

Patient RICHARD WILLIAM VANSILL - D00048243646

Other Names

Med Rec Number MR00145774 Reg Status ADM IN  
EMR Number T00142686 Soc Sec Num 443-56-9319  
Birthdate 01/26/1953  
Age 72 Birth Sex M  
VIP  
VIP Comment

## Patient Address

## Patient Employer

1405 S KING PL

DUNCAN, OK 73533

## E-Mail

## Conf Comm Address

Phone Number Phone Type  
NONE Home Phone

Marital Status Single  
Religion None  
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 08/06/25

## Physical Handicaps

Ethnicity / Additional Ethnicities  
Non Hispanic or Latino

Race / Additional Races  
White

## Personal Contacts

Person to Notify Relationship Neighbor  
FRANKLIN, CHARLOTE

DUNCAN, OK 73533  
United States

Phone Number Phone Type  
580-736-9985 Cell Phone

## Guarantor

## Guarantor Employer

GN00038696 Relationship Self  
VANSILL, RICHARD WILLIAM  
1405 S KING PL

DUNCAN, OK 73533

## Email

Phone Number Phone Type

NONE

Home Phone

## Financial Class

Financial Class Medicare

Standard Insurance Order

Medicare Part B Order

Medicare Part D Order

MEDICARE

SELF PAY

## Insurances

Name	MEDICARE	Coverage Plan	
Policy Number	7CV7W05VV51	Group Name	
Address	PO BOX 3114	Group Number	
	ATTN: PART A CLAIMS	Employment Status	
City, State, Zip	MECHANICSBURG, PA 17055-1829	Employer Name	
Country	US	Location	
Phone	855-252-8782	Copay	Deductible
Fax		Eligibility Status	Received
Email			Coinsurance
			Status Date 08/06/25

Release Info Yes

Exp Info Date

Assign Benefits Yes

Subscriber VANSILL,RICHARD WILLIAM

Birth Sex M

Pat Rel to Subs Self

Soc Sec Num 443-56-9319

Address 1405 S KING PL

Marital Status Single

Race White

City, State, Zip DUNCAN, OK 73533

Citizenship

Country

Language English

Email

Birthdate 01/26/1953

Phone Number

Phone Type

NONE

Home Phone

## Occurrence Codes

Date

Time

Accident State

DSI 11 - Onset of Symptom-OP Ther 08/06/25

## Physicians

## Other Physicians/Association

Primary Care None,Physician

Sheaman,Landon T Garrett

Admitting Koduri,Vijay

Gibbon,Jordan B

Attending Koch,Karley

Watkins,Kayla Michele

Family

Carter,Mihaela

Emergency Petersen,James Robert

Reg Date/Time 08/06/25 23:28

Discharge Date/Time

Requested Accom Private

Discharge Disposition

Room Rate Accom P

Room/Bed 202-01

Service Medical

Location Tower 2

Admit Priority Emergency

Admit Source Home

Newborn Admit Src

Entry Code

Facility Directory No

Clergy Visit

Adm Legal Status

Confidential

Conf Comment

Admit Comment

Dis Comment

Reason for Visit OSTEOMYELITIS SEPSIS

Last Hospitalization

From Date:

Thru Date:

## ICD10 Codes

Admit Diagnosis B87.9 Myiasis, unspecified

## Reason for Visit Diagnoses

Eff Date	Code	Name	Alt	Source
08/06/25	B87.9	Myiasis, unspecified	No	OM
08/06/25	L03.90	Cellulitis, unspecified	No	OM
08/06/25	A41.9	Sepsis, unspecified organism	No	EmrClinDoc
08/06/25	M86.9	Osteomyelitis, unspecified	No	EmrClinDoc
08/06/25	N39.0	Urinary tract infection, site not specif	No	EmrClinDoc
08/06/25	Z72.0	Tobacco use	No	EmrClinDoc
08/06/25	M79.89	Other specified soft tissue disorders	No	EmrClinDoc
08/06/25	I73.9	Peripheral vascular disease, unspecified	No	EmrClinDoc
08/06/25	E11.40	Type 2 diabetes mellitus with diabetic n	No	EmrClinDoc
08/06/25	I69.30	Unspecified sequelae of cerebral infarct	No	EmrClinDoc

