

1 Madera Community Hospital  
2 Melissa Bushéy  
3 Director, Human Resources  
4 1250 E. Almond Avenue  
5 Madera, CA 93637

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7  
8 **UNITED STATES BANKRUPTCY COURT**  
9 **EASTERN DISTRICT OF CALIFORNIA**  
10 **FRESNO DIVISION**

11  
12 In re:

Case No. 23-10457

13 MADERA COMMUNITY HOSPITAL,  
14 Debtor in Possession.

Chapter 11

**CLAIM BAR DATE: July 17, 2023**

15 Tax ID#: 23-7429117  
16 Address: 1250 E. Almond Avenue  
17 Madera, CA 93637

18 TO FORMER EMPLOYEES OF MADERA COMMUNITY HOSPITAL:

19 As you know, on March 10, 2023 Madera Community Hospital (“MCH”) filed a Chapter 11  
20 bankruptcy.

21 MCH has scheduled the employees having claims as creditors and the Court has sent each  
22 employee a Notice of Commencement of Chapter 11 Bankruptcy Case.

23 The Court has set a firm, hard deadline for filing proofs of claim. **The CLAIMS BAR DATE**  
24 **IS July 17, 2023.**

25 You do not have to file a proof of claim if you are satisfied with how your claim is scheduled.  
26 You can rely on the scheduled claim.

27 However, MCH is recommending that employees do file a proof of claim by the deadline.

28 Employees may have two types of Claims or just one.

1 Many employees are owed PTO. This is a Section 507(a)(4) claim.

2 Other employees have claims arising under the MCH Benefit Plan. This is a Section 507(a)(5)  
3 claim, and includes unpaid insurance benefit claims. Note, if a claim exceeds the statutory case amount  
4 it may be treated as a general unsecured claim.

5 To file a proof of claim by the bar date, you will need to go to the United States Bankruptcy  
6 Court website by clicking on this link:

7 [United States Bankruptcy Court - Eastern District of California \(uscourts.gov\)](https://uscourts.gov)

8 When the link opens you will see the instructions on how to file the proof of claim. See Exhibit  
9 A for the instructions.

10 Once the link is opened you will see the proof of claim form. See Exhibit B. You will use the  
11 Electronic Proofs of Claim Program to file your claim. Exhibit C is an example of what a claim would  
12 look like for a hypothetical employee having both a claim for PTO and a claim for the self- insured  
13 benefit.

14 Please understand that just because you file a proof of claim it does not mean the claim will be  
15 allowed as filed. After the claims bar date, all claims will be reviewed for allowance or disallowance  
16 so you will not likely hear from the Court for several months.

17 After July 17, 2023 MCH will communicate with you as to what will happen next.

18 If you have questions about filing your proof of claim, you can email me at  
19 [mbushey@maderahospital.org](mailto:mbushey@maderahospital.org).

20 Thank you.

21  
22 Melissa Bushéy, Director

23 Human Resources  
24  
25  
26  
27  
28

RE: MCH  
April 5, 2023

United States Bankruptcy Court  
Eastern District of California

Search Careers Contact RSS

Home

Today is: Tuesday, Apr 4, 2023

**Electronic Filing**

CAEB e-Filing  
Electronic Claims

**Case Information**

PACER  
PACER Registration  
McVCIS

**Links**

Office of 9th Circuit  
Court of Appeals  
BAP  
District Court  
InfoWeb  
J-Net  
DebtNet  
WestLaw  
US Trustee Program  
Additional Links

**Locations**

Court Locations  
341 Locations  
Where to File  
District Map  
Holidays / Closures

**Clerk of Court**

**Electronic Claims**

File a Proof of Claim in 1 of 3 systems. If you are a

- **Creditors** who do not have a CM/ECF log in and password, use the Electronic Proofs of Claim Program. A Proof of Claim form will be automatically created from the data you enter. Supplemental documentation to the claim may be attached, however, please do not attach any additional Proofs of Claim forms. Additionally, to file an Amended Proof of Claim or a Notice of Withdrawal of Claim, [click here](#).
- **Creditors** who have a CM/ECF log in and password, use CM/ECF to file Proofs of Claim and Amended Proofs of Claim in PDF format. To file a Notice of Withdrawal of Claim in PDF format, use the e-Filing System.
- **Debtors or trustees** filing a proof of claim on behalf of a creditor, use the e-Filing System.
- **Creditors** who wish to print a Proof of Claim form (Official Form 410) and file it in person at any of the Bankruptcy Court's intake counters or through the mail, [click here](#). To receive an endorsed copy of your Proof of Claim at the intake counter, please provide the original Proof of Claim form and a photocopy. If you are filing your Proof of Claim form through the mail, enclose a photocopy along with your original Proof of Claim form and a stamped, self-addressed envelope.

