

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

Debtor Neighbors Physician Group, PLLC

United States Bankruptcy Court for the: Southern District of Texas  
(State)

Case number 18-33881

## Official Form 410

## Proof of Claim

04/16

**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. Who is the current creditor?	<u>Aetna, Inc. and certain affiliated entities</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	<b>Where should notices to the creditor be sent?</b> See summary page  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should payments to the creditor be sent? (if different)</b> Aetna, Inc. c/o David G. Scott 1425 Union Meeting Road Blue Bell, PA 19422, US  Contact phone <u>3128498256</u> Contact email <u>amccollough@mcguirewoods.com</u>  Contact phone <u>2157753057</u> Contact email <u>scottd4@aetna.com</u>  Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	



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

<b>6. Do you have any number you use to identify the debtor?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:   __ __ __ __
<b>7. How much is the claim?</b>	\$ <u>9,553.56</u> <b>Does this amount include interest or other charges?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
<b>8. What is the basis of the claim?</b>	<p>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.</p> <p><u>Overpayments for medical services</u></p>
<b>9. Is all or part of the claim secured?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. <b>Nature or property:</b> <input type="checkbox"/> Real estate: If the claim is secured by the debtor's principle residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____  <b>Basis for perfection:</b> _____ 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.)  <b>Value of property:</b> \$ _____ <b>Amount of the claim that is secured:</b> \$ _____ <b>Amount of the claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)  <b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____  <b>Annual Interest Rate</b> (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
<b>10. Is this claim based on a lease?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <b>Amount necessary to cure any default as of the date of the petition.</b> \$ _____
<b>11. Is this claim subject to a right of setoff?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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:

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

Amount entitled to priority

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

☐ Up to \$2,850\* 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 \$12,850\*) 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 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

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)(2) 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 11/09/2018  
MM / DD / YYYY

/s/David G. Scott  
Signature

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

Name David G. Scott  
First name Middle name Last name

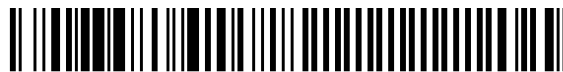
Title Paralegal - Consumer Litigation

Company Aetna, Inc.  
Identify the corporate servicer as the company if the authorized agent is a servicer.

1425 Union Meeting Road, Blue Bell, PA, 19422, US

Address

Contact phone 2157753057 Email scotttd4@aetna.com



# KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (888) 733-1437 | International 001-424-236-7244

<b>Debtor:</b> 18-33881 - Neighbors Physician Group, PLLC <b>District:</b> Southern District of Texas, Houston Division		
<b>Creditor:</b> Aetna, Inc. and certain affiliated entities Aaron McCollough, c/o McGuireWoods LLP 77 West Wacker Drive Suite 4100 Chicago, IL, 60601-1818 US <b>Phone:</b> 3128498256 <b>Phone 2:</b>  <b>Fax:</b>  <b>Email:</b> amccollough@mcguirewoods.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> Authorized agent	
<b>Disbursement/Notice Parties:</b> Aetna, Inc. c/o David G. Scott 1425 Union Meeting Road  Blue Bell, PA, 19422 US <b>Phone:</b> 2157753057 <b>Phone 2:</b>  <b>Fax:</b>  <b>E-mail:</b> scottd4@aetna.com <b>DISBURSEMENT ADDRESS</b>		
<b>Other Names Used with Debtor:</b>	<b>Amends Claim:</b> No <b>Acquired Claim:</b> No	
<b>Basis of Claim:</b> Overpayments for medical services	<b>Last 4 Digits:</b> No	<b>Uniform Claim Identifier:</b>
<b>Total Amount of Claim:</b> 9,553.56	<b>Includes Interest or Charges:</b> No	
<b>Has Priority Claim:</b> No	<b>Priority Under:</b>	
<b>Has Secured Claim:</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> David G. Scott on 09-Nov-2018 4:44:27 p.m. Eastern Time <b>Title:</b> Paralegal - Consumer Litigation <b>Company:</b> Aetna, Inc.		

