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):
Health South / Treasure Valley Hospital

☐ 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.

Name and Address where notices should be sent:
Health South / Treasure Valley Hospital
8800 W Emerald
Boise, ID 83704-8205

☑ 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.

Telephone Number: 208 / 373 - 5000

04-01883

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Account or other number by which creditor identifies debtor: # 5021292

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 6-17-03 (date) to 6-21-03 (date)

2. Date debt was incurred: 6-17-03

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 788.67 (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 $ 788.67

☑ 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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Date 6/4/03

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):
Fran Polatajko, FRAN POLATAJKO, Collector

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.

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STATEMENT TYPE	STATEMENT DATE	TREASURE VALLEY HOSPITAL 8800 W EMERALD BOISE , ID 83704	PAGE NO
POS	06/03/04	208-373-5000	1

PATIENT NUMBER	MEDICAL RCD-NO	SOCIAL SEC-NO	PAT TYP	HOSP SERV	FIN CLS
5021292	061315	469-07-2089	O	GEN	Q

PATIENT NAME AND ADDRESS	GUARANTOR NAME AND ADDRESS
KYLEE YOCOM 2040 SLATON DR MERIDIAN ID 83642	KATHERINE L YOCOM 2040 SLATON DR MERIDIAN ID 83642

DATE	DESCRIPTION-OF-SERVICES		AMOUNT
06/17	BASIC METABOLIC PANEL	60180048	36.75
06/17	URINE PREGNANCY	60181025	12.60
06/17	HEMATOCRIT	60185014	15.75
06/17	HEMOGLOBIN	60185018	15.75
06/17	ADMISSION KIT TVH	83514025	7.56
06/17	IV TUBING HORIZON PUM	83514450	5.86
06/17	ANES AIRWAY ORAL	83501631	1.54
06/17	OXYGEN; 2-12 HOURS	83511102	52.00
06/17	MORPHINE 4MG/ML SYR	79000094	2.42
06/17	KCLDS 1/2NS 1000ML	79003017	32.35
06/17	EQUIP: ANESTHESIA MAC	83501019	140.00
06/17	BREATHING CIRCUIT ADU	83500596	3.06
06/17	EKG ELECTRODES 1-3 LE	83500571	1.54
06/17	IV SOLUTION 1000CC AN	83503019	37.00
06/17	ANES LMA 5440-01	83501253	46.20
06/17	MASK INFLATABLE #5	83505360	2.55
06/17	FILTER PALL ANESHTESI	83503504	4.20
06/17	ANES SYRINGE ALL KIND	83503841	4.40
06/17	LIDO 2% 20ML-1ML	79000734	.05
06/17	DESFLURANE 240ML 1 HO	79000913	127.86
06/17	FENTANYL 2ML	79000776	.98
06/17	MIDAZOLAM 2MG/2ML	79000603	6.03
06/17	MORPHINE 10MG/ML VIAL	79000786	1.29
06/17	PROPOFOL 20ML	79000612	24.28
06/17	ONDANSETRON 4MG/2ML	79000905	38.47
06/17	ROCURON 50MG/5ML-1ML	79000827	24.00
06/17	ANES NEEDLE ALL KINDS	83503842	4.40
06/17	SKIN MARKER ST	83500096	1.54
06/17	POSTOPERATIVE DATASCO	83508631	84.00
06/17	OXYGEN; 0-2 HOURS	83511002	18.00
06/17	FENTANYL 5ML	79000777	1.29
06/17	MEPER 25MG/ML SYR	79000779	.96

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PATIENT NAME AND ADDRESS	GUARANTOR NAME AND ADDRESS
KYLEE YOCOM 2040 SLATON DR MERIDIAN ID 83642	KATHERINE L YOCOM 2040 SLATON DR MERIDIAN ID 83642

DATE	DESCRIPTION-OF-SERVICES		AMOUNT
06/17	ONDANSETRON 4MG/2ML	79000905	38.47
06/17	PROMETHAZ 25MG/ML	79000899	4.65
06/17	RECOVERY 1; 61-90MIN	41601014	225.00
06/17	ADMIT KIT; PREOPERATI	83503159	10.00
06/17	IV START KIT	83500125	29.70
06/17		79000924	10.12
06/17	IV SOLUTION 1000CC AN	83503019	18.50
06/17	ANES NEEDLE ALL KINDS	83503842	1.10
06/17	PREOPERATIVE DATASCOP	83501368	84.00
06/17	CEFAZOLIN 1GM BAG	79002631	10.08
06/17	PACK, MINOR CUSTOM DR	83502135	80.93
06/17	DRAPE GOWN LG	83500017	4.97
06/17	DRAPE TOWEL OR STR BL	83500320	5.08
06/17	DRAPE SHEET PED T-DRA	83512249	11.50
06/17	BLADE SURGICAL #10	83500305	1.54
06/17	DRESSING TELFA 8X3	83500290	1.54
06/17	DRESSING 4X4 ST/BX	83500338	1.50
06/17	TAPE PAPER1/2X10 1530	83500234	1.54
06/17	SPONGE LAP	83500139	7.86
06/17	SPONGE LAP STRIPS 4 X	83514275	1.64
06/17	SOLUTION MASTISOL AMP	83512122	3.08
06/17	SOLUTION H20 IRR	83500948	11.31
06/17	SOLUTION NACL .9%	83500951	11.68
06/17	DRESSING 4X4 ST PACK	83513674	1.50
06/17	GLOVE SURGIKOS	83502671	3.50
06/17	GLOVE SURG ORTHO 8	83501807	2.31
06/17	GLOVE BIOGEL	83502670	8.46
06/17	CAUTERY ELECTRODE BLA	83501588	1.90
06/17	CAUTERY GROUNDING PAD	83500164	4.06
06/17	MANIFOLD (NEPTUNE)	83505278	22.50
06/17	CATH FOLEY 18FR 5CC	83512066	7.50
06/17	DRAIN JP 7MM FLAT	83514402	11.90

