

**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. 75 FILED BY KCI USA,  
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, 215 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. 28 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**



241286225060200000000007

**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. 75<sup>1</sup> filed by KCI USA (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. To date, Claimant has filed three proofs of claim, as follows:
  - a. Proof of Claim No. 13 (Court Registry Claim No. 10) was filed on November 25, 2024. *See* Proof of Claim No. 13, attached hereto as **Exhibit 1**.
  - b. Proof of Claim No. 62 (Court Registry Claim No. 25) was filed on March 3, 2025. *See* Proof of Claim No. 62, attached hereto as **Exhibit 2**.
  - c. Proof of Claim No. 75 (Court Registry Claim No. 28) was filed on May 22, 2025. *See* Proof of Claim No. 75, attached hereto as **Exhibit 3**.
2. The Court established January 22, 2025 as the deadline to file proofs of claim (the “Bar Date”). *See Order (I) Setting Bar Dates for Filing Proofs of Claim; (II) Approving Form and Manner for Filing Proofs of Claim; and (III) Approving the Form and Manner of Notice of Bar Dates*, Dkt. No. 140 (the “Bar Date Order”).

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<sup>1</sup> 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. 75 to the proof of claim; the Court assigned claim no. 28 to the proof of claim. The proof of claim will be referred to herein by its Verita claim number.

3. The Bar Date Order provides that “[a]ny person or entity that...fails[] to file a proof of claim...on or before the applicable Bar Date shall be forever barred, estopped, and enjoined from asserting such claim against the Debtor and its chapter 11 estate (or filing a proof of claim with respect thereto) and the Debtor and its property [are] forever discharged from any and all indebtedness or liability with respect to or arising from such claim.”

4. Proof of Claim No. 13 was timely filed. Claimant filed two additional proofs of claim after the Bar Date, without leave of Court. Neither time-barred proof of claim seeks to amend the timely-filed proof of claim.

5. Accordingly, the Reorganized Debtor objects herein to Claim No. 75 as time-barred (and objects in a separate filing to Claim No. 62).

#### **Jurisdiction, Venue, and Statutory Predicates for Relief**

6. 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.

7. 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**

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

#### **Basis for Relief**

9. Pursuant to section 502(b) of the Bankruptcy Code, the Claim is “unenforceable against the [D]ebtor and property of the [D]ebtor” because by order of the Court, the Claimant is

“barred from asserting [its] claim[] against Debtor.” *See* Claims Bar Date Order, ¶ 6.

10. 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”).

11. 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**

12. 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**

13. 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  
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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:

KCI USA  
P.O. Box 301557  
Dallas, TX 75303-1557

*s/ Craig M. Regens*

Craig M. Regens

**Exhibit 1**

**Proof of Claim No. 13**

**Filed 11.25.2024**

**KCI USA**

**Fill in this information to identify the case:**

Debtor 1 Hospital for Special Surgery, LLC  
Debtor 2 \_\_\_\_\_  
(Spouse, if filing) \_\_\_\_\_  
United States Bankruptcy Court Western District of Oklahoma  
Case number: 24-12862

FILED

U.S. Bankruptcy Court  
Western District of Oklahoma

11/25/2024

Douglas E. Wedge, Clerk

**Official Form 410  
Proof of Claim**

04/22

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>KCI USA</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?	<b>Where should notices to the creditor be sent?</b> <u>KCI USA</u>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)  Name PO BOX 301557 Dallas TX 75303-1557  Contact phone <u>(800)275-4524</u> Contact email <u>wovaresgarro@solventum.com</u>  Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	<b>Where should payments to the creditor be sent? (if different)</b> _____  Name  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? _____	



**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

<b>6. Do you have any number you use to identify the debtor?</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>3692</u>
<b>7. How much is the claim?</b>	\$ <u>6617.00</u> <div style="float: right; text-align: right;"> <b>Does this amount include interest or other charges?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).       </div>
<b>8. What is the basis of the claim?</b>	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 healthcare information.  Medical equipment, rental and supplies.
<b>9. Is all or part of the claim secured?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. <b>Nature of property:</b> <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____  <b>Basis for perfection:</b> _____  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.)  <b>Value of property:</b> \$ _____  <b>Amount of the claim that is secured:</b> \$ _____  <b>Amount of the claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)  <b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____  <b>Annual Interest Rate</b> (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
<b>10. Is this claim based on a lease?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <b>Amount necessary to cure any default as of the date of the petition.</b> \$ _____
<b>11. Is this claim subject to a right of setoff?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

<b>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply:</i>	<b>Amount entitled to priority</b>
<p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p>	<p><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____</p> <p><input type="checkbox"/> 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). \$ _____</p> <p><input type="checkbox"/> 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). \$ _____</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ _____</p> <p><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____</p> <p><input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies \$ _____</p>	
* 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)(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 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 11/25/2024  
 MM / DD / YYYY

