

In the United States Bankruptcy Court for the Northern District of Georgia

In Re: Hutcheson Medical Center, Inc.

Debtor

14-42863-pwb

Chapter 11

Application for Payment of Administrative Expense Claim

Michael J. Zema, MD ("Dr. Zema"), by and through his attorneys, submits this application for payment of administrative expense claim pursuant to 11 U.S.C. §503. In support of this application, Dr. Zema would show to the Court as follows:

1. The Debtor filed a petition for relief for Chapter 11 pursuant to 11 U.S.C. §301 on November 20, 2014.
2. Dr. Zema is a medical doctor duly licensed to practice medicine in the State of Georgia and has training and experience in the specialty of cardiology.
3. On September 4, 2015, Hutcheson Medical Center, Inc. ("Hutcheson") entered into a Professional Services Agreement (the "Agreement") with Dr. Zema since Hutcheson had a need for cardiologist call coverage at its acute care hospital located in Fort Oglethorpe, GA.
4. Dr. Zema continued to provide cardiologist call services post-petition under the terms of the Agreement. In September 2015, Dr. Zema agreed with the Debtor to provide on call services at a reduced daily rate of \$450.00 per day plus reimbursement for professional liability coverage. Dr. Zema has not been fully compensated for his services rendered to the Debtor after September 1, 2015. Although he has submitted the required documentation which is attached hereto as Collective Exhibit A and incorporated herein by reference, he has not been paid for his services or reimbursed for this professional liability coverage.

5. Dr. Zema requests that the Court grant to him an administrative expense claim pursuant to 11 U.S.C. 503 (b) for wages owed which were actual, necessary costs and expenses of preserving the estate inasmuch as the Debtor was required to have sufficient qualified personal on call in order to fulfill its obligations to its patients and to the requirement of licensing authorities.

6. Dr. Zema seeks approval for the payment of the following:

A. September 2015 5 days @ \$450.00/day	= \$2,250.00
B. Reimbursement of Professional Liability Coverage	= \$261.12
C. October 2015 10 days @ \$450.00/day	= \$4,500.00
D. Reimbursement of Professional Liability Coverage	= \$78.64
E. Professional Liability Tail Coverage*	= \$5,304.00
Total	= \$12,393.76

*Invoice from State Volunteer Medical Insurance Company is attached hereto as Exhibit B and is incorporated herein.

7. This is applicant's first request for an administrative expense pursuant to 11 U.S.C. 503 (b).

8. Applicant has filed a proof of claim with BMC Group on April 6, 2015 in the amount of \$8,100.00 for Cardiology Consultation coverage services provided September and October 2014. None of the amounts claimed in the proof of claim are included in Applicants request for administrative expense.

Wherefore, Applicant requests that the Court set this matter for hearing and enter an order allowing applicant an Administrative Expense Claim in the amount of \$12,393.76.

Respectfully submitted,

Samples, Jennings, Ray & Clem, PLLC

/s/James A. Fields

James A. Fields, GA Bar #259640

130 Jordan Drive

Chattanooga, TN 37421

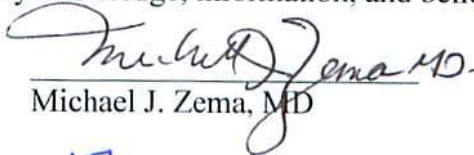
423-892-2006 (telephone)

423-892-1919 (fax)

Attorneys for Michael J. Zema, MD

Verification

I, Michael J. Zema, MD, after being duly sworn, upon my oath, state that I have read the content of this Application for Payment of Administrative Expense Claim with attachments, and it is true and correct to the best of my knowledge, information, and belief.


Michael J. Zema, MD

Sworn to and subscribed before me this 17 day of December, 2015.


Notary Public

07/09/2019
My commission expires



Certificate of Service

This is to certify that I have on today's date personally sent a copy of the foregoing pleading in the United States mail or through electronic filing via CM/ECF to:

The attached list of creditors (without exhibits; exhibits available upon request)

dated December 22, 2015

/s/ Jim Fields

EXHIBIT A

SCHEDULE III
OFFICIAL TIME RECORD

Department: Cardiology

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: Oct 2015

Date(s)	Activity/Location	Total Hours Incurred
Oct 7, 2015	Cardiology on-call coverage	24
Oct 8, 2015	Cardiology on-call coverage	24
Oct 9, 2015	Cardiology on-call coverage	24
Oct 10, 2015	Cardiology on-call coverage	24
Oct 11, 2015	Cardiology on-call coverage	24
Oct 22, 2015	Cardiology on-call coverage	24
Oct 23, 2015	Cardiology on-call coverage	24
Oct 27, 2015	Cardiology on-call coverage	24
Oct 28, 2015	Cardiology on-call coverage	24
Oct 29, 2015	Cardiology on-call coverage	24
	Total from back (if applicable)	
	Grand Total	240

