

**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
	:	
Reorganized Debtor.	:	
	X	

**REORGANIZED DEBTOR’S OBJECTION TO CLAIM NO. 23 FILED BY JOHNNY L.
COLVIN, NOTICE OF OPPORTUNITY FOR HEARING AND NOTICE OF HEARING**

NOTICE OF OPPORTUNITY FOR HEARING

Your rights may be affected. You should read this Document carefully and consult your attorney about your rights and the effect of this Document. If you do not want the Court to sustain the objection, or you wish to have your views considered, you must file a written response to the objection with the Clerk of the United States Bankruptcy Court for the Western District of Oklahoma, 223 Dean A. McGee Avenue, Oklahoma City, OK 73102 no later than 14 days from the date of filing of the objection. You should also serve a file-stamped copy of the response to the undersigned [and others who are required to be served] and file a certificate or affidavit of service with the court. If no response is timely filed, the court may sustain the objection and strike the scheduled hearing without further notice.

[Note – this is a flat fourteen (14) days regardless of the manner of service.]

**NOTICE OF HEARING
(TO BE HELD IF A RESPONSE IS FILED)**

Notice is hereby given that if a response to the Reorganized Debtor’s Objection to Claim No. 23 is filed, the hearing on the matter will be held on July 15, 2025, at 10:00 a.m. in the 2nd floor courtroom of the United States Bankruptcy Court for the Western District of Oklahoma, 215 Dean A. McGee Avenue, Oklahoma City, OK 73102. If no response is timely filed and the court grants the requested relief prior to the above-referenced



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hearing date, the hearing will be stricken from the docket of the Court.

Hospital for Special Surgery, LLC *dba* OneCore Health (“OneCore” or the “Reorganized Debtor”) hereby submits this Objection (the “Objection”) to Claim No. 23¹ filed by Johnny L. Colvin (the “Claim” and the “Claimant,” respectively), and seeks entry of an order denying the allowance of the Claim, pursuant to sections 501, 502 and 1111 of title 11 of the United States Code, 11 U.S.C. §§ 101 *et seq.* (the “Bankruptcy Code”), rules 2002, 3002, 3003, 3006 and 3007 of the Federal Rules of Bankruptcy Procedure (the “Bankruptcy Rules”) and rules 2002-1, 3007-1, and 9013-1 of the Local Bankruptcy Rules for the Western District of Oklahoma (the “Local Rules”). In support of this Objection, the Reorganized Debtor respectfully states as follows:

Background

1. Claimant filed his Claim on January 6, 2025. *See* Proof of Claim No. 23, attached hereto as **Exhibit 1**.
2. Rather than being a *creditor* of the Debtor, Claimant acknowledges that he owed a prepetition debt in the approximate amount of \$3,500.00 *See id.*, Part 2, ¶ 7 and Part 3.
3. Attached to the Claim is a OneCore invoice that evidences the debt Claimant owes or previously owed to the Reorganized Debtor. *See* Attachment to Proof of Claim No. 23, Ex. 1.
4. Thus, it appears that Claimant may have misunderstood the requirement to file a proof of claim. Claimant does not appear to be asserting a claim for a debt owed to him. Accordingly, the Claim should be denied.

¹ This claim was submitted via the Verita website and also via the Court’s claim register, resulting in two numerical labels being attributed to the same proof of claim. Verita assigned claim no. 23 to the proof of claim; the Court assigned claim no. 15 to the proof of claim. The proof of claim will be referred to herein by its Verita claim number.

Jurisdiction, Venue, and Statutory Predicates for Relief

5. The Court has jurisdiction to consider this Objection pursuant to 28 U.S.C. §§ 157 and 1334 and rule 81.4(a) of the Local Civil Rules of the United States District Court for the Western District of Oklahoma. This matter is a core proceeding pursuant to 28 U.S.C. § 157(b). Venue is proper in the Court pursuant to 28 U.S.C. §§ 1408 and 1409.

6. The statutory predicates for the relief requested herein are sections 501, 502, and 1111 of the Bankruptcy Code, Bankruptcy Rules 2002, 3002, 3003, and 3007 and Local Rules 2002-1, 3007-1, and 9013-1.

