

**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. 53 FILED BY TRIMED
INC., 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. 53 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 hearing date, the hearing will be stricken from the docket of the Court.



2412862250602000000000009

Hospital for Special Surgery, LLC *dba* OneCore Health (“OneCore” or the “Reorganized Debtor”) hereby submits this Objection (the “Objection”) to Claim No. 53 filed by TriMed Inc. (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 three proofs of claim, each on January 30, 2025. *See* Proof of Claim Nos. 51, 52, and 53, attached hereto as **Exhibit 1**, **Exhibit 2**, and **Exhibit 3**, respectively.

2. The proofs of claim are duplicates of each other, with Claim No. 52 appearing to be an exact duplicate of Claim No. 51.¹ *Compare* Ex. 1 *with* Ex. 2. While Claim No. 53 is not an exact duplicate, it appears substantially identical. *Compare* Ex. 1 *with* Ex. 3. It states the same basis for the debt—“Ortho Implants/Tools for surgery”—and attaches the same invoices in support. *Id.* The only difference is that Claim No. 53 fails to list the amount of the claim in paragraph 7 of the proof of claim form. *Id.* In all other respects, the proof of claim appears to be identical.

3. Thus, the Reorganized Debtor objects to Claim No. 53.

Jurisdiction, Venue, and Statutory Predicates for Relief

4. 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

¹ Debtor is separately objecting to duplicate Claim No. 52.

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.

5. 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

6. The Reorganized Debtor respectfully requests that the Court enter an order denying Claim No. 53.

Basis for Relief

7. 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 is a duplicate claim. Claimant already filed a proof of claim, Claim No. 51, evidencing the same debt that is identified in Claim No. 53. Claimant should not be allowed to receive a double recovery for a single debt, and the Reorganized Debtor should not be required to pay for a debt twice. Accordingly, Claim No. 53 should not be allowed, and it should be expunged from the claim register.

8. 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”).

9. This Objection satisfies all 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

10. 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

11. 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
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

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:

TriMed Inc.
27533 Ave. Hopkins
Santa Clarita, CA 91355

TriMed, Inc.
PO Box 55189
Valencia, CA 91385-0189

s/ Craig M. Regens

Craig M. Regens

Exhibit 1

Proof of Claim No. 51

Filed 01.30.2025

TriMed Inc.

Fill in this information to identify the case:

Debtor Hospital for Special Surgery, LLC dba OneCore Health

United States Bankruptcy Court for the: Western District of Oklahoma
(State)

Case number 24-12862

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 or 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>TriMed Inc.</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>N/a</u>	
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?	Where should notices to the creditor be sent? See summary page Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) Contact phone <u>661-255-7406</u> Contact email <u>See summary page</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) 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

6.	Do you have any number you use to identify the debtor?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: ____
7.	How much is the claim? \$ <u>5,734.00</u>	Does this amount include interest or other charges? <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).
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. <u>Ortho Implants / Tools for surgery</u>	
9.	Is all or part of the claim secured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature or property: <input type="checkbox"/> Real estate: If the claim is secured by the debtor's principle 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: _____ 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 amount 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) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	
10.	Is this claim based on a lease? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition.	\$ _____
11.	Is this claim subject to a right of setoff? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 all that apply:☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Amount entitled to priority

\$ _____

☐ 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.

\$ _____

* 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.

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. 503(b)(9)?

☒ No☐ Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ _____

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 acknowledgement 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 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 01/30/2025
MM / DD / YYYY

/s/Jacqueline Mendoza
Signature

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

Name Jaqueline Mendoza
First name Middle name Last name

Title Senior Accounts Receivable Specialist

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

Address

Contact phone _____ Email _____



Case: 24-12862 Doc: 318 Filed: 06/02/25 Page: 11 of 33
Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 967-1781 | International +1 310-751-2681

Debtor: 24-12862 - Hospital for Special Surgery, LLC dba OneCore Health District: Western District of Oklahoma, Oklahoma City Division		
Creditor: TriMed Inc. 27533 Ave Hopkins Santa Clarita, California, 91355 United States Phone: 661-255-7406 Phone 2: ex:119 Fax: 661-254-8485 Email: Jaquelinemendoza@trimedortho.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Creditor	
Other Names Used with Debtor: N/a	Amends Claim: No Acquired Claim: No	
Basis of Claim: Ortho Implants / Tools for surgery	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim: 5,734.00	Includes Interest or Charges: No	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:	
Submitted By: Jaqueline Mendoza on 30-Jan-2025 6:41:06 p.m. Eastern Time Title: Senior Accounts Receivable Specialist Company: TriMed Inc.		

