

last medical visit  
7/26/13

Michael Cantrell DPM

8/26/13

Patient Name Annie Hill

Date 8/26/13

Physician Signature

| PROVIDING PHYSICIAN                  | CELL | UPIN NUMBER                     | LOCATION  |
|--------------------------------------|------|---------------------------------|---|
| DR. MICHAEL CANTRELL<br>678.478.0913 |      | UPIN: V05152<br>NPI: 1972627875 | Quality Living, <u>Eastview</u> , Antioch, Taylor Co.<br>Rehab, House Call, Falcon Crest, Montezuma,<br>Wayerly Hall-Oakview, Hapeville Manor |

**INSURANCE INFORMATION**

| Medical Insurance (s) | Co Pay | Referral number | Referral date | Expiration | Visits | Balance | NOTES TO PHYSICIANS BILLING OFFICE |
|-----------------------|--------|-----------------|---------------|------------|--------|---------|------------------------------------|
| 1                     |        |                 |               |            |        |         |                                    |
| 2                     |        |                 |               |            |        |         |                                    |
| 3                     |        |                 |               |            |        |         |                                    |

**DIAGNOSIS: LEFT FOOT/ANKLE**

**RIGHT FOOT/ANKLE**

|        |                                       |              |   |              |  |
|--------|---------------------------------------|--------------|---|--------------|--|
| 682.7  | Abscess, Foot                         | 782.3        | Edema // <u>Equinus 736.72</u> Exostosis 726.91 | 703.0        | Onychocryptosis 703.8 onychodystrophic nail      |
| 681.9  | Abscess, Toe                          | 728.71       | Fasciitis Plantar                               | 681.11       | Onychia/Paronychia                               |
| 726.71 | Achilles Tendonitis                   | 826.0        | Fracture toe // Fx Foot, NOS 825.20             | <u>110.1</u> | Onychomycosis TA T1 T2 T3 T4 T5 T6 T7 T8 T9      |
| 714.0  | Arthritis R.A. / Arthralgia           | 825.25       | Fracture metatarsal                             | 730.27       | Osteomyelitis                                    |
| 715.97 | Arthritis Osteoarthritis (DJD)        | 917.6        | Foreign Body // Fissure 709.8                   | 729.5        | Pain in Limb                                     |
| 216.7  | Benign Neoplasm 215.3                 | 917.7        | Foreign Body Infected                           | 782.0        | Paresthesia                                      |
| 726.91 | Bone Spurs/Exostosis                  | 781.2        | Gait Abnormality // Diff Walking 917.77         | 734          | Pes Planus, Painful // Cong Pes Planus 754.61    |
| 727.3  | Bursitis NOC                          | 727.43       | Ganglion Cyst                                   | 443.9        | PVD // <u>ASO 440.20</u> // Anti coag Tx 286.9   |
| 726.73 | Calcaneal Spur                        | 785.4        | Gangrene  | 733.99       | Sesamoiditis                                     |
| 726.90 | Capsulitis // CAVUS foot 736.73       | 274.0        | Gout  | 355.5        | Sinus Tarsiitis                                  |
| 681.10 | Cellulitis, Toe                       | 735.2        | Hallux Rigidus/Limitus Hallux Malleus 735.3     | 845.00       | Sprain Ankle                                     |
| 682.7  | Cellulitis, Foot                      | 735.0        | Hallux Valgus                                   | 845.10       | Sprain Foot                                      |
| 713.5  | Charcot Arthropathy                   | <u>735.4</u> | Hammer Toe                                      | 355.6        | Tarsal Tunnel Syndrome                           |
| 735.9  | Contracture Deformity of Toe @ MPJ    | 703.9        | Hematoma  | 727.1        | Tailor's Bunion Tendonitis Ant Tib 726.72        |
| 924.20 | Contusion // Clubfoot 754.70          | 780.8        | Hyperhidrosis                                   | 726.90       | Tendonitis // Achilles 726.71 // Peroneal 726.79 |
| 692.9  | Dermatitis: Contact                   | 700          | Hyperkeratosis                                  | 110.4        | Tinea Pedis                                      |
| 454.1  | Dermatitis: Stasis                    | 703.8        | Hypertrophy of Nail                             | 959.7        | Traumatic injury Foot/Ankle                      |
| 250.61 | DM I- CW/Neuro                        | 727.43       | Ganglion Cyst                                   | 707.15       | Ulcer other part of foot                         |
| 250.71 | DM I- CW/PVD                          | 785.4        | Gangrene  | 707.13       | Ulcer Ankle                                      |
| 250.63 | DMI-UCW/Neuro                         | 274.0        | Gout  | 707.14       | Ulcer Heel & Midfoot                             |
| 250.73 | DM I-UCW/PVD                          | 755.3        | Limb Length Discrepancy                         | 454.2        | Varicose Veins w/Ulcer & Inf, lower ext.         |
| 250.01 | DM I-C w/o comp                       | 754.52       | Metatarsus Primus Varus                         | 454.1        | Varicose Veins w/Inflam, lower ext.              |
| 250.03 | DM I- U w/o comp                      | 838.04       | Metatarsal Plantar Flexed                       | 459.81       | Venous Insufficiency                             |
| 250.60 | Diabetes type 2 Cont w neuro          | 726.70       | Metatarsalgia                                   | 078.19       | Verruca Sing. Multi.                             |
| 250.70 | Diabetes Type 2 Cont w/ PVD           | 736.70       | Metatarsus Adductus                             | 705.81       | Xerosis 706.8                                    |
| 250.62 | Diabetic type 2 Uncont w/Neurological | 701.1        | Keratoma  | 736.39       | Valgus rear foot                                 |
| 250.72 | Diabetic type 2 Uncont w/PVD          | 729.2        | Neuralgia/Neuritis                              | 754.43       | Bowing - Tib Fib., femur 754.42                  |
| 250.00 | Diabetic type 2 Cont w/o comp         | 355.6        | Neuroma // Neuropathy periph 357.2              |              | Other Dx   |

