Fill in this information to identify the case:

Debtor NEC Mueller Emergency Center, LP

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

Case number 18-33886

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?**
   Accelerated Claims Inc
   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?**
   ☑ 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?
   Accelerated Claims Inc
   PO Box 742319
   Atlanta, GA 30374

   Contact phone 6787911919
   Contact email jsidler@accelclaims.com

   Where should payments to the creditor be sent? (if different)
   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?**
   ☑ 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?

18338361810040520210047 62

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?** $ 47302.36 . **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.

Services performed

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: _____

1833836181004052021004762

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 $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 11/12/2018
MM / DD / YYYY

/s/Jane Sidler
Signature

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

Name: Jane Sidler
First name | Middle name | Last name

Title: CFO

Company: Accelerated Claims Inc.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

Contact phone _____ Email _____

1833836181004052021004762

KCC ePOC Electronic Claim Filing Summary

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

Debtor:
18-33886 - NEC Mueller Emergency Center, LP
District:
Southern District of Texas, Houston Division

Creditor:
Accelerated Claims Inc
PO Box 742319
Atlanta, GA, 30374
Phone:
6787911919
Phone 2:
Fax:
Email:
jsidler@accelclaims.com

Has Supporting Documentation:
Yes, supporting documentation successfully uploaded
Related Document Statement:

Has Related Claim:
No
Related Claim Filed By:

Filing Party:
Creditor

Other Names Used with Debtor:

Amends Claim:
No
Acquired Claim:
No

Basis of Claim:
Services performed

Last 4 Digits:
No

Uniform Claim Identifier:

Total Amount of Claim:
47302.36

Includes Interest or Charges:
No

Has Priority Claim:
No

Priority Under:

Has Secured Claim:
No
Based on Lease:
No
Subject to Right of Setoff:
No

Nature of Secured Amount:
Value of Property:
Annual Interest Rate:
Arrearage Amount:
Basis for Perfection:
Amount Unsecured:

Submitted By:
Jane Sidler on 12-Nov-2018 2:51:17 p.m. Eastern Time
Title:
CFO
Company:
Accelerated Claims Inc.

VN: 1925A47C69A5278EF9D02517E0A9A193

Hospital Invoice

Date 10/1/2018
Invoice # 3156

Accelerated Claims Inc.
PO Box 742319
Atlanta GA 30374
US

Terms	PO #
Net 30	
Due Date	**Total Gross ...**
11/1/2018	297,907.25
Total Collected	**Total Fees Due**
138,125.79	17,931.73
ACI Account Nu...	