/s/ Wendy Ovares Garro  
 \_\_\_\_\_  
 Signature

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

Name	Wendy Ovares Garro
	First name      Middle name      Last name
Title	Inpatient Fac Disputes Spec II
Company	KCI/3M
	Identify the corporate servicer as the company if the authorized agent is a servicer
Address	12930 IH10 West
	Number    Street
	San Antonio, TX 78249-2248
	City    State    ZIP Code
Contact phone	(800) 275-4524
	Email
	msd-disputeresolution@solventum.com

Limit (USD) \$2,500.00  
 5 Total \$5,813.72  
 Overdue \$5,813.72

32007447	LOSTVAC	439	7/26/23	8/25/23	\$	5,974.38	\$	5,974.38	VAC	7/26/2023	7/26/2023
32131810	OCH13719	378	9/25/23	10/25/23	\$	589.07	\$	(428.42)	VAC	9/11/2023	9/21/2023
32131814	OCH16494	374	9/29/23	10/29/23	\$	374.86	\$	214.20	VAC	9/15/2023	9/21/2023
32732522	POUU	90	7/9/24	8/8/24	\$	696.18	\$	(374.86)	VAC	4/29/2024	5/11/2024
32890162	OCH16494-1	13	9/24/24	10/24/24	\$	428.42	\$	428.42	VAC	5/24/2024	5/31/2024

United States Bankruptcy Court  
Western District of Oklahoma

## Notice of Bankruptcy Case Filing

A bankruptcy case concerning the debtor(s) listed below was filed under Chapter 11 of the United States Bankruptcy Code, entered on 10/07/2024 at 11:02 AM and filed on 10/07/2024.

**Hospital for Special Surgery, LLC**  
100 NE 85th Street  
Oklahoma City, OK 73114  
Tax ID / EIN: [REDACTED] 2535  
*dba OneCore Health*

The case was filed by the debtor's attorney:

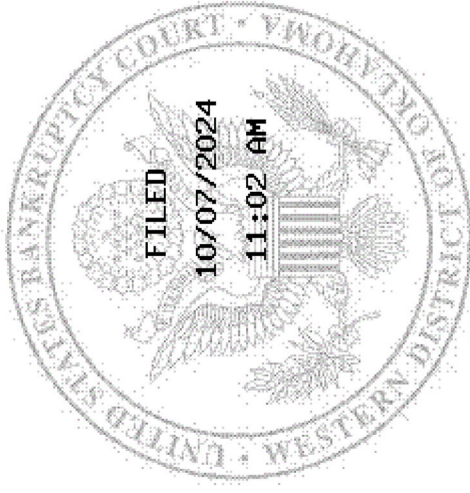
**Mark A. Craige**  
Crowe & Dunlevy  
222 N. Detroit Ave.  
Suite 600  
Tulsa, OK 74120  
918-592-9800

The case was assigned case number 24-12862 to Judge Janice D Loyd.

In most instances, the filing of the bankruptcy case automatically stays certain collection and other actions against the debtor and the debtor's property. Under certain circumstances, the stay may be limited to 30 days or not exist at all, although the debtor can request the court to extend or impose a stay. If you attempt to collect a debt or take other action in violation of the Bankruptcy Code, you may be penalized. Consult a lawyer to determine your rights in this case.

If you would like to view the bankruptcy petition and other documents filed by the debtor, they are available at our *Internet* home page [www.okwb.uscourts.gov](http://www.okwb.uscourts.gov) or at the Clerk's Office, 215 Dean A. McGee, Oklahoma City, OK 73102.

You may be a creditor of the debtor. If so, you will receive an additional notice from the court setting forth important deadlines.



Douglas E. Wedge  
Clerk of Court

**Douglas E. Wedge**  
**Clerk, U.S. Bankruptcy Court**

<b>PACER Service Center</b>			
<b>Transaction Receipt</b>			
11/13/2024 11:10:43			
<b>PACER Login:</b>	kc1053kc	<b>Client Code:</b>	
<b>Description:</b>	Notice of Filing	<b>Search Criteria:</b>	24-12862
<b>Billable Pages:</b>	1	<b>Cost:</b>	0.10

# Credit Amount Calculation for Dispute#: 1808762-1861896-1861897

**Customer Account:** 4873692-3 - ONECORE HEALTH

**Credit Reason:** Bankruptcy Write Off

**Explanation:** Account has declared in bankruptcy and has filed a chapter at the court. Invoices prior filing date need to be written off to bad debt.

