



Patient Care. Medical Solutions

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and other affiliates ("the provider")

Toll-Free (HQ): 888-655-6339
Facsimile (HQ): 888-977-1138
Online: www.medexpressi.com

PATIENT PRODUCT AGREEMENT, RX AND PROOF OF DELIVERY

Location: LtSLV024NO
(address where service provided)

LOCAL OFFICE CONTACT

AUSTIN
(P) 512-371-1700 (F) 512-371-1754
SAN ANTONIO
(P) 210-545-7070 (F) 210-545-7069
DALLAS
(P) 214-575-0441 (F) 214-570-9199
TYLER
(P) 903-526-6300 (F) 903-526-6301
HOUSTON
(P) 713-465-1010 (F) 866-819-5417
CORPUS CHRISTI
(P) 361-356-1483 (F) 361-452-8344
OKLAHOMA
(P) 918-376-4180 (F) 866-859-2645

Patient Name: _____

PRESCRIPTION and ITEMS RECEIVED:

Please provide product description with manufacturer and part # or place stickers below

REF B-242900063 LOT WB241016
REBOUND AIR WALKER LOW TOP MD
HCPCS: L4361 L4360

Place Product Sticker Here
(if available)

CPM

☐ Knee CPM with Pad Kit
☐ Shoulder CPM with Pad Kit

ROM Settings: _____

LON (# of Days): _____

Stop Date: _____

Date of Surgery: _____

Date of Application: _____

Date of Discharge: _____

Letter of Medical Necessity: I certify that the above are required during the normal course of patient rehabilitation in order to protect the injury and/or surgical repair. This will allow the patient to resume the normal activities of daily living more quickly and at less cost. These modalities are an essential adjunct to the patient's rehabilitation. Without the use of this device, the patient will be at risk for extended rehabilitation and additional costs. I certify that I have fit and adjusted the item to the patient.

Physician Signature: _____

*ORIGINAL Physician Signature REQUIRED for Medicare beneficiaries

Order Date: 4/24/25 NPI#: _____

Physician Name: Stevenskius PA-C

Facility: _____

Diagnosis/ICD-10 Code(s): S92.315A

Procedure: _____

Please Attach:
Demographics
Insurance
Medical Records

Patient Acknowledgement, Authorization for Assignment of Benefits (PA/AOB) and Proof of Delivery Acknowledgement:

I, _____ (patient name) acknowledge receipt of the item(s) noted above in the "Prescription and Items Received" section. I request that payment of authorized insurance be made on my behalf to Medical Express, PSI or an affiliate of Medical Express, PSI ("the provider") for products & services that they provide to me. I further authorize a copy of this agreement to be used in place of the original to release to payers any information needed to determine these benefits or compliance with current healthcare standards. I consent for the provider to use my Protected Health Information in all activities related to seeking insurance payment for the equipment and/or supplies I received. The provider bills third party payers as a courtesy; I understand that I am fully responsible for all deductibles, co-insurance and insurance allowables. I understand company business hours & that the provider representative will be contacting me regarding my financial responsibilities related to this agreement. I expressly consent to receiving auto-dialed and/or pre-recorded messages, emails, text messages or other electronic communication from the provider for any reason by using any telephone number, email address, and/or mailing address associated with my account. Additionally, I acknowledge receiving instruction, have demonstrated or verbalized my understanding in the proper use and care of the equipment or supplies described on this document and will follow them. I understand that the provider is under regulation set forth by Medicare, state licensing boards, and accrediting organizations. Therefore, products are under limited warranty and are non-returnable except in the event of a defective or improperly fit product (rental items are returned after the rental period unless defective and needs replacement). I acknowledge receipt & understand the company patient information privacy notice provided to me and that all information on this document is correct. I further agree to all terms and conditions on the back of this form. The products and/or services provided to you by the provider are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g., honoring warranties and hours of operation). The full text of these standards can be obtained at <http://ecfr.gpoaccess.gov>. Upon request we will furnish you a written copy of these standards.

Patient/Authorized Signature: _____

Delivery/Receipt Date: 4/24/25

Patient Info for RX and Proof of Delivery:

Patient Name: _____

Billing Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Email: _____

BRACKEN, NIANEQUA CIARA 73324368

2101 Crouch Rd. Apt.1208 Dallas TX 75241

1/26/1991 (34 yrs) 469 - 364 - 0696 FEMALE

CSN 725368614 DOS 4/24/25

BCBS UT SELECT/BLUE CROSS BLUE SHI*

For Internal Use Only

☒ Patient/caregiver has been educated on the purpose and function of the device; the proper cleaning, care, and use of the device; potential risks/benefits and precautions; how to report any failures and malfunctions; and when and whom to report changes in physical conditions.

