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SC Court of Appeals

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM FLORENCE COUNTY
Court of Common Pleas
Haigh Porter, Master-in-Equity

Appellate Case No. 2025-001115
Civil Action No. 2024-CP-21-00548

Shirley Reed,

Respondent,

v.

OHM Florence, LLC,

Appellant,

AMENDED AND SUPPLEMENTAL RECORD ON APPEAL

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STATE OF SOUTH CAROLINA **COUNTY OF FLORENCE**	)	**IN THE COURT OF COMMON PLEAS**
	)	**C.A. FILE NO.: 2024-CP-21-00548**
Shirley Reed,	)	
Plaintiff,	)	
vs.	)	**ORDER OF DEFAULT**
OHM Florence, LLC d/b/a Thunderbird Country Buffet,	)	
Defendant.	)	

This case arises from injuries sustained by Plaintiff on November 8, 2023, when she was injured on Defendants' premises, in Florence County, South Carolina. A copy of Plaintiff's complaint, certificate of service upon Defendant, and Plaintiff's request for entry of default judgment are all entered as part of the Court's record.

CONCLUSIONS REGARDING DEFAULT

This Court finds that proper and good service was made upon Defendant pursuant to Rule 4(d)(1), SCRCP.

"The principal object of service of process is to give notice to the defendant corporation of the proceedings against it." Burris Chemical, Inc. v. Daniel Const. Co., 251 S.C. 483, 487, 163, S.E.2d 618, 320, (1968). "Rule 4, SCRCP, serves at least two purposes. It confers personal jurisdiction on the court and assures the defendant of reasonable notice of the action." Roche v. Young Bros., Inc. of Florence, 318 S.C. 207, 209, 456 S.E.2d 897, 899, (1995). Exacting compliance with the rules is not required to effect service of process. Id. At 209-10, 456 S.E.2d at 899. "Rather, [the court must] inquire whether the plaintiff has sufficiently complied with the rules such that the court has personal jurisdiction of the defendant and the defendant has notice of the proceedings." Id. At 210, 456 S.E.2d at 899.

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"A suit at law is not a children's game, but a serious effort on the part of adult human beings to administer justice; and the purpose of process is to bring parties into court." McCall v. Ikon, 363 S.C. 646, 651, 611, S.E.2d 315, 317 (Ct.App.2005)(citing Griffin v. Capital Cash, 310 S.C. 288, 292, 423, S.E.2d 143, 146 (Ct.App.1992)).

This Court finds that service was made on Defendant OHM Florence, LLC via certified mail restricted delivery, return receipt requested on March 18, 2024.

Therefore, this Court finds that the Defendant has been properly served the summons and complaint in the instant action. This Court also finds that the clerk of court has properly made entry of default. Therefore, it is proper for this Court to hear testimony and to receive evidence to render a default judgment.

CONCLUSIONS REGARDING ACCIDENT

The Court finds the following facts in accordance with the testimony presented by Plaintiff.

1. Plaintiff Shirley Reed is a citizen and resident of Sumter County, South Carolina.
2. Upon information and belief, Defendant OHM Florence, LLC d/b/a Thunderbird Country Buffet is a Limited Liability Company incorporated in South Carolina doing business in Florence County.
3. On or about November 8, 2023, Plaintiff Reed was visiting Defendant's restaurant, Thunderbird Country Buffet, when she slipped on loose rocks in the parking lot causing her to fall.
4. The impact of the fall caused bodily injury to the Plaintiff resulting in Plaintiff incurring expenses for medical treatment, time lost from work, and suffering prolonged and continuing pain and suffering.

5. The Court finds that the negligence of Defendant is an actual and proximate cause of the accident on November 8, 2023, as described in Plaintiff's complaint.
6. As a result of Defendant's negligence, Plaintiff has suffered damages.
7. The Court finds that the Defendant is jointly and severally liable for the damages suffered by Plaintiff on November 8, 2023, as described in Plaintiff's complaint.

After reviewing the evidence, the Court finds that the Plaintiff is entitled to a damages hearing to determine an award against Defendant for their failure to appear and answer in this case. This will be scheduled at the next term of Court.

AND IT IS SO ORDERED.

_____
The Honorable
Presiding Judge for the Judicial Circuit

April _____, 2024

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Florence Common Pleas

Case Caption: Shirley Reed VS Ohm Florence Llc , defendant, et al

Case Number: 2024CP2100548

Type: Order/Entry of Default

H. Steven DeBerry, IV

Circuit Court Judge 2771

ELECTRONICALLY FILED - 2024 May 09 11:04 AM - FflorENCE - COMMON PLEAS - CASE#2024CP2100548

STATE OF SOUTH CAROLINA COUNTY OF FLORENCE	)	IN THE COURT OF COMMON PLEAS FOR THE TWELTH JUDICIAL CIRCUIT
Shirley Reed, Plaintiff, vs. OHM Florence, LLC d/b/a Thunderbird Country Buffet, Defendant.	)	C.A. FILE NO.: 2024-CP-21-00548 Order Appointing Master

THIS MATTER came before me as Clerk of Court for the county aforesaid upon motion of J. Clarke Newton, and Rodney C. Jernigan, Jr. attorneys for the Plaintiff and pursuant to Rule 53, S.C.R.C.P. It appearing that Defendant, OHM Florence, LLC d/b/a Thunderbird Country Buffet, has been declared to be in default and Orders of Default have been entered by this court. Accordingly,

IT IS ORDERED that this matter be referred in its entirety (to include all motions and hearing which may arise) with finality to the Honorable W. Haigh Porter as Master in Equity with all rights of appeal directly to the South Carolina Court of Appeals.

IT IS FURTHER ORDERED that Plaintiff shall notify Defendant of the hearing for damages.

AND IT IS SO ORDERED.

_____
Clerk of Court
Florence County

Florence, South Carolina

_____, 2024

ELECTRONICALLY FILED - 2024 May 09 11:04 AM - FLORENCE - COMMON PLEAS - CASE#2024CP2100548

Florence Common Pleas

Case Caption: Shirley Reed VS Ohm Florence Llc , defendant, et al

Case Number: 2024CP2100548

Type: Order/Referred to Master or Special Referee

H. Steven DeBerry, IV

Circuit Court Judge 2771

ELECTRONICALLY FILED - 2024 Sep 04 11:31 AM - FflorENCE - COMMON PLEAS - CASE#2024CP2100548

STATE OF SOUTH CAROLINA **COUNTY OF FLORENCE** **Shirley Reed,** **Plaintiff,** **vs.** **OHM Florence LLC d/b/a Thunderbird Country Buffet,** **Defendant.**	)	**IN THE COURT OF COMMON PLEAS** **FOR THE TWELFTH JUDICIAL CIRCUIT** **C.A. FILE NO.: 2024-CP-21-00548** **ORDER DENYING DEFENDANT'S AMENDED MOTION TO SET ASIDE ENTRY OF DEFAULT**

This matter comes before the Court on Defendant's Amended Motion to Set Aside Entry of Default. Appearing on behalf of Plaintiff Shirley Reed (hereinafter "Plaintiff") was Clarke Newton, Esquire. Appearing on behalf of Defendant OHM Florence, LLC d/b/a Thunderbird Country Buffet (hereinafter "Defendant") was Ryan Holt, Esquire. For the reasons set forth herein, Defendant's Amended Motion to Set Aside Entry of Default is hereby **DENIED.**

This matter was heard before the Court on August 12, 2024, in an action that arises out of a slip and fall accident that occurred on November 8, 2023. Plaintiff was an invitee of the Defendant, who owned and maintained a parking lot. This incident occurred in Florence County, South Carolina. Plaintiff sent a letter of spoliation to Defendant's place of business on November 28, 2023, requesting they preserve all video surveillance in their possession from November 8, 2023. In its Amended Motion to Set Aside Entry of Default, Defendant states they received and disregarded Plaintiff's letter of spoliation assuming no response was needed because it referenced an incident they were not aware of at the time. Plaintiff sent another letter to Defendant's place of business on January 2, 2024, detailing the incident and asking Defendant to contact Plaintiff's attorney. Plaintiff then filed its Summons and Complaint on March 5, 2024,

ELECTRONICALLY FILED - 2024 Sep 04 11:31 AM - FLORENCE - COMMON PLEAS - CASE#2024CP2100548

with the Florence County Court of Common Pleas. On March 18, 2024, Plaintiff served Defendant's listed agent, Sagar Patel via certified mail at Defendant's registered address 340, Plantation View Lane, Mount Pleasant, South Carolina 29464 pursuant to the South Carolina Secretary of State's website. Plaintiff received a signed return receipt on March 22, 2024. Following the service of Plaintiff's Summons and Complaint, Defendant failed to respond to Plaintiff's Summons and Complaint within thirty (30) days. Plaintiff then moved for an entry of default judgment against Defendant on April 26, 2024, which was subsequently entered on May 2, 2024. Defendant then made their first appearance in this case on June 20, 2024.

Defendant contends that the entry of default against it should be set aside due to improper service of Plaintiff's Summons and Complaint on Defendant's registered agent. As provided in *Roche v. Young Bros., Inc. of Florence*, the Court has "never required exacting compliance with the rules to effect service of process. Rather, we inquire whether the plaintiff has sufficiently complied with the rules such that the court has personal jurisdiction of the defendant and the defendant has notice of the proceedings." *Roche v. Florence Young Bros., Inc. of Florence,* 318 S.C. 207, 210, 456, S.E.2d 897, 899 (1995).

After reviewing the legal memoranda and evidence submitted by the parties and hearing arguments from the moving party, this Court found it had personal jurisdiction over Defendant, and Defendant was properly put on notice to the proceedings.

NOW THEREFORE, for the foregoing reasons, Defendant's Amended Motion to Set Aside Entry of Default is hereby **DENIED.**

IT IS SO ORDERED.

The Honorable W. Haigh Porter
Twelfth Judicial Circuit

September , 2024
Columbia, South Carolina

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Florence Common Pleas

Case Caption: Shirley Reed VS Ohm Florence Llc , defendant, et al

Case Number: 2024CP2100548

Type: Master/Order/Other

So Ordered

s/Haigh Porter, 3082

FORM 4

STATE OF SOUTH CAROLINA
COUNTY OF FLORENCE
IN THE COURT OF COMMON PLEAS

JUDGMENT IN A CIVIL CASE

CASE NO. 2024-CP-21-00548

Shirley Reed

PLAINTIFF(S)

OHM Florence, LLC d/b/a
Thunderbird Country Buffet

DEFENDANT(S)

Haigh Porter, Master-in-Equity	**Attorney for :** ☐ Plaintiff ☐ Defendant or ☐ Self-Represented Litigant

DISPOSITION TYPE (CHECK ONE)

☐ **JURY VERDICT**. This action came before the court for a trial by jury. The issues have been tried and a verdict rendered.

☒ **DECISION BY THE COURT**. This action came to trial or hearing before the court. The issues have been tried or heard and a decision rendered. ☐ See Page 2 for additional information.

☐ **ACTION DISMISSED** (*CHECK REASON*): ☐ Rule 12(b), SCRCP; ☐ Rule 41(a), SCRCP (Vol. Nonsuit); ☐ Rule 43(k), SCRCP (Settled); ☐ Other

☐ **ACTION STRICKEN** (*CHECK REASON*): ☐ Rule 40(j), SCRCP; ☐ Bankruptcy; ☐ Binding arbitration, subject to right to restore to confirm, vacate or modify arbitration award; ☐ Other

☐ **STAYED DUE TO BANKRUPTCY**

☐ **DISPOSITION OF APPEAL TO THE CIRCUIT COURT** (*CHECK APPLICABLE BOX*): ☐ Affirmed; ☐ Reversed; ☐ Remanded; ☐ Other

NOTE: ATTORNEYS ARE RESPONSIBLE FOR NOTIFYING LOWER COURT, TRIBUNAL, OR ADMINISTRATIVE AGENCY OF THE CIRCUIT COURT RULING IN THIS APPEAL.

IT IS ORDERED AND ADJUDGED: ☐ See attached order (formal order to follow) ☐ Statement of Judgment by the Court: The Motion to Alter or Amend A. Judgment is hereby denied.

ORDER INFORMATION

This order ☐ ends ☒ does not end the case.
Additional Information for the Clerk :

INFORMATION FOR THE JUDGMENT INDEX
Complete this section below when the judgment affects title to real or personal property or if any amount should be enrolled. If there is no judgment information, indicate "N/A" in one of the boxes below.

Judgment in Favor of (List name(s) below)	Judgment Against (List name(s) below)	Judgment Amount To be Enrolled (List amount(s) below)
N/A		$
		$
		$

If applicable, describe the property, including tax map information and address, referenced in the order:

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The judgment information above has been provided by the submitting party. Disputes concerning the amounts contained in this form may be addressed by way of motion pursuant to the SC Rules of Civil Procedure. Amounts to be computed such as interest or additional taxable costs not available at the time the form and final order are submitted to the judge may be provided to the clerk.
Note: Title abstractors and researchers should refer to the official court order for judgment details.
E-Filing Note: In E-Filing counties, the Court will electronically sign this form using a separate electronic signature page.

Haigh Porter, Master-in-Equity	3082	10/30/2024
	Judge Code	

For Clerk of Court Office Use Only

This judgment was entered on the day of , 20 and a copy mailed first class or placed in the appropriate attorney's box on this day of , 20 to attorneys of record or to parties (when appearing pro se) as follows:

Rodney C. Jernigan, Jr., Esquire
PO Box 2130
Florence, SC 29503

J. Clarke Newton, Esquire
PO Box 7965
Columbia, SC 29202

ATTORNEY(S) FOR THE PLAINTIFF(S)

Ryan C. Holt, Esquire
PO Box 12129
Columbia, SC 29211

ATTORNEY(S) FOR THE DEFENDANT(S)

CLERK OF COURT

Court Reporter:

E-Filing Note: In E-Filing counties, the date of Entry of Judgment is the same date as reflected on the Electronic File Stamp and the clerk's entering of the date of judgment above is not required in those counties. The clerk will mail a copy of the judgement to parties who are not E-Filers or who are appearing pro se. See Rule 77(d), SCRCP.

ADDITIONAL INFORMATION REGARDING DECISION BY THE COURT AS REFERENCED ON PAGE 1.

This action came to trial or hearing before the court. The issues have been tried or heard and a decision rendered.

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FORM 4C INSTRUCTIONS—JUDGMENT IN A CIVIL CASE

(Instructions for Information Only-Not to be filed with Form 4C)

1. Form 4C-Judgment in a Civil Case has been modified to add order information and enrollment instructions for the clerk of court. The purpose of Form 4 has not changed with the exception that judgment information is provided when applicable.

2. Please note that the Form 4C must be attached to all orders that include information to enroll in the judgment index. The clerk will not be responsible for reading the order to determine enrollment information.

   The attorney or prevailing party will prepare and attach the Form 4C when submitting the proposed order that includes judgment enrollment information for the judgment index. The judge will review and sign Form 4C when he or she signs an order that includes judgment enrollment information for the judgment index.

3. Form 4C is not required to be submitted to the Court with orders that do not include information to enroll in the judgment index. If the clerk receives such an order without Form 4C attached, the clerk should enter and process the order pursuant to Rule 58 and Rule 77(d), SC Rules of Civil Procedure (i.e., the clerk should serve notice of entry of the judgment by mail or provide the attorneys with copies of the signed order by other means).

4. The "Information for the Judgment Index" section should be completed when the judgment affects title to real or personal property or if any amount should be enrolled. In the "Judgment in Favor of" column, enter the name of the party to whom the judgment is awarded. In the "Judgment Against" column, enter the name of the person to whom the judgment is against. The judgment amount to be enrolled should be noted in the "Judgment Amount" column. As necessary, describe any property referenced in the order if it is to be enrolled in the judgment index. If there is no judgment information to enroll, indicate "N/A" in one of the boxes in this section of the form.

5. To enter information to accommodate multiple parties, additional Form 4Cs may be used as necessary. Additional space may be inserted on the form as necessary.

6. The section "For the Clerk of Court Office Use Only" should be completed by the clerk as it has been with the previous version of Form 4.

7. If the matter is on appeal to the Circuit Court, then the parties on the form should be changed from Plaintiff and Defendant to Appellant and Respondent.

8. If an arbitrator prepares an order after arbitration, the arbitrator should strike through "Circuit Court Judge" and indicate "Arbitrator" in the signature block.

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9. If a Special Circuit Court Judge, Master in Equity, or Special Referee prepares an order after hearing a Circuit Court matter, then he or she should strike through the title "Circuit Court Judge" below the signature line and indicate the appropriate title.

10. When an Order of Foreclosure is filed, neither the parties or debt owed should be listed in the Information for the Judgment Index Section, unless the foreclosure order specifically requires entry of the full judgment amount before the foreclosure sale, pursuant to Section 29-3-650 of the SC Code.

11. If the deficiency judgment is waived in a Foreclosure action, indicate N/A in the "Judgment Amount To Be Enrolled" box.

12. Foreclosure actions should be ended by the Clerk of Court upon receipt of the Order of Foreclosure. Subsequent information, including deficiency judgments, can be added to the action after the case is ended. The Master in Equity should end the action in the MIE system upon the receipt of the Order of Foreclosure.

13. When judgment enrollment information is included in the Information for the Judgment Index Section (for example, when there is a deficiency judgment), only the parties who the judgment is for and against should be included in the Section. Subordinate parties and lienholders should not be included in the box if there is not a judgment amount specifically for or against them.

14. Form 4C is not required to be attached to Transcripts of Judgment and Confession of Judgment.

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Florence Common Pleas

Case Caption: Shirley Reed VS Ohm Florence Llc , defendant, et al

Case Number: 2024CP2100548

Type: Master/Order/Form 4

So Ordered

s/Haigh Porter, 3082

FORM 4

STATE OF SOUTH CAROLINA
COUNTY OF FLORENCE
IN THE COURT OF COMMON PLEAS

JUDGMENT IN A CIVIL CASE

CASE NO. 2024 **CP-**21-00548

Shirley Reedl

PLAINTIFF(S)

OHM Florence LLC d/b/a Thunderbird Country Buffet

DEFENDANT(S)

Submitted by: Rodney C. Jernigan, Jr.	**Attorney for :** ☒ Plaintiff ☐ Defendant or ☐ Self-Represented Litigant

DISPOSITION TYPE (CHECK ONE)

☐ **JURY VERDICT**. This action came before the court for a trial by jury. The issues have been tried and a verdict rendered.

☒ **DECISION BY THE COURT**. This action came to trial or hearing before the court. The issues have been tried or heard and a decision rendered. ☒ See Page 2 for additional information.

☐ **ACTION DISMISSED** (*CHECK REASON*): ☐ Rule 12(b), SCRCP; ☐ Rule 41(a), SCRCP (Vol. Nonsuit); ☐ Rule 43(k), SCRCP (Settled); ☐ Other

☐ **ACTION STRICKEN** (*CHECK REASON*): ☐ Rule 40(j), SCRCP; ☐ Bankruptcy; ☐ Binding arbitration, subject to right to restore to confirm, vacate or modify arbitration award; ☐ Other

☐ **DISPOSITION OF APPEAL TO THE CIRCUIT COURT** *(CHECK APPLICABLE BOX)*: ☐ Affirmed; ☐ Reversed; ☐ Remanded; ☐ Other

NOTE: ATTORNEYS ARE RESPONSIBLE FOR NOTIFYING LOWER COURT, TRIBUNAL, OR ADMINISTRATIVE AGENCY OF THE CIRCUIT COURT RULING IN THIS APPEAL.

IT IS ORDERED AND ADJUDGED: ☒ See attached order (formal order to follow) ☒ Statement of Judgment by the Court: $4,161,541.00

ORDER INFORMATION

This order ☒ ends ☐ does not end the case.
Additional Information for the Clerk :

INFORMATION FOR THE JUDGMENT INDEX

Complete this section below when the judgment affects title to real or personal property or if any amount should be enrolled. If there is no judgment information, indicate "N/A" in one of the boxes below.