**Additional Comments:** A Chapter 11 bankruptcy case was filed on October 7, 2024, under case number 24-12862 in the U.S. Bankruptcy Court, Western District of Oklahoma. The proof of claim (POC) amount is \$6,617.00. WOG

**Invoice Number:** 32007447-32131814-32890162

**Ro Number:** 27703680-28574134

**Serial Number:** N/A

## Credit Amount Calculation

Inc.Star Bill	Corr.Start Bill	Diff. Days	Inc.Stop Bill	Corr.Stop Bill	Diff. Days
		0			0

Daily Price	Therapy Days	Wrong Price	Correct Price	Price Diff
				\$ .00

## Multiple Credit Requested

Credit Request	Other Credit	Total Invoices	Credit Amount Requested	Total Credit Amount
	N/A		\$ 6,617.00	\$ 6,617.00

**Total Credit Amount: \$ 6,617.00**

**Exhibit 2**

**Proof of Claim No. 62**

**Filed 03.03.2025**

**KCI USA**

**Fill in this information to identify the case:**

Debtor 1 Hospital for Special Surgery, LLC  
 Debtor 2 \_\_\_\_\_  
 (Spouse, if filing)  
 United States Bankruptcy Court Western District of Oklahoma  
 Case number: 24-12862

FILED

U.S. Bankruptcy Court  
Western District of Oklahoma

3/3/2025

Douglas E. Wedge, Clerk

**Official Form 410**  
**Proof of Claim**

04/24

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**

<b>1. Who is the current creditor?</b>	<u>KCI USA</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <u>NO</u>	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>	<b>Where should notices to the creditor be sent?</b> <u>KCI USA</u> Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) Name PO BOX 301557 Dallas TX 75303-1557 Contact phone <u>8002754524</u> Contact email <u>msd-disputeresolution@solventum.com</u> Uniform claim identifier (if you use one): _____	<b>Where should payments to the creditor be sent? (if different)</b> Name Contact phone _____ Contact email _____
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	



**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

<b>6. Do you have any number you use to identify the debtor?</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>6380</u>
<b>7. How much is the claim?</b>	\$ <u>87397.74</u> <div style="float: right; text-align: right;"> <b>Does this amount include interest or other charges?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).       </div>
<b>8. What is the basis of the claim?</b>	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 healthcare information.  <u>Medical equipment, rental and supplies.</u>
<b>9. Is all or part of the claim secured?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. <b>Nature of property:</b> <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____  <b>Basis for perfection:</b> _____  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.)  <b>Value of property:</b> \$ _____  <b>Amount of the claim that is secured:</b> \$ _____  <b>Amount of the claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)  <b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____  <b>Annual Interest Rate</b> (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
<b>10. Is this claim based on a lease?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <b>Amount necessary to cure any default as of the date of the petition.</b> \$ _____
<b>11. Is this claim subject to a right of setoff?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

<b>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply:</i>	<div style="border: 1px solid black; padding: 5px;"> <p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____             <input type="checkbox"/> 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). \$ _____             <input type="checkbox"/> 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). \$ _____             <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ _____             <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____             <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies \$ _____         </div>	<b>Amount entitled to priority</b>
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\* 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 3/3/2025  
 MM / DD / YYYY

/s/ Wendy Ovares Garro  
 \_\_\_\_\_  
 Signature

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

<b>Name</b>	Wendy Ovares Garro
	First name      Middle name      Last name
<b>Title</b>	Dispute Resolution Specialist
<b>Company</b>	KCI/3M
	Identify the corporate servicer as the company if the authorized agent is a servicer
<b>Address</b>	12930 IH10 West
	Number   Street
	San Antonio, TX 78249-2248
	City   State   ZIP Code
<b>Contact phone</b>	<b>Email</b> wovaresgarro@solventum.com

# Credit Amount Calculation for Dispute#: MULTIPLE

**Customer Account:** 426380-2 - HOSPITAL FOR SPECIAL SURGERY

**Credit Reason:** Bankruptcy Write Off

**Explanation:** Account has declared in bankruptcy and has filed a chapter at the court. Invoices prior filing date need to be written off to bad debt.

**Additional Comments:** Hospital for Special Surgery, LLC filed bankruptcy on 10/07/2024 (CASE 24-12862). Open AR prior to filing date will be written off to Bankruptcy and a proof of claim will be filed for this debt with the bankruptcy court. Please find attached the statement of the account, notice of bankruptcy case filing, and supporting documentation.

**Invoice Number:** MULTIPLE

**Ro Number:** MULTIPLE

**Serial Number:** N/A

## Credit Amount Calculation

Inc.Star Bill	Corr.Start Bill	Diff. Days	Inc.Stop Bill	Corr.Stop Bill	Diff. Days
		0			0

Daily Price	Therapy Days	Wrong Price	Correct Price	Price Diff
				\$ .00

## Multiple Credit Requested

Credit Request	Other Credit	Total Invoices	Credit Amount Requested	Total Credit Amount
	N/A		\$ 87,397.74	\$ 87,397.74

