

UNITED STATES BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF TEXAS
Victory Medical Center Mid-Cities, LP, et al. Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
P.O. Box 4412
Beaverton, OR 97076-4412

Name of Debtor:

Case Number:

VICTORY MEDICAL CENTER LANDMARK LP 15-42382-RFN 11

NOTE: With the exception of 503(b)(9) claims (see section 6 below), do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503. You may use this form for § 503(b)(9) claims.

Name and address where notices should be sent:

*MicroPort ORTHOPEDICS
c/o COMMERCIAL COLLECTION BUREAU
149 THOMPSON AVE E #214
WEST ST. PAUL, MN 55118-3238*

Telephone number:

Email:

651.493.9641

JHUNTER@CCBUREAU.COM

Name and address where payment should be sent (if different from above):

Telephone number:

Email:

PROOF OF CLAIM

COURT USE ONLY

Filed: USBC - Northern District of Texas
Fort Worth Division
Victory Medical Center Mid-Cities, LP
15-42373 (RFN)



0000000007

☐ Check this box if this claim amends a previously filed claim.

Court Claim Number:

(If known)

Filed on:

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.

RECEIVED

JUN 29 2015

LEGAL SERVICES

COURT USE ONLY

5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.

☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Wages, salaries or commissions (up to \$12,475), earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507(a)(4).

☐ Contributions to an employee benefit plan – 11 U.S.C. § 507(a)(5).

☐ Up to \$2,775 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507(a)(7).

☐ Taxes or penalties owed to governmental units – 11 U.S.C. § 507(a)(8).

☐ Other – Specify applicable paragraph of 11 U.S.C. § 507(a)(_____).

Amount entitled to priority:

\$ _____

1. Amount of Claim as of Date Case Filed: \$ 28,830.65

If all or part of the claim is secured, complete item 4.

If all or part of the claim is entitled to priority, complete item 5.

If all or part of the claim qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9), complete item 6.

☒ Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest charges.

2. Basis for Claim: GOODS SOLD

(See instruction #2)

3. Last four digits of any number by which creditor identifies debtor: 5013

3a. Debtor may have scheduled account as: _____

(See instruction #3a)

3b. Uniform Claim Identifier (optional): _____

(See instruction #3b)

4. Secured Claim (See instruction #4)

Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.

Amount of arrearage and other charges, as of time case was filed, included in secured claim, if any:

\$ _____

Nature of property or right of setoff:

☐ Real Estate ☐ Motor Vehicle ☐ Other

Basis for perfection: _____

Describe: _____

Amount of Secured Claim: \$ _____

Value of Property: \$ _____

Amount Unsecured: \$ _____

Annual Interest Rate _____% ☐ Fixed or ☐ Variable
(when case was filed)

6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9): \$ _____

(See instruction #6)

7. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)

8. 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. If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #8 and definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

9. Signature: (See instruction #9) Check the appropriate box:

☐ I am the creditor. ☒ I am the creditor's authorized agent.

☐ I am the trustee, or the debtor, or their

☐ I am a guarantor, surety, indorser, or other codebtor.

(Attached a copy of power of attorney, if any.) authorized agent. (See Bankruptcy Rule 3004.) (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Jon Hunter

Title: Collection Manager

Company: Commercial Collection Bureau

(Date)

(Signature)

6/25/15

Address, telephone number, and email
(if different from notice address above):

Telephone number: _____

Email: _____

MICROPORT ORTHOPEDICS ACCOUNT 215013

Victory Landmark Med Ctr

TOTAL DUE **\$** **28,830.65**

Microport Invoices

Open Balance	Bankruptcy Filing Date	Invoice Date	Days Past Due	Interest
\$ 15,035.15	6/12/2015	12/5/2014	189	\$ 956.48
\$ 9,051.88	6/12/2015	3/5/2015	99	\$ 174.09
				\$ 1,130.57 Interest Total

\$ 24,087.03	Invoice Total (i.e. Principal Due)
\$ 3,613.05	Collection Cost (15% of Principal Due)
\$ 1,130.57	Interest Due (1.5% PER MONTH)

\$ 28,830.65 TOTAL DUE



Remit to:
MicroPort Orthopedics, Inc.
P.O. Box 842005
Dallas, TX 75284-2005
901-867-4511
Cynthia.Wescott@ortho.microport.com

May 19, 2015

Statement of Account
VICTORY LANDMARK MED CTR*COD*
Customer # 215013

Invoice No.	PO #>	Balance Due	Inv Date	Due Date	Days Beyond Terms
4449428	9409	15,035.15	12/05/2014	01/04/2015	135
4480264	11627	9,051.88	03/05/2015	03/05/2015	75
TOTAL		24,087.03			

We share information with Dun and Bradstreet. Please contact me if you have any questions.

