

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF IDAHO (BOISE)**

**PROOF OF CLAIM**

Name of Debtor  
Christina M Bosier

Case Number  
02-03228 *BR*

**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):  
Mercy Medical Center  
Name and Address where notices should be sent:  
  
Mercy Medical Center  
1512 12th Ave. Rd.  
Nampa, ID 83686

- 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

Telephone Number:  
  
Account or other number by which creditor identifies debtor:  
*See ATTACHED BILLS*

Check here if  replaces this claim  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 \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

**2. Date debt was incurred:**  
*SEE ATTACHED*

**3. If court judgment, date obtained:**

**4. Total Amount of Claim at Time Case Filed:** \$ 1389.83  
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.

THIS SPACE IS FOR COURT USE ONLY

RECEIVED  
DISTRICT CLERK  
BOISE, IDAHO  
NOV 12 2002

*HZ*

Date: *11/6/02*  
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):  
*Sherry Brinn - Mercy Medical Center*

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.**

Corporate Guarantor Name Birthdate Phone PC  
 00045182 BOSIER, CHRISTINA M 05/07/71 (208)454-5151  
 Guarantor/Account - \* Custom Sched, # Pymt Plan, @ Separate Schedule  
 Pt Class - a Alert, s Suppressed F/U, c Cleared  
 Page:01 PA, AR, BD, ARC, HS Guarantor Accounts

	Account	Patient Name	PT	Disch	FC	Account	Patient	Loc	P
( 1 )	@M0100101120	BOSIER,ASHLEY	ECU	01/01/01	D2	0.00	0.00	AR	
( 2 )	@M0100101146	BOSIER,CHRISTI	ECU	01/01/01	B2	153.00	153.00	BD	
( 3 )	@M9935400448	BOSIER,CHRISTI	ECU	12/20/99	P2	145.62	145.62	BD	
( 4 )	@M9913300216	BOSIER,CHRISTI	ECU	05/13/99	B2	321.80	321.80	BD	
( 5 )	@M9901200241	BOSIER,ASHLEY	ECU	01/12/99	P2	684.41	684.41	BD	
( 6 )	@M9823600386	BOSIER,CHRISTI	ECU	08/24/98	P2	85.00	85.00	BD	

Select account--

BK

# Mercy Medical Center

PATIENT		PT TYPE
BOSIER, CHRISTINA M		ECU
ACCOUNT NUMBER	DATE ADMITTED	DATE DISCHARGED
0100101146	01/01/01	01/01/01

BILL DATE  
01/23/01

STMT TYPE BILLER  
D1 19

450001 REGENE BLUE SHIELD ID TRAD (MMC)  
450002 REGENE BLUE SHIELD ID 1500

MASTER CARD   
  VISA   
  DISCOVER   
  AMEX

CARD NO. \_\_\_\_\_ EXP. DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ PAYMENT AMOUNT \$ \_\_\_\_\_

GUARANTOR:

CHRISTINA M BOSIER =  
120 LANCELOT CT  
CALDWELL ID 83605

MERCY MEDICAL CENTER  
DEPARTMENT 532  
PO BOX 34935  
SEATTLE WA 98124-1935  
1-208-463-5038



----- PLEASE ENCLOSE THIS PORTION WITH YOUR PAYMENT AND WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK -----

SERVICE DATE	UB92 REV	ITEM NO.	DESCRIPTION	QTY	ITEM PRICE	TOTAL CHARGES
02/07/01	219	11511	450 EMERG ROOM			153.00
			TOTAL CHARGES			153.00
			PMT BLUE SHIELD OF IDAHO		0.00	
			TOTAL PAYMENTS/ADJUSTMENTS			0.00

NOTE: THIS BALANCE DOES NOT INCLUDE PROFESSIONAL CHARGES FOR PHYSICIANS SUCH AS EMERGENCY PHYSICIANS, ANESTHESIOLOGISTS, RADIOLOGISTS, PATHOLOGISTS AND CARDIOLOGISTS. YOU WILL RECEIVE A SEPARATE BILL DIRECTLY FROM THE PHYSICIAN FOR THOSE SERVICES.

**ACCOUNT BALANCE** 153.00

## UNITED STATES BANKRUPTCY COURT

District of Idaho (Boise)

## Notice of Chapter 13 Bankruptcy Case, Meeting of Creditors, &amp; Deadlines

The debtor(s) listed below filed a chapter 13 bankruptcy case on 10/1/02.

You may be a creditor of the debtor. This notice lists important deadlines. You may want to consult an attorney to protect your rights. All documents filed in the case may be inspected at the bankruptcy clerk's office at the address listed below. NOTE: The staff of the bankruptcy clerk's office cannot give legal advice.

## See Reverse Side For Important Explanations.

## Debtor(s) (name(s) and address):

Christina M Bosier  
1619 Helena Dr  
Caldwell, ID 83605

Case Number:  
02 03228

Social Security/Taxpayer ID Nos.:  
519-82-8898

## Attorney for Debtor(s) (name and address):

Richard L. Alban  
POB 1059  
Nampa, ID 83653  
Telephone number: (208) 466-6781

## Bankruptcy Trustee (name and address):

Bernie R Rakozy  
POB 1738  
Boise, ID 83701  
Telephone number: (208) 343-4476

## Meeting of Creditors:

Date: 11/04/02 Time: 9:00 am

Location: 8th & Bannock/Office of US Trustee, Old Post Office Bldg, 3rd Fl Room 333, Boise, ID 83702

## Deadlines:

Papers must be received by the bankruptcy clerk's office by the following deadlines:

## Deadline to File a Proof of Claim:

For all creditors (except a governmental unit): 02/02/03

For a governmental unit: 04/05/03

## Deadline to Object to Exemptions:

Thirty (30) days after the conclusion of the meeting of creditors.

## Filing of Plan, Hearing on Confirmation of Plan

The debtor has filed a plan. The plan or a summary of the plan is enclosed. The hearing on confirmation will be held:

Date: December 3, 2002 Time: 1:30 pm

Location: Fed Bldg & US Cts Rm #5, 550 W Fort 5th Floor, Boise, ID 83724

## Creditors May Not Take Certain Actions:

The filing of the bankruptcy case automatically stays certain collection and other actions against the debtor, debtor's property, and certain codebtors. If you attempt to collect a debt or take other action in violation of the Bankruptcy Code, you may be penalized.

## Address of the Bankruptcy Clerk's Office:

US Bankruptcy Court  
550 West Fort MSC 042  
Boise, ID 83724  
Telephone number: Computerized Case information: (208)  
334-9386/Web Site: www.id.uscourts.gov

## For the Court:

Clerk of the Bankruptcy Court:  
Cameron Burke

Hours Open:  
8:00 a.m. to 5:00 p.m.

Date:  
10/07/02

1389.83

OCT 15 2002