anesthesiologist:</b>		<b>Family Practitioner, Internist: (Includes Occupational Medicine)</b>	
Weekday (8 hour minimum)	\$1,600-\$1,900 / day	Weekday (4 hour minimum)	\$100-\$120 / hour
Overtime (after 8 hours)	\$215-\$255 / hour	Overtime (after 8 hours)	Time & 1/2
Weeknight Call	\$255 / night	Weeknight Call	\$250 / night
Weekend Call	\$1,550-\$1,820 / weekend		
Service on Call	\$215-\$255 / hour	<b>Hospitalist: *8, 10 or 12 hour shift required</b>	
		Day Hourly	\$150-\$185 / hour
<b>CRNA:</b>		Night Hourly	\$160-\$195 / hour
Weekday (8 hour minimum)	\$1,040-\$1,300 / day	Overtime	\$150-\$200 / hour
Overtime (after 8 hours)	\$135-\$165 / hour	Night Call	\$250-\$300 / night
Weeknight Call	\$175 / night	Service on Call	\$160-\$200 / hour
Weekend Call	\$920-\$1,160 / weekend		
Service on Call	\$135-\$165 / hour	<b>Physician Assistant, Nurse Practitioner:</b>	
		Weekday (4-hour minimum)	\$80-\$135 / hour
<b>Radiologist: (Rates Based on Modalities)</b>		Overtime (after 8 hours)	Time & 1/2
Weekday (8 hour minimum)	\$2,100-\$2,700 / day	Night Call	\$100-\$175 / night
Overtime (after 8 hours)	\$250-\$450 / hour	Service on Call	\$70-\$110 / hour
Weeknight Call	\$225-\$380 / night		
Weekend Call	\$875-\$1,300 / weekend	<b>Podiatrist:</b>	
Service on Call	\$250-\$450 / hour	Hourly	\$100-\$140 / hour
		Overtime	Time & 1/2
<b>Interventional Radiology:</b>		Weeknight Call	\$175-\$225 / night
Weekday (8 hour minimum)	\$2,600-\$3,400 / day	Weekend Call	\$600-\$1,000 / weekend
Overtime (after 8 hours)	\$375-\$575 / hour	Service on Call	\$150-\$200 / hour
Weeknight Call	\$350-\$475 / night		
Weekend Call	\$3,500-\$3,100 / weekend	<b>Neonatologist:</b>	
Service on Call	\$375-\$575 / hour	Weekday Hourly (12 hour day shift)	\$120-\$175 / hour
		Overtime (after 12 hours)	\$120-\$175 / hour
<b>General Surgeon:</b>		Weeknight Call (12 hour shift)	\$120-\$175 / hour
Weekday (8-hour minimum)	\$1,400/\$2,000 / day	Service on Call	\$120-\$175 / hour
Overtime (after 8 hours)	\$250-\$350 / hour	<b>Urgent-Care Physicians</b>	\$100-\$180 / hour
Weeknight Call	\$250-\$350 / night	*8, 10 or 12 hour shift required	
Weekend Call	\$1,200 - \$1,500 / weekend	<b>Emergency Medicine Physicians:</b>	
Service on Call	\$250-\$350 / hour	Level I Trauma Center	\$275-\$375 / hour
		Level II Trauma Center	\$225-\$275 / hour
		Level III Trauma Center	\$185-\$225 / hour
		Level IV Trauma Center	\$150-\$185 / hour
		Critical Access	\$120-\$180 / hour

\*Rates based on a 12 hour shift, 24 hour rates available upon request.

**Pharmacy & Specialty Rates Available on Request.**



11/18/2010 12:11 28156

DIANA

PAGE 05/05

**PERMANENT PLACEMENT FEES - SCHEDULE B**

<b>Anesthesiologist</b>		<b>Radiologist</b>	
Cardiovascular Anesthesiologist	\$28,000	General Diagnostic	\$28,000
General Anesthesiologist	\$26,000	Fellowship Trained	\$30,000
<b>Certified Registered Nurse Anesthetist</b>	\$16,000	<b>Dermatologist</b>	\$28,000
<b>Cardiologist</b>		<b>Midlevel Providers</b>	\$18,000
General	\$26,000	Physician Assistant	
Interventional	\$28,000	Nurse Practitioner	
<b>Emergency Medicine Physician</b>	\$26,000	<b>General Surgeon / Surgical Specialists</b>	
<b>Primary Care Physicians</b>	\$24,000	Colon/Rectal Surgeon	\$28,000
Family / General Practitioner		Neurosurgeon	
Internal Medicine Physician		Oral & Maxillofacial Surgeon	
Pediatrician		Otolaryngologist	
OB / GYN		Orthopedic Surgeon	
<b>Internal Medicine Specialists</b>	\$28,000	Plastic Surgeon	
Endocrinologist		Urologist	
Gastroenterologist		Cardiovascular / Thoracic Surgeon	
Hospitalist		Pediatric	
Intensivist		<b>Oncology</b>	
Nephrologist		Radiation Oncologist	\$30,000
Neurologist		Medical Oncologist	
Pulmonologist / Critical Care Physician		Hematology Oncologist	
Rheumatologist		Pediatric	
<b>Pediatric Specialists</b>	\$28,000	Surgical	
Neonatologist		Gynecologic	
Maternal / Fetal Medicine Physician			
Pediatric Critical Care Physician			

For other specialties not listed above, call for specific rates.

**Accounts Rec'ble Aging Report**

**Affiliate: Whitaker Medical, LLC**

For Date: As of 08/20/12  
 Branch: MED - Atlanta  
 Show Summary: False Roll Up Parent Customer: True  
 Age Group 1: 30 Age Group 2: 60 Age Group 3: 90 Age Group 4: 120  
 Root CustomerID: 58776

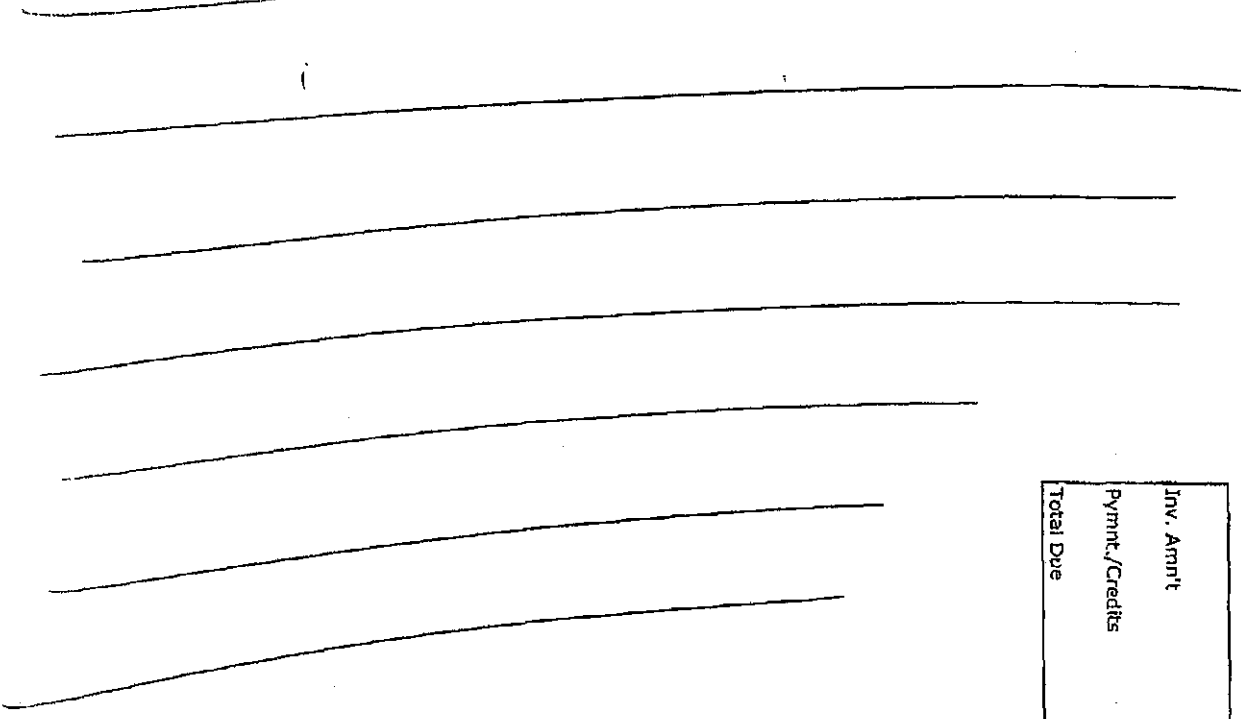
Customer # Customer Name Last Customer Pymnt. Date Phone Number Department Credit Limit  
 Inv. # Inv. Date Inv. Amnt Pymnt./Credits Last Pymnt. Date 0-30 days 31-60 days 61-90 days 91-120 days Over 120 days Total Due

58776	Sound Shore Medical Center of Westchester	06/22/12	\$6,750.00	\$5,235.00	06/29/12	(914) 632-5000	Corporate	\$0.00								\$1,515.00
206605		06/22/12	\$6,750.00	\$0.00				\$6,750.00								\$6,750.00
206818		06/29/12	\$6,750.00	\$0.00				\$6,750.00								\$6,750.00
206968		07/06/12	\$6,750.00	\$0.00				\$5,400.00								\$5,400.00
207108		07/13/12	\$5,400.00	\$0.00				\$6,750.00								\$6,750.00
207408		07/20/12	\$6,750.00	\$0.00				\$6,750.00								\$6,750.00
207625		07/27/12	\$6,750.00	\$0.00				\$6,750.00								\$6,750.00
207770		08/03/12	\$6,750.00	\$0.00				\$6,750.00								\$6,750.00
207925		08/10/12	\$6,750.00	\$0.00				\$6,750.00								\$6,750.00
208082		08/17/12	\$6,750.00	\$0.00				\$6,750.00								\$6,750.00
	<b>Subtotal</b>		<b>\$59,400.00</b>	<b>\$5,235.00</b>				<b>\$27,000.00</b>								<b>\$54,165.00</b>

Inv. Amnt	\$59,400.00	No. of Invoices	9
Pymnt./Credits	\$5,235.00	No. of Customers	1
Total Due	\$54,165.00	Total Unapplied Cash	\$0.00

Whitaker Medical, LLC Total		Aging Total	
0-30 days	\$27,000.00	0-30 days	\$27,000.00
31-60 days	\$6,750.00	31-60 days	\$6,750.00
61-90 days	\$6,750.00	61-90 days	\$6,750.00
91-120 days	\$6,750.00	91-120 days	\$6,750.00
Over 120 days	\$6,750.00	Over 120 days	\$6,750.00

Page 2 of 2 Printed By: klong  
As of 08/20/12



Report Total	
Inv. Amnt	\$59,400.00
Pymnt./Credits	\$5,235.00
Total Due	\$54,165.00
No. of Invoices	9
No. of Customers	1
Total Unapplied Cash	\$0.00

Report Aging Total	
0 -30 days	\$27,000.00
31-60 days	\$27,165.00
61-90 days	
91-120 days	
Over 120 days	

Accounts Rec'ble. Aging Report  
Printed On : 8/20/2012 11:39:45 AM



Sound Shore Medical Center of Westchester  
 16 Guion Place  
 New Rochelle, NY 10801

**INVOICE**

Invoice Amount
<b>\$6,750.00</b>

Payment Terms	Invoice Date
Due On Receipt	06/22/2012
Invoice No.	Customer No.
206605	58776
Employee: Shiro, Robert L	

Customer Name	Customer No.	Payment Terms		
Sound Shore Medical Center of Westchester	58776	Due On Receipt		
Description	Type	Units	Rate	Amount
WeekWorked: 06/17/2012				
Shiro, Robert L      Psychiatrist - Adult	Regular Hourly	37.50	\$180.00	\$6,750.00
Total This WeekWorked:				\$6,750.00
Reg: 37.5 OT: 0 DT: 0		Total - This Invoice:		<b>\$6,750.00</b>

-5,225.00  
 Applied  
 Payment  
 -----  
 \$1,525.00  
 Balance  
 Due

For billing questions or EFT information, please contact:  
[accounting@whitakermedical.com](mailto:accounting@whitakermedical.com)

**PLEASE REMIT PAYMENT TO:**

Whitaker Medical, LLC  
 Dept. 105  
 P.O. Box 4346  
 Houston, TX 77210-4346  
 281.870.1000 Fax: 281.496.7588  
 Tax ID# 76-0684243



Call 281-870-1000 ext. 2290

06-15-'12 12:13 FROM-

T-898 P001/001 F-902



10375 Richmond Avenue, Ste 1700  
Houston, Texas 77042  
281.870.1000 Fax: 281.496-7588  
timesheets@whitakermedical.com

**TIMESHEET**

Please list actual hours worked. In order to be paid on the following Friday, timesheets must be received Monday, by noon. Call begins at 6:00 p.m. and continues until 7:00 a.m. the next morning. Weekend call begins at 7:00 a.m. Saturday morning and continues until 7:00 a.m. Monday. Indicate hours worked on-call in the service on-call box.

