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|--|-------------------|------------------------------|-----------------------------|----------------------|--|
| Duncan Regional Hospital | | Account Inquiry | | Page: 1 | |
| | | | | Date: 08/11/25 16:48 | |
| | | | | McIntyre, Karen | |
| Patient JANET ELAINE ADKINS - D00048130603 | | | | Other Names | |
| Med Rec Number | MR00026718 | Reg Status | DEP SDC | | |
| EMR Number | T00000087 | Soc Sec Num | 444-48-9688 | | |
| Birthdate | 06/15/1957 | | | | |
| Age | 68 | Birth Sex | F | | |
| VIP | | | | | |
| VIP Comment | | | | | |
| Patient Address | | | Patient Employer | | |
| 202 EMERY ROAD | | | DUNCAN REGIONAL HOSPITAL | | |
| | | | PO BOX 2000 | | |
| DUNCAN, OK 73533-2408 | | | DUNCAN, OK 73534 | | |
| E-Mail jeadkins@swbell.net | | | 580-252-5300 | | |
| Conf Comm Address | | | Occupation DIRECTOR FIN/DSS | | |
| | | | Employer Status Full-Time | | |
| Phone Number | Phone Type | | | | |
| 580-252-3673 | Home Phone | | | | |
| 580-467-5638 | Cell Phone | | | | |
| Marital Status | Single | 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 04/19/19 | | | |
| Place of Birth | | | | | |
| Physical Handicaps | | | | | |
| Ethnicity / Additional Ethnicities | | | Race / Additional Races | | |
| Non Hispanic or Latino | | | White | | |
| Personal Contacts | | | | | |
| Person to Notify | | Relationship Child | | | |
| ADKINS, MICHAEL | | | | | |
| 1017 NW 13TH ST | | | | | |
| MOORE, OK 73160 | | | | | |
| Phone Number | Phone Type | | | | |
| 405-923-5136 | Cell Phone | | | | |
| Guarantor | | | Guarantor Employer | | |
| GN00118279 | Relationship Self | DUNCAN REGIONAL HOSPITAL | | | |
| ADKINS, JANET ELAINE | | PO BOX 2000 | | | |
| 202 EMERY ROAD | | DUNCAN, OK 73534 | | | |
| DUNCAN, OK 73533-2408 | | 580-252-5300 | | | |
| Email jeadkins@swbell.net | | Occupation DIRECTOR FIN/DSS | | | |
| | | Emp Status Full-Time | | | |
| Phone Number | Phone Type | | | | |

| | | | | | |
|---------------------------------------|------------------------------|-----------------------|-----------------------|---------------------------|----------------------|
| Duncan Regional Hospital | | Account Inquiry | | Page: 2 | |
| | | | | Date: 08/11/25 16:48 | |
| | | | | McIntyre, Karen | |
| 580-467-5638 | | Cell Phone | | | |
| 580-252-3673 | | Home Phone | | | |
| Financial Class | | | | | |
| Financial Class Employee Accounts | | | | | |
| Standard Insurance Order | | Medicare Part B Order | | Medicare Part D Order | |
| DRH EMPLOYEE INSURANCE 75261 | | | | | |
| SELF PAY | | | | | |
| Insurances | | | | | |
| Name | DRH EMPLOYEE INSURANCE 75261 | | Coverage Plan | WSDRH | |
| Policy Number | WBA1113407 | | Group Name | | |
| Address | PO BOX 99906 | | Group Number | WSDRH | |
| | | | Employment Status | | |
| City, State, Zip | GRAPEVINE, TX 76099-9706 | | Employer Name | | |
| Country | US | | Location | | |
| Phone | 844-448-9194 | | Copay | Deductible | Coinsurance |
| Fax | 469-417-1960 | | Eligibility Status | Received | Status Date 08/11/25 |
| Email | | | | | |
| Release Info | Yes | | Exp Info Date | | |
| Assign Benefits | Yes | | | | |
| Subscriber | ADKINS, JANET ELAINE | | Birth Sex | F | |
| Pat Rel to Subs | Self | | Soc Sec Num | 444-48-9688 | |
| Address | 202 EMERY ROAD | | Marital Status | Single | |
| | | | Race | White | |
| City, State, Zip | DUNCAN, OK 73533-2408 | | Citizenship | | |
| Country | | | Language | English | |
| Email | jeadkins@swbell.net | | | | |
| Birthdate | 06/15/1957 | | | | |
| Phone Number | Phone Type | | | | |
| 580-467-5638 | Cell Phone | | | | |
| 580-252-3673 | Home Phone | | | | |
| Occurrence Codes | | Date | Time | Accident State | |
| DSI 11 - Onset of Symptom-OP Ther | | 08/11/25 | | | |
| Physicians | | | | | |
| Primary Care Schreckengost, Melissa K | | | | | |
| Admitting | | | | | |
| Attending Watkins, Kayla Michele | | | | | |
| Family | | | | | |
| Emergency | | | | | |
| Reg Date/Time | 08/11/25 09:10 | | Discharge Date/Time | 08/11/25 12:18 | |
| 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 Encounter for screening for malignant neoplasm of

