Patient Information			
Last	ANDERSON	**Address**	6730 tullamore
First	TAMARA	**Address 2**	
Middle		**City**	Colo Spgs
Gender	Female	**State**	CO
DOB	08/14/1996	**Zip**	80923
Age	27 Yrs, 5 Months, 22 Days	**Country**	US
Weight		**Tel**	
Height		**Physician**	
Pedi Color		**Phys. Tel**	
SSN		**Ethnicity**	
Race			
Advance Directives			
Resident Status			
Patient Resides in Service Area			
Temporary Residence Type			

Clinical Impression			
Primary Impression	Injury		
Secondary Impression			
Protocols Used			
Local Protocol Provided Care Level			
Anatomic Position			
Onset Time			
Last Known Well			
Chief Complaint	knee pain		
Duration		**Units**	
Secondary Complaint			
Duration		**Units**	
Patient's Level of Distress			
Signs & Symptoms	Injury to knee (Primary)		
Injury	Motorized Vehicle Accident - Auto traffic accident injures occupant - Street or Highway - 02/05/2024		
Additional Injury			
Mechanism of Injury	Blunt		
Medical/Trauma	Trauma		
Barriers of Care	None Noted		
Alcohol/Drugs	None Reported		
Pregnancy			
Initial Patient Acuity			
Final Patient Acuity	Lower Acuity (Green)		
Patient Activity			

Medications/Allergies/History/Immunizations	
Medications	Fluoxetine, Other, Oxycodone, Trazodone
Allergies	Amoxicillin, Penicillin allergy
History	Anxiety, Attention Deficit Hyperactivity Disorder (ADHD), Depression
Immunizations	
Last Oral Intake	

Vital Signs

Time	AVPU	Side	POS	BP	Pulse	RR	SPO2	ETCO2	CO	BG	Temp	Pain	GCS(E+V+M)/Qualifiers	RASS	BARS	RTS	PTS
07:54	Alert		Sit	130/80	90	12 R							15= 4 + 5 + 6			12	
08:02	Alert		Sit	130/80	80 R	12 R							15= 4 + 5 + 6			12	

Narrative

Patient Name: ANDERSON, TAMARA
Date of Birth: 08/14/1996
Incident Number: 24-SM-005300
Provider: Ryan Victor, FF/EMT-P

DISPATCH: Engine 39, Engine 36, and Medic 36 were dispatched by South Metro Fire Emergency Communications for a reported MVA located at the above address on I-25 northbound.

RESPONSE: Units dispatched responded emergently and without delays.

ARRIVAL: Upon arrival, found a 27-year-old female patient sitting in the front passenger seat of a vehicle involved in an MVA. The patient was complaining of pain to her left knee. The patient explained that she had had knee surgery on Tuesday of the week prior. Today while in a vehicle driving to a doctor's appointment, her vehicle had been rear-ended, causing her knee to impact the dashboard of her vehicle. This had caused increased pain.

MVA: The patient had been restrained front passenger of a small sedan-type vehicle. The vehicle had been struck in the rear by an unknown-sized vehicle. The patient's vehicle had been at a stopped position in the left lane while in rush hour traffic. The vehicle behind her had been unable to stop, but impact had been low, and damage to the patient's vehicle was minor. There was no airbag deployment, and there was no intrusion into the patient compartment. Seatbacks and headrests were in place. Steering wheel was intact. Windshield was intact. No further pertinent findings.

The patient denied loss of consciousness, headache, change in vision or hearing, dizziness, shortness of breath, nausea, vomiting, chest pain, abdominal pain, neck pain, back pain, numbness, tingling, paralysis, alcohol, drugs, other recent trauma, and recent illness. Increased pain to the left knee.

02/05/2024 15:25:35
PCRID: 81c1fc86-e2ce-4099-acdc-b10d0081d659
Electronically Signed by: VICTOR, RYAN
Template Version: PCR-WEB-1.3.1
Data Version: 00091-0000000010807C10

Narrative

ASSESSMENT:
GENERAL APPEARANCE: Arrived to a disheveled female patient in moderate discomfort, but did have a good physical presentation.
MENTAL STATUS: Alert and oriented x4 to person, place, time, and event and cooperative with EMS. She was responding appropriately and in context questions. The patient was not presenting with observable perseveration, and cognitive state and affect were normal.
SPEECH: Normal, with no slurring. No language barrier existed between patient and providers.
SKIN: Warm and dry to the touch.
HEENT:
Head: No pertinent findings on observation. Face was symmetrical.
Ears: Negative to pertinent findings on observation.
Eyes: Pupils were equal, round, and reactive to light at 3 mm.
Nose: Negative to pertinent findings on observation.
Throat: Negative to pertinent findings on observation.
NECK: Midline and intact. Negative for tenderness on palpation or movement.
CHEST: Intact, with equal expansion. Unremarkable on visualization and palpation.
LUNGS: Breath sounds were clear and equal bilaterally with a normal tidal volume.
ABDOMEN: Soft, nontender, atraumatic, and unremarkable on visualization and palpation in all quadrants.
CTLS: Cervical spine was nontender on palpation or movement. Thoracic spine was nontender on palpation or movement. Lumbar spine was nontender on palpation or movement. Sacral spine was nontender on palpation or movement.
BACK: Not assessed.
PELVIS: Not assessed.
EXTREMITIES: Circulation, movement, and sensation x4.
NEUROLOGIC: Negative for stroke score. The patient's gait was not assessed.

