

ARKANSAS STATE
CLAIMS COMMISSION

FEB 25 2011

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

RECEIVED

- ☐ Mr.
☒ Mrs.
☐ Ms.
☐ Miss

Florence West INF Charles West, an Claimant
 Incapacitated Person, and Jim Verschoyle, Guardian Ad Litem
 vs.

State of Arkansas, Respondent
 University of AR Medical Sciences

Do Not Write in These Spaces	
Claim No.	11-0554-CC
Date Filed	February 25, 2011 (Month) (Day) (Year)
Amount of Claim \$?
Fund	UAMS

COMPLAINT Negligence/Personal Injury/ Pain &
Suffering/ Mental Anguish, Etc.

Florence West the above named Claimant, of 433CR3114, New Boston
 (Name) (Street or R.F.D. & No.) (City)
TX, 75570 903.667-4536 County of Bowie represented by Jack N. Boyd, JR/ Boyd, Poff &
 (State) (Zip Code) (Daytime Phone No.) (Legal Counsel, if any, for Claim) Burgess, LLP
 of 2301 Moores Lane, Texarkana, TX 75503 903/838-6123 903/832-8400
 (Street and No.) (City) (State) (Zip Code) (Phone No.) (Fax No.)

State agency involved: University of Arkansas Amount sought: Undetermined at this time

Month, day, year and place of incident or service:

Explanation: Please see attached Plaintiff's Original Complaint

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 office thereof?
 No N/A when? N/A to whom? N/A
 (Yes or No) (Month) (Day) (Year) (Department)
 and that the following action was taken thereon: N/A

and that \$ N/A was paid thereon: (2) Has any third person or corporation an interest in this claim? Yes; if so, state name and address
Charles West See Address Above
 (Name) (Street or R.F.D. & No.) (City) (State) (Zip Code)
 and that the nature thereof is as follows: Florence West brings this claim on behalf of and next friend
of Charles J. West and was acquired on _____, in the following manner:
an incapacitated person

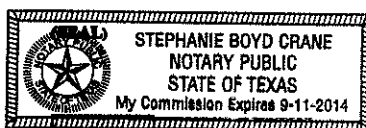
THE UNDERSIGNED states on oath that he or she is familiar with the matters and things set forth in the above complaint, and that he or she verily believes that they are true.

Florence West

(Print Claimant/Representative Name)

Florence West
 (Signature of Claimant/Representative)

SWORN TO and subscribed before me at Malta Texas



on this 11th day of February, 2011
 (Date) (Month) (Year)

Stephanie Boyd Crane
 (Notary Public)

My Commission Expires: 9-11-2014
 (Month) (Day) (Year)

**BEFORE THE STATE CLAIMS COMMISSION
OF THE STATE OF ARKANSAS**

**FLORENCE WEST, Individually and as Next Friend of
CHARLES J. WEST, an Incapacitated Person, and
JIM VERSCHOYLE, as guardian *ad litem* for CHARLES J. WEST**

CLAIMANTS

CASE NO. _____

VS.

**UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES;
UAMS MEDICAL CENTER UNIVERSITY HOSPITAL;
NANCY HOGUE, NURSE; CASEY R. SCALES,
RESPIRATORY THERAPIST; CHRISTINA GARNES, R.N.;
JANE/JOHN DOE I, licensed nurse; JANE/JOHN DOE II,
licensed nurse; JANE/JOHN DOE III, licensed nurse;
JANE/JOHN DOE IV, respiratory therapist; and JANE/JOHN
DOE V, respiratory therapist**

ARKANSAS STATE
CLAIMS COMMISSION

FEB. 25 2011

RECEIVED

RESPONDENTS

ORIGINAL COMPLAINT

Claimant, FLORENCE WEST, Individually and as Next Friend of CHARLES J. WEST, An Incapacitated Person, through her undersigned counsel brings this action against Respondents UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES, UAMS MEDICAL CENTER UNIVERSITY HOSPITAL, NANCY HOGUE, NURSE, CASEY R. SCALES, RESPIRATORY THERAPIST, CHRISTINA GARNES, R.N., JANE/JOHN DOE I, licensed nurse, JANE/JOHN DOE II, licensed nurse, JANE/JOHN DOE III, licensed nurse, JANE/JOHN DOE IV, respiratory therapist, and JANE/JOHN DOE V, respiratory therapist, and hereby alleges and states:

CLAIMANTS

1. FLORENCE WEST resides in New Boston, Bowie County, Texas. She is married to CHARLES J. WEST.
2. CHARLES J. WEST resides in Sunny Acres Nursing Home, 12520 FM 1840, Dekalb, Bowie County, Texas 75559. He resides in a nursing home as a direct result of the negligence of the Defendants named herein.

3. JIM VERSCHOYLE is the duly appointed guardian *ad litem* for CHARLES J. WEST as evidenced by the Order Appointing Guardian *ad litem*, attached hereto as Exhibit A and incorporated by reference.

RESPONDENTS

4. Respondent UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES is a part of the University of Arkansas, which is a body politic and corporate, organized under the laws of the State of Arkansas. *See* ARK. CODE ANN. §§ 6-64-202 & 6-64-401. Pursuant to ARK. CODE ANN. § 6-64-402(b)(1), Respondent UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES, through its Board of Trustees, “shall employ all necessary supervisors, professors, teachers, agents and servants” to ensure that its medical department is “operated in a first-class manner.” Respondent UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES may be served through its Board of Trustees, namely B. Alan Sugg, President, at 240 North University, Little Rock, Arkansas 72207.

5. Upon information and belief, Respondent UAMS MEDICAL CENTER UNIVERSITY HOSPITAL is a hospital operated by UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES. Respondent UAMS MEDICAL CENTER UNIVERSITY HOSPITAL may be served through its Chief Operating Officer, Melissa Fontaine, at 4301 W. Markham, Little Rock, Arkansas 72205.

6. Respondent NANCY HOGUE, NURSE, is a licensed nurse and/or hospital staff person in the State of Arkansas, practicing in Pulaski County, Arkansas at UAMS MEDICAL CENTER UNIVERSITY HOSPITAL and can be served at her place of business at 4301 W. Markham, Little Rock, Arkansas 72205.

7. Respondent CASEY R. SCALES, RESPIRATORY THERAPIST, is a licensed respiratory therapist and/or hospital staff person in the State of Arkansas, practicing in Pulaski County, Arkansas at UAMS MEDICAL CENTER UNIVERSITY HOSPITAL and can be served at her place of business at 4301 W. Markham, Little Rock, Arkansas 72205.

8. Respondent CHRISTINA GARNES, R.N., is a licensed nurse and/or hospital staff person in the State of Arkansas, practicing in Pulaski County, Arkansas at UAMS MEDICAL CENTER

UNIVERSITY HOSPITAL and can be served at her place of business at 4301 W. Markham, Little Rock, Arkansas 72205.

9. Respondent JANE/JOHN DOE I is a licensed nurse and/or hospital staff person in the State of Arkansas, practicing in Pulaski County, Arkansas at UAMS MEDICAL CENTER UNIVERSITY HOSPITAL. At the time of the filing of this Original Complaint, Claimant is not aware of the identity and location of this Respondent.

10. Respondent JANE/JOHN DOE II is a licensed nurse and/or hospital staff person in the State of Arkansas, practicing in Pulaski County, Arkansas at UAMS MEDICAL CENTER UNIVERSITY HOSPITAL. At the time of the filing of this Original Complaint, Claimant is not aware of the identity and location of this Respondent.

11. Respondent JANE/JOHN DOE III is a licensed nurse and/or hospital staff person in the State of Arkansas, practicing in Pulaski County, Arkansas at UAMS MEDICAL CENTER UNIVERSITY HOSPITAL. At the time of the filing of this Original Complaint, Claimant is not aware of the identity and location of this Respondent.

12. Respondent JANE/JOHN DOE IV is a licensed respiratory therapist and/or hospital staff person in the State of Arkansas, practicing in Pulaski County, Arkansas at UAMS MEDICAL CENTER UNIVERSITY HOSPITAL. At the time of the filing of this Original Complaint, Claimant is not aware of the identity and location of this Respondent.

13. Respondent JANE/JOHN DOE V is a licensed respiratory therapist and/or hospital staff person in the State of Arkansas, practicing in Pulaski County, Arkansas at UAMS MEDICAL CENTER UNIVERSITY HOSPITAL. At the time of the filing of this Original Complaint, Claimant is not aware of the identity and location of this Respondent.

ACTS OF AGENTS

14. Whenever in this Complaint it is alleged that any of the Respondents did any act or thing, it is meant that the particular Respondent referred to, either personally or through their respective employees or representatives, did such act or thing, and that, at the time such act or thing was done, it was done in the ordinary course and scope of employment of that Respondent's officers, agents, servants, or representatives, and Respondents are responsible for the acts of their/its

officers, agents, servants, employees, or representatives through the doctrine of respondeat superior.

FACTUAL ALLEGATIONS

15. CHARLES J. WEST ("West"), a victim of a motor vehicle accident, was admitted to UAMS MEDICAL CENTER UNIVERSITY HOSPITAL on February 11, 2009, after being airlifted by helicopter from Christus St. Michael Health System, Texarkana, Texas. West's medical records for his treatment at UAMS MEDICAL CENTER UNIVERSITY HOSPITAL are voluminous (1,600 plus pages). Claimant is in possession of those records and submits a portion of those records attached hereto as Exhibit B and incorporated by reference. Claimant will provide all records upon request.

16. West's diagnoses included traumatic pneumothorax, multiple rib fractures, lung contusion, spleen laceration, liver laceration and subarachnoid hemorrhage. At UAMS MEDICAL CENTER UNIVERSITY HOSPITAL, he underwent a left major thoracotomy for bleeding and control of lung lacerations.

17. West experienced progressive improvement until March 1, 2009. At or about 1335 that day, while undergoing a respiratory therapy treatment known as intrapulmonary percussive ventilation ("IPV"), his condition suddenly deteriorated. He stopped breathing, and a "code" was called.

18. West's entire healthcare team, consisting of physicians, nurses and respiratory therapists, failed to recognize, diagnose and treat his obvious tension pneumothorax for more than one hour.

19. The placement of an essential chest tube was not performed until at least 1500, only after an inexplicably delayed review of unnecessary chest x-rays.

20. As a result of such actions and inactions identified in paragraphs 15-19 herein, West suffered hypoxia, hypotension, bradycardia and acidosis, which, in turn, caused decreased cerebral perfusion and brain injury. The ultimate result was anoxic brain damage as documented by the hospital-coding summary of March 13, 2009.

21. Moreover, laboratory evidence indicated that West suffered from severe malnutrition. This severe malnutrition, the result of negligent medical care, contributed to West's need for mechanical ventilation and helped to prevent West from being weaned off this respiratory assistance prior to March 1, 2009. This severe malnutrition, in turn, exposed West to a greater

risk for the development of a pneumothorax (a well-recognized complication of mechanical ventilation).

22. West was discharged from UAMS MEDICAL CENTER UNIVERSITY HOSPITAL on March 9, 2009. Since his hospital discharge, West has been confined to nursing homes. West will not be able to function as an independent adult for the remainder of his life.

CAUSES OF ACTION

NEGLIGENCE

23. Claimant restates the allegations of paragraphs 1 through 22 of this Claimant's Original Complaint, as if fully set forth herein.

24. Respondent, UAMS MEDICAL CENTER UNIVERSITY HOSPITAL, is responsible for the acts of its employees under the doctrine of respondeat superior and is responsible for its own acts, which include the following:

- a. Failing to properly train, instruct and supervise its employees who provided medical services to West;
- b. Credentialing and providing hospital privileges negligently to the physicians and hospital personnel who provided care to West;
- c. Failing to require as part of protocol, policy or procedure the timely diagnosis and treatment of a patient with tension pneumothorax;
- d. Operating its intensive care unit, nursing department, radiology department and supervisory/administrative staff negligently, in a manner that denied standard-of-care diagnosis and management for West as he was experiencing a tension pneumothorax;
- e. Failing to have a physician immediately available with training and knowledge to clinically diagnose tension pneumothorax and then perform emergency thoracic decompression;
- f. Failing to implement appropriate policies and procedures to assure that injuries such as experienced by West do not occur while patients are receiving medical care from UAMS MEDICAL CENTER UNIVERSITY HOSPITAL;
- g. Failing to use the degree of skill and care required by the standard of care for hospitals in the same or similar circumstances; and
- h. Spoliation and fraudulent falsification of the medical records and medical chart of West in an attempt to conceal, hide, or cover up negligent acts and omissions.

25. Respondent, UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES, is responsible for the acts of its employees under the doctrine of respondeat superior and is liable for its own acts, which include the following:

- a. Failing to teach the resident physicians and fellowship physicians who attended West on March 1, 2009 how to diagnose tension pneumothorax by clinical assessment and criteria;

- b. Failing to train the resident physicians and fellowship physicians who attended West on March 1, 2009 how to promptly perform thoracic decompression by needle thoracostomy, use of surgeon's finger as temporary "vent", and especially by chest tube placement; and
 - c. Spoliation and fraudulent falsification of the medical records and medical chart of West in an attempt to conceal, hide, or cover up negligent acts and omissions.
26. Respondent, NANCY HOGUE, NURSE, in the course of rendering medical care to West was negligent and such negligence includes, but is not limited to, the following:
- a. Failing to document required clinical data on a "code sheet" during West's "code";
 - b. Failing to delegate responsibility for documenting required clinical data on a "code sheet" during West's "code";
 - c. Failing to document required clinical data on "focus notes" or other form of nurses' notes other than eleven (11) lines of handwritten observations from 1330 to 1530 on March 1, 2009;
 - d. Failing to relay and/or communicate chest x-ray findings, interpretations, and any other telephoned or transmitted information to West's attending physicians;
 - e. Failing to relay and/or communicate chest x-ray findings, interpretations, and any other telephoned or transmitted information to West's attending physicians in a timely manner; and
 - f. Spoliation and fraudulent falsification of the medical records and medical chart of West in an attempt to conceal, hide, or cover up negligent acts and omissions.
27. Respondent, CASEY R. SCALES, RESPIRATORY THERAPIST, in the course of rendering medical care to West was negligent and such negligence includes, but is not limited to, the following:
- a. Selecting Intrapulmonary Percussive Ventilation as an appropriate modality of respiratory care for West;
 - b. Failing to have high index of suspicion for tension pneumothorax when West's clinical condition suddenly deteriorated during IPV treatment;
 - c. Failing to examine for and to detect unilateral absence of breath sounds;
 - d. Failing to document required clinical data on "Vent/O2 Device Flow Sheet" anytime after 1410 on March 1, 2009;
 - e. Failing to document in writing a respiratory therapist's ventilator time sheet for the time interval (approximately 2 ½ hours) surrounding the episode of tension pneumothorax; and
 - f. Spoliation and fraudulent falsification of the medical records and medical chart of West in an attempt to conceal, hide, or cover up negligent acts or omissions.
28. Respondent CHRISTINA GARNES, R.N., in the course of rendering medical care to West was negligent and such negligence includes, but is not limited to, the following:
- a. Failing to document required clinical data on a "code sheet" during West's "code";

- b. Failing to delegate responsibility for documenting required clinical data on a “code sheet” during West’s “code”;
 - c. Failing to document required clinical data on “focus notes” or other forms of nurses’ notes, other than eleven (11) lines of handwritten observations from 1330 to 1530 on March 1, 2009; and
 - d. Spoliation and fraudulent falsification of the medical records and medical chart of West in an attempt to conceal, hide, or cover up negligent acts and omissions.
29. Respondent, JANE/JOHN DOE I, licensed nurse, in the course of rendering medical care to West was negligent and such negligence includes, but is not limited to, the following:
- a. Failing to document required clinical data on a “code sheet” during West’s “code”;
 - b. Failing to delegate responsibility for documenting required clinical data on a “code sheet” during West’s “code”;
 - c. Failing to document required clinical data on “focus notes” or other forms of nurses’ notes, other than eleven (11) lines of handwritten observations from 1330 to 1530 on March 1, 2009; and
 - d. Spoliation and fraudulent falsification of the medical records and medical chart of West in an attempt to conceal, hide, or cover up negligent acts and omissions.
30. Respondent, JANE/JOHN DOE II, licensed nurse, in the course of rendering medical care to West was negligent and such negligence includes, but is not limited to, the following:
- a. Failing to document required clinical data on a “code sheet” during West’s “code”;
 - b. Failing to delegate responsibility for documenting required clinical data on a “code sheet” during West’s “code”;
 - c. Failing to document required clinical data on “focus notes” or other forms of nurses’ notes, other than eleven (11) lines of handwritten observations from 1330 to 1530 on March 1, 2009; and
 - d. Spoliation and fraudulent falsification of the medical records and medical chart of West in an attempt to conceal, hide, or cover up negligent acts and omissions.
31. Respondent, JANE/JOHN DOE III, licensed nurse, in the course of rendering medical care to West was negligent and such negligence includes, but is not limited to, the following:
- a. Failing to document required clinical data on a “code sheet” during West’s “code”;
 - b. Failing to delegate responsibility for documenting required clinical data on a “code sheet” during West’s “code”;
 - c. Failing to document required clinical data on “focus notes” or other forms of nurses’ notes, other than eleven (11) lines of handwritten observations from 1330 to 1530 on March 1, 2009; and
 - d. Spoliation and fraudulent falsification of the medical records and medical chart of West in an attempt to conceal, hide, or cover up negligent acts and omissions.

32. Respondent, JANE/JOHN DOE IV, respiratory therapist, in the course of rendering medical care to West was negligent and such negligence includes, but is not limited to, the following:

- a. Failing to document required clinical data on a "Vent/O2 Device Flow Sheet" anytime after 1410 on March 1, 2009;
- b. Failing to document in writing a respiratory therapist's ventilator time sheet for the time interval (approximately 2 ½ hours) surround the episode of tension pneumothorax; and
- c. Spoliation and fraudulent falsification of the medical records and medical chart of West in an attempt to conceal, hide, or cover up negligent acts and omissions.

33. Respondent, JANE/JOHN DOE V, respiratory therapist, in the course of rendering medical care to West was negligent and such negligence includes, but is not limited to, the following:

- a. Failing to document required clinical data on a "Vent/O2 Device Flow Sheet" anytime after 1410 on March 1, 2009;
- b. Failing to document in writing a respiratory therapist's ventilator time sheet for the time interval (approximately 2 ½ hours) surround the episode of tension pneumothorax; and
- c. Spoliation and fraudulent falsification of the medical records and medical chart of West in an attempt to conceal, hide, or cover up negligent acts and omissions.

PROXIMATE CAUSE

34. Claimant restates the allegations of paragraphs 1 through 33 of this Claimant's Original Complaint, as if fully set forth herein.

35. As a direct and proximate result of the combined and/or singular acts of negligence of the Respondents and their breach of duties owed to West, Claimant suffered damages more fully described below for which the Respondents are jointly and severally liable.

WILLFUL AND WANTON CONDUCT

36. Claimant restates the allegations of paragraphs 1 through 35 of this Claimant's Original Complaint, as if fully set forth herein.

37. Respondents' actions and omissions set forth above, when viewed objectively from the standpoint of the Respondent at the time of the occurrence, involved an extreme degree of risk

considering the probability and magnitude of the potential harm to West. Such acts and commissions constitute willful and wanton conduct and demonstrate a conscious indifference to the consequences to West and his loved ones, such that malice can be inferred.

DAMAGES

38. Claimant restates the allegations of paragraphs 1 through 37 of this Claimant's Original Complaint, as if fully set forth herein.

39. West suffered damages, and Claimant FLORENCE WEST, Individually and on behalf of West, is entitled to recover from Respondents the following:

- a. Past hospital and extended care facility expenses, and those reasonably expected to be occurred in the future (A true and correct copy of the Patient Statement of Account from UAMS MEDICAL CENTER UNIVERSITY HOSPITAL regarding its treatment of West is attached hereto as Exhibit C and incorporated by reference);
- b. Past medical and nursing expenses, and those reasonably expected to be incurred in the future (A true and correct copy of all invoices from Sunny Acres Nursing Home regarding its treatment of West is attached hereto as Exhibit D and incorporated by reference);
- c. Loss of love, comfort, society and companionship of CHARLES J. WEST due to his debilitating injuries;
- d. Loss of reasonable contributions of a pecuniary value that Claimant FLORENCE WEST, in reasonable probability, would have received from CHARLES J. WEST, had he not been injured; and
- e. Mental anguish suffered in the past, and mental anguish reasonably expected to be suffered in the future.

WITNESSES

40. Upon information and belief, the following individuals are witnesses to the negligent medical care performed by Respondents UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES and UAMS MEDICAL CENTER UNIVERSITY HOSPITAL as alleged herein:

- a. Ronald Robertson, M.D.;
- b. Giriprakash Srikanthan, M.D.;
- c. Mark P. Wright, M.D.;
- d. Rachel R. McKinzie, M.D.;
- e. Jay M. Cheek, M.D.;
- f. John B. Cone, M.D.;

- g. Carey L. Guidry, M.D.;
- h. Manila Bagherzadeh-Azar, M.D.;
- i. Nancy Hogue, Nurse;
- j. Casey R. Scales, Respiratory Therapist; and
- k. Christina Garnes, R.N.

This list of witnesses will be supplemented as information regarding additional witnesses becomes available to Claimant.

PENDING LITIGATION

41. Claimant has filed a lawsuit regarding the transaction or occurrence giving rise to Claimant's injuries as alleged herein. A file-marked copy of Plaintiff's First Amended Complaint and Demand of Jury Trial, Case No. 60-CV-2011-0643 In the Circuit Court of Pulaski County, Arkansas, Little Rock District, 12th Division is attached hereto as Exhibit E and incorporated by reference.

EXHAUSTION OF REMEDIES

42. Since Respondents' negligence on March 1, 2009 as alleged herein, Claimant has exhausted all remedies against insurers, including West's insurer, in that Claimant has sought coverage from those insurers, where applicable, for the expenses incurred as a result of the events that took place on March 1, 2009.

WHEREFORE, Claimant prays that she be awarded damages sufficient to compensate her for the damages described above and for all other relief to which she may be entitled, and that the Arkansas State Claims Commission draw a negative inference against the Respondents as spoliators/falsifiers.

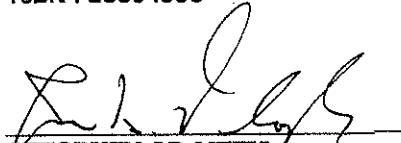
Respectfully submitted,

Jack N. Boyd, Jr.
BOYD, POFF & BURGESS, LLP
2301 Moores Lane
P.O. Box 6297
Texarkana, Texas 75505-6297
Telephone: 903-838-6123
Facsimile: 903-832-8489

By: Jack N. Boyd, Jr. w/permission
Jack N. Boyd, Jr.
AR Bar # 90150 JRP

Authorized by:

JAMES H. VERSCHOYLE
Attorney at Law
P. O. Box 568
Atlanta, Texas 75551
Phone: (903) 796-4187
Fax : (903) 796-6522
TSBN : 20554000


ATTORNEY AD LITEM

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

SECTION I

CLAIMANT Florence West **ADDRESS** 433CR3114
New Boston **CITY & STATE** Texas **ZIP CODE** 75570

DATE OF INCIDENT: March 1, 2009 **TIME** _____

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

Please See Attached Plaintiff's original Complaint

(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**

ARKANSAS STATE
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SECTION IV

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

If yes, what is the deductible? \$ Unknown

NAME OF INSURANCE CARRIER

Medicare

ADDRESS

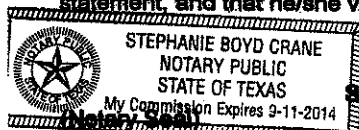
Centers for Medicare & Medicaid Service
7500 Security Blvd Baltimore, MD 21244-1850

SECTION V

If incident was investigated by the police or by some other agency, give name and title of officer/person making the investigation: N/A

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.



Florence West

Signature of Claimant

Sworn to and subscribed before me at

MALTA Texas

City & State

On this 11 day of February, 2011
day month year

My Commission Expires 9-11-2014

Stephanie Boyd Crane

Signature of Notary Public

ARKANSAS STAT
CLAIMS COMMISSION

FEB 25 2011

RECEIVED

DEC-09-09 14:45 FROM-Greer & Miller, LLP

+903-791-9301

T-563 P.002/002 F-277

CAUSE NO. 09-C-453

FLORENCE WEST, INDIVIDUALLY	§	IN THE 5 th DISTRICT COURT
And as NEXT FRIEND of	§	
CHARLES WEST, an Incapacitated Person	§	
	§	
Plaintiffs / Counter-Defendants	§	
	§	
vs.	§	OF
	§	
JOHN R. JOHNSON, JR. and	§	
T & J HAULING, INC.	§	
	§	
Defendants / Counter-Plaintiffs	§	CASS COUNTY, TEXAS

FILED FOR FILING
CASS COUNTY, TEXAS
09 DEC -3 AM 11:49
BECU, J. JOHNSON
DISTRICT CLERK
BY _____ DEPUTY

ORDER APPOINTING GUARDIAN AD LITEM

ON THIS DAY came forward to be considered the *Unopposed Motion for Appointment of Guardian Ad Litem*, filed with the Court by the Defendants and Counter-Plaintiffs and unopposed by the Plaintiffs and Counter-Defendants, and the Court having examined the *Unopposed Motion for Appointment of Guardian Ad Litem* finds the motion well-taken and in the best interest of the parties hereby GRANTS it and APPOINTS Jim Verschoyle, an attorney of the Cass County Bar and well known to this Court, as Guardian Ad Litem to act on behalf of Charles West, an Incapacitated Person, in conformity with the role and duties of a Guardian Ad Litem as enumerated in Rule 173 of the *Texas Rules of Civil Procedure* and to advise the Court thereon.

IT IS SO ORDERED this 3rd day of Dec., 2009.


HONORABLE RALPH BURGESS



UAMS Medical Center
UAMS Document Review
History and Physical

UAMS
MEDICAL
CENTER
UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES

Patient: West, Charles MRN: 001519680
DOB: C 66y Acct#: 015196807-9042
Attending: Robertson, Ronald D (3258) Gender: J
Admit Date: 02-11-2009 19:50 Discharge Dtm: 03-09-2009 13:00
Location: H4-409-01

02-11-2009 19:00

History and Physical

****REVISED****

Authored:02-11-2009 19:00 By: Bishop, Jennifer E (7701) (MD) [Entered: 02-12-2009 05:22:47.50]

Patient History

Chief Complaint

MVA.

History of Present Illness

66y/o WM transferred from Texarkana after suffering injuries in a MVA, car vs. 18wheeler. Pt was driver of the car and was broadsided by the 18wheeler. Unknown if seatbelts were used or air bags were deployed. Pt was conscious and talking at the scene but required extrication from his vehicle. He was transferred to an OSH where a L CT was placed due to multiple rib fractures and a hemothorax. He also required intubation at OSH. A CT performed at the OSH showed the following injuries: Left rib fractures 1-9 with pneumohemothorax, Probable left pulmonary contusions, Small liver and spleen lac with mild intra-abd fluid, No obvious long bone or pelvic fractures. He was transferred to UAMS via helicopter for further management of his injuries. On transport, his CT put out approx 800ml, and he received 3u pRBC and approx 3L of crystalloid. On arrival, his VS were stable and he was sedated/intubated.

Additional Information (Optional)

PMHx, PSHx, Social, Fam, Meds unable to be obtained due to pt being sedated/intubated and no family present on arrival.

Allergies

- morphine; Unknown
- *****SODIUM PENTATHOL*****; Unknown

Review of Systems

Constitutional

ROS unable to be obtained due to sedation/intubation.

Physical Exam

Vital Signs

Temperature 33.1. Pulse 50's. Respirations 12.

Constitutional Symptoms

sedated, intubated with 8.0 ETT.

Eyes

pupils pinpoint and fixed.

Ears, Nose, Mouth, Throat

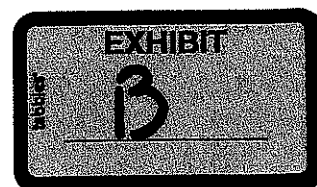
No gross abnormalities, ETT in place.

neck

C-collar in place.

ARKANSAS STATE
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Requested by: SCM, Report Scheduler (UAMS IT)

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15PBW 0013

UAMS Medical Center
UAMS Document Review
History and Physical



Patient: West, Charles MRN: 001519680
DOB: 66y Acct#: 015196807-9042
Attending: Robertson, Ronald D (3258) Gender:
Admit Date: 02-11-2009 19:50 Discharge Dtm: 03-09-2009 13:00
Location: H4-409-01

02-11-2009 19:00

Respiratory

Breath sounds equal b/l.

Cardiovascular

Sinus brady, no m/r/g.

Gastrointestinal

FAST exam reveals fluid around kidneys.

Genitourinary

no rectal tone, no gross blood.

Integumentary

abrasions to L shoulder, L buttocks.

Neurological

unable to assess due to sedation.

ARKANSAS STATE
CLAIMS COMMISSION
FEB 25 2010
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Other Findings

Pertinent Imaging Data

CT results from OSH as above.

Assessment

Assessment

66y/o WM s/p MVA involving car vs. 18 wheeler. Transferred from OSH with multiple traumatic injuries. Sedated and intubated with L CT in place.

Plan

Plan

1. Admit to SICU
2. Continue to monitor CT output
3. monitor CBC/INR
4. Transfusions as needed
5. Rest per primary team.

Addendum Section

Feb-25-2009 14:18

Entered By: Robertson, Ronald D (3258)

Patient seen and examined with the resident. I agree with the assessment and plan as outlined in the note on this date.

Signatures

Bishop, Jennifer E (7701) (MD) [Signed Feb-12-2009 13:05]

Authored: Patient History, Allergies, Review of Systems, Physical Exam, Other Findings, Assessment, Plan

Robertson, Ronald D (3258) (MD) [Signed Feb-25-2009 14:18]

Authored: Addendum Section

Requested by: SCM, Report Scheduler (UAMS IT)

Mar-13-2009 20:20

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DATE

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BPB W 0014

**UAMS Medical Center
UAMS Document Review
History and Physical**



Patient:	West, Charles	MRN:	001519680
DOB:	66y	Acct#:	015196807-9042
Attending:	Robertson, Ronald D (3258)	Gender:	
Admit Date:	02-11-2009 19:50	Discharge Dtm:	03-09-2009 13:00
Location:	H4-409-01		

02-11-2009 19:00

Authored: Addendum Section

Document Status History

<u>Date Modified</u>	<u>Modified By</u>	<u>Type of Modification</u>	<u>Reason</u>
02-12-2009 05:22	Bishop, Jennifer E (7701)	Entered Signed	Create
02-12-2009 12:54	Bishop, Jennifer E (7701)	Revised Signed	Edit
02-12-2009 12:59	Bishop, Jennifer E (7701)	Revised Signed	Edit
02-12-2009 13:05	Bishop, Jennifer E (7701)	Revised Signed	Edit
02-12-2009 13:07	Bishop, Jennifer E (7701)		Revised Signed
02-25-2009 14:19	Robertson, Ronald D (3258)		Revised Signed

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Mar-13-2009 20:20

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DATE

3/15/2011

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BPB W 0015

UAMS Medical Center
UAMS Document Review
Assessment and Intervention Flowsheet



Patient: West, Charles MRN: 001519680
DOB: 66y Acct#: 015196807-9042
Attending: Robertson, Ronald D (3258) Gender:
Admit Date: 02-11-2009 19:50 Discharge Dtn: 03-09-2009 13:00
Location: H4-409-01

Assessment and Intervention Flowsheet

Authored: 03-01-2009 13:35 By: Scales, Casey R (RT) [Entered: 03-01-2009 18:19:41.58]

Comment: RT PRE TX

Respiratory Assessments

Respiratory [**WDL Definition: Regular rate, depth and pattern; nailbeds and mucous membranes pink; breath sounds clear and equal bilaterally; no cough or productive sputum; no shortness of breath] : WDL
Respiratory Respiratory Rhythm and Pattern : Regular

Breath Sounds Throughout all lung fields : COARSE SLIGHTLY DIMINISHED

Respiratory Interventions

Suction : Done, Suctioned via tracheostomy

Medication Therapy : Given, IPV

Type: duo neb

Respiratory Care Note : PT STARTED ON IPV TX UNABLE TO TOLERATE. TX STOPPED IMMEDIATELY
PLACED BACK ON TRACH COLLAR; PT STOPPED BREATHING BAGGED, CALLED CODE. ABGS DRAWN, PT
PLACED BACK ON VENT, CHEST XRAY ORDERED. PT DISCOVERED TO HAVE PNEUMO ON RIGHT CHEST.
CHEST TUBE PLACED. PT SATURATION AT 100% ON VENT SETTINGS

Document Status History

Date Modified	Modified By	Type of Modification	Reason
03-01-2009 18:19	Scales, Casey R	Entered Signed	Create

BPB W 0296

Requested by: SCM, Report Scheduler (UAMS IT)
Mar-13-2009 22:13 PRINTED BY: gdnster UAMS_002EPP_DocRev_AIFS.rpt DATE: 3/15/2010 Printed from: IT Analyst

UAMS Medical Center
UAMS Document Review
Progress Note



Patient: West Charles MRN: 001519680
DOB: 66y Acct#: 015196807-9042
Attending: Robertson, Ronald D (3258) Gender:
Admit Date: 02-11-2009 19:50 Discharge Dtm: 03-09-2009 13:00
Location: H4-409-01

03-01-2009 14:18

Progress Note

Authored: 03-01-2009 14:18 By: Srikanthan, Giriprakash (7453) [Entered: 03-01-2009 14:28:02.07]
(MD)

Progress Note

Progress Note
Called to the patients bedside desats to the low 70s, hypotensive, bradycardic, 1mg atropine pushed, abdomen noted to be distended, NGT decompression initiated. Bagged patient with 100% O2, sats returned to mid 90's, hemodynamics normalized. ABG as follows 7.04/86.7/80.8/22.9. Patient on trach collar for 4 hours, will return to CMV mode for now and normalize CO2. PE studies and cardiac biomarkers pending. Dr. Wright present and Dr. Cone aware.

Signatures

Srikanthan, Giriprakash (7453) (MD) [Signed Mar-01-2009 14:18]
Authored: Progress Note

Document Status History

<u>Date Modified</u>	<u>Modified By</u>	<u>Type of Modification</u>	<u>Reason</u>
03-01-2009 14:28	Srikanthan, Giriprakash (7453)		

Progress Note

Authored: 03-01-2009 15:19 By: Srikanthan, Giriprakash (7453) [Entered: 03-01-2009 15:25:05.66]
(MD)

Progress Note

Progress Note
After reviewing CXR, evident that Mr. West had a large pneumothorax on the right noted. Patient was prepped and draped in sterile fashion, chest tube placed midaxillary line at T4 level, saturation returned to 100%. Dr. Wright performed the procedure.

Signatures

Srikanthan, Giriprakash (7453) (MD) [Signed Mar-01-2009 15:19]
Authored: Progress Note

Document Status History

<u>Date Modified</u>	<u>Modified By</u>	<u>Type of Modification</u>	<u>Reason</u>
03-01-2009 15:25	Srikanthan, Giriprakash (7453)		

BPB W 0470

Requested by: SCM, Report Scheduler (UAMS IT)

Mar-13-2009 20:33

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3/15/2009

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DEPARTMENT OF RADIOLOGY
4301 W. Markham Street
Little Rock
Arkansas 72205

PATIENT DIAGNOSTIC REPORT

Verified

PATIENT NAME : WEST, CHARLES

ID TYPE	MRN #	ACCOUNT #	SEX	RACE	ORDER #
MRN	1519680	151968079042			3339698
BIRTH DATE	AGE @ EXAM	LOCATION	ADMISSION	DATE	Exam Date/Time
		H4 ROOM 409 BED 01	2/11/2009	19:50	3/1/2009 15:00

ADMITTING PHYSICIAN : JOHN, JR. R. BROADWATER, M.D. R

REQUESTING SERVICE

ATTENDING PHYSICIAN : RONALD ROBERTSON, M.D.

H4

REQUESTING PHYSICIAN: GIRIPRAKASH SRIKANTHAN

REASON: pt with resp distress and low heart rate;

EXAMS: CHEST,FRONTAL

COMPARISON: Chest radiograph on 03/01/2000 09/06 and 09/08.

TECHNIQUE: Portable frontal chest radiograph.

FINDINGS: Interval development of a large right-sided pneumothorax is noted with complete collapse of the right lung. No significant shift of cardiomeastinal structures are identified. Median sternotomy wires are again noted. Left-sided PICC line is again noted with tip projecting in the region of the cavoatrial junction. Tracheostomy tube is in stable position. Airspace opacities and pleural reaction involving the left hemithorax appear unchanged. Post left thoracotomy changes are again noted and appears stable.

IMPRESSION:

1. INTERVAL DEVELOPMENT OF LARGE RIGHT-SIDED PNEUMOTHORAX WITHOUT SIGNIFICANT SHIFT OF CARDIOMEDIASTINAL STRUCTURES.
2. STABLE POST THORACOTOMY CHANGES WITH AIRSPACE OPACITIES AND PLEURAL REACTION INVOLVING THE LEFT HEMITHORAX.

CODE ORANGE

REASON: Large right pneumothorax.

TIME DISCOVERED: 1449 hours

DICTATING RESIDENT: CAREY L. GUIDRY, MD

DICTATING STAFF RADIOLOGIST: 09P M BAGHERZADEH-AZAR

I HAVE PERSONALLY REVIEWED THE IMAGE(S), AND WAS PRESENT DURING THE PHYSICIAN SERVICES ASSOCIATED WITH THE PROCEDURE AND AGREE WITH THE FINDINGS.

VERIFIED BY: 09P M BAGHERZADEH-AZAR

RESULT ID / ADDENDUM: 2762568 / 0

VERIFIED ON: 2009/03/04 15:58:20.00

Page 1 of 2
DATE 3/15/2010

BPB W 0534



DEPARTMENT OF RADIOLOGY
4301 W. Markham Street
Little Rock
Arkansas 72205

PATIENT DIAGNOSTIC REPORT

Verified

PATIENT NAME : WEST, CHARLES

ID TYPE	MRN #	ACCOUNT #	SEX	RACE	ORDER #
MRN	1519680	151968079042			3339698

BIRTHDATE	AGE@EXAM	LOCATION	ADMISSION	DATE	Exam Date/Time
	66 yrs	H4 ROOM 409 BED 01	2/11/2009	19:50	3/1/2009 15:00

ADMITTING PHYSICIAN : JOHN, JR. R. BROADWATER, M.D. R

REQUESTING SERVICE

ATTENDING PHYSICIAN : RONALD ROBERTSON, M.D.

H4

REQUESTING PHYSICIAN: GIRIPRAKASH SRIKANTHAN

DATE DISCOVERED: 03/01/2009

CALLED: Nancy Hogue 4H nurse WHO READ BACK MY FINDINGS

TIME CALLED: 1450 hours

DATE CALLED: 03/01/2009

DICTATING RESIDENT: CAREY L. GUIDRY, MD

DICTATING STAFF RADIOLOGIST: 09P M BAGHERZADEH-AZAR

I HAVE PERSONALLY REVIEWED THE IMAGE(S), AND WAS PRESENT DURING THE PHYSICIAN SERVICES ASSOCIATED WITH THE PROCEDURE AND AGREE WITH THE FINDINGS.

VERIFIED BY: 09P M BAGHERZADEH-AZAR

RESULT ID / ADDENDUM: 2762568 / 0

VERIFIED ON: 2009/03/04 15:58:20.00

DATE: 3/15/2010

BPB W 0535



DEPARTMENT OF RADIOLOGY
4301 W. Markham Street
Little Rock
Arkansas 72205

PATIENT DIAGNOSTIC REPORT

Verified

PATIENT NAME : WEST, CHARLES

ID TYPE	MRN #	ACCOUNT #	SPV	RACE	ORDER #
MRN	1519680	151968079042			3339733
DATE	AGE@EXAM	LOCATION	ADMISSION	DATE	Exam Date/Time
		H4 ROOM 409 BED	2/11/2009	19:50	3/1/2009 16:20
		01			

ADMITTING PHYSICIAN : JOHN, JR. R. BROADWATER, M.D. R

REQUESTING SERVICE

ATTENDING PHYSICIAN : RONALD ROBERTSON, M.D.

H4

REQUESTING PHYSICIAN: GIRIPRAKASH SRIKANTHAN

REASON: s/p chest tube;

EXAMS: CHEST.FRONTAL PORTABLE

3/1/2009

COMPARISON: Chest radiograph on 03/01/2009 at 02:58 p.m..

TECHNIQUE: Portable frontal supine chest radiograph.

FINDINGS: The cardiomedial silhouette is stable in size. Median sternotomy wires are again noted. Tracheostomy tube, gastric tube, and left-sided PICC line appear in stable position. Interval placement of right-sided chest tube is noted with tip projecting in the right mid lung laterally. The side-hole of the chest tube is not identified and may be outside of the pleural space. Subcutaneous emphysema is noted along the right lateral chest wall. There appears to be resolution of previously described large right pneumothorax. Small residual pneumothorax cannot be totally excluded on this supine radiograph. Airspace opacities in the right lung base are most consistent with atelectasis. Post thoracotomy changes with surgical skin staples are again noted involving the left hemithorax.

IMPRESSION:

1. INTERVAL PLACEMENT OF RIGHT-SIDED CHEST TUBE WITH INTERVAL RESOLUTION OF LARGE RIGHT-SIDED PNEUMOTHORAX. A SMALL RESIDUAL PNEUMOTHORAX CANNOT BE EXCLUDED ON THIS SUPINE RADIOGRAPH.

RECOMMEND

REPEAT UPRIGHT FRONTAL RADIOGRAPH. THE CHEST TUBE SIDE HOLE IS NOT IDENTIFIED ON THIS RADIOGRAPH AND MAY BE OUTSIDE OF THE PLEURAL SPACE.

2. RIGHT-SIDED BASILAR ATELECTASIS.

DICTATING RESIDENT: CAREY L. GUIDRY, MD

DICTATING STAFF RADIOLOGIST: 09P M BAGHERZADEH-AZAR

I HAVE PERSONALLY REVIEWED THE IMAGE(S), AND WAS PRESENT DURING THE PHYSICIAN SERVICES ASSOCIATED WITH THE PROCEDURE AND AGREE WITH THE FINDINGS.

VERIFIED BY: 09P M BAGHERZADEH-AZAR

RESULT ID / ADDENDUM: 2762570 / 0

VERIFIED ON: 2009/03/05 09:04:21.00

DATE

3/15/2010

BPB W 0536



DEPARTMENT OF RADIOLOGY
4301 W. Markham Street
Little Rock
Arkansas 72205

PATIENT DIAGNOSTIC REPORT

Verified

PATIENT NAME : WEST, CHARLES

ID TYPE	MRN #	ACCOUNT #	SEX	RACE	ORDER #
MRN	1519680	151968079042			3339733

BIRTHDATE	AGE@EXAM	LOCATION	ADMISSION	DATE	Exam Date/Time
5/12/1975	33	H4 ROOM 409 BED 01	2/11/2009	19:50	3/1/2009 16:20

ADMITTING PHYSICIAN : JOHN, JR. R. BROADWATER, M.D. R

REQUESTING SERVICE

ATTENDING PHYSICIAN : RONALD ROBERTSON, M.D.

H4

REQUESTING PHYSICIAN: GIRIPRAKASH SRIKANTHAN

3. STABLE LEFT POST THORACOTOMY CHANGES.

DICTATING RESIDENT: CAREY L. GUIDRY, MD

DICTATING STAFF RADIOLOGIST: 09P M BAGHERZADEH-AZAR

I HAVE PERSONALLY REVIEWED THE IMAGE(S), AND WAS PRESENT DURING THE PHYSICIAN SERVICES ASSOCIATED WITH THE PROCEDURE AND AGREE WITH THE FINDINGS.

VERIFIED BY: 09P M BAGHERZADEH-AZAR

RESULT ID / ADDENDUM: 2762570 / 0

VERIFIED ON: 2009/03/05 09:04:21.00

DATE

Page 2 of 2
3/15/2010

BPB W 0537

Patient Sample Result

UAMS Medical Center Arterial Blood Gas Report
4301 W. Markham St/Slot 593 Little Rock, AR 72205
526-5973 CLIA #04D0698507
Dir: John Keller Med Dir: Paula Anderson, M D.

3/1/2009 2:09 PM

Page 1 of 1

Patient Information

Medical Record Number
001519680

Last Name
West

First Name
Charles

Date of Birth

Gender

Visit Information

Room
409

Ward
H4

Sample Demographics

Order Number
001007PVF

Drawn Date & Time
3/1/2009 2:07 PM

Received Date & Time
3/1/2009 2:07 PM

Analysis Date & Time
3/1/2009 2:08 PM

Device Identifier
H4 12724

Operator ID
CRS

Operator
SCALES, CASEY

Patient Age
66 Years

Ordering Physician
Cheek, Jay M (7347)

Sample Type
Arterial BG + Co-Ox

Sample Site
L Radial

Oxy Del Device
VENT

CV Rep to
Cheek, Jay M (7347)

CV Time Reported
3/1/2009 2:09 PM

MODE

Respiratory Rate(b/min)

VT

FIO2

PEEP(cmH₂O)

CPAP(cmH₂O)

CMV

14.0

600.0

100

6.0

P-H/L

T-H/L

PIP(cmH₂O)

Press Support(cmH₂O)

Sample Results

Parameter	Value	Unit	Reference Range
pH	7.040		[7.350 - 7.450]
pCO ₂	86.7	mmHg	[35.0 - 45.0]
pO ₂	80.8	mmHg	[75.0 - 100.0]
HCO ₃ ⁻ act	22.9	mmol/L	
BE(B)	-8.6	mmol/L	
pAtn	764	mmHg	
ctHb	10.44	g/dL	[12.0 - 18.0]
O2Hb	89.54	%	[94.0 - 97.0]
COHb	0.7	%	[0.5 - 1.5]
MetHb	0.3	%	[0.0 - 1.5]

Comments

Patient History

Analyzed	pH	pCO ₂ mmHg	pO ₂ mmHg	HCO ₃ ⁻ act mmol/L	MODE	RR b/min	FIO2	Vt	PEEP cmH ₂ O	ctHb g/dL
3/1/2009 2:08 PM	7.040	86.7	80.8	22.9	CMV	14.0	100	600.0	6.0	10.4
3/1/2009 2:25 AM	7.363	49.5	113.3	27.5	CPAP/PS		40		5.0	8.4
2/26/2009 2:33 AM	7.351	55.6	117.5	30.1	SIMV+PS	10.0	45	600.0	8.0	9.2
2/27/2009 2:56 AM	7.435	52.1	56.1	34.2	SIMV	10.0	40	600.0	5.0	9.1
2/26/2009 2:26 AM	7.401	55.0	113.9	33.4	SIMV/PS	10.0	45	600.0	5.0	10.3

Legend

↑ Value above reference range ↑↑ Value above critical range ---↑↑ Above reporting range Δ Value out of delta limits
↓ Value below reference range ↓↓ Value below critical range ---↓↓ Below reporting range

Signature

RapidcommBPB W 0685

PRINTED BY: gdoster

DATE 3/15/2010

UAMS Medical Center
UAMS Document Review
Respiratory Care Evaluation



Patient: West, Charles MRN: 001519680
DOB: 66y Acct#: 015196807-9042
Attending: Robertson, Ronald D (3258) Gender:
Admit Date: 02-11-2009 19:50 Discharge Dtm: 03-07-2009 13:00
Location: H4-409-01

Respiratory Care Evaluation

****REVISED****

Authored:03-01-2009 15:50 By: Link, Kristen A (RRT) [Entered: 03-01-2009 16:10:05.75]

Problem List

HEAD BLEED: Feb-11-2009 ; Inactive
Admit Reason; HEAD BLEED

TRAUM SUBARACHNOID HEM: 852.00 (I9) ; Active
Admit Reason; TRAUM SUBARACHNOID HEM

TRAUM PNEUMOHEMOTHOR-CL: 860.4 (ICD9) ; Active
Principal DX

LONG-TERM ANTIPLATELETS: V58.63 (ICD9) ; Active
Secondary DX

LIVER HEMATOMA/CONTUSION: 864.01 (ICD9) ; Active
Secondary DX

LUNG CONTUSION-CLOSED: 861.21 (ICD9) ; Active
Secondary DX

SPLEEN INJURY NEC-CLOSED: 865.09 (ICD9) ; Active
Secondary DX

FX EIGHT/MORE RIB-CLOSED: 807.08 (ICD9) ; Active
Secondary DX

LIVER LACERATION NOS: 864.05 (ICD9) ; Active
Secondary DX

History and Results

Results & History

- Previous Hospital Admission 0-3 Months
- Significant History MVA from outside hospital, liver laceration, spleen taken out, cabg in past, left rib fracture, left pulmonary contusion, spleen laceration. Developed Right pneumo today, CT placed, back on cmv on vent

LoA and Oxygen Requirement

LoA & O2 Requirements

- Level of Activity Bed only
- Oxygen Requirement Mechanical Ventilator

Respiratory Care Orders

Respiratory Care

BPB W 0704

Requested by: SCM, Report Scheduler (UAMS IT)
Mar-13-2009 23:15 PRINTED BY: gdsfer UAMS_002BPF_DocRev_RESP.rpt DATE 3/15/2009 Printed from: IT Analyst

UAMS Medical Center
UAMS Document Review
Respiratory Care Evaluation



Patient: West, Charles MRN: 001519680
DOB: 66y Acct#: 015196807-9042
Attending: Robertson, Ronald D (3258) Gender:
Admit Date: 02-11-2009 19:50 Discharge Dtm: 03-09-2009 13:00
Location: H4-409-01

Respiratory Care

- **Ventilator Protocol**; Reason for Request: Mechanical Ventilation, Feb-16-2009, Active
- **Adult Ventilator**; Mode: SIMV/PS
Tidal Volume(ml): 500
Rate(bpm): 20
PS(cmH2O): 10
PEEP(cmH2O): 5
FIO2: 40%
Additional Information: Please do CPAP/PS trials 10/5 at 40% as tolerated., Feb-27-2009, Active

Respiratory Plan

Respiratory Care Plan

- **Respiratory Care Goals**

Relieve bronchospasm/inflammation,
Mobilize secretions, Improve
ventilation

- **Respiratory Care Plan**

Will DC IPV and begin combivent mdi
Q4 with Q4 sx via ambu bag.
Continue to follow per protocol.pt
needed suction lavage Q4

Signatures

Link, Kristen A (RRT) [Signed Mar-01-2009 16:05]

Authored: Problem List, History and Results, LoA and Oxygen Requirement,
Respiratory Plan

Wolfe, William W (CRT) [Signed Mar-04-2009 17:22]

Authored: Respiratory Care Orders, Respiratory Plan

Document Status History

<u>Date Modified</u>	<u>Modified By</u>	<u>Type of Modification</u>	<u>Reason</u>
03-01-2009 16:10	Link, Kristen A	Entered Signed	
03-04-2009 17:25	Wolfe, William W	Entered Signed	Revised Signed

BPB W 0705

Requested by: SCM, Report Scheduler (UAMS IT)

Mar-13-2009 23:15

PRINTED BY: gdnster

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DATE

3/15/2010

Printed from: IT Analyst

UAMS Medical Center
UAMS Final Order Summary



Patient: West, Charles **MRN:** 001519680
DOB: 66y **Acct#:** 015196807-9042
Attending: Robertson, Ronald D (3258) **Gender:**
Admit Date: 02-11-2009 19:50 **Discharge Dtm:** 03-09-2009 13:00
Location: H4-409-01

Entered 03-01-2009 10:49 **Gluc, POCT** 001007KWY

Filler Order ID: <E7010875PCGLU> Filler Facility ID: <LAB>

Entered By: SCM, Interfaces Requested: 03-01-2009 Stop Date: Stop Time:
 Requested By: Robertson, Ronald D (3258) Signed Order

Entered 03-01-2009 12:39 **Gluc, POCT** 001007NDM

Filler Order ID: <E7011010PCGLU> Filler Facility ID: <LAB>

Entered By: SCM, Interfaces Requested: 03-01-2009 Stop Date: Stop Time:
 Requested By: Robertson, Ronald D (3258) Signed Order

Entered 03-01-2009 13:26 **Gluc, POCT** 001007PDX

Filler Order ID: <E7011069PCGLU> Filler Facility ID: <LAB>

Entered By: SCM, Interfaces Requested: 03-01-2009 Stop Date: Stop Time:
 Requested By: Robertson, Ronald D (3258) Signed Order

Entered 03-01-2009 14:00 **Chest Xray, Frontal** 001007PSX
 STAT; Portable Exam. Brief Clinical Hx: pt with resp distress and low heart rate. Requesting MD Contact Number: 5263400
 <Session:>Standard;*Auto Activate.
 Entered By: Warmack, Monique B Requested: 03-01-2009 STAT Stop Date: 03-01-2009 Stop Time: 3:22 PM
 Requested By: Srikanthan, Giriprakash (7453) Source: 01 Verbal Signed Order

Order ID: 001007PSX History

Function	EnteredBy	New Status	Reason
Acknowledged 03-01-2009 17:29	Games, Christina	Performed	
Signed 03-02-2009 06:23	Robertson, Ronald D (3258)	Performed	Order signed ID 101

Entered 03-01-2009 14:00 **AAS with PA Chest** 001007PTF
 Routine; Portable Exam. Brief Clinical Hx: pt with resp distress and low heart rate. Requesting MD Contact Number: 5263400
 Additional information: to be done at bedside in H4
 <Session:>Standard;*Auto Activate.

Entered By: Warmack, Monique B Requested: 03-01-2009 Routine Stop Date: 03-01-2009 Stop Time: 3:20 PM
 Requested By: Srikanthan, Giriprakash (7453) Source: 01 Verbal Signed Order

Order ID: 001007PTF History

Function	EnteredBy	New Status	Reason
Acknowledged 03-01-2009 17:29	Games, Christina	Performed	
Signed 03-02-2009 06:23	Robertson, Ronald D (3258)	Performed	Order signed ID 101

BPB W 1342

Requested by: SCM, Report Scheduler (UAMS IT)

Mar-13-2009 21:01

PRINTED BY: gdstar UAMS_001BPF_OrdSumm.rpt

DATE 3/15/2010

Printed from: FT Analyst

UAMS Medical Center
UAMS Discharge Summary Document



Patient: West, Charles MRN: 001519680
DOB: 66y Acct#: 015196807-9042
Attending: Robertson, Ronald D (3258) Gender:
Admit Date: 02-11-2009 19:50 Discharge Dtm: 03-09-2009 13:00
Location: H4-409-01

Discharge Summary Note-Discharge Summary SICU

***REVISED**

Authored: 03-09-2009 6:39 By: Friedman, Adva B (7810) (MD) [Entered: 03-09-2009 06:46:42.31]

Discharge Data

Discharge

Admission Date: Feb-11-09 Discharge date Mar-09-09.

Attending physician responsible for the patient's discharge Robertson. Will the Discharge Summary and/or Hospital Course be dictated? No.

Problems Addressed/Managed This Admission

TRAUM PNEUMOHEMOTHOR-CL: 860.4 (ICD9) ; Active
Principal DX

LUNG CONTUSION-CLOSED: 861.21 (ICD9) ; Active
Secondary DX

SPLEEN INJURY NEC-CLOSED: 865.09 (ICD9) ; Active
Secondary DX

FX EIGHT/MORE RIB-CLOSED: 807.08 (ICD9) ; Active
Secondary DX

LIVER LACERATION NOS: 864.05 (ICD9) ; Active
Secondary DX

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History and Hospital Course

History

Patient history: 66y/o WM transferred from Texarkana after suffering injuries in a MVA, car vs. 18wheeler. Pt was driver of the car and was broadsided by the 18wheeler. Unknown if seatbelts were used or air bags were deployed. Pt was conscious and talking at the scene but required extrication from his vehicle. He was transferred to an OSH where a L CT was placed due to multiple rib fractures and a hemothorax. He also required intubation at OSH. A CT performed at the OSH showed the following injuries: Left rib fractures 1-9 with pneumothorax, Probable left pulmonary contusions, Small liver and spleen lac with mild intra-abd fluid, No obvious long bone or pelvic fractures. He was transferred to UAMS via helicopter for further management of his injuries. On transport, his CT put out approx 800ml, and he received 3u pRBC and approx 3L of crystalloid. On arrival, his VS were stable and he was sedated/intubated.

Hospital Course

Hospital Course: Patient continued to have high output from chest tube. Taken to the OR on 2/11/09. Underwent L major thoracotomy for control of bleeding and lung lacerations. Two L sided chest tubes were placed at that time. Patient admitted to the ICU. Neurosurgery consulted for small R parietal punctate hemorrhage seen on CT at OSH. Patient was neurologically stable and no interventions were needed for team. Spine films were attained at this time. Cardiology was also consulted for elevated cardiac enzymes. They believed this to be secondary to myocardial stress. Cardiac enzymes were followed and trended down. Echo was not diagnostic.

Requested by: SCM, Report Scheduler (UAMS IT)

Mar-16-2009 23:21

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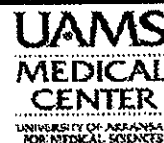
DATE

3/15/2010

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BFB W 0007

UAMS Medical Center
UAMS Discharge Summary Document



Patient:	West, Charles	MRN:	001519680
DOB:	0	66y	Acct#: 015196807-9042
Attending:	Robertson, Ronald D (3258)	Gender:	
Admit Date:	02-11-2009 19:50	Discharge Dtm:	03-09-2009 13:00
Location:	H4-409-01		

Chest tubes were placed to water seal as output had decreased. On 2/16/09 patient had green discharge from nose, Levaquin started for sinusitis. Sedation weaned on 2/17/09. Spine films returned negative and patient was taken off precautions. On 2/17/09 an MRI of the brain and C spine were done. Patient was also started on Tube feeds. Trial of weaning off vent was attempted, patient was unable to tolerate this. Patient received a tracheostomy and PEG tube on 2/20/09. Posterior chest tube was D/Ced on 2/23/09 when patient was beginning to be weaned off the vent. Patient had episode of respiratory distress on 2/23/09 but after secretions suctioned, patient's sats increased and stabilized. Second chest tube D/Ced on 2/27/09. Patient continued to be weaned from SIMV to CPAP and trach collar. On 3/1/09 patient had episode of respiratory distress and bradycardia required atropine. Found to have large Right sided pneumothorax. Chest tube was placed and patient improved. Repeat head CT on 3/3/09 was negative. Neurology was consulted on 3/4/09 for evaluation of mental status. They believed mental insult to be secondary to hypoxia. Weaning off vent continued. Patient tolerating CPAP at night and trach collar at 40% during the day. On day of discharge patient's mental status had improved, he was tolerating PO, having BMs, good UOP.

Inpatient Orders

Pharmacy/Medications

- / **Metoprolol Tab;**(Lopressor Tab), 12.5 mg, Orogastic, two (2) times a day, Feb-12-2009, Active
- **Balsam-Trypsin Oint;**(Xenaderm) Apply to perianal skin, every eight (8) hours, PRN for irritated skin, Feb-16-2009, Active
- **Famotidine Tab;**(Pepcid Tab), 20 mg, Dobhoff Tube, two (2) times a day, Feb-24-2009, Active
- **Acetaminophen Elixir;**(Tylenol), 325 - 650 mg, PEG Tube, every six (6) hours, PRN for Fever, Feb-24-2009, Active
- **Docusate Syrup;**100 mg, Oral, two (2) times a day, Mar-02-2009, Active
- **Enoxaparin Inj;**(Lovenox), 40 mg, Subcutaneous, daily, Mar-02-2009, Active
- **Bisacodyl Supp;**(Dulcolax), 10 mg, Rectal, every four (4) hours, PRN for Constipation, Mar-03-2009, Active
- **Oxycodone Soln;**(Roxicodone), 5 mg, PEG Tube, four (4) times a day, PRN for Pain, Mar-04-2009, Active
- **Albuterol/Ipratropium Updraft;**3 ml, Inhaled via: Nebulizer, every six (6) hours Indication: Bronchospasm/Wheezing., Mar-06-2009, Active
- **Insulin Glargine;**(Lantus), 20 unit(s), Subcutaneous, daily, Mar-08-2009, Active
- **Insulin (Human-R) to scale;**Blood Glucose 0-150, No Insulin
3 unit(s) if Blood Glucose 151 - 180
5 unit(s) if Blood Glucose 181 - 200
7 unit(s) if Blood Glucose 201 - 250
9 unit(s) if Blood Glucose 251 - 300
10 unit(s) if Blood Glucose 301 - 350
12 unit(s) if Blood Glucose 351 - 400
Blood Glucose greater than 400, Call Physician, Subcutaneous, every six (6) hours, Mar-08-2009, Active

Discharge Medication Instructions

Medication Instructions

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UAMS Medical Center
UAMS Discharge Summary Document



Patient:	West, Charles	MRN:	001519680
DOB:		Acct#:	015196807-9042
Attending:	Robertson, Ronald D (3258)	Gender:	
Admit Date:	02-11-2009 19:50	Discharge Dtm:	03-09-2009 13:00
Location:	H4-409-01		

- Medication instructions given to the patient
- Patient should continue current medications received as inpatient, but copy of outpatient medications will be given to LTAC.

