

Patient THOMAS WAYNE HAWKINS - D00048203988

Other Names

Med Rec Number MR00084985 Reg Status DEP SDC  
EMR Number T00018357 Soc Sec Num 223-27-4128  
Birthdate 10/25/1965  
Age 59 Birth Sex M  
VIP  
VIP Comment

## Patient Address

294617 E 1670 RD  
MARLOW, OK 73055

## Patient Employer

HALLIBURTON SERVICES  
1015 W BOIS D'ARC  
DUNCAN, OK 73534

E-Mail thawkt@gmail.com

580-251-4838

Conf Comm Address

Occupation DRAFTER

Employer Status Full-Time

Phone Number Phone Type  
580-467-5837 Cell Phone

Marital Status Married

Country of Origin

Religion Baptist

In School

Affiliation

Registered Voter

Language English

Veteran Status

Interpreter Needed

Organ Donor

Education Level

Marketing Comm

Citizenship

Privacy Notice Date 10/23/23

Place of Birth

## Physical Handicaps

Ethnicity / Additional Ethnicities

Non Hispanic or Latino

Race / Additional Races

White

## Personal Contacts

Next of Kin Relationship Parent

HAWKINS, CLAUDE  
RT 4 BOX 233G1

DUNCAN, OK 73533

Phone Number Phone Type  
580-606-8552 Cell Phone

Person to Notify Relationship Spouse

HAWKINS, TINA  
294617 E 1670 RD  
MARLOW, OK 73055

Phone Number Phone Type  
580-467-7203 Cell Phone

## Guarantor

GN00034087 Relationship Self

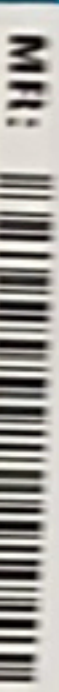
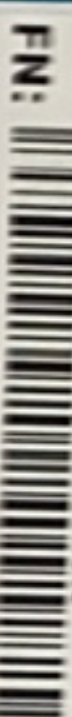
## Guarantor Employer

HALLIBURTON SERVICES

Duncan Regional Hospital		Account Inquiry		Page: 2	
				Date: 08/11/25 16:32	
				McIntyre, Karen	
HAWKINS, THOMAS WAYNE 294617 E 1670 RD			1015 W BOIS D'ARC		
MARLOW, OK 73055			DUNCAN, OK 73534		
Email thawkt@gmail.com			580-251-4838		
			Occupation DRAFTER		
			Emp Status Full-Time		
Phone Number		Phone Type			
580-467-5837		Cell Phone			
Financial Class					
Financial Class Blue Cross					
Standard Insurance Order		Medicare Part B Order		Medicare Part D Order	
BC BS--Halliburton					
SELF PAY					
Insurances					
Name		BC BS--Halliburton		Coverage Plan 360947	
Policy Number		HGC903422336		Group Name	
Address		PO BOX 655924		Group Number 360947	
City, State, Zip		DALLAS, TX 75265-5924		Employment Status	
Country				Employer Name	
Phone		800-451-0287		Location	
Fax				Copay Deductible Coinsurance	
Email				Eligibility Status Received Status Date 08/11/25	
Release Info		Yes		Exp Info Date	
Assign Benefits		Yes			
Subscriber		HAWKINS, THOMAS WAYNE		Birth Sex M	
Pat Rel to Subs		Self		Soc Sec Num 223-27-4128	
Address		294617 E 1670 RD		Marital Status Married	
City, State, Zip		MARLOW, OK 73055		Race White	
Country				Citizenship	
Email		thawkt@gmail.com		Language English	
Birthdate		10/25/1965			
Phone Number		Phone Type			
580-467-5837		Cell Phone			
Occurrence Codes		Date		Time Accident State	
DSI 11 - Onset of Symptom-OP Ther		08/11/25			
Physicians					
Other Physicians/Association					
Primary Care Tate, Steven A					
Admitting					
Attending Watkins, Kayla Michele					
Family					
Emergency					
Reg Date/Time		08/11/25 06:22		Discharge Date/Time 08/11/25 09:55	
Requested Accom				Discharge Disposition Home/Assisted Living - 01	
Room Rate Accom					

