

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

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In re: : Chapter 11
  
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PROMISE HEALTHCARE GROUP, LLC, *et al.*,<sup>1</sup> : Case No. 18-12491 (CSS)
  
:
  
Debtors. : (Jointly Administered)
  
:
  
: **Related D.I.: 1624**
  
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**ORDER (I) ESTABLISHING THE DEADLINE FOR FILING  
APPLICATIONS FOR ALLOWANCE OF ADMINISTRATIVE CLAIMS  
ACCRUED FROM MAY 1, 2019 THROUGH SEPTEMBER 1, 2019, (II)  
ESTABLISHING THE DEADLINE FOR SUBMITTING  
ADMINISTRATIVE CLAIMS ARISING FROM THE  
PROMISE HEALTHCARE, INC. GROUP HEALTH PLAN, AND  
(III) APPROVING THE FORM AND MANNER OF NOTICE THEREOF**

*Upon the Motion of the Debtors for an Order (I) Establishing the Deadline for Filing  
Applications for Allowance of Administrative Claims Accrued from May 1, 2019 through  
September 1, 2019, (II) Establishing the Deadline for Submitting Administrative Claims Arising*

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<sup>1</sup> The Debtors in these Chapter 11 Cases, together with the last four digits of each Debtor’s federal tax identification number, are as follows: HLP HealthCare, Inc. (8381), PH-ELA, Inc. (9180), Promise Healthcare #2, Inc. (1913), Promise Healthcare Group, LLC (1895), Promise Healthcare Holdings, Inc. (2601), Bossier Land Acquisition Corp. (6644), HLP of Los Angeles, LLC (9102), HLP of Shreveport, Inc. (1708), HLP Properties at The Villages Holdings, LLC (0006), HLP Properties at the Villages, L.L.C. (1938), HLP Properties of Vidalia, LLC (4255), HLP Properties, Inc. (0068), Promise Healthcare of California, Inc. (9179), Promise Healthcare, Inc. (7953), Promise Hospital of Ascension, Inc. (9219), Promise Hospital of Baton Rouge, Inc. (8831), Promise Hospital of Dade, Inc. (7837), Promise Hospital of Dallas, Inc. (0240), Promise Hospital of East Los Angeles, L.P. (4671), Promise Hospital of Florida at The Villages, Inc. (2171), Promise Hospital of Louisiana, Inc. (4886), Promise Hospital of Lee, Inc. (8552), Promise Hospital of Overland Park, Inc. (5562), Promise Hospital of Phoenix, Inc. (1318), Promise Hospital of Salt Lake, Inc. (0659), Promise Hospital of Vicksburg, Inc. (2834), Promise Hospital of Wichita Falls, Inc. (4104), Promise Properties of Dade, Inc. (1592), Promise Properties of Lee, Inc. (9065), Promise Properties of Shreveport, LLC (9057), Promise Skilled Nursing Facility of Overland Park, Inc. (5752), Promise Skilled Nursing Facility of Wichita Falls, Inc. (1791), Quantum Health, Inc. (4298), Quantum Properties, L.P. (8203), Success Healthcare 1, LLC (6535), Success Healthcare, LLC (1604), Vidalia Real Estate Partners, LLC (4947), LH Acquisition, LLC (2328), Promise Behavioral Health Hospital of Shreveport, Inc. (1823), Promise Rejuvenation Centers, Inc. (7301), Promise Rejuvenation Center at the Villages, Inc. (7529), and PHG Technology Development and Services Company, Inc. (7766). The mailing address for the Debtors, solely for purposes of notices and communications, is 999 Yamato Road, 3<sup>rd</sup> FL, Boca Raton, FL 33431.

*from the Promise Healthcare, Inc. Group Health Plan, and (III) Approving the Form and Manner of Notice Thereof* (the “Motion”),<sup>2</sup> filed by Promise Healthcare Group, LLC and its affiliated debtors and debtors in possession (collectively, the “Debtors”); and the Court having reviewed the Motion; and the Court having found that (i) the Court has jurisdiction over this matter pursuant to 28 U.S.C. §§ 157 and 1334 and the *Amended Standing Order of Reference* from the United States District Court for the District of Delaware, dated February 29, 2012, (ii) this proceeding is a core proceeding pursuant to 28 U.S.C. § 157(b), (iii) venue is proper pursuant to 28 U.S.C. §§ 1408 and 1409, (iv) notice of this Motion and the hearing scheduled with respect to this Motion was appropriate under the circumstances and no other or further notice being required; and the legal and factual bases set forth in the Motion and any hearing thereon establish just cause for the relief granted in this Order:

**IT IS HEREBY ORDERED THAT:**

1. The Motion is GRANTED as set forth in this Order. Any objections or other responses to the Motion not withdrawn or resolved are hereby overruled in their entirety.