Medication Reconciliation Attestation

Medication reconciliation

I have compared the patient's medication orders to the list for discharge and made the appropriate updates.

Discharge Condition

Condition on Discharge

Patient's condition at discharge was Stable.

Discharge to

The patient is being discharged to

- This patient is being discharged LTC/Nursing home
- to
- Location details Promise Shreveport, LA

Physician Discharge Instructions

Discharge instructions

- Diet at discharge
 - Tube feed Pivot 1.5 cal @60/hr,
 - flush 20mL H2O every 2 hours and
 - Proteinex Liquid 30mL once daily,
 - flush 30 mL H2O after
 - Limit to light, non-stressful
 - activities
- Activity on discharge
 - Cover with a dry sterile dressing.
 - Observe daily for signs and symptoms
 - of infection. Maintain R chest
 - dressing x 48 hours and then may
 - cover with dry dressing for
 - drainage.
- Wound care
 - Any unusual chest pain Any
 - shortness of breath Chills or fever
 - greater than 101 degrees Excessive
 - pain Incisional redness, warmth,
 - swelling or drainage
- Seek medical attention for:
 - Patient may be on CPAP at night and
 - Trach collar during the day. CPAP
 - settings are CPAP: 5 PS: 10 FiO2:
 - 40% and Trach collar at 40%. If
 - patient does not tolerate Trach
 - collar may be placed back on CPAP.
- Additional instructions for the patient

Core Measures

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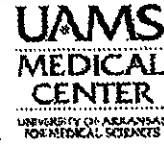
DATE

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BPB W 0009

UAMS Medical Center
UAMS Discharge Summary Document



Patient: West, Charles MRN: 001519680
DOB: Acct#: 015196807-9042
Attending: Robertson, Ronald D (3258) Gender:
Admit Date: 02-11-2009 19:50 Discharge Dtm: 03-09-2009 13:00
Location: H4-409-01

Core Measures

CHF or ACS/MI

- Does the patient have either CHF or ACS/MI? Neither

Pneumonia

- Did this hospitalization involve pneumonia? No

Smoking Cessation

Smoking Cessation

- Is the patient a current smoker? No

Signatures

Friedman, Adva B (7810) (MD) [Signed Mar-09-2009 10:29]

Authored: Discharge Data, Problems Addressed/Managed This Admission, History and Hospital Course, Inpatient Orders, Discharge Medication Instructions, Medication Reconciliation Attestation, Discharge Condition, Discharge to, Physician Discharge Instructions, Core Measures, Smoking Cessation

Document Status History

<u>Date Modified</u>	<u>Modified By</u>	<u>Type of Modification</u>	<u>Reason</u>
03-09-2009 06:46	Friedman, Adva B (7810)	Entered Signed	Create
03-09-2009 07:23	Friedman, Adva B (7810)	Revised Signed	Edit
03-09-2009 07:26	Friedman, Adva B (7810)	Revised Signed	Edit
03-09-2009 07:40	Friedman, Adva B (7810)	Revised Signed	Edit
03-09-2009 07:41	Friedman, Adva B (7810)	Revised Signed	Edit
03-09-2009 10:30	Friedman, Adva B (7810)	Revised Signed	Edit

Authenticated by
Ronald Robertson, M.D.
On 03/17/2009 10:43:15 AM

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CODING SUMMARY
DATE 03/13/09

PAGE: 1
BAB

NAME WEST CHARLES ACCT 0151968079042 MED REC NO 001519680
ADM/VST DATE 02/11/09 DIS/DEPART DATE 03/09/09 ROOM/BED
DATE OF BIRTH AGE SEX ' LOS 0026 DSCH DISP 63
ATTENDING PHYSICIAN 003258 ROBERTSON, RONALD

MDC 000
DRG 003
OUTLIER STATUS CHARGES 153901.45 REIMB 122376.52

ADMITTING DIAGNOSIS
852.00 TRAUM SUBARACHNOID HEM

PRINCIPAL DIAGNOSIS POA
1. 851.06 CORTEX CONTUS-LOC NOS Y

SECONDARY DIAGNOSES	TYPE	POA
2. 861.22 LUNG LACERATION-CLOSED	S	Y
3. 518.5 POST TRAUM PULM INSUFFIC	S	Y
4. 860.4 TRAUM PNEUMOHEMOTHOR-CL	S	Y
5. 864.05 LIVER LACERATION NOS	C	Y
6. 286.7 ACQ COAGUL FACTOR DEFIC	C	Y
7. 807.08 FX EIGHT/MORE RIB-CLOSED	C	Y
8. 865.09 SPLEEN INJURY NEC-CLOSED	C	Y
9. 864.01 LIVER HEMATOMA/CONTUSION	C	Y
10. 276.2 ACIDOSIS	C	N
11. 348.1 ANOXIC BRAIN DAMAGE	C	Y
12. V46.11 RESPIRATOR DEPEND STAT	C	1
13. 861.21 LUNG CONTUSION-CLOSED	C	Y
14. 958.7 TRAUM SUBCUTAN EMPHYSEMA	C	Y
15. 414.01 CORNARY ATHERO-NATV VESL	S	Y
16. E812.0 MV COLLISION NOS-DRIVER	S	1
17. 441.4 ABDOM AORTIC ANEURYSM	S	Y
18. 401.9 HYPERTENSION NOS	S	Y
19. 250.00 DIABETES UNCOMPL TYPE II	S	Y
20. 272.4 HYPERLIPIDEMIA NEC/NOS	S	Y
21. 427.89 CARDIAC DYSRHYTHMIAS NEC	S	Y
22. 372.73 CONJUNCTIVAL EDEMA	S	Y
23. 473.9 CHRONIC SINUSITIS NOS	S	Y
24. V58.66 LONG-TERM USE ASPIRIN	S	1
25. V58.63 LONG-TERM ANTIPLATELETS	S	1

PROCEDURES	PHYSICIAN	DATE
1. 33.43 LUNG LACERATION CLOSURE	OZDEMIR, AYTE	02/11/09
2. 31.1 TEMPORARY TRACHEOSTOMY	CONE, JOHN B	02/20/09
3. 99.04 PACKED CELL TRANSFUSION	ROBERTSON, RO	02/11/09
4. 99.05 PLATELET TRANSFUSION	ROBERTSON, RO	02/11/09
5. 99.07 SERUM TRANSFUSION NEC	ROBERTSON, RO	02/12/09
6. 96.72 CONT INV MECH VENT->96HR	ROBERTSON, RO	02/11/09
7. 96.04 INSERT ENDOTRACHEAL TUBE	ROBERTSON, RO	03/07/09
8. 96.71 CONT INV MECH VENT-<96HR	ROBERTSON, RO	03/07/09
9. 43.11 PERCUTANEOUS GASTROSTOMY	CONE, JOHN B	02/20/09

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10. 38.93 VENOUS CATHETER NEC
11. 38.93 VENOUS CATHETER NEC
12. 96.6 ENTERAL NUTRITION
13. 38.93 VENOUS CATHETER NEC

H. YTILLMAN, 02/11/09
JAFFAR, MUHAM02/17/09
ROBERTSON, RO02/17/09
ROBERTSON, RO02/13/09

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PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 1
01/05/11 11:50
STF

PATIENT NAME: WEST, CHARLES

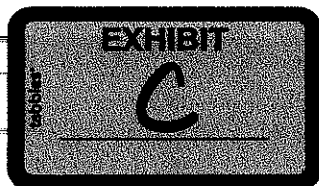
ACCOUNT NBR: 015196807-9042
ADMIT/DISCHARGE: 02/11/09 03/09/09

BILL TO
CHARLES WEST

TX

SRV DATE	REF NBR	DESCRIPTION	
02/11/09	01623100	INTENSIVE CARE	1260.00
02/11/09	15031569	COLLAR, ASPEN ADULT REGULAR	178.14
02/11/09	15031585	CUFF, BP SOFT ADULT	28.67
02/11/09	15300235	NORMAL SALINE 250CC	30.00
02/11/09	15300240	NORMAL SALINE 500CC (QTY OF 0002)	60.00
02/11/09	15300245	NORMAL SALINE 1000CC (QTY OF 0003)	90.00
02/11/09	12013754	MIDAZOLAM INJ 5MG PER ML	55.90
02/11/09	12020050	DSW INJ, 100ML	30.00
02/11/09	12012315	FENTANYL INJ 50 MCG/ML, 20 ML (QTY OF 0020)	11.35
02/11/09	12020060	DSW INJ, 250ML	30.00
02/11/09	12011095	CALCIUM CL INJ 100MG/ML 10ML	10.20
02/11/09	12020048	DSW INJ, 50ML	30.00
02/11/09	70071010	CHEST, SINGLE FRONTAL	100.05
02/11/09	70000009	X-RAY DONE AT BEDSIDE	0.00
02/11/09	70072170	PELVIS, 1 OR 2 VIEWS	97.35
02/11/09	70000009	X-RAY DONE AT BEDSIDE	0.00
02/11/09	70071010	CHEST, SINGLE FRONTAL	100.05
02/11/09	70000009	X-RAY DONE AT BEDSIDE	0.00
02/11/09	23058135	BLOOD GASES WITH SATURATION	118.00
02/11/09	23058137	CARBOXYHEMOGLOBIN	53.00
02/11/09	23058138	METHEMOGLOBIN	53.00
02/11/09	23058135	BLOOD GASES WITH SATURATION	118.00
02/11/09	23058137	CARBOXYHEMOGLOBIN	53.00
02/11/09	23058138	METHEMOGLOBIN	53.00
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02/11/09	23058137	CARBOXYHEMOGLOBIN	53.00
02/11/09	23058138	METHEMOGLOBIN	53.00
02/11/09	23058135	BLOOD GASES WITH SATURATION	118.00
02/11/09	23058138	METHEMOGLOBIN	53.00
02/11/09	23058140	BLOOD POTASSIUM; PLASMA/WHL BLD	51.00
02/11/09	23058144	CHLORIDE; BLOOD	51.00
02/11/09	23058137	CARBOXYHEMOGLOBIN	53.00
02/11/09	23058139	BLOOD SODIUM; PLASMA OR WHL BLD	51.00
02/11/09	23058143	CALCIUM, IONIZED	51.00
02/11/09	23058157	GLUCOSE - BLOOD	40.00
02/12/09	01623100	INTENSIVE CARE	1260.00
02/11/09	96086900	BLOOD TYPING, ABO	18.90
02/11/09	96086901	BLOOD TYPING, RH (D)	19.10
02/11/09	96086032	ANTIBODY SCRIN/INDIRECT METHOD	42.40

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PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 2
01/05/11 11:50
STF

PATIENT NAME: WEST, CHARLES

ACCOUNT NBR: 015196807-9042

SRV DATE	REF NBR	DESCRIPTION	
02/11/09	96086920	CROSSMATCH, IMMEDIATE SPIN	60.00
02/11/09	96086920	CROSSMATCH, IMMEDIATE SPIN	60.00
02/11/09	96086920	CROSSMATCH, IMMEDIATE SPIN	60.00
02/11/09	96086920	CROSSMATCH, IMMEDIATE SPIN	60.00
02/11/09	87086389	PLATELET Apheresis PROCESSING	1613.65
02/11/09	87086427	RED BLOOD CELL PROCESSING	509.15
02/11/09	87086427	RED BLOOD CELL PROCESSING	509.15
02/11/09	96086900	BLOOD TYPING, ABO	18.90
02/11/09	96086901	BLOOD TYPING, RH (D)	19.10
02/11/09	96086920	CROSSMATCH, IMMEDIATE SPIN	60.00
02/11/09	96086920	CROSSMATCH, IMMEDIATE SPIN	60.00
02/11/09	87086389	PLATELET Apheresis PROCESSING	1613.65
02/11/09	96086032	ANTIBODY SCRIN/INDIRECT METHOD	42.40
02/11/09	87086427	RED BLOOD CELL PROCESSING	509.15
02/11/09	87086427	RED BLOOD CELL PROCESSING	509.15
02/11/09	87086427	RED BLOOD CELL PROCESSING	509.15
02/11/09	87086427	RED BLOOD CELL PROCESSING	509.15
02/12/09	96086920	CROSSMATCH, IMMEDIATE SPIN	60.00
02/12/09	96086920	CROSSMATCH, IMMEDIATE SPIN	60.00
02/12/09	96086920	CROSSMATCH, IMMEDIATE SPIN	60.00
02/12/09	96086920	CROSSMATCH, IMMEDIATE SPIN	60.00
02/12/09	96086920	CROSSMATCH, IMMEDIATE SPIN	60.00
02/12/09	96086920	CROSSMATCH, IMMEDIATE SPIN	60.00
02/12/09	96086920	CROSSMATCH, IMMEDIATE SPIN	60.00
02/12/09	96086920	CROSSMATCH, IMMEDIATE SPIN	60.00
02/12/09	87086143	CELL SAVER PROCEDURE	800.00
02/12/09	87086166	CELL SAVER BLOOD BAG	14.00
02/12/09	15192073	STOCKING, KNEE MED/LONG	15.20
02/12/09	15192209	SLEEVE, SCD MED KNEE COMPRESS	91.50
02/12/09	15300240	NORMAL SALINE 500CC	30.00
02/11/09	12020060	D5W INJ, 250ML	30.00
02/11/09	12012315	FENTANYL INJ 50 MCG/ML, 20 ML (QTY OF 0020)	11.35
02/11/09	12020060	D5W INJ, 250ML	30.00
02/11/09	12012315	FENTANYL INJ 50 MCG/ML, 20 ML (QTY OF 0020)	11.35
02/11/09	12013754	MIDAZOLAM INJ 5MG PER ML	55.90
02/11/09	12020050	D5W INJ, 100ML	30.00
02/11/09	12013754	MIDAZOLAM INJ 5MG PER ML	55.90
02/11/09	12020050	D5W INJ, 100ML	30.00
02/11/09	12014385	PHENYLEPHRINE INJ 10MG (QTY OF 0002)	10.20
02/11/09	12020060	D5W INJ, 250ML	30.00
02/12/09	12012505	FUROSEMIDE INJ 20MG	10.20
02/12/09	12013270	LUBRICATING OINT EYE 3.5G	17.70
02/12/09	12012330	FAMOTIDINE INJ. 20MG(PEPCID)	10.20
02/11/09	12011095	CALCIUM CL INJ 100MG/ML 10ML	10.20
02/11/09	12011210	CEFUROXIME 1.5 GM INJ	39.30
02/11/09	12010133	CISATRACURIUM INJ 2MG/ML, 10ML	70.10
02/11/09	12015025	SHOHL'S SOL MODIFIED OZ	2.75
02/11/09	12020280	SET IV, REGULAR 70 IN	15.10

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PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 3
01/05/11 11:50
STF

PATIENT NAME: WEST, CHARLES

ACCOUNT NBR: 015196807-9042

SRV DATE	REF NBR	DESCRIPTION		
02/11/09	12020230	RINGER'S LACTATE INJ 1L	(QTY OF 0002)	58.50
02/11/09	12014385	PHENYLEPHRINE INJ 10MG		10.20
02/11/09	12012345	FENTANYL INJ 50MCG/ML 5ML	(QTY OF 0004)	11.35
02/11/09	12013759	MIDAZOLAM INJ 1MG/ML, 2 ML/1MG	(QTY OF 0002)	11.35
02/12/09	12010411	ACETAMINOPHEN SUPP 325MG	(QTY OF 0002)	4.00
02/12/09	12012505	FUROSEMIDE INJ 20MG		10.20
02/12/09	17010700	ALBUTEROL INHALER-1 PUFF	(QTY OF 0008)	4.80
02/12/09	12020060	05W INJ, 250ML		30.00
02/12/09	12012315	FENTANYL INJ 50 MCG/ML, 20 ML	(QTY OF 0020)	11.35
02/12/09	12013742	METOPROLOL 25 MG TAB		1.10
02/12/09	12010411	ACETAMINOPHEN SUPP 325MG	(QTY OF 0002)	4.00
02/12/09	70071010	CHEST, SINGLE FRONTAL		100.05
02/12/09	70000009	X-RAY DONE AT BEDSIDE		0.00
02/12/09	72070450	CT-BRAIN W/O CONTRAST		789.05
02/12/09	72072125	CT-CERVICAL SPINE W/O CONT		1233.80
02/12/09	72072128	CT-THORACIC SPINE W/O CONT		1043.35
02/12/09	72072131	CT-LUMBAR SPINE W/O CONT		948.50
02/12/09	72071260	CT-THORAX WITH INFUSION		1134.40
02/12/09	72000161	OMNIPAQUE 300/500 PER ML	(QTY OF 0100)	282.00
02/12/09	72072193	CT-PELVIS WITH CONTRAST		858.45
02/12/09	72074160	CT-ABDOMEN WITH CONTRAST		1134.40
02/12/09	70071010	CHEST, SINGLE FRONTAL		100.05
02/12/09	70000009	X-RAY DONE AT BEDSIDE		0.00
02/12/09	70071010	CHEST, SINGLE FRONTAL		100.05
02/12/09	70000009	X-RAY DONE AT BEDSIDE		0.00
02/12/09	03020002	ELECTROCARDIOGRAM		86.45
02/12/09	23058132	BLOOD GAS ONLY		81.00
02/12/09	23058140	BLOOD POTASSIUM; PLASMA/WHL BLD		51.00
02/12/09	23058144	CHLORIDE; BLOOD		51.00
02/12/09	23058139	BLOOD SODIUM; PLASMA OR WHL BLD		51.00
02/12/09	23058143	CALCIUM, IONIZED		51.00
02/12/09	23058135	BLOOD GASES WITH SATURATION		118.00
02/12/09	23058137	CARBOXYHEMOGLOBIN		53.00
02/12/09	23058138	METHEMOGLOBIN		53.00
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02/12/09	23058144	CHLORIDE; BLOOD		51.00
02/12/09	23058137	CARBOXYHEMOGLOBIN		53.00
02/12/09	23058139	BLOOD SODIUM; PLASMA OR WHL BLD		51.00
02/12/09	23058143	CALCIUM, IONIZED		51.00
02/12/09	23058157	GLUCOSE - BLOOD		40.00
02/13/09	01623100	INTENSIVE CARE		1260.00
02/12/09	87000059	FROZEN PLASMA 8 TO 24 HOURS		137.72
02/12/09	87000059	FROZEN PLASMA 8 TO 24 HOURS		137.72
02/12/09	87086389	PLATELET Apheresis PROCESSING		1613.65
02/12/09	87086389	PLATELET Apheresis PROCESSING		1613.65
02/12/09	87000059	FROZEN PLASMA 8 TO 24 HOURS		137.72

UNIVERSITY HOSPITAL
UAMS MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 4
01/05/11 11:50
STF

PATIENT NAME: WEST, CHARLES

ACCOUNT NBR: 015196807-9042

SRV DATE	REF NBR	DESCRIPTION	
02/12/09	87000059	FROZEN PLASMA 8 TO 24 HOURS	137.72
02/12/09	87086427	RED BLOOD CELL PROCESSING	509.15
02/12/09	87086427	RED BLOOD CELL PROCESSING	509.15
02/12/09	87000059	FROZEN PLASMA 8 TO 24 HOURS	137.72
02/12/09	87000059	FROZEN PLASMA 8 TO 24 HOURS	137.72
02/12/09	87086389	PLATELET APHERESIS PROCESSING	1613.65
02/13/09	15031419	CATHETER, TRIPLE LUMEN (ARROW)	95.76
02/13/09	15071656	GAUZE, PETROLATUM (VASELINE)	(QTY OF 0002) 5.80
02/13/09	15161214	PACK, DISP INVASIVE LINE INSER	80.00
02/13/09	15300235	NORMAL SALINE 250CC	30.00
02/13/09	15300245	NORMAL SALINE 1000CC	30.00
02/13/09	15300245	NORMAL SALINE 1000CC	30.00
02/13/09	15300265	SOD CHLOR 1000CC IRRIG	41.50
02/13/09	17010700	ALBUTEROL INHALER-1 PUFF	(QTY OF 0008) 4.80
02/13/09	12015111	SOD CHLORIDE INJ, 30ML MDV	10.20
02/13/09	12010450	ACETAZOLAMIDE INJ 500MG	131.40
02/13/09	12014173	PANTOPRAZOLE INJ PER 40 MG	43.80
02/13/09	12014395	POT PHOSPHATE 3MM/ML 15ML	10.20
02/13/09	12020065	D5W INJ, 500ML	30.00
02/13/09	12020189	MAG SULFATE 2GM/WATER 50ML	24.85
02/13/09	12013742	METOPROLOL 25 MG TAB	1.10
02/11/09	12020060	D5W INJ, 250ML	30.00
02/11/09	12012315	FENTANYL INJ 50 MCG/ML, 20 ML	(QTY OF 0020) 11.35
02/12/09	12012940	INSULIN HUMAN REG 10ML	110.10
02/12/09	12020234	SOD CHLOR 0.9% INJ 100ML	30.00
02/13/09	12014555	POT CHLORIDE INJ 40MEQ	10.20
02/13/09	12020065	D5W INJ, 500ML	30.00
02/12/09	12020060	D5W INJ, 250ML	30.00
02/12/09	12012315	FENTANYL INJ 50 MCG/ML, 20 ML	(QTY OF 0020) 11.35
02/13/09	12014562	POT CL POWDER 20MEQ PKT	(QTY OF 0002) 1.75
02/13/09	12014555	POT CHLORIDE INJ 40MEQ	10.20
02/13/09	12020240	SOD CHLOR 0.9% INJ 500ML (NSS)	30.00
02/13/09	12010450	ACETAZOLAMIDE INJ 500MG	131.40
02/13/09	12013742	METOPROLOL 25 MG TAB	1.10
02/13/09	70071010	CHEST, SINGLE FRONTAL	100.05
02/13/09	70000009	X-RAY DONE AT BEDSIDE	0.00
02/13/09	70074022	ACUTE ABD SERIES W/PA CHEST	234.00
02/13/09	70000009	X-RAY DONE AT BEDSIDE	0.00
02/13/09	70071010	CHEST, SINGLE FRONTAL	100.05
02/13/09	70000009	X-RAY DONE AT BEDSIDE	0.00
02/11/09	95182565	CREATININE; BLOOD	32.60
02/11/09	95184520	UREA NITROGEN; QUANTITATIVE	29.60
02/11/09	95182947	GLUCOSE; QUANTITATIVE, BLOOD	49.20
02/11/09	95184295	SODIUM, SERUM	29.60
02/11/09	95182435	CHLORIDE; BLOOD	31.60
02/11/09	95184132	POTASSIUM, SERUM	40.15
02/11/09	91085024	CBC, AUTOMATED W/AUTO WBC DIFF	57.05
02/11/09	92082150	AMYLASE	68.10

UNIVERSITY HOSPITAL
UAMS MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 5
01/05/11 11:50
STF

PATIENT NAME: WEST, CHARLES

ACCOUNT NBR: 015196807-9042

SRV DATE	REF NBR	DESCRIPTION	
02/11/09	92082565	CREATININE	32.60
02/11/09	91085730	APTT	55.00
02/11/09	91085610	PROTHROMBIN TIME	47.40
02/11/09	91085024	CBC, AUTOMATED W/AUTO WBC DIFF	57.05
02/11/09	92084132	POTASSIUM, SERUM	40.15
02/11/09	92082435	CHLORIDE	31.60
02/11/09	92082374	BICARBONATE/CO2	29.60
02/11/09	92084520	UREA NITROGEN, BLOOD (BUN)	29.60
02/11/09	92082565	CREATININE	32.60
02/11/09	92082310	CALCIUM, BLOOD, CHEMICAL	58.90
02/11/09	92082947	GLUCOSE, BLOOD	49.20
02/11/09	92083735	MAGNESIUM	58.50
02/11/09	91085730	APTT	55.00
02/11/09	92084295	SODIUM - SERUM	29.60
02/11/09	91085610	PROTHROMBIN TIME	47.40
02/11/09	92084100	PHOSPHORUS	47.50
02/11/09	92082040	ALBUMIN	47.50
02/11/09	92082251	BILIRUBIN, TOTAL	61.40
02/11/09	92082250	BILIRUBIN DIRECT	61.40
02/11/09	92084075	ALKALINE PHOSPHATASE	68.10
02/11/09	92084460	SGPT (ALT)	68.10
02/11/09	92084450	SGOT (AST)	68.10
02/11/09	92082150	AMYLASE	68.10
02/11/09	92083690	LIPASE	48.10
02/11/09	91085024	CBC, AUTOMATED W/AUTO WBC DIFF	57.05
02/11/09	91085610	PROTHROMBIN TIME	47.40
02/11/09	92084295	SODIUM - SERUM	29.60
02/11/09	92084132	POTASSIUM, SERUM	40.15
02/11/09	92082435	CHLORIDE	31.60
02/11/09	92082374	BICARBONATE/CO2	29.60
02/11/09	91085730	APTT	55.00
02/11/09	92084520	UREA NITROGEN, BLOOD (BUN)	29.60
02/11/09	92083690	LIPASE	48.10
02/11/09	92082565	CREATININE	32.60
02/11/09	92082310	CALCIUM, BLOOD, CHEMICAL	58.90
02/11/09	92082947	GLUCOSE, BLOOD	49.20
02/11/09	92083735	MAGNESIUM	58.50
02/11/09	92082150	AMYLASE	68.10
02/11/09	91085024	CBC, AUTOMATED W/AUTO WBC DIFF	57.05
02/11/09	91085610	PROTHROMBIN TIME	47.40
02/11/09	91085730	APTT	55.00
02/11/09	91085379	D-DIMER QUANTITATIVE	77.43
02/11/09	91082730	FIBRINOGEN, QUANT	53.95
02/12/09	91085024	CBC, AUTOMATED W/AUTO WBC DIFF	57.05
02/12/09	92084132	POTASSIUM, SERUM	40.15
02/12/09	92082435	CHLORIDE	31.60
02/12/09	92082374	BICARBONATE/CO2	29.60
02/12/09	92084520	UREA NITROGEN, BLOOD (BUN)	29.60

UNIVERSITY HOSPITAL
UAMS MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 6
01/05/11 11:50
STF

PATIENT NAME: WEST, CHARLES

ACCOUNT NBR: 015196807-9042

SRV DATE	REF NBR	DESCRIPTION	
02/12/09	92082565	CREATININE	32.60
02/12/09	92082310	CALCIUM, BLOOD, CHEMICAL	58.90
02/12/09	92084295	SODIUM - SERUM	29.60
02/12/09	92082947	GLUCOSE, BLOOD	49.20
02/12/09	92082555	MB FRACTION ONLY	90.80
02/12/09	92083735	MAGNESIUM	58.50
02/12/09	92084100	PHOSPHORUS	47.50
02/12/09	91085610	PROTHROMBIN TIME	47.40
02/12/09	91085730	APTT	55.00
02/12/09	94084484	TROPONIN I	42.00
02/12/09	92082550	CPK, TOTAL	36.04
02/12/09	91085024	CBC, AUTOMATED W/AUTO WBC DIFF	57.05
02/12/09	91085610	PROTHROMBIN TIME	47.40
02/12/09	91085730	APTT	55.00
02/12/09	91085379	D-DIMER QUANTITATIVE	77.43
02/12/09	91082730	FIBRINOGEN, QUANT	53.95
02/13/09	03040170	ECHO COMPLETE W/SPECT & CFI	814.07
02/13/09	19010051	NUTRITION ASSESS/CONSULT-COMP	77.30
02/13/09	17010129	HME	10.00
02/13/09	23058135	BLOOD GASES WITH SATURATION	118.00
02/13/09	23058137	CARBOXYHEMOGLOBIN	53.00
02/13/09	23058138	METHEMOGLOBIN	53.00
02/14/09	01623100	INTENSIVE CARE	1260.00
02/13/09	15131616	MODULE, PUMP ALARIS	23.75
02/13/09	15131616	MODULE, PUMP ALARIS	23.75
02/13/09	15131615	MODULE, CONTROL ALARIS	26.55
02/14/09	15151855	OXISENSOR, FINGER ADULT DISP (QTY OF 0002)	150.72
02/14/09	15300135	D5 0.5 SOD CHLOR 1000CC	34.50
02/14/09	15300135	D5 0.5 SOD CHLOR 1000CC	34.50
02/14/09	15300240	NORMAL SALINE 500CC	30.00
02/14/09	12011835	DEXTROSE INJ 50% 50ML	10.20
02/14/09	12011835	DEXTROSE INJ 50% 50ML	10.20
02/14/09	12014567	POTASSIUM CL 10MEQ/50ML WATER	42.35
02/14/09	12012505	FUROSEMIDE INJ 20MG	10.20
02/14/09	12015111	SOD CHLORIDE INJ, 30ML MDV	10.20
02/14/09	12014173	PANTOPRAZOLE INJ PER 40 MG	43.80
02/14/09	17010700	ALBUTEROL INHALER-1 PUFF (QTY OF 0008)	4.80
02/14/09	12013270	LUBRICATING GINT EYE 3.5G	17.70
02/13/09	12020060	DSW INJ, 250ML	30.00
02/13/09	12012315	FENTANYL INJ 50 MCG/ML, 20 ML (QTY OF 0020)	11.35
02/14/09	12011835	DEXTROSE INJ 50% 50ML	10.20
02/14/09	17010700	ALBUTEROL INHALER-1 PUFF (QTY OF 0008)	4.80
02/11/09	12013754	MIDAZOLAM INJ 5MG PER ML	55.90
02/11/09	12020050	DSW INJ, 100ML	30.00
02/14/09	12013742	METOPROLOL 25 MG TAB	1.10
02/14/09	17010700	ALBUTEROL INHALER-1 PUFF (QTY OF 0008)	4.80
02/14/09	70071010	CHEST, SINGLE FRONTAL	100.05
02/14/09	70000009	X-RAY DONE AT BEDSIDE	0.00

UNIVERSITY HOSPITAL
UAMS MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 7
01/05/11 11:50
STF

PATIENT NAME: WEST, CHARLES

ACCOUNT NBR: 015196807-9042

SRV DATE	REF NBR	DESCRIPTION	
02/12/09	91085024	CBC, AUTOMATED W/AUTO WBC DIFF	57.05
02/12/09	91085610	PROTHROMBIN TIME	47.40
02/12/09	91085730	APTT	55.00
02/12/09	92082550	CPK, TOTAL	36.04
02/12/09	92082555	MB FRACTION ONLY	90.80
02/12/09	94084484	TROPONIN I	42.00
02/12/09	97087040	BLOOD CULTURE	82.70
02/12/09	97087086	CULTURE, URINE, QUANTITATIVE	44.30
02/12/09	97087040	BLOOD CULTURE	82.70
02/12/09	94084484	TROPONIN I	42.00
02/13/09	91085024	CBC, AUTOMATED W/AUTO WBC DIFF	57.05
02/13/09	92082435	CHLORIDE	31.60
02/13/09	92082374	BIDCARBONATE/CO2	29.60
02/13/09	92084520	UREA NITROGEN, BLOOD (BUN)	29.60
02/13/09	92082565	CREATININE	32.60
02/13/09	92082310	CALCIUM, BLOOD, CHEMICAL	58.90
02/13/09	92084295	SODIUM - SERUM	29.60
02/13/09	92082947	GLUCOSE, BLOOD	49.20
02/13/09	94084484	TROPONIN I	42.00
02/13/09	92084132	POTASSIUM, SERUM	40.15
02/13/09	91085610	PROTHROMBIN TIME	47.40
02/13/09	91085730	APTT	55.00
02/13/09	92083735	MAGNESIUM	58.50
02/13/09	92084100	PHOSPHORUS	47.50
02/12/09	94084484	TROPONIN I	42.00
02/12/09	91085730	APTT	55.00
02/12/09	91085610	PROTHROMBIN TIME	47.40
02/14/09	17010129	HME	10.00
02/14/09	17010129	HME	10.00
02/14/09	17010280	ADULT VENT SUBSEQUENT DAY	707.15
02/14/09	17010365	MDI TX-VENT-SUBSEQUENT	27.45
02/14/09	17010365	MDI TX-VENT-SUBSEQUENT	27.45
02/14/09	17010365	MDI TX-VENT-SUBSEQUENT	27.45
02/14/09	23058135	BLOOD GASES WITH SATURATION	118.00
02/14/09	23058137	CARBOXYHEMOGLOBIN	53.00
02/14/09	23058138	METHEMOGLOBIN	53.00
02/15/09	01623100	INTENSIVE CARE	1260.00
02/14/09	15131616	MODULE, PUMP ALARIS	23.75
02/14/09	15131616	MODULE, PUMP ALARIS	23.75
02/14/09	15131615	MODULE, CONTROL ALARIS	26.55
02/15/09	15300108	D5 0.2% NAOL 1000ML	34.50
02/15/09	15300135	D5 0.5 SOD CHLOR 1000CC (QTY OF 0002)	69.00
02/15/09	15300137	D5 0.5 NS + 20 KCL 1000CC	49.25
02/14/09	12020060	D5W INJ, 250ML	30.00
02/14/09	12012315	FENTANYL INJ 50 MCG/ML, 20 ML (QTY OF 0020)	11.35
02/15/09	12014595	POT PHOSPHATE 3MM/ML 15ML	10.20
02/15/09	12020060	D5W INJ, 250ML	30.00
02/15/09	12014173	PANTOPRAZOLE INJ PER 40 MG	43.80

UNIVERSITY HOSPITAL
UAMS MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 8
01/05/11 11:50
STF

PATIENT NAME: WEST, CHARLES

ACCOUNT NBR: 015196807-9042

SRV DATE	REF NBR	DESCRIPTION	
02/15/09	12013742	METOPROLOL 25 MG TAB	1.10
02/15/09	12015111	SOD CHLORIDE INJ, 30ML MDV	10.20
02/15/09	17010700	ALBUTEROL INHALER-1 PUFF (QTY OF 0008)	4.80
02/15/09	12013742	METOPROLOL 25 MG TAB	1.10
02/15/09	70071010	CHEST, SINGLE FRONTAL	100.05
02/15/09	70000009	X-RAY DONE AT BEDSIDE	0.00
02/15/09	70074000	ABDOMEN, SINGLE VIEW	116.65
02/15/09	70000009	X-RAY DONE AT BEDSIDE	0.00
02/15/09	70074000	ABDOMEN, SINGLE VIEW	116.65
02/13/09	97087070	CULTURE, AEROBIC, ROUTINE	113.60
02/13/09	92084132	POTASSIUM, SERUM	40.15
02/13/09	92082435	CHLORIDE	31.60
02/13/09	92082374	BICARBONATE/CO2	29.60
02/13/09	92084295	SODIUM - SERUM	29.60
02/13/09	92084520	UREA NITROGEN, BLOOD (BUN)	29.60
02/13/09	92084100	PHOSPHORUS	47.50
02/13/09	92082565	CREATININE	32.60
02/13/09	92082310	CALCIUM, BLOOD, CHEMICAL	58.90
02/13/09	92082947	GLUCOSE, BLOOD	49.20
02/14/09	91085024	CBC, AUTOMATED W/AUTO WBC DIFF	57.05
02/14/09	92084132	POTASSIUM, SERUM	40.15
02/14/09	92082435	CHLORIDE	31.60
02/14/09	92082374	BICARBONATE/CO2	29.60
02/14/09	92084295	SODIUM - SERUM	29.60
02/14/09	92084520	UREA NITROGEN, BLOOD (BUN)	29.60
02/14/09	92084100	PHOSPHORUS	47.50
02/14/09	92082565	CREATININE	32.60
02/14/09	92082310	CALCIUM, BLOOD, CHEMICAL	58.90
02/14/09	92082947	GLUCOSE, BLOOD	49.20
02/14/09	92083735	MAGNESIUM	58.50
02/15/09	17010129	HME	10.00
02/15/09	17010129	HME	10.00
02/15/09	17010280	ADULT VENT SUBSEQUENT DAY	707.15
02/15/09	17010365	MDI TX-VENT-SUBSEQUENT	27.45
02/15/09	23058135	BLOOD GASES WITH SATURATION	118.00
02/15/09	23058137	CARBOXYHEMOGLOBIN	53.00
02/15/09	23058138	METHEMOGLOBIN	53.00
02/16/09	01623100	INTENSIVE CARE	1260.00
02/13/09	87086427	RED BLOOD CELL PROCESSING	509.15
02/13/09	87086427	RED BLOOD CELL PROCESSING	509.15
02/15/09	15131616	MODULE, PUMP ALARIS	23.75
02/15/09	15131616	MODULE, PUMP ALARIS	23.75
02/15/09	15131615	MODULE, CONTROL ALARIS	26.55
02/16/09	15300240	NORMAL SALINE 500CC	30.00
02/13/09	12012940	INSULIN HUMAN REG 10ML	110.10
02/13/09	12020234	SOD CHLOR 0.9% INJ 100ML	30.00
02/16/09	17010700	ALBUTEROL INHALER-1 PUFF (QTY OF 0008)	4.80
02/16/09	12013742	METOPROLOL 25 MG TAB	1.10

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UNIVERSITY HOSPITAL
UAMS MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 9
01/05/11 11:50
STF

PATIENT NAME: WEST, CHARLES

ACCOUNT NBR: 015196807-9042

SRV DATE	REF NBR	DESCRIPTION	
02/16/09	12014173	PANTOPRAZOLE INJ PER 40 MG	43.80
02/16/09	12010861	BALSAM/TRYPsin(XENADERM) OINT	329.60
02/16/09	12010669	LEVOFLOXACIN INJ 250MG (QTY OF 0002)	134.50
02/16/09	12014555	POT CHLORIDE INJ 40MEQ	10.20
02/16/09	12020060	D5W INJ, 250ML	30.00
02/16/09	12013742	METOPROLOL 25 MG TAB	1.10
02/16/09	12014562	POT CL POWDER 20MEQ PKT	0.90
02/16/09	12012940	INSULIN HUMAN REG 10ML	110.10
02/16/09	12020234	SOD CHLOR 0.9% INJ 100ML	30.00
02/16/09	12012330	FAMOTIDINE INJ. 20MG(PEPCID)	10.20
02/16/09	70071010	CHEST, SINGLE FRONTAL	100.05
02/16/09	70000009	X-RAY DONE AT BEDSIDE	0.00
02/14/09	94084484	TROPONIN I	42.00
02/15/09	91085024	CBC, AUTOMATED W/AUTO WBC DIFF	57.05
02/15/09	92084132	POTASSIUM, SERUM	40.15
02/15/09	92082435	CHLORIDE	31.60
02/15/09	92082374	BIDCARBONATE/CO2	29.60
02/15/09	92084295	SODIUM - SERUM	29.60
02/15/09	92084520	UREA NITROGEN, BLOOD (BUN)	29.60
02/15/09	92084100	PHOSPHORUS	47.50
02/15/09	92082565	CREATININE	32.60
02/15/09	92082310	CALCIUM, BLOOD, CHEMICAL	58.90
02/15/09	92082947	GLUCOSE, BLOOD	49.20
02/15/09	92083735	MAGNESIUM	58.50
02/16/09	19010052	NUTRITION CARE EVAL & REASSESS	19.50
02/16/09	17010129	HME	10.00
02/16/09	17010129	HME	10.00
02/16/09	17010280	ADULT VENT SUBSEQUENT DAY	707.15
02/16/09	17010365	MDI TX-VENT-SUBSEQUENT	27.45
02/16/09	23058135	BLOOD GASES WITH SATURATION	118.00
02/16/09	23058137	CARBOXYHEMOGLOBIN	53.00
02/16/09	23058138	METHEMOGLOBIN	53.00
02/16/09	23058135	BLOOD GASES WITH SATURATION	118.00
02/16/09	23058137	CARBOXYHEMOGLOBIN	53.00
02/16/09	23058138	METHEMOGLOBIN	53.00
02/17/09	01623100	INTENSIVE CARE	1260.00
02/13/09	02024073	BLOOD TRANSFUSION 4-6 HRS	605.00
02/17/09	15031419	CATHETER, TRIPLE LUMEN (ARROW)	95.76
02/17/09	15202680	TUBING, EXTENSION DISP 33X3ML (QTY OF 0015)	39.00
02/17/09	15300137	D5 0.5 NS + 20 KCL 1000CC	49.25
02/17/09	15300235	NORMAL SALINE 250CC	30.00
02/17/09	12012346	FENTANYL INJ 50 MCG/ML, 2ML	11.35
02/17/09	12014562	POT CL POWDER 20MEQ PKT	0.90
02/17/09	12012346	FENTANYL INJ 50 MCG/ML, 2ML	11.35
02/17/09	17010700	ALBUTEROL INHALER-1 PUFF (QTY OF 0008)	4.80
02/17/09	12013742	METOPROLOL 25 MG TAB	1.10
02/17/09	12018669	LEVOFLOXACIN INJ 250MG (QTY OF 0002)	134.50
02/17/09	12012330	FAMOTIDINE INJ. 20MG(PEPCID)	10.20

UNIVERSITY HOSPITAL
UAMS MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 10
01/05/11 11:50
STF

PATIENT NAME: WEST, CHARLES

ACCOUNT NBR: 015196807-9042

SRV DATE	REF NBR	DESCRIPTION	(QTY OF 0008)	
02/17/09	17010700	ALBUTEROL INHALER-1 PUFF		4.80
02/16/09	12020234	SOD CHLOR 0.9% INJ 100ML		30.00
02/16/09	12012940	INSULIN HUMAN REG 10ML		110.10
02/17/09	12012940	INSULIN HUMAN REG 10ML		110.10
02/17/09	12020234	SOD CHLOR 0.9% INJ 100ML		30.00
02/17/09	12012346	FENTANYL INJ 50 MCG/ML, 2ML		11.35
02/17/09	12012346	FENTANYL INJ 50 MCG/ML, 2ML		11.35
02/17/09	12012346	FENTANYL INJ 50 MCG/ML, 2ML		11.35
02/17/09	12012346	FENTANYL INJ 50 MCG/ML, 2ML		11.35
02/17/09	12012346	FENTANYL INJ 50 MCG/ML, 2ML		11.35
02/17/09	12013742	METOPROLOL 25 MG TAB		1.10
02/17/09	12010861	BALSAM/TRYPsin(XENADERM) OINT		329.60
02/17/09	12012330	FAMOTIDINE INJ. 20MG(PEPCID)		10.20
02/17/09	76070551	MRI,BRAIN INCL BRAINSTEM W/O		1672.55
02/17/09	76072141	MRI,CERVICAL SPINE W/O CONTRAS		1672.55
02/15/09	70000009	X-RAY DONE AT BEDSIDE		0.00
02/17/09	70071010	CHEST, SINGLE FRONTAL		100.05
02/17/09	70000009	X-RAY DONE AT BEDSIDE		0.00
02/16/09	91085024	CBC, AUTOMATED W/AUTO WBC DIFF		57.05
02/16/09	92084132	POTASSIUM, SERUM		40.15
02/16/09	92082435	CHLORIDE		31.60
02/16/09	92082374	BIDCARBONATE/CO2		29.60
02/16/09	92084295	SODIUM - SERUM		29.60
02/16/09	92084520	UREA NITROGEN, BLOOD (BUN)		29.60
02/16/09	92084100	PHOSPHORUS		47.50
02/16/09	92082565	CREATININE		32.60
02/16/09	92082310	CALCIUM, BLOOD, CHEMICAL		58.90
02/16/09	92082947	GLUCOSE, BLOOD		49.20
02/16/09	92083735	MAGNESIUM		58.50
02/17/09	17010129	HME		10.00
02/17/09	17010129	HME		10.00
02/17/09	17010129	HME		10.00
02/17/09	17010129	HME		10.00
02/17/09	17010280	ADULT VENT SUBSEQUENT DAY		707.15
02/17/09	17010280	ADULT VENT SUBSEQUENT DAY		707.15
02/17/09	17010280	ADULT VENT SUBSEQUENT DAY		707.15
02/17/09	17010365	MDI TX-VENT-SUBSEQUENT		27.45
02/17/09	17010365	MDI TX-VENT-SUBSEQUENT		27.45
02/17/09	17010395	MDI TX - SUBSEQUENT		23.25
02/17/09	17010490	PEEP VALVE	(QTY OF 0002)	52.12
02/17/09	17010495	TRANSPORT CIRCUIT		25.00
02/17/09	23058135	BLOOD GASES WITH SATURATION		118.00
02/17/09	23058137	CARBOXYHEMOGLOBIN		53.00
02/17/09	23058138	METHEMOGLOBIN		53.00
02/17/09	15310012	DAILY SUPPLY CHARGE-H4		248.27
02/18/09	01623100	INTENSIVE CARE		1260.00
02/18/09	15041650	DRAINAGE, SAHARA CHEST		130.87
02/18/09	15300137	D5 0.5 NS + 20 KCL 1000CC		49.25

UNIVERSITY HOSPITAL
UAMS MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 11
01/05/11 11:50
STF

PATIENT NAME: WEST, CHARLES

ACCOUNT NBR: 015196807-9042

SRV DATE	REF NBR	DESCRIPTION	
02/18/09	15300137	D5 0.5 NS + 20 KCL 1000CC	49.25
02/18/09	15300240	NORMAL SALINE 500CC	30.00
02/17/09	12012346	FENTANYL INJ 50 MCG/ML, 2ML	11.35
02/18/09	12012346	FENTANYL INJ 50 MCG/ML, 2ML	11.35
02/18/09	12012346	FENTANYL INJ 50 MCG/ML, 2ML	11.35
02/18/09	12012346	FENTANYL INJ 50 MCG/ML, 2ML	11.35
02/18/09	12012346	FENTANYL INJ 50 MCG/ML, 2ML	11.35
02/18/09	17010702	COMBIVENT INHALER-1 PUFF (QTY OF 0008)	14.64
02/18/09	12012346	FENTANYL INJ 50 MCG/ML, 2ML	11.35
02/18/09	12018669	LEVOFLOXACIN INJ 250MG (QTY OF 0002)	134.50
02/18/09	12013742	METOPROLOL 25 MG TAB	1.10
02/17/09	12012940	INSULIN HUMAN REG 10ML	110.10
02/17/09	12020234	SOD CHLOR 0.9% INJ 100ML	30.00
02/18/09	12012330	FAMOTIDINE INJ. 20MG(PEPCID)	10.20
02/18/09	12012346	FENTANYL INJ 50 MCG/ML, 2ML	11.35
02/18/09	12012346	FENTANYL INJ 50 MCG/ML, 2ML	11.35
02/18/09	17010702	COMBIVENT INHALER-1 PUFF (QTY OF 0008)	14.64
02/18/09	12012346	FENTANYL INJ 50 MCG/ML, 2ML	11.35
02/18/09	12012346	FENTANYL INJ 50 MCG/ML, 2ML	11.35
02/18/09	17010702	COMBIVENT INHALER-1 PUFF (QTY OF 0008)	14.64
02/18/09	12020060	DSW INJ, 250ML	30.00
02/18/09	12012353	FENTANYL INJ 50MCG/ML, 50ML	21.45
02/18/09	12013742	METOPROLOL 25 MG TAB	1.10
02/18/09	12012330	FAMOTIDINE INJ. 20MG(PEPCID)	10.20
02/11/09	08207020	SUTURE 4-0 MONOCRYL (QTY OF 0002)	43.58
02/11/09	08207010	SUTURE 3-0 VICRYL UN	11.64
02/11/09	08207010	SUTURE 0 VICRYL UND (QTY OF 0002)	18.00
02/11/09	08207010	SUTURE 1 VICRYL UND (QTY OF 0006)	54.84
02/11/09	08051314	CAUTERY TIP CLEANER	2.85
02/11/09	08023024	DRAIN/PLEUR-EVAC OAS (QTY OF 0002)	226.74
02/11/09	08020089	BLANKET: LOWER BAIR	30.82
02/11/09	08054647	APPOSE ULC 35 WIDE S	25.00
02/11/09	08105124	TRAY: THORACOTOMY	750.00
02/11/09	08051409	GLOVES: BIOGEL (QTY OF 0010)	60.00
02/11/09	08056104	MAGNA DRAPE	20.85
02/11/09	08094808	GOWN: XX-LARGE ADUL	16.79
02/11/09	08207020	SUTURE 3-0 SILK TIES	25.00
02/11/09	08207020	SUTURE 1 VICRYL TP-1 (QTY OF 0002)	50.00
02/11/09	08116036	SPONGE 450 LAPS/MICK (QTY OF 0004)	24.00
02/11/09	08029013	IRRIGATION NAOL 0.9% (QTY OF 0004)	166.00
02/11/09	08056455	DRAPE: SALINE WARMER	113.75
02/11/09	08207020	SUTURE 2-0 SILK TIES	25.00
02/11/09	08056561	EGGCRAPE MATTRESS	30.23
02/11/09	08207010	SUTURE 0 SOFSILK BLA	6.00
02/11/09	08010090	Room Start/Stop	878.50
02/11/09	08010091	Room Start/Stop (QTY OF 0008)	2155.60
02/11/09	11010100	Anesthesia Start / T	232.35
02/11/09	11010101	Anesthesia Start / T (QTY OF 0008)	743.52

UNIVERSITY HOSPITAL
UAMS MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 12
01/05/11 11:50
STF

PATIENT NAME: WEST, CHARLES

ACCOUNT NBR: 015196807-9042

SRV DATE	REF NBR	DESCRIPTION	
02/11/09	08051477	CLIP HORIZON MED TI-	57.59
02/11/09	08051479	CLIP 003204 HORIZON	57.84
02/11/09	08051478	CLIP HORIZON LRG TI-	6.44
02/11/09	08051548	DRAPE: STERI 1018L	(QTY OF 0002) 16.10
02/11/09	08051556	CATHETER 14724 THORA	(QTY OF 0002) 160.00
02/11/09	08030168	FLOSEAL 10ML 1501285	(QTY OF 0002) 1500.00
02/11/09	08207010	SUTURE 4-0 PROLENE R	(QTY OF 0002) 22.00
02/11/09	08207010	SUTURE 2-0 27` VICRY	8.25
02/11/09	08207040	SUTURE 2-0 SILK 8-30	43.20
02/11/09	08207040	SUTURE 3-0 SILK CR*	70.27
02/18/09	70071010	CHEST, SINGLE FRONTAL	100.05
02/18/09	70000009	X-RAY DONE AT BEDSIDE	0.00
02/12/09	97087072	CULTURE, AEROBIC ID	36.10
02/12/09	97087179	SUSCEPT; AGAR DIL, EA AGT ENT	28.45
02/17/09	91085024	CBC, AUTOMATED W/AUTO WBC DIFF	57.05
02/17/09	92084132	POTASSIUM, SERUM	40.15
02/17/09	92082435	CHLORIDE	31.60
02/17/09	92082374	BIDCARBONATE/CO2	29.60
02/17/09	92084295	SODIUM - SERUM	29.60
02/17/09	92084520	UREA NITROGEN, BLOOD (BUN)	29.60
02/17/09	92084100	PHOSPHORUS	47.50
02/17/09	92082565	CREATININE	32.60
02/17/09	92082310	CALCIUM, BLOOD, CHEMICAL	58.90
02/17/09	92082947	GLUCOSE, BLOOD	49.20
02/17/09	92083735	MAGNESIUM	58.50
02/18/09	19010052	NUTRITION CARE EVAL & REASSESS	19.50
02/18/09	17010093	FILTERS	13.05
02/18/09	17010129	HME	10.00
02/18/09	17010129	HME	10.00
02/18/09	17010280	ADULT VENT SUBSEQUENT DAY	707.15
02/18/09	17010365	MDI TX-VENT-SUBSEQUENT	27.45
02/18/09	17010390	MDI TX-INITIAL	31.70
02/18/09	17010395	MDI TX - SUBSEQUENT	23.25
02/18/09	17010395	MDI TX - SUBSEQUENT	23.25
02/18/09	23058135	BLOOD GASES WITH SATURATION	118.00
02/18/09	23058137	CARBOXYHEMOGLOBIN	53.00
02/18/09	23058138	METHEMOGLOBIN	53.00
02/18/09	15310012	DAILY SUPPLY CHARGE-H4	248.27
02/19/09	01623100	INTENSIVE CARE	1260.00
02/19/09	15031569	COLLAR, ASPEN ADULT REGULAR	178.14
02/19/09	15041650	DRAINAGE, SAHARA CHEST	130.87
02/19/09	15300137	D5 0.5 NS + 20 KCL 1000CC	49.25
02/19/09	15300137	D5 0.5 NS + 20 KCL 1000CC	49.25
02/18/09	12012346	FENTANYL INJ 50 MCG/ML, 2ML	11.35
02/18/09	12012940	INSULIN HUMAN REG 10ML	110.10
02/18/09	12020234	SOD CHLOR 0.9% INJ 100ML	30.00
02/19/09	17010702	COMBIVENT INHALER-1 PUFF	(QTY OF 0008) 14.64
02/19/09	12014555	POT CHLORIDE INJ 40MEQ	10.20

UNIVERSITY HOSPITAL
UAMS MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 13
01/05/11 11:50
STF

PATIENT NAME: WEST, CHARLES

ACCOUNT NBR: 015196807-9042

SRV DATE	REF NBR	DESCRIPTION		
02/19/09	12020240	SOD CHLOR 0.9% INJ 500ML (NSS)		30.00
02/19/09	17010702	COMBIVENT INHALER-1 PUFF	(QTY OF 0008)	14.64
02/19/09	12018669	LEVOFLOXACIN INJ 250MG	(QTY OF 0002)	134.50
02/19/09	12013742	METOPROLOL 25 MG TAB		1.10
02/19/09	12012330	FAMOTIDINE INJ. 20MG(PEPCID)		10.20
02/18/09	12012940	INSULIN HUMAN REG 10ML		110.10
02/18/09	12020234	SOD CHLOR 0.9% INJ 100ML		30.00
02/19/09	17010702	COMBIVENT INHALER-1 PUFF	(QTY OF 0008)	14.64
02/19/09	17010702	COMBIVENT INHALER-1 PUFF	(QTY OF 0008)	14.64
02/19/09	12013742	METOPROLOL 25 MG TAB		1.10
02/18/09	12020060	D5W INJ, 250ML		30.00
02/18/09	12012353	FENTANYL INJ 50MCG/ML, 50ML		21.45
02/19/09	12012330	FAMOTIDINE INJ. 20MG(PEPCID)		10.20
02/19/09	70071010	CHEST, SINGLE FRONTAL		100.05
02/19/09	70000009	X-RAY DONE AT BEDSIDE		0.00
02/17/09	97087070	CULTURE, AEROBIC, ROUTINE		113.60
02/17/09	97087205	SMEAR, PRIMARY ROUTINE		33.20
02/17/09	97087070	CULTURE, AEROBIC, ROUTINE		113.60
02/18/09	91085024	CBC, AUTOMATED W/AUTO WBC DIFF		57.05
02/18/09	92084132	POTASSIUM, SERUM		40.15
02/18/09	92082435	CHLORIDE		31.60
02/18/09	92082374	BICARBONATE/CO2		29.60
02/18/09	92084295	SODIUM - SERUM		29.60
02/18/09	92084520	UREA NITROGEN, BLOOD (BUN)		29.60
02/18/09	92084100	PHOSPHORUS		47.50
02/18/09	92082565	CREATININE		32.60
02/18/09	92082310	CALCIUM, BLOOD, CHEMICAL		58.90
02/18/09	92082947	GLUCOSE, BLOOD		49.20
02/18/09	92083735	MAGNESIUM		58.50
02/19/09	17010093	FILTERS		13.05
02/19/09	17010129	HME		10.00
02/19/09	17010280	ADULT VENT SUBSEQUENT DAY		707.15
02/19/09	17010385	MDI TX-VENT-SUBSEQUENT		27.45
02/19/09	17010365	MDI TX-VENT-SUBSEQUENT		27.45
02/19/09	17010395	MDI TX - SUBSEQUENT		23.25
02/19/09	17010395	MDI TX - SUBSEQUENT		23.25
02/19/09	23058135	BLOOD GASES WITH SATURATION		118.00
02/19/09	23058137	CARBOXYHEMOGLOBIN		53.00
02/19/09	23058138	METHEMOGLOBIN		53.00
02/19/09	15310012	DAILY SUPPLY CHARGE-H4		248.27
02/20/09	01623100	INTENSIVE CARE		1260.00
02/20/09	15300230	LACTED RINGERS 1000CC		37.55
02/20/09	15300245	NORMAL SALINE 1000CC		30.00
02/20/09	17010702	COMBIVENT INHALER-1 PUFF	(QTY OF 0008)	14.64
02/20/09	12018669	LEVOFLOXACIN INJ 250MG	(QTY OF 0002)	134.50
02/20/09	12013742	METOPROLOL 25 MG TAB		1.10
02/20/09	17010702	COMBIVENT INHALER-1 PUFF	(QTY OF 0008)	14.64
02/20/09	12012330	FAMOTIDINE INJ. 20MG(PEPCID)		10.20

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UNIVERSITY HOSPITAL
UAMS MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 14
01/05/11 11:50
STF

PATIENT NAME: WEST, CHARLES

ACCOUNT NBR: 015196807-9042

SRV DATE	REF NBR	DESCRIPTION	
02/20/09	12015111	SOD CHLORIDE INJ, 30ML MDV	10.20
02/20/09	17010702	COMBIVENT INHALER-1 PUFF (QTY OF 0008)	14.64
02/20/09	12011000	BISACODYL SUPP 10MG	0.75
02/20/09	17010702	COMBIVENT INHALER-1 PUFF (QTY OF 0008)	14.64
02/20/09	12011000	BISACODYL SUPP 10MG	0.75
02/20/09	12013742	METOPROLOL 25 MG TAB	1.10
02/20/09	12012330	FAMOTIDINE INJ. 20MG(PEPCID)	10.20
02/19/09	12020060	D5W INJ, 250ML	30.00
02/19/09	12012353	FENTANYL INJ 50MCG/ML, 50ML	21.45
02/20/09	70071010	CHEST, SINGLE FRONTAL	100.05
02/20/09	70000009	X-RAY DONE AT BEDSIDE	0.00
02/20/09	70074000	ABDOMEN, SINGLE VIEW	116.65
02/20/09	70000009	X-RAY DONE AT BEDSIDE	0.00
02/20/09	70071010	CHEST, SINGLE FRONTAL	100.05
02/20/09	70000009	X-RAY DONE AT BEDSIDE	0.00
02/19/09	91085024	CBC, AUTOMATED W/AUTO WBC DIFF	57.05
02/19/09	92084132	POTASSIUM, SERUM	40.15
02/19/09	92082435	CHLORIDE	31.60
02/19/09	92082374	BICARBONATE/CO2	29.60
02/19/09	92084295	SODIUM - SERUM	29.60
02/19/09	92084520	UREA NITROGEN, BLOOD (BUN)	29.60
02/19/09	92084100	PHOSPHORUS	47.50
02/19/09	92082565	CREATININE	32.60
02/19/09	92082310	CALCIUM, BLOOD, CHEMICAL	58.90
02/19/09	92082947	GLUCOSE, BLOOD	49.20
02/19/09	92083735	MAGNESIUM	58.50
02/20/09	21010005	OT EVALUATION - 30 MIN	185.00
02/20/09	21019230	CHART REVIEW/ATTEMPT PT VISIT	0.00
02/20/09	19010052	NUTRITION CARE EVAL & REASSESS	19.50
02/20/09	17010129	HME	10.00
02/20/09	17010129	HME	10.00
02/20/09	17010280	ADULT VENT SUBSEQUENT DAY	707.15
02/20/09	17010365	MDI TX-VENT-SUBSEQUENT	27.45
02/20/09	17010365	MDI TX-VENT-SUBSEQUENT	27.45
02/20/09	17010365	MDI TX-VENT-SUBSEQUENT	27.45
02/20/09	17010395	MDI TX - SUBSEQUENT	23.25
02/20/09	23058135	BLOOD GASES WITH SATURATION	118.00
02/20/09	23058137	CARBOXYHEMOGLOBIN	53.00
02/20/09	23058138	METHEMOGLOBIN	53.00
02/20/09	15310012	DAILY SUPPLY CHARGE-H4	248.27
02/21/09	01623100	INTENSIVE CARE	1260.00
02/21/09	15300240	NORMAL SALINE 500CC	30.00
02/19/09	12012940	INSULIN HUMAN REG 10ML	110.10
02/19/09	12020234	SOD CHLOR 0.9% INJ 100ML	30.00
02/21/09	17010702	COMBIVENT INHALER-1 PUFF (QTY OF 0008)	14.64
02/21/09	12015245	SOD PHOS/BIPHOS ENEMA(FLEETS)	6.05
02/21/09	17010702	COMBIVENT INHALER-1 PUFF (QTY OF 0008)	14.64
02/21/09	12018669	LEVOFLOXACIN INJ 250MG (QTY OF 0002)	134.50

