

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF GEORGIA
ROME DIVISION

RECEIVED

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BMC GROUP

IN RE:) CHAPTER 11
)
HUTCHESON MEDICAL CENTER, INC.)
and HUTCHESON MEDICAL DIVISION,) Jointly Administered Under
INC.,) CASE NO. 14-42863-pwb
)
)
Debtors.

REQUEST FOR ALLOWANCE AND PAYMENT OF
ADMINISTRATIVE EXPENSE CLAIM PURSUANT TO 11 U.S.C. § 503

COMES NOW the claimant identified below and hereby requests the allowance of an administrative expense claim pursuant to Section 503 of the Bankruptcy Code, arising from November 20, 2014 through November 20, 2015, showing the following:

CLAIMANT'S NAME AND ADDRESS: Steve D Daugherty, D.O.
3575 Cherokee Valley Rd
Ringsdale, GA 30736

Amount of 11 U.S.C. § 503 Administrative Expense \$36,470.⁰⁰

1. The undersigned holds an administrative expense claim pursuant to 11 U.S.C. § 503 in the amount identified above against the following Debtor identified in these bankruptcy cases:

- Hutcheson Medical Center, Inc.
- Hutcheson Medical Division, Inc.

2. The consideration for this debt (or ground for this liability owed by the Debtor is as follows:

Hours worked as a Hospitalist
during August and September 2015. I have not
received any compensation for hours worked in
these 2 months

3. The administrative expense is entitled to administrative priority under 11 U.S.C. § 503(b) and 11 U.S.C. § 507(a)(2) because:

I was working as a contract physician
doing the duties of a Hospitalist. I was
contracted to receive \$190.⁰⁰ / hr for my
compensation and was employed on that basis.
The bulk of 2015, Total hours for August
+ September 2015 = 260 1/2 hrs.

Hutcheson Med POC
00396

4. A copy of the writing (invoice, purchase order, lease agreement, etc.) on which the administrative expense is founded, if any, is attached hereto or cannot be attached for the reason set forth in the statement attached hereto.

5. The amount of all payments on the administrative expense have been credited and deducted for the purpose of making this request.

6. The undersigned is aware that under 18 U.S.C. §§ 152 and 3571, the penalty for presenting a fraudulent claim in a bankruptcy case includes a fine of up to \$500,000 or imprisonment for up to five years, or both.

WHEREFORE, the undersigned requests that the Court allow the administrative expense or expenses requested herein, to be paid in accordance with the priorities set forth in the Bankruptcy Code and based upon availability of funds.

Dated: 1/24/2016

Name of Claimant: Stevie D Daugherty, D.O.

Signed: [Signature]

By (if appropriate): _____

As Its (if appropriate): _____

INSTRUCTIONS:

Mail the completed form by March 7, 2016, to the Clerk, United States Bankruptcy Court, Northern District of Georgia, Room 339, 600 East First Street, Rome, Georgia 30161, with a copy served on Trustee's Claims Agent: (i) if by overnight or hand delivery: BMC Group, Attn: Hutcheson Medical Center, Inc. Claims Processing, 300 Continental Blvd., #570, El Segundo, CA 90245; (ii) if by first class mail: BMC Group, Attn: Hutcheson Medical Center, Inc. Claims Processing, PO Box 90100, Los Angeles, CA 90009.

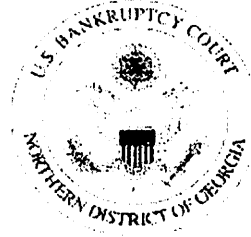
DISTRIBUTION LIST

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Scroggins & Williamson, P.C.
One Riverside
4401 Northside Parkway
Suite 450
Atlanta, GA 30327

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3333 Piedmont Road, NE, Suite 2500
Atlanta, GA 30303

David E. Lemke
Waller Lansden Dortch & Davis, LLP
511 Union Street, Suite 2700
Nashville, TN 37219



IT IS ORDERED as set forth below:

Date: January 7, 2016

Paul W. Bonapfel
U.S. Bankruptcy Court Judge

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF GEORGIA
ROME DIVISION**

IN RE:) **CHAPTER 11**
)
HUTCHESON MEDICAL CENTER, INC.) **Jointly Administered Under**
and HUTCHESON MEDICAL DIVISION,) **CASE NO. 14-42863-pwb**
INC.,)
)
Debtors.)

