

BR

UNITED STATES BANKRUPTCY COURT
DISTRICT OF IDAHO (BOISE)

PROOF OF CLAIM

Name of Debtor
James Clinit Perritte
Stephanie Renee Perritte

Case Number
01-01998

This form shall be used to file a claim for an administrative expense, including attorney's fees, incurred in the case. A claim for an administrative expense may be filed only if the claimant is a creditor of the estate.

Name of Creditor (The person or other entity to whom the debtor owes money or property):
Mercy Ambu Care Center
Name and Address where notices should be sent:

COLLECTION BUREAU INC.
P.O. Box 1219
Nampa, ID 83653-1219

Telephone Number: 208-463-4600

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:
90612

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:
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.

\$ 228.10

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
RECORDED
FILED
CAMERON STANKE
CLERK
01 SEP 20 AM 11:11
U.S. CO. CLERK
23

Date
09-18-01

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):
MARK L. CLARK, ATTORNEY

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.

JAMES C. PERRITTE (007024)
 9273 W. CALICO ST.
 Boise, ID 83709
 (208) 376-1333

Mercy Ambucare Center
 Po Box 720
 Nampa, ID 83653
 (208) 463-5163

HISTORY Report including CLAIMS Dated 07/01/98 thru 06/26/01, 'Oldest First

Billing Doctor: 99-Center	Under 30:	\$0.00
Send Statement	30 to 60:	\$0.00
Account is being charged INTEREST	60 to 90:	\$0.00
No MISSED PAYMENT PENALTY	Over 90:	\$200.00
Requested Payment Amount : \$0.00	Interest:	\$7.50
Minimum Payment : \$163.00	Penalty:	\$0.00
Interest Paid YTD: \$0.00	TOTAL:	\$207.50
Financial Class : 1	Credit Limit:	No Limit
Collection Status: C3		

	PRIVATE	LAST PAYMENT DATE	AMOUNT	YTD PAID
		00/00/00	\$0.00	\$0.00
1.	3071	03/08/01	\$1,219.50	\$1,219.50

PR	DATE	PATIENT	TRANSACTION DESCRIPTION	123456	AMOUNT	BAL FORWARD
	07/01/98		Previous Balance			\$0.00
01-00	01/12/01	JAMES	SEPTOPLASTY	C-----	\$1,907.00	\$1,907.00
01-00	01/12/01	JAMES	TONSILLECTOMY; Over Ag	C-----	\$476.00	\$2,383.00
99	01/27/01	*Account	Mes: STATEMENT CREATED FOR :		\$2,383.00	
99	02/24/01	*Account	Mes: STATEMENT CREATED FOR :		\$2,383.00	
99-00	03/08/01	JAMES	Rec: 3071 (#00007455)		\$1,219.50-	\$1,163.50
			DOS 1-12-01			
99-00	03/08/01	JAMES	Adj: 3071		\$963.50-	\$200.00
			IPN ADJ			
99	03/26/01	*Account	Mes: STATEMENT CREATED FOR :		\$200.00	
99-00	04/27/01	*Account	Interest Charge	-----	\$2.50	\$202.50
99	04/28/01	*Account	Mes: STATEMENT CREATED FOR :		\$202.50	
99-00	05/25/01	*Account	Interest Charge	-----	\$2.50	\$205.00
99	05/25/01	*Account	Mes: STATEMENT CREATED FOR :		\$205.00	
99-00	06/26/01	*Account	Interest Charge	-----	\$2.50	\$207.50
01	06/26/01	JAMES	Mes: Your Insurance Has Paid On This Claim			
01	06/26/01	JAMES	Mes: Due To Lack Of Response On Your Part			
01	06/26/01	JAMES	Mes: (Payment/Arrangements) The Account Is			
01	06/26/01	JAMES	Mes: Being Sent To A Collection Agency			
99	06/26/01	*Account	Mes: STATEMENT CREATED FOR :		\$207.50	