## Diagnosis Codes

Eff Date	Num	Code	Name	POA
08/06/25 -	1	B87.9	Myiasis, unspecified	
08/06/25 -	2	L03.90	Cellulitis, unspecified	
08/06/25 -	3	A41.9	Sepsis, unspecified organism	
08/06/25 -	4	M86.9	Osteomyelitis, unspecified	
08/06/25 -	5	N39.0	Urinary tract infection, site	
08/06/25 -	6	Z72.0	Tobacco use	E
08/06/25 -	7	M79.89	Other specified soft tissue di	
08/06/25 -	8	I73.9	Peripheral vascular disease, u	
08/06/25 -	9	E11.40	Type 2 diabetes mellitus with	
08/06/25 -	10	I69.30	Unspecified sequelae of cerebr	E

## Procedure Codes

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

MR: **VANSILL, RICHARD WILLIAM**  
 FN# 000048243646  
 MR# MR00145774  
 DOB: 01/26/1953 RM: 202  
 ATT DR: Koeh, Karley AD: 08/06/25  
 FN: 

**Duncan Anesthesia Associates, Inc.**  
 ANESTHESIA CHARGE LIST

1/1/2023

BILLING OFFICE USE  
 POS 21 POS 22

DOS: \_\_\_\_\_  
 PROVIDER: JNA 8-11-25  
 SURGEON: C Miller

ANESTHESIA: GENERAL SAB MAC EPIDURAL BIER OTHER TIVA

PROCEDURE:

6 hours extubity CPT: 01916 ICD10: I70.213  
Anesthesiology via CPT: \_\_\_\_\_ ICD10: \_\_\_\_\_  
2 hours Appliance CPT: \_\_\_\_\_ ICD10: \_\_\_\_\_

SURGERY		BLOCK PROCEDURE	
START:	<u>0811</u>	START:	
STOP:	<u>0846</u>	STOP:	
TOTAL:	<u>345</u>	TOTAL:	

DIAGNOSIS: Osteomyelitis, Non-healing wound (L) CE

**MUST BE DOCUMENTED**

<b>MEASURE #424</b> <input checked="" type="radio"/> TEMP 30 MINS BEFORE OR 15 MINS AFTER ANESTHESIA END TIME TEMP GREATER OR EQUAL 95.9		Base Units: <u>6</u> Time Units: <u>2</u> <input checked="" type="radio"/> PS 3 (1 unit) <input type="radio"/> PS 4 (2 units) <input type="radio"/> PS 5 (3 units) <input checked="" type="radio"/> Age: 99100 (<1 or >70) (1 unit) <input type="radio"/> Emergency: 99140 (2 units)	<b>SPECIAL PROCEDURES</b> <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 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) <b>MEASURE #76</b> <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)
<b>MEASURE #404</b> SMOKER <input checked="" type="radio"/> YES <input type="radio"/> NO IF NO SKIP TO NEXT MEASURE Elective Procedure <input checked="" type="radio"/> YES <input type="radio"/> NO Instructed to abstain <input checked="" type="radio"/> YES <input type="radio"/> NO Abstained <input checked="" type="radio"/> YES <input type="radio"/> NO <b>MEASURE #430</b> 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		SPECIALS PROCEDURES: _____ TOTAL UNITS: <u>10</u> ABG7 PAIN ASSESSMENT: <input checked="" type="radio"/> LUCID <input type="radio"/> NON COMMUNICATE <input checked="" type="radio"/> PACU <input type="radio"/> ICU PAIN LEVEL <u>1</u> OUT OF 10 SCG 8 DEPRESSION ASSESS. <input checked="" type="radio"/> YES <input type="radio"/> NO DX: _____ REQUIRED <input checked="" type="radio"/> ASA SCORE <u>3</u> REQUIRED	