MONDAY	4 1/2					2 1/2	<input type="checkbox"/>		
TUESDAY	6 1/2					7 1/2	<input type="checkbox"/>		
WEDNESDAY	6 1/2					7 1/2	<input type="checkbox"/>		
THURSDAY	6 1/2					7 1/2	<input type="checkbox"/>		
FRIDAY	6 1/2					7 1/2	<input type="checkbox"/>		
SATURDAY							<input type="checkbox"/>		
SUNDAY							<input type="checkbox"/>		
	TOTAL HOURS					37.5			

AIR  
CAR  
AMOUNT OF MILES  
MEALS  
HOTEL

\* No reimbursements without receipts. Receipts are accepted up to 30 days.

This timesheet must be personally filled out and signed by the Candidate. I certify that the above hours are correct.

C  
A  
N  
D  
I  
D  
A  
T  
E

Robert A. Shrimo, Sr.  
Name of Candidate (please print)  
[Signature]  
Signature

6/15/12  
Date  
\_\_\_\_\_  
WML REPRESENTATIVE

As Client's authorized representative, I certify that the Candidate's hours shown on this timesheet are correct and that the work was performed satisfactorily. I also confirm Client's agreement to the terms stated on this form.

C  
L  
I  
E  
N  
T

Claus P. von Schwan MW  
Name of Authorized Representative (please print)  
[Signature]  
Signature

MT Vernon Hospital  
Company Name  
6/15/12  
Date

**TERMS  
PLEASE VERIFY HOURS**

- Except as modified or supplemented separately in writing, these terms govern Client's completed, present and future Candidate assignments. Client includes all subsidiaries, affiliates, partners, coventurers and subcontractors of the named Client. Client, through the signature of its authorized representative, certifies that the Candidate's hours shown on this timesheet are correct, that the work was performed satisfactorily and that the Client accepts these terms.
- Client is responsible for its personnel and workplace and will indemnify and defend Candidate from all claims and costs that arise from unsafe workplace conditions, occupational safety or health law violations, or the acts or omissions of Client's personnel.
- Client shall not use any of the Candidates for 2 years after the last work day reported for that Candidate on this form. "Use" includes: (a) employing the person directly; (b) purchasing the person's services as a temporary, payroll, or leased Employee of an organization other than Contractor for substantially the same kind of services that the Candidate supplied on assignment to Client for Contractor; (c) obtaining the person's services through any independent contractor, agency, facility staffing, or consulting relationship with the person; or (d) arranging, suggesting, endorsing, facilitating, or acquiescing the person's employment or recruitment by another organization whether or not the person is later assigned to Client. Client's liability for such use is described in Section 6 of Client Service Agreement.
- Texas law governs these terms, and Client agrees to submit to jurisdiction and venue in Harris County, Texas.
- The terms and conditions of the Service Fee Agreement are incorporated into this timesheet and shall be binding upon the client and company.



Sound Shore Medical Center of Westchester  
 16 Guion Place  
 New Rochelle, NY 10801

**INVOICE**

<b>Invoice Amount</b>
<b>\$6,750.00</b>

<b>Payment Terms</b>	<b>Invoice Date</b>
Due On Receipt	06/29/2012
<b>Invoice No.</b>	<b>Customer No.</b>
206818	58776
Employee: Shriro, Robert L	

<b>Customer Name</b>	<b>Customer No.</b>	<b>Payment Terms</b>		
Sound Shore Medical Center of Westchester	58776	Due On Receipt		
<b>Description</b>	<b>Type</b>	<b>Units</b>	<b>Rate</b>	<b>Amount</b>
Week Worked: 06/24/2012 Shriro, Robert L                  Psychiatrist - Adult	Regular Hourly	37.50	\$180.00	\$6,750.00
<b>Total This Week Worked:</b>				<b>\$6,750.00</b>
<b>Reg: 37.5 OT: 0 DT: 0</b>		<b>Total - This Invoice:</b>		<b>\$6,750.00</b>

For billing questions or EIT information, please contact:  
[accounting@whitakermedical.com](mailto:accounting@whitakermedical.com)

**PLEASE REMIT PAYMENT TO:**

Whitaker Medical, LLC  
 Dept. 105  
 P.O. Box 4346  
 Houston, TX 77210-4346  
 281.870.1000 Fax: 281.496.7588  
 Fax ID# 76-6684241



Call 281-870-1000 ext. 2290  
 Page 1 of 1



10375 Richmond Avenue, Ste 1700  
Houston, Texas 77042  
281.870.1000 Fax: 281.496-7588  
timesheets@whitakermedical.com

**TIMESHEET**

Please list actual hours worked. In order to be paid on the following Friday, timesheets must be received Monday, by noon. Call begins at 6:00 p.m. and continues until 7:00 a.m. the next morning. Weekend call begins at 7:00 a.m. Saturday morning and continues until 7:00 a.m. Monday. Indicate hours worked on-call in the service on-call box.

WEEKDAY	DATE	MORNING		AFTERNOON		TOTAL	ON-CALL	SPECIAL HOURS	EXPENSES
		IN	OUT	IN	OUT				
MONDAY	6/6/12					7 1/2	<input type="checkbox"/>		AIR
TUESDAY	6/16/12					7 1/2	<input type="checkbox"/>		CAR
WEDNESDAY	6/12/12					7 1/2	<input type="checkbox"/>		AMOUNT OF MILES
THURSDAY	6/14/12					7 1/2	<input type="checkbox"/>		MEALS
FRIDAY	6/15/12					7 1/2	<input type="checkbox"/>		HOTEL
SATURDAY							<input type="checkbox"/>		
SUNDAY							<input type="checkbox"/>		
	TOTAL HOURS	*****	*****	*****	*****	37 1/2			TRAVEL NEEDS

\* No reimbursements without receipts. Receipts are accepted up to 30 days.

This timesheet must be personally filled out and signed by the Candidate. I certify that the above hours are correct.

CANDIDATE	Robert W. Shoring, MD Name of Candidate (please print)	6/25/12 Date
	[Signature] Signature	_____ WML REPRESENTATIVE

An Client's authorized representative, I certify that the Candidate's hours shown on this timesheet are correct and that the work was performed satisfactorily. I also confirm Client's agreement to the terms stated on this form.

CLIENT	Sheila Skinner, MD Name of Authorized Representative (please print)	MVIH Company Name
	[Signature] Signature	6/25/2012 Date

**TERMS  
PLEASE VERIFY HOURS**

- Except as modified or supplemented separately in writing, these terms govern Client's completed, present and future Candidate assignments. Client includes all subsidiaries, affiliates, partners, contractors and subcontractors of the named Client. Client, through the signature of its authorized representative, certifies that the Candidate's hours shown on this timesheet are correct, that the work was performed satisfactorily and that the Client accepts these terms.
- Client is responsible for its personnel and workplace and will indemnify and defend Candidate from all claims and costs that arise from unsafe workplace conditions, occupational safety or health law violations, or the acts or omissions of Client's personnel.
- Client shall not use any of the Candidates for 2 years after the last work day reported for that Candidate on this form. "Use" includes: (a) employing the person directly; (b) purchasing the person's services as a temporary, payroll, or leased Employee of an organization other than Client; or for substantially the same kind of services that the Candidate supplied as an assignment to Client for Contractor; (c) obtaining the person's services through an independent contractor, agency, facility staffing, or consulting relationship with the person; or (d) arranging, suggesting, endorsing, facilitating, or acquiring the person's employment or recruitment by another organization whether or not the person is later assigned to Client. Client's liability for such use is described in Section 6 of Client Service Agreement.
- Texas law governs these terms, and Client agrees to submit to jurisdiction and venue in Harris County, Texas.
- The terms and conditions of the Service Fee Agreement are incorporated into this timesheet and shall be binding upon the client or its company.



Sound Shore Medical Center of Westchester  
 18 Gulon Place  
 New Rochelle, NY 10801

**INVOICE**

Invoice Amount
<b>\$6,750.00</b>

Payment Terms	Invoice Date
Due On Receipt	07/06/2012
Invoice No.	Customer No.
206968	58776
Employee: Shriro, Robert L	

Customer Name	Customer No.	Payment Terms		
Sound Shore Medical Center of Westchester	58776	Due On Receipt		
Description	Type	Units	Rate	Amount
WeekWorked: 07/01/2012				
Shriro, Robert L Psychiatrist - Adult	Regular Hourly	37.50	\$180.00	\$6,750.00
Total This WeekWorked:				\$6,750.00
Reg: 37.5 OT: 0 DT: 0		Total - This Invoice:		<b>\$6,750.00</b>

For billing questions or EFT information, please contact:  
[accounting@whitakermedical.com](mailto:accounting@whitakermedical.com)

PLEASE REMIT PAYMENT TO:

Whitaker Medical, LLC  
 Dept. 105  
 P.O. Box 4346  
 Houston, TX 77210-4346  
 281.870.1000 Fax: 281.496.7588  
 Tax ID# 76-0684241



Call 281-870-1000 ext. 2290  
 Page 1 of 1





10375 Richmond Avenue, Ste 1700  
Houston, Texas 77042  
281.870.1000 Fax: 281.496-7388  
tir.respects@whitakermedical.com

**TIMESHEET**

Please list actual hours worked. In order to be paid on the following Friday, timesheets must be received Monday, by noon. Call begins at 6:00 p.m. and continues until 7:00 a.m. the next morning. Weekend call begins at 7:00 a.m. Sat. day morning and continues until 7:00 a.m. Monday. Indicate hours worked on-call in the service on-call box.

WEEKDAY	DAY	MORNING		AFTERNOON		EVENING	ON CALL	TOTAL HOURS	EXPENSE
		IN	OUT	IN	OUT				
MONDAY	6/25					7 1/2	<input type="checkbox"/>		AIR
TUESDAY	6/26					7 1/2	<input type="checkbox"/>		CAR
WEDNESDAY	6/27					7 1/2	<input type="checkbox"/>		AMOUNT OF MILES
THURSDAY	6/28					7 1/2	<input type="checkbox"/>		MEALS
FRIDAY	6/29					7 1/2	<input type="checkbox"/>		HOTEL
SATURDAY							<input type="checkbox"/>		
SUNDAY							<input type="checkbox"/>		
	TOTAL HOURS					37 1/2			

\* No reimbursements without receipts. Receipts are accepted up to 30 days.

CANDIDATE

This timesheet must be prepared by the Candidate and signed by the Candidate. I certify that the above hours are correct.

Robert G. Shiro, MD  
Name of Candidate (please print)  
R. G. Shiro, MD  
Signature

\_\_\_\_\_  
Date  
\_\_\_\_\_  
WML REPRESENTATIVE

CLIENT

As Client's authorized representative, I certify that the Candidate's hours shown on this timesheet are correct and that the work was performed satisfactorily. I also confirm Client's agreement to the terms stated on this form.

Claus P. von Schow MD  
Name of Authorized Representative (please print)  
C. P. von Schow MD  
Signature

MT Vernon Hospital  
Company Name  
6/29/12  
Date

**TERMS**  
PLEASE VERIFY HOURS

- Except as modified or supplemented separately in writing, these terms govern Client's completed, present and future Candidate assignments. Client includes all subsidiaries, affiliates, partners, coventurers and subcontractors of the named Client. Client, through the signature of its authorized representative, certifies that the Candidate's hours shown on this timesheet are correct, that the work was performed satisfactorily and that the Client accepts these terms.
- Client is responsible for its personnel and workplace and will indemnify and defend Candidate from all claims and costs that arise from unsafe workplace conditions, occupational safety or health law violations, or the acts or omissions of Client's personnel.
- Client shall not use any of the Candidates for 2 years after the last work day reported for that Candidate on this form. "Use" includes: (a) employing the person directly; (b) purchasing the person's services as a temporary, part-time, or leased employee of an organization other than Contractor for substantially the same kind of services that the Candidate supplied on assignment to Client for Contractor; (c) obtaining the person's services through any independent contractor, agency, facility staffing, or consulting relationship with the person; or (d) arranging, suggesting, endorsing, facilitating, or soliciting the person's employment or recruitment by another organization whether or not the person is later assigned to Client. Client's liability for such use is asserted in Section 6 of Client Service Agreement.
- Texas law governs these terms, and Client agrees to submit to jurisdiction and venue in Harris County, Texas.
- The terms and conditions of the Service Fee Agreement are incorporated into this timesheet and shall be binding upon the client and company.



