

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION**

IN RE: Walker County Hospital Corporation d/b/a Huntsville Memorial Hospital Debtor(s)	§ § § § §	Chapter 11 Case No. 19-36300 (DRJ) (Jointly Administered)
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**FIRST MONTHLY FEE STATEMENT OF SUSAN N. GOODMAN
AS PATIENT CARE OMBUDSMAN
FOR ALLOWANCE OF COMPENSATION FOR SERVICES RENDERED AND
REIMBURSEMENT OF EXPENSES FOR PERIOD OF DECEMBER 11 TO 31, 2019**

Name of Applicant	Susan N. Goodman
Authorized to provide professional services as:	Healthcare Ombudsman
Effective date of retention:	December 11, 2019
Period for which compensation and reimbursement is sought:	December 11 to 31, 2019
Amount of compensation sought as actual, reasonable, and necessary:	\$6,075.00
Amount of expense reimbursement sought as actual, reasonable, and necessary:	\$1,371.11
Total amount compensation (at 80%) and expenses (at 100%) authorized to be paid per monthly fee application:	\$6,231.11
Blended rate for ombudsman (19.2 hours total)	\$316.41

1. Pursuant to sections 333, 330, and 331 of title 11 of the United States Code (the “**Bankruptcy Code**”), Rule 2016 of the Fed. R. Bankr. P. (the “**Bankruptcy Rules**”), Rule 2016-1 of the Bankruptcy Local Rules for the Southern District of Texas (the “**Bankruptcy Local Rules**”), the *Agreed Order Directing United States Trustee to Appoint a Patient Care Ombudsman Under 11 U.S.C. § 333* [Docket No. 154, December 10, 2019] and *Notice of Appointment of Patient Care Ombudsman Under 11 U.S.C. § 333* [Docket No. 156, December 11, 2019], and the *Oder Establishing Procedures for Interim Compensation and Reimbursement of Expenses for Professionals* (the “**Interim Compensation Order**”), the Patient Care Ombudsman (the “**PCO**” or “**Applicant**”) hereby files this monthly fee statement (the “**Monthly Fee Statement**”) for (a) compensation in the amount of \$4,860.00 for the reasonable

and necessary ombudsman services PCO rendered from December 11, 2019 through December 31, 2019 (the “**Compensation Period**”) (80% of \$6,075.00) and (b) reimbursement for 100% of the actual and necessary expenses that PCO incurred, in the amount of \$1,371.11 during the Compensation Period.

Services Rendered and Disbursements Incurred

2. PCO’s spent a total of 19.2 hours engaged in her role, billing for 16.2 hours at a rate of \$375.00/hour. PCO’s total earned fees were \$6,075.00, with a resultant blended billing rate of \$316.41 per hour. PCO’s time is all appropriately classified under a general case administration task code. Expenses incurred during the Compensation Period, segregated by expense type are:

Expense Category	Total Amount
Airfare	\$962.87
Car Rental	\$122.24
Hotel	\$219.26
Meals	\$30.74
Parking Fees/Tolls	\$36.00
TOTAL	\$1,371.11

3. Attached as **Exhibit A** is a summary of PCO’s time billed, as well as summaries related to total fees and expenses both billed and previously paid.

4. Attached as **Exhibit B** is the detailed invoice supporting PCO’s compensation and expenses requested for the Compensation Period.

Reservations

5. This Monthly Fee Statement includes all the information and supporting detail regarding fees and expenses available to the PCO at the time of the filing of this Monthly Fee Statement. If additional information and supporting detail in connection with this Compensation Period should become available, as a result of delays in accounting processing or an inadvertence

with respect to time entered in the accounting system, or any other valid reason, PCO reserves the right to make an application to the Court for an allowance of such fees and expenses not included in this Monthly Statement.

Notice

6. Pursuant to the Interim Compensation Order, notice of this Monthly Fee Statement shall be served upon:

- a. the Debtor, Walker County Hospital Corporation, Attn: Steven Smith, P.O. Box 4001, Huntsville, TX 77342-4001;
- b. counsel to Debtor, Waller Lansden Dortch & Davis, LLP, Attn: Blake Roth, 511 Union Street, Suite 2700, Nashville, TN 37219, blake.roth@wallerlaw.com;
- c. counsel to MidCap Funding IV Trust (a) Vedder Price P.C., Attn: Michael M. Eidelman and David L. Kane, 222 North LaSalle Street, Chicago, IL 60601, meidelman@vedderprice.com and dkane@vedderprice.com and (b) Porter Hedges, LLP, Attn: John F. Higgins, 1000 Main Street, 36th Floor, Houston, TX 77002, jhiggins@porterhedges.com;
- d. counsel to the Official Committee of Unsecured Creditors (a) Arent Fox LLP, Attn: Andrew I. Silfen and George P. Angelich, 1301 Avenue of the Americas, Floor 42, New York, NY 10019, andrew.silfen@arentfox.com and george.angelich@arentfox.com and (b) Gray Reed & McGraw LLP, Attn: Jason S. Brookner, 1300 Post Oak Blvd., Suite 2000, Houston, TX 77056, jbrookner@grayreed.com; and,
- e. the Office of the United States Trustee, Attn: Stephen Statham, 515 Rusk Street, Houston, Texas 77002, Stephen.Statham@usdoj.gov.

WHEREFORE, PCO, in connection with services rendered on behalf of the patients cared for by the Debtor, respectfully requests (a) allowance of compensation and reimbursement in the amount of (i) \$4,860.00 for reasonable and necessary professional services rendered (80% of \$6,075.00) and (ii) \$1,371.11 for 100% of actual and necessary costs and expenses incurred during the Compensation Period, for a total of \$6,231.11 and (b) payment of the foregoing sums.

