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

PROOF OF CLAIM

Name of Debtor
Martin Wayne Lewandowski
Sharon April Lewandowski

Case Number
00-01480

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):
Boise Pathology Group
Name and Address where notices should be sent:

ACTION COLLECTION SERVICES INC
PO BOX 5425
BOISE ID 83705
208-345-1750

- 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:
1769884

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: *12-7-99*

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ *28,50*

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 \$4,300)* 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 \$ 1,950* 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 4/1/01 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.

Date
9/13/00

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):
Nancy Creechley 208-345-1750

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REC'D
CAMERON S. BURKE,
CLERK, IDAHO
FILED
00 SEP 17 PM 2:07
U.S. COURTS

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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 :BOISE PATHOLOGY GROUP:
 : PO BOX 9589 :
 : BOISE, ID 83707 :
 :=====
 16:01:35 05 JUN 2000

1709884

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 :348199: LEWANDOWSKI, SHARON
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PHONE:
 SS NO:
 DOB: 02-22-71
 SEX: F

HC 34
 BOISE, ID
 33716-9800

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 : INSURANCE RECORD: 001 - PRIVATE PAYMENT
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INSURED: PATIENT
 ADDR: SAME

RELAT: SELF
 POL #:
 GRP #:

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 : CLAIM RECORD # 001
 REF PHYS: 643380 - SCHROEDER MD, HARMONY
 ICD9 CD: 1: V72.3 - GYNECOLOGICAL EXAMINATION

T	DATE	LOC	TOS	CPTCD	MODIFIERS	ICD	AMOUNT DR	BILL DT	INS DATE
1	12-07-99	13	5	88166		1	28.50	01-06-00	04-06-00
CYTO PATH SLIDES CERV OR VA									

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 : INSURANCE RECORD: 307 - JAS
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INSURED: PATIENT
 ADDR: SAME

RELAT: SELF
 POL #: 519022489
 GRP #:

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 : RECEIPTS AND ADJUSTMENTS
 ADJ # 1 06-05-00

17 = TURNED OVER TO COLLE -28.50 1 -28.50

: BILLING & INSURANCE CLAIM HISTORY										
BILL DT	TY	AMOUNT	AGE	BILL DT	TY	AMOUNT	AGE	INS DATE	INS	AMOUNT
05-04-00	10	28.50	119	02-17-00	B	28.50	42	04-06-00	E 307	28.50
04-27-00	03	28.50	112	02-10-00	B	28.50	35	02-16-00	E 307	28.50
04-13-00	90	28.50	98	01-06-00	B	28.50	0			
03-16-00	60	28.50	70							

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 : TOTALS: CHGD: 28.50 RCVD: 0.00 ADJ: -28.50 BAL: 0.00 :
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 : AMOUNT TURNED TO COLLECTION: 28.50 :
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