3:04 PM

01/30/25

Accrual Basis

TriMed, Inc.
Invoices for Onecore Health - OK
All Transactions

<u>Date</u>	<u>Num</u>	<u>P.O. Number</u>	<u>Amount</u>	<u>Open Balance</u>
10/14/2024	316696	OCH18094	850.00	850.00
09/30/2024	315867		2,029.00	2,029.00
09/26/2024	315669	OCH18086	2,855.00	2,855.00
Total			5,734.00	5,734.00

TriMed, Inc.

P.O. Box 55189
Valencia, CA 91385-0189

Ph: 661-255-7406

Fax: 661-254-8485

INVOICE**316696****P.O. #****OCH18094****BILL TO:**

Onecore Health
 Attn: Accounts Payable
 100 NE 85th St
 Oklahoma City, OK 73114

SHIP TO:

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

DATE	Set#	RGA #	Sales Rep	AIRBILL	Surgeon	DOS	PT
10/14/2024	AFS0174		Cody Quine	FROM LOANER	EMERSON	10/04/2024	I.C

QTY	ITEM	LOT #	DESCRIPTION	RATE	AMOUNT
	ORDER - MISC		msheehan	0.00	0.00
	Bill Only Loaner				0.00
2	CCS4.0-40	23391	Cannulated Comprs Screw 4.0, 40mm	190.00	380.00
1	CCS4.0-45	93392	Cannulated Comprs Screw 4.0, 45mm	190.00	190.00
1	CCS4.0-50	170296	Cannulated Comprs Screw 4.0, 50mm	190.00	190.00
2	WIRE-1.6/150	AP21116	K-Wire 1.6, 150mm	20.00	40.00
	Shipping		Shipping	50.00	50.00
			04NOV2024 Invoice Change: Update invoice as per PO ~JMZ		
	PO Applied - Emailed- ...		B: 04NOV2024 ~JMZ	0.00	0.00

Total \$850.00

Payments Applied \$0.00

Balance Due \$850.00

Due Date

10/14/2024

TriMed, Inc.

P.O. Box 55189
Valencia, CA 91385-0189

Ph: 661-255-7406

Fax: 661-254-8485

INVOICE**315867****P.O. #****BILL TO:**

Onecore Health
 Attn: Accounts Payable
 100 NE 85th St
 Oklahoma City, OK 73114

SHIP TO:

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

DATE	Set#	RGA #	Sales Rep	AIRBILL	Surgeon	DOS	PT
9/30/2024	W1388		Cody Quine	FROM LOANER	EMERSON	09/28/2024	A.S

QTY	ITEM	LOT #	DESCRIPTION	RATE	AMOUNT
	ORDER - MISC		msheehan	0.00	0.00
	Bill Only Loaner				0.00
1	VLBPR-3-7N	CB23090	VolarBearingPlt,Rt,3-Hole,7-Peg N	1,008.00	1,008.00
1	TPEG-16	16047	Torx Threaded Peg, 16mm	90.00	90.00
2	UPEG-20	95503	Torx Unthreaded Peg, 20mm	90.00	180.00
2	UPEG-22	SY21043	Torx Unthreaded Peg, 22mm	90.00	180.00
1	HEX3.2-12	SY21091	Hex Cortical Screw 3.2, 12mm	77.00	77.00
2	LHEX3.2-12	96118A	Locking Hex Screw 3.2, 12mm	90.00	180.00
2	WIRE-1.1/100	93288	K-Wire 1.1, 100mm	18.00	36.00
1	DRILL-1.8/090	AC23068	Drill 1.8, 90mm AKA DRILL-1.8	114.00	114.00
1	DRILL-2.3/080	AP23201	Drill 2.3, 80mm	114.00	114.00
	Shipping		Shipping	50.00	50.00

Total \$2,029.00

Payments Applied \$0.00

Balance Due \$2,029.00

Due Date	9/30/2024
-----------------	------------------

TriMed, Inc.