☐ Patient/caregiver has been instructed on infection control related to the device.

☐ Patient/caregiver has been instructed on how to inspect the skin for pressure areas, redness, irritation, skin breakdown, pain, or edema.

☐ Patient/caregiver has demonstrated that they can safely and effectively use the equipment in the setting of anticipated use.

☐ The equipment/device has been assessed for structural safety and assured that manufacturer guidelines are followed.

☐ The patient's goals and outcomes have been discussed with the patient/caregiver. Specific goals/outcomes: _____

Signed: _____

Date: 5/21/25

UT SOUTHWESTERN MEDICAL CENTER

Orthopaedic Surgery Clinic
1801 Inwood Rd
Dallas, TX 75390-8882
Phone: 214-645-3300 Fax: 214-645-3301

SUPPLIES ORDER

FIN #:

Epic Visit #: 725368614

Patient Name: BRACKEN, NIANEQUA CIARA

MRN: 73324368

DOB: 01/26/1991

Address: 2101 Crouch Rd. Apt.1208

Sex: Female

Hm ph: no phone

Dallas, TX 75241

Wk ph: no phone

Primary Visit Diagnosis: Closed nondisplaced fracture of first metatarsal bone
of left foot, initial encounter [S92.315A]

Order: DME SUPPLY OR ACCESSORY, NOS [ID:A9999 HCPCS: A9999] Order #: 633496922

Priority: Routine Class: Normal

Comment: dispense 1: a rebound air walker (medium) was prescribed to
stabilize the patients ankle to allow the ankle to heal

Associated Diagnoses

S92.315A Closed nondisplaced fracture of first metatarsal bone of left
foot, initial encounter

Order Date: 05/08/2025

Ordering User: ENRIQUEZ, ELISABETH

Authorizing Provider: Skiles, Steven Leo [UPIN:]

Department: ORTHOPAEDIC SURGERY

UT Southwestern Medical Center

Appointment: 6/02/25 4:45 PM CDT
MRN: 73324368
Guarantor: Nianequa C Bracken
Confidential Patient:
Study Patient:

ENCOUNTER

Patient Class: Ambulatory
Visit Type: Telehealth-Established
Clinic Name: Orthopaedic Surgery Clinic
Provider: Michael Derond Vanpelt
Ref Phy:

PATIENT

Name: BRACKEN, NIANEQUA CIARA
Address: 2101 Crouch Rd. Apt.1208 Dallas TX 75241
DOB: 1/26/1991 (34 yrs)
Sex: Female
Marital Status: Single
SSN: xxx-xx-0323
Email: bnianequa91@gmail.com
Patient Primary 469-364-0696
Prim Care Prov: Upadhyay, Vishnu M, FNP

EMERGENCY CONTACT

Contact Name	Legal Guardian?	Relationship to Patient	Home Phone	Work Phone
1. Bracken, Colunda		PHI Designee	(469)565-6328	
2. Simpson, Juanita		Emergency Contact 1		

GUARANTOR

Guarantor: NIANEQUA CIARA BRACKEN
Address: 1238 N Masters Dr Apt 228
DOB: 1/26/1991
Sex: Female
DALLAS, TEXAS 75217-3736
Rel to Pat: Self
Hm Phone: 469-364-0696
Guar ID: 344229
Wk Phone:
GUARANTOR EMPLOYER
Employer: UT SOUTHWESTERN MEDICAL CENTER
Status FULL TIME

COVERAGE

PRIMARY INSURANCE

Payor: BLUE CROSS BLUE SHIELD	Plan: BCBS UT SELECT
Group Number: 071778	Insurance Type: PPO
Subscriber Name: BRACKEN, NIANEQUA CIARA	Subscriber DOB: 1/26/1991
Subscriber ID: UTS0BF6JG78T	Insurance Addr: PO Box 660044
Member ID: UTS0BF6JG78T	Insurance Phone: 800-451-0287
Pat. Rel To Subscr: Self	Insurance Auth: 866-882-2034
Eff From Date: 6/20/2022	Eff To Date:

SECONDARY INSURANCE

Payor:	Plan:
Group Number:	Insurance Type:
Subscriber Name:	Subscriber DOB:
Subscriber ID:	Insurance Addr:
Member ID:	Insurance Phone:
Pat. Rel. To Subscr:	Insurance Auth:
Eff From Date:	Eff To Date:

May 8, 2025

Bracken, Nianequa Ciara "Nene"

MRN: 73324368

**Skiles, Steven Leo, PA-C**

Physician Assistant

Specialty: PA: Orthopaedic Surgery (20)

Progress Notes



Signed

Encounter Date: 4/24/2025

INITIAL VISIT, 4/24/2025**HISTORY OF PRESENT ILLNESS:**

Nianequa Ciara Bracken is a 34-year-old female who presents today for evaluation of her left foot pain has been going on for approximately 3 weeks. She states that she was walking on the sidewalk and came up on an unlevel surface and sustained an inversion type injury. She continues to have midfoot pain up to this day. She is able to weight-bear in the office. Her pain symptoms are worse especially towards the end of the day.