Judgment in Favor of (List name(s) below)	Judgment Against (List name(s) below)	Judgment Amount To be Enrolled (List amount(s) below)
Shirley Reed	OHM Florence LLC d/b/a Thunderbird Country Buffet	$$4, 161, 541. 00
		$
		$

If applicable, describe the property, including tax map information and address, referenced in the order:

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The judgment information above has been provided by the submitting party. Disputes concerning the amounts contained in this form may be addressed by way of motion pursuant to the SC Rules of Civil Procedure. Amounts to be computed such as interest or additional taxable costs not available at the time the form and final order are submitted to the judge may be provided to the clerk. **Note: Title abstractors and researchers should refer to the official court order for judgment details.**

		April 14, 2025
Circuit Court Judge	**Judge Code**	**Date**

For Clerk of Court Office Use Only

This judgment was entered on the 14TH day of APRIL, 2025 and a copy mailed first class or placed in the appropriate attorney's box on this day of , 20 to attorneys of record or to parties (when appearing pro se) as follows:

Rodney C. Jernigan, Jr., Esquire	Ryan C. Holt, Esquire
J. Clarke Newton, Esquire	
ATTORNEY(S) FOR THE PLAINTIFF(S)	**ATTORNEY(S) FOR THE DEFENDANT(S)**

CLERK OF COURT

Court Reporter: ERICA CREEL WITH C&A COURT REPORTING

ADDITIONAL INFORMATION REGARDING DECISION BY THE COURT AS REFERENCED ON PAGE 1.

This action came to trial or hearing before the court. The issues have been tried or heard and a decision rendered.

PER ORDER SUBMITTED BY MASTER IN EQUITY FOR FLORENCE COUNTY, W. HAIGH PORTER

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FORM 4C INSTRUCTIONS—JUDGMENT IN A CIVIL CASE

(Instructions for Information Only-Not to be filed with Form 4C)

1. Form 4C-Judgment in a Civil Case has been modified to add order information and enrollment instructions for the clerk of court. The purpose of Form 4 has not changed with the exception that judgment information is provided when applicable.

2. Please note that the Form 4C must be attached to all orders that include information to enroll in the judgment index. The clerk will not be responsible for reading the order to determine enrollment information.

   The attorney or prevailing party will prepare and attach the Form 4C when submitting the proposed order that includes judgment enrollment information for the judgment index. The judge will review and sign Form 4C when he or she signs an order that includes judgment enrollment information for the judgment index.

3. Form 4C is not required to be submitted to the Court with orders that do not include information to enroll in the judgment index. If the clerk receives such an order without Form 4C attached, the clerk should enter and process the order pursuant to Rule 58 and Rule 77(d), SC Rules of Civil Procedure (i.e., the clerk should serve notice of entry of the judgment by mail or provide the attorneys with copies of the signed order by other means).

4. The "Information for the Judgment Index" section should be completed when the judgment affects title to real or personal property or if any amount should be enrolled. In the "Judgment in Favor of" column, enter the name of the party to whom the judgment is awarded. In the "Judgment Against" column, enter the name of the person to whom the judgment is against. The judgment amount to be enrolled should be noted in the "Judgment Amount" column. As necessary, describe any property referenced in the order if it is to be enrolled in the judgment index. If there is no judgment information to enroll, indicate "N/A" in one of the boxes in this section of the form.

5. To enter information to accommodate multiple parties, additional Form 4Cs may be used as necessary. Additional space may be inserted on the form as necessary.

6. The section "For the Clerk of Court Office Use Only" should be completed by the clerk as it has been with the previous version of Form 4.

7. If the matter is on appeal to the Circuit Court, then the parties on the form should be changed from Plaintiff and Defendant to Appellant and Respondent.

8. If an arbitrator prepares an order after arbitration, the arbitrator should strike through "Circuit Court Judge" and indicate "Arbitrator" in the signature block.

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9. If a Special Circuit Court Judge, Master in Equity, or Special Referee prepares an order after hearing a Circuit Court matter, then he or she should strike through the title "Circuit Court Judge" below the signature line and indicate the appropriate title.

10. When an Order of Foreclosure is filed, neither the parties or debt owed should be listed in the Information for the Judgment Index Section, unless the foreclosure order specifically requires entry of the full judgment amount before the foreclosure sale, pursuant to Section 29-3-650 of the SC Code.

11. If the deficiency judgment is waived in a Foreclosure action, indicate N/A in the "Judgment Amount To Be Enrolled" box.

12. Foreclosure actions should be ended by the Clerk of Court upon receipt of the Order of Foreclosure. Subsequent information, including deficiency judgments, can be added to the action after the case is ended. The Master in Equity should end the action in the MIE system upon the receipt of the Order of Foreclosure.

13. When judgment enrollment information is included in the Information for the Judgment Index Section (for example, when there is a deficiency judgment), only the parties who the judgment is for and against should be included in the Section. Subordinate parties and lienholders should not be included in the box if there is not a judgment amount specifically for or against them.

14. Form 4C is not required to be attached to Transcripts of Judgment and Confession of Judgment.

ELECTRONICALLY FILED - 2025 Apr 14 4:35 PM - FLORENCE - COMMON PLEAS - CASE#2024CP2100548

Florence Common Pleas

Case Caption: Shirley Reed VS Ohm Florence Llc , defendant, et al

Case Number: 2024CP2100548

Type: Master/Order/Form 4

So Ordered

s/Haigh Porter, 3082

ELECTRONICALLY FILED - 2025 Apr 14 4:35 PM - FflorENCE - COMMON PLEAS - CASE#2024CP2100548

STATE OF SOUTH CAROLINA **COUNTY OF FLORENCE**	)	**IN THE COURT OF COMMON PLEAS** **FOR THE TWELFTH JUDICIAL CIRCUIT**
Shirley Reed, **Plaintiff,**	)	**C.A. FILE NO.: 2024-CP-21-00548**
vs.	)	**ORDER OF JUDGMENT**
OHM Florence LLC d/b/a Thunderbird Country Buffet, **Defendant.**	)	

This matter came before the Court on Plaintiff's Motion for Entry of Default against the Defendant in the above-captioned action. A damages hearing took place in this matter on March 31, 2025. J. Clarke Newton, Esquire and Rodney C. Jernigan, Jr., Esquire appeared on behalf of Plaintiff. Ryan C. Holt, Esquire appeared on behalf of Defendants.

After review of the documents entered into evidence and a reflection upon the testimony provided at the hearing, I make the following Findings of Fact and Conclusions of Law:

PROCEDURAL HISTORY

This action arises out of a slip and fall accident that occurred on November 8, 2023, causing a T-9 fracture. Plaintiff was an invitee of the Defendant, who owned and maintained a parking lot. This incident occurred in Florence County, South Carolina. Plaintiff sent a letter of spoilation to Defendant's place of business on November 28, 2023, requesting they preserve all video surveillance in their possession from November 8, 2023. In its Amended Motion to Set Aside Entry of Default, Defendant states they received and disregarded Plaintiff's letter of spoilation assuming no response was needed because it referenced an incident they were not aware of at the time. Plaintiff sent another letter to Defendant's place of business on January 2,

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2024, detailing the incident and asking Defendant to contact Plaintiff's attorney. Plaintiff then filed its Summons and Complaint on March 5, 2024, with the Florence County Court of Common Pleas. On March 18, 2024, Plaintiff served Defendant's listed agent, Sagar Patel via certified mail at Defendant's registered address 340, Plantation View Lane, Mount Pleasant, South Carolina 29464 pursuant to the South Carolina Secretary of State's website. Plaintiff received a signed return receipt on March 22, 2024. Following the service of Plaintiff's Summons and Complaint, Defendant failed to respond to Plaintiff's Summons and Complaint within thirty (30) days. Plaintiff then moved for an entry of default judgment against Defendant on April 26, 2024, which was subsequently entered on May 2, 2024. Defendant then made their first appearance in this case on June 20, 2024.

Defendant contended that the entry of default against it should be set aside due to improper service of Plaintiff's Summons and Complaint on Defendant's registered agent and filed a Motion, and subsequent Amended Motion, to Set Aside Default. A hearing was held on the matter on August 12, 2024, and an Order followed denying Defendant's Motion to Set Aside. Defendant filed a Motion to Alter or Amend the Judgment on September 6, 2024, which was also denied by an Order entered by the Court on Octboer 30, 2024.

Prior to the damages hearing scheduled for March 31, 2025, Defendant filed a Renewed Motion to Set Aside Default on March 20, 2025.

FINDINGS OF LAW

I. Defendant's Renewed Motion to Set Aside Default is Denied.

S.C. Code Ann. § 15-9-210 outlines the methods by which process of service can be effected on a domestic corporation. Subsection (D) of the statute specifically states that "[t]his

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section does not prescribe the only means, or necessarily the required means, of serving a domestic business or nonprofit corporation."

As previously stated above, on March 18, 2024, Plaintiff served Defendant's listed agent, Sagar Patel via certified mail at Defendant's registered address 340 Plantation View Lane, Mount Pleasant, South Carolina 29464, pursuant to the South Carolina Secretary of State's website. Plaintiff received a signed return receipt on March 22, 2024, which listed "Patel" in the signature box.

Through testimony provided at the proceedings throughout this case, it has been established, that Kevin Lightheart signed the return receipt at 340 Plantation View Lane Mount Pleasant, South Carolina 29464 on behalf of Sagar Patel who is listed as Registered Agent on the South Carolina Secretary of State website. Sagar Patel and Kevin Lightheart are listed as the organizers of OHM Florence, LLC on the Articles of Incorporation filed with the Secretary of State on November 30, 2017. The Articles of Incorporation list Kevin Lightheart as "CPA/Agent" and Sagar Patel as "LLC Member." Furthermore, Mr. Lightheart emailed a copy of the Complaint to Sagar Patel on March 18, 2024, who then forwarded it to his insurance agent the same day.

As provided in *Roche v. Young Bros., Inc. of Florence*, the Court has "never required exacting compliance with the rules to effect service of process. Rather, we inquire whether the plaintiff has sufficiently complied with the rules such that the court has personal jurisdiction of the defendant and the defendant has notice of the proceedings." *Roche v. Florence Young Bros., Inc. of Florence,* 318 S.C. 207, 210, 456, S.E.2d 897, 899 (1995).

In this case, Defendant was provided a copy of the summons and complaint within hours of its service on its registered agent's address.

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Under the Defendant's interpretation of S.C. Code Ann. § 15-9-210, a corporation could evade service by submitting an address in their articles of incorporation that their registered agent will never be present to sign for legal pleadings, defeating the purpose of registering an agent and address to accept legal proceedings.

The Court finds effective service on the corporation and hereby denies Defendant's Renewed Motion to Set Aside.

II. Plaintiff's Evidence Supports a Damages Award of $4,161,541.00

On March 31st, 2025, Plaintiff presented two witnesses and several pieces of evidence to support a damage award of $4,161,541.00.

Plaintiff's first witness, Lisa Reed, is the Plaintiff's daughter in law and holds a healthcare power of attorney and financial power of attorney for the Plaintiff. By virtue of her healthcare power of attorney, she had knowledge of the Plaintiff's injuries and subsequent treatment. Ms. Lisa Reed testified regarding the initial T-9 fracture, surgeries, wound vac, and the hardware protruding from her back. Moreover, these injuries were so severe that she has been unable to leave a medical or health care facility since the incident on November 8, 2023. Ms. Reed further testified that because of this continuous admission, the Plaintiff has incurred medical bills of $1,462,413. This testimony was supported by the medical bills, which Ms. Reed testified that the Plaintiff was responsible for paying. Prior to the fall, Ms. Reed testified that the Plaintiff lived on her own, ambulated with no aide or orthopedic device, and was able to drive. However, as the result of the injuries, Ms. Reed testified that the Plaintiff has not been able to walk, and spends most of the time in bed. Ms. Reed further testified she and her husband have spent nearly every day with Ms. Reed in these facilities. She described witnessing the Plaintiff in

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severe pain and suffering. Photographic evidence of the initial injury, hardware protruding, and current photos of the infection as of March 2025 were introduced and reviewed.

The Plaintiff's second witness, Vanessa Teachey, was a registered nurse hired by the Plaintiff to project the cost of living full time in a nursing care facility. Ms. Teachey provided testimony of her work background as cost projection specialist and her cost projection analysis was introduced into evidence.

The Court finds that this testimony provided compelling evidence to support a damages award in the of $4,161,541.00.

At the damages hearing on March 31, 2025, Defendant also made several objections to evidence introduced by the Plaintiff at the hearing. The court hereby denies those objections.

SUMMARY AND CONCLUSION

NOW THEREFORE, for the foregoing reasons, Defendant's Renewed Amended Motion to Set Aside Entry of Default is hereby **DENIED.**

Defendant's objections to Plaintiff's evidence offered at the damages hearing on March 31, 2025, are hereby **DENIED**.

IT IS FURTHER ORDERED, ADJUDED, AND DECREED, that the Plaintiff is entitled to an award of Four Million One Hundred Sixty-One Thousand Five Hundred Forty-One and Zero Centa ($4,161,541.00) as a result of this incident which shall compensate her for her past and future medical expenses and past and future pain and suffering.

IT IS SO ORDERED.

The Honorable W. Haigh Porter
Twelfth Judicial Circuit

April _____, 2025
Columbia, South Carolina

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Florence Common Pleas

Case Caption: Shirley Reed VS Ohm Florence Llc , defendant, et al

Case Number: 2024CP2100548

Type: Order/Judgment and Form 4

So Ordered

s/Haigh Porter, 3082

FORM 4

STATE OF SOUTH CAROLINA
COUNTY OF FLORENCE
IN THE COURT OF COMMON PLEAS

JUDGMENT IN A CIVIL CASE

CASE NO. 2024-CP-21-00548

SHIRLEY REED	OHM FLORENCE, LLC D/B/A THUNDERBIRD COUNTRY BUFFET
PLAINTIFF(S)	DEFENDANT(S)

Haigh Porter, Master-in-Equity	**Attorney for :** ☐ Plaintiff ☐ Defendant or ☐ Self-Represented Litigant

DISPOSITION TYPE (CHECK ONE)

☐ **JURY VERDICT**. This action came before the court for a trial by jury. The issues have been tried and a verdict rendered.

☒ **DECISION BY THE COURT**. This action came to trial or hearing before the court. The issues have been tried or heard and a decision rendered. ☐ See Page 2 for additional information.

☐ **ACTION DISMISSED** (*CHECK REASON*): ☐ Rule 12(b), SCRCP; ☐ Rule 41(a), SCRCP (Vol. Nonsuit); ☐ Rule 43(k), SCRCP (Settled); ☐ Other

☐ **ACTION STRICKEN** (*CHECK REASON*): ☐ Rule 40(j), SCRCP; ☐ Bankruptcy; ☐ Binding arbitration, subject to right to restore to confirm, vacate or modify arbitration award; ☐ Other

☐ **STAYED DUE TO BANKRUPTCY**

☐ **DISPOSITION OF APPEAL TO THE CIRCUIT COURT** (*CHECK APPLICABLE BOX*): ☐ Affirmed; ☐ Reversed; ☐ Remanded; ☐ Other

NOTE: ATTORNEYS ARE RESPONSIBLE FOR NOTIFYING LOWER COURT, TRIBUNAL, OR ADMINISTRATIVE AGENCY OF THE CIRCUIT COURT RULING IN THIS APPEAL.

IT IS ORDERED AND ADJUDGED: ☒ See attached order (formal order to follow) ☐ Statement of Judgment by the Court:

ORDER INFORMATION

This order ☒ ends ☐ does not end the case. SEE PAGE 2

Additional Information for the Clerk : _____

INFORMATION FOR THE JUDGMENT INDEX

Complete this section below when the judgment affects title to real or personal property or if any amount should be enrolled. If there is no judgment information, indicate "N/A" in one of the boxes below.

Judgment in Favor of (List name(s) below)	Judgment Against (List name(s) below)	Judgment Amount To be Enrolled (List amount(s) below)
		$
		$
		$

If applicable, describe the property, including tax map information and address, referenced in the order:

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The judgment information above has been provided by the submitting party. Disputes concerning the amounts contained in this form may be addressed by way of motion pursuant to the SC Rules of Civil Procedure. Amounts to be computed such as interest or additional taxable costs not available at the time the form and final order are submitted to the judge may be provided to the clerk.
Note: Title abstractors and researchers should refer to the official court order for judgment details.
E-Filing Note: In E-Filing counties, the Court will electronically sign this form using a separate electronic signature page.

Haigh Porter, Master-in-Equity	3082	May 15, 2025
	Judge Code	

For Clerk of Court Office Use Only

This judgment was entered on the day of , 20 and a copy mailed first class or placed in the appropriate attorney's box on this day of , 20 to attorneys of record or to parties (when appearing pro se) as follows:

RODNEY C. JERNIGAN, JR.	RYAN C. HOLT
J. CLARK NEWTON	
ATTORNEY(S) FOR THE PLAINTIFF(S)	**ATTORNEY(S) FOR THE DEFENDANT(S)**

CLERK OF COURT

Court Reporter:

E-Filing Note: In E-Filing counties, the date of Entry of Judgment is the same date as reflected on the Electronic File Stamp and the clerk's entering of the date of judgment above is not required in those counties. The clerk will mail a copy of the judgement to parties who are not E-Filers or who are appearing pro se. See Rule 77(d), SCRCP.

ADDITIONAL INFORMATION REGARDING DECISION BY THE COURT AS REFERENCED ON PAGE 1.

This action came to trial or hearing before the court. The issues have been tried or heard and a decision rendered.

THE DEFENDANTS MOTION TO ALTER OR AMEND PURSUANT TO RULKE 59(e) OR, IN THE ALTERNATIVE, MOTION FOR RELIEF FROM JUDDGMENT PURSUANT TO RULE 60(b), IS DENIED.

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FORM 4C INSTRUCTIONS—JUDGMENT IN A CIVIL CASE

(Instructions for Information Only-Not to be filed with Form 4C)

1. Form 4C-Judgment in a Civil Case has been modified to add order information and enrollment instructions for the clerk of court. The purpose of Form 4 has not changed with the exception that judgment information is provided when applicable.

2. Please note that the Form 4C must be attached to all orders that include information to enroll in the judgment index. The clerk will not be responsible for reading the order to determine enrollment information.

   The attorney or prevailing party will prepare and attach the Form 4C when submitting the proposed order that includes judgment enrollment information for the judgment index. The judge will review and sign Form 4C when he or she signs an order that includes judgment enrollment information for the judgment index.

3. Form 4C is not required to be submitted to the Court with orders that do not include information to enroll in the judgment index. If the clerk receives such an order without Form 4C attached, the clerk should enter and process the order pursuant to Rule 58 and Rule 77(d), SC Rules of Civil Procedure (i.e., the clerk should serve notice of entry of the judgment by mail or provide the attorneys with copies of the signed order by other means).

4. The "Information for the Judgment Index" section should be completed when the judgment affects title to real or personal property or if any amount should be enrolled. In the "Judgment in Favor of" column, enter the name of the party to whom the judgment is awarded. In the "Judgment Against" column, enter the name of the person to whom the judgment is against. The judgment amount to be enrolled should be noted in the "Judgment Amount" column. As necessary, describe any property referenced in the order if it is to be enrolled in the judgment index. If there is no judgment information to enroll, indicate "N/A" in one of the boxes in this section of the form.

5. To enter information to accommodate multiple parties, additional Form 4Cs may be used as necessary. Additional space may be inserted on the form as necessary.

6. The section "For the Clerk of Court Office Use Only" should be completed by the clerk as it has been with the previous version of Form 4.

7. If the matter is on appeal to the Circuit Court, then the parties on the form should be changed from Plaintiff and Defendant to Appellant and Respondent.

8. If an arbitrator prepares an order after arbitration, the arbitrator should strike through "Circuit Court Judge" and indicate "Arbitrator" in the signature block.

9. If a Special Circuit Court Judge, Master in Equity, or Special Referee prepares an order after hearing a Circuit Court matter, then he or she should strike through the title "Circuit Court Judge" below the signature line and indicate the appropriate title.

10. When an Order of Foreclosure is filed, neither the parties or debt owed should be listed in the Information for the Judgment Index Section, unless the foreclosure order specifically requires entry of the full judgment amount before the foreclosure sale, pursuant to Section 29-3-650 of the SC Code.

11. If the deficiency judgment is waived in a Foreclosure action, indicate N/A in the "Judgment Amount To Be Enrolled" box.

12. Foreclosure actions should be ended by the Clerk of Court upon receipt of the Order of Foreclosure. Subsequent information, including deficiency judgments, can be added to the action after the case is ended. The Master in Equity should end the action in the MIE system upon the receipt of the Order of Foreclosure.

13. When judgment enrollment information is included in the Information for the Judgment Index Section (for example, when there is a deficiency judgment), only the parties who the judgment is for and against should be included in the Section. Subordinate parties and lienholders should not be included in the box if there is not a judgment amount specifically for or against them.

