

Charles E. Floyd, Jr.
Licensed in AL (1969) & GA (1972)
Email: cefjr@phenixcable.net

January 10, 2023

FLOYD & FLOYD
ATTORNEYS AT LAW
1000 - 14th Street, P.O. Box 759
Phenix City, Alabama 36868-0759
www.floydandfloyd.com
Telephone (334) 297-3378
Fax (334) 298-0176

Charles E. Floyd III
Licensed in AL (1992)
Email: cefiii@phenixcable.net

VIA EMAIL jrjung@alfains.com

Mr. Jr. Jung, Esq.
Alfa Insurance
1220 Fox Run Avenue, Ste 209
Opelika, AL 36801

Re: My Client: [REDACTED]
Your Insured: Stephanie Pouncey, Roger Pouncey
Date of Loss: 8/5/2022
Your Claim No: A-644998

Mr. Jung:

Find attached the expense summary of my client. Once you have reviewed the expense packet, please contact me with your highest and best lump-sum settlement offer.

Sincerely,



Charles E. Floyd III

CFIII/shf

Enclosures

CLIENT: [REDACTED]
D/A: 8/5/2022
SUBJECT: EXPENSE SUMMARY

EXPENSES

<u>MEDICAL BILLS</u>	<u>AMOUNT</u>
Jack Hughston Hospital (ER)	\$1,781.50
Care Ambulance	\$ 934.50
Dr. Dennis Harden	\$ 759.00
Bridgeway Diagnostic	\$1,545.00
Phenix City Physical Therapy	<u>\$1,885.00</u>
TOTAL:	\$6,605.00

JACK HUGHSTON MEMORIAL
4401 RIVER CHASE DRIVE
PHENIX CITY AL 36867
334-732-3000

PATIENT NAME	ACCOUNT NO.	ROOM/BED	ADMIT DATE	DIS. DATE	PAGE
[REDACTED]	0003 0426513-01		8/05/22	8/05/22	1

GUARANTOR NAME/ADDR.	F/C	PAYORS	BILLING DATE
[REDACTED]	A1	513 103	8/24/22

21016

FINAL BILL	PAT. AGE	DR. NAME
	36	OSHINOWO ABAYOMI

CHRG CODE	REV	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
8/05 4157300	0320	XR CLAVICLE LT	1	200.00	200.00	73000 LT
8/05 4157330	0320	XR SHOULDER 2V/MORE	1	220.00	220.00	73030 LT
8/05 4400253	0250	DEXAMETHASONE 4MG/ML	4	7.92	31.68	
8/05 4400499	0250	KETOROLAC 60MG VIAL	4	12.00	48.00	
8/05 4401516	0250	METHOCARBAMOL 500MG	2	6.00	12.00	
8/05 4601073	0450	ER LEVEL FOUR - 25	1	945.00	945.00	99284 25
8/05 4601306	0450	IM INJECTION	2	162.41	324.82	96372

AMOUNT FOR THIS BILL	1781.50
PAYMENT AMOUNT	.00
PREVIOUS BALANCE	.00
TOTAL PATIENT BALANCE	1781.50

JACK HUGHSTON MEMORIAL
4401 RIVER CHASE DRIVE
PHENIX CITY AL 36867
334-732-3000

PATIENT NAME **[REDACTED]** ACCOUNT NO. ROOM/BED ADMIT DATE DIS. DATE PAGE
0003 0426513-01 8/05/22 8/05/22 2

GUARANTOR NAME/ADDR. **[REDACTED]** F/C PAYORS BILLING DATE
A1 513 103 8/24/22

21016

FINAL BILL PAT. AGE DR. NAME
36 OSHINOWO ABAYOMI

CHRG CODE REV DESCRIPTION QTY UNIT PRICE AMOUNT CPT CODE

SUMMARY OF CHARGES

DX X-RAY	420.00
PHARMACY	91.68
EMERG ROOM	1269.82

PREV. PATIENT BALANCE	\$.00
TOTAL CHARGES	\$ 1781.50
TOTAL PAYMENTS	\$.00
TOTAL PATIENT BALANCE	[REDACTED]

JACK HUGHSTON MEMORIAL 4401 RIVER CHASE DRIVE PHENIX CITY AL 368670000 334-732-3000												2a PAY CNTL # 0003 0426513-01 b. MED REC # 22684 0131 c. FED. TAX NO. 080522080522	6 STATEMENT COVERS PERIODS FROM THROUGH 7 080522080522				
e. PATIENT NAME [REDACTED] f. PATIENT ADDRESS [REDACTED]												g. h. i. j. k. l. m.					
n. BIRTHDATE [REDACTED]		11 SEX M 080522	12 DATE 20 11 080522	13 TYPE 1 1	14 DRG 22	15 STAT 01	16 DHR 10	17 STAI 20	18 21	CONDITION CODES 22 23 24 25 26 27 28 29	20 ACUT 30 RATE AL						
31 OCCURRENCE DATE 01 080522		32 OCCURRENCE DATE 11 080522		33 CODE [REDACTED]		34 OCCURRENCE GRAN FROM 080522		35 THRU/THROUGH 11 080522		36 CODE [REDACTED]		37 OCCURRENCE GRAN FROM 080522		THROUGH 11 080522			
38												39 VALUE CODES CODE AMOUNT a. 45 0.00 b. c. d.	40 VALUE CODES CODE AMOUNT e. f. g. h. i. j. k. l. m.				
41	42	43	44	45	46	47	48	49	50	51	52	53					
54	55	56	57	58	59	60	61	62	63	64	65	66					
67 PATIENT ID NUMBER			68 PATIENT NAME			69 PATIENT BIRTH DATE			70 SERVICE DATE			71 BHW UNITS			72 TOTAL CHARGES		
0250 PHARMACY			73000LT			080522			10			9168					
0320 XR CLAVICLE LT			73030LT			080522			1			20000					
0320 XR SHOULDER 2V/MORE			9928425			080522			1			22000					
0450 ER LEVEL FOUR - 25			96372			080522			2			94500					
0450 IM INJECTION												32482					
0.001 PAGE 1 OF 1 CREATION DATE 082422 10/18/2022 178150																	
50 PAYOR NAME ASPIRION MED PAY			51 HEALTH PLAN ID [REDACTED]			52 PRIOR PAYMENTS Y Y			53 CUS AMOUNT DUE			56 NPI 1023050101					
HUMANA GOLD MEDICARE												57 OTHER PRV ID					
58 INSURED'S NAME			59 BARREL/DC INSURED'S UNIQUE ID			60 GROUP NAME			61 INSURANCE GROUP NO.								
62 TREATMENT AUTHORIZATION CODES 63 DOCUMENT CONTROL NUMBER 64 EMPLOYER NAME																	
65 M25512 66																	
67	68	69	70	71	72	73	74	75	76	77	78	79	80	81			
ADMIT	PATIENT	REASON	REAS	71 ICD CODE	72	73	PRINCIPAL PROCEDURE	OTHER PROCEDURE	74 ATTENDING	OPERATING	OTHR	NPI	OTHR				
DX	REAS	REAS	REAS	CODE	EC	V892XXA	CODE	CODE	1417956467	OP	QU	OTHR	OTHR	OTHR			
75	CODE	DATE	DATE	DATE	76	Y92488	DATE	77	1G	OP	OTHR	OTHR	OTHR	OTHR			
77	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	78	OSHIKOWO	PROCEDURE	79	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
78	TYPE	DATE	DATE	DATE	79	ATTENDANT	DATE	79	1G	OP	OTHR	OTHR	OTHR	OTHR			
79	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	80	OPERATING	PROCEDURE	80	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
80	TYPE	DATE	DATE	DATE	81	OP	DATE	81	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
81	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	82	OTHR	PROCEDURE	82	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
82	TYPE	DATE	DATE	DATE	83	OTHR	PROCEDURE	83	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
83	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	84	OTHR	PROCEDURE	84	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
84	TYPE	DATE	DATE	DATE	85	OTHR	PROCEDURE	85	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
85	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	86	OTHR	PROCEDURE	86	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
86	TYPE	DATE	DATE	DATE	87	OTHR	PROCEDURE	87	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
87	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	88	OTHR	PROCEDURE	88	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
88	TYPE	DATE	DATE	DATE	89	OTHR	PROCEDURE	89	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
89	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	90	OTHR	PROCEDURE	90	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
90	TYPE	DATE	DATE	DATE	91	OTHR	PROCEDURE	91	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
91	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	92	OTHR	PROCEDURE	92	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
92	TYPE	DATE	DATE	DATE	93	OTHR	PROCEDURE	93	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
93	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	94	OTHR	PROCEDURE	94	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
94	TYPE	DATE	DATE	DATE	95	OTHR	PROCEDURE	95	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
95	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	96	OTHR	PROCEDURE	96	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
96	TYPE	DATE	DATE	DATE	97	OTHR	PROCEDURE	97	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
97	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	98	OTHR	PROCEDURE	98	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
98	TYPE	DATE	DATE	DATE	99	OTHR	PROCEDURE	99	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
99	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	100	OTHR	PROCEDURE	100	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
100	TYPE	DATE	DATE	DATE	101	OTHR	PROCEDURE	101	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
101	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	102	OTHR	PROCEDURE	102	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
102	TYPE	DATE	DATE	DATE	103	OTHR	PROCEDURE	103	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
103	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	104	OTHR	PROCEDURE	104	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
104	TYPE	DATE	DATE	DATE	105	OTHR	PROCEDURE	105	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
105	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	106	OTHR	PROCEDURE	106	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
106	TYPE	DATE	DATE	DATE	107	OTHR	PROCEDURE	107	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
107	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	108	OTHR	PROCEDURE	108	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
108	TYPE	DATE	DATE	DATE	109	OTHR	PROCEDURE	109	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
109	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	110	OTHR	PROCEDURE	110	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
110	TYPE	DATE	DATE	DATE	111	OTHR	PROCEDURE	111	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
111	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	112	OTHR	PROCEDURE	112	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
112	TYPE	DATE	DATE	DATE	113	OTHR	PROCEDURE	113	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
113	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	114	OTHR	PROCEDURE	114	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
114	TYPE	DATE	DATE	DATE	115	OTHR	PROCEDURE	115	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
115	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	116	OTHR	PROCEDURE	116	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
116	TYPE	DATE	DATE	DATE	117	OTHR	PROCEDURE	117	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
117	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	118	OTHR	PROCEDURE	118	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
118	TYPE	DATE	DATE	DATE	119	OTHR	PROCEDURE	119	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
119	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	120	OTHR	PROCEDURE	120	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
120	TYPE	DATE	DATE	DATE	121	OTHR	PROCEDURE	121	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
121	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	122	OTHR	PROCEDURE	122	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
122	TYPE	DATE	DATE	DATE	123	OTHR	PROCEDURE	123	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
123	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	124	OTHR	PROCEDURE	124	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
124	TYPE	DATE	DATE	DATE	125	OTHR	PROCEDURE	125	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
125	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	126	OTHR	PROCEDURE	126	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
126	TYPE	DATE	DATE	DATE	127	OTHR	PROCEDURE	127	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
127	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	128	OTHR	PROCEDURE	128	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
128	TYPE	DATE	DATE	DATE	129	OTHR	PROCEDURE	129	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
129	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	130	OTHR	PROCEDURE	130	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
130	TYPE	DATE	DATE	DATE	131	OTHR	PROCEDURE	131	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
131	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	132	OTHR	PROCEDURE	132	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
132	TYPE	DATE	DATE	DATE	133	OTHR	PROCEDURE	133	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
133	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	134	OTHR	PROCEDURE	134	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
134	TYPE	DATE	DATE	DATE	135	OTHR	PROCEDURE	135	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
135	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	136	OTHR	PROCEDURE	136	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
136	TYPE	DATE	DATE	DATE	137	OTHR	PROCEDURE	137	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
137	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	138	OTHR	PROCEDURE	138	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
138	TYPE	DATE	DATE	DATE	139	OTHR	PROCEDURE	139	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
139	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	140	OTHR	PROCEDURE	140	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
140	TYPE	DATE	DATE	DATE	141	OTHR	PROCEDURE	141	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
141	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	142	OTHR	PROCEDURE	142	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
142	TYPE	DATE	DATE	DATE	143	OTHR	PROCEDURE	143	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
143	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	144	OTHR	PROCEDURE	144	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
144	TYPE	DATE	DATE	DATE	145	OTHR	PROCEDURE	145	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
145	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	146	OTHR	PROCEDURE	146	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
146	TYPE	DATE	DATE	DATE	147	OTHR	PROCEDURE	147	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
147	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	148	OTHR	PROCEDURE	148	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
148	TYPE	DATE	DATE	DATE	149	OTHR	PROCEDURE	149	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
149	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	150	OTHR	PROCEDURE	150	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
150	TYPE	DATE	DATE	DATE	151	OTHR	PROCEDURE	151	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
151	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	152	OTHR	PROCEDURE	152	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
152	TYPE	DATE	DATE	DATE	153	OTHR	PROCEDURE	153	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
153	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	154	OTHR	PROCEDURE	154	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
154	TYPE	DATE	DATE	DATE	155	OTHR	PROCEDURE	155	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
155	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE	156	OTHR	PROCEDURE	156	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
156	TYPE	DATE	DATE	DATE	157	OTHR	PROCEDURE	157	ABAYOMI	OP	OTHR	OTHR	OTHR	OTHR			
157	OTHER PROCEDURE	OTHER PROCEDURE	OTHER PROCEDURE														

Physician Documentation

Jack Hughston Memorial Hospital

Name: [REDACTED]

Age: 36 yrs

Sex: Male

DOB: [REDACTED]

MRN: 22684

Arrival Date: 08/05/2022

Time: 20:14

Account#: [REDACTED]

Bed ER5

Private MD:

ED Physician Oshinowo, Abayomi

HPI:

08/05

21:18 This 36 yrs old White Male presents to ER via Ambulatory with
ao

complaints of Shoulder Injury - DT MVA.

21:18 The patient or guardian complains of contusion, pain. The patient or

ao

guardian complains of pain, that is acute. left shoulder. Context:
The problem was sustained on a street or driveway, resulted from a
motor vehicle collision, in which the patient was the driver, The
patient experiences decreased range of motion, when attempts to

raise

arm, The patient reports no obvious deformity. Onset: The
symptom(s)/episode began/occurred 1 hour(s) ago. Modifying factors:
The symptoms are aggravated by movement.

- Immunization history: NA.
- Social history: Smoking status: Patient states was never smoker of tobacco. Patient uses alcohol occasionally. Patient/guardian denies using street drugs.