Sound Shore Medical Center of Westchester  
 16 Guion Place  
 New Rochelle, NY 10801

**INVOICE**

Invoice Amount
<b>\$5,400.00</b>

Payment Terms	Invoice Date
Due On Receipt	07/13/2012
Invoice No.	Customer No.
207108	58776
Employee: Shriro, Robert L	

<b>Customer Name</b>	<b>Customer No.</b>	<b>Payment Terms</b>		
Sound Shore Medical Center of Westchester	58776	Due On Receipt		
<b>Description</b>	<b>Type</b>	<b>Units</b>	<b>Rate</b>	<b>Amount</b>
WeekWorked: 07/08/2012				
Shriro, Robert L      Psychiatrist - Adult	Reg Hour	30.00	\$180.00	\$5,400.00
Total This WeekWorked:				\$5,400.00
Reg: 30 OT: 0 DT: 0		<b>Total - This Invoice:</b>		<b>\$5,400.00</b>

For billing questions or EFT information, please contact:  
[accounting@whitakermedical.com](mailto:accounting@whitakermedical.com)

**PLEASE REMIT PAYMENT TO:**

Whitaker Medical, LLC  
 Dept. 105  
 P.O. Box 4346  
 Houston, TX 77210-4346  
 281.870.1000 Fax: 281.496.7588  
 Tax ID# 76-0684241



Call 281-870-1000 ext. 2290



10375 Richmond Avenue, Ste 1700  
Houston, Texas 77042  
281.870.1000 Fax: 281.496-7588  
timesheets@whitakermedical.com

**TIMESHEET**

Please list actual hours worked. In order to be paid on the following Friday, timesheets must be received Monday, by noon. Call begins at 6:00 p.m. and continues until 7:00 a.m. the next morning. Weekend call begins at 7:00 a.m. Saturday morning and continues until 7:00 a.m. Monday. Indicate hours worked on-call in the service on-call box.

WEEKDAY	DATE	MORNING		AFTERNOON		TOTAL	ON-CALL	OVERTIME	EXPENSES
		IN	OUT	IN	OUT				
MONDAY	2					7 1/2	<input type="checkbox"/>		AIR
TUESDAY	3					7 1/2	<input type="checkbox"/>		CAR
WEDNESDAY	4	Holiday				<del>7 1/2</del>	<input type="checkbox"/>		AMOUNT OF MILES
THURSDAY	5					7 1/2	<input type="checkbox"/>		MEALS
FRIDAY	6					7 1/2	<input type="checkbox"/>		HOTEL
SATURDAY							<input type="checkbox"/>		
SUNDAY							<input type="checkbox"/>		
	TOTAL HOURS					30			REIMBURSEMENT

\* No reimbursements without receipts. Receipts are accepted up to 30 days.

This timesheet must be personally filled out and signed by the Candidate. I certify that the above hours are correct.

CANDIDATE

Name of Candidate (please print) Robert L. Sh - 120 Date 7/9/12  
Signature [Signature] WML REPRESENTATIVE

As Client's authorized representative, I certify that the Candidate's hours shown on this timesheet are correct and that the work was performed satisfactorily. I also affirm Client's agreement to the terms stated on this form.

CLIENT

Name of Authorized Representative (please print) Claus P. von Schrenk MD Company Name MT Vernon Hosp HL  
Signature [Signature] Date 7/10/12

**TERMS PLEASE VERIFY HOURS**

- Except as modified or supplemented separately in writing, these terms govern Client's completed, present and future Candidate assignments. Client includes all subsidiaries, affiliates, partners, coventurers and subcontractors of the named Client. Client, through the signature of its authorized representative, certifies that the Candidate's hours shown on this timesheet are correct, that the work was performed satisfactorily and that the Client accepts the terms.
- Client is responsible for its personnel and workplace and will indemnify and defend Candidate from all claims and costs that arise from unsafe workplace conditions, occupational safety or health law violations, or the acts or omissions of Client's personnel.
- Client shall not use any of the Candidate's services for 2 years after the last work day reported for that Candidate on this form. "Use" includes: (a) employing the person directly; (b) purchasing the person's services as a temporary, payroll, or leased Employee of an organization other than Candidate for substantially the same kind of services that the Candidate supplied on assignment to Client for Contractor; (c) obtaining the person's services through any independent contractor, agency, facility staffing, or consulting relationship with the person; or (d) arranging, suggesting, endorsing, facilitating, or acquiescing the person's employment or reassignment by another organization whether or not the person is later assigned to Client. Client's liability for such use is described in Section 6 of Client Service Agreement.
- Texas law governs these terms, and Client agrees to submit to jurisdiction and venue in Harris County, Texas.
- The terms and conditions of the Service Fee Agreement are incorporated into this timesheet and shall be binding upon the client and company.



Sound Shore Medical Center of Westchester  
 16 Guion Place  
 New Rochelle, NY 10801

**INVOICE**

Invoice Amount
<b>\$6,750.00</b>

Payment Terms	Invoice Date
Due On Receipt	07/20/2012
Invoice No.	Customer No.
207408	58776
Employee: Shiro, Robert L	

Customer Name	Customer No.	Payment Terms
Sound Shore Medical Center of Westchester	58776	Due On Receipt

Description	Type	Units	Rate	Amount
WeekWorked: 07/15/2012 Shiro, Robert L      Psychiatrist - Adult	Reg Hour	37.50	\$180.00	\$6,750.00
Total This WeekWorked:				\$6,750.00

Reg: 37.5 OT: 0 DT: 0	Total - This Invoice:	<b>\$6,750.00</b>
-----------------------	-----------------------	-------------------

For billing questions or EFT information, please contact:  
[accounting@whitakermedical.com](mailto:accounting@whitakermedical.com)

**PLEASE REMIT PAYMENT TO:**

Whitaker Medical, LLC  
 Dept. 105  
 P.O. Box 4346  
 Houston, TX 77210-4346  
 281.870.1000 Fax: 281.496.7588  
 Tax ID# 76-0684241



Call 281-870-1000 ext. 2290  
 Page 1 of 1



10775 Richmond Avenue, Ste 1700  
Houston, Texas 77042  
281.870.1000 Fax: 281.496-7588  
timesheets@whitakermedical.com

**TIMESHEET**

Please list actual hours worked. In order to be paid on the following Friday, timesheets must be received Monday, by noon. Call begins at 6:00 p.m. and continues until 7:00 a.m. the next morning. Weekend call begins at 7:00 a.m. Saturday morning and continues until 7:00 a.m. Monday. Indicate hours worked on-call in the service on-call box.

WEEKDAY	DATE	MORNING		AFTERNOON		TOTAL	ON-CALL	SERVICE ON-CALL	EXPENSES
		IN	OUT	IN	OUT				
MONDAY	7/9					7 1/2	<input type="checkbox"/>		AIR
TUESDAY	7/10					7 1/2	<input type="checkbox"/>		CAR
WEDNESDAY	7/11					7 1/2	<input type="checkbox"/>		AMOUNT OF MILES
THURSDAY	7/12					7 1/2	<input type="checkbox"/>		MEALS
FRIDAY	7/13					7 1/2	<input type="checkbox"/>		HOTEL
SATURDAY							<input type="checkbox"/>		
SUNDAY							<input type="checkbox"/>		
	TOTAL HOURS					37 1/2			

\* No reimbursements without receipts. Receipts are accepted up to 30 days.

This timesheet must be personally filled out and signed by the Candidate. I certify that the above hours are correct.

**CANDIDATE**

Name of Candidate (please print) Robert M. Shiving, Jr. Date 7/12/12

Signature [Signature] WML REPRESENTATIVE

As Client's authorized representative, I certify that the Candidate's hours shown on this timesheet are correct and that the work was performed satisfactorily. I hereby confirm Client's agreement to the terms stated on this form.

**CLIENT**

Name of Authorized Representative (please print) Claus P. von Schoen, MD Company Name MVH

Signature [Signature] Date 7-13-12

**TERMS  
PLEASE VERIFY HOURS**

- Except as modified or supplemented separately in writing, these terms govern Client's completed, present and future Candidate assignments. Client includes all subsidiaries, affiliates, partners, contractors and subcontractors of the named Client. Client, through the signature of its authorized representative, certifies that the Candidate's hours shown on this timesheet are correct, that the work was performed satisfactorily and that the Client accepts these terms.
- Client is responsible for its personnel and workplace and will indemnify and defend Candidate from all claims and costs that arise from unsafe workplace conditions, occupational safety or health law violations, or the acts or omissions of Client's personnel.
- Client shall not use any of the Candidates for 2 years after the last work day reported for that Candidate on this form. "Use" includes: (a) employing the person directly; (b) purchasing the person's services as a temporary, payroll, or leased Employee of an organization other than Contractor for substantially the same kind of services that the Candidate supplied on assignment to Client for Contractor; (c) obtaining the person's services through any independent contractor, agency, facility staffing, or consulting relationship with the person; or (d) arranging, suggesting, endorsing, facilitating, or acquiescing the person's employment or recruitment by another organization whether or not the person in fact assigned to Client. Client's liability for such use is described in Section 6 of Client Service Agreement.
- Texas law governs these terms, and Client agrees to submit to jurisdiction and venue in Harris County, Texas.
- The terms and conditions of the Service Fee Agreement are incorporated into this timesheet and shall be binding upon the client and company.



Sound Shore Medical Center of Westchester  
 16 Guion Place  
 New Rochelle, NY 10801

**INVOICE**

<b>Invoice Amount</b>
<b>\$6,750.00</b>

<b>Payment Terms</b>	<b>Invoice Date</b>
Due On Receipt	07/27/2012
<b>Invoice No.</b>	<b>Customer No.</b>
207625	58776
<b>Employee: Shriro, Robert L.</b>	

<b>Customer Name</b>	<b>Customer No.</b>	<b>Payment Terms</b>		
Sound Shore Medical Center of Westchester	58776	Due On Receipt		
<b>Description</b>	<b>Type</b>	<b>Units</b>	<b>Rate</b>	<b>Amount</b>
WeekWorked: 07/22/2012 Shriro, Robert L. Psychiatrist - Adult	Reg Hour	37.50	\$180.00	\$6,750.00
<b>Total This WeekWorked:</b>				<b>\$6,750.00</b>
<b>Reg: 37.5 OT: 0 DT: 0</b>		<b>Total - This Invoice:</b>		<b>\$6,750.00</b>

For billing questions or EFT information, please contact:  
[accounting@whitakermedical.com](mailto:accounting@whitakermedical.com)

**PLEASE REMIT PAYMENT TO:**

Whitaker Medical, LLC  
 Dept. 105  
 P.O. Box 4346  
 Houston, TX 77210-4346  
 281.870.1000 Fax: 281.496.7588  
 Tax ID# 76-0684241



Call 281-870-1000 ext. 2290  
 Page 1 of 1



10315 Richmond Avenue, Ste 1700  
Houston, Texas 77042  
281.870.1000 Fax: 281.496-7538  
tim.esheets@whitakermedical.com

**TIMESHEET**

Please list actual hours worked. In order to be paid on the following Friday, timesheets must be received Monday, by noon. Call begins at 6:00 p.m. and continues until 7:00 a.m. the next morning. Weekend call begins at 7:00 a.m. Saturday morning and continues until 7:00 a.m. Monday. Indicate hours worked on-call in the service on-call box.

WEEKDAY	DATE	MORNING		AFTERNOON		TOTAL	ON CALL	O.C. HRS	O.C. RATE	EXPENSES
		IN	OUT	IN	OUT					
MONDAY	7/16					7 1/2	<input type="checkbox"/>			AIR
TUESDAY	7/17					7 1/2	<input type="checkbox"/>			CAR
WEDNESDAY	7/18					7 1/2	<input type="checkbox"/>			AMOUNT OF MILES
THURSDAY	7/19					7 1/2	<input type="checkbox"/>			MEALS
FRIDAY	7/20					7 1/2	<input type="checkbox"/>			HOTEL
SATURDAY							<input type="checkbox"/>			
SUNDAY							<input type="checkbox"/>			
	TOTAL HOURS	*****	*****	*****	*****	37 1/2				

\* No reimbursements without receipts. Receipts are accepted up to 30 days.

CANDIDATE

This timesheet must be personally filled out and signed by the Candidate. I certify that the above hours are correct.

Robert L. Shyrinos, M.D.  
Name of Candidate (please print)  
R. L. Shyrinos, MD  
Signature

7/20/12  
Date  
\_\_\_\_\_  
WML REPRESENTATIVE

CLIENT

As Client's authorized representative, I certify that the Candidate's hours shown on this timesheet are correct and that the work was performed satisfactorily. I also confirm Client's agreement to the terms stated on this form.

Claus P. von Schorn MD  
Name of Authorized Representative (please print)  
Claus P. von Schorn MD  
Signature

MT Vernon Hospital  
Company Name  
7/20/12  
Date

**TERMS**  
**PLEASE VERIFY HOURS**

- Except as modified or supplemented separately in writing, these terms govern Client's completed, present and future Candidate assignments. Client includes all subsidiaries, affiliates, partners, coventurers and subcontractors of the named Client. Client, through the signature of its authorized representative, certifies that the Candidate's hours shown on this timesheet are correct, that the work was performed satisfactorily and that the Client agrees to these terms.
- Client is responsible for its personnel and workplace and will indemnify and defend Candidate from all claims and costs that arise from unsafe workplace conditions, occupational safety or health law violations, or the acts or omissions of Client's personnel.
- Client shall not use any of the Candidates for 2 years after the last work day reported for that Candidate on this form. "Use" includes: (a) employing the person directly; (b) purchasing the person's services as a temporary, part-time, or leased Employee of an organization other than Contractor for substantially the same kind of services that the Candidate supplied on assignment to Client for Contractor; (c) obtaining the person's services through any independent contractor, agency, facility staffing, or consulting relationship with the person or (d) arranging, suggesting, endorsing, facilitating, or acquiescing the person's employment or recruitment by another organization whether or not the person is later assigned to Client. Client's liability for such use is described in Section 6 of Client Service Agreement.
- Texas law governs these terms, and Client agrees to submit to jurisdiction and venue in Harris County, Texas.
- The terms and conditions of the Service Fee Agreement are incorporated into this timesheet and shall be binding upon the client and company.



Sound Shore Medical Center of Westchester  
 16 Guilon Place  
 New Rochelle, NY 10801

**INVOICE**

Invoice Amount:
<b>\$6,750.00</b>

Payment Terms	Invoice Date
Due On Receipt	08/03/2012
Invoice No.	Customer No.
207770	58776
Employee: Shiro, Robert L	

Customer Name	Customer No.	Payment Terms		
Sound Shore Medical Center of Westchester	58776	Due On Receipt		
Description	Type	Units	Rate	Amount
WeekWorked: 07/29/2012 Shiro, Robert L      Psychiatrist - Adult	Reg Hour	37.50	\$180.00	\$6,750.00
<b>Total This WeekWorked:</b>				<b>\$6,750.00</b>
<b>Reg: 37.5 OT: 0 DT: 0</b>		<b>Total - This Invoice:</b>		<b>\$6,750.00</b>

For billing questions or EFT information, please contact:  
[accounting@whitakermedical.com](mailto:accounting@whitakermedical.com)

**PLEASE REMIT PAYMENT TO:**      Whitaker Medical, LLC  
 Dept. 105  
 P.O. Box 4346  
 Houston, TX 77210-4346  
 281.870.1000 Fax: 281.496.7588  
 Tax ID# 76-0684241



Call 281-870-1000 ext. 2290  
 Page 1 of 1





10375 Richmond Avenue, Ste 1700  
Houston, Texas 77042  
281.870.1000 Fax: 281.496-7588  
timesheets@whitakermedical.com

**TIMESHEET**

Please list actual hours worked. In order to be paid on the following Friday, timesheets must be received Monday, by noon. Call begins at 6:00 p.m. and continues until 7:00 a.m. the next morning. Weekend call begins at 7:00 a.m. Saturday morning and continues until 7:00 a.m. Monday. Indicate hours worked on-call in the service on-call box.

WEEKDAY	DATE	MORNING		AFTERNOON		TOTAL	ON-CALL	SERVICE ON-CALL	EXPENSES
		IN	OUT	IN	OUT				
MONDAY	7/23/12					7 1/2	<input type="checkbox"/>		AIR
TUESDAY	7/24/12					7 1/2	<input type="checkbox"/>		CAR
WEDNESDAY	7/25/12					7 1/2	<input type="checkbox"/>		AMOUNT OF MILES
THURSDAY	7/26/12					7 1/2	<input type="checkbox"/>		MEALS
FRIDAY	7/27/12					7 1/2	<input type="checkbox"/>		HOTEL
SATURDAY							<input type="checkbox"/>		
SUNDAY							<input type="checkbox"/>		
TOTAL HOURS						31 1/2			

\* No reimbursements without receipts. Receipts are accepted up to 30 days.

This timesheet must be personally filled out and signed by the Candidate. I certify that the above hours are correct.

CANDIDATE

Robert M. Skovira MD  
Name of Candidate (please print)  
Robert M. Skovira MD  
Signature

7/27/12  
Date  
\_\_\_\_\_  
WML REPRESENTATIVE

AUTHORIZED REPRESENTATIVE

An Client's authorized representative, I certify that the Candidate's hours shown on this timesheet are correct and that the work was performed satisfactorily. I agree to confirm Client's agreement to the terms stated on this form.

Claus P. von Schan MD  
Name of Authorized Representative (please print)  
Claus P. von Schan MD  
Signature

MT Vernon Hospital  
Company Name  
7/27/12  
Date

**TERMS  
PLEASE VERIFY HOURS**

- Except as modified or supplemented separately in writing, these terms govern Client's completed, present and future Candidate assignments. Client includes all subsidiaries, affiliates, partners, coventurers and subcontractors of the named Client. Client, through the signature of its authorized representative, certifies that the Candidate's hours shown on this timesheet are correct, that the work was performed satisfactorily and that the Client accepts these terms.
- Client is responsible for its personnel and workplace and will indemnify and defend Candidate from all claims and costs that arise from unsafe workplace conditions, occupational safety or health law violations, or the acts or omissions of Client's personnel.
- Client shall not use any of the Candidates for 2 years after the last work day reported for that Candidate on this form. "Use" includes: (a) employing the person directly; (b) purchasing the person's services as a temporary, payroll, or leased Employee of an organization other than Candidate for substantially the same kind of services that the Candidate supplied on assignment to Client for Contractor; (c) obtaining the person's services through any independent contractor, agency, facility staffing, or consulting relationship with the purpose of (i) arranging, suggesting, endorsing, facilitating, or assisting the person's employment or recruitment by another organization whether or not the person is later assigned to Client. Client's liability for such use is described in Section 6 of Client Service Agreement.
- Texas law governs these terms, and Client agrees to submit to jurisdiction and venue in Harris County, Texas.
- The terms and conditions of the Service Fee Agreement are incorporated into this timesheet and shall be binding upon the client and company.



Sound Shore Medical Center of Westchester  
 16 Guion Place  
 New Rochelle, NY 10801

**INVOICE**

Invoice Amount
<b>\$6,750.00</b>

Payment Terms	Invoice Date
Due On Receipt	08/10/2012
Invoice No.	Customer No.
207925	58776
Employee: Shiro, Robert L	

Customer Name	Customer No.	Payment Terms		
Sound Shore Medical Center of Westchester	58776	Due On Receipt		
Description	Type	Units	Rate	Amount
WeekWorked: 08/05/2012 Shiro, Robert L Psychiatrist - Adult	Reg Hour	37.50	\$180.00	\$6,750.00
Total This WeekWorked:				\$6,750.00
Reg: 37.5 OT: 0 DT: 0		Total - This Invoice:		\$6,750.00

For billing questions or EFT information, please contact:  
[accounting@whitakermedical.com](mailto:accounting@whitakermedical.com)

PLEASE REMIT PAYMENT TO:

Whitaker Medical, LLC  
 Dept. 105  
 P.O. Box 4346  
 Houston, TX 77210-4346  
 281.870.1000 Fax: 281.496.7588  
 Fax ID# 76-0684241



Call 281-870-1000 ext. 2290  
 Page 1 of 1



10375 Richmond Avenue, Ste 1700  
Houston, Texas 77042  
281.870.1000 Fax: 281.496-7588  
timesheets@whitakermedical.com

**TIMESHEET**

Please list actual hours worked. In order to be paid on the following Friday, timesheets must be received Monday, by noon. Call begins at 6:00 p.m. and continues until 7:00 a.m. the next morning. Weekend call begins at 7:00 a.m. Saturday morning and continues until 7:00 a.m. Monday. Indicate hours worked on-call in the service on-call box.

DAY	START	END	ON-CALL	OTHER	TOTAL	REMARKS	AIR	CAR	AMOUNT OF MILES	MEALS	HOTEL
MONDAY	7/30				8:00		<input type="checkbox"/>				
TUESDAY	7/31				7:15		<input type="checkbox"/>				
WEDNESDAY	8/1				7:15		<input type="checkbox"/>				
THURSDAY	8/2				7:15		<input type="checkbox"/>				
FRIDAY	8/3				7:15		<input type="checkbox"/>				
SATURDAY							<input type="checkbox"/>				
SUNDAY							<input type="checkbox"/>				
	<b>TOTAL HOURS</b>				37:15						

\* No reimbursements without receipts. Receipts are accepted up to 30 days.

This timesheet must be personally filled out and signed by the Candidate. I certify that the above hours are correct.

Name of Candidate (please print) Robert K. Spring MD Date 8/6/12  
Signature [Signature] WML REPRESENTATIVE

As Client's authorized representative, I certify that the Candidate's hours shown on this timesheet are correct and that the work was performed satisfactorily. I am a doctor/Client's representative to the terms stated on this form.

Name of Authorized Representative (please print) Claus P. von Schorn MD Company Name MT Vernon Hospital  
Signature [Signature] Date 8/6/12

**TERMS  
PLEASE VERIFY HOURS**

- Except as modified or supplemented separately in writing, these terms govern Client's completed, present and future Candidate assignments. Client includes all subsidiaries, affiliates, partners, contractors and subcontractors of the named Client. Client, through the signature of its authorized representative, certifies that the Candidate's hours shown on this timesheet are correct, that the work was performed satisfactorily and that the Client accepts these terms.
- Client is responsible for its personnel and workplace and will indemnify and defend Candidates from all claims and costs that arise from unsafe workplace conditions, occupational safety or health law violations, or the acts or omissions of Client's personnel.
- Client shall not use any of the Candidates for 2 years after the last work day reported for that Candidate on this form. "Use" includes: (a) employing the person directly; (b) purchasing the person's services as a temporary, payroll, or leased Employee of an organization other than Contractor for substantially the same kind of services that the Candidate supplied as assignment to Client for Contractor; (c) obtaining the person's services through any independent contractor, agency, facility, staffing, or consulting relationship with the person; or (d) arranging, suggesting, endorsing, facilitating, or acquiescing the person's employment or recruitment by another organization whether or not the person is later assigned to Client. Client's liability for such use is described in Section 6 of Client Service Agreement.
- Texas law governs these terms, and Client agrees to submit to jurisdiction and venue in Harris County, Texas.
- The terms and conditions of the Service Fee Agreement are incorporated into this timesheet and shall be binding upon the client and company.



Sound Shore Medical Center of Westchester  
 16 Guion Place  
 New Rochelle, NY 10801

**INVOICE**

Invoice Amount
<b>\$6,750.00</b>

Payment Terms	Invoice Date
Due On Receipt	08/17/2012
Invoice No.	Customer No.
208082	58776
Employee: Shriro, Robert L	

Customer Name	Customer No.	Payment Terms		
Sound Shore Medical Center of Westchester	58776	Due On Receipt		
Description	Type	Units	Rate	Amount
Week Worked: 08/12/2012				
Shriro, Robert L      Psychiatrist - Adult	Reg Hour	37.50	\$180.00	\$6,750.00
Total This Week Worked:				\$6,750.00
Reg: 37.5 OT: 0 DT: 0		Total - This Invoice:		<b>\$6,750.00</b>

For billing questions or EFT information, please contact:  
[accounting@whitakermedical.com](mailto:accounting@whitakermedical.com)

PLEASE REMIT PAYMENT TO:

Whitaker Medical, LLC  
 Dept. 105  
 P.O. Box 4346  
 Houston, TX 77210-4346  
 281.870.1000 Fax: 281.496.7588  
 Tax ID# 76-0684341



Call 281-870-1000 ext. 2290  
 Page 1 of 1



10375 Richmond Avenue, Ste 1700  
Houston, Texas 77042  
281.870.1000 Fax: 281.496-7588  
timesheets@whitakermedical.com

**TIMESHEET**

Please list actual hours worked. In order to be paid on the following Friday, timesheets must be received Monday, by noon. Call begins at 6:00 p.m. and continues until 7:00 a.m. the next morning. Weekend call begins at 7:00 a.m. Saturday morning and continues until 7:00 a.m. Monday. Indicate hours worked on-call in the service on-call box.

MONDAY	8 1/2				7 1/2	<input type="checkbox"/>		AIR
TUESDAY	8 1/2				7 1/2	<input type="checkbox"/>		CAR
WEDNESDAY	8 1/2				7 1/2	<input type="checkbox"/>		AMOUNT OF MILES
THURSDAY	8 1/2				7 1/2	<input type="checkbox"/>		MEALS
FRIDAY	8 1/2				7 1/2	<input type="checkbox"/>		HOTEL
SATURDAY						<input type="checkbox"/>		
SUNDAY						<input type="checkbox"/>		
TOTAL HOURS					37 1/2			

\* No reimbursements without receipts. Receipts are accepted up to 30 days.