P.O. Box 55189
Valencia, CA 91385-0189

Ph: 661-255-7406

Fax: 661-254-8485

INVOICE**315669****P.O. #****OCH18086****BILL TO:**

Onecore Health
 Attn: Accounts Payable
 100 NE 85th St
 Oklahoma City, OK 73114

SHIP TO:

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

DATE	Set#	RGA #	Sales Rep	AIRBILL	Surgeon	DOS	PT
9/26/2024			Cody Quine	7444 4330 3937	EMERSON	09/23/2024	S.R

QTY	ITEM	LOT #	DESCRIPTION	RATE	AMOUNT
	ORDER - MISC		msheehan	0.00	0.00
1	VLBPL-3-7N	CB24014	VolarBearingPlt,Lt,3-Hole,7-Peg N	1,260.00	1,260.00
1	TPEG-18	2024240203	Torx Threaded Peg, 18mm	115.00	115.00
3	TPEG-20	2024-240194	Torx Threaded Peg, 20mm	115.00	345.00
1	TPEG-22	96714	Torx Threaded Peg, 22mm	115.00	115.00
1	UPEG-18	SY23214	Torx Unthreaded Peg, 18mm	115.00	115.00
1	UPEG-20	SY23215	Torx Unthreaded Peg, 20mm	115.00	115.00
1	HEX3.2-12	SY24038	Hex Cortical Screw 3.2, 12mm	100.00	100.00
1	HEX3.2-14	SY24042	Hex Cortical Screw 3.2, 14mm	100.00	100.00
2	LHEX3.2-12	16868	Locking Hex Screw 3.2, 12mm	115.00	230.00
2	WIRE-1.1/100	107855	K-Wire 1.1, 100mm	20.00	40.00
1	DRILL-1.8/090	AP24008	Drill 1.8, 90mm AKA DRILL-1.8	135.00	135.00
1	DRILL-2.3/080	AP23200	Drill 2.3, 80mm	135.00	135.00
	Shipping		Shipping	50.00	50.00
			04NOV2024 Invoice Change: Update invoice as per PO ~JMZ		
	PO Applied - Emailed- REP		B: 04NOV2024 ~JMZ	0.00	0.00

Total \$2,855.00

Payments Applied \$0.00

Balance Due \$2,855.00

Due Date	9/26/2024
-----------------	------------------

Exhibit 2

Proof of Claim No. 52

Filed 01.30.2025

TriMed Inc.

Fill in this information to identify the case:

Debtor Hospital for Special Surgery, LLC dba OneCore Health
United States Bankruptcy Court for the: Western District of Oklahoma
(State)
Case number 24-12862

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 or 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>TriMed Inc.</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>N/a</u>					
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?	<table><tr><th>Where should notices to the creditor be sent?</th><th>Where should payments to the creditor be sent? (if different)</th></tr><tr><td>See summary page</td><td></td></tr></table> Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) Contact phone <u>661-255-7406</u> Contact phone _____ Contact email <u>See summary page</u> Contact email _____ Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	See summary page	
Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)					
See summary page						
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

6.	Do you have any number you use to identify the debtor?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: ____
7.	How much is the claim? \$ <u>5,734.00</u>	Does this amount include interest or other charges? <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).
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. <u>Ortho Implants / Tools for surgery</u>	
9.	Is all or part of the claim secured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature or property: <input type="checkbox"/> Real estate: If the claim is secured by the debtor's principle 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: _____ 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 amount 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) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	
10.	Is this claim based on a lease? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____	
11.	Is this claim subject to a right of setoff? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 all that apply:

☐ 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.

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. 503(b)(9)?