14. Form 4C is not required to be attached to Transcripts of Judgment and Confession of Judgment.

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Florence Common Pleas

Case Caption: Shirley Reed VS Ohm Florence Llc , defendant, et al

Case Number: 2024CP2100548

Type: Master/Order/Form 4

So Ordered

s/Haigh Porter, 3082

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STATE OF SOUTH CAROLINA COUNTY OF FLORENCE	)	IN THE COURT OF COMMON PLEAS FOR THE TWELTH JUDICIAL CIRCUIT
Shirley Reed, Plaintiff, vs. OHM Florence, LLC d/b/a Thunderbird Country Buffet, Defendant.	)	C.A. FILE NO.: 2024-CP-21-_____ **SUMMONS** **(Jury Trial Demanded)**

TO THE DEFENDANT ABOVE NAMED:

YOU ARE HEREBY SUMMONED and required to answer the Complaint in this action, of which a copy is herewith served upon you, and to serve a copy of your Answer to the Complaint on the undersigned, Bluestein Thompson Sullivan, LLC, Post Office Box 7965, Columbia, South Carolina 29202, within THIRTY (30) DAYS after the service hereof, exclusive of the date of such service; and if you fail to appear and defend this action within the time aforesaid, judgment by default will be rendered against you for the relief demanded in the Complaint.

Respectfully submitted,

s/J. Clarke Newton
J. Clarke Newton, Esq. (SC Bar #77887)
BLUESTEIN THOMPSON SULLIVAN, LLC
Post Office Box 7965
Columbia, South Carolina 29202
(803) 779-7599 Telephone
(803) 771-8097 Facsimile

s/Rodney C. Jernigan, Jr.

Rodney C. Jernigan, Jr. (SC Bar #2994)
Jernigan Law Firm, P.A.
Post Office Box 2130
Florence, South Carolina 29503
(843) 664-0540 Telephone
(843) 676-0540 Facsimile
ATTORNEYS FOR THE PLAINTIFF

March 5, 2024

Columbia, South Carolina

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STATE OF SOUTH CAROLINA COUNTY OF FLORENCE	)	IN THE COURT OF COMMON PLEAS FOR THE TWELTH JUDICIAL CIRCUIT
Shirley Reed, Plaintiff, vs. OHM Florence, LLC d/b/a Thunderbird Country Buffet, Defendant.	)	C.A. FILE NO.: 2024-CP-21-_____ **COMPLAINT** **(Jury Trial Demanded)**

The Plaintiff, Shirley Reed, complaining of Defendants, OHM Florence, LLC d/b/a Thunderbird Country Buffet would respectfully show this Court the following:

GENERAL ALLEGATIONS

1. Plaintiff Shirley Reed (hereinafter "Plaintiff" or "Ms. Reed") is a citizen and resident of Sumter County, South Carolina
2. Defendant OHM Florence, LLC d/b/a Thunderbird Country Buffet (hereinafter "Defendant"), upon information and belief, is a Limited Liability Company incorporated in South Carolina doing business in Florence County, South Carolina, and at the time of the occurrence herein, had agents and employees working in the course and scope of their employment at Thunderbird Country Buffet located at 2004 West Lucas Street, Florence, South Carolina 29501 (hereinafter "Restaurant").
3. The facts and circumstances that are the subject matter of this lawsuit occurred in Florence County, South Carolina.
4. The tortious acts herein complained of occurred on the premises owned, managed, and controlled by Defendant.

5. Venue is proper pursuant to S.C. Code Ann. § 15-7-30(E)(1) (1976).
6. This Court has personal jurisdiction and subject matter jurisdiction over the parties and subject matter of this lawsuit.
7. According to information and belief, at all times mentioned herein, Defendant was in possession and control of the premises.
8. At all times concerned herein, Defendant owed a duty to the public in general, and to the Plaintiff in particular, to protect persons from unsafe conditions on their premises as well as a duty to maintain the store.
9. On or about November 8, 2023, Plaintiff was an invitee and customer at Defendant's Restaurant.
10. On or about November 8, 2023, Ms. Reed was visiting the Defendant's Restaurant when she slipped on loose rocks in the parking lot causing her to fall backwards.
11. The fall at the Defendant's Restaurant on November 8, 2023, caused Plaintiff to suffer:
    a. Bodily injuries;
    b. Extensive pain, mental anguish, suffering, and discomfort;
    c. Disability for a period of time, past and future;
    d. Inability to carry out normal daily activities;
    e. Permanent injuries;
    f. Emotional trauma and distress;
    g. Loss of enjoyment of life; and
    h. Financial loss.
12. Plaintiff is informed and believes that she is entitled to judgment against Defendant for actual and punitive damages in the appropriate amount.

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FOR A FIRST CAUSE OF ACTION
(Premises Liability)

13. Plaintiff hereby repeats and re-alleges each and every allegation contained in paragraphs 1-12 as fully set forth herein and restated verbatim.

14. Plaintiff would show that she entered Defendant's premises with the express or implied permission of Defendant and for the purpose of benefiting the owner/occupier.

15. Plaintiff was a business invitee on Defendant's premises; therefore, Defendant owed Plaintiff the duty to keep the premises reasonably safe, the duty of exercising reasonable and ordinary care for her safety, and the duty to discover risks and to take safety precautions to warn of or eliminate unreasonable risks within the area of invitation on the premises.

16. Defendant owed Plaintiff the duty to warn about the condition of the loose rock scattered in the parking lot as it was foreseeable that an invitee, such as Plaintiff, would encounter the hazardous condition when arriving or leaving the Defendant's Restaurant.

17. Plaintiff would show that Defendant through its agents, servants, and employees, negligently, recklessly, willfully, wantonly, intentionally and grossly negligently breached its duty to Plaintiff in the following particulars:

    a. In failing to adequately secure and maintain the premises;

    b. In failing to warn of or eliminate unreasonable risks within the area of invitation;

    c. In failing to properly train and supervise staff;

    d. In creating an unreasonably dangerous condition on the premises;

    e. By hiring, negligent, unqualified, and unsupervised staff;

    f. In failing to remove the hazardous, wet conditions of the floor despite actual notice thereof;

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g. In such other and further particulars as the evidence at trial may show; any one or more of which acts and/or omissions were a proximate cause of the injuries suffered by the Plaintiff. Said acts and/or omission were in violation of the statutory and case law of the State of South Carolina.

18. As a direct and proximate result of the Defendant's negligent, reckless, willful, wanton, and grossly negligent acts and/or omissions as enumerated here and above, Plaintiff was seriously injured due to her fall in Defendant's Restaurant. Plaintiff would show that she incurred severe physical harm which has caused, and will cause, her to undergo pain and suffering, impairment of health, and loss of enjoyment of life. Plaintiff has suffered severe emotional distress, worry, mental anguish, and embarrassment as a result of her fall and injuries. Plaintiff has also incurred financial loss as a result of medical expenses related to her injury for hospital bills, doctor bills, and medication expenses. Plaintiff will also incur future medical expenses.

19. Plaintiff is entitled to judgment against Defendant in an amount adequate to compensate her for her actual damages as a jury may deem appropriate, for the costs of this action, pre-judgment interest, and for such other and further relief as this Court may deem just and proper.

FOR A SECOND CAUSE OF ACTION
(Negligence)

20. Plaintiff hereby repeats and re-alleges each and every allegation contained in paragraphs 1-19 as if fully set forth herein and restated verbatim.

21. The Defendant was responsible for the creation and remedy of the hazard in the parking lot.

22. Defendant, its agents, servants, and employees were negligent, negligent per se, grossly negligent, careless, reckless, and willfully wanton in the following particulars:

a. In creating an unsafe area and allowing the parking lot to remain scattered with loose rocks when Defendant knew or should have known of its hazardous condition;

b. In failing and omitting to warn Plaintiff and any other invitees of the unsafe and highly dangerous area;

c. In failing and omitting to exercise reasonable care at the location at issue so as to safeguard members of the public and Plaintiff, specifically, form injury;

d. In acting with a reckless and/or wanton disregard of the rights and safety of Plaintiff and any other invitees under the circumstances prevailing at the time of the accident;

e. In failing and omitting to make a proper and timely inspection of the aforesaid area in order to maintain the said premises in a reasonably safe condition at all times;

f. In failing and omitting to anticipate the possible dangers, hazards, injuries, and damages, especially to Plaintiff, under the circumstances existing at said time and place;

g. In failing and omitting at all times to take such measures and care as the nature of the situation might require, calculated to provide safe conditions in the area and to monitor proper and adequate supervision of the area;

h. In failing and omitting to exercise reasonable care in the maintenance of the area at the time of Plaintiff's injury when Defendant knew or should have known that the are was in such condition so as to be dangerous;

i. In failing to maintain the area in a reasonably safe condition;

j. In failing to exercise the degree of care and caution which a reasonable and prudent person would have under the same or similar circumstances; and

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k. In such other and further particulars as the evidence at trial will show; any one or more of which acts and/or omissions were a proximate cause of the injuries suffered by Plaintiff. Said acts and/or omissions were in violation of the statutory and case law of the State of South Carolina.

23. As a direct and proximate result of the negligence, negligence per se, gross negligence, carelessness, recklessness, willfulness and wantonness, of Defendant and its agents, servants and employees, Plaintiff has suffered in the past and, upon information and belief, will continue to suffer physical harm and injuries as a result of the aforementioned injuries; has incurred and will continue to suffer physical and mental pain and suffering; has lost and will continue to lose the enjoyment of life; has incurred and may incur in the future, medical expenses for doctors and other medical treatment; and has otherwise been permanently damaged and injured.

FOR A THIRD CAUSE OF ACTION
(Vicarious Liability)

24. Plaintiff hereby repeats and re-alleges each and every allegation contained in paragraphs 1-23 as fully set forth herein and restated verbatim.

25. Upon information and belief, Defendant had employees at the aforementioned Restaurant hired with the primary duties assigned to them to supervise the upkeep and orderliness of the premises for purposes of ensuring a safe and efficient shopping experience for all customers.

26. This duty of creating a reasonably safe environment was a nondelegable duty.

27. Defendant, per the doctrine of respondeat superior, is vicariously liable for the negligent actions of the employees' breach of duty owed to Plaintiff.

28. Defendant's negligence was a proximate cause of Plaintiff's injury and of her resulting physical pain, mental anguish, physical impairment, medical care and treatment, lost wages, and loss of her ability to engage in usual and normal activities.

WHEREFORE, the Plaintiff prays for relief as follows:

a. For judgment against Defendant, and an award of actual and punitive damages as determined by the jury;

b. For the costs and disbursements, including pre-judgment interests, in the pursuit of this matter; and

c. For such other and further relief as this Court may deem just and proper.

Respectfully submitted,

s/J. Clarke Newton
J. Clarke Newton, Esq. (SC Bar #77887)
BLUESTEIN THOMPSON SULLLIVAN, LLC
Post Office Box 7965
Columbia, South Carolina 29202
(803) 779-7599 Telephone
(803) 771-8097 Facsimile
clarke@bluesteinattorneys.com

s/Rodney C. Jernigan, Jr.
Rodney C. Jernigan, Jr., Esq. (SC Bar #2994)
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Florence, SC 29503
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(843) 676-0540 Facsimile
rod@jerniganlaw.net

ATTORNEYS FOR THE PLAINTIFF

March 5, 2024
Columbia, South Carolina

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SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

OHM Florence, LLC
c/o Sagar Patel as Registered Agent
340 Plantation View Ln
Mt. Pleasant, SC 29464

9590 9402 6841 1074 2782 19

2. Article Number *(Transfer from service label)*
7017 1450 0001 6478 3273

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Patel ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Patel C. Date of Delivery 2-18-24

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☒ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

estricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

USPS TRACKING #

9590 9402 6841 1074 2782 19

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

Bluestein Thompson & Sullivan, LLC
PO Box 7965
Columbia, SC 29202

JCN
Reed

Shirley Reed v. OHM Florence, LLC d/b/a Thunderbird Country Buffet
Case No.: 2024-CP-21-00548

ELECTRONICALLY FILED - 2024 Apr 26 10:14 AM - FflorENCE - COMMON PLEAS - CASE#2024CP2100548

STATE OF SOUTH CAROLINA COUNTY OF FLORENCE	)	IN THE COURT OF COMMON PLEAS FOR THE TWELTH JUDICIAL CIRCUIT
Shirley Reed, Plaintiff, vs. OHM Florence, LLC d/b/a Thunderbird Country Buffet, Defendant.	)	C.A. FILE NO.: 2024-CP-21-00548 **REQUEST FOR ENTRY OF DEFAULT JUDGMENT AGAINST OHM FLORENCE, LLC**

Shirley Reed, the Plaintiff in the above-titled action, hereby moves the court, pursuant to 55(a) and 55(b)(1) of the South Carolina Rules of Civil Procedure, for a judgment of default against Defendant OHM Florence, LLC. In support of the motion, Plaintiff shows the following to the Court:

1. On March 5, 2024, Plaintiff commenced this proceeding by filing a Summons and Complaint. (Ex. 1)
2. On March 5, 2024, the Clerk issued a clocked copy of the Summons and Complaint and assigned Case No. 2024-CP-21-00548. (Ex. 1)
3. The Summons and Complaint was sent for service to the registered agent of the Defendant via United States Postal Service certified mail, restricted delivery, return receipt requested on March 12, 2024.
4. The Defendant's registered agent accepted service of the Summons and Complaint on March 18, 2024. (Ex. 2)
5. Neither a motion nor an answer to the Complaint was filed by Defendant OHM Florence, LLC within 30 days of service of the Summons and Complaint pursuant to South Carolina Rules of Civil Procedure 12(a).

WHEREFORE, Plaintiff requests that the Clerk enter default against Defendant OHM Florence, LLC, in this action or grant such other relief as may be just and proper.

Respectfully submitted,

s/J. Clarke Newton
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ATTORNEYS FOR THE PLAINTIFF

April 26, 2024
Columbia, South Carolina

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EXHIBIT 1

ELECTRONICALLY FILED - 2024 Apr 26 10:33 AM - FLORENCE - COMMON PLEAS - CASE#2024CP2101005483

STATE OF SOUTH CAROLINA COUNTY OF FLORENCE	)	IN THE COURT OF COMMON PLEAS FOR THE TWELTH JUDICIAL CIRCUIT
Shirley Reed, Plaintiff, vs. OHM Florence, LLC d/b/a Thunderbird Country Buffet, Defendant.	)	C.A. FILE NO.: 2024-CP-21-_____ **SUMMONS** **(Jury Trial Demanded)**

TO THE DEFENDANT ABOVE NAMED:

YOU ARE HEREBY SUMMONED and required to answer the Complaint in this action, of which a copy is herewith served upon you, and to serve a copy of your Answer to the Complaint on the undersigned, Bluestein Thompson Sullivan, LLC, Post Office Box 7965, Columbia, South Carolina 29202, within THIRTY (30) DAYS after the service hereof, exclusive of the date of such service; and if you fail to appear and defend this action within the time aforesaid, judgment by default will be rendered against you for the relief demanded in the Complaint.

Respectfully submitted,

s/J. Clarke Newton
J. Clarke Newton, Esq. (SC Bar #77887)
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s/Rodney C. Jernigan, Jr.

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ATTORNEYS FOR THE PLAINTIFF

March 5, 2024

Columbia, South Carolina

ELECTRONICALLY FILED - 2024 Mar 05 10:33 AM - FLORENCE - COMMON PLEAS - CASE#2024CP2100548

ELECTRONICALLY FILED - 2024 Apr 26 10:33 AM - FLORENCE - COMMON PLEAS - CASE#2024CP2101005483

STATE OF SOUTH CAROLINA COUNTY OF FLORENCE	)	IN THE COURT OF COMMON PLEAS FOR THE TWELTH JUDICIAL CIRCUIT
Shirley Reed, Plaintiff, vs. OHM Florence, LLC d/b/a Thunderbird Country Buffet, Defendant.	)	C.A. FILE NO.: 2024-CP-21-_____ **COMPLAINT** **(Jury Trial Demanded)**

The Plaintiff, Shirley Reed, complaining of Defendants, OHM Florence, LLC d/b/a Thunderbird Country Buffet would respectfully show this Court the following:

GENERAL ALLEGATIONS

1. Plaintiff Shirley Reed (hereinafter "Plaintiff" or "Ms. Reed") is a citizen and resident of Sumter County, South Carolina
2. Defendant OHM Florence, LLC d/b/a Thunderbird Country Buffet (hereinafter "Defendant"), upon information and belief, is a Limited Liability Company incorporated in South Carolina doing business in Florence County, South Carolina, and at the time of the occurrence herein, had agents and employees working in the course and scope of their employment at Thunderbird Country Buffet located at 2004 West Lucas Street, Florence, South Carolina 29501 (hereinafter "Restaurant").
3. The facts and circumstances that are the subject matter of this lawsuit occurred in Florence County, South Carolina.
4. The tortious acts herein complained of occurred on the premises owned, managed, and controlled by Defendant.

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5. Venue is proper pursuant to S.C. Code Ann. § 15-7-30(E)(1) (1976).
6. This Court has personal jurisdiction and subject matter jurisdiction over the parties and subject matter of this lawsuit.
7. According to information and belief, at all times mentioned herein, Defendant was in possession and control of the premises.
8. At all times concerned herein, Defendant owed a duty to the public in general, and to the Plaintiff in particular, to protect persons from unsafe conditions on their premises as well as a duty to maintain the store.
9. On or about November 8, 2023, Plaintiff was an invitee and customer at Defendant's Restaurant.
10. On or about November 8, 2023, Ms. Reed was visiting the Defendant's Restaurant when she slipped on loose rocks in the parking lot causing her to fall backwards.
11. The fall at the Defendant's Restaurant on November 8, 2023, caused Plaintiff to suffer:
    a. Bodily injuries;
    b. Extensive pain, mental anguish, suffering, and discomfort;
    c. Disability for a period of time, past and future;
    d. Inability to carry out normal daily activities;
    e. Permanent injuries;
    f. Emotional trauma and distress;
    g. Loss of enjoyment of life; and
    h. Financial loss.
12. Plaintiff is informed and believes that she is entitled to judgment against Defendant for actual and punitive damages in the appropriate amount.

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FOR A FIRST CAUSE OF ACTION
(Premises Liability)

13. Plaintiff hereby repeats and re-alleges each and every allegation contained in paragraphs 1-12 as fully set forth herein and restated verbatim.

14. Plaintiff would show that she entered Defendant's premises with the express or implied permission of Defendant and for the purpose of benefiting the owner/occupier.

15. Plaintiff was a business invitee on Defendant's premises; therefore, Defendant owed Plaintiff the duty to keep the premises reasonably safe, the duty of exercising reasonable and ordinary care for her safety, and the duty to discover risks and to take safety precautions to warn of or eliminate unreasonable risks within the area of invitation on the premises.

16. Defendant owed Plaintiff the duty to warn about the condition of the loose rock scattered in the parking lot as it was foreseeable that an invitee, such as Plaintiff, would encounter the hazardous condition when arriving or leaving the Defendant's Restaurant.

17. Plaintiff would show that Defendant through its agents, servants, and employees, negligently, recklessly, willfully, wantonly, intentionally and grossly negligently breached its duty to Plaintiff in the following particulars:

    a. In failing to adequately secure and maintain the premises;

    b. In failing to warn of or eliminate unreasonable risks within the area of invitation;

    c. In failing to properly train and supervise staff;

    d. In creating an unreasonably dangerous condition on the premises;

    e. By hiring, negligent, unqualified, and unsupervised staff;

    f. In failing to remove the hazardous, wet conditions of the floor despite actual notice thereof;

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g. In such other and further particulars as the evidence at trial may show; any one or more of which acts and/or omissions were a proximate cause of the injuries suffered by the Plaintiff. Said acts and/or omission were in violation of the statutory and case law of the State of South Carolina.

18. As a direct and proximate result of the Defendant's negligent, reckless, willful, wanton, and grossly negligent acts and/or omissions as enumerated here and above, Plaintiff was seriously injured due to her fall in Defendant's Restaurant. Plaintiff would show that she incurred severe physical harm which has caused, and will cause, her to undergo pain and suffering, impairment of health, and loss of enjoyment of life. Plaintiff has suffered severe emotional distress, worry, mental anguish, and embarrassment as a result of her fall and injuries. Plaintiff has also incurred financial loss as a result of medical expenses related to her injury for hospital bills, doctor bills, and medication expenses. Plaintiff will also incur future medical expenses.