ROS:

21:19 Constitutional: Negative for fever, chills, and weight loss, Neck:
ao

Negative for injury, pain, and swelling, Cardiovascular: Negative
for
for
chest pain, palpitations, and edema, Respiratory: Negative for
shortness of breath, cough, wheezing, and pleuritic chest pain,
Abdomen/GI: Negative for abdominal pain, nausea, vomiting, diarrhea,
and constipation, Back: Negative for injury and pain, GU: Negative
for injury, bleeding, discharge, and swelling, Skin: Negative for
injury, rash, and discoloration.

21:19 MS/extremity: Positive for injury, pain, tenderness, of the left
shoulder.

Exam:

21:20 Constitutional: This is a well developed, well nourished patient
who ao
is awake, alert, and in no acute distress. Chest/axilla: Normal

chest wall appearance and motion. Nontender with no deformity. No lesions are appreciated. Cardiovascular: Regular rate and rhythm with a normal S1 and S2. No gallops, murmurs, or rubs. Normal PMI, no JVD. No pulse deficits. Respiratory: Lungs have equal breath sounds bilaterally, clear to auscultation and percussion. No rales, rhonchi or wheezes noted. No increased work of breathing, no retractions or nasal flaring. Abdomen/GI: Soft, non-tender, with normal bowel sounds. No distension or tympany. No guarding or rebound. No evidence of tenderness throughout. Skin: Warm, dry
with
normal turgor. Normal color with no rashes, no lesions, and no evidence of cellulitis.
21:20 Musculoskeletal/extremity: ROM: limited active range of motion due to pain, in the left shoulder, limited passive range of motion due to pain, in the left shoulder, Circulation is intact in all extremities.
Sensation intact.

Vital Signs:

20:46 BP 115 / 87; Pulse 90; Resp 18; Temp 98.4; Pulse Ox 97% ; Weight pd
95.71 kg; Height 5 ft. 7 in. ; Pain 10/10;
20:46 Body Mass Index 33.05 (95.71 kg, 170.18 cm)
pd
20:46 Pain Scale: Adult
pd

MDM:

21:14 Patient medically screened.
ao

08/05

20:38 Order name: CLAVICLE LEFT XR

pd

08/05

21:17 Order name: SHOULDER COMPLETE LEFT XR

ao

Dispensed Medications:

21:30 Drug: ketorolac IM 60 mg Route: IM; Site: left ventrogluteal;
pd
21:30 Drug: Methocarbamol PO 1 grams Route: PO;
pd
21:30 Drug: Dexamethasone IM 4 mg Route: IM; Site: left ventrogluteal;
pd

Disposition Summary:

08/05/22 22:30

Discharge Ordered

Location: Home

ao

Problem: new

ao Symptoms: have improved

Condition: Good

ao

Diagnosis

- Pain in left shoulder
ao
 - Driver injured in collision with unspecified motor vehicles in traffic accident, initial encounter
ao

Followup:

三〇

- With: Private Physician
 - When: As needed
 - Reason: Worsening of condition

Discharge Instructions:

- Discharge Summary Sheet
ao
 - Shoulder Pain
ao
 - Motor Vehicle Collision Injury, Adult, Easy-to-Read
ao

८

- Medication Reconciliation Form

Prescriptions:

- Ibuprofen 800 mg Oral Tablet
 - take 1 Tablet by ORAL route every 8 hours As needed take with aq

food; 30 Tablet; Refills: 0. Product Selection Permitted

- Prednisone 20 mg Oral Tablet
 - take 1 Tablet by ORAL route once daily for 5 days; 5 mg Tablet: qo

Refills: 0 Product Selection Permitted

- Robaxin 500 mg Oral Tablet
 - take 1 Tablet by ORAL route every 12 hours As needed; 14 days

Tablet: Refills: 0, Product Selection Permitted

Signatures:

Dispatcher MedHost

EDMS

Dunagan, Pamela, RN

RN pd

Oshinowo, Abayomi, MD

MD ac

* * * * *

Jack Hughston Memorial Hospital

4401 River Chase Drive
Phenix City, AL 36867
334-732-3000

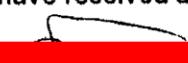
Discharge Instructions for**Arrival Date****Friday, August 05, 2022**

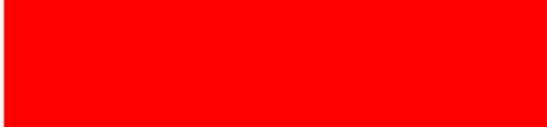
Thank you for choosing **Jack Hughston Memorial Hospital** for your care today. The examination and treatment you have received in the Emergency Department today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

Care provided by Oshinowo, Abayomi, MD

Diagnosis Pain in left shoulder, Driver injured in collision with unspecified motor vehicles in traffic accident, initial encounter

DISCHARGE INSTRUCTIONS	FORMS
Shoulder Pain Motor Vehicle Collision Injury, Adult, Easy-to-Read	Medication Reconciliation Form
FOLLOW UP INSTRUCTIONS	PRESCRIPTIONS
Private Physician When As needed, Reason Worsening of condition	Ibuprofen Prednisone Robaxin None
SPECIAL NOTES	
None	

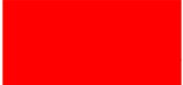
I hereby acknowledge that I have received and understand the above instructions and prescriptions (if any) 


ED Physician or Nurse**X-RAYS and LAB TESTS**

If you had x rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get the results. If there is a change in the x ray diagnosis or a positive culture we will contact you. Please verify your current phone number prior to discharge at the check out desk.

MEDICATIONS

If you received a prescription for medication(s) today it is important that when you fill this you let the pharmacist know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow up physician of all your medications including the prescriptions you may receive today.



FOLLOW UP INSTRUCTIONS

Private Physician

When As needed

Reason Worsening of condition

PREScriptions

Ibuprofen 800 mg Oral Tablet

Printed

Take 1 tablet by ORAL route every 8 hours As needed take with food, Quantity 30 tablet

Prednisone 20 mg Oral Tablet

Printed

Take 1 tablet by ORAL route once daily for 5 days, Quantity 5 tablet

Robaxin 500 mg Oral Tablet

Printed

Take 1 Tablet by ORAL route every 12 hours As needed, Quantity 14 Tablet

Accession: 04265130000100 PatientID: 22684 Patient Name: [REDACTED]

Jack Hughston Memorial Hospital

4401 River Chase Dr
Phenix City, Alabama 36867
Phone:334-732-3000
Fax:334-732-3060

Radiology Report Details:

Patient Name: [REDACTED]
Patient ID: 22684
Date Of Birth: [REDACTED] Age 36 years
Procedure: XR CLAVICLE LEFT
Procedure Date: 8/5/2022
Procedure Notes:
Accession: 04265130000100
Referring Physician: OSHINOWO, ABAYOMI
Reporting Physician: Kersey, Cameron

Report Text

Left clavicle 2 views

Indication: Status post MVA, left clavicle injury.

Findings: 2 views left clavicle were obtained showing no acute fractures or dislocations. The glenohumeral joint and acromioclavicular joint are intact.

Conclusion: Negative.

Transcribed By: Kersey, Cameron
Date Transcribed: 8/6/2022 8:45 AM
Signed By: Kersey, Cameron

Date Signed: 8/6/2022 8:45 AM

To: ,

Page: 11 of 18

2022-11-17 11:04:47 EST

18666747481

From: Production Primary

Accession: 04265130000100 PatientID: 22684 Patient Name: [REDACTED]

Accession: 04265130000200 PatientID: 22684 Patient Name: [REDACTED]

Jack Hughston Memorial Hospital

4401 River Chase Dr
Phenix City, Alabama 36867
Phone:334-732-3000
Fax:334-732-3060

Radiology Report Details:

Patient Name: [REDACTED]
Patient ID: 22684
Date Of Birth: [REDACTED] Age 36 years
Procedure: XR SHOULDER COMPLETE LEFT
Procedure Date: 8/5/2022
Procedure Notes:
Accession: 04265130000200
Referring Physician: OSHINOWO, ABAYOMI
Reporting Physician: Kersey, Cameron

Report Text

Left shoulder complete

Clinical indication: Status post MVA.

Findings: 3 views of the left shoulder were obtained showing no acute fractures or dislocations. The joint spaces are preserved.

Conclusion: No acute bony abnormality.

Transcribed By: Kersey, Cameron
Date Transcribed: 8/6/2022 8:44 AM
Signed By: Kersey, Cameron

Date Signed: 8/6/2022 8:44 AM

Legally authenticated by KERSEY CAMERON C 2022-08-06 08:44:01

[REDACTED]

To: ,

Page: 13 of 18

2022-11-17 11:04:47 EST

18666747481

From: Production Primary

Accession: 04265130000200 PatientID: 22684 Patient Name: [REDACTED]

Nurse's Notes

Jack Hughston Memorial Hospital

Name: [REDACTED]

Age: 36 yrs

Sex: Male

DOB: [REDACTED]

MRN: 22684

Arrival Date: 08/05/2022

Time: 20:14

Account#: 426513

Bed ER5

Private MD:

Diagnosis: Pain in left shoulder;Driver injured in collision with unspecified
motor vehicles in traffic accident, initial encounter

Presentation:

08/05

20:43 Presenting complaint: Patient states: MVC and now pain in left
pd

clavicular area and left arm. Transition of care: patient was not
received from another setting of care.

20:43 Method Of Arrival: Ambulatory

pd

20:43 Acuity: Semi-Urgent

pd

Triage Assessment:

20:45 General: Appears uncomfortable, well nourished, Behavior is
pd

appropriate for age, cooperative. Pain: Complains of pain in left
clavicle. Musculoskeletal: Reports pain in left clavicle.

20:05 C-SSRS: 1) Wish to be Dead:=No, 2) Suicidal Thoughts:=No, SUICIDE RISK
pd

SCORE=No Suicide Risk,

- Immunization history: NA.
- Social history: Smoking status: Patient states was never smoker of tobacco. Patient uses alcohol occasionally. Patient/guardian denies using street drugs.

Assessment:

20:47 Reassessment: No changes from previously documented assessment.
pd

Vital Signs:

20:46 BP 115 / 87; Pulse 90; Resp 18; Temp 98.4; Pulse Ox 97% ; Weight
pd

95.71 kg; Height 5 ft. 7 in. ; Pain 10/10;

20:46 Body Mass Index 33.05 (95.71 kg, 170.18 cm)

pd
20:46 Pain Scale: Adult
pd

ED Course:
20:15 Patient arrived in ED.
mn
20:37 Dunagan, Pamela, RN is Primary Nurse.
pd
20:44 Triage completed.
pd
20:48 Patient has correct armband on for positive identification. Bed in
pd
low position. Call light in reach. Side rails up X 1.
21:14 Oshinowo, Abayomi, MD is Attending Physician.
ao
21:31 SHOULDER COMPLETE LEFT XR Sent.
pd

Administered Medications:

21:30 Drug: ketorolac IM 60 mg Route: IM; Site: left ventrogluteal;
pd
21:30 Drug: Methocarbamol PO 1 grams Route: PO;
pd
21:30 Drug: Dexamethasone IM 4 mg Route: IM; Site: left ventrogluteal;
pd

Outcome:

22:30 Discharge ordered by MD.
ao
22:54 Discharged to home ambulatory.
kh
22:54 Condition: good Condition: stable
22:54 Discharge instructions given to patient, Instructed on discharge
instructions, Demonstrated understanding of instructions,
Prescriptions given X 1, Verbalized understanding
22:55 Patient left the ED.
kh

Signatures:

Dunagan, Pamela, RN	RN	pd
Huston, Keely, RN	RN	kh
Nalls, Mira		mn
Oshinowo, Abayomi, MD	MD	ao

Summary

Visit Account 1051817376

Patient: [REDACTED]
Department: PPG PRIMARY CARE
COLUMBUS STADIUM DRIVE
Location: PIEDMONT PHYSICIANS
COLUMBUS STADIUM DRIVE
PRIMARY CARE
POS: PIEDMONT PHYSICIANS
COLUMBUS STADIUM DRIVE
PRIMARY CARE (11-11)
Encounter form: 37204109
Diagnoses: 1) M25.512 - Pain in left shoulder [Active]
2) V89.2XXD - Person injured in unspecified motor-vehicle accident, traffic, subsequent encounter [Active]
Last statement: None

Service date: 9/21/2022
Provider: Dennis K Harden, MD
Specialty: Family Medicine
Billing provider: Dennis K Harden, MD
Referral source: HARDEN, DENNIS K
Injury date: 8/14/2022

Coverages**HUMANA MEDICARE - HUMANA MEDICARE ADVANTAGE HMO**

Phone: 800-457-4708 Subscriber: [REDACTED]
Mail to: Payer Plan DOB: [REDACTED]
PO BOX 14601 | FAXINGTON SSN: xxx-xx-xxxx
Kentucky 40512-4601 Subscriber ID: H68909077
 Member ID: H68909077
 Subs phone: [REDACTED]

Cvg eff dates: 1/1/2020 - Present

Verification status: E-Verified

Group #: Y5255001

Employer: 6564

Financial class: Medicare Managed

MEDICAID - MEDICAID ALABAMA

Mail to: Payer Plan Subscriber: [REDACTED]
PO BOX 5624 MONTGOMERY DOB: [REDACTED]
Alabama 36103 SSN: xxx-xx-xxxx
 Subscriber ID: 5000009506155
 Member ID: 5000009506155
 Subs phone: [REDACTED]

Cvg eff dates: 1/1/2019 - Present

Verification status: E-Verified

Employer: 6564

Financial class: Medicaid Traditional

Self-Pay

Transactions

#	Svc Date	Posted	Description	Amount
Debits				
242	9/21/22	9/28/22	99213 (CPT®) - PR EST EVAL VISIT LVL 3	253.00
243	2000-INSURANCE PAYMENT (INSURANCE) - HUMANA MEDICARE			
	Allowed: 87.26		Paid/Adj: 85.86	
	Remit Codes: 253,45 (Mapped to: 253-SEQUESTRATION - REDUCTION IN FEDERAL SPENDING,...			
244	4620-MEDICARE SEQUESTRATION WRITE-OFF (INSURANCE) - HUMANA MEDICARE			
	Paid/Adj: 1.40			
245	3000-CONTRACTUAL WRITE-OFF (INSURANCE) - HUMANA MEDICARE			
	Paid/Adj: 165.74			
Credits				
243	10/14/22	10/16/22	2000 - INSURANCE PAYMENT (INSURANCE) - Humana Medicare	-85.86
244	10/14/22	10/16/22	4620 - MEDICARE SEQUESTRATION WRITE-OFF (INSURANCE)	-1.40
245	10/14/22	10/16/22	3000 - CONTRACTUAL WRITE-OFF (INSURANCE)	-165.74
			Outstanding balance	0.00

Payments by Payer

Payer	Payments	Adjustments
Humana Medicare	-85.86	-167.14

Invoices**HUMANA MEDICARE - HUMANA MEDICARE ADVANTAGE HMO**

Number	Status	Accepted
E1242462540	Closed	9/29/2022

Appointments**Office Visit with Dennis K Harden, MD**

Patient: Owens,Preston R
 Time: 9:30 AM
 Length: 15 minutes
 Notes: 4 Weeks
 room 1
 Temp 97.6