UNIVERSITY HOSPITAL
UAMS MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 15
01/05/11 11:50
STF

PATIENT NAME: WEST, CHARLES

ACCOUNT NBR: 015196807-9042

SRV DATE	REF NBR	DESCRIPTION		
02/21/09	12014562	POT CL POWDER 20MEQ PKT	(QTY OF 0002)	1.75
02/21/09	12013742	METOPROLOL 25 MG TAB		1.10
02/21/09	12012330	FAMOTIDINE INJ. 20MG(PEPCID)		10.20
02/21/09	17010702	COMBIVENT INHALER-1 PUFF	(QTY OF 0008)	14.64
02/21/09	17010702	COMBIVENT INHALER-1 PUFF	(QTY OF 0008)	14.64
02/21/09	12015111	SOD CHLORIDE INJ, 30ML MDV	(QTY OF 0002)	10.20
02/21/09	12013742	METOPROLOL 25 MG TAB		1.10
02/21/09	12013249	LORAZEPAM INJ 2MG SYRINGE		11.35
02/21/09	70071010	CHEST, SINGLE FRONTAL		100.05
02/21/09	70000009	X-RAY DONE AT BEDSIDE		0.00
02/20/09	91085024	CBC, AUTOMATED W/AUTO WBC DIFF		57.05
02/20/09	92084100	PHOSPHORUS		47.50
02/20/09	92084295	SODIUM - SERUM		29.60
02/20/09	92084132	POTASSIUM, SERUM		40.15
02/20/09	92083735	MAGNESIUM		58.50
02/20/09	92082435	CHLORIDE		31.60
02/20/09	92082947	GLUCOSE, BLOOD		49.20
02/20/09	92082374	BICARBONATE/CO2		29.60
02/20/09	92084520	UREA NITROGEN, BLOOD (BUN)		29.60
02/20/09	92082565	CREATININE		32.60
02/20/09	92082310	CALCIUM, BLOOD, CHEMICAL		58.90
02/21/09	91085024	CBC, AUTOMATED W/AUTO WBC DIFF		57.05
02/21/09	92084132	POTASSIUM, SERUM		40.15
02/21/09	92082435	CHLORIDE		31.60
02/21/09	92082374	BICARBONATE/CO2		29.60
02/21/09	92084295	SODIUM - SERUM		29.60
02/21/09	92084520	UREA NITROGEN, BLOOD (BUN)		29.60
02/21/09	92084100	PHOSPHORUS		47.50
02/21/09	92082565	CREATININE		32.60
02/21/09	92082310	CALCIUM, BLOOD, CHEMICAL		58.90
02/21/09	92082947	GLUCOSE, BLOOD		49.20
02/21/09	92083735	MAGNESIUM		58.50
02/17/09	97087186	SENSITIVITIES		83.90
02/17/09	97087147	STREP SEROTYPE;PARTICLE AGGLU		37.78
02/17/09	97087072	CULTURE, AEROBIC ID		36.10
02/17/09	97087147	STREP SEROTYPE;PARTICLE AGGLU		37.78
02/21/09	17010129	HME		10.00
02/21/09	17010149	NON-MEDICATED AEROSOL/HOUR	(QTY OF 0005)	97.50
02/21/09	17010280	ADULT VENT SUBSEQUENT DAY		707.15
02/21/09	17010365	MDI TX-VENT-SUBSEQUENT		27.45
02/21/09	17010365	MDI TX-VENT-SUBSEQUENT		27.45
02/21/09	17010365	MDI TX-VENT-SUBSEQUENT		27.45
02/21/09	17010365	MDI TX-VENT-SUBSEQUENT		27.45
02/21/09	23058135	BLOOD GASES WITH SATURATION		118.00
02/21/09	23058137	CARBOXYHEMOGLOBIN		53.00
02/21/09	23058138	METHEMOGLOBIN		53.00
02/21/09	15310012	DAILY SUPPLY CHARGE-H4		248.27
02/22/09	01623100	INTENSIVE CARE		1260.00

UNIVERSITY HOSPITAL
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PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 16
01/05/11 11:50
STF

PATIENT NAME: WEST, CHARLES

ACCOUNT NBR: 015196807-9042

SRV DATE	REF NBR	DESCRIPTION	
02/22/09	15300137	D5 0.5 NS + 20 KCL 1000CC	49.25
02/21/09	12012330	FAMOTIDINE INJ. 20MG(PEPCID)	10.20
02/22/09	17010702	COMBIVENT INHALER-1 PUFF (QTY OF 0008)	14.64
02/22/09	12014555	POT CHLORIDE INJ 40MEQ	10.20
02/22/09	12020240	SOD CHLOR 0.9% INJ 500ML (NSS)	30.00
02/22/09	17010702	COMBIVENT INHALER-1 PUFF (QTY OF 0008)	14.64
02/22/09	12013742	METOPROLOL 25 MG TAB	1.10
02/22/09	12018669	LEVOFLOXACIN INJ 250MG (QTY OF 0002)	134.50
02/22/09	12012330	FAMOTIDINE INJ. 20MG(PEPCID)	10.20
02/22/09	17010702	COMBIVENT INHALER-1 PUFF (QTY OF 0008)	14.64
02/20/09	12020060	D5W INJ, 250ML	30.00
02/20/09	12012353	FENTANYL INJ 50MCG/ML, 50ML	21.45
02/22/09	17010702	COMBIVENT INHALER-1 PUFF (QTY OF 0008)	14.64
02/22/09	17010702	COMBIVENT INHALER-1 PUFF (QTY OF 0008)	14.64
02/22/09	70071010	CHEST, SINGLE FRONTAL	100.05
02/22/09	70000009	X-RAY DONE AT BEDSIDE	0.00
02/22/09	91085024	CBC, AUTOMATED W/AUTO WBC DIFF	57.05
02/22/09	92084132	POTASSIUM, SERUM	40.15
02/22/09	92082435	CHLORIDE	31.60
02/22/09	92082374	BICARBONATE/CO2	29.60
02/22/09	92084295	SODIUM - SERUM	29.60
02/22/09	92084520	UREA NITROGEN, BLOOD (BUN)	29.60
02/22/09	92084100	PHOSPHORUS	47.50
02/22/09	92082565	CREATININE	32.60
02/22/09	92082310	CALCIUM, BLOOD, CHEMICAL	58.90
02/22/09	92082947	GLUCOSE, BLOOD	49.20
02/22/09	92083735	MAGNESIUM	58.50
02/22/09	17010149	NON-MEDICATED AEROSOL/HOUR (QTY OF 0005)	97.50
02/22/09	17010280	ADULT VENT SUBSEQUENT DAY	707.15
02/22/09	17010365	MDI TX-VENT-SUBSEQUENT	27.45
02/22/09	17010365	MDI TX-VENT-SUBSEQUENT	27.45
02/22/09	17010365	MDI TX-VENT-SUBSEQUENT	27.45
02/22/09	17010365	MDI TX-VENT-SUBSEQUENT	27.45
02/22/09	17010395	MDI TX - SUBSEQUENT	23.25
02/22/09	23058135	BLOOD GASES WITH SATURATION	118.00
02/22/09	23058137	CARBOXYHEMOGLOBIN	53.00
02/22/09	23058138	METHEMOGLOBIN	53.00
02/22/09	15310012	DAILY SUPPLY CHARGE-H4	248.27
02/23/09	01623100	INTENSIVE CARE	1260.00
02/23/09	15031569	COLLAR, ASPEN ADULT REGULAR	178.14
02/22/09	12012330	FAMOTIDINE INJ. 20MG(PEPCID)	10.20
02/22/09	12013742	METOPROLOL 25 MG TAB	1.10
02/23/09	17010702	COMBIVENT INHALER-1 PUFF (QTY OF 0008)	14.64
02/21/09	12012940	INSULIN HUMAN REG 10ML	110.10
02/21/09	12020234	SOD CHLOR 0.9% INJ 100ML	30.00
02/23/09	17010702	COMBIVENT INHALER-1 PUFF (QTY OF 0008)	14.64
02/23/09	12018669	LEVOFLOXACIN INJ 250MG (QTY OF 0002)	134.50
02/23/09	12013742	METOPROLOL 25 MG TAB	1.10

UNIVERSITY HOSPITAL
UAMS MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 17
01/05/11 11:50
STF

PATIENT NAME: WEST, CHARLES

ACCOUNT NBR: 015196807-9042

SRV DATE	REF NBR	DESCRIPTION	
02/20/09	12012345	FENTANYL INJ 50MCG/ML 5ML	11.35
02/20/09	12013759	MIDAZOLAM INJ 1MG/ML, 2 ML/1MG	11.35
02/20/09	12010133	CISATRACURIUM INJ 2MG/ML, 10ML	70.10
02/20/09	12020235	SOD CHLOR 0.9% INJ 250ML (NSS)	30.00
02/20/09	12014074	ONDANSETRON INJ 2MG/ML, 1ML	10.20
02/23/09	12012330	FAMOTIDINE INJ. 20MG(PEPCID)	10.20
02/23/09	12014562	POT CL POWDER 20MEQ PKT (QTY OF 0002)	1.75
02/23/09	17010702	COMBIVENT INHALER-1 PUFF (QTY OF 0008)	14.64
02/23/09	17010702	COMBIVENT INHALER-1 PUFF (QTY OF 0008)	14.64
02/23/09	12013742	METOPROLOL 25 MG TAB	1.10
02/23/09	12012330	FAMOTIDINE INJ. 20MG(PEPCID)	10.20
02/23/09	12015111	SOD CHLORIDE INJ, 30ML MDV	10.20
02/23/09	70071010	CHEST, SINGLE FRONTAL	100.05
02/23/09	70000009	X-RAY DONE AT BEDSIDE	0.00
02/23/09	91085024	CBC, AUTOMATED W/AUTO WBC DIFF	57.05
02/23/09	92084132	POTASSIUM, SERUM	40.15
02/23/09	92082435	CHLORIDE	31.60
02/23/09	92082374	BIOCARBONATE/CO2	29.60
02/23/09	92084295	SODIUM - SERUM	29.60
02/23/09	92084520	UREA NITROGEN, BLOOD (BUN)	29.60
02/23/09	92084100	PHOSPHORUS	47.50
02/23/09	92082565	CREATININE	32.60
02/23/09	92082310	CALCIUM, BLOOD, CHEMICAL	58.90
02/23/09	92082947	GLUCOSE, BLOOD	49.20
02/23/09	92083735	MAGNESIUM	58.50
02/23/09	21011107	THERAPEUTIC EXERCISE-EA 15 MIN	75.00
02/23/09	21019230	CHART REVIEW/ATTEMPT PT VISIT	0.00
02/23/09	19010052	NUTRITION CARE EVAL & REASSESS	19.50
02/23/09	17010129	HME	10.00
02/23/09	17010129	HME	10.00
02/23/09	17010129	HME	10.00
02/23/09	17010149	NON-MEDICATED AEROSOL/HOUR	19.50
02/23/09	17010280	ADULT VENT SUBSEQUENT DAY	707.15
02/23/09	17010365	MDI TX-VENT-SUBSEQUENT	27.45
02/23/09	17010365	MDI TX-VENT-SUBSEQUENT	27.45
02/23/09	17010365	MDI TX-VENT-SUBSEQUENT	27.45
02/23/09	17010365	MDI TX-VENT-SUBSEQUENT	27.45
02/23/09	23058135	BLOOD GASES WITH SATURATION	118.00
02/23/09	23058137	CARBOXYHEMOGLOBIN	53.00
02/23/09	23058138	METHEMOGLOBIN	53.00
02/23/09	15310012	DAILY SUPPLY CHARGE-H4	248.27
02/24/09	01623100	INTENSIVE CARE	1260.00
02/24/09	15300137	D5 0.5 NS + 20 KCL 1000CC	49.25
02/24/09	15300234	NORMAL SALINE 100CC	30.00
02/24/09	15300240	NORMAL SALINE 500CC	30.00
02/24/09	17010702	COMBIVENT INHALER-1 PUFF (QTY OF 0008)	14.64
02/23/09	12012940	INSULIN HUMAN REG 10ML	110.10
02/23/09	12020234	SOD CHLOR 0.9% INJ 100ML	30.00

UNIVERSITY HOSPITAL
UAMS MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 18
01/05/11 11:50
STF

PATIENT NAME: WEST, CHARLES

ACCOUNT NBR: 015196807-9042

SRV DATE	REF NBR	DESCRIPTION		
02/24/09	17010702	COMBIVENT INHALER-1 PUFF	(QTY OF 0008)	14.64
02/24/09	12018669	LEVOFLOXACIN INJ 250MG	(QTY OF 0002)	134.50
02/24/09	12013742	METOPROLOL 25 MG TAB		1.10
02/24/09	12014555	POT CHLORIDE INJ 40MEQ		10.20
02/24/09	12020240	SOD CHLOR 0.9% INJ 500ML (NSS)		30.00
02/24/09	12012330	FAMOTIDINE INJ. 20MG(PEPCID)		10.20
02/24/09	12014562	POT CL POWDER 20MEQ PKT	(QTY OF 0002)	1.75
02/24/09	17010702	COMBIVENT INHALER-1 PUFF	(QTY OF 0008)	14.64
02/24/09	12012940	INSULIN HUMAN REG 10ML		110.10
02/24/09	12020234	SOD CHLOR 0.9% INJ 100ML		30.00
02/24/09	12013742	METOPROLOL 25 MG TAB		1.10
02/24/09	12012331	FAMOTIDINE TAB 20 MG		7.90
02/24/09	12010406	ACETAMINOPHEN 325 MG/10.15 ML	(QTY OF 0002)	5.55
02/24/09	12013249	LORAZEPAM INJ 2MG SYRINGE		11.35
02/24/09	70071010	CHEST, SINGLE FRONTAL		100.05
02/24/09	70000009	X-RAY DONE AT BEDSIDE		0.00
02/24/09	91085024	CBC, AUTOMATED W/AUTO WBC DIFF		57.05
02/24/09	92084132	POTASSIUM, SERUM		40.15
02/24/09	92082435	CHLORIDE		31.60
02/24/09	92082374	BICARBONATE/CO2		29.60
02/24/09	92084295	SODIUM - SERUM		29.60
02/24/09	92084520	UREA NITROGEN, BLOOD (BUN)		29.60
02/24/09	92084100	PHOSPHORUS		47.50
02/24/09	92082565	CREATININE		32.60
02/24/09	92082310	CALCIUM, BLOOD, CHEMICAL		58.90
02/24/09	92082947	GLUCOSE, BLOOD		49.20
02/24/09	92083735	MAGNESIUM		58.50
02/24/09	21011107	THERAPEUTIC EXERCISE-EA 15 MIN		75.00
02/24/09	21019230	CHART REVIEW/ATTEMPT PT VISIT		0.00
02/24/09	17010129	HME		10.00
02/24/09	17010129	HME		10.00
02/24/09	17010129	HME		10.00
02/24/09	17010280	ADULT VENT SUBSEQUENT DAY		707.15
02/24/09	17010310	IPV TREATMENT, INITIAL		171.60
02/24/09	17010365	MDI TX-VENT-SUBSEQUENT		27.45
02/24/09	17010365	MDI TX-VENT-SUBSEQUENT		27.45
02/24/09	17010365	MDI TX-VENT-SUBSEQUENT		27.45
02/24/09	23058135	BLOOD GASES WITH SATURATION		118.00
02/24/09	23058137	CARBOXYHEMOGLOBIN		53.00
02/24/09	23058138	METHEMOGLOBIN		53.00
02/24/09	15310012	DAILY SUPPLY CHARGE-H4		248.27
02/25/09	01623100	INTENSIVE CARE		1260.00
02/24/09	15131615	MODULE, CONTROL ALARIS		26.55
02/24/09	15131616	MODULE, PUMP ALARIS		23.75
02/24/09	15131616	MODULE, PUMP ALARIS		23.75
02/24/09	15131616	MODULE, PUMP ALARIS		23.75
02/25/09	12010031	MOUTH WASH UAMS, 4OZ		2.75
02/25/09	15011018	APPLICATOR, COTTON TIP, 100PK	(QTY OF 0002)	9.12

UNIVERSITY HOSPITAL
UAMS MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 19
01/05/11 11:50
STF

PATIENT NAME: WEST, CHARLES

ACCOUNT NBR: 015196807-9042

SRV DATE	REF NBR	DESCRIPTION	
02/25/09	15161868	PAD, ASPEN COLLAR REPLACEMENT	69.00
02/25/09	15192139	SWEET-EASE SOLUTION	(QTY OF 0003) 13.65
02/25/09	15300233	NORMAL SALINE 50CC	30.00
02/25/09	12011000	BISACODYL SUPP 10MG	0.75
02/25/09	17010707	DUONEB INAL SOLN (STD DOSE) HH	2.13
02/25/09	17010707	DUONEB INAL SOLN (STD DOSE) HH	2.13
02/25/09	12013249	LORAZEPAM INJ 2MG SYRINGE	11.35
02/25/09	12011000	BISACODYL SUPP 10MG	0.75
02/25/09	17010707	DUONEB INAL SOLN (STD DOSE) HH	2.13
02/25/09	12012331	FAMOTIDINE TAB 20 MG	7.90
02/25/09	12012603	GLYBURIDE TAB 2.5 MG	(QTY OF 0002) 2.85
02/25/09	12013742	METOPROLOL 25 MG TAB	1.10
02/25/09	17010707	DUONEB INAL SOLN (STD DOSE) HH	2.13
02/25/09	12015111	SOD CHLORIDE INJ, 30ML MDV	10.20
02/22/09	12020060	D5W INJ, 250ML	30.00
02/22/09	12012353	FENTANYL INJ 50MCG/ML, 50ML	21.45
02/25/09	17010707	DUONEB INAL SOLN (STD DOSE) HH	2.13
02/25/09	12012331	FAMOTIDINE TAB 20 MG	7.90
02/25/09	12013742	METOPROLOL 25 MG TAB	1.10
02/25/09	70071010	CHEST, SINGLE FRONTAL	100.05
02/25/09	70000009	X-RAY DONE AT BEDSIDE	0.00
02/25/09	91085024	CBC, AUTOMATED W/AUTO WBC DIFF	57.05
02/25/09	92084132	POTASSIUM, SERUM	40.15
02/25/09	92082435	CHLORIDE	31.60
02/25/09	92082374	BICARBONATE/CO2	29.60
02/25/09	92084295	SODIUM - SERUM	29.60
02/25/09	92084520	UREA NITROGEN, BLOOD (BUN)	29.60
02/25/09	92084100	PHOSPHORUS	47.50
02/25/09	92082565	CREATININE	32.60
02/25/09	92082310	CALCIUM, BLOOD, CHEMICAL	58.90
02/25/09	92082947	GLUCOSE, BLOOD	49.20
02/25/09	92083735	MAGNESIUM	58.50
02/25/09	21011107	THERAPEUTIC EXERCISE-EA 15 MIN	75.00
02/25/09	21019230	CHART REVIEW/ATTEMPT PT VISIT	0.00
02/25/09	21019240	TRAVEL FOR PATIENT CARE-EA 15M	0.00
02/25/09	19010052	NUTRITION CARE EVAL & REASSESS	19.50
02/25/09	17010093	FILTERS	13.05
02/25/09	17010129	HME	10.00
02/25/09	17010129	HME	10.00
02/25/09	17010280	ADULT VENT SUBSEQUENT DAY	707.15
02/25/09	17010315	IPV TREATMENT, SUBSEQUENT	148.50
02/25/09	17010315	IPV TREATMENT, SUBSEQUENT	148.50
02/25/09	17010315	IPV TREATMENT, SUBSEQUENT	148.50
02/25/09	17010315	IPV TREATMENT, SUBSEQUENT	148.50
02/25/09	23058135	BLOOD GASES WITH SATURATION	118.00
02/25/09	23058137	CARBOXYHEMOGLOBIN	53.00
02/25/09	23058138	METHEMOGLOBIN	53.00
02/25/09	15310012	DAILY SUPPLY CHARGE-H4	248.27

U N I V E R S I T Y H O S P I T A L
UAMS MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 20
01/05/11 11:50
STF

PATIENT NAME: WEST, CHARLES

ACCOUNT NBR: 015196807-9042

SRV DATE	REF NBR	DESCRIPTION	
02/26/09	01623100	INTENSIVE CARE	1260.00
02/25/09	15131615	MODULE, CONTROL ALARIS	26.55
02/25/09	15131616	MODULE, PUMP ALARIS	23.75
02/25/09	15131616	MODULE, PUMP ALARIS	23.75
02/25/09	15131616	MODULE, PUMP ALARIS	23.75
02/26/09	15021058	POUCH ACTIVE LIFE 1456 10/BX	56.16
02/26/09	15021147	BINDER, MED/LG ABDOMINAL	41.94
02/26/09	15031215	CENTRAL LINE PATIENT DRAPE	53.60
02/26/09	15031561	COVER, PROBE CVL SM T TIP/BOX	35.24
02/26/09	15031568	COLLAR, ASPEN ADULT SHORT	178.14
02/26/09	15041471	DEVICE, PICC PLUS SECUREMENT (QTY OF 0003)	64.50
02/26/09	15041558	DEVICE, FEEDING TUBE ATTACH	12.65
02/26/09	15041646	DRAPE, 1010 LARGE TOWEL	6.00
02/26/09	15041666	DRESSING, 4X4 3/4 TEGADERM CHG (QTY OF 0002)	57.06
02/26/09	15071644	GAUZE, ELASTIC (KLING 2 IN)	2.60
02/26/09	15111604	KIT, PICC INSERTION (QTY OF 0002)	160.00
02/26/09	15112288	KIT, 5FR SINGLE LUMEN PICC	115.50
02/26/09	15112289	KIT, 5FR DUAL LUMEN PICC	131.43
02/26/09	15151725	OINTMENT, CALMOSEPTINE 2 OZ (QTY OF 0002)	49.80
02/26/09	15161925	POWDER, STOMAHESIVE	15.80
02/26/09	15191505	SLIPPER, ADULT BARIATRIC	4.05
02/26/09	15191970	SET, ENEMA	5.82
02/26/09	15192005	SET, VACUTAINER COLL 23 GA (QTY OF 0004)	18.00
02/26/09	15192075	SPG, ALL GAUZE ST 4X4 10/PKG	2.67
02/26/09	15192151	SMARTSITE NEEDLESS L/L VALVE (QTY OF 0003)	18.00
02/26/09	15202245	TOWEL, STERILE (4 PK)	7.90
02/26/09	15222479	VALVE: SALEM SUMP ANTI-REFLUX	18.25
02/26/09	15232694	WIPES, SKIN PREP	37.53
02/26/09	15300137	D5 0.5 NS + 20 KCL 1000CC	49.25
02/26/09	53039822	LIDOCAINE 10MG INJ (QTY OF 0002)	20.40
02/26/09	17010707	DUONEB INAL SOLN (STD DOSE) HH	2.13
02/26/09	17010707	DUONEB INAL SOLN (STD DOSE) HH	2.13
02/26/09	12012331	FAMOTIDINE TAB 20 MG	7.90
02/26/09	12012604	GLYBURIDE TAB 5 MG (QTY OF 0002)	4.85
02/26/09	12013742	METOPROLOL 25 MG TAB	1.10
02/26/09	17010707	DUONEB INAL SOLN (STD DOSE) HH	2.13
02/26/09	12013249	LORAZEPAM INJ 2MG SYRINGE	11.35
02/26/09	17010707	DUONEB INAL SOLN (STD DOSE) HH	2.13
02/26/09	12015111	SOD CHLORIDE INJ, 30ML MOV (QTY OF 0003)	10.20
02/26/09	12012331	FAMOTIDINE TAB 20 MG	7.90
02/26/09	12013742	METOPROLOL 25 MG TAB	1.10
02/26/09	70071010	CHEST, SINGLE FRONTAL	100.05
02/26/09	70000009	X-RAY DONE AT BEDSIDE	0.00
02/26/09	70071010	CHEST, SINGLE FRONTAL	100.05
02/26/09	70000009	X-RAY DONE AT BEDSIDE	0.00
02/26/09	91085024	CBC, AUTOMATED W/AUTO WBC DIFF	57.05
02/26/09	92084100	PHOSPHORUS	47.50
02/26/09	92084295	SODIUM - SERUM	29.60

UNIVERSITY HOSPITAL
UAMS MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 21
01/05/11 11:50
STF

PATIENT NAME: WEST, CHARLES

ACCOUNT NBR: 015196807-9042

SRV DATE	REF NBR	DESCRIPTION	
02/26/09	92084132	POTASSIUM, SERUM	40.15
02/26/09	92083735	MAGNESIUM	58.50
02/26/09	92082435	CHLORIDE	31.60
02/26/09	92082947	GLUCOSE, BLOOD	49.20
02/26/09	92082374	BICARBONATE/CO2	29.60
02/26/09	92084520	UREA NITROGEN, BLOOD (BUN)	29.60
02/26/09	92082565	CREATININE	32.60
02/26/09	92082310	CALCIUM, BLOOD, CHEMICAL	58.90
02/26/09	21011107	THERAPEUTIC EXERCISE-EA 15 MIN	75.00
02/26/09	21019230	CHART REVIEW/ATTEMPT PT VISIT	0.00
02/26/09	17010129	HME	10.00
02/26/09	17010149	NON-MEDICATED AEROSOL/HOUR (QTY OF 0005)	97.50
02/26/09	17010149	NON-MEDICATED AEROSOL/HOUR (QTY OF 0004)	78.00
02/26/09	17010149	NON-MEDICATED AEROSOL/HOUR (QTY OF 0004)	78.00
02/26/09	17010149	NON-MEDICATED AEROSOL/HOUR (QTY OF 0004)	78.00
02/26/09	17010280	ADULT VENT SUBSEQUENT DAY	707.15
02/26/09	17010315	IPV TREATMENT, SUBSEQUENT	148.50
02/26/09	17010315	IPV TREATMENT, SUBSEQUENT	148.50
02/26/09	17010315	IPV TREATMENT, SUBSEQUENT	148.50
02/26/09	17010315	IPV TREATMENT, SUBSEQUENT	148.50
02/26/09	23058135	BLOOD GASES WITH SATURATION	118.00
02/26/09	23058137	CARBOXYHEMOGLOBIN	53.00
02/26/09	23058138	METHEMOGLOBIN	53.00
02/26/09	15310012	DAILY SUPPLY CHARGE-H4	248.27
02/11/09	65140040	PICC LINE W/D PORT	247.50
02/11/09	65142020	US GUIDED VASCULAR ACCESS	231.00
02/27/09	01623100	INTENSIVE CARE	1260.00
02/26/09	15131615	MODULE, CONTROL ALARIS	26.55
02/26/09	15131616	MODULE, PUMP ALARIS	23.75
02/26/09	15131616	MODULE, PUMP ALARIS	23.75
02/26/09	15131616	MODULE, PUMP ALARIS	23.75
02/26/09	12013249	LORAZEPAM INJ 2MG SYRINGE	11.35
02/27/09	17010707	DUONEB INAL SOLN (STD DOSE) HH	2.13
02/27/09	12012331	FAMOTIDINE TAB 20 MG	7.90
02/27/09	12012604	GLYBURIDE TAB 5 MG (QTY OF 0002)	4.85
02/27/09	12013742	METOPROLOL 25 MG TAB	1.10
02/27/09	17010707	DUONEB INAL SOLN (STD DOSE) HH	2.13
02/27/09	12010450	ACETAZOLAMIDE INJ 500MG	131.40
02/25/09	12020060	DSW INJ, 250ML	30.00
02/25/09	12012353	FENTANYL INJ 50MCG/ML, 50ML	21.45
02/27/09	17010707	DUONEB INAL SOLN (STD DOSE) HH	2.13
02/27/09	17010707	DUONEB INAL SOLN (STD DOSE) HH	2.13
02/27/09	12010450	ACETAZOLAMIDE INJ 500MG	131.40
02/27/09	17010707	DUONEB INAL SOLN (STD DOSE) HH	2.13
02/27/09	70071010	CHEST, SINGLE FRONTAL	100.05
02/27/09	70000009	X-RAY DONE AT BEDSIDE	0.00
02/27/09	91085024	CBC, AUTOMATED W/AUTO WBC DIFF	57.05
02/27/09	92084132	POTASSIUM, SERUM	40.15

U N I V E R S I T Y H O S P I T A L
UAMS MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 22
01/05/11 11:50
STF

PATIENT NAME: WEST, CHARLES

ACCOUNT NBR: 015196807-9042

SRV DATE	REF NBR	DESCRIPTION	
02/27/09	92082435	CHLORIDE	31.60
02/27/09	92082374	BIDCARBONATE/CO2	29.60
02/27/09	92084295	SODIUM - SERUM	29.60
02/27/09	92084520	UREA NITROGEN, BLOOD (BUN)	29.60
02/27/09	92084100	PHOSPHORUS	47.50
02/27/09	92082565	CREATININE	32.60
02/27/09	92082310	CALCIUM, BLOOD, CHEMICAL	58.90
02/27/09	92082947	GLUCOSE, BLOOD	49.20
02/27/09	92083735	MAGNESIUM	58.50
02/27/09	21011107	THERAPEUTIC EXERCISE-EA 15 MIN	75.00
02/27/09	21019230	CHART REVIEW/ATTEMPT PT VISIT	0.00
02/27/09	19010052	NUTRITION CARE EVAL & REASSESS	19.50
02/27/09	17010129	HME	10.00
02/27/09	17010129	HME	10.00
02/27/09	17010280	ADULT VENT SUBSEQUENT DAY	707.15
02/27/09	17010315	IPV TREATMENT, SUBSEQUENT	148.50
02/27/09	17010315	IPV TREATMENT, SUBSEQUENT	148.50
02/27/09	17010315	IPV TREATMENT, SUBSEQUENT	148.50
02/27/09	17010315	IPV TREATMENT, SUBSEQUENT	148.50
02/27/09	17010315	IPV TREATMENT, SUBSEQUENT	148.50
02/27/09	23058135	BLOOD GASES WITH SATURATION	118.00
02/27/09	23058137	CARBOXYHEMOGLOBIN	53.00
02/27/09	23058138	METHEMOGLOBIN	53.00
02/27/09	15310012	DAILY SUPPLY CHARGE-H4	248.27
02/28/09	01623100	INTENSIVE CARE	1260.00
02/28/09	17010707	DUONEB INAL SOLN (STD DOSE) HH	2.13
02/27/09	12010450	ACETAZOLAMIDE INJ 500MG	131.40
02/27/09	12012331	FAMOTIDINE TAB 20 MG	7.90
02/27/09	12013742	METOPROLOL 25 MG TAB	1.10
02/27/09	12013249	LORAZEPAM INJ 2MG SYRINGE	11.35
02/27/09	12013249	LORAZEPAM INJ 2MG SYRINGE	11.35
02/28/09	17010707	DUONEB INAL SOLN (STD DOSE) HH	2.13
02/28/09	12012940	INSULIN HUMAN REG 10ML	110.10
02/28/09	12020234	SOD CHLOR 0.9% INJ 100ML	30.00
02/28/09	12011095	CALCIUM CL INJ 100MG/ML 10ML	10.20
02/28/09	12020048	D5W INJ, 50ML	30.00
02/28/09	12012331	FAMOTIDINE TAB 20 MG	7.90
02/28/09	12012604	GLYBURIDE TAB 5 MG	4.85
02/28/09	12013742	METOPROLOL 25 MG TAB	1.10
02/28/09	12010450	ACETAZOLAMIDE INJ 500MG	131.40
02/28/09	17010707	DUONEB INAL SOLN (STD DOSE) HH	2.13
02/28/09	12015111	SOD CHLORIDE INJ, 30ML MDV	10.20
02/28/09	12010450	ACETAZOLAMIDE INJ 500MG	131.40
02/28/09	17010707	DUONEB INAL SOLN (STD DOSE) HH	2.13
02/28/09	12012331	FAMOTIDINE TAB 20 MG	7.90
02/28/09	12013742	METOPROLOL 25 MG TAB	1.10
02/28/09	70071010	CHEST, SINGLE FRONTAL	100.05
02/28/09	70000009	X-RAY DONE AT BEDSIDE	0.00

(QTY OF 0002)

UNIVERSITY HOSPITAL
UAMS MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 23
01/05/11 11:50
STF

PATIENT NAME: WEST, CHARLES

ACCOUNT NBR: 015196807-9042

SRV DATE	REF NBR	DESCRIPTION	
02/28/09	91085024	CBC, AUTOMATED W/AUTO WBC DIFF	57.05
02/28/09	92084132	POTASSIUM, SERUM	40.15
02/28/09	92082435	CHLORIDE	31.60
02/28/09	92082374	BIOCARBONATE/CO2	29.60
02/28/09	92084295	SODIUM - SERUM	29.60
02/28/09	92084520	UREA NITROGEN, BLOOD (BUN)	29.60
02/28/09	92084100	PHOSPHORUS	47.50
02/28/09	92082565	CREATININE	32.60
02/28/09	92082310	CALCIUM, BLOOD, CHEMICAL	58.90
02/28/09	92082947	GLUCOSE, BLOOD	49.20
02/28/09	92083735	MAGNESIUM	58.50
02/28/09	17010129	HME	10.00
02/28/09	17010129	HME	10.00
02/28/09	17010149	NON-MEDICATED AEROSOL/HOUR	(QTY OF 0004) 78.00
02/28/09	17010149	NON-MEDICATED AEROSOL/HOUR	(QTY OF 0004) 78.00
02/28/09	17010149	NON-MEDICATED AEROSOL/HOUR	(QTY OF 0004) 78.00
02/28/09	17010149	NON-MEDICATED AEROSOL/HOUR	(QTY OF 0003) 58.50
02/28/09	17010315	IPV TREATMENT, SUBSEQUENT	148.50
02/28/09	17010315	IPV TREATMENT, SUBSEQUENT	148.50
02/28/09	17010315	IPV TREATMENT, SUBSEQUENT	148.50
02/28/09	17010315	IPV TREATMENT, SUBSEQUENT	148.50
02/28/09	23058135	BLOOD GASES WITH SATURATION	118.00
02/28/09	23058137	CARBOXYHEMOGLOBIN	53.00
02/28/09	23058138	METHEMOGLOBIN	53.00
02/28/09	15310012	DAILY SUPPLY CHARGE-H4	248.27
03/01/09	01623100	INTENSIVE CARE	1260.00
03/01/09	17010707	DUONEB INAL SOLN (STD DOSE) HH	2.13
02/28/09	12012940	INSULIN HUMAN REG 10ML	110.10
02/28/09	12020234	SOD CHLOR 0.9% INJ 100ML	30.00
03/01/09	12010450	ACETAZOLAMIDE INJ 500MG	131.40
03/01/09	12015111	SOD CHLORIDE INJ, 30ML MDV	(QTY OF 0002) 10.20
03/01/09	12010450	ACETAZOLAMIDE INJ 500MG	131.40
03/01/09	12020060	D5W INJ, 250ML	30.00
03/01/09	12012353	FENTANYL INJ 50MCG/ML, 50ML	21.45
03/01/09	17010707	DUONEB INAL SOLN (STD DOSE) HH	2.13
03/01/09	12013742	METOPROLOL 25 MG TAB	1.10
03/01/09	12012604	GLYBURIDE TAB 5 MG	(QTY OF 0002) 4.85
03/01/09	12012331	FAMOTIDINE TAB 20 MG	7.90
03/01/09	12010806	ATROPINE INJ 1MG/10ML SYR	11.40
03/01/09	17010707	DUONEB INAL SOLN (STD DOSE) HH	2.13
03/01/09	12010406	ACETAMINOPHEN 325 MG/10.15 ML	(QTY OF 0002) 5.55
03/01/09	12012940	INSULIN HUMAN REG 10ML	110.10
03/01/09	12020234	SOD CHLOR 0.9% INJ 100ML	30.00
03/01/09	17010702	COMBIVENT INHALER-1 PUFF	(QTY OF 0008) 14.64
03/01/09	17010702	COMBIVENT INHALER-1 PUFF	(QTY OF 0008) 14.64
03/01/09	12012331	FAMOTIDINE TAB 20 MG	7.90
03/01/09	12013742	METOPROLOL 25 MG TAB	1.10
03/01/09	12014074	ONDANSETRON INJ 2MG/ML, 1ML	10.20

UNIVERSITY HOSPITAL
UAMS MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 24
01/05/11 11:50
STF

PATIENT NAME: WEST, CHARLES

ACCOUNT NBR: 015196807-9042

SRV DATE	REF NBR	DESCRIPTION	(QTY OF 0008)	
03/01/09	17010702	COMBIVENT INHALER-1 PUFF		14.64
03/01/09	12010806	ATROPINE INJ 1MG/10ML SYR		11.40
03/01/09	70071010	CHEST, SINGLE FRONTAL		100.05
03/01/09	70000009	X-RAY DONE AT BEDSIDE		0.00
03/01/09	70074022	ACUTE ABD SERIES W/PA CHEST		234.00
03/01/09	70000009	X-RAY DONE AT BEDSIDE		0.00
03/01/09	70071010	CHEST, SINGLE FRONTAL		100.05
03/01/09	70000009	X-RAY DONE AT BEDSIDE		0.00
03/01/09	70071010	CHEST, SINGLE FRONTAL		100.05
03/01/09	70000009	X-RAY DONE AT BEDSIDE		0.00
03/01/09	70071010	CHEST, SINGLE FRONTAL		100.05
03/01/09	70000009	X-RAY DONE AT BEDSIDE		0.00
03/01/09	91085024	CBC, AUTOMATED W/AUTO WBC DIFF		57.05
03/01/09	92084132	POTASSIUM, SERUM		40.15
03/01/09	92082435	CHLORIDE		31.60
03/01/09	92082374	BIDCARBONATE/CO2		29.60
03/01/09	92084295	SODIUM - SERUM		29.60
03/01/09	92084520	UREA NITROGEN, BLOOD (BUN)		29.60
03/01/09	92084100	PHOSPHORUS		47.50
03/01/09	92082565	CREATININE		32.60
03/01/09	92082310	CALCIUM, BLOOD, CHEMICAL		58.90
03/01/09	92082947	GLUCOSE, BLOOD		49.20
03/01/09	92083735	MAGNESIUM		58.50
03/01/09	03020002	ELECTROCARDIOGRAM		86.45
03/01/09	17010129	HME		10.00
03/01/09	17010129	HME		10.00
03/01/09	17010129	HME		10.00
03/01/09	17010149	NON-MEDICATED AEROSOL/HOUR	(QTY OF 0004)	78.00
03/01/09	17010149	NON-MEDICATED AEROSOL/HOUR	(QTY OF 0003)	58.50
03/01/09	17010280	ADULT VENT SUBSEQUENT DAY		707.15
03/01/09	17010315	IPV TREATMENT, SUBSEQUENT		148.50
03/01/09	17010315	IPV TREATMENT, SUBSEQUENT		148.50
03/01/09	17010315	IPV TREATMENT, SUBSEQUENT		148.50
03/01/09	17010360	MDI TX-VENT-INITIAL		31.70
03/01/09	17010360	MDI TX-VENT-INITIAL		31.70
03/01/09	17010365	MDI TX-VENT-SUBSEQUENT		27.45
03/01/09	23058135	BLOOD GASES WITH SATURATION		118.00
03/01/09	23058137	CARBOXYHEMOGLOBIN		53.00
03/01/09	23058138	METHEMOGLOBIN		53.00
03/01/09	23058135	BLOOD GASES WITH SATURATION		118.00
03/01/09	23058137	CARBOXYHEMOGLOBIN		53.00
03/01/09	23058138	METHEMOGLOBIN		53.00
03/01/09	23058135	BLOOD GASES WITH SATURATION		118.00
03/01/09	23058137	CARBOXYHEMOGLOBIN		53.00
03/01/09	23058138	METHEMOGLOBIN		53.00
03/01/09	23058135	BLOOD GASES WITH SATURATION		118.00
03/01/09	23058137	CARBOXYHEMOGLOBIN		53.00
03/01/09	23058138	METHEMOGLOBIN		53.00

UNIVERSITY HOSPITAL
UAMS MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 25
01/05/11 11:50
STF

PATIENT NAME: WEST, CHARLES

ACCOUNT NBR: 015196807-9042

SRV DATE	REF NBR	DESCRIPTION	
03/01/09	15310012	DAILY SUPPLY CHARGE-H4	248.27
03/02/09	01623100	INTENSIVE CARE	1260.00
02/27/09	15300233	NORMAL SALINE 50CC	30.00
02/27/09	15300240	NORMAL SALINE 500CC	30.00
02/28/09	15041471	DEVICE, PICC PLUS SECUREMENT (QTY OF 0002)	43.00
02/28/09	15300137	D5 0.5 NS + 20 KCL 1000CC	49.25
03/01/09	15031568	COLLAR, ASPEN ADULT SHORT	178.14
03/01/09	15300137	D5 0.5 NS + 20 KCL 1000CC	49.25
03/01/09	15300270	NACL 250CC IRRIG	33.75
03/02/09	15031263	CANNULA, NASAL LARIET TYPE	2.60
03/02/09	15031313	CATH, IV 22X1 WINGED INTROCAN	7.90
03/02/09	15031313	CATH, IV 22X1 WINGED INTROCAN	7.90
03/02/09	15111985	KIT, IV START	5.70
03/02/09	15151855	OXISENSOR, FINGER ADULT DISP	75.36
03/02/09	15202660	TUBE, YANKAYER/TONSIL SUCTION	2.65
03/02/09	15300135	D5 0.5 SOD CHLOR 1000CC	34.50
03/02/09	15300135	D5 0.5 SOD CHLOR 1000CC	34.50
03/02/09	15300245	NORMAL SALINE 1000CC	30.00
03/02/09	15300245	NORMAL SALINE 1000CC	30.00
03/02/09	15300335	SET, VENTED/UNVENTED W/2 SMARTS	13.20
03/02/09	17010702	COMBIVENT INHALER-1 PUFF (QTY OF 0008)	14.64
03/02/09	17010702	COMBIVENT INHALER-1 PUFF (QTY OF 0008)	14.64
03/02/09	12012331	FAMOTIDINE TAB 20 MG	7.90
03/02/09	12012604	GLYBURIDE TAB 5 MG (QTY OF 0002)	4.85
03/02/09	12013742	METOPROLOL 25 MG TAB	1.10
03/02/09	17010702	COMBIVENT INHALER-1 PUFF (QTY OF 0008)	14.64
03/02/09	12012005	DOCUSATE LIQ 100MG, 30 ML UD.4	6.85
03/02/09	17010702	COMBIVENT INHALER-1 PUFF (QTY OF 0008)	14.64
03/02/09	12015111	SOD CHLORIDE INJ, 30ML MDV (QTY OF 0003)	10.20
03/02/09	12020060	D5W INJ, 250ML	30.00
03/02/09	12012315	FENTANYL INJ 50 MCG/ML, 20 ML (QTY OF 0020)	11.35
03/02/09	17010702	COMBIVENT INHALER-1 PUFF (QTY OF 0008)	14.64
03/02/09	70071010	CHEST, SINGLE FRONTAL	100.05
03/02/09	70000009	X-RAY DONE AT BEDSIDE	0.00
03/02/09	72070450	CT-BRAIN W/O CONTRAST	789.05
03/01/09	94084484	TROPONIN I	42.00
03/02/09	91085024	CBC, AUTOMATED W/AUTO WBC DIFF	57.05
03/02/09	92084132	POTASSIUM, SERUM	40.15
03/02/09	92082435	CHLORIDE	31.60
03/02/09	92082374	BICARBONATE/CO2	29.60
03/02/09	92084295	SODIUM - SERUM	29.60
03/02/09	92084520	UREA NITROGEN, BLOOD (BUN)	29.60
03/02/09	92084100	PHOSPHORUS	47.50
03/02/09	92082565	CREATININE	32.60
03/02/09	92082310	CALCIUM, BLOOD, CHEMICAL	58.90
03/02/09	92082947	GLUCOSE, BLOOD	49.20
03/02/09	92083735	MAGNESIUM	58.50
03/02/09	21011107	THERAPEUTIC EXERCISE-EA 15 MIN	75.00

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CLAIMS COMMISSION
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UNIVERSITY HOSPITAL
UAMS MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 26
01/05/11 11:50
STF

PATIENT NAME: WEST, CHARLES

ACCOUNT NBR: 015196807-9042

SRV DATE	REF NBR	DESCRIPTION	
03/02/09	21019230	CHART REVIEW/ATTEMPT PT VISIT	0.00
03/02/09	19010052	NUTRITION CARE EVAL & REASSESS	19.50
03/02/09	17010129	HME	10.00
03/02/09	17010129	HME	10.00
03/02/09	17010129	HME	10.00
03/02/09	17010280	ADULT VENT SUBSEQUENT DAY	707.15
03/02/09	17010365	MDI TX-VENT-SUBSEQUENT	27.45
03/02/09	17010365	MDI TX-VENT-SUBSEQUENT	27.45
03/02/09	17010365	MDI TX-VENT-SUBSEQUENT	27.45
03/02/09	17010365	MDI TX-VENT-SUBSEQUENT	27.45
03/02/09	17010365	MDI TX-VENT-SUBSEQUENT	27.45
03/02/09	17010365	MDI TX-VENT-SUBSEQUENT	27.45
03/02/09	17010490	PEEP VALVE	26.06
03/02/09	17010495	TRANSPORT CIRCUIT	25.00
03/02/09	23058135	BLOOD GASES WITH SATURATION	118.00
03/02/09	23058137	CARBOXYHEMOGLOBIN	53.00
03/02/09	23058138	METHEMOGLOBIN	53.00
03/02/09	15310012	DAILY SUPPLY CHARGE-H4	248.27
03/03/09	01623100	INTENSIVE CARE	1260.00
02/11/09	15192803	SYSTEM, CUSTOM MOUTH CARE (QTY OF 0002)	12.00
02/11/09	15192185	SYRINGE, TOOMEY 60CC	3.36
02/11/09	15111985	KIT, IV START	5.70
02/11/09	15111985	KIT, IV START (QTY OF 0003)	17.10
02/11/09	15031585	CUFF,BP SOFT ADULT	28.67
02/11/09	15086050	HEPARIN LOCK W/SMARTSITE VALVE (QTY OF 0002)	18.40
02/11/09	15212681	URINAL, MALE DISP	2.60
02/11/09	15202661	TUBE,YANKAUER W/O CONTROL VENT	2.60
02/11/09	15111740	KIT, SUCT CANN W/TUBING (QTY OF 0002)	30.20
02/11/09	15112284	SAFESET, ADD-ON	46.52
02/11/09	15151855	OXISENSOR, FINGER ADULT DISP (QTY OF 0002)	150.72
02/11/09	15192803	SYSTEM, CUSTOM MOUTH CARE	6.00
02/11/09	15191502	SHAVING CREAM	3.40
02/11/09	15021139	BASIN, WASH	2.60
02/11/09	15031501	FOAM, 3-1 CLEANSING BODY	18.65
02/11/09	15031325	KIT, TRACH CARE WITH SALINE	45.00
02/11/09	15192152	SMARTSITE TRIPORT EXT ST W/VAL	21.80
02/11/09	15031311	CATH IV W/WING 18GAX1.25 (QTY OF 0002)	15.80
02/11/09	15303055	SET,GEMINI PRM 2Y-SITE W/SMART	18.00
02/11/09	15303060	SET, I-MED Y-BLOOD 2277	33.12
02/11/09	15300335	SET,VENTED/UNVENTED W/2 SMARTS	13.20
02/12/09	15303060	SET, I-MED Y-BLOOD 2277	33.12
02/12/09	15021158	BLANKET, FULL BODY-BAIR HUGGER	27.68
02/12/09	15211091	URINE CULTURE KIT	5.05
02/12/09	15031520	CONNECTOR, Y 6-1	2.60
02/12/09	15111726	KIT, SUBCLAVIAN CATHETER CARE	15.90
02/12/09	15202539	TUBE, (SALEM SUMP) 18 FR	6.80
02/12/09	15181951	RESTRAINTS, ARM, WRIST DISP PR	37.40
02/12/09	15202661	TUBE,YANKAUER W/O CONTROL VENT	2.60

UNIVERSITY HOSPITAL
UAMS MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 27
01/05/11 11:50
STF

PATIENT NAME: WEST, CHARLES

ACCOUNT NBR: 015196807-9042

SRV DATE	REF NBR	DESCRIPTION	
02/12/09	15151855	OXISENSOR, FINGER ADULT DISP	75.36
02/12/09	15111613	KIT, 24 HR ORAL CARE KIT	53.70
02/12/09	15161909	PAD, ULTIMA SUPERSORB TEAL COL	7.80
02/12/09	15161866	PAD, DRYFLOW	10.25
02/12/09	15021051	BAG, AMBU ADULT	38.84
02/12/09	02026030	BEDSIDE GLUCOSE MONITORING (QTY OF 0002)	13.10
02/12/09	02026030	BEDSIDE GLUCOSE MONITORING (QTY OF 0010)	65.50
02/12/09	02026030	BEDSIDE GLUCOSE MONITORING (QTY OF 0008)	52.40
02/12/09	02026030	BEDSIDE GLUCOSE MONITORING (QTY OF 0010)	65.50
02/12/09	15011029	AIRWAY, ORAL, LG. ADULT 100MM	2.60
02/12/09	15011022	AEROVENT SPACER	16.00
02/12/09	15232689	WASHCLOTH, PERSONAL CLEANSING	15.40
02/12/09	15041666	DRESSING, 4X4 3/4 TEGADERM CHG	28.53
02/12/09	15041666	DRESSING, 4X4 3/4 TEGADERM CHG	28.53
02/12/09	15303055	SET, GEMINI PRM 2Y-SITE W/SMART (QTY OF 0003)	54.00
02/12/09	15303055	SET, GEMINI PRM 2Y-SITE W/SMART	18.00
02/12/09	15192816	SET, Y-TYPE BLOOD SOLUTION	18.10
02/12/09	15303060	SET, I-MED Y-BLOOD 2277	33.12
03/03/09	15202248	CANNULA #8 INNER DISP	12.85
03/03/09	15300135	D5 0.5 SOD CHLOR 1000CC	34.50
03/03/09	15300135	D5 0.5 SOD CHLOR 1000CC	34.50
03/03/09	15300240	NORMAL SALINE 500CC	30.00
03/03/09	15300245	NORMAL SALINE 1000CC	30.00
03/02/09	17010702	COMBIVENT INHALER-1 PUFF (QTY OF 0008)	14.64
03/02/09	12012005	DOCUSATE LIQ 100MG, 30 ML UD.4	6.85
03/02/09	12012331	FAMOTIDINE TAB 20 MG	7.90
03/02/09	12013742	METOPROLOL 25 MG TAB	1.10
03/03/09	17010702	COMBIVENT INHALER-1 PUFF (QTY OF 0008)	14.64
03/03/09	17010702	COMBIVENT INHALER-1 PUFF (QTY OF 0008)	14.64
03/03/09	12012197	ENOXAPARIN INJ PER 10MG (QTY OF 0004)	99.55
03/03/09	12012331	FAMOTIDINE TAB 20 MG	7.90
03/03/09	12012604	GLYBURIDE TAB 5 MG (QTY OF 0002)	4.85
03/03/09	12013742	METOPROLOL 25 MG TAB	1.10
03/03/09	12012005	DOCUSATE LIQ 100MG, 30 ML UD.4	6.85
03/03/09	17010702	COMBIVENT INHALER-1 PUFF (QTY OF 0008)	14.64
03/03/09	17010702	COMBIVENT INHALER-1 PUFF (QTY OF 0008)	14.64
03/03/09	17010702	COMBIVENT INHALER-1 PUFF (QTY OF 0008)	14.64
03/03/09	12010406	ACETAMINOPHEN 325 MG/10.15 ML (QTY OF 0002)	5.55
03/03/09	12012331	FAMOTIDINE TAB 20 MG	7.90
03/03/09	12013742	METOPROLOL 25 MG TAB	1.10
03/03/09	12012005	DOCUSATE LIQ 100MG, 30 ML UD.4	6.85
03/01/09	12012940	INSULIN HUMAN REG 10ML	110.10
03/01/09	12020234	SOD CHLOR 0.9% INJ 100ML	30.00
02/20/09	08056265	PEG 000792 DELUXE 20	571.95
02/20/09	08207050	SUTURE 3-0 VICRYL TI	48.63
02/20/09	08030156	TUBE 20011 CORRUGATE	7.50
02/20/09	08207020	SUTURE 2-0 PROLENE S (QTY OF 0002)	62.78
02/20/09	08023043	DRESSING 7605 GAUZE	3.29

UNIVERSITY HOSPITAL
UAMS MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 28
01/05/11 11:50
STF

PATIENT NAME: WEST, CHARLES

ACCOUNT NBR: 015196807-9042

SRV DATE	REF NBR	DESCRIPTION	
02/20/09	08036189	TUBE 8DCT SHILEY TRA	134.22
02/20/09	08029013	IRRIGATION NAOL 0.9%	41.50
02/20/09	08010090	Room Start/Stop	878.50
02/20/09	08010091	Room Start/Stop	(QTY OF 0005) 1347.25
02/20/09	11010100	Anesthesia Start / T	232.35
02/20/09	11010101	Anesthesia Start / T	(QTY OF 0005) 464.70
02/20/09	08074608	DRAPE 29522 THYROID	(QTY OF 0002) 50.86
02/20/09	08056456	NEEDLE: 25 GA 1.5 IN	(QTY OF 0002) 20.00
02/20/09	08094875	DURAPREP SOLUTION #8	19.04
02/20/09	08050025	ENDOSMART CAP 140/16	63.79
02/20/09	08117655	BAG DRAINAGE URINARY	20.54
02/20/09	08020150	PEANUT/CHERRY DISSEC	7.09
02/20/09	08207010	SUTURE 2-0 SILK FS 1	(QTY OF 0002) 17.60
02/20/09	08024522	TOWEL STANDARD DR 4P	(QTY OF 0003) 23.70
02/20/09	08020015	DURAPREP REMOVER LOT	3.90
02/20/09	08024522	COVER, BACK TABLE	6.44
02/20/09	08026520	BOVIE: GROUNDING PAD	14.10
02/20/09	08051409	GLOVES: BIDGEL	(QTY OF 0004) 24.00
02/20/09	08094808	GOWN: X-LARGE ADULT	(QTY OF 0002) 29.70
02/20/09	08094808	GOWN: X LARGE ULTRA	(QTY OF 0004) 59.40
03/03/09	70071010	CHEST, SINGLE FRONTAL	100.05
03/03/09	70000009	X-RAY DONE AT BEDSIDE	0.00
03/03/09	91085024	CBC, AUTOMATED W/AUTO WBC DIFF	57.05
03/03/09	92084132	POTASSIUM, SERUM	40.15
03/03/09	92082435	CHLORIDE	31.60
03/03/09	92082374	BIDCARBONATE/CO2	29.60
03/03/09	92084295	SODIUM - SERUM	29.60
03/03/09	92084520	UREA NITROGEN, BLOOD (BUN)	29.60
03/03/09	92084100	PHOSPHORUS	47.50
03/03/09	92082565	CREATININE	32.60
03/03/09	92082310	CALCIUM, BLOOD, CHEMICAL	58.90
03/03/09	92082947	GLUCOSE, BLOOD	49.20
03/03/09	92083735	MAGNESIUM	58.50
03/03/09	21011107	THERAPEUTIC EXERCISE-EA 15 MIN	75.00
03/03/09	21019230	CHART REVIEW/ATTEMPT PT VISIT	0.00
03/03/09	17010129	HME	10.00
03/03/09	17010129	HME	10.00
03/03/09	17010129	HME	10.00
03/03/09	17010129	HME	10.00
03/03/09	17010129	HME	10.00
03/03/09	17010280	ADULT VENT SUBSEQUENT DAY	707.15
03/03/09	17010365	MDI TX-VENT-SUBSEQUENT	27.45
03/03/09	17010365	MDI TX-VENT-SUBSEQUENT	27.45
03/03/09	17010365	MDI TX-VENT-SUBSEQUENT	27.45
03/03/09	17010365	MDI TX-VENT-SUBSEQUENT	27.45
03/03/09	17010365	MDI TX-VENT-SUBSEQUENT	27.45
03/03/09	17010365	MDI TX-VENT-SUBSEQUENT	27.45
03/03/09	23058135	BLOOD GASES WITH SATURATION	118.00

UNIVERSITY HOSPITAL
UAMS MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 29
01/05/11 11:50
.STF

PATIENT NAME: WEST, CHARLES

ACCOUNT NBR: 015196807-9042

SRV DATE	REF NBR	DESCRIPTION	
03/03/09	23058137	CARBOXYHEMOGLOBIN	53.00
03/03/09	23058138	METHEMOGLOBIN	53.00
03/03/09	15310012	DAILY SUPPLY CHARGE-H4	248.27
03/04/09	01623100	INTENSIVE CARE	1260.00
03/04/09	15031568	COLLAR, ASPEN ADULT SHORT	178.14
03/04/09	15300135	D5 0.5 SOD CHLOR 1000CC	34.50
03/04/09	15300135	D5 0.5 SOD CHLOR 1000CC	34.50
03/04/09	15300230	LACTED RINGERS 1000CC	37.55
03/03/09	17010702	COMBIVENT INHALER-1 PUFF (QTY OF 0008)	14.64
03/04/09	17010702	COMBIVENT INHALER-1 PUFF (QTY OF 0008)	14.64
03/04/09	12013295	MAGNESIUM CITRATE SOL 300ML	13.65
03/04/09	12018669	LEVOFLOXACIN INJ 250MG (QTY OF 0002)	134.50
03/04/09	17010702	COMBIVENT INHALER-1 PUFF (QTY OF 0008)	14.64
03/04/09	17010702	COMBIVENT INHALER-1 PUFF (QTY OF 0008)	14.64
03/04/09	12012005	DOCUSATE LIQ 100MG, 30 ML UD.4	6.85
03/04/09	12012197	ENOXAPARIN INJ PER 10MG (QTY OF 0004)	99.55
03/04/09	12012331	FAMOTIDINE TAB 20 MG	7.90
03/04/09	12012604	GLYBURIDE TAB 5 MG (QTY OF 0002)	4.85
03/04/09	12013742	METOPROLOL 25 MG TAB	1.10
03/04/09	17010702	COMBIVENT INHALER-1 PUFF (QTY OF 0008)	14.64
03/04/09	12014555	POT CHLORIDE INJ 40MEQ	10.20
03/04/09	12020060	D5W INJ, 250ML	30.00
03/04/09	17010702	COMBIVENT INHALER-1 PUFF (QTY OF 0008)	14.64
03/04/09	17010702	COMBIVENT INHALER-1 PUFF (QTY OF 0008)	14.64
03/03/09	12012940	INSULIN HUMAN REG 10ML	110.10
03/03/09	12020234	SOD CHLOR 0.9% INJ 100ML	30.00
03/04/09	12010406	ACETAMINOPHEN 325 MG/10.15 ML (QTY OF 0002)	5.55
03/04/09	12014118	OXYCODONE CONC 5MG ORAL SYR.	2.35
03/04/09	12012331	FAMOTIDINE TAB 20 MG	7.90
03/04/09	12013742	METOPROLOL 25 MG TAB	1.10
03/04/09	12012005	DOCUSATE LIQ 100MG, 30 ML UD.4	6.85
03/04/09	17010702	COMBIVENT INHALER-1 PUFF (QTY OF 0008)	14.64
03/04/09	70071010	CHEST, SINGLE FRONTAL	100.05
03/04/09	70000009	X-RAY DONE AT BEDSIDE	0.00
03/03/09	97087040	BLOOD CULTURE	82.70
03/03/09	97087086	CULTURE, URINE, QUANTITATIVE	44.30
03/03/09	92082040	ALBUMIN	47.50
03/03/09	94084134	PREALBUMIN	53.25
03/03/09	92082040	ALBUMIN	47.50
03/04/09	91085024	CBC, AUTOMATED W/AUTO WBC DIFF	57.05
03/04/09	92084132	POTASSIUM, SERUM	40.15
03/04/09	92082435	CHLORIDE	31.60
03/04/09	92082374	BICARBONATE/CO2	29.60
03/04/09	92084295	SODIUM - SERUM	29.60
03/04/09	92084520	UREA NITROGEN, BLOOD (BUN)	29.60
03/04/09	92084100	PHOSPHORUS	47.50
03/04/09	92082565	CREATININE	32.60
03/04/09	92082310	CALCIUM, BLOOD, CHEMICAL	58.90

