Duncan Regional Hospital Account Inquiry Page: 1

Date: 08/11/25 16:37

- Other Names -

McIntyre, Karen

Patient JACK MICHAEL BAKER - D00048251912

 Med Rec Number
 MR00226345
 Reg Status
 DEP SDC

 EMR Number
 T00234246
 Soc Sec Num
 440-74-6855

Birthdate 06/23/1977
Age 48 Birth Sex M

VIP

VIP Comment

Patient Address — Patient Employer —

13494 NE KLEEMAN RD ELGIN PUBLIC SCHOOL

HWY 17 AND MIGHTY OWL AVE

ELGIN, OK 73538

United States ELGIN, OK 73538

E-Mail JBAKER@ELGIN.NET 580-492-3663

Conf Comm Address Occupation TEACHER

Employer Status Full-Time

Phone Number Phone Type 405-996-0165 Cell Phone

Marital Status Married 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 06/16/25

Place of Birth

----- Physical Handicaps

Ethnicity / Additional Ethnicities Race / Additional Races

Non Hispanic or Latino White

Personal Contacts -

Next of Kin Relationship Child

BAKER, JACK JR

13494 NE KLEEMAN RD

ELGIN, OK 73538 United States

Phone Number Phone Type 580-678-7119 Cell Phone

Person to Notify Relationship Spouse

BAKER, REBECCA

13494 NE KLEEMAN RD

ELGIN, OK 73538 United States

Phone Number Phone Type 405-996-0166 Cell Phone

Guarantor — Guarantor Employer —

GN00195726 Relationship Self ELGIN PUBLIC SCHOOL

Duncan Regional Hospital Account Inquiry Page: 2

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McIntyre, Karen

BAKER, JACK MICHAEL

13494 NE KLEEMAN RD

HWY 17 AND MIGHTY OWL AVE

ELGIN, OK 73538 580-492-3663

ELGIN, OK 73538 580-492-3663 United States $\mathbf{Occupation} \ \ \mathbf{TEACHER}$

Email JBAKER@ELGIN.NET Emp Status Full-Time

Phone Number Phone Type 405-996-0165 Cell Phone

Financial Class —

Financial Class Blue Cross

Standard Insurance Order — Medicare Part B Order — Medicare Part D Order —

BC BS FEDERAL EMPLOYEE PROGRAM

SELF PAY

Name BC BS FEDERAL EMPLOYEE PROGRAM Coverage Plan 112

Policy Number R60603509 Group Name

Address PO BOX 655924 Group Number 112

Employment Status

Location

City, State, Zip DALLAS, TX 75266-5924 Employer Name

Country

Phone 1-800-722-3130 Copay Deductible Coinsurance

Fax Eligibility Status Received Status Date 08/11/25

Email

Release Info Yes Exp Info Date

Assign Benefits Yes

Subscriber BAKER, REBECCA A Birth Sex F

Pat Rel to Subs Spouse Soc Sec Num 445-90-6359

Address 13494 NE KLEEMAN Marital Status

Race

City, State, Zip ELGIN, OK 73538 Citizenship United States

Country United States Language

Email

Birthdate 03/10/1987

Phone Number Phone Type 405-996-0166 Cell Phone

Occurrence Codes Date Time Accident State

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

Physicians — Other Physicians/Association —

Primary Care Whiteman, Angelia Marie Palmer, Haskell Trace

Admitting

Attending Watkins, Kayla Michele

Family Emergency

Reg Date/Time 08/11/25 10:07 **Discharge Date/Time** 08/11/25 14:20

Requested Accom Discharge Disposition Home/Assisted Living - 01

Room Rate Accom

Duncan Regional Hospital Account Inquiry Page: 3

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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 Postprocedural seroma of skin and subcutaneous tis

Last Hospitalization From Date: Thru Date:

Reason for Visit Diagnoses							
08/11/25	L76.34	Postproce	edural seroma of skin	n and subcut	No	SUR	
		-	Diagnosis Co	odes			
Eff Date	Num	Code	Name		POA		
08/08/25 -	1	L76.34	Postprocedural se	roma of skin			
			Procedure Co	des			
Num Code	Name	Date Surgeon/Assisting					