**OFFICE SERVICES**

**SURGICAL PROCEDURES**

|              |                                    |              |   |       |  |
|--------------|------------------------------------|--------------|---|-------|--|
| 99202        | New Patient Low / Medium 99203     | 10060        | I & D Abscess Simple                        | 11730 | Avulsion nail                          |
| 99212        | Est Patient Low / Med 99213        | 10061        | I & D Abscess Comp                          | 11732 | Avulsion nail additional               |
| 99305        | Nursing Home Initial               | 11040        | Debride Skin (partial)                      | 11740 | Evacuation Subungual Hematoma          |
| <u>99308</u> | Nursing Home Est.                  | 11041        | Debride Skin Full Thickness                 | 11750 | Excision Nail & Matrix Perm.           |
| 99243        | New Consultation Intermediate      | 11042        | Debride Skin/Subcutaneous                   | 11752 | Excision Nail & Matrix Perm additional |
| 99342        | House Call - Initial               | 1105         | Pairing or cutting hyperkeratotic lesion(s) | 1700  | Destruction Lesions                    |
| 99348        | House Call - Follow up             | 11100        | Biopsy Punch Excision Scrape                | 28001 | I & D Infected Bursa                   |
| 99325        | Rest Home/ Assist Living - Initial | 10160        | Puncture Bulla/Cyst                         | 28190 | Remove Foreign Body Simple             |
| 99335        | Rest Home/ asst living - Follow Up | 11420        | Removal lesion 0.5 or less                  | 28192 | Remove Foreign Body Deep               |
|              |                                    | 11421        | Removal lesion 0.6-1.0 cm                   | 28193 | Remove Foreign Body Comp.              |
|              |                                    | 11422        | Removal lesion 1.1-2.0cm                    | 28475 | Fracture Metatarsal                    |
| 29345        | Long Leg Cast Removal of Cast      | 11423        | Removal lesion 2.1-3.0cm                    | 28495 | Fracture Hallux                        |
| 29405        | Short Leg Cast 29705               | 11719        | Trim Nail(s)                                | 28515 | Fracture toe                           |
| 29540        | Strapping Ankle                    | 11720        | Deb. Nails 1-5                              |       |  |
| 29550        | Strapping Toes Dsg Change V58.3    | <u>11721</u> | Deb Nails > 5                               |       |  |
| 29580        | Unna Boot                          | 11755        | Biopsy of Nail                              | L1902 | Air Heel                               |
|              |                                    | 11765        | Wedge Excision of Nail fold ingrowing nail  |       | Cam Walker                             |

