

Duncan Regional Hospital		Account Inquiry		Page: 1
				Date: 08/11/25 16:31
				McIntyre, Karen
Patient STEFANI LYNNAE WEST - D00048177380			Other Names	
Med Rec Number	MR00150361	Reg Status	DEP SDC	SKINNER, STEFANI LYNNAE
EMR Number	T00146131	Soc Sec Num	440-06-8603	WEST, STEFANI
Birthdate	08/19/1991			
Age	33	Birth Sex	F	
VIP				
VIP Comment				
Patient Address		Patient Employer		
169764 N 2865 RD		NONE EMPLOYED		
MARLOW, OK 73055				
United States				
E-Mail STEFANI@WEST.GS				
Conf Comm Address				
Phone Number	Phone Type			
580-656-3836	Cell Phone			
Marital Status	Married	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	12/16/20	
Place of Birth				
Physical Handicaps				
Ethnicity / Additional Ethnicities	Race / Additional Races			
Non Hispanic or Latino	White			
Personal Contacts				
Person to Notify	Relationship	Spouse		
WEST, BEAU				
169764 N 2865 RD				
MARLOW, OK 73055				
United States				
Phone Number	Phone Type			
580-641-3226	Cell Phone			
Guarantor		Guarantor Employer		
GN00022299	Relationship Self	NONE EMPLOYED		
WEST, STEFANI LYNNAE				
169764 N 2865 RD				
MARLOW, OK 73055				
United States				
Email	STEFANI@WEST.GS			
Phone Number	Phone Type			

580-656-3836 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	OB1803
Policy Number	YUQ927780780	Group Name	
Address	PO BOX 655924	Group Number	OB1803
		Employment Status	
City, State, Zip	DALLAS, TX 75266-5924	Employer Name	
Country		Location	
Phone	800-722-3730	Copay	Deductible
Fax		Eligibility Status	Received
Email			Coinsurance
			Status Date 08/11/25

Release Info Yes

Exp Info Date

Assign Benefits Yes

Subscriber WEST, BEAU
Pat Rel to Subs Spouse
Address 1320 NORMANDY RD
City, State, Zip DUNCAN, OK 73533
Country
Email
Birthdate 06/26/1988

Birth Sex M
Soc Sec Num 624-40-0594
Marital Status Married
Race White
Citizenship
Language

Phone Number Phone Type
580-641-3226

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

Physicians

Other Physicians/Association

Primary Care Burton, Sherrie R
Admitting
Attending Watkins, Kayla Michele
Family
Emergency

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

Discharge Date/Time 08/11/25 12:47

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

Duncan Regional Hospital	Account Inquiry	Page: 3
		Date: 08/11/25 16:31
		McIntyre, Karen
Facility Directory Yes		
Clergy Visit Yes		
Adm Legal Status		
Confidential		
Conf Comment		
Admit Comment		
Dis Comment		
Reason for Visit UMBILICAL HERNIA		
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: WEST, STEFANI LYNNAE
FN# D00048177380
MR# MR00150361
DOB: 08/19/1991
ATT DR: Watkins, Kayla Michelle
FN: 11/1/2023

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

BILLING OFFICE USE
POS 21 POS 22

SURGERY		BLOCK PROCEDURE	
START:	1/2/23	START:	
STOP:	1/2/23	STOP:	
TOTAL:	1/2/23	TOTAL:	

Provider: H.I.
Surgeon: Watkins
Anesthesia: General SAB MAC Epidural Bier Other TIVA
Procedure: Robot Lap Umbilical Hernia Repair
CPT: 05840 ICD10: K42.9 Modifier:

CPT:

CPT:

CPT:

ICD10:

ICD10:

ICD10:

Diagnosis:

MUST BE DOCUMENTED	Base Units: <u>6</u>	SPECIAL PROCEDURES
MEASURE #424 <input checked="" type="checkbox"/> TEMP 30 MINUTES BEFORE OR 15 MINS AFTER ANESTHESIA END TIME TEMP GREATER OR EQUAL 95.9	Time Units: <u>5</u>	<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)
MEASURE #404	<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)	
SMOKER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SPECIAL PROCEDURES: <u></u>	
IF NO SKIP TO NEXT MEASURE Elective Procedure <input type="checkbox"/> Yes <input type="checkbox"/> No Instructed to abstain <input type="checkbox"/> Yes <input type="checkbox"/> No Abstained <input type="checkbox"/> Yes <input type="checkbox"/> No	TOTAL UNITS: <u>11</u>	
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 type="checkbox"/> PACU OICU PAIN LEVEL <u>OUT OF 10</u> SCG 8 DEPRESSION ASSES. <input type="checkbox"/> YES <input type="checkbox"/> NO DX: <u>REQUIRED</u>	
IF NO SKIP TO NEXT MEASURE 3 Pt Risk Factors <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PONV Therapy <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ASA SCORE <u>1</u> REQUIRED	