

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

In re:

GLOBAL WOUND CARE MEDICAL GROUP, a
Professional Corporation,¹

Debtor and Debtor in Possession.

Chapter 11

Case No. 24-34908 (CML)

**DECLARATION OF LOUIS E. ROBICHAUX IV IN RESPONSE TO ISSUES RAISED
AT THE DEBTOR'S STATUS CONFERENCE**

I, Louis E. Robichaux IV, hereby declare and state as follows:

1. I am a Senior Managing Director at Ankura Consulting Group, LLC ("Ankura"). I have over 30 years of healthcare industry and restructuring experience, with significant expertise serving in chief restructuring officer roles. I have provided restructuring, crisis management, financial advisory, and expert witness services to parties in a broad variety of distressed corporate settings, with a significant emphasis on the US healthcare industry.

2. In the above-captioned case (the "Case"), I am the Chief Restructuring Officer ("CRO") of Global Wound Care Medical Group, a Professional Corporation, the debtor and debtor in possession (the "Debtor").

3. I attended the Status Conference held by the Court in the Case on October 21, 2025², and submit this declaration in response to questions posed by the Court and issues raised

¹ The last four digits of the Debtor's tax identification number in the jurisdiction in which it operates is 3572.

² Capitalized terms not otherwise defined herein shall have the meanings ascribed to them in the *Status Conference Report and Declarations of Ralph Cetrulo, Chief Financial Officer, and Louis E. Robichaux, Chief Restructuring Officer, in Support Thereof* [Docket No. 290] (the "Status Conference Report").



during the Status Conference. All of the assertions made herein are true and correct to the best of my knowledge, information, and belief.

4. I have been working closely with Ralph Cetrulo, the Chief Financial Officer to the Debtor and to Wound Pros Consulting Group, Inc. (“Wound Pros”), with respect to the liquidity challenges caused by the slowdown in Medicare receipts.

5. The Debtor and Wound Pros face an imminent shutdown of their businesses because of the slowdown in Medicare reimbursements.

6. As I stated in my declaration attached to the Status Conference Report, Debtor’s and Wound Pros’s combined cash on hand has fallen dramatically to approximately \$14 million, and I project (i) payroll payments to employees in the next two weeks totaling approximately \$3.9 million, (ii) payments to biologic vendors in the next two weeks totaling approximately \$7.7 million (which do not include payments on any amounts owed in arrears), and (iii) payments to other vendors in the next two weeks totaling approximately \$1.8 million. Given the slowdown in receipts and the cash burn, I project that the Debtor and Wound Pros would have approximately \$6 million cash on hand the week ending October 31, 2025, absent reversal of the extreme slowdown in Medicare reimbursements which has had a devastating impact on liquidity. Operating through October 31, 2025 would leave the Debtor and Wound Pros with insufficient funds to satisfy obligations to employees, including WARN Act amounts and other employee obligations.

7. Regarding continuity of care to the Debtor’s patients, I agree with Suzanne Richards, the Court-appointed Patient Care Ombudsman (the “PCO”) in this Case, that “cessation of patient care would materially and negatively compromise patient care to thousands of patients nationwide.”³ Contrary to assertions made in Court today that there will be no gap in care because

³ See *Response of the Patient Care Ombudsman to the Debtor’s Emergency Motion to Schedule*

a significantly high percentage of the Debtor's clinicians are registered with other entities, I understand that there are fewer than 10 clinicians having such dual registration. Removing the hundreds of Debtor's clinicians from the field overnight will exacerbate the "recognized shortage of providers who specialize in wound care," as explained by the PCO.⁴

8. Additionally, although clinicians may have their own Medicare billing numbers, that does not mean they are able to bill Medicare absent assistance from an organization like Wound Pros. Billing Medicare is neither simple nor intuitive. To bill Medicare for services, a clinician must, among other things: (a) obtain insurance and employment information to determine if Medicare is the primary or secondary payer, using tools like the CMS Questionnaire; (b) submit claims using the appropriate diagnosis and procedure codes (there are more than 70,000 diagnosis codes and a similar number of procedure codes, with the exact number changing annually due to updates); (c) include details such as the date of service, place of service (using POS codes), and the provider's NPI; (d) submit all this information electronically; and (e) establish vendor relationships and fund the purchase of medical supplies necessary to deliver care. The assertion that clinicians who lose their jobs with the Debtor will simply either bill Medicare directly or immediately find employment elsewhere that will substitute for Wound Pros is simply inconsistent with my experience, and highly unlikely given the difficulties in billing.

9. In short, cessation of services would create a significant gap in patient care and would materially and negatively compromise patient care to thousands of patients.

Status Conference [Docket No. 283] (the "PCO Response") (referencing life-threatening conditions and other disfiguring procedures like amputations as a "next course of treatment" for the chronically ill, bedbound and elderly population should they not receive proper and timely wound care treatment).

⁴ See PCO Response at 3.

I certify under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Date: October 21, 2025

/s/ Louis E. Robichaux IV

Louis E. Robichaux IV
Senior Managing Director
Ankura Consulting Group, LLC