UNIVERSITY HOSPITAL
UAMS MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 30
01/05/11 11:50
STF

PATIENT NAME: WEST, CHARLES

ACCOUNT NBR: 015196807-9042

SRV DATE	REF NBR	DESCRIPTION	
03/04/09	92082947	GLUCOSE, BLOOD	49.20
03/04/09	92083735	MAGNESIUM	58.50
03/04/09	21011107	THERAPEUTIC EXERCISE-EA 15 MIN	75.00
03/04/09	21019230	CHART REVIEW/ATTEMPT PT VISIT	0.00
03/04/09	17010129	HME	10.00
03/04/09	17010280	ADULT VENT SUBSEQUENT DAY	707.15
03/04/09	17010365	MDI TX-VENT-SUBSEQUENT	27.45
03/04/09	17010365	MDI TX-VENT-SUBSEQUENT	27.45
03/04/09	17010365	MDI TX-VENT-SUBSEQUENT	27.45
03/04/09	17010365	MDI TX-VENT-SUBSEQUENT	27.45
03/04/09	17010365	MDI TX-VENT-SUBSEQUENT	27.45
03/04/09	17010365	MDI TX-VENT-SUBSEQUENT	27.45
03/04/09	17010365	MDI TX-VENT-SUBSEQUENT	27.45
03/04/09	23058135	BLOOD GASES WITH SATURATION	118.00
03/04/09	23058137	CARBOXYHEMOGLOBIN	53.00
03/04/09	23058138	METHEMOGLOBIN	53.00
03/04/09	15310012	DAILY SUPPLY CHARGE-H4	248.27
03/05/09	01623100	INTENSIVE CARE	1260.00
03/05/09	15300135	D5 0.5 SOD CHLOR 1000CC	34.50
03/05/09	15300135	D5 0.5 SOD CHLOR 1000CC	34.50
03/05/09	15300135	D5 0.5 SOD CHLOR 1000CC	34.50
03/05/09	17010702	COMBIVENT INHALER-1 PUFF (QTY OF 0008)	14.64
03/05/09	12014562	POT CL POWDER 20MEQ PKT	0.90
03/05/09	12014555	POT CHLORIDE INJ 40MEQ	10.20
03/05/09	12020065	D5W INJ, 500ML	30.00
03/05/09	12014118	OXYCODONE CONC 5MG ORAL SYR.	2.35
03/05/09	12014118	OXYCODONE CONC 5MG ORAL SYR.	2.35
03/05/09	17010702	COMBIVENT INHALER-1 PUFF (QTY OF 0008)	14.64
03/05/09	12012005	DOCUSATE LIQ 100MG, 30 ML UD.4	6.85
03/05/09	12012197	ENDXAPARIN INJ PER 10MG (QTY OF 0004)	99.55
03/05/09	12012331	FAMOTIDINE TAB 20 MG	7.90
03/05/09	12012604	GLYBURIDE TAB 5 MG (QTY OF 0002)	4.85
03/05/09	12018669	LEVOFLOXACIN INJ 250MG (QTY OF 0002)	134.50
03/05/09	12013742	METOPROLOL 25 MG TAB	1.10
03/05/09	12014118	OXYCODONE CONC 5MG ORAL SYR.	2.35
03/05/09	17010702	COMBIVENT INHALER-1 PUFF (QTY OF 0008)	14.64
03/05/09	12014570	POT CHLORIDE SYRUP 10X OZ (QTY OF 0002)	2.75
03/05/09	12014118	OXYCODONE CONC 5MG ORAL SYR.	2.50
03/05/09	17010702	COMBIVENT INHALER-1 PUFF (QTY OF 0008)	14.64
03/05/09	17010702	COMBIVENT INHALER-1 PUFF (QTY OF 0008)	14.64
03/05/09	12012005	DOCUSATE LIQ 100MG, 30 ML UD.4	6.85
03/05/09	12012331	FAMOTIDINE TAB 20 MG	7.90
03/05/09	12013742	METOPROLOL 25 MG TAB	1.10
03/05/09	12010406	ACETAMINOPHEN 325 MG/10.15 ML (QTY OF 0002)	5.55
03/05/09	70071010	CHEST, SINGLE FRONTAL	100.05
03/05/09	70000009	X-RAY DONE AT BEDSIDE	0.00
03/05/09	91085024	CBC, AUTOMATED W/AUTO WBC DIFF	57.05
03/05/09	92084132	POTASSIUM, SERUM	40.15

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UNIVERSITY HOSPITAL
UAMS MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 31
01/05/11 11:50
STF

PATIENT NAME: WEST, CHARLES

ACCOUNT NBR: 015196807-9042

SRV DATE	REF NBR	DESCRIPTION	
03/05/09	92082435	CHLORIDE	31.60
03/05/09	92082374	BIOCARBONATE/CO2	29.60
03/05/09	92084295	SODIUM - SERUM	29.60
03/05/09	92084520	UREA NITROGEN, BLOOD (BUN)	29.60
03/05/09	92084100	PHOSPHORUS	47.50
03/05/09	92082565	CREATININE	32.60
03/05/09	92082310	CALCIUM, BLOOD, CHEMICAL	58.90
03/05/09	92082947	GLUCOSE, BLOOD	49.20
03/05/09	92083735	MAGNESIUM	58.50
03/05/09	19010052	NUTRITION CARE EVAL & REASSESS	19.50
03/05/09	17010129	HME	10.00
03/05/09	17010149	NON-MEDICATED AEROSOL/HOUR	(QTY OF 0004) 61.20
03/05/09	17010149	NON-MEDICATED AEROSOL/HOUR	(QTY OF 0004) 61.20
03/05/09	17010365	MDI TX-VENT-SUBSEQUENT	27.45
03/05/09	17010365	MDI TX-VENT-SUBSEQUENT	27.45
03/05/09	17010365	MDI TX-VENT-SUBSEQUENT	27.45
03/05/09	17010365	MDI TX-VENT-SUBSEQUENT	27.45
03/05/09	17010395	MDI TX - SUBSEQUENT	23.25
03/05/09	17010395	MDI TX - SUBSEQUENT	23.25
03/05/09	23058135	BLOOD GASES WITH SATURATION	118.00
03/05/09	23058137	CARBOXYHEMOGLOBIN	53.00
03/05/09	23058138	METHEMOGLOBIN	53.00
03/05/09	15310012	DAILY SUPPLY CHARGE-H4	248.27
03/06/09	01623100	INTENSIVE CARE	1260.00
03/06/09	15031568	COLLAR, ASPEN ADULT SHORT	178.14
03/06/09	15300135	D5 0.5 SOD CHLOR 1000CC	34.50
03/06/09	15300135	D5 0.5 SOD CHLOR 1000CC	34.50
03/05/09	17010702	COMBIVENT INHALER-1 PUFF	(QTY OF 0008) 14.64
03/06/09	12014118	DXYCODONE CONC 5MG ORAL SYR.	2.50
03/06/09	17010702	COMBIVENT INHALER-1 PUFF	(QTY OF 0008) 14.64
03/06/09	12014118	DXYCODONE CONC 5MG ORAL SYR.	2.50
03/06/09	17010702	COMBIVENT INHALER-1 PUFF	(QTY OF 0008) 14.64
03/06/09	12012005	DOCUSATE LIQ 100MG, 30 ML UD.4	6.85
03/06/09	12012197	ENOXAPARIN INJ PER 10MG	(QTY OF 0004) 99.55
03/06/09	12012331	FAMOTIDINE TAB 20 MG	7.90
03/06/09	12012604	GLYBURIDE TAB 5 MG	(QTY OF 0002) 4.85
03/06/09	12013742	METOPROLOL 25 MG TAB	1.10
03/06/09	12015111	SOD CHLORIDE INJ, 30ML MDV	10.20
03/06/09	12014118	DXYCODONE CONC 5MG ORAL SYR.	2.50
03/06/09	17010702	COMBIVENT INHALER-1 PUFF	(QTY OF 0008) 14.64
03/06/09	17010702	COMBIVENT INHALER-1 PUFF	(QTY OF 0008) 14.64
03/06/09	12015111	SOD CHLORIDE INJ, 30ML MDV	(QTY OF 0002) 10.20
03/06/09	17010707	DUONEB INAL SOLN (STD DOSE) HH	2.13
03/06/09	12010406	ACETAMINOPHEN 325 MG/10.15 ML	(QTY OF 0002) 5.55
03/06/09	12014118	DXYCODONE CONC 5MG ORAL SYR.	2.50
03/06/09	12012005	DOCUSATE LIQ 100MG, 30 ML UD.4	6.85
03/06/09	12012331	FAMOTIDINE TAB 20 MG	7.90
03/06/09	12013742	METOPROLOL 25 MG TAB	1.10

U N I V E R S I T Y H O S P I T A L
UAMS MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 32
01/05/11 11:50
STF

PATIENT NAME: WEST, CHARLES

ACCOUNT NBR: 015196807-9042

SRV DATE	REF NBR	DESCRIPTION	
03/04/09	12012940	INSULIN HUMAN REG 10ML	110.10
03/04/09	12020234	SOD CHLOR 0.9% INJ 100ML	30.00
03/06/09	70071010	CHEST, SINGLE FRONTAL	100.05
03/06/09	70000009	X-RAY DONE AT BEDSIDE	0.00
03/06/09	91085024	CBC, AUTOMATED W/AUTO WBC DIFF	57.05
03/06/09	92084132	POTASSIUM, SERUM	40.15
03/06/09	92082435	CHLORIDE	31.60
03/06/09	92082374	BIDCARBONATE/CO2	29.60
03/06/09	92084295	SODIUM - SERUM	29.60
03/06/09	92084520	UREA NITROGEN, BLOOD (BUN)	29.60
03/06/09	92084100	PHOSPHORUS	47.50
03/06/09	92082565	CREATININE	32.60
03/06/09	92082310	CALCIUM, BLOOD, CHEMICAL	58.90
03/06/09	92082947	GLUCOSE, BLOOD	49.20
03/06/09	92083735	MAGNESIUM	58.50
03/06/09	19010052	NUTRITION CARE EVAL & REASSESS	19.50
03/06/09	17010149	NON-MEDICATED AEROSOL/HOUR	(QTY OF 0004) 61.20
03/06/09	17010149	NON-MEDICATED AEROSOL/HOUR	(QTY OF 0004) 61.20
03/06/09	17010149	NON-MEDICATED AEROSOL/HOUR	(QTY OF 0004) 61.20
03/06/09	17010149	NON-MEDICATED AEROSOL/HOUR	(QTY OF 0005) 76.50
03/06/09	17010149	NON-MEDICATED AEROSOL/HOUR	(QTY OF 0004) 61.20
03/06/09	17010149	NON-MEDICATED AEROSOL/HOUR	(QTY OF 0004) 61.20
03/06/09	17010380	STANDARD NEB TX-1 MED INITIAL	42.20
03/06/09	17010395	MDI TX - SUBSEQUENT	23.25
03/06/09	17010395	MDI TX - SUBSEQUENT	23.25
03/06/09	17010395	MDI TX - SUBSEQUENT	23.25
03/06/09	17010395	MDI TX - SUBSEQUENT	23.25
03/06/09	23058135	BLOOD GASES WITH SATURATION	118.00
03/06/09	23058137	CARBOXYHEMOGLOBIN	53.00
03/06/09	23058138	METHEMOGLOBIN	53.00
03/06/09	15310012	DAILY SUPPLY CHARGE-H4	248.27
03/07/09	01623100	INTENSIVE CARE	1260.00
03/07/09	12010028	HYDROGEN PEROXIDE PT	2.25
03/07/09	15031568	COLLAR, ASPEN ADULT SHORT	178.14
03/07/09	15192209	SLEEVE, SCD MED KNEE COMPRESS	91.50
03/07/09	15300135	D5 0.5 SOD CHLOR 1000CC	34.50
03/07/09	15300135	D5 0.5 SOD CHLOR 1000CC	34.50
03/07/09	15300270	NACL 250CC IRRIG	33.75
03/07/09	12014118	OXYCODONE CONC 5MG ORAL SYR.	2.50
03/07/09	17010707	DUONEB INAL SOLN (STD DOSE) HH	2.13
03/07/09	12012346	FENTANYL INJ 50 MCG/ML, 2ML	11.35
03/07/09	12014118	OXYCODONE CONC 5MG ORAL SYR.	2.50
03/07/09	12010406	ACETAMINOPHEN 325 MG/10.15 ML	(QTY OF 0002) 5.55
03/07/09	17010707	DUONEB INAL SOLN (STD DOSE) HH	2.13
03/06/09	12012940	INSULIN HUMAN REG 10ML	110.10
03/06/09	12020234	SOD CHLOR 0.9% INJ 100ML	30.00
03/07/09	12013742	METOPROLOL 25 MG TAB	1.10
03/07/09	12012005	DOCUSATE LIQ 100MG, 30 ML UD.4	6.85

UNIVERSITY HOSPITAL
UAMS MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 33
01/05/11 11:50
STF

PATIENT NAME: WEST, CHARLES

ACCOUNT NBR: 015196807-9042

SRV DATE	REF NBR	DESCRIPTION		
03/07/09	12012197	ENOXAPARIN INJ PER 10MG	(QTY OF 0004)	99.55
03/07/09	12012331	FAMOTIDINE TAB 20 MG		7.90
03/07/09	12012604	GLYBURIDE TAB 5 MG	(QTY OF 0002)	4.85
03/07/09	17010707	DUONEB INAL SOLN (STD DOSE) HH		2.13
03/07/09	12012940	INSULIN HUMAN REG 10ML		110.10
03/07/09	12020234	SOD CHLOR 0.9% INJ 100ML		30.00
03/07/09	17010707	DUONEB INAL SOLN (STD DOSE) HH		2.13
03/07/09	12012331	FAMOTIDINE TAB 20 MG		7.90
03/07/09	12013742	METOPROLOL 25 MG TAB		1.10
03/07/09	12012005	DOCUSATE LIQ 100MG, 30 ML UD.4		6.85
03/07/09	12014118	DXYCODONE CONC 5MG ORAL SYR.		2.50
03/07/09	70071010	CHEST, SINGLE FRONTAL		100.05
03/07/09	70000009	X-RAY DONE AT BEDSIDE		0.00
03/07/09	91085024	CBC, AUTOMATED W/AUTO WBC DIFF		57.05
03/07/09	92084132	POTASSIUM, SERUM		40.15
03/07/09	92082435	CHLORIDE		31.60
03/07/09	92082374	BICARBONATE/CD2		29.60
03/07/09	92084295	SODIUM - SERUM		29.60
03/07/09	92084520	UREA NITROGEN, BLOOD (BUN)		29.60
03/07/09	92084100	PHOSPHORUS		47.50
03/07/09	92082565	CREATININE		32.60
03/07/09	92082310	CALCIUM, BLOOD, CHEMICAL		58.90
03/07/09	92082947	GLUCOSE, BLOOD		49.20
03/07/09	92083735	MAGNESIUM		58.50
03/07/09	17010001	OXYGEN 1 HOUR	(QTY OF 0004)	10.40
03/07/09	17010129	HME		10.00
03/07/09	17010129	HME		10.00
03/07/09	17010149	NON-MEDICATED AEROSOL/HOUR	(QTY OF 0003)	45.90
03/07/09	17010275	ADULT VENT FIRST DAY		1005.15
03/07/09	17010280	ADULT VENT SUBSEQUENT DAY		707.15
03/07/09	17010385	STANDARD NEB TX-1 MED SUBSEQUE		25.30
03/07/09	17010385	STANDARD NEB TX-1 MED SUBSEQUE		25.30
03/07/09	17010385	STANDARD NEB TX-1 MED SUBSEQUE		25.30
03/07/09	17010385	STANDARD NEB TX-1 MED SUBSEQUE		25.30
03/07/09	15310012	DAILY SUPPLY CHARGE-H4		248.27
03/08/09	01623100	INTENSIVE CARE		1260.00
03/08/09	15202466	TRAY,URI METER W/18FR TEMP PRB		97.51
03/08/09	15300105	D5LR 1000CC		39.50
03/08/09	15300135	D5 0.5 SOD CHLOR 1000CC	(QTY OF 0002)	69.00
03/08/09	17010707	DUONEB INAL SOLN (STD DOSE) HH		2.13
03/07/09	12012940	INSULIN HUMAN REG 10ML		110.10
03/07/09	12020234	SOD CHLOR 0.9% INJ 100ML		30.00
03/08/09	12014118	DXYCODONE CONC 5MG ORAL SYR.		2.50
03/08/09	17010707	DUONEB INAL SOLN (STD DOSE) HH		2.13
03/07/09	12012940	INSULIN HUMAN REG 10ML		110.10
03/07/09	12020234	SOD CHLOR 0.9% INJ 100ML		30.00
03/08/09	12012197	ENOXAPARIN INJ PER 10MG	(QTY OF 0004)	99.55
03/08/09	12012331	FAMOTIDINE TAB 20 MG		7.90

UNIVERSITY HOSPITAL
UAMS MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 34
01/05/11 11:50
STF

PATIENT NAME: WEST, CHARLES

ACCOUNT NBR: 015196807-9042

SRV DATE	REF NBR	DESCRIPTION	(QTY OF 0002)	
03/08/09	12012604	GLYBURIDE TAB 5 MG	4.85	
03/08/09	12013742	METOPROLOL 25 MG TAB	1.10	
03/08/09	12012942	INSULIN GLARGINE 100U/ML, 10ML	245.90	
03/08/09	17010707	DUONEB INAL SOLN (STD DOSE) HH	2.13	
03/08/09	12014118	OXYCODONE CONC 5MG ORAL SYR.	2.50	
03/08/09	17010707	DUONEB INAL SOLN (STD DOSE) HH	2.13	
03/08/09	12012005	DOCUSATE LIQ 100MG, 30 ML UD.4	6.85	
03/08/09	12012331	FAMOTIDINE TAB 20 MG	7.90	
03/08/09	12013742	METOPROLOL 25 MG TAB	1.10	
03/08/09	70071010	CHEST, SINGLE FRONTAL	100.05	
03/08/09	70000009	X-RAY DONE AT BEDSIDE	0.00	
03/08/09	70071010	CHEST, SINGLE FRONTAL	100.05	
03/08/09	70000009	X-RAY DONE AT BEDSIDE	0.00	
03/03/09	97087106	FUNGAL CULTURE ID (MOLD) EACH	90.80	
03/07/09	97087040	BLOOD CULTURE	82.70	
03/07/09	97087086	CULTURE, URINE, QUANTITATIVE	44.30	
03/07/09	97087070	CULTURE, AEROBIC, ROUTINE	113.60	
03/07/09	97087205	SMEAR, PRIMARY ROUTINE	33.20	
03/07/09	97087040	BLOOD CULTURE	82.70	
03/08/09	91085024	CBC, AUTOMATED W/AUTO WBC DIFF	57.05	
03/08/09	92084132	POTASSIUM, SERUM	40.15	
03/08/09	92082435	CHLORIDE	31.60	
03/08/09	92082374	BICARBONATE/CO2	29.60	
03/08/09	92084295	SODIUM - SERUM	29.60	
03/08/09	92084520	UREA NITROGEN, BLOOD (BUN)	29.60	
03/08/09	92084100	PHOSPHORUS	47.50	
03/08/09	92082565	CREATININE	32.60	
03/08/09	92082310	CALCIUM, BLOOD, CHEMICAL	58.90	
03/08/09	92082947	GLUCOSE, BLOOD	49.20	
03/08/09	92083735	MAGNESIUM	58.50	
03/08/09	17010129	HME	10.00	
03/08/09	17010129	HME	10.00	
03/08/09	17010149	NON-MEDICATED AEROSOL/HOUR	61.20	(QTY OF 0004)
03/08/09	17010280	ADULT VENT SUBSEQUENT DAY	707.15	
03/08/09	17010385	STANDARD NEB TX-1 MED SUBSEQUE	25.30	
03/08/09	17010385	STANDARD NEB TX-1 MED SUBSEQUE	25.30	
03/08/09	17010385	STANDARD NEB TX-1 MED SUBSEQUE	25.30	
03/08/09	17010385	STANDARD NEB TX-1 MED SUBSEQUE	25.30	
03/08/09	15310012	DAILY SUPPLY CHARGE-H4	248.27	
03/09/09	17010707	DUONEB INAL SOLN (STD DOSE) HH	2.13	
03/08/09	12014118	OXYCODONE CONC 5MG ORAL SYR.	2.50	
03/09/09	17010707	DUONEB INAL SOLN (STD DOSE) HH	2.13	
03/09/09	12012005	DOCUSATE LIQ 100MG, 30 ML UD.4	6.85	
03/09/09	12012197	ENOXAPARIN INJ PER 10MG	99.55	(QTY OF 0004)
03/09/09	12012331	FAMOTIDINE TAB 20 MG	7.90	
03/09/09	12013742	METOPROLOL 25 MG TAB	1.10	
03/09/09	70071010	CHEST, SINGLE FRONTAL	100.05	
03/09/09	70000009	X-RAY DONE AT BEDSIDE	0.00	

UNIVERSITY HOSPITAL
UAMS MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 35
01/05/11 11:50
STF

PATIENT NAME: WEST, CHARLES

ACCOUNT NBR: 015196807-9042

SRV DATE	REF NBR	DESCRIPTION		
03/09/09	91085024	CBC, AUTOMATED W/AUTO WBC DIFF		57.05
03/09/09	92084132	POTASSIUM, SERUM		40.15
03/09/09	92082435	CHLORIDE		31.60
03/09/09	92082374	BIOCARBONATE/CO2		29.60
03/09/09	92084295	SODIUM - SERUM		29.60
03/09/09	92084520	UREA NITROGEN, BLOOD (BUN)		29.60
03/09/09	92084100	PHOSPHORUS		47.50
03/09/09	92082565	CREATININE		32.60
03/09/09	92082310	CALCIUM, BLOOD, CHEMICAL		58.90
03/09/09	92082947	GLUCOSE, BLOOD		49.20
03/09/09	92083735	MAGNESIUM		58.50
03/09/09	19010052	NUTRITION CARE EVAL & REASSESS		19.50
03/09/09	17010380	STANDARD NEB TX-1 MED INITIAL		42.20
03/09/09	17010385	STANDARD NEB TX-1 MED SUBSEQU		25.30
03/07/09	97087106	FUNGAL CULTURE ID (MOLD) EACH		90.80
02/11/09	06020023	ARTERIAL LINE PLACEMENT SUPPLI		304.30
02/11/09	06010203	VENI/PERIPH/ 1-2 TUBES		19.80
02/11/09	06020093	FOLEY INS SUPPLIES W/TEMP PROB		150.00
02/11/09	06010131	BLOOD PRESSURE MONITOR		40.00
02/11/09	06020010	PULSE OX, MULTIPLE		99.00
02/11/09	06020012	CARDIAC MONITOR ONLY		61.50
02/11/09	06020163	IV INF W/PUMP W/WO ST 1.5 HRS,	(QTY OF 0002)	710.60
02/11/09	06020162	HYDRATION W/WO PUMP		298.50
02/11/09	06020033	IV SOLUTION ADDITIONAL	(QTY OF 0002)	68.80
02/11/09	06020250	IMMUNIZATION ADMINISTRATION		27.50
02/11/09	06010015	E & M - LEVEL 5		655.50
02/11/09	06010303	PROCEDURE - LEVEL 3		160.35
02/13/09	02026030	BEDSIDE GLUCOSE MONITORING	(QTY OF 0010)	65.50
02/13/09	02026030	BEDSIDE GLUCOSE MONITORING	(QTY OF 0005)	32.75
02/14/09	02026030	BEDSIDE GLUCOSE MONITORING	(QTY OF 0010)	65.50
02/14/09	02026030	BEDSIDE GLUCOSE MONITORING	(QTY OF 0004)	26.20
02/14/09	02026030	BEDSIDE GLUCOSE MONITORING	(QTY OF 0002)	13.10
02/14/09	02026030	BEDSIDE GLUCOSE MONITORING	(QTY OF 0006)	39.30
02/15/09	02026030	BEDSIDE GLUCOSE MONITORING	(QTY OF 0010)	65.50
02/15/09	02026030	BEDSIDE GLUCOSE MONITORING	(QTY OF 0010)	65.50
02/16/09	02026030	BEDSIDE GLUCOSE MONITORING	(QTY OF 0010)	65.50
02/16/09	02026030	BEDSIDE GLUCOSE MONITORING	(QTY OF 0023)	150.65
02/13/09	08054529	TROCAR, THORACOPORT 11.5/15	(QTY OF 0002)	168.80
02/13/09	08067701	DAVOL COLLECTION TRAP		5.70
02/13/09	15011022	AEROVENT SPACER		16.00
02/14/09	15011022	AEROVENT SPACER		16.00
02/14/09	15021159	BODY WASH & SHAMPOO ALOE		4.20
02/14/09	15021243	ORAL-SWAB UNSCENTED 20/PK		6.00
02/16/09	15021243	ORAL-SWAB UNSCENTED 20/PK		6.00
02/16/09	15031198	CANNULA, SHIELDED BLUNT	(QTY OF 0012)	31.20
02/14/09	15031312	CATH, IV INTROCAN 20X1IN WINGE	(QTY OF 0002)	15.80
02/14/09	15031325	KIT, TRACH CARE WITH SALINE		45.00
02/14/09	15031325	KIT, TRACH CARE WITH SALINE		45.00

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CLAIMS COMMISSION
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UNIVERSITY HOSPITAL
UAMS MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 36
01/05/11 11:50
STF

PATIENT NAME: WEST, CHARLES

ACCOUNT NBR: 015196807-9042

SRV DATE	REF NBR	DESCRIPTION	
02/15/09	15031325	KIT, TRACH CARE WITH SALINE	45.00
02/13/09	15031520	CONNECTOR, Y 6-1	2.60
02/14/09	15041476	DEODORANT, ROLL-ON 1.5OZ	2.60
02/15/09	15041558	DEVICE, FEEDING TUBE ATTACH	12.65
02/13/09	15041615	DRESSING, TEGADERM 4.5X5.5	4.02
02/14/09	15041615	DRESSING, TEGADERM 4.5X5.5	4.02
02/14/09	15041643	DISPOSABLE TOOTHBRUSH	2.60
02/13/09	15111613	KIT, 24 HR ORAL CARE KIT	53.70
02/14/09	15111726	KIT, SUBCLAVIAN CATHETER CARE	15.90
02/15/09	15111740	KIT, SUCT CANN W/TUBING (QTY OF 0002)	30.20
02/14/09	15122504	LOTION, BABY	2.65
02/13/09	15131771	TAPE, MICROFOAM 3 INCH	16.90
02/14/09	15151855	OXISENSOR, FINGER ADULT DISP	75.36
02/14/09	15151855	OXISENSOR, FINGER ADULT DISP	75.36
02/14/09	15151855	OXISENSOR, FINGER ADULT DISP	75.36
02/15/09	15151855	OXISENSOR, FINGER ADULT DISP	75.36
02/14/09	15161224	PILLOW, SPENCO FOOT	61.15
02/13/09	15161865	PACK, INSTRUMENT	8.70
02/14/09	15161866	PAD, DRYFLOW	10.25
02/14/09	15162922	POWDER, BABY	2.60
02/14/09	15181965	RINSE, 16OZ BIOTENE MOUTH	23.10
02/13/09	15181971	RAZOR, DISPOSABLE	2.60
02/14/09	15191502	SHAVING CREAM	3.40
02/14/09	15191988	SET, SCALP VEIN 23 GA (QTY OF 0003)	7.80
02/13/09	15192005	SET, VACUTAINER COLL 23 GA (QTY OF 0003)	13.50
02/13/09	15192075	SPG,ALL GAUZE ST 4X4 10/PKG	2.67
02/13/09	15192075	SPG,ALL GAUZE ST 4X4 10/PKG	2.67
02/13/09	15192075	SPG,ALL GAUZE ST 4X4 10/PKG	2.67
02/13/09	15192145	SUTURE:3-0 SILK BLACK 18 FS-1	7.95
02/13/09	15192151	SMARTSITE NEEDLESS L/L VALVE (QTY OF 0003)	18.00
02/13/09	15192160	SUTURE: 00 SILK W/NOL 1076-51 (QTY OF 0002)	13.60
02/14/09	15192185	SYRINGE, TOOMEY 60CC	3.36
02/14/09	15201800	TOOTHPASTE, 85OZ COLGATE	2.60
02/15/09	15202243	TRANSDUCER, DISP. 60IN	41.54
02/15/09	15202572	TUBE,ENTERAL FEEDING(12 FR)45	52.16
02/15/09	15202661	TUBE,YANKAUER W/O CONTROL VENT	2.60
02/16/09	15202661	TUBE,YANKAUER W/O CONTROL VENT	2.60
02/13/09	15300210	SET,SECONDARY PIGGYBACK W/LL	6.00
02/13/09	15300270	NACL 250CC IRRIG	33.75
02/15/09	15303055	SET,GEMINI PRM 2Y-SITE W/SMART	18.00
02/15/09	15303055	SET,GEMINI PRM 2Y-SITE W/SMART (QTY OF 0002)	36.00
02/13/09	15303056	IMED, NITRO LIPIDS (QTY OF 0002)	57.42
08/06/09	00402080	INSURANCE DENIED OR REJECTED SERVICE ON 02/11/09	
		MEDICARE PART A	
08/06/09	00140000	AGENCY PLACEMENT	122379.27-
08/06/09	00143981	AGENCY PLACEMENT	122379.27
09/16/09	00122011	MEDICARE ADJUSTMENT SERVICE ON 02/11/09	37694.68-
		MEDICARE PART A	

U N I V E R S I T Y H O S P I T A L
UAMS MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 37
01/05/11 11:50
STF

PATIENT NAME: WEST, CHARLES

ACCOUNT NBR: 015196807-9042

SRV DATE	REF NBR	DESCRIPTION	
09/18/09	00147140	AGENCY RETURN	1696.48-
09/18/09	00143991	AGENCY RETURN	1696.48
10/09/09	00122010	MEDICARE ADJUSTMENT	SERVICE ON 02/11/09 1556.58
		MEDICARE PART A	
10/09/09	00258011	PAYMENT - MEDICARE	SERVICE ON 02/11/09 122236.62-
		MEDICARE PART A	
10/12/09	00135030	WRITE-OFF	2.75-
10/12/09	00140010	AGENCY RETURN	120682.79-
10/12/09	00143991	AGENCY RETURN	120682.79

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

SERVICES FROM: 02/11/09 TO 03/09/09
TOTAL CHARGES 158377.47
TOTAL ADJUSTMENTS 36140.85-
TOTAL PAYMENTS 122236.62-
CURRENT ACCOUNT BALANCE 0.00

MAKE CHECK PAYABLE TO: UAMS MEDICAL CENTER

IF YOU HAVE ANY QUESTIONS CONCERNING THIS STATEMENT PLEASE CONTACT:
PHONE: () -

FACE SHEET

Sunny Acres Of DeKalb

Page 1 of 1
2/23/11 1:35 PM
RJ6100A

CHARLES WEST
243 CR 1111

Res No.: 992963
Loc: SE 16 B
Ph:
Sex:

Admit Date: 4/09/09 10:30 am
ReAdmitted: 9/20/10 3:30 pm
Discharged:
D.O.B.:

Admitted From: 02
Readmitted From: H
Discharged To:
SSN: Restricted

MEDICAL INFORMATION

Med Record no: 992963

Height: 76 in.

Admit Weight: lbs

Primary Phys: GULDE, JAMES
635 STONE AVE
PARIS, TX 75460

(903) 785-9900

Allergies:

MORPHINE

LATEX

THIOPENTAL SODIUM
(FROM PENTOTHAL)

Admit Dx:

995.91 Seps-Infect W/O Org Dysf

Discharge Dx:

Current Dx:

401.9 Hypertension NOS

414.0 Coronary Atherosclerosis*

344.9 Paralysis NOS

344.61 Neurogenic Bladder

783.3 Feeding Problem

250.9 Diabetes W Complic NOS*

728.87 Muscle Weakness

Referring Phys:

QL Hospital stay: CHRISTUS ST. MICHAEL

From/Thru: 9/15/10 thru 9/20/10

Rehab Potential:

Admitted with: ☐ Catheter present ☐ Contractures ☐ Restraint Orders ☐ Pressure Sores (other than Stage 1)

☒ Received pneumococcal vaccine

☒ Received Influenza Immunization

☒ In facility

DEMOGRAPHICS

Marital Status: M

County:

Race: G.

Primary Lang: I

Religion: F.O.

Birthplace:

Occupation: ARMY/TRUCK DRIVER

U.S. Citizen

Military Srv.

SERVICE PROVIDERS and PREFERENCES

Pharmacy RED RIVER PHARMACY (903) 792-1721

Hospital CHRISTUS ST. MICHAEL (903) 614-1000

Part D Plan:

Effective:

RxBIN:

RxPCN:

Cardholder ID:

Group No:

Issuer:

BILLING INFORMATION

A/R Type: VA

CMG: PE1

Resources:

Medicare #: 551588461A

Andillary A/R Type: MRB

Medicaid #: N

Andillary Co-ins A/R Type:

Ins 1:

Grp:

Pol:

Ins 2:

Grp:

Pol:

Recurring Room Chg:

☒ Adv Bill

☐ Resident Is Self Responsible

Trust/Fund:

☒ Apply Interest

☒ Max Balance Reminder

RESPONSIBLE PARTY

FLORENCE WEST

433 CR 3114

NEW BOSTON TX 75570

Relationship: Wife

Phone: (Day) (903) 667-4536

(Eve)

(Cell) (903) 799-8842

SECOND CONTACT

ABBY BERTLAND

Relationship: In-Law

Phone: (Day) (318) 422-9509

(Eve)

(Cell)

THIRD CONTACT

Relationship:

Phone: (Day)

(Eve)

(Cell)

ADDITIONAL INFORMATION

EXHIBIT

D

Note: This report includes only the selection criteria listed below.
Status: Specific Resident

Billing Activity

Sunny Acres Of DeKalb (SA)
Page 1 of 19
2/23/11 1:36 PM
AR6400A

Dates of Service From Thru	Days Chg Cntg	Chg Description	Rate	AR Type	Private	Medicaid	Medicare	Other	Debit	Cr/L Posting Credit
WEST, CHARLES (982963)										
Type: VA Admit: S/20-10										
April, 2008										
4/08/08	4/20/08	12 FP RVC	2 SEMI-PRIVATE ROOM Contractual Adjustment	30.00 /Dn	MRA		1,080.00		110204	310201
4/21/08	4/22/08	2 FP RVC	2 SEMI-PRIVATE ROOM Contractual Adjustment	30.00 /Dn	MRA		2,784.96		110204	310208
4/23/08	4/24/08	6 FP RVC	2 SEMI-PRIVATE ROOM Contractual Adjustment	30.00 /Dn	MRA		180.00		110204	310201
4/25/08	4/26/08	2 90 SSC	2 SEMI-PRIVATE ROOM Contractual Adjustment	30.00 /Dn	MRA		464.16		110204	310208
4/27/08	4/28/08	1	250 PHARMACY Contractual Adjustment	180.00	VA		540.00		110204	310201
4/29/08	4/30/08	1	300 LABS Contractual Adjustment	256.00	VA		1,680.96		110204	310208
4/31/08	4/32/08	1	440 SPEECH THERAPY Contractual Adjustment	2,184.33	MRA				110204	310501
4/33/08	4/34/08	465	444 SPEECH THERAPY EVAL Contractual Adjustment	(2,184.33)	MRA				110204	310508
4/35/08	4/36/08	15	430 OCCUPATIONAL THERAPY Contractual Adjustment	100.95	MRA				110204	310201
4/37/08	4/38/08	480	434 OCCUPATIONAL THERAPY EVAL Contractual Adjustment	776.55	MRA				110204	310208
4/39/08	4/40/08	45	430 PHYSICAL THERAPY Contractual Adjustment	25.05	MRA				110204	310201
4/41/08	4/42/08	540	434 PHYSICAL THERAPY EVAL Contractual Adjustment	(25.05)	MRA				110204	310208
4/43/08	4/44/08	46	BALANCE Contractual Adjustment	801.60	MRA				110204	310201
4/45/08	4/46/08	1	Payment 5/21/08 4/5-28/08	(801.60)	MRA				110204	310208
4/47/08	4/48/08	1	2 SEMI-PRIVATE ROOM Contractual Adjustment	75.15	MRA				110204	310201
4/49/08	4/50/08	1	4209700197001 PT-INITIAL EVAL Fee Adjustment	75.15	MRA				110204	310208
4/51/08	4/52/08	1	42087110 97110 PT-THERAPY EXERCISE Fee Adjustment	901.80	MRA				110204	310201
4/53/08	4/54/08	2	42087112 97112 PT-NEURO RE-EDUCAT Fee Adjustment	(901.80)	MRA				110204	310208
4/55/08	4/56/08	1	42097530 97530 PT-THER ACTIVITIES Fee Adjustment	75.15	MRA				110204	310201
4/57/08	4/58/08	1	43097003 97003 OT-INITIAL EVAL Fee Adjustment	(75.15)	MRA				110204	310208
4/59/08	4/60/08	1	43097110 97110 OT-THERAPY EXERCISE Fee Adjustment	65.74	MRA				110204	310201
4/61/08	4/62/08	1	43097112 97112 OT-NEURO RE-EDUC Fee Adjustment	(65.74)	MRA				110204	310208
4/63/08	4/64/08	1	43097530 97530 THERAPY ACTIVITY Fee Adjustment	(10.96)	MRA				110204	310201
4/65/08	4/66/08	1	Fee Adjustment	33.58	MRA				110204	310208
4/67/08	4/68/08	1	Fee Adjustment	(5.60)	MRA				110204	310201
4/69/08	4/70/08	1	Fee Adjustment	85.14	MRA				110204	310208
4/71/08	4/72/08	1	Fee Adjustment	(14.19)	MRA				110204	310201
4/73/08	4/74/08	1	Fee Adjustment	32.20	MRA				110204	310208
4/75/08	4/76/08	1	Fee Adjustment	(5.37)	MRA				110204	310201
4/77/08	4/78/08	1	Fee Adjustment	32.87	MRA				110204	310208
4/79/08	4/80/08	1	Fee Adjustment	(5.48)	MRA				110204	310201
4/81/08	4/82/08	1	Fee Adjustment	33.38	MRA				110204	310208

ARKANSAS STATE
CLAIMS COMMISSION
FEB 25 2011
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Cash receipts are applied in this report based on the Date Received.

Billing Activity

Sunny Acres Of DeKalb (SA)

Dates of Service From	Days	Chrg	Chrg	Chrg	Rate	Admit	VA	Type	Private	Medicaid	Medicare	Other	Debit	Credit
Thru	Qty/Typ	Chrg	Chrg	Chrg	Rate	Admit	VA	Type	Private	Medicaid	Medicare	Other	Debit	Credit
WEST, CHARLES (892983)														
5/06/09	1	43	67535	OT-ADL TRAINING	27.58 /Un	9/20/10		MRB			(5.60)		310699	110207
				Fee Adjustment	33.64 /Un			MRB			33.64		110207	310605
5/07/09	2	42	67110	PT-THERAPY EXERCISE	28.06 /Un			MRB			(5.60)		310699	110207
				Fee Adjustment	32.20 /Un			MRB			84.40		110207	310603
5/07/09	2	43	67112	PT-NEURO RE-EDUCAT	28.83 /Un			MRB			(10.74)		310699	110207
				Fee Adjustment	32.87 /Un			MRB			85.74		110207	310603
5/07/09	1	42	67539	PT-THER ACTIVITIES	33.58 /Un			MRB			(10.96)		310699	110207
				Fee Adjustment	27.99 /Un			MRB			33.58		110207	310603
5/07/09	1	42	67110	OT-THERAPY EXERCISE	27.96 /Un			MRB			(5.60)		310699	110207
				Fee Adjustment	32.20 /Un			MRB			32.20		110207	310605
5/07/09	2	43	67112	OT-NEURO RE-EDUC	26.83 /Un			MRB			(5.37)		310699	110207
				Fee Adjustment	32.87 /Un			MRB			65.74		110207	310605
5/07/09	1	43	67530	THERAPY ACTIVITY	27.39 /Un			MRB			(10.96)		310699	110207
				Fee Adjustment	33.56 /Un			MRB			33.56		110207	310605
5/07/09	3	43	67535	OT-ADL TRAINING	27.98 /Un			MRB			(5.60)		310699	110207
				Fee Adjustment	33.64 /Un			MRB			33.64		110207	310605
5/08/09	1	43	67110	PT-THERAPY EXERCISE	28.03 /Un			MRB			(5.61)		310699	110207
				Fee Adjustment	32.20 /Un			MRB			32.20		110207	310605
5/08/09	1	42	67112	PT-NEURO RE-EDUCAT	28.83 /Un			MRB			(5.37)		310699	110207
				Fee Adjustment	32.87 /Un			MRB			32.87		110207	310605
5/08/09	1	42	67530	PT-THER ACTIVITIES	27.39 /Un			MRB			(5.48)		310699	110207
				Fee Adjustment	33.56 /Un			MRB			33.56		110207	310605
5/08/09	1	43	67110	OT-THERAPY EXERCISE	27.98 /Un			MRB			(5.60)		310699	110207
				Fee Adjustment	32.20 /Un			MRB			32.20		110207	310605
5/08/09	3	43	67112	OT-NEURO RE-EDUC	26.83 /Un			MRB			(5.37)		310699	110207
				Fee Adjustment	32.87 /Un			MRB			32.87		110207	310605
5/08/09	1	43	67530	THERAPY ACTIVITY	27.39 /Un			MRB			(5.48)		310699	110207
				Fee Adjustment	33.56 /Un			MRB			33.56		110207	310605
5/11/09	3	43	67110	PT-THERAPY EXERCISE	27.98 /Un			MRB			(5.60)		310699	110207
				Fee Adjustment	32.20 /Un			MRB			32.20		110207	310605
5/11/09	1	42	67112	PT-NEURO RE-EDUCAT	26.83 /Un			MRB			(5.37)		310699	110207
				Fee Adjustment	32.87 /Un			MRB			32.87		110207	310605
5/11/09	1	42	67530	PT-THER ACTIVITIES	27.99 /Un			MRB			(5.48)		310699	110207
				Fee Adjustment	33.58 /Un			MRB			33.58		110207	310605
5/11/09	1	43	67110	OT-THERAPY EXERCISE	27.98 /Un			MRB			(5.60)		310699	110207
				Fee Adjustment	32.20 /Un			MRB			32.20		110207	310605
5/11/09	1	43	67112	OT-NEURO RE-EDUC	26.83 /Un			MRB			(5.37)		310699	110207
				Fee Adjustment	32.87 /Un			MRB			65.74		110207	310605
5/12/09	2	43	67112	OT-NEURO RE-EDUC	27.39 /Un			MRB			(10.96)		310699	110207
				Fee Adjustment	32.20 /Un			MRB			84.40		110207	310605
5/12/09	2	42	67110	PT-THERAPY EXERCISE	28.83 /Un			MRB			(10.74)		310699	110207
				Fee Adjustment	32.87 /Un			MRB			65.74		110207	310603
5/12/09	2	42	67112	PT-NEURO RE-EDUCAT	27.39 /Un			MRB			(10.96)		310699	110207
				Fee Adjustment	33.56 /Un			MRB			33.56		110207	310603
5/12/09	3	43	67530	PT-THER ACTIVITIES	27.98 /Un			MRB			(5.60)		310699	110207
				Fee Adjustment	32.20 /Un			MRB			64.40		110207	310605
5/12/09	2	43	67110	OT-THERAPY EXERCISE	26.83 /Un			MRB			(10.74)		310699	110207
				Fee Adjustment	32.87 /Un			MRB			32.87		110207	310605
5/12/09	1	43	67112	OT-NEURO RE-EDUC	27.39 /Un			MRB			(10.96)		310699	110207
				Fee Adjustment	32.20 /Un			MRB			84.40		110207	310605

Cash receipts are applied in this report based on the Date Received

Billing Activity

Sunny Acres Of DeKalb (SA)

Date of Service	Days	Chrg	Chrg	Chrg	Rate	Medicare	Medicaid	Private	Medicare	Other	Debit	Cr/L Posting	Credit
From	Thru	Qty	Chrg	Description	Admit: 9/20/10								
WEST, CHARLES (992963)													
5/18/09	2	42097112	PT-NEURO RE-EDUCAT	Fee Adjustment	28.83 /Un	MRB							
					32.87 /Un	MRB							
5/18/09	1	42097530	PT-THER ACTIVITIES	Fee Adjustment	27.39 /Un	MRB							
					33.59 /Un	MRB							
5/18/09	1	42097542	PT-WHEELCHAIR TRAIN	Fee Adjustment	27.98 /Un	MRB							
					31.99 /Un	MRB							
5/18/09	2	43097110	OT-THERAPY EXERCISE	Fee Adjustment	28.66 /Un	MRB							
					32.20 /Un	MRB							
5/18/09	1	43097112	OT-NEURO RE-EDUC	Fee Adjustment	28.83 /Un	MRB							
					32.87 /Un	MRB							
5/18/09	1	43097530	THERAPY ACTIVITY	Fee Adjustment	27.39 /Un	MRB							
					33.59 /Un	MRB							
5/18/09	1	43097535	OT-ADL TRAINING	Fee Adjustment	27.98 /Un	MRB							
					33.64 /Un	MRB							
5/19/09	1	42097110	PT-THERAPY EXERCISE	Fee Adjustment	28.03 /Un	MRB							
					32.20 /Un	MRB							
5/19/09	2	42097112	PT-NEURO RE-EDUCAT	Fee Adjustment	28.83 /Un	MRB							
					32.87 /Un	MRB							
5/19/09	1	42097530	PT-THER ACTIVITIES	Fee Adjustment	27.39 /Un	MRB							
					33.59 /Un	MRB							
5/19/09	1	42097542	PT-WHEELCHAIR TRAIN	Fee Adjustment	27.98 /Un	MRB							
					31.99 /Un	MRB							
5/19/09	2	43097110	OT-THERAPY EXERCISE	Fee Adjustment	28.66 /Un	MRB							
					32.20 /Un	MRB							
5/19/09	1	43097112	OT-NEURO RE-EDUC	Fee Adjustment	28.83 /Un	MRB							
					32.87 /Un	MRB							
5/19/09	1	43097530	THERAPY ACTIVITY	Fee Adjustment	27.39 /Un	MRB							
					33.59 /Un	MRB							
5/19/09	1	43097535	OT-ADL TRAINING	Fee Adjustment	27.98 /Un	MRB							
					33.64 /Un	MRB							
5/20/09	1	42097110	PT-THERAPY EXERCISE	Fee Adjustment	28.03 /Un	MRB							
					32.20 /Un	MRB							
5/20/09	2	42097112	PT-NEURO RE-EDUCAT	Fee Adjustment	28.83 /Un	MRB							
					32.87 /Un	MRB							
5/20/09	2	42097530	PT-THER ACTIVITIES	Fee Adjustment	27.39 /Un	MRB							
					33.59 /Un	MRB							
5/20/09	2	43097110	OT-THERAPY EXERCISE	Fee Adjustment	27.98 /Un	MRB							
					32.20 /Un	MRB							
5/20/09	1	43097112	OT-NEURO RE-EDUC	Fee Adjustment	28.83 /Un	MRB							
					32.87 /Un	MRB							
5/20/09	1	43097530	THERAPY ACTIVITY	Fee Adjustment	27.39 /Un	MRB							
					33.59 /Un	MRB							
5/20/09	1	43097535	OT-ADL TRAINING	Fee Adjustment	27.98 /Un	MRB							
					33.64 /Un	MRB							

Cash receipts are applied in this report based on the Date Received

Billing Activity
Sunny Acres Of DeKalb (SA)

Dates of Service From Thru	Days Qty/Typ	CMG	Chrg Cof Description	(Cont.)	Type: VA	Admit: 8/20/10	Rate	AVR Type	Private	Medicaid	Medicare	Other	Debit	Cr/L Posting Credit
WEST, CHARLES (992463)														
5/21/09	2		42097530 97530 PT-THER ACTIVITIES	Fee Adjustment		27.39 /Un		MRB			(10.99)		310699	110207
5/21/09	1		42097530 97530 PT-THER ACTIVITIES	Fee Adjustment		33.58 /Un		MRB			87.16		110207	310603
5/21/09	1		43097110 87110 OT-THERAPY EXERCISE	Fee Adjustment		27.98 /Un		MRB			(11.20)		310699	110207
5/21/09	2		43097112 97112 OT-NEURO RE-EDUC	Fee Adjustment		32.20 /Un		MRB			32.20		110207	310605
5/21/09	1		43097110 87110 OT-THERAPY EXERCISE	Fee Adjustment		26.83 /Un		MRB			(5.37)		310699	110207
5/21/09	1		43097112 97112 OT-NEURO RE-EDUC	Fee Adjustment		32.87 /Un		MRB			65.74		110207	310605
5/21/09	1		43097110 87110 OT-THERAPY EXERCISE	Fee Adjustment		27.39 /Un		MRB			(10.96)		310699	110207
5/21/09	1		43097530 97530 THERAPY ACTIVITY	Fee Adjustment		33.58 /Un		MRB			33.58		110207	310605
5/21/09	1		43097535 97535 OT-ADL TRAINING	Fee Adjustment		27.98 /Un		MRB			(5.60)		310699	110207
5/21/09	1		43097110 97110 PT-THERAPY EXERCISE	Fee Adjustment		33.64 /Un		MRB			33.64		110207	310605
5/22/09	1		43097110 97110 PT-THERAPY EXERCISE	Fee Adjustment		28.03 /Un		MRB			(5.60)		310699	110207
5/22/09	1		42097530 97530 PT-THER ACTIVITIES	Fee Adjustment		32.20 /Un		MRB			32.20		110207	310605
5/22/09	1		42097530 97530 PT-THER ACTIVITIES	Fee Adjustment		26.83 /Un		MRB			(5.37)		310699	110207
5/22/09	1		43097110 97110 OT-THERAPY EXERCISE	Fee Adjustment		33.58 /Un		MRB			33.58		110207	310605
5/23/09	1		43097110 97110 OT-THERAPY EXERCISE	Fee Adjustment		27.98 /Un		MRB			(5.60)		310699	110207
5/23/09	1		43097110 97110 OT-THERAPY EXERCISE	Fee Adjustment		32.20 /Un		MRB			32.20		110207	310605
5/23/09	1		43097110 97110 OT-THERAPY EXERCISE	Fee Adjustment		26.83 /Un		MRB			(5.37)		310699	110207
5/23/09	1		43097110 97110 PT-THERAPY EXERCISE	Fee Adjustment		32.20 /Un		MRB			32.20		110207	310605
5/23/09	2		42097112 97112 PT-NEURO RE-EDUCAT	Fee Adjustment		26.83 /Un		MRB			(5.37)		310699	110207
5/23/09	1		42097112 97112 PT-NEURO RE-EDUCAT	Fee Adjustment		26.83 /Un		MRB			66.74		110207	310605
5/23/09	1		42097530 97530 PT-THER ACTIVITIES	Fee Adjustment		27.39 /Un		MRB			(10.96)		310699	110207
5/23/09	1		42097530 97530 PT-THER ACTIVITIES	Fee Adjustment		33.58 /Un		MRB			33.58		110207	310605
5/23/09	1		42097542 97542 PT-VAHEELCHAIR TRAIN	Fee Adjustment		27.98 /Un		MRB			(5.60)		310699	110207
5/23/09	2		43097110 97110 OT-THERAPY EXERCISE	Fee Adjustment		31.99 /Un		MRB			31.99		110207	310605
5/23/09	1		43097110 97110 OT-THERAPY EXERCISE	Fee Adjustment		26.85 /Un		MRB			(5.33)		310699	110207
5/23/09	1		43097112 97112 OT-NEURO RE-EDUC	Fee Adjustment		32.20 /Un		MRB			64.40		110207	310605
5/23/09	1		43097112 97112 OT-NEURO RE-EDUC	Fee Adjustment		28.83 /Un		MRB			(10.74)		310699	110207
5/23/09	1		43097530 97530 THERAPY ACTIVITY	Fee Adjustment		32.87 /Un		MRB			32.87		110207	310605
5/23/09	1		43097535 97535 OT-ADL TRAINING	Fee Adjustment		27.39 /Un		MRB			(5.48)		310699	110207
5/23/09	1		43097535 97535 OT-ADL TRAINING	Fee Adjustment		33.58 /Un		MRB			33.58		110207	310605
5/23/09	1		42097110 97110 PT-THERAPY EXERCISE	Fee Adjustment		27.98 /Un		MRB			(5.60)		310699	110207
5/23/09	1		42097110 97110 PT-THERAPY EXERCISE	Fee Adjustment		33.64 /Un		MRB			33.64		110207	310605
5/23/09	1		42097110 97110 PT-THERAPY EXERCISE	Fee Adjustment		28.03 /Un		MRB			(5.67)		310699	110207
5/23/09	1		42097110 97110 PT-THERAPY EXERCISE	Fee Adjustment		32.20 /Un		MRB			32.20		110207	310605
5/23/09	1		42097530 97530 PT-THER ACTIVITIES	Fee Adjustment		26.83 /Un		MRB			(5.37)		310699	110207
5/23/09	1		42097530 97530 PT-THER ACTIVITIES	Fee Adjustment		33.58 /Un		MRB			33.58		110207	310605
5/23/09	2		42097110 97110 PT-THERAPY EXERCISE	Fee Adjustment		27.98 /Un		MRB			(5.60)		310699	110207
5/23/09	2		42097110 97110 PT-THERAPY EXERCISE	Fee Adjustment		32.20 /Un		MRB			64.40		110207	310605
5/23/09	2		42097110 97110 PT-THERAPY EXERCISE	Fee Adjustment		28.83 /Un		MRB			(10.74)		310699	110207
5/27/09	2		42097112 97112 PT-NEURO RE-EDUCAT	Fee Adjustment		32.87 /Un		MRB			85.74		110207	310605
5/27/09	1		42097530 97530 PT-THER ACTIVITIES	Fee Adjustment		27.39 /Un		MRB			(10.96)		310699	110207
5/27/09	2		43097110 97110 OT-THERAPY EXERCISE	Fee Adjustment		33.58 /Un		MRB			33.58		110207	310605
5/27/09	1		43097110 97110 OT-THERAPY EXERCISE	Fee Adjustment		27.98 /Un		MRB			(5.60)		310699	110207
5/27/09	1		43097112 97112 OT-NEURO RE-EDUC	Fee Adjustment		32.20 /Un		MRB			64.40		110207	310605
5/27/09	1		43097112 97112 OT-NEURO RE-EDUC	Fee Adjustment		26.83 /Un		MRB			(10.74)		310699	110207
5/27/09	1		43097530 97530 THERAPY ACTIVITY	Fee Adjustment		32.87 /Un		MRB			32.87		110207	310605
5/27/09	1		43097530 97530 THERAPY ACTIVITY	Fee Adjustment		27.39 /Un		MRB			(5.48)		310699	110207
5/27/09	1		43097530 97530 THERAPY ACTIVITY	Fee Adjustment		33.58 /Un		MRB			33.58		110207	310605

Cash receipts are applied in this report based on the Date Received.

Billing Activity
Sunny Acres Of De Kalb (SA)

Dates of Service From	Thru	Days	Chrg	Chg	Chrg	Rate	Admit	Type	Private	Medicaid	Medicare	Other	Debit	Credit	GL Posting
WEST, CHARLES (992963)															
5/27/09		1	43097539	OT-ADL TRAINING	Fee Adjustment	27.98 /Jn	9/20/10	MRB					310699	110207	
5/28/09		1	42097110	PT-THERAPY EXERCISE	Fee Adjustment	28.03 /Jn		MRB					310699	110207	
5/28/09		2	42097112	PT-NEURO RE-EDUCAT	Fee Adjustment	28.83 /Jn		MRB					310699	110207	
5/28/09		1	42097530	PT-THER ACTIVITIES	Fee Adjustment	27.39 /Jn		MRB					310699	110207	
5/28/09		1	42097542	PT-WHEELCHAIR TRAIN	Fee Adjustment	33.58 /Jn		MRB					310699	110207	
5/28/09		2	43097110	OT-THERAPY EXERCISE	Fee Adjustment	32.20 /Jn		MRB					310699	110207	
5/28/09		2	43097112	OT-NEURO RE-EDUC	Fee Adjustment	28.83 /Jn		MRB					310699	110207	
5/28/09		1	43097112	OT-NEURO RE-EDUC	Fee Adjustment	27.39 /Jn		MRB					310699	110207	
5/28/09		1	43097530	THERAPY ACTIVITY	Fee Adjustment	33.58 /Jn		MRB					310699	110207	
5/28/09		1	43097535	OT-ADL TRAINING	Fee Adjustment	27.98 /Jn		MRB					310699	110207	
5/28/09		1	43097536	OT-ADL TRAINING	Fee Adjustment	33.64 /Jn		MRB					310699	110207	
5/28/09		2	42097110	PT-THERAPY EXERCISE	Fee Adjustment	28.03 /Jn		MRB					310699	110207	
5/28/09		2	42097112	PT-NEURO RE-EDUCAT	Fee Adjustment	32.87 /Jn		MRB					310699	110207	
5/29/09		1	42097530	PT-THER ACTIVITIES	Fee Adjustment	33.58 /Jn		MRB					310699	110207	
BALANCE															
													7,184.00 *		
5/29/09		1	43097539	OT-ADL TRAINING	Fee Adjustment	27.98 /Jn		MRB					310699	110207	
5/29/09		1	42097110	PT-THERAPY EXERCISE	Fee Adjustment	28.03 /Jn		MRB					310699	110207	
5/29/09		2	42097112	PT-NEURO RE-EDUCAT	Fee Adjustment	28.83 /Jn		MRB					310699	110207	
5/29/09		1	42097530	PT-THER ACTIVITIES	Fee Adjustment	27.39 /Jn		MRB					310699	110207	
5/29/09		1	42097542	PT-WHEELCHAIR TRAIN	Fee Adjustment	33.58 /Jn		MRB					310699	110207	
5/29/09		2	43097110	OT-THERAPY EXERCISE	Fee Adjustment	32.20 /Jn		MRB					310699	110207	
													4,383.36 *		
													2,700.00	110211	
													3,943.09	110211	
6/01/09		1	42097110	PT-THERAPY EXERCISE	Fee Adjustment	28.03 /Jn		MRB					310699	110207	
6/01/09		2	42097112	PT-NEURO RE-EDUCAT	Fee Adjustment	32.87 /Jn		MRB					310699	110207	
6/01/09		1	42097530	PT-THER ACTIVITIES	Fee Adjustment	33.58 /Jn		MRB					310699	110207	
6/01/09		1	42097542	PT-WHEELCHAIR TRAIN	Fee Adjustment	31.99 /Jn		MRB					310699	110207	
6/01/09		2	43097110	OT-THERAPY EXERCISE	Fee Adjustment	28.83 /Jn		MRB					310699	110207	

Cash receipts are applied in this report based on the Date Received.