Bill To

Neighbors Emergency Center
10800 Richmond Ave
Houston TX 77042

Account #	...	Adm. Date	Bill Amount	Payment Date	Payment Amount	ACI Fee
A27998		4/15/2018	2,804.69	9/25/2018	1,699.34	220.91
A40662		6/9/2018	2,925.31	8/29/2018	686.76	89.28
A25656		4/5/2018	4,089.54	9/17/2018	1,010.30	131.34
101422163		9/18/2017	1,484.75	9/14/2018	442.38	57.51
103604214		11/13/2017	1,939.04	9/10/2018	425.25	55.28
100281788		8/19/2017	8,231.53	9/5/2018	4,115.77	535.05
100926382		9/6/2017	3,086.11	9/4/2018	796.65	103.56
A46007		7/6/2018	2,764.62	9/10/2018	1,488.94	193.56
103094835		11/2/2017	1,600.99	9/21/2018	7.66	1.00
98215815		6/23/2017	2,096.77	9/25/2018	167.97	21.84
A28907		4/19/2018	2,934.49	8/28/2018	553.00	71.89
102818510		10/26/2017	5,036.25	9/12/2018	2,518.12	327.36
A52476		8/8/2018	2,479.92	9/13/2018	99.57	12.94
A49372		7/23/2018	1,005.06	9/19/2018	668.06	86.85
A49581		7/24/2018	2,549.46	9/5/2018	1,862.44	242.12
97070306		5/24/2017	2,576.35	9/24/2018	1,440.02	187.20
100964822		9/7/2017	2,692.22	9/6/2018	1,146.11	148.99
103604243		11/13/2017	1,400.00	9/10/2018	210.00	27.30
A27336		4/12/2018	2,673.20	9/18/2018	553.00	71.89
101061144		9/11/2017	5,812.94	8/29/2018	4,446.88	578.09
99919993		8/8/2017	10,715.16	9/6/2018	2,703.24	351.42
100072913		8/12/2017	3,533.91	9/17/2018	3,533.91	459.41
100965071		9/7/2017	2,535.32	9/5/2018	2,535.32	329.59
A49864		7/25/2018	2,037.56	8/30/2018	1,190.00	154.70
105394699		12/29/2017	4,897.92	9/5/2018	545.49	70.91
A44492		6/28/2018	2,037.56	8/6/2018	1,190.00	154.70
A41427		6/13/2018	2,576.60	9/6/2018	1,648.18	214.26
102333867		10/13/2017	12,419.53	9/10/2018	2,108.10	274.05
93313282		2/15/2017	3,602.80	9/11/2018	2,521.96	327.85
105667761		1/6/2018	668.06	9/4/2018	434.24	56.45
105667704		1/6/2018	668.06	9/4/2018	434.24	56.45
105667575		1/6/2018	668.06	9/4/2018	434.24	56.45
A46005		7/6/2018	3,036.00	9/10/2018	1,678.91	218.26
A47365		7/13/2018	4,307.11	9/7/2018	2,568.69	333.93
A40036		6/6/2018	2,107.36	9/5/2018	330.90	43.02
100382492		8/23/2017	5,399.42	9/17/2018	3,000.00	390.00
A11368		1/30/2018	10,659.98	9/10/2018	6,856.30	891.32
93480993		2/17/2017	8,981.53	9/4/2018	6,287.07	817.32
100336001		8/21/2017	2,540.34	9/4/2018	900.00	117.00
94173449		3/7/2017	2,355.46	9/14/2018	1,648.82	214.35
101766183		9/28/2017	2,118.86	9/28/2018	1,377.26	179.04
101597926		9/23/2017	3,136.28	9/4/2018	712.04	92.57
A38870		6/1/2018	1,005.06	7/10/2018	63.21	8.22
95136243		4/3/2017	17,378.31	9/11/2018	12,164.82	1,581.43
A6437		12/31/2017	2,037.56	9/17/2018	840.00	109.20
101648504		9/27/2017	2,320.19	9/17/2018	1,361.13	176.95
A19603		3/9/2018	4,740.34	9/5/2018	4,102.78	533.36
93746616		2/26/2017	4,185.17	9/11/2018	2,929.62	380.85
93746508		2/26/2017	4,252.94	9/11/2018	2,977.06	387.02
A35767		5/18/2018	4,236.46	9/5/2018	2,359.84	306.78
A39159		6/2/2018	2,997.53	9/13/2018	1,651.98	214.76
A39157		6/2/2018	3,710.82	9/12/2018	2,151.28	279.67
A47128		7/12/2018	2,037.58	9/10/2018	980.01	127.40
A32551		5/4/2018	3,427.78	9/5/2018	1,953.15	253.91
99814412		8/7/2017	11,989.85	8/10/2018	588.07	76.45
99660767		8/3/2017	2,611.52	8/16/2018	859.78	111.77
101651956		9/27/2017	2,630.32	9/24/2018	138.01	17.94

Hospital Invoice

Date 10/1/2018
Invoice # 3156

Accelerated Claims Inc.
PO Box 742319
Atlanta GA 30374
US

Account #	...	Adm. Date	Bill Amount	Payment Date	Payment Amount	ACI Fee
101493364		9/20/2017	496.59	9/11/2018	20.98	2.73
101710949		9/28/2017	1,651.98	9/20/2018	885.63	115.13
101763271		9/28/2017	6,739.77	9/11/2018	1,188.84	154.55
101225417		9/11/2017	8,576.12	9/14/2018	3,200.44	416.06
99920341		8/10/2017	1,484.75	8/29/2018	26.93	3.50
101010926		9/8/2017	1,661.71	9/11/2018	1,257.75	163.51
101600712		9/24/2017	2,881.91	9/14/2018	1,610.59	209.38
A50741		7/30/2018	3,003.28	9/18/2018	846.10	109.99
91951171		1/9/2017	2,226.51	9/12/2018	2,226.51	289.45
95190585		4/3/2017	2,184.14	9/6/2018	2,184.14	283.94
A48525		7/19/2018	3,563.12	9/12/2018	2,633.00	342.29
A6215		12/30/2017	3,342.39	8/15/2018	1,458.07	189.55
98804987		7/8/2017	3,829.62	9/2/2018	3,286.42	427.23
102435695		10/13/2017	2,169.42	8/3/2018	667.84	86.82
A41588		6/14/2018	3,618.71	9/5/2018	752.59	97.84
101963332		10/3/2017	1,539.62	8/15/2018	361.06	46.94
92379899		1/22/2017	4,638.24	8/22/2018	551.07	71.64
107749919		3/4/2018	2,542.43	8/8/2018	934.26	121.45
A31127		4/28/2018	3,082.68	6/11/2018	189.51	0.00
A24660		4/1/2018	2,447.78	5/23/2018	103.36	13.44
108137952		3/12/2018	2,104.10	8/30/2018	1,200.00	156.00
105826752		1/13/2018	1,452.01	8/30/2018	900.00	117.00
98970281		7/12/2017	3,099.24	8/30/2018	3,099.24	402.90
A43044		6/21/2018	2,964.16	8/27/2018	1,977.61	257.09
A40326		6/8/2018	2,673.20	7/23/2018	554.48	72.08
A21622		3/19/2018	3,186.22	9/14/2018	1,911.50	248.50

