Docket #0563 Date Filed: 10/21/2025

U.S. Bankruptcy Court for the
Southern District of Texas Attn:
Judge Perez

Case No 25-90309

Debtor Medix Care Inc

Creditor Peggy A. Aaron
SSN
DOB
ph # (daughter Mary) 440 463 7388

Motion

(1) Please be advised that we were unaware that the Proof of Claim did not need an amount filled in it.

(2) By the time I got this information from the clerk of court and tried to mail it, many more questions arose.

(3) I am very sorry. My mother is very sick. She is 86 and does not have access to legal help. I am all she has.

(4) Would you please be merciful and grant enough extra days to allow her time to fill her Proof of Claim.

Re: 25903092510210000000000006
Peggy Aaron Peggy Aaron

Peggy Aaron Aaron

Your claim can be filed electronically on Verita's website at https://www.veritaglobal.net/ModivCare

United States Bankruptcy Court for the Southern District of Texas

Indicate Debtor against which you assert a claim by checking the appropriate box below. **(Check only one Debtor per claim form.)**

- ☐ A & B Homecare Solutions, L.L.C. (Case No. 25-90310)
- ☐ A.E. Medical Alert, Inc. (Case No. 25-90308)
- ☐ ABC Homecare LLC (Case No. 25-90311)
- ☐ All Metro Aids Inc. (Case No. 25-90312)
- ☐ All Metro Associate Payroll Services Corporation (Case No. 25-90313)
- ☐ All Metro CGA Payroll Services Corporation (Case No. 25-90314)
- ☐ All Metro Field Service Workers Payroll Services Corporation (Case No. 25-90315)
- ☐ All Metro Health Care Services, Inc. (Case No. 25-90316)
- ☐ All Metro Home Care Services of Florida, Inc. (Case No. 25-90317)
- ☐ All Metro Home Care Services of New Jersey, Inc. (Case No. 25-90318)
- ☐ All Metro Home Care Services of New York, Inc. (Case No. 25-90319)
- ☐ All Metro Home Care Services, Inc. (Case No. 25-90320)
- ☐ All Metro Management and Payroll Services Corporation (Case No. 25-90321)
- ☐ All Metro Payroll Services Corporation (Case No. 25-90322)
- ☐ AM Holdco, Inc. (Case No. 25-90323)
- ☐ AM Intermediate Holdco, Inc. (Case No. 25-90324)
- ☐ Arsens Home Care, Inc. (Case No. 25-90325)
- ☐ ARU Hospice Inc. (Case No. 25-90326)
- ☐ Associated Home Services, Inc. (Case No. 25-90327)
- ☐ At-Home Quality Care, LLC (Case No. 25-90328)
- ☐ Auditory Response Systems, Inc. (Case No. 25-90329)
- ☐ Barney's Medical Alert-ERS, Inc. (Case No. 25-90330)
- ☐ California MedTrans Network IPA LLC (Case No. 25-90331)
- ☐ California MedTrans Network MSO LLC (Case No. 25-90332)
- ☐ Care Finders Total Care LLC (Case No. 25-90333)
- ☐ CareGivers Alliance, LLC (Case No. 25-90334)
- ☐ CareGivers America Home Health Services, LLC (Case No. 25-90335)
- ☐ CareGivers America Medical Staffing, LLC (Case No. 25-90336)
- ☐ CareGivers America Medical Supply, LLC (Case No. 25-90337)
- ☐ CareGivers America Registry, LLC (Case No. 25-90338)
- ☐ Caregivers America, LLC. (Case No. 25-90339)
- ☐ Caregivers On Call, Inc. (Case No. 25-90340)
- ☐ CGA Holdco, Inc. (Case No. 25-90341)
- ☐ CGA Staffing Services, LLC (Case No. 25-90342)
- ☐ Circulation, Inc. (Case No. 25-90343)
- ☐ Florida MedTrans Network LLC (Case No. 25-90344)
- ☐ Florida MedTrans Network MSO LLC (Case No. 25-90345)
- ☐ Guardian Medical Monitoring, LLC (Case No. 25-90346)
- ☐ Health Trans, Inc. (Case No. 25-90347)
- ☐ Healthcom Holdings LLC (Case No. 25-90348)
- ☐ Healthcom, Inc. (Case No. 25-90349)
- ☐ Helping Hand Home Health Care Agency Inc (Case No. 25-90350)
- ☐ Helping Hand Hospice, Inc. (Case No. 25-90351)
- ☐ Higi Care Holdings, LLC (Case No. 25-90352)
- ☐ Higi Care, LLC (Case No. 25-90353)
- ☐ Higi SH Holdings Inc. (Case No. 25-90354)
- ☐ Higi SH LLC (Case No. 25-90355)
- ☐ Independence Healthcare Corporation (Case No. 25-90356)
- ☐ Metropolitan Medical Transportation IPA, LLC (Case No. 25-90357)
- ☐ MLA Sales, LLC (Case No. 25-90358)
- ☑ ModivCare Inc. (Case No. 25-90309)
- ☐ ModivCare Solutions, LLC (Case No. 25-90359)
- ☐ Multicultural Home Care Inc. (Case No. 25-90360)
- ☐ National MedTrans, LLC (Case No. 25-90361)
- ☐ New England Emergency Response Systems, Inc. (Case No. 25-90363)
- ☐ OEP AM, Inc. (Case No. 25-90365)
- ☐ Panhandle Support Services, Inc. (Case No. 25-90366)
- ☐ Personal In-Home Services, Inc. (Case No. 25-90368)
- ☐ Philadelphia Home Care Agency, Inc. (Case No. 25-90371)
- ☐ Provado Technologies, LLC (Case No. 25-90362)
- ☐ Red Top Transportation, Inc. (Case No. 25-90364)
- ☐ Ride Plus, LLC (Case No. 25-90367)
- ☐ Safe Living Technologies, LLC (Case No. 25-90369)
- ☐ Secura Home Health Holdings, Inc. (Case No. 25-90370)
- ☐ Secura Home Health, LLC (Case No. 25-90372)
- ☐ Socrates Health Holdings, LLC (Case No. 25-90373)
- ☐ TriMed, LLC (Case No. 25-90374)
- ☐ Union Home Care LLC (Case No. 25-90375)
- ☐ Valued Relationships, Inc. (Case No. 25-90376)
- ☐ Victory Health Holdings, LLC (Case No. 25-90377)
- ☐ VRI Intermediate Holdings, LLC (Case No. 25-90378)