10/16/22**Transaction**

#	Dep Date	Description	Amount
245	10/14/22	3000 - CONTRACTUAL WRITE-OFF (INSURANCE)	-165.74
244	10/14/22	4620 - MEDICARE SEQUESTRATION WRITE-OFF (INSURANCE)	-1.40
243	10/14/22	2000 - INSURANCE PAYMENT (INSURANCE) - Humana Medicare	-85.86

Charge Actions

Action	Payer	Tx #	Adjustment Code	User	Amount
Recalculate Discount		242		EPIC, USER	0.00
Next Responsible Party	MEDICAID	242		BRYANT-WYLEY, SYLVIA	0.00
Not Allowed Adjustment		242	CONTRACTUAL WRITE-OFF (INSURANCE)	BRYANT-WYLEY, SYLVIA	165.74
Write Off Insurance		242	MEDICARE SEQUESTRATION WRITE-OFF (INSURANCE)	BRYANT-WYLEY, SYLVIA	1.40

9/29/22**Claims**

Payer	Invoice	Form	Ins	Filed	Resubmit	Paid	Amount	Pmt/Adj Amt
HUMANA	E1242462540	Elec PHC PB	YES	9/29/2022		10/16/2022	253.00	253.00
MEDICARE		CEV 837						

9/28/22**Transaction**

#	Dep Date	Description	Amount
242	9/21/22	99213 (CPT®) - PR EST EVAL VISIT LVL 3	253.00

9/21/22**Appointment**

Office Visit with Dennis K Harden, MD

Summary

Visit Account 1051195019

Patient: [REDACTED] Service date: 8/24/2022
 Department: PPG PRIMARY CARE Provider: Dennis K Harden, MD
 COLUMBUS STADIUM DRIVE Specialty: Family Medicine
 Location: PIEDMONT PHYSICIANS Billing provider: Dennis K Harden, MD
 COLUMBUS STADIUM DRIVE Referral source: HARDEN, DENNIS K
 PRIMARY CARE [REDACTED] Injury date: 8/3/2022
 PCP: PIEDMONT PHYSICIANS
 COLUMBUS STADIUM DRIVE
 PRIMARY CARE (11-11)
 Encounter form: 36455641
 Diagnoses: 1) M25.512 - Pain in left shoulder [Active]
 2) V89.2XXA - Person injured in unspecified motor-vehicle accident, traffic, initial encounter [Active]
 Last statement: None

Coverages**HUMANA MEDICARE - HUMANA MEDICARE ADVANTAGE HMO**

Phone: 800-457-4708 Subscriber: [REDACTED]
 Mail to: Payer Plan DOB: [REDACTED]
 PO BOX 14601 LEXINGTON SSN: xxx-xx-xxxx
 Kentucky 40512-4601 Subscriber ID: H68909077
 Member ID: H68909077
 Subs phone: [REDACTED]

Cvg eff dates: 1/1/2020 - Present
 Verification status: E-Verified
 Group #: Y5255001
 Employer: 6564
 Financial class: Medicare Managed

MEDICAID - MEDICAID ALABAMA

Mail to: Payer Plan Subscriber: [REDACTED]
 PO BOX 5624 MONTGOMERY DOB: [REDACTED]
 Alabama 36103 SSN: xxx-xx-xxxx
 Subscriber ID: 5000009506155
 Member ID: 5000009506155
 Subs phone: [REDACTED]

Cvg eff dates: 1/1/2019 - Present
 Verification status: E-Verified
 Employer: 6564
 Financial class: Medicaid Traditional

Self-Pay

Transactions

#	Svc Date	Posted	Description	Amount
Debits				
233	8/24/22	8/30/22	99213 (CPT®) - PR EST EVAL VISIT LVL 3	253.00
237	2000-INSURANCE PAYMENT (INSURANCE) - HUMANA MEDICARE			
	Allowed: 87.26		Paid/Adj: 85.86	
	Remit Codes: 253,45 (Mapped to: 253-SEQUESTRATION - REDUCTION IN FEDERAL SPENDING,...			
238	4620-MEDICARE SEQUESTRATION WRITE-OFF (INSURANCE) - HUMANA MEDICARE			
	Paid/Adj: 1.40			
239	3000-CONTRACTUAL WRITE-OFF (INSURANCE) - HUMANA MEDICARE			
	Paid/Adj: 165.74			
Credits				
237	9/13/22	9/14/22	2000 INSURANCE PAYMENT (INSURANCE) Humana Medicare	-85.86
238	9/13/22	9/14/22	4620 - MEDICARE SEQUESTRATION WRITE-OFF (INSURANCE)	-1.40
239	9/13/22	9/14/22	3000 CONTRACTUAL WRITE OFF (INSURANCE)	165.74
			Outstanding balance	0.00

Payments by Payer

Payer	Payments	Adjustments
Humana Medicare	-85.86	-167.14

Invoices**HUMANA MEDICARE - HUMANA MEDICARE ADVANTAGE HMO**

Number	Status	Accepted
E1239090740	Closed	8/31/2022

Appointments**Office Visit with Dennis K Harden, MD**

Patient: [REDACTED]

Time: 9:00 AM

Length: 15 minutes

Notes: Return in about 2 weeks (around 8/24/2022).

ROOM 4

97.5

9/14/22**Transaction**

#	Dep Date	Description	Amount
239	9/13/22	3000 - CONTRACTUAL WRITE-OFF (INSURANCE)	-165.74
238	9/13/22	4620 - MEDICARE SEQUESTRATION WRITE-OFF (INSURANCE)	-1.40
237	9/13/22	2000 - INSURANCE PAYMENT (INSURANCE) - Humana Medicare	-85.86

Charge Actions

Action	Payer	Tx #	Adjustment Code	User	Amount
Recalculate Discount		233		EPIC, USER	0.00
Next Responsible Party	MEDICAID	233		BRYANT-WYLEY, SYLVIA	0.00
Not Allowed Adjustment		233	CONTRACTUAL WRITE-OFF (INSURANCE)	BRYANT-WYLEY, SYLVIA	165.74
Write Off Insurance		233	MEDICARE SEQUESTRATION WRITE-OFF (INSURANCE)	BRYANT-WYLEY, SYLVIA	1.40

8/31/22**Claims**

Payer	Invoice	Form	Ins	Filed	Resubmit	Paid	Amount	Pmt/Adj Amt
HUMANA	E1239090740	Elec PHC PB	YES	8/31/2022		9/14/2022	253.00	253.00
MEDICARE		CEV 837						

8/30/22**Transaction**

#	Dep Date	Description	Amount
233	8/24/22	99213 (CPT®) - PR EST EVAL VISIT LVL 3	253.00

8/24/22**Appointment**

Office Visit with Dennis K Harden, MD



Radiology Report

MRN: 906516128, DOB: [REDACTED], Sex: M
Visit date: 8/10/2022**Department**

Name	Address	Phone	Fax
Piedmont Physicians at Stadium Drive	1810 Stadium Drive Suite 100 Phenix City AL 36867-3177	334-291-8303	334-291-8325

Patient Demographics

Address	Phone	E-mail Address
[REDACTED]	[REDACTED]	[REDACTED]

Admission Information

Arrival Date/Time:	08/10/2022 0951	Admit Date/Time:	08/10/2022	IP Adm. Date/Time:
Admission Type:	Elective	Point of Origin:	Physician Or Clinic Referral	Admit Category:
Means of Arrival:		Primary Service:		Secondary Service: N/A
Transfer Source:		Service Area:		Unit:
Admit Provider:	Dennis K Harden, MD	Attending Provider:		Referring Provider: Dennis K Harden, MD

Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
None	None	None	None	Piedmont Physicians at Stadium Drive

Imaging Results

No results found

Department

Name	Address	Phone	Fax
Piedmont Physicians at Stadium Drive	1810 Stadium Drive Suite 100 Phenix City AL 36867-3177	334-291-8303	334-291-8325

Patient Demographics

Address	Phone	E-mail Address
[REDACTED]	[REDACTED]	[REDACTED]

Admission Information

Arrival Date/Time:	08/10/2022 0951	Admit Date/Time:	08/10/2022	IP Adm. Date/Time:
Admission Type:	Elective	Point of Origin:	Physician Or Clinic Referral	Admit Category:
Means of Arrival:		Primary Service:		Secondary Service: N/A
Transfer Source:		Service Area:		Unit:
Admit Provider:	Dennis K Harden, MD	Attending Provider:		Referring Provider: Dennis K Harden, MD

Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
None	None	None	None	Piedmont Physicians at Stadium Drive

Laboratory Results

No results found



Progress Notes

MRN: 906516128, DOB: [REDACTED], Sex: M
Visit date: 8/10/2022**Department**

Name	Address	Phone	Fax
Piedmont Physicians at Stadium Drive	1810 Stadium Drive Suite 100 Phenix City AL 36867-3177	334-291-8303	334-291-8325

Progress Notes**Progress Notes by Dennis K Harden, MD at 8/10/2022 10:00 AM**

Author: Dennis K Harden, MD Service: — Author Type: Physician
 Filed: 8/10/2022 10:52 AM Encounter Date: 8/10/2022 Status: Signed
 Editor: Dennis K Harden, MD (Physician)

Subjective:
Chief Complaint:**Chief Complaint**

Patient presents with

- Shoulder Pain

HPI

Is a 26-year-old white male here in follow-up from a motor vehicle accident on August 5. Apparently someone crosses centerline and struck his vehicle he was the driver restrained car airbags did not deploy patient did not lose consciousness. He proceeded Jackie's to Memorial by ambulance where x-rays revealed no acute fractures. He is here in follow-up complaining of left shoulder pain involving the anterior portion specially and also pain to the left shoulder with any sort of movement. Pain severe at times. In fact he says he is "never had pain like this". He also has restricted range of motion of the shoulder secondary to the pain.

No Known Allergies

Current Outpatient Medications:

- amlODIPine (NORVASC) 5 mg tablet, Take 1 tablet (5 mg total) by mouth daily., Disp: 90 tablet, Rfl: 1
- cholecalciferol, vitamin D3, 25 mcg (1,000 unit) capsule, Take 1 capsule (1,000 Units total) by mouth daily., Disp: 90 capsule, Rfl: 1
- lisinopriL-hydrochlorothiazide (ZESTORETIC) 20-25 mg per tablet, Take 1 tablet by mouth daily., Disp: 90 tablet, Rfl: 1
- metFORMIN (GLUCOPHAGE) 500 MG tablet, Take 1 tablet (500 mg total) by mouth 2 (two) times daily with meals., Disp: 180 tablet, Rfl: 1
- naproxen (NAPROSYN) 375 MG tablet, Take 1 tablet (375 mg total) by mouth 2 (two) times daily with meals., Disp: 60 tablet, Rfl: 1
- phentermine (ADIPEX-P) 37.5 mg tablet, Take 1 tablet (37.5 mg total) by mouth every morning before breakfast., Disp: 30 tablet, Rfl: 0
- tiZANidine (ZANAFLEX) 4 MG tablet, Take 1 tablet (4 mg total) by mouth in the morning and 1 tablet (4 mg total) in the evening and 1 tablet (4 mg total) before bedtime. Do all this for 10 days., Disp: 30 tablet, Rfl: 0



Progress Notes

MRN: 906516128, DOB: [REDACTED], Sex: M
Visit date: 8/10/2022**Progress Notes (continued)****Progress Notes by Dennis K Harden, MD at 8/10/2022 10:00 AM (continued)****Past Medical History:**

Diagnosis Date

- Brain tumor (HC)
- Hypertension
- MDD (major depressive disorder), recurrent episode, moderate (HC)
- Obesity due to excess calories
- Obstructive sleep apnea
- Presence of cerebrospinal fluid drainage device
- Testicular hypofunction

Past Surgical History:

Procedure Laterality Date

- APPENDECTOMY
- BRAIN SURGERY
x4
- WISDOM TOOTH EXTRACTION

Social History**Socioeconomic History**

- Marital status: Single
- Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

Occupational History

- Not on file

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Substance and Sexual Activity

- Alcohol use: Yes
Comment: Socially
- Drug use: No
- Sexual activity: Not on file

Other Topics

- Not on file

Social History Narrative

- Not on file

Social Determinants of Health

Financial Resource Strain: Not on file

Food Insecurity: Not on file

Transportation Needs: Not on file

Physical Activity: Not on file

Stress: Not on file

Housing Stability: Not on file



Progress Notes

MRN: 906516128, DOB: [REDACTED], Sex: M
Visit date: 8/10/2022

Progress Notes (continued)

Progress Notes by Dennis K Harden, MD at 8/10/2022 10:00 AM (continued)

Family History

Problem	Relation	Age of Onset
• Heart attack	Mother	
• Diabetes	Mother	
• Hypertension	Mother	
• Heart attack	Father	
• Hypertension	Father	
• Stroke	Other	
• Cancer	Other	

Immunization History

Administered	Date(s) Administered
• Influenza High Dose 0.5ml (CVX=135)	09/18/2013

Review of Systems

Review of Systems

Constitutional: Negative for fever and unexpected weight change.

Respiratory: Negative for cough, chest tightness and shortness of breath.

Cardiovascular: Negative for chest pain, palpitations and leg swelling.

Gastrointestinal: Negative for abdominal pain, blood in stool, constipation, diarrhea, nausea and vomiting.

Objective:

BP 149/89 (BP Location: Left arm, Patient Position: Sitting, BP Cuff Size: Large) | Pulse 77 | Temp 97.3 °F (36.3 °C) (Temporal) | Ht 5' 4" (1.626 m) | Wt (!) 251 lb 11.2 oz (114.2 kg) | SpO2 98% | BMI 43.20 kg/m²

Physical Exam

Constitutional:

Appearance: He is well-developed.

HENT:

Head: Normocephalic and atraumatic.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Pulmonary:

Effort: Pulmonary effort is normal.

Breath sounds: Normal breath sounds.

Abdominal:

General: Bowel sounds are normal.

Palpations: Abdomen is soft.

Musculoskeletal:

Cervical back: Normal range of motion and neck supple.

Laboratory

No results found for this visit on 08/10/22.



Progress Notes

MRN: 906516128, DOB: [REDACTED], Sex: M
Visit date: 8/10/2022

Progress Notes (continued)

Progress Notes by Dennis K Harden, MD at 8/10/2022 10:00 AM (continued)

Orders Placed This Encounter

- tiZANidine (ZANAFLEX) 4 MG tablet

Sig: Take 1 tablet (4 mg total) by mouth in the morning and 1 tablet (4 mg total) in the evening and 1 tablet (4 mg total) before bedtime. Do all this for 10 days.