Total $17,931.73

Hospital Invoice

Accelerated Claims Inc.
PO Box 742319
Atlanta GA 30374
US

Date 10/1/2018
Invoice # 3130

Terms	PO #
Net 30	
Due Date	**Total Gross ...**
11/1/2018	23,157.62
Total Collected	**Total Fees Due**
13,770.84	1,790.19
ACI Account Nu...	

Bill To

Neighbors Physician Group
10800 Richmond Ave
Houston TX 77042

Account #	...	Adm. Date	Bill Amount	Payment Date	Payment Amount	ACI Fee
101648711		9/27/2017	865.26	9/11/2018	472.00	61.36
101763277		9/28/2017	960.93	9/11/2018	865.00	112.45
100964800		9/7/2017	865.26	8/31/2018	172.16	22.38
101061904		9/11/2017	865.26	9/4/2018	661.92	86.05
99659401		8/2/2017	865.26	9/21/2018	735.47	95.61
102274232		10/11/2017	637.56	9/19/2018	98.79	12.84
100072903		8/12/2017	960.93	9/13/2018	960.93	124.92
94796079		3/25/2017	865.26	9/6/2018	154.72	20.11
100438825		8/23/2017	865.26	9/6/2018	434.22	56.45
102436711		10/14/2017	865.26	9/14/2018	186.21	24.21
95259601		4/5/2017	300.00	9/5/2018	180.00	23.40
85732216		7/11/2016	865.26	9/5/2018	562.42	73.11
100382455		8/23/2017	865.26	9/19/2018	432.63	56.24
91950723		1/10/2017	752.36	9/4/2018	564.27	73.36
102876858		10/26/2017	1,184.04	9/5/2018	782.22	101.69
99761671		8/5/2017	865.26	9/5/2018	500.00	65.00
97957302		6/14/2017	637.56	9/21/2018	637.56	82.88
93313596		2/15/2017	637.56	9/12/2018	446.29	58.02
93746488		2/26/2017	865.26	9/14/2018	605.68	78.74
93746582		2/26/2017	865.26	9/14/2018	605.68	78.74
91951347		1/9/2017	637.56	9/12/2018	637.56	82.88
97257804		5/27/2017	919.97	8/30/2018	215.31	27.99
101422160		9/18/2017	637.56	9/19/2018	90.75	11.80
101242081		9/11/2017	865.26	9/19/2018	137.73	17.90
100282196		8/19/2017	865.26	8/31/2018	172.16	22.38
95191012		4/3/2017	637.56	9/6/2018	637.56	82.88
105826738		1/13/2018	637.57	8/30/2018	318.78	41.44
102438142		10/14/2017	865.26	8/10/2018	865.26	112.48
91970884		1/9/2017	637.56	5/20/2018	637.56	82.88

Total $1,790.19

Hospital Invoice

Date 11/1/2018
Invoice # 3164

Accelerated Claims Inc.

PO Box 742319
Atlanta GA 30374
US

Terms	PO #
Net 30	
Due Date	**Total Gross ...**
12/1/2018	464,015.03
Total Collected	**Total Fees Due**
164,776.30	21,433.66
ACI Account Nu...	

