

Duncan Regional Hospital		Account Inquiry		Page: 1
				Date: 08/11/25 16:43
				McIntyre, Karen
Patient CHARLES KEITH WILLIAMS Jr - D00048231534			Other Names	
Med Rec Number	MR00113091	Reg Status	DEP SDC	WILLIAMS, CHARLES KEITH
EMR Number	T00116066	Soc Sec Num	447-58-8780	WILLIAMS JR, CHARLES KEITH
Birthdate	06/28/1956			
Age	69	Birth Sex	M	
VIP				
VIP Comment				
Patient Address		Patient Employer		
1314 NORMANDY CT		RETIRE		
DUNCAN, OK 73533				
United States				
E-Mail CKWILLIAMSJR56@GMAIL.COM				
Conf Comm Address				
Phone Number	Phone Type			
580-656-7617	Cell Phone			
580-656-7618	Cell Phone			
Marital Status	Married	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 02/15/24		
Place of Birth				
Physical Handicaps				
Ethnicity / Additional Ethnicities		Race / Additional Races		
Non Hispanic or Latino		White		
Personal Contacts				
Next of Kin		Relationship Child		
VIGIL, ALICIA				
1314 NORMANDY CT				
DUNCAN, OK 73533				
United States				
Phone Number	Phone Type			
405-606-1670	Cell Phone			
Person to Notify		Relationship Spouse		
WILLIAMS, KIMMIE				
1314 NORMANDY CT				
DUNCAN, OK 73533				
United States				
Phone Number	Phone Type			
580-656-7618	Cell Phone			
Guarantor		Guarantor Employer		
GN00026115	Relationship Self	RETIRE		

WILLIAMS, CHARLES KEITH Jr
1314 NORMANDY CT

DUNCAN, OK 73533
United States

Email CKWILLIAMSJR56@GMAIL.COM

Phone Number	Phone Type
580-656-7617	Cell Phone
580-656-7618	Cell Phone

Financial Class

Financial Class Medicare

Standard Insurance Order	Medicare Part B Order	Medicare Part D Order
MEDICARE		
THE CAPITOL LIFE INS CO AESSI		
SELF PAY		

Insurances

Name	MEDICARE	Coverage Plan		
Policy Number	1D81TN5QC28	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	Coinsurance
Fax		Eligibility Status	Received	Status Date 08/11/25
Email				

Release Info Yes
Assign Benefits Yes

Exp Info Date

Subscriber WILLIAMS, CHARLES KEITH Jr
Pat Rel to Subs Self
Address 1314 NORMANDY CT
City, State, Zip DUNCAN, OK 73533
Country United States
Email CKWILLIAMSJR56@GMAIL.COM
Birthdate 06/28/1956

Birth Sex M
Soc Sec Num 447-58-8780
Marital Status Married
Race White
Citizenship United States
Language English

Phone Number	Phone Type
580-656-7617	Cell Phone
580-656-7618	Cell Phone

Name THE CAPITOL LIFE INS CO AESSI
Policy Number TER6206048
Address 1021 REAMS FLEMING BLVD
City, State, Zip FRANKLIN, TN 37067
Country USA
Phone 866-237-3010
Fax
Email

Coverage Plan		
Group Name		
Group Number		
Employment Status		
Employer Name		
Location		
Copay	Deductible	Coinsurance
Eligibility Status	Received	Status Date 08/11/25

Release Info Yes

Exp Info Date

Assign Benefits Yes

Subscriber WILLIAMS, CHARLES KEITH Jr

Pat Rel to Subs Self

Address 1314 NORMANDY CT

City, State, Zip DUNCAN, OK 73533

Country United States

Email CKWILLIAMSJR56@GMAIL.COM

Birthdate 06/28/1956

Birth Sex M

Soc Sec Num 447-58-8780

Marital Status Married

Race White

Citizenship United States

Language English

Phone Number

580-656-7617

580-656-7618

Phone Type

Cell Phone

Cell Phone

Accident Data

Type

Date/Time

Place of Accident

Police Involved

Nature of Injury

Originally Treated at

Within 24 Hours

Accident Comments

Description

Occurrence Codes

Date

Time

Accident State

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

Physicians

Other Physicians/Association

Primary Care Tate, Steven A

Admitting

Attending Miller, Byron Ronald

Family

Emergency

Reg Date/Time 08/11/25 09:27

Requested Accom

Room Rate Accom

Room/Bed

Service

Location Ambulatory Care Unit

Discharge Date/Time 08/11/25 12:28

Discharge Disposition Home/Assisted Living - 01

Admit Priority Elective

Admit Source Physician Referral

Newborn Admit Src

Entry Code

Facility Directory Yes

Clergy Visit Yes

Adm Legal Status

Confidential

Conf Comment

Admit Comment

Dis Comment

Reason for Visit Age-related nuclear cataract, left eye 1

Last Hospitalization

From Date:

