

**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 NOTICE AGENT REGISTRY CLAIM
NO. 25 FILED BY INNOVICE, LLC, 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. 50 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.

Hospital for Special Surgery, LLC *dba* OneCore Health (“OneCore” or the “Reorganized Debtor”) hereby submits this Objection (the “Objection”) to Notice Agent Registry Claim No. 25 filed by Innovice, LLC (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 the Claim on January 8, 2025. *See* Proof of Claim No. 25, attached hereto as **Exhibit 1**.
2. The Claim is for goods sold in the amount of \$2,570.76. *Id.*
3. Claimant attaches two invoices in support of the Claim. Invoice No. 8105 was issued to OneCore for \$690.00. Invoice No. 8036 was issued to an entity called Surgical Hospital of Oklahoma for \$1,880.76. *See* Attachments to Ex. 1.
4. The Reorganized Debtor does not object to Invoice No. 8105 in the amount of \$690.00, however, the Reorganized Debtor does object to Invoice No. 8036, which was issued to a different entity and does not reflect a debt incurred by OneCore.

Jurisdiction, Venue, and Statutory Predicates for Relief

5. The Court has jurisdiction to consider this Objection pursuant to 28 U.S.C. §§ 157 and 1334 and rule 81.4(a) of the Local Civil Rules of the United States District Court for the

Western District of Oklahoma. This matter is a core proceeding pursuant to 28 U.S.C. § 157(b). Venue is proper in the Court pursuant to 28 U.S.C. §§ 1408 and 1409.

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

Relief Requested

7. The Reorganized Debtor respectfully requests that the Court enter an order fixing the Allowed amount of the Claim as \$690.00.

Basis for Relief

8. Pursuant to section 502(b) of the Bankruptcy Code, the Claim is “unenforceable against the [D]ebtor and property of the [D]ebtor” in the amount that is attributable to a different entity because the Reorganized Debtor should not be required to pay for debts it has not incurred.

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

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

Reservation of Rights

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

Notice

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

Conclusion

WHEREFORE, for the reasons set forth herein, the Reorganized Debtor respectfully requests that the Court enter an order fixing the Allowed amount of the Claim as \$690.00 and granting such other and further relief as is just and proper.

Dated: June 12, 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

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Attorneys for the Reorganized Debtor

Certificate of Service

The undersigned hereby certifies that on June 12th, 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:

Innovice, LLC
P.O. Box 803
Council Bluffs, IA 51503

s/ Craig M. Regens
Craig M. Regens

EXHIBIT 1

Innovice LLC Proof of Claim No. 25

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>INNOVICE LLC</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?	Where should notices to the creditor be sent? <u>INNOVICE LLC</u> <u>PO BOX 803</u> <u>Council Bluffs, IA 51503, United States</u> Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) Contact phone <u>800-470-1236</u> Contact email <u>jeff@innoviceusa.com</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>2570.76</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>Goods Sold</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 01/08/2025

MM / DD / YYYY

/s/Sherry Decker

Signature

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

Name Sherry Decker

First name

Middle name

Last name

Title Director of FinanceCompany Innovice, LLC

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

Address _____

Contact phone _____

Email _____



Case: 24-12862 Doc: 326 Filed: 06/12/25 Page: 11 of 13
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: INNOVICE LLC PO BOX 803 Council Bluffs, IA, 51503 United States Phone: 800-470-1236 Phone 2: Fax: Email: jeff@innoviceusa.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:	
Amends Claim: No Acquired Claim: No		
Basis of Claim: Goods Sold	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim: 2570.76	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: Sherry Decker on 08-Jan-2025 11:44:27 a.m. Eastern Time Title: Director of Finance Company: Innovice, LLC		

Innovice LLC
300 West Broadway Ste 8
Council Bluffs, IA 51503



INVOICE

BILL TO:

Surgical Hospital of Oklahoma
100 SE 59th Street
Oklahoma City, OK 73129
Prepay & Add

SHIP TO:

Surgical Hospital of Oklahoma
100 SE 59th Street
Oklahoma City, OK 73129
405-384-9125

Invoice # 8036

DATE 4/2/2024

DUE DATE 5/2/2024

P.O. Number PO2305

SHIP DATE

4/2/2024

SHIP VIA

UPS

SHIPPING INFO

Standard

TERMS

Net 30

ITEM#	DESCRIPTION	LOT #	QTY	RATE	AMOUNT
400454	STERILE, Ready-to-Use Prontosan Wound Irrigation Solution 350 mL	22266M51	1	600.00	600.00T
400230	1000 mL Prontosan Wound Irrigation Solution w/Sterile Solution Adapter 1000mL	22083M44	1	1,090.00	1,090.00T
Box #	Box #:3018,0540				0.00
Shipping	Tracking #: 1Z88X7W00331125664		1	45.00	45.00

SUBTOTAL

\$1,880.76

SALES TAX (8.625%)

\$145.76

BALANCE DUE

\$1,880.76

Innovice LLC
300 West Broadway Ste 8
Council Bluffs, IA 51503



INVOICE

BILL TO:

OneCoreHealth
100 NE 85th Street
Oklahoma City, OK 73114
Prepay & Add

SHIP TO:

OneCoreHealth
100 NE 85th Street
Oklahoma City, OK 73114
405-609-6112

Invoice # 8105

DATE 4/10/2024

DUE DATE 5/10/2024

P.O. Number OCH15922

SHIP DATE

4/10/2024

SHIP VIA

Fed Ex Express

SHIPPING INFO

Overnight

TERMS

Net 30

ITEM#	DESCRIPTION	LOT #	QTY	RATE	AMOUNT
400454	STERILE, Ready-to-Use Prontosan Wound Irrigation Solution 350 mL	22266M51	1	600.00	600.00T
Box #	Box #:3079				0.00
Shipping	Tracking #: 775902325555 (Overnight requested)		1	90.00	90.00

SUBTOTAL \$690.00

SALES TAX (0.0%) \$0.00

BALANCE DUE \$690.00