19. Plaintiff is entitled to judgment against Defendant in an amount adequate to compensate her for her actual damages as a jury may deem appropriate, for the costs of this action, pre-judgment interest, and for such other and further relief as this Court may deem just and proper.

FOR A SECOND CAUSE OF ACTION
(Negligence)

20. Plaintiff hereby repeats and re-alleges each and every allegation contained in paragraphs 1-19 as if fully set forth herein and restated verbatim.

21. The Defendant was responsible for the creation and remedy of the hazard in the parking lot.

22. Defendant, its agents, servants, and employees were negligent, negligent per se, grossly negligent, careless, reckless, and willfully wanton in the following particulars:

a. In creating an unsafe area and allowing the parking lot to remain scattered with loose rocks when Defendant knew or should have known of its hazardous condition;

b. In failing and omitting to warn Plaintiff and any other invitees of the unsafe and highly dangerous area;

c. In failing and omitting to exercise reasonable care at the location at issue so as to safeguard members of the public and Plaintiff, specifically, form injury;

d. In acting with a reckless and/or wanton disregard of the rights and safety of Plaintiff and any other invitees under the circumstances prevailing at the time of the accident;

e. In failing and omitting to make a proper and timely inspection of the aforesaid area in order to maintain the said premises in a reasonably safe condition at all times;

f. In failing and omitting to anticipate the possible dangers, hazards, injuries, and damages, especially to Plaintiff, under the circumstances existing at said time and place;

g. In failing and omitting at all times to take such measures and care as the nature of the situation might require, calculated to provide safe conditions in the area and to monitor proper and adequate supervision of the area;

h. In failing and omitting to exercise reasonable care in the maintenance of the area at the time of Plaintiff's injury when Defendant knew or should have known that the are was in such condition so as to be dangerous;

i. In failing to maintain the area in a reasonably safe condition;

j. In failing to exercise the degree of care and caution which a reasonable and prudent person would have under the same or similar circumstances; and

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k. In such other and further particulars as the evidence at trial will show; any one or more of which acts and/or omissions were a proximate cause of the injuries suffered by Plaintiff. Said acts and/or omissions were in violation of the statutory and case law of the State of South Carolina.

23. As a direct and proximate result of the negligence, negligence per se, gross negligence, carelessness, recklessness, willfulness and wantonness, of Defendant and its agents, servants and employees, Plaintiff has suffered in the past and, upon information and belief, will continue to suffer physical harm and injuries as a result of the aforementioned injuries; has incurred and will continue to suffer physical and mental pain and suffering; has lost and will continue to lose the enjoyment of life; has incurred and may incur in the future, medical expenses for doctors and other medical treatment; and has otherwise been permanently damaged and injured.

FOR A THIRD CAUSE OF ACTION
(Vicarious Liability)

24. Plaintiff hereby repeats and re-alleges each and every allegation contained in paragraphs 1-23 as fully set forth herein and restated verbatim.

25. Upon information and belief, Defendant had employees at the aforementioned Restaurant hired with the primary duties assigned to them to supervise the upkeep and orderliness of the premises for purposes of ensuring a safe and efficient shopping experience for all customers.

26. This duty of creating a reasonably safe environment was a nondelegable duty.

27. Defendant, per the doctrine of respondeat superior, is vicariously liable for the negligent actions of the employees' breach of duty owed to Plaintiff.

28. Defendant's negligence was a proximate cause of Plaintiff's injury and of her resulting physical pain, mental anguish, physical impairment, medical care and treatment, lost wages, and loss of her ability to engage in usual and normal activities.

WHEREFORE, the Plaintiff prays for relief as follows:

a. For judgment against Defendant, and an award of actual and punitive damages as determined by the jury;

b. For the costs and disbursements, including pre-judgment interests, in the pursuit of this matter; and

c. For such other and further relief as this Court may deem just and proper.

Respectfully submitted,

s/J. Clarke Newton
J. Clarke Newton, Esq. (SC Bar #77887)
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ATTORNEYS FOR THE PLAINTIFF

March 5, 2024
Columbia, South Carolina

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EXHIBIT 2

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SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

OHM Florence, LLC
c/o Sagar Patel as Registered Agent
340 Plantation View Ln
Mt. Pleasant, SC 29464

9590 9402 6841 1074 2782 19

2. Article Number *(Transfer from service label)*
7017 1450 0001 6478 3273

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Patel ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Patel C. Date of Delivery 2-18-24

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☒ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

estricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

USPS TRACKING #

9590 9402 6841 1074 2782 19

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

Bluestein Thompson & Sullivan, LLC
PO Box 7965
Columbia, SC 29202

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Shirley Reed v. OHM Florence, LLC d/b/a Thunderbird Country Buffet
Case No.: 2024-CP-21-00548

ELECTRONICALLY FILED - 2024 May 08 11:34 AM - FflorENCE - COMMON PLEAS - CASE#2024CP2100548

STATE OF SOUTH CAROLINA COUNTY OF FLORENCE	)	IN THE COURT OF COMMON PLEAS FOR THE TWELTH JUDICIAL CIRCUIT
Shirley Reed, Plaintiff, vs. OHM Florence, LLC d/b/a Thunderbird Country Buffet, Defendant.	)	C.A. FILE NO.: 2024-CP-21-00548 PLAINTIFF'S MOTION AND ORDER FOR REFERENCE

IT APPEARING, pursuant to Rule 53(b) of the South Carolina Rules of Civil Procedure, that the above entitled action is a proper matter to refer to The Master in Equity for Florence County, by order of a Circuit Court Judge or the Clerk of Court, with authority to enter a final judgment in the case as to the defaulting defendants: OHM Florence, LLC d/b/a Thunderbird Country Buffet;

NOW, upon the Motion of attorney for the Plaintiff; it is,

ORDERED that the above-entitled action be, and the same hereby is, referred to the Master In Equity for Florence County, to make findings of fact and conclusions of law; dispose of any and all issues and enter a final judgment in the case as to the above-referenced defaulting defendants.

Any appeal from the decision of the Special Referee shall be directly to the South Carolina Court of Appeals or Supreme Court.

Florence, South Carolina

May _____, 2024

_____
Presiding Judge/Clerk of Court

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STATE OF SOUTH CAROLINA	)	**IN THE COURT OF COMMON PLEAS**
	)	
COUNTY OF FLORENCE	)	**THE TWELFTH JUDICIAL CIRCUIT**
Shirley Reed	)	**Civil Action No.: 2024CP2100548**
Plaintiff,	)	
v.	)	**MOTION TO SET ASIDE ENTRY OF DEFAULT**
OHM Florence, LLC d/b/a Thunderbird Country Buffet	)	
Defendant.	)	

YOU WILL PLEASE TAKE NOTICE that the undersigned, as attorneys for Defendant OHM Florence, LLC d/b/a Thunderbird Country Buffet ("OHM"), will appear on the tenth (10th) day after service hereof, or as soon after counsel may be heard, before the presiding Judge, and move for an Order setting aside the entry of default against OHM. This motion is made pursuant to Rule 55(c) of the South Carolina Rules of Civil Procedure and is made because good cause exists for relief from the entry of Default.

Motion to Set Aside Default

Pursuant to Rules 55(c), SCRCP, and for good cause shown and in the interests of justice, the entry of default in this matter should be set aside. Defendant OHM shall show to the Court that, pursuant to the applicable *Rules of Civil Procedure* and relevant case law such as the line of cases stemming from *Wham v. Shearson Lehman Bros., Inc.*, 298 S.C. 462, 381 S.E.2d 499 (Ct. App. 1989), the default is explainable and excusable. Specifically, when presented with a document[1] prior to the service of the Complaint, OHM assumed that that no response was necessary since this document sought information about an unknown incident with no responsive

[1] Preservation letter was sent to OHM prior to the Complaint for information OHM did not have.

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information to the request. Given the lack of information, OHM gave no consideration for a submission of this document to its insurance company since there were, in the mind OHM, no obligations to satisfy. This led to a simple, explainable, and excusable misunderstanding as to the nature of the second document – the Complaint – that resulted in the present position. Upon realization of the nature and purpose of the Complaint, the insurance carrier who will be ultimately responsible for any damages awarded was notified, and counsel was retained, ***all within a matter of a few days.***

The incident in this case occurred only 8 months ago, well-within even the statute of limitations to bring a claim. Plaintiff is not prejudiced by the delay, as service of the complaint was made only 3 months ago. Moreover, Defendant may have a colorable and meritorious defense, namely that the injured individual may have been walking where she should not have been, and thus, leading to the alleged injuries.

Therefore, OHM believes it has demonstrated to the Court a reasonable explanation for the misunderstanding of the documents that led to default, reasons why vacation of the entry of default will serve the interests of justice, the speedy timing of the motion for relief, meritorious defenses to this action, and the lack of prejudice to the opposing party if the default is removed. *See Sundown Operating Co., Inc. v. Intedge Industries, Inc.*, 383 S.C. 601, 607-08, 681 S.E.2d 885, 888 (2009) (reciting the foregoing factors as necessary prerequisites for setting aside an entry of default pursuant to Rule 55(c)). Therefore, the default in this case should be set aside.

Signature Page to Follow

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Respectfully submitted,

SWEENY, WINGATE & BARROW, P.A.

s/Ryan C. Holt
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ATTORNEYS FOR DEFENDANT

Columbia, South Carolina

June 21, 2024

ELECTRONICALLY FILED - 2024 Aug 01 5:05 PM - FflorENCE - COMMON PLEAS - CASE#2024CP2100548

STATE OF SOUTH CAROLINA	)	**IN THE COURT OF COMMON PLEAS**
	)	
COUNTY OF FLORENCE	)	**THE TWELFTH JUDICIAL CIRCUIT**
Shirley Reed,	)	**Civil Action No.: 2024CP2100548**
Plaintiff,	)	
v.	)	**AMENDED MOTION TO SET ASIDE ENTRY OF DEFAULT**
OHM Florence, LLC d/b/a Thunderbird Country Buffet,	)	
Defendant.	)	

YOU WILL PLEASE TAKE NOTICE that the undersigned, as attorneys for Defendant OHM Florence, LLC d/b/a Thunderbird Country Buffet ("OHM" or "Defendant"), will appear on August 12, 2024 at 2:00 p.m. in Courtroom 3C at the Florence Judicial Center before the Honorable W. Haigh Porter, and move for an Order setting aside the entry of default against Defendant. This motion is made pursuant to Rule 55(c) of the SOUTH CAROLINA RULES OF CIVIL PROCEDURE and is made because good cause exists for relief from the entry of default. This is an amended motion and supersedes the motion filed June 21, 2024. This amended motion is made based on information recently received since the filing of the first motion.

Motion to Set Aside Default

Pursuant to Rules 55(c), SCRCP, and for good cause shown and in the interests of justice, the entry of default in this matter should be set aside. Defendant OHM will show to the Court that, pursuant to the applicable RULES OF CIVIL PROCEDURE and relevant case law such as the line of cases stemming from *Wham v. Shearson Lehman Bros., Inc.*, 298 S.C. 462, 381 S.E.2d 499 (Ct. App. 1989), the default is explainable and excusable. Moreover, Defendant will show that default should be set aside as a matter of law, because its registered agent was not served.

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Statutory Defect: Registered Agent Not Served

Defendant, OHM Florence, LLC is a domestic business corporation:

Entity Name	Date of Incorporation	Entity Type	Entity Status	Incorporated State
OHM FLORENCE LLC	11/30/2017	Limited Liability Company	Good Standing	South Carolina

Source: https://businessfilings.sc.gov/BusinessFiling/Entity/Search

As such, its "registered agent is the agent of the corporation for service of any process, notice, or demand required or permitted by law to be served, and the service is binding upon the corporation." S.C. CODE ANN. § 15-9-210(a).

The South Carolina Secretary of State lists the registered agent for OHM Florence, LLC as Sager Patel, with an address of 340 Plantation View Ln, Mt Pleasant, South Carolina 29464. Although Plaintiff accomplished service at 340 Plantation View Ln (*see* Exhibit 1), she failed to serve Sager Patel himself. *See* Exhibit 4. This is proven by Patel's affidavit, along with his flight and rental information establishing that he was not at 340 Plantation View Ln at the time of service. *See* Exhibits 2, 3.

Rule 4(d)(8), SCRCP provides unequivocally that "default or judgment by default ***shall*** be set aside pursuant to Rule 55(c) or Rule 60(b) if the defendant demonstrates to the court that the return receipt was signed by an unauthorized person." (emphasis added) Pursuant to Section 15-9-210(a), when a domestic corporation has a registered agent, the only authorized person for service of process is that registered agent. The agent cannot deputize a sub-agent, nor does the Rule 4(d)(1) analysis of those "of suitable age and discretion then residing therein" apply.

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Good Cause; Timing of the Motion

When presented with a document[1] prior to the service of the Complaint, OHM rightly assumed that no response was necessary since this document sought information about an unknown incident with no responsive information to the request. Given the lack of information, OHM gave no consideration for a submission of this document to its insurance company since there were, in the mind of OHM, no obligations to satisfy. Once the existence of the Complaint was realized, the insurance carrier was notified[2], and counsel was retained, ***all within a matter of a few days.*** Evidence of this reasonable delay is indicated by the entry of default dated May 2, 2024 and the first motion to set aside, filed June 21, a mere fifty (50) days apart.

No Degree of Prejudice to Plaintiff

The incident in this case occurred only 8 months ago, well within the statute of limitations to bring a claim. Moreover, Plaintiff continues to obtain medical treatment, making the case less ripe for adjudication. Plaintiff is not prejudiced by the delay, as service of the complaint was made only 3 months ago.

Meritorious Defense(s); Interests of Justice

Defendant has a colorable and meritorious defense, namely that the Plaintiff is believed to have been the cause of her fall, thus leading to the alleged injuries. Defendant operates the

[1] A preservation letter was sent to a business operated by OHM Florence, LLC prior to the Complaint. The business location is different from the address on file with the Secretary of State.

[2] The prior motion included the phrase "the insurance carrier who will be ultimately responsible for any damages awarded…." This referred to damages awarded should the case proceed in litigation to an ultimate verdict in the normal course, not in the default setting as Plaintiff has misinterpreted it. While Defendant ultimately hopes that any judgment or settlement would be paid by insurance, it understands that the insuring agreement and insurance law ultimately determine whether an obligation to pay exists. And in this case, the insurance carrier has issued correspondence indicating that a default judgment would not be paid by the carrier because the complaint was not provided to the carrier in a timely manner.

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hotel in the vicinity of where Plaintiff's incident occurred. The manager of that hotel, Pernell Applewhite, has provided an affidavit at Exhibit 5. After learning about the incident, Mr. Applewhite spoke with an employee concerning the Plaintiff's incident. The evidence suggests that Plaintiff was using a walker, was assisted by someone else, and was having trouble in her ability to walk. Mr. Applewhite and the employee, Louvinia Taylor, are persons who can be further questioned about the case or deposed to establish the testimonial evidence of what happened on November 8, 2023.

These facts suggest affirmative defenses of at least assumption of risk and comparative negligence which would be vigorously asserted in the defense of the case. The judicial system "favor[s] trial of issues on merit over securing judgment by slight technicalities." *Columbia Pools, Inc. v. Galvin*, 288 S.C. 59, 61, 339 S.E.2d 524, 525 (Ct. App. 1986). The interests of justice—seeing that both Plaintiff and Defendant receive a fair trial—is favored over a technicality, the setting aside of which, wreaks no prejudice on the Plaintiff.

Unclean Hands

Moreover, Plaintiff herself failed to comply with the service rules by failing to timely file proof of service. Rule 5(d), SCRCP provides that: "Proof of service shall be filed within ten (10) days after service of the summons and complaint." This was not done, as evidenced by Exhibit 1, which shows that despite "service" being "made" (or as Defendant argues, attempted to be made) on March 18, the proof was not filed until April 25, much longer than the 10 days required by the Rule. Although failure to file proof of service does not render service invalid (which has otherwise been shown above), the Plaintiff's failure nevertheless shows her to have unclean hands in her effort to hold Defendant to a prejudicial and dispositive technicality while failing to

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technically follow the Rules herself. Plaintiff cannot come to this Court with unclean hands, as she now does in seeking to hold Defendant in default.

Conclusion

Defendant has demonstrated to the Court a reasonable explanation for the circumstances which led to default, reasons why vacation of the entry of default will serve the interests of justice, the speedy timing of the motion for relief, meritorious defenses to this action, and the lack of prejudice to the opposing party if the default is removed. *See Sundown Operating Co., Inc. v. Intedge Industries, Inc.*, 383 S.C. 601, 607-08, 681 S.E.2d 885, 888 (2009) (reciting the foregoing factors as necessary prerequisites for setting aside an entry of default pursuant to Rule 55(c)). Therefore, the default in this case should be set aside.

Pursuant to Rule 11, SCRP, Defense counsel corresponded with Plaintiff's counsel in an effort to obtain a consent relief from default but Plaintiff's counsel refused to proceed on the merits.

Respectfully submitted,

SWEENY, WINGATE & BARROW, P.A.

s/Ryan C. Holt
Ryan C. Holt, SC Bar No. 78338
Brian L. Craven, SC Bar No. 78002
Sweeny, Wingate & Barrow, P.A.
Post Office Box 12129
Columbia, SC 29211
(803) 256-2233

ATTORNEYS FOR DEFENDANT

Columbia, South Carolina

August 1, 2024

ELECTRONICALLY FILED - 2024 Apr 25 3:38 PM - FLORENCE - COMMON PLEAS - CASE#2024CP2100548
ELECTRONICALLY FILED - 2024 Aug 01 5:55 PM - FLORENCE - COMMON PLEAS - CASE#2024CP2100548

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

OHM Florence, LLC
c/o Sagar Patel as Registered Agent
340 Plantation View Ln
Mt. Pleasant, SC 29464

9590 9402 6841 1074 2782 19

2. Article Number *(Transfer from service label)*
7017 1450 0001 6478 3273

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Patel ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Patel C. Date of Delivery 2-18-24

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☒ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

estricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

USPS TRACKING #

9590 9402 6841 1074 2782 19

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

Bluestein Thompson & Sullivan, LLC
PO Box 7965
Columbia, SC 29202

JCN
Reed

Shirley Reed v. OHM Florence, LLC d/b/a Thunderbird Country Buffet
Case No.: 2024-CP-21-00548

ELECTRONICALLY FILED - 2024 Aug 01 5:05 PM - FLORENCE - COMMON PLEAS - CASE#2024CP2100548

From: Sagar Patel
To: Ryan C. Holt
Subject: Fwd: You"re going to Jackson, MS on 03/18 (25HIXB)!
Date: Wednesday, July 17, 2024 6:58:26 PM

[redacted]

Sagar

Sent from my mobile phone. Please excuse typos and short replies.

Begin forwarded message:

From: Monica Patel [redacted]
Date: July 17, 2024 at 6:44:27 PM EDT
To: Sagar Patel ICE [redacted]
Subject: Fwd: You're going to Jackson, MS on 03/18 (25HIXB)!

Sent from my iPhone

Begin forwarded message:

From: Southwest Airlines <southwestairlines@ifly.southwest.com>
Date: February 21, 2024 at 9:16:34 PM EST
To: [redacted]
Subject: You're going to Jackson, MS on 03/18 (25HIXB)!
Reply-To: Southwest Airlines <no-reply@ifly.southwest.com>

Here's your itinerary & receipt. See ya soon!
View our mobile site | View in browser

Southwest Airlines

Manage Flight | Flight Status | My Account

Hello friends,

You successfully redeemed 62,493 Rapid Rewards® points for this trip. We're looking forward to flying together! It can't come soon enough. Below you'll find your itinerary, important travel information, and trip receipt. See you onboard soon!

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MARCH 18

DEN JAN

Denver to Jackson, MS

Confirmation # **25HIXB**

Confirmation date: 02/21/2024

PASSENGER	**Monica Patel**
RAPID REWARDS #	[redacted]
TICKET #	5262259824697
EST. POINTS EARNED	0

PASSENGER	[redacted]
RAPID REWARDS #	[redacted]
TICKET #	5262259824696
EST. POINTS EARNED	0

PASSENGER	**Sagar Patel**
RAPID REWARDS #	[redacted]
TICKET #	5262259824698
EST. POINTS EARNED	0

Rapid Rewards® points are only estimations.

