

ARKANSAS STATE CLAIMS COMMISSION

AUG 20 2012

RECEIVED

Please Read Instructions on Reverse Side of Yellow copy

Please print in ink or type

BEFORE THE STATE CLAIMS COMMISSION Of the State of Arkansas

- Mr. Mrs. Ms. Miss

Gloria Webber Brown, as Administrator of the Estate of Ollie Ruth Miller, deceased Claimant

vs.

State of Arkansas, Respondent DHS/Developmental Disabilities Svs.

COMPLAINT

Do Not Write in These Spaces Claim No. 13-0156-CC Date Filed August 20, 2012 Amount of Claim \$ 500,000.00 Fund DHS/DDS

Wrongful Death, Pain & Suffering, Refund of Expenses, Negligence, Personal Injury

Gloria W. Brown, Administrator of the Estate of Ollie Ruth Miller, deceased (Name) the above named Claimant, of (City) Little Rock

AR 72264 (State) (Zip Code) County of Pulaski represented by Connie Grace, Gary Holt & Associates, P.A. (Legal Counsel, if any, for Claim)

of 708 West Second Street (Street and No.) Conway AR 72032 (City) (State) (Zip Code) (Phone No.) (Fax No.) says:

State agency involved: Conway Human Development Center (CHDC) Amount sought: \$500,000

Month, day, year and place of incident or service: July 4, 2011 Conway Human Development Center, 150 Siebenmorgen Road, Conway, AR 72032

Explanation: The decedent, Ollie Miller, a long-term resident of CHDC with profound mental retardation and PICA disorder (among other diagnoses) required visual supervision at all times. CHDC was on notice of the high level of supervision that Miller required due to a manifestation of the PICA disorder in late May of 2011 putting her at high risk of choking. On July 4, 2011, Miller was left alone and ingested two soiled...

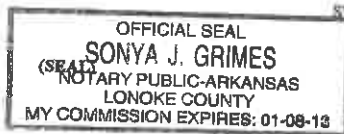
As parts of this complaint, the claimant makes the statements, and answers the following questions, as indicated: (1) Has claim been presented to any state department or officer thereof? Yes when? July 15-27 2011 to whom? Office of Long Term Care Medical Services Division (Department) and that the following action was taken thereon: complaint survey resulted in findings of immediate jeopardy and actual harm

and that \$ 0 was paid thereon: (2) Has any third person or corporation an interest in this claim? No; if so, state name and address: Allstate Medical Services and Medicare (Name) P.O. Box 1417 Little Rock, Arkansas (Street or R.F.D. & No.) Conway (City) AR (State) 72201 (Zip Code) and that the nature thereof is as follows: \$10,000.00 paid in medical expenses by Medicare/Third-party insurer at the time of Medicare. Final payment has been requested and was acquired on in the following manner:

THE UNDERSIGNED states on oath that he or she is familiar with the matters and things set forth in the above complaint, and that he or she verily believes that they are true.

(Print Claimant/Representative Name)

(Signature of Claimant/Representative)



SWORN TO and subscribed before me at Little Rock Arkansas

on this 17th day of August 2012

(Date) (Month) (Year)

(Notary Public)

My Commission Expires: 1 - 8 - 2013 (Month) (Day) (Year)

SFI-R799

ARKANSAS STATE CLAIMS COMMISSION
NON VEHICLE PROPERTY DAMAGE/PERSONAL INJURY INCIDENT REPORT FORM

SECTION 1 CLAIMANT Gloria Webber Brown, as Administrator of the Estate of Ollie Ruth Miller, deceased ADDRESS 5 Wynne Circle

CITY & STATE Little Rock, Arkansas ZIP CODE 72204

DATE OF INCIDENT: July 4, 2011 TIME Approximately 11:20 a.m.

Give a brief description of incident, showing how incident happened, exact loss and extent of damage to property and/or injury to person:

Miller, whose multiple diagnoses included PICA disorder requiring minimal supervision at all times, was left alone. She ingested 2 soiled vinyl gloves which were not discovered until Miller was deprived of oxygen for an unknown length of time. The anoxic injuries led to her decline and death on November 20, 2011.

(If personal injury claim only, move on to Section IV)

SECTION II

Has this property been repaired? Yes () No () If repairs have been made, give the following information: Amount: \$ _____ Have you paid for the repairs? Yes () No ()

NOTE: Attach a copy of repair bill.

If repairs have not been made, list three estimates below and **attach copies** of each of them.

NAME	ADDRESS	AMOUNT
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

SECTION III

Was property covered by insurance? Yes () No ()
 If yes, what is the deductible? \$ _____

NAME OF INSURANCE CARRIER ADDRESS

SECTION IV

Is injured covered by medical insurance? Yes () No ()

If yes, what is the deductible? \$ NA

NAME OF INSURANCE CARRIER ADDRESS

Medicaid PO Box 1437, Slot S296 Little Rock, AR 72203-1437
Medicare

SECTION V

If incident was investigated by the police or by some other agency, give name and title of officer/person making the investigation: Office of Longterm Care, Sandra Broughton, Immediate Jeopardy and Actual Harm were found

SECTION VI

The undersigned states on oath that he/she is familiar with the matters and things set forth in the above statement, and that he/she verily believes that they are true.

Gloria Webber Brown
 Signature of Claimant

Sworn to and subscribed before me at Little Rock, Arkansas
 City & State

on this 13th day of August, 2012
 day month year

(Notary Seal)
SONYA J. GRIMES
 NOTARY PUBLIC-ARKANSAS
 LONOKE COUNTY
 MY COMMISSION EXPIRES: 01-08-13

My Commission Expires 1-8-2013

Sonya J. Grimes
 Signature of Notary Public

ARKANSAS STATE CLAIMS COMMISSION

AUG 20 2012

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2012 FEB 10 P 2:14

MELINDA REYNOLDS
COUNTY CLERK
DC

IN THE CIRCUIT COURT OF FAULKNER COUNTY, ARKANSAS
SECOND DIVISION

IN THE MATTER OF THE ESTATE OF
OLLIE RUTH MILLER, DECEASED

PROBATE NO. 2001-219-2

PETITION FOR APPOINTMENT AS SPECIAL ADMINISTRATOR

Comes the Petitioner, Gloria Webber Brown, by and through her attorneys, Gary Holt & Associates, P.A., and for her Petition for Appointment of Special Administrator, and states:

1. Ollie Ruth Miller was born December 25, 1948.
2. Ollie Ruth Miller died on November 20, 2011. Ollie Ruth Miller died in Little Rock, Arkansas, after being treated at University of Arkansas Medical Sciences Hospital, and was subsequently transferred to Pleasant Valley Nursing Home, 12111 Hinson Road, Little Rock, Arkansas, 72212. Through information and belief, Ollie Ruth Miller remained a citizen of Faulkner County, Arkansas at the time of her death.
3. Petitioner Gloria Webber Brown was appointed successor guardian of Ollie Ruth Miller on June 6, 2001.
4. Prior to the decedent's death, Petitioner retained Gary Holt & Associates,

P.A. to pursue a personal injury suit against Conway Human Development Center, Conway, Arkansas.

5. On September 22, 2011, the Court approved the contract with Gary Holt & Associates, P.A. and issued Letters of Administration.

6. Petitioner now seeks approval for appointment of special administrator of the decedent's Estate to pursue a wrongful death case against Conway Human Development Center.

7. Petitioner further seeks approval of the contract with Gary Holt & Associates, P.A, to pursue this wrongful death suit.

8. The persons most closely related to said incapacitated person by blood are:

<u>Name</u>	<u>Relationship</u>	<u>Address</u>
Gloria Webber Brown	Sister	5 Wynne Circle Little Rock, AR 72204
Lorenza Miller	Brother	4025 East 30 th Street Indianapolis, IN 46218
Suglet Miller, Jr.	Brother	3645 N. LaSalle Indianapolis, IN 46218
Betty J. Moore	Sister	236 W. Jefferson West Memphis, AR 72301
Elizabeth Wooten	Sister	3404 E. Polk West Memphis, AR 72301
Jerry Miller	Brother	3546 Gammon Road Marion, AR 72364

Perry Miller	Brother	3546 Gammon Road Marion, AR 72364
Henry Miller	Brother	3546 Gammon Road Marion, AR 72364
Grady Miller	Brother	805 Boulevard Saint Germaine St. Marion, AR 72364
Evelyn Townsend	Sister	2417 Thompson Avenue West Memphis, AR 72301
Aaron Miller	Brother	4025 East 30 th Street Indianapolis, IN 46218
Annie Lee Miller	Mother	3546 Gammon Road Marion, AR 72364

9. Petitioner Gloria Webber Brown is a proper person and is fully qualified by law to serve as the special administrator of the estate.

10. The amount of property which may reasonably be expected to pass through the hands of the administrator is unknown at this time. Therefore, Petitioner requests that bond be dispensed, as no money will be disbursed without order from this Court; hence, there is no need for an annual accounting.

11. Petitioner has signed a contract of employment with the firm of Gary Holt & Associates, P.A. See attached Exhibit A. Petitioner proposes the contract with said firm be approved by this Court.

WHEREFORE, Petitioner, Gloria Webber Brown, respectfully prays that this Court approve the contract of employment with Gary Holt & Associates, P.A., that Petitioner be appointed as special administrator of the estate of Ollie Ruth Miller, Deceased, and that

5

Letters of Administration be issued.

Gloria Webber Brown
GLORIA WEBBER BROWN, PETITIONER

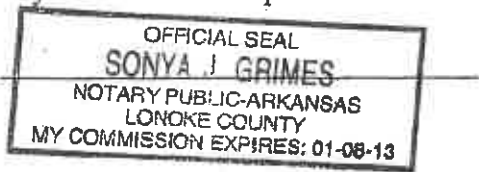
ACKNOWLEDGMENT

STATE OF ARKANSAS)
)SS
COUNTY OF PULASKI)

Subscribed and sworn to before me, a notary public, on this 8th day of February, 2012.

Sonya J Grimes
Notary Public

My Commission Expires:



PREPARED BY:
GARY HOLT & ASSOCIATES, P.A.
P. O. Box 3887
Little Rock, AR 72203-3887
Telephone #: 501-372-0266
Fax: 501-372-2249

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CONTRACT FOR LEGAL SERVICES

READ CAREFULLY: This contract protects both you and your attorney and will prevent misunderstanding. If you do not understand it or if it does not contain all agreements you discussed, please call it to my attention.

I hereby employ the law firm of Gary Holt & Associates, P. A. to represent me in regard to any cause of action I may have against Conway Humm Development Center + others and others arising out of 7/4/11 incident + death. I agree to pay my attorneys, Gary Holt & Associates, P.A. a fee as follows: 33% of any and all sums recovered if the case is settled prior to the institution of suit; 35% of any and all sums recovered if suit is instituted; 40% of any and all sums recovered after the actual trial of the case has commenced or if the case has been adjudicated through arbitration or mediation; and 45% of all sums recovered if the case is appealed to the Court of Appeals or the Supreme Court OR a fee of \$ N/A per hour for legal services rendered in this matter with an initial retainer of \$ N/A. I hereby empower said attorneys to file suit at such time and in whatever court they deem necessary. I shall have the right to accept or reject any settlement offers made.

Gary Holt & Associates, P.A. will charge a flat fee of \$350, plus costs, to secure appointment of representative, if it proves necessary under Arkansas probate law, with said fee and costs to come out of the client's share of any settlement or judgment. Any and all probate work not associated with the personal injury claim or wrongful death claim will not be performed by Gary Holt & Associates, P.A., but may be performed by a probate attorney of the client's choice.

I further authorize said attorneys to execute all medical pay and hospitalization forms and endorse drafts on my behalf and to apply the same to any and all medical bills incurred in regard to this accident in order that these bills may be paid as soon as possible.

I further agree that, in addition to the above attorney fees, court costs, subpoena costs, photographs, movies, video tapes, photo copies, postage, depositions, court reporter costs, reports, witness statements, investigation expenses, necessary travel expenses, expert and lay witness expenses and all other expenses incurred in investigating and/or litigating this claim shall be paid off the top from the total proceeds collected and that said expenses, attorney's fees and medical expenses may be deducted from the proceeds of any recovery and may be disbursed to the appropriate parties to insure proper payment. Photo copies produced in-house, postage and long distance telephone charges will be assessed as 1% of any and all sums recovered up to a maximum of \$500; however, Gary Holt & Associates, P.A. retains the right to substitute the actual costs of such charges should they exceed \$500. MY MEDICAL BILLS SHALL BE DEDUCTED FROM MY SHARE OF ANY RECOVERY. Any bills not shown on the disbursement sheet will be my sole responsibility. Should I recover nothing, I agree that my attorney is not obligated to pay the medical bills.

Should my insurer or others so entitled cause a subrogation claim or right of reimbursement lien to be instituted against me during the pendency of this action, I authorize my attorneys, Gary Holt & Associates, P.A. to enter into any agreement necessary to protect me and complete my legal obligations. I understand that they may receive the cost of collection as reimbursement for their time so spent from the insurer or other person exercising that right.

IF NO RECOVERY IS OBTAINED, NO FEE WILL BE PAYABLE TO THE ATTORNEYS. The attorney may withdraw from this case at any time at their sole discretion. Associate counsel may be employed at the discretion and expense of my attorney. The decision to appeal to the Supreme Court or the Court of Appeals shall be made in the sole discretion of the attorneys. All costs of appeal, including transcript and printing costs, shall be deducted from the recovery.

No representation has been made as to what amount, if any, I may recover in this case.

I agree to keep the law offices of Gary Holt & Associates, P.A. advised of my whereabouts at all times and to cooperate in the preparation and trial of my case. In the event my attorneys are able to make a recovery for me and are unable to locate me after making all reasonable efforts to do so, I hereby authorize them to endorse the settlement drafts for me and on my behalf to hold my portion in trust for me until I can be located. I further agree that if the law offices of Gary Holt & Associates, P.A. is unable to locate me within one (1) year of placing my portion of any settlement in trust, a DORMANCY FEE of \$100 per month will be charged against my trust balance so long as such balance is greater than \$0.

7-7-2012
Date

Blair Webster Brown
Client

The above employment is hereby accepted on the terms stated and agree to make no charge for services unless recovery is had in this matter.

GARY HOLT & ASSOCIATES, P.A.
Annme Chan
ATTORNEY





**Arkansas Department
Of Human Services
Division of Medical Services
Third Party Liability Unit**



P.O. Box 1437, Slot S-296 · Little Rock, AR 72203-1437 501-682-6711 · Fax: 501-682-1644 · TDD: 501-682-6789

September 6, 2011

Gary Holt & Associates
Attn: Connie Grace
PO Box 3887
Little Rock, AR 72203

RE: Ollie Miller
Case#: 143121

Dear Sir/Madam:

We have been notified that you represent the above named individual concerning an incident on or around July 4, 2011. The above named individual is a Medicaid recipient and Medicaid has made payments that total **\$10,822.73**. *This amount includes all a claims paid by Medicaid since the date of accident. Once we have received the requested an authorization of disclosure from your office, we will send an itemized listing of claims related to the accident.*

As a condition of Medicaid eligibility, every Medicaid applicant shall automatically assign his or her right to any settlement, judgment, or award which may be obtained against any third party to the Arkansas Department of Health and Human Services to the extent of any amount which may be paid by Medicaid for the benefit of the applicant.

Please make the check payable to the Arkansas Medicaid and mail it to the following address:

**Arkansas Department of Human Services
Division of Medical Services
ATTN: Third Party Liability Unit
P. O. Box 1437, Slot S296
Little Rock, Arkansas 72203-1437**

When an action or claim is brought by a medical assistance recipient or his legal representative against a third party who may be liable for injury, disease, disability, or death of a medical assistance recipient, any settlement, judgment, or award obtained is subject to the division's claims for reimbursement of the benefits provided to the recipient under the medical assistance program.

DT

Letter to: Gary Holt & Associates\
September 6, 2011
Page 2

No judgment, award, or settlement in any action or claim by a medical assistance recipient to recover damages for injuries, disease, or disability, in which the department as interest, shall be satisfied without first giving the department notice and a reasonable opportunity to establish its interest.

The Department of Human Services has an interest in this matter. Since we have a claim, please provide reasonable notice of all settlement negotiations and hearings so the department can take appropriate action to protect the interest of the Medicaid Program.

We appreciate your cooperation in this matter. Please do not hesitate to contact us at (501) 682-8328 should you have any questions.

Sincerely,

Deadra Tremble


Deadra Tremble, Health Care Analyst II
Division of Medical Services
Administrative Services Section
Third Party Liability Unit

DT:pc

FILED

2012 FEB 28 A 11:17

IN THE CIRCUIT COURT OF FAULKNER COUNTY, ARKANSAS
SECOND DIVISION

LINDA REYNOLDS
COUNTY CLERK
DC


IN THE MATTER OF THE ESTATE OF
OLLIE RUTH MILLER, DECEASED

PROBATE NO. 2001-219-2

ORDER

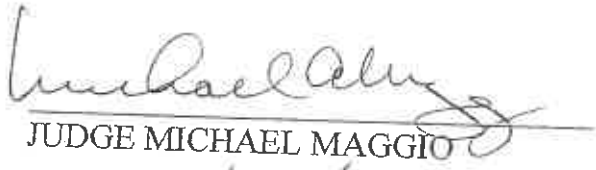
Now on this day comes on for the hearing of Petition of Gloria Webber Brown for the appointment of special administrator of the estate of Ollie Ruth Miller, Deceased pursuant to notice served for the time and in the manner required by law upon all interested person and upon consideration of the petition, and the facts into evidence and support thereof, the Court finds:

1. No demand for notice of proceedings for the appointment of a personal representative of the estate has been filed herein, the petition is not opposed by any known person, and the same may be heard and decided forthwith.
2. The decedent, Ollie Ruth Miller, age 62 years who was in Hospice Care at Pleasant Valley Nursing Home, 1211 Hinson Road, Little Rock, AR 72212, died at Little Rock, Pulaski County Arkansas on or about November 20, 2011. Through information and belief Ollie Ruth Miller, Deceased, remained a citizen of Faulkner County at the time of her death.
3. This Court has jurisdiction and venue properly lies in this county.
4. Petitioner, Gloria Webber Brown, is the proper person and is fully qualified by law to serve as administrator of the estate.

5. That the amount of property which may be reasonably be expected to pass through the hands of the administrator is unknown at this time. Therefore, no bond shall be required until such time as the administrator acquires property of the estate, and the administrator shall forthwith set a hearing upon acquiring property for the consideration of a proper bond.

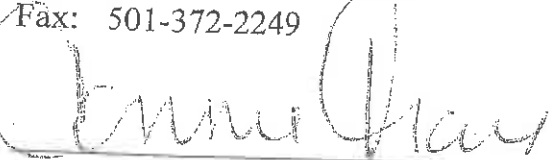
IT IS, THEREFORE, CONSIDERED, ORDERED, AND ADJUDGED, that the special administrator of the estate be, and is hereby, opened and Gloria Webber Brown be and hereby is appointed special administrator of the estate of the decedent, and that letters of administration shall be issued to said personal representative upon filing of her acceptance of appointment, and that no bond be required of the administrator until such time as the estate acquires property.

IT IS SO ORDERED.


JUDGE MICHAEL MAGGIO

2/22/12
DATE

PREPARED BY:
Connie Grace ABN 97101
GARY HOLT & ASSOCIATES, P.A.
P. O. Box 3887
Little Rock, AR 72203-3887
Telephone #: 501-372-0266
Fax: 501-372-2249


Connie Grace

SEP 12 2012

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BEFORE THE CLAIMS COMMISSION
OF THE STATE OF ARKANSAS

GLORIA WEBBER BROWN
(ESTATE OF OLLIE MILLER, DECEASED)

CLAIMANT

VS.

CLAIM #13-0156-CC

STATE OF ARKANSAS
DHS/DDS

RESPONDENT

ANSWER

Comes now the Respondent, Arkansas Department of Human Services, Division of Developmental Disabilities Services (DDS) and for its answer states:

1. Respondent denies liability in the above referenced claim. Account information is:

Agency Number:	0710
Cost Center:	419150
Internal Order:	HMKX01XX
Fund:	PWP5500
Fund Center:	896

2. DDS disputes all issues of liability, causation and damages
3. The alleged acts or omissions of DDS were not the proximate cause of Ms.

Miller's death. The decedent did not choke to death while in the care of DDS. In fact, the decedent was transported by ambulance to the hospital on the day of the incident alleged in the complaint but was *released* from the hospital the same day and returned to the facility.

4. Ms. Miller's death approximately four (4) months later was the result of unrelated causes. The decedent subsequently died as a result of superceding and intervening causes, including her chronic diseases – profound developmental delay, diabetes, sickle cell and cardiac arrest. Despite the death certificate noting that no autopsy was performed, the death certificate

was changed four (4) months *after* the date of death and within a day of Claimant's appointment as special administrator of the estate in order to prosecute a potential lawsuit.

5. Proximate cause in Arkansas means a cause which, in a natural and continuous sequence, produces damage and without which the damage would not have occurred. *Schubert v. Target Stores, Inc.*, 2010 WL 4910126 (Dec. 2, 2010). Before an act can be said to be the proximate cause of an injury, the injury must be the probable and natural consequence of that act. *Gathright v. Lincoln Ins. Co.*, 286 Ark. 16, 688 S.W.2d 931(1985). Decedent's death four (4) months after the alleged act or omission at the facility was not the proximate cause of her death.

6. The decedent died months after leaving Respondent's care and while in the care of a nursing home. Respondent is unaware if the claimant filed suit against the nursing facility that provided the care to the Ms. Miller.

WHEREFORE, Respondent, Department of Human Services, Division of Developmental Disabilities Services, moves that the entire claim be denied and that it be released from liability thereon.

Respectfully submitted,

ARKANSAS DEPARTMENT
OF HUMAN SERVICES
OFFICE OF CHIEF COUNSEL



Rich Rosen
Attorney – Bar #97164
P.O. Box 1437, Slot S260
Little Rock, Arkansas 72203
Telephone # (501) 320-6334

CERTIFICATE OF SERVICE

This is to certify that I have served a copy of the foregoing Answer on Connie Grace, 5 Winn Circle, Little Rock, AR 72204, by depositing same in the U.S. Mail in a properly addressed envelope with adequate postage thereon this 12th day of September, 2012.



Rich Rosen
Attorney

STATE OF ARKANSAS

TYPE: PERMIT
PERMANENT
IN ACT NO.
SEE
INSTRUCTIONS

DEC 8 2011

ARKANSAS DEPARTMENT OF HEALTH
Vital Records Section
CERTIFICATE OF DEATH

11 026369

us

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (Print, Middle Initial, Suffix) Ollie Ruth Miller		2. SEX F	3a. DATE OF DEATH (MM/DD/YYYY) Nov 20, 2011	3b. TIME OF DEATH 1:07 PM
4. SOCIAL SECURITY NO. 62		5a. US BIRTH YEAR Month: Dec Day: 25 Hour: 1948 Minute: 1948	6. DATE OF BIRTH (MM/DD/YYYY) Dec 25, 1948	
7. BIRTH-PLACE (City and State or Foreign Country) Mario, Arkansas		8. ZIP CODE 72212		
9. DEATH OCCURRED IN A HOSPITAL? <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Emergency Room <input type="checkbox"/> Outpatient		10. MARITAL STATUS AT TIME OF DEATH: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown		
11. SURVIVING SPOUSE'S NAME (If wife, give name first in first marriage) None		12a. COUNTY OF DEATH Pulaski		
12b. CITY OR TOWN Little Rock		12c. ZIP CODE 72212		
13. FATHER'S NAME (Print, Middle Initial) Supplet Miller		14. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (Print, Middle Initial) Annie Lee Sank		
15a. INFORMANT'S NAME Betty Jean Moore		15b. RELATIONSHIP TO DECEDENT Sister		
15c. MAILING ADDRESS (Include and include PO Box, City, State, Zip Code) 236 W. Jefferson W. Memphis, Ar 38101		16. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		
16a. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) Paradise Garden		16b. LOCATION - CITY, TOWN, AND STATE Paradise, Arkansas		
17a. FUNERAL HOME Volfe Brothers Funeral Home Inc		17b. EMPLOYER'S LICENSE # 1632		
17c. COMPLETE ADDRESS OF FUNERAL FACILITY P.O. Box 2715 West Memphis Arkansas 72203-2715		17d. LICENSE # 388		
18a. DATE PROMOUNCED DEAD 11/20/11		18b. TIME PROMOUNCED DEAD 1:07 PM		18c. NAME AND TITLE OF PERSON PROMOUNCING DEATH (Print) Kathy Clauson RN
19. IMMEDIATE CAUSE (That results in condition recorded in death) Cardiac Arrest		20. APPROXIMATE INTERVAL: Onset to Death 2 months		
21. MANNER OF DEATH <input checked="" type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		22. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
23. DID YOUR HOUSE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		24. IF APPLICABLE: <input type="checkbox"/> Not present within past year <input type="checkbox"/> Not present, but deceased within 42 days of death <input type="checkbox"/> Unknown if present within past year <input type="checkbox"/> Present at time of death <input type="checkbox"/> Not present, but deceased 43 days to 1 year before death		
25a. DATE OF INJURY 11/20/11		25b. TIME OF INJURY <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	25c. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area) Home	
25d. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		26. DESCRIBE HOW INJURY OCCURRED: None		
26a. CERTIFICATION (Print name only) <input checked="" type="checkbox"/> Coroner - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Recording & Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Other - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.		27. SIGNATURE OF REGISTRAR Michelle Priebe		
28. NAME AND COMPLETE MAILING ADDRESS OF REGISTRAR Michelle Priebe, State Registrar, Little Rock, AR		29. SIGNATURE OF REGISTERED DEATH REPORTER Kathy Clauson RN		
30. SIGNATURE OF REGISTERED DEATH REPORTER Caroline Brewster, Deputy Registrar		31. FOR REGISTRATION ONLY: DATE FILED 11/30/11		

NAME OF DECEASED: Ollie Miller

14. See Instructions I. Validated by MEDICAL CERTIFICATE



THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THE ARKANSAS DEPARTMENT OF HEALTH.

FEB 21 2012

Michelle Priebe
Michelle Priebe
State Registrar

WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE ARKANSAS DEPARTMENT OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COU

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miller 5213

STATE OF ARKANSAS

ARKANSAS DEPARTMENT OF HEALTH
Vital Records

For Office Use Only
Vol. _____ Page **026369**
Year **2011**

Supplemental Report of Cause of Death

Name of Deceased OLLIE RUTH MILLER			
Date of Death NOVEMBER 20, 2011	County of Death FULASKI	Sex FEMALE	Race
I hereby certify that the cause of death of the decedent was as given below and the original certificate of death should be amended accordingly. Note: If this form is used as authorization to amend a cause of death previously reported on a death certificate, please check here: <input type="checkbox"/>			
Reason for amendment: <input type="checkbox"/> Autopsy <input type="checkbox"/> Other. Specify _____			
3a. DATE OF DEATH (Month/Day/Year)	3b. TIME OF DEATH <input type="checkbox"/> AM <input type="checkbox"/> PM	11c. NAME AND TITLE OF PERSON PRONOUNCING DEATH Kathy Clausen RN	
18a. DATE PRONOUNCED DEAD 11/20/11	18b. TIME PRONOUNCED DEAD <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM 1:07	19. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	APPROXIMATE INTERVAL: Onset to Death
20. PART I: Enter the chain of events—disease, injury, or complication—that directly resulted in the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without also giving the etiology. DO NOT abbreviate. Enter every line cause on a line. IMMEDIATE CAUSE Final disease or condition resulting in death CARDIAC ARREST Due to (or as a consequence of) ASPIRATION Due to (or as a consequence of) ANOXIC BRAIN INJURY Due to (or as a consequence of) MENTAL RETARDATION		21a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 21b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PART II: Enter other significant conditions contributing to death, but not resulting in the underlying cause given in PART I		22. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined	
23. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		24. IF FEMALE <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within last year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death	
25a. DATE OF INJURY (Month/Day/Year)	25b. TIME OF INJURY <input type="checkbox"/> AM <input type="checkbox"/> PM	25c. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, street, etc.)	25d. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25e. LOCATION OF INJURY: (Road, Street, Apartment No., City, State, Zip Code)			
25f. DESCRIBE MAIN INJURY OCCURRED.		25g. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other _____	

Name of Certifier (Print or Type) KATHY CLAUSEN	Title Nurse RN	License # RY 9965
Signature of Certifier <i>Kathy Clausen RN</i>	Date	
Certifier's Address 14 Parkstone Circle	City North Little Rock	State AR
		Zip Code 72116

Subscribed and sworn to before me
This 9th day of Feb, 2012
My Commission Expires 6-19-2019

Notary Public Seal

Maile Cardwell
Signature of Notary Public

CYN. CARDELL
BREMEN COUNTY
NOTARY PUBLIC - ARKANSAS
My Commission Expires June 19, 2019
Commission # 00112322

VR-4 (R 01/08)



THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THE ARKANSAS DEPARTMENT OF HEALTH.

FEB 21 2012
Michelle Priebe
Michelle Priebe
State Registrar

WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE ARKANSAS DEPARTMENT OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

3136964

16

Miller 5214

Value Code Report

Value Code	Dates of Service	Provider Of Service	Total Amount
MED	7/4/2011 - 7/4/2011 Acct. #: [REDACTED]	Conway Regional Medical Center, Inc.	3,297.70
MED	7/4/2011 - 7/4/2011 Run #: [REDACTED]	MEMS	894.00
MED	7/4/2011 - 7/4/2011 Run #: [REDACTED]	MEMS	570.80
MED	7/5/2011 - 7/5/2011 Acct. #: [REDACTED]	Conway Regional Medical Center, Inc.	118.10
MED	7/6/2011 - 7/6/2011 Acct. #: [REDACTED]	Conway Regional Medical Center, Inc.	118.10
MED	7/8/2011 - 7/8/2011 Acct. #: [REDACTED]	Conway Regional Medical Center, Inc.	118.10
MED	7/11/2011 - 7/11/2011 Acct. #: [REDACTED]	Conway Regional Medical Center, Inc.	118.10
MED	7/17/2011 - 8/19/2011 Acct. #: [REDACTED]	Conway Regional Medical Center, Inc.	5,078.51
MED	7/27/2011 - 7/27/2011 Acct. #: [REDACTED]	Conway Regional Medical Center, Inc.	210.30
MED	7/28/2011 - 7/28/2011 Acct. #: [REDACTED]	Conway Regional Medical Center, Inc.	538.00
MED	8/5/2011 - 8/5/2011 Acct. #: [REDACTED]	Conway Regional Medical Center, Inc.	118.00
MED	8/17/2011 - 8/17/2011 Run #: [REDACTED]	MEMS	611.20
MED	8/23/2011 - 8/23/2011 Acct. #: [REDACTED]	Conway Regional Medical Center, Inc.	222.18
MED	8/31/2011 - 8/31/2011 Acct. #: [REDACTED]	Conway Regional Medical Center, Inc.	118.10
MED	9/12/2011 - 11/7/2011 Acct. #: [REDACTED]	Medical College Physician Group	7,449.02
MED	10/11/2011 - 10/11/2011 Run #: [REDACTED]	MEMS	749.60
MED	10/11/2011 - 10/21/2011 Acct. #: [REDACTED]	UAMS Medical Center	35,262.59
MED	10/21/2011 - 10/21/2011 Run #: [REDACTED]	MEMS	664.40
MED	11/2/2011 - 11/2/2011 Run #: [REDACTED]	MEMS	800.60

Value Code Report

Value Code	Dates of Service	Provider Of Service	Total Amount
MED	11/2/2011 - 11/9/2011 Acct. #: [REDACTED]	UAMS Medical Center	36,146.38
MED	11/9/2011 - 11/9/2011 Run #: [REDACTED]	MEMS	628.18
MED	11/14/2011 - 11/14/2011 Run #: [REDACTED]	MEMS	525.50
MED	11/14/2011 - 11/14/2011 Acct. #: [REDACTED]	UAMS Medical Center	189.38
<u>TOTAL FOR MED</u>			<u>\$ 94,546.84</u>

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Medical College Physicians Group
 P.O. Box 251508
 Little Rock, AR 72225
 (800) 422-3863

Ollie R. Miller

Federal Tax ID Number: [REDACTED]
 Prepared By: Angela
 Prepared Date: 11/15/11

CASE	DTL	SERVICE DT	PROVIDER NAME	DESCRIPTION	QTY	CHARGES	INS PAYG	PERG PAYS	CONTRACTS	OUT BAL	INS BAL
	1	06/12/11	KHAN MD, MOHAMMAD A	NURSING FACILITY CARE, IN	1	184.00	-117.04	0.00	-78.00	0.00	0.00
	2	10/10/11	KHAN MD, MOHAMMAD A	NURSING FAC CARE, SUBSE	1	135.00	-44.81	0.00	-53.53	0.00	36.86
	3	10/11/11	SEWANI MD, ASIF	ELECTROCARDIOGRAM RPT	1	30.00	-8.44	0.00	-21.56	0.00	0.00
	7	10/11/11	CHANDLER MD, ADAM	ER VISIT-LIFE THREATENING	1	280.00	0.00	0.00	0.00	0.00	280.00
	17	10/11/11	YOUSAF MD, ASIFA	X-RAY EXAM OF CHEST	1	28.00	-6.77	0.00	-19.54	0.00	0.00
	2	10/12/11	SEWANI MD, ASIF	ELECTROCARDIOGRAM RPT	1	30.00	-8.44	0.00	-21.56	0.00	0.00
	10	10/12/11	RIGGS MD, ANN T	INITIAL HOSP CARE-HIGH	1	310.00	-164.46	0.00	-125.95	0.00	0.00
	3	10/13/11	FERRIS MD, ERNEST J	X-RAY EXAM OF CHEST	1	28.00	-8.48	0.00	-19.54	0.00	0.00
	4	10/13/11	FERRIS MD, ERNEST J	X-RAY EXAM OF CHEST	1	28.00	-8.48	0.00	-19.54	0.00	0.00
	11	10/13/11	RIGGS MD, ANN T	SUBS HOSP CARE-HIGH	1	161.00	-45.16	0.00	-65.84	0.00	0.00
	5	10/14/11	DELL MD, CAROL	X-RAY EXAM OF CHEST	1	28.00	-8.48	0.00	-19.54	0.00	0.00
	12	10/14/11	RIGGS MD, ANN T	SUBS HOSP CARE-HIGH	1	161.00	-45.16	0.00	-65.84	0.00	0.00
	9	10/15/11	PANDEY MD, TARUN	X-RAY EXAM OF ABDOMEN	1	27.00	-8.46	0.00	-18.54	0.00	0.00
	13	10/15/11	POORAZIK MD, PAULA	SUBS HOSP CARE-HIGH	1	161.00	-45.16	0.00	-65.84	0.00	0.00
	28	10/15/11	MOODY MD, MARGUS	INITIAL HOSP CARE-MOD SEV	1	210.00	0.00	0.00	0.00	0.00	210.00
	6	10/18/11	POST MD, GINELL	BLOOD SMEAR INTERPRETAT	1	46.00	-22.01	0.00	-23.99	0.00	0.00
	8	10/18/11	SHAH MD, HEHENDRA	X-RAY EXAM OF CHEST	1	28.00	-8.48	0.00	-19.54	0.00	0.00
	14	10/18/11	POORAZIK MD, PAULA	SUBS HOSP CARE-HIGH	1	161.00	-45.16	0.00	-65.84	0.00	0.00
	16	10/18/11	SHAH MD, HEHENDRA	CT ABD & PELVIS W/O CONTR	1	166.00	-64.81	0.00	-74.99	0.00	16.20
	18	10/18/11	SEWANI MD, ASIF	ELECTROCARDIOGRAM RPT	1	30.00	-8.76	0.00	-21.56	0.00	1.89
	15	10/17/11	RIGGS MD, ANN T	SUBS HOSP CARE MOD	1	112.00	-68.31	0.00	-45.69	0.00	0.00
	19	10/18/11	RIGGS MD, ANN T	SUBS HOSP CARE-HIGH	1	161.00	-45.16	0.00	-65.84	0.00	0.00
	20	10/19/11	RIGGS MD, ANN T	SUBS HOSP CARE-HIGH	1	112.00	-78.13	0.00	-45.69	0.00	19.03
	21	10/20/11	RIGGS MD, ANN T	SUBS HOSP CARE MOD	1	112.00	-63.06	0.00	-45.69	0.00	13.26
	22	10/20/11	LI MD, RUIZONG	SUBS HOSP CARE-HIGH	1	161.00	-45.16	0.00	-65.84	0.00	19.03
	23	10/20/11	LI MD, RUIZONG	PLAQUE GASTROSTOMY TUBE PE	1	2,088.00	-173.60	0.00	-1,871.00	0.00	43.40
	24	10/20/11	KUMAR MD, MANOJ	CAT SCAN OF HEAD OR BRAIN	1	180.00	-32.37	0.00	-119.54	0.00	6.08
	26	10/20/11	SHIHABUDDIN MD, BASHIR	FLUOROSCOPY EXPOSURE	1	0.01	0.00	0.00	-0.01	0.00	0.00
	30	10/20/11	AL-JAHRAM MD, TAWFIQ	ELECTROENCEPHALOGRAM	1	182.00	0.00	0.00	0.00	0.00	182.00
	25	10/21/11	RIGGS MD, ANN T	INITIAL HOSP CARE-HIGH	1	310.00	0.00	0.00	0.00	0.00	310.00
	26	10/21/11	RIGGS MD, ANN T	DISCHARGE DAY MGMT	1	110.00	-52.70	0.00	-44.13	0.00	13.17
	27	10/21/11	LI MD, RUIZONG	FLURO EXAM OF GACOLON TU	1	321.00	0.00	0.00	0.00	0.00	321.00
	4	10/24/11	LI MD, RUIZONG	FLUOROSCOPY EXPOSURE	1	0.01	0.00	0.00	-0.01	0.00	0.00
	3	10/27/11	KHAN MD, MOHAMMAD A	NURSING FACILITY CARE, IN	1	249.00	0.00	0.00	0.00	0.00	249.00
	1	11/02/11	BOGER MD, JAMES E	NURSING FAC CARE, SUBSE	1	135.00	0.00	0.00	0.00	0.00	135.00
	2	11/02/11	SINGH MD, ZEEBA	ELECTROCARDIOGRAM RPT	1	30.00	0.00	0.00	0.00	0.00	30.00
	3	11/02/11	KRISHNAN MD, UTTAMAPALAYAM	BLOOD SMEAR INTERPRETAT	1	46.00	0.00	0.00	0.00	0.00	46.00
	4	11/02/11	KRISHNAN MD, UTTAMAPALAYAM	X-RAY EXAM OF CHEST	1	28.00	0.00	0.00	0.00	0.00	28.00
	5	11/02/11	ALI MD, AHSAN	X-RAY EXAM OF CHEST	1	28.00	0.00	0.00	0.00	0.00	28.00
	6	11/02/11	THIELS MD, JOHN	EXTREMITY STDY	1	511.00	0.00	0.00	0.00	0.00	511.00
	9	11/03/11	JAMBHEKAR MD, KEDAR	HEMOGLOBIN, ELP	1	50.00	0.00	0.00	0.00	0.00	50.00
	11	11/03/11	VAN HEMERT JR MD, RUDY L	X-RAY EXAM OF CHEST	1	28.00	0.00	0.00	0.00	0.00	28.00
				CAT SCAN OF HEAD OR BRAIN	1	160.00	0.00	0.00	0.00	0.00	160.00

YOU MAY NOW VIEW YOUR STATEMENTS AND MAKE PAYMENTS ONLINE!
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Medical College Physicians Group
 P.O. Box 251508
 Little Rock, AR 72226
 1(800) 422-3983

Ollie R. Miller

Federal Tax ID Number

Prepared By: Angela
 Prepared Date: 11/15/11

CASE	DTL	SERVICE DT	PROVIDER NAME	DESCRIPTION	QTY	CHARGE	MS PAYS	PERG PAYS	CONTRACTS	GU BAL	MS BAL
	10	11/04/11	RUNION MD, LANCE K	X-RAY EXAM OF ABDOMEN	1	27.00	0.00	0.00	0.00	0.00	27.00
	12	11/05/11	RUNION MD, LANCE K	X-RAY EXAM OF CHEST	1	28.00	0.00	0.00	0.00	0.00	28.00
	8	11/06/11	SINGH MD, ZEBA	BLOOD SMEAR INTERPRETAT	1	46.00	0.00	0.00	0.00	0.00	46.00
	7	11/07/11	THEJUS MD, JOHN	PHYSICIAN BLOOD BANK SERV	1	98.00	0.00	0.00	0.00	0.00	98.00
	13	11/07/11	FERRIS MD, ERNEST J	X-RAY EXAM OF CHEST	1	28.00	0.00	0.00	0.00	0.00	28.00
Totals						7,449.02	-1,416.75	0.00	-3,057.05	0.00	2,975.22

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CONWAY REGIONAL MEDICAL CENTER
2302 COLLEGE AVENUE
P O BOX 10610
CONWAY AR 72034

1

FINAL

MILLER, OLLIE R

07/04/11 07/04/11 07/14/11

MILLER, OLLIE R
150 STEBENMORGAN RD
CONWAY AR 72032

MEDICARE PART A AND B
MEDICAID

*** 271 M/S SUPPLY NONSTERILE SUP ***		
07/04/11	2700003416 OXYGEN USE PER HOUR	1 10.00

		10.00
*** 300 LABORATORY GENERAL ***		
07/04/11	3000008469 VENIPUNCTURE	1 10.00
07/04/11	3000008469 VENIPUNCTURE	1 3.00
07/04/11	3000008469 VENIPUNCTURE	-1 -10.00

		3.00
*** 301 LABORATORY CHEMISTRY ***		
07/04/11	3010002022 GLUCOSE	1 63.00
07/04/11	3010002155 BUN, (UREA NITROGEN), QUANT	1 49.00
07/04/11	3010001969 CREATININE, SERUM	1 56.00
07/04/11	3010002129 SODIUM, SERUM	1 52.00
07/04/11	3010002091 POTASSIUM, SERUM/FLUID	1 50.00
07/04/11	3010001945 CHLORIDE, SERUM	1 50.00
07/04/11	3010001939 CARBON DIOXIDE	1 47.00
07/04/11	3010001936 CALCIUM, SERUM	1 116.00
07/04/11	3010002180 CREATINE KINASE	1 74.00
07/04/11	3010003825 CKMB	1 126.00
07/04/11	3010011940 TROPONIN, QUANTITATIVE	1 141.00
07/04/11	3010002022 GLUCOSE	1 15.13
07/04/11	3010002155 BUN, (UREA NITROGEN), QUANT	1 14.00
07/04/11	3010001969 CREATININE, SERUM	1 14.79
07/04/11	3010002129 SODIUM, SERUM	1 14.10
07/04/11	3010002091 POTASSIUM, SERUM/FLUID	1 14.85
07/04/11	3010001945 CHLORIDE, SERUM	1 13.48
07/04/11	3010001939 CARBON DIOXIDE	1 13.75
07/04/11	3010001936 CALCIUM, SERUM	1 15.00