**Total Credit Amount: \$ 87,397.74**

# Approvals

Approver Name	Signature
<b>Wendy Ovares</b>  Specialist	<div><div>DocuSigned by: Wendy Ovares AC4AA55801F8403...</div><div>11 February 2025   14:02</div></div>
<b>Moises Lumbiz</b>  Inpatient Facilities Billing & Disputes Supervisor	<div><div>Signed by: Moises Lumbiz 50584D14C2684B2...</div><div>11 February 2025   14:09</div></div>
<b>Velma Rodriquez</b>  Inpatient Facilities AR Manager	<div><div>Signed by: Velma Rodriquez 6722FF88BAE7487...</div><div>11 February 2025   14:53</div></div>
<b>Odalys Rodriguez</b>  Mgr Sr Commercialization	<div><div>Signed by: Odalys Rodriguez 4E53E214067B499...</div><div>11 February 2025   14:25</div></div>

United States Bankruptcy Court  
Western District of Oklahoma

## Notice of Bankruptcy Case Filing

A bankruptcy case concerning the debtor(s) listed below was filed under Chapter 11 of the United States Bankruptcy Code, entered on 10/07/2024 at 11:02 AM and filed on 10/07/2024.

**Hospital for Special Surgery, LLC**  
100 NE 85th Street  
Oklahoma City, OK 73114  
Tax ID / EIN: [REDACTED]  
*dba OneCore Health*

The case was filed by the debtor's attorney:

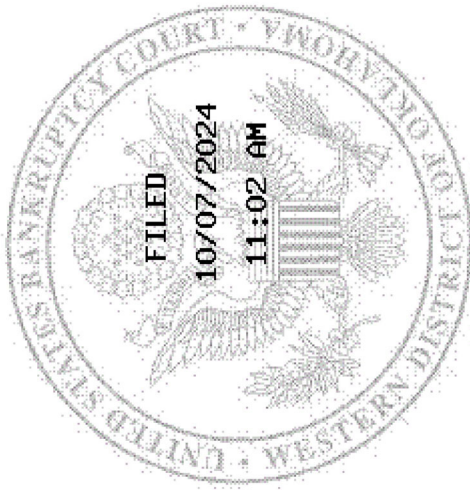
**Mark A. Craige**  
Crowe & Dunlevy  
222 N. Detroit Ave.  
Suite 600  
Tulsa, OK 74120  
918-592-9800

The case was assigned case number 24-12862 to Judge Janice D Loyd.

In most instances, the filing of the bankruptcy case automatically stays certain collection and other actions against the debtor and the debtor's property. Under certain circumstances, the stay may be limited to 30 days or not exist at all, although the debtor can request the court to extend or impose a stay. If you attempt to collect a debt or take other action in violation of the Bankruptcy Code, you may be penalized. Consult a lawyer to determine your rights in this case.

If you would like to view the bankruptcy petition and other documents filed by the debtor, they are available at our *Internet* home page [www.okwb.uscourts.gov](http://www.okwb.uscourts.gov) or at the Clerk's Office, 215 Dean A. McGee, Oklahoma City, OK 73102.

You may be a creditor of the debtor. If so, you will receive an additional notice from the court setting forth important deadlines.



Douglas E. Wedge  
Clerk of Court

**Douglas E. Wedge**  
**Clerk, U.S. Bankruptcy Court**

<b>PACER Service Center</b>			
<b>Transaction Receipt</b>			
01/17/2025 09:06:34			
<b>PACER Login:</b>	kc1053kc	<b>Client Code:</b>	
<b>Description:</b>	Notice of Filing	<b>Search Criteria:</b>	24-12862
<b>Billable Pages:</b>	1	<b>Cost:</b>	0.10

# EXSUM – HOSPITAL FOR SPECIAL SURGERY– 2024 – Bankruptcy

## Account/Financials Summary

- Total AR Pre- Bankruptcy = \$312,060.82
- Total Post Bankruptcy AR = \$244,663.08
- Total Post Bankruptcy = \$87,397.74
- Billed Revenue 2024 = \$1,456,319
- Billed Revenue 2025 = \$139,912

## Background

- Hospital for Special Surgery filed for bankruptcy on 10/7/24.
- POC will be filed for = \$87,397.74

## Future

- We are scheduling a meeting with facility to identify the root cause of bankruptcy and preventative measures to ensure future accurate with future AR.
- It is requirement for all future payments are issued via ACH
- Outstanding orders : accounts with exceeded credit limits will require payment for past due balances otherwise, the orders would be cancelled after 1 business day

## Actions

Schedule a meeting with facility to identify the root cause of bankruptcy and preventative measures to ensure future accurate with future AR.

Policy guidelines:

- Valid Point of contact: Account must designate a valid point of contact for all account-related communication. This will streamline communication and ensure prompt responses to inquiries.
- Monthly meetings: Schedule monthly meetings with the designated representative from facility to discuss account details, upcoming invoices, and any potential concerns.
- Write off for balances prior bankruptcy 10/7 will be issued by the dispute's resolution team.

Family View KCI-- HOSPITAL FOR SPECIAL SURGERY- 426380-2

Limit (USD)	\$459,112.00	Promised	\$0.00
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<b>Total (Count)</b>	<b>\$324,267.03</b>	<b>Disputed</b>	<b>\$0.00</b>
----------------------	---------------------	-----------------	---------------

Overdue	\$269,982.24	Unapplied	\$0.00
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[illegible]

Total	\$87,397.74
-------	-------------

# EXSUM – HOSPITAL FOR SPECIAL SURGERY– 2024 – Bankruptcy

<h2>Account/Financials Summary</h2> <ul style="list-style-type: none"><li>• Total AR Pre- Bankruptcy = \$312,060.82</li><li>• Total Post Bankruptcy AR = \$244,663.08</li><li>• Total Post Bankruptcy = \$87,397.74</li><li>• Billed Revenue 2024 = \$1,456,319</li><li>• Billed Revenue 2025 = \$139,912</li></ul>	<h2>Background</h2> <ul style="list-style-type: none"><li>• Hospital for Special Surgery filed for bankruptcy on 10/7/24.</li><li>• POC will be filed for = \$87,397.74</li></ul>
<h2>Future</h2> <ul style="list-style-type: none"><li>• We are scheduling a meeting with facility to identify the root cause of bankruptcy and preventative measures to ensure future accurate with future AR.</li><li>• It is requirement for all future payments are issued via ACH</li><li>• Outstanding orders : accounts with exceeded credit limits will require payment for past due balances otherwise, the orders would be cancelled after 1 business day</li></ul>	<h2>Actions</h2> <p>Schedule a meeting with facility to identify the root cause of bankruptcy and preventative measures to ensure future accurate with future AR.</p> <p>Policy guidelines:</p> <ul style="list-style-type: none"><li>• Valid Point of contact: Account must designate a valid point of contact for all account-related communication. This will streamline communication and ensure prompt responses to inquiries.</li><li>• Monthly meetings: Schedule monthly meetings with the designated representative from facility to discuss account details, upcoming invoices, and any potential concerns.</li><li>• Write off for balances prior bankruptcy 10/7 will be issued by the dispute's resolution team.</li></ul>

United States Bankruptcy Court  
Western District of Oklahoma

## Notice of Bankruptcy Case Filing

A bankruptcy case concerning the debtor(s) listed below was filed under Chapter 11 of the United States Bankruptcy Code, entered on 10/07/2024 at 11:02 AM and filed on 10/07/2024.

**Hospital for Special Surgery, LLC**  
100 NE 85th Street  
Oklahoma City, OK 73114  
Tax ID / EIN: [REDACTED] 2535  
*dba OneCore Health*

The case was filed by the debtor's attorney:

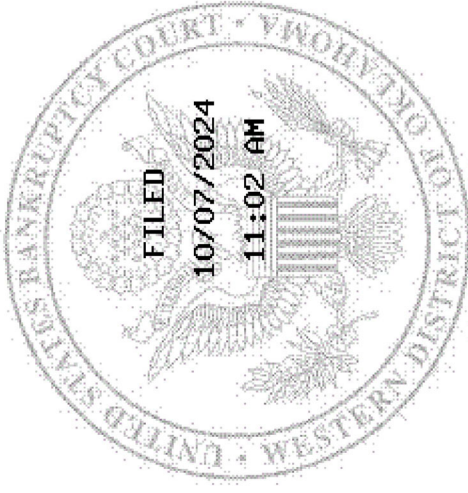
**Mark A. Craige**  
Crowe & Dunlevy  
222 N. Detroit Ave.  
Suite 600  
Tulsa, OK 74120  
918-592-9800

The case was assigned case number 24-12862 to Judge Janice D Loyd.

In most instances, the filing of the bankruptcy case automatically stays certain collection and other actions against the debtor and the debtor's property. Under certain circumstances, the stay may be limited to 30 days or not exist at all, although the debtor can request the court to extend or impose a stay. If you attempt to collect a debt or take other action in violation of the Bankruptcy Code, you may be penalized. Consult a lawyer to determine your rights in this case.

If you would like to view the bankruptcy petition and other documents filed by the debtor, they are available at our *Internet* home page [www.okwb.uscourts.gov](http://www.okwb.uscourts.gov) or at the Clerk's Office, 215 Dean A. McGee, Oklahoma City, OK 73102.

You may be a creditor of the debtor. If so, you will receive an additional notice from the court setting forth important deadlines.