2. **January 31, 2020 at 4:00 p.m. (ET)** (the “Second Interim Administrative Claims Bar Date”) shall be the deadline for all persons and entities to file applications for allowance (each, an “Application for Allowance”) based on claims against any Debtor that accrued on and after May 1, 2019 through and including September 1, 2019 that remain unpaid.

3. **February 28, 2020 at 4:00 p.m. (ET)** (the “Health Plan Administrative Claims Bar Date”) shall be the deadline by which all persons and entities must submit claims to the Health Plan’s third party administrator and fiduciary for adjudicating claims, Continental Benefits, for

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<sup>2</sup> Capitalized terms not otherwise specifically defined herein shall have the meanings ascribed to them in the Motion.

health services and supplies covered by the Health Plan based on the Health Plan's terms that remain unpaid.

4. The Second Interim Administrative Claims Bar Date Notice, substantially in the form attached hereto as **Exhibit 1**, and the Publication Notice, substantially in the form attached hereto as **Exhibit 2**, are APPROVED in all respects.

5. The Application for Allowance Form, substantially in the form attached hereto as **Exhibit 3**, is APPROVED in all respects.

6. All claims for covered services and supplies under the Health Plan shall continue to be submitted to the Health Plan's third party administrator, Continental Benefits, in accordance with the Health Plan's regular claims and appeals procedures.

7. The following procedures for filing Applications for Allowance (other than claims under the Health Plan) are hereby approved and adopted in these Chapter 11 Cases:

- (a) Applications for Allowance must conform substantially to the Application for Allowance Form attached hereto as **Exhibit 3**.
- (b) All Applications for Allowance must be actually received on or before the Second Interim Administrative Claims Bar Date by Prime Clerk LLC ("Prime Clerk"), the Debtors' claims and noticing agent in these Chapter 11 Cases. All Applications for Allowance must be sent to Prime Clerk (i) electronically through Prime Clerk's website: <https://cases.primeclerk.com/promisehealthcaregroup> (but not by e-mail); or (ii) by regular mail, overnight mail, or hand delivery, addressed to: **Promise Healthcare Group, LLC Claims Processing Center c/o Prime Clerk LLC, 850 3rd Avenue, Suite 412, Brooklyn, NY 11232**;
- (c) Applications for Allowance will be deemed timely filed only if they are actually received by Prime Clerk on or before the Second Interim Administrative Claims Bar Date. Applications for Allowance submitted by facsimile or e-mail will not be accepted;
- (d) Applications for Allowance must: (i) be in writing and signed by the claimant or, if the claimant is not an individual, by an authorized agent of the claimant; (ii) include supporting documentation or, if voluminous, a summary of supporting documents and an explanation as to why documentation is not available and identify where

such supporting documentation may be obtained; (iii) be in the English language; and (iv) be denominated in United States currency;

- (e) Each Application for Allowance shall set forth evidence of the necessity of the expense incurred by any Debtor and the reasonableness of the charge for any such good or service provided to the Debtor;
- (h) Each Application for Allowance must specify by name the Debtor against which a claim is asserted, and if the holder asserts a claim against more than one Debtor, a separate Application for Allowance must be filed against each such Debtor; and
- (i) Any entity that files an Application for Allowance by mail and wishes to receive a date-stamped copy by return mail shall include an additional copy of the Application for Allowance and a self-addressed postage-paid envelope.

8. The following persons or entities are *not* required to file an Application for Allowance in accordance with the procedures set forth herein:

- (a) any person or entity whose Administrative Claim has been allowed by order of the Court entered on or before the Second Interim Administrative Claims Bar Date;
- (b) any person or entity whose claim has been paid or otherwise satisfied in full by the Debtors or any other party prior to the Second Interim Administrative Claims Bar Date;
- (c) any affiliate (as defined in section 101(2) of the Bankruptcy Code) of the Debtors that is a Debtor for its claims against any other Debtor; and
- (d) any person or entity with a claim for covered services and supplies under the Health Plan that is submitted to the Health Plan's third party administrator, Continental Benefits, in accordance with the Health Plan's regular claims and appeals procedures on or before February 28, 2020.