This timesheet must be personally filled out and signed by the Candidate. I certify that the above hours are correct.

R. Keith L. Shriner MD  
Name of Candidate (please print)  
R. Keith L. Shriner MD  
Signature

8/10/12  
Date  
\_\_\_\_\_  
WML REPRESENTATIVE

As Client's authorized representative, I certify that the Candidate's hours shown on this timesheet are correct and that the work was performed satisfactorily. I also confirm Client's Agreement to the terms stated on this form.

Claus P. von Schorin MD  
Name of Authorized Representative (please print)  
Claus P. von Schorin MD  
Signature

MT Vassar Hospital  
Company Name  
8/10/12  
Date

**TERMS  
PLEASE VERIFY HOURS**

1. Except as modified or supplemented separately in writing, these terms govern Client's completed, present and future Candidate assignments. Client includes all subsidiaries, affiliates, partners, contractors and subcontractors of the named Client. Client, through the signature of its authorized representative, certifies that the Candidate's hours shown on this timesheet are correct, that the work was performed satisfactorily and that the Client accepts these terms.
2. Client is responsible for its personnel and workplace and will indemnify and defend Candidate from all claims and costs that arise from unsafe workplace conditions, occupational safety or health violations, or the acts or omissions of Client's personnel.
3. Client shall not use any of the Candidates for 2 years after the last work day reported for that Candidate on this form. "Use" includes: (a) employing the person directly; (b) purchasing the person's services as a temporary, part-time, or leased Employee of an organization other than Contractor; (c) obtaining the person's services through an independent contractor, agency, facility staffing, or consulting relationship with the person; or (d) arranging, suggesting, endorsing, facilitating, or acquiring the person's employment or recruitment by another organization whether or not the person is later assigned to Client. Client's liability for such use is described in Section 6 of Client Service Agreement.
4. Terms here govern these terms, and Client agrees to submit to jurisdiction and venue in Harris County, Texas.
5. The terms and conditions of the Service Fee Agreement are incorporated into this timesheet and shall be binding upon the client and company.

From: (212) 643-7000  
Lori Sapir  
Sills Curran & Gross P.C.  
30 Rockefeller Plaza  
New York, NY 10112

Origin ID: QNYA



J13201306280326

Ship Date: 06AUG13  
ActWgt: 0.5 LB  
CAD: 103749053/WSX12750

Delivery Address Bar Code



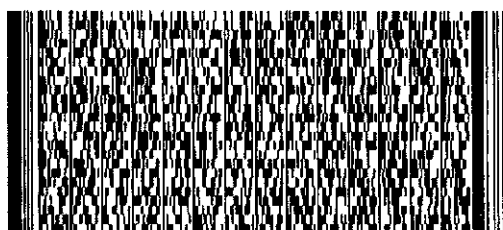
SHIP TO: (212) 643-7000 **BILL SENDER**  
c/o GCC Inc.  
Sound Shore Med. Cen of Westchester  
5151 Blazer Pkwy Ste A  
Dublin, OH 43017

Ref # 09880015.000001.2002  
Invoice #  
PO #  
Dept #

WED - 07 AUG 3:00P  
STANDARD OVERNIGHT

TRK# 7964 0386 4763  
0201

ASR  
43017  
OH-US  
LCK



**XX OSUA**



FOLD on this line and place in shipping pouch with bar code and delivery address visible

1. Fold the first printed page in half and use as the shipping label.
2. Place the label in a waybill pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.
3. Keep the second page as a receipt for your records. The receipt contains the terms and conditions of shipping and information useful for tracking your package.

09-16-13 P02:40 IN

01006602  
SSM0203694472



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
<b>Name of Debtor (Check Only One):</b> <input type="checkbox"/> Sound Shore Medical Center of Westchester <input checked="" type="checkbox"/> The Mount Vernon Hospital, Inc. <input type="checkbox"/> Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffler Extended Care Center <input type="checkbox"/> The M.V.H. Corporation <input type="checkbox"/> Sound Shore Health System, Inc. <input type="checkbox"/> NRHMC Services Corporation <input type="checkbox"/> New Rochelle Sound Shore Housing, LLC		Your Claim is Scheduled As Follows:  <div style="text-align: center; border: 1px solid black; border-radius: 50%; padding: 10px; width: 150px; margin: 0 auto;">                     THE GARDEN CITY GROUP                      SEP 16 2013                 </div> <p>If no amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.</p>
Case No. 13-22840 13-22841 13-22842 13-22843 13-22844 13-22845 13-22846		
NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): Yonkers Radiation Medical Practice, P.C.		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number:  (If known)  Filed on:
Name and address where notices should be sent: Yonkers Radiation Medical Practice, P.C. 2234 Colonial Blvd. Fort Myers, FL 33907  Telephone number: 239-461-8589 Email Address: fenglish@rtsx.com		
Name and address where payment should be sent (If different from above): PTD - 00819 U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER Telephone number: ROBERT D. DRAIN Email Address:		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
1. Amount of Claim as of Date Case Filed (May 29, 2013): \$ 60,434.94 If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: Services Performed (See instruction #2)		
3. Last four digits of any number by which creditor identifies Debtor:  P 0 4 8	3a. Debtor may have scheduled account as: New York Radiation Therapy Management Services (See instruction #3a)	3b. Uniform Claim Identifier (optional):  (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, 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 was filed)		Amount of prepayment and other charges, as of the time case was 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 part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). <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"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a) (____).		
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Claim Pursuant to 11 U.S.C. § 503(b)(9): Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____		
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)		

Modified B10 (GCG) (04/13)

8. Documents: Attached are 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, and the 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) Check the appropriate box.  
 I am the creditor  I am the creditor's authorized agent.  I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004)  I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)  
 (Attach 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: Frank English  
 Title: ASSISTANT TREASURER (Signature) 9/13/13 (Date)  
 Company: LINKERS RADIATION MEDICAL PRACTICE PC  
 Address and telephone number (if different from notice address above):  
 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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. **IF BY HAND OR OVERNIGHT COURIER:** Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazex Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)  
 THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)

**Items to be completed in Proof of Claim Form**

**Court, Name of Debtor, and Case Number:**  
 These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.  
**AN SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST 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. Please provide us with a valid email address. 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 Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. 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 your 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.

**3b. Uniform Claim Identifier:**  
 If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**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 your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) 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. Claim Pursuant to 11 U.S.C. § 503 (b)(9):**  
 If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

**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 healthcare 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 signatory 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 service, identify the corporate service as the company. Criminal penalties apply for making a false statement on a proof of claim.



Modified B10 (GCG) (04/13)

**DEFINITIONS**

**INFORMATION**

**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 to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).

**Claim**

A claim is the creditor's right to receive payment for a debt 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 GCG as described in the instructions above and in the Bar Date Notice.

**Section 503(b)(9) Claim**

A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.

**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 Excluded 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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

**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.

**Acknowledgment of Filing of Claim**

To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.

**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.

**Display of Proof of Claim on Case Administration Website**

As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.

01006602  
SSM0203694472



NEW YORK RADIATION THERAPY  
2234 COLONIAL BLVD  
BOX 50  
FORT MYERS, FL 33907



**21st Century Oncology**  
RADIATION THERAPY SERVICES, INC.

September 10, 2013

Sound Shore Medical Center of Westchester, et al.  
c/or GCG, Inc.  
5151 Blazer Parkway, Suite A  
Dublin, OH 43017

Re: The Mount Vernon Hospital, Inc. Case No. 13-22841

Dear Sir/Madam:

Enclosed please find a proof of claim in the amount of \$60,434.94 on behalf of Yonkers Radiation Medical Practice, P.C. Should you have any questions, please do not hesitate to contact me via phone at 516. 303.9223 or via email at [rsass@rtsx.com](mailto:rsass@rtsx.com).

Very truly yours,



Russell I. Sass



Mount Vernon Hospital Mcd  
12 N 7th Ave  
Mount Vernon NY 10550

# Invoice

Date: 8/6/2013

Invoice #: RHNY-HOP048-0813

Customer ID: HOP048 Mount Vernon Hospital MCD

Consolidated Billing	Radiation Oncology	Part A Covered Expenses: Due upon Receipt	Balance
Past Due	See Accompanying Data		\$3,076.02
Current Invoice	See Accompanying Data		\$0.00

Balance could be reflecting past due balances. Please pay immediately. Thank you.

**Total \$3,076.02**

**Payment Address & Contact Information:**

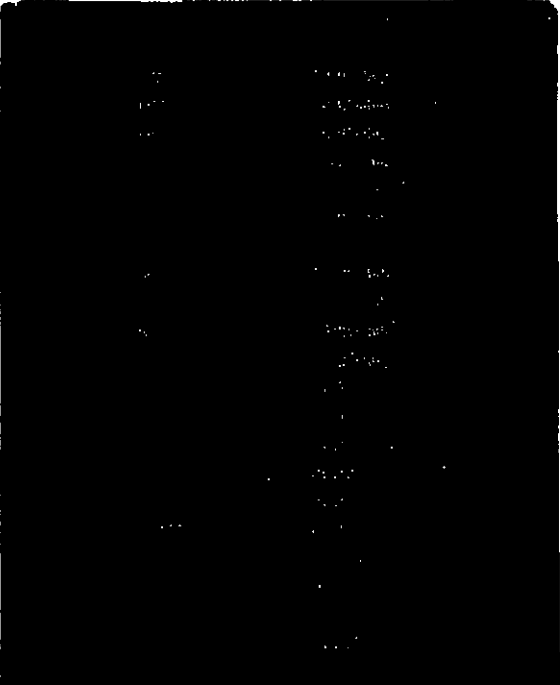
21st Century Oncology of New York  
PO Box 862153  
Orlando, FL 32886-2153

Attn: Attn: Facility Receivable

Phone: Phone: (239) 461-8529

Please return details with payment to assure proper posting.

**Amount Due: \$3,076.02** Invoice #: **RHNY-HOP048-081** \$0.00 \$3,076.02

Last 4 SSN	Pat Last Name	Pat First Name	Acct #	Date of Service	CPT Code	Mod	Units	Current	Past Due	
				11/19/10	77014,S-TC	TC	1	\$0.00	\$114.63	*
				11/19/10	77290-TC	TC	1	\$0.00	\$308.86	*
				11/19/10	77300-TC	TC	1	\$0.00	\$37.65	*
				11/19/10	77315-TC	TC	1	\$0.00	\$69.16	*
				11/19/10	77334-TC	TC	1	\$0.00	\$90.30	*
				11/19/10	77403		1	\$0.00	\$88.31	*
				11/19/10	77470-TC	TC	1	\$0.00	\$207.31	*
				11/21/10	77280-TC	TC	1	\$0.00	\$123.19	*
				11/21/10	77331-TC	TC	1	\$0.00	\$16.25	*
				11/21/10	77334-TC	TC	1	\$0.00	\$90.30	*
				11/21/10	77413		1	\$0.00	\$145.17	*
				11/22/10	77413		1	\$0.00	\$145.17	*
				11/22/10	77421-TC	TC	1	\$0.00	\$75.06	*
				03/29/12	77014,S-TC	TC	1	\$0.00	\$100.67	*
				03/29/12	77290-TC	TC	1	\$0.00	\$299.20	*
				03/30/12	77295-TC	TC	1	\$0.00	\$239.57	*
				03/30/12	77300-TC	TC	2	\$0.00	\$56.30	*
				03/30/12	77334-TC	TC	1	\$0.00	\$65.45	*
				03/30/12	77370		1	\$0.00	\$149.01	*
				03/30/12	77413		1	\$0.00	\$151.04	*
04/03/12	77014-TC	TC	1	\$0.00	\$100.67	*				
04/03/12	77413		1	\$0.00	\$151.04	*				
04/04/12	77014-TC	TC	1	\$0.00	\$100.67	*				
04/04/12	77413		1	\$0.00	\$151.04	*				

**REDACTED**

\* The asterisk indicates outstanding charges that were included on prior invoices.



Mount Vernon Hospital  
16 Guion Place  
New Rochelle NY 10802

# Invoice

Date: 8/6/2013  
Invoice #: RHNY-HOP047-0813  
Customer ID: HOP047 Mount Vernon Hospital

Consolidated Billing	Radiation Oncology	Part A Covered Expenses: Due upon Receipt	Balance
Past Due	See Accompanying Data		\$23,038.18
Current Invoice	See Accompanying Data		\$0.00

Balance could be reflecting past due balances. Please pay immediately. Thank you.