DATED: January 21, 2020

By: /s/Susan N. Goodman, RN JD AZ Bar 019483
PIVOT HEALTH LAW, LLC
P.O. Box 69734
Oro Valley, AZ 85737
Ph: 520.7447061; Fax: 520.575.4075
sgoodman@pivotohealthaz.com
Patient Care Ombudsman



EXHIBIT A
Fee Statement Summary

Case Name: Walker County Hospital Corp.

Case No: SD TX HOU 19-36300

12/11/2019 to 12/31/2019

Cumulative Totals to Date					
	FEES BILLED	COSTS BILLED	HOLDBACK	FEES PAID	COSTS PAID
	\$6,075.00	\$1,371.11	\$1,215.00	\$0.00	\$0.00
Date:	21-Jan-20		Objection Deadline:	4-Feb-20	

MO/YR	PROFESSIONAL	RATE/HR	HOURS BILLED	TOTAL	HOLDBACK	AMT DUE
Dec-19	SUSAN N. GOODMAN	\$375.00	16.2	\$6,075.00	\$1,215.00	\$4,860.00
	TOTAL FEES			\$6,075.00	\$1,215.00	\$4,860.00
	TOTAL COSTS			\$1,371.11	NA	\$1,371.11
	AMOUNT DUE			\$7,446.11		\$6,231.11

EXHIBIT B
Detailed Invoice

**Pivot Health Law, LLC**

P.O. Box 69734
Oro Valley, AZ 85737

Invoice**Invoice #:** 1044**Invoice Date:** 1/15/2020**Bill To:**

Walker Cty Hosp Corp
d/b/a Huntsville Memorial Hosp.
SD TX HOU 19-36300
File No. 43421

Invoice Period Dec 11 to 31, 2019 with expenses through 1st site visit

Date	Description	Hours/Qty	Rate	Amount
12/4/2019	Pre Appt Work r/t docket review and build interested parties list; build MML for labels; Draft Pro Hac Motion/Order and NOA	2	0.00	0.00
12/9/2019	Pre appt preparation re service list preparation	0.7	0.00	0.00
12/11/2019	Verified Stmt to UST;	0.1	375.00	37.50
12/12/2019	Pro hac order; file NOA; docket management/review relative to PCO role various obj cure amts and sale; SOFAs	1.1	375.00	412.50
12/13/2019	File NOA and docket management and interested parties updates consistent with role	0.2	375.00	75.00
12/15/2019	EML CEO re contact to discuss timing of first site visit in response Debtor counsel direction	0.1	0.00	0.00
12/16/2019	Attempted follow-up with leadership to get initial site visit scheduled	0.2	0.00	0.00
12/16/2019	docket management consistent with level of PCO role; EML follow up team re introduction call	0.2	375.00	75.00
12/17/2019	docket management/review consistent with PCO role - [DE 177; cure amts relative to patient impacts; DE 178 and document updates; DE 180; call with debtor counsel	0.6	375.00	225.00
12/19/2019	docket mgmt, DE 198 Robichaux Dec	0.2	375.00	75.00
12/19/2019	Docket management consistent with PCO role, update notice documents x3 [DEs 185, 186, 194, 196, 197]	0.6	375.00	225.00
12/20/2019	DE 202 Interim Comp Order; docket mgmt relative to PCO role [DE 201, 203]	0.3	375.00	112.50
12/25/2019	Docket management and notice updates for DEs 214, 215, 216, 218	0.3	375.00	112.50
12/28/2019	Docket mgmt consistent with role [DE 222-224]	0.2	375.00	75.00

Total**Payments/Credits****Balance Due**

**Pivot Health Law, LLC**

P.O. Box 69734
Oro Valley, AZ 85737

Invoice**Invoice #:** 1044**Invoice Date:** 1/15/2020

Invoice Period Dec 11 to 31, 2019
with expenses through 1st site visit

Bill To:

Walker Cty Hosp Corp
d/b/a Huntsville Memorial Hosp.
SD TX HOU 19-36300
File No. 43421

Date	Description	Hours/Qty	Rate	Amount
12/29/2019	1/2 rate non-working travel (discounted further) TUS to PHX to HOU to Huntsville (2.5); initial walk grounds/hospital in anticipation site visit and follow-up EMLs (.7)	3.2	375.00	1,200.00
12/30/2019	Draft 2015.1 posting (.3); docket management and revise patient posting in lieu service (.2 NC); Site visit (9.0 hour - bill 7.5); review sale order (.2)	8	375.00	3,000.00
12/31/2019	1/2 rate NW travel Huntsville to HOU (1.5/2); update UST (.2 NC); Prepare and file 2015.1 pleading (.5)	1.2	375.00	450.00
	Subtotal Professional Services Fees			6,075.00
12/19/2019	Walker County/Huntsville SV 1 AIRFARE		651.98	651.98
12/19/2019	SV 1 Split Airfare WMH and Huntsville		310.89	310.89
12/29/2019	Huntsville SV 1 MEALS Cane's		8.35	8.35
12/30/2019	Huntsville MEALS SV1 Olive Garden		22.39	22.39
12/31/2019	Huntsville HOTEL SV 1 Hampton Inn Huntsville TX		219.26	219.26
12/31/2019	Huntsville CAR RENTAL SV 1		107.74	107.74
12/31/2019	Huntsville CAR RENTAL Fuel Timewise 177 Spring TX		14.50	14.50
1/3/2020	Walker Cty/Huntsville: Parking Charges Site Visit #1		36.00	36.00
	Total Reimbursable Expenses			1,371.11

Total	\$7,446.11
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Payments/Credits	\$0.00
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Balance Due	\$7,446.11
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