☒ No

☐ Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ _____

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 acknowledgement 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 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 01/30/2025
MM / DD / YYYY

/s/Jacqueline Mendoza
Signature

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

Name Jaqueline Mendoza
First name Middle name Last name

Title Senior Accounts Receivable Specialist

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

Address _____

Contact phone _____ Email _____



Case: 24-12862 Doc: 318 Filed: 06/02/25 Page: 20 of 33
Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 967-1781 | International +1 310-751-2681

Debtor: 24-12862 - Hospital for Special Surgery, LLC dba OneCore Health District: Western District of Oklahoma, Oklahoma City Division		
Creditor: TriMed Inc. 27533 Ave Hopkins Santa Clarita, California, 91355 United States Phone: 661-255-7406 Phone 2: ex:119 Fax: 661-254-8485 Email: Jaquelinemendoza@trimedortho.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Creditor	
Other Names Used with Debtor: N/a	Amends Claim: No Acquired Claim: No	
Basis of Claim: Ortho Implants / Tools for surgery	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim: 5,734.00	Includes Interest or Charges: No	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:	
Submitted By: Jaqueline Mendoza on 30-Jan-2025 6:47:59 p.m. Eastern Time Title: Senior Accounts Receivable Specialist Company: TriMed Inc.		

3:04 PM

01/30/25

Accrual Basis

TriMed, Inc.
Invoices for Onecore Health - OK
All Transactions

<u>Date</u>	<u>Num</u>	<u>P.O. Number</u>	<u>Amount</u>	<u>Open Balance</u>
10/14/2024	316696	OCH18094	850.00	850.00
09/30/2024	315867		2,029.00	2,029.00
09/26/2024	315669	OCH18086	2,855.00	2,855.00
Total			5,734.00	5,734.00

TriMed, Inc.

P.O. Box 55189
Valencia, CA 91385-0189

Ph: 661-255-7406

Fax: 661-254-8485

INVOICE**316696****P.O. #****OCH18094****BILL TO:**

Onecore Health
 Attn: Accounts Payable
 100 NE 85th St
 Oklahoma City, OK 73114

SHIP TO:

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

DATE	Set#	RGA #	Sales Rep	AIRBILL	Surgeon	DOS	PT
10/14/2024	AFS0174		Cody Quine	FROM LOANER	EMERSON	10/04/2024	I.C

QTY	ITEM	LOT #	DESCRIPTION	RATE	AMOUNT
	ORDER - MISC		msheehan	0.00	0.00
	Bill Only Loaner				0.00
2	CCS4.0-40	23391	Cannulated Comprs Screw 4.0, 40mm	190.00	380.00
1	CCS4.0-45	93392	Cannulated Comprs Screw 4.0, 45mm	190.00	190.00
1	CCS4.0-50	170296	Cannulated Comprs Screw 4.0, 50mm	190.00	190.00
2	WIRE-1.6/150	AP21116	K-Wire 1.6, 150mm	20.00	40.00
	Shipping		Shipping	50.00	50.00
			04NOV2024 Invoice Change: Update invoice as per PO ~JMZ		
	PO Applied - Emailed- ...		B: 04NOV2024 ~JMZ	0.00	0.00

Total \$850.00

Payments Applied \$0.00

Balance Due \$850.00

Due Date

10/14/2024

TriMed, Inc.

P.O. Box 55189
Valencia, CA 91385-0189

Ph: 661-255-7406

Fax: 661-254-8485

INVOICE**315867****P.O. #****BILL TO:**

Onecore Health
 Attn: Accounts Payable
 100 NE 85th St
 Oklahoma City, OK 73114

SHIP TO:

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

DATE	Set#	RGA #	Sales Rep	AIRBILL	Surgeon	DOS	PT
9/30/2024	W1388		Cody Quine	FROM LOANER	EMERSON	09/28/2024	A.S

QTY	ITEM	LOT #	DESCRIPTION	RATE	AMOUNT
	ORDER - MISC		msheehan	0.00	0.00
	Bill Only Loaner				0.00
1	VLBPR-3-7N	CB23090	VolarBearingPlt,Rt,3-Hole,7-Peg N	1,008.00	1,008.00
1	TPEG-16	16047	Torx Threaded Peg, 16mm	90.00	90.00
2	UPEG-20	95503	Torx Unthreaded Peg, 20mm	90.00	180.00
2	UPEG-22	SY21043	Torx Unthreaded Peg, 22mm	90.00	180.00
1	HEX3.2-12	SY21091	Hex Cortical Screw 3.2, 12mm	77.00	77.00
2	LHEX3.2-12	96118A	Locking Hex Screw 3.2, 12mm	90.00	180.00
2	WIRE-1.1/100	93288	K-Wire 1.1, 100mm	18.00	36.00
1	DRILL-1.8/090	AC23068	Drill 1.8, 90mm AKA DRILL-1.8	114.00	114.00
1	DRILL-2.3/080	AP23201	Drill 2.3, 80mm	114.00	114.00
	Shipping		Shipping	50.00	50.00

Total \$2,029.00

Payments Applied \$0.00

Balance Due \$2,029.00

Due Date	9/30/2024
-----------------	------------------

TriMed, Inc.