Douglas E. Wedge  
Clerk of Court

**Douglas E. Wedge**  
**Clerk, U.S. Bankruptcy Court**

<b>PACER Service Center</b>			
<b>Transaction Receipt</b>			
01/17/2025 09:06:34			
<b>PACER Login:</b>	kc1053kc	<b>Client Code:</b>	
<b>Description:</b>	Notice of Filing	<b>Search Criteria:</b>	24-12862
<b>Billable Pages:</b>	1	<b>Cost:</b>	0.10

Family View KCI-- HOSPITAL FOR SPECIAL SURGERY- 426380-2

Limit (USD)	\$459,112.00	Promised	\$0.00
-------------	--------------	----------	--------

<b>Total (Count)</b>	<b>\$324,267.03</b>	<b>( Disputed</b>	<b>\$0.00</b>
----------------------	---------------------	-------------------	---------------

<b>Overdue</b>	<b>\$269,982.24</b>	<b>Unapplied</b>	<b>\$0.00</b>
----------------	---------------------	------------------	---------------

[illegible]

<b>Total</b>	<b>\$87,397.74</b>
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**Exhibit 3**

**Proof of Claim No. 75**

**Filed 05.22.2025**

**KCI USA**

**Fill in this information to identify the case:**

Debtor 1 Hospital for Special Surgery, LLC  
 Debtor 2 \_\_\_\_\_  
 (Spouse, if filing) \_\_\_\_\_  
 United States Bankruptcy Court Western District of Oklahoma  
 Case number: 24-12862

FILED

U.S. Bankruptcy Court  
Western District of Oklahoma

5/22/2025

Douglas E. Wedge, Clerk

**Official Form 410  
Proof of Claim**

04/25

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**

<b>1. Who is the current creditor?</b>	<u>KCI USA</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <u>NO</u>	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	<u>KCI USA</u>	_____
	Name _____	Name _____
	<u>PO BOX 301557</u> <u>Dallas TX 75303-1557</u>	_____
	Contact phone <u>(800)275-4524</u>	Contact phone _____
Contact email <u>wovaresgarro@solventum.com</u>	Contact email _____	
Uniform claim identifier (if you use one): _____		
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <div style="text-align: right;">MM / DD / YYYY</div>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	



**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

<b>6. Do you have any number you use to identify the debtor?</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>3692</u>
<b>7. How much is the claim?</b>	\$ <u>6617.00</u> <div style="float: right; text-align: right;"> <b>Does this amount include interest or other charges?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).       </div>
<b>8. What is the basis of the claim?</b>	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 healthcare information.  <u>Medical equipment, rental and supplies</u>
<b>9. Is all or part of the claim secured?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. <b>Nature of property:</b> <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____  <b>Basis for perfection:</b> _____  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.)  <b>Value of property:</b> \$ _____  <b>Amount of the claim that is secured:</b> \$ _____  <b>Amount of the claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)  <b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____  <b>Annual Interest Rate</b> (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
<b>10. Is this claim based on a lease?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <b>Amount necessary to cure any default as of the date of the petition.</b> \$ _____
<b>11. Is this claim subject to a right of setoff?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

<b>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply:</i>	<p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p> <p><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____</p> <p><input type="checkbox"/> Up to \$3,800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ _____</p> <p><input type="checkbox"/> Wages, salaries, or commissions (up to \$17,150*) 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). \$ _____</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ _____</p> <p><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____</p> <p><input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies \$ _____</p> <p style="text-align: right; font-size: small;">* Amounts are subject to adjustment on 4/01/28 and every 3 years after that for cases begun on or after the date of adjustment.</p>	<b>Amount entitled to priority</b>
---	--	---	------------------------------------

### 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 5/22/2025  
MM / DD / YYYY

/s/ Wendy Ovares Garro  
Signature

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

Name	<u>Wendy Ovares Garro</u>		
	First name	Middle name	Last name
Title	<u>Dispute Resolution Specialist</u>		
Company	<u>KCI/3M</u>		
Address	Identify the corporate servicer as the company if the authorized agent is a servicer		
	<u>12930 IH10 West</u>		
	Number Street		
	<u>San Antonio, TX 78249-2248</u>		
	City	State	ZIP Code
Contact phone	<u>8002754524</u>		Email <u>wovaresgarro@solventum.com</u>



Phone: 1-800-275-4524  
Fax: 1-210-406-4703  
Tax ID: 74-2152396  
www.kci1.com

**BILL TO:**  
ONECORE HEALTH  
100 NE 85TH ST  
OKLAHOMA CITY, OK 73114-3916

**SHIP TO:**  
ONECORE HEALTH  
STE 350  
1044 SW 44TH ST  
OKLAHOMA CITY OK 73109-3624

INVOICE #: 32007447  
INVOICE DATE: 7/26/23  
REFERENCE:  
DELIVERY #: 4873692-3  
ACCOUNT:  
Page 1

Purchase Order Number	Terms	Due Date	Requestor Name/Department/Phone Number
LOST VAC	30 NET	8/25/23	

\* P Indicates Partial Bill, D Indicated Discharge Bill

Product Billed	Serial Number	Order Number	Patient Last, First Name/Location/Patient #	Ship/Rental Date	*	QTY	UOM	Unit Price	Total Price
LOSTULTDEV01/US.S V.A.C ULTA THERAPY UNIT, UNITED STATES/FVFR13151	VFVR13151	0	/ /	07/26/23		1.00	EACH	5500	5500

NOTICE: This invoice may reflect a discount, rebate or other reduction of regular price. Please refer to the terms of your contract, pricing acknowledgment and/or rebate/expense cap program documentation for information on special discounts or reductions of regular price, including list price, rebate and expense cap calculations. You will receive a report detailing any rebate or expense cap payments. Federal and State laws may require you to report these discounts, rebates or other reductions when submitting a claim to a Federal or State program, including Medicare and Medicaid. You also may be required to furnish this invoice and documentation of the discount, rebate or other reduction in price.

FOR INQUIRIES AND COMMENTS CONCERNING THIS INVOICE PLEASE CONTACT Maria Jose Velazquez AT 1-800-275-4524 EXT. Account Representative: WILKERSON, JESSICA **Please submit invoice disputes within 30 days from date of invoice.**

**REMIT: KCI USA PO BOX 301557  
DALLAS, TX 75303-1557**

<b>SUBTOTAL</b>	5500
<b>TAX</b>	474.38
<b>FREIGHT</b>	0
<b>TOTAL</b>	\$5,974.38

A 1.5% PER MONTH FINANCE CHARGE WILL BE CHARGED FOR ALL PAST DUE INVOICES. CUSTOMER AGREES TO PAY ANY AND ALL AMOUNTS INCURRED IN THE COLLECTION OF THE AMOUNTS DUE, INCLUDING BUT NOT LIMITED TO, COLLECTION COSTS, COURT COSTS AND REASONABLE ATTORNEY'S FEES.



Phone: 1-800-275-4524  
Fax: 1-210-406-4703  
Tax ID: 74-2152396  
www.kci1.com

**BILL TO:**  
ONECORE HEALTH  
100 NE 85TH ST  
OKLAHOMA CITY, OK 73114-3916

**SHIP TO:**  
ONECORE HEALTH  
STE 350  
1044 SW 44TH ST  
OKLAHOMA CITY OK 73109-3624

INVOICE #: 32131814  
INVOICE DATE: 9/29/23  
REFERENCE:  
DELIVERY #: 4873692-3  
ACCOUNT:  
Page 1

Purchase Order Number		Terms	Due Date	Requestor Name/Department/Phone Number				
OCH16494		30 NET	10/29/23	MICHELLE JOHNI GARN/(405) 631-3085 EXT. 315				
* P Indicates Partial Bill, D Indicates Discharge Bill								
Product Billed	Serial Number	Order Number	Patient Last, First Name/Location/Patient #	Ship/Rental Date	*	QTY	UOM	Total Price
ULTDEV01/US.P V.A.C ULTA THERAPY UNIT (US)/VFVR10149	VFVR10149	27703680	REDACTED	09/15/23 - 09/21/23	D	7.00	DAY	345.1

NOTICE: This invoice may reflect a discount, rebate or other reduction of regular price. Please refer to the terms of your contract, pricing acknowledgment and/or rebate/expense cap program documentation for information on special discounts or reductions of regular price, including list price, rebate and expense cap calculations. You will receive a report detailing any rebate or expense cap payments. Federal and State laws may require you to report these discounts, rebates or other reductions when submitting a claim to a Federal or State program, including Medicare and Medicaid. You also may be required to furnish this invoice and documentation of the discount, rebate or other reduction in price.

FOR INQUIRIES AND COMMENTS CONCERNING THIS INVOICE PLEASE CONTACT Maria Jose Velazquez AT 1-800-275-4524 EXT. Account Representative: WILKERSON, JESSICA

Please submit invoice disputes within 30 days from date of invoice.

REMIT: KCI USA PO BOX 301557  
DALLAS, TX 75303-1557

SUBTOTAL	345.1
TAX	29.76
FREIGHT	0
TOTAL	\$374.86



Phone: 1-800-275-4524  
Fax: 1-210-406-4703  
Tax ID: 74-2152396  
www.kci1.com

**BILL TO:**  
ONECORE HEALTH  
100 NE 85TH ST  
OKLAHOMA CITY, OK 73114-3916

**SHIP TO:**  
ONECORE HEALTH  
100 NE 85TH ST  
OKLAHOMA CITY OK 73114-3916

INVOICE #: 32890162  
INVOICE DATE: 9/24/24  
REFERENCE:  
DELIVERY #: 4873692-3  
ACCOUNT:  
Page 1

Purchase Order Number	Terms	Due Date	Requestor Name/Department/Phone Number
OCH16494-1	30 NET	10/24/24	

\* P Indicates Partial Bill, D Indicated Discharge Bill

Product Billed	Serial Number	Order Number	Patient Last, First Name/Location/Patient #	Ship/Rental Date	*	QTY	UOM	Unit Price	Total Price
ULTDEV01/US.P V.A.C ULTA THERAPY UNIT (US)/VFVR37133	VFVR37133	28574134	REDACTED	05/24/24 - 05/31/24	D	8.00	DAY	49.3	394.4

NOTICE: This invoice may reflect a discount, rebate or other reduction of regular price. Please refer to the terms of your contract, pricing acknowledgment and/or rebate/expense cap program documentation for information on special discounts or reductions of regular price, including list price, rebate and expense cap calculations. You will receive a report detailing any rebate or expense cap payments. Federal and State laws may require you to report these discounts, rebates or other reductions when submitting a claim to a Federal or State program, including Medicare and Medicaid. You also may be required to furnish this invoice and documentation of the discount, rebate or other reduction in price.

