FORM B10 (Official Form 10) (04/04)

UNITED STATES BANKRUPTCY COURT
DISTRICT OF IDAHO (BOISE)

PROOF OF CLAIM

Name of Debtor
Katherine L Yocom

Case Number
04-01883

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):
Tullio Celano MD

Name and Address where notices should be sent:

Tullio Celano MD
6022 Emeral St
Boise, ID 83704-8855

Telephone Number:

☐ 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.

☒ Check box if you have never received any notices from the bankruptcy court in this case.

☐ Check box if the address differs from the address on the envelope sent to you by the court.

04-01883

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Account or other number by which creditor identifies debtor: 5750

Check here if this claim ☐ replaces ☐ amends a previously filed claim, dated:_____

1. Basis for Claim

☐ Goods sold
☒ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other _____

☐ Retiree benefits as defined in 11 U.S.C. §1114(a)
☐ Wages, salaries, and compensation (fill out below)
Last four digits of SS #: _____
Unpaid compensation for services performed from _____ (date) to _____ (date)

2. Date debt was incurred: 3-38-03/9-22-03

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 869.84 (unsecured) _____ (secured) _____ (priority) _____ (Total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.

☐ 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.

5. Secured Claim.

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:
☐ Real Estate ☐ Motor Vehicle
☐ Other_____

Value of Collateral: $_____

Amount of arrearage and other charges at time case filed included in secured claim, if any: $_____

6. Unsecured Nonpriority Claim $ 869.84

☒ Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

7. Unsecured Priority Claim.

☐ Check this box if you have an unsecured priority claim

Amount entitled to priority $_____

Specify the priority of the claim:

☐ Wages, salaries, or commissions (up to $4,925),* 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).
☐ Contributions to an employee benefit plan - 11 U.S.C. §507(a)(4).
☐ Up to $ 2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 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)(__).

**Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.*

8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

9. Supporting Documents: *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.

10. Date-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.

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RECD 04 JUN 30 AM 10:59
CLERK, U.S. BANKRUPTCY COURT
DISTRICT OF IDAHO
U.S. COURTS

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Date	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):
6/24/04	TULLIO CELANO, M.D.

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.

018802

TULLIO CELANO MD

CASE # 04-01883

Acct	Date	Dep #	Name	Dr#	Procedure		Ref Dt	Diag	Units	Amount
	11/03/03		Check Payment	10257598		Ins #17	11/03/03			-21.13
	11/03/03		Adjustment (4)	10257598		Blue Shield WriteDn	11/03/03			-8.63
	11/03/03		Adjustment (4)	10257598		Blue Shield WriteDn	11/03/03			-15.96
	11/03/03		Check Payment	10257598		Ins #17	11/03/03			-79.68
	11/03/03		Adjustment (4)	10257598		Blue Shield WriteDn	11/03/03			-1.45
	11/03/03		Adjustment (4)	10257598		Blue Shield WriteDn	11/03/03			-8.63
	11/03/03		Adjustment (4)	10257598		Blue Shield WriteDn	11/03/03			-15.96
	11/26/03	0	YOCOM,KATHERINE	1	INTEREST	Finance Charge		INTEREST	1.00	6.29
	12/31/03	0	YOCOM,KATHERINE	1	INTEREST	Finance Charge		INTEREST	1.00	6.29
	01/30/04	0	YOCOM,KATHERINE	1	INTEREST	Finance Charge		INTEREST	1.00	6.49
	02/26/04	0	YOCOM,KATHERINE	1	INTEREST	Finance Charge		INTEREST	1.00	6.49
	03/31/04	0	YOCOM,KATHERINE	1	INTEREST	Finance Charge		INTEREST	1.00	6.49
	04/30/04	0	YOCOM,KATHERINE	1	INTEREST	Finance Charge		INTEREST	1.00	6.49
	05/31/04	0	YOCOM,KATHERINE	1	INTEREST	Finance Charge		INTEREST	1.00	6.49