P.O. Box 55189
Valencia, CA 91385-0189

Ph: 661-255-7406

Fax: 661-254-8485

INVOICE**315669****P.O. #****OCH18086****BILL TO:**

Onecore Health
 Attn: Accounts Payable
 100 NE 85th St
 Oklahoma City, OK 73114

SHIP TO:

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

DATE	Set#	RGA #	Sales Rep	AIRBILL	Surgeon	DOS	PT
9/26/2024			Cody Quine	7444 4330 3937	EMERSON	09/23/2024	S.R

QTY	ITEM	LOT #	DESCRIPTION	RATE	AMOUNT
	ORDER - MISC		msheehan	0.00	0.00
1	VLBPL-3-7N	CB24014	VolarBearingPlt,Lt,3-Hole,7-Peg N	1,260.00	1,260.00
1	TPEG-18	2024240203	Torx Threaded Peg, 18mm	115.00	115.00
3	TPEG-20	2024-240194	Torx Threaded Peg, 20mm	115.00	345.00
1	TPEG-22	96714	Torx Threaded Peg, 22mm	115.00	115.00
1	UPEG-18	SY23214	Torx Unthreaded Peg, 18mm	115.00	115.00
1	UPEG-20	SY23215	Torx Unthreaded Peg, 20mm	115.00	115.00
1	HEX3.2-12	SY24038	Hex Cortical Screw 3.2, 12mm	100.00	100.00
1	HEX3.2-14	SY24042	Hex Cortical Screw 3.2, 14mm	100.00	100.00
2	LHEX3.2-12	16868	Locking Hex Screw 3.2, 12mm	115.00	230.00
2	WIRE-1.1/100	107855	K-Wire 1.1, 100mm	20.00	40.00
1	DRILL-1.8/090	AP24008	Drill 1.8, 90mm AKA DRILL-1.8	135.00	135.00
1	DRILL-2.3/080	AP23200	Drill 2.3, 80mm	135.00	135.00
	Shipping		Shipping	50.00	50.00
			04NOV2024 Invoice Change: Update invoice as per PO ~JMZ		
	PO Applied - Emailed- REP		B: 04NOV2024 ~JMZ	0.00	0.00

Total \$2,855.00

Payments Applied \$0.00

Balance Due \$2,855.00

Due Date

9/26/2024

Exhibit 3

Proof of Claim No. 53

Filed 01.30.2025

TriMed Inc.

Fill in this information to identify the case:

Debtor Hospital for Special Surgery, LLC dba OneCore Health
United States Bankruptcy Court for the: Western District of Oklahoma
(State)
Case number 24-12862

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 or 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>TriMed Inc.</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>N/A</u>																	
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?	<table><tr><th>Where should notices to the creditor be sent?</th><th>Where should payments to the creditor be sent? (if different)</th></tr><tr><td colspan="2"><u>TriMed Inc.</u> <u>27533 Ave Hopkins</u> <u>Santa Clarita, CA 91355, United States</u></td></tr><tr><td>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</td><td colspan="2"></td></tr><tr><td>Contact phone</td><td><u>661-255-7406</u></td><td>Contact phone _____</td></tr><tr><td>Contact email</td><td><u>See summary page</u></td><td>Contact email _____</td></tr><tr><td colspan="3">Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</td></tr></table>		Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	<u>TriMed Inc.</u> <u>27533 Ave Hopkins</u> <u>Santa Clarita, CA 91355, United States</u>		Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)			Contact phone	<u>661-255-7406</u>	Contact phone _____	Contact email	<u>See summary page</u>	Contact email _____	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)																	
<u>TriMed Inc.</u> <u>27533 Ave Hopkins</u> <u>Santa Clarita, CA 91355, United States</u>																		
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)																		
Contact phone	<u>661-255-7406</u>	Contact phone _____																
Contact email	<u>See summary page</u>	Contact email _____																
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____																		
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

