

Duncan Regional Hospital		Account Inquiry		Page: 1
				Date: 08/11/25 16:44
				McIntyre, Karen
Patient MEAGAN PATRICIA MORRISTON - D00048237267				Other Names
Med Rec Number	MR00081814	Reg Status	DEP SDC	MORRISTON, BABY GIRL
EMR Number	T00091711	Soc Sec Num	443-17-7813	
Birthdate	07/18/2002			
Age	23	Birth Sex	F	
VIP				
VIP Comment				
Patient Address		Patient Employer		
2108 W OAK AVE		COMPLETEOK HOME HEALTH		
		1 SW 11TH ST SUITE 120		
DUNCAN, OK 73533				
United States		LAWTON, OK 73501		
E-Mail MEG.MORRISTON@GMAIL.COM		580-351-6565		
Conf Comm Address				
Phone Number	Phone Type			
580-721-9110	Cell Phone			
Marital Status	Single	Country of Origin		
Religion	None	In School		
Affiliation		Registered Voter		
Language	English	Veteran Status		
Interpreter Needed		Organ Donor		
Education Level		Marketing Comm		
Citizenship		Privacy Notice Date 06/23/23		
Place of Birth				
Physical Handicaps				
Ethnicity / Additional Ethnicities		Race / Additional Races		
Non Hispanic or Latino		White		
Personal Contacts				
Next of Kin		Relationship Father		
MORRISTON, KELLY				
3322 S WOODS DR				
MARLOW, OK 73055				
United States				
Phone Number	Phone Type			
580-251-1692	Cell Phone			
Person to Notify		Relationship Mother		
SNOW, BRANDI				
2108 W OAK AVE				
DUNCAN, OK 73533				
United States				
Phone Number	Phone Type			
580-470-5180	Cell Phone			
Guarantor		Guarantor Employer		
GN00113528	Relationship Self	COMPLETEOK HOME HEALTH		

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				Date: 08/11/25 16:44	
				McIntyre, Karen	
MORRISTON, MEAGAN PATRICIA			1 SW 11TH ST SUITE 120		
2108 W OAK AVE			LAWTON, OK 73501		
DUNCAN, OK 73533			580-351-6565		
United States					
Email meg.morrison@gmail.com					
Phone Number		Phone Type			
580-721-9110		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		033373274		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	
Fax				Deductible	
Email				Coinsurance	
				Eligibility Status Received	
				Status Date 08/11/25	
Release Info		Yes		Exp Info Date	
Assign Benefits		Yes			
Subscriber		MORRISTON, MEAGAN PATRICIA		Birth Sex	
Pat Rel to Subs		Self		F	
Address		2108 W OAK AVE		Soc Sec Num	
				443-17-7813	
City, State, Zip		DUNCAN, OK 73533		Marital Status	
Country		United States		Single	
Email		meg.morrison@gmail.com		Race	
Birthdate		07/18/2002		White	
				Citizenship	
				United States	
				Language	
				English	
Phone Number		Phone Type			
580-721-9110		Cell Phone			
Occurrence Codes		Date		Time	
DSI		11 - Onset of Symptom-OP Ther		08/11/25	
				Accident State	
Physicians					
Primary Care Fuller, Jacob A					
Admitting					
Attending Watkins, Kayla Michele					
Family					
Emergency					
Reg Date/Time		08/11/25 08:58		Discharge Date/Time	
				08/11/25 12:48	
Requested Accom				Discharge Disposition	
Room Rate Accom				Home/Assisted Living - 01	

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				Date: 08/11/25 16:44	
				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		GERD, EPIGASTRIC PAIN, RT GROIN PAIN			
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: 
MORRISTON, MEAGAN PATRICIA
FN# D00048237267
MR# MR00081814
DOB: 07/18/2002 REG DT: 08/11/25
ATT DR: Walkins, Kayla Michele
FN: 

Duncan Anesthesia Associates, Inc.
ANESTHESIA CHARGE LIST

1/11/2023

BILLING OFFICE USE
POS 21 POS 22

SURGERY		BLOCK PROCEDURE	
START:	1203	START:	
STOP:	1207	STOP:	
TOTAL:	4	TOTAL:	

Provider: WALKINS
Surgeon: K WALKINS
Anesthesia: General SAB MAC Epidural Bier Other TIVA
Procedure: ECB

CPT: <u>00731</u>	ICD10: <u>K21.9</u>	Modifier:	
CPT:	ICD10: <u>K10.13</u>	Modifier:	
CPT:	ICD10: <u>R10.31</u>	Modifier:	
CPT:	ICD10:	Modifier:	

Diagnosis:

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