MicroPort Orthopedics, Inc.
Cindy Wescott
Sr. Revenue Specialist
Office: 901.867.4511|Fax: 901.867.8438
Cynthia.Wescott@ortho.microport.com



Remit to:
MicroPort Orthopedics Inc
PO Box 842005
DALLAS TX 75284-2005
United States
1-866-872-0211

INVOICE	
Invoice Number	4449428
Order Date	11/25/14
Invoice Date	12/05/14
Order Number	3329333 S1
Branch/Plant	D013
Page	1 of 1
Currency	USD
Due Date	01/04/15

Bill To: 215013

Ship To: 215013

VICTORY LANDMARK MED CTR**COD**
5330 N LOOP 1604 W
SAN ANTONIO TX 78249

VICTORY LANDMARK MED CTR**COD**
5330 N LOOP 1604 W
SAN ANTONIO TX 78249



Territory		Customer P.O.		Terms		Shipping Method			
013		9409		Net 30 Days - MicroPort		SD			
Price Sched	Sales Person	Item Number	Description	Lot Number	Qty Shpd	UM	BO Qty	Price	Extended Price
		213220 14103000	ORTHOSET® III BONE CEMENT 40 GRAMS	14W100	2	EA		250.00	500.00
		213220 EFSRN3PL	EVOLUTION® MP FEM CS/CR NON-POR SIZE 3 PRIMARY LEFT	1543160	1	EA		5052.00	5,052.00
		213220 KPONTP29	ADVANCE® ONLAY ALL-POLY PATELLA 29mm TRI-PEG	1560969	1	EA		1180.00	1,180.00
		213220 K0001288	ADVANCE® EVOLUTION® PIN PACK 3 LONG & 2 COLLARED STERILE	1564200	1	EA		673.00	673.00
		213220 EIS4S12L	EVOLUTION® MP™ CS INSERT SIZE 4 STANDARD 12MM LEFT	1549610	1	EA		2924.00	2,924.00
		213220 ETPKN4SL	EVOLUTION® MP TIB KEELED NONPOR SIZE 4 STANDARD LEFT	1550638	1	EA		4275.00	4,275.00
		213220 FREIGHTS1	SHIPPING / HANDLING		1	EA		47.00	47.00
		213220 55500003	KIT USAGE FEE		1	EA		300.00	300.00

COMMENTS

DOS 11.25 DR BUSTAMANTE CF 11.25 3:15P

Net Sales

Tax

Shipping/Misc
Charges

Invoice Total

\$14,904.00

\$84.15

\$47.00

\$15,035.15

Total
Qty

8

4449428



The price on this invoice is net of discounts provided at the time of purchase. Some of the products listed on this invoice may be subject to additional discounts. You may have an obligation to report discounts and credits to Medicare, Medicaid or other state health programs.



Remit to:
MicroPort Orthopedics Inc
PO Box 842005
DALLAS TX 75284-2005
United States
1-866-872-0211

INVOICE	
Invoice Number	4480264
Order Date	02/24/15
Invoice Date	03/05/15
Order Number	3350854 S1
Branch/Plant	D013
Page	1 of 1
Currency	USD
Due Date	03/05/15

Bill To: 215013

Ship To: 215200

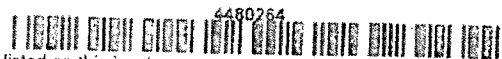
VICTORY LANDMARK MED CTR**COD**
2201 TIMBERLOCH PL #200
ATTN: A/P
THE WOODLANDS TX 77380

VICTORY LANDMARK MED CTR
5330 N LOOP 1604 W
SAN ANTONIO TX 78249

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Territory		Customer P.O.		Terms		Shipping Method					
013		11627		Cash On Delivery -		SD					
Price Sched	Sales Person	Item Number	Description	Lot Number	Qty Shpd	UM	BO Qty	Price	Extended Price		
	213220	18080303	CANCELLOUS SELF-TAPPING 6.5MM BONE SCREW 3.0cm LENGTH	1576523	1	EA		373.00	373.00		
	213220	18080301	CANCELLOUS 6.5MM SELF-TAPPING BONE SCREW 2.0cm LENGTH	1569100	1	EA		373.00	373.00		
	213220	18080302	CANCELLOUS SELF-TAPPING 6.5MM BONE SCREW 2.5cm LENGTH	1576518	1	EA		373.00	373.00		
	213220	FREIGHTS1	SHIPPING / HANDLING		1	EA		47.00	47.00		
	213220	38NS0N35	CONSERVE® TOTAL SHORT NECK SLEEVE ADDED CLEARANCE	1567794	1	EA		335.00	335.00		
	213220	PHA00266	PROFEMUR® Z FEMORAL STEM S 4 1/3 TP COATED CEMENT LESS	1552934	1	EA		1575.00	1,575.00		
	213220	PHAC1234	PROFEMUR® NECK A/R 5DG LONG COBALT CHROME	1543395	1	EA		1189.00	1,189.00		
	213220	DBFRGE54	DYNASTY® BF SHELL REVISION 54MM GROUP E	1519341	1	EA		2333.00	2,333.00		
	213220	DLXPLE38	DYNASTY® A-CLASS® 38MM 15DG GROUP E CROSSLINKED POLY LINER	1542527	1	EA		846.00	846.00		
	213220	38AC3800	CONSERVE® TOTAL A-CLASS® 38MM FEMORAL HEAD	1572004	1	EA		1604.00	1,604.00		
COMMENTS				Net Sales		Tax		Shipping/Misc Charges		Invoice Total	
DOS 2 24 DR BUSTAMANTE CF 2 24 12:10P				\$9,001.00		\$3.88		\$47.00		\$9,051.88	
								Total Qty		9	

The price on this invoice is net of discounts provided at the time of purchase. Some of the products listed on this invoice may be subject to additional discounts. You may have an obligation to report discounts and credits to Medicare, Medicaid or other state health programs.