6.	Do you have any number you use to identify the debtor?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: ____
7.	How much is the claim? \$ _____	Does this amount include interest or other charges? <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).
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. <u>Ortho Implants / Tools for surgery</u>	
9.	Is all or part of the claim secured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.	Nature or property: <input type="checkbox"/> Real estate: If the claim is secured by the debtor's principle 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: _____ 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 amount 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) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10.	Is this claim based on a lease? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes.	Amount necessary to cure any default as of the date of the petition. \$ _____
11.	Is this claim subject to a right of setoff? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 all that apply:☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Amount entitled to priority

\$ _____

☐ 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.

\$ _____

* 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.

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. 503(b)(9)?

☒ No☐ Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ _____

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 acknowledgement 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 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 01/30/2025
MM / DD / YYYY

/s/Jacqueline Mendoza
Signature

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

Name Jaqueline Mendoza
First name Middle name Last name

Title Senior Accounts Receivable Specialist

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

Address

Contact phone _____ Email _____



Case: 24-12862 Doc: 318 Filed: 06/02/25 Page: 29 of 33
Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 967-1781 | International +1 310-751-2681

Debtor: 24-12862 - Hospital for Special Surgery, LLC dba OneCore Health		
District: Western District of Oklahoma, Oklahoma City Division		
Creditor: TriMed Inc. 27533 Ave Hopkins Santa Clarita, CA, 91355 United States Phone: 661-255-7406 Phone 2: EX: 119 Fax: 661-254-8485 Email: Jaquelinemendoza@trimedortho.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Creditor	
Other Names Used with Debtor: N/A	Amends Claim: No Acquired Claim: No	
Basis of Claim: Ortho Implants / Tools for surgery	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim:	Includes Interest or Charges: No	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:	
Submitted By: Jaqueline Mendoza on 30-Jan-2025 6:11:59 p.m. Eastern Time Title: Senior Accounts Receivable Specialist Company: TriMed Inc.		

3:04 PM

01/30/25

Accrual Basis

TriMed, Inc.
Invoices for Onecore Health - OK
All Transactions

<u>Date</u>	<u>Num</u>	<u>P.O. Number</u>	<u>Amount</u>	<u>Open Balance</u>
10/14/2024	316696	OCH18094	850.00	850.00
09/30/2024	315867		2,029.00	2,029.00
09/26/2024	315669	OCH18086	2,855.00	2,855.00
Total			5,734.00	5,734.00

TriMed, Inc.

P.O. Box 55189
Valencia, CA 91385-0189

Ph: 661-255-7406

Fax: 661-254-8485

INVOICE**316696****P.O. #****OCH18094****BILL TO:**

Onecore Health
 Attn: Accounts Payable
 100 NE 85th St
 Oklahoma City, OK 73114

SHIP TO:

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

DATE	Set#	RGA #	Sales Rep	AIRBILL	Surgeon	DOS	PT
10/14/2024	AFS0174		Cody Quine	FROM LOANER	EMERSON	10/04/2024	I.C

QTY	ITEM	LOT #	DESCRIPTION	RATE	AMOUNT
	ORDER - MISC		msheehan	0.00	0.00
	Bill Only Loaner				0.00
2	CCS4.0-40	23391	Cannulated Comprs Screw 4.0, 40mm	190.00	380.00
1	CCS4.0-45	93392	Cannulated Comprs Screw 4.0, 45mm	190.00	190.00
1	CCS4.0-50	170296	Cannulated Comprs Screw 4.0, 50mm	190.00	190.00
2	WIRE-1.6/150	AP21116	K-Wire 1.6, 150mm	20.00	40.00
	Shipping		Shipping	50.00	50.00
			04NOV2024 Invoice Change: Update invoice as per PO ~JMZ		
	PO Applied - Emailed- ...		B: 04NOV2024 ~JMZ	0.00	0.00

Total \$850.00

Payments Applied \$0.00

Balance Due \$850.00

Due Date

10/14/2024

TriMed, Inc.

