

Patient DAVID LEE DITMORE - D00048230494

Other Names

Med Rec Number MR00090213 Reg Status DEP SDC
EMR Number T00018008 Soc Sec Num 445-52-3322
Birthdate 08/02/1950
Age 75 Birth Sex M
VIP
VIP Comment

Patient Address

164484 5 MILE RD

Patient Employer

RETIRED

MARLOW, OK 73055
United States

E-Mail DAVID.DITMORE2393@GMAIL.COM

Conf Comm Address

Phone Number Phone Type
580-641-2393 Cell Phone

Marital Status Married

Religion Baptist

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 10/31/24

Physical Handicaps

Ethnicity / Additional Ethnicities

Non Hispanic or Latino

Race / Additional Races

White

Personal Contacts

Next of Kin

Relationship Spouse

DITMORE, HETTIE

164484 5 MILE RD

MARLOW, OK 73055

Phone Number Phone Type
580-641-0393 Cell Phone

Person to Notify

Relationship Child

COLE, BRANDI

RR 4 BOX 132 B

MARLOW, OK 73055

Phone Number Phone Type
580-641-0233 Cell Phone

Guarantor

GN00003137

Relationship Self

Guarantor Employer

RETIRED

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				Date: 08/11/25 16:42	
				McIntyre, Karen	

DITMORE, DAVID LEE
164484 5 MILE RD

MARLOW, OK 73055
United States
Email david.ditmore2393@gmail.com

Phone Number	Phone Type
580-641-2393	Cell Phone

Financial Class	
Financial Class	Medicare

Standard Insurance Order	Medicare Part B Order	Medicare Part D Order
MEDICARE		
BC BS FEDERAL EMPLOYEE PROGRAM		
SELF PAY		

Insurances				
Name	MEDICARE	Coverage Plan		
Policy Number	8VY9PM9UF32	Group Name		
Address	PO BOX 3114	Group Number		
	ATTN: PART A CLAIMS	Employment Status		
City, State, Zip	MECHANICSBURG, PA 17055-1829	Employer Name	RETIRED	
Country	US	Location		
Phone	855-252-8782	Copay	Deductible	Coinsurance
Fax		Eligibility Status	Received	Status Date 08/07/25
Email				
Release Info	Yes	Exp Info Date		
Assign Benefits	Yes			
Subscriber	DITMORE, DAVID LEE	Birth Sex	M	
Pat Rel to Subs	Self	Soc Sec Num	445-52-3322	
Address	164484 5 MILE RD	Marital Status	Married	
		Race	White	
City, State, Zip	MARLOW, OK 73055	Citizenship	United States	
Country	United States	Language	English	
Email	david.ditmore2393@gmail.com			
Birthdate	08/02/1950			
Phone Number	Phone Type			
580-641-2393	Cell Phone			

Name	BC BS FEDERAL EMPLOYEE PROGRAM	Coverage Plan	105	
Policy Number	R58034276	Group Name		
Address	PO BOX 655924	Group Number	105	
		Employment Status		
City, State, Zip	DALLAS, TX 75266-5924	Employer Name	RETIRED	
Country		Location		
Phone	1-800-722-3130	Copay	Deductible	Coinsurance
Fax		Eligibility Status	Received	Status Date 08/07/25
Email				
Release Info	Yes	Exp Info Date		
Assign Benefits	Yes			

Subscriber	DITMORE, DAVID LEE	Birth Sex	M
Pat Rel to Subs	Self	Soc Sec Num	445-52-3322
Address	164484 5 MILE RD	Marital Status	Married
		Race	White
City, State, Zip	MARLOW, OK 73055	Citizenship	United States
Country	United States	Language	English
Email	david.ditmore2393@gmail.com		
Birthdate	08/02/1950		
Phone Number	580-641-2393	Phone Type	Cell Phone

Occurrence Codes	Date	Time	Accident State
DSI 11 - Onset of Symptom-OP Ther	08/11/25		

Physicians

Other Physicians/Association

Primary Care None, Physician

Admitting

Attending Miller, Douglas Che

Family

Emergency

Reg Date/Time 08/11/25 06:41

Discharge Date/Time 08/11/25 13:31

Requested Accom

Discharge Disposition Home/Assisted Living - 01

Room Rate Accom

Room/Bed

Service

Location Cardiac Cath Lab

Admit Priority Elective

Admit Source Physician Referral

Newborn Admit Src

Entry Code

Facility Directory Yes

Clergy Visit Yes

Adm Legal Status

Confidential

Conf Comment

Admit Comment

Dis Comment

Reason for Visit Atherosclerosis of native arteries of extremities

Last Hospitalization

From Date:

Thru Date:

ICD10 Codes

Reason for Visit Diagnoses

Eff Date	Code	Name	Alt	Source
08/11/25	I70.213	Atherosclerosis of native arteries of ex	No	SUR
08/11/25	M79.604	Pain in right leg	No	SUR
08/11/25	M79.605	Pain in left leg	No	SUR
08/11/25	I65.23	Occlusion and stenosis of bilateral caro	No	SUR
08/11/25	R42	Dizziness and giddiness	No	SUR

Diagnosis Codes

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					Date: 08/11/25 16:42
					McIntyre, Karen
Eff Date	Num	Code	Name	POA	
08/04/25 -	1	I70.213	Atherosclerosis of native arte		
08/04/25 -	2	M79.604	Pain in right leg		
08/04/25 -	3	M79.605	Pain in left leg		
08/04/25 -	4	I65.23	Occlusion and stenosis of bila		
08/04/25 -	5	R42	Dizziness and giddiness		
Procedure Codes					
Num	Code	Name	Date	Surgeon/Assisting	

MR: 
DITMORE, DAVID LEE
FN# D00048230494 75
MR# MR00090213
DOB: 08/02/1950 REG DT: 08/11/25
ATT DR: Miller, Douglas Che
FN: 

Duncan Anesthesia Associates, Inc.
ANESTHESIA CHARGE LIST

BILLING OFFICE USE
POS 21 POS 22

1/1/2023

0716

Surgeon: C. Miller

Anesthesia: General SAB MAC Epidural Bier Other TIVA

Procedure: Low cervical myelography

CPT: 01916
CPT: 0716
CPT: 64447
CPT: 64445

ICD10: T70.213 Modifier:
ICD10: M79.604 Modifier:
ICD10: Modifier:
ICD10: Modifier:

SURGERY
START: 0716
STOP: 0758
TOTAL: 42m

Measure Codes

Diagnosis:

MUST BE DOCUMENTED	
MEASURE #424 <input checked="" type="radio"/> TEMP 30 MINUTES BEFORE OR 15 MINS AFTER ANESTHESIA END TIME TEMP GREATER OR EQUAL 95.9	
MEASURE #404 SMOKER <input checked="" type="radio"/> YES <input 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>6</u> Time Units: <u>3</u> PS 3 (1 unit) <u>+</u> PS 4 (2 units) <u>+</u> PS 5 (3 units) <u>+</u> Age: 99100 (<1 or >70) (1 unit) <u>+</u> Emergency: 99140 (2 units) <u>+</u>	SPECIAL PROCEDURES: TOTAL UNITS: <u>11</u> ABG7 PAIN ASSESSMENT <input checked="" type="radio"/> LUCID <input type="radio"/> NON COMMUNICATE <input type="radio"/> PACU PAIN LEVEL <u>4</u> OUT OF 10 SCG 8 DEPRESSION ASSES. <input type="radio"/> YES <input type="radio"/> NO DX: <u> </u> REQUIRED <input checked="" type="radio"/> ASA SCORE <u>3</u> 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)	