Billing Activity

Sunny Acres Of DeKalb (SA)

Page 7 of 19
2/23/11 1:36 PM
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Dates of Service From	Days	Qty/Type	CMG	Chrg	Chrg Description	Type	Rate	Admit: 9/20/10	Private	Medicaid	Medicare	Other	Debit	G/L Posting	Credit
WEST, CHARLES (912893)															
6/01/09	1			43097112	97112 - OT-NEURO RE-EDUC	MRB	26.83	Adj			(10.74)		310689		110207
					Fee Adjustment										310605
6/01/09	1			43097530	97530 - THERAPY ACTIVITY	MRB	32.87	Adj			32.87		110207		310605
					Fee Adjustment										310605
6/01/09	1			43097530	97530 - THERAPY ACTIVITY	MRB	33.58	Adj			33.58		110207		310605
					Fee Adjustment										310605
6/02/09	1			43097535	97535 - OT-ADL TRAINING	MRB	27.98	Adj			(5.80)		110207		310605
					Fee Adjustment										310605
6/02/09	1			43097102	97102 - PT-RE-EVALUATION	MRB	33.64	Adj			33.64		110207		310605
					Fee Adjustment										310605
6/02/09	1			43097110	97110 - PT-THERAPY EXERCISE	MRB	28.03	Adj			(5.67)		110207		310603
					Fee Adjustment										310603
6/02/09	2			43097112	97112 - PT-NEURO RE-EDUCAT	MRB	42.87	Adj			42.87		110207		310603
					Fee Adjustment										310603
6/02/09	1			43097530	97530 - PT-THER ACTIVITIES	MRB	35.72	Adj			(7.15)		110207		310603
					Fee Adjustment										310603
6/02/09	1			43097542	97542 - PT-WHEELCHAIR TRAIN	MRB	32.20	Adj			32.20		110207		310603
					Fee Adjustment										310603
6/02/09	2			43097110	97110 - OT-THERAPY EXERCISE	MRB	27.98	Adj			(5.37)		110207		310603
					Fee Adjustment										310603
6/02/09	1			43097112	97112 - OT-NEURO RE-EDUC	MRB	33.58	Adj			33.58		110207		310603
					Fee Adjustment										310603
6/02/09	1			43097530	97530 - THERAPY ACTIVITY	MRB	27.98	Adj			(5.60)		110207		310605
					Fee Adjustment										310605
6/02/09	1			43097535	97535 - OT-ADL TRAINING	MRB	33.64	Adj			33.64		110207		310605
					Fee Adjustment										310605
6/03/09	1			43097110	97110 - PT-THERAPY EXERCISE	MRB	28.03	Adj			(5.67)		110207		310603
					Fee Adjustment										310603
6/03/09	2			43097112	97112 - PT-NEURO RE-EDUCAT	MRB	32.87	Adj			32.87		110207		310603
					Fee Adjustment										310603
6/03/09	1			43097530	97530 - PT-THER ACTIVITIES	MRB	27.98	Adj			(10.98)		110207		310603
					Fee Adjustment										310603
6/03/09	1			43097542	97542 - PT-WHEELCHAIR TRAIN	MRB	33.58	Adj			33.58		110207		310603
					Fee Adjustment										310603
6/03/09	2			43097110	97110 - OT-THERAPY EXERCISE	MRB	31.99	Adj			(5.60)		110207		310603
					Fee Adjustment										310603
6/03/09	1			43097112	97112 - OT-NEURO RE-EDUC	MRB	26.83	Adj			(5.37)		110207		310603
					Fee Adjustment										310603
6/03/09	1			43097530	97530 - THERAPY ACTIVITY	MRB	32.87	Adj			32.87		110207		310603
					Fee Adjustment										310603
6/03/09	1			43097535	97535 - OT-ADL TRAINING	MRB	27.98	Adj			(5.60)		110207		310605
					Fee Adjustment										310605
6/03/09	2			43097110	97110 - OT-THERAPY EXERCISE	MRB	33.64	Adj			33.64		110207		310605
					Fee Adjustment										310605
6/03/09	1			43097112	97112 - OT-NEURO RE-EDUC	MRB	26.83	Adj			(10.74)		110207		310605
					Fee Adjustment										310605
6/03/09	1			43097530	97530 - THERAPY ACTIVITY	MRB	32.87	Adj			32.87		110207		310605
					Fee Adjustment										310605
6/03/09	1			43097535	97535 - OT-ADL TRAINING	MRB	27.98	Adj			(5.48)		110207		310605
					Fee Adjustment										310605
6/03/09	1			43097530	97530 - THERAPY ACTIVITY	MRB	33.58	Adj			33.58		110207		310605
					Fee Adjustment										310605
6/03/09	1			43097535	97535 - OT-ADL TRAINING	MRB	27.98	Adj			(5.60)		110207		310605
					Fee Adjustment										310605
6/04/09	1			43097110	97110 - OT-THERAPY EXERCISE	MRB	33.64	Adj			33.64		110207		310605
					Fee Adjustment										310605
6/04/09	1			43097112	97112 - OT-THERAPY EXERCISE	MRB	28.03	Adj			(5.67)		110207		310603
					Fee Adjustment										310603
6/04/09	2			43097112	97112 - PT-NEURO RE-EDUCAT	MRB	26.83	Adj			(5.37)		110207		310603
					Fee Adjustment										310603
6/04/09	1			43097530	97530 - PT-THER ACTIVITIES	MRB	32.87	Adj			32.87		110207		310603
					Fee Adjustment										310603
6/04/09	1			43097542	97542 - PT-WHEELCHAIR TRAIN	MRB	33.58	Adj			33.58		110207		310603
					Fee Adjustment										310603

Cash receipts are applied in this report based on the Date Received

Billing Activity

Sunny Acres Of Dekalb (SA)

Page 8 of 19
2/23/11 1:36 PM
AR6400A

Dated Service From	Days Qty/Typ	Chrgs	Chrgs Description	Type: VA	Admit: 9/20/10	Rate	AR Type	Private	Medicaid	Medicare	Other	Debit	GL Posting	Credit
WEST, CHARLES (992963)														
60409	1	43097	Fee Adjustment	MRB	26.86 /Jn	MRB	310699	(5.33)				310699	11	0207
60409	1	43097	Fee Adjustment	MRB	54.87 /Jn	MRB	110207	54.87				110207	31	0505
60409	1	43097	Fee Adjustment	MRB	45.56 /Jn	MRB	310699	(9.19)				310699	11	0207
60409	2	43097	Fee Adjustment	MRB	32.20 /Jn	MRB	110207	32.20				110207	31	0505
60409	1	43097	Fee Adjustment	MRB	26.86 /Jn	MRB	310699	(5.37)				310699	11	0207
60409	1	43097	Fee Adjustment	MRB	32.87 /Jn	MRB	110207	66.74				110207	31	0505
60409	1	43097	Fee Adjustment	MRB	27.39 /Jn	MRB	310699	(10.96)				310699	11	0207
60409	1	43097	Fee Adjustment	MRB	33.58 /Jn	MRB	110207	33.58				110207	31	0505
60409	1	43097	Fee Adjustment	MRB	27.99 /Jn	MRB	310699	(5.81)				310699	11	0207
60409	1	43097	Fee Adjustment	MRB	33.64 /Jn	MRB	110207	33.64				110207	31	0505
60509	1	42097	Fee Adjustment	MRB	26.86 /Jn	MRB	110207	(5.37)				110207	31	0505
60509	2	42097	Fee Adjustment	MRB	32.87 /Jn	MRB	110207	66.74				110207	31	0505
60509	1	42097	Fee Adjustment	MRB	27.36 /Jn	MRB	310699	(10.96)				310699	11	0207
60509	1	42097	Fee Adjustment	MRB	33.58 /Jn	MRB	110207	33.58				110207	31	0505
60509	1	42097	Fee Adjustment	MRB	27.99 /Jn	MRB	310699	(5.81)				310699	11	0207
60509	1	42097	Fee Adjustment	MRB	31.99 /Jn	MRB	110207	31.99				110207	31	0505
60509	2	42097	Fee Adjustment	MRB	26.86 /Jn	MRB	110207	(5.33)				110207	31	0505
60509	1	42097	Fee Adjustment	MRB	32.20 /Jn	MRB	110207	64.40				110207	31	0505
60509	1	42097	Fee Adjustment	MRB	26.83 /Jn	MRB	310699	(10.74)				310699	11	0207
60509	1	42097	Fee Adjustment	MRB	32.87 /Jn	MRB	110207	32.87				110207	31	0505
60509	1	42097	Fee Adjustment	MRB	27.36 /Jn	MRB	310699	(5.48)				310699	11	0207
60509	1	42097	Fee Adjustment	MRB	33.58 /Jn	MRB	110207	33.58				110207	31	0505
60509	1	42097	Fee Adjustment	MRB	27.98 /Jn	MRB	310699	(5.80)				310699	11	0207
60509	1	42097	Fee Adjustment	MRB	33.64 /Jn	MRB	110207	33.64				110207	31	0505
60509	1	42097	Fee Adjustment	MRB	26.83 /Jn	MRB	310699	(5.37)				310699	11	0207
60509	2	42097	Fee Adjustment	MRB	32.87 /Jn	MRB	110207	65.74				110207	31	0505
60509	1	42097	Fee Adjustment	MRB	27.39 /Jn	MRB	310699	(10.96)				310699	11	0207
60509	1	42097	Fee Adjustment	MRB	33.58 /Jn	MRB	110207	33.58				110207	31	0505
60509	1	42097	Fee Adjustment	MRB	27.98 /Jn	MRB	310699	(5.80)				310699	11	0207
60509	2	42097	Fee Adjustment	MRB	31.99 /Jn	MRB	110207	31.99				110207	31	0505
60509	1	42097	Fee Adjustment	MRB	26.86 /Jn	MRB	310699	(5.33)				310699	11	0207
60509	1	42097	Fee Adjustment	MRB	32.20 /Jn	MRB	110207	64.40				110207	31	0505
60509	1	42097	Fee Adjustment	MRB	26.83 /Jn	MRB	310699	(10.74)				310699	11	0207
60509	1	42097	Fee Adjustment	MRB	32.87 /Jn	MRB	110207	32.87				110207	31	0505
60509	1	42097	Fee Adjustment	MRB	27.36 /Jn	MRB	310699	(5.48)				310699	11	0207
60509	1	42097	Fee Adjustment	MRB	33.58 /Jn	MRB	110207	33.58				110207	31	0505
60509	1	42097	Fee Adjustment	MRB	27.98 /Jn	MRB	310699	(5.80)				310699	11	0207
60509	1	42097	Fee Adjustment	MRB	33.64 /Jn	MRB	110207	33.64				110207	31	0505
60509	1	42097	Fee Adjustment	MRB	26.83 /Jn	MRB	310699	(5.37)				310699	11	0207
60509	2	42097	Fee Adjustment	MRB	32.87 /Jn	MRB	110207	65.74				110207	31	0505
60509	1	42097	Fee Adjustment	MRB	27.39 /Jn	MRB	310699	(10.96)				310699	11	0207
60509	1	42097	Fee Adjustment	MRB	33.58 /Jn	MRB	110207	33.58				110207	31	0505
60509	1	42097	Fee Adjustment	MRB	27.98 /Jn	MRB	310699	(5.80)				310699	11	0207
60509	1	42097	Fee Adjustment	MRB	31.99 /Jn	MRB	110207	31.99				110207	31	0505
60509	1	42097	Fee Adjustment	MRB	26.86 /Jn	MRB	310699	(5.33)				310699	11	0207
60509	1	42097	Fee Adjustment	MRB	32.20 /Jn	MRB	110207	64.40				110207	31	0505
60509	1	42097	Fee Adjustment	MRB	26.83 /Jn	MRB	310699	(10.74)				310699	11	0207
60509	1	42097	Fee Adjustment	MRB	32.87 /Jn	MRB	110207	32.87				110207	31	0505
60509	1	42097	Fee Adjustment	MRB	27.36 /Jn	MRB	310699	(5.48)				310699	11	0207
60509	1	42097	Fee Adjustment	MRB	33.58 /Jn	MRB	110207	33.58				110207	31	0505
60509	1	42097	Fee Adjustment	MRB	27.98 /Jn	MRB	310699	(5.80)				310699	11	0207
60509	1	42097	Fee Adjustment	MRB	33.64 /Jn	MRB	110207	33.64				110207	31	0505
60509	1	42097	Fee Adjustment	MRB	26.83 /Jn	MRB	310699	(5.37)				310699	11	0207
60509	2	42097	Fee Adjustment	MRB	32.87 /Jn	MRB	110207	65.74				110207	31	0505
60509	1	42097	Fee Adjustment	MRB	27.39 /Jn	MRB	310699	(10.96)				310699	11	0207
60509	1	42097	Fee Adjustment	MRB	33.58 /Jn	MRB	110207	33.58				110207	31	0505

Cash receipts are applied in this report based on the Date Received

Billing Activity

Sunny Acres Of DeKalb (SA)

Date of Service From Thru	Days Qty	Chrg CMC	Chg Description	(Cont.)	Type: VA	Rate	A/R Type	Private	Medicaid	Medicare	Other	Debit	GL Posting Credit
WEST, CHARLES (992983)													
6/09/09	1		43097542 97542 PT-WHEELCHAIR TRAIN	Fee Adjustment		27.98 /Un	MRB					310589	110207
6/09/09	1		43097542 97542 PT-WHEELCHAIR TRAIN	Fee Adjustment		31.99 /Un	MRB					310603	110207
6/09/09	2		43097110 97110 OT-THERAPY EXERCISE	Fee Adjustment		28.66 /Un	MRB					310689	110207
6/09/09	1		43097112 97112 OT-NEURO RE-EDUC	Fee Adjustment		32.20 /Un	MRB					310606	110207
6/09/09	1		43097112 97112 OT-NEURO RE-EDUC	Fee Adjustment		26.83 /Un	MRB					310689	110207
6/09/09	1		43097530 97530 THERAPY ACTIVITY	Fee Adjustment		32.87 /Un	MRB					310605	110207
6/09/09	1		43097530 97530 THERAPY ACTIVITY	Fee Adjustment		27.39 /Un	MRB					310689	110207
6/09/09	1		43097535 97535 OT-ADL TRAINING	Fee Adjustment		33.58 /Un	MRB					310605	110207
6/09/09	1		43097110 97110 PT-THERAPY EXERCISE	Fee Adjustment		27.98 /Un	MRB					310689	110207
6/10/09	1		43097112 97112 PT-NEURO RE-EDUCAT	Fee Adjustment		28.03 /Un	MRB					310603	110207
6/10/09	2		43097112 97112 PT-NEURO RE-EDUCAT	Fee Adjustment		26.83 /Un	MRB					310689	110207
6/10/09	1		43097530 97530 PT-THER ACTIVITIES	Fee Adjustment		32.87 /Un	MRB					310603	110207
6/10/09	1		43097530 97530 PT-THER ACTIVITIES	Fee Adjustment		27.39 /Un	MRB					310689	110207
6/10/09	1		43097542 97542 PT-WHEELCHAIR TRAIN	Fee Adjustment		33.58 /Un	MRB					310603	110207
6/10/09	1		43097542 97542 PT-WHEELCHAIR TRAIN	Fee Adjustment		27.98 /Un	MRB					310689	110207
6/10/09	2		43097110 97110 OT-THERAPY EXERCISE	Fee Adjustment		26.86 /Un	MRB					310605	110207
6/10/09	1		43097112 97112 OT-NEURO RE-EDUC	Fee Adjustment		32.20 /Un	MRB					310689	110207
6/10/09	1		43097112 97112 OT-NEURO RE-EDUC	Fee Adjustment		26.83 /Un	MRB					310605	110207
6/10/09	1		43097530 97530 THERAPY ACTIVITY	Fee Adjustment		32.87 /Un	MRB					310689	110207
6/10/09	1		43097535 97535 OT-ADL TRAINING	Fee Adjustment		27.39 /Un	MRB					310605	110207
6/11/09	2		43097110 97110 PT-THERAPY EXERCISE	Fee Adjustment		33.58 /Un	MRB					310689	110207
6/11/09	2		43097112 97112 PT-THERAPY EXERCISE	Fee Adjustment		27.98 /Un	MRB					310603	110207
6/11/09	2		43097112 97112 PT-THERAPY EXERCISE	Fee Adjustment		27.39 /Un	MRB					310689	110207
6/11/09	2		43097112 97112 PT-THERAPY EXERCISE	Fee Adjustment		33.58 /Un	MRB					310605	110207
6/11/09	1		43097530 97530 PT-THER ACTIVITIES	Fee Adjustment		27.98 /Un	MRB					310689	110207
6/11/09	1		43097530 97530 PT-THER ACTIVITIES	Fee Adjustment		26.83 /Un	MRB					310603	110207
6/11/09	1		43097110 97110 OT-THERAPY EXERCISE	Fee Adjustment		32.20 /Un	MRB					310689	110207
6/11/09	2		43097112 97112 OT-NEURO RE-EDUC	Fee Adjustment		28.03 /Un	MRB					310605	110207
6/11/09	2		43097112 97112 OT-NEURO RE-EDUC	Fee Adjustment		26.83 /Un	MRB					310689	110207
6/11/09	1		43097530 97530 THERAPY ACTIVITY	Fee Adjustment		32.87 /Un	MRB					310603	110207
6/11/09	1		43097530 97530 THERAPY ACTIVITY	Fee Adjustment		27.39 /Un	MRB					310689	110207
6/11/09	1		43097535 97535 OT-ADL TRAINING	Fee Adjustment		33.58 /Un	MRB					310605	110207
6/12/09	1		43097110 97110 PT-THERAPY EXERCISE	Fee Adjustment		27.98 /Un	MRB					310689	110207
6/12/09	1		43097110 97110 PT-THERAPY EXERCISE	Fee Adjustment		28.03 /Un	MRB					310603	110207
6/12/09	2		43097112 97112 PT-NEURO RE-EDUCAT	Fee Adjustment		32.20 /Un	MRB					310689	110207
6/12/09	1		43097112 97112 PT-NEURO RE-EDUCAT	Fee Adjustment		26.83 /Un	MRB					310605	110207
6/12/09	1		43097530 97530 PT-THER ACTIVITIES	Fee Adjustment		32.87 /Un	MRB					310689	110207
6/12/09	1		43097530 97530 PT-THER ACTIVITIES	Fee Adjustment		27.39 /Un	MRB					310603	110207
6/12/09	1		43097542 97542 PT-WHEELCHAIR TRAIN	Fee Adjustment		33.58 /Un	MRB					310689	110207
6/12/09	1		43097542 97542 PT-WHEELCHAIR TRAIN	Fee Adjustment		27.98 /Un	MRB					310605	110207

ARKANSAS STATE
CLAIMS COMMISSION
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Cash receipts are applied in this report based on the Date Received.

Billing Activity
Sunny Acres Of DeKalb (SA)

Date of Service From Thru	Days Qty	Chg	Chg Description	Chg	Rate	Type	Private	Medicaid	Medicare	Other	Debit	Credit
WEST, CHARLES (992843)												
Admit: 9/20/10												
6/12/09	2		43087110 97110 OT-THERAPY EXERCISE	Fee Adjustment	26.85 /Un	MRB			(5.39)		310699	110207
					32.20 /Un	MRB			64.40		110207	310695
6/12/09	1		43087112 97112 OT-NEURO RE-EDUC	Fee Adjustment	26.83 /Un	MRB			(10.74)		310699	110207
					32.87 /Un	MRB			32.87		110207	310695
6/12/09	1		43087530 97530 THERAPY ACTIVITY	Fee Adjustment	27.39 /Un	MRB			(5.48)		310699	110207
					33.58 /Un	MRB			33.58		110207	310695
6/12/09	1		43087533 97533 OT-ADL TRAINING	Fee Adjustment	27.98 /Un	MRB			(5.61)		310699	110207
					33.64 /Un	MRB			33.64		110207	310695
6/15/09	1		42087110 97110 PT-THERAPY EXERCISE	Fee Adjustment	26.83 /Un	MRB			(5.48)		310699	110207
					32.20 /Un	MRB			32.20		110207	310695
6/15/09	2		42087112 97112 PT-NEURO RE-EDUCAT	Fee Adjustment	26.83 /Un	MRB			(5.37)		310699	110207
					32.87 /Un	MRB			65.74		110207	310695
6/15/09	2		42087530 97530 PT-THER ACTIVITIES	Fee Adjustment	27.39 /Un	MRB			(10.96)		310699	110207
					33.58 /Un	MRB			67.16		110207	310695
6/15/09	2		43087110 97110 OT-THERAPY EXERCISE	Fee Adjustment	27.98 /Un	MRB			(11.20)		310699	110207
					32.20 /Un	MRB			84.40		110207	310695
6/15/09	1		43087112 97112 OT-NEURO RE-EDUC	Fee Adjustment	26.83 /Un	MRB			(10.74)		310699	110207
					32.87 /Un	MRB			32.87		110207	310695
6/15/09	1		43087530 97530 THERAPY ACTIVITY	Fee Adjustment	27.39 /Un	MRB			(5.48)		310699	110207
					33.58 /Un	MRB			33.58		110207	310695
6/15/09	1		43087533 97533 OT-ADL TRAINING	Fee Adjustment	27.98 /Un	MRB			(5.61)		310699	110207
					33.64 /Un	MRB			33.64		110207	310695
6/16/09	2		42087110 97110 PT-THERAPY EXERCISE	Fee Adjustment	26.83 /Un	MRB			(5.37)		310699	110207
					32.20 /Un	MRB			64.40		110207	310695
6/16/09	2		42087112 97112 PT-NEURO RE-EDUCAT	Fee Adjustment	26.83 /Un	MRB			(10.74)		310699	110207
					32.87 /Un	MRB			65.74		110207	310695
6/16/09	1		42087530 97530 PT-THER ACTIVITIES	Fee Adjustment	27.39 /Un	MRB			(10.96)		310699	110207
					33.58 /Un	MRB			33.58		110207	310695
6/16/09	2		43087110 97110 OT-THERAPY EXERCISE	Fee Adjustment	27.98 /Un	MRB			(5.60)		310699	110207
					32.20 /Un	MRB			64.40		110207	310695
6/16/09	1		43087112 97112 OT-NEURO RE-EDUC	Fee Adjustment	26.83 /Un	MRB			(5.48)		310699	110207
					32.87 /Un	MRB			32.87		110207	310695
6/16/09	1		43087530 97530 THERAPY ACTIVITY	Fee Adjustment	27.39 /Un	MRB			(5.60)		310699	110207
					33.64 /Un	MRB			33.64		110207	310695
6/16/09	1		43087533 97533 OT-ADL TRAINING	Fee Adjustment	27.98 /Un	MRB			(5.61)		310699	110207
					33.64 /Un	MRB			33.64		110207	310695
6/17/09	2		42087110 97110 PT-THERAPY EXERCISE	Fee Adjustment	26.83 /Un	MRB			(5.37)		310699	110207
					32.20 /Un	MRB			64.40		110207	310695
6/17/09	2		42087112 97112 PT-NEURO RE-EDUCAT	Fee Adjustment	26.83 /Un	MRB			(10.74)		310699	110207
					32.87 /Un	MRB			65.74		110207	310695
6/17/09	1		42087530 97530 PT-THER ACTIVITIES	Fee Adjustment	27.39 /Un	MRB			(10.96)		310699	110207
					33.58 /Un	MRB			33.58		110207	310695
6/17/09	1		43087110 97110 OT-THERAPY EXERCISE	Fee Adjustment	27.98 /Un	MRB			(5.60)		310699	110207
					32.20 /Un	MRB			64.40		110207	310695
6/17/09	1		43087112 97112 OT-NEURO RE-EDUC	Fee Adjustment	26.83 /Un	MRB			(5.48)		310699	110207
					32.87 /Un	MRB			32.87		110207	310695
6/17/09	1		43087530 97530 THERAPY ACTIVITY	Fee Adjustment	27.39 /Un	MRB			(5.60)		310699	110207
					33.64 /Un	MRB			33.64		110207	310695
6/17/09	1		43087533 97533 OT-ADL TRAINING	Fee Adjustment	27.98 /Un	MRB			(5.61)		310699	110207
					33.64 /Un	MRB			33.64		110207	310695
6/17/09	2		42087110 97110 PT-THERAPY EXERCISE	Fee Adjustment	26.83 /Un	MRB			(5.37)		310699	110207
					32.20 /Un	MRB			64.40		110207	310695
6/17/09	2		42087112 97112 PT-NEURO RE-EDUCAT	Fee Adjustment	26.83 /Un	MRB			(10.74)		310699	110207
					32.87 /Un	MRB			65.74		110207	310695
6/17/09	1		42087530 97530 PT-THER ACTIVITIES	Fee Adjustment	27.39 /Un	MRB			(10.96)		310699	110207
					33.58 /Un	MRB			33.58		110207	310695
6/17/09	1		43087110 97110 OT-THERAPY EXERCISE	Fee Adjustment	27.98 /Un	MRB			(5.60)		310699	110207
					32.20 /Un	MRB			64.40		110207	310695
6/17/09	1		43087112 97112 OT-NEURO RE-EDUC	Fee Adjustment	26.83 /Un	MRB			(5.48)		310699	110207
					32.87 /Un	MRB			32.87		110207	310695
6/17/09	1		43087530 97530 THERAPY ACTIVITY	Fee Adjustment	27.39 /Un	MRB			(5.60)		310699	110207
					33.64 /Un	MRB			33.64		110207	310695
6/17/09	1		43087533 97533 OT-ADL TRAINING	Fee Adjustment	27.98 /Un	MRB			(5.61)		310699	110207
					33.64 /Un	MRB			33.64		110207	310695
6/17/09	2		42087110 97110 PT-THERAPY EXERCISE	Fee Adjustment	26.83 /Un	MRB			(5.37)		310699	110207
					32.20 /Un	MRB			64.40		110207	310695
6/17/09	2		42087112 97112 PT-NEURO RE-EDUCAT	Fee Adjustment	26.83 /Un	MRB			(10.74)		310699	110207
					32.87 /Un	MRB			65.74		110207	310695
6/17/09	1		42087530 97530 PT-THER ACTIVITIES	Fee Adjustment	27.39 /Un	MRB			(10.96)		310699	110207
					33.58 /Un	MRB			33.58		110207	310695

Cash receipts are applied in this report based on the Date Received.

Billing Activity

Page 12 of 19
2/23/11 1:36 PM
Sunny Acres Of Del Mar, CA (SA)
AR6400-A

Date of Service From	Days	Qty	Chrg	Chg Description	Type: VA	Rate	AR Type	Private	Medicaid	Medicare	Other	Debit	GL Posting Credit
WEST, CHARLES (992963)													
6/21/09	1		43097535	Fee Adjustment	43097535 97535 OT-ADL TRAINING	27.88 /Jn	MRB			(5.60)		310899	110207
6/22/09	1		43097535	Fee Adjustment	43097535 97535 OT-ADL TRAINING	33.64 /Jn	MRB			33.64		110207	310805
6/22/09	1		43097110	Fee Adjustment	43097110 97110 PT-THERAPY EXERCISE	28.03 /Jn	MRB			(5.64)		310899	110207
6/22/09	2		43097112	Fee Adjustment	43097112 97112 PT-NEURO RE-EDUCAT	32.20 /Jn	MRB			32.20		110207	310803
6/22/09	1		43097535	Fee Adjustment	43097535 97535 OT-ADL TRAINING	26.83 /Jn	MRB			(5.37)		310899	110207
6/22/09	1		43097530	Fee Adjustment	43097530 97530 PT-THER ACTIVITIES	32.87 /Jn	MRB			66.74		110207	310803
6/22/09	1		43097542	Fee Adjustment	43097542 97542 PT-WHEELCHAIR TRAIN	27.36 /Jn	MRB			(10.96)		110207	310803
6/22/09	2		43097110	Fee Adjustment	43097110 97110 OT-THERAPY EXERCISE	33.58 /Jn	MRB			33.58		110207	310803
6/22/09	1		43097112	Fee Adjustment	43097112 97112 OT-NEURO RE-EDUC	26.66 /Jn	MRB			(5.33)		310899	110207
6/22/09	1		43097530	Fee Adjustment	43097530 97530 PT-THER ACTIVITIES	32.20 /Jn	MRB			64.40		110207	310803
6/22/09	1		43097535	Fee Adjustment	43097535 97535 OT-ADL TRAINING	26.83 /Jn	MRB			(10.74)		310899	110207
6/22/09	1		43097110	Fee Adjustment	43097110 97110 PT-THERAPY EXERCISE	32.87 /Jn	MRB			32.87		110207	310803
6/22/09	1		43097530	Fee Adjustment	43097530 97530 PT-THER ACTIVITIES	27.36 /Jn	MRB			(5.48)		310899	110207
6/22/09	1		43097535	Fee Adjustment	43097535 97535 OT-ADL TRAINING	27.36 /Jn	MRB			33.58		110207	310803
6/22/09	2		43097112	Fee Adjustment	43097112 97112 PT-NEURO RE-EDUCAT	33.58 /Jn	MRB			(5.60)		310899	110207
6/22/09	1		43097530	Fee Adjustment	43097530 97530 PT-THER ACTIVITIES	27.36 /Jn	MRB			33.64		110207	310803
6/22/09	1		43097535	Fee Adjustment	43097535 97535 OT-ADL TRAINING	26.03 /Jn	MRB			(5.69)		310899	110207
6/22/09	1		43097110	Fee Adjustment	43097110 97110 PT-THERAPY EXERCISE	32.20 /Jn	MRB			32.20		110207	310803
6/22/09	2		43097112	Fee Adjustment	43097112 97112 PT-NEURO RE-EDUCAT	26.83 /Jn	MRB			(5.37)		310899	110207
6/22/09	1		43097530	Fee Adjustment	43097530 97530 PT-THER ACTIVITIES	32.87 /Jn	MRB			65.74		110207	310803
6/22/09	1		43097535	Fee Adjustment	43097535 97535 OT-ADL TRAINING	27.36 /Jn	MRB			(10.96)		310899	110207
6/22/09	1		43097110	Fee Adjustment	43097110 97110 PT-THERAPY EXERCISE	33.58 /Jn	MRB			33.58		110207	310803
6/22/09	1		43097542	Fee Adjustment	43097542 97542 PT-WHEELCHAIR TRAIN	27.98 /Jn	MRB			(5.60)		310899	110207
6/22/09	1		43097530	Fee Adjustment	43097530 97530 PT-THER ACTIVITIES	31.98 /Jn	MRB			31.98		110207	310803
6/22/09	2		43097112	Fee Adjustment	43097112 97112 OT-THERAPY EXERCISE	28.66 /Jn	MRB			(5.33)		310899	110207
6/22/09	1		43097110	Fee Adjustment	43097110 97110 OT-NEURO RE-EDUC	32.20 /Jn	MRB			64.40		110207	310803
6/22/09	1		43097112	Fee Adjustment	43097112 97112 OT-NEURO RE-EDUC	28.63 /Jn	MRB			(10.74)		310899	110207
6/22/09	1		43097530	Fee Adjustment	43097530 97530 PT-THERAPY EXERCISE	32.87 /Jn	MRB			32.87		110207	310803
6/22/09	1		43097535	Fee Adjustment	43097535 97535 OT-ADL TRAINING	27.36 /Jn	MRB			(5.48)		310899	110207
6/22/09	1		43097530	Fee Adjustment	43097530 97530 PT-THERAPY EXERCISE	33.58 /Jn	MRB			33.58		110207	310803
6/22/09	1		43097535	Fee Adjustment	43097535 97535 OT-ADL TRAINING	28.03 /Jn	MRB			(5.87)		310899	110207
6/22/09	1		43097110	Fee Adjustment	43097110 97110 PT-THERAPY EXERCISE	32.20 /Jn	MRB			32.20		110207	310803
6/22/09	2		43097112	Fee Adjustment	43097112 97112 PT-NEURO RE-EDUCAT	28.83 /Jn	MRB			(5.37)		310899	110207
6/22/09	1		43097110	Fee Adjustment	43097110 97110 PT-THERAPY EXERCISE	32.87 /Jn	MRB			65.74		110207	310803
6/22/09	1		43097530	Fee Adjustment	43097530 97530 PT-THER ACTIVITIES	27.36 /Jn	MRB			(10.96)		310899	110207
6/22/09	1		43097535	Fee Adjustment	43097535 97535 OT-ADL TRAINING	33.58 /Jn	MRB			33.58		110207	310803
6/22/09	1		43097110	Fee Adjustment	43097110 97110 PT-THERAPY EXERCISE	27.36 /Jn	MRB			(5.60)		310899	110207
6/22/09	1		43097542	Fee Adjustment	43097542 97542 PT-WHEELCHAIR TRAIN	27.36 /Jn	MRB			31.99		110207	310803
6/22/09	2		43097110	Fee Adjustment	43097110 97110 OT-THERAPY EXERCISE	26.66 /Jn	MRB			(5.33)		310899	110207
6/22/09	1		43097112	Fee Adjustment	43097112 97112 OT-NEURO RE-EDUC	32.20 /Jn	MRB			64.40		110207	310803
6/22/09	1		43097110	Fee Adjustment	43097110 97110 OT-NEURO RE-EDUC	26.83 /Jn	MRB			(10.74)		310899	110207
6/22/09	1		43097530	Fee Adjustment	43097530 97530 PT-THERAPY EXERCISE	32.87 /Jn	MRB			32.87		110207	310803
6/22/09	1		43097535	Fee Adjustment	43097535 97535 OT-ADL TRAINING	27.36 /Jn	MRB			(5.48)		310899	110207
6/22/09	1		43097110	Fee Adjustment	43097110 97110 PT-THERAPY EXERCISE	33.58 /Jn	MRB			33.58		110207	310803

Cash receipts are applied in this report based on the Date Received.

Billing Activity
Sunny Acres Of DeKalb (SA)

Dates of Service		Days	Chrg	Chg	Chrg	Rate	Admit	Private	Medicaid	Medicare	Other	Debit	G/L Posting	Credit
From	Thru	Qty/Typ	CMG	Chg	Description	Type: VA	Admit	Private	Medicaid	Medicare	Other	Debit	G/L Posting	Credit
WEST, CHARLES (992983)														
501/09					Payment 7/2309	MRB								
401/09					Payment 7/1308 DD	VA					(438.00)	110101		110207
501/09					Payment 7/1309 DD	VA					(5,756.00)	110101		110211
7/01/09	7/31/09	31 30	SSC		2 SEMI-PRIVATE ROOM	VA					2,790.00	110211		310501
					Continental Adjustment	VA					3,969.00	110211		310698
7/01/09		1			42097110 97110 PT-THERAPY EXERCISE	MRB				32.20		110207		310803
					Fee Adjustment	MRB				(5.37)		310699		110207
7/01/09		2			42097112 97112 PT-NEURO RE-EDUCAT	MRB				65.74		110207		310803
					Fee Adjustment	MRB				(10.96)		310699		110207
7/01/09		1			42097530 97530 PT-THER ACTIVITIES	MRB				33.58		110207		310803
					Fee Adjustment	MRB				(5.60)		310699		110207
7/01/09		1			42097542 97542 PT-WHEELCHAIR TRAIN	MRB				31.99		110207		310803
					Fee Adjustment	MRB				(5.33)		310699		110207
7/01/09		2			43097110 97110 OT-THERAPY EXERCISE	MRB				64.40		110207		310805
					Fee Adjustment	MRB				(10.74)		310699		110207
7/01/09		1			43097112 97112 OT-NEURO RE-EDUC	MRB				32.87		110207		310805
					Fee Adjustment	MRB				(5.48)		310699		110207
7/01/09		1			43097530 97530 THERAPY ACTIVITY	MRB				33.58		110207		310805
					Fee Adjustment	MRB				(5.60)		310699		110207
7/01/09		1			43097535 97535 OT-ADL TRAINING	MRB				33.64		110207		310805
					Fee Adjustment	MRB				(5.61)		310699		110207
7/02/09		1			42097110 97110 PT-THERAPY EXERCISE	MRB				32.20		110207		310803
					Fee Adjustment	MRB				(5.37)		310699		110207
7/02/09		2			42097112 97112 PT-NEURO RE-EDUCAT	MRB				65.74		110207		310803
					Fee Adjustment	MRB				(10.96)		310699		110207
7/02/09		1			42097530 97530 PT-THER ACTIVITIES	MRB				33.58		110207		310803
					Fee Adjustment	MRB				(5.60)		310699		110207
7/02/09		1			42097542 97542 PT-WHEELCHAIR TRAIN	MRB				31.99		110207		310805
					Fee Adjustment	MRB				(5.33)		310699		110207
7/02/09		2			43097110 97110 OT-THERAPY EXERCISE	MRB				64.40		110207		310805
					Fee Adjustment	MRB				(10.74)		310699		110207
7/02/09		1			43097112 97112 OT-NEURO RE-EDUC	MRB				32.87		110207		310805
					Fee Adjustment	MRB				(5.48)		310699		110207
7/02/09		1			43097530 97530 THERAPY ACTIVITY	MRB				33.58		110207		310805
					Fee Adjustment	MRB				(5.60)		310699		110207
7/02/09		1			43097535 97535 OT-ADL TRAINING	MRB				33.64		110207		310805
					Fee Adjustment	MRB				(5.61)		310699		110207
7/03/09		1			42097110 97110 PT-THERAPY EXERCISE	MRB				32.20		110207		310803
					Fee Adjustment	MRB				(5.37)		310699		110207
7/03/09		2			42097112 97112 PT-NEURO RE-EDUCAT	MRB				65.74		110207		310803
					Fee Adjustment	MRB				(10.96)		310699		110207
7/03/09		1			42097530 97530 PT-THER ACTIVITIES	MRB				33.58		110207		310803
					Fee Adjustment	MRB				(5.60)		310699		110207
7/03/09		1			42097542 97542 PT-WHEELCHAIR TRAIN	MRB				31.99		110207		310803
					Fee Adjustment	MRB				(5.33)		310699		110207
7/03/09		2			43097110 97110 OT-THERAPY EXERCISE	MRB				64.40		110207		310805
					Fee Adjustment	MRB				(10.74)		310699		110207
7/03/09		1			43097112 97112 OT-NEURO RE-EDUC	MRB				32.87		110207		310805
					Fee Adjustment	MRB				(5.37)		310699		110207

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Billing Activity

Sunny Acres Of DeKalb (SA)

Page 15 of 19
2/23/11 1:36 PM
AR6400A

Dates of Service From Thru	Days Qty Typ	Chrg CMG	Description Chg	AR Type	Rate	Admission	Private	Medicaid	Medicare	Other	Debit	Credit
WEST, CHARLES (992913)												
			(Cont.)	Type: VA	Admission: 9/20/10							
7/30/09	1	43097530	97530 THERAPY ACTIVITY	MRB	27.36 /Ln				(5.46)		310998	110207
			Fee Adjustment	MRB	33.58 /Ln				33.58		110207	310995
7/30/09	1	43097535	97535 OT-HDL TRAINING	MRB	27.98 /Ln				(5.63)		310998	110207
			Fee Adjustment	MRB	33.64 /Ln				33.64		110207	310995
			Fee Adjustment	MRB	28.03 /Ln				(5.67)		310998	110207
			BALANCE	MRB					8,390.88 *			
August, 2009				VA						13,298.00 *		
8/01/09			Payment 8/03/09 DD	VA						(6,540.00)	110101	110211
8/01/09	31 30	SSC	2 SEMI-PRIVATE ROOM	VA	90.00 /Da					2,790.00	110211	310501
			Contractual Adjustment	VA	218.00 /Da					3,968.00	110211	310598
			BALANCE	MRB					8,390.88 *			
September, 2009				VA						13,516.00 *		
9/01/09			Payment 9/14/09 DD	VA						(6,758.00)	110101	110211
9/01/09	30 30	SSC	2 SEMI-PRIVATE ROOM	VA	90.00 /Da					2,700.00	110211	310501
			Contractual Adjustment	VA	218.00 /Da					3,840.00	110211	310598
9/09/09	1		44092610 92610 ST-EVAL. SYVAL FUNC	MRB	82.82 /Ln				82.82		110207	310934
			Fee Adjustment	MRB	68.01 /Ln				(13.81)		310998	110207
			BALANCE	MRB					8,459.89 *			
October, 2009				VA						13,298.00 *		
10/01/09			Payment 10/08/09 DD	VA						(6,758.00)	110101	110211
10/01/09	1- 30	SSC	2 SEMI-PRIVATE ROOM	VA	90.00 /Da					990.00	110211	310501
			Contractual Adjustment	VA	218.00 /Da					1,408.00	110211	310598
10/12/09	20 30	PE1	2 SEMI-PRIVATE ROOM	VA	90.00 /Da					1,800.00	110211	310501
			Contractual Adjustment	VA	218.00 /Da					2,580.00	110211	310598
			BALANCE	MRB					8,459.89 *			
November, 2009				VA						13,298.00 *		
11/01/09			Payment 11/09/09 DD	VA						(6,540.00)	110101	110211
11/01/09			Payment 11/09/09 DD	VA						(6,758.00)	110101	110211
11/01/09			Payment 11/18/09	MRB					(55.21)		110101	110207
11/01/09			Payment 11/30/09	MRB					(334.53)		110101	110207
11/01/09	30 30	PE1	2 SEMI-PRIVATE ROOM	VA	90.00 /Da					2,700.00	110211	310501
			Contractual Adjustment	VA	218.00 /Da					3,840.00	110211	310598
			BALANCE	MRB					8,069.95 *			
December, 2009				VA						6,540.00 *		
12/01/09			Payment 12/01/09 DD	VA						(6,540.00)	110101	110211
12/01/09	31 30	PE1	2 SEMI-PRIVATE ROOM	VA	90.00 /Da					2,790.00	110211	310501
			Contractual Adjustment	VA	218.00 /Da					3,968.00	110211	310598
			BALANCE	MRB					8,069.95 *			
January, 2010				VA						13,298.00 *		
1/01/10			Payment 1/04/10 DD	VA						(6,540.00)	110101	110211
1/01/10	31 30	PE1	2 SEMI-PRIVATE ROOM	VA	90.00 /Da					2,790.00	110211	310501
			Contractual Adjustment	VA	218.00 /Da					3,968.00	110211	310598
			BALANCE	MRB					8,069.95 *			

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Billing Activity

Sunny Acres Of DeKalb (SA)

Page 16 of 19
2/23/11 1:36 PM
AR6400A

Dates of Service From Thru	Days Qty/Typ	CMG	Chrg Ctl	Description	Type: VA	Rate	AR Type	Private	Medicaid	Medicare	Other	Debit	Credit
WEST, CHARLES (992963)													
February, 2010													
12/01/09	28 30	PE1		Payment 278610 DD	VA		VA				13,516.00 *		
2/01/10	2/28/10			2 SEMI-PRIVATE ROOM	VA	90.00 /Da	VA				(6,756.00)	110211	110211
				Contractual Adjustment	VA	220.00 /Da	VA				2,420.00	110211	310501
				BALANCE	MRB		MRB			8,085.95 *	3,640.00	110211	310598
March, 2010													
1/01/10				Payment 306410	VA		VA				12,918.00 *		
3/01/10	3/31/10	PE1		2 SEMI-PRIVATE ROOM	VA	90.00 /Da	VA				(6,756.00)	110211	110211
				Contractual Adjustment	VA	220.00 /Da	VA				2,792.00	110211	310501
				BALANCE	MRB		MRB			8,085.95 *	4,000.00	110211	310598
April, 2010													
2/01/10				Payment 418119 DD	VA		VA				12,980.00 *		
5/17/09				Payment 450119	MRB		MRB				(6,163.34)	110101	110211
4/01/10	4/12/10	PE1		2 SEMI-PRIVATE ROOM	VA	90.00 /Da	VA				1,080.00	110211	110207
				Contractual Adjustment	VA	220.00 /Da	VA				1,560.00	110211	310501
4/13/10	4/30/10	CC1		2 SEMI-PRIVATE ROOM	VA	90.00 /Da	VA				1,560.00	110211	310598
				Contractual Adjustment	VA	220.00 /Da	VA				2,340.00	110211	310501
				BALANCE	MRB		MRB			8,085.95 *			310598
May, 2010													
5/01/10				Payment 570719	PVT		PVT				13,416.98 *		
5/01/10	5/28/10	CC1		2 SEMI-PRIVATE ROOM	VA	90.00 /Da	VA	(40.00)			(6,200.00)	110101	110201
				Contractual Adjustment	VA	240.00 /Da	VA				2,520.00	110211	110211
5/29/10	5/31/10	CC1		2 SEMI-PRIVATE ROOM	VA	90.00 /Da	VA				4,200.00	110211	310501
				Contractual Adjustment	VA	195.00 /Da	VA				270.00	110211	310598
5/03/10				43097110 97110 OT-THERAPY EXERCISE	MRB	33.38 /Un	MRB			68.76	316.00	110211	310501
				Fee Adjustment	MRB	27.81 /Un	MRB			(11.14)	310659	110207	310598
5/04/10				43097110 97110 OT-THERAPY EXERCISE	MRB	33.38 /Un	MRB			133.52	110207	110207	310501
				Fee Adjustment	MRB	27.81 /Un	MRB			(22.26)	310659	110207	310598
5/05/10				43097110 97110 OT-THERAPY EXERCISE	MRB	33.38 /Un	MRB			68.76	110207	110207	310501
				Fee Adjustment	MRB	27.81 /Un	MRB			(11.14)	310659	110207	310598
5/06/10				43097110 97110 OT-THERAPY EXERCISE	MRB	33.38 /Un	MRB			133.52	110207	110207	310501
				Fee Adjustment	MRB	27.81 /Un	MRB			(22.26)	310659	110207	310598
5/07/10				43097110 97110 OT-THERAPY EXERCISE	MRB	33.38 /Un	MRB			133.52	110207	110207	310501
				Fee Adjustment	MRB	27.81 /Un	MRB			(22.26)	310659	110207	310598
June, 2010													
5/11/10				43097110 97110 OT-THERAPY EXERCISE	MRB	33.38 /Un	MRB			68.76	110207	110207	310501
				Fee Adjustment	MRB	27.81 /Un	MRB			(11.14)	310659	110207	310598
5/11/10				43097112 97112 OT-NEURO RE-EDUC	MRB	34.60 /Un	MRB			34.60	110207	110207	310501
				Fee Adjustment	MRB	28.83 /Un	MRB			(5.77)	310659	110207	310598
5/12/10				43097110 97110 PT-THERAPY EXERCISE	MRB	33.38 /Un	MRB			33.38	110207	110207	310501
				Fee Adjustment	MRB	27.81 /Un	MRB			(5.57)	310659	110207	310598
5/12/10				43097112 97112 OT-NEURO RE-EDUC	MRB	34.60 /Un	MRB			34.60	110207	110207	310501
				Fee Adjustment	MRB	28.83 /Un	MRB			(5.77)	310659	110207	310598
5/13/10				43097110 97110 OT-THERAPY EXERCISE	MRB	33.38 /Un	MRB			68.76	110207	110207	310501

Cash receipts are applied in this report based on the Date Received.

Billing Activity

Sunny Acres Of DeKalb (SA)

Dates of Service		Days	Chrg	Chg Description	Type	Rate	A/R	Private	Medicaid	Medicare	Other	G/L Posting	
From	Thru											CM/G	Debit
WEST, CHARLES (992063)													
5/13/10		2	43097112 97112 OT-NEURO RE-EDUC	Fee Adjustment	MRB	27.81 /Ln				(11.14)		310698	110207
			Fee Adjustment		MRB	34.60 /Ln				69.20		110207	310605
5/17/10		2	43097110 97110 OT-THERAPY EXERCISE	Fee Adjustment	MRB	28.83 /Ln				(11.54)		310699	110207
			Fee Adjustment		MRB	33.38 /Ln				66.76		110207	310605
5/17/10		1	43097112 97112 OT-NEURO RE-EDUC	Fee Adjustment	MRB	27.81 /Ln				(11.14)		310699	110207
			Fee Adjustment		MRB	34.60 /Ln				34.60		110207	310605
5/18/10		2	43097110 97110 OT-THERAPY EXERCISE	Fee Adjustment	MRB	28.83 /Ln				(5.77)		310699	110207
			Fee Adjustment		MRB	27.81 /Ln				66.76		110207	310605
5/18/10		2	43097112 97112 OT-NEURO RE-EDUC	Fee Adjustment	MRB	34.60 /Ln				89.20		110207	310605
			Fee Adjustment		MRB	28.83 /Ln				(11.54)		310699	110207
5/19/10		2	43097110 97110 OT-THERAPY EXERCISE	Fee Adjustment	MRB	33.38 /Ln				66.76		110207	310605
			Fee Adjustment		MRB	27.81 /Ln				(11.14)		310699	110207
5/19/10		2	43097112 97112 OT-NEURO RE-EDUC	Fee Adjustment	MRB	34.60 /Ln				69.20		110207	310605
			Fee Adjustment		MRB	28.83 /Ln				(11.54)		310699	110207
5/20/10		1	43097110 97110 OT-THERAPY EXERCISE	Fee Adjustment	MRB	33.38 /Ln				33.38		110207	310605
			Fee Adjustment		MRB	27.81 /Ln				(5.57)		310699	110207
5/20/10		1	43097112 97112 OT-NEURO RE-EDUC	Fee Adjustment	MRB	34.60 /Ln				34.60		110207	310605
			Fee Adjustment		MRB	28.83 /Ln				(5.77)		310699	110207
5/21/10		2	43097110 97110 OT-THERAPY EXERCISE	Fee Adjustment	MRB	33.38 /Ln				66.76		110207	310605
			Fee Adjustment		MRB	27.81 /Ln				(11.14)		310699	110207
5/21/10		2	43097112 97112 OT-NEURO RE-EDUC	Fee Adjustment	MRB	34.60 /Ln				66.20		110207	310605
			Fee Adjustment		MRB	28.83 /Ln				(11.54)		310699	110207
5/24/10		1	43097110 97110 OT-THERAPY EXERCISE	Fee Adjustment	MRB	33.38 /Ln				33.38		110207	310605
			Fee Adjustment		MRB	27.81 /Ln				(5.57)		310699	110207
5/24/10		1	43097112 97112 OT-NEURO RE-EDUC	Fee Adjustment	MRB	34.60 /Ln				34.60		110207	310605
			Fee Adjustment		MRB	28.83 /Ln				(5.77)		310699	110207
5/26/10		2	43097110 97110 OT-THERAPY EXERCISE	Fee Adjustment	MRB	33.38 /Ln				66.76		110207	310605
			Fee Adjustment		MRB	27.81 /Ln				(11.14)		310699	110207
5/25/10		2	43097112 97112 OT-NEURO RE-EDUC	Fee Adjustment	MRB	34.60 /Ln				68.20		110207	310605
			Fee Adjustment		MRB	28.83 /Ln				(11.54)		310699	110207
5/26/10		1	43097110 97110 OT-THERAPY EXERCISE	Fee Adjustment	MRB	33.38 /Ln				33.38		110207	310605
			Fee Adjustment		MRB	27.81 /Ln				(5.57)		310699	110207
5/26/10		1	43097112 97112 OT-NEURO RE-EDUC	Fee Adjustment	MRB	34.60 /Ln				34.60		110207	310605
			Fee Adjustment		MRB	28.83 /Ln				(5.77)		310699	110207
5/27/10		2	43097110 97110 OT-THERAPY EXERCISE	Fee Adjustment	MRB	33.38 /Ln				66.76		110207	310605
			Fee Adjustment		MRB	27.81 /Ln				(11.14)		310699	110207
5/27/10		2	43097112 97112 OT-NEURO RE-EDUC	Fee Adjustment	MRB	34.60 /Ln				69.20		110207	310605
			Fee Adjustment		MRB	28.83 /Ln				(11.54)		310699	110207
5/27/10		2	43097112 97112 OT-NEURO RE-EDUC	Fee Adjustment	MRB	34.60 /Ln				69.20		110207	310605
			Fee Adjustment		MRB	28.83 /Ln				(11.54)		310699	110207
5/28/10		2	43097110 97110 OT-THERAPY EXERCISE	Fee Adjustment	MRB	33.38 /Ln				66.76		110207	310605
			Fee Adjustment		MRB	27.81 /Ln				(11.14)		310699	110207
5/27/10		2	43097112 97112 OT-NEURO RE-EDUC	Fee Adjustment	MRB	34.60 /Ln				69.20		110207	310605
			Fee Adjustment		MRB	28.83 /Ln				(11.54)		310699	110207
5/28/10		2	43097110 97110 OT-THERAPY EXERCISE	Fee Adjustment	MRB	33.38 /Ln				66.76		110207	310605
			Fee Adjustment		MRB	27.81 /Ln				(11.14)		310699	110207
5/27/10		2	43097112 97112 OT-NEURO RE-EDUC	Fee Adjustment	MRB	34.60 /Ln				69.20		110207	310605
			Fee Adjustment		MRB	28.83 /Ln				(11.54)		310699	110207
5/28/10		2	43097110 97110 OT-THERAPY EXERCISE	Fee Adjustment	MRB	33.38 /Ln				66.76		110207	310605
			Fee Adjustment		MRB	27.81 /Ln				(11.14)		310699	110207
5/27/10		2	43097112 97112 OT-NEURO RE-EDUC	Fee Adjustment	MRB	34.60 /Ln				69.20		110207	310605
			Fee Adjustment		MRB	28.83 /Ln				(11.54)		310699	110207
5/28/10		2	43097110 97110 OT-THERAPY EXERCISE	Fee Adjustment	MRB	33.38 /Ln				66.76		110207	310605
			Fee Adjustment		MRB	27.81 /Ln				(11.14)		310699	110207
5/27/10		2	43097112 97112 OT-NEURO RE-EDUC	Fee Adjustment	MRB	34.60 /Ln				69.20		110207	310605
			Fee Adjustment		MRB	28.83 /Ln				(11.54)		310699	110207
5/28/10		2	43097110 97110 OT-THERAPY EXERCISE	Fee Adjustment	MRB	33.38 /Ln				66.76		110207	310605
			Fee Adjustment		MRB	27.81 /Ln				(11.14)		310699	110207
5/27/10		2	43097112 97112 OT-NEURO RE-EDUC	Fee Adjustment	MRB	34.60 /Ln				69.20		110207	310605
			Fee Adjustment		MRB	28.83 /Ln				(11.54)		310699	110207
5/28/10		2	43097110 97110 OT-THERAPY EXERCISE	Fee Adjustment	MRB	33.38 /Ln				66.76		110207	310605
			Fee Adjustment		MRB	27.81 /Ln				(11.14)		310699	110207
5/27/10		2	43097112 97112 OT-NEURO RE-EDUC	Fee Adjustment	MRB	34.60 /Ln				69.20		110207	310605
			Fee Adjustment		MRB	28.83 /Ln				(11.54)		310699	110207
5/28/10		2	43097110 97110 OT-THERAPY EXERCISE	Fee Adjustment	MRB	33.38 /Ln				66.76		110207	310605
			Fee Adjustment		MRB	27.81 /Ln				(11.14)		310699	110207
5/27/10		2	43097112 97112 OT-NEURO RE-EDUC	Fee Adjustment	MRB	34.60 /Ln				69.20		110207	310605
			Fee Adjustment		MRB	28.83 /Ln				(11.54)		310699	110207
5/28/10		2	43097110 97110 OT-THERAPY EXERCISE	Fee Adjustment	MRB	33.38 /Ln				66.76		110207	310605
			Fee Adjustment		MRB	27.81 /Ln				(11.14)		310699	110207
5/27/10		2	43097112 97112 OT-NEURO RE-EDUC	Fee Adjustment	MRB	34.60 /Ln				69.20		110207	310605
			Fee Adjustment		MRB	28.83 /Ln				(11.54)		310699	110207
5/28/10		2	43097110 97110 OT-THERAPY EXERCISE	Fee Adjustment	MRB	33.38 /Ln				66.76		110207	310605
			Fee Adjustment		MRB	27.81 /Ln				(11.14)		310699	110207
5/27/10		2	43097112 97112 OT-NEURO RE-EDUC	Fee Adjustment	MRB	34.60 /Ln				69.20		110207	310605
			Fee Adjustment		MRB	28.83 /Ln				(11.54)		310699	110207
5/28/10		2	43097110 97110 OT-THERAPY EXERCISE	Fee Adjustment	MRB	33.38 /Ln				66.76		110207	310605
			Fee Adjustment		MRB	27.81 /Ln				(11.14)		310699	110207
5/27/10		2	43097112 97112 OT-NEURO RE-EDUC	Fee Adjustment	MRB	34.60 /Ln				69.20		110207	310605
			Fee Adjustment		MRB	28.83 /Ln				(11.54)		310699	110207
5/28/10		2	43097110 97110 OT-THERAPY EXERCISE	Fee Adjustment	MRB	33.38 /Ln				66.76		110207	310605
			Fee Adjustment		MRB	27.81 /Ln				(11.14)		310699	110207
5/27/10		2	43097112 97112 OT-NEURO RE-EDUC	Fee Adjustment	MRB	34.60 /Ln				69.20		110207	310605
			Fee Adjustment		MRB	28.83 /Ln				(11.54)		310699	110207
5/28/10		2	43097110 97110 OT-THERAPY EXERCISE	Fee Adjustment	MRB	33.38 /Ln				66.76		110207	310605
			Fee Adjustment		MRB	27.81 /Ln				(11.14)		310699	110207
5/27/10		2	43097112 97112 OT-NEURO RE-EDUC	Fee Adjustment	MRB	34.60 /Ln				69.20		110207	310605
			Fee Adjustment		MRB	28.83 /Ln				(11.54)		310699	110207
5/28/10		2	43097110 97110 OT-THERAPY EXERCISE	Fee Adjustment	MRB	33.38 /Ln				66.76		110207	310605
			Fee Adjustment		MRB	27.81 /Ln				(11.14)		310699	110207
5/27/10		2	43097112 97112 OT-NEURO RE-EDUC	Fee Adjustment	MRB	34.60 /Ln				69.20		110207	310605
			Fee Adjustment		MRB	28.83 /Ln				(11.54)		310699	110207
5/28/10		2	43097110 97110 OT-THERAPY EXERCISE	Fee Adjustment	MRB	33.38 /Ln				66.76		110207	310605
			Fee Adjustment		MRB	27.81 /Ln				(11.14)		310699	110207
5/27/10		2	43097112 97112 OT-NEURO RE-EDUC	Fee Adjustment	MRB	34.60 /Ln				69.20		110207	310605
			Fee Adjustment		MRB	28.83 /Ln				(11.54)		310699	110207
5/28/10		2	43097110 97110 OT-THERAPY EXERCISE	Fee Adjustment	MRB	33.38 /Ln				66.76		110207	310605
			Fee Adjustment		MRB	27.81 /Ln				(11.14)		310699	110207
5/27/10		2	43097112 97112 OT-NEURO RE-EDUC	Fee Adjustment	MRB	34.60 /Ln				69.20		110207	310605
			Fee Adjustment		MRB	28.83 /Ln				(11.54)		310699	110207
5/28/10		2	43097110 97110 OT-THERAPY EXERCISE	Fee Adjustment	MRB	33.38 /Ln				66.76		110207	310605
			Fee Adjustment		MRB	27.81 /Ln				(11.14)		310699	110207
5/27/10		2	43097112 97112 OT-NEURO RE-EDUC	Fee Adjustment	MRB	34.60 /Ln				69.20		110207	310605
			Fee Adjustment		MRB	28.83 /Ln				(11.54)		310699	110207
5/28/10		2	43097110 97110 OT-THERAPY EXERCISE	Fee Adjustment	MRB	33.38 /Ln				66.76		110207	310605
			Fee Adjustment		MRB	27.81 /Ln				(11.14)		310699	110207
5/27/10		2	43097112 97112 OT-NEURO RE-EDUC	Fee Adjustment	MRB	34.60 /Ln				69.20		110207	310605
			Fee Adjustment		MRB	28.83 /Ln				(11.54)		310699	110207
5/28/10		2	43097110 97110 OT-THERAPY EXERCISE	Fee Adjustment	MRB	33.38 /Ln				66.76		110207	310605
			Fee Adjustment		MRB	27.81 /Ln				(11.14)		310699	110207
5/27/10		2	43097112 97112 OT-NEURO RE-EDUC										

Billing Activity

Sunny Acres Of DeKalb (SA)

Page 18 of 19
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AR6400A

Dates of Service From Thru	Days	Qty	CMG	Chrg	Chg Description	(Cont.)	Type: VA	Admit: 9/20/10	Rate	AR Type	Private	Medicaid	Medicare	Other	Debit	Credit	G/L Posting
WEST, CHARLES (922383)																	
8/01/10					Payment 6/02/10		PVT										
8/01/10	8/01/10	30	30	CC1	2 SEMI-PRIVATE ROOM		VA		90.00 /Da		(20.00)						110201
					Contractual Adjustment				195.00 /Da								310501
					BALANCE												310598
July, 2010																	
5/01/10					Payment 7/20/10		MRS										
5/01/10	5/01/10				Payment 7/12/10	DD	VA										110207
7/01/10	7/01/10	31	30	CC1	2 SEMI-PRIVATE ROOM		VA		90.00 /Da								110211
					Contractual Adjustment				195.00 /Da								310501
					BALANCE												310598
August, 2010																	
8/01/10					Payment 8/24/10	DD	VA										
8/01/10	8/01/10	31	30	CC1	2 SEMI-PRIVATE ROOM		VA		90.00 /Da								110211
					Contractual Adjustment				195.00 /Da								310501
					BALANCE												310598
September, 2010																	
9/01/10					Payment 9/14/10	DD	VA										
9/01/10	9/01/10	14	30	CC1	2 SEMI-PRIVATE ROOM		VA		90.00 /Da								110211
					Contractual Adjustment				195.00 /Da								310501
9/20/10	9/20/10	11	FP	SE2	2 SEMI-PRIVATE ROOM		MRA		90.00 /Da								310598
					Contractual Adjustment				268.14 /Da								310201
					250 PHARMACY		MRA										310298
					Contractual Adjustment												110204
					BALANCE												
October, 2010																	
10/01/10					Payment 10/01/10	DD	VA										
10/01/10	10/01/10	1	FP	SE2	2 SEMI-PRIVATE ROOM		MRA		90.00 /Da								110211
10/02/10	10/02/10	2	FP	PE1	2 SEMI-PRIVATE ROOM		MRA		90.00 /Da								110204
					Contractual Adjustment												310201
10/04/10	10/04/10	6	FP	PE1	2 SEMI-PRIVATE ROOM		MRA		90.00 /Da								310298
					Contractual Adjustment				267.65 /Da								310201
10/10/10	10/10/10	22	30	BC1	2 SEMI-PRIVATE ROOM		VA		90.00 /Da								310298
					Contractual Adjustment				195.00 /Da								310501
10/01/10	10/01/10	1			250 PHARMACY		MRA										310598
					Contractual Adjustment												310203
10/01/10	10/01/10	1			300 LABS		MRA										110204
					Contractual Adjustment												310205
					BALANCE												310298

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FEB 25 2011
ARKANSAS STATE
CLAIMS COMMISSION

Cash receipts are applied in this report based on the Date Received.