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PATIENT NAME AND ADDRESS	GUARANTOR NAME AND ADDRESS
KYLEE YOCOM 2040 SLATON DR MERIDIAN ID 83642	KATHERINE L YOCOM 2040 SLATON DR MERIDIAN ID 83642

DATE	DESCRIPTION-OF-SERVICES		AMOUNT
06/17	DRAIN BLADE BULB RES	83512862	24.36
06/17	CATH RED RUBBER 8FR	83515351	3.06
06/17	HEMOCLIP MEDIUM BLUE	83501703	1.54
06/17	SUTURE VICRYL 2-0 CT-	83500046	2.67
06/17	EQUIP: CAUTERY UNIPOL	83501330	38.50
06/17	SUTURE 2 VICRYL J417H	83514156	3.42
06/17	SUTURE 4 VICRYL J214H	83514133	3.56
06/17	SUTURE 5 VICRYL J213H	83514132	3.56
06/17	SUTURE 3 VICRYL J416H	83514155	3.42
06/17	SUTURE 2 VICRYL J269H	83514140	3.64
06/17	SUTURE 3 SILK K832H	83514201	2.60
06/17	STERI STRIP 1/2X4	83514362	2.12
06/17	SUTURE 0 VICRYL J340H	83514151	3.48
06/17	SUTURE 3 VICRYL J442H	83514160	3.94
06/18	DRESSING 2X2 ST	83512432	.12
06/18	HOUSE LOTION 4 OZ	83514730	.82
06/18	HOUSE READIBATH CLOTH	83514302	3.30
06/18	HYDROCODONE 5/500 TB	79000163	3.84
06/18	MORPHINE 2MG/ML SYR	79004058	2.34
06/18	MORPHINE 4MG/ML SYR	79000094	2.42
06/18	ONDANSETRON 4MG/2ML	79000905	115.41
06/18	BACTRIM DS TAB	79000160	3.42
06/18	IV SOLUTION	79001546	33.96
06/19	HOUSE LOTION 4 OZ	83514730	.82
06/19	HYDROCODONE 5/500 TB	79000163	1.92
06/19	KETOROLAC 60MG/2ML	79000156	13.50
06/19	ONDANSETRON 4MG/2ML	79000905	115.41
06/19	PROPOXY/APAP 100/650	79000601	1.00
06/19	BACTRIM DS TAB	79000160	1.71

06/19	TRIMETHO 200MG SUPP	79000903	2.79	
06/19	IV SOLUTION	79001546	33.96	
06/20	DRESSING 4X4 ST	83512968	.06	

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PATIENT NAME AND ADDRESS	GUARANTOR NAME AND ADDRESS
KYLEE YOCOM 2040 SLATON DR MERIDIAN ID 83642	KATHERINE L YOCOM 2040 SLATON DR MERIDIAN ID 83642

DATE	DESCRIPTION-OF-SERVICES		AMOUNT
06/20	SUTURE REMOVAL KIT	83513558	3.82
06/20	IV INFUSION PUMP	83516311	53.90
06/20	KETOROLAC 30MG/1ML	79000661	16.38
06/20	MORPHINE 2MG/ML SYR	79004058	1.17
06/20	ONDANSETRON 4MG/2ML	79000905	38.47
06/20	PROPOXY/APAP 100/650	79000601	1.00
06/20	BACTRIM DS TAB	79000160	3.42
06/20	TRIMETHO 200MG SUPP	79000903	1.86
06/20	IV SOLUTION	79001546	50.94
06/21	IV INFUSION PUMP	83516311	53.90
06/21	ONDANSETRON 4MG/2ML	79000905	76.94
06/21	BACTRIM DS TAB	79000160	1.71
06/21	TRIMETHO 200MG SUPP	79000903	.93
06/21	IV SOLUTION	79001546	33.96
06/17	URETERONEOCYSTOMY	41550780	1,774.20
09/02	BLUE SHIELD	PMT99004	3,154.70-
09/02	COMMERCIAL CONT ADJ	ADJ99104	.00
		T O T A L	788.67