IMPRESSION: Injury or exacerbation of procedure to left knee.

TREATMENT: An ALS assessment was performed, resulting in the following treatments: Vital signs were assessed. Vitals signs were reassessed.

TRANSPORT: Currently she wanted to be transported to the hospital for assessment. The patient was moved to the medic unit for further assessment. Transport was initiated. The patient was assisted out of her vehicle and placed onto our stretcher, where she was secured with 2 safety belts and 2 rails up. The stretcher was then moved and placed into the medic unit without incident, and transport was initiated nonemergently to Sky Ridge Medical Center, with notification en route. Upon arrival, patient care was transferred to ER staff. The stretcher was placed next to the hospital bed, and the patient was able to move herself into the hospital bed, with staff supporting her left leg. Report was given to ER staff. No further actions were taken.

Ryan Victor, FF/EMT-P, regarding patient ANDERSON, TAMARA

Incident Details		Destination Details		Incident Times	
Location Type	Home/Residence	**Disposition**		**PSAP Call**	07:36:41
Location		**Unit Disposition**	Patient Contact Made	**Dispatch Notified**	07:36:41
Address	I25 Nb	**Patient Evaluation and/or Care Disposition**	Patient Evaluated and Care Provided	**Call Received**	07:36:41
Address 2		**Crew Disposition**	Initiated and Continued Primary Care	**Dispatched**	07:37:00
Mile Marker		**Transport Disposition**	Transport by This EMS Unit (This Crew Only)	**En Route**	07:37:41
City	Castle Rock	**Reason for Refusal or Release**		**Staged**	
County	Douglas	**Transport Mode Descriptors**	No Lights or Sirens	**Resp on Scene**	
State	CO	**Transport Due To**	Patient's Choice, Closest Facility	**On Scene**	07:48:05
Zip	80108	**Transported To**	SKY RIDGE MEDICAL CENTER	**At Patient**	07:49:05
Country	US	**Requested By**	Patient	**Care Transferred**	
Medic Unit	SMM36	**Destination**	Hospital	**Depart Scene**	07:56:20
Medic Vehicle	SMM36	**Department**	Emergency Room	**At Destination**	08:05:17
Run Type	Emergency Response (Primary Response Area)	**Address**	10101 Ridgegate Pkwy	**Pt. Transferred**	
Response Mode	Emergent	**Address 2**		**Call Closed**	08:13:51
Response Mode Descriptors	Lights and Sirens	**City**	Lone Tree	**In District**	
Shift	B Shift	**County**	Douglas	**At Landing Area**	
Zone		**State**	CO		
Level of Service		**Zip**	80124		
EMD Complaint	Traffic Accident	**Country**	US		
EMD Card Number		**Zone**			
Dispatch Priority		**Condition at Destination**			
		State Wristband #			
		Destination Record #			
		Trauma Registry ID			

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Incident Details		Destination Details		Incident Times	
		STEMI Registry ID			
		Stroke Registry ID			
Alternative Disposition Offered					

Crew Members

Personnel	Role	Certification Level
VICTOR, RYAN	Lead	Paramedic (Colorado) - 32243
JOCK, RICHARD	Driver	EMT (Colorado) - 172599
AA, VERSIO	Other	
RATERING, CASSANDRA (VERSIO)	Other	
HALAZON, FRED	Other	Paramedic (Colorado) - 7976

Insurance Details

Insured's Name		Primary Payer		Dispatch Nature	
Relationship		Medicare		Response Urgency	
Insured SSN		Medicaid		Job Related Injury	
Insured DOB		Primary Insurance		Employer	
Address1		Policy #		Contact	
Address2		Primary Insurance Group Name		Phone	
Address3		Group #		Mileage to Closest Hospital	
City		Secondary Ins			
State		Policy #			
Zip		Secondary Insurance Group Name			
Country	US	Group #			

Mileage			Delays		Additional Agencies
Scene	1.0		Category	Delays	
Destination	11.1				
Loaded Miles	10.1	geo-verified			
Start					
End					
Total Miles					

Next of Kin

Next of Kin Name		Address1		City	
Relationship to Patient		Address2		State	
Phone		Address3		Zip	
				Country	US

Consumables

Description	Qty	Description	Qty	Description	Qty
Ambulance Transport - $1270.00	1	Ambulance Transport - Mileage $15.00 per mile	1		

Personal Items

Item	Given To	Comment
All patient belongings left at ER		

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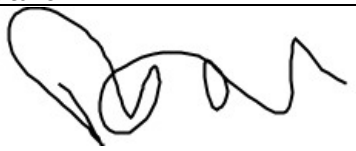
Billing Authorization