		939.10
*** 305 LAB HEMATOLOGY ***		
07/04/11	3050012223 MANUAL DIFFERENTIAL	1 56.00
07/04/11	3050011720 CBC/HEMOGRAM	1 56.00

		112.00
*** 307 LAB UROLOGY ***		
07/04/11	3010002158 URINALYSIS, NO MICRO EXAM	1 6.60

21
MILLER 5219

CONWAY REGIONAL MEDICAL CENTER
2302 COLLEGE AVENUE
P O BOX 10610
CONWAY AR 72034

2

FINAL

MILLER, OLLIE R



07/04/11 07/04/11 07/14/11

MILLER, OLLIE R
150 SIEBENMORGAN RD
CONWAY AR 72032

MEDICARE PART A AND B
MEDICAID



				-----	6.60
	*** 320 RADIOLOGY DIAG GENERAL ***				
07/04/11	3200002210 ABDOMEN 1 AP	1		147.00	
				-----	147.00
	*** 324 RADIOLOGY DIAG CHEST XRAY ***				
07/04/11	3200012729 CHEST PORTABLE 1VW	1		133.00	
				-----	133.00
	*** 351 CAT SCAN HEAD ***				
07/04/11	3510005021 CT HEAD W/O CONTRAST	1		1173.00	
				-----	1173.00
	*** 450 EMERGENCY ROOM GENERAL ***				
07/04/11	4500005554 ER LEVEL IV M-25	1		426.00	
				-----	426.00
	*** 730 EKG/ECG GENERAL ***				
07/04/11	7300002823 ELECTROCARDIOGRAPH	1		132.00	
				-----	132.00
	*** 981 PROF FEES EMERGENCY ROOM ***				
07/04/11	9810006438 ER NP COMPREHENSIVE SERVICE	1		216.00	
				-----	216.00
	*** RECEIPTS, ADJUSTMENTS, ETC. ***				
07/28/11	AMCRA&BEKG ADJ MCR A & B EKG PRO FEE	1		-11.56	
07/28/11	PMCRA&BEKG PAY MCR A & B EKG PRO FEE	1		-6.75	
07/28/11	AMCRA&BPF ADJ MCR A & B PRO FEE	1		-54.77	
07/28/11	PMCRA&BPF PAY MCR A & B PRO FEE	1		-128.98	
				-----	-202.06
	ESTIMATED INSURANCE DUE				
	MEDICARE PART A AND B				3095.64



3297.70
-202.06
3095.64
3095.64

0.00

22

MILLER 5220

CONWAY REGIONAL MEDICAL CENTER
2302 COLLEGE AVENUE
P O BOX 10610
CONWAY AR 72034

1
FINAL

MILLER, OLLIE R



07/05/11

07/16/11

MILLER, OLLIE R
150 SIEBENMORGAN RD
CONWAY AR 72032

MEDICARE PART A AND B
MEDICAID



*** 300 LABORATORY GENERAL ***			
07/05/11	3000008469 VENIPUNCTURE	1	3.00

			3.00
*** 301 LABORATORY CHEMISTRY ***			
07/05/11	3010002022 GLUCOSE	1	15.13
07/05/11	3010002155 BUN, (UREA NITROGEN), QUANT	1	14.00
07/05/11	3010001969 CREATININE, SERUM	1	14.79
07/05/11	3010002129 SODIUM, SERUM	1	14.10
07/05/11	3010002091 POTASSIUM, SERUM/FLUID	1	14.85
07/05/11	3010001945 CHLORIDE, SERUM	1	13.48
07/05/11	3010001939 CARBON DIOXIDE	1	13.75
07/05/11	3010001936 CALCIUM, SERUM	1	15.00

			115.10
*** RECEIPTS, ADJUSTMENTS, ETC. ***			
08/01/11	AMCR A&B ADJ MEDICARE PART A & B	1	-103.19
08/01/11	PMCR A&B PAY MEDICARE PART A & B	1	-14.91

			-118.10



118.10
-118.10
0.00
0.00
0.00

23

MILLER 5221

CONWAY REGIONAL MEDICAL CENTER
2302 COLLEGE AVENUE
P O BOX 10610
CONWAY AR 72034

1
FINAL

MILLER, OLLIE R

7/06/11

07/16/11

MILLER, OLLIE R
150 SIEBENMORGAN RD
CONWAY AR 72032

MEDICARE PART A AND B
MEDICAID

*** 300 LABORATORY GENERAL ***			
07/06/11	3000008469 VENIPUNCTURE	1	3.00

			3.00
*** 301 LABORATORY CHEMISTRY ***			
07/06/11	3010002022 GLUCOSE	1	15.13
07/06/11	3010002155 BUN, (UREA NITROGEN), QUANT	1	14.00
07/06/11	3010001969 CREATININE, SERUM	1	14.79
07/06/11	3010002129 SODIUM, SERUM	1	14.10
07/06/11	3010002091 POTASSIUM, SERUM/FLUID	1	14.85
07/06/11	3010001945 CHLORIDE, SERUM	1	13.48
07/06/11	3010001939 CARBON DIOXIDE	1	13.75
07/06/11	3010001936 CALCIUM, SERUM	1	15.00

			115.10
*** RECEIPTS, ADJUSTMENTS, ETC. ***			
08/01/11	AMCR A&B ADJ MEDICARE PART A & B	1	-103.19
08/01/11	PMCR A&B PAY MEDICARE PART A & B	1	-14.91

			-118.10

118.10
-118.10
0.00
0.00
0.00

MILLER 5222

24

CONWAY REGIONAL MEDICAL CENTER
 2302 COLLEGE AVENUE
 P O BOX 10610
 CONWAY AR 72034

1

FINAL

MILLER, OLLIE R

07/08/11

07/13/11

MILLER, OLLIE R
 150 SIEBENMORGAN RD
 CONWAY AR 72032

MEDICARE PART A AND B
 MEDICAID

07/08/11	2500011964	*** 250 PHARMACY GENERAL *** MIDAZOLAM 2MG/2ML I; MIDAZOLAM HCL 2 MG/2 ML VIAL	1	20.00

				20.00
07/08/11	2700004721	*** 271 M/S SUPPLY NONSTERILE SUP *** SLIPPER, TERRY PATIENT MED	1	4.16

				4.16
07/08/11	2700006868	*** 272 M/S SUPPLY STERILE SUPPLY *** SOLUTION, IV 1/2 NS 500ML	1	30.89
07/08/11	2700003741	KIT, IV START	1	4.16
07/08/11	2700007775	TUBING, IV EXT CLAVE	1	11.12
07/08/11	2700007779	TUBING, IV PRIMARY CLAVE	1	29.12
07/08/11	2720018936	CATHETER, CENTESIS 5FR; CATHETER, CENTESIS 5 FR	1	52.86

				128.15
07/08/11	3000008469	*** 300 LABORATORY GENERAL *** VENIPUNCTURE	1	10.00

				10.00
07/08/11	3050002086	*** 305 LAB HEMATOLOGY *** PLATELET COUNT, AUTOMATED	1	44.00
07/08/11	3050002112	PROTHROMBIN TIME	1	44.00
07/08/11	3050002080	PARTIAL THROMBIN TIME (PTT)	1	50.00

				138.00
07/08/11	3060002030	*** 306 LAB BACTERIOLOGY/MICROBIO *** GRAM STAIN	1	40.00
07/08/11	3060008603	CULTURE, BACTERIAL, OTHER	1	70.00

				110.00
07/08/11	4020020610	*** 360 OR SVCS GENERAL *** US GUIDED HIP ASPIRATION	1	353.00

				353.00
		ESTIMATED INSURANCE DUE		
		MEDICARE PART A AND B		763.31

				763.31
				0.00
				763.31
				763.31

				0.00

MILLER 5223

25

CONWAY REGIONAL MEDICAL CENTER
2302 COLLEGE AVENUE
P O BOX 10610
CONWAY AR 72034

1
FINAL

MILLER, OLLIE R

[REDACTED] 07/08/11

07/16/11

MILLER, OLLIE R
150 SIEBENMORGAN RD
CONWAY AR 72032

MEDICARE PART A AND B
MEDICAID [REDACTED]

*** 300 LABORATORY GENERAL ***			
07/08/11	3000008469 VENIPUNCTURE	1	3.00

			3.00
*** 301 LABORATORY CHEMISTRY ***			
07/08/11	3010002022 GLUCOSE	1	15.13
07/08/11	3010002155 BUN, (UREA NITROGEN), QUANT	1	14.00
07/08/11	3010001969 CREATININE, SERUM	1	14.79
07/08/11	3010002129 SODIUM, SERUM	1	14.10
07/08/11	3010002091 POTASSIUM, SERUM/FLUID	1	14.85
07/08/11	3010001945 CHLORIDE, SERUM	1	13.48
07/08/11	3010001939 CARBON DIOXIDE	1	13.75
07/08/11	3010001936 CALCIUM, SERUM	1	15.00

			115.10
*** RECEIPTS, ADJUSTMENTS, ETC. ***			
08/01/11	AMCR A&B ADJ MEDICARE PART A & B	1	-103.19
08/01/11	PMCR A&B PAY MEDICARE PART A & B	1	-14.91

			-118.10

[REDACTED]

118.10
-118.10
0.00
0.00
0.00

MILLER 5224

26

CONWAY REGIONAL MEDICAL CENTER
2302 COLLEGE AVENUE
P O BOX 10610
CONWAY AR 72034

1

FINAL

MILLER, OLLIE R

07/11/11

07/18/11

MILLER, OLLIE R
150 SIEBENMORGAN RD
CONWAY AR 72032

MEDICARE PART A AND B
MEDICAID

*** 300 LABORATORY GENERAL ***			
07/11/11	3000008469 VENIPUNCTURE	1	3.00

			3.00
*** 301 LABORATORY CHEMISTRY ***			
07/11/11	3010002022 GLUCOSE	1	15.13
07/11/11	3010002155 BUN, (UREA NITROGEN), QUANT	1	14.00
07/11/11	3010001969 CREATININE, SERUM	1	14.79
07/11/11	3010002129 SODIUM, SERUM	1	14.10
07/11/11	3010002091 POTASSIUM, SERUM/FLUID	1	14.85
07/11/11	3010001945 CHLORIDE, SERUM	1	13.48
07/11/11	3010001939 CARBON DIOXIDE	1	13.75
07/11/11	3010001936 CALCIUM, SERUM	1	15.00

			115.10
*** RECEIPTS, ADJUSTMENTS, ETC. ***			
08/02/11	AMCR A&B ADJ MEDICARE PART A & B	1	-103.19
08/02/11	PMCR A&B PAY MEDICARE PART A & B	1	-14.91

			-118.10

118.10
-118.10
0.00
0.00
0.00

MILLER 5225

27

CONWAY REGIONAL MEDICAL CENTER
2302 COLLEGE AVENUE
P O BOX 10610
CONWAY AR 72034

1

FINAL

MILLER, OLLIE R

07/15/11

08/05/11

MILLER, OLLIE R
150 SIEBENMORGAN RD
CONWAY AR 72032

MEDICARE PART A AND B
MEDICAID

*** 300 LABORATORY GENERAL ***			
07/15/11	3000008469 VENIPUNCTURE	1	3.00

			3.00
*** 301 LABORATORY CHEMISTRY ***			
07/15/11	3010002022 GLUCOSE	1	15.13
07/15/11	3010002155 BUN, (UREA NITROGEN), QUANT	1	14.00
07/15/11	3010001969 CREATININE, SERUM	1	14.79
07/15/11	3010002129 SODIUM, SERUM	1	14.10
07/15/11	3010002091 POTASSIUM, SERUM/FLUID	1	14.85
07/15/11	3010001945 CHLORIDE, SERUM	1	13.48
07/15/11	3010001939 CARBON DIOXIDE	1	13.75
07/15/11	3010001936 CALCIUM, SERUM	1	15.00

			115.10
	ESTIMATED INSURANCE DUE		
	MEDICARE PART A AND B		118.10

118.10
0.00
118.10
118.10

0.00

MILLER 5226

28

CONWAY REGIONAL MEDICAL CENTER
2302 COLLEGE AVENUE
P O BOX 10610
CONWAY AR 72034

1
FINAL

MILLER, OLLIE R

07/27/11

08/05/11

MILLER, OLLIE R
150 SIEBENMORGAN RD
CONWAY AR 72032

MEDICARE PART A AND B
MEDICAID

*** 300 LABORATORY GENERAL ***			
07/27/11	3000008469 VENIPUNCTURE	1	3.00

			3.00
*** 301 LABORATORY CHEMISTRY ***			
07/27/11	3010002022 GLUCOSE	1	15.13
07/27/11	3010002155 BUN, (UREA NITROGEN), QUANT	1	14.00
07/27/11	3010001969 CREATININE, SERUM	1	14.79
07/27/11	3010002129 SODIUM, SERUM	1	14.10
07/27/11	3010002091 POTASSIUM, SERUM/FLUID	1	14.85
07/27/11	3010001945 CHLORIDE, SERUM	1	13.48
07/27/11	3010001939 CARBON DIOXIDE	1	13.75
07/27/11	3010001936 CALCIUM, SERUM	1	15.00
07/27/11	3010002126 AST (SGOT)	1	15.13
07/27/11	3010002127 ALT (SGPT)	1	17.13
07/27/11	3010003717 HEMOGLOBIN A1C	1	28.19
07/27/11	3010002180 CREATINE KINASE	1	19.25

			194.80
*** 305 LAB HEMATOLOGY ***			
07/27/11	3050011921 RETICULOCYTE COUNT, AUTOMATED	1	12.50

			12.50
	ESTIMATED INSURANCE DUE		
	MEDICARE PART A AND B		210.30

210.30
0.00
210.30
210.30

0.00

MILLER 5227

29

CONWAY REGIONAL MEDICAL CENTER
2302 COLLEGE AVENUE
P O BOX 10610
CONWAY AR 72034

1

FINAL

MILLER, OLLIE R

07/28/11

08/04/11

MILLER, OLLIE R
150 SIEBENMORGAN RD
CONWAY AR 72032

MEDICARE PART A AND B
MEDICAID

*** 320 RADIOLOGY DIAG GENERAL ***			
07/28/11	3200008019	SWALLOW STUDY W/VIDEO	1 271.00

			271.00
*** 440 SPEECH PATH GENERAL ***			
07/28/11	4400008146	SWALLOWING EVAL VIDEO	1 154.00
07/28/11	4400013444	SWALLOWING DYSFN/ORAL FUNCTION	1 113.00

			267.00
		ESTIMATED INSURANCE DUE	
		MEDICARE PART A AND B	538.00

538.00
0.00
538.00
538.00

0.00

MILLER 5228

30

CONWAY REGIONAL MEDICAL CENTER
2302 COLLEGE AVENUE
P O BOX 10610
CONWAY AR 72034

1

FINAL

MILLER, OLLIE R

08/05/11

08/24/11

MILLER, OLLIE R
150 SIEBENMORGAN RD
CONWAY AR 72032

MEDICARE PART A AND B
MEDICAID

*** 300 LABORATORY GENERAL ***			
08/05/11	3000008469 VENIPUNCTURE	1	3.00

			3.00
*** 301 LABORATORY CHEMISTRY ***			
08/05/11	3010002022 GLUCOSE	1	15.13
08/05/11	3010002155 BUN, (UREA NITROGEN), QUANT	1	14.00
08/05/11	3010001969 CREATININE, SERUM	1	14.79
08/05/11	3010002129 SODIUM, SERUM	1	14.10
08/05/11	3010002091 POTASSIUM, SERUM/FLUID	1	14.85
08/05/11	3010001945 CHLORIDE, SERUM	1	13.48
08/05/11	3010001939 CARBON DIOXIDE	1	13.75
08/05/11	3010001936 CALCIUM, SERUM	1	15.00

			115.10
*** RECEIPTS, ADJUSTMENTS, ETC. ***			
09/08/11	AMCR A&B ADJ MEDICARE PART A & B	1	-103.19
09/08/11	PMCR A&B PAY MEDICARE PART A & B	1	-14.91

			-118.10

118.10
-118.10
0.00
0.00
0.00

MILLER 5229

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CONWAY REGIONAL MEDICAL CENTER
2302 COLLEGE AVENUE
P O BOX 10610
CONWAY AR 72034

1
FINAL

MILLER, OLLIE R

08/17/11 08/19/11 08/25/11

MILLER, OLLIE R
150 SIEBENMORGEN RD
CONWAY AR 72032

MEDICARE PART A AND B
MEDICAID

	*** 110 PRIVATE ROOM & BOARD ***		
08/17/11	1100000004 PRIVATE ROOM M/S 4S; ROOM 425/PR	1	519.00
08/18/11	1100000004 PRIVATE ROOM M/S 4S; ROOM 425/PR	1	519.00

			1038.00
	*** 250 PHARMACY GENERAL ***		
08/18/11	2500075013 ESOMEPRAZOLE MAGNESIUM 40MG C; OMEPRAZOLE 20 MG TAB	1	11.53
08/18/11	2500012981 LEVOTHYROXINE 75MCG T; LEVOTHYROXINE SODIUM 0.075 MG TAB	1	3.00
08/18/11	2500012981 LEVOTHYROXINE 75MCG T; LEVOTHYROXINE SODIUM 0.075 MG TAB	1	3.00
08/18/11	2500015482 AMLODIPINE 10MG T; AMLODIPINE BESYLATE 10 MG TAB	1	7.83
08/18/11	2500012965 CLOPIDOGREL 75MG T; CLOPIDOGREL 75 MG TAB	1	15.53
08/18/11	2500012925 SIMVASTATIN 40MG T; SIMVASTATIN 40 MG TAB	1	12.93
08/18/11	2500015922 HCTZ25/TRIAM50 C; TRIAMTERENE 50/HCTZ 25 1 EACH CAP	1	3.00
08/18/11	2500015922 HCTZ25/TRIAM50 C; TRIAMTERENE 50/HCTZ 25 1 EACH CAP	1	3.00
08/18/11	2500015922 HCTZ25/TRIAM50 C; TRIAMTERENE 50/HCTZ 25 1 EACH CAP	-1	-3.00
08/18/11	2500015922 HCTZ25/TRIAM50 C; TRIAMTERENE 50/HCTZ 25 1 EACH CAP	1	3.00
08/18/11	2500011883 LTHYROXINE 0.05MG T; LEVOTHYROXINE SODIUM 0.05 MG TAB	1	3.00
08/18/11	2500015004 DIVALPROEX 500MT; DIVALPROEX DELAY RELEASE 500 MG TAB	2	16.55
08/18/11	2500015004 DIVALPROEX 500MT; DIVALPROEX DELAY RELEASE 500 MG TAB	2	16.55
08/18/11	2500015004 DIVALPROEX 500MT; DIVALPROEX DELAY RELEASE 500 MG TAB	2	16.55
08/18/11	2500005575 FLUDROCORT 0.1MG T; FLUDROCORTISONE ACETATE 0.1 MG TAB	1	3.00
08/18/11	2500003978 HEPARIN 5000 U/ML I; HEPARIN SODIUM 5000 UNITS/ML VIAL	1	39.45
08/18/11	2500003978 HEPARIN 5000 U/ML I; HEPARIN SODIUM	1	39.45

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MILLER 5230

CONWAY REGIONAL MEDICAL CENTER
2302 COLLEGE AVENUE
P O BOX 10610
CONWAY AR 72034

2
FINAL

MILLER, OLLIE R

08/17/11 08/19/11 08/25/11

MILLER, OLLIE R
150 SIEBENMORGEN RD
CONWAY AR 72032

MEDICARE PART A AND B
MEDICAID

08/19/11	2500015482	5000 UNITS/ML VIAL AMLODIPINE 10MG T; AMLODIPINE BESYLATE 10 MG TAB	1	7.83
08/19/11	2500075013	ESOMEPRAZOLE MAGNESIUM 40MG C; PANTOPRAZOLE SODIUM 40 MG TAB	1	12.73
08/19/11	2500012965	CLOPIDOGREL 75MG T; CLOPIDOGREL 75 MG TAB	1	15.53
08/19/11	2500015922	HCTZ25/TRIAM50 C; TRIAMTERENE 50/HCTZ 25 1 EACH CAP	-1	-3.00
08/19/11	2500011883	LTHYROXINE 0.05MG T; LEVOTHYROXINE SODIUM 0.05 MG TAB	1	3.00
08/19/11	2500015004	DIVALPROEX 500MT; DIVALPROEX DELAY RELEASE 500 MG TAB	2	16.55
08/19/11	2500005575	FLUDROCORT 0.1MG T; FLUDROCORTISONE ACETATE 0.1 MG TAB	1	3.00
08/19/11	2500003978	HEPARIN 5000 U/ML I; HEPARIN SODIUM 5000 UNITS/ML VIAL	1	39.45
08/19/11	2500012801	MAXZIDE 25MG T; TRIAMTERENE 37.5/HCTZ 25MG TAB	2	6.00
				----- 295.46
		*** 258 PHARMACY IV SOLUTIONS ***		
08/17/11	2500001151	SOLUTION, IV NS 1000ML	1	36.78
08/17/11	2500001150	NS 500ML IV	2	55.86
08/18/11	2580000004	MOXIFLOXACIN 400MG PB; MOXIFLOXACIN 400 MG PB	1	109.38
				----- 202.02
		*** 259 PHARMACY OTHER ***		
08/18/11	2590010745	ZIPRASIDONE 20MG C; ZIPRASIDONE HYDROCHLORIDE 20 MG CAP	2	39.90
08/18/11	2500001711	ACETAMIN 325MG T; ACETAMINOPHEN 325 MG TAB	2	3.00
08/18/11	2500000205	DIPHENHYDRAMIN 25MG C; DIPHENHYDRAMINE HCL 25 MG TAB	1	1.50
				----- 44.40
		*** 271 M/S SUPPLY NONSTERILE SUP ***		
08/17/11	2700002750	UNDERPAD, 30X30	1	4.16

