

**Fill in this information to identify the case:**

Debtor Marineland Leisure Inc.

United States Bankruptcy Court for the: \_\_\_\_\_ District of Delaware  
(State)

Case number 25-10621

**Modified Official Form 410  
Proof of Claim**

12/24

**Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.**

**Filers must leave out or redact** information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

**Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.**

**Part 1: Identify the Claim**

1. <b>Who is the current creditor?</b>	<p><u>Caitlin Rose</u></p> <hr/> <p>Name of the current creditor (the person or entity to be paid for this claim)</p> <p>Other names the creditor used with the debtor _____</p>				
2. <b>Has this claim been acquired from someone else?</b>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. From whom? _____</p>				
3. <b>Where should notices and payments to the creditor be sent?</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%; text-align: left;">Where should notices to the creditor be sent?</th> <th style="width:50%; text-align: left;">Where should payments to the creditor be sent? (if different)</th> </tr> <tr> <td style="padding: 5px;">See summary page</td> <td></td> </tr> </table> <p>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</p> <p>Contact phone <u>5415890664</u> Contact phone _____</p> <p>Contact email <u>caitlinrose1488@gmail.com</u> Contact email _____</p> <p>Uniform claim identifier (if you use one): _____</p>	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	See summary page	
Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)				
See summary page					
4. <b>Does this claim amend one already filed?</b>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY</p>				
5. <b>Do you know if anyone else has filed a proof of claim for this claim?</b>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Who made the earlier filing? _____</p>				



**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor?  No  
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: \_\_\_\_ \_

7. How much is the claim? \$ 4476. Does this amount include interest or other charges?  
 No  
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.  
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).  
Limit disclosing information that is entitled to privacy, such as health care information.  
Medical bills

9. Is all or part of the claim secured?  No  
 Yes. The claim is secured by a lien on property.  
**Nature or property:**  
 Real estate: If the claim is secured by the debtor's principle residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.  
 Motor vehicle  
 Other. Describe: \_\_\_\_\_  
**Basis for perfection:** \_\_\_\_\_  
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)  
**Value of property:** \$ \_\_\_\_\_  
**Amount of the claim that is secured:** \$ \_\_\_\_\_  
**Amount of the claim that is unsecured:** \$ \_\_\_\_\_ (The sum of the secured and unsecured amount should match the amount in line 7.)  
**Amount necessary to cure any default as of the date of the petition:** \$ \_\_\_\_\_  
**Annual Interest Rate** (when case was filed) \_\_\_\_\_ %  
 Fixed  
 Variable

10. Is this claim based on a lease?  No  
 Yes. Amount necessary to cure any default as of the date of the petition. \$ \_\_\_\_\_

11. Is this claim subject to a right of setoff?  No  
 Yes. Identify the property: \_\_\_\_\_



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

<input type="checkbox"/> No		
<input checked="" type="checkbox"/> Yes. Check all that apply:		<b>Amount entitled to priority</b>
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).		\$ _____
<input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).		\$ _____
<input checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).		\$ <u>4476</u>
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).		\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).		\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies.		\$ _____

\* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?

No

Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ \_\_\_\_\_

**Part 3: Sign Below**

**The person completing this proof of claim must sign and date it. FRBP 9011(b).**

If you file this claim electronically, FRBP 5005(a)(3) authorizes courts to establish local rules specifying what a signature is.

**A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.**

*Check the appropriate box:*

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 10/14/2025  
MM / DD / YYYY

/s/Caitlin Rose  
Signature

**Print the name of the person who is completing and signing this claim:**

Name Caitlin Rose  
First name Middle name Last name

Title Manager of Animal Care

Company Marineland leisure  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address \_\_\_\_\_

Contact phone \_\_\_\_\_ Email \_\_\_\_\_



# Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (888) 733-1434 | International (310) 751-2633