Last Hospitalization

From Date:

Thru Date:

ICD10 Codes

Reason for Visit Diagnoses

| Eff Date | Code | Name | Alt | Source |
|----------|--------|--|-----|--------|
| 08/11/25 | Z12.11 | Encounter for screening for malignant ne | No | SUR |
| 08/11/25 | I26.99 | Other pulmonary embolism without acute c | No | SUR |
| 08/11/25 | I72.8 | Aneurysm of other specified arteries | No | SUR |
| 08/11/25 | I71.60 | Thoracoabdominal aortic aneurysm, withou | No | SUR |

Diagnosis Codes

| Eff Date | Num | Code | Name | POA |
|------------|-----|--------|--------------------------------|-----|
| 07/10/25 - | 1 | Z12.11 | Encounter for screening for ma | E |
| 07/10/25 - | 2 | I26.99 | Other pulmonary embolism witho | |
| 07/10/25 - | 3 | I72.8 | Aneurysm of other specified ar | |
| 07/10/25 - | 4 | I71.60 | Thoracoabdominal aortic aneury | |

Procedure Codes

| Num | Code | Name | Date | Surgeon/Assisting |
|-----|------|------|------|-------------------|
|-----|------|------|------|-------------------|

MR#: 
ADKINS, JANET ELAINE
FN# D00048130603 68
MR# MR00026718
DOB: 06/15/1957 REG DT: 08/11/25
ATT DR: Watkins, Kayla Michele
FN: 

Duncan Anesthesia Associates, Inc.
ANESTHESIA CHARGE LIST

1/1/2023

BILLING OFFICE USE
POS 21 POS 22

| SURGERY | | BLOCK PROCEDURE | |
|---------|------|-----------------|--|
| START: | 1128 | START: | |
| STOP: | 1143 | STOP: | |
| TOTAL: | 15 | TOTAL: | |

Provider: Janet Adkins
Surgeon: K. Watkins

Anesthesia: General SAB MAC Epidural Bier Other TIVA

Procedure: Celecoxib

| | | | |
|-------------------|----------------------|-----------|--|
| CPT: <u>00812</u> | ICD10: <u>Z12.11</u> | Modifier: | |
| CPT: | | Modifier: | |
| CPT: | | Modifier: | |
| CPT: | | Modifier: | |

| Measure Codes | |
|---------------|--|
| | |
| | |
| | |

Diagnosis:

| | | |
|--|---|---|
| MUST BE DOCUMENTED | Base Units: <u>3</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"/> Femoral Single 64447 (8 units) |
| MEASURE #404 | <input checked="" type="radio"/> PS 3 (1 unit) <u>✓</u> <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"/> Brachial Plexus Single 64415 (8 units) |
| SMOKER <input type="radio"/> YES <input checked="" type="radio"/> NO | SPECIAL PROCEDURES: | <input type="radio"/> Thoracic Epidural Continuous 62318 (8 units) |
| IF NO SKIP TO NEXT MEASURE Elective Procedure <input type="radio"/> Yes <input type="radio"/> No Instructed to abstain <input type="radio"/> Yes <input type="radio"/> No Abstained <input type="radio"/> Yes <input type="radio"/> No | TOTAL UNITS: <u>5</u> | <input type="radio"/> Lumbar Puncture 62270 (8 units) |
| 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"/> ICU PAIN LEVEL <u>2</u> OUT OF 10 SCG 8 DEPRESSION ASSESS: <input checked="" type="radio"/> YES <input type="radio"/> NO DX: <u>ASA SCORE 3</u> REQUIRED | <input type="radio"/> Sciatic Single 64445 (7 units) |
| 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>3</u> REQUIRED | <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) |