

| | | | | |
|---|-------------------|------------------------------|-------------|-----------------------------|
| Duncan Regional Hospital | | Account Inquiry | | Page: 1 |
| | | | | Date: 08/11/25 16:42 |
| | | | | McIntyre, Karen |
| Patient TONJA LYNN WOOTHAKEWAHBITY - D00048216139 | | | Other Names | |
| Med Rec Number | MR00212140 | Reg Status | DEP SDC | WOOTHAKEWAHBITY, TONJA LYNN |
| EMR Number | T00216692 | Soc Sec Num | 444-88-2211 | |
| Birthdate | 09/28/1981 | | | |
| Age | 43 | Birth Sex | F | |
| VIP | | | | |
| VIP Comment | | | | |
| Patient Address | | Patient Employer | | |
| 630 W OREGON ST | | COMPLETE HOME HEALTH | | |
| TEMPLE, OK 73568 | | 1 SW 11th St Suite 120 | | |
| United States | | LAWTON, OK 73502 | | |
| E-Mail TONJALUNA62@GMAIL.COM | | 580-351-6565 | | |
| Conf Comm Address | | Occupation PART | | |
| | | Employer Status Full-Time | | |
| Phone Number | Phone Type | | | |
| 580-360-8290 | Cell Phone | | | |
| Marital Status | Divorced | Country of Origin | | |
| Religion | | In School | | |
| Affiliation | | Registered Voter | | |
| Language | English | Veteran Status | | |
| Interpreter Needed | | Organ Donor | | |
| Education Level | | Marketing Comm | | |
| Citizenship | | Privacy Notice Date 05/01/23 | | |
| Place of Birth | | | | |
| Physical Handicaps | | | | |
| Ethnicity / Additional Ethnicities | | Race / Additional Races | | |
| Hispanic or Latino | | Other Race | | |
| Personal Contacts | | | | |
| Primary Contact | | Relationship Sibling | | |
| LUNA, MELISSA | | | | |
| TEMPLE, OK 73568 | | | | |
| United States | | | | |
| Phone Number | Phone Type | | | |
| 580-360-8298 | Cell Phone | | | |
| Guarantor | | Guarantor Employer | | |
| GN00171164 | Relationship Self | COMPLETE HOME HEALTH | | |
| WOOTHAKEWAHBITY, TONJA LYNN | | 1 SW 11th St Suite 120 | | |
| 630 W OREGON ST | | LAWTON, OK 73502 | | |
| TEMPLE, OK 73568 | | 580-351-6565 | | |
| United States | | Occupation PART | | |
| Email TONJALUNA62@GMAIL.COM | | Emp Status Full-Time | | |
| Phone Number | Phone Type | | | |

| | | | | | |
|--------------------------|--|-------------------------------|--|-----------------------------|--|
| Duncan Regional Hospital | | Account Inquiry | | Page: 2 | |
| | | | | Date: 08/11/25 16:42 | |
| | | | | McIntyre, Karen | |
| 580-360-8290 | | Cell Phone | | | |
| Financial Class | | | | | |
| Financial Class Medicaid | | | | | |
| Standard Insurance Order | | Medicare Part B Order | | Medicare Part D Order | |
| MEDICAID | | | | | |
| SELF PAY | | | | | |
| Insurances | | | | | |
| Name | | MEDICAID | | Coverage Plan | |
| Policy Number | | B38151349 | | Group Name | |
| Address | | PO BOX 18430 | | Group Number | |
| | | | | Employment Status | |
| City, State, Zip | | OKLAHOMA CITY, OK 73154 | | Employer Name | |
| Country | | | | Location | |
| Phone | | 800-522-0310 | | Copay | |
| Fax | | | | Deductible | |
| Email | | | | Coinsurance | |
| | | | | Eligibility Status Received | |
| | | | | Status Date 08/11/25 | |
| Release Info | | Yes | | Exp Info Date | |
| Assign Benefits | | Yes | | | |
| Subscriber | | WOOTHTAKEWAHBITTY, TONJA LYNN | | Birth Sex | |
| Pat Rel to Subs | | Self | | F | |
| Address | | 630 W OREGON ST | | Soc Sec Num | |
| | | | | 444-88-2211 | |
| City, State, Zip | | TEMPLE, OK 73568 | | Marital Status | |
| Country | | United States | | Divorced | |
| Email | | TONJALUNA62@GMAIL.COM | | Race | |
| Birthdate | | 09/28/1981 | | Other Race | |
| | | | | Citizenship | |
| | | | | United States | |
| | | | | Language | |
| | | | | English | |
| Phone Number | | Phone Type | | | |
| 580-360-8290 | | Cell Phone | | | |
| Occurrence Codes | | Date | | Time | |
| DSI | | 11 - Onset of Symptom-OP Ther | | 08/11/25 | |
| | | | | Accident State | |
| | | | | | |
| Physicians | | | | | |
| Primary Care | | Piontek, Raven Jeaneene | | Hallford, Steven Michael | |
| Admitting | | | | | |
| Attending | | Watkins, Kayla Michele | | | |
| Family | | | | | |
| Emergency | | | | | |
| Reg Date/Time | | 08/11/25 09:43 | | Discharge Date/Time | |
| Requested Accom | | | | 08/11/25 13:15 | |
| Room Rate Accom | | | | Discharge Disposition | |
| Room/Bed | | | | Home/Assisted Living - 01 | |
| 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 Other specified diseases of gallbladder, Right upp