Bill To

Neighbors Emergency Center
10800 Richmond Ave
Houston TX 77042

Account #	...	Adm. Date	Bill Amount	Payment Date	Payment Amount	ACI Fee
A40760		6/10/2018	4,292.02	10/10/2018	1,220.52	158.67
A53974		8/16/2018	2,582.82	9/21/2018	553.00	71.89
A53370		8/13/2018	2,549.46	9/24/2018	490.56	63.77
A55280		8/23/2018	2,786.91	9/24/2018	739.03	96.07
A54929		8/21/2018	3,455.38	9/25/2018	894.09	116.23
A51130		8/1/2018	1,005.06	10/9/2018	66.51	8.65
A50472		7/28/2018	6,301.57	9/10/2018	921.36	119.78
A53043		8/11/2018	2,775.34	10/1/2018	532.00	69.16
A50168		7/27/2018	3,715.50	9/7/2018	316.59	41.16
A54654		8/20/2018	6,968.18	10/16/2018	1,545.60	200.93
A52473		8/8/2018	7,036.16	9/25/2018	401.07	52.14
A55391		8/24/2018	2,582.82	10/4/2018	497.48	64.67
A55356		8/24/2018	2,549.46	9/24/2018	553.00	71.89
A52479		8/8/2018	2,497.90	10/18/2018	1,488.28	193.48
A55016		8/22/2018	3,215.19	10/23/2018	704.41	91.57
A55179		8/23/2018	4,205.40	9/27/2018	904.19	117.54
A53270		8/12/2018	3,783.91	10/1/2018	493.10	64.10
A53228		8/12/2018	2,576.60	9/24/2018	120.05	15.61
A50170		7/27/2018	3,172.96	10/22/2018	763.06	99.20
A50592		7/29/2018	4,278.15	9/5/2018	728.54	94.71
A50548		7/29/2018	2,319.97	9/12/2018	393.21	51.12
A50637		7/29/2018	1,005.06	9/6/2018	245.77	31.95
A30915		4/27/2018	2,576.62	11/1/2018	425.62	55.33
A53640		8/14/2018	3,377.30	9/24/2018	98.19	12.76
A55676		8/25/2018	1,999.98	10/19/2018	1,114.20	144.85
A55366		8/24/2018	3,653.92	9/25/2018	734.10	95.43
A55019		8/22/2018	5,133.09	10/4/2018	2,987.00	388.31
A57801		9/4/2018	1,005.08	10/25/2018	245.77	31.95
A56345		8/28/2018	2,983.92	10/9/2018	1,055.70	137.24
A57779		9/4/2018	2,906.53	10/9/2018	553.00	71.89
A55873		8/26/2018	2,037.56	10/10/2018	432.00	56.16
A57936		9/5/2018	2,319.97	10/10/2018	430.84	56.01
A57489		9/3/2018	4,124.34	10/17/2018	834.86	108.53
A56276		8/28/2018	3,000.03	10/3/2018	249.25	32.40
A58984		9/10/2018	1,005.06	10/16/2018	245.77	31.95
A52462		8/8/2018	4,336.71	10/1/2018	3,471.45	451.29
A56601		8/30/2018	4,716.20	9/27/2018	655.92	85.27
A57895		9/5/2018	2,037.56	10/9/2018	430.84	56.01
A58293		9/7/2018	2,037.56	10/10/2018	430.84	56.01
A58399		9/8/2018	3,192.33	10/17/2018	2,554.77	332.12
A46009		7/6/2018	2,647.18	9/10/2018	1,406.73	182.87
90238049		11/18/2016	3,788.85	10/24/2018	2,652.17	344.78
A58919		9/10/2018	4,519.55	10/29/2018	1,160.77	150.90
A41685		6/14/2018	2,037.56	9/20/2018	1,190.00	154.70
A58779		9/9/2018	2,882.49	10/24/2018	553.00	71.89
A13531		2/9/2018	10,473.93	10/23/2018	9,359.17	1,216.69
A45635		7/4/2018	4,636.39	10/18/2018	3,771.13	490.25
A44909		6/30/2018	3,110.11	9/26/2018	689.30	89.61
A50745		7/30/2018	2,344.77	9/11/2018	523.00	67.99
A46999		7/11/2018	2,582.82	9/14/2018	134.29	17.46
101818239		9/30/2017	8,540.06	10/23/2018	1,280.88	166.51
A48212		7/17/2018	2,529.06	10/17/2018	504.70	65.61
A50600		7/29/2018	3,172.96	10/4/2018	800.57	104.07
A37511		5/26/2018	2,687.49	9/19/2018	717.58	93.29
A60096		9/16/2018	3,282.99	10/10/2018	661.18	85.95
A43820		6/25/2018	2,344.77	9/24/2018	1,707.21	221.94
A44074		6/26/2018	2,319.97	9/28/2018	430.84	56.01

Hospital Invoice

Date 11/1/2018
Invoice # 3164

Accelerated Claims Inc.