**ORDER AND NOTICE OF LAST DATE TO FILE APPLICATIONS
FOR PAYMENT OF ADMINISTRATIVE EXPENSE CLAIMS
ARISING ON OR BEFORE NOVEMBER 30, 2015**

The Trustee in these cases has filed a Motion to Set Administrative Claims Bar Date (the “**Motion**”) [Doc. 433]. The Court having determined that is appropriate to set a bar date, it is,

ORDERED AND NOTICE IS HEREBY GIVEN, as follows:

1. All individuals and entities who provided goods, services, or other consideration to the Debtors on or after **November 20, 2014** (the “**Petition Date**”) and who assert that they have not been paid in full (“**Post-Petition Claimants**”), except those listed in paragraph 5 below, **must** file a request for allowance of their claims substantially in the form attached to this order (a “**Request**

for Claim Allowance”) for all claims that arose between the Petition Date and November 30, 2015;

2. All Post-Petition Claimants, except those listed in paragraph 5 below, must file their Requests for Claim Allowance **no later than March 7, 2016** (the “Administrative Bar Date”). The Request for Claim Allowance **must** be filed with the Clerk, United States Bankruptcy Court, Northern District of Georgia, Room 339, 600 East First St., Rome, Georgia 30161-3187 or filed electronically through the CM/ECF system no later than the Administrative Bar Date. Post-Petition Claimants must also serve a copy of any Request for Claim Allowance upon the Claims Agent at the following address:

If by overnight or hand delivery:

BMC Group
Attn: Hutcheson Medical Center, Inc. Claims Processing
300 Continental Blvd., #570
El Segundo, CA 90245

If by First Class Mail:

BMC Group
Attn: Hutcheson Medical Center, Inc. Claims Processing
PO Box 90100
Los Angeles, CA 90009

3. Any Post-Petition Claimant, except those listed in paragraph 5 below, who does not file a Request for Claim Allowance by the Administrative Bar date **may be forever barred from any recovery for any such claim.**

4. This Order does **not** apply to the following claimants, who are **not** required to submit a Request for Claim Allowance by the Administrative Bar Date:

(a) current or former **employees** of the Debtors with respect to claims arising out of their employment;

(b) current or former **patients** of the Debtors with respect to claims arising out of medical treatment received from the Debtors,

(c) claimants asserting claims under 11 U.S.C. § 503(b)(9) for the value of goods provided to the Debtors within 20 days before the Petition Date;

(d) claimants requesting compensation and reimbursement of expenses under 11 U.S.C. §§ 330(a) and 503(b)(2);

(e) creditors who have filed a proof of claim asserting a claim against the Debtors that arose before the Petition Date and who do not contend that they have a claim arising after the Petition Date;

(f) any claimant listed as undisputed on the List of Post-Petition Claims filed by the Trustee pursuant to paragraph 5; and

(g) claimants asserting any claims arising on or after December 1, 2015.

5. The Trustee shall within seven days from the date hereof file a list of Post-Petition Claims that the Debtors' books and records show are unpaid as of November 30, 2015. This list will be available through BMC Group, the Trustee's claim agent (the "**Claims Agent**") on its website www.bmcgroup.com and accessible to all parties that receive notice of this Order and Notice. The Trustee shall identify the claims on said list that are not disputed. Any Post-Petition Claimant included on the Trustee's list, but who disputes the claim amount must file a Request for Claim Allowance. Any claims listed as undisputed shall be allowed as administrative expenses subject to later objection by the Trustee or any other party in interest.

Counsel for the Trustee shall promptly serve a copy of this Order and Notice on (a) the Office of the United States Trustee, (b) all other interested parties requesting notice, (c) all parties listed on the creditors matrix maintained in this case, and (d) any other party who has transacted

business with the Debtors' estates post-petition with respect to which (i) the Debtors' records do not reflect payment in full or (ii) the party, by written communication to the Debtors, has disputed that it has been paid in full. Counsel for the Trustee shall file a certificate of such service.

[END OF DOCUMENT]

Prepared and presented by:

SCROGGINS & WILLIAMSON, P.C.

/s/ J. Robert Williamson

J. ROBERT WILLIAMSON

Georgia Bar No. 765214

J. HAYDEN KEPNER, JR.

Georgia Bar No. 416616

One Riverside

4401 Northside Parkway

Suite 450

Atlanta, Georgia 30327

(404) 893-3880

Special Counsel for the Trustee

DeLougherty

OFFICIAL TIME RECORD

Department:

Document Purpose: This time record shall be used to account for time spent fulfilling the Services.

Instructions: Fill in the boxes below each instance of time spent fulfilling Services, including the date and shift and hours incurred.

This record covers one month of Services. Upon completion of a month, please send this record to Administration and maintain a copy for your records.

