

Patient ALTON RAY STANDRIDGE - D00048231427

Other Names

Med Rec Number MR00038765 Reg Status DEP SDC
EMR Number T00013048 Soc Sec Num 585-60-3981
Birthdate 12/16/1954
Age 70 Birth Sex M
VIP
VIP Comment

Patient Address

2335 N 44TH ST

Patient Employer

RETIRED

DUNCAN, OK 73533
United States

E-Mail ALTONSTANDRIDGE@GMAIL.COM

Conf Comm Address

Phone Number Phone Type
580-560-1749 Cell Phone

Marital Status Divorced

Religion Baptist

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 05/29/24

Physical Handicaps

Ethnicity / Additional Ethnicities

Non Hispanic or Latino

Race / Additional Races

White

Personal Contacts

Person to Notify

Relationship Cousin

WALKINGSTICK, DONALD
2335 N 44TH ST

DUNCAN, OK 73533
United States

Phone Number Phone Type
580-736-6536 Cell Phone

Guarantor

Guarantor Employer

GN00003940 Relationship Self
STANDRIDGE, ALTON RAY
2335 N 44TH ST

RETIRED

DUNCAN, OK 73533
United States

Email ALTONSTANDRIDGE@GMAIL.COM

Phone Number Phone Type

Duncan Regional Hospital		Account Inquiry		Page: 2	
				Date: 08/11/25 16:38	
				McIntyre, Karen	
580-560-1749		Cell Phone			
Financial Class					
Financial Class Medicare Advantage					
Standard Insurance Order		Medicare Part B Order		Medicare Part D Order	
HUMANA CHOICE PPO (MCARE)					
SELF PAY					
Insurances					
Name	HUMANA CHOICE PPO (MCARE)		Coverage Plan	9A311001	
Policy Number	H45040790		Group Name		
Address	PO BOX 14601		Group Number	9A311001	
City, State, Zip	LEXINGTON, KY 40512-4601		Employment Status		
Country	US		Employer Name		
Phone	800-457-4708		Location		
Fax			Copay	Deductible	Coinsurance
Email			Eligibility Status	Received	Status Date 08/11/25
Release Info	Yes		Exp Info Date		
Assign Benefits	Yes				
Subscriber	STANDRIDGE, ALTON RAY		Birth Sex	M	
Pat Rel to Subs	Self		Soc Sec Num	585-60-3981	
Address	2335 N 44TH ST		Marital Status	Divorced	
City, State, Zip	DUNCAN, OK 73533		Race	White	
Country	United States		Citizenship	United States	
Email	ALTONSTANDRIDGE@GMAIL.COM		Language	English	
Birthdate	12/16/1954				
Phone Number	Phone Type				
580-560-1749	Cell Phone				
Occurrence Codes	Date	Time	Accident State		
DSI	11 - Onset of Symptom-OP Ther	08/11/25			
Physicians					
Primary Care Want, Colton Lane					
Admitting					
Attending Miller, Byron Ronald					
Family					
Emergency					
Reg Date/Time	08/11/25 10:12		Discharge Date/Time	08/11/25 13:01	
Requested Accom			Discharge Disposition	Home/Assisted Living - 01	
Room Rate Accom					
Room/Bed					
Service					
Location	Ambulatory Care Unit				
Admit Priority	Elective				
Admit Source	Physician Referral				
Newborn Admit Src					
Entry Code					

Duncan Regional Hospital	Account Inquiry	Page: 3		
		Date: 08/11/25 16:38		
		McIntyre, Karen		
Facility Directory				
Clergy Visit				
Adm Legal Status				
Confidential				
Conf Comment				
Admit Comment				
Dis Comment				
Reason for Visit	Age-related nuclear cataract, left eye 1			
Last Hospitalization	From Date:	Thru Date:		
ICD10 Codes				
Reason for Visit Diagnoses				
Eff Date	Code	Name	Alt	Source
08/11/25	H25.12	Age-related nuclear cataract, left eye	No	SUR
Diagnosis Codes				
Eff Date	Num	Code	Name	POA
08/04/25 -	1	H25.12	Age-related nuclear cataract,	
Procedure Codes				
Num	Code	Name	Date	Surgeon/Assisting

