

Duncan Regional Hospital		Account Inquiry		Page: 1	
				Date: 08/11/25 16:44	
				McIntyre, Karen	
Patient ASHLEY ANKA UNWIN - D00048127138				Other Names	
Med Rec Number	MR00218095	Reg Status	DEP SDC		
EMR Number	T00224498	Soc Sec Num	543-39-9736		
Birthdate	01/26/1990				
Age	35	Birth Sex	F		
VIP					
VIP Comment					
Patient Address			Patient Employer		
1801 TERRACE DR			ELK CROSSING NURSING AND REHAB		
DUNCAN, OK 73533			811 W ELK AVE		
United States			DUNCAN, OK 73533		
E-Mail			580-475-0750		
Conf Comm Address			Occupation CNA		
			Employer Status Full-Time		
Phone Number	Phone Type				
503-881-5151	Cell Phone				
Marital Status	Single	Country of Origin			
Religion		In School			
Affiliation		Registered Voter			
Language	English	Veteran Status			
Interpreter Needed		Organ Donor			
Education Level		Marketing Comm			
Citizenship		Privacy Notice Date 03/07/24			
Place of Birth					
Physical Handicaps					
Ethnicity / Additional Ethnicities			Race / Additional Races		
Non Hispanic or Latino			White		
Personal Contacts					
Person to Notify		Relationship Mother			
UNWIN, DEBORAH					
1801 TERRACE DR					
DUNCAN, OK 73533					
United States					
Phone Number	Phone Type				
503-798-5783	Cell Phone				
Guarantor			Guarantor Employer		
GN00181610	Relationship Self	ELK CROSSING NURSING AND REHAB			
UNWIN, ASHLEY ANKA		811 W ELK AVE			
1801 TERRACE DR		DUNCAN, OK 73533			
DUNCAN, OK 73533		580-475-0750			
United States		Occupation CNA			
Email		Emp Status Full-Time			
Phone Number	Phone Type				

503-881-5151 Cell Phone

## Financial Class

Financial Class Medicaid

Standard Insurance Order

Medicare Part B Order

Medicare Part D Order

OKLAHOMA COMPLETE HEALTH

SELF PAY

## Insurances

Name	OKLAHOMA COMPLETE HEALTH	Coverage Plan	
Policy Number	B38328426	Group Name	
Address	PO BOX 8001	Group Number	
	ATTN CLAIM DEPARTMENT	Employment Status	
City, State, Zip	FARMINGTON, MO 63640-8001	Employer Name	
Country		Location	
Phone	833-752-1664	Copay	Deductible
Fax		Eligibility Status	Received
Email			Coinsurance
			Status Date 08/11/25

Release Info Yes

Exp Info Date

Assign Benefits Yes

Subscriber UNWIN,ASHLEY ANKA

Birth Sex F

Pat Rel to Subs Self

Soc Sec Num 543-39-9736

Address 1801 TERRACE DR

Marital Status Single

Race White

City, State, Zip DUNCAN, OK 73533

Citizenship United States

Country United States

Language English

Email

Birthdate 01/26/1990

Phone Number

Phone Type

503-881-5151

Cell Phone

## Accident Data

Type

Within 24 Hours

Date/Time

Accident Comments

Place of Accident

Description

Police Involved

Nature of Injury

Originally Treated at

## Occurrence Codes

Date

Time

Accident State

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

## Physicians

## Other Physicians/Association

Primary Care Bardsher, Tonya L

Admitting

Attending Watkins, Kayla Michele

Family

Emergency

Reg Date/Time 08/11/25 11:23

Discharge Date/Time 08/11/25 15:45

Requested Accom

Discharge Disposition Home/Assisted Living - 01

Room Rate Accom

Room/Bed

Service

Location	Ambulatory Care Unit
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Admit Priority	Elective
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Admit Source	Physician Referral
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Newborn Admit Src

Entry Code

Facility Directory	Yes
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Clergy Visit	Yes
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Adm Legal Status

Confidential

Conf	Comment

Admit Comment

Dis Comment

Reason for Visit	IRREDUCIBLE UMBILICAL HERNIA
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Last Hospitalization	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

From Date:

Thru Date:

## ICD10 Codes

## Reason for Visit Diagnoses

Eff	Date	Code	Name	Alt	Source
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08/11/25	K42.0	Umbilical hernia with obstruction, witho	No	SUR
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### Diagnosis Codes

Eff Date	Num	Code	Name	POA
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07/10/25 -	1	K42.0	Umbilical hernia with obstruct
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## Procedure Codes

Num	Code	Name	Date	Surgeon/Assisting
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MR: UNWIN, ASHLEY ANKA 35  
 FN# D00048127138  
 MR# MR00213095  
 DOB: 01/26/1990 REG DT: 08/11/25  
 ATT DR: Watkins, Kayla Michele  
 FN: [Barcode]

Duncan Anesthesia Associates, Inc.  
 ANESTHESIA CHARGE LIST

1/1/2023

SURGERY		BLOCK PROCEDURE	
START:	1251	START:	
STOP:	1352	STOP:	
TOTAL:	592	TOTAL:	

Provider: W. Nit  
 Surgeon: 1. Watkins  
 Anesthesia: General SAB MAC Epidural Bier Other TIVA

Procedure: Laparoscopic Umbilical Hernia Repair  
 CPT: 00840 ICD10: K42.0 Modifier:  
 CPT: ICD10: Modifier:  
 CPT: ICD10: Modifier:

Diagnosis:

<b>MUST BE DOCUMENTED</b> MEASURE #424 <input checked="" type="radio"/> TEMP 30 MINUTES BEFORE OR 15 MINS AFTER ANESTHESIA END TIME TEMP GREATER OR EQUAL 95.9 MEASURE #404 SMOKER <input type="radio"/> YES <input checked="" type="radio"/> NO IF NO SKIP TO NEXT MEASURE Elective Procedure <input type="radio"/> Yes <input checked="" type="radio"/> No Instructed to abstain <input type="radio"/> Yes <input checked="" type="radio"/> No Abstained <input type="radio"/> Yes <input checked="" type="radio"/> No MEASURE #430 Inhalation Anes Recvd <input checked="" type="radio"/> Yes <input type="radio"/> No IF NO SKIP TO NEXT MEASURE 3 Pt Risk Factors <input checked="" type="radio"/> Yes <input type="radio"/> No PONV Therapy <input checked="" type="radio"/> Yes <input type="radio"/> No		Base Units: <u>6</u> Time Units: <u>4</u> <input type="radio"/> PS 3 (1 unit) <input type="radio"/> PS 4 (2 units) <input type="radio"/> PS 5 (3 units) <input type="radio"/> Age: 99100 (<1 or >70) (1 unit) <input type="radio"/> Emergency: 99140 (2 units) SPECIAL PROCEDURES: TOTAL UNITS: <u>10</u> ABG7 PAIN ASSESSMENT <input checked="" type="radio"/> LUCID <input type="radio"/> NON COMMUNICATE <input type="radio"/> PACU PAIN LEVEL <u>2</u> OUT OF 10 SCG 8 DEPRESSION ASSESS. YES <input checked="" type="radio"/> NO <input type="radio"/> DX: <u>REQUIRED</u> ASA SCORE <u>2</u> <u>REQUIRED</u>
<b>SPECIAL PROCEDURES</b> <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 type="radio"/> Sciatic Single 64445 (7 units) <input 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) <b>MEASURE #76</b> <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)		