33
MILLER 5231

CONWAY REGIONAL MEDICAL CENTER
2302 COLLEGE AVENUE
P O BOX 10610
CONWAY AR 72034

3
FINAL

MILLER, OLLIE R

08/17/11 08/19/11 08/25/11

MILLER, OLLIE R
150 SIEBENMORGEN RD
CONWAY AR 72032

MEDICARE PART A AND B
MEDICAID

08/17/11	2700004350	PANT, INCONTINENCE	1	14.56
08/17/11	2700002750	UNDERPAD, 30X30	1	4.16
08/18/11	2700003416	OXYGEN USE PER HOUR	8	80.00

				102.88
		*** 272 M/S SUPPLY STERILE SUPPLY ***		
08/17/11	2700007780	TUBING, IV SECONDARY	1	4.16
08/17/11	2700008883	THERMOMETER, DIGITAL	1	19.76
08/17/11	2700007778	TUBING, BLOOD Y CLAVE	2	83.20
08/17/11	2720088015	CLEANSER, SKIN 8 OZ	1	43.68

				150.80
		*** 300 LABORATORY GENERAL ***		
08/17/11	3000008469	VENIPUNCTURE	1	10.00
08/17/11	3000008469	VENIPUNCTURE	1	3.00
08/17/11	3000008469	VENIPUNCTURE	-1	-3.00
08/18/11	3000008469	VENIPUNCTURE	1	10.00
08/19/11	3000008469	VENIPUNCTURE	1	10.00

				30.00
		*** 301 LABORATORY CHEMISTRY ***		
08/17/11	3010002022	GLUCOSE	1	63.00
08/17/11	3010002155	BUN, (UREA NITROGEN), QUANT	1	49.00
08/17/11	3010001969	CREATININE, SERUM	1	56.00
08/17/11	3010002129	SODIUM, SERUM	1	52.00
08/17/11	3010002091	POTASSIUM, SERUM/FLUID	1	50.00
08/17/11	3010001945	CHLORIDE, SERUM	1	50.00
08/17/11	3010001939	CARBON DIOXIDE	1	47.00
08/17/11	3010001936	CALCIUM, SERUM	1	116.00
08/18/11	3010002022	GLUCOSE	1	63.00
08/18/11	3010002155	BUN, (UREA NITROGEN), QUANT	1	49.00
08/18/11	3010001969	CREATININE, SERUM	1	56.00
08/18/11	3010002129	SODIUM, SERUM	1	52.00
08/18/11	3010002091	POTASSIUM, SERUM/FLUID	1	50.00
08/18/11	3010001945	CHLORIDE, SERUM	1	50.00
08/18/11	3010001939	CARBON DIOXIDE	1	47.00
08/18/11	3010001936	CALCIUM, SERUM	1	116.00
08/19/11	3010002022	GLUCOSE	1	63.00
08/19/11	3010002155	BUN, (UREA NITROGEN), QUANT	1	49.00

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MILLER 5232

CONWAY REGIONAL MEDICAL CENTER
2302 COLLEGE AVENUE
P O BOX 10610
CONWAY AR 72034

4

FINAL

MILLER, OLLIE R

08/17/11 08/19/11 08/25/11

MILLER, OLLIE R
150 SIEBENMORGEN RD
CONWAY AR 72032

MEDICARE PART A AND B
MEDICAID

08/19/11	3010001969	CREATININE, SERUM	1	56.00
08/19/11	3010002129	SODIUM, SERUM	1	52.00
08/19/11	3010002091	POTASSIUM, SERUM/FLUID	1	50.00
08/19/11	3010001945	CHLORIDE, SERUM	1	50.00
08/19/11	3010001939	CARBON DIOXIDE	1	47.00
08/19/11	3010001936	CALCIUM, SERUM	1	116.00

				1449.00
		*** 302 LABORATORY IMMUNOLOGY ***		
08/18/11	3020008478	ABO GROUP	1	49.00
08/18/11	3020011694	ANTIBODY SCREEN	1	78.00
08/18/11	3020008477	RH TYPE	1	60.00
08/18/11	3090001971	CROSSMATCH, IMMEDIATE SPIN	1	57.00
08/18/11	3090001971	CROSSMATCH, IMMEDIATE SPIN	1	57.00

				301.00
		*** 305 LAB HEMATOLOGY ***		
08/17/11	3050005296	HEMOGRAM W/ PLATELET COUNT	1	56.00
08/17/11	3050012223	MANUAL DIFFERENTIAL	1	10.04
08/17/11	3050011720	CBC/HEMOGRAM	1	18.91
08/18/11	3050005296	HEMOGRAM W/ PLATELET COUNT	1	56.00
08/19/11	3050005296	HEMOGRAM W/ PLATELET COUNT	1	56.00

				196.95
		*** 320 RADIOLOGY DIAG GENERAL ***		
08/18/11	3200002210	ABDOMEN 1 AP	1	147.00

				147.00
		*** 324 RADIOLOGY DIAG CHEST XRAY ***		
08/18/11	3200012729	CHEST PORTABLE 1W	1	133.00

				133.00
		*** 390 BLOOD STOR/PROC GENERAL ***		
08/18/11	3910011213	RBC LEUKOCYTE POOR UNIT, EACH	1	494.00
08/18/11	3910011213	RBC LEUKOCYTE POOR UNIT, EACH	1	494.00

				988.00
		*** RECEIPTS, ADJUSTMENTS, ETC. ***		
09/09/11	AMCR A&B	ADJ MEDICARE PART A & B	-1	499.20

35
MILLER 5233

CONWAY REGIONAL MEDICAL CENTER
2302 COLLEGE AVENUE
P O BOX 10610
CONWAY AR 72034

5

FINAL

MILLER, OLLIE R

[REDACTED] 08/17/11 08/19/11 08/25/11

MILLER, OLLIE R
150 SIEBENMORGEN RD
CONWAY AR 72032

MEDICARE PART A AND B
MEDICAID [REDACTED]

09/09/11	PMCR A&B	PAY MEDICARE PART A & B	1	-4445.71
09/16/11	AMEDICAID	ADJ MEDICAID; Remit Date: 09/16/11	1	0
09/16/11	PMEDICAID	PAY MEDICAID; Remit Date: 09/16/11	1	-1132.00

				-5078.51

[REDACTED]

5078.51
-5078.51
0.00
0.00

0.00
MILLER 5234

36

CONWAY REGIONAL MEDICAL CENTER
2302 COLLEGE AVENUE
P O BOX 10610
CONWAY AR 72034

1

FINAL

MILLER, OLLIE R

08/23/11

10/01/11

MILLER, OLLIE R
150 SIEBENMORGEN RD
CONWAY AR 72032

MEDICARE PART A AND B
MEDICAID

*** 300 LABORATORY GENERAL ***			
08/23/11	3000008469 VENIPUNCTURE	1	3.00

			3.00
*** 301 LABORATORY CHEMISTRY ***			
08/23/11	3010002049 IRON	1	19.86
08/23/11	3010011874 IRON BINDING CAPACITY	1	31.84
08/23/11	3010003515 FERRITIN	1	39.88
08/23/11	3010002022 GLUCOSE	1	15.13
08/23/11	3010002155 BUN, (UREA NITROGEN), QUANT	1	14.00
08/23/11	3010001969 CREATININE, SERUM	1	14.79
08/23/11	3010002129 SODIUM, SERUM	1	14.10
08/23/11	3010002091 POTASSIUM, SERUM/FLUID	1	14.85
08/23/11	3010001945 CHLORIDE, SERUM	1	13.48
08/23/11	3010001939 CARBON DIOXIDE	1	13.75
08/23/11	3010001936 CALCIUM, SERUM	1	15.00

			206.68
*** 305 LAB HEMATOLOGY ***			
08/23/11	3050011921 RETICULOCYTE COUNT, AUTOMATED	1	12.50

			12.50
*** RECEIPTS, ADJUSTMENTS, ETC. ***			
10/17/11	AMCR A&B ADJ MEDICARE PART A & B	1	-161.05
10/17/11	PMCR A&B PAY MEDICARE PART A & B	1	-61.13

			-222.18

222.18
-222.18
0.00
0.00
0.00

MILLER 5235

37

CONWAY REGIONAL MEDICAL CENTER
2302 COLLEGE AVENUE
P O BOX 10610
CONWAY AR 72034

1
FINAL

MILLER, OLLIE R

08/31/11

10/01/11

MILLER, OLLIE R
150 SIEBENMORGEN RD
CONWAY AR 72032

MEDICARE PART A AND B
MEDICAID

*** 300 LABORATORY GENERAL ***			
08/31/11	3000008469 VENIPUNCTURE	1	3.00

			3.00
*** 301 LABORATORY CHEMISTRY ***			
08/31/11	3010002022 GLUCOSE	1	15.13
08/31/11	3010002155 BUN, (UREA NITROGEN), QUANT	1	14.00
08/31/11	3010001969 CREATININE, SERUM	1	14.79
08/31/11	3010002129 SODIUM, SERUM	1	14.10
08/31/11	3010002091 POTASSIUM, SERUM/FLUID	1	14.85
08/31/11	3010001945 CHLORIDE, SERUM	1	13.48
08/31/11	3010001939 CARBON DIOXIDE	1	13.75
08/31/11	3010001936 CALCIUM, SERUM	1	15.00

			115.10
*** RECEIPTS, ADJUSTMENTS, ETC. ***			
10/17/11	AMCR A&B ADJ MEDICARE PART A & B	1	-103.19
10/17/11	PMCR A&B PAY MEDICARE PART A & B	1	-14.91

			-118.10

118.10
-118.10
0.00
0.00
0.00

MILLER 5236

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UNIVERSITY HOSPITAL
UAMS MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 1
12/01/11 13:05
PG

PATIENT NAME: MILLER, OLLIE R

ACCOUNT NBR: XXXXXXXXXX
ADMIT/DISCHARGE: 10/12/11 10/21/11

BILL TO
OLLIE R MILLER
12111 HINSON RD
LITTLE ROCK AR 72212-0000
UNITED STATES

SRV DATE	REF NBR	DESCRIPTION	
10/11/11	12010648	AMLODIPINE TAB 5 MG	Amlodipine Tab 5 mg 10.45
10/11/11	12011491	CLOPIDOGREL TAB 75MG	Clopidogrel Tab 75 m 28.25
10/11/11	12012082	DIVALPROEX SODIUM TAB 500MG	Divalproex Sodium Ta 37.05
10/11/11	12012000	DOCUSATE CAP 100MG	Docusate Sodium Cap 1.05
10/11/11	12014172	PANTOPRAZOLE EC TAB 40 MG	Pantoprazole Tab 40 25.15
10/11/11	12015064	SIMVASTATIN 40MG TAB	Simvastatin Tab 40 m 28.60
10/11/11	12016033	ZIPRASIDONE 60MG CAP	Ziprasidone Cap 60 m 44.00
10/11/11	70000009	X-RAY DONE AT BEDSIDE	0.00
10/11/11	70071010	CHEST, SINGLE FRONTAL	88.03
10/11/11	03020002	ELECTROCARDIOGRAM	91.03
10/12/11	01253500	SUB-INTENSIVE CARE	835.00
10/12/11	15300070	D5W 1000CC	32.00
10/12/11	15300245	NORMAL SALINE 1000CC	30.00
10/12/11	15161214	PACK, DISP INVASIVE LINE INSER	65.88
10/12/11	15031419	CATHETER, TRIPLE LUMEN (ARROW)	129.96
10/12/11	15300260	.5 SODIUM CHLOR 1000CC	32.00
10/12/11	12012707	HEPARIN SOD INJ PER 1000 UN	Heparin Inj 5000 uni 16.00
10/12/11	12010648	AMLODIPINE TAB 5 MG	Amlodipine Tab 5 mg 10.45
10/12/11	12011491	CLOPIDOGREL TAB 75MG	Clopidogrel Tab 75 m 28.25
10/12/11	12012082	DIVALPROEX SODIUM TAB 500MG	Divalproex Sodium Ta 37.05
10/12/11	12012000	DOCUSATE CAP 100MG	Docusate Sodium Cap 1.05
10/12/11	12012707	HEPARIN SOD INJ PER 1000 UN	Heparin Inj 5000 uni 16.00
10/12/11	12014172	PANTOPRAZOLE EC TAB 40 MG	Pantoprazole Tab 40 25.15
10/12/11	12015064	SIMVASTATIN 40MG TAB	Simvastatin Tab 40 m 28.60
10/12/11	12012707	HEPARIN SOD INJ PER 1000 UN	Heparin Inj 5000 uni 16.00
10/12/11	12016032	ZIPRASIDONE 40MG CAP	Ziprasidone Cap 40 m 29.85
10/12/11	03020002	ELECTROCARDIOGRAM	91.03
10/12/11	22090120	CLINICAL SWALLOW EVALUATION	327.52
10/11/11	06010099	OBSERVATION BED PER HOUR	OBSERVATION HRS 000A 33.12
10/11/11	02025140	OBSERVATION BED PER HOUR	OBSERVATION HRS 001I 629.28
10/13/11	01253500	SUB-INTENSIVE CARE	835.00
10/11/11	06010015	E & M - LEVEL 5	710.77
10/11/11	06020030	IV START-KVO	58.28
10/11/11	06010201	VENI/PERIPH/ 3-7 TUBES	29.92
10/11/11	06010131	BLOOD PRESSURE MONITOR	15.35
10/11/11	06020094	FOLEY INSERTION SUPPLIES	41.55
10/11/11	06020010	PULSE OX, MULTIPLE	79.20
10/11/11	06010301	PROCEDURE - LEVEL 1	57.63
10/11/11	06010120	INJ. IM/SQ THER/PROPH/DIAG/ANT	55.00

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PATIENT STATEMENT OF ACCOUNT - DETAIL

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PATIENT NAME: MILLER, OLLIE R

ACCOUNT NBR: XXXXXXXXXX

SRV DATE	REF NBR	DESCRIPTION	
10/11/11	06020012	CARDIAC MONITOR ONLY	7.80
10/13/11	15300260	.5 SODIUM CHLOR 1000CC	32.00
10/13/11	15031419	CATHETER, TRIPLE LUMEN (ARROW)	129.96
10/13/11	15161214	PACK, DISP INVASIVE LINE INSER	65.88
10/13/11	15300070	D5W 1000CC	32.00
10/11/11	15300070	D5W 1000CC	32.00
10/13/11	15300260	.5 SODIUM CHLOR 1000CC	32.00
10/12/11	12012707	HEPARIN SOD INJ PER 1000 UN Heparin Inj 5000 uni	16.00
10/13/11	12010648	AMLODIPINE TAB 5 MG Amlodipine Tab 5 mg	10.45
10/13/11	12011491	CLOPIDOGREL TAB 75MG Clopidogrel Tab 75 m	28.25
10/13/11	12012082	DIVALPROEX SODIUM TAB 500MG Divalproex Sodium Ta	37.05
10/13/11	12012707	HEPARIN SOD INJ PER 1000 UN Heparin Inj 5000 uni	16.00
10/13/11	12012707	HEPARIN SOD INJ PER 1000 UN Heparin Inj 5000 uni	16.00
10/13/11	12015064	SIMVASTATIN 40MG TAB Simvastatin Tab 40 m	28.60
10/13/11	12016032	ZIPRASIDONE 40MG CAP Ziprasidone Cap 40 m	29.85
10/13/11	12014172	PANTOPRAZOLE EC TAB 40 MG Pantoprazole Tab 40	25.15
10/13/11	12012707	HEPARIN SOD INJ PER 1000 UN Heparin Inj 5000 uni	16.00
10/13/11	70000009	X-RAY DONE AT BEDSIDE	0.00
10/13/11	70071010	CHEST, SINGLE FRONTAL	88.03
10/13/11	70000009	X-RAY DONE AT BEDSIDE	0.00
10/13/11	70071010	CHEST, SINGLE FRONTAL	88.03
10/11/11	92084295	SODIUM - SERUM	23.68
10/11/11	92084132	POTASSIUM, SERUM	34.13
10/11/11	92082435	CHLORIDE	25.28
10/11/11	92082374	BIOCARBONATE/CO2	23.68
10/11/11	92084520	UREA NITROGEN, BLOOD (BUN)	38.48
10/11/11	92082565	CREATININE	42.38
10/11/11	91085024	CBC, AUTOMATED W/AUTO WBC DIFF	74.17
10/11/11	92082310	CALCIUM, BLOOD, CHEMICAL	76.57
10/11/11	92082947	GLUCOSE, BLOOD	39.36
10/11/11	92084100	PHOSPHORUS	38.00
10/11/11	92083735	MAGNESIUM	46.80
10/11/11	91081001	URINALYSIS WITH MICROSCOPIC	42.36
10/11/11	95182565	CREATININE; BLOOD	42.38
10/11/11	92084133	URINARY POTASSIUM	24.64
10/11/11	92084300	URINARY SODIUM-QUANT	27.84
10/11/11	92082436	URINARY CHLORIDE-QUANT	28.80
10/11/11	92083935	OSMOLALITY URINE	34.88
10/11/11	92084132	POTASSIUM, SERUM	34.13
10/11/11	92082435	CHLORIDE	25.28
10/11/11	92082374	BIOCARBONATE/CO2	23.68
10/11/11	92084520	UREA NITROGEN, BLOOD (BUN)	38.48
10/11/11	92084295	SODIUM - SERUM	23.68
10/11/11	92082947	GLUCOSE, BLOOD	39.36
10/11/11	98084443	THYROID STIM, HORMONE (TSH)	224.27
10/11/11	92082310	CALCIUM, BLOOD, CHEMICAL	76.57
10/11/11	92084100	PHOSPHORUS	38.00
10/11/11	92083735	MAGNESIUM	46.80

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UAMS MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

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PATIENT NAME: MILLER, OLLIE R

ACCOUNT NBR: XXXXXXXXXX

SRV DATE	REF NBR	DESCRIPTION	
10/11/11	92082565	CREATININE	42.38
10/11/11	92084132	POTASSIUM, SERUM	34.13
10/11/11	92082435	CHLORIDE	25.28
10/11/11	92082374	BIOCARBONATE/CO2	23.68
10/11/11	92084520	UREA NITROGEN, BLOOD (BUN)	38.48
10/11/11	92084295	SODIUM - SERUM	23.68
10/11/11	92082947	GLUCOSE, BLOOD	39.36
10/11/11	92082565	CREATININE	42.38
10/11/11	92082310	CALCIUM, BLOOD, CHEMICAL	76.57
10/11/11	92084100	PHOSPHORUS	38.00
10/11/11	92083735	MAGNESIUM	46.80
10/12/11	92084132	POTASSIUM, SERUM	34.13
10/12/11	92082435	CHLORIDE	25.28
10/12/11	92082374	BIOCARBONATE/CO2	23.68
10/12/11	92084520	UREA NITROGEN, BLOOD (BUN)	38.48
10/12/11	92084295	SODIUM - SERUM	23.68
10/12/11	92082947	GLUCOSE, BLOOD	39.36
10/12/11	92082565	CREATININE	42.38
10/12/11	92082310	CALCIUM, BLOOD, CHEMICAL	76.57
10/12/11	92084100	PHOSPHORUS	38.00
10/12/11	92083735	MAGNESIUM	46.80
10/13/11	16012100	BEDSIDE PT EVAL-LEVEL 1	350.00
10/13/11	21012000	BEDSIDE OT EVALUATION-LEVEL 1	350.00
10/13/11	22099200	CONSULT REGARD PT CARE, 15 MIN	0.00
10/14/11	01253500	SUB-INTENSIVE CARE	835.00
10/14/11	15300260	.5 SODIUM CHLOR 1000CC	32.00
10/13/11	12012707	HEPARIN SOD INJ PER 1000 UN Heparin Inj 5000 uni	16.00
10/14/11	12012707	HEPARIN SOD INJ PER 1000 UN Heparin Inj 5000 uni	16.00
10/14/11	12010648	AMLODIPINE TAB 5 MG Amlodipine Tab 5 mg	10.45
10/14/11	12011491	CLOPIDOGREL TAB 75MG Clopidogrel Tab 75 m	28.25
10/14/11	12012000	DOCUSATE CAP 100MG Docusate Sodium Cap	1.05
10/14/11	12014173	PANTOPRAZOLE INJ PER 40 MG Pantoprazole Inj 40	48.00
10/14/11	12015064	SIMVASTATIN 40MG TAB Simvastatin Tab 40 m	28.60
10/14/11	12010750	ASPIRIN TAB 75MG Aspirin Tab 81 mg Ch	0.60
10/14/11	12012707	HEPARIN SOD INJ PER 1000 UN Heparin Inj 5000 uni	16.00
10/14/11	12012707	HEPARIN SOD INJ PER 1000 UN Heparin Inj 5000 uni	16.00
10/14/11	12014523	PIPERACILLIN/TAZO 3.375GM/5 Piperacillin-Tazobac	87.85
10/14/11	70000009	X-RAY DONE AT BEDSIDE	0.00
10/14/11	70071010	CHEST, SINGLE FRONTAL	88.03
10/12/11	92082251	BILIRUBIN, TOTAL	81.88
10/12/11	92084075	ALKALINE PHOSPHATASE	74.91
10/12/11	92084450	SGOT (AST)	88.53
10/12/11	92084460	SGPT (ALT)	88.53
10/12/11	92082977	GGT	45.44
10/12/11	92083615	LACTATE DEHYDR. (LD) (LDH)	79.06
10/12/11	92082040	ALBUMIN	63.57
10/12/11	92083935	OSMOLALITY URINE	34.88
10/12/11	92084300	URINARY SODIUM-QUANT	27.84