MR: 
STANDRIDGE, ALTON RAY 70
FN# D00048231427
MR# MR00038765
DOB: 12/16/1954 REG DT: 08/11/25
ATT DR: Miller, Byron Ronald
FN: 

Duncan Anesthesia Associates, Inc.
ANESTHESIA CHARGE LIST

1/11/2023

Provider: Abhina
Surgeon: MMe

Anesthesia: General SAB MAC Epidural Bier Other TIVA

Procedure: Ca Anest 04-202 CPT: 00142 ICD10: H25.12 Modifier:
CPT: CPT: ICD10: Modifier:
CPT: CPT: ICD10: Modifier:
CPT: CPT: ICD10: Modifier:

SURGERY BLOCK PROCEDURE
START: 1200 START:
STOP: 1235 STOP:
TOTAL: 35 TOTAL:

Measure Codes	

BILLING OFFICE USE
POS 21 POS 22

Diagnosis:

MUST BE DOCUMENTED MEASURE #424 <input checked="" type="checkbox"/> TEMP 30 MINUTES BEFORE OR 15 MINS AFTER ANESTHESIA END TIME TEMP GREATER OR EQUAL 95.9 MEASURE #404 SMOKER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF NO SKIP TO NEXT MEASURE Elective Procedure <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Instructed to abstain <input type="checkbox"/> Yes <input type="checkbox"/> No Abstained <input type="checkbox"/> Yes <input type="checkbox"/> No MEASURE #430 Inhalation Anes Recvd <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF NO SKIP TO NEXT MEASURE 3 Pt Risk Factors <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PONV Therapy <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Base Units: <u>4</u> Time Units: <u>2</u> <input checked="" type="checkbox"/> PS 3 (1 unit) <input type="checkbox"/> PS 4 (2 units) <input type="checkbox"/> PS 5 (3 units) <input checked="" type="checkbox"/> Age: 99100 [<1 or >70] (1 unit) <input type="checkbox"/> Emergency: 99140 (2 units) SPECIAL PROCEDURES: <u>8</u> TOTAL UNITS: ABG7 PAIN ASSESSMENT <input checked="" type="checkbox"/> LUCID <input checked="" type="checkbox"/> NON COMMUNICATE <input checked="" type="checkbox"/> PACU <input type="checkbox"/> ICU PAIN LEVEL <u>9</u> OUT OF 10 SCG 8 DEPRESSION ASSESS. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO DX: <u>REQUIRED</u> <input checked="" type="checkbox"/> ASA SCORE <u>3</u> REQUIRED	SPECIAL PROCEDURES <input type="checkbox"/> Femoral Single 64447 (8 units) <input type="checkbox"/> Brachial Plexus Single 64415 (8 units) <input type="checkbox"/> Lumbar Epidural Continuous 62319 (8 units) <input type="checkbox"/> Thoracic Epidural Continuous 62318 (8 units) <input type="checkbox"/> Lumbar Puncture 62270 (8 units) <input type="checkbox"/> Sciatic Single 64445 (7 units) <input type="checkbox"/> Ultrasound 76942-26 (2 units) <input type="checkbox"/> Nerve Block for Post-op Pain 64450 Hip/64415 Shoulder (5 Units) <input type="checkbox"/> Epidural Steroid 62322 (8 units) <input type="checkbox"/> Daily Epidural Mgmt 01996 (3 units) <input type="checkbox"/> Art Line 36620 (3 units) <input type="checkbox"/> PICC Placement 36569 (6 units) MEASURE #76 <input type="checkbox"/> Lumbar Blood Patch 62273 (8 units) <input type="checkbox"/> Adductor Canal Block 64447 (8 units) <input type="checkbox"/> Intubation Emergency 31500 (5 units) <input type="checkbox"/> iPack Block 64999 (7 units)
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