PAST MEDICAL HISTORY:**Past Medical History:****Diagnosis**

- BMI 40.0-44.9, adult (*)
- History of bilateral breast reduction surgery
- Hyperlipidemia
- Umbilical hernia

Date

09/2020
08/21/2020
6/8/2021
2009

PROBLEM LIST:**Patient Active Problem List****Diagnosis**

- Hyperlipidemia
- Class 2 severe obesity due to excess calories with serious comorbidity and body mass index (BMI) of 36.0 to 36.9 in adult (*)
- Umbilical hernia without obstruction and without gangrene
- Vitamin D deficiency

PAST SURGICAL HISTORY:**Past Surgical History:****Procedure**

- BREAST LUMPECTOMY
left breast
- BREAST REDUCTION
- BREAST SURGERY
Breast Reduction
- HERNIA
Performed by Hennessy, Sara A, MD at UH SURG
- HERNIA
- SCALP WIDE LOCAL EXCISION
Excision right temporal cyst; benign

Laterality

Left

Bilateral

N/A

Date

2007

08/21/2020
08/21/2020

10/13/2021

10/13/2021

09/11/2019

SOCIAL HISTORY: reports that she has never smoked. She has never used smokeless tobacco. She reports that she does not currently use alcohol. She reports that she does not use drugs.

MEDICATIONS: has a current medication list which includes the following prescription(s): docusate sodium, ergocalciferol (vitamin d2), nexplanon, ibuprofen, methocarbamol, phentermine, and tranexamic acid.

ALLERGIES: Patient has no known allergies.

REVIEW OF SYSTEMS: The patient denies any recent history of fevers, chills, or other constitutional symptoms. Past medical, surgical, and social history per electronic medical record were reviewed.

PHYSICAL EXAMINATION:

Blood pressure 124/72, pulse 80, not currently breastfeeding. There is no height or weight on file to calculate BMI. in no apparent distress and well developed and well nourished

Inspection of her left foot shows no evidence of erythema or induration. No appreciable edema noted. She has tenderness palpation near the 1st/2nd tarsometatarsal joint. No plantar ecchymosis noted. She has no pain over the medial or lateral malleoli. No pain over the ATFL/CFL or deltoid ligament. Her ankle shows full range of motion without pain or crepitus. She is stable with an anterior drawer. 2+ dorsalis pedis pulse. She has an intact EHL/FHL as a move her lesser toes. Her distal L4-S1 dermatomes are intact. Her skin is clean, dry, and intact without lesions.

IMAGING STUDIES:

3 views of the left foot per radiology read;

Chronic appearing fracture of the proximal first metatarsal, with sclerosis along the fracture margins. Unfortunately, prior radiographs are not available for comparison. The first metatarsal is angled laterally, although the first through third toes are medially angulated at the metatarsal phalangeal joints. Mild degenerative changes of the left foot with pes planus. Moderate soft tissue swelling. Plantar and Achilles insertional enthesophytes with heel pad edema.

LABORATORY STUDIES:

CBC with Differential:

Lab Results

Component	Value	Date
WBC	8.95	10/29/2022
RBC	4.57	10/29/2022
HGB	12.6	10/29/2022
HCT	37.8	10/29/2022
PLT	322	10/29/2022
MCV	82.7	10/29/2022
MCH	27.6	10/29/2022
MCHC	33.3	10/29/2022
RDW	13.6	11/03/2018
MPV	8.9	10/29/2022
NRBC	0.0	10/11/2021
NEUTROSPCT	56.1	10/11/2021
GRANSPCT	60.8	11/03/2018
MONOPCT	10.6	10/11/2021
LYMPHPCT	31.5	10/11/2021
EOSPCT	1.2	10/11/2021
BASOPCT	0.3	10/11/2021
NEUTROSABS	4.85	11/03/2018
LYMPHABS	1.87	10/11/2021
EOSABS	0.07	10/11/2021
BASOABS	0.02	10/11/2021
DIFFTYPE	Automated	11/03/2018

CMP:

Lab Results

Component	Value	Date
GLU	79	10/29/2022
NA	137	10/29/2022
K	4.1	10/29/2022
CL	105	10/29/2022
CO2	25	10/29/2022
ANIONGAP	7	10/29/2022
BUN	8	10/29/2022
CREAT	0.66	10/29/2022
EGFR	120	10/29/2022
BUNCRRATIO	12.1	10/29/2022
CA	9.2	10/29/2022
TP	7.6	10/29/2022
ALB	4.1	10/29/2022
ALP	51	10/29/2022
TBIL	0.3	10/29/2022
AST	16	10/29/2022
ALT	10	10/29/2022
GLOBULIN	3.5 (H)	10/29/2022
ALBGLOBRTO	1.2	10/29/2022

HGBA1C:

Lab Results

Component
HGBA1C

Value
5.0

Date
10/29/2022

IMPRESSION:

Sclerotic fracture of the left first metatarsal.

PLAN:

Exam findings and plain films reviewed with her. Given her type fracture pattern, I would like to place her in a walking boot. She may continue weightbearing as tolerated. I would like to have her follow-up with podiatry for their opinion on treatment options both surgically nonsurgically that may be available to her for this type of fracture pattern. If she continues with conservative treatment, I would be more than happy to follow her along. All of her questions were invited and answered fully. She is in agreement with this treatment plan.

Greater than 35 minutes was spent with the patient today on pre-visit planning, reviewing medical history, imaging, laboratory results, face-to-face encounter, education, referrals/care coordination, and documentation of today's visit.

Steven Skiles, MPAS, PA-C

This note was dictated using Dragon voice recognition software.
Occasional spelling, and punctuation errors may occur.

Answers submitted by the patient for this visit:**Review of Systems** (Submitted on 4/22/2025)

Fever: No
Chills: No
Weight Loss: No
Weight Gain: No
Fatigue: No
Sweating: No
Night Sweats: No
General Weakness: No
Hot flashes: No
Rash: No
Itching: No
Change in mole(s): No
Unusual Hair Loss: No
Breast concerns: No
Headaches: No
Difficulty Hearing: No
Ringing in the Ears: No
Ear Discharge: No
Ear Pain: No
Nosebleeds: No
Sinus/Nasal Congestion: No
Loss of smell: No
Snoring: No
Difficulty Swallowing: No
Sore Throat: No
Mouth Lesions: No
Dry Mouth: No
Sore Mouth: No
Fever Blisters: No
Blurred Vision: No
Double Vision: No
Pain Looking at Bright Lights: No
Eye Pain: No
Eye Discharge: No

Eye Redness: No
Dry Eyes: No
Chest Pain: No
Palpitations: No
Leg or Ankle Swelling: Yes
Sudden shortness of breath during sleep: No
Difficulty Breathing When Lying Flat: No
Cough: No
Coughing Blood: No
Sputum Production: No
Shortness of Breath: No
Wheezing: No
Stridor: No
Pain with breathing: No
Heartburn: No
Change In Appetite: No
Nausea: No
Vomiting: No
Abdominal Pain: No
Diarrhea: No
Constipation: No
Blood in Stool: No
Black Stool: No
Incontinence of Stool: No
Urgency to Urinate: No
Blood in Urine: No
Pain When Urinating: No
Vaginal Discharge: No
Frequency in Urination: No
Incontinence of Urine: No
Sexual Problems: No
Do you have any vaginal discomfort or concerns?: No
Muscle Pain: Yes
Neck Pain: No
Back Pain: No
Joint Pain: Yes
Falls: No
Environmental Allergies: No
Seasonal Allergies: No
Frequent Thirst: No
Heat Intolerance: No
Cold Intolerance: No
Easy Bruising / Bleeding: No
Dizziness: No
Tremor: No
Numbness or Tingling: Yes
Speech Change: No
Loss of Limb Strength: No
Seizures: No
Loss of Consciousness: No
Substance Abuse: No
Hallucinations: No
Nervous / Anxious: No
Insomnia: No
Memory Loss: No
Depression: No
Suicidal Ideas: No

Electronically signed by Skiles, Steven Leo, PA-C at 04/24/25 1236

Office Visit on 4/24/2025 *Note shared with patient*

Additional Documentation

Vitals: BP 124/72 (BP Site: Upper Arm, Left) Pulse 80

Flowsheets: Patient Identified, Vitals, Vitals

Orders Placed

DME SUPPLY OR ACCESSORY, NOS

Medication Changes

As of 4/24/2025 11:31 AM

None

Visit Diagnoses

Primary: Closed nondisplaced fracture of first metatarsal bone of left foot, initial encounter S92.315A