Authorization	SMFR Billing Authorization Update Nov 2020

Section I - Patient / Parent of Minor Authorization Signature

I authorize the submission of a claim to Medicare, Medicaid, or any other payer for any services provided to me by South Metro Fire Rescue (SMFR) now, in the past, or in the future, until I revoke this authorization in writing. I understand that I am financially responsible for the services and supplies provided to me by SMFR, regardless of my insurance coverage, and in some cases, may be responsible for an amount in addition to that which was paid by my insurer. I agree to immediately remit to SMFR any payments that I receive directly from my insurer or any source whatsoever for the services provided to me and I assign all rights to such payments to SMFR. I authorize SMFR to appeal payment denials or other adverse decisions on my behalf. I authorize and direct any holder of medical, insurance, billing, or other relevant information about me to release such information to SMFR and its billing agents, the Centers for Medicare and Medicaid Services, and/or any other payers or insurers, and their respective agents or contractors, as may be necessary to determine these or other benefits payable for any services provided to me by SMFR, now, in the past, or the future. I also authorize SMFR, via any contact information provided, to obtain medical, insurance, billing, and other relevant information about me from any party, database, or other sources that maintain such information. A copy of the SMFR Notice of Privacy Practices can be obtained at www.southmetro.org.

Signature



Signed On	02/05/2024 08:04:28
Notice of Privacy Practices Provided	Yes
Printed Parent Name	
Billing Authorization	Agree
HIPAA Acknowledgement	Agree

Section II - Authorized Representative Signature

Complete this section only if the patient is physically or mentally unable to sign.
Authorized representatives include only the following:(Check one)

Patient's Legal Guardian
Patient's Medical Power of Attorney
Relative or other person who receives benefits on behalf of the patient
Relative or other person who arranges treatment or handles the patient's affairs
Representative of an agency or institution that provided care, services or assistance to patient

I am signing on behalf of the patient to authorize the submission of a claim for payment to Medicare, Medicaid, or any other payer for any services provided to the patient by the transporting ambulance service now or in the past or in the future. By signing below, I acknowledge that I am one of the authorized signers listed below. **My signature is not an acceptance of financial responsibility for the services rendered.**

Signature

Signed On	
Notice of Privacy Practices Provided	
Printed Name	
Reason unable to sign	

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Section III - EMS Personnel and Facility Signatures

Complete this section if the patient was mentally or physically incapable of signing, and no Authorized Representative (section II) was available or willing to sign on behalf of the patient at the time of service.

EMS Personnel Signature

My signature below indicates that, at the time of service, the patient was physically or mentally incapable of signing, and that none of the authorized representatives listed in Section II of this form were available or willing to sign on the patient's behalf. **My signature is not an acceptance of financial responsibility for the services rendered.**

Signed On	
Printed Name	
Reason unable to sign	

Facility Representative Signature

The patient named on this form was received by this facility on the date and at the time indicated and this facility furnished care, services or assistance to the patient. **My signature is not an acceptance of financial responsibility for the services rendered.**.

Signed On	
Notice of Privacy Practices Provided	
Printed Name	
Title of Representative	

Facility Signatures

Signed On	
Receiving	

Signed On	
Paperwork Received	

Signed On	
Airway Confirmation	

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Provider Signatures

Lead Provider	VICTOR, RYAN	**Certification Level**	Paramedic (Colorado) - 32243

Provider		**Certification Level**	

Provider		**Certification Level**	

Provider		**Certification Level**	

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SOUTH METRO FIRE RESCUE FIRE PROTECTION DISTRICT
PO BOX 1280
OAKS, PA 19456-1280
(844)378-2134
TAX ID: 84-0828892

Statement

DATE: 03/21/2024

TAMARA ANDERSON
6730 TULLAMORE DR
COLORADO SPRINGS, CO 80923

▼Payment Address▼

SOUTH METRO FIRE RESCUE FIRE PROTECTION DISTRICT
PO BOX 911585
DENVER, CO 80291-1585

Patient Name	Date Of Service	ePCR #	Invoice #	AC ID #
ANDERSON, TAMARA	02/05/2024	24-SM-005300	DSMET190242	143790

Origin Address	Destination Address
ALT RESIDENCE I25 NB CASTLE ROCK, CO 80108	SKY RIDGE MEDICAL CENTER 10101 RIDGEGATE PKWY LONE TREE, CO 80124

Payer	Description	Action Date	Transaction	Amount
PATIENT PRIVATE PAY PATIENT	A0429RH-BLS EMERGENCY		Charges	$1,374.02
PATIENT PRIVATE PAY PATIENT	A0425RH-MILEAGE (11.0 Units)		Charges	$192.61

WE HAVE BEEN UNABLE TO OBTAIN YOUR AUTO LIABILITY INSURANCE. PLEASE FORWARD YOUR AUTO LIABILITY INSURANCE. IF YOU DO NOT HAVE INSURANCE, YOUR PAYMENT OF THIS BALANCE IS APPRECIATED. THANK YOU.

Total Charges	$1,566.63
Total Payments	
Total Adjustments	
Total Refunds Issued	
Balance Due	$1,566.63

The balance due is an estimate based on the information provided and is subject to change.