Ch 11

FORM B10 (Official Form 10)(4/01)

UNITED STATES BANKRUPTCY COURT
DISTRICT OF IDAHO (COEUR D'ALEN)

PROOF OF CLAIM

Name of Debtor
Frank L Chapin
Sydney L Gutierrez-Chapin

Case Number
02-20218

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.

02-20218

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Name of Creditor (The person or other entity to whom the debtor owes money or property):
First National Bank of Montana, Inc
Name and Address where notices should be sent:
Bonner General Hospital
PO Box 1448
Sandpoint, Idaho 83864
Telephone Number: 209.265.1152

☐ 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.

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor:
11087532 11089596

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)
Your SS #: ____ ____ ____
Unpaid compensation for services performed from _____ (date) to _____ (date)

2. Date debt was incurred:
11.21.2001 11.21.2001

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 339.69
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 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 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 $4,650),* 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).
☐ Contributions to an employee benefit plan - 11 U.S.C. §507(a)(4).
☐ 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).
☐ 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 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.*

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.
8. 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.
9. 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
4.26.02

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):
Barbara Shaver, Pt. Fin Counselor Barbara Shaver

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.

Chapter 12 and 13 claims, along with any supporting must be filed in duplicate.

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DEMAND 042602

BONNER GENERAL HOSPITAL
520 N THIRD AVE
SANDPOINT, ID 83864
(208)263-1441

FRANK L CHAPIN 11087532 000036704 K3 S

11/21/01 09:48 11/24/01 082341 518-44-6544 CARLSON, ROBERT W

FRANK L CHAPIN
PO BOX 781
SANDPOINT, ID 83864

BLUE CROSS IDAHO OP
B001 15583

XMB518446544

11/21	MED/SURG SEMI	1 99015018	520.00	520.00
11/22	MED/SURG SEMI	1 99015018	520.00	520.00
11/23	MED/SURG SEMI	1 99015018	520.00	520.00
	TOTAL ROOM & BOARD ROUTINE		1560.00	
11/21	AVI/GUARDIAN PUMP	1 32002025	60.00	60.00
11/22	AVI/GUARDIAN PUMP	1 32002025	60.00	60.00
	TOTAL MED SURG		120.00	
11/21	CANNULA,OXYGEN	1 37540515	2.00	2.00
11/21	TUBING,O2 CONN,7FT	1 37540150	1.55	1.55
11/21	DRESSING,TEGADERM 6	1 37513041	1.60	1.60
11/21	PAD,EGG CRATE	1 37501798	24.20	24.20
11/21	TRAY,LUMBAR PUNCTUR	1 37501764	85.60	85.60
11/22	DRESSING,TEGADERM 6	1 37513041	1.60	1.60
11/23	ISOLATION,MINOR	1 37503117	50.00	50.00
11/24	DEODORANT,PATIENT	1 37562054	7.43	7.43
11/24	SHAMPOO	1 37502952	.73	.73
	TOTAL CENTRAL SUPPLY		174.71	
11/21	EXT SET MAEROBORE	1 37761365	6.12	6.12
11/21	CLAVE CONNECTOR	1 37760695	6.55	6.55
11/21	SALINE 0.45 1000CC	1 37731152	8.00	8.00
11/21	SET,IV PRIMARY PLUM	1 37711041	30.75	30.75
11/21	SET,IV PRIMARY	1 37702750	13.35	13.35
11/21	IV NEEDLE,START	1 37702358	6.91	6.91
11/22	SET,IV SECONDARY	1 37702941	4.75	4.75
11/22	SALINE 0.45 1000CC	1 37731152	8.00	8.00
11/22	SALINE 0.45 1000CC	1 37731152	8.00	8.00
11/22	IV,NA CL .45% 500CC	1 37752155	3.07	3.07
11/23	SALINE 0.45 1000CC	1 37731152	8.00	8.00
	TOTAL IV THERAPY		103.50	
11/21	ER LEVEL IV	1 37807468	500.00	500.00