25. **Supplemental Mailings and Publication.** After the initial mailing of the Second Interim Administrative Claims Bar Date Notice, the Debtors may make supplemental mailings of notices, including in the event that (a) notices are returned by the post office with forwarding addresses, (b) certain parties acting on behalf of parties in interest decline to pass along notices to these parties and instead return their names and addresses to the Debtors for direct mailing, and (c) additional potential holders of claims become known. In these and similar circumstances, the

Debtors are authorized to make supplemental mailings of the Second Interim Administrative Claims Bar Date Notice at any time up to twenty-one (21) days in advance of the Second Interim Administrative Claims Bar Date, with any such mailings being deemed timely and the Second Interim Administrative Claims Bar Date being applicable to such holders of claims. After the initial mailing of the Health Plan's Notice of Plan Termination, the Debtors propose that they may make supplemental mailings of notices, including in the event that (a) notices are returned by the post office with forwarding addresses, (b) certain parties acting on behalf of claimants decline to pass along notices to claimants and instead return their names and addresses to the Debtors for direct mailing, and (c) additional potential holders of claims or creditors' contact information become known. The Debtors propose that they may make supplemental mailings of the Notice of Plan Termination in these and similar circumstances at any time up to twenty-one (21) days in advance of the Health Plan Claims Bar Date, with any such mailings being deemed timely and the Health Plan Administrative Claims Bar Date being applicable to such holders of claims.

9. The Debtors shall publish the Publication Notice in the national edition of the Wall Street Journal and in one newspaper of general circulation in each jurisdiction where the Debtors operate or operated a facility, and in Boca Raton, Florida, where the Debtors maintain their corporate offices. The Publication Notice will provide effective notice of the Second Interim Administrative Claims Bar Date and Health Plan Administrative Claims Bar Date to all creditors, including (a) any creditors who are unknown or not reasonably ascertainable by the Debtors, (b) known creditors with addresses that are unknown to the Debtors or are no longer accurate and/or updated, and (c) potential creditors with claims against the Debtors.

**10. Any holder of a claim against any Debtor who receives notice of the Second Interim Administrative Claims Bar Date or Health Plan Administrative Claims Bar Date, as**

**applicable, (whether such notice was actually or constructively received) and is required, but fails, to submit an Administrative Claim under the Health Plan or file an Application for Allowance, as applicable, in accordance with this Order on or before the Second Interim Administrative Claims Bar Date or Health Plan Administrative Claims Bar Date, as applicable, (a) shall be forever barred, estopped, and enjoined from asserting such claim against such Debtors (or filing an Application for Allowance with respect thereto), and such Debtor and its property may, upon confirmation of a chapter 11 plan with respect thereto, be forever discharged from all indebtedness or liability with respect to such claim, and (b) shall not receive or be entitled to receive any payment or distribution of property from the Debtors or their successors or assigns with respect to such claim.**

**11. Notwithstanding the foregoing, any and all patients of any of the Debtors' facilities with potential Administrative Claims that purportedly accrued on and after May 1, 2019 through and including September 1, 2019 that remain unpaid, despite the expiration of the Second Interim Administrative Claims Bar Date, if applicable, shall be entitled to file and, if applicable, enforce claims against any Debtor only by collecting upon any available insurance for the Debtors' liability to such patient in accordance with applicable non-bankruptcy law. For avoidance of doubt, for the above-described patients, after the expiration of the Second Interim Administrative Claims Bar Date, no recovery may be made against the property of the Debtors, property of the bankruptcy estate, or the Debtors' successors or assigns, including any trusts created.**

**12. No later than five (5) business days after entry of the Second Interim Administrative Claims Bar Date Order, the Debtors shall cause service of the Second Interim Administrative**

Claims Bar Date Notice by first class U.S. mail, postage prepaid, along with a copy of the form Application for Allowance on the following parties:

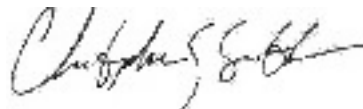
- (a) all parties that have requested notice in these Chapter 11 Cases;
- (b) all persons or entities that have previously filed a proof of claim or an Application for Allowance;
- (c) all known or suspected holders of Administrative Claims against any Debtor;
- (d) all parties to executory contracts and unexpired leases of the Debtors, including all parties to any collective bargaining agreements, if any, entered into by the Debtors;
- (e) all parties to litigation with the Debtors;
- (f) all patients within the last two years, employees, directors, and officers (to the extent that contact information for a former patient, employee, director, or officer is available in the Debtors' books and records); and
- (g) all applicable governmental units, including the Internal Revenue Service, the U.S. Attorney for the District of Delaware, and the Office of the Attorney General in all states in which the Debtors operate, own, or lease property, and/or file tax returns.