Dispense: 30 tablet

Refill: 0

Assessment:

1. Acute pain of left shoulder
2. Motor vehicle accident injuring restrained driver, initial encounter

Plan:

Orders Placed This Encounter

- tiZANidine (ZANAFLEX) 4 MG tablet

Sig: Take 1 tablet (4 mg total) by mouth in the morning and 1 tablet (4 mg total) in the evening and 1 tablet (4 mg total) before bedtime. Do all this for 10 days.

Dispense: 30 tablet

Refill: 0

Return in about 2 weeks (around 8/24/2022).

Electronically Reviewed and Signed by:

Dennis K. Harden, MD
8/10/2022
10:51 AM

Electronically signed by Dennis K Harden, MD on 8/10/2022 10:52 AM

Department

Name	Address	Phone	Fax
Piedmont Physicians at Stadium Drive	1810 Stadium Drive Suite 100 Phenix City AL 36867-3177	334-291-8303	334-291-8325

All Results

No results found

Vitals History for Encounter

8/10/2022



MRN: 906516128, DOB: [REDACTED], Sex: M
Visit date: 8/10/2022

Patient Information

Patient Name	Legal Sex	DOB	SSN
[REDACTED]			

Encounter Information

8/10/2022 10:00 AM	Provider Dennis K Harden, MD	Department PPG PRIMARY CARE COLUMBUS STADIUM DRIVE	Encounter.# 2170827375	Center PPG
--------------------	------------------------------------	---	---------------------------	---------------

Encounter Vitals Flowsheet Audit Trail (all recorded)

Flow Time	Flow Value	User	File Time	Action
BP				
08/10/22 1014	149/89	TJ	08/10/22 1019	Current
Heart Rate				
08/10/22 1014	77	TJ	08/10/22 1019	Current
Temp				
08/10/22 1014	97.3 °F (36.3 °C)	TJ	08/10/22 1015	Current
Temp Source				
08/10/22 1014	Tem	TJ	08/10/22 1015	Current
SpO2				
08/10/22 1014	98 %	TJ	08/10/22 1019	Current
Weight				
08/10/22 1014	114.2 kg (251 lb 11.2 oz)	TJ	08/10/22 1019	Current
Height				
08/10/22 1014	5' 4" (1.626 m)	TJ	08/10/22 1019	Current
Pain Score				
08/10/22 1014	Six	TJ	08/10/22 1019	Current
Pain Loc				
08/10/22 1014	SHOULDER	TJ	08/10/22 1019	Current
BP Location				
08/10/22 1014	Left arm	TJ	08/10/22 1019	Current
Patient Position				
08/10/22 1014	Sitting	TJ	08/10/22 1019	Current
BP Cuff Size				
08/10/22 1014	Large	TJ	08/10/22 1019	Current
User Key				(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Effective Dates	Name	Provider Type	Discipline
TJ	07/01/22 -	Tanya D Johnson, LPN	Licensed Nurse	Nurse



Radiology Report

MRN: 906516128, DOB: [REDACTED], Sex: M
Visit date: 8/24/2022**Department**

Name	Address	Phone	Fax
Piedmont Physicians at Stadium Drive	1810 Stadium Drive Suite 100 Phenix City AL 36867-3177	334-291-8303	334-291-8325

Patient Demographics

Address	Phone	E-mail Address
[REDACTED]		

Admission Information

Arrival Date/Time:	08/24/2022 0855	Admit Date/Time:	08/24/2022	IP Adm. Date/Time:
Admission Type:	Elective	Point of Origin:	Physician Or Clinic Referral	Admit Category:
Means of Arrival:		Primary Service:		Secondary Service: N/A
Transfer Source:		Service Area:		Unit:
Admit Provider:	Dennis K Harden, MD	Attending Provider:		Referring Provider: Dennis K Harden, MD

Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
None	None	None	None	Piedmont Physicians at Stadium Drive

Imaging Results

No results found

Department

Name	Address	Phone	Fax
Piedmont Physicians at Stadium Drive	1810 Stadium Drive Suite 100 Phenix City AL 36867-3177	334-291-8303	334-291-8325

Patient Demographics

Address	Phone	E-mail Address
[REDACTED]		

Admission Information

Arrival Date/Time:	08/24/2022 0855	Admit Date/Time:	08/24/2022	IP Adm. Date/Time:
Admission Type:	Elective	Point of Origin:	Physician Or Clinic Referral	Admit Category:
Means of Arrival:		Primary Service:		Secondary Service: N/A
Transfer Source:		Service Area:		Unit:
Admit Provider:	Dennis K Harden, MD	Attending Provider:		Referring Provider: Dennis K Harden, MD

Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
None	None	None	None	Piedmont Physicians at Stadium Drive

Laboratory Results

No results found



Lab Orders & Results

MRN: 906516128, DOB: [REDACTED], Sex: M
Visit date: 8/24/2022Laboratory Results (continued)**Department**

Name	Address	Phone	Fax
Piedmont Physicians at Stadium Drive	1810 Stadium Drive Suite 100 Phenix City AL 36867-3177	334-291-8303	334-291-8325

Progress NotesProgress Notes by Dennis K Harden, MD at 8/24/2022 9:00 AM

Author: Dennis K Harden, MD Service: — Author Type: Physician
 Filed: 8/24/2022 9:37 AM Encounter Date: 8/24/2022 Status: Signed
 Editor: Dennis K Harden, MD (Physician)

Subjective:

[REDACTED]

Chief Complaint:**Chief Complaint:**

Patient presents with

- Follow-up Office Visit
2 week

HPI

Is a 36-year-old gentleman who was involved in a motor vehicle accident approximately 3 weeks ago. Restrained no airbag deployment resultant left shoulder pain presented to the emergency room not found to have a fracture. Presented to my office a few days later with severe shoulder pain decreased range of motion difficulty sleeping as a result of the pain. Prescribe nonsteriodals and muscle relaxers. He has had some improvement now however he still having quite a bit of limitation in the fact that he does not have a full range of motion is still aching and numb constantly he still having a hard time sleeping when he goes to bed at night if he rolls over on it it wakes him up with the pain.

No Known Allergies

Current Outpatient Medications:

- amLODIPine (NORVASC) 5 mg tablet, Take 1 tablet (5 mg total) by mouth daily., Disp: 90 tablet, Rfl: 1
- cholecalciferol, vitamin D3, 25 mcg (1,000 unit) capsule, Take 1 capsule (1,000 Units total) by mouth daily., Disp: 90 capsule, Rfl: 1
- lisinopril-hydrochlorothiazide (ZESTORETIC) 20-25 mg per tablet, Take 1 tablet by mouth daily., Disp: 90 tablet, Rfl: 1
- metFORMIN (GLUCOPHAGE) 500 MG tablet, Take 1 tablet (500 mg total) by mouth 2 (two) times daily with meals., Disp: 180 tablet, Rfl: 1
- naproxen (NAPROSYN) 375 MG tablet, Take 1 tablet (375 mg total) by mouth 2 (two) times daily with meals., Disp: 60 tablet, Rfl: 1



Progress Notes

MRN: 906516128, DOB: [REDACTED], Sex: M
Visit date: 8/24/2022

Progress Notes (continued)

Progress Notes by Dennis K Harden, MD at 8/24/2022 9:00 AM (continued)

Past Medical History:

Diagnosis	Date
• Brain tumor (HC)	
• Hypertension	
• MDD (major depressive disorder), recurrent episode, moderate (HC)	
• Obesity due to excess calories	
• Obstructive sleep apnea	
• Presence of cerebrospinal fluid drainage device	
• Testicular hypofunction	

Past Surgical History:

Procedure	Laterality	Date
• APPENDECTOMY		
• BRAIN SURGERY		
x4		
• WISDOM TOOTH EXTRACTION		

Social History

Socioeconomic History

• Marital status:	Single
Spouse name:	Not on file
• Number of children:	Not on file
• Years of education:	Not on file
• Highest education level:	Not on file

Occupational History

- Not on file

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Substance and Sexual Activity

- Alcohol use: Yes
Comment: Socially
- Drug use: No
- Sexual activity: Not on file

Other Topics

- Not on file

Social History Narrative

- Not on file

Social Determinants of Health

Financial Resource Strain: Not on file

Food Insecurity: Not on file

Transportation Needs: Not on file

Physical Activity: Not on file

Stress: Not on file

Housing Stability: Not on file



Progress Notes

MRN: 906516128, DOB: [REDACTED], Sex: M
Visit date: 8/24/2022

Progress Notes (continued)

Progress Notes by Dennis K Harden, MD at 8/24/2022 9:00 AM (continued)

Family History

Problem	Relation	Age of Onset
• Heart attack	Mother	
• Diabetes	Mother	
• Hypertension	Mother	
• Heart attack	Father	
• Hypertension	Father	
• Stroke	Other	
• Cancer	Other	

Immunization History

Administered	Date(s) Administered
• Influenza High Dose 0.5ml (CVX=135)	09/18/2013

Review of Systems

Review of Systems

Constitutional: Negative for fever and unexpected weight change.

Respiratory: Negative for cough, chest tightness and shortness of breath.

Cardiovascular: Negative for chest pain, palpitations and leg swelling.

Gastrointestinal: Negative for abdominal pain, blood in stool, constipation, diarrhea, nausea and vomiting.

Objective:BP 143/79 | Pulse 81 | Temp 97.5 °F (36.4 °C) (Temporal) | Ht 5' 4" (1.626 m) | Wt (!) 253 lb (114.8 kg) | SpO2 98% | BMI 43.43 kg/m²**Physical Exam**HENT:

Head: Normocephalic and atraumatic.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Pulmonary:

Effort: Pulmonary effort is normal.

Breath sounds: Normal breath sounds.

Musculoskeletal:

Comments: He has a decreased range of motion in all axes regarding the left shoulder and pain whenever we try to increase the range of motion

Laboratory

No results found for this visit on 08/24/22.

Orders Placed This Encounter

- Amb referral to Physical Therapy Eval&Tr

Referral Priority: Routine

Referral Type: Physical Medicine



Progress Notes

[REDACTED]
MRN: 906516128, DOB: [REDACTED], Sex: M
Visit date: 8/24/2022

Progress Notes (continued)

Progress Notes by Dennis K Harden, MD at 8/24/2022 9:00 AM (continued)

Referral Reason:	Specialty Services Required
Requested Specialty:	Physical Therapist
Number of Visits Requested:	1

Assessment:

1. Acute pain of left shoulder
2. Motor vehicle accident injuring restrained driver, initial encounter

Plan:

Orders Placed This Encounter

- Amb referral to Physical Therapy Eval&Tr

Referral Priority:	Routine
Referral Type:	Physical Medicine
Referral Reason:	Specialty Services Required
Requested Specialty:	Physical Therapist
Number of Visits Requested:	1

We will see him back after 4 weeks of physical therapy roughly and if he still having issues with shoulder the plan would be to obtain an MRI on follow-up

Return in about 4 weeks (around 9/21/2022).

Electronically Reviewed and Signed by:

Dennis K. Harden, MD
8/24/2022
9:37 AM

Electronically signed by Dennis K Harden, MD on 8/24/2022 9:37 AM

Department

Name	Address	Phone	Fax
Piedmont Physicians at Stadium Drive	1810 Stadium Drive Suite 100 Phenix City AL 36867-3177	334-291-8303	334-291-8325

All Results

No results found

Vitals History for Encounter

8/24/2022



MRN: 906516128, DOB: [REDACTED], Sex: M
Visit date: 8/24/2022

Patient Information

Patient Name	Legal Sex	DOB	SSN
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Encounter Information

8/24/2022 9:00 AM	Provider Dennis K Harden, MD	Department PPG PRIMARY CARE COLUMBUS STADIUM DRIVE	Encounter # 2170990237	Center PPG
-------------------	------------------------------------	---	---------------------------	---------------

Encounter Vitals Flowsheet Audit Trail (all recorded)

Flow Time	Flow Value	User	File Time	Action
BP				
08/24/22 0858	143/79	LL	08/24/22 0905	Current
Heart Rate				
08/24/22 0858	81	LL	08/24/22 0905	Current
Temp				
08/24/22 0858	97.5 °F (36.4 °C)	LL	08/24/22 0903	Current
Temp Source				
08/24/22 0858	Tem	LL	08/24/22 0903	Current
SpO2				
08/24/22 0858	98 %	LL	08/24/22 0905	Current
Weight				
08/24/22 0858	114.8 kg (253 lb)	LL	08/24/22 0903	Current
Height				
08/24/22 0858	5' 4" (1.626 m)	LL	08/24/22 0903	Current

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Effective Dates	Name	Provider Type	Discipline
LL	03/13/19 -	Laterra Lane, CMA	Medical Assistant	—



Radiology Report

MRN: 906516128, DOB: [REDACTED], Sex: M
Visit date: 9/21/2022**Department**

Name	Address	Phone	Fax
Piedmont Physicians at Stadium Drive	1810 Stadium Drive Suite 100 Phenix City AL 36867-3177	334-291-8303	334-291-8325

Patient Demographics

Address	Phone	E-mail Address
[REDACTED]	[REDACTED]	[REDACTED]

Admission Information

Arrival Date/Time:	09/21/2022 0915	Admit Date/Time:	09/21/2022	IP Adm. Date/Time:
Admission Type:	Elective	Point of Origin:	Physician Or Clinic Referral	Admit Category:
Means of Arrival:		Primary Service:		Secondary Service: N/A
Transfer Source:		Service Area:		Unit:
Admit Provider:	Dennis K Harden, MD	Attending Provider:		Referring Provider: Dennis K Harden, MD

Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
None	None	None	None	Piedmont Physicians at Stadium Drive

Imaging Results

No results found

Department

Name	Address	Phone	Fax
Piedmont Physicians at Stadium Drive	1810 Stadium Drive Suite 100 Phenix City AL 36867-3177	334-291-8303	334-291-8325

Patient Demographics

Address	Phone	E-mail Address
[REDACTED]	[REDACTED]	[REDACTED]

Admission Information

Arrival Date/Time:	09/21/2022 0915	Admit Date/Time:	09/21/2022	IP Adm. Date/Time:
Admission Type:	Elective	Point of Origin:	Physician Or Clinic Referral	Admit Category:
Means of Arrival:		Primary Service:		Secondary Service: N/A
Transfer Source:		Service Area:		Unit:
Admit Provider:	Dennis K Harden, MD	Attending Provider:		Referring Provider: Dennis K Harden, MD

Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
None	None	None	None	Piedmont Physicians at Stadium Drive

Laboratory Results

No results found



Lab Orders & Results

MRN: 906516128, DOB: [REDACTED], Sex: M
Visit date: 9/21/2022Laboratory Results (continued)**Department**

Name	Address	Phone	Fax
Piedmont Physicians at Stadium Drive	1810 Stadium Drive Suite 100 Phenix City AL 36867-3177	334-291-8303	334-291-8325

Progress NotesProgress Notes by Dennis K Harden, MD at 9/21/2022 9:30 AM

Author: Dennis K Harden, MD Service: — Author Type: Physician
 Filed: 9/21/2022 9:49 AM Encounter Date: 9/21/2022 Status: Signed
 Editor: Dennis K Harden, MD (Physician)

Subjective:

[REDACTED]

Chief Complaint:**Chief Complaint**

Patient presents with:

- Follow-up Office Visit
Month

HPI

8/24

Is a 36-year-old gentleman who was involved in a motor vehicle accident approximately 3 weeks ago. Restrained no airbag deployment resultant left shoulder pain presented to the emergency room not found to have a fracture. Presented to my office a few days later with severe shoulder pain decreased range of motion difficulty sleeping as a result of the pain. Prescribe nonsteriodals and muscle relaxers. He has had some improvement now however he still having quite a bit of limitation in the fact that he does not have a full range of motion is still aching and numb constantly he still having a hard time sleeping when he goes to bed at night if he rolls over on it it wakes him up with the pain.