**CASTING-STRAPPING**

**INJECTIONS**

|       |                                       |                                   |       |                              |
|-------|---------------------------------------|-----------------------------------|-------|------------------------------|
| 20605 | Arthrocentesis Joint or Bursa Int.    | 25 50 51 57 59 79 Q7 <u>Q8</u> Q9 | L3030 | Functional Orthotics R L B/L |
| 20550 | Injection Tendon/Lig.                 | TA T1 T2 T3 T4 T5 T6 T7 T8 T9     | A5500 | Extra Depth Shoe             |
| 20551 | Injection tendon/orig-insertion       |                                   | K0628 | Diabetic insert              |
| 64640 | Neurolysis                            | 73610                             | L1930 | Night Splint                 |
| 64450 | Peripheral Nerve Block                | 73630                             |       | Polymem UNITS                |
| J1020 | Methyprednis. 20mg UNITS              |                                   |       | Richie Brace (L1970+L2820)   |
| J1094 | Dexamethasone Acet. 1mg Supartz UNITS |                                   |       |                              |

25-Significant, separately identifiable E/M service 50-bilateral procedure 51-multiple procedures 57-decision for surgery 59-distinct procedure

# ADMISSION RECORD

## Eastview Healthcare, LLC

Macon, GA

2013-08-26 10:07:41 ET

## RESIDENT INFORMATION

|  |            |                 |                    |                    |                           |                       |                          |                 |
|--|------------|-----------------|--------------------|--------------------|---------------------------|-----------------------|--------------------------|-----------------|
| Resident Name                                  |            | Preferred Name  | Unit               | Room / Bed         | Admission Date            | Init. Adm. Date       | Orig. Adm. Date          | Resident #      |
| HILL, ANNIE M.                                 |            |                 | Hall A             | A09-B              | 4/3/2008                  | 4/3/2008              | 4/3/2008                 | 33090           |
| Previous address                               |            |                 |                    |                    | Previous Phone #          |                       | Legal Mailing address    |                 |
| 3049 Sidney Court Macon United States GA 31217 |            |                 |                    |                    |                           |                       | Same as Previous Address |                 |
| Sex  | Birthdate  | Age             | Marital Status     | Religion           | Race                      | Occupation(s)         | Primary Lang.            |                 |
| F  | 11/28/1913 | 99              | Widowed            | Baptist            | Black or African American | CASHIER               | English                  |                 |
| Admitted From                                  |            |                 | Admission Location |                    | Birth Place               | Citizenship           | Maiden Name              |                 |
|  |            |                 |                    |                    |                           | U.S.                  |                          |                 |
| Medicare (HIC) #                               |            | Medicaid #      |                    | Social Security #  |                           | Medical Record #      |                          | Insurance Name: |
| 259286689A                                     |            | 111432161395    |                    | 259-28-6689        |                           | 33090                 |                          |                 |
| Insurance Policy #:                            |            | Part D Policy # |                    | Medicare HMO Name: |                           | Medicare HMO Policy#: |                          | Tertiary Payer  |
|  |            |                 |                    |                    |                           |                       |                          |                 |
| Tertiary Payer #                               |            |                 |                    |                    |                           |                       |                          |                 |

## PAYER INFORMATION

|               |                                |            |              |          |  |              |          |
|---------------|--------------------------------|------------|--------------|----------|--|--------------|----------|
| Primary Payer | Medicaid                       | Medicaid # | 111432161395 | Group #: |  | Ins. Company | Medicaid |
| Second Payer  | Patient Liability              | SSN #      | 259-28-6689  |          |  |              |          |
| Third Payer   | Medicare B                     | Medicare # | 259286689A   |          |  |              |          |
| Fourth Payer  | Medicare B Coins from Medicaid | Medicaid # | 111432161395 |          |  |              |          |

