

United States Bankruptcy Court  
Western District of Oklahoma

In re Hospital for Special Surgery, LLC

Debtor(s)

Case No. 24-12862-JDL

Chapter 11

AMENDMENT COVER SHEET

This document:

- ☐ Corrects the previous filed document(s).  
☐ Replaces the previous filed document(s).  
☒ Supplements the previous filed document(s).

**Summary of revisions:**

*Amended Schedule D to add additional creditor, U.S. Bank Equipment Finance. Amended Schedule E/F to add additional creditors: Allergan Aesthetics, div. of Abbvie Inc., Irma Moore, Next of Kin on Behalf of the Estate of Cathy Moore, Johnny L. Colvin, Kejhan Gory, Stryker Instruments, Timothy Fox, and United Healthcare Insurance Company. Amended Schedule G to add Letter Agreement re Exercise of Purchase Option relating to Hospital for Special Surgery, LLC.*

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

Date: 4/8/2025

/s/ Steve Hockert

Debtor's Signature

Printed Name: Steve Hockert

Debtor's Signature

Printed Name: \_\_\_\_\_

- ☐ Pro se Debtor  
☒ Represented by Counsel

/s/ Craig Regens

**William H. Hoch, OBA #15788**

**Craig Regens, OBA #22894**

**Mark A. Craige, OBA #1992**

**Kaleigh M. Ewing, OBA #35598**

**-Of the Firm-**

**CROWE & DUNLEVY**

**A Professional Corporation**

**Braniff Building**

**324 N. Robinson Ave., Suite 100**

**Oklahoma City, OK 73102-8273**

**(405) 235-7700**

**will.hoch@crowedunlevy.com**

**craig.regens@crowedunlevy.com**

**mark.craige@crowedunlevy.com**

**kaleigh.ewing@crowedunlevy.com**



**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 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**
☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

☒ Yes. Fill in all of the information below.
**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	<b>U.S. Bank N.A.</b> <small>Creditor's Name</small> <b>d/b/a U.S. Bank Equipment Finance</b> <b>1310 Madrid Street</b> <b>Marshall, MN 56258</b> <small>Creditor's mailing address</small>  <small>Creditor's email address, if known</small>  <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien   Describe the lien  Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$0.00****Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

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

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

**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	<b>Nonpriority creditor's name and mailing address</b> <b>Allergan Aesthetics, div. of AbbVie Inc.</b> <b>Kohner, Mann &amp; Kailas, S.C.</b> <b>4650 North Port Washington Road</b> <b>Milwaukee, WI 53212</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.2	<b>Nonpriority creditor's name and mailing address</b> <b>Irma Moore, Next of Kin on Behalf of the</b> <b>Estate of Cathy Moore</b> <b>c/o Heather Mitchell</b> <b>13001 Quail Springs Parkway</b> <b>Oklahoma City, OK 73134</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.3	<b>Nonpriority creditor's name and mailing address</b> <b>Johnny L. Colvin</b> <b>4708 N. Peniel Ave</b> <b>Bethany, OK 73008</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.4	<b>Nonpriority creditor's name and mailing address</b> <b>Kejhan Gory</b> <b>18230 Astro Court</b> <b>Santa Clarita, CA 91350</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor **Hospital for Special Surgery, LLC**  
NameCase number (if known) **24-12862-JDL****3.5 Nonpriority creditor's name and mailing address****Stryker Instruments  
Danielle Mason Anderson  
277 S. Rose Street, Suite 6000  
Kalamazoo, MI 49007**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☒
- Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**Unknown****3.6 Nonpriority creditor's name and mailing address****Timothy Fox  
c/o Mark Van Paasschen  
Bison Law Firm  
1609 Professional Circle  
Yukon, OK 73099**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☒
- Contingent
- 
- ☒
- Unliquidated
- 
- ☒
- Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**Unknown****3.7 Nonpriority creditor's name and mailing address****United Healthcare Insurance Company  
ATTN: CDM/Bankruptcy  
185 Asylum Street - 03B  
Hartford, CT 06103**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☒
- Contingent
- 
- ☒
- Unliquidated
- 
- ☒
- Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**Unknown****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 Part 1 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.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

**Total of claim amounts**5a. \$ **0.00**5b. + \$ **0.00**5c. \$ **0.00**

**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 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

*Property***2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1. State what the contract or lease is for and the nature of the debtor's interest

**Letter Agreement re Exercise of Purchase Option relating to Hospital for Special Surgery, LLC.**

State the term remaining

List the contract number of any government contract

**R. Jeff Goodell, D.O.  
1621A Midtown PI  
Oklahoma City, OK 73130**

**Fill in this information to identify the case:**Debtor name Hospital for Special Surgery, LLCUnited States Bankruptcy Court for the: WESTERN DISTRICT OF OKLAHOMACase number (if known) 24-12862-JDL
☐ Check if this is an amended filing

# Official Form 206Sum

## Summary of Assets and Liabilities for Non-Individuals

12/15

**Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

<b>1a. Real property:</b> Copy line 88 from <i>Schedule A/B</i> .....	\$	<b>0.00</b>
<b>1b. Total personal property:</b> Copy line 91A from <i>Schedule A/B</i> .....	\$	<b>15,776,901.25</b>
<b>1c. Total of all property:</b> Copy line 92 from <i>Schedule A/B</i> .....	\$	<b>15,776,901.25</b>

**Part 2: Summary of Liabilities**

<b>2. Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$	<b>1,095,985.63</b>
<b>3. Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)		
<b>3a. Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$	<b>0.00</b>
<b>3b. Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$	<b>20,763,045.38</b>
<b>4. Total liabilities</b> ..... Lines 2 + 3a + 3b	\$	<b>21,859,031.01</b>

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☐ Check if this is an amended filing

## Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule \_\_\_\_\_
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

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

Executed on 4/8/2025x /s/ Steve Hockert

Signature of individual signing on behalf of debtor

**Steve Hockert**

Printed name

**Chief Executive Officer**

Position or relationship to debtor

**United States Bankruptcy Court**  
**Western District of Oklahoma**

In re Hospital for Special Surgery, LLC

Debtor(s)

Case No. 24-12862-JDLChapter 11

**VERIFICATION OF LIST OF CREDITORS**

☐ Original  
☐ Amendment  
☒ Add ☐ Delete

The above-named debtor hereby verifies that the **attached List of Creditors** is true and correct to the best of his/her/their knowledge. If this is an amendment to the Verification of List of Creditors, the **attached List of Creditors** contains only the newly added, modified, or deleted creditors.

The List of Creditors was electronically uploaded to the Court by the following method:

- ☒ Electronic Case Filing (ECF) system; or  
☐ Creditor Matrix application (*to be used by pro se filers only – available on the Court’s website [www.okwb.uscourts.gov](http://www.okwb.uscourts.gov) or in the Clerk’s Office*).

Date: 4/8/2025/s/ Steve Hockert

Debtor's Signature

Printed Name: Steve HockertDebtor's Signature

Printed Name: \_\_\_\_\_

- ☐ Pro se Debtor  
☒ Represented by Counsel

/s/ Craig Regens**William H. Hoch, OBA #15788****Craig Regens, OBA #22894****Mark A. Craige, OBA #1992****Kaleigh M. Ewing, OBA #35598****-Of the Firm-****CROWE & DUNLEVY****A Professional Corporation****Braniff Building****324 N. Robinson Ave., Suite 100****Oklahoma City, OK 73102-8273****(405) 235-7700****[will.hoch@crowedunlevy.com](mailto:will.hoch@crowedunlevy.com)****[craig.regens@crowedunlevy.com](mailto:craig.regens@crowedunlevy.com)****[mark.craige@crowedunlevy.com](mailto:mark.craige@crowedunlevy.com)****[kaleigh.ewing@crowedunlevy.com](mailto:kaleigh.ewing@crowedunlevy.com)**



ALLERGAN AESTHETICS, DIV. OF ABBVIE INC.  
KOHNER, MANN & KAILAS, S.C.  
4650 NORTH PORT WASHINGTON ROAD  
MILWAUKEE WI 53212

IRMA MOORE, NEXT OF KIN ON BEHALF OF THE  
ESTATE OF CATHY MOORE  
C/O HEATHER MITCHELL  
13001 QUAIL SPRINGS PARKWAY  
OKLAHOMA CITY OK 73134

JOHNNY L. COLVIN  
4708 N. PENIEL AVE  
BETHANY OK 73008

KEJHAN GORY  
18230 ASTRO COURT  
SANTA CLARITA CA 91350

R. JEFF GOODELL, D.O.  
1621A MIDTOWN PL  
OKLAHOMA CITY OK 73130

STRYKER INSTRUMENTS  
DANIELLE MASON ANDERSON  
277 S. ROSE STREET, SUITE 6000  
KALAMAZOO MI 49007

TIMOTHY FOX  
C/O MARK VAN PAASSCHEN  
BISON LAW FIRM  
1609 PROFESSIONAL CIRCLE  
YUKON OK 73099

U.S. BANK N.A.  
D/B/A U.S. BANK EQUIPMENT FINANCE  
1310 MADRID STREET  
MARSHALL MN 56258

UNITED HEALTHCARE INSURANCE COMPANY  
ATTN: CDM/BANKRUPTCY  
185 ASYLUM STREET - 03B  
HARTFORD CT 06103