Your itinerary

Flight: Monday, 03/18/2024 Est. Travel Time: **5h 5m** Wanna Get Away®

FLIGHT # 3137

DEPARTS	ARRIVES
DEN 02:55PM	**ATL 07:40PM**
Denver	Atlanta

Stop: Change planes

FLIGHT # 1774

DEPARTS	ARRIVES
ATL 08:35PM	**JAN 09:00PM**
Atlanta	Jackson, MS

Payment information

Total cost

Air - 25HIXB

Base Fare	$	0.00
U.S. 9/11 Security Fee	$	16.80
Total	**$**	**16.80**

Payment

Rapid Rewards® Points
Date: February 21, 2024

Payment Amount: 20,831

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Flight Credit 4SPROK
Date: February 21, 2024
Payment Amount: $4.40

Flight Credit 4SPROK
Date: February 21, 2024
Payment Amount: $1.20

Rapid Rewards® Points
Date: February 21, 2024
Payment Amount: 20,831

Flight Credit 4SPROK
Date: February 21, 2024
Payment Amount: $4.40

Flight Credit 4SPROK
Date: February 21, 2024
Payment Amount: $1.20

Rapid Rewards® Points
Date: February 21, 2024
Payment Amount: 20,831

Flight Credit 4SPROK
Date: February 21, 2024
Payment Amount: $4.40

Flight Credit 4SPROK
Date: February 21, 2024
Payment Amount: $1.20

Fare rules: If you decide to make a change to your current itinerary it may result in a fare increase.

Your ticket numbers: 5262259824697, 5262259824696, 5262259824698

All your perks, all in one place. (Plus a few reminders.)

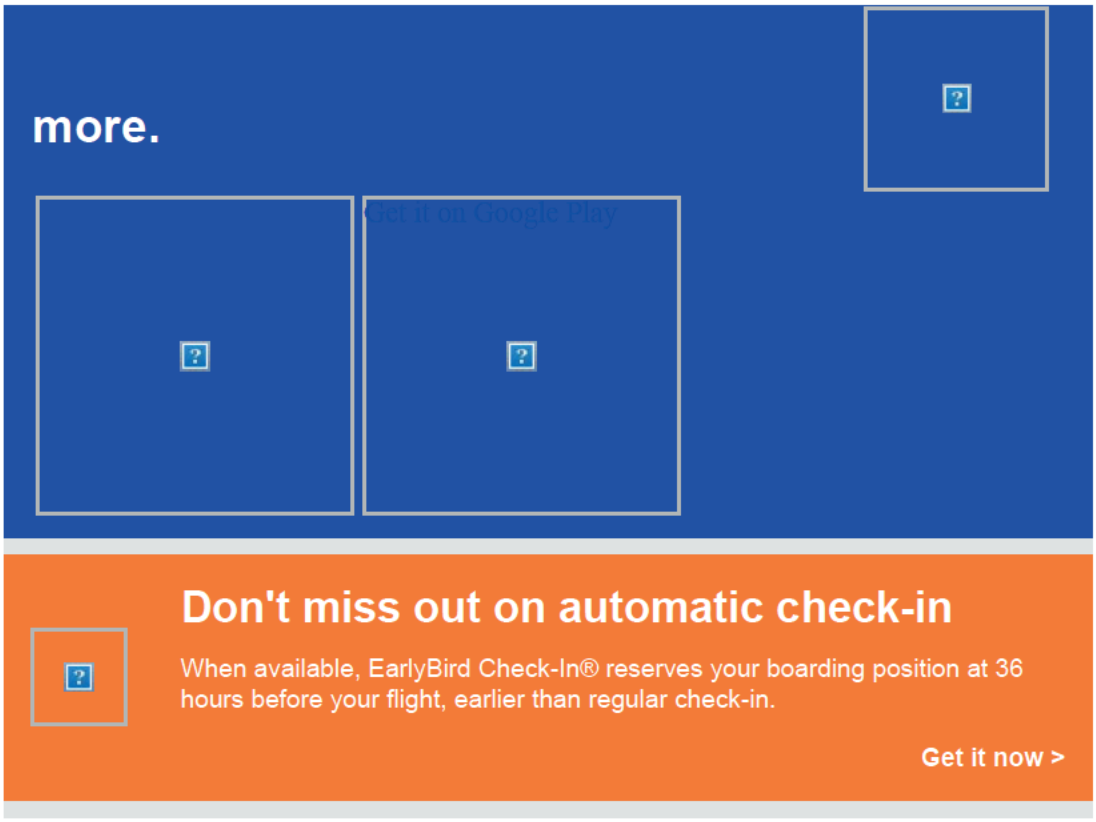
Wanna Get Away® fare: Your two bags fly free® and no change or cancel fees. **NEW** – Free same-day standby (taxes and fees may apply). Wanna Get Away fares booked with points are refundable. Learn more.

Make sure you know when to arrive at your airport. Times vary by city.

If you do not cancel your reservation at least 10 minutes before the flight's original scheduled departure time, any points used for booking will be forfeited, along with any taxes and fees associated with your reward travel reservation.

Prepare for takeoff

Use our app to make changes to your trip, get a boarding pass, &



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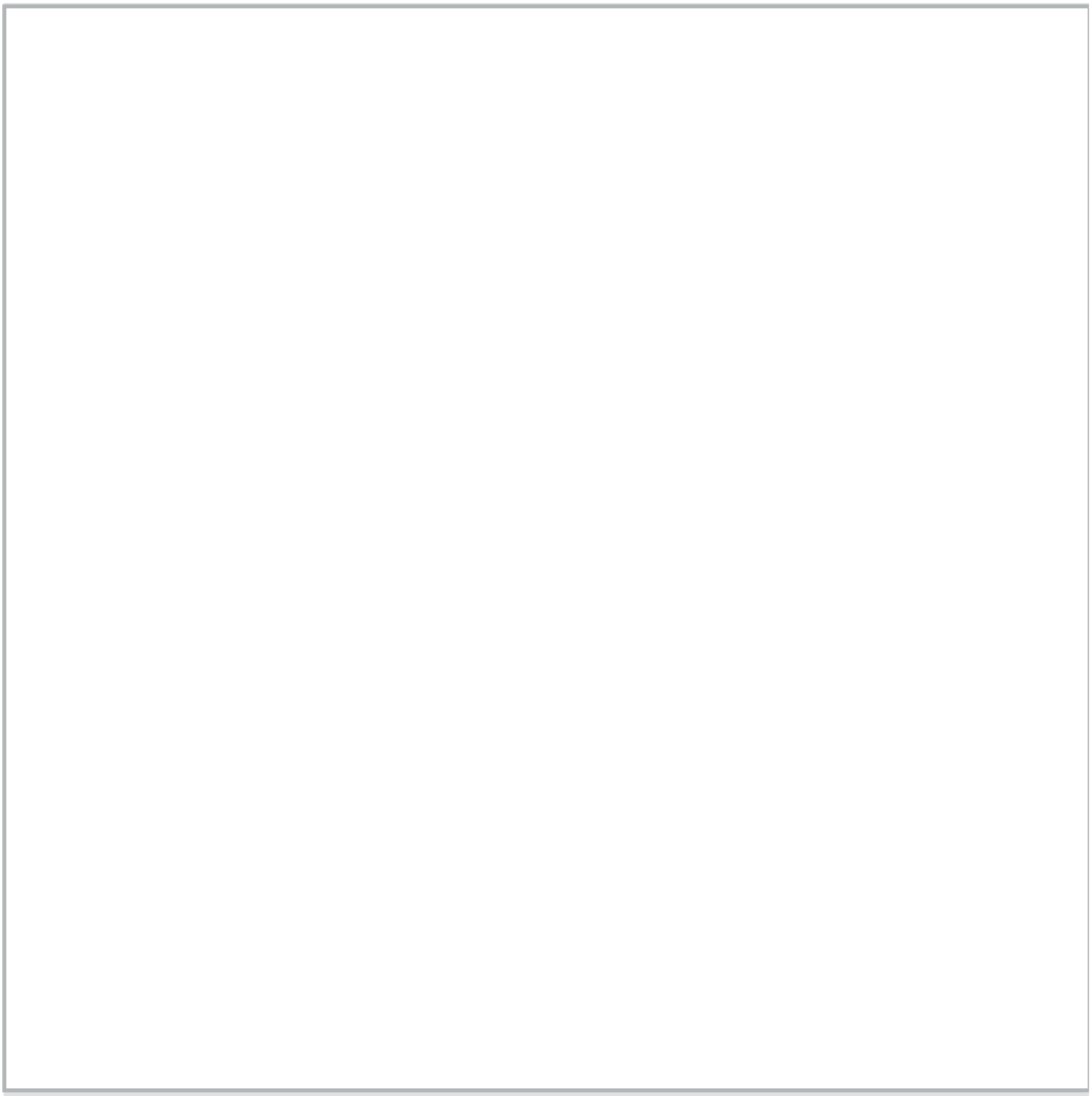

Earn up to 10,000 Rapid Rewards® points per night

Choose a hotel in Jackson, MS.

Book hotel >

You've just landed a special offer of up to 45% off points!

Lock it in before this deal flies away – and boost your points balance now!

Buy points >

5262259824697: NONREF/NONTRANSFERABLE -BG WN DEN WN X/ATL WN JAN242.21USD242.21END
5262259824696: NONREF/NONTRANSFERABLE -BG WN DEN WN X/ATL WN JAN242.21USD242.21END
5262259824698: NONREF/NONTRANSFERABLE -BG WN DEN WN X/ATL WN JAN242.21USD242.21END

MLAFF2H MLAFF2H MLAFF2H|MLAFF2H MLAFF2H MLAFF2H

If you do not plan to travel on your flight: In accordance with Southwest's No-Show Policy, if you are not planning to travel on any portion of this itinerary, please cancel your reservation at least 10 minutes prior to the scheduled departure time of your flight. Any Customer who fails to cancel reservations for a Wanna Get Away® or Wanna Get Away Plus™ fare segment at least ten (10) minutes prior to the scheduled departure time and who does not board the flight will be considered a no-show, and all remaining unused Wanna

Get Away or Wanna Get Away Plus funds will be forfeited. All remaining unused Business Select® or Anytime funds will be converted to a flight credit. If you no-show for your reward travel reservation, the points will be redeposited to the purchaser's Rapid Rewards® account. Any taxes and fees associated with your reward travel reservation will be held for future use in the form of a flight credit. **Starting July 1, 2023 (12:00 a.m. CT),** for Wanna Get Away® or Wanna Get Away Plus™ reward travel reservations (booked with points): If you do not cancel your reservation at least 10 minutes before the flight's original scheduled departure time, any points used for booking will be forfeited, along with any taxes and fees associated with your reward travel reservation. For Anytime or Business Select® reward travel reservations: the points used for booking will be redeposited to the purchaser's Rapid Rewards® account, and any taxes and fees associated with the reward travel reservation will be converted into a Transferable Flight Credit™ for future use.

Prohibition on Multiple/Conflicting Reservations: to promote seat availability for our Customers, Southwest® prohibits multiple reservations for the same Passenger departing from the same city on the same date, or any multiple reservations containing conflicting or overlapping itineraries (such as departures for the same Customer from multiple cities at the same time). Furthermore, without advance notice to the Passenger or purchaser, Southwest may cancel such reservations, or any other reservations that it believes, in its sole discretion, were made without intent to travel. With the exception of Southwest gift cards, funds from proactively canceled reservations by Southwest will be returned to the original form of payment. Reservations paid for with a Southwest gift card will have the amount applied from the gift card held as a flight credit for use by the Customer on a future Southwest Airlines® flight.

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Offer is valid through December 31, 2023 11:59:59 p.m. CST. Rapid Rewards® Member will save up to 45% when the Member purchases the minimum amount of Rapid Rewards points specified on the landing page once the Member logs in to their account. A valid credit card is required to purchase points. A minimum points purchase threshold must be met on a per-transaction basis in order to qualify for the discount. Points can be purchased in blocks of 1,000 and a daily maximum of 60,000 points can be purchased by a Member with no annual maximum. Transactions are nonrefundable and non-reversible. Offer is only valid for Member receiving this email and by clicking on the link within this email. Gifted and transferred point transactions are not included in this promotion. Purchased points do not count towards A-List, A-List Preferred, or Companion Pass® qualification. Prices are in U.S. dollars and include all applicable taxes. Prices for the purchase of points are only valid while a Member is currently logged in to **Southwest.com®** and such prices are subject to change. Please allow up to 72 hours for points to post to the applicable Rapid Rewards account. All Rapid Rewards rules and regulations apply and can be found at Southwest.com/rrterms. Southwest® reserves the right to amend, suspend, or change the Rapid Rewards program and/or Rapid Rewards program rules at any time without notice. Rapid Rewards Members do not acquire property rights in accrued points. The number of Rapid Rewards points needed for a particular Southwest flight is set by Southwest and will vary depending on destination, time, day of travel, demand, fare type, point redemption rate, and other factors, and is subject to change at any time until the booking is confirmed.

The email address provided here is only used for confirmation of your Points purchase and will not alter the email address currently stored in your Rapid Rewards profile.

Prices are in U.S. Dollars and does not include excise taxes. Prices for the purchase or gifting of points are only valid while a Member is currently logged into **Southwest.com** and such prices are subject to change. Purchased points are nonrefundable and nonreversible. All Rapid Rewards rules and regulations apply and can be found at Southwest.com/rrterms.

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Southwest Airlines
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Dallas, TX 75235
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National

Receipt Details

Trip #361500483

Invoice #30045476438

VEHICLE DETAIL

Make / Model
NISSAN ROGUE

License Plate
#[redacted]

State / Province
CO

Car Class Driven
IFAR

Car Class Charged
IFAR

Odometer Start
1847 Miles

Odometer End
2125 Miles

Total Distance
278 Miles

LOCATION, DATE & TIME

PICK-UP

Denver International Airport (DEN)
+1 833 886 0712
Fri, Mar 15 at 10:52 AM

RETURN

Denver International Airport (DEN)
+1 833 886 0712
Mon, Mar 18 at 8:24 AM

RENTAL RATE

TIME & DISTANCE (3 Days @ $ 101.35)	$ 304.05*

TAXES AND FEES

CO ROAD SAFETY PROGRAM FEE 2.13/ DAY	$ 6.39*
CONCESSION RECOVERY FEE 11.11 PCT	$ 30.50*
CUSTOMER FACILITY CHARGE 6.00/DAY	$ 18.00*
VEH. LICENSE RECOVERY FEE .30/DAY	$ 0.90*
OWNERSHIP TAX	$ 6.46*
SALES TAX	$ 36.34*

ADJUSTMENTS

DISCOUNT	**$ -30.41***
Total Subject to Audit	**$ 372.23***

Total Amount Charged **$ 372.23 USD**

03/18T18:25/2024 VI (4236) $ 372.23

Renter Name
SAGAR PATEL

Renter Address
[redacted]

Emerald Club Number
[redacted]

Account Name
Emerald Club Members

Rewards Earned
1

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STATE OF SOUTH CAROLINA)
)
COUNTY OF FLORENCE)

AFFIDAVIT OF SAGAR PATEL

PERSONALLY APPEARED BEFORE ME, the undersigned, Sagar Patel who after being duly sworn, deposes and says:

1. I am Sagar Patel, a resident of Madison County, State of Mississippi.

2. I am listed with the South Carolina Secretary of State as the registered agent of OHM Florence, LLC.

3. I did not sign the return receipt attached to this affidavit as Exhibit 1.

4. On March 18, 2024, I was not present at 340 Plantation View Lane, Mt. Pleasant, South Carolina 29464, as evidenced by the flight information attached as Exhibit 2 and the rental information at Exhibit 3.

FURTHER AFFIANT SAYETH NOT.

Sagar Patel

SWORN TO and subscribed before me
this 19th day of July, 2024.

Tracey Henderson
Notary Public for Mississippi
My Commission Expires: 5/20/2027

STATE OF MISSISSIPPI
TRACEY HENDERSON
ID NO. 61082
Commission Expires
05/20/2027
NOTARY PUBLIC
MADISON COUNTY

ELECTRONICALLY FILED - 2024 Aug 01 5:05 PM - FflorENCE - COMMON PLEAS - CASE#2024CP2100548

STATE OF SOUTH CAROLINA	) IN THE COURT OF COMMON PLEAS
	)
COUNTY OF FLORENCE	) THE TWELFTH JUDICIAL CIRCUIT
	)
Shirley Reed,	) Civil Action No.: 2024CP2100548
	)
	) AFFIDAVIT OF PERNELL APPLEWHITE
Plaintiff,	)
	)
v.	)
	)
OHM Florence, LLC d/b/a Thunderbird Country Buffet	)
	)
	)
Defendant.	)

BOBBY BELIN NOTARY PUBLIC SOUTH CAROLINA

BOBBY BELIN
Notary Public, State of South Carolina
My Commission Expires 2026

PERSONALLY APPEARED BEFORE ME, the undersigned, Pernell Applewhite, who after being duly sworn, deposes and says:

1. I am Pernell Applewhite, a resident of Florence County, State of South Carolina.

2. I am over the age of 21 and a manager of the hotel operated by OHM Florence, LLC.

3. I am familiar with the events that occurred on November 8, 2023, involving Plaintiff Shirley Reed.

4. My understanding of the events is based on a discussion with Louvinia Taylor, a cook at the on-site restaurant who witnessed the events and described them to me as follows:

a. Plaintiff Reed was walking on the sidewalk on the property with a walker.

b. She was walking with the assistance of her husband, who appeared to be holding her up as she walked.

c. It was evident that there were problems with Plaintiff Reed's ability to walk.

d. As Plaintiff Reed was stepping over the ledge between the sidewalk and parking lot, she tripped and fell.

FURTHER AFFIANT SAYETH NOT.

Pernell Applewhite

SWORN TO and subscribed before me
this 1st day of August, 2024.

Notary Public for South Carolina Bobby Scott Bell
My Commission Expires: Feb. 25th 2026

BOBBY BELL
Notary Public, State of South Carolina
My Commission Expires Feb. 25, 2026

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STATE OF SOUTH CAROLINA **COUNTY OF FLORENCE**	)	**IN THE COURT OF COMMON PLEAS** **FOR THE TWELFTH JUDICIAL CIRCUIT**
Shirley Reed **Plaintiff,** **vs.** **OHM Florence, LLC d/b/a Thunderbird Country Buffet,** **Defendant.**	)	**C.A. FILE NO.: 2024-CP-21-00548** **MEMO IN RESPONSE TO DEFENDANT'S AMENDED MOTION TO SET ASIDE ENTRY OF DEFAULT**

INTRODUCTION

Defendant OHM Florence, LLC d/b/a Thunderbird Country Buffet (hereinafter "Defendant") filed an Amended Motion to Set Aside Entry of Default on August 1, 2024. Plaintiff Shirley Reed (hereinafter "Plaintiff") responds to Defendant's Motion by requesting this Court to deny both Motions for the reasons discussed below.

FACTS AND PROCEDURAL HISTORY

On November 8, 2023, Plaintiff was an invitee and customer at Defendant's restaurant in Florence County, South Carolina where she slipped and fell on loose rocks scattered in the parking lot which caused her to fall backwards and suffer bodily injuries and incur medical expenses.

Plaintiff first mailed a letter to the Defendant on November 28, 2023, asking them to preserve all video surveillance footage from the date of Plaintiff's injury. Defendant did not respond to Plaintiff's letter of spoliation. On January 2, 2024, Plaintiff sent another letter to Defendant which explained that Plaintiff slipped and fell in Defendant's parking lot which

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caused her to suffer injury. The letter concluded by asking Defendant to contact Plaintiff's attorney to further discuss Plaintiff's personal injury claim. Defendant did not respond Plaintiff's letter or contact Plaintiff's attorney. Plaintiff then filed a Summons and Complaint on March 5, 2024, in the Florence County Court of Common Pleas. Plaintiff served a copy via certified mail of Plaintiff's Complaint on Defendant's listed agent and address on the South Carolina Secretary of State's website as Sagar Patel, 340 Plantation View Lane, Mount Pleasant, South Carolina 29464 on March 18, 2024. Plaintiff received the signed return receipt on March 22, 2024. Defendant failed to respond in a timely manner to Plaintiff's Complaint within the thirty (30) days required by Rule 12(a) of the South Carolina Rules of Civil Procedure.

Following Defendant's failure to respond to Plaintiff's Complaint, Plaintiff filed a Request for Entry of Default Judgment against Defendant on April 26, 2024, which was a full week after the Defendant's answer was due. Subsequently, an Order of Default was entered against Defendant on May 2, 2024.

Defendant made their first appearance in this case on June 20, 2024, and filed their initial Motion to Set Aside Entry of Default the following day. Defendant's initial Motion to Set Aside Default argued that their failure to answer the complaint in a timely manner was because the Defendant lacked information on the incident. Subsequent to this filing, the attorneys for both parties have communicated regarding the case. Plaintiff's attorney also had an opportunity to speak to the Defendant's insurance carrier's attorney. On August 1, 2024, Defendant filed an Amended Motion to Set Aside Default. This filing was the first time that Plaintiff learned that the Defendant believes service was defective.

LAW AND FACTUAL ANALYSIS

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Defendant contends in their Amended Motion to Set Aside Entry of Default that Plaintiff did not properly serve Plaintiff's Complaint on the Defendant. See Def's Motion to Set Aside Entry of Default, 1. Specifically, Defendants allege that the service of the Complaint was not proper because the registered agent of the Defendant corporation was not served. See Def's Amended Motion to Set Aside Entry of Default, 1. Plaintiff responds by requesting this Court to deny the Motion for the reasons set forth below.

A. Both the South Carolina Rules of Civil Procedure and established South Carolina case law provide that service of Defendant was proper.

The South Carolina Rules of Civil Procedure provide the proper methods of service of a defendant corporation in a civil action. Rule 4(d)(3) of the South Carolina Rules of Civil Procedure states "Service shall be made as follows: Upon a corporation or upon a partnership or other unincorporated association which is subject to suit under a common name, by delivering a copy of the summons and complaint to an officer, a managing or general agent, or to any other agent authorized by appointment or by law to receive service of process and if the agent is one authorized by statute to receive service and the statute so requires, by also mailing a copy to the defendant." S.C. R. Civ. P. 4(d)(3).

Pertaining to service through certified mail, Rule 4(d)(8) of the South Carolina Rules of Civil Procedure provides that "service of a summons and complaint upon a defendant of any class referred to in paragraph (1) or (3) of this subdivision of this rule may be made by the plaintiff or by any person authorized to serve process pursuant to Rule 4(c), including a sheriff or his deputy, by registered or certified mail, return receipt requested and delivery restricted to the addressee. Service is effective upon the date of delivery as shown on the return receipt. Service pursuant to this paragraph shall not be the basis for the entry of a default or a judgment by

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default unless the record contains a return receipt showing the acceptance by the defendant. Any such default or judgment by default shall be set aside pursuant to Rule 55(c) or 60(b) if the defendant demonstrates to the court that the return receipt was signed by an unauthorized person. If delivery of the process is refused or is returned undelivered, service shall be made as otherwise provided by these rules." S.C. R. Civ. P. 4(d)(8).

The South Carolina Supreme Court has spoken on the issue of proper service of a Defendant Corporation via certified mail. In *Roche v. Young Bros., Inc. of Florence*, the South Carolina Supreme Court examined the issue of whether service was proper when the defendant corporation was served, and a person other than the registered agent accepted service of the complaint. The Court stated that the plaintiff must only show compliance with the rules pertaining to service and goes on to explain that when the plaintiff follows the applicable rules of civil procedure, there is a presumption of proper service. *Roche v. Young Bros., Inc. of Florence* 318 S.C. 207, 211, 456 S.E.2d 897, 900 (1995). The Court explains that when the plaintiff shows compliance with the rules of service, the burden of proof shifts to the defendant to show that an unauthorized person accepted service on the defendant's behalf. *Id.* In *Roche*, the Court found that the plaintiff followed the applicable rules of civil procedure pertaining to service, and the defendant corporation failed to meet its burden of proof showing the person who accepted service was not authorized to do so. *Id*. Specifically, the Court explained that Rule 4(d)(8) of the South Carolina rules of Civil Procedure "requires that the return receipt be restricted to the addressee and show acceptance by the defendant. The rule simply does not require the specific addressee to sign the return receipt." *Id*.

In accordance with Rule 4(d)(3) and Rule 4(d)(8), Plaintiff served her Complaint via certified mail with return receipt requested and delivery restricted to the addressee upon

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Defendant's listed agent and address from the South Carolina Secretary of State's website. Plaintiff went through the proper steps for the service of Defendant as a corporation via certified mail. Following the service of the complaint, Plaintiff received a return receipt signed "Patel."

Defendant has failed to meet their burden of proving service was accepted by an unauthorized person or agent as required by the South Carolina Supreme Court's ruling in *Roche*. Originally, Defendant did not mention or include any allegations of defective service in their initial Motion to Set Aside Entry of Default in June. In their amended motion, Defendant contends that, pursuant to Rule 4(d)(8), the entry of default should be set aside because an authorized agent did not sign the return receipt. This contention is without merit because Rule 4(d)(8) does not require the specific addressee to sign the return receipt. Rule 4(d)(8) only requires that the return receipt be restricted to the addressee and show acceptance by the defendant, as established in *Roche* and explained above. The Summons and Complaint were sent via the United States Postal Service, restricted delivery, return receipt requested to the registered agent's address located at 340 Plantation View Lane, Mount Pleasant, South Carolina 29464. This property is owned by the Defendant corporation. Troubling, in both motions filed the Defendant has never laid out a timeline of the date the Defendant knew a lawsuit had been filed, when they turned it over to their carrier, and when the carrier hired counsel[1]. As stated in in *Roche*, "Losing a summons and complaint within a corporation is not a ground to set aside a default judgment." 318 S.C. 207, 212, 456 S.E.2d 897, 900 (1995).

Defendant also contends that the South Carolina Code provides that Sagar Patel is the only person authorized to receive service of process for Defendant. Defendant must show that

[1] On approximately July 16, 2024, Defendant's insurance carrier's attorney informed Plaintiff's counsel that the carrier had hired the Defendant's counsel who is currently appearing before this Court.

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the person who signed the return receipt was not authorized to do so. In their Amended Motion to Set Aside Entry of Default, Defendant states that S.C. Code Ann. 15-9-210(a) provides that when a domestic corporation has an agent registered with the South Carolina Secretary of State, the agent is the only authorized person for service of process with no ability to delegate or deputize this authorization. Defendant's contention that the registered agent of a corporation is the only person who can accept service is false. As quoted above, Rule 4(d)(3) provides that a corporation in South Carolina may be served "by delivering a copy of the summon and complaint to an officer, managing or general, ***or*** to any other agent authorized by appointment or by law to receive service of process…" S.C. R. Civ. P. 4(d)(3) (emphasis added). Furthermore, Defendant has falsely interpreted the meaning of the South Carolina Code. S.C. Code Ann. 15-9-210(a) states that "A domestic business or nonprofit corporation's registered agent is the agent of the corporation for service of any process, notice, or demand required or permitted by law to be served, and the service is binding upon the corporation." The statute makes no mention as to any exclusivity of service upon the agent for a corporation[2]. As shown and explained above, *Roche* established that a person other than the registered agent can accept service on behalf of the Defendant.

In conclusion, Plaintiff urges this Court to find that service was proper in this case because Plaintiff followed all the applicable rules of civil procedure related to service, and Defendant has not met their burden of proof to show that service was improper because an unauthorized person accepted service of the Plaintiff's Complaint.

[2] The registered agent's affidavit that was filed with the Defendant's Amended Motion to Set Aside Default makes no mention that the signature on the return receipt was unauthorized by the agent or the corporation.

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B. Defendant's claims of having a meritorious defense to this action fail.

In their Motion to Set Aside Entry of Default, Defendant claims that, in the interest of justice, they should be allowed to put forth a defense to this action despite failing to timely respond to the claims set forth in Plaintiff's Complaint. As provided by Rule 55(c), an entry of default may only be set aside through good cause shown to the court. S.C. R. Civ. P. 55(c). A judgment of default may only be set aside when the moving party shows the court there was a mistake, inadvertence, surprise, or excusable neglect; newly discovered evidence which by due diligence could not have been discovered in time to move for a new trial under Rule 59(b); fraud, misrepresentation, or other misconduct of an adverse party; the judgment is void; the judgment has been satisfied, released, or discharged, or a prior judgment upon which it is based has been reversed or otherwise vacated, or it is no longer equitable that the judgment should have prospective application. S.C. R. Civ. P. 60(b).

To accomplish this task, Defendant submitted an affidavit from Mr. Pernell Applewhite, who is the manager of a nearby hotel owned and operated by Defendant. The affidavit stated that Mr. Applewhite spoke with Louvinia Taylor who is an employee at the hotel who was working on the date of the incident at issue in this action. The Defendant contends that this affidavit shows evidence of a defense to this action which should allow them to set aside the entry of default against them and allow them to contest the action. In summary, the Defendant has submitted an affidavit from someone who heard from someone else about the incident and yet fails to provide an affidavit from the actual perception witness, Ms. Taylor.

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This affidavit falls squarely within the definition of hearsay as provided by Rule 801(c) of the South Carolina Rules of Evidence. If presented to a trial judge it would be inadmissible[3]. This Court should disregard it when making its decision on setting aside default in this case.

CONCLUSION

For the reasons set forth above, Plaintiff respectfully requests this Court to **DENY** Defendant's Amended Motion to Set Aside Entry of Default.

Respectfully submitted,

s/J. Clarke Newton
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ATTORNEYS FOR THE PLAINTIFF

August 7, 2024
Columbia, South Carolina

[3] The Plaintiff's daughter in law is prepared to testify at the scheduled damages hearing that the Plaintiff was not using a walker on the date of the incident but rather the Plaintiff's son was using a walker, who needs aide to walk due to an amputated leg.

State of South Carolina
In Common Pleas Court
County of Florence

Shirley Reed,
plaintiff,
v. 2024-CP-21-00548

OHM Florence, L.L.C. d/b/a Thunderbird Country Buffet,
defendants.

The Common Pleas Hearing

held before:

The Honorable Haigh Porter

Master-in-Equity, Florence County

Monday, August 12, 2024
181 North Irby Street, 3-C,
Florence, South Carolina
2:08 p.m. - 2:52 p.m.

The hearing was taken before Roger Williamson, Court Reporter and Notary Public for the State of South Carolina.

Q & A Court Reporting Services
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A P P E A R A N C E S

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(No exhibits proffered)

THE COURT: All right. This is a matter of Shirley Reed, plaintiff versus OHM Florence L.L.C., D/B/A Thunderbird Country Buffet case number 2024-CP-21-00548. The matter is before me pursuant to an order of reference previously filed. It's my understanding that the plaintiff has filed a request for a hearing today to determine damages. A default judgment having been previously filed. It is my und--- further understanding from Mr. Holt representing the defendant that he has filed a motion to set aside the default. And also requesting that

that be heard prior to the motion filed by Mr. Jernigan and Mr. Newton to determine the amount of damages. Any objection to Mr. Holt proceeding first, gentlemen?

MR. NEWTON: Your -- your Honor, we -- we have no objection. If -- at -- we have our witnesses here for the damages hearing. We just want to make sure that we're going to be able to kind of go forward with both of them today.

THE COURT: Well, let's take one step at a time. I don't want to get the horse before the cart, but it seems to me like we need to hear his motion and I need to make a decision one way or the other on that motion before we just start talking about your motion.

MR. NEWTON: Yes, Your Honor. We -- we have -- have no objections with them going first.

THE COURT: Mr. Holt.

MR. HOLT: Thank you, Your Honor. If it pleases the Court, Your Honor, Ryan Holt for the defendant in this case. The defendant is OHM Florence, L.L.C. and that entity name may mean nothing to the Court, but I'm sure that the

business that it operates certainly does. It's the Thunderbird Restaurant, which, of course, is out at exit 164 and has been for many years.

This is a case that arises out of a trip and fall. Ms. Shirley Reed in November of last year was on the premises of the area where there's the motel and there's also this restaurant and she tripped and -- and fell at that time. And her lawyers filed suit for her and then proceeded to attempt to serve that complaint. And after the complaint was not answered in 30 days time, they then requested an entry of default, which they obtained. And then have now proceeded to ask for a damages hearing in the wake of that injury at fault.

As we've laid out in our amended motion, which I -- I believe the Court sounds like not only has, but has reviewed and I thank the Court for that. We contend that service was improper. The basis for this contention is that the rules and the statute is fairly clear about those entities which have registered agents. And the fact that that registered agent is the sole means of service for that entity. And in this case, the registered agent was not served.

We draw our -- we draw the Court's attention to Rule 4(d)(a) of the South Carolina Rules of Civil Procedures, which indicate that -- fortunately, this is not a discretionary matter, but rather that it says the Court shall set aside the default pursuant to Rule 55c or Rule 60b if the defendant demonstrates to the Court that the return receipt was signed by an unauthorized person. So that's really the rub here before the Court today, is did an unauthorized person execute the return receipt that the plaintiff has filed, which is part of the court file. Of course, they have attached that to their filings as a part of, Your Honor's file. It was presented to the Court more than the 10 days after it's required to under the rules, but nevertheless, it was presented.

And so the burden now turns to the defendant to prove to Your Honor that the signatory was unauthorized. The statute, of course, which we cite in our amended motion, which is Section 15-9-210a, indicates that a domestic corporation in South Carolina can designate a registered agent for service of process. OHM Florence, L.L.C. did that very

thing. And if one were to check the secretary of state's website, which we've provided a screen shot of in our amended motion, it indicates that OHM Florence, L.L.C. is indeed a domestic corporation and has designated for service of process an individual by the name of Sadar Patel at address 340 Plantation View Lane in Mount Pleasant, South Carolina. And so that is -- we would suggest, the authorized person.

This is not a case whereas one serves an individual, where if someone were to come to my home, I can be served not just through Ryan Holt individually, but I can be served by anyone of suitable age and discretion residing therein. My children aren't old enough, but if my wife were there, she could accept service on my behalf. That is not the case with a domestic corporation. Because in this case there is only one agent for service of process, that being Sadar Patel. So it's not as if Sadar can designate an agent who can designate an agent. We have this cascade of agents. There's one agent to serve OHM Florence, L.L.C. and that is Sadar Patel. So he's the only authorized person.

Problem is in this case, Sadar Patel did not sign the return receipt. We know that to be the case because he was on his way back from -- I think it was Colorado as our evidence suggests. He was returning on a flight from Colorado to the State of Mississippi where he resides. And so we would submit that that demonstrates to the Court in the words of Rule 4(d)(a) that the return receipt was signed by an unauthorized person.

THE COURT: Excuse me.

MR. HOLT: Yes, Your Honor.

THE COURT: The address with the secretary of state is where?

MR. HOLT: Mount Pleasant, South Carolina.

THE COURT: But he lives in Mississippi.

MR. HOLT: State of Mississippi. Yes, Your Honor.

THE COURT: And he was in the State of Colorado on the way back.

MR. HOLT: He could have very well been in an airplane for some of that, but he certainly wasn't in South Carolina.

THE COURT: Okay.

MR. HOLT: My geography escapes me, but maybe he wasn't east of Mississippi. I forget whether the -- Mississippi separates -- Mississippi and Louisiana. If it does, he was barely east of the Mississippi.

THE COURT: Mississippi is in the east.

MR. HOLT: Okay. Certainly not in South Carolina. But yes, Your Honor, understands it correctly. Now, I don't have to just show that it was served to an authorized person. I think the default also ought to be set aside under the typical considerations under Rule 55(c). The Court says that as long as we show an unauthorized person signed, that that's enough. And I'll go on to suggest to the Court there is a meritorious defense based on evidence we gathered, which is why we provided this amended motion.

It appears that from the view of some witnesses that the plaintiff was struggling walking before the trip and fall occurred. We suggest that this is not an issue of a dangerous condition or created condition or foreign a

substance, but rather that maybe there was something with Ms. Reed's gait that led to this. Maybe she was having difficulty for a reason other than the premises. That is obviously something that can be confirmed in discovery, but it appears at this point she struggled on her own before she even fell, so that goes in the way of the meritorious defense.

In terms of the timing, we would submit that the timing also weighs in favor of setting aside the default. Our appearance happened two months after the entry of default. Moreover, this incident occurred less than a year ago. And as Your Honor is well aware, we have a three-year statute of limitation for this type of incident. Many claims of this nature would not even be brought until a couple of years from now. And that is even more so the case based on what opposing counsel represented to the Court just a moment ago, which is that Ms. Reed is not even here in the courtroom because she continues to receive treatment in this case.

So we would submit this is -- even though the plaintiff has much to gain by a

default scenario and having this matter litigated in a matter of an hour as opposed to over a couple of years and with discovery and with a jury, that it really is not consistent with judicial process for that to happen. Because she is still treating and there's much to be learned about her claim.

So again, Your Honor, we brief this and I thank the Court for considering what we have submitted in our filings and the amended motion especially. We would submit to the Court that what we were asked to do under the rule is to demonstrate to this Court that an unauthorized person signed it. We would submit to the Court there is one authorized person to accept service on behalf of OHM Florence, L.L.C. and that is Sadar Patel, who was not in South Carolina at the time.

Just one matter that's referred to in the plaintiff's briefing, which I would ask -- to raise to the Court. There was a contention that the address associated with the registered agent is owned by OHM Florence, L.L.C. I don't know that that matters at all whether they own it or not. I don't think that

goes to the question of service. The registered agent himself or herself still must be served. But in our view and our looking at the Charleston County G.I.S. website, it simply is not OHM Florence who owns the property and I -- I've printed as much.

If I could approach the Court with this. This is a printout, Your Honor, which indicates that 340 Plantation View Lane is owned by a Stephanie Morrow and a David L. Morrow Trust, so it's not OHM Florence, L.L.C. I'm not -- yet, I don't think that matters, but it was written in the plaintiff's briefing. It just does not appear to be true. I don't think it was an intentional misrepresentation at all. I just don't believe it to be the case, but again, Your Honor --

THE COURT: Excuse me.

MR. HOLT: Yes.

THE COURT: Just to make sure I'm following you.

MR. HOLT: Yes, Your Honor.

THE COURT: The agent for service as far as Secretary of State is concerned is Mr. Patel. Mr. Patel lives in Mississippi.

MR. HOLT: Yes, Your Honor.

THE COURT: The address for service is a house in Mount Pleasant.

MR. HOLT: Yes, Your Honor.

THE COURT: And that's not Mr. Patel's residence.

MR. HOLT: That is my understanding. We would submit -- and I understand -- let me -- let me not un-address the fact that that reality would be frustrating to the plaintiffs. But in this situation, the way it has worked itself out is that the request for relief from default was filed almost 60 days ago. And we were only 60 days removed from service even at that point. The case could have been well on way of being litigated in written discovery and otherwise.

Again, the inquiry for this Court is, did the authorized person sign the return receipt? The only evidence before the Court right now is the affidavit of Mr. Patel. The plaintiffs have provided no counter affidavits or nothing to suggest that the person that they served was an authorized person, so we ask the Court to set aside default, if it pleases the Court. Thank you, Your Honor. Happy to answer

further questions if there may be any.

THE COURT: Let them go next.

MR. HOLT: Thank you, Your Honor.

MR. NEWTON: May I approach?

THE COURT: Yes, sir.

MR. NEWTON: Your Honor, again, Clark Newton. I represent Ms. Reed. I do want to make note that this argument that you just heard from defense counsel is now the second attempt to put out their argument as to why this needs to be set aside. On June 21st of this year, they had filed a previous motion to set aside default. It was filed within -- you know, the e-filing that's done here in Florence County and put upon you with the order of reference.

If you take a look at that original motion to set aside default, there is zero mention of the potential ineffective of service. And I -- I just make a note of that because if you would think upon the Court, once counsel and everyone else involved realized what was going on, the fact that the registered agent wasn't there and signed for it would be the -- the paramount issue. It was not when they filed the original motion. I understand that we are here

now on an amended, but I do think it's important to point that out.

The other thing to point out is in both motions, there has been no timetable established as to when at some point OHM Florence knew that they had been served a lawsuit. They know they've been served a lawsuit because we could never get it served on him, but yet they file a motion to set aside default. And then if you go back to the original motion, it lays out that once the complaint was ignored -- once it was realized that it couldn't be ignored, it turned it over to the judge. They have never presented to -- to the Court this timeline of the realization and I think that's important. So I'm here today to -- to deny this motion and amended motion.

I've urged the Court -- it is not in my memo that was filed last week, but I've urged the Court to look at Mull v. Ridgeland Realty, that's 387SC479. It dealt with a situation where the registered agent did not live in the state. Services were attempted to be made upon them, but the key that I think is important for the -- for the judge and for the Court to listen

to is this language from it. To interpret the statute as only allowing plaintiffs to serve process on registered agents at the address listed with the secretary of state would lead to an absurd result, whereas here the registered agent neither lives nor works in South Carolina. I bring that kind of as a whole to focus on this.