## OTHER INFORMATION

|                           |           |                  |                               |
|---------------------------|-----------|------------------|-------------------------------|
| Most Recent Hospital Stay |           | Allergies        |                               |
| 4/9/2010                  | 4/14/2010 | To Be Determined |                               |
| Medicare Coverage         |           | Part D Carrier   | Medicaid Recertification Date |
| Part A & B                |           |                  | Admission Type                |
| County Admitted From:     |           |                  | Long Term                     |
| BIBB                      |           |                  |                               |

## CARE PROVIDERS

|   |   |                                       |        |            |
|---|---|---------------------------------------|--------|------------|
| Provider  | Phone   | Address                               | UPIN   | NPI        |
| Attending Physician (Primary)<br>VAUGHN, MARYBELL | Office: (478) 405-0045<br>Fax: (478) 405-9099 | 3448 VINEVILLE AVE<br>Macon, GA 31204 | H57151 | 1497710750 |
|   |   |                                       |        |            |
|   |   |                                       |        |            |
|   |   |                                       |        |            |

## PHARMACY

|                 |  |                                      |
|-----------------|--|--------------------------------------|
| Pharmacy        | Phone/Fax                                    | Address                              |
| GAYCO (Primary) | Phone: (800) 575-3160<br>Fax: (478) 275-7882 | 1101-C HILLCREST<br>Dublin, GA 31021 |

## EXTERNAL FACILITIES

|                             |                       |               |
|-----------------------------|-----------------------|---------------|
| Facility Name               | Phone                 | Facility Type |
| COLISEUM MEDICAL CENTER     | Phone: (478) 765-7000 | Hospital      |
| BENTLEY & SONS FUNERAL HOME | Phone: (478) 742-0952 | Funeral Home  |

## CONTACTS

|                   |                       |            |                                      |                      |
|-------------------|-----------------------|------------|--------------------------------------|----------------------|
| DANIELY, MARGAREE | Responsible Party     | Cousin     | 3049 SIDNEY COURT<br>Macon, GA 31217 | Cell: (478) 747-4850 |
| DANIELLY, CHARLES | Emergency Contact # 1 | Son-in-law |                                      | Home: (478) 746-7495 |
| SPIKES, LILLIE    | Emergency Contact # 2 | Niece      |                                      | Cell: (478) 747-5387 |
|                   | Emergency Contact # 3 |            |                                      | Home: (478) 254-2461 |

## DIAGNOSIS INFORMATION

| Code   | Description                                     | Onset Date | Rank            | Classification |
|--------|---|------------|-----------------|----------------|
| 427.89 | OTHER SPECIFIED CARDIAC DYSRHYTHMIAS            | 4/3/2008   | Primary         | Admitting Dx   |
| 780.2  | SYNCOPE AND COLLAPSE                            | 4/3/2008   | Secondary #2    | Admitting Dx   |
| 414.9  | UNSPECIFIED CHRONIC ISCHEMIC HEART DISEASE      | 4/3/2008   | Diagnosis #3    | Admitting Dx   |
| 715.90 | OSTEOARTHRUS UNSPEC WHETHER GEN/LOC UNSPEC SITE |            | Diagnosis #4    | Admitting Dx   |
| 718.47 | CONTRACTURE OF ANKLE AND FOOT JOINT             | 4/3/2008   | Diagnosis #5    | Admitting Dx   |
| 290.10 | PRESENILE DEMENTIA, UNCOMPLICATED               | 4/3/2008   | Diagnosis #6    | Admitting Dx   |
| 311    | DEPRESSIVE DISORDER NOT ELSEWHERE CLASSIFIED    | 4/3/2008   | Diagnosis #7    | Admitting Dx   |
| 369.64 | ONE EYE: NEAR-TOT IMPAIR; OTH EYE: NOT SPEC     |            | Diagnosis #8    | Admitting Dx   |
| 401.9  | UNSPECIFIED ESSENTIAL HYPERTENSION              | 4/3/2008   | Diagnosis #9    | Admitting Dx   |
| 300.00 | ANXIETY STATE, UNSPECIFIED                      | 4/3/2008   | Other Diagnosis | Admitting Dx   |