9/21

Returns here in follow-up after having had 4 weeks of physical therapy he is now 7 weeks out from his motor vehicle he is still having a lot of trouble with his left shoulder. He has severe pain in the anterior portion near the coracoacromial a joint. He is also unable to abduct his shoulder without severe pain past the 90% point.

No Known Allergies**Current Outpatient Medications:**

- amLODIPine (NORVASC) 5 mg tablet, Take 1 tablet (5 mg total) by mouth daily., Disp: 90 tablet, Rfl: 1
- cholecalciferol, vitamin D3, 25 mcg (1,000 unit) capsule, Take 1 capsule (1,000 Units total) by mouth daily., Disp: 90 capsule, Rfl: 1



Progress Notes

MRN: 906516128, DOB: [REDACTED], Sex: M
Visit date: 9/21/2022

Progress Notes (continued)

Progress Notes by Dennis K. Harden, MD at 9/21/2022 9:20 AM (continued)

- lisinopril-hydrochlorothiazide (ZESTORETIC) 20-25 mg per tablet, Take 1 tablet by mouth daily., Disp: 90 tablet, Rfl: 1
- metFORMIN (GLUCOPHAGE) 500 MG tablet, Take 1 tablet (500 mg total) by mouth 2 (two) times daily with meals., Disp: 180 tablet, Rfl: 1
- naproxen (NAPROSYN) 375 MG tablet, Take 1 tablet (375 mg total) by mouth 2 (two) times daily with meals.. Disp: 60 tablet. Rfl: 1

Past Medical History:

Diagnosis	Date
• Brain tumor (HC)	
• Hypertension	
• MDD (major depressive disorder), recurrent episode, moderate (HC)	
• Obesity due to excess calories	
• Obstructive sleep apnea	
• Presence of cerebrospinal fluid drainage device	
• Testicular hypofunction	

Past Surgical History:

Procedure	Laterality	Date
• APPENDECTOMY		
• BRAIN SURGERY		
x4		
• WISDOM TOOTH EXTRACTION		

Social History

Socioeconomic History

• Marital status:	Single
Spouse name:	Not on file
• Number of children:	Not on file
• Years of education:	Not on file
• Highest education level:	Not on file

Occupational History

- Not on file

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Substance and Sexual Activity

- Alcohol use: Yes

Comment: Socially

- Drug use: No
- Sexual activity: Not on file

Other Topics

- Not on file

Social History Narrative

- Not on file

Social Determinants of Health



Progress Notes

MRN: 006516128, DOB: [REDACTED], Sex: M
Visit date: 9/21/2022

Progress Notes (continued)**Progress Notes by Dennis K Harden, MD at 9/21/2022 9:30 AM (continued)**

Financial Resource Strain: Not on file
 Food Insecurity: Not on file
 Transportation Needs: Not on file
 Physical Activity: Not on file
 Stress: Not on file
 Housing Stability: Not on file

Family History

Problem	Relation	Age of Onset
• Heart attack	Mother	
• Diabetes	Mother	
• Hypertension	Mother	
• Heart attack	Father	
• Hypertension	Father	
• Stroke	Other	
• Cancer	Other	

Immunization History

Administered	Date(s) Administered
• Influenza High Dose 0.5mL (CVX=135)	09/18/2013

Review of Systems**Review of Systems**

Constitutional: Negative for fever and unexpected weight change.

Respiratory: Negative for cough, chest tightness and shortness of breath.

Cardiovascular: Negative for chest pain, palpitations and leg swelling.

Gastrointestinal: Negative for abdominal pain, blood in stool, constipation, diarrhea, nausea and vomiting.

Objective:

BP 133/85 | Pulse 60 | Ht 5' 4" (1.626 m) | Wt (l) 250 lb (113.4 kg) | SpO2 98% | BMI 42.91 kg/m²

Physical Exam**HENT:**

Head: Normocephalic and atraumatic.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Pulmonary:

Effort: Pulmonary effort is normal.

Breath sounds: Normal breath sounds.

Musculoskeletal:

Comments: He has a decreased range of motion in all axes regarding the left shoulder and pain whenever we try to increase the range of motion



Progress Notes

[REDACTED]
MRN: 906516128, DOB: [REDACTED], Sex: M
Visit date: 9/21/2022**Progress Notes (continued)****Progress Notes by Dennis K Harden, MD at 9/21/2022 9:30 AM (continued)****Laboratory****No results found for this visit on 09/21/22.****Orders Placed This Encounter**

- MRI shoulder left without contrast

Standing Status:

Future

Standing Expiration Date:

9/21/2023

Order Specific Question:

What is the patient's sedation requirement?

Answer:

No Sedation

Assessment:

1. **Acute pain of left shoulder**
2. Motor vehicle accident injuring restrained driver, subsequent encounter

Plan:**Orders Placed This Encounter**

- MRI shoulder left without contrast

Standing Status:

Future

Standing Expiration Date:

9/21/2023

Order Specific Question:

What is the patient's sedation requirement?

Answer:

No Sedation

~~We will see him back after 1 weeks of physical therapy roughly and if he still having issue with shoulder the plan would be to obtain an MRI on follow-up~~

Return in about 2 months (around 12/2/2022).

Electronically Reviewed and Signed by:

Dennis K. Harden, MD

9/21/2022

9:48 AM

Electronically signed by Dennis K Harden, MD on 9/21/2022 9:49 AM

Department

Name	Address	Phone	Fax
Piedmont Physicians at Stadium	1810 Stadium Drive Suite 100	334-291-8303	334-291-8325



MRN: 906516128, DOB: [REDACTED], Sex: M
Visit date: 9/21/2022

Department (continued)

Name	Address	Phone	Fax
Drive	Phenix City AL 36867-3177		

All Results

No results found

Vitals History for Encounter

9/21/2022

Patient Information

Patient Name	Legal Sex	DOB	SSN
[REDACTED]			[REDACTED]

Encounter Information

Date	Provider	Department	Encounter #	Center
9/21/2022 9:30 AM	Dennis K Harden, MD	PPG PRIMARY CARE COLUMBUS STADIUM DRIVE	2172448153	PPG

Encounter Vitals Flowsheet Audit Trail (all recorded)

Flow Time	Flow Value	User	File Time	Action
BP				
09/21/22 0931	100/65	LL	09/21/22 0930	Current
Heart Rate				
09/21/22 0931	60	LL	09/21/22 0933	Current
SpO2				
09/21/22 0931	98 %	LL	09/21/22 0933	Current
Weight				
09/21/22 0931	113.4 kg (250 lb)	LL	09/21/22 0931	Current
Height				
09/21/22 0931	5' 4" (1.626 m)	LL	09/21/22 0931	Current
User Key				(r) = Recorded By, (t) = Taken By, (c) = Cosigned By
Initials	Effective Dates	Name	Provider Type	Discipline
LL	03/13/19 -	Laterra Lane, CMA	Medical Assistant	—

END OF REPORT

XML Statement

Page 1 of 1

Practice
BRIDGEWAY DIAGNOSTIC RADIOLOGY, LLC
P.O. BOX 242848
MONTGOMERY, AL, 36124
800-334-1757
Tax ID: 47-1579306

The balance due is your responsibility. Please remit. Thank you.

Patient	
Name	
Account #	
Date	01/09/2023
Patient Balance	0

Provider	Date	CPT	ICD	Comments	Charge Payment / ADJ	Amount Charged Patient
ROHENAI	09/24/2022	73221	M25.512	Mri joint upr extrem w/o dye	0	1545.00

Current	Above 30	Above 60	Above 90	Above 120	Total Balance	Total Amount Charged
	0	0	0	0	0	1545.00



5007 Summerville Road • Phenix City, AL 36867
Phone: (334) 408-2854 • Fax: (334) 384-9274

1910 E Samford Avenue, Auburn, AL 36830
Phone: (334) 539-5700 • Fax: (334) 539-5704
www.2bridgeway.com

MRI Patient Screening Form

Patient Name: [REDACTED]

PT DOB: [REDACTED]

Exam(s): [REDACTED]

Weight: [REDACTED]

Follow up appointment with Doctor: [REDACTED]

Do you have any of the following:

* ***Pacemaker or wires

Yes No

Metallic Implanted / Prosthesis /
Orthopedic Devices

Yes No

* ***Cardiac defibrillator

Yes No

* ***LVAD Device (Heart Pump)

Yes No

* *Heart Monitoring device

Yes No

* ***Aneurysm clips or Carotid Clips

Make _____ Model _____

Yes No

* ***Implanted Neurostimulator or Wires

Make: _____

Yes No

Model #: _____

Year implanted: _____

Yes No

* *Small Bowel Endoscopy Capsule

* * Surgery to brain involving; Shunts,
Stents, Ports, Filters, Internal Hardware,
Cochlear device, Retinal buckle etc.

Yes No

** Hair Extensions/Wigs or Bobby Pins will need to be
removed prior to MRI scan

** Medication Skin Patches or Wound Dressing
(Nitroglycerine, Smoking cessation, Acticoat 7, Silvadine
cream, pain or birth control patch may contain metal and
will need to be removed prior to MRI)

** All Removable Hearing Aids and all Removable Dental
Work containing metal will need to be removed prior to
MRI

* * Shrapnel Metal or Metallic Foreign Objects

In skin or eyes (bullets, metal shavings,
Gunshot wounds may require an x-ray
prior to MRI)

Yes No

Allergies to:

IVP Dye

Yes No

Gadolinium based Contrast

Yes No

Iodine based contrast

Yes No

Latex

Yes No

Medications

Yes No

* Heart Stents or Mechanical Heart Valve

Make: _____

Yes No

Model: _____

Yes No

Date: _____

Yes No

Are you :

Pregnant

Yes No

Claustrophobic

Yes No

Unable to walk/stand without
assistance

Yes No

Unable to control body temperature

Yes No

Hypertensive (high blood pressure)

Yes No

I have reviewed the above and understand

Patient Signature

(Parent or Guardian if patient is a Minor or Incapacitated)

Date: 1/14/23

I have reviewed this information with the patient or
their legal guardian, power of attorney, next of kin

Technologists Signature

Date: 1/24/23



Clinical History Form

Date:

Tech:

Gwynne CR

Patient Name	
DOB	
Height	5'4
Weight	220
Exam	Acute L Shoulder
History	Acute L Shoulder Pain
Surgeries/Dates	
Priors	
X-ray S @ Procedure	
Follow up	
TBS	
Contrast	
Nc	
Labs Creatinine: _____ GFR: _____ NA	
Other Important Information for Exam: Pt hx. of CVs in past	

9/22/22, 11:27 AM

Untitled Page

**Attention:****Confirmation Date:****Member ID Number:****Patient Name:****Patient Phone Number:****Patient date of Birth:****Ordering Physician:****Physician Phone:****Facility:****Facility Phone:****Humana Number:****Appointment Date:****Procedure:****Diagnosis:****Humana Confirmation Number for Exam Scheduling**

BRIDGEWAY DIAGNOSTIC RADIOLOGY LLC

Sep 22 2022 - Oct 22 2022

H68909077-00


DENNIS HARDEN

7064944060

BRIDGEWAY DIAGNOSTIC RADIOLOGY LLC

3344082854

162579602

09/22/2022

73221 MRI JOINT UPPER EXTREMITY WO DYE, 73222 MRI JOINT UPPER EXTREMITY WDYE, 73223 MRI JOINT UPPER EXTREMITY WO&WDYE-Left

M25.512 Pain in left shoulder

This procedure has been requested by Ordering Physician: DENNIS HARDEN for the above patient.

Please note that this form does not represent a guarantee of payment.

If you have any questions regarding this confirmation notice, please call 1-866-825-1550 or fax us at 1-888-863-4464. REMINDER: Please ensure you are entering the correct fax number or that the correct fax number is programmed in your system prior to sending a fax to avoid HIPAA privacy incidents.

This document is confidential and is intended solely for the use of the individual or entity to which it is addressed. This communication may contain personally identifiable health information, which is subject to the various state and federal laws governing the health information contained herein. If the reader of this message is not the intended recipient or an employee or agent responsible for delivering this message, he or she is hereby notified that he or she has received this communication and documents in error and that any dissemination, distribution, or copying of this communication is strictly prohibited.

If you received this fax in error, please write an explanation on it, including your contact information and fax back to 1 800 814-4965 then destroy this document. Thank you.

Transaction ID: 46695886427 Transaction Date: Sep 21, 2022 5:39 pm Customer ID: 538168

Subscriber

MEMBER ID [REDACTED]

DOB [REDACTED]

GENDER Male

DATE OF SERVICE Sep 21, 2022



Subscriber Information

MEMBER ID [REDACTED]

MEDICARE NUMBER [REDACTED]

GROUP NUMBER [REDACTED]

GROUP NAME ARCADIAN HEALTH PLAN, INC.

PLAN DATE Jan 01, 2020

Plan / Product Information

ACTIVE COVERAGE EMPLOYEE ONLY

INSURANCE TYPE Health Maintenance Organization (HMO) - Medicare Risk

PLAN / PRODUCT Humana Gold Plus

- 076 148
- Gold+/Emp HMO - Ali Othr WA
- Member is not responsible for medical copayments, medical coinsurance or medical deductibles for this Dual Eligible Special Needs Plan. Member is cost-share protected by the state Medicaid office while enrolled in this plan. Member cannot be balanced billed.
- Member is not responsible for medical copayments, medical coinsurance or medical deductibles for this Plan. Member is cost-share protected by the state Medicaid office while enrolled in this plan. Member cannot be balanced billed.
- THIS MEMBER MAY BE ELIGIBLE FOR A FREE FITNESS MEMBERSHIP THROUGH SILVERSNEAKERS OR SILVER&FIT, PLEASE ENCOURAGE HIM OR HER TO CALL SILVERSNEAKERS AT 1-888-423-4632 (FOR MOST STATES) OR SILVER&FIT AT 1-877-427-4788 (FOR ARIZONA AND PENNSYLVANIA) FOR ELIGIBILITY.