<b>Debtor:</b> 25-10621 - Marineland Leisure Inc. <b>District:</b> District of Delaware		
<b>Creditor:</b> Caitlin Rose 45 Sweet Mango Trl  Saint Augustine, Florida, 32086 United States <b>Phone:</b> 5415890664 <b>Phone 2:</b>  <b>Fax:</b>  <b>Email:</b> caitlinrose1488@gmail.com	<b>Has Supporting Documentation:</b> Yes, supporting documentation successfully uploaded <b>Related Document Statement:</b>	
	<b>Has Related Claim:</b> No <b>Related Claim Filed By:</b>	
	<b>Filing Party:</b> Creditor	
<b>Other Names Used with Debtor:</b>	<b>Amends Claim:</b> No <b>Acquired Claim:</b> No	
<b>Basis of Claim:</b> Medical bills	<b>Last 4 Digits:</b> No	<b>Uniform Claim Identifier:</b>
<b>Total Amount of Claim:</b> 4476	<b>Includes Interest or Charges:</b> No	
<b>Has Priority Claim:</b> Yes	<b>Priority Under:</b> 11 U.S.C. §507(a)(4): 4476	
<b>Has Secured Claim:</b> No <b>Amount of 503(b)(9):</b> No <b>Based on Lease:</b> No <b>Subject to Right of Setoff:</b> No	<b>Nature of Secured Amount:</b> <b>Value of Property:</b>  <b>Annual Interest Rate:</b>  <b>Arrearage Amount:</b>  <b>Basis for Perfection:</b>  <b>Amount Unsecured:</b>	
<b>Submitted By:</b> Caitlin Rose on 14-Oct-2025 9:11:41 a.m. Pacific Time <b>Title:</b> Manager of Animal Care <b>Company:</b> Marineland leisure		

Payment Due

Hi Caitlin, your balance of \$4,476.00 is due.

Thank you for your prompt payment.

Note From Your Practice

Summary

Your insurance provider, **BCBS-FL**, notified us that you were not covered under their plan. This balance is your responsibility. If this is incorrect, contact your insurer.

Original Cost: \$4,476.00
Amount due: \$4,476.00

Details start on back >



Questions? Call us at 877-299-5426
Reference your ID: 481794A28622

Pay Online

In partnership with athenahealth



Go to payment.athenahealth.com
Enter your code: 13KP-V623-7V1-22T3

View bill breakdown, see past payments, and print itemized receipts.

or



Scan this code for quick access

Don't want to type your code? No problem. Scan this code with your phone to access your bills.

Prefer to pay by check? Detach the slip below and include your payment. No cash, stapled checks, or other paper. Thank you!



OPTUM BEHAVIORAL CARE OF NORTH CAROLINA, P.C.
PO BOX 14099
BELFAST, ME 04915

Make checks payable to: OPTUM BEHAVIORAL CARE OF NORTH CAROLINA, P.C.

- 1. Fill out the amount enclosed below.
2. Place in provided envelope and mail.

Table with 2 columns: Patient Account #, Amount Enclosed. Row 1: 481794A28622, [blank]

CAITLIN ROSE
45 SWEET MANGO TRL
ST AUGUSTINE FL 32086-2937



OPTUM BEHAVIORAL CARE OF NORTH CAROLINA, P
ATTN # 37501M
PO BOX 14000
BELFAST ME 04915-4033

# Here are your bill details

Bill for your visit with **Nishan Warren, LMHC** at **Comprehensive MedPsych Systems\_Bradenton\_3092** on 11/14/24

Service Name and Code	Initial Cost	Insurance Adjustment	Insurance Paid	You Paid	You Owe
<b>PSYTX W PT 60 MINUTES</b> 90837	<b>\$515.00</b>	-	-	-	<b>\$515.00</b>

**BCBS-FL** indicated this service was ineligible to be covered on 4/25/25. Please review BCBS-FL's explanation of benefits or contact your insurance provider for more information.

Bill for your visit with **Nishan Warren, LMHC** at **Comprehensive MedPsych Systems\_Bradenton\_3092** on 11/21/24

Service Name and Code	Initial Cost	Insurance Adjustment	Insurance Paid	You Paid	You Owe
<b>PSYTX W PT 60 MINUTES</b> 90837	<b>\$515.00</b>	-	-	-	<b>\$515.00</b>

**BCBS-FL** indicated this service was ineligible to be covered on 4/25/25. Please review BCBS-FL's explanation of benefits or contact your insurance provider for more information.

Bill for your visit with **James Meeks, DO** at **Comprehensive MedPsych Systems\_St Augustine\_3095** on 11/26/24

Service Name and Code	Initial Cost	Insurance Adjustment	Insurance Paid	You Paid	You Owe
<b>E&amp;M ESTABLISHED PATIENT. PRESENTING PROBLEM(S) ARE MODERATE TO HIGH SEVERITY</b> 99214	<b>\$450.00</b>	-	-	-	<b>\$450.00</b>

**BCBS-FL** indicated this service was ineligible to be covered on 3/31/25. Please review BCBS-FL's explanation of benefits or contact your insurance provider for more information.

