

Duncan Regional Hospital		Account Inquiry		Page: 1
				Date: 08/11/25 16:33
				McIntyre, Karen
Patient PHILLIP MICHAEL BROWN - D00048170708			Other Names	
Med Rec Number	MR00138518	Reg Status	DEP SDC	PHILLIP, BROWN
EMR Number	T00136389	Soc Sec Num	549-73-3391	
Birthdate	02/01/1974			
Age	51	Birth Sex	M	
VIP				
VIP Comment				
Patient Address		Patient Employer		
401 S 2ND ST		PROFAC HOLDINGS LLC		
DUNCAN, OK 73533				
United States				
E-Mail				
Conf Comm Address				
Phone Number	Phone Type			
573-208-8942	Cell Phone			
573-741-9194	Cell Phone			
Marital Status	Married	Country of Origin		
Religion	Assembly of God	In School		
Affiliation		Registered Voter		
Language	English	Veteran Status		
Interpreter Needed		Organ Donor		
Education Level		Marketing Comm		
Citizenship		Privacy Notice Date	06/11/25	
Place of Birth				
Physical Handicaps				
Ethnicity / Additional Ethnicities		Race / Additional Races		
Non Hispanic or Latino		White		
Personal Contacts				
Person to Notify	Relationship	Spouse		
BROWN, SHEILA				
401 S 2ND ST				
DUNCAN, OK 73533				
United States				
Phone Number	Phone Type			
573-741-9194	Cell Phone			
Guarantor		Guarantor Employer		
GN00037832	Relationship Self	PROFAC HOLDINGS LLC		
BROWN, PHILLIP M				
401 S 2ND ST				
DUNCAN, OK 73533				
United States				
Email				
Phone Number	Phone Type			

573-208-8942 Cell Phone

573-741-9194 Cell Phone

Financial Class

Financial Class Blue Cross

Standard Insurance Order

Medicare Part B Order

Medicare Part D Order

BC BS OF OKLAHOMA

SELF PAY

Insurances

Name BC BS OF OKLAHOMA

Policy Number TWX836063455

Address PO BOX 655924

City, State, Zip DALLAS, TX 75266-5924

Country

Phone 800-722-3730

Fax

Email

Release Info Yes

Assign Benefits Yes

Subscriber BROWN, PHILLIP M

Pat Rel to Subs Self

Address 401 S 2ND ST

City, State, Zip DUNCAN, OK 73533

Country United States

Email

Birthdate 02/01/1974

Phone Number Phone Type

573-208-8942 Cell Phone

573-741-9194 Cell Phone

Coverage Plan 211217

Group Name

Group Number 211217

Employment Status

Employer Name

Location

Copay Deductible Coinsurance

Eligibility Status Received Status Date 08/11/25

Exp Info Date

Birth Sex M

Soc Sec Num 549-73-3391

Marital Status Married

Race White

Citizenship United States

Language English

Occurrence Codes Date Time Accident State

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

Physicians

Other Physicians/Association

Primary Care Hurst, Melissa Marie

Admitting

Attending Watkins, Kayla Michele

Family

Emergency

Reg Date/Time 08/11/25 08:27

Requested Accom

Room Rate Accom

Room/Bed

Service

Location Ambulatory Care Unit

Discharge Date/Time 08/11/25 12:00

Discharge Disposition Home/Assisted Living - 01

Admit Priority Elective

Admit Source Physician Referral

Newborn Admit Src

Duncan Regional Hospital	Account Inquiry	Page: 3
		Date: 08/11/25 16:33
		McIntyre, Karen
Entry Code		
Facility Directory Yes		
Clergy Visit Yes		
Adm Legal Status		
Confidential		
Conf Comment		
Admit Comment		
Dis Comment		
Reason for Visit SCREENING		
Last Hospitalization		
From Date:		
Thru Date:		
ICD10 Codes		
Reason for Visit Diagnoses		
Eff Date	Code	Name
		Alt
		Source
Diagnosis Codes		
Eff Date	Num	Code
		Name
		POA
Procedure Codes		
Num	Code	Name
		Date
		Surgeon/Assisting

MR: 
 BROWN, PHILLIP MICHAEL
 FN# D00048170708
 MR# MR00133518
 DOB: 02/01/1974
 ATT DR: Watkins, Kayla Michele
 REG DT: 08/11/25
 FN: 

Duncan Anesthesia Associates, Inc.
ANESTHESIA CHARGE LIST

1/11/2023

BILLING OFFICE USE
 POS 21 POS 22

SURGERY		BLOCK PROCEDURE	
START:	11/11	START:	
STOP:	11/27	STOP:	
TOTAL:	16	TOTAL:	

Provider: Sal Nik
 Surgeon: K Walker
 Anesthesia: General SAB MAC Epidural Bier Other TIVA

Procedure: Celecoxif
 CPT: 00811 ICD10: Z12.11 Modifier:
 CPT: 00812 ICD10: P60.0 Modifier:
 CPT: ICD10: J83.893 Modifier:
 CPT: ICD10: 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 <input type="radio"/> YES <input checked="" type="radio"/> NO 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 MEASURE #430 Inhalation Anes Recvd <input type="radio"/> Yes <input checked="" type="radio"/> No IF NO SKIP TO NEXT MEASURE 3 Pt Risk Factors <input type="radio"/> Yes <input type="radio"/> No PONV Therapy <input type="radio"/> Yes <input type="radio"/> No		Base Units: <u>3</u> Time Units: <u>1</u> <input type="radio"/> PS 3 (1 unit) <input type="radio"/> PS 4 (2 units) <input type="radio"/> PS 5 (3 units) <input type="radio"/> Age: 99100 (<1 or >70) (1 unit) <input type="radio"/> Emergency: 99140 (2 units) SPECIAL PROCEDURES: TOTAL UNITS: <u>4</u> ABG7 PAIN ASSESSMENT <input checked="" type="radio"/> LUCID <input type="radio"/> NON COMMUNICATE <input type="radio"/> PACU <input type="radio"/> OICU PAIN LEVEL <u>4</u> OUT OF 10 SCG 8 DEPRESSION ASSESS. YES <input checked="" type="radio"/> YES <input type="radio"/> NO DX: <u>ASA SCORE 2</u> REQUIRED REQUIRED	SPECIAL PROCEDURES <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 type="radio"/> Sciatic Single 64445 (7 units) <input 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)
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