Service Types

Health Benefit Plan Coverage

Payer Details

PAYER HUMANA

PAYER ID HUMANA

Other or Additional Payers

No Additional Payer Information

Provider Details**REQUESTING PROVIDER**

NAME HOOVER, JASON
NPI 1225215486

PRIMARY CARE PROVIDER

NAME Harden, Dennis K

1810 Stadium Dr
Ste 240
Phenix City, AL 36867-3179
P: 334-291-8303

PRIMARY CARE PROVIDER

NAME GENERIC BIRMINGHAM AL MEDR FFS
TYPE Group
PAYER ID 40175000

OTHER SOURCE OF DATA

- * NO DESCRIPTION PROVIDED

Benefit Disclaimer

THIS IS ONLY AN ESTIMATION OF BENEFITS, AND ALL PAYMENTS ARE SUBJECT TO POLICY GUIDELINES, MEDICAL NECESSITY, AND MEMBER ELIGIBILITY AT THE TIME SERVICES ARE PERFORMED.

Coverage and Benefits Information

Health Benefit Plan Coverage - 30

ACTIVE COVERAGE **EMPLOYEE ONLY**

INSURANCE TYPE Health Maintenance Organization (HMO) - Medicare Risk

PLAN / PRODUCT Humana Gold Plus

- 076 148
- Gold+/Emp HMO - All Othr WA
- Member is not responsible for medical copayments, medical coinsurance or medical deductibles for this Dual Eligible Special Needs Plan. Member is cost-share protected by the state Medicaid office while enrolled in this plan. Member cannot be balanced billed.
- Member is not responsible for medical copayments, medical coinsurance or medical deductibles for this Plan. Member is cost-share protected by the state Medicaid office while enrolled in this plan. Member cannot be balanced billed.
- THIS MEMBER MAY BE ELIGIBLE FOR A FREE FITNESS MEMBERSHIP THROUGH SILVERSNEAKERS OR SILVER&FIT. PLEASE ENCOURAGE HIM OR HER TO CALL SILVERSNEAKERS AT 1-888-423-4632 (FOR MOST STATES) OR SILVER&FIT AT 1-877-427-4788 (FOR ARIZONA AND PENNSYLVANIA) FOR ELIGIBILITY.

Limitations - Health Benefit Plan Coverage

• MAX DEPENDENT AGE	26 Years
• MAX STUDENT AGE	31 Years

Mri/Cat Scan - 62

ACTIVE COVERAGE

Non-Covered - Mri/Cat Scan

INDIVIDUAL

\$0.00

INSURANCE TYPE Health Maintenance Organization (HMO)
Medicare Risk

- OUTPATIENT HOSPITAL CAT SCAN

Co-Insurance - MRI/Cat Scan**[IN NETWORK] [INDIVIDUAL]****20 %****INSURANCE TYPE** Health Maintenance Organization (HMO) -
Medicare Risk

- PHYSICIAN OFFICE MRI/CAT SCAN SPECIALIST

[IN NETWORK] [INDIVIDUAL]**20 %****INSURANCE TYPE** Health Maintenance Organization (HMO) -
Medicare Risk

- PHYSICIAN OFFICE MRI/CAT SCAN FREESTANDING RAD
CTR

[IN NETWORK] [INDIVIDUAL]**20 %****INSURANCE TYPE** Health Maintenance Organization (HMO) -
Medicare Risk

- OUTPATIENT HOSPITAL CAT SCAN

[IN NETWORK] [INDIVIDUAL]**20 %****INSURANCE TYPE** Health Maintenance Organization (HMO) -
Medicare Risk

- OUTPATIENT HOSPITAL MRI SCAN

[IN NETWORK] [INDIVIDUAL]**20 %****INSURANCE TYPE** Health Maintenance Organization (HMO) -
Medicare Risk

- OUTPATIENT HOSPITAL CAT SCAN FREESTANDING RAD
CTR

[IN NETWORK] [INDIVIDUAL]**20 %****INSURANCE TYPE** Health Maintenance Organization (HMO) -
Medicare Risk

- OUTPATIENT HOSPITAL MRI SCAN FREESTANDING RAD
CTR

Deductible - MRI/Cat Scan**[IN NETWORK] [INDIVIDUAL]** **\$233.00****INSURANCE TYPE** Health Maintenance Organization (HMO) -
Medicare Risk

- PHYSICIAN OFFICE MRI/CAT SCAN SPECIALIST

[IN NETWORK] [INDIVIDUAL] **\$233.00****INSURANCE TYPE** Health Maintenance Organization (HMO) -
Medicare Risk

- PHYSICIAN OFFICE MRI/CAT SCAN FREESTANDING RAD
CTR

[IN NETWORK] [INDIVIDUAL] **\$0.00****INSURANCE TYPE** Health Maintenance Organization (HMO) -
Medicare Risk

- OUTPATIENT HOSPITAL CAT SCAN

[IN NETWORK] [INDIVIDUAL] **\$0.00****INSURANCE TYPE** Health Maintenance Organization (HMO) -
Medicare Risk

- OUTPATIENT HOSPITAL MRI SCAN

[IN NETWORK] [INDIVIDUAL] **\$0.00****INSURANCE TYPE** Health Maintenance Organization (HMO) -
Medicare Risk

- OUTPATIENT HOSPITAL CAT SCAN FREESTANDING RAD
CTR

[IN NETWORK] [INDIVIDUAL] **\$0.00****INSURANCE TYPE** Health Maintenance Organization (HMO) -
Medicare Risk

- OUTPATIENT HOSPITAL MRI SCAN FREESTANDING RAD
CTR

2022-09-21 14:32

Piedmont Phy. Stadium 3342918325 >>

P 1/7

APPOINTMENT DATE: ____ / ____ / ____ TIME: ____

ORDER FORM

TODAY'S DATE: 9/21/22



PLEASE CIRCLE LOCATION

1910 E Samford Ave, Auburn, AL 36830
Office: (334) 539-5700 Fax: (334) 539-57045007 Summerville Rd, Phenix City, AL 36867
Office: (334) 408-2854 Fax: (334) 384-9274200 Bascom Ct, Columbus, GA 31909
Office: (706) 350-5800 Fax: (706) 403-1400

PATIENT NAME: _____

DATE OF BIRTH: _____

PT. PHONE #: _____

INSURANCE: _____

POLICY #: _____

AUTHORIZATION #: _____

ICD CODE(S): M25.512

DIAGNOSIS: Acute pain of L Shoulder

CLINICAL INFORMATION/SYMPTOMS:

ORDERING PHYSICIAN: Dennis Harden M.D.

ORDERING PHYSICIAN SIGNATURE: Dennis Harden, MD

□ FAX REPORT: _____

□ STAT

CALL REPORT: _____

X-RAY

- Skull Skull LTD
 Sinus Sinus LTD
 Facial Bones Facial LTD
 Chest 1 View 2 Views 4 view min.
 Ribs w/PA Chest L R
 Ribs L R
 Abdomen (KUB)
 Abdomen 2 views Abdomen Complete Series
 Bone/Skeletal Survey (Scheduled Exam)
 Sacroiliac Joints L R
 Pelvis complete
 AP Pelvis

- Spine
 C-Spine
 T-Spine
 L-Spine
 Spine Survey
 Scoliosis Series
 Sacrum & Coccyx

Extremity

- Shoulder Complete LTD
 Humerus L R
 Elbow L R
 Forearm L R
 Wrist L R
 Hand L R
 Finger Digit # _____
 Hip Unilateral
 Hips Bilateral with Pelvis
 Femur
 Knee
 Tib-Fib
 Ankle
 Foot
 Toe Digit # _____
 Other _____

PLEASE CHOOSE 1
 Routine (complete)
 LTD (2 views)
 Flex/Ext
 Routine with Flex/Ext

CT

Please Choose Contrast Option
 WO W/WO W RADIOLOGIST PROTOCOL

- Brain
 Maxillofacial
 Sinus
 Neck Soft Tissue
 Chest Screening (low dose) Calcium Scoring
 Abdomen Specify Organ _____
 Abdomen/Pelvis
 Abdomen/Pelvis Stone Protocol
 Pelvis Ortho Pelvis 3d recon
 C-Spine T-Spine L-Spine 3d recon
 Myelogram Specify Site _____
 Upper Ext _____ 3d recon L R
 Lower Ext _____ 3d recon L R
 Arthrogram specify _____ L R
 Other _____

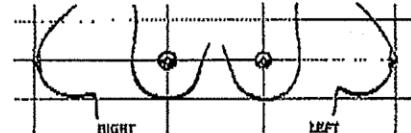
CT Angiogram

- CTA Brain CTA Chest for PE
 CTA Neck CTA Renal
 CTA Chest CTA Abdomen with Pelvis
 CTA Abdomen and Pelvis with Runoff
 Other _____

BREAST IMAGING

Breast MRI: Please see MRI section

Indicate location of abnormality



- Screening Mammogram with Automated Breast Ultrasound and 3D rendering if Dense Breasts
 Automated Breast Ultrasound with 3D Rendering of Dense Breasts
 Screening Mammogram
 Diagnostic Mammogram with US if indicated
 Bilateral Right Left
 Ultrasound Breast Right Left

FLUORO/DIAGNOSTICS

- Barium Swallow Joint inj. (specify meds)
 UGI
 UGI with SBFT _____
 SBFT (Small Bowel)
 Colon/Barium Enema
 Other _____

EMG/NCV

- Upper Lower

Authorization to Release Medical Records: I hereby authorize Bridgeway Diagnostics to receive and/or disclose my medical records for medical purposes only to either a physician's office or my insurance company without further written permission.

Patient Signature: _____ Date of Birth: _____ / _____ / _____ Today's Date: _____ / _____ / _____



MRI

Please Choose Contrast Option
 WO W/WO

- Brain
 Stroke Protocol (WO) Selz Protocol (W/WO)
 MS Protocol (W/WO) Pituitary Protocol (W/WO)
 W/3D DIR Orbita
 IAC (W/WO) DTI W/3D Fiber Tracking
 C-Spine T-Spine L-Spine
 Prostate Bony Pelvis Female Pelvis
 Sacrum/Coccyx

- Breast Routine Implants
 Chest
 Abdomen MR Enterography
 Renal Protocol Adrenal Protocol
 Liver Protocol MRCP
 Pancreas Protocol W/MRCP Other _____

- Shoulder L R Arthrogram
 Elbow L R Arthrogram
 Wrist L R Arthrogram
 Hip L R Arthrogram
 Knee L R Arthrogram
 Ankle/Hindfoot L R Arthrogram
 Foot/Forefoot L R Arthrogram
 Metal Imaging Protocol Other _____

MR Angiogram

- Renal Insufficiency Protocol W/O Contrast
 Available with all MRA studies
 Brain (Circle of Willis) Neck (Carotids)
 Chest
 Abd and Pelvis with Bilat lower extremity runoff
 Pelvis
 Other _____

ULTRASOUND/DOPPLER

- Thyroid AAA
 Echocardiogram Carotid Doppler
 OB Uterus <14wks >14 weeks
 Bio-Physical Profile W/O NST
 Abdomen Complete
 Abdomen Ltd (Organ Quadrant/abd wall)
 Pelvis with Transvaginal if indicated
 Renal Scrotum
 Ven Doppler Lwr ext Bl-Lat RL RR
 Ven Doppler Up ext Bl-Lat RL RR
 Arterial W ABI W/O ABI
 Other _____

2022-09-21 14:32

Piedmont Phy.Stadium 3342918325 >>

P 2/7



Piedmont
HEALTHCARE



MRN/Patient ID: 906516128
CSN/Order Number: 2172448153

Piedmont Physicians at Stadium Drive
1810 STADIUM DRIVE SUITE 240
PHENIX CITY AL 36867-3179
Phone: 334-291-8303
Fax: 334-291-8325

Physician Information

Authorizing Physician: Dennis K Harden, MD

STAR ID: 49796

Contract ID:

Patient Demographics

Patient Name	Sex	DOB	SSN	Address	Phone
[REDACTED]					

Insurance Coverage

Payor	Plan	Group Number	Subscriber Number
Primary: HUMANA MEDICARE	Primary: HUMANA MEDICARE ADVANTAGE HMO	[REDACTED]	[REDACTED]
Secondary: MEDICAID	Secondary: MEDICAID ALABAMA		

MRI shoulder left without contrast 73221

Order ID: 721497341

Authorizing Physician: Dennis K Harden, MD

Ordered Date: Sep 21, 2022

Associated Diagnosis: Acute pain of left shoulder
(M25.512)

Additional Information (if any): What is the patient's sedation requirement? No Sedation

Electronically signed and verified on Sep 21, 2022 at 9:47 AM by:

Authorizing Physician: Dennis K Harden, MD

Authorizing NPI: 1982716538

STAR ID: 49796

Piedmont Scheduling Contact Numbers:

Piedmont Athens	(706) 475-1000	Piedmont Macon Medical	(877) 357-0161
Piedmont Atlanta	(770) 801-2345	Piedmont Macon North	(856) 226-9111
Piedmont Cartersville	(855) 828-5136	Piedmont Mountainside	(706) 301-5401
Piedmont Columbus Midtown	(706)-571-1064	Piedmont Newnan	(770) 400-4040
Piedmont Columbus Northside	(706)-571-1064	Piedmont Newton	(770) 385-4436
Piedmont Eastside	(888) 843-8133	Piedmont Rockdale	(770) 918-3707
Piedmont Fayette	(770) 719-7007	Piedmont Walton	(770) 267-1744
Piedmont Henry	(678) 604-1055	Shepherd Center	(404) 350-3602

2022-09-21 14:33

Piedmont Phy.Stadium 3342918325 >>

P 3/7

MRI shoulder left without contrast (Order 721497341)

Imaging

Date: 9/21/2022 Department: Piedmont Physicians at Stadium Drive

Ordering/Authorizing: Dennis K Harden, MD

Decision Support

Appropriateness

Score Ordering Provider

9 - Indicated

Session ID

287915778

Source

Web Service

CDSM Identifier

National Decision Support
Company CareSelect (G1004)

Adherence

Yes (ME)

Date Time

Consulted

09/21/22 09:47:36

Exception

Comment

Order Information

Order Date/Time

09/21/22 09:47 AM

Release Date/Time

None

Start Date/Time

9/21/2022

End Date/Time

None

Order Details

Frequency

None

Duration

None

Priority

Routine

Order Class

External

Associated Diagnoses

Acute pain of left shoulder - Primary

Future Order Information

Expected

9/21/2022

Expires

9/21/2023

Collection Information

Order Provider Info

		Office phone	Pager	E-mail
Ordering User	Dennis K Harden, MD	334-291- 8303	--	--
Authorizing Provider	Dennis K Harden, MD	334-291- 8303	--	--

Reprint Requisition

MRI shoulder left without contrast (Order #721497341) on 9/21/22

2022-09-21 14:33

Piedmont Phy.Stadium 3342918325 >>

P 4/7

Patient Information

Patient Name

Legal Sex

DOB

Progress Notes by Dennis K Harden, MD at 9/21/2022 9:30 AMAuthor: Dennis K Harden, Service: —
MD

Author Type: Physician

Filed: 9/21/2022 9:49 AM Encounter Date: 9/21/2022 Status: Signed

Editor: Dennis K Harden, MD (Physician)

Subjective:**Chief Complaint:****Chief Complaint**

Patient presents with

- Follow-up Office Visit

Month

HPI

8/24

Is a 36-year-old gentleman who was involved in a motor vehicle accident approximately 3 weeks ago. Restrained no airbag deployment resultant left shoulder pain presented to the emergency room not found to have a fracture. Presented to my office a few days later with severe shoulder pain decreased range of motion difficulty sleeping as a result of the pain. Prescribe nonsteriodals and muscle relaxers. He has had some improvement now however he still having quite a bit of limitation in the fact that he does not have a full range of motion is still aching and numb constantly he still having a hard time sleeping when he goes to bed at night if he rolls over on it it wakes him up with the pain.