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PATIENT STATEMENT OF ACCOUNT - DETAIL

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PATIENT NAME: MILLER, OLLIE R

ACCOUNT NBR: XXXXXXXXXX

SRV DATE	REF NBR	DESCRIPTION	
10/12/11	92084133	URINARY POTASSIUM	24.64
10/12/11	92082436	URINARY CHLORIDE-QUANT	28.80
10/12/11	91085024	CBC, AUTOMATED W/AUTO WBC DIFF	74.17
10/12/11	92084295	SODIUM - SERUM	23.68
10/12/11	92084132	POTASSIUM, SERUM	34.13
10/12/11	92082435	CHLORIDE	25.28
10/12/11	92082374	BIOCARBONATE/CO2	23.68
10/12/11	92084520	UREA NITROGEN, BLOOD (BUN)	38.48
10/12/11	92082947	GLUCOSE, BLOOD	39.36
10/12/11	92082310	CALCIUM, BLOOD, CHEMICAL	76.57
10/12/11	92084100	PHOSPHORUS	38.00
10/12/11	92083735	MAGNESIUM	46.80
10/12/11	92082565	CREATININE	42.38
10/12/11	92084132	POTASSIUM, SERUM	34.13
10/12/11	92082435	CHLORIDE	25.28
10/12/11	92082374	BIOCARBONATE/CO2	23.68
10/12/11	92084520	UREA NITROGEN, BLOOD (BUN)	38.48
10/12/11	92084295	SODIUM - SERUM	23.68
10/12/11	92082947	GLUCOSE, BLOOD	39.36
10/12/11	92082565	CREATININE	42.38
10/12/11	92082310	CALCIUM, BLOOD, CHEMICAL	76.57
10/12/11	92084100	PHOSPHORUS	38.00
10/12/11	92083735	MAGNESIUM	46.80
10/12/11	92084132	POTASSIUM, SERUM	34.13
10/12/11	92082435	CHLORIDE	25.28
10/12/11	92082374	BIOCARBONATE/CO2	23.68
10/12/11	92084520	UREA NITROGEN, BLOOD (BUN)	38.48
10/12/11	92084295	SODIUM - SERUM	23.68
10/12/11	92082947	GLUCOSE, BLOOD	39.36
10/12/11	92082565	CREATININE	42.38
10/12/11	92082310	CALCIUM, BLOOD, CHEMICAL	76.57
10/12/11	92084100	PHOSPHORUS	38.00
10/12/11	92083735	MAGNESIUM	46.80
10/12/11	92082435	CHLORIDE	25.28
10/12/11	92082374	BIOCARBONATE/CO2	23.68
10/12/11	92084295	SODIUM - SERUM	23.68
10/12/11	92084520	UREA NITROGEN, BLOOD (BUN)	38.48
10/12/11	92082947	GLUCOSE, BLOOD	39.36
10/12/11	92082565	CREATININE	42.38
10/12/11	92082310	CALCIUM, BLOOD, CHEMICAL	76.57
10/12/11	92084132	POTASSIUM, SERUM	34.13
10/13/11	92084132	POTASSIUM, SERUM	34.13
10/13/11	92082435	CHLORIDE	25.28
10/13/11	92082374	BIOCARBONATE/CO2	23.68
10/13/11	92084295	SODIUM - SERUM	23.68
10/13/11	92084520	UREA NITROGEN, BLOOD (BUN)	38.48
10/13/11	92082947	GLUCOSE, BLOOD	39.36
10/13/11	92082565	CREATININE	42.38

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PATIENT STATEMENT OF ACCOUNT - DETAIL

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PATIENT NAME: MILLER, OLLIE R

ACCOUNT NBR: XXXXXXXXXX

SRV DATE	REF NBR	DESCRIPTION	
10/13/11	92082310	CALCIUM, BLOOD, CHEMICAL	76.57
10/13/11	92084132	POTASSIUM, SERUM	34.13
10/13/11	92082435	CHLORIDE	25.28
10/13/11	92082374	BIOCARBONATE/CO2	23.68
10/13/11	92084295	SODIUM - SERUM	23.68
10/13/11	92084520	UREA NITROGEN, BLOOD (BUN)	38.48
10/13/11	92082947	GLUCOSE, BLOOD	39.36
10/13/11	92082565	CREATININE	42.38
10/13/11	92082310	CALCIUM, BLOOD, CHEMICAL	76.57
10/14/11	16019230	CHART REVIEW/ATTEMPT PT VISIT	0.00
10/14/11	19010051	NUTRITION ASSESS/CONSULT-COMP	77.57
10/14/11	22090120	CLINICAL SWALLOW EVALUATION	327.52
10/15/11	01253500	SUB-INTENSIVE CARE	835.00
10/15/11	15300260	.5 SODIUM CHLOR 1000CC	32.00
10/15/11	15300260	.5 SODIUM CHLOR 1000CC	32.00
10/15/11	15300265	SOD CHLOR 1000CC IRRIG	32.00
10/15/11	12014523	PIPERACILLIN/TAZO 3.375GM/5 Piperacillin-Tazobac	87.85
10/15/11	12010648	AMLODIPINE TAB 5 MG Amlodipine Tab 5 mg	10.45
10/15/11	12010750	ASPIRIN TAB 75MG Aspirin Tab 81 mg Ch	0.60
10/15/11	12012000	DOCUSATE CAP 100MG Docusate Sodium Cap	1.05
10/15/11	12012707	HEPARIN SOD INJ PER 1000 UN Heparin Inj 5000 uni	16.00
10/15/11	12014523	PIPERACILLIN/TAZO 3.375GM/5 Piperacillin-Tazobac	87.85
10/15/11	12014173	PANTOPRAZOLE INJ PER 40 MG Pantoprazole Inj 40	48.00
10/15/11	12015064	SIMVASTATIN 40MG TAB Simvastatin Tab 40 m	28.60
10/15/11	12015915	VALPROIC ACID SYRUP 250MG,5 Valproic Acid (250 m	10.85
10/15/11	12014523	PIPERACILLIN/TAZO 3.375GM/5 Piperacillin-Tazobac	87.85
10/15/11	12013770	MINERAL OIL ENEMA (RETENTIO Mineral Oil Enema 10	6.05
10/15/11	12012707	HEPARIN SOD INJ PER 1000 UN Heparin Inj 5000 uni	16.00
10/15/11	12014523	PIPERACILLIN/TAZO 3.375GM/5 Piperacillin-Tazobac	87.85
10/15/11	17010707	DUONEB INAL SOLN (STD DOSE) HH	2.13
10/15/11	12015915	VALPROIC ACID SYRUP 250MG,5 Valproic Acid (250 m	10.85
10/15/11	70000009	X-RAY DONE AT BEDSIDE	0.00
10/15/11	70074000	ABDOMEN, SINGLE VIEW	88.64
10/13/11	92084132	POTASSIUM, SERUM	34.13
10/13/11	92082435	CHLORIDE	25.28
10/13/11	92082374	BIOCARBONATE/CO2	23.68
10/13/11	92084295	SODIUM - SERUM	23.68
10/13/11	92084520	UREA NITROGEN, BLOOD (BUN)	38.48
10/13/11	92082947	GLUCOSE, BLOOD	39.36
10/13/11	92082565	CREATININE	42.38
10/13/11	92082310	CALCIUM, BLOOD, CHEMICAL	76.57
10/13/11	92083036	HEMOGLOBIN A1C	77.00
10/13/11	98084443	THYROID STIM, HORMONE (TSH)	224.27
10/14/11	91085022	BLOOD COUNT, COMPLET (CBC) AUT	63.12
10/14/11	92083036	HEMOGLOBIN A1C	77.00
10/14/11	98084439	THYROXINE, FREE (FREE T4)	119.30
10/14/11	98082533	CORTISOL, TOTAL	211.25
10/14/11	99082024	A C T H	154.35

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PATIENT STATEMENT OF ACCOUNT - DETAIL

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PATIENT NAME: MILLER, OLLIE R

ACCOUNT NBR: XXXXXXXXXX

SRV DATE	REF NBR	DESCRIPTION	
10/15/11	17010380	STANDARD NEB TX-1 MED INITIAL	91.68
10/16/11	01253500	SUB-INTENSIVE CARE	835.00
10/16/11	15300260	.5 SODIUM CHLOR 1000CC	32.00
10/16/11	15300240	NORMAL SALINE 500CC	32.00
10/15/11	12012707	HEPARIN SOD INJ PER 1000 UN Heparin Inj 5000 uni	16.00
10/15/11	12014523	PIPERACILLIN/TAZO 3.375GM/5 Piperacillin-Tazobac	87.85
10/16/11	17010707	DUONEB INAL SOLN (STD DOSE) HH	2.13
10/16/11	12014523	PIPERACILLIN/TAZO 3.375GM/5 Piperacillin-Tazobac	87.85
10/16/11	12014173	PANTOPRAZOLE INJ PER 40 MG Pantoprazole Inj 40	48.00
10/16/11	17010707	DUONEB INAL SOLN (STD DOSE) HH	2.13
10/16/11	12014125	OXYMETAZOLINE SPRAY .05% 15M Oxymetazoline Nasal	41.45
10/16/11	12014523	PIPERACILLIN/TAZO 3.375GM/5 Piperacillin-Tazobac	87.85
10/16/11	17010707	DUONEB INAL SOLN (STD DOSE) HH	2.13
10/16/11	12014523	PIPERACILLIN/TAZO 3.375GM/5 Piperacillin-Tazobac	87.85
10/16/11	12015915	VALPROIC ACID SYRUP 250MG,5 Valproic Acid (250 m	10.85
10/16/11	17010707	DUONEB INAL SOLN (STD DOSE) HH	2.13
10/16/11	70000009	X-RAY DONE AT BEDSIDE	0.00
10/16/11	70071010	CHEST, SINGLE FRONTAL	88.03
10/16/11	72074176	CT ABD & PELVIS W/O CONTRAST	1098.90
10/14/11	92084295	SODIUM - SERUM	23.68
10/14/11	92084132	POTASSIUM, SERUM	34.13
10/14/11	92082435	CHLORIDE	25.28
10/14/11	92082374	BIOCARBONATE/CO2	23.68
10/14/11	92082565	CREATININE	42.38
10/14/11	92084520	UREA NITROGEN, BLOOD (BUN)	38.48
10/14/11	92082947	GLUCOSE, BLOOD	39.36
10/14/11	92082310	CALCIUM, BLOOD, CHEMICAL	76.57
10/14/11	92084100	PHOSPHORUS	38.00
10/14/11	92083735	MAGNESIUM	46.80
10/14/11	92084132	POTASSIUM, SERUM	34.13
10/14/11	92082435	CHLORIDE	25.28
10/14/11	92082374	BIOCARBONATE/CO2	23.68
10/14/11	92084520	UREA NITROGEN, BLOOD (BUN)	38.48
10/14/11	92084295	SODIUM - SERUM	23.68
10/14/11	92082947	GLUCOSE, BLOOD	39.36
10/14/11	92082565	CREATININE	42.38
10/14/11	92082310	CALCIUM, BLOOD, CHEMICAL	76.57
10/14/11	92084100	PHOSPHORUS	38.00
10/14/11	92083735	MAGNESIUM	46.80
10/15/11	92084132	POTASSIUM, SERUM	34.13
10/15/11	92082435	CHLORIDE	25.28
10/15/11	92082374	BIOCARBONATE/CO2	23.68
10/15/11	92084520	UREA NITROGEN, BLOOD (BUN)	38.48
10/15/11	92084295	SODIUM - SERUM	23.68
10/15/11	92082947	GLUCOSE, BLOOD	39.36
10/15/11	92082565	CREATININE	42.38
10/15/11	92082310	CALCIUM, BLOOD, CHEMICAL	76.57
10/15/11	92084100	PHOSPHORUS	38.00

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PATIENT STATEMENT OF ACCOUNT - DETAIL

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PATIENT NAME: MILLER, OLLIE R

ACCOUNT NBR: XXXXXXXXXX

SRV DATE	REF NBR	DESCRIPTION	
10/15/11	92083735	MAGNESIUM	46.80
10/16/11	16010683	BED FUNCTION MOBIL EA 15 MIN (QTY OF 0000002)	189.98
10/16/11	16019230	CHART REVIEW/ATTEMPT PT VISIT	0.00
10/16/11	03020002	ELECTROCARDIOGRAM	91.03
10/16/11	17010385	STANDARD NEB TX-1 MED SUBSEQUE	35.23
10/16/11	17010385	STANDARD NEB TX-1 MED SUBSEQUE	35.23
10/16/11	17010385	STANDARD NEB TX-1 MED SUBSEQUE	35.23
10/16/11	17010385	STANDARD NEB TX-1 MED SUBSEQUE	35.23
10/17/11	01253500	SUB-INTENSIVE CARE	835.00
10/16/11	96086032	ANTIBODY SCRIN/INDIRECT METHOD	33.92
10/16/11	96086900	BLOOD TYPING, ABO	15.12
10/16/11	96086901	BLOOD TYPING, RH (D)	15.28
10/16/11	96086923	ELECTRONIC CROSSMATCH	48.15
10/17/11	15300245	NORMAL SALINE 1000CC	30.00
10/17/11	15300245	NORMAL SALINE 1000CC	30.00
10/17/11	17010707	DUONEB INAL SOLN (STD DOSE) HH	2.13
10/17/11	12014523	PIPERACILLIN/TAZO 3.375GM/5 Piperacillin-Tazobac	87.85
10/17/11	12014523	PIPERACILLIN/TAZO 3.375GM/5 Piperacillin-Tazobac	87.85
10/17/11	17010707	DUONEB INAL SOLN (STD DOSE) HH	2.13
10/17/11	12010750	ASPIRIN TAB 75MG Aspirin Tab 81 mg Ch	0.60
10/17/11	12012000	DOCUSATE CAP 100MG Docusate Sodium Cap	1.05
10/17/11	12014173	PANTOPRAZOLE INJ PER 40 MG Pantoprazole Inj 40	48.00
10/17/11	12015915	VALPROIC ACID SYRUP 250MG,5 Valproic Acid (250 m	10.85
10/17/11	12013295	MAGNESIUM CITRATE SOL 300ML Magnesium Citrate So	13.65
10/17/11	12015065	SOAP, LIQUID FOR ENEMA PKT Soap (Liquid), 9mL	0.60
10/17/11	12014523	PIPERACILLIN/TAZO 3.375GM/5 Piperacillin-Tazobac	87.85
10/17/11	17010707	DUONEB INAL SOLN (STD DOSE) HH	2.13
10/17/11	12014125	OXYMETAZOLINE SPRAY .05% 15M Oxymetazoline Nasal	41.45
10/17/11	12012605	GO LIGHTLY SOLN, 4 L polyethylene glycol	109.00
10/17/11	12012605	GO LIGHTLY SOLN, 4 L polyethylene glycol	109.00
10/17/11	12011000	BISACODYL SUPP 10MG Bisacodyl Supp 10 mg	0.75
10/17/11	12014523	PIPERACILLIN/TAZO 3.375GM/5 Piperacillin-Tazobac	87.85
10/17/11	17010707	DUONEB INAL SOLN (STD DOSE) HH	2.13
10/17/11	12015915	VALPROIC ACID SYRUP 250MG,5 Valproic Acid (250 m	10.85
10/15/11	91085022	BLOOD COUNT, COMPLET (CBC) AUT	63.12
10/16/11	92082435	CHLORIDE	25.28
10/16/11	92082374	BIOCARBONATE/CO2	23.68
10/16/11	92084520	UREA NITROGEN, BLOOD (BUN)	38.48
10/16/11	92084295	SODIUM - SERUM	23.68
10/16/11	92082947	GLUCOSE, BLOOD	39.36
10/16/11	92084132	POTASSIUM, SERUM	34.13
10/16/11	92082310	CALCIUM, BLOOD, CHEMICAL	76.57
10/16/11	92084100	PHOSPHORUS	38.00
10/16/11	92083735	MAGNESIUM	46.80
10/16/11	92082565	CREATININE	42.38
10/17/11	16010680	BEDSIDE EXERCISE EA 15 MIN	114.00
10/17/11	16019230	CHART REVIEW/ATTEMPT PT VISIT	0.00
10/17/11	19010052	NUTRITION CARE EVAL & REASSESS	21.15

MILLER 5243

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UNIVERSITY HOSPITAL
UAMS MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

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PATIENT NAME: MILLER, OLLIE R

ACCOUNT NBR: XXXXXXXXXX

SRV DATE	REF NBR	DESCRIPTION	
10/17/11	17010385	STANDARD NEB TX-1 MED SUBSEQU	35.23
10/17/11	17010385	STANDARD NEB TX-1 MED SUBSEQU	35.23
10/17/11	17010385	STANDARD NEB TX-1 MED SUBSEQU	35.23
10/17/11	17010385	STANDARD NEB TX-1 MED SUBSEQU	35.23
10/16/11	87086427	RED BLOOD CELL PROCESSING	407.32
10/18/11	15300245	NORMAL SALINE 1000CC	30.00
10/18/11	15300245	NORMAL SALINE 1000CC	30.00
10/17/11	12014523	PIPERACILLIN/TAZO 3.375GM/5 Piperacillin-Tazobac	87.85
10/18/11	17010707	DUONEB INAL SOLN (STD DOSE) HH	2.13
10/18/11	12014523	PIPERACILLIN/TAZO 3.375GM/5 Piperacillin-Tazobac	87.85
10/18/11	17010707	DUONEB INAL SOLN (STD DOSE) HH	2.13
10/18/11	12014173	PANTOPRAZOLE INJ PER 40 MG Pantoprazole Inj 40	48.00
10/18/11	12015915	VALPROIC ACID SYRUP 250MG,5 Valproic Acid (250 m	10.85
10/18/11	12014523	PIPERACILLIN/TAZO 3.375GM/5 Piperacillin-Tazobac	87.85
10/18/11	17010707	DUONEB INAL SOLN (STD DOSE) HH	2.13
10/18/11	12014523	PIPERACILLIN/TAZO 3.375GM/5 Piperacillin-Tazobac	87.85
10/18/11	12015915	VALPROIC ACID SYRUP 250MG,5 Valproic Acid (250 m	10.85
10/16/11	91085022	BLOOD COUNT, COMPLET (CBC) AUT	63.12
10/16/11	91085022	BLOOD COUNT, COMPLET (CBC) AUT	63.12
10/16/11	94083010	HAPTOGLOBIN	42.60
10/16/11	92083605	LACTATE-BLOOD	99.92
10/16/11	91085610	PROTHROMBIN TIME	27.44
10/16/11	91085379	D-DIMER QUANTITATIVE	101.81
10/16/11	91085730	APTT	55.00
10/16/11	91082730	FIBRINOGEN, QUANT	59.28
10/16/11	92084075	ALKALINE PHOSPHATASE	74.91
10/16/11	92084450	SGOT (AST)	88.53
10/16/11	92082251	BILIRUBIN, TOTAL	81.88
10/16/11	92084460	SGPT (ALT)	88.53
10/16/11	92083615	LACTATE DEHYDR. (LD) (LDH)	79.06
10/16/11	92082977	GGT	45.44
10/16/11	91085022	BLOOD COUNT, COMPLET (CBC) AUT	63.12
10/17/11	91085022	BLOOD COUNT, COMPLET (CBC) AUT	63.12
10/17/11	92084132	POTASSIUM, SERUM	34.13
10/17/11	92082435	CHLORIDE	25.28
10/17/11	92082374	BIOCARBONATE/CO2	23.68
10/17/11	92084295	SODIUM - SERUM	23.68
10/17/11	92084520	UREA NITROGEN, BLOOD (BUN)	38.48
10/17/11	92082565	CREATININE	42.38
10/17/11	92082947	GLUCOSE, BLOOD	39.36
10/17/11	92082310	CALCIUM, BLOOD, CHEMICAL	76.57
10/17/11	92084100	PHOSPHORUS	38.00
10/17/11	92083735	MAGNESIUM	46.80
10/18/11	22099200	CONSULT REGARD PT CARE, 15 MIN	0.00
10/18/11	17010385	STANDARD NEB TX-1 MED SUBSEQU	35.23
10/18/11	17010385	STANDARD NEB TX-1 MED SUBSEQU	35.23
10/18/11	17010385	STANDARD NEB TX-1 MED SUBSEQU	35.23
10/19/11	15300260	.5 SODIUM CHLOR 1000CC	32.00

MILLER 5244

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UAMS MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

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PATIENT NAME: MILLER, OLLIE R