--N/A N-Not Billed W-Waiting B-Billed R-Rebilled
 P-Paid A-Authorized C-Cleared X-Xcluded D-Deductible
 U-Unused E-Excluded H-Held *-Pd. Prior S-Resolved

HISTORY FOR

Prepared on 06/22/2001

James C. Perritte (015538)
9273 W Calicu St
Boise, ID 83607
(208) 376-1333

Darrell Kammer Jr. MD, PA.
1615 12TH AVE. RD. S. STE.C
Nampa, ID 83686-6184
(208) 467-5238

HISTORY Report including CLAIMS Dated 00/00/00 thru 12/31/25, Oldest First

Billing Doctor: 01-Kammer Jr.	Under 30:	\$0.00
Send Statement	30 to 60:	\$0.00
Account is being charged INTEREST	60 to 90:	\$0.00
Charge MISSED PAYMENT PENALTY	Over 90:	\$20.00
Requested Payment Amount :	Interest:	\$0.60
Minimum Payment :	Penalty:	\$0.00
Interest Paid YTD:	TOTAL:	\$20.60
Financial Class :	Credit Limit:	No Limit
Collection Status:		CA

	LAST PAYMENT	YTD
	DATE	PAID
PRIVATE	AMOUNT	
	00/00/00	\$0.00
1. IDPHY	02/26/01	\$122.97
		\$1,382.87

PR	DATE	PATIENT	TRANSACTION DETAIL	123456	AMOUNT	BAL FORWARD
	00/00/00		Previous Balance			\$0.00
01-00	01/10/01	James	Moderate-High Office E P-----		\$150.00	\$150.00
		Procedure:	99204 POS : 11 TOS : 1		DX : 463	
01-00	applied	James	Rec: IDPHY (#00007025)		\$122.97-	\$27.03
01-00	applied	James	Adj: IDPHY		\$7.03-	\$20.00
			IPN Adj			
01-00	01/12/01	James	Septoplasty W/Submuc R P-----		\$1,540.00	\$1,560.00
		Procedure:	30520 POS : MAC TOS : 2		DX : 470	
01-00	01/12/01	James	Tonsillectomy; 12+ Yrs P-----		\$371.50	\$1,931.50
		Procedure:	42826 POS : MAC TOS : 2		DX : 474.11	
01-00	applied	James	Rec: IDPHY (#7024)		\$1,259.90-	\$671.60
01-00	applied	James	Adj: IDPHY		\$651.60-	\$20.00
			IPN Adj			
01-00	01/15/01	James	Post Operative Visit -----		\$0.00	\$20.00
		Procedure:	99024 POS : 11 TOS : 1		DX : V67.0	
01-00	01/30/01	James	Post Operative Visit N-----		\$0.00	\$20.00
		Procedure:	99024 POS : 11 TOS : 1		DX : V67.0	
01	01/30/01	*Account	Mes: STATEMENT CREATED FOR :		\$2,061.50	
01	02/27/01	*Account	Mes: STATEMENT CREATED FOR :		\$20.00	
01	03/29/01	*Account	Mes: STATEMENT CREATED FOR :		\$20.00	
01	04/26/01	*Account	Mes: STATEMENT CREATED FOR :		\$20.30	
01-00	04/27/01	*Account	Interest Charge -----		\$0.30	\$20.30
		Procedure:	INTERST POS : TOS : DX :			
01	05/29/01	*Account	Mes: STATEMENT CREATED FOR :		\$20.60	
01-00	05/30/01	*Account	Interest Charge -----		\$0.30	\$20.60
		Procedure:	INTERST POS : TOS : DX :			

--N/A N-Not Billed W-Waiting B-Billed R-Rebilled
P-Paid A-Authorized C-Cleared X-Xcluded D-Deductible
U-Unused E-Excluded H-Held **Pd. Prior S-Resolved

Co-pay - Patient balance