Thru Date:

Duncan Regional Hospital			Account Inquiry		Page: 4
					Date: 08/11/25 16:43
					McIntyre, Karen
ICD10 Codes					
Reason for Visit Diagnoses					
Eff Date	Code	Name		Alt	Source
08/11/25	H25.12	Age-related nuclear cataract, left eye		No	SUR
Diagnosis Codes					
Eff Date	Num	Code	Name	POA	
08/04/25 -	1	H25.12	Age-related nuclear cataract,		
Procedure Codes					
Num	Code	Name	Date	Surgeon/Assisting	

MR: 
WILLIAMS, CHARLES KEITH Jr
FN# D00048231534
MR# MR00113091
DOB: 06/28/1956 REG DT: 08/11/25
ATT DR: Miller, Byron Ronald
FN: 

Duncan Anesthesia Associates, Inc.
ANESTHESIA CHARGE LIST

1/1/2023

Provider: 01/11/23
Surgeon: Andrew
Anesthesia: General SAB MAC Epidural Bier Other TIVA

Procedure: cathol 06 i 702 CPT: 00142 ICD10: 425.12 Modifier:
CPT: ICD10: Modifier:
CPT: ICD10: Modifier:
CPT: ICD10: Modifier:

SURGERY
START: 1107
STOP: 1142
TOTAL: 40

BLOCK PROCEDURE
START:
STOP:
TOTAL:

Measure Codes	

BILLING OFFICE USE
POS 21 POS 22

Diagnosis:

MUST BE DOCUMENTED	Base Units: <u>4</u>	SPECIAL PROCEDURES
MEASURE #424 <input checked="" type="checkbox"/> TEMP 30 MINUTES BEFORE OR 15 MINS AFTER ANESTHESIA END TIME TEMP GREATER OR EQUAL 95.9	Time Units: <u>3</u>	<input type="checkbox"/> Femoral Single 64447 (8 units) <input type="checkbox"/> Brachial Plexus Single 64415 (8 units) <input type="checkbox"/> Lumbar Epidural Continuous 62319 (8 units) <input type="checkbox"/> Thoracic Epidural Continuous 62318 (8 units) <input type="checkbox"/> Lumbar Puncture 62270 (8 units) <input type="checkbox"/> Sciatic Single 64445 (7 units) <input type="checkbox"/> Ultrasound 76942-26 (2 units) <input type="checkbox"/> Nerve Block for Post-op Pain 64450 Hip/64415 Shoulder (5 Units) <input type="checkbox"/> Epidural Steroid 62322 (8 units) <input type="checkbox"/> Daily Epidural Mgmt 01996 (3 units) <input type="checkbox"/> Art Line 36620 (3 units) <input type="checkbox"/> PICC Placement 36569 (6 units) MEASURE #76 <input type="checkbox"/> Lumbar Blood Patch 62273 (8 units) <input type="checkbox"/> Adductor Canal Block 64447 (8 units) <input type="checkbox"/> Intubation Emergency 31500 (5 units) <input type="checkbox"/> iPack Block 64999 (7 units)
MEASURE #404 SMOKER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> PS 3 (1 unit) <input checked="" type="checkbox"/> PS 4 (2 units) <input type="checkbox"/> PS 5 (3 units) <input type="checkbox"/> Age: 99100 [<1 or >70] (1 unit) <input type="checkbox"/> Emergency: 99140 (2 units)	
IF NO SKIP TO NEXT MEASURE Elective Procedure <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Instructed to abstain <input type="checkbox"/> Yes <input type="checkbox"/> No Abstained <input type="checkbox"/> Yes <input type="checkbox"/> No	SPECIAL PROCEDURES: TOTAL UNITS: <u>8</u>	
MEASURE #430 Inhalation Anes Recvd <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ABG7 PAIN ASSESSMENT <input checked="" type="checkbox"/> LUCID <input type="checkbox"/> NON COMMUNICATE <input type="checkbox"/> PACU <input type="checkbox"/> OICU PAIN LEVEL <u>9</u> OUT OF 10 SCG8 DEPRESSION ASSESS. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO DX: <u>REQUIRED</u>	
IF NO SKIP TO NEXT MEASURE 3 Pt Risk Factors <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PONV Therapy <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ASA SCORE <u>3</u> REQUIRED	