

September's mileage

Claim# 0138739400101059

Name: Danielle Harwell

MILEAGE LOG

Date Sent to No Fault

Claim # 0138739400101059 Doctor, Chiropractor, Physical Therapy, Etc.

Date of Visit	From (Address)	To (address)	Round Trip? Y or N	Miles
9/1/16	1131 Cleveland Dr.	2075 Sheridan Dr.	Y	11.2
9/2/16	1131 Cleveland Dr.	375 Dick Rd.	Y	5.8
9/6/16	1131 Cleveland Dr.	345 Dick Rd.	Y	5.8
9/7/16	1131 Cleveland Dr.	2075 Sheridan Dr.	Y	11.2
9/8/16	1131 Cleveland Dr.	375 Dick Rd.	Y	5.8
9/9/16	1131 Cleveland Dr.	345 Dick Rd.	Y	5.8
9/12/16	1131 Cleveland Dr.	375 Dick Rd.	Y	5.8
9/13/16	1131 Cleveland Dr.	3980 Sheridan Dr.	Y	7.2
9/15/16	1131 Cleveland Dr.	345 Dick Rd.	Y	5.8
9/16/16	1131 Cleveland Dr.	375 Dick Rd.	Y	5.8
9/19/16	1131 Cleveland Dr.	375 Dick Rd.	Y	5.8
9/20/16	1131 Cleveland Dr.	345 Dick Rd.	Y	5.8
9/21/16	1131 Cleveland Dr.	2075 Sheridan Dr.	Y	11.2
9/22/16	1131 Cleveland Dr.	375 Dick Rd.	Y	5.8

\*\*\*\*\*MAKE A COPY BEFORE SENDING TO THE INSURANCE COMPANY\*\*\*\*\*

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 NF-GEICO  
 PO BOX 9507

## HEALTH INSURANCE CLAIM FORM

FREDERICKSBURG VA 22403

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 6212

013 873 940 0101 059

PICA										PICA									
1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BULKING OTHER										1a. INSURED'S ID NUMBER (For Program in Item 1)									
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)										3. PATIENT'S BIRTH DATE SEX									
HARWELL DANIELLE										08 29 1980 M F									
5. PATIENT'S ADDRESS (No., Street)										6. PATIENT RELATIONSHIP TO INSURED									
56 BEREHAVEN DRIVE										Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>									
CITY STATE										7. INSURED'S ADDRESS (No., Street)									
AMHERST NY										SAME									
ZIP CODE TELEPHONE (Include Area Code)										ZIP CODE TELEPHONE (Include Area Code)									
14228 (716) 5360951										( ) ( )									
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)										10. IS PATIENT'S CONDITION RELATED TO									
a. OTHER INSURED'S POLICY OR GROUP NUMBER										a. EMPLOYMENT? (Current or Previous)									
b. RESERVED FOR NUCC USE										b. AUTO ACCIDENT? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PLACE (State) NY									
c. RESERVED FOR NUCC USE										c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>									
d. INSURANCE PLAN NAME OR PROGRAM NAME										10d. CLAIM CODES (Designated by NUCC)									
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.										11. INSURED'S POLICY GROUP OR FECA NUMBER									
SIGNED SIGNATURE ON FILE DATE										a. INSURED'S DATE OF BIRTH SEX									
										08 29 1980 M F									
										b. OTHER CLAIM ID (Designated by NUCC)									
										c. INSURANCE PLAN NAME OR PROGRAM NAME									
										\$0.00 MVA NO COPY REQUIRED									
										d. IS THERE ANOTHER HEALTH BENEFIT PLAN?									
										<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, complete items 5, 5a, and 5d.									
14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (MM/DD/YY) QUAL										15. OTHER DATE (MM/DD/YY) QUAL									
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM TO									
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM TO									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E))										20. OUTSIDE LAB? \$ CHARGES									
A. M54.2 B. V49.9XXA C. R07.89 D. _____										<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
E. _____ F. _____ G. _____ H. _____										22. RESUBMISSION CODE ORIGINAL REF NO									
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OF UNITS H. ICD CODE J. RENDERING PROVIDER ID #										23. PRIOR AUTHORIZATION NUMBER									
1 11/01/2015 11/01/2015 20 99213 25 AB 51154 1 EI 201500354 NPI 1457686347																			
2 11/01/2015 11/01/2015 20 72040 TC AB 77139 1 EI 201500354 NPI 1457686347																			
3 11/01/2015 11/01/2015 20 71010 TC CB 54143 1 EI 201500354 NPI 1457686347																			
4 _____ _____ _____ _____ _____ _____ _____ _____ _____ _____										NPI _____									
5 _____ _____ _____ _____ _____ _____ _____ _____ _____ _____										NPI _____									
6 _____ _____ _____ _____ _____ _____ _____ _____ _____ _____										NPI _____									
25. FEDERAL TAX ID NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCENT ASSIGNMENT? 28. TOTAL CHARGE 29. AMOUNT PAID 30. Paid for NUCC Use																			
201500354 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 7772930 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$ 183.36 \$ 0.00																			
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE(S) OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)										32. SERVICE FACILITY LOCATION INFORMATION									
MICHAEL T DOLDAN										WNYC DELAWARE									
11/05/2015 DATE										2497 DELAWARE AVE									
										BUFFALO NY 142161712									
										BUFFALO NY 14240-5101									
										*1316014491* TJ201500354 *1316014491* EI201500354									

**Assessments**

1 Bilateral occipital neuralgia - M54.81 (Primary)

Dr. Mc Vige is the supervising physician on site.