Billing Activity
Sunny Acres Of DeKalb (SA)

AR6400A

Sunny Acres Of DeKalb (SA)

AR6400A

90

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS
LITTLE ROCK DISTRICT, 12TH DIVISION

FLORENCE WEST, Individually and as Next Friend of
CHARLES J. WEST, an Incapacitated Person, and
JIM VERSCHOYLE, as guardian *ad litem* for CHARLES J. WEST

PLAINTIFF

CASE NO. 60-CV-2011-0643

VS.

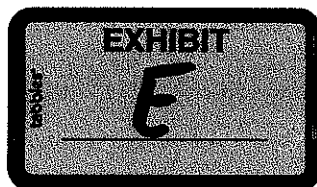
RONALD ROBERTSON, M.D.; GIRIPRAKASH
SRIKANTHAN, M.D.; MARK P. WRIGHT, M.D.;
RACHEL R. MCKINZIE, M.D.; JAY M. CHEEK, M.D.;
JOHN B. CONE, M.D.; CAREY L. GUIDRY, M.D.;
MANILA BAGHERZADEH-AZAR, M.D.;
NANCY HOGUE, NURSE; CASEY R. SCALES,
RESPIRATORY THERAPIST; CHRISTINA GARNES, R.N.;
JANE/JOHN DOE I, licensed nurse;
JANE/JOHN DOE II, licensed nurse;
JANE/JOHN DOE III, licensed nurse;
JANE/JOHN DOE IV, respiratory therapist;
JANE/JOHN DOE V, respiratory therapist;
JANE/JOHN DOE VI, physician;
JANE/JOHN DOE VII, physician;
JANE/JOHN DOE VIII, physician;
JANE/JOHN DOE IX, physician;
JANE/JOHN DOE X, physician;
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES;
UAMS MEDICAL CENTER UNIVERSITY HOSPITAL;
ROE CORPORATION I; ROE CORPORATION II;
ROE CORPORATION III; ROE CORPORATION IV;
ROE CORPORATION V; ROE CORPORATION VI; ROE
CORPORATION VII; ROE CORPORATION VIII; ROE
CORPORATION IX; ROE CORPORATION X; ROE
CORPORATION XI; ROE CORPORATION XII; ROE
CORPORATION XIII; ROE CORPORATION XIV; ROE
CORPORATION XV; ROE CORPORATION XVI; ROE
CORPORATION XVII; ROE CORPORATION XVIII; ROE
CORPORATION XIX; ROE CORPORATION XX; ROE
CORPORATION XXI; ROE CORPORATION XXII; ROE
CORPORATION XXIII; ROE CORPORATION XXIV; ROE
CORPORATION XXV; ROE CORPORATION XXVI; ROE
CORPORATION XXVII; ROE CORPORATION XXVIII; ROE

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Larry Crane Pulaski Circuit Clerk
CR2

ARKANSAS STATE
CLAIMS COMMISSION

FEB 25 2011

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CORPORATION XXIX; ROE CORPORATION XXX; ROE CORPORATION XXXI; ROE CORPORATION XXXII; ROE CORPORATION XXXIII; ROE CORPORATION XXXIV; ROE CORPORATION XXXV; ROE CORPORATION XXXVI; ROE CORPORATION XXXVII; ROE CORPORATION XXXVIII; ROE CORPORATION XXXIX; ROE CORPORATION XL; ROE CORPORATION XLI; ROE CORPORATION XLII; ROE CORPORATION XLIII; ROE CORPORATION XLIV; ROE CORPORATION XLV; ROE CORPORATION XLVI; ROE CORPORATION XLVII; ROE CORPORATION XLVIII; and ROE CORPORATION XLIX

DEFENDANTS

**PLAINTIFF'S FIRST AMENDED COMPLAINT
AND DEMAND FOR JURY TRIAL**

ARKANSAS STATE
CLAIMS COMMISSION

FEB 25 2011

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Plaintiff, FLORENCE WEST, Individually and as Next Friend of CHARLES J. WEST,
An Incapacitated Person, through her undersigned counsel brings this action against Defendants
and hereby alleges and states:

NATURE OF CLAIMS

1. This is an action for medical injury pursuant to ARK. CODE ANN. § 16-114-201 *et seq.*

PLAINTIFFS

2. FLORENCE WEST resides in New Boston, Bowie County, Texas. She is married to CHARLES J. WEST.

3. CHARLES J. WEST resides in Sunny Acres Nursing Home, 12520 FM 1840, Dekalb, Bowie County, Texas 75559. He resides in a nursing home as a direct result of the negligence of the Defendants named herein.

4. JIM VERSCHOYLE is the duly appointed guardian *ad litem* for CHARLES J. WEST as evidenced by the Order Appointing Guardian *ad litem*, attached hereto as Exhibit A.

DEFENDANTS

5. Defendant RONALD ROBERTSON, M.D. is a physician licensed to practice in the State of Arkansas, who practices in the area of surgery in Little Rock, Arkansas. He may be served at his place of business at UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES, Department of Surgery, 4301 W. Markham, Little Rock, Arkansas 72205.

6. Defendant GIRIPRAKASH SRIKANTHAN, M.D. is a physician licensed to practice in the State of Arkansas, who practices in the area of anesthesiology in Little Rock, Arkansas. He may be served at his place of business at UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES, Department of Anesthesiology, 4301 W. Markham, Little Rock, Arkansas 72205.

7. Defendant MARK P. WRIGHT, M.D. is a physician licensed to practice in the State of Arkansas, who practices in the area of surgery in Little Rock, Arkansas. He may be served at his place of business at UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES, Department of Surgery, 4301 W. Markham, Little Rock, Arkansas 72205.

8. Defendant RACHEL R. MCKINZIE, M.D. is a physician licensed to practice in the State of Arkansas, who practices in the area of anesthesiology in Little Rock, Arkansas. She may be served at her place of business at UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES, Department of Anesthesiology 4301 W. Markham, Little Rock, Arkansas 72205.

9. Defendant JAY M. CHEEK, M.D. is a physician licensed to practice in the State of Arkansas, who practices in the area of surgery in Little Rock, Arkansas. He may be served at his place of business at UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES, Department of Surgery, 4301 W. Markham, Little Rock, Arkansas 72205.

10. Defendant JOHN B. CONE, M.D. is a physician licensed to practice in the State of Arkansas, who practices in the area of surgery in Little Rock, Arkansas. He may be served at his place of business at UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES, Department of Surgery, 4301 W. Markham, Little Rock, Arkansas 72205.

11. Defendant CAREY L. GUIDRY, M.D. is a physician licensed to practice in the State of Arkansas, who practices in the area of radiology in Little Rock, Arkansas. He may be served at his place of business at UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES, Department of Radiology, 4301 W. Markham, Little Rock, Arkansas 72205.

12. Defendant MANILA BAGHERZADEH-AZAR, M.D. is a physician licensed to practice in the State of Arkansas, who practices in the area of radiology in Little Rock, Arkansas. He may be served at his place of business at UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES, Department of Radiology, 4301 W. Markham, Little Rock, Arkansas 72205.

13. Defendant NANCY HOGUE is a licensed nurse and/or hospital staff person in the State of Arkansas, practicing in Pulaski County, Arkansas at UAMS MEDICAL CENTER UNIVERSITY HOSPITAL and can be served at her place of business at 4301 W. Markham, Little Rock, Arkansas 72205.

14. Defendant CASEY R. SCALES is a licensed respiratory therapist and/or hospital staff person in the State of Arkansas, practicing in Pulaski County, Arkansas at UAMS MEDICAL CENTER UNIVERSITY HOSPITAL and can be served at her place of business at 4301 W. Markham, Little Rock, Arkansas 72205.

15. Defendant CHRISTINA GARNES, R.N., is a licensed nurse and/or hospital staff person in the State of Arkansas, practicing in Pulaski County, Arkansas at UAMS MEDICAL CENTER

UNIVERSITY HOSPITAL and can be served at her place of business at 4301 W. Markham, Little Rock, Arkansas 72205.

16. Defendant JANE/JOHN DOE I is a licensed nurse and/or hospital staff person in the State of Arkansas, practicing in Pulaski County, Arkansas at UAMS MEDICAL CENTER UNIVERSITY HOSPITAL. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

17. Defendant JANE/JOHN DOE II is a licensed nurse and/or hospital staff person in the State of Arkansas, practicing in Pulaski County, Arkansas at UAMS MEDICAL CENTER UNIVERSITY HOSPITAL. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

18. Defendant JANE/JOHN DOE III is a licensed nurse and/or hospital staff person in the State of Arkansas, practicing in Pulaski County, Arkansas at UAMS MEDICAL CENTER UNIVERSITY HOSPITAL. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

19. Defendant JANE/JOHN DOE IV is a licensed respiratory therapist and/or hospital staff person in the State of Arkansas, practicing in Pulaski County, Arkansas at UAMS MEDICAL CENTER UNIVERSITY HOSPITAL. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

20. Defendant JANE/JOHN DOE V is a licensed respiratory therapist and/or hospital staff person in the State of Arkansas, practicing in Pulaski County, Arkansas at UAMS MEDICAL CENTER UNIVERSITY HOSPITAL. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

21. Defendant JANE/JOHN DOE VI is a physician licensed to practice in the State of Arkansas and practicing in Pulaski County, Arkansas. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

22. Defendant JANE/JOHN DOE VII is a physician licensed to practice in the State of Arkansas and practicing in Pulaski County, Arkansas. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

23. Defendant JANE/JOHN DOE VIII is a physician licensed to practice in the State of Arkansas and practicing in Pulaski County, Arkansas. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

24. Defendant JANE/JOHN DOE IX is a physician licensed to practice in the State of Arkansas and practicing in Pulaski County, Arkansas. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

25. Defendant JANE/JOHN DOE X is a physician licensed to practice in the State of Arkansas and practicing in Pulaski County, Arkansas. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

26. Defendant UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES is a part of the University of Arkansas, which is a body politic and corporate, organized under the laws of the State of Arkansas. *See* ARK. CODE ANN. §§ 6-64-202 & 6-64-401. Pursuant to ARK. CODE ANN. § 6-64-402(b)(1), Defendant UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES, through its Board of Trustees, “shall employ all necessary supervisors, professors, teachers, agents and servants” to ensure that its medical department is “operated in a first-class manner.” Defendant UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES may be served through

any agent authorized to accept service at its principal place of business at 4301 W. Markham, Little Rock, Arkansas 72205.

27. Upon information and belief, Defendant UAMS MEDICAL CENTER UNIVERSITY HOSPITAL is a hospital operated by UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES. Defendant UAMS MEDICAL CENTER UNIVERSITY HOSPITAL may be served through its Chief Operating Officer, Melissa Fontaine, at 4301 W. Markham, Little Rock, Arkansas 72205.

28. Defendant ROE CORPORATION I is an insurance company doing business in the State of Arkansas, which insured RONALD ROBERTSON, M.D. for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of RONALD ROBERTSON, M.D. and his officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

29. Defendant ROE CORPORATION II is an insurance company doing business in the State of Arkansas, which insured RONALD ROBERTSON, M.D. for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of a RONALD ROBERTSON, M.D. and his officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

30. Defendant ROE CORPORATION III is an insurance company doing business in the State of Arkansas, which insured GIRIPRAKASH SRIKANTHAN, M.D. for professional

liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of GIRIPRAKASH SRIKANTHAN, M.D. and his officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

31. Defendant ROE CORPORATION IV is an insurance company doing business in the State of Arkansas, which insured GIRIPRAKASH SRIKANTHAN, M.D. for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of GIRIPRAKASH SRIKANTHAN, M.D. and his officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

32. Defendant ROE CORPORATION V is an insurance company doing business in the State of Arkansas, which insured MARK P. WRIGHT, M.D. for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of MARK P. WRIGHT, M.D. and his officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

33. Defendant ROE CORPORATION VI is an insurance company doing business in the State of Arkansas, which insured MARK P. WRIGHT, M.D. for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of MARK P. WRIGHT, M.D. and his

officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant

34. Defendant ROE CORPORATION VII is an insurance company doing business in the State of Arkansas, which insured RACHEL R. MCKENZIE, M.D. for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of RACHEL R. MCKENZIE, M.D and her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

35. Defendant ROE CORPORATION VIII is an insurance company doing business in the State of Arkansas, which insured RACHEL R. MCKENZIE, M.D for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of RACHEL R. MCKENZIE, M.D and her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

36. Defendant ROE CORPORATION IX is an insurance company doing business in the State of Arkansas, which insured JAY M. CHEEK, M.D. for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of JAY M. CHEEK, M.D. and his officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the

time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

37. Defendant ROE CORPORATION X is an insurance company doing business in the State of Arkansas, which insured JAY M. CHEEK, M.D. for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of JAY M. CHEEK, M.D and his officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

38. Defendant ROE CORPORATION XI is an insurance company doing business in the State of Arkansas, which insured JOHN B. CONE, M.D. for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of JOHN B. CONE, M.D. and his officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

39. Defendant ROE CORPORATION XII is an insurance company doing business in the State of Arkansas, which insured JOHN B. CONE, M.D. for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of JOHN B. CONE, M.D. and his officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

40. Defendant ROE CORPORATION XIII is an insurance company doing business in the State of Arkansas, which insured CAREY L. GUIDRY, M.D. for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of CAREY L. GUIDRY, M.D. and his officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

41. Defendant ROE CORPORATION XIV is an insurance company doing business in the State of Arkansas, which insured CAREY L. GUIDRY, M.D. for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of CAREY L. GUIDRY, M.D. and his officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

42. Defendant ROE CORPORATION XV is an insurance company doing business in the State of Arkansas, which insured MANILA BAGHERZADEH-AZAR, M.D. for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of MANILA BAGHERZADEH-AZAR, M.D. and his officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

43. Defendant ROE CORPORATION XVI is an insurance company doing business in the State of Arkansas, which insured MANILA BAGHERZADEH-AZAR, M.D. for professional

liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the action of MANILA BAGHERZADEH-AZAR, M.D. and his officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

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CLAIMS COMMISSION
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44. Defendant ROE CORPORATION XVII is an insurance company doing business in the State of Arkansas, which insured NANCY HOGUE, NURSE for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of NANCY HOGUE, NURSE and her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

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45. Defendant ROE CORPORATION XVIII is an insurance company doing business in the State of Arkansas, which insured NANCY HOGUE, NURSE for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of NANCY HOGUE, NURSE and her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

46. Defendant ROE CORPORATION XIX is an insurance company doing business in the State of Arkansas, which insured CASEY R. SCALES, RESPIRATORY THERAPIST for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of

CASEY R. SCALES, RESPIRATORY THERAPIST and her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

47. Defendant ROE CORPORATION XX is an insurance company doing business in the State of Arkansas, which insured CASEY R. SCALES, RESPIRATORY THERAPIST for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of CASEY R. SCALES, RESPIRATORY THERAPIST and her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

48. Defendant ROE CORPORATION XXI is an insurance company doing business in the State of Arkansas, which insured CHRISTINA GARNES, R.N. for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of CHRISTINA GARNES, R.N. and her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

49. Defendant ROE CORPORATION XXII is an insurance company doing business in the State of Arkansas, which insured CHRISTINA GARNES, R.N. for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions CHRISTINA GARNES, R.N. and her officers, agents, servants, employees or representatives under the Arkansas Direct Action

Statute. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

50. Defendant ROE CORPORATION XXIII is an insurance company doing business in the State of Arkansas, which insured JANE/JOHN DOE I, licensed nurse, for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions JANE/JOHN DOE I, licensed nurse, and his/her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

51. Defendant ROE CORPORATION XXIV is an insurance company doing business in the State of Arkansas, which insured JANE/JOHN DOE I, licensed nurse, for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions JANE/JOHN DOE I, licensed nurse, and his/her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

52. Defendant ROE CORPORATION XXV is an insurance company doing business in the State of Arkansas, which insured JANE/JOHN DOE II, licensed nurse, for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions JANE/JOHN DOE II, licensed nurse, and his/her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

53. Defendant ROE CORPORATION XXVI is an insurance company doing business in the State of Arkansas, which insured JANE/JOHN DOE II, licensed nurse, for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions JANE/JOHN DOE II, licensed nurse, and his/her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

54. Defendant ROE CORPORATION XXVII is an insurance company doing business in the State of Arkansas, which insured JANE/JOHN DOE III, licensed nurse, for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions JANE/JOHN DOE III, licensed nurse, and his/her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

55. Defendant ROE CORPORATION XXVIII is an insurance company doing business in the State of Arkansas, which insured JANE/JOHN DOE III, licensed nurse, for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions JANE/JOHN DOE III, licensed nurse, and his/her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

56. Defendant ROE CORPORATION XXIX is an insurance company doing business in the State of Arkansas, which insured JANE/JOHN DOE IV, respiratory therapist, for professional

liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions JANE/JOHN DOE IV, respiratory therapist, and his/her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

57. Defendant ROE CORPORATION XXX is an insurance company doing business in the State of Arkansas, which insured JANE/JOHN DOE IV, respiratory therapist, for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions JANE/JOHN DOE IV, respiratory therapist, and his/her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

58. Defendant ROE CORPORATION XXXI is an insurance company doing business in the State of Arkansas, which insured JANE/JOHN DOE V, respiratory therapist, for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions JANE/JOHN DOE V, respiratory therapist, and his/her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

59. Defendant ROE CORPORATION XXXII is an insurance company doing business in the State of Arkansas, which insured JANE/JOHN DOE V, respiratory therapist, for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions JANE/JOHN DOE V,

respiratory therapist, and his/her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

60. Defendant ROE CORPORATION XXXIII is an insurance company doing business in the State of Arkansas, which insured JANE/JOHN DOE VI, physician, for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions JANE/JOHN DOE VI, physician, and his/her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

61. Defendant ROE CORPORATION XXXIV is an insurance company doing business in the State of Arkansas, which insured JANE/JOHN DOE VI, physician, for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions JANE/JOHN DOE VI, physician, and his/her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

62. Defendant ROE CORPORATION XXXV is an insurance company doing business in the State of Arkansas, which insured JANE/JOHN DOE VII, physician, for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions JANE/JOHN DOE VII, physician, and his/her officers, agents, servants, employees or representatives under the Arkansas

Direct Action Statute. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

63. Defendant ROE CORPORATION XXXVI is an insurance company doing business in the State of Arkansas, which insured JANE/JOHN DOE VII, physician, for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions JANE/JOHN DOE VII, physician, and his/her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

64. Defendant ROE CORPORATION XXXVII is an insurance company doing business in the State of Arkansas, which insured JANE/JOHN DOE VIII, physician, for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions JANE/JOHN DOE VIII, physician, and his/her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

65. Defendant ROE CORPORATION XXXVIII is an insurance company doing business in the State of Arkansas, which insured JANE/JOHN DOE VIII, physician, for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions JANE/JOHN DOE VIII, physician, and his/her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

66. Defendant ROE CORPORATION XXXIX is an insurance company doing business in the State of Arkansas, which insured JANE/JOHN DOE IX, physician, for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions JANE/JOHN DOE IX, physician, and his/her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

67. Defendant ROE CORPORATION XL is an insurance company doing business in the State of Arkansas, which insured JANE/JOHN DOE IX, physician, for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions JANE/JOHN DOE IX, physician, and his/her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

68. Defendant ROE CORPORATION XLI is an insurance company doing business in the State of Arkansas, which insured JANE/JOHN DOE X, physician, for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions JANE/JOHN DOE X, physician, and his/her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

69. Defendant ROE CORPORATION XLII is an insurance company doing business in the State of Arkansas, which insured JANE/JOHN DOE X, physician, for professional liability

during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions JANE/JOHN DOE X, physician, and his/her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

70. Defendant ROE CORPORATION XLIII is an insurance company doing business in the State of Arkansas, which insured UAMS MEDICAL CENTER UNIVERSITY HOSPITAL for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions UAMS MEDICAL CENTER UNIVERSITY HOSPITAL and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

71. Defendant ROE CORPORATION XLIV is an insurance company doing business in the State of Arkansas, which insured UAMS MEDICAL CENTER UNIVERSITY HOSPITAL for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions UAMS MEDICAL CENTER UNIVERSITY HOSPITAL and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

72. Defendant ROE CORPORATION XLV is an insurance company doing business in the State of Arkansas, which insured UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

73. Defendant ROE CORPORATION XLVI is an insurance company doing business in the State of Arkansas, which insured UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

74. Defendant ROE CORPORATION XLVII is an insurance company doing business in the State of Arkansas, which insured UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

75. Defendant ROE CORPORATION XLVIII is an insurance company doing business in the State of Arkansas, which insured UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES and its officers, agents, servants,

employees or representatives under the Arkansas Direct Action Statute. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

76. Defendant ROE CORPORATION XLIX is an insurance company doing business in the State of Arkansas, which insured UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this First Amended Complaint, Plaintiff is not aware of the identity and location of this Defendant.

ACTS OF AGENTS

77. Whenever in this Complaint it is alleged that any of the Defendants did any act or thing, it is meant that the particular Defendant referred to, either personally or through their respective employees or representatives, did such act or thing, and that, at the time such act or thing was done, it was done in the ordinary course and scope of employment of that Defendant's officers, agents, servants, or representatives, and Defendants are responsible for the acts of their/its officers, agents, servants, employees, or representatives through the doctrine of respondeat superior.

JURISDICTION AND VENUE

78. The alleged acts or omissions that are the subject of this action occurred in Pulaski County, Arkansas and venue is proper pursuant to ARK. CODE ANN. § 16-55-213(e).

79. Jurisdiction of the subject matter and parties in this action is proper in this Court.

FACTUAL ALLEGATIONS

80. CHARLES J. WEST ("West"), a victim of a motor vehicle accident, was admitted to UAMS MEDICAL CENTER UNIVERSITY HOSPITAL on February 11, 2009, after being airlifted by helicopter from Christus St. Michael Health System, Texarkana, Texas.

81. West's diagnoses included traumatic pneumothorax, multiple rib fractures, lung contusion, spleen laceration, liver laceration and subarachnoid hemorrhage. At UAMS MEDICAL CENTER UNIVERSITY HOSPITAL, he underwent a left major thoracotomy for bleeding and control of lung lacerations.

82. West experienced progressive improvement until March 1, 2009. At or about 1335 that day, while undergoing a respiratory therapy treatment known as intrapulmonary percussive ventilation ("IPV"), his condition suddenly deteriorated. He stopped breathing, and a "code" was called.

83. West's entire healthcare team, consisting of physicians, nurses and respiratory therapists, failed to recognize, diagnose and treat his obvious tension pneumothorax for more than one hour.

84. The placement of an essential chest tube was not performed until at least 1500, only after an inexplicably delayed review of unnecessary chest x-rays.

85. As a result of such actions and inactions identified in paragraphs 80-84 herein, West suffered hypoxia, hypotension, bradycardia and acidosis, which, in turn, caused decreased cerebral perfusion and brain injury. The ultimate result was anoxic brain damage as documented by the hospital-coding summary of March 13, 2009.

86. Moreover, laboratory evidence indicated that West suffered from severe malnutrition. This severe malnutrition, the result of negligent medical care, contributed to West's need for

mechanical ventilation and helped to prevent West from being weaned off this respiratory assistance prior to March 1, 2009. This severe malnutrition, in turn, exposed West to a greater risk for the development of a pneumothorax (a well-recognized complication of mechanical ventilation).

87. West was discharged from UAMS MEDICAL CENTER UNIVERSITY HOSPITAL on March 9, 2009. Since his hospital discharge, West has been confined to nursing homes. West will not be able to function as an independent adult for the remainder of his life.

CAUSES OF ACTION

NEGLIGENCE

88. Plaintiff restates the allegations of paragraphs 1 through 87 of this Plaintiff's Original Complaint, as if fully set forth herein.

89. Defendant, RONALD ROBERTSON, M.D., in the course of rendering medical care to West was negligent and such negligence includes, but is not limited to, the following:

- a. Failing to provide adequate nutrition for West so as to prevent severe malnutrition;
- b. Failing to recognize malnutrition as a cause of difficulty in weaning West from mechanical ventilation;
- c. Selecting Intrapulmonary Percussive Ventilation as an appropriate modality of respiratory care for West;
- d. Failing to promptly and personally assess a hospitalized patient who was experiencing new findings indicative of a tension pneumothorax;
- e. Failing to have another physician timely manage West's new emergency condition if not personally available;
- f. Failing to properly train, instruct and supervise resident physicians and fellowship physicians regarding the clinical diagnosis and emergency management of tension pneumothorax;

- g. Operating a surgical practice and/or service negligently, in a manner that denied standard-of-care diagnosis for West as he was experiencing a tension pneumothorax;
- h. Failing to use the degree of skill and care required by the standard for physicians in the same or similar circumstances;
- i. Failing to timely and appropriately respond to a West's code situation; and
- j. Spoliation and fraudulent falsification of the medical records and medical chart of West in an attempt to conceal, hide, or cover up negligent acts and omissions.

90. Defendant ROE CORPORATION I insured RONALD ROBERTSON, M.D., for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of RONALD ROBERTSON, M.D., and his officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

91. Defendant ROE CORPORATION II insured RONALD ROBERTSON, M.D., for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of RONALD ROBERTSON, M.D., and his officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

92. Defendant, GIRIPRAKASH SRIKANTHAN, M.D., in the course of rendering medical care to West was negligent and such negligence includes, but is not limited to, the following:

- a. Failing to promptly and personally assess a hospitalized patient who was experiencing new findings indicative of a tension pneumothorax;
- b. Failing to follow hospital protocol, policy and procedure for the evaluation and management of tension pneumothorax;

- c. Failing to include and consider tension pneumothorax in a differential diagnosis to explain West's sudden, new symptoms in the early afternoon of March 1, 2009;
- d. Failing to use clinical criteria to timely diagnosis tension pneumothorax;
- e. Failing to immediately evaluate West by traditional means of clinical assessment in order to make timely diagnosis of tension pneumothorax;
- f. Relying on unnecessary chest x-ray(s), thereby delaying the diagnosis of tension pneumothorax;
- g. Failing to immediately view the chest x-rays that were ordered;
- h. Relying on unnecessary testing of arterial blood gases, thereby delaying the diagnosis of tension pneumothorax;
- i. Failing to provide timely thoracic decompression by needle thoracostomy and/or chest tube;
- j. Failing to use the degree of skill and care required by the standard for physicians in the same or similar circumstances;
- k. Failing to timely and appropriately respond to West's code situation; and
- l. Spoliation and fraudulent falsification of the medical records and medical chart of West in an attempt to conceal, hide, or cover up negligent acts and omissions.

93. Defendant ROE CORPORATION III insured GIRIPRAKASH SRIKANTHAN, M.D., for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of GIRIPRAKASH SRIKANTHAN, M.D. and his officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

94. Defendant ROE CORPORATION IV insured GIRIPRAKASH SRIKANTHAN, M.D. for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of

GIRIPRAKASH SRIKANTHAN, M.D. and his officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

95. Defendant, MARK P. WRIGHT, M.D., in the course of rendering medical care to West was negligent and such negligence includes, but is not limited to, the following:

- a. Failing to promptly and personally assess a hospitalized patient who was experiencing new findings indicative of a tension pneumothorax;
 - b. Failing to follow hospital protocol, policy and procedure for the evaluation and management of tension pneumothorax;
 - c. Failing to include and consider tension pneumothorax in a differential diagnosis to explain West's sudden, new symptoms in the early afternoon of March 1, 2009;
 - d. Failing to use clinical criteria to timely diagnosis tension pneumothorax;
 - e. Failing to examine for and to detect unilateral absence of breath sounds;
 - f. Failing to insert chest tube in a timely manner;
 - g. Failing to perform chest decompression by use of needle or surgeon's finger if chest tube equipment were not readily available;
 - h. Relying on unnecessary chest x-ray(s), thereby delaying the diagnosis of tension pneumothorax;
 - i. Failing to immediately view the chest x-rays that were ordered;
 - j. Failing to use the degree of skill and care required by the standard of care for surgeons in the same or similar circumstances;
 - k. Failing to recognize malnutrition as a cause of difficulty in weaning West from mechanical ventilation;
 - l. Failing to timely and appropriately respond to West's code situation; and
-
- m. Spoliation and fraudulent falsification of the medical records and medical chart of West in an attempt to conceal, hide, or cover up negligent acts and omissions.

96. Defendant ROE CORPORATION V insured MARK P. WRIGHT, M.D., for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of MARK P. WRIGHT, M.D., and his officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

97. Defendant ROE CORPORATION VI insured MARK P. WRIGHT, M.D., for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of MARK P. WRIGHT, M.D. and his officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

98. Defendant, RACHEL R. MCKINZIE, M.D., in the course of rendering medical care to West was negligent and such negligence includes, but is not limited to, the following:

- a. Failing to promptly and personally assess a hospitalized patient who was experiencing new findings indicative of a tension pneumothorax;
- b. Failing to follow hospital protocol, policy and procedure for the evaluation and management of tension pneumothorax;
- c. Failing to include and consider tension pneumothorax in a differential diagnosis to explain West's sudden, new symptoms in the early afternoon of March 1, 2009;
- d. Failing to use clinical criteria to timely diagnose tension pneumothorax;
- e. Failing to examine for and to detect unilateral absence of breath sounds;
- f. Failing to provide timely thoracic decompression by needle thoracostomy and/or chest tube;
- g. Relying on unnecessary chest x-ray(s), thereby delaying the diagnosis of tension pneumothorax;
- h. Failing to immediately view the chest x-rays that were ordered;

- i. Failing to use the degree of skill and care required by the standard for physicians in the same or similar circumstances;
- j. Failing to timely and appropriately respond to West's code situation; and
- k. Spoliation and fraudulent falsification of the medical records and medical chart of West in an attempt to conceal, hide, or cover up negligent acts and omissions.

99. Defendant ROE CORPORATION VII insured RACHEL R. MCKINZIE, M.D. for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of RACHEL R. MCKINZIE, M.D. and her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

100. Defendant ROE CORPORATION VIII insured RACHEL R. MCKINZIE, M.D. for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of RACHEL R. MCKINZIE, M.D. and her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

101. Defendant, JAY M. CHEEK, M.D., in the course of rendering medical care to West was negligent and such negligence includes, but is not limited to, the following:

- a. Failing to promptly and personally assess a hospitalized patient who was experiencing new findings indicative of a tension pneumothorax;
- b. Failing to follow hospital protocol, policy and procedure for the evaluation and management of tension pneumothorax;
- c. ~~Failing to include and consider tension pneumothorax in a differential diagnosis to explain West's sudden, new symptoms in the early afternoon of March 1, 2009;~~
- d. Failing to use clinical criteria to timely diagnosis tension pneumothorax;
- e. Failing to examine for and to detect unilateral absence of breath sounds;

- f. Failing to insert chest tube in a timely manner;
- g. Failing to perform chest decompression by use of needle or surgeon's finger if chest tube equipment was not readily available;
- h. Relying on unnecessary chest x-ray(s), thereby delaying the diagnosis of tension pneumothorax;
- i. Failing to immediately view the chest x-rays that were ordered;
- j. Failing to use the degree of skill and care required by the standard of care for surgeons in the same or similar circumstances;
- k. Failing to recognize malnutrition as a cause of difficulty in weaning West from mechanical ventilation;
- l. Failing to timely and appropriately respond to West's code situation; and
- m. Spoliation and fraudulent falsification of the medical records and medical chart of West in an attempt to conceal, hide, or cover up negligent acts and omissions;

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102. Defendant ROE CORPORATION IX insured JAY M. CHEEK, M.D. for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of JAY M. CHEEK, M.D. and his officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

103. Defendant ROE CORPORATION X insured JAY M. CHEEK, M.D. for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of JAY M. CHEEK, M.D. and his officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

104. Defendant, JOHN B. CONE, M.D., in the course of rendering medical care to West was negligent and such negligence includes, but is not limited to, the following:

- a. Failing to promptly and personally assess a hospitalized patient who was experiencing new findings indicative of a tension pneumothorax despite having been made aware of patient's condition;
- b. Failing to include and consider tension pneumothorax in a differential diagnosis to explain West's sudden, new symptoms in the early afternoon of March 1, 2009, despite having been made aware of patient's condition;
- c. Failing to instruct bedside physicians to perform clinical assessment of tension pneumothorax and to perform emergent thoracic decompression if there were clinical findings suggestive of tension pneumothorax;
- d. Failing to recognize malnutrition as a cause of difficulty in weaning West from mechanical ventilation;
- e. Failing to timely and appropriately respond to West's code situation; and
- f. Spoliation and fraudulent falsification of the medical records and medical chart of West in an attempt to conceal, hide, or cover up negligent acts and omissions.

105. Defendant ROE CORPORATION XI insured JOHN B. CONE, M.D. for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of JOHN B. CONE, M.D. and his officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

106. Defendant ROE CORPORATION XII insured JOHN B. CONE, M.D. for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of JOHN B. CONE, M.D. and his officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

107. Defendant, CAREY L. GUIDRY, M.D., in the course of rendering medical care to West was negligent and such negligence includes, but is not limited to, the following:

- a. Failing to interpret West's "stat" chest x-rays in appropriate time;

- b. Failing to relay findings of "stat" chest x-rays to West's bedside physicians in a timely manner;
- c. Failing to diagnose tension pneumothorax during interpretation of chest radiographs, March 1, 2009; and
- d. Spoliation and fraudulent falsification of the medical records and medical chart of West in an attempt to conceal, hide, or cover up negligent acts and omissions.

108. Defendant ROE CORPORATION XIII insured CAREY L. GUIDRY, M.D. for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of CAREY L. GUIDRY, M.D. and his officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

109. Defendant ROE CORPORATION XIV insured CAREY L. GUIDRY, M.D. for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of CAREY L. GUIDRY, M.D. and his officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

110. Defendant, MANILA BAGHERZADEH-AZAR, M.D., in the course of rendering medical care to West was negligent and such negligence includes, but is not limited to, the following:

- a. Failing to interpret West's "stat" chest x-rays in appropriate time;
- b. Failing to relay findings of "stat" chest x-rays to West's bedside physicians in a timely manner;
- c. Failing to diagnose tension pneumothorax during interpretation of chest radiographs, March 1, 2009; and

- d. Spoliation and fraudulent falsification of the medical records and medical chart of West in an attempt to conceal, hide, or cover up negligent acts and omissions.

111. Defendant ROE CORPORATION XV insured MANILA BAGHERZADEH-AZAR, M.D. for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of MANILA BAGHERZADEH-AZAR, M.D. and his officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

112. Defendant ROE CORPORATION XVI insured MANILA BAGHERZADEH-AZAR, M.D. for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of MANILA BAGHERZADEH-AZAR, M.D. and his officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

113. Defendant, NANCY HOGUE, NURSE, in the course of rendering medical care to West was negligent and such negligence includes, but is not limited to the following:

- a. Failing to document required clinical data on a "code sheet" during West's "code";
- b. Failing to delegate responsibility for documenting required clinical data on a "code sheet" during West's "code";
- c. Failing to document required clinical data on "focus notes" or other form of nurses' notes other than eleven (11) lines of handwritten observations 1330 – 1530, March 1, 2009;
- d. Failing to relay and/or communicate chest x-ray findings, interpretation, and any other telephoned or transmitted information to West's attending physicians;

e. Failing to relay and/or communicate chest x-ray findings, interpretation, and any other telephoned or transmitted information to West's attending physicians in a timely manner; and

f. Spoliation and fraudulent falsification of the medical records and medical chart of West in an attempt to conceal, hide, or cover up negligent acts and omissions.

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114. Defendant ROE CORPORATION XVII insured NANCY HOGUE, NURSE, for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of NANCY HOGUE, NURSE, and his officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

115. Defendant ROE CORPORATION XVIII insured NANCY HOGUE, NURSE, for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of NANCY HOGUE, NURSE, and his officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

116. Defendant, CASEY R. SCALES, Respiratory Therapist, in the course of rendering medical care to West was negligent and such negligence includes, but is not limited to, the following:

- a. Selecting Intrapulmonary Percussive Ventilation as an appropriate modality of respiratory care for West;
- b. Failing to have high index of suspicion for tension pneumothorax when West's clinical condition suddenly deteriorated during IPV treatment;
- c. Failing to examine for and to detect unilateral absence of breath sounds;
- d. Failing to document required clinical data on "Vent/O2 Device Flow Sheet" anytime after 1410, March 1, 2009;

- e. Failing to document in writing a respiratory therapist's ventilator time sheet for the time interval (approximately 2 ½ hours) surrounding the episode of tension pneumothorax; and
- f. Spoliation and fraudulent falsification of the medical records and medical chart of West in an attempt to conceal, hide, or cover up negligent acts and omissions.

117. Defendant ROE CORPORATION XIX insured CASEY R. SCALES for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of CASEY R. SCALES and her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

118. Defendant ROE CORPORATION XX insured CASEY R. SCALES for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of CASEY R. SCALES and her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

119. Defendant, CHRISTINA GARNES, R.N., in the course of rendering medical care to West was negligent and such negligence includes, but is not limited to the following:

- a. Failing to document required clinical data on a "code sheet" during West's "code";
- b. Failing to delegate responsibility for documenting required clinical data on a "code sheet" during West's "code";
- c. Failing to document required clinical data on "focus notes" or other form of nurses' notes other than eleven (11) lines of handwritten observations 1330-1530, March 1, 2009; and
- d. Spoliation and fraudulent falsification of the medical records and medical chart of West in an attempt to conceal, hide, or cover up negligent acts and omissions.

120. Defendant ROE CORPORATION XXI insured CHRISTINA GARNES, R.N. for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of CHRISTINA GARNES, R.N. and her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

121. Defendant ROE CORPORATION XXII insured CHRISTINA GARNES, R.N. for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of CHRISTINA GARNES, R.N. and her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

122. Defendant, JANE/JOHN DOE I, licensed nurse, in the course of rendering medical care to West was negligent and such negligence includes, but is not limited to the following:

- a. Failing to document required clinical data on a "code sheet" during West's "code";
- b. Failing to delegate responsibility for documenting required clinical data on a "code sheet" during West's "code"; and
- c. Failing to document required clinical data on "focus notes" or other form of nurses' notes other than eleven (11) lines of handwritten observations 1330-1530, March 1, 2009.

123. Defendant ROE CORPORATION XXIII insured JANE/JOHN DOE I for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of JANE/JOHN DOE I and his/her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

124. Defendant ROE CORPORATION XXIV insured JANE/JOHN DOE I for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of JANE/JOHN DOE I and his/her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

125. Defendant, JANE/JOHN DOE II, licensed nurse, in the course of rendering medical care to West was negligent and such negligence includes, but is not limited to, the following:

- a. Failing to document required clinical data on a "code sheet" during West's "code";
- b. Failing to delegate responsibility for documenting required clinical data on a "code sheet" during West's "code"; and
- c. Failing to document required clinical data on "focus notes" or other form of nurses' notes other than eleven (11) lines of handwritten observations 1330-1530, March 1, 2009.

126. Defendant ROE CORPORATION XXV insured JANE/JOHN DOE II for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of JANE/JOHN DOE II and his/her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

127. Defendant ROE CORPORATION XXVI insured JANE/JOHN DOE II for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of JANE/JOHN DOE II and his/her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

128. Defendant, JANE/JOHN DOE III, licensed nurse, in the course of rendering medical care to West was negligent and such negligence includes, but is not limited to, the following:

- a. Failing to document required clinical data on a "code sheet" during West's "code";
- b. Failing to delegate responsibility for documenting required clinical data on a "code sheet" during West's "code"; and
- c. Failing to document required clinical data on "focus notes" or other form of nurses' notes other than eleven (11) lines of handwritten observations 1330-1530, March 1, 2009.

129. Defendant ROE CORPORATION XXVII insured JANE/JOHN DOE III for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of JANE/JOHN DOE III and his/her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

130. Defendant ROE CORPORATION XXVIII insured JANE/JOHN DOE III for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of JANE/JOHN DOE III and his/her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

131. Defendant, JANE/JOHN DOE IV, respiratory therapist, in the course of rendering medical care to West was negligent and such negligence includes, but is not limited to, the following:

- a. Failing to document required clinical data on "Vent/O2 Device Flow Sheet" anytime after 1410, March 1, 2009; and
- b. Failing to document in writing a respiratory therapist's ventilator time sheet for the time interval (approximately 2 ½ hours) surrounding the episode of tension pneumothorax.

132. Defendant ROE CORPORATION XXIX insured JANE/JOHN DOE IV for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of JANE/JOHN DOE IV and his/her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

133. Defendant ROE CORPORATION XXX insured JANE/JOHN DOE IV for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of JANE/JOHN DOE IV and his/her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

134. Defendant, JANE/JOHN DOE V, respiratory therapist, in the course of rendering medical care to West was negligent and such negligence includes, but is not limited to, the following:

- a. Failing to document required clinical data on "Vent/O2 Device Flow Sheet" anytime after 1410, March 1, 2009; and
- b. Failing to document in writing a respiratory therapist's ventilator time sheet for the time interval (approximately 2 ½ hours) surrounding the episode of tension pneumothorax.

135. Defendant ROE CORPORATION XXXI insured JANE/JOHN DOE V for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of JANE/JOHN DOE V and his/her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

136. Defendant ROE CORPORATION XXXII insured JANE/JOHN DOE V for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed

Plaintiff's Original Complaint, and, as such, is responsible for the actions of JANE/JOHN DOE V and his/her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

137. Defendant, JANE/JOHN DOE VI, a physician, in the course of rendering medical care to West was negligent and such negligence includes, but is not limited to, the following:

- a. Failing to respond to West's "code" announcement and situation.

138. Defendant ROE CORPORATION XXXIII insured JANE/JOHN DOE VI for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of JANE/JOHN DOE VI and his/her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

139. Defendant ROE CORPORATION XXXIV insured JANE/JOHN DOE VI for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of JANE/JOHN DOE VI and his/her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

140. Defendant, JANE/JOHN DOE VII, a physician, in the course of rendering medical care to West was negligent and such negligence includes, but is not limited to, the following:

- a. Failing to respond to West's "code" announcement and situation.

141. Defendant ROE CORPORATION XXXV insured JANE/JOHN DOE VII for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of

JANE/JOHN DOE VII and his/her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

142. Defendant ROE CORPORATION XXXVI insured JANE/JOHN DOE VII for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of JANE/JOHN DOE VII and his/her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

143. Defendant, JANE/JOHN DOE VIII, a physician, in the course of rendering medical care to West was negligent and such negligence includes, but is not limited to, the following:

- a. Failing to respond to West's "code" announcement and situation.

144. Defendant ROE CORPORATION XXXVII insured JANE/JOHN DOE VIII for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of JANE/JOHN DOE VIII and his/her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

145. Defendant ROE CORPORATION XXXVIII insured JANE/JOHN DOE VIII for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of JANE/JOHN DOE VIII and his/her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

146. Defendant, JANE/JOHN DOE IX, a physician, in the course of rendering medical care to West was negligent and such negligence includes, but is not limited to, the following:

- a. Failing to respond to West's "code" announcement and situation.

147. Defendant ROE CORPORATION XXXIX insured JANE/JOHN DOE IX for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of JANE/JOHN DOE IX and his/her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

148. Defendant ROE CORPORATION XL insured JANE/JOHN DOE IX for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of JANE/JOHN DOE IX and his/her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

149. Defendant, JANE/JOHN DOE X, a physician, in the course of rendering medical care to West was negligent and such negligence includes, but is not limited to, the following:

- a. Failing to respond to West's "code" announcement and situation.

150. Defendant ROE CORPORATION XLI insured JANE/JOHN DOE X for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of JANE/JOHN DOE X and his/her officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

151. Defendant ROE CORPORATION XLII insured JANE/JOHN DOE X for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of JANE/JOHN DOE

X and his/her officers, agents, servants, employees or representatives under the Arkansas
Action Statute.

ARKANSAS STATE
DEMANDS COMMISSION
FEB 25 2011

152. Defendant, UAMS MEDICAL CENTER UNIVERSITY HOSPITAL, is responsible for
the acts of its employees under the doctrine of respondeat superior and is responsible for its own
acts, which include the following:

- a. Failing to properly train, instruct and supervise its employees who provided medical services to West;
- b. Credentialing and providing hospital privileges negligently to the physicians and hospital personnel who provided care to West;
- c. Failing to require as part of protocol, policy or procedure the timely diagnosis and treatment of a patient with tension pneumothorax;
- d. Operating its intensive care unit, nursing department, radiology department and supervisory/administrative staff negligently, in a manner that denied standard-of-care diagnosis and management for West as he was experiencing a tension pneumothorax;
- e. Failing to have a physician immediately available with training and knowledge to clinically diagnosis tension pneumothorax and then perform emergency thoracic decompression;
- f. Failing to implement appropriate policies and procedures to assure that injuries such as experienced by West do not occur while patients are receiving medical care from UAMS MEDICAL CENTER UNIVERSITY HOSPITAL;
- g. Failing to use the degree of skill and care required by the standard of care for hospitals in the same or similar circumstances; and
- h. Spoliation and fraudulent falsification of the medical records and medical chart of West in an attempt to conceal, hide, or cover up negligent acts and omissions.

153. Defendant, UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES, is responsible
for the acts of its employees under the doctrine of respondeat superior and is liable for its own
acts, which include the following:

- a. Failing to teach the resident physicians and fellowship physicians who attended West on March 1, 2009 how to diagnosis tension pneumothorax by clinical assessment and criteria; and
- b. Failing to train the resident physicians and fellowship physicians who attended West on March 1, 2009 how to promptly perform thoracic decompression by needle thoracostomy, use of surgeon's finger as temporary "vent", and especially by chest tube placement; and
- c. Spoliation and fraudulent falsification of the medical records and medical chart of West in an attempt to conceal, hide, or cover up negligent acts and omissions.

154. Defendant ROE CORPORATION XLIII insured UAMS MEDICAL CENTER UNIVERSITY HOSPITAL for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of UAMS MEDICAL CENTER UNIVERSITY HOSPITAL and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

155. Defendant ROE CORPORATION XLIV insured UAMS MEDICAL CENTER UNIVERSITY HOSPITAL for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of UAMS MEDICAL CENTER UNIVERSITY HOSPITAL and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

156. Defendant ROE CORPORATION XLV insured UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

157. Defendant ROE CORPORATION XLVI insured UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

158. Defendant ROE CORPORATION XLVII insured UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

159. Defendant ROE CORPORATION XLVIII insured UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

160. Defendant ROE CORPORATION XLIX insured UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES and

its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

PROXIMATE CAUSE

161. Plaintiff restates the allegations of paragraphs 1 through 160 of this Plaintiff's First Amended Complaint, as if fully set forth herein.

162. As a direct and proximate result of the combined and/or singular acts of negligence of the Defendants and their breach of duties owed to West, Plaintiff suffered damages more fully described below for which the Defendants are jointly and severally liable.

WILLFUL AND WANTON CONDUCT

163. Plaintiff restates the allegations of paragraphs 1 through 162 of this Plaintiff's First Amended Complaint, as if fully set forth herein.

164. Defendants' actions and omissions set forth above, when viewed objectively from the standpoint of the Defendant at the time of the occurrence, involved an extreme degree of risk considering the probability and magnitude of the potential harm to West. Such acts and commissions constitute willful and wanton conduct and demonstrate a conscious indifference to the consequences to West and his loved ones, such that malice can be inferred.

DAMAGES

165. Plaintiff restates the allegations of paragraphs 1 through 164 of this Plaintiff's First Amended Complaint, as if fully set forth herein.

166. West suffered damages, and Plaintiffs West and FLORENCE WEST are entitled to recover from Defendants the following:

- a. Past hospital and extended care facility expenses, and those reasonably expected to be occurred in the future;
- b. Past medical and nursing expenses, and those reasonably expected to be incurred in the future;
- c. Loss of love, comfort, society and companionship of CHARLES J. WEST due to his debilitating injuries;
- d. Loss of reasonable contributions of a pecuniary value that Plaintiff FLORENCE WEST, in reasonable probability, would have received from CHARLES J. WEST, had he not been injured; and
- e. Mental anguish suffered in the past, and mental anguish reasonably expected to be suffered in the future.

167. The damages claimed herein are in an amount in excess of the amount required for jurisdiction in this court.

CONSTITUTIONAL CLAIMS

168. Plaintiff restates the allegations of paragraphs 1 through 167 of this Plaintiff's First Amended Complaint, as if fully set forth herein.

169. This Court has the power under ARK. CODE ANN. § 16-111-103(a) to declare the rights of Plaintiff in these proceedings. Act 649 adversely affects Plaintiff's rights in these proceedings because the Act as applied to the facts in these proceedings violates the Arkansas Constitution and Plaintiff's privileges and immunities as stated below.

170. In enacting Act 649, the Arkansas Legislature limited amounts that could be recovered for injuries to persons or property, in violation of the Arkansas Constitution. The Act most obviously violates Article V, Section 32 of the Arkansas Constitution, which plainly prohibits

legislative limitations on recoveries, and Article IV, Sections 1 and 2 of the Arkansas Constitution, which prohibits legislative incursions on judicial power.

171. Act 649 violates a whole constitutional scheme that works to limit governmental incursion on common law rights and to limit legislative power to assist special interests. This scheme is embodied in provisions such as Article II, Sections 4, 13, and 21 of the Arkansas Constitution, recognizing the right to petition the government for redress and imposing a duty on government to provide such redress; Article II, Section 13 of the Arkansas Constitution, guaranteeing every injured party the right to a remedy; Article II, Section 7 of the Arkansas Constitution, prescribing that the right to a jury trial “shall remain inviolate;” Article II, Sections 13 and 21 of the Arkansas Constitution, mandating due process and application of the law of the land; Article II, Sections 3, 18, and 21 of the Arkansas Constitution, recognizing that citizens shall receive equal treatment (“the equality provisions”); and the related Article V, Section 25 of the Arkansas Constitution, limiting unequal treatment to times when it is justified, and requiring “that where a general law can be made applicable no special law shall be enacted.”

172. Specifically, Section 18 of Act 649 is unconstitutional in that it requires the plaintiff to provide evidence of the standard care allegedly breached by using an expert witness of the same medical specialty as the defendant. Ironically, Section 18 of Act 649 places no restriction in the same circumstances, on evidence the defendant might present regarding the standard of care. Further, Section 18 of Act 649 requires a plaintiff to establish causation through the use of a “qualified medical expert”. Section 18 of Act 649 places no restriction, in the same circumstances, on evidence a defendant might present regarding causation. Consequently, Section 18 of Act 649 treats victims of medical injury different than other victims of other torts and treats perpetrators of medical injury different than it does perpetrators of other torts. As

such, Section 18 of Act 649 treats victims of medical injury less advantageously than victims of other torts and treats perpetrators of medical injury different than it does perpetrators of other torts. There is no rational basis for the difference in treatment worked by Section 18 of Act 649. There is no compelling state interest for the differences in treatment worked by Section 18 of Act 649. Section 18 of Act 649 has the purpose and intent of reducing the amount of recovery for this Plaintiff in this cause of action. Section 18 of Act 649 is in direct conflict with Arkansas Rule of Evidence 702. Section 18 of Act 649 violates the equality provisions and the right to a remedy and due process clauses of the Arkansas Constitution, Article II, Sections 3, 13, 18 and 21. Section 18 of Act 649 impairs the capacity of this Plaintiff, in asserting a claim for medical injury, to exercise the right of access to the courts, in violation of the right to petition the government for redress in Article II, Sections 4, 13 and 21 of the Arkansas Constitution. Section 18 of Act 649 violates Article V, Sections 25 and 32, of the Arkansas Constitution because the Legislature has created a special law that has the purpose and effect of limiting the plaintiff's right to recovery. Section 18 of Act 649 violates the separation of powers doctrine in that it is in direct conflict with Arkansas Rule of Evidence 702.

173. Specifically Act 649, Section 20 requires courts, at the request of a party, to order that awards for future damages greater than \$100,000.00 to be paid in future payments, rather than a lump sum. Section 20 of Act 649 is unconstitutional because it legislatively mandates changes in awards made by juries. Act 649, Section 20 violates the right to a jury trial and due process clause of Article II, Sections 7, 13, and 21 of the Arkansas Constitution. Act 649, Section 20 impairs the capacity of the plaintiff asserting claims for medical injury to exercise the right of access to courts in violation of the right to petition the government for redress in Article II, Sections 4, 13, and 21 of the Arkansas Constitution. Act 629, Section 20 violates the separation

of powers provision in Article IV, Sections 1 and 2 and Article V, Section 32, of the Arkansas Constitution.

174. Specifically, ARK. CODE ANN. § 16-55-201 violates Article V, Section 32 of the Arkansas State Constitution, as it eliminates joint and several liability. Further, Section 16-55-201 constitutes an impermissible limitation by the Legislature on recoveries under Article IV, Sections 1 and 2 of the Arkansas State Constitution, as it constitutes an unconstitutional usurpation of judicial powers.

175. Since Act 649 adversely affects Plaintiff's rights in these proceedings, rights that are protected by the Arkansas Constitution, as enumerated above, Plaintiff has standing pursuant to ARK. CODE ANN. § 16-111-104 to request a declaratory judgment in her favor invalidating Act 649 as unconstitutional when applied to the facts of these proceedings. The Attorney General is being served with notice of these proceedings pursuant to ARK. CODE ANN. § 16-111-106 because Plaintiff requests a judgment declaring Act 649 unconstitutional.

DEMAND FOR JURY TRIAL

Plaintiff demands a trial by jury.

WHEREFORE, Plaintiff prays that she be awarded damages in excess of the federal jurisdictional limit and sufficient to compensate for the damages described above and for

all other relief to which she may be entitled, and that a jury be instructed to draw a negative inference against any spoliator/falsifier.


Respectfully submitted,

Jack N. Boyd, Jr.
BOYD, POFF & BURGESS, LLP
2301 Moores Lane
P.O. Box 6297
Texarkana, Texas 75505-6297
Telephone: 903-838-6123
Facsimile: 903-832-8489

By: Jack N. Boyd, Jr. w/permission
Jack N. Boyd, Jr. JRP
AR Bar # 90150

Authorized

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TSBN : 20554000


ATTORNEY AD LITEM

BOYD PRAZAK, LLP
ATTORNEYS AT LAW
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WWW.BOYDPRAZAK.COM

May 24, 2016

Arkansas Claims Commission

MAY 25 2016

RECEIVED

VIA FACSIMILE 501-682-2823

Arkansas State Claims Commission
ATTN: Brenda Wade
100 East Capitol Ave, Ste 410
Little Rock, Arkansas 72201-3823

Re: *Florence West*
Claim #: *11-0554-CC vs. University of Arkansas Medical Sciences*

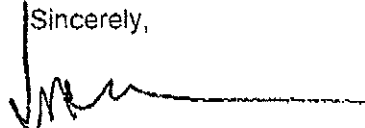
Dear Brenda:

I am in receipt of and thank you for your letter dated May 17, 2016. We have conducted discovery in the civil litigation that we filed against the physicians in this matter, and through that discovery it has become apparent that the nurses and the pulmonary therapist were negligent in causing Mr. West's injury, an anoxic brain injury. Based upon that discovery information, we dismissed the civil lawsuit against the physicians. We are now ready to proceed with this claim with the Arkansas State Claims Commission directly against UAMS.

I would thank you to provide me with available dates for the depositions of the respiratory therapist and the RN who was in charge of Mr. West's care on the date of his incident, so that we may get this matter ready for a claims commission hearing. Unfortunately, I don't know the names of either of these ladies, as we can't make that determination from the medical records. I am enclosing a copy of the Original Complaint to enable you to have the applicable dates of these hospital employees. Would you mind checking with the hospital and find out if you can produce them for depositions?

I look forward to working with you.

Sincerely,



Jack. N. Boyd, Jr.

**IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS
LITTLE ROCK DISTRICT**

**FLORENCE WEST, Individually and as Next Friend of
CHARLES J. WEST, an Incapacitated Person, and
JIM VERSCHOYLE, as guardian ad litem for Charles West**

FILED 02/14/11 16:18:40
Larry Crane Pulaski Circuit Clerk
DH

12TH DIVISION

PLAINTIFF

CASE NO. 60CV2011-0643

VS.

**RONALD ROBERTSON, M.D.; GIRIPRAKASH
SRIKANTHAN, M.D.; MARK P. WRIGHT, M.D.;
RACHEL R. MCKINZIE, M.D.; JAY M. CHEEK, M.D.;
JOHN B CONE, M.D.; CAREY L. GUIDRY, M.D.;
MANILA BAGHERZADEH-AZAR, M.D.;
NANCY HOGUE, NURSE; CASEY R. SCALES,
RESPIRATORY THERAPIST; CHRISTINA GARNES, R.N.;
JANE/JOHN DOE I, licensed nurse;
JANE/JOHN DOE II, licensed nurse;
JANE/JOHN DOE III, licensed nurse;
JANE/JOHN DOE IV, respiratory therapist;
JANE/JOHN DOE V, respiratory therapist;
JANE/JOHN DOE VI, physician;
JANE/JOHN DOE VII, physician;
JANE/JOHN DOE VIII, physician;
JANE/JOHN DOE IX, physician;
JANE/JOHN DOE X, physician;
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES;
UAMS MEDICAL CENTER UNIVERSITY HOSPITAL;
ROE CORPORATION I; ROE CORPORATION II;
ROE CORPORATION III; ROE CORPORATION IV;
ROE CORPORATION V; ROE CORPORATION VI;
and ROE CORPORATION VII**

DEFENDANTS

PLAINTIFF'S ORIGINAL COMPLAINT

Plaintiff, FLORENCE WEST, Individually and as Next Friend of CHARLES J. WEST,
An Incapacitated Person, through her undersigned counsel brings this action against Defendants
and hereby alleges and states:

NATURE OF CLAIMS

1. This is an action for medical injury pursuant to ARK. CODE ANN. § 16-114-201 *et seq.*

PLAINTIFFS

2. FLORENCE WEST resides in New Boston, Bowie County, Texas. She is married to CHARLES J. WEST.

3. CHARLES J. WEST resides in Sunny Acres Nursing Home, 12520 FM 1840, Dekalb, Bowie County, Texas 75559. He resides in a nursing home as a direct result of the negligence of the Defendants named herein.

