

Patient DAVID ALAN MCDOWELL - D00048231476

Other Names

Med Rec Number MR00083689 Reg Status DEP SDC
EMR Number T00035414 Soc Sec Num 442-66-8099
Birthdate 02/24/1962
Age 63 Birth Sex M
VIP
VIP Comment

Patient Address

5212 CLEAR SPRINGS DRIVE
DUNCAN, OK 73533
United States

Patient Employer

COMCAST
5220 ASHVILLE HWY
KNOXVILLE, TN 37924
UNKNOWN
Occupation CABLE TV TECHNICIAN
Employer Status Full-Time

E-Mail DAVIDMEADOWS1146@GMAIL.COM
Conf Comm Address

Phone Number Phone Type
865-438-7437 Cell Phone

Marital Status Married
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 03/02/06

Physical Handicaps

Ethnicity / Additional Ethnicities
Non Hispanic or Latino

Race / Additional Races
White

Personal Contacts

Next of Kin Relationship Other Relationship
POSEY, WALTER
RT 2, BOX 266

DUNCAN, OK 73533

Phone Number Phone Type
580-255-7101 Cell Phone

Person to Notify Relationship Spouse
MCDOWELL, BRANDI
4505 SUNFLOWER

KNOXVILLE, TN 37909

Phone Number Phone Type
865-450-4530 Cell Phone

Guarantor

GN00143267 Relationship Self

Guarantor Employer

COMCAST

Duncan Regional Hospital		Account Inquiry		Page: 2	
				Date: 08/11/25 16:37	
				McIntyre,Karen	
MCDOWELL,DAVID ALAN		5220 ASHVILLE HWY			
5212 CLEAR SPRINGS DRIVE		KNOXVILLE, TN 37924			
DUNCAN, OK 73533					
United States		Occupation		CABLE TV TECHNICIAN	
Email DAVIDMEADOWS1146@GMAIL.COM		Emp Status		Full-Time	
Phone Number		Phone Type			
865-438-7437		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		Coverage Plan 043039	
Policy Number		YAQ869425361M		Group Name	
Address		PO BOX 655924		Group Number 043039	
				Employment Status	
City, State, Zip		DALLAS, TX 75266-5924		Employer Name	
Country				Location	
Phone		800-722-3730		Copay Deductible Coinsurance	
Fax				Eligibility Status Received Status Date 08/11/25	
Email					
Release Info		Yes		Exp Info Date	
Assign Benefits		Yes			
Subscriber		MCDOWELL,DAVID ALAN		Birth Sex M	
Pat Rel to Subs		Self		Soc Sec Num 442-66-8099	
Address		5212 CLEAR SPRINGS DRIVE		Marital Status Married	
				Race White	
City, State, Zip		DUNCAN, OK 73533		Citizenship United States	
Country		United States		Language English	
Email		DAVIDMEADOWS1146@GMAIL.COM			
Birthdate		02/24/1962			
Phone Number		Phone Type			
865-438-7437		Cell Phone			
Occurrence Codes		Date Time		Accident State	
DSI 11 - Onset of Symptom-OP Ther		08/11/25			
Physicians Other Physicians/Association					
Primary Care McGouran,Francis James III					
Admitting					
Attending Miller,Byron Ronald					
Family					
Emergency					
Reg Date/Time		08/11/25 08:47		Discharge Date/Time 08/11/25 10:38	
Requested Accom				Discharge Disposition Home/Assisted Living - 01	
Room Rate Accom					

Room/Bed

Service

Location	Ambulatory Care Unit
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Admit Priority	Elective
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Admit Source	Physician Referral
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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, left eye 1
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Last Hospitalization	From Date:	Thru Date:
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ICD10 Codes

Reason for Visit Diagnoses

Eff	Date	Code	Name	Alt	Source
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08/11/25	H25.12	Age-related nuclear cataract, left eye	No	SUR
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Diagnosis Codes

Eff Date	Num	Code	Name	POA
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08/04/25 -	1	H25.12	Age-related nuclear cataract,
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Procedure Codes

Num	Code	Name	Date	Surgeon/Assisting
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MR:  MCDOWELL, DAVID ALAN 63
FN# D00048231476
MR# MR000083689
DOB: 02/24/1962 REG DT: 08/11/25
ATT DR: Miller, Byron Ronald
FN: 

Duncan Anesthesia Associates, Inc.
ANESTHESIA CHARGE LIST

11/1/2023

Provider: Duncan
Surgeon: MLM

Anesthesia: General SAB MAC Epidural Bier Other TIVA

Procedure: Cefazolin 1g IV ICD10: H25.12 Modifier:
CPT: 91.72 ICD10: Modifier:
CPT: ICD10: Modifier:
CPT: ICD10: Modifier:

SURGERY
START: 0936
STOP: 1005
TOTAL: 29

Measure Codes	

BILLING OFFICE USE
POS 21 POS 22

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

Base Units: 4

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: 6

ABG7 PAIN ASSESSMENT

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

☒ ASA SCORE 2 REQUIRED

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)