ACCOUNT NBR: XXXXXXXXXX

SRV DATE	REF NBR	DESCRIPTION	
10/19/11	15300245	NORMAL SALINE 1000CC	30.00
10/19/11	15300070	D5W 1000CC	32.00
10/18/11	12014523	PIPERACILLIN/TAZO 3.375GM/5	Piperacillin-Tazobac 87.85
10/19/11	12015112	SOD CHLORIDE NASAL SPRAY 50	Sodium Chloride 0.65 9.65
10/19/11	12011835	DEXTROSE INJ 50% 50ML	Dextrose Inj 50% 50 10.20
10/19/11	17010707	DUONEB INAL SOLN (STD DOSE) HH	2.13
10/19/11	12014523	PIPERACILLIN/TAZO 3.375GM/5	Piperacillin-Tazobac 87.85
10/19/11	12014173	PANTOPRAZOLE INJ PER 40 MG	Pantoprazole Inj 40 48.00
10/19/11	12015915	VALPROIC ACID SYRUP 250MG,5	Valproic Acid (250 m 10.85
10/19/11	12014523	PIPERACILLIN/TAZO 3.375GM/5	Piperacillin-Tazobac 87.85
10/19/11	12018669	LEVOFLOXACIN INJ 250MG	LevoFLOXacin 500 mg/ 140.20
10/19/11	12014523	PIPERACILLIN/TAZO 3.375GM/5	Piperacillin-Tazobac 87.85
10/19/11	12015915	VALPROIC ACID SYRUP 250MG,5	Valproic Acid (250 m 10.85
10/16/11	91085022	BLOOD COUNT, COMPLET (CBC) AUT	63.12
10/16/11	91085007	BLOOD SMEAR, MICRO, W/MAN DIFF	17.48
10/18/11	91085022	BLOOD COUNT, COMPLET (CBC) AUT	63.12
10/18/11	92084132	POTASSIUM, SERUM	34.13
10/18/11	92082435	CHLORIDE	25.28
10/18/11	92082374	BIOCARBONATE/CO2	23.68
10/18/11	92084295	SODIUM - SERUM	23.68
10/18/11	92084520	UREA NITROGEN, BLOOD (BUN)	38.48
10/18/11	92082565	CREATININE	42.38
10/18/11	92082947	GLUCOSE, BLOOD	39.36
10/18/11	92082310	CALCIUM, BLOOD, CHEMICAL	76.57
10/18/11	92084100	PHOSPHORUS	38.00
10/18/11	92083735	MAGNESIUM	46.80
10/19/11	17010385	STANDARD NEB TX-1 MED SUBSEQU	35.23
10/20/11	01632500	SEMIPRIV (ORA)	795.00
10/18/11	01632500	SEMIPRIV (ORA)	795.00
10/19/11	01632500	SEMIPRIV (ORA)	795.00
10/16/11	02024071	BLOOD TRANSFUSION 1-2 HRS	214.50
10/20/11	15300245	NORMAL SALINE 1000CC	30.00
10/20/11	15300245	NORMAL SALINE 1000CC	30.00
10/20/11	15300210	SET,SECONDARY PIGGYBACK W/LL	6.00
10/20/11	15300335	SET,VENTED/UNVENTED W/2 SMARTS	8.65
10/20/11	15202680	TUBING, EXTENSION DISP 33X3ML	2.60
10/20/11	15151855	OXISENSOR,ADH OXIMAX/ADULT/NEO	75.36
10/20/11	15202190	TAPE, TRANSPORE 1 IN	3.66
10/20/11	12013249	LORAZEPAM INJ 2MG SYRINGE	Lorazepam Inj 2 mg/m 18.55
10/20/11	12014523	PIPERACILLIN/TAZO 3.375GM/5	Piperacillin-Tazobac 87.85
10/20/11	12015916	VALPROATE SODIUM 500MG INJ	Valproic Acid (100 m 79.40
10/20/11	12020048	D5W INJ, 50ML	Dextrose 5% 50ml 30.50
10/20/11	12020189	MAG SULFATE 2GM/WATER 50ML	Magnesium Sulfate 2g 27.20
10/20/11	12012696	HEPARIN SYRINGE 100UNIT/ML;	Heparin Inj 100 unit 32.30
10/20/11	12014173	PANTOPRAZOLE INJ PER 40 MG	Pantoprazole Inj 40 48.00
10/20/11	12014544	POLYETHLENE GLYCOL PKT 17GM	Polyethylene Glycol 215.35
10/20/11	12015915	VALPROIC ACID SYRUP 250MG,5	Valproic Acid (250 m 14.25
10/20/11	12012696	HEPARIN SYRINGE 100UNIT/ML;	Heparin Inj 100 unit 10.80

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UAMS MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

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PATIENT NAME: MILLER, OLLIE R

ACCOUNT NBR: XXXXXXXXXX

SRV DATE	REF NBR	DESCRIPTION	
10/20/11	12010679	AMOXICILLIN/CLAV SUSP 250/5	Amoxicillin-Clavulan 49.75
10/20/11	12015915	VALPROIC ACID SYRUP 250MG,5	Valproic Acid (250 m 14.25
10/20/11	72070450	CT-BRAIN W/O CONTRAST	789.05
10/20/11	70200101	BALLARD G TUBE	138.18
10/20/11	70200111	LONG PEEL AWAY	175.00
10/20/11	70200250	OMNIPAQUE 300/50 PER ML	(QTY OF 0000045) 155.70
10/20/11	70020140	MAC TRAY	178.62
10/20/11	70020540	WIRES,AMPLATZ 35,38	204.00
10/20/11	70020620	DIALATORS 10-16	(QTY OF 0000004) 208.00
10/20/11	70202203	T TACKS	330.00
10/20/11	70202204	STOPCOCKS	(QTY OF 0000002) 48.00
10/19/11	91085022	BLOOD COUNT, COMPLET (CBC) AUT	63.12
10/19/11	92084132	POTASSIUM, SERUM	34.13
10/19/11	92082435	CHLORIDE	25.28
10/19/11	92082374	BIOCARBONATE/CO2	23.68
10/19/11	92084295	SODIUM - SERUM	23.68
10/19/11	92084520	UREA NITROGEN, BLOOD (BUN)	38.48
10/19/11	92082565	CREATININE	42.38
10/19/11	92082947	GLUCOSE, BLOOD	39.36
10/19/11	92082310	CALCIUM, BLOOD, CHEMICAL	76.57
10/19/11	92084100	PHOSPHORUS	38.00
10/19/11	92083735	MAGNESIUM	46.80
10/20/11	21019230	CHART REVIEW/ATTEMPT PT VISIT	0.00
10/20/11	21019260	CONSULT REGARD PT CARE, EA 15M	0.00
10/20/11	14010005	EKG - PORTABLE	534.96
10/20/11	23058135	BLOOD GASES WITH SATURATION	145.77
10/20/11	23058137	CARBOXYHEMOGLOBIN	70.47
10/20/11	23058138	METHEMOGLOBIN	33.12
10/20/11	23058130	ARTERIAL PUNCTURE	112.32
10/21/11	15300070	D5W 1000CC	32.00
10/21/11	15300245	NORMAL SALINE 1000CC	30.00
10/21/11	12010679	AMOXICILLIN/CLAV SUSP 250/5	Amoxicillin-Clavulan 49.75
10/21/11	12014173	PANTOPRAZOLE INJ PER 40 MG	Pantoprazole Inj 40 48.00
10/21/11	12014544	POLYETHYLENE GLYCOL PKT 17GM	Polyethylene Glycol 215.35
10/21/11	12015915	VALPROIC ACID SYRUP 250MG,5	Valproic Acid (250 m 14.25
10/20/11	70249440	GASTRIC TUBE, PERC. WITH FLUOR	692.80
10/21/11	70200250	OMNIPAQUE 300/50 PER ML	(QTY OF 0000020) 69.20
10/20/11	92084295	SODIUM - SERUM	23.68
10/20/11	92084132	POTASSIUM, SERUM	34.13
10/20/11	92082435	CHLORIDE	25.28
10/20/11	92082374	BIOCARBONATE/CO2	23.68
10/20/11	98080031	VALPROIC ACID	114.44
10/20/11	92084520	UREA NITROGEN, BLOOD (BUN)	38.48
10/20/11	92082565	CREATININE	42.38
10/20/11	92082947	GLUCOSE, BLOOD	39.36
10/20/11	92082310	CALCIUM, BLOOD, CHEMICAL	76.57
10/20/11	92084100	PHOSPHORUS	38.00
10/20/11	92083735	MAGNESIUM	46.80

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 UAMS MEDICAL CENTER
 PATIENT STATEMENT OF ACCOUNT - DETAIL

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PATIENT NAME: MILLER, OLLIE R

ACCOUNT NBR: XXXXXXXXXX

SRV DATE	REF NBR	DESCRIPTION	
10/20/11	91085022	BLOOD COUNT, COMPLET (CBC) AUT	63.12
10/21/11	19010052	NUTRITION CARE EVAL & REASSESS	21.15
10/20/11	92084132	POTASSIUM, SERUM	34.13
10/20/11	92082435	CHLORIDE	25.28
10/20/11	92082374	BIOCARBONATE/CO2	23.68
10/20/11	92084520	UREA NITROGEN, BLOOD (BUN)	38.48
10/20/11	92084295	SODIUM - SERUM	23.68
10/20/11	92082947	GLUCOSE, BLOOD	39.36
10/20/11	92082565	CREATININE	42.38
10/20/11	92082310	CALCIUM, BLOOD, CHEMICAL	76.57
10/20/11	92084100	PHOSPHORUS	38.00
10/20/11	92083735	MAGNESIUM	46.80
10/21/11	92084295	SODIUM - SERUM	23.68
10/21/11	92084132	POTASSIUM, SERUM	34.13
10/21/11	92082435	CHLORIDE	25.28
10/21/11	92082374	BIOCARBONATE/CO2	23.68
10/21/11	92084520	UREA NITROGEN, BLOOD (BUN)	38.48
10/21/11	92082947	GLUCOSE, BLOOD	39.36
10/21/11	91085024	CBC, AUTOMATED W/AUTO WBC DIFF	74.17
10/21/11	92082310	CALCIUM, BLOOD, CHEMICAL	76.57
10/21/11	92084100	PHOSPHORUS	38.00
10/21/11	92083735	MAGNESIUM	46.80
10/21/11	92082565	CREATININE	42.38
11/14/11	00123811	MEDICARE ADJUSTMENT	
		MEDICARE PART A	
		SERVICE ON 10/12/11	22406.60-
11/14/11	00258011	PAYMENT - MEDICARE	
		MEDICARE PART A	
		SERVICE ON 10/12/11	12855.99-

REMIT TO	SERVICES FROM: 10/11/11 TO 10/21/11	
UAMS MEDICAL CENTER	TOTAL CHARGES	35262.59
4301 WEST MARKHAM	TOTAL ADJUSTMENTS	22406.60-
SLOT 612	TOTAL PAYMENTS	12855.99-
LITTLE ROCK AR 72205	CURRENT ACCOUNT BALANCE	0.00

MAKE CHECK PAYABLE TO: UAMS MEDICAL CENTER

IF YOU HAVE ANY QUESTIONS CONCERNING THIS STATEMENT PLEASE CONTACT:
 CUSTOMER SERVICE-AFR PHONE: (501) 614-2888

MILLER 5247

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UNIVERSITY HOSPITAL
 UAMS MEDICAL CENTER
 PATIENT STATEMENT OF ACCOUNT - DETAIL

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PATIENT NAME: MILLER, OLLIE R

ACCOUNT NBR: [REDACTED]
 ADMIT/DISCHARGE: 11/02/11 11/09/11

BILL TO
 OLLIE R MILLER
 12111 HINSON RD
 LITTLE ROCK AR 72212-0000
 UNITED STATES

SRV DATE	REF NBR	DESCRIPTION	
11/02/11	01473000	CORONARY CARE UNIT	1795.00
11/02/11	15300260	.5 SODIUM CHLOR 1000CC	32.00
11/02/11	12010420	ACETAMINOPHEN SUPP 600MG Acetaminophen Supp 6	2.80
11/02/11	12015927	VANCOMYCIN FRZ IVPB 1GM/200 Vancomycin 1 gm/Dext	115.20
11/02/11	12015921	VANCOMYCIN INJ 1GM Vancomycin Inj 1 gm	20.20
11/02/11	12016004	WATER FOR INJ 50 TO 100 ML Sterile Water Bacter	10.20
11/02/11	12015927	VANCOMYCIN FRZ IVPB 1GM/200 Vancomycin 1 gm/Dext	115.20
11/02/11	12010420	ACETAMINOPHEN SUPP 600MG Acetaminophen Supp 6	2.80
11/02/11	12011322	CHLORHEXIDINE GLUE ORAL 160 Chlorhexidine Topica	47.95
11/02/11	12014524	PIPERACILLIN/TAZO 4.5GM/100 Piperacillin-Tazobac	85.80
11/02/11	12018519	VANCOMYCIN 1 GM (ADVANTAGE) Vancomycin Inj 1 gm	18.40
11/02/11	12020371	D-5-W INJ 250 ML (ADVANTAGE) Dextrose 5% 250ml (A	30.00
11/02/11	70000009	X-RAY DONE AT BEDSIDE	0.00
11/02/11	70071010	CHEST, SINGLE FRONTAL	88.03
11/02/11	70000009	X-RAY DONE AT BEDSIDE	0.00
11/02/11	70071010	CHEST, SINGLE FRONTAL	88.03
11/02/11	03020002	ELECTROCARDIOGRAM	91.03
11/02/11	17010255	MASK CPAP FIRST DAY S/U	201.73
11/02/11	23058135	BLOOD GASES WITH SATURATION	145.77
11/02/11	23058137	CARBOXYHEMOGLOBIN	70.47
11/02/11	23058138	METHEMOGLOBIN	33.12
11/02/11	23058135	BLOOD GASES WITH SATURATION	145.77
11/02/11	23058137	CARBOXYHEMOGLOBIN	70.47
11/02/11	23058138	METHEMOGLOBIN	33.12
11/02/11	23058130	ARTERIAL PUNCTURE (QTY OF 0000002)	224.64
11/02/11	20051110	VENOUS EXAM DUPLEX-BILATERAL	304.19
11/03/11	01473000	CORONARY CARE UNIT	1795.00
11/02/11	06010015	E & M - LEVEL 5	710.77
11/02/11	06010301	PROCEDURE - LEVEL 1	57.63
11/02/11	06020031	IV START, SALINE LOCK	15.45
11/02/11	06020164	HYDRATION, EACH ADD'L HOUR	100.41
11/02/11	06020033	IV SOLUTION ADDITIONAL (QTY OF 0000003)	103.20
11/02/11	06020248	INJ IV PUSH THERAPEUTIC SGL/IN	121.73
11/02/11	06020249	INJ IV PUSH THERAPEUTIC EA ADD	136.71
11/02/11	06010202	VENI/PERIPH/>7TBS OR BLD CLTRS	94.84
11/02/11	06020011	RAPID GLUCOSE	13.40
11/02/11	06010207	OXYGEN SUPPLIES	13.37
11/02/11	06010131	BLOOD PRESSURE MONITOR	15.35
11/02/11	06020010	PULSE OX, MULTIPLE	79.20

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UNIVERSITY HOSPITAL
UAMS MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

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PATIENT NAME: MILLER, OLLIE R

ACCOUNT NBR: XXXXXXXXXX

SRV DATE	REF NBR	DESCRIPTION	
11/02/11	06020012	CARDIAC MONITOR ONLY	7.80
11/02/11	06020093	FOLEY INS SUPPLIES W/TEMP PROB	94.99
11/03/11	15300260	.5 SODIUM CHLOR 1000CC	32.00
11/03/11	15300260	.5 SODIUM CHLOR 1000CC	32.00
11/03/11	15300260	.5 SODIUM CHLOR 1000CC	32.00
11/03/11	12014524	PIPERACILLIN/TAZO 4.5GM/100	Piperacillin-Tazobac 85.80
11/03/11	12014524	PIPERACILLIN/TAZO 4.5GM/100	Piperacillin-Tazobac 85.80
11/03/11	12012000	DOCUSATE CAP 100MG	Docusate Sodium Cap 1.05
11/03/11	12014172	PANTOPRAZOLE EC TAB 40 MG	Pantoprazole Tab 40 25.15
11/03/11	12014523	PIPERACILLIN/TAZO 3.375GM/5	Piperacillin-Tazobac 87.85
11/03/11	12015915	VALPROIC ACID SYRUP 250MG,5	Valproic Acid (250 m 24.45
11/03/11	12014523	PIPERACILLIN/TAZO 3.375GM/5	Piperacillin-Tazobac 87.85
11/03/11	12012505	FUROSEMIDE INJ 20MG	Furosemide (10 mg/mL 10.20
11/03/11	12014523	PIPERACILLIN/TAZO 3.375GM/5	Piperacillin-Tazobac 87.85
11/03/11	12015915	VALPROIC ACID SYRUP 250MG,5	Valproic Acid (250 m 14.25
11/03/11	70000009	X-RAY DONE AT BEDSIDE	0.00
11/03/11	70071010	CHEST, SINGLE FRONTAL	88.03
11/03/11	72070450	CT-BRAIN W/O CONTRAST	789.05
11/03/11	19010051	NUTRITION ASSESS/CONSULT-COMP	77.57
11/03/11	17010210	OXIMETER SUBSEQUENT DAY	82.32
11/03/11	23058135	BLOOD GASES WITH SATURATION	145.77
11/03/11	23058137	CARBOXYHEMOGLOBIN	70.47
11/03/11	23058138	METHEMOGLOBIN	33.12
11/03/11	23058130	ARTERIAL PUNCTURE	112.32
11/02/11	92083020	HEMOGLOBIN ELECTROPHORESIS	156.00
11/04/11	01473000	CORONARY CARE UNIT	1795.00
11/04/11	15300260	.5 SODIUM CHLOR 1000CC	32.00
11/04/11	15192173	SYSTEM, FECAL MANAGEMENT	750.00
11/04/11	15051360	ELTA CREAM 3.8 OZ	28.13
11/03/11	12014523	PIPERACILLIN/TAZO 3.375GM/5	Piperacillin-Tazobac 87.85
11/04/11	12014523	PIPERACILLIN/TAZO 3.375GM/5	Piperacillin-Tazobac 87.85
11/04/11	12012005	DOCUSATE LIQ 100MG, 30 ML U	Docusate Sodium syru 7.75
11/04/11	12014172	PANTOPRAZOLE EC TAB 40 MG	Pantoprazole Tab 40 25.15
11/04/11	12015915	VALPROIC ACID SYRUP 250MG,5	Valproic Acid (250 m 24.45
11/04/11	12014523	PIPERACILLIN/TAZO 3.375GM/5	Piperacillin-Tazobac 87.85
11/04/11	12011000	BISACODYL SUPP 10MG	Bisacodyl Supp 10 mg 0.75
11/04/11	12014544	POLYETHYLENE GLYCOL PKT 17GM	Polyethylene Glycol 215.35
11/04/11	12014325	PETROLATUM, WHITE 30 G	Petrolatum Oint 100% 5.05
11/04/11	12014523	PIPERACILLIN/TAZO 3.375GM/5	Piperacillin-Tazobac 87.85
11/04/11	12014523	PIPERACILLIN/TAZO 3.375GM/5	Piperacillin-Tazobac 87.85
11/04/11	12015915	VALPROIC ACID SYRUP 250MG,5	Valproic Acid (250 m 14.25
11/04/11	70000009	X-RAY DONE AT BEDSIDE	0.00
11/04/11	70074000	ABDOMEN, SINGLE VIEW	88.64
11/02/11	97087086	CULTURE, URINE, QUANTITATIVE	35.44
11/02/11	97087040	BLOOD CULTURE	66.16
11/02/11	91081001	URINALYSIS WITH MICROSCOPIC	42.36
11/02/11	92084295	SODIUM - SERUM	23.68
11/02/11	92084132	POTASSIUM, SERUM	34.13

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PATIENT STATEMENT OF ACCOUNT - DETAIL

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PATIENT NAME: MILLER, OLLIE R

ACCOUNT NBR: XXXXXXXXXX

SRV DATE	REF NBR	DESCRIPTION	
11/02/11	92082435	CHLORIDE	25.28
11/02/11	92082374	BIOCARBONATE/CO2	23.68
11/02/11	92084520	UREA NITROGEN, BLOOD (BUN)	38.48
11/02/11	92082565	CREATININE	42.38
11/02/11	92082009	KETONES	17.44
11/02/11	92082310	CALCIUM, BLOOD, CHEMICAL	76.57
11/02/11	92082947	GLUCOSE, BLOOD	39.36
11/02/11	92083605	LACTATE-BLOOD	99.92
11/02/11	97087040	BLOOD CULTURE	66.16
11/02/11	92083935	OSMOLALITY URINE	34.88
11/02/11	92083021	HGB FRAC & QUANT; CHROMATOGRAP	174.40
11/02/11	92084460	SGPT (ALT)	88.53
11/02/11	92082977	GGT	45.44
11/02/11	92084075	ALKALINE PHOSPHATASE	74.91
11/02/11	92086140	C-REACTIVE PROTEIN (CRP)	77.28
11/02/11	92082040	ALBUMIN	63.57
11/02/11	94084134	PREALBUMIN	83.35
11/02/11	98084443	THYROID STIM, HORMONE (TSH)	224.27
11/02/11	92084295	SODIUM - SERUM	23.68
11/02/11	92084132	POTASSIUM, SERUM	34.13
11/02/11	92083615	LACTATE DEHYDR. (LD) (LDH)	79.06
11/02/11	92082435	CHLORIDE	25.28
11/02/11	94083010	HAPTOGLOBIN	42.60
11/02/11	92082374	BIOCARBONATE/CO2	23.68
11/02/11	92084520	UREA NITROGEN, BLOOD (BUN)	38.48
11/02/11	92082565	CREATININE	42.38
11/02/11	92082310	CALCIUM, BLOOD, CHEMICAL	76.57
11/02/11	92082947	GLUCOSE, BLOOD	39.36
11/02/11	98080031	VALPROIC ACID	114.44
11/02/11	92084484	TROPONIN	89.29
11/02/11	92084450	SGOT (AST)	88.53
11/02/11	91085024	CBC, AUTOMATED W/AUTO WBC DIFF	74.17
11/03/11	92084295	SODIUM - SERUM	23.68
11/03/11	92084132	POTASSIUM, SERUM	34.13
11/03/11	92082435	CHLORIDE	25.28
11/03/11	92082374	BIOCARBONATE/CO2	23.68
11/03/11	92084520	UREA NITROGEN, BLOOD (BUN)	38.48
11/03/11	92082947	GLUCOSE, BLOOD	39.36
11/03/11	91085024	CBC, AUTOMATED W/AUTO WBC DIFF	74.17
11/03/11	92082310	CALCIUM, BLOOD, CHEMICAL	76.57
11/03/11	92084100	PHOSPHORUS	38.00
11/03/11	92083735	MAGNESIUM	46.80
11/03/11	92082565	CREATININE	42.38
11/03/11	92084484	TROPONIN	89.29
11/04/11	19010052	NUTRITION CARE EVAL & REASSESS	21.15
11/04/11	17010210	OXIMETER SUBSEQUENT DAY	82.32
11/04/11	17010260	MASK CPAP SUBSEQUENT DAY	188.11
11/04/11	23058135	BLOOD GASES WITH SATURATION	145.77