4. JIM VERSCHOYLE is the duly appointed guardian ad litem for Charles West as evidenced by the Order Appointing Guardian ad litem, attached hereto as exhibit A.

DEFENDANTS

5. Defendant RONALD ROBERTSON, M.D. is a physician licensed to practice in the State of Arkansas, who practices in the area of surgery in Little Rock, Arkansas. He may be served at his place of business at UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES, Department of Surgery, 4301 W. Markham, Little Rock, Arkansas 72205.

6. Defendant GIRIPRAKASH SRIKANTHAN, M.D. is a physician licensed to practice in the State of Arkansas, who practices in the area of anesthesiology in Little Rock, Arkansas. He may be served at his place of business at UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES, Department of Anesthesiology, 4301 W. Markham, Little Rock, Arkansas 72205.

7. Defendant MARK P. WRIGHT, M.D. is a physician licensed to practice in the State of Arkansas, who practices in the area of surgery in Little Rock, Arkansas. He may be served at his place of business at UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES, Department of Surgery, 4301 W. Markham, Little Rock, Arkansas 72205.

8. Defendant RACHEL R. MCKINZIE, M.D. is a physician licensed to practice in the State of Arkansas, who practices in the area of anesthesiology in Little Rock, Arkansas. She may be served at her place of business at UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES, Department of Anesthesiology 4301 W. Markham, Little Rock, Arkansas 72205.

9. Defendant JAY M. CHEEK, M.D. is a physician licensed to practice in the State of Arkansas, who practices in the area of surgery in Little Rock, Arkansas. He may be served at his place of business at UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES, Department of Surgery, 4301 W. Markham, Little Rock, Arkansas 72205.

10. Defendant JOHN B. CONE, M.D. is a physician licensed to practice in the State of Arkansas, who practices in the area of surgery in Little Rock, Arkansas. He may be served at his place of business at UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES, Department of Surgery, 4301 W. Markham, Little Rock, Arkansas 72205.

11. Defendant CAREY L. GUIDRY, M.D. is a physician licensed to practice in the State of Arkansas, who practices in the area of radiology in Little Rock, Arkansas. He may be served at his place of business at UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES, Department of Radiology, 4301 W. Markham, Little Rock, Arkansas 72205.

12. Defendant MANILA BAGHERZADEH-AZAR, M.D. is a physician licensed to practice in the State of Arkansas, who practices in the area of radiology in Little Rock, Arkansas. He

may be served at his place of business at UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES, Department of Radiology, 4301 W. Markham, Little Rock, Arkansas 72205.

13. Defendant NANCY HOGUE is a licensed nurse and/or hospital staff person in the State of Arkansas, practicing in Pulaski County, Arkansas at UAMS MEDICAL CENTER UNIVERSITY HOSPITAL and can be served at her place of business at 4301 W. Markham, Little Rock, Arkansas 72205.

14. Defendant CASEY R. SCALES is a licensed respiratory therapist and/or hospital staff person in the State of Arkansas, practicing in Pulaski County, Arkansas at UAMS MEDICAL CENTER UNIVERSITY HOSPITAL and can be served at her place of business at 4301 W. Markham, Little Rock, Arkansas 72205.

15. Defendant CHRISTINA GARNES, R.N., is a licensed nurse and/or hospital staff person in the State of Arkansas, practicing in Pulaski County, Arkansas at UAMS MEDICAL CENTER UNIVERSITY HOSPITAL and can be served at her place of business at 4301 W. Markham, Little Rock, Arkansas 72205.

16. Defendant JANE/JOHN DOE I is a licensed nurse and/or hospital staff person in the State of Arkansas, practicing in Pulaski County, Arkansas at UAMS MEDICAL CENTER UNIVERSITY HOSPITAL. At the time of filing this Original Complaint, Plaintiff is not aware of the identity and location of this Defendant.

17. Defendant JANE/JOHN DOE II is a licensed nurse and/or hospital staff person in the State of Arkansas, practicing in Pulaski County, Arkansas at UAMS MEDICAL CENTER UNIVERSITY HOSPITAL. At the time of filing this Original Complaint, Plaintiff is not aware of the identity and location of this Defendant.

18. Defendant JANE/JOHN DOE III is a licensed nurse and/or hospital staff person in the State of Arkansas, practicing in Pulaski County, Arkansas at UAMS MEDICAL CENTER UNIVERSITY HOSPITAL. At the time of filing this Original Complaint, Plaintiff is not aware of the identity and location of this Defendant.

19. Defendant JANE/JOHN DOE IV is a licensed respiratory therapist and/or hospital staff person in the State of Arkansas, practicing in Pulaski County, Arkansas at UAMS MEDICAL CENTER UNIVERSITY HOSPITAL. At the time of filing this Original Complaint, Plaintiff is not aware of the identity and location of this Defendant.

20. Defendant JANE/JOHN DOE V is a licensed respiratory therapist and/or hospital staff person in the State of Arkansas, practicing in Pulaski County, Arkansas at UAMS MEDICAL CENTER UNIVERSITY HOSPITAL. At the time of filing this Original Complaint, Plaintiff is not aware of the identity and location of this Defendant.

21. Defendant JANE/JOHN DOE VI is a physician licensed to practice in the State of Arkansas and practicing in Pulaski County, Arkansas. At the time of filing this Original Complaint, Plaintiff is not aware of the identity and location of this Defendant.

22. Defendant JANE/JOHN DOE VII is a physician licensed to practice in the State of Arkansas and practicing in Pulaski County, Arkansas. At the time of filing this Original Complaint, Plaintiff is not aware of the identity and location of this Defendant.

23. Defendant JANE/JOHN DOE VII is a physician licensed to practice in the State of Arkansas and practicing in Pulaski County, Arkansas. At the time of filing this Original Complaint, Plaintiff is not aware of the identity and location of this Defendant.

24. Defendant JANE/JOHN DOE IX is a physician licensed to practice in the State of Arkansas and practicing in Pulaski County, Arkansas. At the time of filing this Original Complaint, Plaintiff is not aware of the identity and location of this Defendant.

25. Defendant JANE/JOHN DOE X is a physician licensed to practice in the State of Arkansas and practicing in Pulaski County, Arkansas. At the time of filing this Original Complaint, Plaintiff is not aware of the identity and location of this Defendant.

26. Defendant UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES is a part of the University of Arkansas, which is a body politic and corporate, organized under the laws of the State of Arkansas. *See* ARK. CODE ANN. §§ 6-64-202 & 6-64-401. Pursuant to ARK. CODE ANN. § 6-64-402(b)(1), Defendant UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES, through its Board of Trustees, "shall employ all necessary supervisors, professors, teachers, agents and servants" to ensure that its medical department is "operated in a first-class manner." Defendant UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES may be served through any agent authorized to accept service at its principal place of business at 4301 W. Markham, Little Rock, Arkansas 72205.

27. Upon information and belief, Defendant UAMS MEDICAL CENTER UNIVERSITY HOSPITAL is a hospital operated by UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES. Defendant UAMS MEDICAL CENTER UNIVERSITY HOSPITAL may be served through its Chief Operating Officer, Melissa Fontaine, at 4301 W. Markham, Little Rock, Arkansas 72205.

28. Defendant ROE CORPORATION I is an insurance company doing business in the State of Arkansas, which insured UAMS MEDICAL CENTER UNIVERSITY HOSPITAL for professional liability during the time that Plaintiff's cause of action arose and during the time

Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of UAMS MEDICAL CENTER UNIVERSITY HOSPITAL and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this Original Complaint, Plaintiff is not aware of the identity and location of this Defendant.

29. Defendant ROE CORPORATION II is an insurance company doing business in the State of Arkansas, which insured UAMS MEDICAL CENTER UNIVERSITY HOSPITAL for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of UAMS MEDICAL CENTER UNIVERSITY HOSPITAL and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this Original Complaint, Plaintiff is not aware of the identity and location of this Defendant.

30. Defendant ROE CORPORATION III is an insurance company doing business in the State of Arkansas, which insured UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this Original Complaint, Plaintiff is not aware of the identity and location of this Defendant.

31. Defendant ROE CORPORATION IV is an insurance company doing business in the State of Arkansas, which insured UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES and its officers, agents, servants,

employees or representatives under the Arkansas Direct Action Statute. At the time of filing this Original Complaint, Plaintiff is not aware of the identity and location of this Defendant.

32. Defendant ROE CORPORATION V is an insurance company doing business in the State of Arkansas, which insured UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this Original Complaint, Plaintiff is not aware of the identity and location of this Defendant.

33. Defendant ROE CORPORATION VI is an insurance company doing business in the State of Arkansas, which insured UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this Original Complaint, Plaintiff is not aware of the identity and location of this Defendant

34. Defendant ROE CORPORATION VII is an insurance company doing business in the State of Arkansas, which insured UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. At the time of filing this Original Complaint, Plaintiff is not aware of the identity and location of this Defendant.

ACTS OF AGENTS

35. Whenever in this Complaint it is alleged that any of the Defendants did any act or thing, it is meant that the particular Defendant referred to, either personally or through their respective employees or representatives, did such act or thing, and that, at the time such act or thing was done, it was done in the ordinary course and scope of employment of that Defendant's officers, agents, servants, of representatives, and Defendants are responsible for the acts of their/its officers, agents, servants, employees, or representatives through the doctrine of respondeat superior.

JURISDICTION AND VENUE

36. The alleged acts or omissions that are the subject of this action occurred in Pulaski County, Arkansas and venue is proper pursuant to ARK. CODE ANN. § 16-55-213(e).

37. Jurisdiction of the subject matter and parties in this action is proper in this Court.

FACTUAL ALLEGATIONS

38. CHARLES J. WEST ("West"), a victim of a motor vehicle accident, was admitted to UAMS MEDICAL CENTER UNIVERSITY HOSPITAL on February 11, 2009, after being airlifted by helicopter from Christus St. Michael Health System, Texarkana, Texas.

39. West's diagnoses included traumatic pneumothorax, multiple rib fractures, lung contusion, spleen laceration, liver laceration and subarachnoid hemorrhage. At UAMS MEDICAL CENTER UNIVERSITY HOSPITAL, he underwent a left major thoracotomy for bleeding and control of lung lacerations.

40. West experienced progressive improvement until March 1, 2009. At or about 1335 that day, while undergoing a respiratory therapy treatment known as intrapulmonary percussive

ventilation ("IPV"), his condition suddenly deteriorated. He stopped breathing, and a "code" was called.

41. West's entire healthcare team, consisting of physicians, nurses and respiratory therapists, failed to recognize, diagnose and treat his obvious tension pneumothorax for more than one hour.

42. The placement of an essential chest tube was not performed until at least 1500, only after an inexplicably delayed review of unnecessary chest x-rays.

43. As a result of such actions and inactions identified in paragraphs 33-38 herein, West suffered hypoxia, hypotension, bradycardia and acidosis, which, in turn, caused decreased cerebral perfusion and brain injury. The ultimate result was anoxic brain damage as documented by the hospital-coding summary of March 13, 2009.

44. Moreover, laboratory evidence indicated that West suffered from severe malnutrition. This severe malnutrition, the result of negligent medical care, contributed to West's need for mechanical ventilation and helped to prevent West from being weaned off this respiratory assistance prior to March 1, 2009. This severe malnutrition, in turn, exposed West to a greater risk for the development of a pneumothorax (a well-recognized complication of mechanical ventilation).

45. West was discharged from UAMS MEDICAL CENTER UNIVERSITY HOSPITAL on March 9, 2009. Since his hospital discharge, West has been confined to nursing homes. West will not be able to function as an independent adult for the remainder of his life.

CAUSES OF ACTION

NEGLIGENCE

46. Plaintiff restates the allegations of paragraphs 1 through 39 of this Plaintiff's Original Complaint, as if fully set forth herein.

47. Defendant, RONALD ROBERTSON, M.D., in the course of rendering medical care to West was negligent and such negligence includes, but is not limited to, the following:

- a. Failing to provide adequate nutrition for West so as to prevent severe malnutrition;
- b. Failing to recognize malnutrition as a cause of difficulty in weaning West from mechanical ventilation;
- c. Selecting Intrapulmonary Percussive Ventilation as an appropriate modality of respiratory care for West;
- d. Failing to promptly and personally assess a hospitalized patient who was experiencing new findings indicative of a tension pneumothorax;
- e. Failing to have another physician timely manage West's new emergency condition if not personally available;
- f. Failing to properly train, instruct and supervise resident physicians and fellowship physicians regarding the clinical diagnosis and emergency management of tension pneumothorax;
- g. Operating a surgical practice and/or service negligently, in a manner that denied standard-of-care diagnosis for West as he was experiencing a tension pneumothorax; and
- h. Failing to use the degree of skill and care required by the standard for physicians in the same or similar circumstances;
- i. Failure to timely and appropriately respond to a Mr. West's code situation;
- j. Spoliation and fraudulent falsification of the medical records and medical chart of Charles West in an attempt to conceal, hide, or cover up negligent acts and omissions;

48. Defendant ROE CORPORATION I insured RONALD ROBERTSON, M.D., for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of

RONALD ROBERTSON, M.D., and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

49. Defendant ROE CORPORATION II insured RONALD ROBERTSON, M.D., for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of RONALD ROBERTSON, M.D., and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

50. Defendant, GIRIPRAKASH SRIKANTHAN, M.D., in the course of rendering medical care to West was negligent and such negligence includes, but is not limited to, the following:

- a. Failing to promptly and personally assess a hospitalized patient who was experiencing new findings indicative of a tension pneumothorax;
- b. Failing to follow hospital protocol, policy and procedure for the evaluation and management of tension pneumothorax;
- c. Failing to include and consider tension pneumothorax in a differential diagnosis to explain West's sudden, new symptoms in the early afternoon of March 1, 2009;
- d. Failing to use clinical criteria to timely diagnosis tension pneumothorax;
- e. Failing to immediately evaluate Mr. West by traditional means of clinical assessment in order to make timely diagnosis of tension pneumothorax;
- f. Relying on unnecessary chest x-ray(s), thereby delaying the diagnosis of tension pneumothorax;
- g. Failing to immediately view the chest x-rays that were ordered;
- h. Relying on unnecessary testing of arterial blood gases, thereby delaying the diagnosis of tension pneumothorax;
- i. Failing to provide timely thoracic decompression by needle thoracostomy and/or chest tube; and
- j. Failing to use the degree of skill and care required by the standard for physicians in the same or similar circumstances.

- k. Failure to timely and appropriately respond to a Mr. West's code situation.
- l. Spoliation and fraudulent falsification of the medical records and medical chart of Charles West in an attempt to conceal, hide, or cover up negligent acts and omissions;

51. Defendant ROE CORPORATION I insured GIRIPRAKASH SRIKANTHAN, M.D., for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of GIRIPRAKASH SRIKANTHAN, M.D. and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

52. Defendant ROE CORPORATION II insured GIRIPRAKASH SRIKANTHAN, M.D. for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of GIRIPRAKASH SRIKANTHAN, M.D. and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

53. Defendant, MARK P. WRIGHT, M.D., in the course of rendering medical care to West was negligent and such negligence includes, but is not limited to, the following:

- a. Failing to promptly and personally assess a hospitalized patient who was experiencing new findings indicative of a tension pneumothorax;
- b. Failing to follow hospital protocol, policy and procedure for the evaluation and management of tension pneumothorax;
- c. Failing to include and consider tension pneumothorax in a differential diagnosis to explain West's sudden, new symptoms in the early afternoon of March 1, 2009;
- d. Failing to use clinical criteria to timely diagnosis tension pneumothorax;
- e. Failing to examine for and to detect unilateral absence of breath sounds;
- f. Failing to insert chest tube in a timely manner;

- g. Failing to perform chest decompression by use of needle or surgeon's finger if chest tube equipment were not readily available;
- h. Relying on unnecessary chest x-ray(s), thereby delaying the diagnosis of tension pneumothorax;
- i. Failing to immediately view the chest x-rays that were ordered; and
- j. Failing to use the degree of skill and care required by the standard of care for surgeons in the same or similar circumstances.
- k. Failing to recognize malnutrition as a cause of difficulty in weaning West from mechanical ventilation;
- l. Failure to timely and appropriately respond to a Mr. West's code situation.
- m. Spoliation and fraudulent falsification of the medical records and medical chart of Charles West in an attempt to conceal, hide, or cover up negligent acts and omissions;

54. Defendant ROE CORPORATION I insured MARK P. WRIGHT, M.D., for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of MARK P. WRIGHT, M.D., and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

55. Defendant ROE CORPORATION II insured MARK P. WRIGHT, M.D., for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of MARK P. WRIGHT, M.D. and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

56. Defendant, RACHEL R. MCKINZIE, M.D., in the course of rendering medical care to West was negligent and such negligence includes, but is not limited to, the following:

- a. Failing to promptly and personally assess a hospitalized patient who was experiencing new findings indicative of a tension pneumothorax;
- b. Failing to follow hospital protocol, policy and procedure for the evaluation and management of tension pneumothorax;
- c. Failing to include and consider tension pneumothorax in a differential diagnosis to explain West's sudden, new symptoms in the early afternoon of March 1, 2009;
- d. Failing to use clinical criteria to timely diagnose tension pneumothorax;
- e. Failing to examine for and to detect unilateral absence of breath sounds;
- f. Failing to provide timely thoracic decompression by needle thoracostomy and/or chest tube;
- g. Relying on unnecessary chest x-ray(s), thereby delaying the diagnosis of tension pneumothorax;
- h. Failing to immediately view the chest x-rays that were ordered; and
- i. Failing to use the degree of skill and care required by the standard for physicians in the same or similar circumstances.
- j. Failure to timely and appropriately respond to a Mr. West's code situation.
- k. Spoliation and fraudulent falsification of the medical records and medical chart of Charles West in an attempt to conceal, hide, or cover up negligent acts and omissions;

57. Defendant ROE CORPORATION I insured RACHEL R. MCKINZIE, M.D. for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of RACHEL R. MCKINZIE, M.D. and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

58. Defendant ROE CORPORATION II insured RACHEL R. MCKINZIE, M.D. for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of

RACHEL R. MCKINZIE, M.D. and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

59. Defendant, JAY M. CHEEK, M.D., in the course of rendering medical care to West was negligent and such negligence includes, but is not limited to, the following:

- a. Failing to promptly and personally assess a hospitalized patient who was experiencing new findings indicative of a tension pneumothorax;
- b. Failing to follow hospital protocol, policy and procedure for the evaluation and management of tension pneumothorax;
- c. Failing to include and consider tension pneumothorax in a differential diagnosis to explain West's sudden, new symptoms in the early afternoon of March 1, 2009;
- d. Failing to use clinical criteria to timely diagnosis tension pneumothorax;
- e. Failing to examine for and to detect unilateral absence of breath sounds;
- f. Failing to insert chest tube in a timely manner;
- g. Failing to perform chest decompression by use of needle or surgeon's finger if chest tube equipment was not readily available;
- h. Relying on unnecessary chest x-ray(s), thereby delaying the diagnosis of tension pneumothorax;
- i. Failing to immediately view the chest x-rays that were ordered; and
- j. Failing to use the degree of skill and care required by the standard of care for surgeons in the same or similar circumstances.
- k. Failing to recognize malnutrition as a cause of difficulty in weaning West from mechanical ventilation;
- l. Failure to timely and appropriately respond to a Mr. West's code situation.
- m. Spoliation and fraudulent falsification of the medical records and medical chart of Charles West in an attempt to conceal, hide, or cover up negligent acts and omissions;

60. Defendant ROE CORPORATION I insured JAY M. CHEEK, M.D. for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of JAY M. CHEEK, M.D. and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

61. Defendant ROE CORPORATION II insured JAY M. CHEEK, M.D. for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of JAY M. CHEEK, M.D. and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

62. Defendant, JOHN B. CONE, M.D., in the course of rendering medical care to West was negligent and such negligence includes, but is not limited to, the following:

- a. Failing to promptly and personally assess a hospitalized patient who was experiencing new findings indicative of a tension pneumothorax despite having been made being aware of patient's condition;
- b. Failing to include and consider tension pneumothorax in a differential diagnosis to explain West's sudden, new symptoms in the early afternoon of March 1, 2009, despite having been made aware of patient's condition; and
- c. Failing to instruct bedside physicians to perform clinical assessment of tension pneumothorax and to perform emergent thoracic decompression if there were clinical findings suggestive of tension pneumothorax.
- d. Failing to recognize malnutrition as a cause of difficulty in weaning West from mechanical ventilation;
- e. Failure to timely and appropriately respond to a Mr. West's code situation.
- f. Spoliation and fraudulent falsification of the medical records and medical chart of Charles West in an attempt to conceal, hide, or cover up negligent acts and omissions;

63. Defendant ROE CORPORATION I insured JOHN B. CONE, M.D. for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of JOHN B. CONE, M.D. and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

64. Defendant ROE CORPORATION II insured JOHN B. CONE, M.D. for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of JOHN B. CONE, M.D. and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

65. Defendant, CAREY L. GUIDRY, M.D., in the course of rendering medical care to West was negligent and such negligence includes, but is not limited to, the following:

- a. Failing to interpret West's "stat" chest x-rays in appropriate time;
- b. Failing to relay findings of "stat" chest x-rays to West's bedside physicians in a timely manner; and
- c. Failing to diagnose tension pneumothorax during interpretation of chest radiographs, March 1, 2009.
- d. Spoliation and fraudulent falsification of the medical records and medical chart of Charles West in an attempt to conceal, hide, or cover up negligent acts and omissions;

66. Defendant ROE CORPORATION I insured CAREY L. GUIDRY, M.D. for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of CAREY L. GUIDRY, M.D. and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

67. Defendant ROE CORPORATION II insured CAREY L. GUIDRY, M.D. for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of CAREY L. GUIDRY, M.D. and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

68. Defendant, MANILA BAGHERZADEH-AZAR, M.D., in the course of rendering medical care to West was negligent and such negligence includes, but is not limited to, the following:

- a. Failing to interpret West's "stat" chest x-rays in appropriate time;
- b. Failing to relay findings of "stat" chest x-rays to West's bedside physicians in a timely manner; and
- c. Failing to diagnose tension pneumothorax during interpretation of chest radiographs, March 1, 2009.
- d. Spoliation and fraudulent falsification of the medical records and medical chart of Charles West in an attempt to conceal, hide, or cover up negligent acts and omissions;

69. Defendant ROE CORPORATION I insured MANILA BAGHERZADEH-AZAR, M.D. for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of MANILA BAGHERZADEH-AZAR, M.D. and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

70. Defendant ROE CORPORATION II insured MANILA BAGHERZADEH-AZAR, M.D. for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of

MANILA BAGHERZADEH-AZAR, M.D. and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

71. Defendant, CASEY R. SCALES, Respiratory Therapist, in the course of rendering medical care to West was negligent and such negligence includes, but is not limited to, the following:

- a. Selecting Intrapulmonary Percussive Ventilation as an appropriate modality of respiratory care for West;
- b. Failing to have high index of suspicion for tension pneumothorax when West's clinical condition suddenly deteriorated during IPV treatment;
- c. Failing to examine for and to detect unilateral absence of breath sounds;
- d. Failing to document required clinical data on "Vent/O2 Device Flow Sheet" anytime after 1410, March 1, 2009; and
- e. Failing to document in writing a respiratory therapist's ventilator time sheet for the time interval (approximately 2 ½ hours) surrounding the episode of tension pneumothorax.
- f. Spoliation and fraudulent falsification of the medical records and medical chart of Charles West in an attempt to conceal, hide, or cover up negligent acts and omissions;

72. Defendant ROE CORPORATION I insured CASEY R. SCALES for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of CASEY R. SCALES and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

73. Defendant ROE CORPORATION II insured CASEY R. SCALES for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of CASEY R.

SCALES and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

74. Defendant, CHRISTINA GARNES, R.N., in the course of rendering medical care to West was negligent and such negligence includes, but is not limited to the following:

- a. Failing to document required clinical data on a "code sheet" during West's "code";
- b. Failing to delegate responsibility for documenting required clinical data on a "code sheet during West's "code"; and
- c. Failing to document required clinical data on "focus notes" or other form of nurses other than eleven (11) lines of handwritten observations 1330-1530, March 1, 2009.
- d. Spoliation and fraudulent falsification of the medical records and medical chart of Charles West in an attempt to conceal, hide, or cover up negligent acts and omissions;

75. Defendant ROE CORPORATION I insured CHRISTINA GARNES, R.N. for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of CHRISTINA GARNES, R.N. and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

76. Defendant ROE CORPORATION II insured CHRISTINA GARNES, R.N. for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of CHRISTINA GARNES, R.N. and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

77. Defendant, JANE/JOHN DOE I, licensed nurse, in the course of rendering medical care to West was negligent and such negligence includes, but is not limited to the following:

- a. Failing to document required clinical data on a "code sheet" during West's "code";
- b. Failing to delegate responsibility for documenting required clinical data on a "code sheet during West's "code"; and
- c. Failing to document required clinical data on "focus notes" or other form of nurses other than eleven (11) lines of handwritten observations 1330-1530, March 1, 2009.

78. Defendant ROE CORPORATION I insured JANE/JOHN DOE I for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of JANE/JOHN DOE I and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

79. Defendant ROE CORPORATION II insured JANE/JOHN DOE I for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of JANE/JOHN DOE I and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

80. Defendant, JANE/JOHN DOE II, licensed nurse, in the course of rendering medical care to West was negligent and such negligence includes, but is not limited to, the following:

- a. Failing to document required clinical data on a "code sheet" during West's "code";
- b. Failing to delegate responsibility for documenting required clinical data on a "code sheet during West's "code"; and
- c. Failing to document required clinical data on "focus notes" or other form of nurses other than eleven (11) lines of handwritten observations 1330-1530, March 1, 2009.

81. Defendant ROE CORPORATION I insured JANE/JOHN DOE II for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed

Plaintiff's Original Complaint, and, as such, is responsible for the actions of JANE/JOHN DOE II and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

82. Defendant ROE CORPORATION II insured JANE/JOHN DOE II for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of JANE/JOHN DOE II and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

83. Defendant, JANE/JOHN DOE III, licensed nurse, in the course of rendering medical care to West was negligent and such negligence includes, but is not limited to, the following:

- a. Failing to document required clinical data on a "code sheet" during West's "code";
- b. Failing to delegate responsibility for documenting required clinical data on a "code sheet during West's "code"; and
- c. Failing to document required clinical data on "focus notes" or other form of nurses other than eleven (11) lines of handwritten observations 1330-1530, March 1, 2009.

84. Defendant ROE CORPORATION I insured JANE/JOHN DOE III for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of JANE/JOHN DOE III and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

85. Defendant ROE CORPORATION II insured JANE/JOHN DOE III for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of JANE/JOHN DOE

III and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

86. Defendant, JANE/JOHN DOE IV, respiratory therapist, in the course of rendering medical care to West was negligent and such negligence includes, but is not limited to, the following:

- a. Failing to document required clinical data on "Vent/O2 Device Flow Sheet" anytime after 1410, March 1, 2009; and
- b. Failing to document in writing a respiratory therapist's ventilator time sheet for the time interval (approximately 2 ½ hours) surrounding the episode of tension pneumothorax.

87. Defendant ROE CORPORATION I insured JANE/JOHN DOE IV for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of JANE/JOHN DOE IV and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

88. Defendant ROE CORPORATION II insured JANE/JOHN DOE IV for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of JANE/JOHN DOE IV and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

89. Defendant, JANE/JOHN DOE V, respiratory therapist, in the course of rendering medical care to West was negligent and such negligence includes, but is not limited to, the following:

- a. Failing to document required clinical data on "Vent/O2 Device Flow Sheet" anytime after 1410, March 1, 2009; and

- b. Failing to document in writing a respiratory therapist's ventilator time sheet for the time interval (approximately 2 ½ hours) surrounding the episode of tension pneumothorax.

90. Defendant ROE CORPORATION I insured JANE/JOHN DOE V for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of JANE/JOHN DOE V and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

91. Defendant ROE CORPORATION II insured JANE/JOHN DOE V for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of JANE/JOHN DOE V and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

92. Defendant, JANE/JOHN DOE VI, M.D., in the course of rendering medical care to West was negligent and such negligence includes, but is not limited to, the following:

- a. Failing to respond to West's "code" announcement and situation.

93. Defendant ROE CORPORATION I insured JANE/JOHN DOE VI for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of JANE/JOHN DOE VI and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

94. Defendant ROE CORPORATION II insured JANE/JOHN DOE VI for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed

Plaintiff's Original Complaint, and, as such, is responsible for the actions of JANE/JOHN DOE VI and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

95. Defendant, JANE/JOHN DOE VII, M.D., in the course of rendering medical care to West was negligent and such negligence includes, but is not limited to, the following:

- a. Failing to respond to West's "code" announcement and situation.

96. Defendant ROE CORPORATION I insured JANE/JOHN DOE VII for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of JANE/JOHN DOE VII and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

97. Defendant ROE CORPORATION II insured JANE/JOHN DOE VII for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of JANE/JOHN DOE VII and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

98. Defendant, JANE/JOHN DOE VIII, M.D., in the course of rendering medical care to West was negligent and such negligence includes, but is not limited to, the following:

- a. Failing to respond to West's "code" announcement and situation.

99. Defendant ROE CORPORATION I insured JANE/JOHN DOE VIII for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of JANE/JOHN DOE

VIII and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

100. Defendant ROE CORPORATION II insured JANE/JOHN DOE VIII for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of JANE/JOHN DOE VIII and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

101. Defendant, JANE/JOHN DOE IX, M.D., in the course of rendering medical care to West was negligent and such negligence includes, but is not limited to, the following:

- a. Failing to respond to West's "code" announcement and situation.

102. Defendant ROE CORPORATION I insured JANE/JOHN DOE IX for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of JANE/JOHN DOE IX and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

103. Defendant ROE CORPORATION II insured JANE/JOHN DOE IX for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of JANE/JOHN DOE IX and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

104. Defendant, JANE/JOHN DOE X, M.D., in the course of rendering medical care to West was negligent and such negligence includes, but is not limited to, the following:

- a. Failing to respond to West's "code" announcement and situation.

105. Defendant ROE CORPORATION I insured JANE/JOHN DOE X for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of JANE/JOHN DOE X and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

106. Defendant ROE CORPORATION II insured JANE/JOHN DOE X for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of JANE/JOHN DOE X and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

107. Defendant, UAMS MEDICAL CENTER UNIVERSITY HOSPITAL, is responsible for the acts of its employees under the doctrine of respondeat superior and is responsible for its own acts, which include the following:

- a. Failing to properly train, instruct and supervise its employees who provided medical services to West;
- b. Credentialing and providing hospital privileges negligently to the physicians and hospital personnel who provided care to West;
- c. Failing to require as part of protocol, policy or procedure the timely diagnosis and treatment of a patient with tension pneumothorax;
- d. Operating its intensive care unit, nursing department, radiology department and supervisory/administrative staff negligently, in a manner that denied standard-of-care diagnosis and management for West as he was experiencing a tension pneumothorax;
- e. Failing to have a physician immediately available with training and knowledge to clinically diagnosis tension pneumothorax and then perform emergency thoracic decompression;

- f. Failing to implement appropriate policies and procedures to assure that injuries such experienced by West do not occur while patients are receiving medical care from UAMS MEDICAL CENTER UNIVERSITY HOSPITAL; and
- g. Failing to use the degree of skill and care required by the standard of care for hospitals in the same or similar circumstances.
- h. Spoliation and fraudulent falsification of the medical records and medical chart of Charles West in an attempt to conceal, hide, or cover up negligent acts and omissions;

108. Defendant, UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES, is responsible for the acts of its employees under the doctrine of respondeat superior and is liable for its own acts, which include the following:

- a. Failing to teach the resident physicians and fellowship physicians who attended West on March 1, 2009 how to diagnosis tension pneumothorax by clinical assessment and criteria; and
- b. Failing to train the resident physicians and fellowship physicians who attended West on March 1, 2009 how to promptly perform thoracic decompression by needle thoracostomy, use of surgeon's finger as temporary "vent", and especially by chest tube placement.
- c. Spoliation and fraudulent falsification of the medical records and medical chart of Charles West in an attempt to conceal, hide, or cover up negligent acts and omissions;

109. Defendant ROE CORPORATION I insured UAMS MEDICAL CENTER UNIVERSITY HOSPITAL for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of UAMS MEDICAL CENTER UNIVERSITY HOSPITAL and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute. Defendant ROE CORPORATION II insured UAMS MEDICAL CENTER UNIVERSITY HOSPITAL for professional liability during the time that Plaintiff's cause of action arose and during the time

Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of UAMS MEDICAL CENTER UNIVERSITY HOSPITAL and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

110. Defendant ROE CORPORATION III insured UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

111. Defendant ROE CORPORATION IV insured UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

112. Defendant ROE CORPORATION V insured UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

113. Defendant ROE CORPORATION VI insured UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES for professional liability during the time that Plaintiff's cause of action

arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

114. Defendant ROE CORPORATION VII insured UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES for professional liability during the time that Plaintiff's cause of action arose and during the time Plaintiff filed Plaintiff's Original Complaint, and, as such, is responsible for the actions of UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES and its officers, agents, servants, employees or representatives under the Arkansas Direct Action Statute.

PROXIMATE CAUSE

115. Plaintiff restates the allegations of paragraphs 1 through 64 of this Plaintiff's Original Complaint, as if fully set forth herein.

116. As a direct and proximate result of the combined and/or singular acts of negligence of the Defendants and their breach of duties owed to West, Plaintiff suffered damages more fully described below for which the Defendants are jointly and severally liable.

WILLFUL AND WANTON CONDUCT

117. Plaintiff restates the allegations of paragraphs 1 through 66 of this Plaintiff's Original Complaint, as if fully set forth herein.

118. Defendants' actions and omissions set forth above, when viewed objectively from the standpoint of the Defendant at the time of the occurrence, involved an extreme degree of risk considering the probability and magnitude of the potential harm to West. Such acts and

commissions constitute willful and wanton conduct and demonstrate a conscious indifference to the consequences to West and his loved ones, such that malice can be inferred.

DAMAGES

119. Plaintiff restates the allegations of paragraphs 1 through 68 of this Plaintiff's Original Complaint, as if fully set forth herein.

120. West suffered damages, and Plaintiffs West and FLORENCE WEST are entitled to recover from Defendants the following:

- a. Past hospital and extended care facility expenses, and those reasonably expected to be occurred in the future;
- b. Past medical and nursing expenses, and those reasonably expected to be incurred in the future;
- c. Loss of love, comfort, society and companionship of CHARLES J. WEST due to his debilitating injuries;
- d. Loss of reasonable contributions of a pecuniary value that Plaintiff FLORENCE WEST, in reasonable probability, would have received from CHARLES J. WEST, had he not been injured; and
- e. Mental anguish suffered in the past, and mental anguish reasonably expected to be suffered in the future.

121. The damages claimed herein are in an amount in excess of the amount required for jurisdiction in this court.

CONSTITUTIONAL CLAIMS

122. Plaintiff restates the allegations of paragraphs 1 through 71 of this Plaintiff's Original Complaint, as if fully set forth herein.

123. This Court has the power under ARK. CODE ANN. § 16-111-103(a) to declare the rights of Plaintiff in these proceedings. Act 649 adversely affects Plaintiff's rights in these proceedings

because the Act as applied to the facts in these proceedings violates the Arkansas Constitution and Plaintiff's privileges and immunities as stated below.

124. In enacting Act 649, the Arkansas Legislature limited amounts that could be recovered for injuries to persons or property, in violation of the Arkansas Constitution. The Act most obviously violates Article V, Section 32 of the Arkansas Constitution, which plainly prohibits legislative limitations on recoveries, and Article IV, Sections 1 and 2 of the Arkansas Constitution, which prohibits legislative incursions on judicial power.

125. Act 649 violates a whole constitutional scheme that works to limit governmental incursion on common law rights and to limit legislative power to assist special interests. This scheme is embodied in provisions such as Article II, Sections 4, 13, and 21 of the Arkansas Constitution, recognizing the right to petition the government for redress and imposing a duty on government to provide such redress; Article II, Section 13 of the Arkansas Constitution, guaranteeing every injured party the right to a remedy; Article II, Section 7 of the Arkansas Constitution, prescribing that the right to a jury trial "shall remain inviolate;" Article II, Sections 13 and 21 of the Arkansas Constitution, mandating due process and application of the law of the land; Article II, Sections 3, 18, and 21 of the Arkansas Constitution, recognizing that citizens shall receive equal treatment ("the equality provisions"); and the related Article V, Section 25 of the Arkansas Constitution, limiting unequal treatment to times when it is justified, and requiring "that where a general law can be made applicable no special law shall be enacted."

126. Specifically, Section 18 of Act 649 is unconstitutional in that it requires the plaintiff to provide evidence of the standard care allegedly breached by using an expert witness of the same medical specialty as the defendant. Ironically, Section 18 of Act 649 places no restriction in the same circumstances, on evidence the defendant might present regarding the standard of care.

Further, Section 18 of Act 649 requires a plaintiff to establish causation through the use of a "qualified medical expert". Section 18 of Act 649 places no restriction, in the same circumstances, on evidence a defendant might present regarding causation. Consequently, Section 18 of Act 649 treats victims of medical injury different than other victims of other torts and treats perpetrators of medical injury different than it does perpetrators of other torts. As such, Section 18 of Act 649 treats victims of medical injury less advantageously than victims of other torts and treats perpetrators of medical injury different than it does perpetrators of other torts. There is no rational basis for the difference in treatment worked by Section 18 of Act 649. There is no compelling state interest for the differences in treatment worked by Section 18 of Act 649. Section 18 of Act 649 has the purpose and intent of reducing the amount of recovery for this Plaintiff in this cause of action. Section 18 of Act 649 is in direct conflict with Arkansas Rule of Evidence 702. Section 18 of Act 649 violates the equality provisions and the right to a remedy and due process clauses of the Arkansas Constitution, Article II, Sections 3, 13, 18 and 21. Section 18 of Act 649 impairs the capacity of this Plaintiff, in asserting a claim for medical injury, to exercise the right of access to the courts, in violation of the right to petition the government for redress in Article II, Sections 4, 13 and 21 of the Arkansas Constitution. Section 18 of Act 649 violates Article V, Sections 25 and 32, of the Arkansas Constitution because the Legislature has created a special law that has the purpose and effect of limiting the plaintiff's right to recovery. Section 18 of Act 649 violates the separation of powers doctrine in that it is in direct conflict with Arkansas Rule of Evidence 702.

127. Specifically Act 649, Section 20 requires courts, at the request of a party, to order that awards for future damages greater than \$100,000.00 to be paid in future payments, rather than a lump sum. Section 20 of Act 649 is unconstitutional because it legislatively mandates changes in

awards made by juries. Act 649, Section 20 violates the right to a jury trial and due process clause of Article II, Sections 7, 13, and 21 of the Arkansas Constitution. Act 649, Section 20 impairs the capacity of the plaintiff asserting claims for medical injury to exercise the right of access to courts in violation of the right to petition the government for redress in Article II, Sections 4, 13, and 21 of the Arkansas Constitution. Act 629, Section 20 violates the separation of powers provision in Article IV, Sections 1 and 2 and Article V, Section 32, of the Arkansas Constitution.

128. Specifically, ARK. CODE ANN. § 16-55-201 violates Article V, Section 32 of the Arkansas State Constitution, as it eliminates joint and several liability. Further, Section 16-55-201 constitutes an impermissible limitation by the Legislature on recoveries under Article IV, Sections 1 and 2 of the Arkansas State Constitution, as it constitutes an unconstitutional usurpation of judicial powers.

129. Since Act 649 adversely affects Plaintiff's rights in these proceedings, rights that are protected by the Arkansas Constitution, as enumerated above, Plaintiff has standing pursuant to ARK. CODE ANN. § 16-111-104 to request a declaratory judgment in her favor invalidating Act 649 as unconstitutional when applied to the facts of these proceedings. The Attorney General is being served with notice of these proceedings pursuant to ARK. CODE ANN. § 16-111-106 because Plaintiff requests a judgment declaring Act 649 unconstitutional.

DEMAND FOR JURY TRIAL

Plaintiffs demand a trial by jury.


WHEREFORE, Plaintiffs pray that they be awarded damages in excess of the federal jurisdictional limit and sufficient to compensate them for the damages described

above and for all other relief to which they may be entitled, and that a jury be instructed to draw a negative inference against any spoliator/falsifier.

Respectfully submitted,

Jack N. Boyd, Jr.
BOYD, POFF & BURGESS, LLP
2301 Moores Lane
P.O. Box 6297
Texarkana, Texas 75505-6297
Telephone: 903-838-6123
Facsimile: 903-832-8489

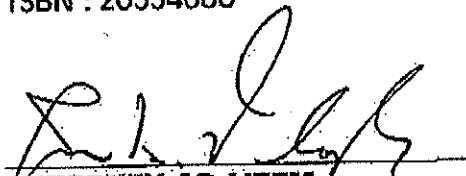
By:



Jack N. Boyd, Jr.
AR Bar # 90150

Authorized by:

JAMES H. VERSCHOYLE
Attorney at Law
P. O. Box 568
Atlanta, Texas 75551
Phone: (903) 796-4187
Fax : (903) 796-6522
TSBN : 20554000


ATTORNEY AD LITEM

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

FLORENCE WEST, Individually and as Next
Friend of CHARLES J. WEST, an Incapacitated
Person, and JIM VERSCHOYLE as Guardian
Ad Litem for CHARLES J. WEST

CLAIMANT

VS.

NO. 11-0554-CC

UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES

RESPONDENT

ANSWER

Comes now the respondent, University of Arkansas for Medical Sciences (UAMS), by and through its undersigned counsel, and for its Answer to the Complaint of claimants, Florence West and Jim Verschoyle, states as follows:

1. Respondent is without sufficient information or knowledge to admit or deny whether Florence West resides in New Boston, Bowie County, Texas, or whether she is currently married to Charles J. West, and therefore denies each and every allegation contained in paragraph 1 of the Complaint.

2. Respondent is without sufficient information or knowledge to admit or deny whether Charles J. West resides in Sunny Acres Nursing Home, 12520 FM 1840, DeKalb, Bowie County, Texas, 75559, and therefore denies that allegation in paragraph 2 of the Complaint. Respondent denies each and every other allegation contained in paragraph 2 of the Complaint.

3. Respondent admits the allegations contained in paragraph 3 of the Complaint.

4. Respondent admits the allegations contained in paragraph 4 of the Complaint, with one exception: respondent denies that UAMS may be served through its Board of Trustees, namely B. Alan Sugg, President, as in Claims Commission cases, the claimant does not serve the State agency involved, but rather the Complaint is forwarded to the agency by the Director of the Commission.

ARKANSAS STATE
CLAIMS COMMISSION

APR 21 2011

5. Respondent admits that UAMS Medical Center is a hospital operated by UAMS.

Respondent denies each and every other allegation contained in paragraph 5 of the Complaint.

6. Respondent admits that Nancy Hogue is a licensed nurse in the State of Arkansas, practicing in Pulaski County, Arkansas, at UAMS Medical Center. Respondent denies each and every other allegation contained in paragraph 6 of the Complaint.

7. Respondent admits that Casey R. Scales is a licensed respiratory therapist in the State of Arkansas, practicing in Pulaski County, Arkansas at UAMS Medical Center. Respondent denies each and every other allegation contained in paragraph 7 of the Complaint.

8. Respondent admits that Christina Garnes was formerly employed as a licensed nurse at UAMS Medical Center. Respondent denies each and every other allegation contained in paragraph 8 of the Complaint.

9. Respondent denies each and every allegation contained in paragraphs 9, 10, 11, 12 and 13 of the Complaint.

10. Paragraph 14 of the Complaint merely states what is “meant” by claimant in referencing certain entities or persons, and therefore does not require a response. To the extent a response is required, respondent admits that any actions of its employees were undertaken within the course and scope of their employment. Respondent denies each and every other allegation contained in paragraph 14 of the Complaint.

11. Respondent admits that Charles West was admitted as a patient to UAMS Medical Center on February 11, 2009, after suffering a motor vehicle accident and being airlifted from Texarkana. Respondent denies each and every other allegation contained in paragraph 15 of the Complaint.

12. Respondent admits the allegations contained in paragraph 16 of the Complaint.

13. Respondent admits that Charles West experienced some improvement until March 1, 2009, and that on that date he had an episode of respiratory distress and bradycardia. Respondent denies each and every other allegation contained in paragraph 17 of the Complaint.

14. Respondent denies each and every allegation contained in paragraphs 18, 19, 20 and 21 of the Complaint.

15. Respondent admits that Charles J. West was discharged from UAMS Medical Center on March 9, 2009. Respondent does not have sufficient information or knowledge to admit or deny the remaining allegations contained in paragraph 22 of the Complaint, and therefore denies said allegations.

16. Respondent recognizes that claimant restates the allegations contained in paragraphs 1 through 22 of the Complaint, and respondent restates and reasserts each response it has made to those paragraphs as set forth above.

17. Respondent denies each and every allegation contained in paragraphs 24 (including subparagraphs 24(a), 24(b), 24(c), 24(d), 24(e), 24(f), 24(g) and 24(h)), 25 (including subparagraphs 25(a), 25(b) and 25(c)), 26 (including subparagraphs 26(a), 26(b), 26(c), 26(d), 26(e) and 26(f)), 27 (including subparagraphs 27(a), 27(b), 27(c), 27(d), 27(e) and 27(f)), 28 (including subparagraphs 28(a), 28(b), 28(c) and 28(d)), 29 (including subparagraphs 29(a), 29(b), 29(c) and 29(d)), 30 (including subparagraphs 30(a), 30(b), 30(c) and 30(d)), 31 (including subparagraphs 31(a), 31(b), 31(c) and 31(d)), 32 (including subparagraphs 32(a), 32(b) and 32(c)), and 33 (including subparagraphs 33(a), 33(b) and 33(c)) of the Complaint.

18. Respondent recognizes that claimant reasserts the allegations in paragraph 1 – 33 of the Complaint, and respondent hereby reasserts and restates each of its responses to those paragraphs as set forth above.

19. Respondent denies each and every allegation contained in paragraph 35 of the Complaint.

20. Respondent recognizes that claimant restates the allegations contained in paragraphs 1 – 35 of the Complaint, and respondent hereby reasserts and restates each of its responses to those paragraphs as set forth above.

21. Respondent denies each and every allegation contained in paragraph 37 of the Complaint.

22. Respondent recognizes that claimant restates the allegations contained in paragraphs 1 – 37 of the Complaint, and respondent hereby reasserts and restates its responses to those paragraphs as set forth above.

23. Respondent denies each and every allegation contained in paragraph 39 of the Complaint, including subparagraphs 39(a), 39(b), 39(c), 39(d) and 39(e).

24. Respondent recognizes that in paragraph 40 of the Complaint, claimants list persons who they claim may be witnesses to the matters raised in the Complaint, and said paragraph does not call for a response.

25. Respondent admits that claimants have filed a lawsuit regarding the transaction or occurrence giving rise to this case before the Commission, in the Circuit Court of Pulaski County, Arkansas, Case No. 60-CV-2011-0643, which, among others, names a number of UAMS physicians as defendants. As such, inasmuch as those physician defendants are covered by medical malpractice insurance, and since Ark. Code Ann. § 19-10-302, provides that the Commission shall not hear a claim until the claimant has exhausted all possible remedies against insurers, this claim must be held in abeyance pending the outcome of the Pulaski County Circuit Court case.

26. Respondent denies each and every allegation contained in paragraph 42 of the Complaint. In fact, that paragraph contradicts the statement of the claimants contained in paragraph 41 of the Complaint. Since the UAMS physicians they have sued in Pulaski County Circuit Court all have medical malpractice insurance, they have not yet exhausted all possible remedies against insurers.


27. Respondent affirmatively states that the only appropriate respondent in a claim before the Arkansas State Claims Commission is a particular State agency and, therefore, UAMS Medical Center, Nancy Hogue, Casey R. Scales, Christina Garnes, and all asserted Jane and John Does must be struck as respondents in this matter.

WHEREFORE, having fully answered claimants' Complaint, respondent prays that said Complaint and claimants' claims be held in abeyance pending the outcome of the companion Pulaski County Circuit Court case, and that ultimately claimants' Complaint be denied and dismissed in its entirety, and for all other relief to which it may be entitled.

Respectfully submitted,

UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES, Respondent

By:


JEFFREY A. BELL, ABA #77009
Sr. Associate General Counsel
University of Arkansas
2404 North University Avenue
Little Rock, AR 72207-3608
(501) 686-2520

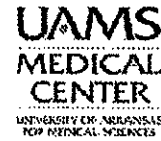
CERTIFICATE OF SERVICE

I, Jeffrey A. Bell, do hereby certify that a copy of the foregoing pleading and a disk containing the same has been served on claimant herein by mailing a copy of same, by U.S. Mail, postage prepaid, this 19th day of April, 2011 addressed to the following:

Jack N. Boyd, Jr.
Boyd, Poff and Burgess
2301 Moores Lane
Texarkana, TX 75503


Jeffrey A. Bell

UAMS Medical Center
UAMS Discharge Summary Document



Patient: West, Charles MRN: 001519680
DOB: Acct#: 015196807-9042
Attending: Robertson, Ronald D (3258) Gender: M
Admit Date: 02-11-2009 19:50 Discharge Dtm: 03-09-2009 13:00
Location: H4-409-01

Discharge Summary Note-Discharge Summary SICU

REVISED

Authored: 03-09-2009 6:39 By: Friedman, Adva B (7810) (MD) [Entered: 03-09-2009 06:46:42.31]

Discharge Data

Discharge

Admission Date: Feb-11-09 Discharge date Mar-09-09.

Attending physician responsible for the patient's discharge Robertson. Will the Discharge Summary and/or Hospital Course be dictated? No.

Problems Addressed/Managed This Admission

TRAUM PNEUMOHEMOTHOR-CL: 860.4 (ICD9) ; Active
Principal DX

LUNG CONTUSION-CLOSED: 861.21 (ICD9) ; Active
Secondary DX

SPLEEN INJURY NEC-CLOSED: 865.09 (ICD9) ; Active
Secondary DX

FX EIGHT/MORE RIB-CLOSED: 807.08 (ICD9) ; Active
Secondary DX

LIVER LACERATION NOS: 864.05 (ICD9) ; Active
Secondary DX

History and Hospital Course

History

Patient history: 66y/o WM transferred from Texarkana after suffering injuries in a MVA, car vs. 18wheeler. Pt was driver of the car and was broadsided by the 18wheeler. Unknown if seatbelts were used or air bags were deployed. Pt was conscious and talking at the scene but required extrication from his vehicle. He was transferred to an OSH where a L CT was placed due to multiple rib fractures and a hemothorax. He also required intubation at OSH. A CT performed at the OSH showed the following injuries: Left rib fractures 1-9 with pneumohemothorax, Probable left pulmonary contusions, Small liver and spleen lac with mild intra-abd fluid, No obvious long bone or pelvic fractures. He was transferred to UAMS via helicopter for further management of his injuries. On transport, his CT put out approx 800ml, and he received 3u pREC and approx 3L of crystalloid. On arrival, his VS were stable and he was sedated/intubated.

Hospital Course

Hospital Course: Patient continued to have high output from chest tube. Taken to the OR on 2/11/09. Underwent L major thoracotomy for control of bleeding and lung lacerations. Two L sided chest tubes were placed at that time. Patient admitted to the ICU. Neurosurgery consulted for small R parietal punctate hemorrhage seen on CT at OSH. Patient was neurologically stable and no interventions were needed per team. Spine films were attained at this time. Cardiology was also consulted for elevated cardiac enzymes. They believed this to be secondary to myocardial stress. Cardiac enzymes were followed and trended down. Echo was not diagnostic.

Requested by: SCM, Report Scheduler (UAMS IT)

Mar-16-2009 23:21

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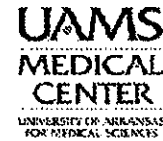
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6/10/2016

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EXHIBIT 1

UAMS Medical Center
UAMS Discharge Summary Document



Patient:	West, Charles	MRN:	001519680
DOB:	0	Acct#:	015196807-9042
Attending:	Robertson, Ronald D (3258)	Gender:	
Admit Date:	02-11-2009 19:50	Discharge Dtm:	03-09-2009 13:00
Location:	H4-409-01		

Chest tubes were placed to water seal as output had decreased. On 2/16/09 patient had green discharge from nose, Levaquin started for sinusitis. Sedation weaned on 2/17/09. Spine films returned negative and patient was taken off precautions. On 2/17/09 an MRI of the brain and C spine were done. Patient was also started on Tube feeds. Trial of weaning off vent was attempted, patient was unable to tolerate this. Patient received a tracheostomy and PEG tube on 2/20/09. Posterior chest tube was D/Ced on 2/23/09 when patient was beginning to be weaned off the vent. Patient had episode of respiratory distress on 2/23/09 but after secretions suctioned, patient's sats increased and stabilized. Second chest tube D/Ced on 2/27/09. Patient continued to be weaned from SIMV to CPAP and trach collar. On 3/1/09 patient had episode of respiratory distress and bradycardia required atropine. Found to have large Right sided pneumothorax. Chest tube was placed and patient improved. Repeat head CT on 3/3/09 was negative. Neurology was consulted on 3/4/09 for evaluation of mental status. They believed mental insult to be secondary to hypoxia. Weaning off vent continued. Patient tolerating CPAP at night and trach collar at 40% during the day. On day of discharge patient's mental status had improved, he was tolerating PO, having BMs, good UOF.

Inpatient Orders

Pharmacy/Medications

- **Metoprolol Tab;**(Lopressor Tab), 12.5 mg, Gastroic, two (2) times a day, Feb-12-2009, Active
- **Balsam-Trypsin Oint;**(Xenaderm) Apply to perianal skin, every eight (8) hours, PRN for irritated skin, Feb-16-2009, Active
- **Famotidine Tab;**(Pepcid Tab), 20 mg, Dobhoff Tube, two (2) times a day, Feb-24-2009, Active
- **Acetaminophen Elixir;**(Tylenol), 325 - 650 mg, PEG Tube, every six (6) hours, PRN for Fever, Feb-24-2009, Active
- **Docusate Syrup;**100 mg, Oral, two (2) times a day, Mar-02-2009, Active
- **Enoxaparin Inj;**(Lovenox), 40 mg, Subcutaneous, daily, Mar-02-2009, Active
- **Bisacodyl Supp;**(Dulcolax), 10 mg, Rectal, every four (4) hours, PRN for Constipation, Mar-03-2009, Active
- **Oxycodone Soln;**(Roxicodone), 5 mg, PEG Tube, four (4) times a day, PRN for Pain, Mar-04-2009, Active
- **Albuterol/Ipratropium Updraft;**3 mL, Inhaled via: Nebulizer, every six (6) hours
Indication: Bronchospasm/Wheezing., Mar-06-2009, Active
- **Insulin Glargine;**(Lantus), 20 unit(s), Subcutaneous, daily, Mar-06-2009, Active
- **Insulin (Human-R) to scale;**Blood Glucose 0-150, No Insulin
3 unit(s) if Blood Glucose 151 - 180
5 unit(s) if Blood Glucose 181 - 200
7 unit(s) if Blood Glucose 201 - 250
9 unit(s) if Blood Glucose 251 - 300
10 unit(s) if Blood Glucose 301 - 350
12 unit(s) if Blood Glucose 351 - 400
Blood Glucose greater than 400, Call Physician, Subcutaneous, every six (6) hours, Mar-08-2009, Active

Discharge Medication Instructions

Medication Instructions

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Mar-16-2009 23:21

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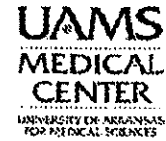
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EXHIBIT 1

UAMS Medical Center
UAMS Discharge Summary Document



Patient: West, Charles MRN: 001519680
DOB: Acct#: 015196807-9042
Attending: Robertson, Ronald D (3258) Gender:
Admit Date: 02-11-2009 19:50 Discharge Dtm: 03-09-2009 13:00
Location: H4-409-01

- Medication instructions given to the patient Patient should continue current medications received as inpatient, but copy of outpatient medications will be given to LTAC.

Medication Reconciliation Attestation

Medication reconciliation

I have compared the patient's medication orders to the list for discharge and made the appropriate updates.

Discharge Condition

Condition on Discharge

Patient's condition at discharge was Stable.

Discharge to

The patient is being discharged to

- This patient is being discharged to LTC/Nursing home

- Location details Promise Shreveport, LA

Physician Discharge Instructions

Discharge instructions

- Diet at discharge Tube feed Pivot 1.5 cal @60/hr, flush 20mL H2O every 2 hours and Prcteinex Liquid 30mL once daily, flush 30 mL H2O after
- Activity on discharge Limit to light, non-stressful activities
- Wound care Cover with a dry sterile dressing. Observe daily for signs and symptoms of infection. Maintain R chest dressing x 48 hours and then may cover with dry dressing for drainage.
- Seek medical attention for: Any unusual chest pain Any shortness of breath Chills or fever greater than 101 degrees Excessive pain Incisional redness, warmth, swelling or drainage
- Additional instructions for the patient Patient may be on CPAP at night and Trach collar during the day. CPAP settings are CPAP: 5 PS: 10 FiO2: 40% and Trach collar at 40%. If patient does not tolerate Trach collar may be placed back on CPAP.

Core Measures

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Mar-16-2009 23:21

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6/10/2016

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EXHIBIT 1

UAMS Medical Center
UAMS Discharge Summary Document



Patient: West, Charles MRN: 001519680
DOB: Acct#: 015196807-9042
Attending: Robertson, Ronald D (3258) Gender: :
Admit Date: 02-11-2009 19:50 Discharge Dtm: 03-09-2009 13:00
Location: H4-409-01

Core Measures

CHF or ACS/MI

- Does the patient have either CHF or ACS/MI? Neither

Pneumonia

- Did this hospitalization involve pneumonia? No

Smoking Cessation

Smoking Cessation

- Is the patient a current smoker? No

Signatures

Friedman, Adva B (7810) (MD) [signed Mar-09-2009 10:29]

Authored: Discharge Data, Problems Addressed/Managed This Admission, History and Hospital Course, Inpatient Orders, Discharge Medication Instructions, Medication Reconciliation Attestation, Discharge Condition, Discharge to, Physician Discharge Instructions, Core Measures, Smoking Cessation

Document Status History

<u>Date Modified</u>	<u>Modified By</u>	<u>Type of Modification</u>	<u>Reason</u>
03-09-2009 06:46	Friedman, Adva B (7810)	Entered Signed	Create
03-09-2009 07:23	Friedman, Adva B (7810)	Revised Signed	Edit
03-09-2009 07:26	Friedman, Adva B (7810)	Revised Signed	Edit
03-09-2009 07:40	Friedman, Adva B (7810)	Revised Signed	Edit
03-09-2009 07:41	Friedman, Adva B (7810)	Revised Signed	Edit
03-09-2009 10:30	Friedman, Adva B (7810)	Revised Signed	Edit

Authenticated by
Ronald Robertson, M.D
On 03/17/2009 10:43:15 AM

Requested by: SCM, Report Scheduler (UAMS IT)

Mar-16-2009 23:21

PRINTED BY: DMHEARST

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DATE

6/10/2016

Printed from: IT Analyst

EXHIBIT 1

IN THE ARKANSAS STATE CLAIMS COMMISSION

FLORENCE WEST, ET AL.

CLAIMANTS

V.

CASE NO. 11-0554-CC

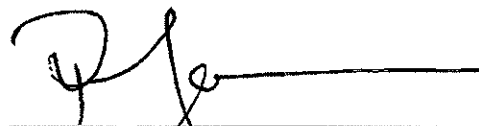
UNIVERSITY OF ARKANSAS FOR
MEDICAL SCIENCES

RESPONDENT

DECLARATION OF ROXANE A. TOWNSEND, M.D.