P.O. Box 55189
Valencia, CA 91385-0189

Ph: 661-255-7406

Fax: 661-254-8485

INVOICE**315867****P.O. #****BILL TO:**

Onecore Health
 Attn: Accounts Payable
 100 NE 85th St
 Oklahoma City, OK 73114

SHIP TO:

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

DATE	Set#	RGA #	Sales Rep	AIRBILL	Surgeon	DOS	PT
9/30/2024	W1388		Cody Quine	FROM LOANER	EMERSON	09/28/2024	A.S

QTY	ITEM	LOT #	DESCRIPTION	RATE	AMOUNT
	ORDER - MISC		msheehan	0.00	0.00
	Bill Only Loaner				0.00
1	VLBPR-3-7N	CB23090	VolarBearingPlt,Rt,3-Hole,7-Peg N	1,008.00	1,008.00
1	TPEG-16	16047	Torx Threaded Peg, 16mm	90.00	90.00
2	UPEG-20	95503	Torx Unthreaded Peg, 20mm	90.00	180.00
2	UPEG-22	SY21043	Torx Unthreaded Peg, 22mm	90.00	180.00
1	HEX3.2-12	SY21091	Hex Cortical Screw 3.2, 12mm	77.00	77.00
2	LHEX3.2-12	96118A	Locking Hex Screw 3.2, 12mm	90.00	180.00
2	WIRE-1.1/100	93288	K-Wire 1.1, 100mm	18.00	36.00
1	DRILL-1.8/090	AC23068	Drill 1.8, 90mm AKA DRILL-1.8	114.00	114.00
1	DRILL-2.3/080	AP23201	Drill 2.3, 80mm	114.00	114.00
	Shipping		Shipping	50.00	50.00

Total \$2,029.00

Payments Applied \$0.00

Balance Due \$2,029.00

Due Date	9/30/2024
-----------------	------------------

TriMed, Inc.

P.O. Box 55189
Valencia, CA 91385-0189

Ph: 661-255-7406

Fax: 661-254-8485

INVOICE**315669****P.O. #****OCH18086****BILL TO:**

Onecore Health
 Attn: Accounts Payable
 100 NE 85th St
 Oklahoma City, OK 73114

SHIP TO:

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

DATE	Set#	RGA #	Sales Rep	AIRBILL	Surgeon	DOS	PT
9/26/2024			Cody Quine	7444 4330 3937	EMERSON	09/23/2024	S.R

QTY	ITEM	LOT #	DESCRIPTION	RATE	AMOUNT
	ORDER - MISC		msheehan	0.00	0.00
1	VLBPL-3-7N	CB24014	VolarBearingPlt,Lt,3-Hole,7-Peg N	1,260.00	1,260.00
1	TPEG-18	2024240203	Torx Threaded Peg, 18mm	115.00	115.00
3	TPEG-20	2024-240194	Torx Threaded Peg, 20mm	115.00	345.00
1	TPEG-22	96714	Torx Threaded Peg, 22mm	115.00	115.00
1	UPEG-18	SY23214	Torx Unthreaded Peg, 18mm	115.00	115.00
1	UPEG-20	SY23215	Torx Unthreaded Peg, 20mm	115.00	115.00
1	HEX3.2-12	SY24038	Hex Cortical Screw 3.2, 12mm	100.00	100.00
1	HEX3.2-14	SY24042	Hex Cortical Screw 3.2, 14mm	100.00	100.00
2	LHEX3.2-12	16868	Locking Hex Screw 3.2, 12mm	115.00	230.00
2	WIRE-1.1/100	107855	K-Wire 1.1, 100mm	20.00	40.00
1	DRILL-1.8/090	AP24008	Drill 1.8, 90mm AKA DRILL-1.8	135.00	135.00
1	DRILL-2.3/080	AP23200	Drill 2.3, 80mm	135.00	135.00
	Shipping		Shipping	50.00	50.00
			04NOV2024 Invoice Change: Update invoice as per PO ~JMZ		
	PO Applied - Emailed- REP		B: 04NOV2024 ~JMZ	0.00	0.00

Total \$2,855.00

Payments Applied \$0.00

Balance Due \$2,855.00

Due Date

9/26/2024