

Patient BILLY RAYBURN BREWER Sr - D00048231500

Other Names

Med Rec Number MR00142930

Reg Status

DEP SDC

BREWER, BILLY

EMR Number T00140189

Soc Sec Num

449-06-4840

BREWER, BILLY RAYBURN

Birthdate 02/20/1955

Age 70

Birth Sex M

VIP

VIP Comment

Patient Address

280852 E 1780 RD

Patient Employer

RETIRED

COMANCHE, OK 73529

United States

E-Mail

Conf Comm Address

Phone Number

Phone Type

580-721-1489

Cell Phone

Marital Status Widowed

Religion Pentecostal

Affiliation

Language English

Interpreter Needed

Education Level

Citizenship

Place of Birth

Country of Origin

In School

Registered Voter

Veteran Status

Organ Donor

Marketing Comm

Privacy Notice Date 03/08/24

Physical Handicaps

Ethnicity / Additional Ethnicities

Non Hispanic or Latino

Race / Additional Races

White

Personal Contacts

Person to Notify

Relationship Child

WYATT, NATASHA

PAULS VALLEY, OK 73075

United States

Phone Number

Phone Type

NONE

Home Phone

Guarantor

Guarantor Employer

GN00074957

Relationship Self

RETIRED

BREWER, BILLY RAYBURN Sr

280852 E 1780 RD

COMANCHE, OK 73529

United States

Email

Phone Number

Phone Type

580-721-1489 Cell Phone

Financial Class

Financial Class Medicare

Standard Insurance Order

Medicare Part B Order

Medicare Part D Order

MEDICARE

SELF PAY

Insurances

Name	MEDICARE	Coverage Plan	
Policy Number	7GK0UK7EW34	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
Fax		Eligibility Status	Received
Email			Coinsurance
			Status Date 08/11/25

Release Info Yes

Exp Info Date

Assign Benefits Yes

Subscriber BREWER,BILLY RAYBURN Sr

Birth Sex M

Pat Rel to Subs Self

Soc Sec Num 449-06-4840

Address 280852 E 1780 RD

Marital Status Widowed

City, State, Zip COMANCHE, OK 73529

Race White

Country United States

Citizenship United States

Email

Language English

Birthdate 02/20/1955

Phone Number Phone Type

580-721-1489 Cell Phone

Occurrence Codes	Date	Time	Accident State
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DSI	11 - Onset of Symptom-OP Ther	08/11/25	
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Physicians

Other Physicians/Association

Primary Care Tate,Steven A

Roberson,Matthew Wayne

Admitting

Attending Miller,Byron Ronald

Family

Emergency

Reg Date/Time 08/11/25 08:54

Discharge Date/Time 08/11/25 11:22

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

Duncan Regional Hospital	Account Inquiry	Page: 3		
		Date: 08/11/25 16:43		
		McIntyre, Karen		
Facility Directory				
Clergy Visit				
Adm Legal Status				
Confidential				
Conf Comment				
Admit Comment				
Dis Comment				
Reason for Visit	Age-related nuclear cataract, left eye 2			
Last Hospitalization	From Date:	Thru Date:		
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: 
BREWER, BILLY RAYBURN Sr
FN# D00048231500 70
MR# MR00142930
DOB: 02/20/1955 REG DT: 08/11/25
ATT DR: Miller, Byron Ronald
FN: 

Duncan Anesthesia Associates, Inc.
ANESTHESIA CHARGE LIST

1/1/2023

Provider: B. Miller
Surgeon: M. Miller

Anesthesia: General SAB MAC Epidural Bier Other TIVA

Procedure: Catent 05 c 20c CPT: 0312 ICD10: H75.12 Modifier:
CPT: CPT: ICD10: Modifier:
CPT: CPT: ICD10: Modifier:
CPT: CPT: ICD10: Modifier:

SURGERY 0020 BLOCK PROCEDURE
START: 1052 START:
STOP: 1052 STOP:
TOTAL: 30 TOTAL:

Measure Codes	

BILLING OFFICE USE
POS 21 POS 22

Diagnosis:

MUST BE DOCUMENTED

MEASURE #424
☒ TEMP 30 MINUTES BEFORE OR 15 MINS
AFTER ANESTHESIA END TIME
TEMP GREATER OR EQUAL 95.9

MEASURE #404

SMOKER ☐ YES ☒ NO
IF NO SKIP TO NEXT MEASURE
Elective Procedure ☒ Yes ☐ No
Instructed to abstain ☐ Yes ☐ No
Abstained ☐ Yes ☐ No

MEASURE #430

Inhalation Anes Recvd ☐ Yes ☒ No

IF NO SKIP TO NEXT MEASURE

3 Pt Risk Factors ☐ Yes ☒ No
PONV Therapy ☐ Yes ☒ No

Base Units: 4

Time Units: 2

☒ PS 3 (1 unit)
☐ PS 4 (2 units)
☐ PS 5 (3 units)
☒ Age: 99100 [<1 or >70] (1 unit) 1
☐ Emergency: 99140 (2 units)

SPECIAL PROCEDURES:

TOTAL UNITS: 8

ABG7 PAIN ASSESSMENT

☒ LUCID
☐ NON COMMUNICATE
☐ PACU OICU
PAIN LEVEL 8 OUT OF 10
SCG 8 DEPRESSION ASSESS.
☒ YES ☐ NO
DX: REQUIRED

☒ ASA SCORE 3 REQUIRED

SPECIAL PROCEDURES

☐ Femoral Single 64447 (8 units)
☐ Brachial Plexus Single 64415 (8 units)
☐ Lumbar Epidural Continuous 62319 (8 units)
☐ Thoracic Epidural Continuous 62318 (8 units)
☐ Lumbar Puncture 62270 (8 units)
☐ Sciatic Single 64445 (7 units)
☐ Ultrasound 76942-26 (2 units)
☐ Nerve Block for Post-op Pain 64450 Hip/64415 Shoulder (5 Units)
☐ Epidural Steroid 62322 (8 units)
☐ Daily Epidural Mgmt 01996 (3 units)
☐ Art Line 36620 (3 units)
☐ PICC Placement 36569 (6 units) MEASURE #76
☐ Lumbar Blood Patch 62273 (8 units)
☐ Adductor Canal Block 64447 (8 units)
☐ Intubation Emergency 31500 (5 units)
☐ iPack Block 64999 (7 units)