

Patient MARDY LYNN MEADOWS - D00048241681

Other Names

Med Rec Number MR00069688 Reg Status DEP SDC
EMR Number T00078536 Soc Sec Num 445-54-9405
Birthdate 06/09/1956
Age 69 Birth Sex M
VIP
VIP Comment

Patient Address

2710 S 42ND

DUNCAN, OK 73533
United States

E-Mail mardym56@yahoo.com

Conf Comm Address

Phone Number Phone Type
580-470-5154 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 07/23/17

Physical Handicaps

Ethnicity / Additional Ethnicities

Non Hispanic or Latino

Race / Additional Races

White

Personal Contacts

Person to Notify

Relationship Spouse

MEADOWS, CINDY
2710 S 42ND

DUNCAN, OK 73533
United States

Phone Number Phone Type
580-470-5143 Home Phone

Guarantor

Guarantor Employer

GN00008107 Relationship Self
MEADOWS, MARDY LYNN
2710 S 42ND

RETIRED

DUNCAN, OK 73533
United States

Email mardym56@yahoo.com

Phone Number Phone Type

Duncan Regional Hospital		Account Inquiry		Page: 2	
				Date: 08/11/25 16:32	
				McIntyre, Karen	
580-470-5154		Cell Phone			
Financial Class					
Financial Class Medicare Advantage					
Standard Insurance Order		Medicare Part B Order		Medicare Part D Order	
HUMANA CHOICE PPO (MCARE)					
SELF PAY					
Insurances					
Name	HUMANA CHOICE PPO (MCARE)		Coverage Plan	9A790001	
Policy Number	H73780541		Group Name		
Address	PO BOX 14601		Group Number	9A790001	
City, State, Zip	LEXINGTON, KY 40512-4601		Employment Status		
Country	US		Employer Name		
Phone	800-457-4708		Location		
Fax			Copay	Deductible	Coinsurance
Email			Eligibility Status	Received	Status Date 08/11/25
Release Info	Yes		Exp Info Date		
Assign Benefits	Yes				
Subscriber	MEADOWS, MARDY LYNN		Birth Sex	M	
Pat Rel to Subs	Self		Soc Sec Num	445-54-9405	
Address	2710 S 42ND		Marital Status	Married	
City, State, Zip	DUNCAN, OK 73533		Race	White	
Country	United States		Citizenship	United States	
Email	mardym56@yahoo.com		Language	English	
Birthdate	06/09/1956				
Phone Number	Phone Type				
580-470-5154	Cell Phone				
Authorization Number		Referral Number			
NO AUTH REQUIRED					
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	Jones, Jeffrey C				
Admitting					
Attending	Gibbon, Jordan B				
Family					
Emergency					
Reg Date/Time	08/11/25 06:21		Discharge Date/Time	08/11/25 11:25	
Requested Accom			Discharge Disposition	Home/Assisted Living - 01	
Room Rate Accom					
Room/Bed					
Service					

Duncan Regional Hospital		Account Inquiry		Page: 3	
				Date: 08/11/25 16:32	
				McIntyre, Karen	
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		RT ANKLE ACHILLES TEAR			
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: MEADOWS, MARDY LYNN
FN# D00048241681 69
MR# MR00069688
DOB: 06/09/1956 REG DT: 08/11/25
ATT DR: Gibbon, Jordan B
FN: [Barcode]

Duncan Anesthesia Associates, Inc.
ANESTHESIA CHARGE LIST

8-11-25 1/1/2023

BILLING OFFICE USE
POS 21 POS 22

SURGERY		BLOCK PROCEDURE	
START:	0803	START:	0734
STOP:	1003	STOP:	0802
TOTAL:	120min	TOTAL:	8min

Provider: J. Palmer
Surgeon: J. Gibbon
Anesthesia: General SAB MAC Epidural Bier Other TIVA
Procedure: 1 Ankle Achilles Repair
2 Plantar Fascia Release
CPT: 01472 ICD10: M25.511
CPT: ICD10: M79.671
CPT: ICD10: ICD10: Modifier: Measure Codes

Diagnosis: 2 Ankle Achilles Tear

MUST BE DOCUMENTED	Base Units: 5	SPECIAL PROCEDURES
MEASURE #424 TEMP 30 MINUTES BEFORE OR 15 MINS AFTER ANESTHESIA END TIME TEMP GREATER OR EQUAL 95.9	Time Units: 8	<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 checked="" type="radio"/> Sciatic Single 64445 (7 units) <input checked="" 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)
MEASURE #404 SMOKER IF NO SKIP TO NEXT MEASURE Elective Procedure Instructed to abstain Abstained	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> YES <input checked="" type="radio"/> NO	
MEASURE #430 Inhalation Anes Recvd	<input checked="" type="radio"/> Yes <input type="radio"/> No	ABG7 PAIN ASSESSMENT <input type="radio"/> LUCID <input checked="" type="radio"/> NON COMMUNICATE <input checked="" type="radio"/> PACU OICU PAIN LEVEL 8 OUT OF 10 SCG 8 DEPRESSION ASSESS. <input type="radio"/> YES <input checked="" type="radio"/> NO DX: Negative REQUIRED ASA SCORE 2 REQUIRED
IF NO SKIP TO NEXT MEASURE 3 Pt Risk Factors PONV Therapy	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes <input checked="" type="radio"/> No	