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	TOTAL ER		500.00		
11/21	CSFCC	1 40211012	17.40	17.40	
11/21	CSF-PROTEIN	1 40284175	43.25	43.25	
11/21	GRAM STN-SMR	1 40282931	15.85	15.85	
11/21	CBC WITH DIFF	1 40285023	58.40	58.40	
11/21	BLOOD CULTURE	1 40287050	77.20	77.20	
11/21	CSF-CELL COUNT & DI	1 40289050	66.00	66.00	
11/21	SPECIMEN DRAW FEE	1 40210000	8.55	8.55	
11/21	CSF-GLUCOSE	1 40284380	32.30	32.30	
11/23	CBC WITH DIFF	1 40285023	58.40	58.40	
11/23	SPECIMEN DRAW FEE	1 40210000	8.55	8.55	
11/23	BASIC METABOLIC PAN	1 40285010	39.15	39.15	
	TOTAL LABORATORY		425.05		
11/21	CHEST PA LAT	1 42171020	29.70-		29.70-
11/21	CHEST PA LAT	1 42171020	29.70		29.70
	TOTAL DIAGNOSTIC IMAGING				
11/21	CT HEAD W/O CON	1 42550000	120.00-		120.00-
11/21	CT HEAD W/O CON	1 42550000	120.00		120.00
	TOTAL CAT SCAN				
11/21	MIDAZOLAM 1MG/ML 5M	1 43041326	5.70	5.70	
11/21	PROCHLORPERAZINE 5M	1 43030865	10.09	10.09	
11/21	PRILOSEC 20MG	3 43068055	38.70	38.70	
11/21	MORPHINE SULFATE 4M	3 43050855	25.65	25.65	
11/21	NORMAL SALINE 2ML 0	5 43071802	20.75	20.75	
11/21	ROCEPHIN 2GM	1 43010362	150.76	150.76	
11/21	XYLOCAINE 1% 10-19M	1 43030501	7.88	7.88	
11/21	ZOLOFT 50 MG	2 43090200	13.16	13.16	
11/22	ZEBETA 5MG	2 43091323	8.10	8.10	
11/22	ROCEPHIN 1GM ADD VI	2 43091219	174.50	174.50	
11/22	ROFECOXIB 25MG	3 43091184	26.52	26.52	
11/22	ZOLOFT 100 MG	1 43090199	7.76	7.76	

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11/22	NORVASC 5MG	1 43067933	4.70	4.70	
11/22	HCTZ 25MG	2 43061753	4.30	4.30	
11/22	NORVASC 10MG	2 43090367	14.60	14.60	
11/22	NACL 0.9% 50ML ADDV	2 43091046	31.00	31.00	
11/23	HCTZ 25MG	1 43061753	2.15	2.15	
11/23	CEFTIN 250MG	3 43064674	34.32	34.32	
11/23	NORVASC 5MG	1 43067933	4.70-	4.70-	
11/23	ZOLOFT 100 MG	1 43090199	7.76	7.76	
11/23	NORVASC 10MG	1 43090367	7.30	7.30	
11/23	NACL 0.9% 50ML ADDV	1 43091046	15.50-	15.50-	
11/23	ROFECOXIB 25MG	2 43091184	17.68	17.68	
11/23	ROCEPHIN 1GM ADD VI	1 43091219	87.25-	87.25-	
11/23	ZEBETA 5MG	2 43091323	8.10	8.10	
11/23	ZEBETA 5MG	1 43091323	4.05	4.05	
11/23	HCTZ 25MG	1 43061753	2.15	2.15	
11/24	PRILOSEC 20MG	1 43068055	12.90-	12.90-	
11/24	MONOPRIL 10MG	2 43065846	5.66	5.66	
	TOTAL PHARMACY		512.99		
11/21	CHEST PA LAT TC	1 72171020	114.20	114.20	
	TOTAL XRAY/TECH		114.20		
11/21	CT HEAD W/O CON TC	1 72550000	592.20	592.20	
	TOTAL CAT SCAN/TECH		592.20		
1/03	BLUE CROSS CONT ADJ	X105	1747.41-	1747.41-	
1/03	BLUE CROSS PAYMENT	H130	2264.78-	2264.78-	
2/22	CSI ELECTRONIC PYMT	H176	90.46-		90.46-
4/08	CSI ELECTRONIC PYMT	H176	4.06	4.06	
	TOTAL PAYMENTS/ADJUSTMENTS		4098.59-	4008.13-	90.46-

90.46-

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FRANK L CHAPIN 11087596 000036704 K3 E

11/21/01 14:32 11/21/01 082341 518-44-6544 BURGSTAHLER, SCOTT A

FRANK L CHAPIN
PO BOX 781
SANDPOINT, ID 83864

BLUE CROSS IDAHO OP
B001 15583

XMB518446544

11/21	CHEST PA LAT	1 42171020	29.70		29.70
	TOTAL DIAGNOSTIC IMAGING		29.70		
11/21	CT HEAD W/O CON	1 42550000	120.00		120.00
	TOTAL CAT SCAN		120.00		
11/21	SPINAL PUNCTURE	1 45062270	199.00		199.00
11/21	E & M LEVEL IV	1 45099284	213.00		213.00
	TOTAL PHY E/M		412.00		
12/13	BLUE CROSS CONT ADJ	X105	36.46-	36.46-	
12/13	BLUE CROSS CONT ADJ	X105	80.87-	80.87-	
12/13	PATIENT REPONSIBILI	X800			
12/13	PATIENT REPONSIBILI	X800			
1/31	CSI ELECTRONIC PYMT	H176	444.37-		444.37-
4/08	CSI ELECTRONIC PYMT	H176	335.63		335.63
	TOTAL PAYMENTS/ADJUSTMENTS		226.07-	117.33-	108.74-

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452.96