Relief Requested

7. The Reorganized Debtor respectfully requests that the Court enter an order denying the Claim.

Basis for Relief

8. Pursuant to section 502(b) of the Bankruptcy Code, the Claim is “unenforceable against the [D]ebtor and property of the [D]ebtor” because the Claim does not evidence an obligation owed by the Reorganized Debtor to the Claimant, but rather evidences an obligation owed by the Claimant to the Reorganized Debtor. The Claimant is not a creditor of the Reorganized Debtor, and the Claim does not evidence any basis for compensation.

9. As set forth in Bankruptcy Rule 3001(f), a proof of claim executed and filed in accordance with Bankruptcy Rule 3001 shall constitute prima facie evidence of the validity and amount of claim. *See, e.g., In re Kirkland*, 572 F.3d 838, 840 (10th Cir. 2009). However, if an objection is made to the proof of claim or if the creditor fails to file its proof of claim in accordance with Bankruptcy Rule 3001, the creditor bears the burden to prove the validity of its claim. *See id.* at 840–41; *see also In re Armstrong*, 347 B.R. 581, 583 (Bankr. N.D. Tex. 2006) (stating that “the ultimate burden of proof always lies with the claimant”).

10. This Objection satisfies all the legal and procedural requirements under Local Bankruptcy Rule 3007-1 and should be sustained in all respects. Any failure of Claimant to timely respond may result in the objection being sustained by the Court without further notice or hearing pursuant to Local Rule 9013-1.E.

Reservation of Rights

11. This Objection is limited to the grounds stated herein. Accordingly, it is without prejudice to the rights of the Reorganized Debtor to object to any claim on any grounds whatsoever. The Reorganized Debtor expressly reserves all further substantive or procedural objections. Nothing contained herein is intended or should be construed as: (a) an admission as to the validity of any claim against the Reorganized Debtor; (b) a waiver of the Reorganized Debtor's rights to dispute any claim on any grounds; (c) a promise or requirement to pay any claim; (d) an implication or admission that any particular claim is of a type specified or defined in this Objection or any order granting the relief requested by this Objection; (e) an approval or assumption of any agreement, contract or lease under section 365 of the Bankruptcy Code; or (f) a waiver of the Reorganized Debtor's rights under the Bankruptcy Code or any other applicable law. Likewise, any payment made pursuant to an order by this Court is not intended and should not be construed as an admission as to the validity of any claim or waiver of the Reorganized Debtor's rights to dispute such claim subsequently.

Notice

12. No creditors' committee, trustee, or examiner was appointed in this Chapter 11 Case. Notice of this Objection shall be provided to the Claimant. The Reorganized Debtor submits that, in light of the nature of the relief requested, no other or further notice need be provided. A certificate of service accompanies this Objection pursuant to Local Rule 9007-1.

Conclusion

WHEREFORE, for the reasons set forth herein, the Reorganized Debtor respectfully requests that the Court (a) deny the Claim and (b) grant such other and further relief as is just and proper.

Dated: June 2, 2025
Oklahoma City, Oklahoma

Respectfully submitted,

CROWE & DUNLEVY
A Professional Corporation

/s/ Craig M. Regens
William H. Hoch, OBA #15788
Craig M. Regens, OBA #22894
Mark A. Craige, OBA #1992
Kaleigh M. Ewing, OBA #35598
Braniff Building
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mark.craige@crowedunlevy.com
kaleigh.ewing@crowedunlevy.com

Attorneys for the Reorganized Debtor

Certificate of Service

The undersigned hereby certifies that on June 2, 2025, a true and correct copy of the foregoing pleading was served via United States Mail, with postage duly prepaid on the Claimant as follows:

Johnny Lee Colvin
4708 N. Peniel Ave.
Bethany, OK 73008

s/ Craig M. Regens
Craig M. Regens

Exhibit 1

Proof of Claim No. 23

Filed 01.06.2025

Johnny L. Colvin

FILED

JAN 06 2025

DOUGLAS E. WEDGE
CLERK, U.S. BANKRUPTCY COURT
WESTERN DISTRICT OF OKLAHOMA
BY: Kaw DEPUTY

Fill in this information to identify the case:

Debtor 1 JOHNNY L. COLVIN
Debtor 2 KIMBERLEE A. COLVIN
(Spouse, if filing)
United States Bankruptcy Court for the: WESTERN District of OKLAHOMA
Case number 24-12862-JDL

Official Form 410

Proof of Claim

12/24

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?	<u>HOSPITAL FOR SPECIAL SURGERY, LLC DBA ONECORE HEALTH</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <u>JOHNNY L. COLVIN</u> Name <u>4708 N. PENIEL AVE.</u> Number Street <u>BETHANY OK 73008</u> City State ZIP Code Contact phone <u>(405) 700-9912</u> Contact email <u>Johnnyappleseed1962@icloud.com</u> Uniform claim identifier (if you use one): <u>3017100</u>	Where should payments to the creditor be sent? (if different) Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	



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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 1 0 0

7. How much is the claim? \$ 3,425.30. 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 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)?

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 one:

☐ 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.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* 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.

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)(3) 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.

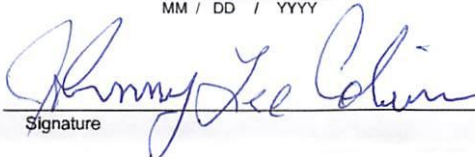
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an 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.

Executed on date 01 02 2025
MM / DD / YYYY


Signature

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

Name JOHNNY LEE COLVIN
First name Middle name Last name

Title DEBTOR

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

Address 4708 N. PENIEL AVE
Number Street

BETHANY OK 73008
City State ZIP Code

Contact phone (405) 760-9912 Email Johnnyappleseed@1962@icloud.com



☐ VISA ☒ MASTERCARD ☐ DISCOVER



100 NE 85th St, Oklahoma City, OK 73114



MDG2012 00000278 1 AB .593
JOHNNY COLVIN
4708 N PENIEL AVE
BETHANY OK 73008-2752

ACCOUNT NO 3017100 STMT DATE 12/25/2024 PAY THIS AMOUNT \$3,525.30
Payment Due Upon Receipt SHOW AMOUNT PAID HERE \$

Billing Phone: 405-336-1045
Billing Fax: 405-543-1698
Office Hours: Mon-Fri 8:00am-5:00pm

OCH
100 NE 85th St
Oklahoma City OK 73114

Pay your bill online at www.onecorehealth.com

Stmt 022 689 278

☐ Please check box if above address is incorrect or insurance information has changed and mark change(s) on reverse side.

OCH

STATEMENT

STATEMENT DATE	STATEMENT PERIOD	ACCOUNT NO.	ACCOUNT NAME
12/25/2024	thru 12/25/2024	3017100	JOHNNY COLVIN

Date	Visit Id	Description	Charge	Adjustments	Pat Pymt	Ins Pymt	Balance
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PATIENT RESPONSIBILITY

These charges are your responsibility

07/12/24	36012	Visit Date: 07/12/2024, Charges: 19600.82	\$19,600.82	-\$15,233.82	-\$841.70		\$3,525.30
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Balance	Current	31-60	61-90	91-120	Over 120	Total	Please Pay This Amount:	\$3,525.30
Patient	\$0.00	\$0.00	\$0.00	\$0.00	\$3,525.30	\$3,525.30		

All Self Pay Accounts. Final notice statement to patient/guarantor.
Account will be turned over to Collection Agency.

MAKE CHECKS PAYABLE TO:


OneCore Health
100 NE 85th St
Oklahoma City, OK 73114



<i>Creditor:</i> (6897238) Johnny L Colvin 4708 N. Peniel Ave Bethany, OK 73008	Claim No: 15 <i>Original Filed</i> <i>Date:</i> 01/06/2025 <i>Original Entered</i> <i>Date:</i> 01/06/2025	<i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> ca arucker <i>Modified:</i>
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Amount claimed: \$3425.30

History:

[Details](#)  [15-1](#) 01/06/2025 Claim #15 filed by Johnny L Colvin, Amount claimed: \$3425.30 (arucker, ca)

Description:

Remarks: