

Patient LLOYD D COKER - D00048154181

Other Names

Med Rec Number MR00194581 Reg Status DEP SDC
EMR Number T00197031 Soc Sec Num 442-58-1883
Birthdate 06/08/1958
Age 67 Birth Sex M
VIP
VIP Comment

Patient Address

171445 N 2770 RD

Patient Employer

RETIRED

DUNCAN, OK 73533
United States

E-Mail REFUSED

Conf Comm Address

Phone Number Phone Type
580-369-8158 Cell Phone
580-369-8555 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 01/05/21

Physical Handicaps

Ethnicity / Additional Ethnicities

Non Hispanic or Latino

Race / Additional Races

White

Personal Contacts

Person to Notify

Relationship Spouse

COKER, MARGRET

171445 N 2770 RD

DUNCAN, OK 73533

United States

Phone Number Phone Type
580-369-8555 Cell Phone

Guarantor

Guarantor Employer

GN00144803 Relationship Self

RETIRED

COKER, LLOYD D

171445 N 2770 RD

DUNCAN, OK 73533

United States

Email REFUSED

Phone Number Phone Type

580-369-8158 Cell Phone

580-369-8555 Cell Phone

Financial Class

Financial Class Medicare

Standard Insurance Order

Medicare Part B Order

Medicare Part D Order

MEDICARE

TRICARE FOR LIFE/WPS

SELF PAY

Insurances

Name MEDICARE
Policy Number 6FK7JY1MP38
Address PO BOX 3114
ATTN: PART A CLAIMS
City, State, Zip MECHANICSBURG, PA 17055-1829
Country US
Phone 855-252-8782
Fax
Email

Coverage Plan
Group Name
Group Number
Employment Status
Employer Name
Location
Copay Deductible Coinsurance
Eligibility Status Received Status Date 08/11/25

Release Info Yes
Assign Benefits Yes

Exp Info Date

Subscriber COKER, LLOYD D
Pat Rel to Subs Self
Address 171445 N 2770 RD
City, State, Zip DUNCAN, OK 73533
Country United States
Email REFUSED
Birthdate 06/08/1958

Birth Sex M
Soc Sec Num 442-58-1883
Marital Status Married
Race White
Citizenship United States
Language English

Phone Number Phone Type
580-369-8158 Cell Phone
580-369-8555 Cell Phone

Name TRICARE FOR LIFE/WPS
Policy Number 442581883
Address PO BOX 7890
City, State, Zip MADISON, WI 53707-7890
Country
Phone 1-866-773-0404
Fax
Email

Coverage Plan
Group Name
Group Number
Employment Status
Employer Name
Location
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Birthdate 06/08/1958

| Phone Number | Phone Type |
|--------------|------------|
| 580-369-8158 | Cell Phone |
| 580-369-8555 | 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 Watkins, Kayla Michele

Family

Emergency

Reg Date/Time 08/11/25 07:21

Discharge Date/Time 08/11/25 10:45

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

Facility Directory

Clergy Visit

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: 
COKER, LLOYD D
FN# D00048154181 67
MR# MR00194581
DOB: 06/08/1958 REG DT: 08/11/25
ATT DR: Watkins, Kayla Michele
FN: 

Duncan Anesthesia Associates, Inc.
ANESTHESIA CHARGE LIST

1/1/2023

BILLING OFFICE USE
POS 21 POS 22

| SURGERY | | BLOCK PROCEDURE | |
|---------|------|-----------------|--|
| START: | 0953 | START: | |
| STOP: | 1417 | STOP: | |
| TOTAL: | 21h | TOTAL: | |

Provider: WNUZ
Surgeon: K. WATKINS
Anesthesia: General SAB MAC Epidural Bier Other TIVA
Procedure: Celebriant

| | | | |
|-------------------|----------------------|-----------|--|
| CPT: <u>00812</u> | ICD10: <u>212.11</u> | Modifier: | |
| CPT: | ICD10: | Modifier: | |
| CPT: | ICD10: | Modifier: | |
| CPT: | ICD10: | Modifier: | |

Measure Codes

Diagnosis:

| | | | |
|--|--|--|--|
| MUST BE DOCUMENTED | | Base Units: <u>3</u> | SPECIAL PROCEDURES |
| MEASURE #424 TEMP 30 MINUTES BEFORE OR 15 MINS AFTER ANESTHESIA END TIME TEMP GREATER OR EQUAL 95.9 | | Time Units: <u>1</u> | |
| MEASURE #404 SMOKER <input type="radio"/> YES <input checked="" type="radio"/> NO | | <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) | <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) |
| 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 | | SPECIAL PROCEDURES: | |
| MEASURE #430 Inhalation Anes Recvd <input type="radio"/> Yes <input checked="" type="radio"/> No | | TOTAL UNITS: <u>4</u> | ABG7 PAIN ASSESSMENT <input checked="" type="radio"/> LUCID <input type="radio"/> NON COMMUNICATE <input checked="" type="radio"/> PACU <input type="radio"/> OICU PAIN LEVEL <u>1</u> OUT OF 10 SCG 8 DEPRESSION ASSESS: <input type="radio"/> YES <input checked="" type="radio"/> NO DX: <u>NO</u> REQUIRED <input checked="" type="radio"/> ASA SCORE <u>2</u> REQUIRED |
| 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 | | | |