**Treatment****1. Others**

Notes: The patient is to continue with the current treatment plan.

**Procedures**

**NERVE BLOCK:** I positioned the patient in a sitting position within the exam room. The occipital area was prepped and cleansed with isopropyl alcohol in a sterile fashion. I provided the patient with a blockade using a 25-gauge needle Bilateral to the greater and lesser occipital nerves with equal volumes of 1% lidocaine and 0.5% bupivacaine. A total of 3 cc was injected on each side without complication. The patient tolerated the procedure well and complete hemostasis was maintained throughout. The patient was observed following treatment to assure the absence of complications and was discharged in good condition. The patient was instructed to apply ice and gentle massage to the area of injection for the next 2-3 days to address any local tenderness.

**Preventive Medicine**

**COUNSELING:** Healthy Living: Patient counseled on the importance of healthy lifestyle 10/27/2017.

Diet: Patient counseled on importance of lowering sugar intake, sodium and fats. 10/27/2017.

Exercise: Patient counseled on importance of moderate physical activity daily. 10/27/2017.

**Follow Up**

as scheduled



Electronically signed by Abbey Burdick, PA-C on 10/27/2017 at 10:34 AM EDT

Sign off status: Completed

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Batavia Office | 35 Batavia City Centre • Batavia, NY 14020 | Fax: (716) 250-2045

**DIAGNOSTICS & SERVICES**

MRI/CT	Neuropsychology
Arthrograms	Posturography
Botox	Sleep Studies
Doppler/TCD	SPECT
EEG	Ultrasound
EMG	TMS
ImPACT	VNG
Infusion	

- Colonoscopy

### Family History

Father: alive, Stroke  
 Mother: alive, Asthma  
 Siblings: alive  
 1 brother(s) - healthy.

### Social History

#### Tobacco Use:

Smoking Patient is a: non smoker

#### Fall History:

Have you fallen No . Do you feel unsteady when: No .

#### Alcohol use:

Alcohol Consumption. Patient does not drink alcohol.

#### Resides with:

Spouse: Husband. Children: Yes, x3. Self: Yes

#### Working:

Employed: Stay at home mom.

#### Marital Status:

Married: Yes

#### Driving:

Does Patient Drive: Yes

#### Exercise:

Daily: Yes, Walks.

#### Caffeine:

Other: Patient does not consume caffeine.

### Allergies

- Keflex
- codeine
- penicillin
- Biadin
- Cipro
- Soma

### Hospitalization/Major Diagnostic Procedure

See surgical history

### Review of Systems

Positive for headaches. No additional new neurological or physical deficits were reported outside of the patient's complaints upon the clinical review of systems for today's visit.

### Vital Signs

BP sitting 122/74, HR 76, RR 16, Ht 63", Wt 238, BMI 42.16, BSA 2.19.

### Examination

#### General Examination:

The patient is alert and oriented x3 and in no distress. The patient is well dressed and well nourished. Speech is clear and fluent and affect is positive. The head is normocephalic and atraumatic. There is positive tinel sign over the greater and lesser occipital nerves bilaterally. Tapping and palpation of these areas briefly reproduces the typical pattern of headache pain. Range of motion about the neck is mildly limited in all directions

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#### DIAGNOSTICS & SERVICES

MRI/CT      Neuropsychology  
 Arthrograms      Posturography  
 Botex      Sleep Studies  
 Doppler/TCD      SPECT  
 EEG      Ultrasound  
 EMG      TMS  
 InPACT      FPG  
 Infusion



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NEUROLOGIC INSTITUTE

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Nicolas Salati, MD  
Lixin Zhang, MD, PhD  
Joseph V. Fritz, PhD, CEO

**Abbey L. Burdick, PA-C**

## Procedure Note

Date: 10/27/2017

**Patient Name: Harwell, Danielle**

DOB: 08/29/1980 Age: 37 Y Sex: Female

PCP: James Panzarella, DO

### Reason for Appointment

- NF- Requires Opinion
- Nerve Block. Patient present for treatment of headache

### History of Present Illness

#### General:

The patient is here for bilateral greater and lesser occipital nerve blocks. The patient denies any history of allergies to lidocaine or bupivacaine. The patient denies any history of bleeding disorders. The patient is not on any anticoagulant medications. Prior to the procedure the risks and benefits were discussed with the patient and an informed written consent was obtained. The patient reports good results with her nerve blocks.

### Current Medications

- Taking Topamax 25 mg tablet 3 tab(s) orally BID
- Taking nortriptyline 10 mg capsule 2 cap(s) orally QHS
- Taking magnesium oxide 250 mg tablet 1-2 tab(s) orally once a day
- Taking Naprosyn 500 mg tablet 1 tab(s) orally prn headache, up to BID
- Taking rizatriptan 10 mg tablet 1 tab(s) orally prn migraine, okay to repeat dose in 2 hours, MDD = 2, MWD = 3
- Taking Cambia potassium 50 mg powder for reconstitution 50 mg orally PRN Headache. Okay to take again after 2 hours. MDD = 2, MWD = 3
- Taking Melatonin 3 mg tablet 1 tab(s) orally once (at bedtime)
- Taking Vitamin D3 5000 intl units capsule 1 cap(s) orally once a day
- Taking pantoprazole 40 mg delayed release tablet 1 tab(s) orally once a day
- Taking loratadine 10 mg capsule 1 cap(s) orally once a day
- Medication List reviewed and reconciled with the patient

### Past Medical History

- Asthma
- Esophageal reflux

### Surgical History

- T & A
- D&C
- Endoscopy

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