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PATIENT STATEMENT OF ACCOUNT - DETAIL

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PATIENT NAME: MILLER, OLLIE R

ACCOUNT NBR: XXXXXXXXXX

SRV DATE	REF NBR	DESCRIPTION	
11/04/11	23058137	CARBOXYHEMOGLOBIN	70.47
11/04/11	23058138	METHEMOGLOBIN	33.12
11/04/11	23058135	BLOOD GASES WITH SATURATION	145.77
11/04/11	23058137	CARBOXYHEMOGLOBIN	70.47
11/04/11	23058138	METHEMOGLOBIN	33.12
11/04/11	23058130	ARTERIAL PUNCTURE (QTY OF 0000002)	224.64
11/05/11	01473000	CORONARY CARE UNIT	1795.00
11/05/11	12014523	PIPERACILLIN/TAZO 3.375GM/5 Piperacillin-Tazobac	87.85
11/05/11	12015235	SOD/POT PHOSPHATE CAP 1.45G Neutra-Phos Powder	1.80
11/05/11	12014555	POT CHLORIDE INJ 40MEQ Potassium Chloride (10.20
11/05/11	12020065	D5W INJ, 500ML Dextrose 5% Inj 500m	32.00
11/05/11	12014562	POT CL POWDER 20MEQ PKT Potassium Chloride P	9.35
11/05/11	12014523	PIPERACILLIN/TAZO 3.375GM/5 Piperacillin-Tazobac	87.85
11/05/11	17010700	ALBUTEROL INHALER-1 PUFF (QTY OF 0000002)	1.70
11/05/11	12015915	VALPROIC ACID SYRUP 250MG,5 Valproic Acid (250 m	24.45
11/05/11	12020235	SOD CHLOR 0.9% INJ 250ML (N Sodium Chloride 0.9%	30.00
11/05/11	12015933	VANCOMYCIN INJ 750 MG Vancomycin Inj 750 m	31.65
11/05/11	12014173	PANTOPRAZOLE INJ PER 40 MG Pantoprazole Inj 40	48.00
11/05/11	12015111	SOD CHLORIDE INJ, 30ML MDV Sodium Chloride Bact	10.20
11/05/11	12014523	PIPERACILLIN/TAZO 3.375GM/5 Piperacillin-Tazobac	87.85
11/05/11	17010708	ALBUTEROL INHAL SOLN (STD DOSE	0.22
11/05/11	17010708	ALBUTEROL INHAL SOLN (STD DOSE	0.22
11/05/11	12014523	PIPERACILLIN/TAZO 3.375GM/5 Piperacillin-Tazobac	87.85
11/05/11	17010708	ALBUTEROL INHAL SOLN (STD DOSE	0.22
11/05/11	12015915	VALPROIC ACID SYRUP 250MG,5 Valproic Acid (250 m	14.25
11/05/11	70000009	X-RAY DONE AT BEDSIDE	0.00
11/05/11	70071010	CHEST, SINGLE FRONTAL	88.03
11/02/11	91085022	BLOOD COUNT, COMPLET (CBC) AUT	63.12
11/02/11	91085007	BLOOD SMEAR, MICRO, W/MAN DIFF	17.48
11/03/11	98084439	THYROXINE, FREE (FREE T4)	119.30
11/03/11	92084295	SODIUM - SERUM	23.68
11/03/11	92084132	POTASSIUM, SERUM	34.13
11/03/11	92082435	CHLORIDE	25.28
11/03/11	92082374	BIOCARBONATE/CO2	23.68
11/03/11	92084520	UREA NITROGEN, BLOOD (BUN)	38.48
11/03/11	98084443	THYROID STIM, HORMONE (TSH)	224.27
11/03/11	92082947	GLUCOSE, BLOOD	39.36
11/03/11	98080202	VANCOMYCIN	32.00
11/03/11	92082310	CALCIUM, BLOOD, CHEMICAL	76.57
11/03/11	92084100	PHOSPHORUS	38.00
11/03/11	92083735	MAGNESIUM	46.80
11/03/11	92082565	CREATININE	42.38
11/03/11	92084484	TROPONIN	89.29
11/03/11	92084132	POTASSIUM, SERUM	34.13
11/03/11	92082435	CHLORIDE	25.28
11/03/11	92082374	BIOCARBONATE/CO2	23.68
11/03/11	92084295	SODIUM - SERUM	23.68
11/03/11	92084520	UREA NITROGEN, BLOOD (BUN)	38.48

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UAMS MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

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PATIENT NAME: MILLER, OLLIE R

ACCOUNT NBR: XXXXXXXXXX

SRV DATE	REF NBR	DESCRIPTION	
11/03/11	92082947	GLUCOSE, BLOOD	39.36
11/03/11	92082565	CREATININE	42.38
11/03/11	92082310	CALCIUM, BLOOD, CHEMICAL	76.57
11/04/11	92084295	SODIUM - SERUM	23.68
11/04/11	92084132	POTASSIUM, SERUM	34.13
11/04/11	92082435	CHLORIDE	25.28
11/04/11	92082374	BIOCARBONATE/CO2	23.68
11/04/11	92084520	UREA NITROGEN, BLOOD (BUN)	38.48
11/04/11	92082947	GLUCOSE, BLOOD	39.36
11/04/11	91085022	BLOOD COUNT, COMPLET (CBC) AUT	63.12
11/04/11	92082310	CALCIUM, BLOOD, CHEMICAL	76.57
11/04/11	92084100	PHOSPHORUS	38.00
11/04/11	92083735	MAGNESIUM	46.80
11/04/11	92082565	CREATININE	42.38
11/04/11	91085007	BLOOD SMEAR, MICRO, W/MAN DIFF	17.48
11/05/11	17010210	OXIMETER SUBSEQUENT DAY	82.32
11/05/11	17010380	STANDARD NEB TX-1 MED INITIAL	91.68
11/05/11	17010380	STANDARD NEB TX-1 MED INITIAL	91.68
11/05/11	17010385	STANDARD NEB TX-1 MED SUBSEQU	35.23
11/05/11	17010390	MDI TX-INITIAL	87.32
11/05/11	23058135	BLOOD GASES WITH SATURATION	145.77
11/05/11	23058138	METHEMOGLOBIN	33.12
11/05/11	23058140	BLOOD POTASSIUM;PLASMA/WHL BLD	40.80
11/05/11	23058144	CHLORIDE; BLOOD	26.32
11/05/11	23058137	CARBOXYHEMOGLOBIN	70.47
11/05/11	23058139	BLOOD SODIUM;PLASMA OR WHL BLD	27.56
11/05/11	23058143	CALCIUM, IONIZED	74.73
11/06/11	15300240	NORMAL SALINE 500CC	32.00
11/06/11	17010708	ALBUTEROL INHAL SOLN (STD DOSE	0.22
11/06/11	12014523	PIPERACILLIN/TAZO 3.375GM/5 Piperacillin-Tazobac	87.85
11/06/11	17010708	ALBUTEROL INHAL SOLN (STD DOSE	0.22
11/06/11	12010406	ACETAMINOPHEN 325 MG/10.15 Acetaminophen (160mg	5.55
11/06/11	12014523	PIPERACILLIN/TAZO 3.375GM/5 Piperacillin-Tazobac	87.85
11/06/11	17010708	ALBUTEROL INHAL SOLN (STD DOSE	0.22
11/06/11	12014173	PANTOPRAZOLE INJ PER 40 MG Pantoprazole Inj 40	48.00
11/06/11	12015915	VALPROIC ACID SYRUP 250MG,5 Valproic Acid (250 m	24.45
11/06/11	17010708	ALBUTEROL INHAL SOLN (STD DOSE	0.22
11/06/11	12014523	PIPERACILLIN/TAZO 3.375GM/5 Piperacillin-Tazobac	87.85
11/06/11	12013733	METRONIDAZOLE TAB 500MG MetronIDAZOLE Tab 50	3.35
11/06/11	17010708	ALBUTEROL INHAL SOLN (STD DOSE	0.22
11/06/11	12010425	ACETAMINOPHEN TAB 325 MG Acetaminophen Tab 32	0.60
11/06/11	12015927	VANCOMYCIN FRZ IVPB 1GM/200 Vancomycin 1 gm/Dext	115.20
11/06/11	12012495	FOLIC ACID TAB 1MG Folic Acid Tab 1 mg	1.05
11/06/11	12014523	PIPERACILLIN/TAZO 3.375GM/5 Piperacillin-Tazobac	87.85
11/06/11	12015915	VALPROIC ACID SYRUP 250MG,5 Valproic Acid (250 m	14.25
11/06/11	17010708	ALBUTEROL INHAL SOLN (STD DOSE	0.22
11/04/11	92084295	SODIUM - SERUM	23.68
11/04/11	92084132	POTASSIUM, SERUM	34.13

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PATIENT STATEMENT OF ACCOUNT - DETAIL

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PATIENT NAME: MILLER, OLLIE R

ACCOUNT NBR: XXXXXXXXXX

SRV DATE	REF NBR	DESCRIPTION	
11/04/11	92082435	CHLORIDE	25.28
11/04/11	98080202	VANCOMYCIN	32.00
11/04/11	92082374	BIOCARBONATE/CO2	23.68
11/04/11	92082947	GLUCOSE, BLOOD	39.36
11/04/11	92084520	UREA NITROGEN, BLOOD (BUN)	38.48
11/04/11	92082565	CREATININE	42.38
11/04/11	92082310	CALCIUM, BLOOD, CHEMICAL	76.57
11/05/11	92084295	SODIUM - SERUM	23.68
11/05/11	92084132	POTASSIUM, SERUM	34.13
11/05/11	92082435	CHLORIDE	25.28
11/05/11	92082374	BIOCARBONATE/CO2	23.68
11/05/11	92084520	UREA NITROGEN, BLOOD (BUN)	38.48
11/05/11	92082947	GLUCOSE, BLOOD	39.36
11/05/11	91085024	CBC, AUTOMATED W/AUTO WBC DIFF	74.17
11/05/11	92082310	CALCIUM, BLOOD, CHEMICAL	76.57
11/05/11	92084100	PHOSPHORUS	38.00
11/05/11	92083735	MAGNESIUM	46.80
11/05/11	92082565	CREATININE	42.38
11/06/11	17010210	OXIMETER SUBSEQUENT DAY	82.32
11/06/11	17010380	STANDARD NEB TX-1 MED INITIAL	91.68
11/06/11	17010385	STANDARD NEB TX-1 MED SUBSEQU	35.23
11/06/11	17010385	STANDARD NEB TX-1 MED SUBSEQU	35.23
11/06/11	17010260	MASK CPAP SUBSEQUENT DAY	188.11
11/06/11	17010385	STANDARD NEB TX-1 MED SUBSEQU	35.23
11/06/11	17010385	STANDARD NEB TX-1 MED SUBSEQU	35.23
11/06/11	17010385	STANDARD NEB TX-1 MED SUBSEQU	35.23
11/05/11	23058130	ARTERIAL PUNCTURE	112.32
11/07/11	01253500	SUB-INTENSIVE CARE	835.00
11/06/11	01253500	SUB-INTENSIVE CARE	835.00
11/06/11	96086900	BLOOD TYPING, ABO	15.12
11/06/11	96086901	BLOOD TYPING, RH (D)	15.28
11/06/11	96086032	ANTIBODY SCRIN/INDIRECT METHOD	33.92
11/06/11	96086923	ELECTRONIC CROSSMATCH	48.15
11/06/11	96086923	ELECTRONIC CROSSMATCH	48.15
11/07/11	15300240	NORMAL SALINE 500CC	32.00
11/07/11	12013733	METRONIDAZOLE TAB 500MG MetronIDAZOLE Tab 50	3.35
11/07/11	17010708	ALBUTEROL INHAL SOLN (STD DOSE	0.22
11/07/11	12014523	PIPERACILLIN/TAZO 3.375GM/5 Piperacillin-Tazobac	87.85
11/07/11	17010708	ALBUTEROL INHAL SOLN (STD DOSE	0.22
11/07/11	12010406	ACETAMINOPHEN 325 MG/10.15 Acetaminophen (160mg	2.80
11/07/11	17010708	ALBUTEROL INHAL SOLN (STD DOSE	0.22
11/07/11	12012495	FOLIC ACID TAB 1MG Folic Acid Tab 1 mg	1.05
11/07/11	12014172	PANTOPRAZOLE EC TAB 40 MG Pantoprazole Tab 40	25.15
11/07/11	12014523	PIPERACILLIN/TAZO 3.375GM/5 Piperacillin-Tazobac	87.85
11/07/11	12015915	VALPROIC ACID SYRUP 250MG,5 Valproic Acid (250 m	24.45
11/07/11	12012272	ESOMEPRAZOLE CAP 40MG Esomeprazole Cap 40	26.60
11/07/11	12010425	ACETAMINOPHEN TAB 325 MG Acetaminophen Tab 32	0.60
11/07/11	17010708	ALBUTEROL INHAL SOLN (STD DOSE	0.22

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 PATIENT STATEMENT OF ACCOUNT - DETAIL

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PATIENT NAME: MILLER, OLLIE R

ACCOUNT NBR: XXXXXXXXXX

SRV DATE	REF NBR	DESCRIPTION	
11/07/11	12015927	VANCOMYCIN FRZ IVPB 1GM/200 Vancomycin 1 gm/Dext	115.20
11/07/11	17010708	ALBUTEROL INHAL SOLN (STD DOSE	0.22
11/07/11	12014523	PIPERACILLIN/TAZO 3.375GM/5 Piperacillin-Tazobac	87.85
11/07/11	12012505	FUROSEMIDE INJ 20MG Furosemide (10 mg/mL	10.20
11/07/11	17010708	ALBUTEROL INHAL SOLN (STD DOSE	0.22
11/07/11	12014523	PIPERACILLIN/TAZO 3.375GM/5 Piperacillin-Tazobac	87.85
11/07/11	70000009	X-RAY DONE AT BEDSIDE	0.00
11/07/11	70071010	CHEST, SINGLE FRONTAL	88.03
11/05/11	92084295	SODIUM - SERUM	23.68
11/05/11	92082435	CHLORIDE	25.28
11/05/11	92082374	BIOCARBONATE/CO2	23.68
11/05/11	92084520	UREA NITROGEN, BLOOD (BUN)	38.48
11/05/11	92082947	GLUCOSE, BLOOD	39.36
11/05/11	91085024	CBC, AUTOMATED W/AUTO WBC DIFF	74.17
11/05/11	92082310	CALCIUM, BLOOD, CHEMICAL	76.57
11/05/11	92082565	CREATININE	42.38
11/05/11	98080202	VANCOMYCIN	32.00
11/05/11	97087324	C DIFF A & B, EIA	46.76
11/05/11	97087040	BLOOD CULTURE	66.16
11/05/11	91081003	URINALYSIS, W/O MICRO, AUTOMATED	12.88
11/05/11	97087086	CULTURE, URINE, QUANTITATIVE	35.44
11/05/11	92084132	POTASSIUM, SERUM	34.13
11/05/11	92082435	CHLORIDE	25.28
11/05/11	92082374	BIOCARBONATE/CO2	23.68
11/05/11	92084520	UREA NITROGEN, BLOOD (BUN)	38.48
11/05/11	92084295	SODIUM - SERUM	23.68
11/05/11	92082947	GLUCOSE, BLOOD	39.36
11/05/11	91085379	D-DIMER QUANTITATIVE	101.81
11/05/11	92082310	CALCIUM, BLOOD, CHEMICAL	76.57
11/05/11	92084100	PHOSPHORUS	38.00
11/05/11	92083735	MAGNESIUM	46.80
11/05/11	92082565	CREATININE	42.38
11/05/11	92084132	POTASSIUM, SERUM	34.13
11/05/11	92082435	CHLORIDE	25.28
11/05/11	92082374	BIOCARBONATE/CO2	23.68
11/05/11	92084520	UREA NITROGEN, BLOOD (BUN)	38.48
11/05/11	92084295	SODIUM - SERUM	23.68
11/05/11	92082947	GLUCOSE, BLOOD	39.36
11/05/11	92082565	CREATININE	42.38
11/05/11	92082310	CALCIUM, BLOOD, CHEMICAL	76.57
11/05/11	92084100	PHOSPHORUS	38.00
11/05/11	92083735	MAGNESIUM	46.80
11/05/11	92084132	POTASSIUM, SERUM	34.13
11/05/11	92082435	CHLORIDE	25.28
11/05/11	92082374	BIOCARBONATE/CO2	23.68
11/05/11	92084520	UREA NITROGEN, BLOOD (BUN)	38.48
11/05/11	92084295	SODIUM - SERUM	23.68
11/05/11	92082947	GLUCOSE, BLOOD	39.36

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PATIENT STATEMENT OF ACCOUNT - DETAIL

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PATIENT NAME: MILLER, OLLIE R

ACCOUNT NBR: XXXXXXXXXX

SRV DATE	REF NBR	DESCRIPTION	
11/05/11	92082565	CREATININE	42.38
11/05/11	92082310	CALCIUM, BLOOD, CHEMICAL	76.57
11/05/11	92084100	PHOSPHORUS	38.00
11/05/11	92083735	MAGNESIUM	46.80
11/06/11	92084132	POTASSIUM, SERUM	34.13
11/06/11	92082435	CHLORIDE	25.28
11/06/11	92082374	BIOCARBONATE/CO2	23.68
11/06/11	92084520	UREA NITROGEN, BLOOD (BUN)	38.48
11/06/11	92084295	SODIUM - SERUM	23.68
11/06/11	92082947	GLUCOSE, BLOOD	39.36
11/06/11	92082565	CREATININE	42.38
11/06/11	92082310	CALCIUM, BLOOD, CHEMICAL	76.57
11/06/11	92084100	PHOSPHORUS	38.00
11/06/11	92083735	MAGNESIUM	46.80
11/07/11	19010052	NUTRITION CARE EVAL & REASSESS	21.15
11/07/11	17010210	OXIMETER SUBSEQUENT DAY	82.32
11/07/11	17010385	STANDARD NEB TX-1 MED SUBSEQUE	35.23
11/07/11	17010385	STANDARD NEB TX-1 MED SUBSEQUE	35.23
11/07/11	17010385	STANDARD NEB TX-1 MED SUBSEQUE	35.23
11/07/11	17010385	STANDARD NEB TX-1 MED SUBSEQUE	35.23
11/07/11	17010385	STANDARD NEB TX-1 MED SUBSEQUE	35.23
11/07/11	17010385	STANDARD NEB TX-1 MED SUBSEQUE	35.23
11/07/11	17010385	STANDARD NEB TX-1 MED SUBSEQUE	35.23
11/07/11	23058135	BLOOD GASES WITH SATURATION	145.77
11/07/11	23058137	CARBOXYHEMOGLOBIN	70.47
11/07/11	23058138	METHEMOGLOBIN	33.12
11/07/11	23058130	ARTERIAL PUNCTURE	112.32
11/08/11	01253500	SUB-INTENSIVE CARE	835.00
11/07/11	96086923	ELECTRONIC CROSSMATCH	48.15
11/07/11	96086923	ELECTRONIC CROSSMATCH	48.15
11/07/11	96086078	TRANSFUSION REACTION	37.72
11/06/11	87086427	RED BLOOD CELL PROCESSING	407.32
11/08/11	17010708	ALBUTEROL INHAL SOLN (STD DOSE	0.22
11/08/11	17010708	ALBUTEROL INHAL SOLN (STD DOSE	0.22
11/08/11	12010406	ACETAMINOPHEN 325 MG/10.15 Acetaminophen (160mg	2.80
11/08/11	12014523	PIPERACILLIN/TAZO 3.375GM/5 Piperacillin-Tazobac	87.85
11/08/11	17010708	ALBUTEROL INHAL SOLN (STD DOSE	0.22
11/08/11	12012272	ESOMEPRAZOLE CAP 40MG Esomeprazole Cap 40	26.50
11/08/11	12012495	FOLIC ACID TAB 1MG Folic Acid Tab 1 mg	1.05
11/08/11	12014523	PIPERACILLIN/TAZO 3.375GM/5 Piperacillin-Tazobac	87.85
11/08/11	12015915	VALPROIC ACID SYRUP 250MG,5 Valproic Acid (250 m	24.45
11/08/11	17010708	ALBUTEROL INHAL SOLN (STD DOSE	0.22
11/08/11	12010406	ACETAMINOPHEN 325 MG/10.15 Acetaminophen (160mg	5.55
11/08/11	17010708	ALBUTEROL INHAL SOLN (STD DOSE	0.22
11/08/11	17010708	ALBUTEROL INHAL SOLN (STD DOSE	0.22
11/08/11	12015915	VALPROIC ACID SYRUP 250MG,5 Valproic Acid (250 m	14.25
11/07/11	92084295	SODIUM - SERUM	23.68
11/07/11	92084132	POTASSIUM, SERUM	34.13
11/07/11	92082435	CHLORIDE	25.28