**Click here to file a claim.**

**Bankruptcy Forms**

Forms and Publications  
Forms Package  
General Orders

**Calendar/Transcripts**

Court Calendar  
Pre-Hearing Dispositions  
Meeting of Creditors  
Self-Set Calendars and Procedures  
Remote Appearances  
Hearing Transcripts

**Judge Information**

Chief Judge Clement  
Judge Sargis  
Judge Jalime  
Judge Lavretco  
Judge Niemann

**Recalled Judges**

Judge Klein

**Online Computer-based Training**

- How to File an Electronic Proof of Claim – Creditors
- How to Withdraw a Proof of Claim

**Online Filer Resources**

- Electronic Proof of Claim Filing Information

**Procedural Information**

- Frequently Asked Questions

Once you select the “Electronic Proofs of Claim Program” you will see the following:

You will enter the case number for Madera Community Hospital which is 23-10457 and select “Find This Case”.

You will then enter your name in the box for “Creditor Name”. Then click “Next”.

See below image.

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United States Bankruptcy Court Eastern District of California

**File Claim**

Case Number  Find This Case

Example: 14-00002

Name of Creditor

Filed by:

**IMPORTANT NOTICE OF REDACTION RESPONS** or taxpayer-identification numbers; Bankr. P. 9037. This requirement  
dates of birth; names of minor children; and financial information. This requirement  
applies to all documents, including attachments.

**IMPORTANT WARNING:** 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.

I understand that, if I file, I must comply with the redaction rules. I have read this notice.

Next

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.

Update this message via Site->ePOCMessageFront

Installed Version: 7

The following screen will then appear and will show your name as scheduled by the Debtor. If the name is correct you will select your name to be taken to the next screen. If your name does not appear you can select "Creditor not listed" as shown below and it will take you to the next screen to continue filing your claim.

United States Bankruptcy Court Eastern District of California

**Select Creditor**

Creditor not listed

Select your name if shown or "creditor not listed" if it does not appear. This will take you to the next page.

The following screen will contain multiple sections for inputting your claim information. You will want to enter your information as accurate as possible. If you do not know the amount of your healthcare benefit claim, use your best estimate. We do not recommend putting "unknown".

See below images:

B1

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**United States Bankruptcy Court Eastern District of California**

You selected "FILED BY" as CREDITOR. If this is incorrect, [START OVER!!](#)

**ALL "Yes/No" Questions MUST be ANSWERED**

**CONFIRM this is the CORRECT Case**

Debtor 1	Madera Community Hospital
Debtor 2 (Spouse, if filing)	
Case number:	23-10457

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?

Name of the current creditor (the person or entity to be paid for this claim)

Address where notices should be sent (Do not add the creditor's name in the address)

Check for a Foreign Address  
(City, State, Zip)   -

Telephone Number:

Other names the creditor used with the debtor

2. Has this claim been acquired from someone else? Yes  No

3. Where should notices and payments to the creditor be sent? (Notice Address Completed in Section 1)  
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

CHECK if Payment Address differs from Notice Address

You should see this Debtor name and case number.

Enter name and contact information.

Click this box and enter an alternative payment address ONLY if you wish to receive payment at a different mailing address than listed above.

Continued at next page.

4. You must select the creditor who filed the claim to amend a claim  
Does this claim amend one already filed? Yes  No

5. Do you know if anyone else has filed a proof of claim for this claim? Yes  No

**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? Yes  No

7. How much is the claim? (required)  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).

If you have entered a claim amount of \$0, the claim amount is unknown, or the claim is unliquidated, please enter a brief explanation.  
Comment:

8. What is the basis of the claim? (required) Examples: Goods sold, money loaned, lease, services performed, personal injury or wrong  
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 healthcare information.  
  
*See instructions.*

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

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

Enter total claim amount.

Enter the basis for your claim. PTO, wages, etc.

Continued at next page.

Click "yes" here to enter the amounts you assert are entitled to priority.

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

- No  
 Yes Check all that apply.