PO Box 742319
Atlanta GA 30374
US

Account #	...	Adm. Date	Bill Amount	Payment Date	Payment Amount	ACI Fee
A40429		6/8/2018	2,681.37	9/7/2018	603.94	78.51
A39733		6/5/2018	7,029.23	10/10/2018	1,256.42	163.33
A39700		6/5/2018	7,170.91	9/19/2018	445.24	57.88
A40188		6/7/2018	3,175.75	8/20/2018	698.85	90.85
A37958		5/28/2018	3,215.19	9/18/2018	782.68	101.75
A43005		6/21/2018	2,536.21	9/18/2018	553.00	71.89
A41379		6/13/2018	2,202.78	9/18/2018	631.24	82.06
A39929		6/6/2018	3,667.11	8/29/2018	935.70	121.64
A38811		6/1/2018	3,639.81	10/15/2018	940.06	122.21
101923566		10/3/2017	984.00	10/1/2018	855.55	111.22
A36887		5/23/2018	2,612.64	9/25/2018	689.17	89.59
A26528		4/9/2018	3,341.41	10/4/2018	823.48	107.05
102086089		10/6/2017	1,881.58	10/1/2018	200.42	26.05
A35329		5/16/2018	2,487.92	9/24/2018	526.08	68.39
A35446		5/17/2018	2,337.23	9/5/2018	1,189.77	154.67
101546521		9/22/2017	4,183.15	10/17/2018	416.07	54.09
A34144		5/11/2018	4,207.57	9/13/2018	750.00	97.50
A18211		3/3/2018	2,037.56	9/18/2018	432.00	56.16
A28350		4/16/2018	4,927.94	9/26/2018	869.10	112.98
A35339		5/16/2018	9,621.61	9/24/2018	1,156.76	150.38
A42859		6/20/2018	4,851.50	10/19/2018	1,162.01	151.06
A39818		6/5/2018	8,631.96	10/2/2018	5,436.69	706.77
102762249		10/24/2017	4,506.88	10/9/2018	3,830.85	498.01
96236971		5/1/2017	2,398.82	10/3/2018	1,362.15	177.08
101598997		9/22/2017	4,278.97	10/3/2018	2,995.28	389.39
99389994		7/23/2017	2,586.82	10/4/2018	1,681.43	218.59
101870216		10/2/2017	2,137.35	10/3/2018	1,709.88	222.28
97957311		6/14/2017	2,250.07	10/4/2018	1,574.29	204.66
98755096		7/6/2017	3,199.33	10/10/2018	1,599.67	207.96
99658807		8/2/2017	3,877.82	10/3/2018	3,296.15	428.50
103035632		10/31/2017	1,990.11	9/20/2018	995.06	129.36
A30186		4/24/2018	9,761.58	10/3/2018	5,337.61	693.89
A22298		3/22/2018	9,420.68	10/24/2018	605.68	78.74
99862563		8/9/2017	2,749.77	9/12/2018	454.73	59.11
87016557		8/17/2016	3,436.82	10/2/2018	2,000.00	260.00
100021000		8/10/2017	1,840.32	9/12/2018	1,840.32	239.24
96878563		5/19/2017	4,260.22	10/18/2018	2,130.10	276.91
90126416		11/15/2016	2,564.71	8/23/2018	1,538.83	200.05
100439619		8/23/2017	2,375.78	10/4/2018	1,958.67	254.63
90126203		11/15/2016	7,876.65	10/2/2018	4,370.95	568.22
100966903		9/8/2017	8,417.21	10/2/2018	5,646.91	734.10
A52665		8/9/2018	3,172.96	9/24/2018	892.50	116.03
100020380		8/11/2017	1,663.52	10/2/2018	98.47	12.80
96824753		5/17/2017	17,981.97	10/18/2018	6,118.73	795.43
102488229		10/17/2017	2,885.42	10/8/2018	1,442.71	187.55
104324318		12/4/2017	1,400.00	10/9/2018	394.12	51.24
A51605		8/3/2018	12,100.57	10/16/2018	851.89	110.75
A52316		8/7/2018	4,885.24	9/25/2018	655.92	85.27
102600360		10/20/2017	2,228.24	10/3/2018	2,228.24	289.67
104844174		12/2/2017	1,400.00	10/3/2018	1,400.00	182.00
101761472		9/28/2017	2,208.78	10/18/2018	2,208.78	287.14
93124309		2/10/2017	1,541.32	10/1/2018	355.91	46.27
96825420		5/15/2017	5,741.60	9/26/2018	522.41	67.91
A41422		6/13/2018	2,796.59	10/3/2018	1,641.85	213.44
101178341		8/23/2017	2,969.06	8/11/2018	2,373.70	308.58
A51299		8/2/2018	2,582.82	9/24/2018	449.70	58.46
A51457		8/3/2018	6,858.72	9/25/2018	932.99	121.29
A52074		8/6/2018	3,365.89	9/21/2018	2,728.33	354.68
A52094		8/6/2018	2,037.56	9/10/2018	1,190.00	154.70
A52681		8/9/2018	2,549.46	9/10/2018	1,625.12	211.27
92086467		1/14/2017	2,542.84	10/2/2018	105.96	13.77
A26927		4/10/2018	2,427.11	10/11/2018	409.67	53.26
A24701		4/1/2018	2,647.99	5/21/2018	573.80	74.59
A8417		1/15/2018	3,003.28	9/26/2018	850.56	110.57
A51837		8/5/2018	2,037.56	9/18/2018	432.00	56.16
102818510		10/26/2017	5,036.25	9/12/2018	2,518.12	327.36
A21290		3/17/2018	7,935.15	10/11/2018	5,546.16	721.00
A49435		7/23/2018	2,037.56	10/15/2018	980.00	127.40