**Total \$23,038.18**

**Payment Address & Contact Information:**

Yonkers Radiation Medical Practice  
P O Box 862153  
Orlando, FL 32886-2153

Attn: Attn: Facility Receivable

Phone: Phone: (239) 461-8529

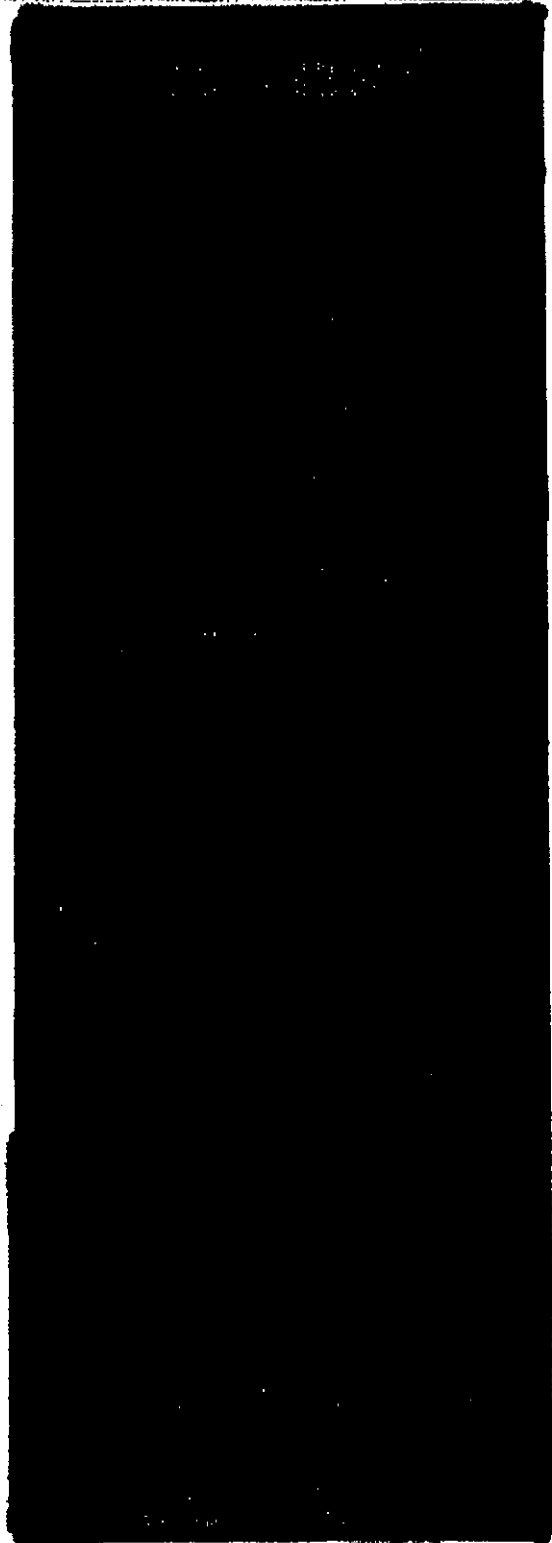
Please return details with payment to assure proper posting.

Amount Due: **\$23,038.18**

Invoice #: **RHNY-HOP047-081**

\$0.00 **\$23,038.18**

Last 4 SSN	Pat Last Name	Pat First Name	Acct #	Date of Service	CPT Code	Mod	Units	Current	Past Due
				05/19/11	77014,S-TC	TC	1	\$0.00	\$191.08 *
				05/19/11	77290-TC	TC	1	\$0.00	\$577.53 *
				05/19/11	77334-TC	TC	1	\$0.00	\$117.26 *
				05/19/11	77470-TC	TC	1	\$0.00	\$124.21 *
				05/20/11	77295-TC	TC	1	\$0.00	\$428.65 *
				05/20/11	77300-TC	TC	2	\$0.00	\$99.04 *
				05/23/11	77280-TC	TC	1	\$0.00	\$196.72 *
				05/23/11	77334-TC	TC	2	\$0.00	\$234.52 *
				05/23/11	77370		1	\$0.00	\$149.01 *
				05/23/11	77413		1	\$0.00	\$299.63 *
				05/24/11	77331-TC	TC	1	\$0.00	\$24.77 *
				05/24/11	77413		1	\$0.00	\$299.63 *
				05/25/11	77331-TC	TC	1	\$0.00	\$24.77 *
				05/27/11	77336		1	\$0.00	\$66.89 *
				05/31/11	77370		1	\$0.00	\$149.01 *
				05/31/11	77413		1	\$0.00	\$299.63 *
				05/31/11	77417		1	\$0.00	\$19.12 *
				09/02/11	77014,S-TC	TC	1	\$0.00	\$191.08 *
				09/02/11	77290-TC	TC	1	\$0.00	\$577.53 *
				09/02/11	77334-TC	TC	1	\$0.00	\$117.26 *
				09/02/11	77470-TC	TC	1	\$0.00	\$124.21 *
				09/06/11	77295-TC	TC	1	\$0.00	\$428.65 *
				09/06/11	77300-TC	TC	1	\$0.00	\$49.52 *
				09/06/11	77334-TC	TC	1	\$0.00	\$117.26 *
				09/06/11	77370		1	\$0.00	\$149.01 *
				09/06/11	77413		1	\$0.00	\$299.63 *
				09/07/11	77331-TC	TC	1	\$0.00	\$24.77 *
				09/07/11	77413		1	\$0.00	\$299.63 *
				09/07/11	77421-TC	TC	1	\$0.00	\$115.96 *
				09/08/11	77331-TC	TC	1	\$0.00	\$24.77 *
				09/08/11	77413		1	\$0.00	\$299.63 *
				09/08/11	77421-TC	TC	1	\$0.00	\$115.96 *
				09/09/11	77413		1	\$0.00	\$299.63 *
				09/09/11	77421-TC	TC	1	\$0.00	\$115.96 *
				09/12/11	77336		1	\$0.00	\$66.89 *
				09/12/11	77413		1	\$0.00	\$299.63 *
				09/12/11	77421-TC	TC	1	\$0.00	\$115.96 *
				09/13/11	77413		1	\$0.00	\$299.63 *
				09/13/11	77421-TC	TC	1	\$0.00	\$115.96 *
				09/14/11	77413		1	\$0.00	\$299.63 *
				09/14/11	77421-TC	TC	1	\$0.00	\$115.96 *
				09/15/11	77413		1	\$0.00	\$299.63 *
				09/15/11	77421-TC	TC	1	\$0.00	\$115.96 *
				09/16/11	77413		1	\$0.00	\$299.63 *
				09/16/11	77421-TC	TC	1	\$0.00	\$115.96 *
				09/19/11	77336		1	\$0.00	\$66.89 *
				09/19/11	77413		1	\$0.00	\$299.63 *
				09/19/11	77421-TC	TC	1	\$0.00	\$115.96 *
				09/20/11	77413		1	\$0.00	\$299.63 *
				09/20/11	77421-TC	TC	1	\$0.00	\$115.96 *
				09/21/11	77413		1	\$0.00	\$299.63 *
				09/21/11	77421-TC	TC	1	\$0.00	\$115.96 *
				09/22/11	77413		1	\$0.00	\$299.63 *



**REDACTED**

\* The asterisk indicates outstanding charges that were included on prior invoices.

**Amount Due: \$23,038.18** Invoice #: RHNY-HOP047-081 \$0.00 \$23,038.18











Last 4 SSN	Pat Last Name	Pat First Name	Acct #	Date of Service	CPT Code	Mod	Units	Current	Past Due
[REDACTED]				09/22/11	77421-TC	TC	1	\$0.00	\$115.96 *
[REDACTED]				09/23/11	77413		1	\$0.00	\$299.63 *
[REDACTED]				02/16/11	77014,S-TC	TC	1	\$0.00	\$191.08 *
[REDACTED]				02/16/11	77290-TC	TC	1	\$0.00	\$577.53 *
[REDACTED]				02/16/11	77295-TC	TC	1	\$0.00	\$428.65 *
[REDACTED]				02/16/11	77334-TC	TC	1	\$0.00	\$117.26 *
[REDACTED]				02/16/11	77470-TC	TC	1	\$0.00	\$124.21 *
[REDACTED]				02/21/11	77300-TC	TC	1	\$0.00	\$49.52 *
[REDACTED]				02/24/11	77280-TC	TC	1	\$0.00	\$196.72 *
[REDACTED]				02/24/11	77334-TC	TC	1	\$0.00	\$117.26 *
[REDACTED]				02/24/11	77413		1	\$0.00	\$299.63 *
[REDACTED]				02/25/11	77331-TC	TC	1	\$0.00	\$24.77 *
[REDACTED]				02/25/11	77413		1	\$0.00	\$299.63 *
[REDACTED]				02/28/11	77413		1	\$0.00	\$299.63 *
[REDACTED]				03/01/11	77413		1	\$0.00	\$299.63 *
[REDACTED]				03/03/11	77336		1	\$0.00	\$66.89 *
[REDACTED]				03/03/11	77413		1	\$0.00	\$299.63 *
[REDACTED]				03/04/11	77413		1	\$0.00	\$299.63 *
[REDACTED]				03/04/11	77417		1	\$0.00	\$19.12 *
[REDACTED]				03/07/11	77413		1	\$0.00	\$299.63 *
[REDACTED]				03/08/11	77413		1	\$0.00	\$299.63 *
[REDACTED]				03/09/11	77413		1	\$0.00	\$299.63 *
[REDACTED]				03/10/11	77295-TC	TC	1	\$0.00	\$428.65 *
[REDACTED]				03/10/11	77300-TC	TC	1	\$0.00	\$49.52 *
[REDACTED]				03/10/11	77336		1	\$0.00	\$66.89 *
[REDACTED]				03/10/11	77413		1	\$0.00	\$299.63 *
[REDACTED]				03/11/11	77413		1	\$0.00	\$299.63 *
[REDACTED]				03/14/11	77280-TC	TC	1	\$0.00	\$196.72 *
[REDACTED]				03/14/11	77414		1	\$0.00	\$335.24 *
[REDACTED]				03/15/11	77414		1	\$0.00	\$335.24 *
[REDACTED]				03/16/11	77336		1	\$0.00	\$66.89 *
[REDACTED]				03/16/11	77414		1	\$0.00	\$335.24 *
[REDACTED]				12/29/11	77014,S-TC	TC	1	\$0.00	\$191.08 *
[REDACTED]				12/29/11	77280-TC	TC	1	\$0.00	\$196.72 *
[REDACTED]				12/29/11	77290-TC	TC,59	1	\$0.00	\$577.53 *
[REDACTED]				12/29/11	77300-TC	TC	2	\$0.00	\$99.04 *
[REDACTED]				12/29/11	77334-TC	TC	2	\$0.00	\$234.52 *
[REDACTED]				12/29/11	77403		1	\$0.00	\$167.63 *
[REDACTED]				12/30/11	77280-TC	TC	1	\$0.00	\$196.72 *
[REDACTED]				12/30/11	77300-TC	TC	1	\$0.00	\$49.52 *
[REDACTED]				12/30/11	77305-TC	TC	1	\$0.00	\$40.40 *
[REDACTED]				12/30/11	77334-TC	TC	2	\$0.00	\$234.52 *
[REDACTED]				12/30/11	77403		1	\$0.00	\$167.63 *
[REDACTED]				06/22/11	77014,S-TC	TC	1	\$0.00	\$191.08 *
[REDACTED]				06/22/11	77290-TC	TC	1	\$0.00	\$577.53 *
[REDACTED]				06/22/11	77334-TC	TC	1	\$0.00	\$117.26 *
[REDACTED]				06/22/11	77403		1	\$0.00	\$167.63 *
[REDACTED]				06/22/11	77470-TC	TC	1	\$0.00	\$124.21 *
[REDACTED]				06/23/11	77300-TC	TC	2	\$0.00	\$99.04 *
[REDACTED]				06/23/11	77305-TC	TC	1	\$0.00	\$40.40 *
[REDACTED]				06/23/11	77403		1	\$0.00	\$167.63 *
[REDACTED]				06/24/11	77300-TC	TC	1	\$0.00	\$49.52 *
[REDACTED]				06/24/11	77331-TC	TC	1	\$0.00	\$24.77 *

**REDACTED**

\* The asterisk indicates outstanding charges that were included on prior invoices.



Amount Due: **\$23,038.18** Invoice #: **RHNY-HOP047-081** \$0.00 \$23,038.18

Last 4 SSN	Pat Last Name	Pat First Name	Acct #	Date of Service	CPT Code	Mod	Units	Current	Past Due
				06/24/11	77403		1	\$0.00	\$167.63 *
				06/27/11	77403		1	\$0.00	\$167.63 *
				06/28/11	77336		1	\$0.00	\$66.89 *
				06/28/11	77403		1	\$0.00	\$167.63 *
				06/29/11	77403		1	\$0.00	\$167.63 *
				06/30/11	77403		1	\$0.00	\$167.63 *
				07/01/11	77403		1	\$0.00	\$167.63 *
				07/05/11	77403		1	\$0.00	\$167.63 *
				07/06/11	77336		1	\$0.00	\$66.89 *
				07/06/11	77403		1	\$0.00	\$167.63 *

**REDACTED**

\* The asterisk indicates outstanding charges that were included on prior invoices.