I, Roxane A. Townsend, M.D., being over eighteen years of age and of sound mind, do hereby declare as follows:

1. I am the Chief Executive Officer for the University of Arkansas for Medical Sciences ("UAMS") Medical Center.
2. In this position, I am familiar with the purchase of malpractice insurance for our attending physicians and resident physicians.
3. UAMS purchases malpractice insurance for attending physicians and resident physicians. Policies provide coverage up to \$1,000,000 per claim for attending physicians and up to \$500,000 per claim for resident physicians.



ROXANE A. TOWNSEND, M.D.

9.19.11

DATE

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS
LITTLE ROCK DISTRICT, 12TH DIVISION

**FLORENCE WEST, Individually and as Next Friend of
CHARLES J. WEST, an Incapacitated Person, and
JIM VERSCHOYLE, as guardian *ad litem* for
CHARLES J. WEST**

PLAINTIFF

VS.

CASE NO. 60-CV-2011-0643

**RONALD ROBERTSON, M.D.; GIRIPRAKASH
SRIKANTHAN, M.D.; MARK P. WRIGHT, M.D.;
RACHEL R. MCKINZIE, M.D.; LLOYD MEEKS, M.D.; and
MUHAMMAD JAFFAR, M.D.**

DEFENDANTS

ORDER GRANTING PLAINTIFFS'
MOTION TO DISMISS WITHOUT PREJUDICE

The Court, Defendants, LLOYD MEEKS, M.D., GIRIPRAKASH SRIKANTHAN, M.D., and MUHAMMAD JAFFAR, M.D. hereby finds that the Plaintiffs' Motion should be granted.

IT IS THEREFORE ORDERED that Plaintiffs' Motion to Dismiss Without Prejudice as to Defendants LLOYD MEEKS, M.D., GIRIPRAKASH SRIKANTHAN, M.D., and MUHAMMAD JAFFAR, M.D. is hereby GRANTED, and said Defendants are hereby dismissed without prejudice from the above-entitled cause and all costs are to be paid by the party incurring same.

SIGNED this 7th day of August, 2015.

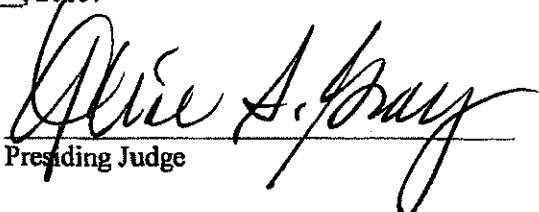

Presiding Judge

EXHIBIT 3

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS
12TH DIVISION

**FLORENCE WEST, Individually and as Next Friend of
CHARLES J. WEST, an Incapacitated Person, and
JIM VERSCHOYLE, as guardian *ad litem* for
CHARLES J. WEST**

PLAINTIFF

VS.

CASE NO. 60-CV-2011-0643

**RONALD ROBERTSON, M.D.; GIRIPRAKASH
SRIKANTHAN, M.D.; MARK P. WRIGHT, M.D.;
RACHEL R. MCKINZIE, M.D.; JAY M. CHEEK, M.D.;
JOHN B. CONE, M.D.; CAREY L. GUIDRY, M.D.;
MANILA BAGHERZADEH-AZAR, M.D.;
NANCY HOGUE, NURSE; CASEY R. SCALES,
RESPIRATORY THERAPIST; CHRISTINA GARNES, R.N.;
JANE/JOHN DOE I, licensed nurse;
JANE/JOHN DOE II, licensed nurse;
JANE/JOHN DOE III, licensed nurse;
JANE/JOHN DOE IV, respiratory therapist;
JANE/JOHN DOE V, respiratory therapist;
JANE/JOHN DOE VI, physician;
JANE/JOHN DOE VII, physician;
JANE/JOHN DOE VIII, physician;
JANE/JOHN DOE IX, physician;
JANE/JOHN DOE X, physician;
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES;
UAMS MEDICAL CENTER UNIVERSITY HOSPITAL;
ROE CORPORATION I; ROE CORPORATION II;
ROE CORPORATION III; ROE CORPORATION IV;
ROE CORPORATION V; ROE CORPORATION VI;
ROE CORPORATION VII; ROE CORPORATION VIII;
ROE CORPORATION IX; ROE CORPORATION X;
ROE CORPORATION XI; ROE CORPORATION XII;
ROE CORPORATION XIII; ROE CORPORATION XIV;
ROE CORPORATION XV; ROE CORPORATION XVI;
ROE CORPORATION XVII; ROE CORPORATION XVIII;
ROE CORPORATION XIX; ROE CORPORATION XX;
ROE CORPORATION XXI; ROE CORPORATION XXII;
ROE CORPORATION XXIII; ROE CORPORATION XXIV;
ROE CORPORATION XXV; ROE CORPORATION XXVI;
ROE CORPORATION XXVII; ROE CORPORATION XXVIII;
ROE CORPORATION XXIX; ROE CORPORATION XXX;
ROE CORPORATION XXXI; ROE CORPORATION XXXII;
ROE CORPORATION XXXIII; ROE CORPORATION XXXIV;
ROE CORPORATION XXXV; ROE CORPORATION XXXVI;**

EXHIBIT 3

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS
LITTLE ROCK DISTRICT, 12TH DIVISION

**FLORENCE WEST, Individually and as Next Friend of
CHARLES J. WEST, an Incapacitated Person, and
JIM VERSCHOYLE, as guardian *ad litem* for
CHARLES J. WEST**

PLAINTIFF

VS.

CASE NO. 60-CV-2011-0643

**RONALD ROBERTSON, M.D.; GIRIPRAKASH
SRIKANTHAN, M.D.; MARK P. WRIGHT, M.D.;
RACHEL R. MCKINZIE, M.D.; JAY M. CHEEK, M.D.;
JOHN B. CONE, M.D.; LLOYD MEEKS, M.D.;
MUHAMMAD JAFFAR, M.D.; JOSEPH C. JENSEN, M.D.**

DEFENDANTS

**AMENDED ORDER GRANTING PLAINTIFFS'
MOTION TO DISMISS WITHOUT PREJUDICE**

The Court, having considered Plaintiff's Motion to strike and substitute her previous Order dismissing Defendants, LLOYD MEEKS, M.D., JOHN B. CONE, M.D., and JOSEPH C. JENSEN, M.D., have reviewed the same, agrees that said Motion resulted from an unintentional mistake; The Court, therefore,

ORDERS, that its previous Order dismissing Defendants, LLOYD MEEKS, M.D., JOHN B. CONE, M.D., and JOSEPH C. JENSEN, M.D., without prejudice is hereby amended and substituted with this Order. The Court further orders that Defendants JAY M. CHEEK, M.D., JOHN B. CONE, M.D., and JOSEPH C. JENSEN, M.D. are hereby Dismissed Without Prejudice, and Defendants Lloyd Meeks, M.D., Ronald Robertson, M.D., Giriprakash Srikanthan, M.D., Mark P. Wright, M.D., Rachel R. McKinzie, M.D., and Muhammad Jaffar, M.D remain as a party Defendant as if the Court had never entered its previous Order dismissing Defendant Lloyd Meeks, M.D. without prejudice.

SIGNED this 16th day of June, 2015.


Presiding Judge

EXHIBIT 3

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS
LITTLE ROCK DISTRICT, 12TH DIVISION

**FLORENCE WEST, Individually and as Next Friend of
CHARLES J. WEST, an Incapacitated Person
PLAINTIFF**

VS.

CASE NO. 60-CV-2011-0643

**RONALD ROBERTSON, M.D.; MARK P. WRIGHT, M.D.;
RACHEL R. MCKINZIE, M.D.; UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES; UAMS MEDICAL CENTER and
UNIVERSITY HOSPITAL**


DEFENDANTS

**ORDER GRANTING PLAINTIFFS' NOTICE AND
MOTION OF NON-SUIT WITHOUT PREJUDICE**

The Court, RACHEL MCKINZIE, M.D., RONALD ROBERTSON, M.D. and MARK WRIGHT, M.D., hereby finds that the Plaintiffs' Notice and Motion should be granted.

IT IS THEREFORE ORDERED that Plaintiffs' Notice and Motion of Non-Suit Without Prejudice as to Defendants RACHEL MCKINZIE, M.D., RONALD ROBERTSON, M.D. and MARK WRIGHT, M.D., is hereby GRANTED, and said Defendants are hereby dismissed without prejudice from the above-entitled cause and all costs are to be paid by the party incurring same.

SIGNED this 14th day of September 2015.


Presiding Judge

Judge Gray
Date 9-14-15 Div 12
Jury Trial ☐
Bench Trial ☐
Non-Trial ☒

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS
LITTLE ROCK DISTRICT, 12TH DIVISION

**FLORENCE WEST, Individually and as Next Friend of
CHARLES J. WEST, an Incapacitated Person, and
JIM VERSCHOYLE, as guardian *ad litem* for
CHARLES J. WEST**

PLAINTIFF

VS.

CASE NO. 60-CV-2011-0643

RONALD ROBERTSON, M.D.; et al

DEFENDANTS

MOTION FOR CONTINUANCE

COMES NOW, Plaintiff in the above referenced matter, and files this, its Motion for Continuance and in support therefore would respectfully show the Court as follows:

1. This is a medical negligence case filed by Plaintiff against several physicians as a result of healthcare acts and omissions occurring in 2009.
2. This suit was filed on February 14, 2011.
3. The parties have vigorously conducted pre-trial discovery; however, on May 12, 2015, Charles West died.
4. Pursuant to Arkansas Rules of Civil Procedure Rule 25, Plaintiff's claims are abated until he obtains an Order for Substitution of Plaintiff. Pursuant to Arkansas Statutes Annotated, Section 16-62-108, Plaintiff is allowed until one (1) year from the date of death of Mr. West to obtain a substitution of his party Plaintiff. Until such substitution is completed, the case is abated, as in the interim, there is no named Plaintiff with legal authority to represent the interests and pursue the claims of the Estate of Charles West, deceased and all wrongful death beneficiaries of Mr. West.

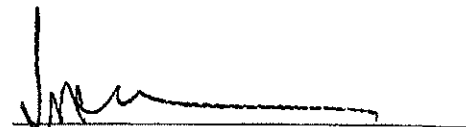
5. This case is set for trial on October 5, 2015, with a pre-trial date of August 27, 2015.
6. Given the death of Charles West, Plaintiff is therefore requesting a continuance of this trial date for at least an additional six (6) months.
7. This motion is not brought for the purpose of delay, but instead, so as to allow Plaintiff to substitute an authorized person to represent the interests of the Estate of Charles West, deceased and all wrongful death beneficiaries of Mr. West.
8. The only remaining defendants are Dr. Donald Robertson and Dr. Rachel McKinzie. Plaintiff has consulted with Rick Beard, counsel for Defendant McKinzie, and he has no objection to the Motion. Plaintiff has attempted to reach Adam Wells, counsel for Defendant Robertson but Mr. Wells is presently trying a different medical negligence case, and Plaintiff's counsel has not been able to speak directly with Mr. Wells. Notwithstanding, Plaintiff's counsel anticipates that Mr. Wells has no objection to this continuance.

WHEREFORE, PREMISES CONSIDERED, Plaintiff requests a continuance and rescheduling of the trial date presently scheduled for October 5, 2015.

Respectfully submitted,

Jack N. Boyd, Jr.
Boyd Prazak, LLP
2301 Moores Lane
Texarkana, Texas 75503
Telephone: 903-838-6123
Facsimile: 903-832-8489
jboyd@boydprazak.com

By:



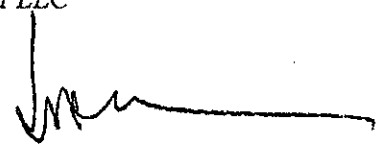
Jack N. Boyd, Jr.
AR Bar # 90150

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing instrument has been forwarded to the following counsel of record on this 19th of August 2015.

Adam Wells
Friday, Eldredge & Clark, LLP
400 West Capitol Avenue, Suite 2000
Little Rock, Arkansas, 72201

Mr. R. T. Beard, III
Mitchell, Williams, Selig, Gates, Woodyard, PLLC
425 West Capitol Avenue, Suite 1800
Little Rock, Arkansas 72201



Jack N. Boyd, Jr.

BOYD PRAZAK, LLP
ATTORNEYS AT LAW
A REGISTERED LIMITED LIABILITY PARTNERSHIP

JACK N. BOYD, JR.
JONATHAN R. PRAZAK

2301 MOORES LANE
TEXARKANA, TEXAS 75503

(903) 838-8123
WWW.BOYDPRAZAK.COM

September 16, 2015

VIA FAX

Sherri L. Robinson
University of Arkansas
Associate General Counsel
4301 W. Markham #860
Little Rock, AR 72205

Re: Florence West, Individually and as Next Friend of Charles West, an Incapacitated Person, vs. UAMS

Dear Sherri:

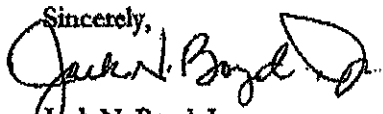
Please recall that we filed suit against various medical providers, including UAMS, on February 14, 2011. I am enclosing a copy of that Original Complaint for your convenient reference.

We have now resolved all of the claims against the physicians and residents, by dismissing all claims against those individuals entirely, without any settlement. We are now prepared to move forward with our claims against UAMS; our claims against UAMS will be limited to the actions of the hospital staff (respiratory therapist, nurses, and nutritionist).

Mr. West passed away last May; as you know there is a procedure in a civil trial for replacing Mr. West with a Personal Representative or Special Estate Administrator for purposes of the civil litigation. However, I am uncertain as to whether that statute also applies to our claim against UAMS to be determined by the Arkansas Claims Commission, and would thank you to advise me. If necessary, we will open an Estate Administration so as to pursue the claims against UAMS.

Perhaps a telephone conference would assist you and me in discussing the procedural aspects. If you could drop me an email at jboyd@boydprazak.com and let me know when it would be a convenient time for a telephone conference with you, I will give you a call.

As always, thank you for the professional courtesies you extend herein. I look forward to speaking with you soon.

Sincerely,

Jack N. Boyd, Jr.

JNB/lbm
1390.000

IN THE ARKANSAS STATE CLAIMS COMMISSION

FLORENCE WEST, ET AL.

Arkansas Claims Commission
CLAIMANTS

SEP 20 2016

V.

CASE NO. 11-0554-CC

RECEIVED

UNIVERSITY OF ARKANSAS FOR
MEDICAL SCIENCES

RESPONDENT

RESPONDENT'S MOTION FOR SUMMARY JUDGMENT

Comes now Respondent, by and through the undersigned counsel, and for its motion for summary judgment, states:

1. There are no genuine issues of fact for the Commission's consideration and this matter may be disposed of on summary judgment.
2. Claimants failed to substitute an estate representative for Charles West within one year of his death as required by law.
3. Claimants did not fully exhaust their remedies prior to filing a claim in the Claims Commission as required by law.
4. Claimants dismissed the physicians in Pulaski County Circuit Court without a finding of negligence; consequently, there can be no vicarious liability against UAMS for the physicians' alleged actions or inactions as a matter of law.
5. The following exhibits are attached in support of this motion:
 - a. Exhibit 1 - UAMS Discharge Summary Report
 - b. Exhibit 2 - Declaration of Dr. Roxane Townsend
 - c. Exhibit 3 - Orders dismissing claims against physicians without prejudice
 - d. Exhibit 4 - Pulaski County filing regarding death of Charles West
 - e. Exhibit 5 - Letter to UAMS counsel from West counsel dated September

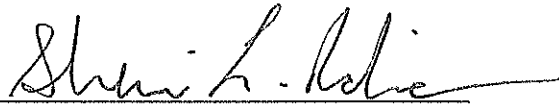
16, 2015

6. The grounds for this motion are more fully set forth in a brief in support filed contemporaneously with the motion.

WHEREFORE, Respondent requests that the Commission grant its motion for summary judgment and for all other relief to which it is entitled.

Respectfully submitted,

UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES,
Respondent


By: 
SHERRI L. ROBINSON, #97194
Associate General Counsel
University of Arkansas for Medical Sciences
4301 West Markham, Slot 860
Little Rock, AR 72205
(501) 686-7608
Srobinson3@uams.edu

Attorney for Respondent

CERTIFICATE OF SERVICE

I, Sherri L. Robinson, do hereby certify that a copy of the foregoing pleading has been served on claimant herein by mailing a copy of same, by U.S. Mail, postage prepaid, this 19th day of September, 2016, addressed to the following:

Jack Boyd, Jr.
Boyd Prazak, LLP
2301 Moores Lane
Texarkana, TX 75503


Sherri L. Robinson

IN THE ARKANSAS STATE CLAIMS COMMISSION

SEP 20 2016

FLORENCE WEST, Individually and as Next Friend
Of CHARLES WEST, an Incapacitated Person, and
JIM VERSHOYLE, as guardian *ad litem* for CHARLES WEST

RECEIVED
CLAIMANTS

V. CASE NO. 11-0554-CC

UNIVERSITY OF ARKANSAS FOR
MEDICAL SCIENCES

RESPONDENT

**BRIEF IN SUPPORT OF
RESPONDENT'S MOTION FOR SUMMARY JUDGMENT**

Introduction and Statement of Facts.

Claimants brought the present action alleging that UAMS is responsible for acts of medical negligence to Charles West while he was a patient at UAMS in 2009. Claimants argue that the alleged medical negligence includes acts by Mr. West's "entire healthcare team, consisting of physicians, nurses and respiratory therapists" involving the failure to diagnose and treat several complications that arose during Mr. West's hospitalization. See Complaint, ¶ 18.

On February 11, 2009, Charles and Florence West were in a horrific motor vehicle accident with an 18 wheeler near Texarkana, Texas. See Complaint, ¶ 15. Mr. West, who was 66 years old at the time, suffered numerous severe injuries which included a traumatic pneumohemothorax, nine rib fractures on the left side, a lung contusion, a spleen laceration, a liver laceration, and subarachnoid hemorrhage. See Complaint, ¶ 16. Mr. West was intubated in the Texas hospital and a chest tube was placed on the left side prior to being airlifted to UAMS for treatment at the trauma center. See Id., Exhibit B, p. 1. As a result of his injuries, Mr. West underwent major surgery at UAMS to control internal bleeding, and two chest tubes were placed on his left side at the time. See Exhibit 1 - UAMS Discharge

Summary Document. Mr. West was admitted to the intensive care unit at UAMS where he remained for treatment until his discharge to a rehabilitation facility on March 9, 2009. See Complaint, ¶ 22; Exhibit 1. During his stay at UAMS, Mr. West was treated by numerous physicians, nurses, therapists and other staff members.

On February 14, 2011, the Wests filed a lawsuit in Pulaski County Circuit Court against UAMS and several UAMS physicians and staff members alleging various acts of medical negligence. See 60CV-11-643. The Wests amended the complaint twice with the final amended complaint specifically naming eleven physicians as well as five Jane/John Doe physicians. See Second Amended Complaint, 60CV-11-643. All physicians at UAMS had malpractice insurance policies purchased by UAMS. See Exhibit 2 - Declaration of Dr. Roxane Townsend. Over the next four years, the parties to the Pulaski County case conducted discovery and filed various motions. See docket for 60CV-11-643. From August 2014 to September 2015, the Wests, through their attorney, systematically dismissed each of the eleven UAMS physicians without any finding of negligence by the court. See Exhibit 3 - Orders of dismissal. The last three physicians were dismissed only three weeks prior to trial. See docket for 60CV-11-643.

Claimant Charles West died May 12, 2015; however, no substitution of party was ever made for Mr. West to allow his medical negligence claims to continue before the Commission. See Exhibit 4. Moreover, Claimants' counsel admitted to UAMS counsel in a letter dated September 16, 2015 that the case against the physicians was dismissed in its entirety "without any settlement." See Exhibit 5 - letter from counsel dated September 16, 2015.

Argument.

Rule 56(c)(2) of the Arkansas Rules of Civil Procedure states that summary judgment “shall be rendered forthwith if the pleadings, depositions, answers to interrogatories and admissions on file, together with the affidavits, if any, shows [sic] that there is no genuine issue as to any material fact and that the moving party is entitled to a judgment as a matter of law on the issues specifically set forth in the motion.” Ark. R. Civ. P. 56(c)(2). See also *Martin v. Hallum*, 2010 Ark. App. 193 at 10, 2010 WL 647010. The evidence is to be viewed by the court in the light most favorable to the non-moving party. *Id.* Nonetheless, “an adverse party may not rest on mere allegations or denials of his pleadings, but his response, by affidavits or as otherwise provided by this rule, must set forth specific facts showing that there is a genuine issue for trial.” Ark. R. Civ. P. 56(e)). “[T]he opposing party must meet proof with proof and demonstrate the existence of a material issue of fact.” *Spear v. City of Fordyce*, 351 Ark. 305, 92 S.W.3d 38 (2002).

UAMS is entitled to judgment as a matter of law on the following procedural grounds: (1) there has been no substitution for Charles West as a party as required by law; (2) Claimants failed to exhaust against all available insurance remedies as required by law; and (3) because Claimants dismissed the state court action against the physicians, there can be no vicarious liability as a matter of law against UAMS.

I. No Substitution of Party.

Rule 25(a) of the Arkansas Rules of Civil Procedure states that “unless [a] motion for substitution is made not later than ninety (90) days after the death is suggested upon the record . . . , the action may be dismissed as to the deceased party.” In a filing on August 19, 2015, Claimants’ counsel notified the Pulaski County Circuit Court that Mr. West died on

May 12, 2015. See Exhibit 4. Counsel took the position in that filing that he had one year to substitute someone for Mr. West. *Id.* Rather than substituting a party in the Pulaski County action, the plaintiffs dismissed the case. Governing law states the “failure to move for substitution within one year from the time of [Mr. West’s] death prevents the revivor of the action,” and the matter should be dismissed with prejudice. *Ausman ex rel. Estate of Ausman v. Hiram Shaddox Geriatric Center*, 2013 Ark. 66, *9, 426 S.W.3d 379, 385. More than one year has passed since Mr. West’s death and no one has been substituted in the present case before the Claims Commission.

The General Assembly provides that the Commission cannot grant relief on any claim that would be dismissed “as a matter of law” in a court of law or equity or general jurisdiction. Ark. Code Ann. § 19-10-204(b)(3). Under the case law applicable this issue, this claim would be dismissed as a matter of law in a court of law, and therefore, must be dismissed here.

II. No Exhaustion.

The Arkansas State Claims Commission “shall hear no claim until the claimant has exhausted all remedies against insurers.” Ark. Code Ann. § 19-10-302 (emphasis added). See also Rules and Regulations of the Arkansas State Claims Commission, Claims Excluded. To prove exhaustion, the claimant must file a sworn affidavit that he or she has exhausted all remedies against insurers which shall include the total amount of insurance benefits paid to the claimant. *Id.*

Here, the undisputed evidence indicates that the Wests filed a lawsuit in Pulaski County Circuit Court against eleven physicians but dismissed them all without a finding on the merits or a settlement of any claim. See 60CV-11-643 and Exhibits 3 and 5. By releasing

the physicians, Claimants did not exhaust all remedies against potential insurers as is clearly required by statute. Instead, Claimants made the conscious decision to dismiss all of the physicians and pursue only the State.

The Commission is to recommend payment of claims that it finds from the evidence are just debts of the State. If an alleged wrong to a claimant can be satisfied by insurance or other private means, then there is no just debt for the State to satisfy, and taxpayers should not be assessed the burden of a judgment. The only way to avoid placing this burden on taxpayers is to require compliance with Ark. Code Ann. § 19-10-302. Here, Claimants complained of actions that are undertaken, directed or supervised by physicians. The insurance limits available against the eleven named physicians exceeded the \$2,000,000 sought by Claimants in this action. See Exhibit 2. Claimants were statutorily obligated to pursue these remedies but failed to do so. Consequently, Claimants did not exhaust, and UAMS is entitled to summary judgment.

III. No Vicarious Liability.

According to the Arkansas Supreme Court, “Vicarious liability is tied to the negligence of the employee. It is well-settled that when an employee has been released or dismissed, and the employer is sued solely on a theory of vicarious liability, any liability of the employer is likewise eliminated.” *Stephens v. Petrino*, 350 Ark. 268, 279 (2002); *Hartford Ins. Co. v. Mullinax*, 336 Ark. 335 (1999) (emphasis added).

In the Complaint before the Commission, Claimants allege that UAMS should be liable for the negligent actions of the physicians under the doctrine of respondeat superior. See Complaint, ¶¶ 24-25. Claimants have sued UAMS because of its position as the employer of the physicians involved in Mr. West’s care at UAMS. It is undisputed that

Claimants released and dismissed all eleven physicians they sued in the Pulaski County lawsuit without a finding of negligence against any of them. See Exhibits 3 and 5.

As stated above, the General Assembly requires dismissal of a claim before the Commission when the claim would be dismissed “as a matter of law” in a court of law or equity or general jurisdiction. See Ark. Code Ann. § 19-10-204(b)(3). As a matter of law, because Claimants dismissed the physicians (UAMS employees), any potential vicarious liability by UAMS has been eliminated. As a result, UAMS is entitled to summary judgment.

Conclusion.

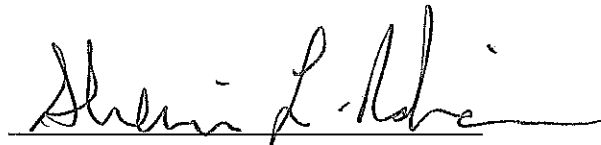
There are no genuine issues of fact on the dispositive issues raised by Respondent, and Respondent is entitled to summary judgment in this matter. First, Claimants did not substitute an estate representative for Mr. West within one year of his death as required by Arkansas law. Next, Claimants did not fully exhaust their remedies against all insurance sources as required by governing statute, and there is no just debt remaining for the State of Arkansas to satisfy. Finally, by non-suiting the Pulaski County lawsuit against the physicians, the potential vicarious liability of UAMS was also eliminated. For these reasons, Respondent is entitled to judgment as a matter of law.

WHEREFORE, Respondent requests that the Commission grant its motion for summary judgment and for all other relief to which it is entitled.

Respectfully submitted,

THE UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES,
Respondent

By:



SHERRI L. ROBINSON, #97194
Associate General Counsel
University of Arkansas for Medical Sciences
4301 West Markham, Slot 860
Little Rock, AR 72205
(501) 686-7608
Srobinson3@uams.edu

Attorneys for Respondent

CERTIFICATE OF SERVICE

I, Sherri L. Robinson, do hereby certify that a copy of the foregoing pleading has been served on claimant herein by mailing a copy of same, by U.S. Mail, postage prepaid, this 19th day of September, 2016, addressed to the following:

Jack Boyd, Jr.
Boyd Prazak, LLP
2301 Moores Lane
Texarkana, TX 75503



Sherri L. Robinson

OCT 10 2016

RECEIVED

IN THE ARKANSAS STATE CLAIMS COMMISSION

FLORENCE WEST, Individually and as Next
Friend of CHARLES J. WEST, an Incapacitated
Person, and Jim Verschoyle, as Guardian ad Litem for
CHARLES J. WEST,

CLAIMANTS,

V. CASE NO. 11-0554-CC

UNIVERSITY OF ARKANSAS FOR MEDICAL
SCIENCES, *et al.*,

RESPONDENTS.

CLAIMANT FLORENCE WEST'S OPPOSITION TO RESPONDENT UAMS' MOTION
FOR SUMMARY JUDGMENT AND BRIEF IN SUPPORT

COMES NOW Claimant FLORENCE WEST, Individually and as Next Friend of CHARLES J. WEST, an Incapacitated Person, and files this, her Opposition to Respondent UAMS' Motion for Summary Judgment and Brief in Support. In opposing the Motion filed by UAMS, Claimant would show unto the Commission as follows:

I.
BACKGROUND

Florence and Charles West were involved in a motor vehicle accident in Texarkana, Texas on February 11, 2009, during which Charles sustained numerous, severe injuries. See PLAINTIFFS' ORIGINAL COMPLAINT. As a result of the car accident, Charles was taken to Christus St. Michael Health System in Texarkana, where he was then airlifted to UAMS in Little Rock for treatment on that same day. *Id.*

Despite the severity of his injuries, Charles experienced progressive improvement in his condition while at UAMS until March 1, 2009. *Id.* On March 1, 2009 at 1335 hours, Charles "coded" while undergoing intrapulmonary percussive ventilation (IPV), a type of respiratory therapy. *Id.*

Charles coded because of a tension pneumothorax, which went undetected from the code at 1335 until a chest tube was performed on Charles at 1500 hours. *Id.* Claimant Florence West alleges that Charles' physicians, nurses, and respiratory therapists were negligent in failing to recognize, diagnose, and treat the pneumothorax for over an hour. *Id.*

As a result of the tension pneumothorax, Charles West suffered anoxic brain damage. *Id.*

On February 14, 2011, Claimant Florence West filed a lawsuit on Charles' behalf (and for her own loss-of-consortium claims) against UAMS, several UAMS physicians, and several UAMS staff members (including two nurses and one respiratory therapist) for medical negligence in the Pulaski County Circuit Court. Concurrently with her Original Complaint in State Court, Claimant Florence West also filed a complaint with the Arkansas State Claims Commission on February 25, 2011 (to preserve her claims against UAMS and its staff members – including the nurses and respiratory therapist – that would be excluded from the State Court lawsuit because of sovereign immunity).

Both the Pulaski County lawsuit and the claims before this Claims Commission were brought by "Florence West, Individually and Next Friend of Charles J. West, and Incapacitated Person, and Jim Verschoyle, as guardian ad litem for Charles West." Both filings asserted claims not only on Charles' behalf for his injuries, but also for Florence West as an individual for her loss-of-consortium claims.

Over the next four years (and while this action before the Claims Commission sat in abatement), the parties to the Pulaski County lawsuit conducted discovery (including nine depositions) and engaged in motion practice, until the point that the various

physicians were dismissed from the lawsuit – leaving only UAMS, and its nurses and respiratory therapists (entities and individuals enjoying sovereign immunity that must be pursued before the Claims Commission).

Even though not a “Real Party in Interest” under Rule 17 of the Arkansas Rules of Civil Procedure (because the lawsuit was brought by Florence West on Charles’ behalf due to his brain injury and incapacity), Charles West did pass away on May 12, 2015.

Claimant’s claims before the Claims Commission are now set for hearing on Thursday, January 19, 2017. In anticipation of that hearing, UAMS has filed the instant Motion for Summary Judgment. In its Motion, UAMS makes three arguments for dismissal of Claimant’s action:

- (1) That Claimant failed to substitute an estate representative for Charles West within one year of his death as required by law;
- (2) That Claimant did not fully exhaust her remedies before pursuing her claims in the Claims Commission; and
- (3) UAMS cannot be held vicariously liable (even if Claimant’s action was allowed to proceed) because the physicians were dismissed in the underlying lawsuit.

II. AUTHORITIES & ARGUMENTS

A. Appropriate Standard

UAMS labels its request for dismissal as a “Motion for Summary Judgment.” However, after providing the typical restatement of summary judgment standards, UAMS then requests “judgment as a matter of law on ... procedural grounds” and thereafter only invokes issues of law to support the requested dismissal. Therefore,

despite the title of the Motion, UAMS has actually filed a Motion to Dismiss to address procedural grounds, not the sufficiency of Claimant's evidence.

With a motion to dismiss, the court should treat the facts alleged in the complaint as true and view them in the light most favorable to the plaintiff. *Faulkner v. Ark. Children's Hosp.*, 69 S.W.3d 393, 399 (Ark. 2002) (citations omitted). In viewing the facts in the light most favorable to the plaintiff, the facts should be liberally construed in plaintiff's favor. *Id.* (citations omitted).

**B.
Florence West is the Real Party in Interest.**

For its first grounds of dismissal, UAMS cites to Ark. Code Ann. § 16-62-108 (the Revivor Statute) and the fact that Charles West has passed (but that no substitution of parties was made) to support its Motion to Dismiss. Section 16-62-108 provides that:

[a]n order to revive an action in the names of the representatives or successor **of a plaintiff** may be made forthwith. However, an order to so revive the action shall not be made without the consent of the defendant after the expiration of one (1) year from the time when the order might first have been made...

ARK. CODE ANN. § 16-62-108 (emphasis added).

Revivor, as addressed by Section 16-62-108, is a procedure used **upon the death of a party to a legal proceeding** in which a new party is substituted to proceed with the prosecution or defense of the claim. *Ausman v. Hiram Shaddox Geriatric Ctr.*, 426 S.W.3d 379, 384 (Ark. 2013) (quoting *Deaver v. Faucon Properties, Inc.*, 239 S.W.3d 525, 531 (Ark. 2006)) (emphasis added).

As for the appropriate "party to a legal proceeding," Arkansas law provides that every action is to be prosecuted in the name of the real party in interest. *Ausman*, 426

S.W.3d at 385 (citing ARK. R. CIV. P. 17(a)). Pursuant to Rule 17 of the Arkansas Rules of Civil Procedure:

[e]very action shall be prosecuted in the name of the real party in interest. An executor, administrator, guardian (conservator), bailee, trustee of an express trust, a party with whom or in whose name a contract has been made for the benefit of another, or the State or any officer thereof or any person authorized by statute to do so **may sue in his own name without joining with him the party for whose benefit the action is being brought...**

ARK. R. CIV. P. 17(a)(emphasis added).

Accordingly, a “real party in interest” is considered to be the person or corporation who can discharge the claim on which the allegation is based, not necessarily the person ultimately entitled to the benefit of any recovery. *Ausman*, 426 S.W.3d at 385 (citations omitted).

In this case, Charles West was never a “party” or a “plaintiff” for purposes of the Revivor Statute because he was already rendered incapacitated by anoxic brain damage when these claims were filed with the Claims Commission. Instead, the claims before the Claims Commission were brought by Florence West in her individual capacity (for her loss-of-consortium claims) and as Next Friend (*i.e.*, the spouse) of Charles West and by the Guardian Ad Litem appointed for Charles West.

Therefore, because (1) Revivor is a procedure used **upon the death of a party to a legal proceeding** in which a new party is substituted to proceed with the prosecution and (2) no “party” to the proceedings at issue has passed (either Florence West or the Guardian Ad Litem), Section 16-62-108 does not apply to these circumstances and UAMS’ first argument for dismissal is misplaced.

Moreover, to the extent the Revivor Statute might apply to bar Charles West's claims (which Claimant does not concede), that Statute would not touch Claimant's individual claims for loss of consortium or companionship.

**C.
Claimant has exhausted her remedies.**

For its second grounds of dismissal, UAMS cites to Ark. Code Ann. § 19-10-302 and the fact that the various UAMS physicians were dismissed in the Pulaski County lawsuit to attempt to show that Claimant has not exhausted her remedies. Section 19-10-302 provides that:

[t]he Arkansas State Claims Commission shall not dismiss a claim with prejudice on grounds that the claimant has received or is due benefits under a policy of insurance. However, the commission shall hear no claim until the claimant has exhausted all remedies against insurers, including the claimant's insurer.

ARK. CODE ANN. § 19-10-302(a).

Notably, UAMS provided no case law to show what "exhaustion of all remedies" under Section 19-10-302 means. Likewise, Claimant could find no guidance for the Claims Commission on the issue.

Resorting to the common-law "doctrine of exhaustion of administrative remedies," that doctrine provides that no one is entitled to judicial relief for a supposed or threatened injury until the prescribed statutory administrative remedy has been exhausted. *Staton v. Am. Mfrs. Mut. Ins. Co.*, 207 S.W.3d 456, 457(Ark. 2005) (citations omitted). However, there are exceptions to the exhaustion-of-administrative-remedies doctrine. *Ahmad v. Beck*, 480 S.W.3d 166, 170 (Ark. 2016) (citations omitted). For example, exhaustion of remedies is not required when no genuine opportunity for adequate relief exists or when irreparable injury will result if the complaining party is

compelled to pursue administrative remedies. *Id.* (citations omitted). Exhaustion of remedies is also not required when an administrative appeal would be futile. *Id.* (citations omitted).

While the language in Section 19-10-302 and common-law doctrine of exhaustion of administrative remedies may not be perfectly analogous, it stands to reason that there would be exceptions to both rules. For instance, if there was an incident giving rise to potential claims against UAMS but with no insured parties involved, then presumably there would be no need for the claimant to “exhaust all remedies against insurers” because there would be no insured parties or insurers. Likewise, if there was an incident giving rise to potential claims against UAMS and other insured parties were involved but those insured parties were in no way culpable or responsible for the incident, again there would be no need to exhaust remedies that would not be available.

In this case, the parties conducted nine depositions in the Pulaski County lawsuit, the plaintiffs faced numerous motions filed by the insured physicians in that action, and, through the discovery process and extensive motion practice, Claimant came to better evaluate her claims against those parties. And through that evaluation process, Claimant is now better able to assess which claims are viable and which are not.

To read Section 19-10-302 to require claimants to pursue every potential claim against an insured party (no matter how remote the chance of success) ignores that same practicalities (“no genuine opportunity for adequate relief,” futility, and irreparable injury) that the exceptions to the common-law doctrine of administrative remedies seek to address. Indeed, the exceptions to the rule are well-founded and provide a balanced

framework for vetting claims (and deciding when to bypass the administrative process so that some claims might proceed).

Accordingly, Claimant respectfully submits that, by pursuing her claims against the insured physicians as far as she did, she has satisfied the "exhaustion of remedies" language found in Section 19-10-302 (or, in the alternative, an exception applies to that requirement, because going any further with the lawsuit would be futile). To hold otherwise would require the Claims Commission to oversee and second guess every litigation decision (and push claimants into pursuing every claim to an adjudication on the merits while unnecessarily wasting judicial resources).

**D.
UAMS can be held vicariously liable for its staff.**

For its third grounds of dismissal, UAMS argues that it cannot be held vicariously liable for Claimant's claims because the physicians were dismissed. However, UAMS ignores the fact that Claimant also asserted claims against UAMS' nurses and respiratory therapist and that those Defendants and the claims against them were not dismissed in the Pulaski County lawsuit.

Therefore, despite UAMS' contention to the contrary, there are underlying UAMS employees who could still be held liable by the Claims Commission in this action and for which UAMS would be held vicariously liable.

WHEREFORE, PREMISES CONSIDERED, Claimant FLORENCE WEST respectfully requests that the Claims Commission deny Respondent's Motion for Summary Judgment, and grant Claimant such other and further relief, whether at law or at equity, to which she may show herself justly entitled.

Respectfully submitted,

BOYD PRAZAK, LLP

By: 

Jack N. Boyd, Jr.

ABN: 90150

2301 Moores Lane

Texarkana, Texas 75503

(o) 903.838.6123

(f) 903.832.8489

(e) jboyd@boydprazak.com

**ATTORNEYS FOR CLAIMANT
FLORENCE WEST**

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing instrument has been forwarded to the following counsel of record on this 7th day of October 2016.

Sherri L. Robinson
Associate General Counsel
UAMS
4301 W. Markham, Slot 860
Little Rock, AR 72205

By: 

Jack N. Boyd, Jr.

OCT 14 2016

RECEIVED

IN THE ARKANSAS STATE CLAIMS COMMISSION

FLORENCE WEST, Individually and as Next Friend
Of CHARLES WEST, an Incapacitated Person, and
JIM VERSHOYLE, as guardian *ad litem* for CHARLES WEST

CLAIMANTS

V.

CASE NO. 11-0554-CC

UNIVERSITY OF ARKANSAS FOR
MEDICAL SCIENCES

RESPONDENT

**REPLY TO RESPONSE TO
RESPONDENT'S MOTION FOR SUMMARY JUDGMENT**

Under either the summary judgment or dismissal standard, UAMS is entitled to judgment as a matter of law in this matter.

I. No Substitution of Party.

It appears from Claimant's response to the motion that she concedes that can be no recovery on behalf of Mr. West as he is deceased and no substitution for him was made. While a guardian ad litem brought the lawsuit originally for Mr. West, he was appointed to represent Mr. West and not his estate. The guardian ad litem no longer has a role since Mr. West is deceased; consequently, a substitution was required to maintain claims on behalf of Mr. West's estate.

II. No Exhaustion.

There has been no case law interpreting Ark. Code Ann. § 19-10-302; however, before resorting to any other law interpreting principals of exhaustion, plain meaning should be given to the language of the applicable statute. The General Assembly very clearly states that "all remedies against insurers" must be exhausted before pursuing a claim against the state coffers. Ark. Code Ann. § 19-10-302 (emphasis added). There is no ambiguity in this requirement.

The General Assembly has charged the Commission recommending payment of claims that it finds from the evidence are just debts of the State. To do so, the General Assembly has given very clear guidance to the Commission - ensure that any claim that can be satisfied by private insurance, i.e., not taxpayer money, is in fact exhausted. Here, Claimant is asking for \$2,000,000 of state taxpayer money when the actions of which she complains were undertaken, directed or supervised by physicians.

As Exhibit 2 to the motion demonstrates, UAMS, a state entity, has already purchased liability insurance for its physicians. The insurance limits that were available in the Pulaski County lawsuit far exceeded the \$2,000,000 sought by Claimant in this action. See Exhibit 2.

It is undisputed that the Wests dismissed all of the physicians who they originally sued without a finding on the merits or a settlement of any claim. See 60CV-11-643 and Motion Exhibits 3 and 5. The reasons for dismissal are irrelevant. Claimants chose to dismiss the physicians; consequently, there is no exhaustion as required by state law. It is contrary to clearly stated law to allow Claimant to forego exhausting those remedies before seeking money from the State through UAMS.

III. No Vicarious Liability.

While Claimant alleges that she seeks to hold the non-physician staff liable for their actions here, the actions of which she complains in the Complaint were undertaken, directed or supervised by physicians. As such, liability must first be sought against the physicians. In this case, as set forth in section II, the physicians had insurance to cover any possible negligence. Because Claimant dismissed the physicians without a finding of

negligence, as a matter of law, Claimant can no longer seek compensation for any actions of the physicians.

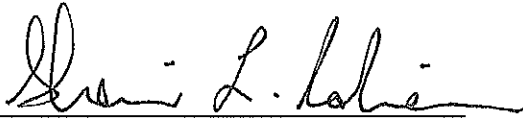
Conclusion.

There are no genuine issues of fact on the dispositive issues raised by Respondent, and Respondent is entitled to summary judgment in this matter.

WHEREFORE, Respondent requests that the Commission grant its motion for summary judgment and for all other relief to which it is entitled.

Respectfully submitted,

THE UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES, Respondent

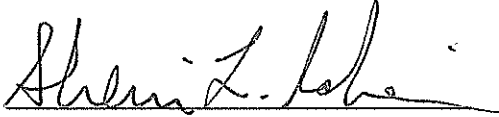
By: 
SHERRI L. ROBINSON, #97194
Associate General Counsel
University of Arkansas for Medical Sciences
4301 West Markham, Slot 860
Little Rock, AR 72205
(501) 686-7608
Srobinson3@uams.edu

Attorneys for Respondent

CERTIFICATE OF SERVICE

I, Sherri L. Robinson, do hereby certify that a copy of the foregoing pleading has been served on claimant herein by mailing a copy of same, by U.S. Mail, postage prepaid, this 12th day of October, 2016, addressed to the following:

Jack Boyd, Jr.
Boyd Prazak, LLP
2301 Moores Lane
Texarkana, TX 75503


Sherri L. Robinson

STATE CLAIMS COMMISSION DOCKET
OPINION

Amount of Claim \$? Claim No. 11-0554-CC

Florence West, ET AL. Claimant Attorneys Jack N. Boyd, Jr., Attorney Claimant
vs. University of AR Medical Sciences Respondent Sherri L. Robinson, Attorney Respondent
State of Arkansas
Date Filed February 25, 2011 Type of Claim Negligence, Personal Injury, Pain & Suffering, Mental Anguish

FINDING OF FACTS

After reviewing the Respondent's "Motion for Summary Judgment" and the Claimant's response to that pleading, the Claims Commission hereby unanimously grants the Respondent's "Motion for Summary Judgment" for the following reasons:

1. More than 1 year has passed since the death of Mr. West, and no one has been substituted in the present case before the Claims Commission. In circuit court, this case would be dismissed as a matter of law under rule 25(a) of the Arkansas Rules of Civil Procedure. Under A.C.A. 19-10-204(b)(3), since this case would be dismissed as a matter of law in circuit court, it must also be dismissed here.
2. The Claimant's dismissed all claims against 11 physicians in the circuit court case, without findings on the merits or settlement of any claim. Such action does not meet the "exhaust all remedies requirement" against potential insurers as required by A.C.A. 19-10-302. The Claimant's dismissal of the physicians, who supervised the employees at UAMS, effectively guts the exhaustion of remedies requirement.
3. Since the physicians were dismissed as outlined above, any potential of vicarious liability of UAMS has been eliminated.

Therefore, this claim is denied and dismissed.

IT IS SO ORDERED.

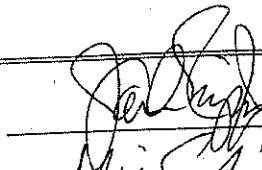
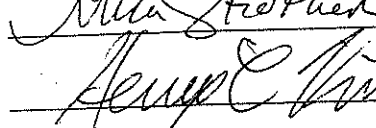
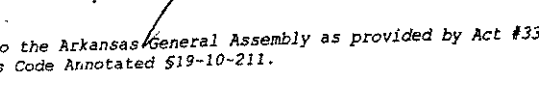
(See Back of Opinion Form)

CONCLUSION

The Claims Commission hereby unanimously grants the Respondent's "Motion for Summary Judgment." Therefore this claim is denied and dismissed.

Date of Hearing November 17, 2016

Date of Disposition November 17, 2016


Chairman

Commissioner

Commissioner

IN THE ARKANSAS STATE CLAIMS COMMISSION

Arkansas Claims Commission

DEC 30 2016

RECEIVED

FLORENCE WEST, Individually and as Next
Friend of CHARLES J. WEST, an Incapacitated
Person, and Jim Verschoyle, as Guardian ad Litem for
CHARLES J. WEST,

CLAIMANTS,

V. CASE NO. 11-0554-CC

UNIVERSITY OF ARKANSAS FOR MEDICAL
SCIENCES, *et al.*,

RESPONDENTS.

CLAIMANT FLORENCE WEST'S MOTION FOR RECONSIDERATION

COMES NOW FLORENCE WEST, Movant, and files her Motion for Reconsideration, and in support thereof, would respectfully show as follows:

I.

On March 1, 2009, Charles West, husband of Florence West, received negligent nursing care at UAMS in Little Rock, Arkansas. As a result of said negligent care, Charles West was partially paralyzed.

II.

On February 14, 2011, in Cause No. 60-CV-2011-0643, Movant and Charles West filed their Original Complaint against UAMS and various physicians employed by UAMS, alleging breaches in the medical and nursing standards of care. The case against UAMS was abated by the Arkansas Claims Commission, pending a final resolution of Cause No. 60-CV-2011-0643 (the Circuit Court case against the physicians).

III.

Charles West died on May12, 2015. Movant, Florence West, continued to pursue litigation in her own behalf against the physician Defendants and UAMS.

IV.

Throughout the course of the discovery conducted in Cause No. 60-CV-2011-0643 (the Circuit Court case against the physicians), Movant and her experts determined that none of the defendant physicians were negligent, but instead, that the proximate cause of Charles West's injuries were from the acts and omissions of UAMS and its nurses. Since Movant, pursuant to the procedural mandates of the Arkansas Claims Commission, could not simultaneously pursue her claims against UAMS and its nurses while pursuing claims against the physician defendants, Movant voluntarily dismissed her claims against the physician defendants so as to allow her to pursue her claims against UAMS and its nurses

V.

Despite the death of Charles West, Movant continued with her pursuit of her claims against UAMS through the Arkansas Claims Commission. Movant's claims against UAMS and its nurses have always been distinctly separate from the claims made by Charles West. Movant has never filed a wrongful death claim against any defendant (including UAMS); instead, her claims were basically for loss of consortium and loss of the benefit of Charles West's financial benefits. The fact that Movant is continuing to pursue only her claims against UAMS, and not the claims of Charles West nor any wrongful death claim, is evidenced in Paragraph 4 of Exhibit 4 attached to UAMS' Motion for Summary Judgment (Plaintiffs Motion for Continuance in UAMS'

Cause No. 60-CV-2011-0643, the Circuit Court case against the physicians). Movant attaches said Motion for Continuance as Exhibit "A" hereto. For further argument regarding the effect of Charles West's death on Movant's claims, Movant refers her Response to UAMS' Motion for Summary Judgment, which is incorporated herein for all purposes).

VI.

On September 19, 2016, UAMS filed its Motion for Summary Judgment. Movant responded to UAMS's Motion for Summary Judgment on October 10, 2016. Movant refers to and incorporates for all purposes herein her Response to UAMS' Motion for Summary Judgment filed on October 10, 2016.

VII.

Movant anticipated and expected the Arkansas Claims Commission would conduct a hearing on UAMS' Motion for Summary Judgment, just as all Arkansas Circuit Courts do. Instead, On November 17, 2016, the Arkansas Claims Commission, without providing any counsel with any type of notice of any hearing on UAMS' Motion for Summary Judgment, issued its finding of fact, denying and dismissing Movant's claim. The Arkansas Claims Commission did not conduct any type of a hearing on UAMS's Motion for Summary Judgment, but instead, issued its findings of fact based solely upon a review of UAMS's Motion for Summary Judgment and Movant's response to that Motion.

VIII.

Movant respectfully requests that the Arkansas Claims Commission (i) reconsider its findings of facts, denial and dismissal of Movant's claim, and (ii) schedule a hearing to include oral arguments on UAMS's Motion for Summary Judgment.

Respectfully submitted,

BOYD PRAZAK, LLP

By: _____

Jack N. Boyd, Jr.

ABN: 90150

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Texarkana, Texas 75503

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(f) 903.832.8489

(e) jprazak@boydprazak.com

**ATTORNEYS FOR CLAIMANT
FLORENCE WEST**

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing instrument has been forwarded by fax and U.S. mail to the following counsel of record on this 29th day of December 2016.

Sherri L. Robinson
Associate General Counsel
UAMS
4301 W. Markham, Slot 860
Little Rock, AR 72205

By: _____

Jack N. Boyd, Jr.

JAN 09 2016
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BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

FLORENCE WEST, ET AL.

CLAIMANTS

V.

CASE NO. 11-0554-CC

UNIVERSITY OF ARKANSAS FOR
MEDICAL SCIENCES

RESPONDENT

RESPONSE TO MOTION FOR RECONSIDERATION

Comes now, Respondent, UAMS, by and through the undersigned counsel, and for its Response to Motion for Reconsideration, states:

Rule 7.1 of the Claims Commission General Rules of Practice & Procedure requires the party moving for reconsideration to set forth “new or additional evidence which was not available to the moving party at the time of the scheduled hearing.” The Arkansas Rules of Civil Procedure do not specifically address a motion for reconsideration. However, generally, a party seeking reconsideration of a written decision must show a new, intervening change in law, “manifest error” or new evidence, which was not previously available at the time of the hearing on the motion. *See id.*

In that same vein, a motion for reconsideration is not a vehicle for the introduction of new legal theories or “new evidence that could have been adduced during pending of the motion at issue.” *Arnold v. ADT Sec. Services, Inc.*, 627 F.3d 716, 721 (8th Cir. 2010) (internal quotations omitted). In order to be considerate “newly discovered” for purposes of a motion for reconsideration, the evidence in question must have been “previously unavailable.” *BIS Investments, LLC v. Bank of America, N.A.*, No. 4:12CV 195 CDP, 2012 WL 2128032, at *1 (E.D. Mo. Jun. 12, 2012) (citing *Anthony v. Runyon*, 76 F.3d 210, 215 (8th Cir. 1996)). Re-arguments of the same

arguments on the same evidence are improper for reconsideration. *See Alliance Commc'n Co-op., Inc. v. Global Crossing Telecommc'ns, Inc.*, 690 F. Supp.2d 889, 900 (S.D.S.D. 2010) (“Now, without presenting any newly discovered evidence or identifying any manifest errors of law, plaintiffs attempt to rehash arguments that the court resolved in the summary judgment order. That is not the purpose of a motion for reconsideration.”) A motion for reconsideration is not a chance for a party to take a “second bite at the apple.” *Rafter v. Liddle*, 288 Fed.Appx. 768, 769 (2d Cir. 2008) (quoting *Sequa Corp. v. GBJ Corp.*, 156 F. 3d 136, 144 (2d Cir. 1998)).

Finally, findings of fact are governed by a “clearly erroneous standard.” *See Ark. R. Civ. P. 52(a)*. Thus, “[f]indings of fact, whether based on oral or documentary evidence, **shall** not be set aside unless clearly erroneous (clearly against the preponderance of the evidence.” *Id.* (emphasis added). In sum, the bar for Claimant to have the Claims Commission reconsider its decision is very high.

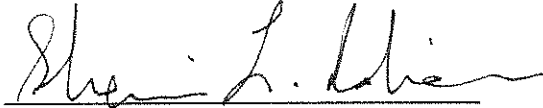
Claimant offers no newly discovered evidence for consideration in its motion or legal reason why the Commission’s order should be reconsidered. Instead, she restates information already presented and laments that the Commission did not give her a hearing on the motion for summary judgment. There is no requirement that a hearing be held on motions for summary judgment. As a result, Claimant’s motion should be denied.

WHEREFORE, Respondent respectfully requests that Claimant’s motion for reconsideration be denied and for all other relief to which it may be entitled.

Respectfully submitted,

UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES,
Respondent

By:



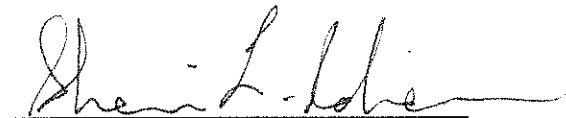
SHERRI L. ROBINSON, #97194
Associate General Counsel
University of Arkansas for Medical
Sciences 4301 West Markham, Slot 860
Little Rock, AR 72205
(501) 686-7608
Srobinson3@uams.edu

Attorney for Respondent

CERTIFICATE OF SERVICE

I, Sherri L. Robinson, do hereby certify that a copy of the foregoing pleading has been served on claimant herein by mailing a copy of same, by U.S. Mail, postage prepaid, this 4th day of January, 2017, addressed to the following:

Jack Boyd, Jr.
Boyd Prazak, LLP
2301 Moores Lane
Texarkana, TX 75503



Sherri L. Robinson

**STATE CLAIMS COMMISSION DOCKET
OPINION**

Amount of Claim \$ <u>(unspecified amount)</u>	Claim No. <u>11-0554-CC</u>
Florence West, Individually and as Next Friend of Charles J. West, an Incapacitated Person	Attorneys <u>Jack N. Boyd, Jr.</u>
vs.	Claimant <u>Sherri L. Robinson</u>
University of Arkansas for Medical Sciences	Respondent <u>Negligence, Personal Injury, Pain and Suffering, Mental Anguish, Etc.</u>
Respondent	Respondent
State of Arkansas February 25, 2011	Type of Claim
Date Filed	

FINDING OF FACTS

The Arkansas State Claims Commission (the "Claims Commission") hereby unanimously denies the Motion for Reconsideration filed by Florence West ("West") for West's failure to offer new or additional evidence to change the November 17, 2016, order (the "Order") of the Claims Commission denying and dismissing West's claim against the University of Arkansas for Medical Sciences (the "Respondent"). Therefore, the Order remains in effect.

IT IS SO ORDERED.

(See Back of Opinion Form)

CONCLUSION

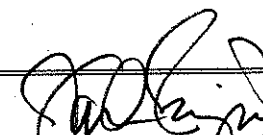
The Claims Commission hereby unanimously DENIES West's Motion for Reconsideration. As such, the Order denying and dismissing West's claim against the Respondent remains in effect.

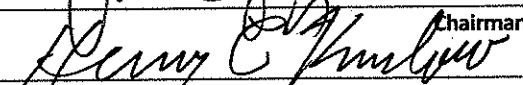
February 16, 2017


Date of Hearing _____

February 16, 2017

Date of Disposition _____



Chairman


Commissioner


Commissioner

IN THE ARKANSAS STATE CLAIMS COMMISSION

MAR 7 2017

RECEIVED

FLORENCE WEST, Individually and as Next
Friend of CHARLES J. WEST, an Incapacitated
Person, and Jim Verschoyle, as Guardian ad Litem for
CHARLES J. WEST,

CLAIMANTS,

V. CASE NO. 11-0554-CC

UNIVERSITY OF ARKANSAS FOR MEDICAL
SCIENCES,

RESPONDENT.

CLAIMANT FLORENCE WEST'S NOTICE OF APPEAL

COMES NOW Claimant FLORENCE WEST, Individually and as Next Friend of CHARLES J. WEST, an Incapacitated Person (now deceased), and files this, her Notice of Appeal to the Claims Review Subcommittee of the Arkansas Legislative Council of the Arkansas General Assembly. In appealing the decision of the Arkansas Claims Commission, Claimant states as follows:

1. On November 17, 2016, the State Claims Commission issued an Opinion in the above-captioned claim granting Respondent's Motion for Summary Judgment and denying and dismissing Claimant's claims. Thereafter, Claimant filed a Motion for Reconsideration, and the State Claims Commission denied that Motion on February 16, 2017.

2. In granting the Respondent's Motion for Summary Judgment, the State Claims Commission issued "Findings of Facts" and gave the following reasons for its decision:

- a. More than 1 year has passed since the death of Mr. West, and no one has been substituted in the present case before the Claims Commission. In circuit court, this case would be dismissed as a matter of law under rule 25(a) of the Arkansas Rules of Civil Procedure. Under A.C.A. 19-10-204(b)(3), since this case would be dismissed as a matter of law in circuit court, it must also be dismissed here.

- b. The Claimant's dismissed all claims against 11 physicians in the circuit court case, without findings on the merits or settlement of any claim. Such action does not meet the "exhaust all remedies requirement" against potential insurers as required by A.C.A. 19-10-302. The Claimant's dismissal of the physicians, who supervised the employees at UAMS, effectively guts the exhaustion of remedies requirement.
- c. Since the physicians were dismissed as outlined above, any potential of vicarious liability of UAMS has been eliminated.

3. The State Claims Commission erred in its decision for the following reasons, which reasons warrant reversal of the decision issued regarding Claimant's claims:

- a. The Revivor Statute (Ark. Code Ann. § 16-62-108) does not apply to Claimant Florence West because she was always the "Real Party in Interest" under Rule 17 of the Arkansas Rules of Civil Procedure in this action in that:
 - i. Claimant initially filed the claim in a representative capacity for Decedent Charles West because the Mr. West was already incapacitated when the claim was originally filed (due to a brain injury); and
 - ii. Claimant filed an individual claim for loss of consortium related to the loss of her husband's companionship (and that type of claim belonged to her personally, such that it would not be subject to the Revivor Statute);
- b. The State Claims Commission interpreted the "exhaustion of remedies" doctrine found in Ark. Code Ann. § 19-10-302 too broadly and ignored common exceptions to that doctrine found in other areas of the law (including the exception to the doctrine available when pursuit of other

remedies would provide no genuine opportunity for adequate relief). The state-law claims against the other potentially culpable parties were pursued for four years, and the claims against those parties were investigated and evaluated thoroughly by virtue of the discovery process provided under the Arkansas Rules of Civil Procedure. Although Claimant did not push those claims to an ultimately negative outcome (she voluntarily dismissed her state-law claims after conducting discovery), those claims were fully litigated nonetheless. To require her to pursue her claims beyond their reasonable basis places an unreasonably burden upon the Claimant before she might be able to her pursue her claims in this forum; and

- c. Physicians often practice medicine in hospitals under admitting privileges and do not employ the nurses that assist them (as the State Claims Commission seems to presume). Therefore, the physicians dismissed in the underlying lawsuit did not "supervise" any UAMS employees (including the nurses and respiratory therapist identified in the lawsuit) such that the physicians' dismissal would preclude the claims asserted against the hospital and its employees.

WHEREFORE, Claimant respectfully requests the Claims Review Subcommittee of the Arkansas Legislative Council to review this matter and reverse the State Claims Commission's decision.

Respectfully submitted,

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**ATTORNEYS FOR CLAIMANT
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CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing instrument has been forwarded to the following counsel of record on this 6th day of March, 2017.

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Jack N. Boyd, Jr.