(Include time on reverse if needed)

Amount Due = \$450/d X 10 days = \$4,500.00

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: Oct 30, 2015

Approved for compensation as defined in Agreement: _____

Authorized Hutcheson Representative

PLEASE MAIL YOUR PAYMENT TO
State Volunteer Mutual Insurance Company
MSC 30036
P O Box 415000
Nashville, TN 37241-5000

PLEASE DETACH TOP PORTION AND RETURN WITH PAYMENT



Michael J Zema MD

Account : G67104

Date	Description	Premium	Paid	Balance Due
09/10/2015	Previous Balance			\$431.00
Current Activity				
09/11/2015	Payment		\$261.12 CR	\$169.88
09/18/2015	Payment		\$281.12 CR	\$91.24 CR
10/09/2015	Installment: 3 of 10 (Period 11/01/2015 to 12/01/2015)	\$169.88		\$78.64
Total Amount Due				\$78.64

Due Date	Total Due
Nov 01, 2015	\$78.64

Billing questions: Judy Little - 1-615-377-1999 or 1-800-342-2239

Invoice No. JL558284
Invoice Date: Oct 09, 2015



MICHAEL JAMES ZEMA, M.D.

CAPITAL ONE BANK
50-791/214

3146

PAY TO THE
ORDER OF

SVMIC

DATE 06/23/2015

\$ 78 64/100

DOLLARS

Seventy-eight dollars and 64/100

MEMO

Act # G67104

Michael Zema

SECURITY FEATURES INCLUDED. DETAILS ON BACK

003146

SCHEDULE III
OFFICIAL TIME RECORD

Department: Cardiology

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: Sept 2015

Date(s)	Activity/Location	Total Hours Incurred
9/08/2015	Cardiology on-call coverage	24
9/09/2015	Cardiology on-call coverage	24
9/25/2015	Cardiology on-call coverage	24
9/26/2015	Cardiology on-call coverage	24
9/27/2015	Cardiology on-call coverage	24
	Total from back (if applicable)	
	Grand Total	120 hours

(Include time on reverse if needed)

Amount due: 5 days @ \$450/d = \$2,250.00

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: 9/28/2015

Approved for compensation as defined in Agreement: _____

Authorized Hutcheson Representative



Account: G67104

Due Date	Total Due
Oct 01, 2015	\$431.00

MICHAEL J ZEMA MD
1131 STRINGERS RIDGE ROAD
UNIT 145
CHATTANOOGA, TN 37405

PLEASE MAIL YOUR PAYMENT TO

State Volunteer Mutual Insurance Company
MSC 30036
P O Box 415000
Nashville, TN 37241-5000

PLEASE DETACH TOP PORTION AND RETURN WITH PAYMENT



Account : G67104

Michael J Zema MD

Date	Description	Premium	Paid	Balance Due
08/28/2015	Previous Balance			\$261.12
Current Activity				
09/10/2015	Installment: 2 of 10 (Period 10/01/2015 to 11/01/2015)	\$169.88		\$431.00
Total Amount Due				\$431.00

Due Date	Total Due
Oct 01, 2015	261.12 \$494.00



MICHAEL JAMES ZEMA, M.D.

CAPITAL ONE BANK
50-791/214

3125

PAY TO THE
ORDER OF

SVMIC

Two hundred and Sixty one dollars and 12/100

DATE: Sep 14, 2015
\$ 261.12/100

DOLLARS

MEMO: Act # G67104
Oct 2015

SECURITY FEATURES INCLUDED. DETAILS ON BACK

003125

EXHIBIT B

Invoice No. JL568576
Invoice Date: Dec 04, 2015



Account:G67104

Due Date	Total Due
Oct 30, 2015	\$5,304.00

MICHAEL J ZEMA MD
1131 STRINGERS RIDGE ROAD
UNIT 145
CHATTANOOGA, TN 37405

PLEASE MAIL YOUR PAYMENT TO

State Volunteer Mutual Insurance Company
MSC 30036
P O Box 415000
Nashville, TN 37241-5000

PLEASE DETACH TOP PORTION AND RETURN WITH PAYMENT



Michael J Zema MD

Account : G67104

Date	Description	Premium	Paid	Balance Due
12/04/2015	Previous Balance			\$0.00
Current Activity				
12/04/2015	Reporting Endorsement Premium 1 of 1	\$5,304.00		\$5,304.00
	Total Amount Due			\$5,304.00