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the 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 \$3,350\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).
- 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)
- 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 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

Amount entitled to priority

**Documents:** Attach redacted copies of any documents that show that the debt exists, a lien secures the debt, or both.

Also attach redacted copies of any documents that show perfection of any security interest or any assignments or transfers of the debt. In addition to the documents, a summary may be added. Federal Rule of Bankruptcy Procedure (called "Bankruptcy Rule") 3001(c) and (d). (*See INSTRUCTIONS, and the definition of "redacted."*)

**Attachments:**

- Necessary documentation can be attached to the Proof of Claim after the information for the form is submitted.
- Attachments to the Proof of Claim are required to be PDF files.
- Attachments to the Proof of Claim are NOT to exceed 15 Mb in size.
- Multiple attachments to the Proof of Claim are permitted.
- Do not upload a completed Proof of Claim form as an attachment to this filing. Attaching a completed Proof of Claim will result in multiple versions of the form being filed (the electronically created proof of claim form plus the proof of claim attached). If filing an Amended Proof of Claim, the attachment of the previously filed claim is allowed.

By clicking "yes" here you can upload supporting documentation for your claim if you wish to do so.

Note: You will have the option to select files to upload for this claim once you click on the "Submit Claim" button below.

Do you wish to attach supporting documentation?  Yes  No

Continued at next page.

**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: (required)

- 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 acknowledgment 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 a reasonable belief that the information is true and correct.

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

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

Signature\* \_\_\_\_\_ \*Type Full Name  
(required)

Title \_\_\_\_\_


Company \_\_\_\_\_  
Identify the corporate servicer as the company if the authorized agent is a servicer

Address \_\_\_\_\_  
Number and Street

(City, State, Zip) \_\_\_\_\_ - \_\_\_\_\_

Contact Phone: \_\_\_\_\_

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, 157, and 3571.

I'm not a robot 

**Submit claim when finished.**

\*\* Verify debtor name(s) prior to submitting claims to be filed.

Make sure you carefully review all information and when ready select "Submit Claim". You will then receive confirmation of filing and a conformed copy of you claim and the assigned claim number for your records. If you wish to amend your claim at a later date you will need to this claim number so make sure to keep copies for your records.

While electronic proofs of claim are preferred, creditors who wish to print a Proof of Claim form (Official Form 410) and file it in person at any of the Bankruptcy Court's intake counters or through the mail, may do so. A copy of Official Form 410 can be found at [Proof of Claim \(uscourts.gov\)](http://Proof_of_Claim.uscourts.gov). This form would be filled out in the same way as described above. An example is attached.

To receive an endorsed copy of your Proof of Claim at the intake counter, please provide the original Proof of Claim form and a photocopy. If you are filing your Proof of Claim form



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through the mail, enclose a photocopy along with your original Proof of Claim form and a stamped, self-addressed envelope.

Claims can be mailed or filed in person at the below address:

Bankruptcy Court Clerk  
2500 Tulare Street Suite 2501  
Fresno, CA 93721

If filing by mail or in person please note that claims must be received by the court prior to the bar date listed above.

Fill in this information to identify the case:

Debtor 1 Madera Community Hospital  
Debtor 2 \_\_\_\_\_  
(Spouse, if filing)  
United States Bankruptcy Court for the: Eastern District of California  
Case number 23-10457

Official Form 410

Proof of Claim

12/15

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 of 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? Maria Garcia  
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? [X] 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? Maria Garcia  
Name: Maria Garcia  
123 Vineyard Dr.  
Number Street: 123 Vineyard Dr.  
Madera CA 00000  
City State ZIP Code: Madera CA 00000  
Contact phone: (559) 000-0000  
Contact email: mgarcia@example.com  
Where should payments to the creditor be sent? (if different)  
Name: \_\_\_\_\_  
Number Street: \_\_\_\_\_  
City State ZIP Code: \_\_\_\_\_  
Contact phone: \_\_\_\_\_  
Contact email: \_\_\_\_\_  
Uniform claim identifier for electronic payments in chapter 13 (if you use one): \_\_\_\_\_  
4. Does this claim amend one already filed? [X] 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 [X] Yes. Who made the earlier filing? MCH scheduled a claim

**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? \$ 14,874.27. 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.  
PTO and unfunded self insurance claim

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

No

Yes. Check one:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the 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 \$2,775\* 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 \$15,100\*) 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).

\$ 9,100.00

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).

\$ 5,774.27

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

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

\* Amounts are subject to adjustment on 4/01/16 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).

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.

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

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

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.

I have examined the information in this *Proof of Claim* and have a 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 04/25/2023  
MM / DD / YYYY

\_\_\_\_\_  
Signature

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

Name Maria Garcia  
First name Middle name Last name

Title \_\_\_\_\_

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

Address 123 Vineyard Dr.  
Number Street

Madera, CA 00000  
City State ZIP Code

Contact phone (559) 000-0000 Email mgarcia@example.com

C3