

Patient DEBORAH TRICHE - D00048144182

Other Names

Med Rec Number MR00226795 Reg Status DEP SDC
EMR Number T00234783 Soc Sec Num 442-66-0679
Birthdate 06/10/1959
Age 66 Birth Sex F
VIP
VIP Comment

Patient Address

1802 SE 165TH

Patient Employer

RETIRED

LAWTON, OK 73501
United States

E-Mail

Conf Comm Address

Phone Number Phone Type
580-284-4727 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 08/11/25

Physical Handicaps

Ethnicity / Additional Ethnicities

Non Hispanic or Latino

Race / Additional Races

White

Personal Contacts

Person to Notify

Relationship Spouse

TRICHE, HERMAN

Phone Number Phone Type
580-284-1999 Cell Phone

Guarantor

Guarantor Employer

GN00196617 Relationship Self
TRICHE, DEBORAH
1802 SE 165TH

RETIRED

LAWTON, OK 73501
United States

Email

Phone Number Phone Type

580-284-4727 Cell Phone

Financial Class

Financial Class Champus/VA

Standard Insurance Order

CHAMP VA 84146

HUMANA HEALTHY HORIZONS

SELF PAY

Medicare Part B Order

Medicare Part D Order

Insurances

Name CHAMP VA 84146
Policy Number 442660679
Address ATTN: CHAMPVA
PO BOX 30750
City, State, Zip TAMPA, FL 33630-3750
Country
Phone 1-800-733-8387
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 TRICHE,DEBORAH
Pat Rel to Subs Self
Address 1802 SE 165TH
City, State, Zip LAWTON, OK 73501
Country United States
Email
Birthdate 06/10/1959

Birth Sex F
Soc Sec Num 442-66-0679
Marital Status Married
Race White
Citizenship United States
Language English

Phone Number Phone Type
580-284-4727 Cell Phone

Name HUMANA HEALTHY HORIZONS
Policy Number H69900028
Address PO BOX 14601
City, State, Zip LEXINGTON, KY 40512-4601
Country
Phone 855-223-9868
Fax
Email

Coverage Plan
Group Name
Group Number
Employment Status
Employer Name
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580-284-4727 Cell Phone

Authorization Number

Referral Number

NO AUTH REQ

Eff Date Exp Date Referral Type Status Referred By Referred To

Authorization Number

Referral Number

Eff Date Exp Date Referral Type Status Referred By Referred To

Occurrence Codes Date Time Accident State

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

Physicians

Other Physicians/Association

Primary Care Aiku, Idorenyin Leslie

Hallford, Steven Michael

Admitting

Attending Watkins, Kayla Michele

Family

Emergency

Reg Date/Time 08/11/25 06:29

Discharge Date/Time 08/11/25 11:35

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 Malignant melanoma of other part of trunk

Last Hospitalization

From Date:

Thru Date:

ICD10 Codes

Reason for Visit Diagnoses

Eff Date Code Name Alt Source

08/11/25 C43.59 Malignant melanoma of other part of trun No SUR

Diagnosis Codes

Duncan Regional Hospital			Account Inquiry		Page: 4
					Date: 08/11/25 16:39
					McIntyre, Karen
Eff Date	Num	Code	Name	POA	
07/15/25 -	1	C43.59	Malignant melanoma of other pa		
Procedure Codes					
Num	Code	Name	Date	Surgeon/Assisting	

MR: 
TRICHE, DEBORAH
FN# D00048144182 66
MR# MR00226795
DOB: 06/10/1959 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

Provider: SH
Surgeon: SH

Anesthesia: General SAB MAC Epidural Bier Other TIVA

Procedure: Exc. Melanoma LLA
Lymphoscintigraphy
CPT: 860
CPT:
CPT:
CPT:

ICD10: C43.59 Modifier:
ICD10: Modifier:
ICD10: Modifier:
ICD10: Modifier:

SURGERY		BLOCK PROCEDURE	
START:	<u>841</u>	START:	
STOP:	<u>1005</u>	STOP:	
TOTAL:	<u>1:24</u>	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

Base Units: 4

Time Units: 6

- ☐ 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: 10

ABG7 PAIN ASSESSMENT

☐ LUCID
☒ NON COMMUNICATE
☐ PACU ☐ OICU
PAIN LEVEL 1 OUT OF 10
SCG 8 DEPRESSION ASSESS. ☐ YES ☒ NO
DX: or Med REQUIRED

ASA SCORE 2 REQUIRED

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)