9/21

Returns here in follow-up after having had 4 weeks of physical therapy he is now 7 weeks out from his motor vehicle he is still having a lot of trouble with his left shoulder. He has severe pain in the anterior portion near the coracoacromial a joint. He is also unable to abduct his shoulder without severe pain past the 90% point.

No Known Allergies

Current Outpatient Medications:

2022-09-21 14:33

Piedmont Phy.Stadium 3342918325 >>

P 5/7

- amLODIPINE (NORVASC) 5 mg tablet, Take 1 tablet (5 mg total) by mouth daily., Disp: 90 tablet, Rfl: 1
- cholecalciferol, vitamin D3, 25 mcg (1,000 unit) capsule, Take 1 capsule (1,000 Units total) by mouth daily., Disp: 90 capsule, Rfl: 1
- lisinopril-hydrochlorothiazide (ZESTORETIC) 20-25 mg per tablet, Take 1 tablet by mouth daily., Disp: 90 tablet, Rfl: 1
- metFORMIN (GLUCOPHAGE) 500 MG tablet, Take 1 tablet (500 mg total) by mouth 2 (two) times daily with meals., Disp: 180 tablet, Rfl: 1
- naproxen (NAPROSYN) 375 MG tablet, Take 1 tablet (375 mg total) by mouth 2 (two) times daily with meals., Disp: 60 tablet, Rfl: 1

Past Medical History:

Diagnosis	Date
• Brain tumor (HC)	
• Hypertension	
• MDD (major depressive disorder), recurrent episode, moderate (HC)	
• Obesity due to excess calories	
• Obstructive sleep apnea	
• Presence of cerebrospinal fluid drainage device	
• Testicular hypofunction	

Past Surgical History:

Procedure	Laterality	Date
• APPENDECTOMY		
• BRAIN SURGERY		
x4		
• WISDOM TOOTH EXTRACTION		

Social History**Socioeconomic History**

• Marital status:	Single
Spouse name:	Not on file
• Number of children:	Not on file
• Years of education:	Not on file
• Highest education level:	Not on file

Occupational History

- Not on file

Tobacco Use

• Smoking status:	Never
• Smokeless tobacco:	Never

Substance and Sexual Activity

• Alcohol use:	Yes
Comment: Socially	

• Drug use:	No
• Sexual activity:	Not on file

Other Topics	Concern
• Not on file	

2022-09-21 14:34

Piedmont Phy.Stadium 3342918325 >>**P 6/7****Social History Narrative**

- Not on file

Social Determinants of Health

Financial Resource Strain: Not on file

Food Insecurity: Not on file

Transportation Needs: Not on file

Physical Activity: Not on file

Stress: Not on file

Housing Stability: Not on file

Family History

Problem	Relation	Age of Onset
• Heart attack	Mother	
• Diabetes	Mother	
• Hypertension	Mother	
• Heart attack	Father	
• Hypertension	Father	
• Stroke	Other	
• Cancer	Other	

Immunization History

Administered Date(s) Administered

- Influenza High Dose 0.5ml (CVX=135) 09/18/2013

Review of Systems**Review of Systems**

Constitutional: Negative for fever and unexpected weight change.

Respiratory: Negative for cough, chest tightness and shortness of breath.

Cardiovascular: Negative for chest pain, palpitations and leg swelling.

Gastrointestinal: Negative for abdominal pain, blood in stool, constipation, diarrhea, nausea and vomiting.

Objective:BP 133/85 | Pulse 60 | Ht 5' 4" (1.626 m) | Wt (l) 250 lb (113.4 kg) | SpO2 98% | BMI 42.91 kg/m²**Physical Exam****HENT:**

Head: Normocephalic and atraumatic.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Pulmonary:

Effort: Pulmonary effort is normal.

2022-09-21 14:34

Piedmont Phy. Stadium 3342918325 >>

P 7/7

Breath sounds: Normal breath sounds.

Musculoskeletal:

Comments: He has a decreased range of motion in all axes regarding the left shoulder and pain whenever we try to increase the range of motion

Laboratory

No results found for this visit on 09/21/22.

Orders Placed This Encounter

- MRI shoulder left without contrast

Standing Status: Future

Standing Expiration Date: 9/21/2023

Order Specific Question: What is the patient's sedation requirement?

Answer: No Sedation

Assessment:

1. Acute pain of left shoulder
2. Motor vehicle accident injuring restrained driver, subsequent encounter

Plan:

Orders Placed This Encounter

- MRI shoulder left without contrast

Standing Status: Future

Standing Expiration Date: 9/21/2023

Order Specific Question: What is the patient's sedation requirement?

Answer: No Sedation

We will see him back after 4 weeks of physical therapy roughly and if he still having issues with shoulder the plan would be to obtain an MRI on follow-up

Return in about 2 months (around 12/2/2022).

Electronically Reviewed and Signed by:

Dennis K. Harden, MD

9/21/2022

9:48 AM

Electronically signed by Dennis K Harden, MD on 9/21/2022 9:49 AM.



5007 Summerville Rd. Phenix City, AL. 36867
Office: (334) 408-2854 Fax: (334) 384-9274

PATIENT NAME:

DOB:

MR#: 14800

PHYSICIAN: Dr. Dennis K. Harden

MRI Left Shoulder Without Contrast

DATE OF STUDY: 09/24/2022

Technique: Multiplanar, multisequence imaging was obtained through the left shoulder joint without IV contrast.

Comparison: None.

History: Acute left shoulder pain.

Findings: No fracture, dislocation, marrow replacing process, or aggressive osseous lesion.

No acromioclavicular joint osteoarthritis. No os acromiale or downsloping acromion.

The rotator cuff muscles are normal. No evidence of rotator cuff tendinopathy or tear.

The glenohumeral joint demonstrates no effusion or osteoarthritis. No evidence of glenoid labral tear. Intact glenohumeral ligaments. No excess fluid in the subacromial/subdeltoid bursa.

Normal long head biceps tendon.

Intact neurovascular bundle. No soft tissue mass.

Impression: Normal left shoulder MRI. No evidence of rotator cuff or labral pathology.

Electronically signed by:

Ivan Rohena, MD

IR/job#366610

DD: 09/26/2022 at 12:39 PM



Care Ambulance a Division of Haynes
PO BOX 863
LEWISVILLE NC 270230863

Page 1 of 2

SIGNATURE AND INSURANCE REQUEST FORM



FEDERAL TAX ID: 83-2156832

Account Details

Statement Date: 08/15/2022
Date of Service: 08/05/2022
Run Number: 22-1512426

Bill To: [REDACTED]
Patient Name: [REDACTED]
Origin: 3706 IONA DR PCPD PHENIX CITY AL 36867
Destination: JACK HUGHSTON MEMORIAL HOSPITAL

Our records indicate that the ambulance services provided were the result of an accident and may be covered by a third party such as workers' compensation, automobile or some other type of liability insurance.

In these cases, third party liability insurance is considered the primary payer and therefore will be filed first.

Please provide the associated third-party liability/motor vehicle insurance as well as your health insurance. In order to file to your insurance, we will need your signature. Please see the "Need to provide insurance or make a payment?" section for how you can provide us this information by mail or online at our patient portal.

NEED TO PROVIDE INSURANCE OR MAKE A PAYMENT?

ONLINE: www.emsbilling.com/patient

BY MAIL: Complete the reverse side of this statement and return or send check/money order and include the lower portion. An enclosed envelope has been provided for your convenience.

BY PHONE: Call 1(877) 761-1032 Monday through Friday 8 am to 6 pm EST.

Para asistencia en español, por favor llame a servicio al cliente al 1(877) 761-1032.

Account Activity

Description	Quantity	Total
ALS Emergency Transport	1	\$900.00
Mileage	2.3	\$34.50
Total Charges:		\$934.50
Amount Due Before Insurance:		\$934.50

A10

PATIENT / GUARANTOR NAME: [REDACTED]

STATEMENT DATE:	08/15/2022
DATE OF SERVICE:	08/05/2022
RUN NUMBER:	22-1512426
AMOUNT DUE:	\$934.50
AMOUNT ENCLOSED:	\$_____



Care Ambulance a Division of Haynes
PO BOX 863
LEWISVILLE NC 270230863



ELECTRONIC SERVICE REQUESTED

3147016760 PRESORT PBPS039



Care Ambulance a Division of Haynes
PO BOX 863
LEWISVILLE NC 270230863



PT of Phenix City, PC
1321 9th Ave
Phenix City, AL 36867 5027
(334)448-2641

Statement Date
9/30/2022

Page
1

Chart Number
[REDACTED]

Date of Last Payment:	Amount:	0.00	Previous Balance:	0.00
-----------------------	---------	------	-------------------	------

Patient: [REDACTED]	Chart Number: [REDACTED]	Case: Acute pain of left shoulder
---------------------	--------------------------	-----------------------------------

Dates	Procedure	Procedure	Charge	Amount Paid by Insurance	Paid By Guarantor	Adjustments	Remainder
09/07/22	97161	PT EVAL: LOW COMPLEX 20	150.00	0.00		0.00	150.00
09/07/22	97110	Therapeutic Exercise	50.00	0.00		0.00	50.00
09/07/22	97110	Therapeutic Exercise	50.00	0.00		0.00	50.00
09/07/22	G0283	Electrical Stimulation - Not	45.00	0.00		0.00	45.00
09/07/22	97112	Neuromuscular Re-ed	60.00	0.00		0.00	60.00
09/09/22	97110	Therapeutic Exercise	50.00	0.00		0.00	50.00
09/09/22	97110	Therapeutic Exercise	50.00	0.00		0.00	50.00
09/09/22	G0283	Electrical Stimulation - Not	45.00	0.00		0.00	45.00
09/09/22	97112	Neuromuscular Re-ed	60.00	0.00		0.00	60.00
09/13/22	97110	Therapeutic Exercise	50.00	0.00		0.00	50.00
09/13/22	97110	Therapeutic Exercise	50.00	0.00		0.00	50.00
09/13/22	G0283	Electrical Stimulation - Not	45.00	0.00		0.00	45.00
09/13/22	97112	Neuromuscular Re-ed	60.00	0.00		0.00	60.00
09/16/22	97110	Therapeutic Exercise	50.00	0.00		0.00	50.00
09/16/22	97110	Therapeutic Exercise	50.00	0.00		0.00	50.00
09/16/22	G0283	Electrical Stimulation - Not	45.00	0.00		0.00	45.00
09/16/22	97112	Neuromuscular Re-ed	60.00	0.00		0.00	60.00
09/21/22	97110	Therapeutic Exercise	50.00	0.00		0.00	50.00
09/21/22	97110	Therapeutic Exercise	50.00	0.00		0.00	50.00
09/21/22	G0283	Electrical Stimulation - Not	45.00	0.00		0.00	45.00
09/21/22	97112	Neuromuscular Re-ed	60.00	0.00		0.00	60.00
09/26/22	97110	Therapeutic Exercise	50.00	0.00		0.00	50.00
09/26/22	97110	Therapeutic Exercise	50.00	0.00		0.00	50.00
09/26/22	G0283	Electrical Stimulation - Not	45.00	0.00		0.00	45.00
09/26/22	97112	Neuromuscular Re-ed	60.00	0.00		0.00	60.00

Total Charges	Total Payments	Total Adjustments	Balance Due
1,585.00	0.00	0.00	Continued

PT of Phenix City, PC
1321 9th Ave
Phenix City, AL 36867 5027
(334)448-2641

Statement Date
9/30/2022

Page
2

Chart Number
[REDACTED]

09/30/22	97110	Therapeutic Exercise	50.00	0.00	0.00	50.00
09/30/22	97110	Therapeutic Exercise	50.00	0.00	0.00	50.00
09/30/22	G0283	Electrical Stimulation - Not	45.00	0.00	0.00	45.00
09/30/22	97112	Neuromuscular Re-ed	60.00	0.00	0.00	60.00

Total Charges	Total Payments	Total Adjustments	Balance Due
1,585.00	0.00	0.00	1,585.00



1321 9th Avenue
Phenix City, AL 36867
Phone (334) 448-2641
Fax (334) 298-6086

To: _____ From: _____
Fax: 3342980176 Pages: , including cover
Phone: _____ Date: 1-10-23
Re: [REDACTED] DOB 09/07/2022

Patient Name:	[REDACTED]	Date:	9/7/2022
Medical Record Number:	M000436631	Patient Date of Birth:	[REDACTED]
Start of Care:	9/7/2022	Location:	Physical Therapy of Phenix City
Visits since start of care:	2	Reason for Treatment:	Acute pain of left shoulder
		Treating Therapist:	Maria Fe Godbey , PT, DPT, NCS
		Referring Physician:	Harden, Dennis

Physical Therapy Initial Evaluation Plan of Care

Diagnosis	Onset Date
M25.512 Pain in left shoulder	6/1/2022

Assessment

Assessment

Patient is a 37 y/o male referred to physical therapy with acute pain in left shoulder. He reports of onset of pain in left shoulder following a motor vehicular accident around June 1, 2022. He states the vehicle he was driving was "T-boned" on his side. He also states he went to the emergency room where an X-ray was performed. Prior to the accident, he states he did not have a problem in left shoulder. He has a history of stroke affecting right upper extremity. Since the stroke, he states he uses his left upper extremity primarily. He also has a history of a brain tumor when he was 7 years old. He states he is blind on right eye. He has high blood pressure. He had an appendectomy in 1998. Medications include Lisinopril and Metformin. He reports of doing exercises 3 days a week. His goal is "to get better".