There is nothing in Rule 55. There is nothing in Rule 4. There's nothing in Rule 6 and nothing in the statute that says that only the registered agent can sign for this. Your Honor, we sent this certified mail with restricted delivery. The U.S. Postal Service has a standard procedure that the name listed, they have to get someone to sign as either that person or who can sign for that person. So it is assumed that when we received this green card, the service had been completed. Once that happens, it shifts to Mr. Holt to establish that an unauthorized person, not the registered agent and he's conflating those two things.

We agree, at least based on the affidavit, that Mr. Patel was not the person that signed for that. But that's not what the

rule says, that's not what the statute says. If there's someone else there that has agency to sign on behalf of the registered agent or the corporation, they can sign for it. That's what this green card provides the plaintiff or whoever sends it is the assurance that this was done by the U.S. Postal Service per their procedures. In our memo that was filed last week, we pointed the Court to Roche v. Young Bros., Inc. of Florence, which follows a very similar path of service attempted upon a corporation on their agent, someone other than the agent signed for that and service was still good.

You know, in -- in -- the principal object of service of process is to give notice to the defendant corporation of the proceedings against them. And one thing, again, that Mr. Holt has failed to do in multiple hearings is -- is tell the Court -- we never saw this until the -- until June 20th. We don't know anything about when they saw it. The point of service is to give them knowledge. They've had multiple opportunities to learn about this case. We sent them a letter in November. We sent them

a letter in January and we filed a lawsuit in March. So Your Honor, to say that we did not perfect service is not what the rules say. It's not what the statute says. It's not what the case law says. When we get this back, it is presumed that that's been perfected.

We presented this to the Court when we moved for default judgment and it was granted in that case. So it -- it would -- it would become absurd, like the Mull v. Ridgeland Realty, if the defendants could evade service by registering corporations to locations where the registered agent will not be at. And then say that person only can be served. And if the U.S. Postal Service would have spoke to somebody that said they could not and were not authorized to sign for this, we wouldn't have gotten this back. As to the merits argument that's presented in the amended motion to set aside default, I would only briefly say, one, we're here to focus on whether service was perfected and the default should be set aside. I'm understanding good cause under Rule 55 that perhaps the merits of the case can be presented to you.

What's frustrating is, is their evidence that they provide the Court is an affidavit of hearsay. They provide someone who works at the premises, who overheard someone that might have seen what happened. So we don't even have the perception witnesses affidavit in front of you. We have a someone heard something affidavit. While I don't want to sit here and -- and get into the -- the sty and fight over this, I would just direct the Court to Mr. Todd Reed, who is here. This is the gentleman that at the time was unable to work -- to walk and was immobile. His mother, who was the plaintiff, was not using a walker at the time, was actually helping the daughter-in-law get her son through the buffet and head back out. So again, he -- he is asking you to rely on hearsay testimony from an affidavit to establish that there is some merit to the liability at issue.

So again, Your Honor, OHM Florence was served by the registered agent and the secretary of state and the secretary of state's registered agent site through certified restricted mail. We received a green card back

from them. We waited --

THE COURT: At the designated address.

MR. NEWTON: At the designated address. And all I can tell you as to the -- to the business corporation, I pulled the -- the land deed, Your Honor, where OHM Florence bought this and I have it here. It should be taken as judicial notice. The address -- the business address for OHM Florence when they bought this piece of property is 340 Plantation View, Mount Pleasant, South Carolina. So it -- I don't know who owns it, but they used that address, the 340 Plantation View Road address in Mount Pleasant as their business address. That's what they used to buy the land that Ms. Reed fell on. Mr. Patel is the owner of this business. In a prior lawsuit against OHM Florence, here in Florence County, they answered that Sadar Patel is the owner and member of the L.L.C. along with someone else -- some other Patel. So he's not just some C.T. Corp agent. He's the owner of the business.

And so we can look at this under the registered agent, but just a simple corporation,

when you serve the complaint on the corporation at the corporate address, the principal place of business in the state and someone tells you they are the agent to sign for this, the plaintiff has complied with the rules required by that. Thank you, Your Honor.

THE COURT: Excuse me. Do you have a copy of the Mull case?

MR. NEWTON: The Mull case? The Mull v. Ridgeland? Yes, Your Honor. And, Your Honor, in this case, the registered agent is living out of town. Excuse me. Sorry about that. He's living out of town. Service was done on the South Carolina address. And then they found him and served him at the foreign address out of state. And the defendant in this case argued that you can't serve them out of state. You can only serve them at the address. And you can only serve the registered agent. And the Court was not persuaded by that, Your Honor.

THE COURT: Your reply?

MR. HOLT: If it pleases the Court, Your Honor. Just briefly, I would address the Mull case. The issue is the inverse in that

case. In that case, the registered agent signed the return receipt. He just happened to be served at a different address. The opposite is the case before this Court, which is that the registered agent was not served. Someone at the address was served, but not the actual registered agent. That is a significant distinction between the Mull case and what is before Your Honor today.

I would also draw the Court's attention to Rule 4(d)(a), which refers to service upon corporations. It says that upon a corporation, it goes on, it says that the summons and complaint must be delivered. And it goes on to an agent authorized by appointment or by law to receive service of process. Here's the important language. And if the agent is one authorized by statute to receive service, which is the case here. Because the statute sets up a registered agent system and process to which OHM has adhered. If the agent is one authorized by statute to receive service and the statutes are required by also mailing a copy to the defendant. Now we know that the plaintiffs had the mailing address for the defendants because

they sent at least one preservation letter there to the motel or the restaurant. Now why didn't they send the summons and complaint?

So they sent the preservation letter before this was even a lawsuit, but then when it came time to file a lawsuit, the only place they sent it was to what they thought was the registered agent's location. And they did not, consistent with Rule 4(d)(a) also mail a copy to the business address of that defendant. That's a problem. They're supposed to, under that rule, send both a copy to the registered agent, Sadar Patel, as well as the defendant, OHM Florence. They failed to do that as well. And for that reason we ask the Court to set this aside because an unauthorized person was served in this case. Thank you, Your Honor.

THE COURT: Bear with me a few moments, please. Gentlemen, this morning, I looked at my little office file, which had the copies of the pleadings, motions and I pulled my -- one of my notebooks. It probably never will amount to anything, but a little over six years ago, I decided to do something I did in the late 1960's. I started practicing in 1965

and I started keeping copies of some orders and some cases and things. I did it for several years. And then I moved and misplaced all those old records and didn't start back until about six, seven years ago when I moved over here. I'm up now, I think, until either -- getting ready to start volume 13 of those white notebooks like -- like this one. One of these days when I quit, maybe some young lawyer right out of law school would like to have it. The only problem is it's not very well indexed and cross-indexed, but I looked at on to read some of the stuff on defaults. I never have been a real big person for defaulting, but -- but there are times where, you know, you might say no, don't -- don't hold them in default.

The other times when you say no and you start reading some of the different cases and I've got about a half a dozen of them -- things I've said. But based on what came, Mr. Holt, from your firm, I was thinking it was in a -- in an email or something, but I don't think it -- I got it mixed up. I think it was in your original motion that, quote, specifically when presented with a document

prior to the service of the complaint, OHM assumed -- I'm going to repeat that. Assumed that no response was necessary since this document sought information about an unknown incident with no response or no responsive information. Given the lack of information, OHM gave no consideration for a submission of this document to its insurance company since there were, in the mind of OHM, no obligations to satisfy.

In the second motion, quote, there were, in the mind of OHM, no obligation to satisfy, end quote. That brings to mind something that I see -- I don't want to say often, but a good many times in the course of the year because of the nature of a lot of the cases I hear where someone thought that they were a lawyer, if not a graduate of the University of South Carolina, perhaps of the Harvard Law School and trying to play lawyer themselves. I don't know that that's what happened with -- with your defendants, principal stockholders, employees or what, but apparently with somebody in the say-so. It's not a smart thing to do.

Earlier, one of you mentioned Roche versus Young Brothers. That certainly is one of the more often quoted cases dealing with default, I believe. It seems like I run across a citation on that several times a year. Until fairly recently, I didn't realize -- I thought the defendant in the Roche case were the Ed Young clan of people that were old family friends, but they're totally different people. I was misled by -- by not looking further. But anyway, in a rather recent case, it's an unpublished opinion, I must immediately say this, but it was filed July 3rd. Johnny Scott versus the Heirs of James -- I call it Prioleau, P-R-I-O-L-E-A-U. The Court, quoting Roche, states, we have never required exacting compliance with the rules to effect service of process, end quote. It goes on, quote, rather we inquire whether the plaintiff has sufficiently complied with the rules such the Court has personal jurisdiction of the defendant and the defendant has notice of the proceedings, end quote.

Now, looking beyond your argument on the service, I can't help but think that you had

to believe that Mr. Patel was made aware of the action. He had to -- no, I think that's indisputable. He may not have been personally served by a process server. He may not have been served by signing the card himself, but he got the papers. And I'm presuming slightly that he got them within the 30-day period. I have no proof before me -- no evidence before me to make the statement I'm fixing to make, but it's just plain old country boy logic. Mr. Patel, I presume, Mr. Holt, is the principal owner of the business, stockholder or -- or general manager of the business. I'm going to further guess that this is not the only business location that he's involved in. I'm going to presume he's a fairly educated person that can read and write the English language and speak it. He got the papers and as--- using your word, I think, assumed in his mind that there wasn't anything to worry about. Well, somewhere along the way that must have changed, but he waited too long.

A little saying that I picked up last year in a case called Schaeffer versus Schaeffer, they quote a case called State versus Burton, 356-SC-259, quote, a pro se litigant who

knowingly elects to represent himself assumes full responsibility for complying with substantive and procedural requirements of the law, end quote. I really don't want to hold your client in default, but I don't think I have any choice but to deny your motion. I'd really prefer the case to go on and be heard, but I think based on what I've heard from you gentlemen today and what I've read from some of my -- some of my notebook materials quoting cases, that I -- that I have to deny your motion. I'm sorry.

MR. HOLT: Your Honor, I understand the Court's ruling. This -- may I say one thing? I heard the Court say something. I just want to make sure the Court understands. Your Honor was referencing some papers that he got. I want to be clear. When we --

THE COURT: The summons and complaint is what I meant.

MR. HOLT: Right. And -- but what we -- what Your Honor read for us was our reference to a document received prior to the service of the complaint. That refers not to the summons and complaint --

THE COURT: I know it.
MR. HOLT: -- but to the preservation letter.
THE COURT: I understand.
MR. HOLT: Okay. I just want to --
THE COURT: That came first before the law -- lawsuit was filed.
MR. HOLT: Correct. And that's what he had when he assumed -- since it says assumed that no response was necessary since this document, the preservation letter.
THE COURT: But once he got the summons and complaint, that's when he either notified your firm or some insurance carrier.
MR. HOLT: Right. It -- we were -- we were notified at that point, then we appeared June 20th when we were notified. I just want to make sure the Court -- I understand the Court's ruling.
THE COURT: That's -- that's why I made the comment about him playing lawyer when he started reading, when he should have taken it to you right off the bat.
MR. HOLT: Well, and he did. My contention to the Court is he didn't assume

anything about the complaint. He assumed something about the preservation letter.

THE COURT: Okay.

MR. HOLT: Thank you, Your Honor.

MR. NEWTON: Thank you, Your Honor.

THE COURT: If y'all would prepare and submit a short order.

MR. NEWTON: Yep.

THE COURT: All right. That concludes hearing number one. Now we'll take a short break.

MR. HOLT: Your honor, just for the record, we could request that the hearing -- since it involves the presentation of witnesses and -- and whatnot, that it be continued to a later date. But we would just make that request to Your Honor.

THE COURT: I'll take that into consideration for the next few minutes.

MR. NEWTON: Thank you, Your Honor.

THE COURT: Take a break.

(Whereupon, at 2:52 p.m., the taking of the foregoing hearing was concluded.)

CERTIFICATE OF REPORTER

State of South Carolina

County of Florence

I, Roger Williamson, Court Reporter and Notary Public for the State of South Carolina, do hereby certify that the foregoing hearing transcript contains a true record of the proceedings.

I further certify that I am neither attorney nor Counsel for, nor related to or employed by any of the parties connected to the action, nor am I financially interested in the action.

Witness my hand at Florence, South Carolina, this the 16th day of June, 2025.

_____

Roger Williamson

MY COMMISSION EXPIRES:
February 4, 2032

ELECTRONICALLY FILED - 2024 Sep 06 2:21 PM - FflorENCE - COMMON PLEAS - CASE#2024CP2100548

STATE OF SOUTH CAROLINA	)	**IN THE COURT OF COMMON PLEAS**
	)	
COUNTY OF FLORENCE	)	**THE TWELFTH JUDICIAL CIRCUIT**
Shirley Reed,	)	**Civil Action No.: 2024CP2100548**
	)	
	)	
Plaintiff,	)	
	)	
v.	)	**MOTION TO ALTER OR AMEND A JUDGMENT (Rule 59(e), SCRCP)**
	)	
OHM Florence, LLC d/b/a Thunderbird Country Buffet,	)	
	)	
Defendant.	)	

COMES NOW, Defendant, who will move the Court of Common Pleas for the Twelfth Circuit at the Florence County Courthouse on a date to be set by the Clerk of Court to reconsider its Order of September 4, 2024 denying relief from entry of default. This motion is made pursuant to Rule 59(e), SCRCP.

"[O]ur rules contemplate two basic situations in which a party should consider filing a Rule 59(e) motion. A party may wish to file such a motion when she believes the court has misunderstood, failed to fully consider, or perhaps failed to rule on an argument or issue, and the party wishes for the court to reconsider or rule on it. A party must file such a motion when an issue or argument has been raised, but not ruled on, in order to preserve it for appellate review." *Elam v. S.C. Dep't of Transp.*, 361 S.C. 9, 24, 602 S.E.2d 772, 780 (2004).

The Court's Order of September 4, 2024 does not:

1. declare whether and through whom Defendant was served;
2. answer the question raised by Defendant of whether proper service is effected upon a domestic corporation with a registered agent when the registered agent is not served;

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3. answer the question of whether Defendant has by affidavit or otherwise "demonstrate[d] to the court that the return receipt was signed by an unauthorized person" pursuant to Rule 4;
4. indicate why the Court is not required to set aside default as contemplated by Rule 4(d)(8), SCRCP, which states that "default or judgment by default shall be set aside pursuant to Rule 55(c) or Rule 60(b) if the defendant demonstrates to the court that the return receipt was signed by an unauthorized person";
5. concluded whether good cause exists to set aside default;
6. analyzed whether the timing of the motion was appropriate;
7. analyzed the prejudice to the plaintiff;

For the reasons stated herein, good cause exists to allow relief from default and such relief is respectfully requested. Defendant respectfully requests that the Court reconsider its Order denying the motion to set aside for the aforementioned reasons.

Respectfully submitted,

SWEENY, WINGATE & BARROW, P.A.

s/Ryan C. Holt
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ATTORNEYS FOR DEFENDANT

Columbia, South Carolina

September 6, 2024

STATE OF SOUTH CAROLINA	)	IN THE COURT OF COMMON PLEAS
	)	TWELFTH JUDICIAL CIRCUIT
COUNTY OF FLORENCE	)	CASE NO.: 2024-CP-21-00548
	)	
SHIRLEY REED,	)	
	)	
PLAINTIFF,	)	
	)	
VS.	)	**NOTICE OF HEARING**
	)	
OHM FLORENCE, LLC D/B/A	)	
THUNDERBIRD COUNTRY BUFFET	)	
	)	
DEFENDANTS	)	

TO : RYAN C. HOLT, ATTORNEY FOR OHM FLORENCE, LLC D/B/A THUNDERBIRD COUNTRY BUFFET and DAVID BANNER, ATTORNEY FOR REGISTERED AGENT, SAGAR PATEL

PLEASE TAKE NOTICE that the hearing will be held on October 15th, 2024 commencing at 10:00AM in Courtroom 3C, at the Florence Judicial Center, at 181 N. Irby Street, Florence, South Carolina 29501.

PLEASE BE ADVISED that the purpose of this hearing is to ascertain damages and other matters as required in the Order issued by The Honorable W. Haigh Porter, Master-In-Equity of Florence County.

You are invited to attend and participate as you deem necessary.

{Signature on the Following Page}

ELECTRONICALLY FILED - 2024 Sep 10 9:55 AM - FLORENCE - COMMON PLEAS - CASE#2024CP2100548

JERNIGAN LAW FIRM, P.A.
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September 9, 2024
Florence, South Carolina

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MOTION HEARING

October 09, 2024

Shirley Reed

vs

OHM Florence, LLC, etc.

2024-CP-21-00548

REPORTER: Cassandra Vance

STATE OF SOUTH CAROLINA COURT OF COMMON PLEAS

COUNTY OF FLORENCE C/A. No. 2024-CP-21-00548

Shirley Reed,

Plaintiff,

vs.

OHM Florence, LLC, d/b/a Thunderbird Country Buffet,

Defendant.

MOTION HEARING

****

Wednesday, October 9, 2024

11:00 a.m. - 11:35 a.m.

The hearing before the Honorable Haigh Porter, Master-in-Equity for Florence County, was taken at the Florence County Courthouse, 181 North Irby Street, Courtroom 3C, Florence, South Carolina on the 9th day of October, 2024 before Cassandra E. Vance, Court Reporter and Notary Public in and for the State of South Carolina.

APPEARANCES:

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Co-Counsel for the Defendant

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EXHIBITS

(There were no exhibits marked during the hearing.)

STIPULATIONS

It is stipulated and agreed that this hearing is being taken pursuant to the South Carolina Rules of Civil Procedure.

(On the record at 11:15 a.m.)

THE COURT: Okay. Just for the record, you gentlemen are here today in the case of Shirley Reed v. OHM Florence, LLC, d/b/a Thunderbird Country Buffet, Case Number 2024-CP-21-00548.

I believe you're here based on the Motion of the Defendants to alter or amend the judgment that I think I signed on or about September 4th of this year; is that correct?

MR. JERNIGAN: Yes, sir.

MR. HOLT: Yes, Your Honor.

THE COURT: Okay. Are you ready to proceed, gentlemen?

MR. HOLT: Yes, Your Honor.

STATEMENT BY MR. HOLT:

MR. HOLT: Judge, if it pleases the Court, Ryan Holt. I represent the Defendant in this case. This is our Motion under Rule 59(e) concerning Your Honor's Order of September 4th.

Please allow me to say at the outset, I always hesitate to file these motions because Your Honor invested a lot of time with us

when we were last here at the end of August, I think it was, and was kind enough to give us a great deal of time to air our concerns on this default.

An Order was then prepared by the Plaintiff and sent to Your Honor, a Proposed Order, and I believe Your Honor executed that on September the 4th.

Of course, the Appellate Courts give me the requirement of, if I don't get a ruling on an issue, I've got to come back and I've got to ask Your Honor for that. And I've got to at least try, and so that's why I'm here today to do that.

And we have raised seven particular questions that we would like this Court to answer, and those are laid out in our Motion to Alter or Amend dated September the 6th and filed here in Florence County.

And so I'll just -- if it pleases the Court, I'll just go through each of those and lay out my reasons for what needs to be answered and the answer I would ask the Court to give.

So the first question -- and just by way

of background, I know Your Honor is familiar with the file, but this is a case where the Plaintiff alleges that she was injured in a premises case at the Thunderbird Motel out in the parking lot after she had been at the buffet.

And a lawsuit was filed, and then before the lawsuit was served, perhaps even before the lawsuit was filed, I believe, if the chronology is right, letters were sent to the buffet itself to ask that certain items be preserved. A second letter was sent asking the buffet to contact the Plaintiff's lawyer.

And then, finally, the suit was sent to the address of the registered agent for OHM, LLC, all the way down in Mount Pleasant. However, it was not signed for by the actual registered agent himself, who at the time was on an airplane.

And so we submitted an affidavit pursuant to Rule 4, which lays out the fact that we've demonstrated, we believe, that the actual registered agent did not sign for it.

So that kind of brings us to this point. A default was entered, and then we moved to

set it aside.

More time has now passed since our Motion to Set Aside than the time that passed after the entry of default and the Motion to Set Aside was filed. And so I'll go into now the seven issues that we need a ruling on.