Hospital Invoice

Date 11/1/2018
Invoice # 3164

Accelerated Claims Inc.
PO Box 742319
Atlanta GA 30374
US

Account #	...	Adm. Date	Bill Amount	Payment Date	Payment Amount	ACI Fee

Total $21,433.66

Hospital Invoice

Accelerated Claims Inc.
PO Box 742319
Atlanta GA 30374
US

Date 9/1/2018
Invoice # 3094

Terms	PO #
Net 30	
Due Date	**Total Gross ...**
10/1/2018	31,637.57
Total Collected	**Total Fees Due**
16,927.04	2,200.52
ACI Account Nu...	

Bill To
Neighbors Physician Group
10800 Richmond Ave
Houston TX 77042

Account #	...	Adm. Date	Bill Amount	Payment Date	Payment Amount	ACI Fee
102335038		10/13/2017	227.70	7/23/2018	227.70	29.60
102335007		10/13/2017	637.56	7/23/2018	637.56	82.88
102545652		10/18/2017	865.26	7/23/2018	865.26	112.48
100022432		8/14/2017	637.56	8/20/2018	72.60	9.44
101174032		8/10/2017	1,184.04	7/30/2018	193.89	25.21
99970832		8/10/2017	1,029.24	8/14/2018	144.17	18.74
100072207		8/15/2017	637.56	8/13/2018	487.74	63.41
99814362		8/7/2017	865.26	8/10/2018	126.45	16.44
101332540		9/16/2017	637.56	8/24/2018	90.11	11.71
101332572		9/16/2017	637.56	8/24/2018	90.11	11.71
107507222		2/24/2018	637.56	5/31/2018	103.36	13.44
99443823		7/27/2017	865.26	8/4/2018	172.16	22.38
100646718		8/30/2017	637.56	8/13/2018	487.74	63.41
101278519		9/15/2017	637.56	7/19/2018	98.12	12.76
96347468		5/2/2017	865.26	8/21/2018	865.26	112.48
100124807		8/16/2017	865.26	7/27/2018	187.44	24.37
100332540		8/20/2017	865.26	8/17/2018	80.13	10.42
99073342		7/14/2017	733.23	7/12/2018	733.23	95.32
102029833		10/5/2017	865.26	8/22/2018	605.00	78.65
95363324		4/3/2017	865.26	8/4/2018	513.77	66.79
94846554		3/28/2017	573.93	8/7/2018	401.75	52.23
97204274		5/28/2017	637.56	8/17/2018	510.05	66.31
103034391		10/27/2017	865.26	8/6/2018	186.20	24.21
102030592		10/7/2017	337.00	8/6/2018	66.40	8.63
107276997		2/17/2018	1,184.05	8/30/2018	884.04	114.93
107749904		3/4/2018	1,025.98	8/10/2018	349.80	45.47
101332495		9/16/2017	637.56	8/24/2018	90.11	11.71
101422963		9/20/2017	637.56	8/22/2018	573.81	74.60
101597909		9/23/2017	865.26	8/23/2018	50.28	6.54
101178410		8/23/2017	960.93	8/13/2018	735.47	95.61
92439992		1/23/2017	865.26	7/27/2018	648.95	84.36
100071491		8/13/2017	865.26	8/13/2018	588.38	76.49
106253592		1/25/2018	637.56	7/11/2018	637.56	82.88
101923255		10/3/2017	637.56	7/4/2018	637.56	82.88
101766390		9/29/2017	637.56	7/10/2018	637.56	82.88
89270735		10/21/2016	973.91	7/4/2018	730.43	94.96
101381930		9/17/2017	637.56	7/3/2018	250.00	32.50
102137352		10/7/2017	865.26	7/28/2018	735.47	95.61
91949080		1/11/2017	865.26	7/16/2018	437.00	56.81
91949185		1/11/2017	865.26	7/16/2018	432.00	56.16
100332480		8/20/2017	865.26	7/3/2018	562.42	73.11

Total $2,200.52

Hospital Invoice

Date 11/1/2018
Invoice # 3165

Accelerated Claims Inc.
PO Box 742319
Atlanta GA 30374
US

Terms	PO #
Net 30	
Due Date	**Total Gross ...**
12/1/2018	341,003.70
Total Collected	**Total Fees Due**
30,355.90	3,946.26
ACI Account Nu...	