Due Date	Total Due
Oct 30, 2015	\$5,304.00

Billing questions: Judy Little - 1-615-377-1999 or 1-800-342-2239

Invoice No. JL568576
Invoice Date: Dec 04, 2015

ACCORDIAS HEALTHCARE SERVICES
1101 KERMIT DRIVE
SUITE 700
NASHVILLE TN 37217

ALAN I SEITMAN
6445 POWERS FERRY ROAD N W
SUITE 265
ATLANTA GA 30339

AT&T
P O BOX 5019
CAROL STREAM IL 60197-5019

AT&T PRO - CABS
P O BOX 105373
ATLANTA GA 30348

BRINSON ASKEY BERRY SEIGLER
P O BOX 5007
ROME GA 30162-5007

CARDINAL HEALTH
PHARMACEUTICAL DIST.
P O BOX 402574
ATLANTA GA 30384-2574

CELTIC LEASING CORPORATION
4 PARKS PLAZA
SUITE 300
IRVINE CA 92614

CHATTANOOGA-HAMILTON COUNTY HOSPITAL
AUTHORITY
DBA ERLANGER HEALTH SYS
PO BOX 6006
CHATTANOOGA TN 37401

CLIFTON M PATTY JR PATTY & YOUNG
P O BOX 727
RINGGOLD GA 30736

D&Y
6767 OLD MADISON PIKE SUITE 690
HUNTSVILLE AL 35806

DECOSIMO
P O BOX 11453
CHATTANOOGA TN 37401

DON OLIVER
P O BOX 445
LAFAYETTE GA 30728

EMCARE INC.
7032 COLLECTION CENTER DRIVE
CHICAGO IL 60693

EXECUTIVE HEALTH RESOURCES
P O BOX 822688
PHILADELPHIA PA 19182-2688

GE MEDICAL SYSTEMS
P O BOX 7550
MADISON WI 53707

GLASSRATNER ADV & CAP GROUP LLC
RONALD GLASS CHAPTER 11 TRUSTEE
3424 PEACHTREE ROAD SUITE 2150
ATLANTA GA 30326

GUGGENHEIM SECURITIES LLC
(RE: INVESTMENT BANKER TO DEBTORS)
JAMES DECKER
520 MADISON AVENUE
NEW YORK NY 10022

HIRSCHLER FLEISCHER P C
ROBERT WESTERMANN&RACHEL GREENLEAF
POST OFFICE BOX 500
RICHMOND VA 23218-0500

HOSPITAL AUTHORITY OF WALKER DADE
ATTN: CHAIRMAN
& CATOOSA COUNTIES
100 GROSS CRESCENT CIRCLE
FORT OGLETHORPE GA 30242

HUTCHESON MEDICAL CENTER INC.
HUTCHESON MEDICAL DIVISION INC.
100 GROSS CRESCENT CIRCLE
FORT OGLETHORPE GA 30742

INTERNAL REVENUE SERVICE
401 W PEACHTREE STREET NW
ATLANTA GA 30308

INTERNAL REVENUE SERVICE
CENTRALIZED INSOLVENCY
P O BOX 7346
PHILADELPHIA PA 19101-7317

M MODAL SERVICES LTD.
P O BOX 102467
ATLANTA GA 30368

MCKESSON HEALTH SOLUTIONS
22423 NETWORK PLACE
CHICAGO IL 60673-1224

MCKESSON REVENUE CYCLE OUTSOURCING
P O BOX 98347
CHICAGO IL 60693-8347

MCKEARY INSURANCE CONSULTING
1675 TERRELL MILL ROAD
MARIETTA GA 30067

MEDHOST OF TENNESSEE INC.
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CHICAGO IL 60689-5327

MEDICAL MANAGEMENT PROF
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OLYMPUS AMERICA DEPT. 0600
P O BOX 120600
DALLAS TX 75312-0600

OMNI CARE/MEDICAL ARTS HEALTH
DEPT. 781668
P O BOX 78000
DETROIT MI 48278-1668

PARALLON LOCUMS
2415 RINGGOLD ROAD
LAFAYETTE GA 30728

PARKWAY PHYSICIANS CENTER LP
C/O MEADOWS & OHLY
P O BOX 742781
ATLANTA GA 30374-2781

PEDIATRIX MEDICAL GROUP INC.
ATTN: MICHELE SALERNO
P O BOX 281034
ATLANTA GA 30384-1034

PURKEY & ASSOCIATES PLC
LORI L PURKEY ESQ
5050 CASCADE ROAD SE
SUITE A
GRAND RAPIDS MI 49546-3707

REGIONS BANK
ATTN: DOUGLAS SMITH CFA
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P O BOX 12001 DEPT. 0733
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THYSSENKRUPP ELEVATOR CORP.
C/O CST CO
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DALLAS TX 75222-4768

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