**Optional Signature Address:**

David G. Scott  
1425 Union Meeting Road

Blue Bell, PA, 19422  
US

**Telephone Number:**  
2157753057

**Email:**  
scottd4@aetna.com

**EXHIBIT A**  
**(Statement of Claim)**

1. This proof of claim (the “Claim”) is submitted by Aetna Inc. and its affiliated entities (“Aetna”) against the Debtor identified on the foregoing proof of claim form (the “Debtor”).

2. Prior to the Debtor’s bankruptcy, the Debtor submitted to Aetna requests for reimbursement in connection with healthcare services that the Debtor provided to current or former Aetna members either under a provider agreement or on an out-of-network basis. Aetna then paid the Debtor various amounts in connection with those requests for reimbursement. Aetna has subsequently determined, however, that certain of those payments were erroneous and demands return of those overpayments. As of the date hereof, the amount of overpayments, as reflected on the statement attached as Schedule 1,<sup>1</sup> is at least \$9,553.56. For the avoidance of doubt, \$9,553.56 is the minimum amount due and payable on account of those overpayments as of July 12, 2018, and Aetna reserves all rights to assert additional amounts subsequently identified as owing to Aetna, including, without limitation, with respect to any pre-petition claims that may become due subsequent to any transfer of assets by the Debtor. Further documentation supporting Aetna’s Claim contains confidential or proprietary information, including protected health information that cannot be publicly disclosed, and thus is not attached hereto. Further information regarding this Claim is available upon written request to:

Aaron McCollough  
McGuireWoods LLP  
77 West Wacker Drive, Suite 4100  
Chicago, Illinois 60601

3. Filing of this Claim does not constitute an election of remedies and cannot be construed as a waiver or release of any claims Aetna has or may have against any non-Debtor third party that may be responsible for all or a portion of the amounts asserted in this Claim. Filing this Claim shall not limit or affect any setoff or recoupment rights Aetna may have with

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<sup>1</sup> In the ordinary course of its business, Aetna periodically audits the payments that it has previously made to healthcare providers such as the Assignor, and in some situations will “flag” for further investigation a payment that may have been paid erroneously. Once flagged, these payments are then noted in Aetna’s system as having a “\$0.01” balance due. This notation will remain on those flagged payments until the conclusion of Aetna’s audit process, at which time the “\$0.01” notation will be modified to reflect the actual amount of the erroneous overpayment (e.g., either \$0.00 if the audit finds no overpayment or the actual amount of the overpayment if an overpayment is confirmed). With respect to the amounts listed on Schedule 1 hereto, the payments showing amounts listed as “\$0.01” represent payments for which Aetna’s audit process is still pending, while the payments showing amounts other than “\$0.01” represent payments for which Aetna’s audit process is complete and the overpayments have been confirmed. Aetna expressly reserves the right to complete the audit process for all payments made to the Assignor, including the “flagged” payments listed on Schedule 1, as well as the right to amend this proof of claim to assert any and all overpayments that Aetna confirms at the conclusion of its audit process.

respect to the Claim amount, which rights are fully preserved. Aetna expressly reserves the right to amend or supplement this Claim, including to assert that all or part of Aetna's Claim is secured by a contingent right of setoff. By filing this Claim, Aetna does not waive (a) its right to trial by jury in any proceedings so triable herein or in any case, controversy, or proceeding related hereto, or (b) any other rights, claims, actions, defenses, setoffs, or recoupments to which Aetna may be entitled under agreements, in law, or in equity, all of which rights, claims, action, defenses, setoffs, and recoupments are expressly reserved.

