

Patient Shylone Kelly - D00048247803

Other Names

Med Rec Number MR00226277 Reg Status DEP SDC
EMR Number T00234165 Soc Sec Num 447-74-5165
Birthdate 01/17/1978
Age 47 Birth Sex M
VIP
VIP Comment

Patient Address

Patient Employer

104 SW Timber Lane

UNKNOWN

INDIAHOMA, OK 73552
United States

E-Mail

Conf Comm Address

Phone Number Phone Type
580-350-7308 Cell Phone

Marital Status

Religion

Affiliation

Language English

Interpreter Needed

Education Level

Citizenship

Place of Birth

Country of Origin

In School

Registered Voter

Veteran Status

Organ Donor

Marketing Comm

Privacy Notice Date 06/11/25

Physical Handicaps

Ethnicity / Additional Ethnicities

Non Hispanic or Latino

Race / Additional Races

White

Personal Contacts

Emergency Contact

Relationship Sister

Washburn, Donna

Phone Number Phone Type
580-350-7308 Cell Phone

Guarantor

Guarantor Employer

GN00195613 Relationship Self
Kelly, Shylone
104 SW Timber Lane

UNKNOWN

INDIAHOMA, OK 73552
United States

Email

Phone Number Phone Type

Duncan Regional Hospital		Account Inquiry		Page: 2	
				Date: 08/11/25 16:41	
				McIntyre, Karen	
580-350-7308		Cell Phone			
Financial Class					
Financial Class Medicare					
Standard Insurance Order Medicare Part B Order Medicare Part D Order					
MEDICARE					
MEDICAID					
SELF PAY					
Insurances					
Name		MEDICARE		Coverage Plan	
Policy Number		8QF1TP9GR16		Group Name	
Address		PO BOX 3114		Group Number	
		ATTN: PART A CLAIMS		Employment Status	
City, State, Zip		MECHANICSBURG, PA 17055-1829		Employer Name	
Country		US		Location	
Phone		855-252-8782		Copay Deductible Coinsurance	
Fax				Eligibility Status Received Status Date 08/08/25	
Email					
Release Info		Yes		Exp Info Date	
Assign Benefits		Yes			
Subscriber		Kelly, Shylone		Birth Sex M	
Pat Rel to Subs		Self		Soc Sec Num 447-74-5165	
Address		104 SW Timber Lane		Marital Status	
				Race White	
City, State, Zip		INDIAHOMA, OK 73552		Citizenship United States	
Country		United States		Language English	
Email					
Birthdate		01/17/1978			
Phone Number		Phone Type			
580-350-7308		Cell Phone			
Name		MEDICAID		Coverage Plan	
Policy Number		002122811		Group Name	
Address		PO BOX 18430		Group Number	
				Employment Status	
City, State, Zip		OKLAHOMA CITY, OK 73154		Employer Name	
Country				Location	
Phone		800-522-0310		Copay Deductible Coinsurance	
Fax				Eligibility Status Received Status Date 08/08/25	
Email					
Release Info		Yes		Exp Info Date	
Assign Benefits		Yes			
Subscriber		Kelly, Shylone		Birth Sex M	
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				Race White	
City, State, Zip		INDIAHOMA, OK 73552		Citizenship United States	
Country		United States		Language English	
Email					

Birthdate 01/17/1978

Phone Number Phone Type
580-350-7308 Cell Phone

Occurrence Codes	Date	Time	Accident State
DSI 11 - Onset of Symptom-OP Ther	08/11/25		

Physicians

Other Physicians/Association

Primary Care Miller,Douglas Che

Admitting

Attending Miller,Douglas Che

Family

Emergency

Reg Date/Time 08/11/25 08:05

Discharge Date/Time 08/11/25 11:10

Requested Accom

Discharge Disposition Home/Assisted Living - 01

Room Rate Accom

Room/Bed

Service

Location Cardiac Cath Lab

Admit Priority Elective

Admit Source Physician Referral

Newborn Admit Src

Entry Code

Facility Directory

Clergy Visit

Adm Legal Status

Confidential

Conf Comment

Admit Comment

Dis Comment

Reason for Visit Venous insufficiency (chronic) (peripheral)

Last Hospitalization

From Date:

Thru Date:

ICD10 Codes

Reason for Visit Diagnoses

Eff Date	Code	Name	Alt	Source
08/11/25	R60.0	Localized edema	No	SUR
08/11/25	I87.2	Venous insufficiency (chronic) (peripher	No	SUR
08/11/25	I83.813	Varicose veins of bilateral lower extrem	No	SUR

Diagnosis Codes

Eff Date	Num	Code	Name	POA
08/07/25 -	1	R60.0	Localized edema	
08/07/25 -	2	I87.2	Venous insufficiency (chronic)	
08/07/25 -	3	I83.813	Varicose veins of bilateral lo	

Procedure Codes

Num	Code	Name	Date	Surgeon/Assisting
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MR: 
Kelly, Shylone
FN# D00048247803 47
MR# MR00226277
DOB: 01/17/1978 REG DT: 08/11/25
ATT DR: Miller, Douglas Che
FN: 

Duncan Anesthesia Associates, Inc.
ANESTHESIA CHARGE LIST

1/1/2023

BILLING OFFICE USE
POS 21 POS 22

SURGERY		BLOCK PROCEDURE	
START:	0847	START:	
STOP:	0939	STOP:	
TOTAL:	52	TOTAL:	

Provider: Dr. Miller
Surgeon: Dr. Miller
Anesthesia: General SAB MAC Epidural Bier Other TIVA

Procedure: <u>(R) Grock Saphenous Vein Harvest</u>	CPT: <u>01520</u>	ICD10: <u>T87.2</u>	Modifier:	
	CPT:	ICD10: <u>R60.0</u>	Modifier:	
	CPT:	ICD10: <u>I83.813</u>	Modifier:	
	CPT:	ICD10:	Modifier:	

Measure Codes	

Diagnosis:

MUST BE DOCUMENTED	Base Units: <u>3</u>	SPECIAL PROCEDURES
MEASURE #424 TEMP 30 MINUTES BEFORE OR 15 MINS AFTER ANESTHESIA END TIME TEMP GREATER OR EQUAL 95.9	Time Units: <u>3</u>	<input type="radio"/> Femoral Single 64447 (8 units)
MEASURE #404	<input checked="" type="radio"/> PS 3 (1 unit) <u>41</u>	<input type="radio"/> Brachial Plexus Single 64415 (8 units)
SMOKER <input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> PS 4 (2 units)	<input type="radio"/> Lumbar Epidural Continuous 62319 (8 units)
IF NO SKIP TO NEXT MEASURE	<input type="radio"/> PS 5 (3 units)	<input type="radio"/> Thoracic Epidural Continuous 62318 (8 units)
Elective Procedure <input type="radio"/> Yes <input type="radio"/> No	Age: 99100 [<1 or >70] (1 unit)	<input type="radio"/> Lumbar Puncture 62270 (8 units)
Instructed to abstain <input type="radio"/> Yes <input type="radio"/> No	Emergency: 99140 (2 units)	<input type="radio"/> Sciatic Single 64445 (7 units)
Abstained <input type="radio"/> Yes <input type="radio"/> No	SPECIAL PROCEDURES:	<input type="radio"/> Ultrasound 76942-26 (2 units)
MEASURE #430	TOTAL UNITS: <u>7</u>	<input type="radio"/> Nerve Block for Post-op Pain 64450 Hip/64415 Shoulder (5 Units)
Inhalation Anes Recvd <input type="radio"/> Yes <input checked="" type="radio"/> No	ABG7 PAIN ASSESSMENT	<input type="radio"/> Epidural Steroid 62322 (8 units)
IF NO SKIP TO NEXT MEASURE	<input checked="" type="radio"/> LUCID	<input type="radio"/> Daily Epidural Mgmt 01996 (3 units)
3 Pt Risk Factors <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> NON COMMUNICATE	<input type="radio"/> Art Line 36620 (3 units)
PONV Therapy <input type="radio"/> Yes <input type="radio"/> No	PACU <input type="radio"/> OICU	<input type="radio"/> PICC Placement 36569 (6 units) MEASURE #76
	PAIN LEVEL <u>4</u> OUT OF 10	<input type="radio"/> Lumbar Blood Patch 62273 (8 units)
	SCG 8 DEPRESSION ASSESS. <input checked="" type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> Adductor Canal Block 64447 (8 units)
	DX: <u>ASA SCORE 7</u> REQUIRED	<input type="radio"/> Intubation Emergency 31500 (5 units)
		<input type="radio"/> iPack Block 64999 (7 units)