

Patient DESTINIE LOUISE MULLEN - D00048237770

Other Names

Med Rec Number MR00136310 Reg Status DEP SDC
EMR Number T00134567 Soc Sec Num 444-15-4279
Birthdate 01/14/2001
Age 24 Birth Sex F
VIP
VIP Comment

Patient Address

Patient Employer

618 N K ST

DUNCAN, OK 73533
United States

E-Mail

Conf Comm Address

Phone Number Phone Type
580-860-2026 Cell 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 04/20/25

Physical Handicaps

Ethnicity / Additional Ethnicities
Non Hispanic or Latino

Race / Additional Races
White

Personal Contacts

Next of Kin Relationship Parent

MULLEN, WYNEMA
618 N K ST

DUNCAN, OK 73533
United States

Phone Number Phone Type
405-250-9516 Cell Phone

Person to Notify Relationship Sibling

MULLEN, JENNIFER
618 N K ST

DUNCAN, OK 73533
United States

Phone Number Phone Type
405-264-3955 Cell Phone

Guarantor

Guarantor Employer

GN00124175 Relationship Self

Duncan Regional Hospital		Account Inquiry		Page: 2	
				Date: 08/11/25 16:31	
				McIntyre, Karen	
MULLEN, DESTINIE LOUISE					
618 N K ST					
DUNCAN, OK 73533					
United States					
Email					
Phone Number		Phone Type			
580-860-2026		Cell Phone			
Financial Class					
Financial Class Medicaid					
Standard Insurance Order		Medicare Part B Order		Medicare Part D Order	
HUMANA HEALTHY HORIZONS					
SELF PAY					
Insurances					
Name		HUMANA HEALTHY HORIZONS		Coverage Plan 1A789	
Policy Number		H73948605		Group Name	
Address		PO BOX 14601		Group Number 1A789	
				Employment Status	
City, State, Zip		LEXINGTON, KY 40512-4601		Employer Name	
Country				Location	
Phone		855-223-9868		Copay Deductible Coinsurance	
Fax				Eligibility Status Received Status Date 08/11/25	
Email					
Release Info		Yes		Exp Info Date	
Assign Benefits		Yes			
Subscriber		MULLEN, DESTINIE LOUISE		Birth Sex F	
Pat Rel to Subs		Self		Soc Sec Num 444-15-4279	
Address		618 N K ST		Marital Status Single	
				Race White	
City, State, Zip		DUNCAN, OK 73533		Citizenship United States	
Country		United States		Language English	
Email					
Birthdate		01/14/2001			
Phone Number		Phone Type			
580-860-2026		Cell Phone			
Occurrence Codes		Date		Time Accident State	
DSI 11 - Onset of Symptom-OP Ther		08/11/25			
Physicians					
Primary Care		None, Physician		Sheaman, Landon T Garrett	
Admitting				Roberson, Matthew Wayne	
Attending		Miller, Byron Ronald			
Family					
Emergency					
Reg Date/Time		08/11/25 11:30		Discharge Date/Time 08/11/25 15:56	
Requested Accom				Discharge Disposition Home/Assisted Living - 01	
Room Rate Accom					

Duncan Regional Hospital		Account Inquiry		Page: 3	
				Date: 08/11/25 16:31	
				McIntyre, Karen	
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		LACRIMAL GLAND TUMOR RIGHT			
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: 
MULLEN, DESTINIE LOUISE²⁴
FN# D00048237770
MR# MR00136310
DOB: 01/14/2001 REG DT: 08/11/25
ATT DR: Miller, Byron Ronald
FN: 

Duncan Anesthesia Associates, Inc.
ANESTHESIA CHARGE LIST

BILLING OFFICE USE
POS 21 POS 22

1/1/2023

Provider: Andrew An
Surgeon: N. U.

Anesthesia: General SAB MAC Epidural Bier Other TIVA

Procedure: Removal of Duplex eyelid mass CPT: 90103
ICD10: Modifier:
CPT: ICD10: Modifier:
CPT: ICD10: Modifier:
CPT: ICD10: Modifier:

SURGERY 1333 BLOCK PROCEDURE
START: 1432 START:
STOP: 102 STOP:
TOTAL: TOTAL:

Measure Codes	

Diagnosis:

MUST BE DOCUMENTED

MEASURE #424

☒ TEMP 30 MINUTES BEFORE OR 15 MINS AFTER ANESTHESIA END TIME
TEMP GREATER OR EQUAL 95.9

MEASURE #404

SMOKER ☐ YES ☒ NO

IF NO SKIP TO NEXT MEASURE

Elective Procedure ☐ Yes ☒ No
Instructed to abstain ☐ Yes ☒ No
Abstained ☐ Yes ☒ No

MEASURE #430

Inhalation Anes Recvd ☐ Yes ☒ No

IF NO SKIP TO NEXT MEASURE

3 Pt Risk Factors ☐ Yes ☒ No
PONV Therapy ☐ Yes ☒ No

SPECIAL PROCEDURES

☐ Femoral Single 64447 (8 units)
☐ Brachial Plexus Single 64415 (8 units)
☐ Lumbar Epidural Continuous 62319 (8 units)
☐ Thoracic Epidural Continuous 62318 (8 units)
☐ Lumbar Puncture 62270 (8 units)
☐ Sciatic Single 64445 (7 units)
☐ Ultrasound 76942-26 (2 units)
☐ Nerve Block for Post-op Pain 64450 Hip/64415 Shoulder (5 Units)
☐ Epidural Steroid 62322 (8 units)
☐ Daily Epidural Mgmt 01996 (3 units)
☐ Art Line 36620 (3 units)
☐ PICC Placement 36569 (6 units) MEASURE #76
☐ Lumbar Blood Patch 62273 (8 units)
☐ Adductor Canal Block 64447 (8 units)
☐ Intubation Emergency 31500 (5 units)
☐ IPack Block 64999 (7 units)

Base Units: 5

Time Units: 4

☐ PS 3 (1 unit)
☐ PS 4 (2 units)
☐ PS 5 (3 units)
☐ Age: 99100 [<1 or >70] (1 unit)
☐ Emergency: 99140 (2 units)

SPECIAL PROCEDURES

TOTAL UNITS: 9

ABG7 PAIN ASSESSMENT

☒ EUCID
☐ NON COMMUNICATE
☒ PACU ☒ OICU
PAIN LEVEL 8 OUT OF 10
SCG 8 DEPRESSION ASSESS.
☒ YES ☐ NO
DX: REQUIRED

☒ ASA SCORE 2 REQUIRED