Last Hospitalization

From Date:

Thru Date:

ICD10 Codes

Reason for Visit Diagnoses

| Eff Date | Code | Name | Alt | Source |
|----------|------|------|-----|--------|
|----------|------|------|-----|--------|

| | | | | |
|----------|--------|---|----|-----|
| 08/11/25 | K82.8 | Other specified diseases of gallbladder | No | SUR |
| 08/11/25 | R10.11 | Right upper quadrant pain | No | SUR |
| 08/11/25 | R10.12 | Left upper quadrant pain | No | SUR |

Diagnosis Codes

| Eff Date | Num | Code | Name | POA |
|----------|-----|------|------|-----|
|----------|-----|------|------|-----|

| | | | | |
|------------|---|--------|--------------------------------|--|
| 07/31/25 - | 1 | K82.8 | Other specified diseases of ga | |
| 07/31/25 - | 2 | R10.11 | Right upper quadrant pain | |
| 07/31/25 - | 3 | R10.12 | Left upper quadrant pain | |

Procedure Codes

| Num | Code | Name | Date | Surgeon/Assisting |
|-----|------|------|------|-------------------|
|-----|------|------|------|-------------------|

MR:
FN# D00048216139
MR# MR00212140
DOB: 09/28/1981
ATT DR: Walkins, Kayla Michele
REG DT: 08/11/25
FN:
F T I M F D A

Duncan Anesthesia Associates, Inc.
ANESTHESIA CHARGE LIST
1/1/2023

BILLING OFFICE USE
POS 21 POS 22

Provider:
Surgeon:
Anesthesia:
Procedure:
SAB MAC Epidural Bier Other TIVA

| SURGERY | | BLOCK PROCEDURE | |
|---------|------|-----------------|--|
| START: | 1111 | START: | |
| STOP: | 1213 | STOP: | |
| TOTAL: | 1:02 | TOTAL: | |

| | | | |
|----------|---------------|-----------|--|
| CPT: 790 | ICD10: K82.8 | Modifier: | |
| CPT: | ICD10: R10.11 | Modifier: | |
| CPT: | ICD10: R10.12 | Modifier: | |
| CPT: | ICD10: | Modifier: | |

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 | Base Units: 7 Time Units: 4 |
| MEASURE #404 SMOKER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> PS 3 (1 unit) <input type="checkbox"/> PS 4 (2 units) <input type="checkbox"/> PS 5 (3 units) <input type="checkbox"/> Age: 99100 [<1 or >70] (1 unit) <input type="checkbox"/> Emergency: 99140 (2 units) |
| 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 checked="" type="checkbox"/> No Abstained <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | SPECIAL PROCEDURES: TOTAL UNITS: 11 |
| MEASURE #430 Inhalation Anes Recvd <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | ABG7 PAIN ASSESSMENT <input type="checkbox"/> LUCID <input checked="" type="checkbox"/> NON COMMUNICATE <input checked="" type="checkbox"/> PACU PAIN LEVEL: OUT OF 10 SCG 8 DEPRESSION ASSESS. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DX: <u>an Med</u> REQUIRED |
| 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 | ASA SCORE 2 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) | |