Bill To

Neighbors Physician Group
10800 Richmond Ave
Houston TX 77042

Account #	...	Adm. Date	Bill Amount	Payment Date	Payment Amount	ACI Fee
A47446		7/13/2018	2,633.38	9/13/2018	94.59	12.30
99862587		8/9/2017	637.56	9/28/2018	637.56	82.88
A34411		5/12/2018	2,673.20	10/10/2018	99.57	12.94
95136900		4/3/2017	1,184.04	10/25/2018	1,184.04	153.93
A43277		6/22/2018	2,037.56	9/18/2018	103.36	13.44
107805373		3/3/2018	865.26	10/5/2018	189.09	24.58
104844167		12/2/2017	931.45	10/3/2018	931.45	121.09
A40760		6/10/2018	4,292.02	10/9/2018	196.09	25.49
104036060		11/24/2017	337.00	8/1/2018	68.15	8.86
101761460		9/28/2017	637.56	10/3/2018	637.56	82.88
103035623		10/31/2017	637.56	9/28/2018	637.56	82.88
102600348		10/20/2017	637.56	10/3/2018	637.56	82.88
95571119		4/14/2017	637.56	9/10/2018	98.11	12.75
102709535		10/23/2017	637.56	9/25/2018	98.12	12.76
A53278		8/12/2018	4,266.34	9/28/2018	505.15	65.67
93909076		3/3/2017	300.00	10/1/2018	77.89	10.13
100335958		8/21/2017	1,364.56	10/1/2018	522.92	67.98
102488213		10/17/2017	865.26	10/8/2018	423.63	55.07
98325538		6/26/2017	733.23	8/31/2018	101.95	13.25
99181177		7/22/2017	865.26	9/18/2018	196.64	25.56
A53043		8/11/2018	2,775.34	10/1/2018	99.57	12.94
100966898		9/8/2017	865.26	10/3/2018	605.68	78.74
A52807		8/10/2018	3,364.72	10/5/2018	492.30	64.00
101766172		9/28/2017	637.56	10/3/2018	414.41	53.87
A50168		7/27/2018	3,715.50	10/18/2018	186.29	24.22
104324337		12/4/2017	637.56	10/1/2018	101.35	13.18
A53974		8/16/2018	2,582.82	9/21/2018	99.57	12.94
A53370		8/13/2018	2,549.46	9/24/2018	99.57	12.94
A55280		8/23/2018	2,786.91	9/24/2018	99.57	12.94
A52452		8/8/2018	16,550.66	10/25/2018	196.09	25.49
101923836		10/3/2017	337.00	10/2/2018	59.78	7.77
102086076		10/6/2017	637.56	10/3/2018	90.11	11.71
A54647		8/20/2018	6,502.95	9/28/2018	278.38	36.19
101651945		9/27/2017	637.56	9/24/2018	79.54	10.34
98807925		7/10/2017	733.23	7/11/2018	733.23	95.32
A55409		8/24/2018	4,387.74	10/10/2018	247.47	32.17
A54654		8/20/2018	6,968.18	10/16/2018	288.82	37.55
A55391		8/24/2018	2,582.82	10/2/2018	99.63	12.95
A55356		8/24/2018	2,549.46	9/24/2018	103.36	13.44
A52479		8/8/2018	2,497.90	10/18/2018	510.05	66.31
A55016		8/22/2018	3,215.19	10/23/2018	179.49	23.33
A55179		8/23/2018	4,205.40	9/27/2018	403.25	52.42
A53270		8/12/2018	3,783.91	9/19/2018	33.67	4.38
A50548		7/29/2018	2,319.97	9/11/2018	218.53	28.41
A53228		8/12/2018	2,576.60	9/25/2018	94.59	12.30
A55430		8/24/2018	3,184.45	9/24/2018	118.96	15.46
A50592		7/29/2018	4,278.15	9/10/2018	188.94	24.56
A52625		8/9/2018	6,145.98	9/25/2018	307.90	40.03
A52933		8/10/2018	3,172.96	10/5/2018	197.31	25.65
A30915		4/27/2018	2,576.62	11/1/2018	637.56	82.88
A55019		8/22/2018	5,133.09	10/2/2018	865.26	112.48
A55366		8/24/2018	3,653.92	9/24/2018	189.43	24.63
A55676		8/25/2018	1,999.98	10/10/2018	82.04	10.67
A56338		8/28/2018	6,227.08	10/1/2018	188.94	24.56
A56012		8/27/2018	3,529.94	10/10/2018	217.31	28.25
A56836		8/31/2018	3,779.85	10/15/2018	99.57	12.94
A58399		9/8/2018	3,192.33	10/17/2018	637.56	82.88

