

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF OKLAHOMA**

	X	
In re	:	
	:	Chapter 11
HOSPITAL FOR SPECIAL SURGERY, LLC	:	
<i>Db</i> a ONECORE HEALTH,	:	Case No. 24-12862-JDL
	:	
Debtor.	:	
	X	

DEBTOR’S NOTICE OF AMENDMENT TO SCHEDULE E/F

PLEASE TAKE NOTICE THAT Debtor has amended Schedule E/F (the “Amended Schedule”), previously amended December 16, 2024 [Dkt. No. 139].

The Amended Schedule, which is annexed hereto as **Exhibit 1** to this Notice, is herein amended solely to add the creditors listed on the Amended Schedule E/F to the previously filed Schedule E/F (together with any prior amendments thereto).

Respectfully submitted,

ONECORE

/s/ Craig M. Regens

William H. Hoch, OBA #15788

Craig M. Regens, OBA #22894

Mark A. Craige, OBA #1992

Kaleigh Ewing, OBA #35598

-Of the Firm-

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craig.regens@crowedunlevy.com

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Counsel to Debtor



EXHIBIT 1

Fill in this information to identify the case:

Debtor name Hospital for Special Surgery, LLC

United States Bankruptcy Court for the: WESTERN DISTRICT OF OKLAHOMA

Case number (if known) 24-12862-JDL

Check if this is an amended filing

Official Form 206E/F
Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- No. Go to Part 2.
 Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address ARTHROSURFACE INC PO BOX 412843 Boston, MA 02241-2843 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$0.00
3.2	Nonpriority creditor's name and mailing address BKD Forvis 211 N. Robinson Suite 600 Oklahoma City, OK 73102 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,932.00
3.3	Nonpriority creditor's name and mailing address COMPREHENSIVE CARE SERVICES INC 45211 HELM STREET Plymouth, MI 48170 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$0.00
3.4	Nonpriority creditor's name and mailing address CONSENSUS CLOUD SOLUTIONS DBA SRFAX PO BOX 2012131 STATION A TORONTO, ONTARIO M52 OK5 CDN Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$0.00

Debtor Name	Hospital for Special Surgery, LLC	Case number (if known)	24-12862-JDL
3.5	Nonpriority creditor's name and mailing address Global Health 210 Park Avenue Ste 2900 Oklahoma City, OK 73102 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,125.94
3.6	Nonpriority creditor's name and mailing address LINKBIO CORP 69 KING ST Dover, NJ 07801 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.7	Nonpriority creditor's name and mailing address M&M Insulation 1625 S. Missouri Avenue Oklahoma City, OK 73129 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$914.78
3.8	Nonpriority creditor's name and mailing address MEDQ INC PO BOX 260836 Plano, TX 75026 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.9	Nonpriority creditor's name and mailing address MICROSURGICAL TECHNOLOGY, INC PO BOX 74007048 Chicago, IL 60674-7048 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.10	Nonpriority creditor's name and mailing address PAINTEQ LLC 1511 N WESTSHORE BLVD SUITE 470 Tampa, FL 33607 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.11	Nonpriority creditor's name and mailing address PRECISION PRINTING 2500 N MOORE AVE MOORE, OK 73160 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor Hospital for Special Surgery, LLC Case number (if known) 24-12862-JDL
Name

3.12	Nonpriority creditor's name and mailing address RXSIGHT PO BOX 741292 Los Angeles, CA 90074-1292 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.13	Nonpriority creditor's name and mailing address TRICE MEDICAL 26902 VISTA TERRACE Lake Forest, CA 92630-8123 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.14	Nonpriority creditor's name and mailing address WESTERN OKLAHOMA PAIN SPECIALISTS LLC 301 SW 80TH STREET Oklahoma City, OK 73139 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.15	Nonpriority creditor's name and mailing address ZIMMER BIOMET PO BOX 708 Warsaw, IN 46581-0708 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts	
5a. Total claims from Part 1	\$	0.00	
5b. Total claims from Part 2	+	17,972.72	
5c. Total of Parts 1 and 2 <small>Lines 5a + 5b = 5c.</small>	\$	17,972.72	

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF OKLAHOMA

	X	
In re	:	
	:	Chapter 11
HOSPITAL FOR SPECIAL SURGERY, LLC	:	
<i>Db</i> a ONECORE HEALTH,	:	Case No. 24-12862-JDL
	:	
Debtor.	:	
	X	

VERIFICATION OF AMENDMENT TO LIST OF CREDITORS

- Original
- Amendment
- Add Delete

Debtor hereby verifies that the **attached List of Creditors** is true and correct to the best of their knowledge. This is an amendment to the Verification of List of Creditors, and the **attached List of Creditors** contains only the newly added creditors.

The List of Creditors, which is annexed hereto as **Exhibit 2** was electronically uploaded to the Court by Electronic Case Filing (ECF) system.

March 13, 2025.

Respectfully submitted,

ONECORE

/s/ Craig M. Regens
 William H. Hoch, OBA #15788
 Craig M. Regens, OBA #22894
 Mark A. Craige, OBA #1992
 Kaleigh Ewing, OBA #35598
 -Of the Firm-
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EXHIBIT
2

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craig.regens@crowedunlevy.com
mark.craige@crowedunlevy.com
kaleigh.ewing@crowedunlevy.com

Counsel to Debtor

EXHIBIT 2

ARTHROSURFACE INC
PO BOX 412843
BOSTON MA 02241-2843

BKD FORVIS
211 N. ROBINSON SUITE 600
OKLAHOMA CITY OK 73102

COMPREHENSIVE CARE SERVICES INC
45211 HELM STREET
PLYMOUTH MI 48170

CONSENSUS CLOUD SOLUTIONS DBA SRFAX
PO BOX 2012131
STATION A
TORONTO, ONTARIO M52 OK5 CDN

GLOBAL HEALTH
210 PARK AVENUE STE 2900
OKLAHOMA CITY OK 73102

LINKBIO CORP
69 KING ST
DOVER NJ 07801

M&M INSULATION
1625 S. MISSOURI AVENUE
OKLAHOMA CITY OK 73129

MEDQ INC
PO BOX 260836
PLANO TX 75026

MICROSURGICAL TECHNOLOGY, INC
PO BOX 74007048
CHICAGO IL 60674-7048

PAINTEQ LLC
1511 N WESTSHORE BLVD
SUITE 470
TAMPA FL 33607

PRECISION PRINTING
2500 N MOORE AVE
MOORE OK 73160

RXSIGHT
PO BOX 741292
LOS ANGELES CA 90074-1292

TRICE MEDICAL
26902 VISTA TERRACE
LAKE FOREST CA 92630-8123

WESTERN OKLAHOMA PAIN SPECIALISTS LLC
301 SW 80TH STREET
OKLAHOMA CITY OK 73139

ZIMMER BIOMET
PO BOX 708
WARSAW IN 46581-0708