

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF GEORGIA  
ATLANTA DIVISION

RE: WILLIE KNIGHTON, ) CHAPTER 13  
TIFFANY KNIGHTON ) CASE NUMBER 12-63129 - CRM

NOTICE OF ASSIGNMENT OF HEARING

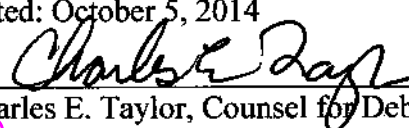
PLEASE TAKE NOTICE THAT Willie & Tiffany Knighton have filed a Motion to Retain Tax Refunds in their Chapter 13 case.

PLEASE TAKE FURTHER NOTICE that the Court will hold a hearing on the Motion to Retain Tax Refunds in the Richard B. Russell Federal Building, Atlanta, Georgia 30303 at 10:00 am/pm on November 4, 2014 in Courtroom 1203.

Your rights may be affected by the Court's ruling on these pleadings. You should read these pleadings carefully and discuss them with your attorney, if you have one in this Bankruptcy case). If you do not have one, you may wish to consult one). If you do not want the Court to grant the relief sought in these pleadings, or if you want the Court to consider your views, then you and/or your attorney must attend the hearing. You may also file a written response to the pleading with the clerk's office at the address stated below, but you are not required to do so. If you do file a written response, you must attach a certificate of service stating when, how, and on whom (including addresses) you served the response. Mail or deliver your response so that it is received by the clerk at least two (2) business days before the hearing. The address of the clerk's office is: Clerk, U.S. Bankruptcy Court, Suite 1340, 75 Spring Street, Atlanta, Georgia 30303. You must also mail a copy of your response to the undersigned at the address stated below.

If a hearing on the Motion cannot be held within thirty (30) days, Movant waives the requirement for holding a preliminary hearing within thirty days of filing the motion and agrees to a hearing on the earliest possible date. Movant consents to the automatic stay remaining in effect until the Court Orders otherwise.

Dated: October 5, 2014

  
Charles E. Taylor, Counsel for Debtor, GA Bar No. 699681  
Law Office of CE Taylor  
778 Rays Road, Suite 101  
Stone Mountain, GA 30083  
(404) 292-3123  
(404) 297-3253 fax

FILED IN CLERK'S OFFICE  
U.S. BANKRUPTCY COURT  
NORTHERN DISTRICT  
OF GEORGIA  
2014 OCT -7 AM 9:56  
H. REGINA THOMAS  
CLERK  
BY DEPUTY CLERK

CERTIFICATE OF SERVICE

THIS IS TO CERTIFY THAT I HAVE THIS DAY SERVED THE FOLLOWING PERSONS WITH THE FOREGOING MOTION BY DEPOSITING A COPY OF SUCH IN THE UNITED STATES MAIL WITH SUFFICIENT POSTAGE AFFIXED THERETO.

Suntrust Bank  
P.O. Box 305053  
Nashville, TN 37230

Nancy J Whaley  
Suite 120, 303 Peachtree Center Ave  
Atlanta, GA 30303

TD Auto Finance  
P.O. Box 9222  
Farmington Hills, MI 48333

Dunlap Gardnier  
3009 Chapel Road, Suite B  
Douglasville, GA 30135

Windsong Plantation HOA  
P.O. Box 105134  
Atlanta, GA 30348

Emerginet Henry  
1745 Phoenix Blvd.  
Atlanta, GA 30349

Accelerated Receivables Management  
3740 Beach Blvd, #307-A  
Jacksonville, FL 32207

Financial Recovery Services  
P.O. Box 385908  
Minneapolis, MN 55438

Alliance One  
4850 Street Road, Suite 300  
Travose, PA 19053

Great Expressions Dental Care  
1040 Eagles Landing Parkway  
Stockbridge, GA 30281