13. The Debtors will mail the Second Interim Administrative Claims Bar Date Notice to each of the foregoing party's last known address included in the Debtors' books and records.

14. Nothing in this Order shall prejudice the right of any Debtor or any other party in interest to dispute, or to assert offsets or defenses to, any claim as to amount, liability, characterization, or otherwise, and to subsequently designate any claim as disputed, contingent, or unliquidated.

15. The Debtors are authorized and empowered to take such steps and perform such acts as may be necessary or appropriate to implement and effectuate the terms of this Order.

16. This Court shall retain jurisdiction over any and all matters arising from the interpretation or implementation of this Order.



**Dated: December 4th, 2019**  
**Wilmington, Delaware**

**CHRISTOPHER S. SONTCHI**  
**UNITED STATES BANKRUPTCY JUDGE**

**EXHIBIT 1**

**(Second Interim Administrative Claims Bar Date Notice)**



IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

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In re: : Chapter 11
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PROMISE HEALTHCARE GROUP, LLC, et al.,<sup>1</sup> : Case No. 18-12491 (CSS)
:
Debtors. : (Jointly Administered)
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: Related D.I.: \_\_\_
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NOTICE OF DEADLINE FOR (I) APPLICATIONS FOR
ALLOWANCE OF ADMINISTRATIVE CLAIMS ACCRUED
FROM MAY 1, 2019 THROUGH SEPTEMBER 1, 2019, AND
(II) SUBMITTING ADMINISTRATIVE CLAIMS ARISING
FROM THE PROMISE HEALTHCARE, INC. GROUP HEALTH PLAN

PLEASE TAKE NOTICE that on November 5, 2018 (the "Petition Date"), Promise
Healthcare Group, LLC and its affiliated debtors and debtors in possession (collectively, the
"Debtors") filed voluntary petitions for relief under chapter 11 of title 11 of the United States Code
(the "Bankruptcy Code").

PLEASE TAKE FURTHER NOTICE that on \_\_\_\_\_, 2019, the United States
Bankruptcy Court for the District of the Delaware (the "Court"), having jurisdiction over the
Debtors' chapter 11 cases, entered an order (the "Second Interim Administrative Claims Bar Date
Order") establishing (i) **January 31, 2020 at 4:00 p.m. (ET)** as the deadline for all persons and

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number, are as follows: HLP HealthCare, Inc. (8381), PH-ELA, Inc. (9180), Promise Healthcare #2, Inc. (1913),
Promise Healthcare Group, LLC (1895), Promise Healthcare Holdings, Inc. (2601), Bossier Land Acquisition Corp.
(6644), HLP of Los Angeles, LLC (9102), HLP of Shreveport, Inc. (1708), HLP Properties at The Villages Holdings,
LLC (0006), HLP Properties at the Villages, L.L.C. (1938), HLP Properties of Vidalia, LLC (4255), HLP Properties,
Inc. (0068), Promise Healthcare of California, Inc. (9179), Promise Healthcare, Inc. (7953), Promise Hospital of
Ascension, Inc. (9219), Promise Hospital of Baton Rouge, Inc. (8831), Promise Hospital of Dade, Inc. (7837), Promise
Hospital of Dallas, Inc. (0240), Promise Hospital of East Los Angeles, L.P. (4671), Promise Hospital of Florida at
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address for the Debtors, solely for purposes of notices and communications, is 999 Yamato Road, 3<sup>rd</sup> FL, Boca Raton,
FL 33431.

entities to file applications for allowance (each, an “Application for Allowance”) based on claims against any Debtor that accrued on and after May 1, 2019 through and including September 1, 2019 that remain unpaid, and (ii) **February 28, 2020 at 4:00 p.m. (ET)** as the deadline for all persons and entities to submit claims for group health plan services and supplies covered by the Health Plan based on the Health Plan’s terms that remain unpaid.

**You should consult an attorney if you have any questions, including whether to file an Application for Allowance. If you have any questions with respect to this notice, you may contact the Debtors’ claims agent, Prime Clerk LLC (“Prime Clerk”) at (844) 822-9230, or visit Prime Clerk’s website at <https://cases.primeclerk.com/promisehealthcaregroup/>.**

### **1. IF YOU HAVE A CLAIM UNDER THE HEALTH PLAN**

If you have a claim under the Health Plan, you must submit your claim for covered services and supplies under the Health Plan to the Health Plan’s third party administrator, Continental Benefits, in accordance with the Health Plan’s regular claims and appeals procedures.