Patient presents ambulatory without an assistive device. He reports of generalized pain in left shoulder. He describes pain as "non-excruciating" but "very agitated". He also describes pain as a "toothache". He rates pain 6-7/10 at rest and 8/10 with activity. Pain is worse with "moving arms fast" and better with "heat and shower". Assessment of alignment indicates moderate impairment with humeral head positioned anteriorly. Limitation in active range of motion in left shoulder is moderate with flexion limited to 145 degrees and abduction limited to 120 degrees. Patient is unable to reach for upper and lower back. Strength in left shoulder is decreased at 3-/5. Limitation in flexibility of inferior and anterior shoulder structures is moderate. Scapular stability is Poor. Physical therapy is indicated to assist patient with decreasing pain by at least 50%, improving alignment to upright neutral, decreasing limitation in active range of motion to at least minimal with corresponding improvement in goniometric measurements, decreasing limitation in flexibility to at least minimal, and improving scapular stability to at least Fair. Patient will be independent with performance of home exercise program using correct technique and addressing all above impairments. Goals will be achieved in 4 weeks.

Prognosis

Good potential to reach the established goals

Barriers to Independence & Goals

Clinician Established Goals

Long Term Goals

1. Patient will decrease pain and limitation to at least minimal to no pain with performance of IADL, work at home, and recreational activities..

Short Term Goals

1. Patient will decrease pain by at least 50%.
2. Patient will improve alignment to upright neutral.
3. Patient will decrease limitation in active range of motion to at least minimal with corresponding improvement in goniometric measurements..
4. Patient will decrease limitation in flexibility to at least minimal.
5. Patient will improve scapular stability to at least Fair..
6. Patient will be independent with performance of home exercise program using correct technique and addressing all above impairments.

Plan

Planned Interventions

Patient Name: [REDACTED]
Medical Record Number: M000436631
Date: 9/7/2022
Patient Date of Birth: [REDACTED]
Location: Physical Therapy of Phenix City
Treating Therapist: Maria Fe Godbey , PT, DPT, NCS

Intervention

97161 - Physical Therapy Evaluation- low complexity (required additional documentation components); typically, 20 min. face-to-face with the patient and/or family
97110 - Therapeutic Exercises - Therapeutic Procedure - 1+ Areas
97112 - Neuromuscular Reeducation - Therapeutic Procedure - 1+ Areas
G0283 - Electrical Stimulation (Unattended) Medicare-Modality to 1+ areas

Treatment

Frequency: 2 time(s) per week
Duration: 4 Week(s)
Number of Visits: 8

Certification

From: 9/7/2022 To: 10/4/2022

Signature(s)

Electronically Signed By: Godbey, Maria Fe PT, DPT, NCS
State License #: PTH3832 5584 9/13/2022, 6:07 PM (ET)

Referring Physician Signature

I certify the need for these services furnished under this plan of treatment and while under my care.

Dennis Harden

Date/Time

Patient Name: [REDACTED]
Medical Record Number: M000436631
Start of Care: 9/7/2022
Visits since start of care: 3

Date: 9/9/2022
Patient Date of Birth: [REDACTED]
Location: Physical Therapy of Phenix City
Reason for Treatment: Acute pain of left shoulder
Treating Therapist: Maria Fe Godbey , PT, DPT, NCS
Referring Physician: Harden, Dennis

Physical Therapy Treatment Note

Diagnosis

M25.512 Pain in left shoulder

Onset Date
6/1/2022

Assessment

Assessment

S: Patient reports of a little soreness following initial treatment. He also reports of discomfort but no pain.
O: Performed treatment consisting of neuromuscular reeducation x 15 minutes to work on improving alignment, scapular stability, and use of proper joint mechanics, therapeutic exercise x 30 minutes to work on improving range of motion, strength, and flexibility, and interferential electrical stimulation with moist heat pack to left shoulder for pain management. Patient performed active-assistive range of motion exercise using upper body ergometer x 5 minutes forward and reverse direction, scapular pinches and lat pull down with Theraband, wall push-ups, and stretching exercise to anterior upper trunk on corner.

A: Patient was able to tolerate slight progression with exercises.

P: Continue as indicated in plan of care.

Prognosis

Good potential to reach the established goals

SuperBill

Visit Start Time 10:30 AM

Visit End Time 11:30 AM

Visit Duration 60 minutes

Procedures

CPT	Export Code	Intervention	Modifier	Minutes	Units
97110 t	97110	Therapeutic Exercises - Therapeutic Procedure - 1+ Areas		30	2
97112 t	97112	Neuromuscular Reeducation - Therapeutic Procedure - 1+ Areas		15	1
G0283	G0283	Electrical Stimulation (Unattended) Medicare-Modality to 1+ areas		15	1
Total Timed Minutes					45
Total Treatment Minutes					60

Signature(s)

Electronically Signed By: Godbey, Maria Fe PT, DPT, NCS
State License #: PTH3832 5584 9/13/2022, 5:44 PM (ET)

Patient Name: [REDACTED]
Medical Record Number: M000436631
Start of Care: 9/7/2022
Visits since start of care: 4

Date: 9/13/2022
Patient Date of Birth: [REDACTED]
Location: Physical Therapy of Phenix City
Reason for Treatment: Acute pain of left shoulder
Treating Therapist: Maria Fe Godbey , PT, DPT, NCS
Referring Physician: Harden, Dennis

Physical Therapy Treatment Note

Diagnosis
M25.512 Pain in left shoulder

Onset Date
6/1/2022

Assessment

Assessment

S: Patient reports of pain with intensity 7/10.

O: Performed treatment consisting of neuromuscular reeducation x 15 minutes to work on improving alignment, scapular stability, and use of proper joint mechanics, therapeutic exercise x 30 minutes to work on improving range of motion, strength, and flexibility, and interferential electrical stimulation with moist heat pack to left shoulder for pain management. Patient performed active-assistive range of motion exercise using upper body ergometer x 5 minutes forward and reverse direction, scapular pinches and lat pull down with Theraband, wall push-ups, and stretching exercise to anterior upper trunk on corner.

A: Patient has difficulty with reverse direction of range of motion exercise. He verbalized understanding of need to keep proper alignment and to stabilize scapula. He also verbalized understanding of need to focus on lower extremities while working out at the gym until after completion of physical therapy.

P: Continue as indicated in plan of care.

Prognosis

Good potential to reach the established goals

SuperBill

Visit Start Time 10:30 AM

Visit End Time 11:30 AM

Visit Duration 60 minutes

Procedures

CPT	Export Code	Intervention	Modifier	Minutes	Units
97110 t	97110	Therapeutic Exercises - Therapeutic Procedure - 1+ Areas		30	2
97112 t	97112	Neuromuscular Reeducation - Therapeutic Procedure - 1+ Areas		15	1
G0283	G0283	Electrical Stimulation (Unattended) Medicare-Modality to 1+ areas		15	1

Total Timed Minutes 45

Total Treatment Minutes 60

Signature(s)

Electronically Signed By: Godbey, Maria Fe PT, DPT, NCS

State License #: PTH3832 5584 9/13/2022, 5:48 PM (ET)

Patient Name: [REDACTED]
Medical Record Number: M000436631
Start of Care: 9/7/2022
Visits since start of care: 5

Date: 9/16/2022
Patient Date of Birth: [REDACTED]
Location: Physical Therapy of Phenix City
Reason for Treatment: Acute pain of left shoulder
Treating Therapist: Maria Fe Godbey , PT, DPT, NCS
Referring Physician: Harden, Dennis

Physical Therapy Treatment Note

Diagnosis

M25.512 Pain in left shoulder

Onset Date

5/31/2022

Assessment

Assessment

S: Patient reports of having less pain with intensity 3/10.

O: Performed treatment consisting of neuromuscular reeducation x 15 minutes to work on improving alignment, scapular stability, and use of proper joint mechanics, therapeutic exercise x 30 minutes to work on improving range of motion, strength, and flexibility, and interferential electrical stimulation with moist heat pack to left shoulder for pain management. Patient performed active-assistive range of motion exercise using upper body ergometer x 5 minutes forward and reverse direction, scapular pinches and lat pull down with Theraband, wall push-ups, and stretching exercise to anterior upper trunk on corner.

A: Patient with gradual improvement in range of motion and strength.

P: Continue as indicated in plan of care.

Prognosis

Good potential to reach the established goals

SuperBill

Visit Start Time 9:30 AM

Visit End Time 10:30 AM

Visit Duration 60 minutes

Procedures

CPT	Export Code	Intervention	Modifier	Minutes	Units
97110 t	97110	Therapeutic Exercises - Therapeutic Procedure - 1+ Areas		30	2
97112 t	97112	Neuromuscular Reeducation - Therapeutic Procedure - 1+ Areas		15	1
G0283	G0283	Electrical Stimulation (Unattended) Medicare-Modality to 1+ areas		15	1

Total Timed Minutes 45

Total Treatment Minutes 60

Signature(s)

Electronically Signed By: Godbey, Maria Fe PT, DPT, NCS
State License #: PTH3832 5584 9/16/2022, 6:24 PM (ET)

Patient Name: [REDACTED]
Medical Record Number: M000436631
Start of Care: 9/7/2022
Visits since start of care: 6

Date: 9/21/2022
Patient Date of Birth: [REDACTED]
Location: Physical Therapy of Phenix City
Reason for Treatment: Acute pain of left shoulder
Treating Therapist: Maria Fe Godbey , PT, DPT, NCS
Referring Physician: Harden, Dennis

Physical Therapy Treatment Note

Diagnosis
M25.512 Pain in left shoulder

Onset Date
5/31/2022

Assessment

Assessment

S: Patient reports of pain in left shoulder with intensity 6/10. He states he doesn't know why this shoulder is hurting more today.

Q: Performed treatment consisting of neuromuscular reeducation x 15 minutes to work on improving alignment, scapular stability, and use of proper joint mechanics, therapeutic exercise x 30 minutes to work on improving range of motion, strength, and flexibility, and interferential electrical stimulation with moist heat pack to left shoulder for pain management. Patient performed active-assistive range of motion exercise using upper body ergometer x 5 minutes forward and reverse direction, scapular pinches and lat pull down with Theraband, wall push-ups, and stretching exercise to anterior upper trunk on corner.

A: Patient was able to complete exercises without any further increase in pain.

P: Continue as indicated in plan of care.

Prognosis

Good potential to reach the established goals

SuperBill

Visit Start Time 2:00 PM

Visit End Time 3:00 PM

Visit Duration 60 minutes

Procedures

CPT	Export Code	Intervention	Modifier	Minutes	Units
97110 t	97110	Therapeutic Exercises - Therapeutic Procedure - 1+ Areas		30	2
97112 t	97112	Neuromuscular Reeducation - Therapeutic Procedure - 1+ Areas		15	1
G0283	G0283	Electrical Stimulation (Unattended) Medicare-Modality to 1+ areas		15	1
Total Timed Minutes					45
Total Treatment Minutes					60

Signature(s)

Electronically Signed By: Godbey, Maria Fe PT, DPT, NCS
State License #: PTH3832 5584 9/21/2022, 6:10 PM (ET)

Patient Name: [REDACTED]
Medical Record Number: M000436631
Start of Care: 9/7/2022
Visits since start of care: 7

Date: 9/26/2022
Patient Date of Birth: [REDACTED]
Location: Physical Therapy of Phenix City
Reason for Treatment: Acute pain of left shoulder
Treating Therapist: Maria Fe Godbey , PT, DPT, NCS
Referring Physician: Harden, Dennis

Physical Therapy Treatment Note

Diagnosis
M25.512 Pain in left shoulder

Onset Date
5/31/2022

Assessment

Assessment

O: Performed treatment consisting of neuromuscular reeducation x 15 minutes to work on improving alignment, scapular stability, and use of proper joint mechanics, therapeutic exercise x 30 minutes to work on improving range of motion, strength, and flexibility, and interferential electrical stimulation with moist heat pack to left shoulder for pain management. Patient performed active-assistive range of motion exercise using upper body ergometer x 5 minutes forward and reverse direction, scapular pinches and lat pull down with Theraband, wall push-ups, and stretching exercise to anterior upper trunk on corner.

Prognosis

Good potential to reach the established goals

SuperBill

Visit Start Time 3:30 PM

Visit End Time 4:30 PM

Visit Duration 60 minutes

Procedures

CPT	Export Code	Intervention	Modifier Minutes	Units
97110 t	97110	Therapeutic Exercises - Therapeutic Procedure - 1+ Areas	30	2
97112 t	97112	Neuromuscular Reeducation - Therapeutic Procedure - 1+ Areas	15	1
G0283	G0283	Electrical Stimulation (Unattended) Medicare-Modality to 1+ areas	15	1

Total Timed Minutes 45

Total Treatment Minutes 60

Therapist Signature

State License #: PTH3832 5584

Date/Time

Patient Name: [REDACTED]
Medical Record Number: M000436631
Start of Care: 9/7/2022
Visits since start of care: 8

Date: 9/30/2022
Patient Date of Birth: [REDACTED]
Location: Physical Therapy of Phenix City
Reason for Treatment: Acute pain of left shoulder
Treating Therapist: Maria Fe Godbey , PT, DPT, NCS
Referring Physician: Harden, Dennis

Physical Therapy Treatment Note

Diagnosis
M25.512 Pain in left shoulder

Onset Date
5/30/2022

Assessment

Assessment

S: Patient reports of still having pain but he states he feels better. He rates pain 4-5/10.

O: Performed treatment consisting of neuromuscular reeducation x 15 minutes to work on improving alignment, scapular stability, and use of proper joint mechanics, therapeutic exercise x 30 minutes to work on improving range of motion, strength, and flexibility, and interferential electrical stimulation with moist heat pack to left shoulder for pain management. Patient performed active-assistive range of motion exercise using upper body ergometer x 5 minutes forward and reverse direction, scapular pinches and lat pull down with Theraband, wall push-ups, and stretching exercise to anterior upper trunk on corner.

A: Patient with continued gradual improvement in pain-free function of left shoulder.

P: Continue as indicated in plan of care.

Prognosis

Good potential to reach the established goals

SuperBill

Visit Start Time 9:00 AM

Visit End Time 10:00 AM

Visit Duration 60 minutes

Procedures

CPT	Export Code	Intervention	Modifier	Minutes	Units
97110 t	97110	Therapeutic Exercises - Therapeutic Procedure - 1+ Areas		30	2
97112 t	97112	Neuromuscular Reeducation - Therapeutic Procedure - 1+ Areas		15	1
G0283	G0283	Electrical Stimulation (Unattended) Medicare-Modality to 1+ areas		15	1
				Total Timed Minutes	45
				Total Treatment Minutes	60

Signature(s)

Electronically Signed By: Godbey, Maria Fe PT, DPT, NCS
State License #: PTH3832 5584 9/30/2022, 5:39 PM (ET)