

Patient CAROL LYNNE HOWARD - D00048231393

Other Names

Med Rec Number MR00023618 Reg Status DEP SDC
EMR Number T00006721 Soc Sec Num 258-96-4889
Birthdate 07/05/1959
Age 66 Birth Sex F
VIP
VIP Comment

Patient Address

2203 FLAMINGO LN

Patient Employer

RETIRED

DUNCAN, OK 73533
United States

E-Mail

Conf Comm Address

Phone Number Phone Type
580-475-2011 Cell Phone

Marital Status Divorced

Religion None

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 05/15/19

Physical Handicaps

Ethnicity / Additional Ethnicities

Non Hispanic or Latino

Race / Additional Races

White

Personal Contacts

Person to Notify

Relationship Spouse

HOWARD, BRIAN

2203 FLAMINGO LN

DUNCAN, OK 73533

United States

Phone Number Phone Type
580-736-3710 Cell Phone

Guarantor

Guarantor Employer

GN00005894 Relationship Self

RETIRED

HOWARD, CAROL LYNNE

2203 FLAMINGO LN

DUNCAN, OK 73533

United States

Email

Phone Number Phone Type

580-475-2011

Cell Phone

Financial Class

Financial Class Medicare Advantage

Standard Insurance Order

Medicare Part B Order

Medicare Part D Order

UNITED HCARE DUAL SNP 87726

MEDICAID

SELF PAY

Insurances

Name UNITED HCARE DUAL SNP 87726

Policy Number 130296015

Address PO BOX 5270

City, State, Zip KINGSTON, NY 12402-5270

Country US

Phone 844-368-7150

Fax

Email

Release Info Yes

Assign Benefits Yes

Subscriber HOWARD, CAROL LYNNE

Pat Rel to Subs Self

Address 2203 FLAMINGO LN

City, State, Zip DUNCAN, OK 73533

Country United States

Email

Birthdate 07/05/1959

Phone Number

580-475-2011

Phone Type

Cell Phone

Coverage Plan

Group Name

Group Number

Employment Status

Employer Name

Location

Copay

Deductible

Coinsurance

Eligibility Status Received

Status Date 08/11/25

Exp Info Date

Birth Sex F

Soc Sec Num 258-96-4889

Marital Status Divorced

Race White

Citizenship United States

Language English

Authorization Number

Referral Number

Eff Date Exp Date Referral Type

Status

Referred By Referred To

Name MEDICAID

Policy Number 012168590

Address PO BOX 18430

City, State, Zip OKLAHOMA CITY, OK 73154

Country

Phone 800-522-0310

Fax

Email

Release Info Yes

Assign Benefits Yes

Subscriber HOWARD, CAROL LYNNE

Coverage Plan

Group Name

Group Number

Employment Status

Employer Name

Location

Copay

Deductible

Coinsurance

Eligibility Status Received

Status Date 08/11/25

Exp Info Date

Birth Sex F

Duncan Regional Hospital		Account Inquiry		Page: 3	
				Date: 08/11/25 16:41	
				McIntyre, Karen	
Pat Rel to Subs	Self	Soc Sec Num	258-96-4889		
Address	2203 FLAMINGO LN	Marital Status	Divorced		
		Race	White		
City, State, Zip	DUNCAN, OK 73533	Citizenship	United States		
Country	United States	Language	English		
Email					
Birthdate	07/05/1959				
Phone Number	580-475-2011	Phone Type	Cell Phone		
Authorization Number		Referral Number			
Eff Date	Exp Date	Referral Type	Status	Referred By	Referred To
Occurrence Codes		Date	Time	Accident State	
DSI 11 - Onset of Symptom-OP Ther		08/11/25			
Physicians			Other Physicians/Association		
Primary Care	Gregory, Myra A		Roberson, Matthew Wayne		
Admitting					
Attending	Miller, Byron Ronald				
Family					
Emergency					
Reg Date/Time	08/11/25 06:18		Discharge Date/Time	08/11/25 09:14	
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					
Facility Directory					
Clergy Visit					
Adm Legal Status					
Confidential					
Conf Comment					
Admit Comment					
Dis Comment					
Reason for Visit	Age-related nuclear cataract, right eye 1				
Last Hospitalization			From Date:	Thru Date:	
ICD10 Codes					
Reason for Visit Diagnoses					
Eff Date	Code	Name	Alt	Source	
08/11/25	H25.11	Age-related nuclear cataract, right eye	No	SUR	
Diagnosis Codes					

Duncan Regional Hospital			Account Inquiry		Page: 4
					Date: 08/11/25 16:41
					McIntyre, Karen
Eff Date	Num	Code	Name	POA	
08/04/25 -	1	H25.11	Age-related nuclear cataract,		
Procedure Codes					
Num	Code	Name	Date	Surgeon/Assisting	

MR: 
HOWARD, CAROL LYNNE 66
FN# D00048231393
MR# MR00023618
DOB: 07/05/1959 REG DT: 08/11/25
ATT DR: Miller, Byron Ronald
FN: 

Duncan Anesthesia Associates, Inc.
ANESTHESIA CHARGE LIST

1/1/2023

BILLING OFFICE USE
POS 21 POS 22

Provider: 8/11/25
Surgeon: Johnson
Male

SURGERY	BLOCK PROCEDURE
START: 0820	START:
STOP: 0849	STOP:
TOTAL: 29	TOTAL:

Anesthesia: General SAB MAC Epidural Bier Other TIVA

Measure Codes

Procedure: contrast Epidural op ICD10: H25.11 Modifier:
702 CPT: 0142 Modifier:
CPT: Modifier:
CPT: Modifier:
CPT: Modifier:

Diagnosis:

MUST BE DOCUMENTED

MEASURE #424
TEMP 30 MINUTES BEFORE OR 15 MINS AFTER ANESTHESIA END TIME
TEMP GREATER OR EQUAL 95.9

MEASURE #404

SMOKER ☐ YES ☐ NO

IF NO SKIP TO NEXT MEASURE
Elective Procedure ☐ Yes ☐ No
Instructed to abstain ☐ Yes ☐ No
Abstained ☐ Yes ☐ No

MEASURE #430
Inhalation Anes Recvd ☐ Yes ☐ No

IF NO SKIP TO NEXT MEASURE

3 Pt Risk Factors ☐ Yes ☐ No
PONV Therapy ☐ Yes ☐ No

SPECIAL PROCEDURES

- ☐ Femoral Single 64447 (8 units)
- ☐ Brachial Plexus Single 64415 (8 units)
- ☐ Lumbar Epidural Continuous 62319 (8 units)
- ☐ Thoracic Epidural Continuous 62318 (8 units)
- ☐ Lumbar Puncture 62270 (8 units)
- ☐ Sciatic Single 64445 (7 units)
- ☐ Ultrasound 76942-26 (2 units)
- ☐ Nerve Block for Post-op Pain 64450 Hip/64415 Shoulder (5 Units)
- ☐ Epidural Steroid 62322 (8 units)
- ☐ Daily Epidural Mgmt 01996 (3 units)
- ☐ Art Line 36620 (3 units)
- ☐ PICC Placement 36569 (6 units) MEASURE #76
- ☐ Lumbar Blood Patch 62273 (8 units)
- ☐ Adductor Canal Block 64447 (8 units)
- ☐ Intubation Emergency 31500 (5 units)
- ☐ iPack Block 64999 (7 units)

Base Units: 1

Time Units: 2

☒ PS 3 (1 unit)
~~PS 4 (2 units)~~
☐ PS 5 (3 units)
☐ Age: 99100 [<1 or >70] (1 unit)
☐ Emergency: 99140 (2 units)

SPECIAL PROCEDURES:

TOTAL UNITS: 7

ABG7 PAIN ASSESSMENT

☐ LUCID
☐ NON COMMUNICATE
☐ PACU ☐ ICU
PAIN LEVEL 0 OUT OF 10
SCG 8 DEPRESSION ASSESS.
☐ YES ☐ NO
DX: REQUIRED

ASA SCORE 4 REQUIRED