Service Name and Code	Initial Cost	Insurance Adjustment	Insurance Paid	You Paid	You Owe
<b>PSYTX W PT W E/M 30 MIN</b> 90833	<b>\$243.00</b>	-	-	-	<b>\$243.00</b>

**BCBS-FL** indicated this service was ineligible to be covered on 3/31/25. Please review BCBS-FL's explanation of benefits or contact your insurance provider for more information.

Bill for your visit with **Nishan Warren, LMHC** at **Comprehensive MedPsych Systems\_Bradenton\_3092** on 12/05/24

Service Name and Code	Initial Cost	Insurance Adjustment	Insurance Paid	You Paid	You Owe
<b>PSYTX W PT 60 MINUTES</b> 90837	<b>\$515.00</b>	-	-	-	<b>\$515.00</b>

## Convenient. Secure. Green.



To reduce our carbon footprint, we're encouraging patients to go paperless. You'll continue to receive e-Statements.



Scan this QR code with your phone to opt out  
**OR** opt out when you pay online today!

## Create a portal account today



Review detailed bill breakdowns, payment history, and contact us securely.

Go to <https://28622-7.portal.athenahealth.com/> to create an account today!

## Need to Update Any of Your Personal Information?

You can make updates to contact information directly on the patient portal after creating an account. Please call us at 877-299-5426 to update insurance information.

Any dispute regarding this statement or any amounts due must be submitted in writing to: P.O. Box 19000, Belfast, ME 04915-4085

Submitting payment in an amount less than the total on this statement shall not constitute an offer to settle any dispute, regardless of any accompanying communication.

**Here are your bill details (continued)**Statement Date: **9/23/25**

**BCBS-FL** indicated this service was ineligible to be covered on 4/25/25. Please review BCBS-FL's explanation of benefits or contact your insurance provider for more information.

Bill for your visit with **Nishan Warren, LMHC** at **Comprehensive MedPsych Systems\_Bradenton\_3092** on 12/12/24

Service Name and Code	Initial Cost	Insurance Adjustment	Insurance Paid	You Paid	You Owe
<b>PSYTX W PT 60 MINUTES</b> 90837	<b>\$515.00</b>	-	-	-	<b>\$515.00</b>

**BCBS-FL** indicated this service was ineligible to be covered on 4/25/25. Please review BCBS-FL's explanation of benefits or contact your insurance provider for more information.

Bill for your visit with **Nishan Warren, LMHC** at **Comprehensive MedPsych Systems\_Bradenton\_3092** on 12/19/24

Service Name and Code	Initial Cost	Insurance Adjustment	Insurance Paid	You Paid	You Owe
<b>PSYTX W PT 60 MINUTES</b> 90837	<b>\$515.00</b>	-	-	-	<b>\$515.00</b>

**BCBS-FL** indicated this service was ineligible to be covered on 4/25/25. Please review BCBS-FL's explanation of benefits or contact your insurance provider for more information.

Bill for your visit with **Nishan Warren, LMHC** at **Comprehensive MedPsych Systems\_Bradenton\_3092** on 01/09/25

Service Name and Code	Initial Cost	Insurance Adjustment	Insurance Paid	You Paid	You Owe
<b>PSYTX W PT 60 MINUTES</b> 90837	<b>\$515.00</b>	-	-	-	<b>\$515.00</b>

**BCBS-FL** indicated this service was ineligible to be covered on 4/25/25. Please review BCBS-FL's explanation of benefits or contact your insurance provider for more information.

Bill for your visit with **James Meeks, DO** at **Comprehensive MedPsych Systems\_St Augustine\_3095** on 02/25/25

Service Name and Code	Initial Cost	Insurance Adjustment	Insurance Paid	You Paid	You Owe
<b>AUDIO-VIDEO ESTABLISHED PATIENT</b> 98006	<b>\$450.00</b>	-	-	-	<b>\$450.00</b>

**BCBS-FL** indicated this service was ineligible to be covered on 5/30/25. Please review BCBS-FL's explanation of benefits or contact your insurance provider for more information.

<b>PSYTX W PT W E/M 30 MIN</b> 90833	<b>\$243.00</b>	-	-	-	<b>\$243.00</b>
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**BCBS-FL** indicated this service was ineligible to be covered on 5/12/25. Please review BCBS-FL's explanation of benefits or contact your insurance provider for more information.

Please contact your insurance company for questions related to coverage.

**Total Balance Due:****\$4,476.00**