FOR INQUIRIES AND COMMENTS CONCERNING THIS INVOICE PLEASE CONTACT Maria Jose Velazquez AT 1-800-275-4524 EXT.

Account Representative: GIFFORD, ANNA NICOLE

Please submit invoice disputes within 30 days from date of invoice.

REMIT: KCI USA PO BOX 301557  
DALLAS, TX 75303-1557

SUBTOTAL	394.4
TAX	34.02
FREIGHT	0
TOTAL	\$428.42

United States Bankruptcy Court  
Western District of Oklahoma

## Notice of Bankruptcy Case Filing

A bankruptcy case concerning the debtor(s) listed below was filed under Chapter 11 of the United States Bankruptcy Code, entered on 10/07/2024 at 11:02 AM and filed on 10/07/2024.

**Hospital for Special Surgery, LLC**  
100 NE 85th Street  
Oklahoma City, OK 73114  
Tax ID / EIN: **REDACTED** 2535  
*dba OneCore Health*

The case was filed by the debtor's attorney:

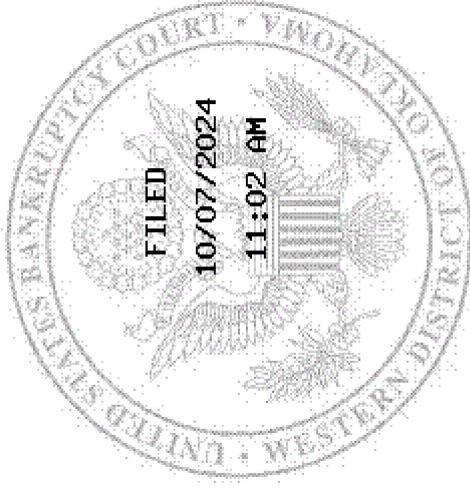
**Mark A. Craige**  
Crowe & Dunlevy  
222 N. Detroit Ave.  
Suite 600  
Tulsa, OK 74120  
918-592-9800

The case was assigned case number 24-12862 to Judge Janice D Loyd.

In most instances, the filing of the bankruptcy case automatically stays certain collection and other actions against the debtor and the debtor's property. Under certain circumstances, the stay may be limited to 30 days or not exist at all, although the debtor can request the court to extend or impose a stay. If you attempt to collect a debt or take other action in violation of the Bankruptcy Code, you may be penalized. Consult a lawyer to determine your rights in this case.

If you would like to view the bankruptcy petition and other documents filed by the debtor, they are available at our *Internet* home page [www.okwb.uscourts.gov](http://www.okwb.uscourts.gov) or at the Clerk's Office, 215 Dean A. McGee, Oklahoma City, OK 73102.

You may be a creditor of the debtor. If so, you will receive an additional notice from the court setting forth important deadlines.



Douglas E. Wedge  
Clerk of Court

Douglas E. Wedge  
Clerk, U.S. Bankruptcy Court

PACER Service Center			
Transaction Receipt			
11/13/2024 11:10:43			
PACER Login:	kc1053kc	Client Code:	
Description:	Notice of Filing	Search Criteria:	24-12862
Billable Pages:	1	Cost:	0.10

KCI- ONECORE HEALTH- 4873692-3

Limit (USD) \$2,500.00

5 Total \$5,813.72

Overdue \$5,813.72

Invoice Number	PO Number	Past Due	Invoice Date	Due Date	Original Amount	Invoice Balance	Patient Name	Product	Inv Start Date	Inv End Date
32007447	LOSTVAC	439	7/26/23	8/25/23	\$ 5,974.38	\$ 5,974.38	REDACTED	VAC	7/26/2023	7/26/2023
32131810	OCH13719	378	9/25/23	10/25/23	\$ 589.07	\$ (428.42)	REDACTED	VAC	9/11/2023	9/21/2023
32131814	OCH16494	374	9/29/23	10/29/23	\$ 374.86	\$ 214.20	REDACTED	VAC	9/15/2023	9/21/2023
32732522	POUU	90	7/9/24	8/8/24	\$ 696.18	\$ (374.86)	REDACTED	VAC	4/29/2024	5/11/2024
32890162	OCH16494-1	13	9/24/24	10/24/24	\$ 428.42	\$ 428.42	REDACTED	VAC	5/24/2024	5/31/2024