Allstate Insurance  
1819 Electrical Road, PO Box 12055  
Roanoke, VA 24018

Law Office of Frederick S. Jones  
105 Jonesboro Street  
McDonough, GA 30253

Asset Acceptance  
P.O. Box 2036  
Warren, MI 48060

Northland Group  
P.O. Box 390848  
Minneapolis, MN 55439

Associated Recovery Systems  
P.O. Box 469046  
Escondido, CA 92046

Riverdale Anesthesia Assoc.  
405 Arrowhead Blvd., Suite C  
Jonesboro, GA 30236

Atlanta Knee and Shoulder Clinic  
PO Box 347226  
Miami, FL 33234

The Doctors Office  
1065 Jodeco Road  
Stockbridge, GA 30281

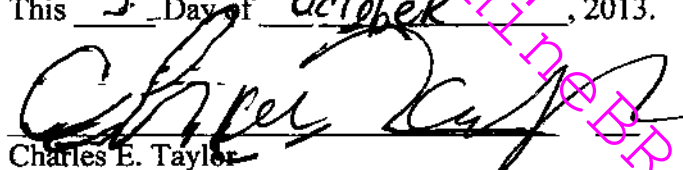
Winter Capriola Zenner  
3490 Piedmont Centre, Suite 800  
Atlanta, GA 30305

T-Mobile  
P.O. Box 629025  
El Dorado Hills, CA 95762

United Collection Bureau  
5620 Southwyck Blvd, Suite 206  
Toledo, OH 43614

Kandace Stewart  
Evans, Petree  
1000 Ridgeway Loop, Ste 1000  
Memphis, TN 38120

This 5 Day of October, 2013.

  
Charles E. Taylor  
Georgia Bar No. 699681

Law Office of C.E. Taylor  
778 Rays Road, Suite 101  
Stone Mountain, Georgia 30083  
(404) 292-3123

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF GEORGIA  
ATLANTA DIVISION

RE: WILLIE KNIGHTON, ) CHAPTER 13  
TIFFANY KNIGHTON ) CASE NUMBER 12-63129 - CRM

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MOTION TO RETAIN TAX REFUNDS

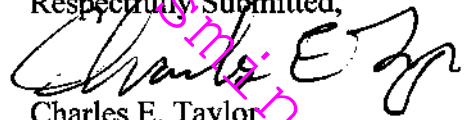
COME NOW, debtors, in the above-styled case and files this Motion to Retain Tax Refunds, and shows the Court the following:

1.  
Debtor filed this case on May 25, 2012.
2.  
Debtor's case was confirmed on September 19, 2012.
3.  
Debtor's chapter 13 plan calls for her to pay her 2012, 2013, 2014 and 2015 tax refunds, if any, to the Chapter 13 trustee.
4.  
For the year ending 2012, Debtor had previously been granted permission to retain \$4,486.00 of the \$4,986.00 refund to pay for a replacement of a sewer line and new water heater. Debtor was to remit \$500.00 to the trustee. However, an Order was not submitted, and the Motion was subsequently dismissed without prejudice.
5.  
For the year ending 2013, Debtors received a federal tax refund in the amount of \$2,893.00 Debtors needed to use the proceeds to pay for medical expenses resulting from complications from surgery. (medical bills attached).

WHEREFORE, Debtor asks this Court for an Order allowing Debtors to retain \$4,486.00 their 2012 tax refund and \$2,893.00 of their 2013 tax refund. Debtors will remit \$500.00 to the trustee.

This 5 day of October, 2014.

Respectfully Submitted,



Charles E. Taylor  
Georgia Bar no. 699681

Law Office of C.E. Taylor  
778 Rays Road, Suite 101  
Stone Mountain, Georgia 30083  
(404) 292-3123

**THE EMORY CLINIC, INC.**  
**EMORY MEDICAL LABS**  
**EMORY SPECIALTY ASSOCIATES**  
**SAINT JOSEPH'S MEDICAL GROUP**

PO Box 102398 • Atlanta, Georgia 30368-2398  
 For Questions Please Call: 404-778-7318  
 Call Toll Free: 1-800-511-4443  
 Hours: M-F 8:30am - 4:30pm

To pay by check, please make check payable to The Emory Clinic, Inc.

To pay by credit card, please complete the following:

Exp. Date \_\_\_\_\_ Payment \_\_\_\_\_

Card # \_\_\_\_\_

☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

Signature \_\_\_\_\_

Please verify insurance information.		
Insurance	PRIMARY INSURANCE	SECONDARY INSURANCE
Name	MEDICARE PART B	
Policy #		
Group #		
Policy Holder	KNIGHTON JR, WILLIE E	

If address is incorrect, please enter changes:

16194 

**WILLIE EDWARD KNIGHTON JR**  
**791 DEERWOOD DR**  
**STOCKBRIDGE GA 30281-6321**

"EPay" code: 62B-6E0-C7E-892

Account #: 51125069

Statement Date: 12/19/13

Balance Due: 645.30

Amount Paid: \_\_\_\_\_

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT IN THE ENVELOPE PROVIDED

This statement covers charges provided by your physician. It does not cover hospital charges.

Service Date	Services Provided	Charge	Insurance Company	Payments	Other Credits	Insurance Balance	Patient Balance
	<b>NEW SERVICES</b>						
4/03/13	JONES MD, MICHAEL DAVI RECORD SEARCH & RETRI	15.00					
6/19/13	RECORD SEARCH & RETRI	15.00	PATIENT CA #03	15.00-		0.00	
			PATIENT CA #04	15.00-		0.00	
1/05/13	<b>NERVE CONDUCTION</b>						
1/05/13	NEUROMUSCULAR TEST	130.00	MEDICARE PART	35.37-	85.61-		9.02
	NERVE CONDUCTION	828.00	TES-PAYOR RELA		828.00-	0.00	
	<b>NEW ACTIVITY</b>						
	<b>ANESTHESIA</b>						
1/05/13	ANESTHESIA	2340.00	MEDICARE-PART	171.00-	2125.38-		43.62
1/05/13	ANESTHESIA	2340.00	MEDICARE-PART	171.00-	2125.38-		43.62
	<b>BRALY MD, BRETT A</b>						
1/05/13	SURGERY	1792.00	MEDICARE-PART	217.12-	1519.49-		55.39
1/05/13	SURGERY	1295.00	MEDICARE-PART	78.49-	1196.49-		20.02
	<b>JONES MD, MICHAEL DAVI</b>						
0/16/12	INTERMEDIATE VISIT	276.00	MEDICARE-PART	83.86-	171.17-		
			DP PT CRED #01	20.97-			0.00
1/16/13	LIMITED OFFICE VISIT	187.00	MEDICARE-PART	58.66-	113.68-		
1/16/13	L-SPINE X-RAY	145.00	MEDICARE-PART	40.70-	94.12-		
			PATIENT #02	24.84-			0.00
7/12/13	LIMITED OFFICE VISIT	187.00	MEDICARE-PART	57.49-	114.85-		
			DP PT CRED #05	14.66-			0.00
	<b>RHEE MD, JOHN M</b>						
1/04/13	EXTENDED VISIT	445.00	MEDICARE-PART	129.79-	282.10-		
			DP PT CRED #05	33.11-			0.00
1/30/13	INTERMEDIATE VISIT	289.00	MEDICARE-PART	84.32-	183.17-		
			DP PT CRED #05	21.51-			0.00
	<b>Totals:</b>	<b>20651.00</b>		<b>3129.50-</b>	<b>16876.20-</b>	<b>0.00</b>	<b>645.30</b>

To pay your bill online, visit <http://www.emoryhealthcare.org/billpay> and enter your "EPay" code: 62B-6E0-C7E-892

Patient Name:

**WILLIE EDWARD KNIGHTON JR**

Account Number:

Previous Balance

**69.28**

New Services

**988.00**

Insurance Pending

**0.00**

Due Date

**01/13/14**

BALANCE DUE

**645.30**

Service Date	Service Provided	Charge	Insurance Company	Payment	Other Credits	Insurance Balance	Patient Balance
1/05/13	SURGERY	5972.00	MEDICARE-PART	1357.03	4268.79		346.18
1/05/13	SURGERY	4317.00	MEDICARE-PART	490.51	3701.36		125.13
1/05/13	XRAY DIAGNOSTICS						
1/05/13	RADIOLOGIC EXAMINATIO	22.00					
			TES-SECTION RE		22.00	0.00	
1/05/13	RADIOLOGIC EXAMINATIO	22.00					
			TES-SECTION RE		22.00	0.00	
1/06/13	RADIOLOGIC EXAM, SPIN	34.00	MEDICARE-PART	9.07	22.61		2.32
	PAYMENT/S APPLIED AS INDICATED ABOVE						
		02/25/13	PATIENT #01	20.97			
		04/03/13	PATIENT #03	15.00			
		04/18/13	PATIENT #02	24.84			
		06/19/13	PATIENT #04	15.00			
		12/16/13	PATIENT #05	69.28			
To pay your bill online, visit <a href="http://www.emoryhealthcare.org/billpay">http://www.emoryhealthcare.org/billpay</a> and enter your "EPay" code: 62B-6E0-C7E-892							

To pay your bill online, visit <http://www.emoryhealthcare.org/billpay> and enter your "EPay" code: 62B-6E0-C7E-892

Patient Name:	Previous Balance	New Services	Insurance Pending	Due Date	BALANCE DUE
WILLIE EDWARD KNIGHTON JR	69.28	968.00	0.00	01/13/14	645.30

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**EMORY**  
HEALTHCARE  
P.O. BOX 102398  
ATLANTA, GA 30368-2398

**EMORY CLINIC**  
**EMORY MEDICAL LABS**  
**EMORY SPECIALTY ASSOCIATES**

2035



WILLIE EDWARD KNIGHTON JR  
791 DEERWOOD DR  
STOCKBRIDGE GA 30281-6321

Notice Date: 03/20/2014  
Patient Name: KNIGHTON JR, WILLIE  
EDWARD  
Account Number: 51125069  
Patient Balance: \$763.85

## FINAL NOTICE

Dear WILLIE EDWARD KNIGHTON JR:

YOUR OUTSTANDING BALANCE WITH THE EMORY CLINIC IS NOW SERIOUSLY PAST DUE. OUR PREVIOUS STATEMENTS AND ATTEMPTS TO CONTACT YOU HAVE NOT RESULTED IN SETTLEMENT OF YOUR BALANCE.

IF WE DO NOT RECEIVE PAYMENT WITHIN 15 DAYS OF THIS NOTICE, YOUR ACCOUNT WILL BE ASSIGNED TO AN OUTSIDE COLLECTION AGENCY FOR IMMEDIATE RESOLUTION. YOUR ACCOUNT MAY BE REPORTED TO A NATIONAL CREDIT BUREAU. THIS COULD ADVERSELY AFFECT YOUR PERSONAL CREDIT STANDING. YOU CAN PAY YOUR BILL ONLINE AT [WWW.EMORYHEALTHCARE.ORG/BILLPAY](http://WWW.EMORYHEALTHCARE.ORG/BILLPAY)

SINCERELY,

PATIENT FINANCIAL SERVICES  
EMORY HEALTHCARE  
ATLANTA, GA 30367-2398  
(404) 778-7318  
1-800-511-4443

To pay your bill online, visit <http://www.emoryhealthcare.org/billpay>  
and enter your "EPay" code: **F87-DF0-7C9-E6B**

**EMORY**  
HEALTHCARE



**ABOUT YOU:**

Document

**ABOUT YOUR INSURANCE:** (Please provide a copy of your card)

YOUR NAME (Last, First, Middle Initial)			
ADDRESS			
CITY	STATE	ZIP	
TELEPHONE	MARITAL STATUS		
( )	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
EMPLOYER'S NAME		TELEPHONE	
( )		( )	
EMPLOYER'S ADDRESS	CITY	STATE	ZIP

YOUR PRIMARY INSURANCE COMPANY'S NAME		EFFECTIVE DATE
PRIMARY INSURANCE COMPANY'S ADDRESS		PHONE
CITY	STATE	ZIP
POLICYHOLDER'S ID NUMBER		GROUP PLAN NUMBER
YOUR SECONDARY INSURANCE COMPANY'S NAME		EFFECTIVE DATE
SECONDARY INSURANCE COMPANY'S ADDRESS		PHONE
CITY	STATE	ZIP
POLICYHOLDER'S ID NUMBER		GROUP PLAN NUMBER

Patient Name: KNIGHTON, WILLIE E  
 Account Number: 04026005-3301  
 Date of Service: 11/05/2013 - 11/07/2013

Page 2 of 2  
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**PAYMENT POLICY**

In order for Emory Healthcare to have financial resources to serve the community health care needs, payment in full is expected within 20 days of a statement.

*Thank You!*

**BELOW IS THE SUMMARY OF CHARGES FOR YOUR HOSPITAL SERVICES.**

**Summary of Charges**

Charge Summary Description	Total Charges	Charge Summary Description	Total Charges
Laboratory	206.00		
Medical Surgical Supplies	4,493.00		
Pharmacy	1,924.77		
Room and Board	2,570.00		
Radiology - Diagnostic	599.00		
Anesthesia	2,431.00		
Physical Therapy	1,136.00		
Recovery Room	2,380.00		
Other Diagnostic Services	506.00		
Operating Room Services	9,295.00		
<b>Total Charges</b>	<b>25,540.77</b>		

**EMORY  
UNIVERSITY  
HOSPITAL**

Case 12-63129-010 Filed 10/07/14 Entered 10/08/14 07:53:58 Desc Main Document Page 10 of 10  
PO Box 2265  
Norcross, GA 30091-2265

**RETURN SERVICE REQUESTED**

**Patient Name: KNIGHTON, WILLIE E**

Please write your account number on your check.  
Make check payable to Emory University Hospital.

**KNIGHTON, WILLIE E  
791 DEERWOOD DR  
STOCKBRIDGE, GA 30281-6321**



CHECK CARD USING FOR PAYMENT	
<input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> VISA <input type="checkbox"/> AMERICAN EXPRESS	
CARD NUMBER	SECURITY CODE
SIGNATURE	EXP. DATE
DUE DATE	STATEMENT DATE
03/20/2014	02/28/2014
ACCT. #	04026005-3301
AMOUNT DUE	SHOW AMOUNT PAID HERE \$
\$1,184.00	

654571B (PC1)

**EMORY UNIVERSITY HOSPITAL  
PO BOX 403021  
ATLANTA, GA 30384-3021**



☐ Check box if above address is incorrect and indicate change(s) on reverse side.

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

**Your Statement**

**YOUR ACCOUNT IS NOW PAST DUE.** We have no choice but to refer it to a collection agency. Immediate payment will avoid our taking further actions.

Thank you for choosing Emory Healthcare.

**Account Summary**

Statement Date	02/28/2014
Date of Service	11/05/2013 - 11/07/2013
Account Number	04026005-3301
Type of Service	Inpatient
Total Charges	25,540.77
Primary Insurance Payments Received	-7,032.27
Secondary Insurance Payments Received	0.00
Patient Payments Received	0.00
Adjustment	-17,324.50
<b>This is your balance</b>	<b>\$1,184.00</b>

**Contact Us**

Please call the HOSPITAL Customer Service Department at **404-686-7041** or **800-827-7041** weekdays between the hours of 8:30 am and 4:30 pm. When inquiring about this account or when informing us of changes to personal information (insurance coverage, address, etc.), please indicate the Patient Account Number and Date of Service.



**PAY BY PHONE: 855-851-7193**

**PAY ONLINE at:**  
<https://emory.uh.bxt.com>

A simple and easy way to access your updated account information and pay your accounts online.

**Insurance Information**

**PRIMARY Insurance Name** MEDICARE A&B

**SECONDARY Insurance Name**

**For Your Information**

Please note this statement is for services at Emory University Hospital. Charges for physician services are billed on separate statements by The Emory Clinic or other physicians. If you have questions regarding your clinic account, please call 404-778-7318 or 800-511-4443 or the number on the statement.

PLEASE SEE IMPORTANT INFORMATION LOCATED ON THE REVERSE SIDE OF THE STATEMENT.