MILLER 5255

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UNIVERSITY HOSPITAL
UAMS MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

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PG

PATIENT NAME: MILLER, OLLIE R

ACCOUNT NBR: XXXXXXXXXX

SRV DATE	REF NBR	DESCRIPTION	
11/07/11	92082374	BIOCARBONATE/CO2	23.68
11/07/11	92084520	UREA NITROGEN, BLOOD (BUN)	38.48
11/07/11	92082947	GLUCOSE, BLOOD	39.36
11/07/11	91085022	BLOOD COUNT, COMPLET (CBC) AUT	63.12
11/07/11	92082310	CALCIUM, BLOOD, CHEMICAL	76.57
11/07/11	92084100	PHOSPHORUS	38.00
11/07/11	92083735	MAGNESIUM	46.80
11/07/11	92082565	CREATININE	42.38
11/07/11	91085007	BLOOD SMEAR, MICRO, W/MAN DIFF	17.48
11/06/11	91085007	BLOOD SMEAR, MICRO, W/MAN DIFF	17.48
11/06/11	91085022	BLOOD COUNT, COMPLET (CBC) AUT	63.12
11/06/11	91085024	CBC, AUTOMATED W/AUTO WBC DIFF	74.17
11/06/11	98080202	VANCOMYCIN	32.00
11/06/11	97087324	C DIFF A & B, EIA	46.76
11/06/11	94083010	HAPTOGLOBIN	42.60
11/06/11	91081001	URINALYSIS WITH MICROSCOPIC	42.36
11/06/11	91081003	URINALYSIS, W/O MICRO, AUTOMATED	12.88
11/06/11	97087040	BLOOD CULTURE	66.16
11/06/11	97087040	BLOOD CULTURE	66.16
11/06/11	91085022	BLOOD COUNT, COMPLET (CBC) AUT	63.12
11/08/11	19010052	NUTRITION CARE EVAL & REASSESS	21.15
11/08/11	17010210	OXIMETER SUBSEQUENT DAY	82.32
11/08/11	17010385	STANDARD NEB TX-1 MED SUBSEQUE	35.23
11/08/11	17010385	STANDARD NEB TX-1 MED SUBSEQUE	35.23
11/08/11	17010385	STANDARD NEB TX-1 MED SUBSEQUE	35.23
11/08/11	17010385	STANDARD NEB TX-1 MED SUBSEQUE	35.23
11/08/11	17010385	STANDARD NEB TX-1 MED SUBSEQUE	35.23
11/08/11	17010385	STANDARD NEB TX-1 MED SUBSEQUE	35.23
11/06/11	02024071	BLOOD TRANSFUSION 1-2 HRS	214.50
11/07/11	02024073	BLOOD TRANSFUSION 4-6 HRS (QTY OF 0000002)	1758.40
11/07/11	87086427	RED BLOOD CELL PROCESSING	407.32
11/07/11	87086427	RED BLOOD CELL PROCESSING	407.32
11/09/11	15202467	TRAY CATH FOLEY URINEMTR 16F 3	96.88
11/09/11	17010708	ALBUTEROL INHAL SOLN (STD DOSE)	0.22
11/09/11	12010406	ACETAMINOPHEN 325 MG/10.15 Acetaminophen (160mg)	2.80
11/09/11	17010708	ALBUTEROL INHAL SOLN (STD DOSE)	0.22
11/09/11	17010708	ALBUTEROL INHAL SOLN (STD DOSE)	0.22
11/09/11	12012272	ESOMEPRAZOLE CAP 40MG Esomeprazole Cap 40	26.60
11/09/11	12012495	FOLIC ACID TAB 1MG Folic Acid Tab 1 mg	1.05
11/09/11	12015915	VALPROIC ACID SYRUP 250MG,5 Valproic Acid (250 m	24.45
11/09/11	12010406	ACETAMINOPHEN 325 MG/10.15 Acetaminophen (160mg)	5.55
11/09/11	17010708	ALBUTEROL INHAL SOLN (STD DOSE)	0.22
11/09/11	17010210	OXIMETER SUBSEQUENT DAY	82.32
11/09/11	17010385	STANDARD NEB TX-1 MED SUBSEQUE	35.23
11/09/11	17010385	STANDARD NEB TX-1 MED SUBSEQUE	35.23
11/09/11	17010385	STANDARD NEB TX-1 MED SUBSEQUE	35.23
11/09/11	17010385	STANDARD NEB TX-1 MED SUBSEQUE	35.23
11/05/11	97087107	FUNGAL ID, YEAST, EACH ORGANIS	28.88

MILLER 5256

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UNIVERSITY HOSPITAL
 UAMS MEDICAL CENTER
 PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 10
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 PG

PATIENT NAME: MILLER, OLLIE R

ACCOUNT NBR: XXXXXXXXXX

SRV DATE	REF NBR	DESCRIPTION	
11/08/11	97087040	BLOOD CULTURE	66.16
11/08/11	97087086	CULTURE, URINE, QUANTITATIVE	35.44
11/08/11	97087040	BLOOD CULTURE	66.16
11/08/11	99086022	HEPARIN ANTIBODY (IMMUNOGLOBULI	349.60
11/09/11	92084132	POTASSIUM, SERUM	34.13
11/09/11	92082435	CHLORIDE	25.28
11/09/11	92082374	BIOCARBONATE/CO2	23.68
11/09/11	92084520	UREA NITROGEN, BLOOD (BUN)	38.48
11/09/11	92082947	GLUCOSE, BLOOD	39.36
11/09/11	92084295	SODIUM - SERUM	23.68
11/09/11	92082310	CALCIUM, BLOOD, CHEMICAL	76.57
11/09/11	91085024	CBC, AUTOMATED W/AUTO WBC DIFF	74.17
11/09/11	92084100	PHOSPHORUS	38.00
11/09/11	92083735	MAGNESIUM	46.80
11/09/11	92082565	CREATININE	42.38
11/09/11	97087040	BLOOD CULTURE	66.16
11/30/11	00123811	MEDICARE ADJUSTMENT	
		MEDICARE PART A	
		SERVICE ON 11/02/11	21190.83-
11/30/11	00258011	PAYMENT - MEDICARE	
		MEDICARE PART A	
		SERVICE ON 11/02/11	14955.55-

REMIT TO
 UAMS MEDICAL CENTER
 4301 WEST MARKHAM
 SLOT 612
 LITTLE ROCK AR 72205

SERVICES FROM: 11/02/11 TO 11/09/11
 TOTAL CHARGES 36146.38
 TOTAL ADJUSTMENTS 21190.83-
 TOTAL PAYMENTS 14955.55-
 CURRENT ACCOUNT BALANCE 0.00

MAKE CHECK PAYABLE TO: UAMS MEDICAL CENTER

IF YOU HAVE ANY QUESTIONS CONCERNING THIS STATEMENT PLEASE CONTACT:
 CUSTOMER SERVICES-PI PHONE: (501) 614-2888

MILLER 5257 59

UNIVERSITY HOSPITAL
UAMS MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 1
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PG

PATIENT NAME: MILLER, OLLIE R

ACCOUNT NBR: [REDACTED]

BILL TO
OLLIE R MILLER
12111 HINSON RD
LITTLE ROCK AR 72212-0000
UNITED STATES

SRV DATE	REF NBR	DESCRIPTION	
11/14/11	06010007	E & M - LEVEL 2	189.38

REMIT TO	SERVICES FROM: 11/14/11 TO 11/14/11	
UAMS MEDICAL CENTER	TOTAL CHARGES	189.38
4301 WEST MARKHAM	TOTAL ADJUSTMENTS	0.00
SLOT 612	TOTAL PAYMENTS	0.00
LITTLE ROCK AR 72205	CURRENT ACCOUNT BALANCE	189.38

MAKE CHECK PAYABLE TO: UAMS MEDICAL CENTER

IF YOU HAVE ANY QUESTIONS CONCERNING THIS STATEMENT PLEASE CONTACT:
CUSTOMER SERVICE-AFR PHONE: (501) 614-2888

MILLER 5258

60

In order for MEMS to bill your insurance, we must have your signature on the reverse side of this form.

INVOICE MEMS.



Metropolitan Emergency Medical Services
 P.O. Box 2452
 Little Rock, AR 72203-2452
 (501) 301-1403

FEDERAL TAX ID # [REDACTED]
 INVOICE DATE: MILLER, OLLIE R.
 PATIENT NAME [REDACTED]
 RUN #:

Please verify and make changes/additions on reverse side.

Please verify and make changes/additions on reverse side.

OLLIE R. MILLER
 PLEASANT VALLEY LIVING CENTER
 12111 HINSON RD
 LITTLE ROCK, AR 72212
 MILLER, OLLIE R.
 PLEASANT VALLEY LIVING CENTER
 12111 HINSON RD
 LITTLE ROCK, AR 72212

INSURANCE: MEDICARE ASSIGNED

POLICY #:
 GROUP #:

CREDIT CARD #:
 TYPE: EXP. DATE:

ORIGIN: CONWAY HUMAN DEVELOPMENT CTR
 DESTINATION: H.CRMCC-CONWAY REGIONAL MED CENTER
 TRANSPORT REASON:

AMOUNT ENCLOSED \$

Date of Charge	Charge Description	Qty	Amount
7/4/2011	ALS EMERGENCY	1	\$585.00
7/4/2011	MILEAGE	3	\$48.00
7/4/2011	OXYGEN	1	\$44.00
7/4/2011	PULSE OXIMETRY	1	\$43.00
7/4/2011	EKG/CARDIAC MONITORING	1	\$62.00
7/4/2011	IV SUPPLIES	1	\$50.00
7/4/2011	AIRWAY MANAGEMENT SUPPLI	1	\$62.00



Balance Due: **\$894.00**

cal

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INVOICE MEMS.



Metropolitan Emergency Medical Services
P.O. Box 2452
Little Rock, AR 72203-2452
(501) 301-1403

Please verify and make changes/additions on reverse side.

OLLIE R. MILLER
PLEASANT VALLEY LIVING CENTER
12111 HINSON RD
LITTLE ROCK, AR 72212
MILLER, OLLIE R.
PLEASANT VALLEY LIVING CENTER
12111 HINSON RD
LITTLE ROCK, AR 72212

ORIGIN: H.CRM-CONWAY REGIONAL MED CENTER
DESTINATION: CONWAY HUMAN DEVELOPMENT CTR
TRANSPORT REASON:

Date of Charge	Charge Description	Qty	Amount
7/4/2011	NON-EMERGENCY	1	\$475.00
7/4/2011	MILEAGE	4	\$52.80
7/4/2011	PULSE OXIMETRY	1	\$43.00

FEDERAL TAX ID # [REDACTED]
INVOICE DATE: MILLER, OLLIE R.
PATIENT NAME: [REDACTED]
RUN #:

Please verify and make changes/additions on reverse side.

INSURANCE: MEDICARE ASSIGNED

POLICY #:
GROUP #:

CREDIT CARD #:
TYPE: EXP. DATE:

AMOUNT ENCLOSED \$

Balance Due: \$570.80

62

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INVOICE MEMS.



Metropolitan Emergency Medical Services
P.O. Box 2452
Little Rock, AR 72203-2452
(501) 301-1403

Please verify and make changes/additions on reverse side.

OLLIE R. MILLER
PLEASANT VALLEY LIVING CENTER
12111 HINSON RD
LITTLE ROCK, AR 72212
MILLER, OLLIE R.
PLEASANT VALLEY LIVING CENTER
12111 HINSON RD
LITTLE ROCK, AR 72212

ORIGIN: CONWAY HUMAN DEVELOPMENT CTR
DESTINATION: H.C.R.M.C-CONWAY REGIONAL MED CENTER
TRANSPORT REASON:

Date of Charge	Charge Description	Qty	Amount
8/17/2011	NON-EMERGENCY	1	\$475.00
8/17/2011	MILEAGE	3	\$43.20
8/17/2011	NIGHT CHARGE	1	\$50.00
8/17/2011	PULSE OXIMETRY	1	\$43.00

FEDERAL TAX ID # [REDACTED]
INVOICE DATE: MILLER, OLLIE R.
PATIENT NAME: [REDACTED]
RUN #:

Please verify and make changes/additions on reverse side.

INSURANCE: MEDICARE ASSIGNED

POLICY #:
GROUP #:

CREDIT CARD #: _____
TYPE: _____ EXP. DATE: _____

AMOUNT ENCLOSED \$ [REDACTED]

Balance Due: **\$611.20**

03

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INVOICE MEMS.



Metropolitan Emergency Medical Services
P.O. Box 2452
Little Rock, AR 72203-2452
(501) 301-1403

FEDERAL TAX ID # [REDACTED]
INVOICE DATE 10/16/11
PATIENT NAME MILLER, OLLIE R.
RUN #:

Please verify and make changes/additions on reverse side.

Please verify and make changes/additions on reverse side.

OLLIE R. MILLER
PLEASANT VALLEY LIVING CENTER
12111 HINSON RD
LITTLE ROCK, AR 72212
MILLER, OLLIE R.
PLEASANT VALLEY LIVING CENTER
12111 HINSON RD
LITTLE ROCK, AR 72212

INSURANCE: MEDICARE ASSIGNED

POLICY #:
GROUP #:

CREDIT CARD #:
TYPE: EXP. DATE:

ORIGIN: PLEASANT VALLEY LIVING CENTER
DESTINATION: HUAMS - UNIVERSITY MEDICAL CENTER

AMOUNT ENCLOSED \$

TRANSPORT REASON:

Date of Charge	Charge Description	Qty	Amount
10/11/2011	ALS EMERGENCY	1	\$585.00
10/11/2011	MILEAGE	8	\$121.60
10/11/2011	PULSE OXIMETRY	1	\$43.00



Balance Due:

\$749.60

64

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INVOICE MEMS.



Metropolitan Emergency Medical Services
P.O. Box 2452
Little Rock, AR 72203-2452
(501) 301-1403

Please verify and make changes/additions on reverse side.

OLLIE R. MILLER
PLEASANT VALLEY LIVING CENTER
12111 HINSON RD
LITTLE ROCK, AR 72212
MILLER, OLLIE R.
PLEASANT VALLEY LIVING CENTER
12111 HINSON RD
LITTLE ROCK, AR 72212

ORIGIN: HUAMS - UNIVERSITY MEDICAL CENTER
DESTINATION: PLEASANT VALLEY LIVING CENTER
TRANSPORT REASON:

Date of Charge	Charge Description	Qty	Amount
10/21/2011	NON-EMERGENCY	1	\$475.00
10/21/2011	MILEAGE	7	\$102.40
10/21/2011	OXYGEN	1	\$44.00
10/21/2011	PULSE OXIMETRY	1	\$43.00

FEDERAL TAX ID # [REDACTED]
INVOICE DATE 11/16/11
PATIENT NAME MILLER, OLLIE R.
RUN #:

Please verify and make changes/additions on reverse side.

INSURANCE: MEDICARE ASSIGNED

POLICY #:
GROUP #:

CREDIT CARD #:
TYPE: EXP. DATE:

AMOUNT ENCLOSED \$

Balance Due: \$664.40

65

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INVOICE MEMS.



Metropolitan Emergency Medical Services
P.O. Box 2452
Little Rock, AR 72203-2452
(501) 301-1403

FEDERAL TAX ID # [REDACTED]
INVOICE DATE: 11/16/11
PATIENT NAME: MILLER, OLLIE R.
RUN #:

Please verify and make changes/additions on reverse side.

Please verify and make changes/additions on reverse side.

OLLIE R. MILLER
PLEASANT VALLEY LIVING CENTER
12111 HINSON RD
LITTLE ROCK, AR 72212
MILLER, OLLIE R.
PLEASANT VALLEY LIVING CENTER
12111 HINSON RD
LITTLE ROCK, AR 72212

INSURANCE: MEDICARE ASSIGNED
[REDACTED]

POLICY #:
GROUP #:

ORIGIN: PLEASANT VALLEY LIVING CENTER
DESTINATION: HUAMS - UNIVERSITY MEDICAL CENTER
TRANSPORT REASON:

CREDIT CARD #:
TYPE: EXP. DATE:

AMOUNT ENCLOSED \$

Date of Charge	Charge Description	Qty	Amount
11/2/2011	ALS EMERGENCY	1	\$585.00
11/2/2011	MILEAGE	7	\$121.60
11/2/2011	OXYGEN	1	\$44.00
11/2/2011	IV SUPPLIES	1	\$50.00



Balance Due: \$800.60

ld

In order for MEMS to bill your insurance, we must have your signature on the reverse side of this form.

INVOICE MEMS.



Metropolitan Emergency Medical Services
P.O. Box 2452
Little Rock, AR 72203-2452
(501) 301-1403

Please verify and make changes/additions on reverse side.

OLLIE R. MILLER
PLEASANT VALLEY LIVING CENTER
12111 HINSON RD
LITTLE ROCK, AR 72212
MILLER, OLLIE R.
PLEASANT VALLEY LIVING CENTER
12111 HINSON RD
LITTLE ROCK, AR 72212

ORIGIN: HUAMS - UNIVERSITY MEDICAL CENTER
DESTINATION: PLEASANT VALLEY LIVING CENTER

TRANSPORT REASON:

Date of Charge	Charge Description	Qty	Amount
11/9/2011	BLS NON-EMERGENCY	1	\$440.00
11/9/2011	MILEAGE	7	\$101.18
11/9/2011	OXYGEN	1	\$44.00
11/9/2011	PULSE OXIMETRY	1	\$43.00

FEDERAL TAX ID #: [REDACTED]
INVOICE DATE: 11/16/11
PATIENT NAME: MILLER, OLLIE R.
RUN #:

Please verify and make changes/additions on reverse side.

INSURANCE: MEDICARE ASSIGNED

POLICY #:
GROUP #:

CREDIT CARD #:
TYPE: EXP. DATE:

AMOUNT ENCLOSED \$

Balance Due: \$628.18

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In order for MEMS to bill your insurance, we must have your signature on the reverse side of this form.

Page of

INVOICE

MEMS.



Metropolitan Emergency Medical Services
P.O. Box 2452
Little Rock, AR 72203-2452
(501) 301-1403

Please verify and make changes/additions on reverse side.

OLLIE R. MILLER
PLEASANT VALLEY LIVING CENTER
12111 HINSON RD
LITTLE ROCK, AR 72212
MILLER, OLLIE R.
PLEASANT VALLEY LIVING CENTER
12111 HINSON RD
LITTLE ROCK, AR 72212

ORIGIN: HUAMS - UNIVERSITY MEDICAL CENTER
DESTINATION: PLEASANT VALLEY LIVING CENTER

TRANSPORT REASON:

Date of Charge	Charge Description	Qty	Amount
11/14/2011	BLS NON-EMERGENCY	1	\$440.00
11/14/2011	MILEAGE	6	\$85.50

FEDERAL TAX ID #: [REDACTED]
INVOICE DATE: 11/13/20
PATIENT NAME: MILLER, OLLIE R.
RUN #: [REDACTED]

Please verify and make changes/additions on reverse side.

INSURANCE: MEDICARE ASSIGNED
[REDACTED]

POLICY #:
GROUP #:

CREDIT CARD #:
TYPE: EXP. DATE:

AMOUNT ENCLOSED \$

Balance Due: \$525.50

STATE CLAIMS COMMISSION DOCKET
OPINION

Amount of Claim \$ 500,000.00

Claim No. 13-0156-CC

Gloria Brown, Admin of Est. of
Ruth Miller Claimant
vs.

Attorneys Connie Grace, Attorney Claimant

DHS/Division of Disability Services
State of Arkansas Respondent

Mark White, Chief Counsel
Rich Rosen, Attorney
Brooks White, Accounts Payable Respondent
Jerry Berry, Fiscal Officer

Date Filed August 8, 2012

Type of Claim Wrongful Death, Pain & Suffering,
Refund of Expenses, Personal
Injury and Negligence

FINDING OF FACTS

This claim was filed for wrongful death, pain & suffering, refund of expenses, personal injury and negligence in the amount of \$500,000.00.00 against the Department of Humans Services/Division of Disability Services.

Present at a hearing January 9, 2015, was the Claimant, represented by Connie Grace, and the Respondent, represented by Richard Rosen.

The Claims Commission, after the review of the extensive evidence submitted by both parties and after having heard testimony from the claimant, unanimously finds liability on the part of the respondent for its negligence in the July 4, 2011, choking incident at the CHDC. The commission unanimously awards the claimant damages in the amount of \$ 25,000.00, including the pain and suffering.

Upon consideration of all the facts, as stated above, **the Claims Commission hereby unanimously awards this claim in the amount of \$25,000.00 and will include the claim in a submitted to the 90th General Assembly, Arkansas State Legislature 2015 for subsequent approval and payment.**

IT IS SO ORDERED.

(See Back of Opinion Form)

CONCLUSION

Upon consideration of all the facts, as stated above, **the Claims Commission hereby unanimously awards this claim in the amount of \$25,000.00 and will include the claim in a submitted to the 90th General Assembly, Arkansas State Legislature 2015 for approval and payment.**

Date of Hearing January 9, 2015

Date of Disposition January 9, 2015

Richard J. May Chairman
Bill Lance Commissioner
Hanover Commissioner

**Appeal of any final Claims Commission decision is only to the Arkansas General Assembly as provided by Act #33 of 1997 and as found in Arkansas Code Annotated §19-10-211.