**21st Century Oncology**  
www.21stcenturyoncology.com

**Mount Vernon Hospital**  
16 Gulon Place Attn: AP  
New Rochelle NY 10802

# Invoice

**Date:** 8/6/2013

**Invoice #:** RHNY-43-0813

**Customer ID:** 43                    **MOUNT VERNON HOSPITAL**

Consolidated Billing	Radiation Oncology	Part A Covered Expenses: Due upon Receipt	Balance
Past Due	See Accompanying Data		\$34,320.74
Current Invoice	See Accompanying Data		\$0.00

Balance could be reflecting past due balances. Please pay immediately. Thank you.

**Total                    \$34,320.74**

**Payment Address & Contact Information:**

21st Century Oncology of New York  
PO Box 862153  
Orlando, FL 32886-2153

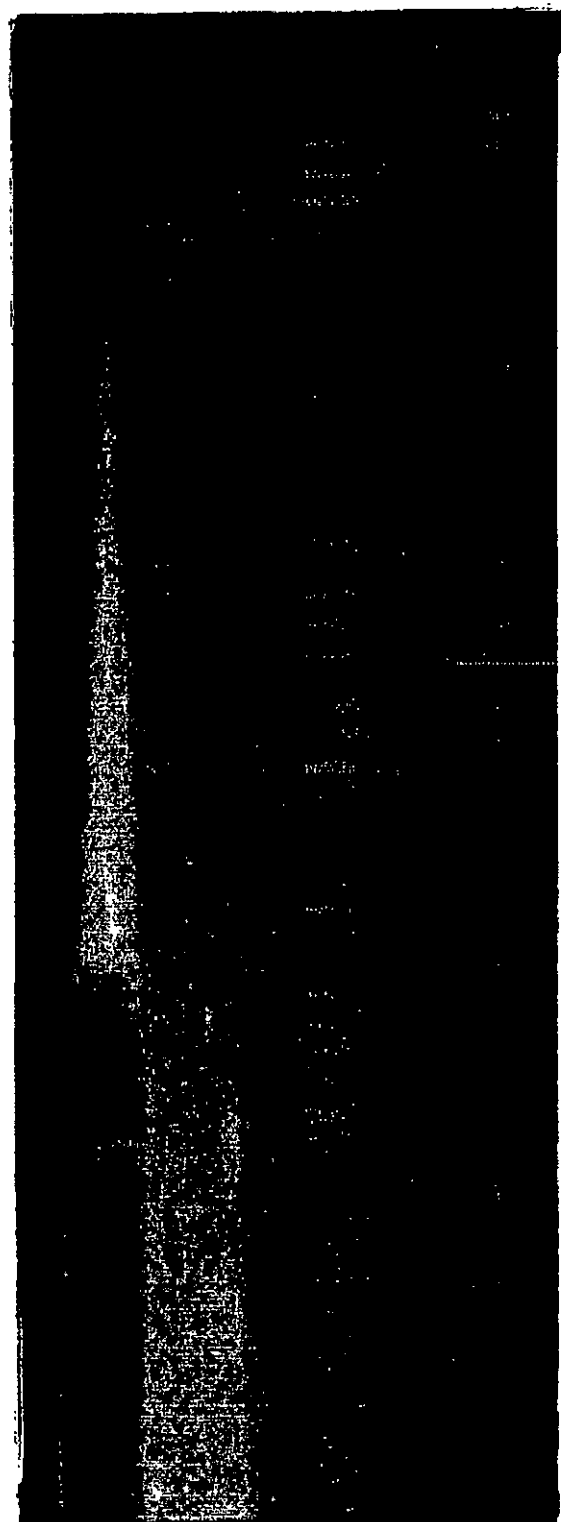
**Attn:**                    **Attn: Facility Receivable**

**Phone:**                **Phone: (239) 931-7372**

**Please return details with payment to assure proper posting.**

**Amount Due: \$34,320.74** Invoice #: **RHNY-43-0813** \$0.00 \$34,320.74

Last 4 SSN	Pat Last Name	Pat First Name	Acct #	Date of Service	CPT Code	Mod	Units	Current	Past Due
				06/02/09	77413		1	\$0.00	\$266.60 *
				06/02/09	77417		1	\$0.00	\$20.84 *
				06/03/09	77413		1	\$0.00	\$266.60 *
				06/03/09	77421,TC	TC	1	\$0.00	\$120.68 *
				06/04/09	77413		1	\$0.00	\$266.60 *
				06/04/09	77421,TC	TC	1	\$0.00	\$120.68 *
				06/05/09	77300,GTC	TC	2	\$0.00	\$103.86 *
				06/05/09	77413		1	\$0.00	\$266.60 *
				06/05/09	77421,TC	TC	1	\$0.00	\$120.68 *
				06/08/09	77014,TCS	TC	1	\$0.00	\$183.32 *
				06/08/09	77290,TC	TC	1	\$0.00	\$532.09 *
				06/08/09	77336		1	\$0.00	\$80.58 *
				06/08/09	77413		1	\$0.00	\$266.60 *
				06/08/09	77421,TC	TC	1	\$0.00	\$120.68 *
				06/09/09	77300,TC	TC	1	\$0.00	\$51.93 *
				06/09/09	77315,TC	TC	1	\$0.00	\$90.85 *
				06/09/09	77413		1	\$0.00	\$266.60 *
				06/09/09	77417		1	\$0.00	\$20.84 *
				06/10/09	77413		1	\$0.00	\$266.60 *
				06/10/09	77421,TC	TC	1	\$0.00	\$120.68 *
				06/11/09	77413		1	\$0.00	\$266.60 *
				06/11/09	77421,TC	TC	1	\$0.00	\$120.68 *
				06/12/09	77300,GTC	TC	2	\$0.00	\$103.86 *
				06/12/09	77413		1	\$0.00	\$266.60 *
				06/12/09	77421,TC	TC	1	\$0.00	\$120.68 *
				06/15/09	77336		1	\$0.00	\$80.58 *
				06/15/09	77413		1	\$0.00	\$266.60 *
				06/15/09	77421,TC	TC	1	\$0.00	\$120.68 *
				06/16/09	77413		1	\$0.00	\$266.60 *
				06/16/09	77421,TC	TC	1	\$0.00	\$120.68 *
				06/17/09	77280,TC	TC	1	\$0.00	\$191.65 *
				06/17/09	77331,TC	TC	1	\$0.00	\$24.14 *
				06/17/09	77334,TC	TC	1	\$0.00	\$124.26 *
				06/17/09	77414		1	\$0.00	\$295.89 *
				06/18/09	77414		1	\$0.00	\$295.89 *
				10/02/09	77014,TCS	TC	1	\$0.00	\$183.32 *
				10/02/09	77280,TC	TC	1	\$0.00	\$191.65 *
				10/02/09	77300,TC	TC	1	\$0.00	\$51.93 *
				10/02/09	77305,TC	TC	1	\$0.00	\$49.53 *
				10/02/09	77403		1	\$0.00	\$153.67 *
				09/26/08	77014,TCS	TC	1	\$0.00	\$184.45 *
				09/26/08	77290,TC	TC	1	\$0.00	\$495.99 *
				09/26/08	77334,TC	TC	1	\$0.00	\$145.83 *
				09/30/08	77334,TC	TC	1	\$0.00	\$145.83 *
				10/01/08	77413		1	\$0.00	\$232.70 *
				10/02/08	77413		1	\$0.00	\$232.70 *
				10/03/08	77413		1	\$0.00	\$232.70 *
				10/06/08	77413		1	\$0.00	\$232.70 *
				10/07/08	77413		1	\$0.00	\$232.70 *
				10/07/08	77417		1	\$0.00	\$25.78 *
				10/13/08	77413		1	\$0.00	\$232.70 *
				10/14/08	77413		1	\$0.00	\$232.70 *



\* The asterisk indicates outstanding charges that were included on prior invoices.

\*\* On May 10, 2010, Medicare revised their fee schedule as a result of the CY 2010 Correction Notice. This applies to charges provided between January 1, 2010 through May 31, 2010 and is reflected in your invoice.

