

Patient TERRI JEAN CALDWELL - D00048240022

Other Names

Med Rec Number MR00036288 Reg Status DEP SDC
EMR Number T00001412 Soc Sec Num 447-74-7099
Birthdate 02/10/1963
Age 62 Birth Sex F
VIP
VIP Comment

Patient Address

Patient Employer

413 NORTH I ST

NON EMPLOYED

DUNCAN, OK 73533
United States

E-Mail

Conf Comm Address

Phone Number Phone Type
580-736-0863 Cell Phone

Marital Status Single

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 12/17/20

Physical Handicaps

Ethnicity / Additional Ethnicities

Non Hispanic or Latino

Race / Additional Races

White

Personal Contacts

Person to Notify

Relationship Aunt

PETTIGREW, VERNA
413 NORTH I ST

DUNCAN, OK 73533
United States

Phone Number Phone Type
580-736-0863 Cell Phone

Guarantor

Guarantor Employer

GN00070120 Relationship Self
CALDWELL, TERRI JEAN
413 NORTH I ST

NON EMPLOYED

DUNCAN, OK 73533
United States

Email

Phone Number Phone Type

580-736-0863 Cell Phone

Financial Class

Financial Class Medicare

Standard Insurance Order

Medicare Part B Order

Medicare Part D Order

MEDICARE

MEDICAID

SELF PAY

Insurances

Name	MEDICARE	Coverage Plan	
Policy Number	8X01QV7XA09	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 08/11/25

Release Info Yes

Exp Info Date

Assign Benefits Yes

Subscriber	CALDWELL, TERRI JEAN
Pat Rel to Subs	Self
Address	413 NORTH I ST
City, State, Zip	DUNCAN, OK 73533
Country	United States
Email	
Birthdate	02/10/1963

Birth Sex	F
Soc Sec Num	447-74-7099
Marital Status	Single
Race	White
Citizenship	United States
Language	English

Phone Number	Phone Type
580-736-0863	Cell Phone

Name	MEDICAID
Policy Number	B13877148
Address	PO BOX 18430
City, State, Zip	OKLAHOMA CITY, OK 73154
Country	
Phone	800-522-0310
Fax	
Email	

Coverage Plan	
Group Name	
Group Number	
Employment Status	
Employer Name	
Location	
Copay	Deductible
Eligibility Status	Received
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Duncan Regional Hospital		Account Inquiry		Page: 3	
				Date: 08/11/25 16:40	
				McIntyre, Karen	
Birthdate 02/10/1963					
Phone Number		Phone Type			
580-736-0863		Cell Phone			
Occurrence Codes		Date	Time	Accident State	
DSI 11 - Onset of Symptom-OP Ther		08/11/25			
Physicians					
Primary Care Jones, Jeffrey C			Other Physicians/Association		
Admitting			Sheaman, Landon T Garrett		
Attending Miller, Byron Ronald					
Family					
Emergency					
Reg Date/Time		08/11/25 06:16		Discharge Date/Time 08/11/25 09:50	
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		Age-related nuclear cataract, right eye 1			
Last Hospitalization		From Date:		Thru Date:	
ICD10 Codes					
Reason for Visit Diagnoses					
Eff Date	Code	Name	Alt	Source	
08/11/25	H25.11	Age-related nuclear cataract, right eye	No	SUR	
Diagnosis Codes					
Eff Date	Num	Code	Name	POA	
08/06/25 -	1	H25.11	Age-related nuclear cataract,		
Procedure Codes					
Num	Code	Name	Date	Surgeon/Assisting	

MR: 
Caldwell, Terri Jean
FN# D00048240022 62
MR# MR00036288
DOB: 02/10/1963 REG DT: 08/11/25
ATT DR: Miller, Byron Ronald
FN: 

Duncan Anesthesia Associates, Inc.
ANESTHESIA CHARGE LIST

1/1/2023

Provider:

Surgeon:

Anesthesia: General SAB

Procedure:

capant 200 - 200

CPT:

CPT:

CPT:

CPT:

Epidural Bier Other TIVA

ICD10: H25.1

ICD10:

ICD10:

ICD10:

Modifier:

Modifier:

Modifier:

Modifier:

Measure Codes

SURGERY

START: 0858

STOP: 0925

TOTAL: 27

BLOCK PROCEDURE

START:

STOP:

TOTAL:

BILLING OFFICE USE
POS 21 POS 22

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: 7

Time Units: 2

☐ 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: 6

ABG7 PAIN ASSESSMENT

☒ LUCID
☐ NON COMMUNICATE
☒ PACU ☐ ICU
PAIN LEVEL ☒ OUT OF 10
SCG-8 DEPRESSION ASSESS.
☒ YES ☐ NO
DX: ☐ 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)