Hospital Invoice

Date 11/1/2018
Invoice # 3165

Accelerated Claims Inc.
PO Box 742319
Atlanta GA 30374
US

Account #	...	Adm. Date	Bill Amount	Payment Date	Payment Amount	ACI Fee
A56601		8/30/2018	4,716.20	9/28/2018	103.36	13.44
A57801		9/4/2018	1,005.08	10/25/2018	67.30	8.75
A56345		8/28/2018	2,983.92	10/5/2018	103.36	13.44
A57779		9/4/2018	2,906.53	10/5/2018	103.36	13.44
A57936		9/5/2018	2,319.97	10/10/2018	118.95	15.46
A57489		9/3/2018	4,124.34	10/16/2018	189.09	24.58
A55873		8/26/2018	2,037.56	10/3/2018	100.63	13.08
A46009		7/6/2018	2,647.18	10/12/2018	446.29	58.02
A57809		9/5/2018	6,107.53	10/23/2018	652.66	84.85
A58779		9/9/2018	2,882.49	10/15/2018	103.36	13.44
A57895		9/5/2018	2,037.56	10/5/2018	103.36	13.44
A58293		9/7/2018	2,037.56	10/10/2018	103.36	13.44
A47385		7/13/2018	5,563.90	10/3/2018	865.26	112.48
A13531		2/9/2018	10,473.93	10/19/2018	1,114.76	144.92
A49592		7/24/2018	2,379.05	9/17/2018	102.43	13.32
A47192		7/12/2018	2,316.14	10/10/2018	89.86	11.68
A46999		7/11/2018	2,582.82	9/13/2018	98.81	12.85
A44909		6/30/2018	3,110.11	9/25/2018	79.70	10.36
A48662		7/19/2018	2,647.18	10/5/2018	103.36	13.44
A37657		5/27/2018	2,748.18	8/29/2018	103.36	13.44
A39700		6/5/2018	7,170.91	9/25/2018	179.49	23.33
A37958		5/28/2018	3,215.19	9/24/2017	188.94	24.56
A39733		6/5/2018	7,029.23	10/10/2018	278.58	36.22
A40188		6/7/2018	3,175.75	8/21/2018	257.96	33.53
A43005		6/21/2018	2,536.21	9/18/2018	103.36	13.44
A36597		5/22/2018	2,673.22	9/24/2018	98.19	12.76
A28350		4/16/2018	4,927.94	9/21/2018	151.15	19.65
A35446		5/17/2018	2,337.23	9/5/2018	446.29	58.02
A18211		3/3/2018	2,037.56	9/20/2018	100.63	13.08
A34487		5/13/2018	3,003.28	10/9/2018	99.63	12.95
A42859		6/20/2018	4,851.50	10/10/2018	188.94	24.56
A39818		6/5/2018	8,631.96	10/2/2018	865.26	112.48
A20405		3/13/2018	6,741.35	10/24/2018	605.68	78.74
A30186		4/24/2018	9,761.58	10/3/2018	519.33	67.51
A22296		3/22/2018	9,195.67	10/24/2018	605.68	78.74
A52665		8/9/2018	3,172.96	9/24/2018	188.03	24.44
A52316		8/7/2018	4,885.24	9/13/2018	103.36	13.44
A41422		6/13/2018	2,796.59	10/2/2018	573.81	74.60
A51299		8/2/2018	2,582.82	9/24/2018	94.59	12.30
A51457		8/3/2018	6,858.72	9/25/2018	196.09	25.49
A51319		8/2/2018	5,353.89	8/30/2018	805.53	104.72
A46064		7/6/2018	2,604.84	10/3/2018	103.36	13.44
A52681		8/9/2018	2,549.46	9/5/2018	541.93	70.45
A52074		8/6/2018	3,365.89	9/24/2018	637.56	82.88
A26927		4/10/2018	2,427.11	10/11/2018	490.21	63.73
A8417		1/15/2018	3,003.28	8/27/2018	93.00	12.09
A51837		8/5/2018	2,037.56	9/11/2018	100.63	13.08

Total $3,946.26