TOTALS FOR ACCOUNT 5750 PAYMENTS : 3399.33 ADJUSTS : 1339.51 CHARGES : 5608.68 36.00 869.84

REFUNDS: 0.00

3399.33 1339.51 5608.68 869.84

TULLIO CELAND MD

CASE # 04-01883 Accounts 5750 - 5750 All Dates

Acct	Date	Dep #	Name	Dr#	Procedure		Ref Dt	Diag	Units	Amount
5750	YOCOM,KATHERINE					Previous Balance :				0.00
	03/28/03	1	YOCOM,KYLEE	1	99243	OFFICE CONSULTATION		599.0	1.00	164.50
	03/28/03	1	YOCOM,KYLEE	1	81000	URINALYSIS		599.0	1.00	16.00
	03/28/03	1	YOCOM,KYLEE	1	87086	CULTURE, URINE, QUAN		599.0	1.00	35.00
	03/30/03	1	YOCOM,KYLEE	1	87077	ISOLATE ORGANISM		599.0	1.00	38.15
	03/30/03	1	YOCOM,KYLEE	1	87186	URINE SENSITIVITY		599.0	1.00	28.63
	04/01/03		Check Payment	637		Patient	04/01/03			-15.00
	04/11/03	1	YOCOM,KYLEE	1	99213	OFFICE VISIT, ESTAB.		599.0	1.00	71.40
	04/11/03	1	YOCOM,KYLEE	1	51741	UROFLOMETRY, COMPLEX		593.70	1.00	218.00
	04/11/03	1	YOCOM,KYLEE	1	51798	MEASUREMENT PV RESID		593.70	1.00	120.00
	05/27/03	1	YOCOM,KYLEE	1	99213	OFFICE VISIT, ESTAB.		593.70	1.00	71.40
	05/27/03	1	YOCOM,KYLEE	1	81000	URINALYSIS		599.0	1.00	16.00
	05/27/03	1	YOCOM,KYLEE	1	87086	CULTURE, URINE, QUAN		599.0	1.00	35.00
	06/06/03	1	YOCOM,KYLEE	1	99213	OFFICE VISIT, ESTAB.		593.71	1.00	75.00
	06/06/03	1	YOCOM,KYLEE	1	81000	URINALYSIS		593.71	1.00	16.00
	06/06/03	1	YOCOM,KYLEE	1	87086	CULTURE, URINE, QUAN		593.71	1.00	35.00
	06/06/03	1	YOCOM,KYLEE	1	60001	VENIPUNCUNTURE		593.71	1.00	13.00
	06/06/03	1	YOCOM,KYLEE	1	80053	COMPREHENSIVE METABO		593.71	1.00	22.00
	06/09/03		Check Payment	10191266		Ins #17	06/09/03			-83.32
	06/09/03		Adjustment (4)	10191266		Blue Shield WriteDn	06/09/03			-5.86
	06/09/03		Adjustment (4)	10191266		Blue Shield WriteDn	06/09/03			-3.99
	06/13/03	1	YOCOM,KYLEE	1	52281	CYSTO, W CALIB A/O D		593.71	1.00	1195.00
	06/13/03	1	YOCOM,KYLEE	1	52281	CYSTO, W CALIB A/O D		593.71	1.00	415.50
	06/16/03		Check Payment	10194266		Ins #17	06/16/03			-182.42
	06/16/03		Adjustment (4)	10194266		Blue Shield WriteDn	06/16/03			-5.86
	06/16/03		Adjustment (4)	10194266		Blue Shield WriteDn	06/16/03			-3.99
	06/16/03		Check Payment	10194266		Ins #17	06/16/03			-253.96
	06/16/03		Adjustment (4)	10194266		Blue Shield WriteDn	06/16/03			-5.32
	06/16/03		Adjustment (4)	10194266		Blue Shield WriteDn	06/16/03			-85.72
	06/16/03		Check Payment	10194266		Ins #17	06/16/03			-53.42
	06/17/03	1	YOCOM,KYLEE	1	50760	URETEROURETEROSTOMY		593.71	1.00	2736.50
	06/19/03		Check Payment	10197355		Ins #17	06/19/03			-79.68
	06/19/03		Adjustment (4)	10197355		Blue Shield WriteDn	06/19/03			-1.45
	06/19/03		Adjustment (4)	10197355		Blue Shield WriteDn	06/19/03			-8.63
	06/19/03		Adjustment (4)	10197355		Blue Shield WriteDn	06/19/03			-15.96
	06/30/03		Check Payment	10200379		Ins #17	06/30/03			-940.85
	06/30/03		Adjustment (4)	10200379		Blue Shield WriteDn	06/30/03			-434.44
	06/30/03		Check Payment	10200379		Ins #17	06/30/03			-1638.18
	06/30/03		Adjustment (4)	10200379		Blue Shield WriteDn	06/30/03			-688.77
	07/10/03	1	YOCOM,KYLEE	1	81000	URINALYSIS		599.0	1.00	16.00
	07/10/03	1	YOCOM,KYLEE	1	87086	CULTURE, URINE, QUAN		599.0	1.00	35.00
	07/15/03		Check Payment	10209068		Ins #17	07/15/03			-21.13
	07/15/03		Adjustment (4)	10209068		Blue Shield WriteDn	07/15/03			-8.63
	07/15/03		Adjustment (4)	10209068		Blue Shield WriteDn	07/15/03			-15.96
	08/19/03		Check Payment	10220274		Ins #17	08/19/03			-24.56
	08/19/03		Adjustment (4)	10220274		Blue Shield WriteDn	08/19/03			-4.30
	08/29/03	0	YOCOM,KATHERINE	1	INTEREST	Finance Charge		INTEREST	1.00	1.04
	09/12/03	1	YOCOM,KYLEE	1	81000	URINALYSIS		599.0	1.00	16.00
	09/12/03	1	YOCOM,KYLEE	1	87086	CULTURE, URINE, QUAN		599.0	1.00	35.00
	09/22/03	1	YOCOM,KYLEE	1	99213	OFFICE VISIT, ESTAB.		599.0	1.00	75.00
	09/22/03	1	YOCOM,KYLEE	1	81000	URINALYSIS		599.0	1.00	16.00
	09/22/03	1	YOCOM,KYLEE	1	87086	CULTURE, URINE, QUAN		599.0	1.00	35.00
	09/29/03	0	YOCOM,KATHERINE	1	INTEREST	Finance Charge		INTEREST	1.00	6.24
	10/31/03	0	YOCOM,KATHERINE	1	INTEREST	Finance Charge		INTEREST	1.00	6.29