

Duncan Regional Hospital		Account Inquiry		Page: 1
				Date: 08/11/25 16:38
				McIntyre, Karen
Patient DANA DENISE SHEA - D00047807821			Other Names	
Med Rec Number	MR00154070	Reg Status	DEP SDC	SHEA, DANA
EMR Number	T00149528	Soc Sec Num	448-76-2817	
Birthdate	02/18/1965			
Age	60	Birth Sex	F	
VIP				
VIP Comment				
Patient Address		Patient Employer		
814 W PAYNE ST		UNKNOWN		
MARLOW, OK 73055-1604				
United States				
E-Mail SHEADD06@GMAIL.COM				
Conf Comm Address				
Phone Number	Phone Type			
580-756-7954	Cell Phone			
Marital Status	Married	Country of Origin		
Religion	None	In School		
Affiliation		Registered Voter		
Language	English	Veteran Status		
Interpreter Needed		Organ Donor		
Education Level		Marketing Comm		
Citizenship		Privacy Notice Date	04/25/25	
Place of Birth				
Physical Handicaps				
Ethnicity / Additional Ethnicities		Race / Additional Races		
Non Hispanic or Latino		White		
Personal Contacts				
Person to Notify	Relationship	Spouse		
SHEA, MICHAEL				
814 W PAYNE ST				
MARLOW, OK 73055-1604				
United States				
Phone Number	Phone Type			
580-756-7953	Cell Phone			
Guarantor		Guarantor Employer		
GN00012246	Relationship Self	UNKNOWN		
SHEA, DANA DENISE				
814 W PAYNE ST				
MARLOW, OK 73055-1604				
United States				
Email SHEADD06@GMAIL.COM				
Phone Number	Phone Type			

580-756-7954 Cell Phone

## Financial Class

Financial Class Medicaid

Standard Insurance Order

Medicare Part B Order

Medicare Part D Order

HUMANA HEALTHY HORIZONS

SELF PAY

## Insurances

Name HUMANA HEALTHY HORIZONS  
Policy Number H73874195  
Address PO BOX 14601  
  
City, State, Zip LEXINGTON, KY 40512-4601  
Country  
Phone 855-223-9868  
Fax  
Email

## Coverage Plan

Group Name

Group Number

Employment Status

Employer Name

Location

Copay

Deductible

Coinsurance

Eligibility Status Received

Status Date 08/11/25

Release Info Yes

Exp Info Date

Assign Benefits Yes

Subscriber SHEA, DANA DENISE

Birth Sex F

Pat Rel to Subs Self

Soc Sec Num 448-76-2817

Address 814 W PAYNE ST

Marital Status Married

Race White

City, State, Zip MARLOW, OK 73055-1604

Citizenship United States

Country United States

Language English

Email SHEADD06@GMAIL.COM

Birthdate 02/18/1965

Phone Number

Phone Type

580-756-7954

Cell Phone

Authorization Number

Referral Number

NO AUTH REQUIRED

Eff Date

Exp Date

Referral Type

Status

Referred By Referred To

## Accident Data

Type

Within 24 Hours

Date/Time

Accident Comments

Place of Accident

Description

Police Involved

Nature of Injury

Originally Treated at

Occurrence Codes

Date

Time

Accident State

DSI 11 - Onset of Symptom-OP Ther 08/11/25

## Physicians

## Other Physicians/Association

Primary Care Murray, Nathan Daniel

Sheaman, Landon T Garrett

Admitting

Attending Gibbon, Jordan B  
Family  
Emergency

Reg Date/Time 08/11/25 07:22

Discharge Date/Time 08/11/25 15:33

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 LT FOOT ARTHRITIS

Last Hospitalization

From Date:

Thru Date:

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ICD10 Codes

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## Reason for Visit Diagnoses

Eff Date	Code	Name	Alt	Source
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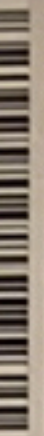
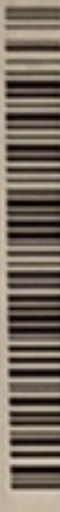
## Diagnosis Codes

Eff Date	Num	Code	Name	POA
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## Procedure Codes

Num	Code	Name	Date	Surgeon/Assisting
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MR:   
SHEA, DANA DENISE  
FN# D00047807821 60  
MR# MR00154070  
DOB: 02/18/1965 REG DT: 08/11/25  
ATT DR: Gibbon, Jordan B  
FN: 

Duncan Anesthesia Associates, Inc.  
ANESTHESIA CHARGE LIST

1/1/2023

BILLING OFFICE USE  
POS 21 POS 22

SURGERY		BLOCK PROCEDURE	
START:	1648	START:	1636
STOP:	1422	STOP:	1647
TOTAL:	214 min	TOTAL:	11 min

Provider: J. Palmer  
Surgeon: J. Gibbon  
Anesthesia: General SAB MAC Epidural Bier Other TIVA  
Procedure: 2 Foot 1-4 Tarsometatarsal fusion  
CPT: 01480 ICD10: M20.1D Modifier:   
CPT:  ICD10: M79.672 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>14</u>	<input type="radio"/> Femoral Single 64447 (8 units) <input type="radio"/> Brachial Plexus Single 64415 (8 units) <input type="radio"/> Lumbar Epidural Continuous 62319 (8 units) <input type="radio"/> Thoracic Epidural Continuous 62318 (8 units) <input type="radio"/> Lumbar Puncture 62270 (8 units) <input checked="" type="radio"/> Sciatic Single 64445 (7 units) <input checked="" type="radio"/> Ultrasound 76942-26 (2 units) <input type="radio"/> Nerve Block for Post-op Pain 64450 Hip/64415 Shoulder (5 Units) <input type="radio"/> Epidural Steroid 62322 (8 units) <input type="radio"/> Daily Epidural Mgmt 01996 (3 units) <input type="radio"/> Art Line 36620 (3 units) <input type="radio"/> PICC Placement 36569 (6 units) MEASURE #76 <input type="radio"/> Lumbar Blood Patch 62273 (8 units) <input type="radio"/> Adductor Canal Block 64447 (8 units) <input type="radio"/> Intubation Emergency 31500 (5 units) <input type="radio"/> iPack Block 64999 (7 units)
MEASURE #404 SMOKER <input type="radio"/> YES <input checked="" type="radio"/> NO	SPECIAL PROCEDURES: <u>9</u>	
IF NO SKIP TO NEXT MEASURE Elective Procedure <input type="radio"/> Yes <input type="radio"/> No Instructed to abstain <input type="radio"/> Yes <input type="radio"/> No Abstained <input type="radio"/> Yes <input type="radio"/> No	TOTAL UNITS: <u>27</u>	
MEASURE #430 Inhalation Anes Recvd <input checked="" type="radio"/> Yes <input type="radio"/> No	ABG7 PAIN ASSESSMENT <input type="radio"/> LUCID <input type="radio"/> NON COMMUNICATE <input checked="" type="radio"/> PACU <input type="radio"/> OICU PAIN LEVEL <u>0</u> OUT OF 10 SCG 8 DEPRESSION ASSES. <input checked="" type="radio"/> YES <input type="radio"/> NO DX: <u>Negative</u> REQUIRED	
IF NO SKIP TO NEXT MEASURE 3 Pt Risk Factors <input type="radio"/> Yes <input checked="" type="radio"/> No PONV Therapy <input type="radio"/> Yes <input type="radio"/> No	ASA SCORE <u>3</u> REQUIRED	