Duncan Regional Hospital Account Inquiry Page: 1

Date: 08/11/25 16:32

McIntyre, Karen

Patient SAVANNA ROSE WHITAKER - D00047364633

--- Other Names-

Med Rec Number MR00118661 Reg Status DIS IN WHITAKER, SAVANNA LYNN

EMR Number T00120434 Soc Sec Num 606-06-9743

Birthdate 03/24/1998 **Age** 27 **Birth Sex** F

VIP

VIP Comment

Patient Address — Patient Employer —

1809 S 14TH ST

CHICKASHA, OK 73018

United States

E-Mail WHITAKER.SAVANNA@YAHOO.COM

Conf Comm Address

Phone Number Phone Type 760-223-1258 Cell Phone

Marital Status Single 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 08/07/25

Place of Birth

----- Physical Handicaps

Ethnicity / Additional Ethnicities Race / Additional Races

Non Hispanic or Latino White

Personal Contacts -

Person to Notify Relationship Significant Other

SMITH, JOSHUA 1809 S 14TH ST

CHICKASHA, OK 73018

United States

Phone Number Phone Type 760-223-1337 Cell Phone

Guarantor — Guarantor Employer — Guarantor — Gua

GN00183317 Relationship Self

WHITAKER, SAVANNA ROSE

1809 S 14TH ST

CHICKASHA, OK 73018

United States

Email WHITAKER.SAVANNA@YAHOO.COM

Phone Number Phone Type

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McIntyre, Karen

760-223-1258 Cell Phone

Financial Class -

Financial Class Medicaid

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

Employer Name

OKLAHOMA COMPLETE HEALTH

SELF PAY

Insurances -

Name OKLAHOMA COMPLETE HEALTH Coverage Plan Policy Number B37282665 Group Name PO BOX 8001 Address Group Number ATTN CLAIM DEPARTMENT Employment Status

City, State, Zip FARMINGTON, MO 63640-8001

Country

Location

Phone 833-752-1664 Copay Deductible Coinsurance Eligibility Status Sent **Status Date** 08/07/25

Fax

Email

Release Info Yes Exp Info Date

Assign Benefits Yes

Subscriber WHITAKER, SAVANNA ROSE Birth Sex F

Pat Rel to Subs Self Soc Sec Num 606-06-9743 Address 1809 S 14TH ST Marital Status Single White

City, State, Zip CHICKASHA, OK 73018 Citizenship United States English Language

United States Country

Email WHITAKER SAVANNA@YAHOO.COM

Birthdate 03/24/1998

Phone Number Phone Type 760-223-1258 Cell Phone

Occurrence Codes Date Time Accident State

DSI 11 - Onset of Symptom-OP Ther 08/07/25

— Physicians — Other Physicians/Association -

Primary Care Nair, Sibin None, Physician Admitting Cornejo, Juan Adrian Palmer, Jacob 0

Attending Cornejo, Juan Adrian

Family Emergency

Reg Date/Time 08/07/25 05:30 Discharge Date/Time 08/09/25 12:42

Requested Accom Private Discharge Disposition Home/Assisted Living - 01

Room Rate Accom P Room/Bed 107-01 Service Obstetrics Location Birth Center

Admit Priority Elective

Admit Source Physician Referral

Newborn Admit Src

Entry Code

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McIntyre, Karen

Facility Directory Clergy Visit

Adm Legal Status

Confidential
Conf Comment
Admit Comment
Dis Comment

Reason for Visit INTRAUTERINE PREGNANCY

Last Hospitalization From Date: Thru Date:

			ICD10 Codes						
Admit Diagnosis	Z37.9	Outcome c	of delivery, unspecified						
Reason for Visit Diagnoses									
Eff Date	Code	Name		Alt	Source				
08/07/25	Z37.9	Outcome c	of delivery, unspecified	No	OM				
			Diagnosis Codes						
Eff Date	Num	Code	Name	POA					
08/07/25 -	1	Z37.9	Outcome of delivery, unspecifi	E					
			Procedure Codes						
Num Code	Name		Date Surgeon/	Assist	ing				

MUST BE DOCUMENTED MEASURE 11424 OTEMP 30 MINS BEFORE OR 15 MINS AFTER ANESTHESIA END TIME TEMP GREATER OR EQUAL 95.9 MEASURE 11404 5 MOICER IF NO SIGP TO NEXT MEASURE Elective Procedure OYES ONO Instructed to abstain Abstained MEASURE 1430 IP NO SIGP TO NEXT MEASURE 3 Pt Alisk Factors PONV Therapy OYES ONO PONV Therapy OYES ONO	DIAGNOSISI				PROCEDURE Cabor Epid	ANESTHESIA: GENERAL SAB MI		C	IDERI	. DOST	MR# MR00118661 DOB: 03/24/1998 ATT DR:Corne jo Juan Adrian FN:	MR:
Tima Unitri O PS 3 [1 unit] O PS 4 [2 unitri] O PS 5 [3 unitri] O PS 6 [2 unitri] O	108.	CPT1 ICD101	CPT: ICD10:	CPT1 ICD101	10101 CAIL DISIP. ICDIO:	MAC CEPIDURAL BIER OTHER TIVA)	9	1 .	35-7-25	Duncan Anesthesia-Associates, ANESTHESIA CHARGE LIST	
SPECIAL PROCEDURES O Femoral Single 64447 (8 units) O Brachial Plexus Single 64415 (8 units) O Lumbar Epidural Continuous 62319 (8 units) O Lumbar Puncture 62270 (8 units) O Sciatic Single 64445 (7 units) O Sciatic Single 64445 (7 units) O Narva Block Post-op Pain 64450 Hip/64415 Shoulder (5 Units) O Daily Epidural Mymt 01996 (3 units) O Daily Epidural Mymt 01996 (3 units) O Art Line 36620 (3 units) O Art Line 36620 (3 units) O Arductor Canel Block 64447 (8 units) O Adductor Canel Block 64447 (8 units) O Intubation Emergency 31500 (5 units) O Ipack Block 64999 (7 units)		Modiffari .	- Modifferi	Modifiert .	Modifier:		. тотан 2-8 тотан	110h 2120 110h	TANTI 2102 STANTI	allucit paucenine	Ites, Inc. BILLING OFFICE USE POS 21 POS 21	