### **2. WHO MUST FILE AN APPLICATION FOR ALLOWANCE**

You **MUST** file an Application for Allowance if you have a claim that arose on and after May 1, 2019 through and including September 1, 2019, that remains unpaid.

Under section 101(5) of the Bankruptcy Code and as used herein, the word “claim” means: (a) a right to payment, whether or not such right is reduced to judgment, liquidated, unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal, equitable, secured, or unsecured; or (b) a right to an equitable remedy for breach of performance if such breach gives rise to a right to payment, whether or not such right to an equitable remedy is reduced to judgment, fixed, contingent, matured, unmatured, disputed, undisputed, secured, or unsecured.

Applications for Allowance will be deemed timely filed **only if** they are actually received by Prime Clerk on or before the Second Interim Administrative Claims Bar Date. Applications for Allowance submitted by facsimile or e-mail **will not be accepted**.

### **3. WHO NEED NOT FILE A PROOF OF CLAIM OR APPLICATION FOR ALLOWANCE**

- (a) any person or entity whose Administrative Claim has been allowed by order of the Court entered on or before the Second Interim Administrative Claims Bar Date;
- (b) any person or entity whose claim has been paid or otherwise satisfied in full by the Debtors or any other party prior to the Second Interim Administrative Claims Bar Date;
- (c) any affiliate (as defined in section 101(2) of the Bankruptcy Code) of the Debtors that is a Debtor for its claims against any other Debtor; and

- (d) any person or entity with a claim for covered services and supplies under the Health Plan that is submitted to the Health Plan's third party administrator, Continental Benefits, in accordance with the Health Plan's regular claims and appeals procedures on or before February 28, 2020.

**You should not file an Application for Allowance if you do not have a claim against any of the Debtors. The fact that you have received this Second Interim Administrative Claims Bar Date Notice does not mean that you have a claim or that the Debtors or the Bankruptcy Court believes that you have a claim.**

#### **4. HOW TO FILE AN APPLICATION FOR ALLOWANCE**

Enclosed herewith as **Exhibit 3** is an Application for Allowance Form. If you file an Application for Allowance, it must be (i) completed on a claim form substantially in the form of **Exhibit 3**; (ii) signed by the claimant or, if the claimant is not an individual, by an authorized agent of the claimant; (iii) include supporting documentation (if voluminous, attach a summary) or explanation as to why documentation is not available; (iv) be in English language; and (v) be denominated in United States currency. Any holder of a claim against more than one Debtor must file a separate Application for Allowance against each Debtor and all holders of claims must identify on their Application for Allowance the specific Debtor against which such claim is asserted and the case number of that Debtor's bankruptcy case. The Debtors' names and case numbers are set forth above.

**You should attach to your completed Application for Allowance copies of any writings upon which your claim is based.**

#### **5. CONSEQUENCES OF FAILURE TO FILE AN APPLICATION FOR ALLOWANCE BY THE SECOND INTERIM ADMINISTRATIVE CLAIMS BAR DATE**

**Except as described in Section 2 above, as applicable, any holder of a claim against any Debtor who received notice of the Second Interim Administrative Claims Bar Date or the Health Plan Administrative Claims Bar Date, as applicable, (whether such notice was actually or constructively received) and is required, but fails, to submit an Administrative Claim under the Health Plan or file an Application for Allowance, as applicable, in accordance with the Second Interim Administrative Claims Bar Date Order and this Second Interim Administrative Claims Bar Date Notice on or before the Second Interim Administrative Claims Bar Date or Health Plan Administrative Claims Bar Date, as applicable, (a) shall be forever barred, estopped, and enjoined from asserting such claim against any Debtor, and such Debtor and its property may upon confirmation of a chapter 11 plan with respect thereto, be forever discharged from all indebtedness and liability with respect to such claim, and (b) shall not receive or be entitled to receive any payment or distribution of property from the Debtors or their successors or assigns with respect to such claim.**

Dated: \_\_\_\_\_, 2019  
Wilmington, Delaware

Respectfully submitted,

DLA PIPER LLP (US)

/s/

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Kaitlin W. MacKenzie (#5924)  
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-and-

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Katie G. Stenberg (admitted *pro hac vice*)  
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*Attorneys for the Debtors and  
Debtors in Possession*

**EXHIBIT 2**

**(Publication Notice)**

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

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In re: : Chapter 11
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entities to file applications for allowance (each, an “Application for Allowance”) based on claims against any Debtor that accrued on and after May 1, 2019 through and including September 1, 2019 that remain unpaid, and (ii) **February 28, 2020 at 4:00 p.m. (ET)** as the deadline for all persons and entities to submit claims for group health plan services and supplies covered by the Health Plan based on the Health Plan’s terms that remain unpaid.