Duncan Regional Hospital		Account Inquiry		Page: 3	
				Date: 08/11/25 16:32	
				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		RIH			
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:   
HAWKINS, THOMAS WAYNE  
FN# D00048203988  
MI# MR00084985  
DOB: 10/26/1968 REG DT: 08/11/25  
ATT DR: Watkins, Kyla Michele  
FN: 

Duncan Anesthesia Associates, Inc.  
ANESTHESIA CHARGE LIST

1/1/2023

BILLING OFFICE USE  
POS 21 POS 22

SURGERY		BLOCK PROCEDURE	
START:	07/8	START:	
STOP:	0845	STOP:	
TOTAL:	1h 27min	TOTAL:	

Physician: H.P. Watkins  
Surgeon: Watkins  
Anesthesia: General SAB MAC Epidural Bier Other TIVA

Procedure: Robot Ing Hernia Repair CPT: 05840 ICD10: K40.90 Modifier: 

Measure Codes
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CPT:  ICD10: E10.31 Modifier: 

Measure Codes
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CPT:  ICD10:  Modifier: 

Measure Codes
---------------

  
CPT:  ICD10:  Modifier: 

Measure Codes
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Diagnosis:

<b>MUST BE DOCUMENTED</b>	Base Units: <u>6</u>	<b>SPECIAL PROCEDURES</b>
<b>MEASURE #424</b> <input checked="" type="checkbox"/> TEMP 30 MINUTES BEFORE OR 15 MINS AFTER ANESTHESIA END TIME TEMP GREATER OR EQUAL 95.9	Time Units: <u>6</u>	<input type="checkbox"/> Femoral Single 64447 (8 units)
<b>MEASURE #404</b>	<input type="checkbox"/> PS 3 (1 unit)	<input type="checkbox"/> Brachial Plexus Single 64415 (8 units)
<b>SMOKER</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> PS 4 (2 units)	<input type="checkbox"/> Lumbar Epidural Continuous 62319 (8 units)
<b>IF NO SKIP TO NEXT MEASURE</b>	<input type="checkbox"/> PS 5 (3 units)	<input type="checkbox"/> Thoracic Epidural Continuous 62318 (8 units)
Elective Procedure <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Age: 99100 (<1 or >70) (1 unit)	<input type="checkbox"/> Lumbar Puncture 62270 (8 units)
Instructed to abstain <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Emergency: 99140 (2 units)	<input type="checkbox"/> Sciatic Single 64445 (7 units)
Abstained <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>SPECIAL PROCEDURES:</b> _____	<input type="checkbox"/> Ultrasound 76942-26 (2 units)
<b>MEASURE #430</b> Inhalation Anes Recvd <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>TOTAL UNITS:</b> <u>12</u>	<input type="checkbox"/> Nerve Block for Post-op Pain 64450 Hip/64415 Shoulder (5 Units)
<b>IF NO SKIP TO NEXT MEASURE</b>	<b>ABG7 PAIN ASSESSMENT</b>	<input type="checkbox"/> Epidural Steroid 62322 (8 units)
3 Pt Risk Factors <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> LUCID	<input type="checkbox"/> Daily Epidural Mgmt 01996 (3 units)
PONV Therapy <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> NON COMMUNICATE	<input type="checkbox"/> Art Line 36620 (3 units)
	<input checked="" type="checkbox"/> PACU <input type="checkbox"/> OICU	<input type="checkbox"/> PICC Placement 36569 (6 units) <b>MEASURE #76</b>
	PAIN LEVEL _____ OUT OF 10	<input type="checkbox"/> Lumbar Blood Patch 62273 (8 units)
	SCG 8 DEPRESSION ASSESS. _____	<input type="checkbox"/> Adductor Canal Block 64447 (8 units)
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Intubation Emergency 31500 (5 units)
	<b>DX:</b> _____ <b>REQUIRED</b>	<input type="checkbox"/> iPack Block 64999 (7 units)
	<b>ASA SCORE</b> <u>2</u> <b>REQUIRED</b>	