**Schedule 1**  
**(Amounts Outstanding)**

*(Additional information regarding the amounts listed below was excluded for privacy concerns and is available upon the request of Aetna's counsel)*

Claim ID	Date of Service	Provider Name	TIN	Overpayment Balance Due
EA347LTZT00	6/4/2013	NEIGHBORS PHYSICIAN GROUP PLLC	E274583771	\$395.01
EJFBRWKN000	1/8/2016	NEIGHBORS PHYSICIAN GROUP PLLC	E274583771	\$444.82
ESFBX13VF00	4/19/2017	NEIGHBORS PHYSICIAN GROUP PLLC	E274583771	\$433.54
EFY0X1TNR00	2/15/2017	NEIGHBORS PHYSICIAN GROUP PLLC	E274583771	\$541.93
E7ABY0LQP00	6/30/2017	NEIGHBORS PHYSICIAN GROUP PLLC	E274583771	\$79.08
ETABYHKH100	5/16/2017	NEIGHBORS PHYSICIAN GROUP PLLC	E274583771	\$150.89
E9RT1NCVH00	12/29/2017	NEIGHBORS PHYSICIAN GROUP PLLC	E274583771	\$541.93
ETJLZ1SJNI00	7/16/2017	NEIGHBORS PHYSICIAN GROUP PLLC	E274583771	\$588.38
PQ35Z8YBC01	2/15/2017	NEIGHBORS PHYSICIAN GROUP PLLC	E274583771	\$637.56
PCTW3Q5MS00	2/15/2017	NEIGHBORS PHYSICIAN GROUP PLLC	E274583771	\$637.56
EAAB3LK9P00	2/20/2018	NEIGHBORS PHYSICIAN GROUP PLLC	E274583771	\$1,006.43
EZTW2PKXB00	2/25/2018	NEIGHBORS PHYSICIAN GROUP PLLC	E274583771	\$79.05
ETJL0G00W00	10/1/2017	NEIGHBORS PHYSICIAN GROUP PLLC	E274583771	\$655.50
EHFB2THTW00	12/31/2017	NEIGHBORS PHYSICIAN GROUP PLLC	E274583771	\$433.54
EZ352XQ5M00	3/2/2018	NEIGHBORS PHYSICIAN GROUP PLLC	E274583771	\$1,006.43
ETJL1V48600	12/27/2017	NEIGHBORS PHYSICIAN GROUP PLLC	E274583771	\$793.53
E8Y01KX9F00	12/14/2017	NEIGHBORS PHYSICIAN GROUP PLLC	E274583771	\$541.93
ESFB2YCHH01	3/11/2018	NEIGHBORS PHYSICIAN GROUP PLLC	E274583771	\$286.45
<b>TOTAL</b>				<b>\$9,253.56</b>





**MAIL HANDLERS BENEFIT PLAN**

July 30, 2018

Original Date Generated: 3/31/2017

UNIVERSITY EMERGENCY MEDICINE ASSOCIATES

PLLC\*3718929

PO BOX 4423

MSC 900

HOUSTON, TX 77210-4423

Dear Provider:

Through a recent audit of your records, it was determined that the following claims were overpaid in error:

	Claim #	DOS		Overpaid Amt
	7701000315	12/22/2016		\$300.00

Reason	Claim Numbers	Total Amt Due
Claim billed with incorrect Tax ID Number. A corrected claim has been received with an updated Tax ID Number. The original claim must be refunded before the corrected claim can be processed.	7701000315	\$300.00
	Reason Sub-Total	\$300.00
	Grand Total:	\$300.00

We request that you refund the overpayment amount by sending your check payable to Mail Handlers Benefit Plan at the address noted below within 10 days of this letter. Please include a copy of this letter with your payment.

Mail Handlers Benefit Plan  
P.O. Box 8402  
London, KY 40742

If you believe you received this letter in error or have any pertinent information that may not have been considered in making this determination, please contact our Customer Service Department at 1-800-410-7778.

We apologize for any inconvenience this may have caused you and appreciate your prompt attention in resolving this matter.

Sincerely,

Mail Handlers Benefit Plan

The Plan is a Federal Employee Health Benefit Program plan and is established according to a federal contract with the Office of Personnel Management (OPM). The Federal Government requires the Plan to make diligent efforts to recover benefit payments made in error but in good faith. If we do not receive the requested refund, the Plan may at some point keep (offset) future benefit payments. You may ask the Plan to reconsider its decision by submitting a written request to the Plan, at the address listed above, within 60 days of the date of this letter. Your request must include documentation that supports your dispute. The Plan has 30 days after receiving your request to respond.