Modified Official Form 410

Proof of Claim

04/25

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

Mailed by Judges Law Clerk 10/1 1243

Part 1: Identify the Claim NameID: 16105214

1. **Who is the current creditor?**
   Aaron, Peggy
   Name of the current creditor (the person or entity to be paid for this claim)
   Other names the creditor used with the debtor none

2. **Has this claim been acquired from someone else?**
   ☑ No
   ☐ Yes. From whom? _____

3. **Where should notices and payments to the creditor be sent?**
   Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

   Where should notices to the creditor be sent?
   Aaron, Peggy
   717 Peach Blossom Ave
   Cambridge, MD 21613
   _____
   Address
   Contact phone 410/463-7388
   Contact email n/a

   Where should payments to the creditor be sent? (if different)
   _____
   Name
   _____
   Number Street
   _____
   City State ZIP Code
   _____
   Country
   Contact phone _____
   Contact email _____

   Uniform claim identifier (if you use one):
   _____

4. **Does this claim amend one already filed?**
   ☑ No
   ☐ Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY

5. **Do you know if anyone else has filed a proof of claim for this claim?**
   ☑ No
   ☐ Yes. Who made the earlier filing? _____

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?**
   $ Don't Know . **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.
   Don't Know

9. **Is all or part of the claim secured?**
   ☑ No
   ☐ Yes. The claim is secured by a lien on property.
   Nature of property:

2590309250826044747000060

☐ Real estate: If the claim is secured by the debtor's principal 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.

☑ No

☐ Yes. *Check all that apply:*

Amount entitled to priority

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). $_____

☐ Up to $3,800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). $_____

☐ Wages, salaries, or commissions (up to $17,150*) 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). $_____

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). $_____

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). $_____

☐ Other. Specify subsection of 11 U.S.C. § 507(a)(__) that applies. $_____

* Amounts are subject to adjustment on 4/01/28 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.

$_____

2590309250826044747000060

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:

- [x] 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 10/1/2025 (MM / DD / YYYY)

Peggy Aaron

Signature

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

Name: Peggy (First name) Ann (Middle name) Aaron (Last name)

Title:

Company:

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

Address: 211 Beachbrook Avenue (Number Street)

Cambridge MA 21613 Dor (City State ZIP Code Country)

Contact phone: 410-463-2388 Email: N/A

2590309250826044747000060