**PLEASE TAKE FURTHER NOTICE** that a claimant should consult an attorney if the claimant has any questions. For more detailed information regarding who must file an Application for Allowance and the specific requirements regarding the filing of same, you may (i) contact the Debtors’ attorneys, DLA Piper LLP (US), Attn: Stuart M. Brown and Kaitlin W. MacKenzie, by email (stuart.brown@dlapiper.com and kaitlin.mackenzie@dlapiper.com) or telephone at (302) 468-5700; or Waller Lansden Dortch & Davis, LLP, Attn: John C. Tishler and Tyler N. Layne, by email (john.tishler@wallerlaw.com and tyler.layne@wallerlaw.com) or telephone at (615) 244-6380; (ii) contact the Debtors’ claims agent, Prime Clerk LLC (“Prime Clerk”), by telephone at (844) 822-9230; or (iii) visit Prime Clerk’s website at <https://cases.primeclerk.com/promisehealthcaregroup/>. Please note that Prime Clerk is not permitted to give you legal advice. Prime Clerk cannot advise you how to file, or whether you should file, an Application for Allowance.

**EXHIBIT 3**

**(Application for Allowance Form)**



UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE		INITIAL ADMINISTRATIVE EXPENSE PROOF OF CLAIM FORM
<div style="background-color: black; color: white; padding: 2px; font-size: 0.8em; margin-bottom: 5px;">Fill in this information to identify the case (Select only one Debtor per claim form):</div> <div style="border: 1px solid black; padding: 10px; min-height: 100px;"> <p><b>Debtor:</b> _____</p> <p><b>Case Number:</b> _____</p> </div>		
<b>NOTE: This Administrative Expense Claim Request form is to be used solely in connection with a request for payment of an administrative expense arising after commencement of these cases pursuant to 11 U.S.C. § 503.</b>		
Name of Creditor (the person or other entity to whom the debtor owes money or property):	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.	
Name and address where notices should be sent:	<b>Court Claim Number:</b> _____ (If known)	
Telephone number:	<b>Filed on:</b> _____	
Name and address where payment should be sent (if different from above):		
Telephone number:		
<b>IMPORTANT:</b> Please list the name and address of any property related to your claim (if applicable).		
Property Name: _____		
Property Address: _____		
<b>1. Basis for Claim:</b> _____ (e.g., goods sold, money loaned, services performed, car loan, mortgage note, and credit card)		
<b>2. Last four digits of any account or number by which creditor identifies debtor:</b> _____		
<b>3. TOTAL AMOUNT OF ADMINISTRATIVE EXPENSE CLAIM:</b>	\$ _____ <b>(Total)</b> (attach an itemized statement of all interest or additional charges, if applicable)	
<b>4. BRIEF DESCRIPTION OF CLAIM (attach any additional information):</b>		
<b>5. Credits:</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. <b>6. Supporting Documents:</b> Attached are <b>redacted</b> 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 <b>redacted</b> copies of documents providing evidence of perfection of a security interest are attached. <b>DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.</b> If the documents are not available, please explain: <b>DATE-STAMPED COPY:</b> To receive an acknowledgment of the filing of your administrative expense proof of claim, enclose a stamped, self-addressed return envelope and copy of this administrative expense proof of claim, or you may view your claim information by visiting the website of the Claims Agent at: <a href="https://cases.primeclerk.com/promisehealthcaregroup/">https://cases.primeclerk.com/promisehealthcaregroup/</a>		<b>THIS SPACE IS FOR COURT USE ONLY.</b>
<b><u>IF PROOF OF CLAIM IS SENT BY MAIL, HAND DELIVERY, OR OVERNIGHT COURIER, SEND TO:</u></b> Promise Healthcare Group, LLC Claims Processing Center c/o Prime Clerk LLC 850 3 <sup>rd</sup> Avenue, 3 <sup>rd</sup> Floor, Ste. 412 Brooklyn, NY 11232		
Date: _____	_____ (print) <b>Signature:</b> the person filing this claim must sign it. <b>Print name and title,</b> if any, of the creditor or other person authorized to file this claim.	