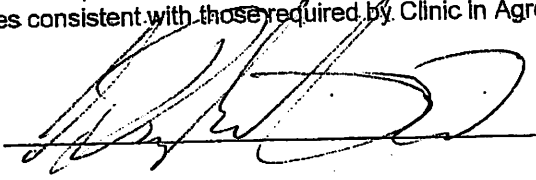
Month: August

Date(s)	Activity/Location	Total Hours Incurred
8/3/15	Hospital 8AM - 7PM	11
8/4/15	Hospital 7:30AM - 5PM	9 1/2
8/5/15	Hospital 9AM - 7PM	10h
8/6/15	Hospital 7:30AM - 4PM	8 1/2
8/7/15	Hospital 7:30AM - 7:30PM	12
8/8/15	Hospital 7:30AM - 9AM 12PM - 3:30PM	5 1/2
8/9/15	Hospital 8AM - 7PM	11 h.
		67 1/2 h
Total from back (if applicable)		
Grand Total:		

(Include time on reverse side if needed)

Attestation:

I, the above noted Independent Contractor, attest that the hours shown "incurred" were actually worked by me. Also, the hours shown are for Services consistent with those required by Clinic in Agreement.

Independent Contractor's Signature: 

Date: 8/9/15

Approved for compensation as defined in Agreement: _____
Authorized Hutcheson Representative

D. Angley

OFFICIAL TIME RECORD

Department:

Document Purpose: This time record shall be used to account for time spent fulfilling the Services.

Instructions: Fill in the boxes below each instance of time spent fulfilling Services, including the date and shift and hours incurred.

This record covers one month of Services. Upon completion of a month, please send this record to Administration and maintain a copy for your records.

Month: August 13-

Date(s)	Activity/Location	Total Hours Incurred
8/13/15	Hospital 7:30 AM - 7 PM	12
8/15/15	Hospital 7 PM - 7 AM	12
8/17/15	" 7:30 AM - 7:30 PM	12
8/18/15	" 3 PM - 6 PM	3
8/19/15	" 7:30 AM - 6:30 PM	11
8/20/15	" 7:30 AM - 12:30 PM	5
8/21/15	" 8 AM - 11 PM	11
8/22/15	" 11:30 AM - 7:30 PM	8
8/23/15	" 5 AM - 1:30 PM	5 1/2
	Total from back (if applicable)	
	Grand Total:	79 1/2

(Include time on reverse side if needed)

Attestation:

I, the above noted Independent Contractor, attest that the hours shown "incurred" were actually worked by me. Also, the hours shown are for Services consistent with those required by Clinic in Agreement.

Independent Contractor's Signature:

Date:

8/23/15

Approved for compensation as defined in Agreement:

Authorized Hutcheson Representative

Daughey

OFFICIAL TIME RECORD

Department:

Hospital

Document Purpose: This time record shall be used to account for time spent fulfilling the Services.

Instructions: Fill in the boxes below each instance of time spent fulfilling Services, including the date and shift and hours incurred.

This record covers one month of Services. Upon completion of a month, please send this record to Administration and maintain a copy for your records.

Month: Sep 2015

Date(s)	Activity/Location	Total Hours Incurred
8/31/15	Hospital 8 AM - 7 PM	11
9/1/15	" 7:30 AM - 7:30 PM	12
9/2/15	" 7:30 AM - 7:30 PM	11 1/2
9/3/15	" 8 AM - 12 PM	11
9/4/15	" 7:30 AM - 7:30 PM	12
9/5/15	" 8:30 AM - 6:30 PM	10
9/6/15	" 7:30 AM - 7 PM	11 1/2
	Total from back (if applicable)	
	Grand Total:	79 1/2

(Include time on reverse side if needed)

Attestation:

I, the above noted Independent Contractor, attest that the hours shown "incurred" were actually worked by me. Also, the hours shown are for Services consistent with those required by Clinic in Agreement.

Independent Contractor's Signature:

[Handwritten Signature]

Date:

9/6/17

Approved for compensation as defined in Agreement:

Authorized Hutcheson Representative

**OFFICIAL HOSPITALIST TIME RECORD FOR
Steve Daugherty, DO**

Department: 611-2500

Document Purpose: This time record shall be used to account for time spent fulfilling the Services.

Instructions: Fill in the boxes below each instance of time spent fulfilling Services, including the date and shift and hours incurred.

This record covers one month of Services. Upon completion of a month, please send this record to Administration and maintain a copy for your records.

Month: September 13 - 2015

Date(s)	Activity/Location	Total Hours Incurred
9/13/15	Hospitalist 7:30AM-6:30PM	11 h.
9/14/15	Hospitalist 7PM-7AM	12.
9/15/15	Hospitalist 7PM-7AM	12
		<u>35 h.</u>
	Rate:	\$140.00/hour
	Grand Total	

(Include time on reverse if needed)

Attestation:

I, the above noted Independent Contractor, attest that the hours shown "incurred" were actually worked by me. Also, the hours shown are for Services consistent with those required by Clinic in Agreement.

Independent Contractor's Signature: 

Date: 9/16/15

Approved for compensation as defined in Agreement: _____

Authorized Hutcheson Representative