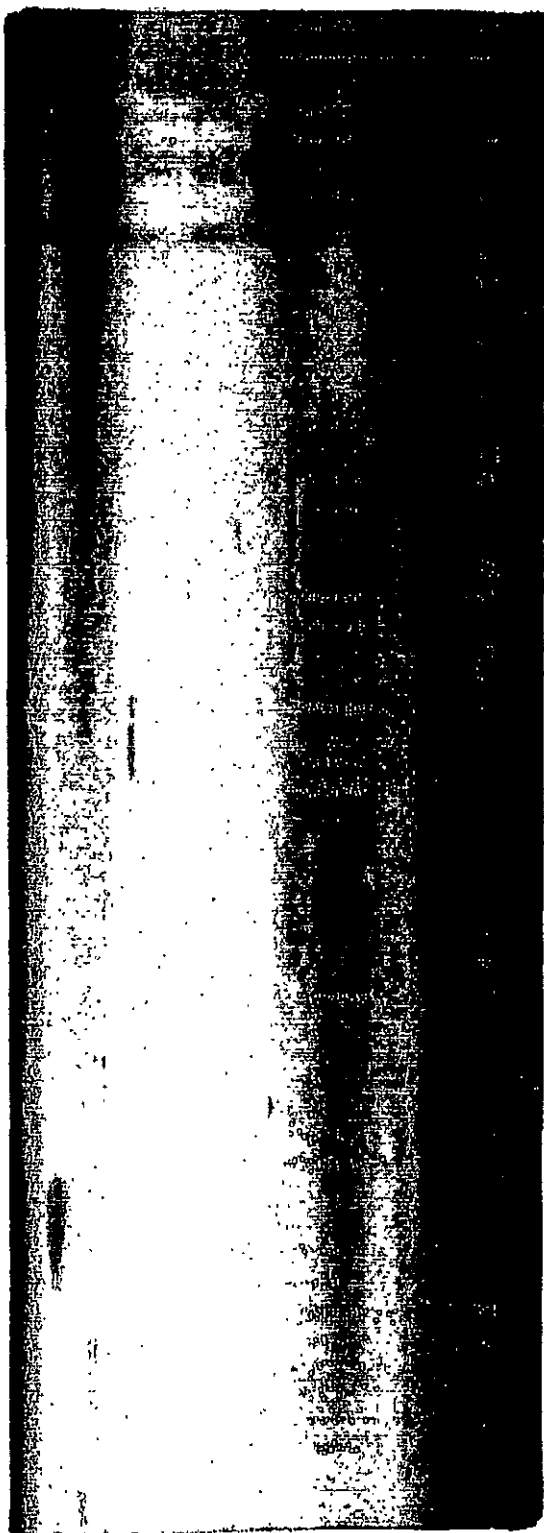
**REDACTED**

Amount Due: **\$34,320.74**

Invoice #: **RHNY-43-0813**

\$0.00 \$34,320.74

Last 4 SSN	Pat Last Name	Pat First Name	Acct #	Date of Service	CPT Code	Mod	Units	Current	Past Due
				10/15/08	77413		1	\$0.00	\$232.70 *
				10/16/08	77413		1	\$0.00	\$232.70 *
				10/17/08	77413		1	\$0.00	\$232.70 *
				10/17/08	77417		1	\$0.00	\$25.78 *
				10/20/08	77413		1	\$0.00	\$232.70 *
				10/21/08	77413		1	\$0.00	\$232.70 *
				10/22/08	77413		1	\$0.00	\$232.70 *
				10/23/08	77413		1	\$0.00	\$232.70 *
				10/24/08	77413		1	\$0.00	\$232.70 *
				10/27/08	77413		1	\$0.00	\$232.70 *
				10/29/08	77413		1	\$0.00	\$232.70 *
				03/03/10	77014,TC	TC	1	\$0.00	\$178.56 *
				03/03/10	77290,TC	TC	1	\$0.00	\$531.54 *
				03/03/10	77334,TC	TC	1	\$0.00	\$113.92 *
				03/03/10	77470,TC	TC	1	\$0.00	\$144.61 *
				03/05/10	77295,TC	TC	1	\$0.00	\$466.86 *
				03/05/10	77300,TC	TC	3	\$0.00	\$143.64 *
				03/08/10	77280,TC	TC	1	\$0.00	\$185.07 *
				03/08/10	77334,TC	TC	3	\$0.00	\$341.76 *
				03/08/10	77370		1	\$0.00	\$143.18 *
				03/08/10	77413		1	\$0.00	\$272.04 *
				03/10/10	77331,TC	TC	1	\$0.00	\$23.70 *
				03/10/10	77413		1	\$0.00	\$272.04 *
				03/10/10	77421,TC	TC	1	\$0.00	\$112.99 *
				03/12/10	77300,GTC	TC	1	\$0.00	\$47.88 *
				03/12/10	77331,TC	TC	1	\$0.00	\$23.70 *
				03/12/10	77413		1	\$0.00	\$272.04 *
				03/12/10	77421,TC	TC	1	\$0.00	\$112.99 *
				03/15/10	77331,TC	TC	1	\$0.00	\$23.70 *
				03/15/10	77413		1	\$0.00	\$272.04 *
				03/15/10	77421,TC	TC	1	\$0.00	\$112.99 *
				03/16/10	77336		1	\$0.00	\$68.81 *
				03/16/10	77413		1	\$0.00	\$272.04 *
				03/16/10	77421,TC	TC	1	\$0.00	\$112.99 *
				03/17/10	77413		1	\$0.00	\$272.04 *
				03/17/10	77417		1	\$0.00	\$19.05 *
				03/18/10	77413		1	\$0.00	\$272.04 *
				03/18/10	77421,TC	TC	1	\$0.00	\$112.99 *
				03/19/10	77300,GTC	TC	3	\$0.00	\$143.64 *
				03/19/10	77413		1	\$0.00	\$272.04 *
				03/19/10	77421,TC	TC	1	\$0.00	\$112.99 *
				03/22/10	77413		1	\$0.00	\$272.04 *
				03/22/10	77421,TC	TC	1	\$0.00	\$112.99 *
				03/23/10	77336		1	\$0.00	\$68.81 *
				03/23/10	77413		1	\$0.00	\$272.04 *
				03/23/10	77421,TC	TC	1	\$0.00	\$112.99 *
				03/24/10	77413		1	\$0.00	\$272.04 *
				03/24/10	77417		1	\$0.00	\$19.05 *
				04/09/07	77290,TC	TC	1	\$0.00	\$418.11 *
				04/23/10	77413		1	\$0.00	\$272.04 *
				04/23/10	77421,TC	TC	1	\$0.00	\$112.99 *
				04/26/10	77331,TC	TC	1	\$0.00	\$23.70 *



\* The asterisk indicates outstanding charges that were included on prior invoices.

\*\* On May 10, 2010, Medicaid revised their fee schedule as a result of the CY 2010 Correction Notice. This applies to charges provided between January 1, 2010 through May 31, 2010 and is included on this invoice.

REDACTED

Amount Due: \$34,320.74 Invoice #: RHHY-43-0813 \$0.00 \$34,320.74

Last 4 SSN	Pat Last Name	Pat First Name	Acct #	Date of Service	CPT Code	Mod	Units	Current	Past Due
				04/26/10	77413		1	\$0.00	\$272.04 *
				04/26/10	77421,TC	TC	1	\$0.00	\$112.99 *
				04/27/10	77331,TC	TC	1	\$0.00	\$23.70 *
				04/27/10	77413		1	\$0.00	\$272.04 *
				04/27/10	77421,TC	TC	1	\$0.00	\$112.99 *
				04/28/10	77413		1	\$0.00	\$272.04 *
				04/28/10	77421,TC	TC	1	\$0.00	\$112.99 *
				04/29/10	77336		1	\$0.00	\$68.81 *
				04/29/10	77413		1	\$0.00	\$272.04 *
				04/29/10	77421,TC	TC	1	\$0.00	\$112.99 *
				04/30/10	77300,GTC	TC	4	\$0.00	\$191.52 *
				04/30/10	77413		1	\$0.00	\$272.04 *
				04/30/10	77421,TC	TC	1	\$0.00	\$112.99 *
				09/25/08	77014,TCS	TC	1	\$0.00	\$184.45 *
				09/25/08	77295,TC	TC	1	\$0.00	\$914.37 *
				09/25/08	77300,TC	TC	4	\$0.00	\$243.20 *
				09/25/08	77331,TC	TC	1	\$0.00	\$26.12 *
				09/25/08	77334,TC	TC	1	\$0.00	\$145.83 *
				09/25/08	77370		1	\$0.00	\$170.40 *
				09/25/08	77413		1	\$0.00	\$232.70 *
				09/26/08	77331,TC	TC	1	\$0.00	\$26.12 *
				09/26/08	77413		1	\$0.00	\$232.70 *
				09/29/08	77331,TC	TC	1	\$0.00	\$26.12 *
				09/29/08	77413		1	\$0.00	\$232.70 *
				09/30/08	77331,TC	TC	1	\$0.00	\$26.12 *
				09/30/08	77413		1	\$0.00	\$232.70 *
				10/10/08	77413		1	\$0.00	\$232.70 *
				10/13/08	77413		1	\$0.00	\$232.70 *
				10/14/08	77413		1	\$0.00	\$232.70 *
				10/15/08	77336		1	\$0.00	\$110.00 *
				10/15/08	77413		1	\$0.00	\$232.70 *
				10/16/08	77300,TC	TC	2	\$0.00	\$121.60 *
				10/16/08	77315,TC	TC	1	\$0.00	\$111.80 *
				10/16/08	77413		1	\$0.00	\$232.70 *
				10/17/08	77413		1	\$0.00	\$232.70 *
				11/11/08	77290,TC	TC	1	\$0.00	\$495.99 *
				11/12/08	77305,TC	TC	1	\$0.00	\$68.46 *
				06/20/08	77014,TCS	TC	1	\$0.00	\$184.45 *
				06/23/08	77300,TC	TC	2	\$0.00	\$121.60 *
				06/23/08	77315,TC	TC	1	\$0.00	\$111.80 *
				06/23/08	77334,TC	TC	2	\$0.00	\$291.66 *
				06/23/08	77413		1	\$0.00	\$232.70 *
				06/24/08	77413		1	\$0.00	\$232.70 *
				06/25/08	77413		1	\$0.00	\$232.70 *
				06/26/08	77413		1	\$0.00	\$232.70 *
				06/27/08	77336		1	\$0.00	\$110.00 *
				06/27/08	77413		1	\$0.00	\$232.70 *
				06/30/08	77413		1	\$0.00	\$232.70 *
				06/30/08	77417		1	\$0.00	\$25.78 *
				07/01/08	77413		1	\$0.00	\$232.70 *
				07/02/08	77413		1	\$0.00	\$232.70 *
				07/03/08	77413		1	\$0.00	\$232.70 *

\* T: ... charges that were included on prior invoices.

\*\* On ... as a result of the CY 2010 Correction Notice. This applies to charges provided between January 1, 2010 through May 31, 2010.

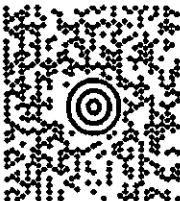



REDACTED

Amount Due: \$34,320.74 Invoice #: RHHY-43-0813 \$0.00 \$34,320.74

Last 4 SSN	Pat Last Name	Pat First Name	Acct #	Date of Service	CPT Code	Mod	Units	Current	Past Due
				07/07/08	77336		1	\$0.00	\$110.00 *
				07/07/08	77413		1	\$0.00	\$232.70 *
				07/08/08	77413		1	\$0.00	\$232.70 *
				07/08/08	77417		1	\$0.00	\$25.78 *
				07/09/08	77413		1	\$0.00	\$232.70 *
				07/10/08	77413		1	\$0.00	\$232.70 *
				07/11/08	77413		1	\$0.00	\$232.70 *
				09/09/08	77014,TCS	TC	1	\$0.00	\$184.45 *
				09/09/08	77290,TC	TC	1	\$0.00	\$495.99 *
				09/09/08	77334,TC	TC	1	\$0.00	\$145.83 *
				09/10/08	77280,TC	TC	1	\$0.00	\$198.32 *
				09/10/08	77300,TC	TC	2	\$0.00	\$121.60 *
				09/10/08	77305,TC	TC	1	\$0.00	\$68.46 *
				09/10/08	77403		1	\$0.00	\$141.93 *
				09/11/08	77403		1	\$0.00	\$141.93 *
				09/12/08	77331,TC	TC	1	\$0.00	\$26.12 *
				09/12/08	77403		1	\$0.00	\$141.93 *
				09/15/08	77331,TC	TC	1	\$0.00	\$26.12 *
				09/15/08	77403		1	\$0.00	\$141.93 *
				09/16/08	77336		1	\$0.00	\$110.00 *
				09/16/08	77403		1	\$0.00	\$141.93 *
				09/17/08	77403		1	\$0.00	\$141.93 *
				09/17/08	77417		1	\$0.00	\$25.78 *
				09/18/08	77403		1	\$0.00	\$141.93 *
				09/19/08	77403		1	\$0.00	\$141.93 *
				09/22/08	77403		1	\$0.00	\$141.93 *
				09/23/08	77336		1	\$0.00	\$110.00 *
				09/23/08	77403		1	\$0.00	\$141.93 *
				09/24/08	77403		1	\$0.00	\$141.93 *
				09/24/08	77417		1	\$0.00	\$25.78 *
				09/25/08	77403		1	\$0.00	\$141.93 *
				09/26/08	77403		1	\$0.00	\$141.93 *
				09/29/08	77336		1	\$0.00	\$110.00 *
				09/29/08	77403		1	\$0.00	\$141.93 *

\* The asterisk indicates outstanding charges that were included on prior invoices.

\*\* On May 10, 2010, Medicare revised their fee schedule as a result of the CY 2010 Correction Notice. This applies to charges provided between January 1, 2010 through May 31, 2010 and is reflected in your invoice.

<p>CHRISTINA JAMES RADIATION THERAPY SERVICES (CB) 2234 COLONIAL BLVD FORT MYERS FL 33907</p> <p><b>SHIP TO:</b> SOUND SHOURE MEDICAL CENTER OF WESTCHESTER SUITE A 5151 BLAZER PARKWAY C/O GCG INC DUBLIN OH 43017-9306</p>	<p>0.0 LBS LTR</p> <p>1 OF 1</p>
 <p><b>OH 432 9-30</b></p> 	
<p><b>UPS NEXT DAY AIR</b></p> <p>TRACKING #: 1Z X33 657 01 9526 5087</p>	<p><b>1</b></p>
	
<p>BILLING: P/P</p>	
<p>Dept Cost Center: 683002095</p>	<p>CS 15.6.12 WNT580 42.0A 07/2013</p> 

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK**

---

In re:

SOUND SHORE MEDICAL CENTER OF  
WESTCHESTER, et al.

Chapter 11  
Case No. 13-22840 (RDD)

---

Debtors.

(Jointly Administered)

---

**ORDER GRANTING SECOND OMNIBUS OBJECTION TO CLAIMS**

THIS MATTER having come before the Court upon the motion of the Plan Administrator appointed in these cases (the "Motion")<sup>1</sup> for entry of an order pursuant to 11 U.S.C. § 502 and Rule 3007 of the Federal Rules of Bankruptcy expunging, and/or disallowing each of the proofs of claim listed on Exhibit A attached hereto, on the basis that they were duplicative of earlier filed claims; the Court having reviewed the Second Objection; and notice having been provided (i) to the claimants listed on Exhibit A at the addresses set forth on the claimants' respective proofs of claim, (ii) counsel for the Committee, and (iii) the Office of the United States Trustee; and no response having been filed thereto; and the Court having jurisdiction to consider the Second Objection; and the Second Objection having come before the Court for a hearing held on March 18, 2015 (the "Hearing"); and upon the record made before the Court on that date; and the Court having found that the relief requested in the Second Objection is in the best interest of the Debtors' estate, creditors and other parties in interest; and it appearing that sufficient notice of the Second Objection has been given, and the Court having determined that the legal and factual basis set forth in the Second Objection establish cause for the relief granted herein; and after due deliberation and consideration of the Motion having been

---

<sup>1</sup> Unless otherwise defined, capitalized terms used herein shall have the meanings ascribed to them in the Motion



had; and it appearing that good and sufficient cause exists for granting the Second Objection, it is hereby

**ORDERED** that the relief request in the Second Objection is GRANTED to the extent set forth below and upon the terms and conditions set forth herein; and it is further

**ORDERED**, that the Claims listed on Exhibit A, as attached hereto, are hereby expunged and disallowed; and it is further

**ORDERED**, that the Debtors' claims and noticing agent, Garden City Group, Inc., and the Clerk of this Court are authorized to take any and all actions that are necessary or appropriate to give effect to this Order; and it is further

**ORDERED**, that this Court shall retain jurisdiction over any and all issues arising from or related to the implementation and interpretation of this Order.

Dated: March\_\_\_\_, 2015  
New York, New York

---

HONORABLE ROBERT D. DRAIN  
UNITED STATES BANKRUPTCY JUDGE