New Customer Application for Open Credit

Legal Name of Company Victory Medical Center Landmark LP		<input type="checkbox"/> Incorporated <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Government <input type="checkbox"/> State/Community Owned <input type="checkbox"/> Other _____	
Address 5330 North Loop 1604 W		Federal Tax ID # 38-3899689	Duns # (D&B Number) N/A
City San Antonio	State Texas	Zip 78249	Phone # 210-877-8000
Name of Principal(s) Robert N. Helms, Jr.	Title of Principal(s) Chairman/CEO	Social Security #(s) N/A	281-863-2100
Trade Name (dba) N/A	Parent Company Name Victory Healthcare	Years in Business >3 years	Est. Monthly Purchases
Billing/Mailing Address (if different from above) 2201 Timberloch Pl #200		City, State, Zip The Woodlands, TX 77380	
A/P Contact Name Kelly Powell	A/P Phone # 281-863-2163	A/P Fax # 281-863-2291	A/P Email Address accountspayable@victory-

BANK REFERENCE

Name of Bank See Attachment	Street Address	City, State, Zip	
Account #	Name of Contact	Phone Number	Fax Number

MAJOR TRADE REFERENCES

Company Name See Attachment	Street Address	City, State Zip	
Account #	Name of Contact	Phone Number	Fax Number
Company Name	Street Address	City, State Zip	
Account #	Name of Contact	Phone Number	Fax Number
Company Name	Street Address	City, State Zip	
Account #	Name of Contact	Phone Number	Fax Number

AUTHORIZATION

To induce MicroPort Orthopedics, Inc. to extend a line of credit for purchases under credit sales terms as stated on invoices, we authorize MicroPort Orthopedics, Inc. to inquire on the references and bank listed above. We also understand that this information will be held in strict confidence and be used solely for the consideration of extension of credit to us. The applicant does hereby agree and accept all terms and conditions as outlined in this application in addition to reimbursing MicroPort Orthopedics, Inc. for all costs of collection including reasonable attorney fees should such action become necessary. The individual signing this document affirms that he or she has all the requisite power and authority necessary to execute this application on behalf of the applicant. Applicant acknowledges that from time-to-time, instruments and inventory of MicroPort Orthopedics, Inc. may be stored on the premises of applicant for the convenience of applicant and that all such inventory and instruments shall remain the property of MicroPort Orthopedics, Inc. unless and until an invoice for such inventory and instruments is issued by MicroPort Orthopedics, Inc. to applicant. Applicant agrees to execute and deliver documentation requested by MicroPort Orthopedics, Inc. to evidence such ownership by MicroPort Orthopedics, Inc.

TERMS OF SALES ARE NET 30 DAYS FROM DATE OF INVOICE. MicroPort Orthopedics, Inc. reserves the right to charge interest at the rate of 1 1/2% per month or the maximum rate allowed by law on all account balances past due. Customer acknowledges that payment is required on all purchases regardless of whether Customer is ultimately reimbursed by a third-party for such purchase.

Signed <i>R. Shannon Osteen</i>	Title VP Finance
Printed Name R. Shannon Osteen	Date 12-11-14



APPLICATION FOR CREDIT

Legal Name: Victory Parent Company, LLC
Db: Victory Healthcare
2201 Timberloch Place, Suite 200
The Woodlands, Texas 77380
(281) 863-2100 main
(281) 292-2773 fax
EIN: 45-1803191

Type of Business: General and Surgical Hospital
Years in Business: 3
Sales Tax: Taxable

Contact Info:

Accounts Payable
Email: accountspayable@victory-healthcare.com
Phone: (281) 863-2163
Fax: (281) 292-2291

Bank Reference:

Independent Bank
4120 Bellaire
Houston, Texas 77025
(713) 600-6760
Attn: Larry Massey
[REDACTED]

Trade References:

Arthrex, Inc.
1370 Creekside Blvd.
Naples, FL 34108
(800) 933-7001
[REDACTED]

Office Depot

6225 West by Northwest Blvd.
Houston, TX 77040
(713) 996-3293
[REDACTED]

CCB

149 Thompson Ave E
Suite 214
West St. Paul, MN 55118

ST PAUL MN 551

26 JUN 2015 PM 8 L



RECEIVED

JUN 29 2015

LEGAL SERVICES

VICTORY MEDICAL CENTER MID-CITIES, LP, et al. CLAIMS
PROCESSING CENTER
C/O EPIQ BANKRUPTCY SOLUTIONS LLC
PO BOX 4412
BEAVERTON, OR 97076-4412

97076+0412