The first is for the Court to declare whether the Defendant was actually served. We contend that it was not, because this is a corporation, a limited liability company, and as such, it is allowed to register with the Secretary of State a person, or in some cases even another company, to accept service for it. And that, of course, we call the registered agent.

And the registered agent in this case is a one Sagar Patel. So, we would contend that unless he is served, the company cannot be served.

So, the question we first ask the Court is whether OHM Florence, LLC, was served, and, if so, through whom was service effected? Because we know it was not Mr. Patel because Mr. Patel was on an airplane.

That dovetails fairly into our second question we'd like the Court to answer, which is kind of really, I think, the central question of this discussion, the legal question of whether proper service is effected upon a domestic corporation with a registered agent when the registered agent is not directly served.

I tried to come up with some other ways to state that. Another way is, must a Plaintiff directly serve the registered agent of the domestic corporate defendant she intends to sue? We would submit that, yes, she must do so.

When we were here last, Mr. Jernigan's Co-counsel, Mr. Clark Newton, presented the Court with a case entitled Mull, M-U-L-L, v. Ridgeland Realty. That's located at 387 South Carolina 479, 2010.

Now, the facts in that case are very similar to this one to this point. In that case, there was a registered agent for a domestic corporation living out of state but with a South Carolina address.

That's exactly the facts we have here.

We have Sagar Patel living out of state, but the address listed with Secretary of State is a South Carolina address.

But what happened in the Mull case is the inverse of what we have here. In that case, the plaintiff served the registered agent when he was out of state.

So they went -- they did the legwork to go find him. They served him out of state. Well, he then tried to argue, "Well, you can only serve me at my South Carolina address." And the Supreme Court or the Court of Appeals said, "No, we're not doing that. They got you, Mr. Registered Agent, even if it was not at that address."

Here we have the inverse. Here, the in-state address was served, but the actual registered agent was not. And so we believe that is the significant distinction between the Mull case and our own.

Because what Mull said is, once you get the registered agent, you know, you got the defendant. Here, the registered agent's not been got. They just got the address that was keyed into the Secretary of State.

Now, is this technical? Absolutely. Absolutely. Defaults by nature are technical. And the Plaintiff is trying to win on a technicality, and they're entitled to win on a technicality if they can make those technical arguments.

But the same is true for all parties. There are also technicalities that weigh in favor of the Defendant. And one of those technicalities is that Sagar Patel is the only person that OHM Florence, LLC, has designated to receive papers for it. He never was the one that the Plaintiff served. They just served that particular address.

So, that's the second question we'd like the Court to answer for us, is whether proper service is effected upon a domestic corporation with a registered agent when the registered agent is not served.

The third question -- again, all these are somewhat related, but I think a little different, so I've separated them. The third question is whether OHM Florence, in this case, has shown Your Honor, by affidavit or otherwise, that the return receipt was signed

by an unauthorized person pursuant to Rule 4.

Again, we would submit that the only authorized person is the registered agent based on statute. We provided the Court an e-filing, that affidavit of Sagar Patel, when he says he was on an airplane, provided the Court with receipts and whatnot, in addition to his sworn testimony, to substantiate that very thing.

Question number four, we'd ask the Court to indicate why it is not required to set aside default, as contemplated by Rule 4(d)(8), which states that default or judgment by default shall be set aside pursuant to Rule 55(c) or Rule 60(b), if the defendant demonstrates to the Court that the return receipt was signed by an unauthorized person.

So, again, this is somewhat of a sub-question to question three. We've already shown to the Court by affidavit that Sagar Patel was on the airplane at the time of service. And so the question then is, why is the Court not required to set it aside, even though Rule 4(d)(8) says that it shall

be set aside?

Question number five, we move on to kind of the Wham factors. Has the Court concluded that good cause does or does not exist to set aside default? We would just like the Court to answer that. Again, we lay that out in our prior filings. We believe there is good cause because of this registered agent mix-up.

Number six, whether the timing of the Motion was appropriate. Again, the Motion was filed 50 days after the entry of default. So we'd like to get an answer from the Court on whether that timing was appropriate.

And then, finally, we'd like the Court to analyze and answer for us whether the Plaintiff has sustained any prejudice.

We submit that she has not because we have now -- there has now been more time since we appeared in the case than there was before we appeared. And so we could have been doing depositions, discovery, and the like.

And so, Your Honor, we have a great deal of respect for this Court. We appreciate

Your Honor hearing this, not just today but previously. I think Your Honor was with us for maybe an hour. We spent a lot of time discussing this last time.

We have simply these seven inquiries we'd like to make to the Court and have the Court answer under the Elam, E-L-A-M, case that the Appellate Courts tell us we must.

Thank you, Your Honor.

THE COURT: Mr. Jernigan?

STATEMENT BY MR. JERNIGAN:

MR. JERNIGAN: Yes, sir. Thank you.

Judge, Mr. Holt was correct in making one thing I'll agree with. We've invested a lot of time already, an hour and a half last time, going over every one of these factors, ad nauseam of this. Different semantics, same legal arguments.

Judge, the only thing I can say in he -- Mr. Holt mentioned Wham, that's a case. Wham -- in a case citing Wham, Dixon v. Besco Engineering, that is at 320 South Carolina 174.

In that case, the Court made the following statement: "We decline to read

Wham as requiring the trial judge to make specific findings of factors. The trial judge will not be reversed for failing to make specific Findings of Fact on the record for each factor if there is sufficiently evidentiary support on the record for the finding of the lack of good cause."

Your Honor, please, you referred to your Order. You found that -- those factors in there. And you don't have to go and be specific and answer all this and go all over this again.

Your Honor, your Order was sufficient. It's good enough to stand up on appeal. And I, from talking to Mr. Nichols -- Mr. Newton's in Boston taking depositions.

Mr. Nichols, his law partner, did mention, and I agree with this, Mr. Holt has to make this motion to preserve it on appeal, according to Mr. Nichols. I'm not a Appellate lawyer by any stretch, but I would agree with that.

So I think he's made his motions, he's protected it, and we're ready to protect your record.

After we have our hearing next week on damages, and if we need to appeal it at that point, we're prepared to do the protection of your Order, Judge.

REPLY STATEMENT BY MR. HOLT:

Your Honor, if I may just briefly.

If it please the Court, I would just add the Wham -- the Dixon case does not come in until question five. Questions one through four that we posed to the Court are outside of Wham. We would just point that out. Thank Your Honor.

THE COURT: This doesn't answer your questions, but something that I recall from the previous hearing before I issued an Order that caught my attention and really kind of -- I didn't -- I wasn't sure how to take it.

But in the Motion to Set Aside Entry of Default, Mr. Holt, you say that "OHM assumed that no response was necessary since the document sought information about an unknown incident with no responsive information to the request."

"Given the lack of information, OHM gave

no consideration in the submission of this document to the insurance company since there was -- were in the mind OHM no obligation to satisfy. This led to a simple, explainable, and excusable misunderstanding as to the nature of the second document." It goes on.

It always made me think about the case of people who try to play lawyer, and this case smells of that by the Defendant giving you the information that you recited.

I can't blame you for it. That's what the -- what your client told you to say, or apparently did. But that has always been a puzzle to me in this case.

But, anyway, I will take this under advisement, and I'll go back and fine-tooth nail this -- the record in this, as well as some of my materials on some of these cases that you folks -- in particular, the Wham case.

I think at one of the seminars I went to last year or earlier this year that may have mentioned that -- we did have some mention about the Wham, particularly. But I'll take a hard look at it.

You know, I've been at this business now 59 years? I believe that's right. I was sworn in in September of '65. I never have been an advocate of holding people in default, but there are times where it seems appropriate, and I think that was probably in my mind when I issued the previous Order.

But I also have the philosophy of when people disagree with me, I don't just ignore the disagreement. I take a serious look.

That's not to indicate my leaning one way or the other. If you do it one way or the other, I've already previously made a ruling.

I'm also of the philosophy, if you're going to reverse yourself, to be careful and give it serious review and thought. And if whatever conclusion you reach doesn't satisfy people, that's what the folks in Columbia are for. I'm pleased to say that I have a pretty good record with them.

I'll take it under consideration, gentlemen, and I'll let -- try to let you know in a few days.

MR. JERNIGAN: Thank you, Your Honor.

MR. HOLT: All right. Thank you, Judge.

(There being nothing further, the hearing concluded at 11:35 a.m.)

CERTIFICATE OF REPORTER

I, Cassandra E. Vance, Court Reporter and Notary Public in and for the State of South Carolina, do hereby certify that I reported the Motion Hearing on the 9th day of October, 2024, and that the foregoing 17 pages constitute a true and correct transcription of said hearing.

I further certify that I am neither attorney nor counsel for, nor related to or employed by, any of the parties connected with this action, nor am I financially interested in said cause.

I further certify that the original of said transcript shall be hereafter sealed and delivered to Ryan C. Holt, Esq., Sweeny, Wingate & Barrow, LLC, 1515 Lady Street, Columbia, South Carolina 29201.

This sealed original transcript shall be retained by the above party, who shall be responsible for filing same with the Court prior to trial or any hearing which might result in a final order on any issue.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 15th day of October, 2024.

Cassandra E. Vance, Court Reporter
Notary Public for South Carolina
My commission expires: 12-13-2027

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STATE OF SOUTH CAROLINA)	IN THE COURT OF COMMON PLEAS
)	TWELFTH JUDICIAL CIRCUIT
COUNTY OF FLORENCE)	CASE NO.: 2024-CP-21-00548
)	
SHIRLEY REED,)	
)	
PLAINTIFF,)	
)	
VS.)	**NOTICE OF HEARING**
)	
OHM FLORENCE, LLC D/B/A)	
THUNDERBIRD COUNTRY BUFFET)	
)	
DEFENDANTS)	

TO :

PLEASE TAKE NOTICE that the hearing will be held on March 31st, 2025, commencing at 10:00AM in Courtroom 3C, at the Florence Judicial Center, at 181 N. Irby Street, Florence, South Carolina 29501.

PLEASE BE ADVISED that the purpose of this hearing is to ascertain damages.

You are invited to attend and participate as you deem necessary.

{Signature on the Following Page)

/S/Rodney C. Jernigan,Jr.
RODNEY C. JERNIGAN, JR.
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ATTORNEY FOR PLAINTIFF

March 3, 2025
Florence, South Carolina

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STATE OF SOUTH CAROLINA	)	**IN THE COURT OF COMMON PLEAS**
	)	
COUNTY OF FLORENCE	)	**THE TWELFTH JUDICIAL CIRCUIT**
Shirley Reed,	)	**Civil Action No.: 2024CP2100548**
Plaintiff,	)	**RENEWED MOTION TO SET ASIDE ENTRY OF DEFAULT OR, ALTERNATIVELY, FOR SUMMARY JUDGMENT AND INCORPORATED MEMORANDUM OF LAW IN SUPPORT**
v.	)	
OHM Florence, LLC d/b/a Thunderbird Country Buffet,	)	
Defendant.	)	

YOU WILL PLEASE TAKE NOTICE that the undersigned attorneys for Defendant OHM Florence, LLC d/b/a Thunderbird Country Buffet ("OHM"), will appear on March 31, 2025, before the presiding Judge at the Florence Judicial Center, and move for an order seeking the following relief: (1) setting aside the entry of default against OHM pursuant to Rule 55(c), SCRCP, because good cause exists for relief from the entry of default; OR, in the alternative; (2) entering summary judgment in OHM's favor pursuant to Rule 56, SCRCP, on the grounds that OHM cannot be held liable for plaintiff Shirley Reed's injuries as a matter of law.

BACKGROUND

Reed alleges she slipped on loose rocks in the parking lot of the Thunderbird Country Buffet, located at 2004 West Lucas Street, Florence, South Carolina, on November 8, 2023, causing her to fall backwards and injure herself. [*See* Compl. ¶ 8.] OHM is the owner of the property on which the subject Thunderbird Country Buffet is located. [*See* **Ex. 1,** Lease.]

Pursuant to a Lease Agreement dated January 5, 2018, OHM leased to Thunderbird Country Kitchen, LLC:

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> that property with improvements located in the County of Florence, South Carolina, briefly described as the commercial building containing the restaurant known as Country Kitchen, the Bar known as Phoenix Bar and Grill and the current Larry Norris Office near the Thunderbird Motel at the intersection of I-95 and US Hwy. 52, with the exception of the front desk area of the Thunderbird Hotel.

[*See* Ex. A, Lease at 1.] The Lease requires Thunderbird Country Kitchen to "at all times during the lease term . . . repair, replace, and maintain the leased premises and any improvements, additions, and alterations to buildings on the leased premises, in a neat, good, safe, and sound condition." *Id.* at ¶ 8. OHM agreed to maintain only limited areas of the premises: the roof, the exterior walls, and the parking lot. The initial Lease term ran through January 5, 2023, and the Lease relationship has continued as a month-to-month tenancy, with the terms of the Lease remaining in effect, since that time.

Reed sued OHM on March 5, 2024, filing her complaint in the Court of Common Pleas for Florence County. She alleges, among other things, that OHM was negligent in (1) failing to adequately secure and maintain the premises; (2) failing to warn of or eliminate unreasonable risks within the area; and (3) creating an unreasonably dangerous condition on the premises. [Compl. ¶ 17.]

ARGUMENT

Defendant OHM respectfully submits it is entitled to have the entry of default set aside or, alternatively, is entitled to summary judgment in its favor, on the grounds it is not responsible for the allegedly dangerous condition created by the gravel under the terms of the Lease.

I. Motion to Set Aside Default

Rule 55(c), SCRCP, allows a court to set aside an entry of default for good cause shown and in the interests of justice. The court here enjoys a "broader, more liberal discretion," and its analysis is guided by consideration of the following factors: (1) the timing of the motion for relief;

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(2) whether OHM has a meritorious defense; and (3) the degree of prejudice to Reed if relief is granted. *Wham v. Shearson Lehman Bros., Inc.*, 298 S.C. 462, 465, 381 S.E.2d 499, 501–02 (Ct. App. 1989). Each of these factors favors granting OHM's request to set aside default.

First, OHM timely sought relief from default. OHM first moved the court to set aside the entry of default on June 21, 2024, less than two months after the court entered default against OHM.[1] Moreover, OHM filed its initial motion mere days after realizing Reed instituted a legal claim against it. OHM's request for relief is timely.

Second, OHM has a meritorious defense, both as to the entry of default and to the merits of Reed's claims. As to the entry of default, Reed did not properly serve OHM. OHM is a domestic business corporation, so its "registered agent is the agent of the corporation for service of any process, notice, or demand required or permitted by law to be served, and the service is binding upon the corporation." S.C. Code Ann. § 15-9-210(a). Where, as is the case here, a domestic corporation has a registered agent, that registered agent is the *only* person authorized to accept service of process for the corporation.

OHM's registered agent is Sagar Patel, and the Secretary of State lists the registered agent's address as 340 Plantation View Lane, Mount Pleasant, South Carolina, 29464. *See https://businessfilings.sc.gov/BusinessFiling/Entity/Profile/124cedf1-e6b5-4660-9643-de95ad632f5f* (last visited March 18, 2025). Though Reed served *someone* at 340 Plantation View Lane, Mount Pleasant, South Carolina, with the summons and complaint in this matter, she did not serve *Sagar Patel* with the summons and complaint, as Mr. Patel flew from Denver, Colorado, to Jackosn, Mississippi, on the date of service. [*See* Exs. **2**, **3**, and **4**.] Because Reed did not serve

[1] OHM craves reference to and incorporates herein the arguments it presented in its motion to set aside entry of default, filed June 21, 2024; its amended motion to set aside entry of default, filed August 1, 2024; and its motion to alter or amend, filed September 6, 2024.

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OHM's registered agent with process, the court *must* set aside the default. *See* Rule 4(d)(8), SCRCP ("[D]efault or judgment by default ***shall*** be set aside . . . if the defendant demonstrates to the court that the return receipt was signed by an unauthorized person.") (emphasis added).

OHM also has a defense on the merits against Reed's claims; specifically, that it is not responsible for the allegedly dangerous condition under the terms of the Lease. Generally, the owner of land, who possesses "superior knowledge of conditions on the premises within his control," has a duty to warn others "of latent hazardous conditions on his land." *Byerly v. Connor*, 307 S.C. 441, 443, 415 S.E.2d 796, 798 (1992). If the owner of the land leases his property to another, however, "the law of property regards the lease as equivalent to a sale of the premises for the term of the lease. In the absence of an agreement to the contrary, the lessor surrenders possession and control of the land to the lessee." *Id.* Once the lessor surrenders the premises in good condition, he "typically is not responsible for hazardous conditions which thereafter develop or are created by the lessee." *Id.*

Courts have routinely held that lessors are not liable for the injuries caused by purportedly hazardous conditions that developed after the lessor turned over the premises to its lessee. *See, e.g.*, *Byerly* at 443 (lake owner had no duty to discover and warn of a latent hazardous condition which it did not create and about which it had no knowledge); *Smith v. Oil Ship, Inc.*, Case No. 2:22-cv-3877-RMG, 2023 WL 122029, at *2 (D.S.C. Jan. 5, 2023) (no possibility lessor was liable to plaintiff for slip and fall claims which arose after the premises was delivered to the lessee in good condition); *Beasley v. Dilmar Investments, Inc.*, Case No. 4:20-cv-03444-JD, 2021 WL 5800754, at * (D.S.C. Feb. 9, 2021) (plaintiff could not establish a claim against lessor after premises was delivered to lessee).

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OHM here surrendered possession and control of the premises to its lessee, Thunderbird Country Kitchen, in 2018, and the lease was in force at the time of Reed's fall. There is no evidence that OHM did not surrender the premises to Thunderbird Country Kitchen in good condition. And while the lease does obligate OHM to maintain the parking lot, Reed's complaint is not with the parking lot *itself*. She does not allege she tripped on a pothole in the parking lot, that she tripped on an uneven area of the parking lot, or that her injuries resulted from some *structural* flaw with the parking lot. Instead, she alleges she "slipped on loose rocks" in the parking lot. [Compl. ¶ 10.] In other words, Reed's claims boil down to allegedly improper landscaping or sweeping of the leased premises, *not* maintenance of the parking lot.

The law is clear: OHM cannot be held liable for allegedly improper landscaping or cleaning of the leased premises because, by leasing the premises to Thunderbird County Kitchen, it has essentially "sold" the premises for the term of the lease. It did not retain landscaping and sweeping obligations—it only retained obligations for maintenance of the parking lot, roof, and exterior walls. There is no allegation that the loose rocks or gravel somehow came from the *asphalt* parking lot [*see* **Ex. 1**, Lease ¶ 7] or the roof or exterior walls of the building. Moreover, the only gravel in the area appears to come from an area separate from the parking lot. Accordingly, OHM could not have created the allegedly dangerous condition since its obligations only involved *maintenance* of the parking lot (*i.e.* structural maintenance) rather than landscaping or sweeping. Accordingly, OHM has a meritorious defense against Reed's action: it cannot be held liable for her injuries under the terms of the Lease.

Third and finally, setting aside the entry of default will not prejudice Reed in any way. Reed's fall occurred less than two years ago, and this matter has been pending for less than one year. OHM is ready, willing, and able to defend against Reed's claims on the merits. Moreover,

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Rule 55's "discretionary element makes it clear that the party requesting a judgment by default is not entitled to one as of right, even when the defendant is technically in default." *In re Estate of Weeks*, 329 S.C. 251, 259, 495 S.E.2d 454, 459 (Ct. App. 1997) (citing *Ricks v. Weinrauch*, 293 S.C. 372, 360 S.E.2d 535 (Ct. App. 1987)). Instead, the rule "Should be liberally construed so as to promote justice and dispose of cases on the merits." *Id.* (citing *Dixon v. Besco Eng'g*, 320 S.C. 174, 463 S.E.2d 636 (Ct. App. 1995)).

For these reasons—and particularly considering OHM's position as lessor—OHM respectfully requests the court exercise its discretion to set aside the entry of default so the parties can proceed to decide Reed's claims on the merits.

II. Motion for Summary Judgment

Alternatively, OHM is entitled to summary judgment in its favor on Reed's claims. South Carolina's Rules of Civil Procedure allow "[a] party against whom a claim . . . is asserted . . . [to], at any time, with or without supporting affidavits for a summary judgment in his favor as to all or any part thereof." Rule 56(b), SCRCP. "The purpose of summary judgment is to expedite the disposition of cases which do not require the services of a factfinder." *Lockaby v. City of Simpsonville*, 440 S.C. 156, 161, 889 S.E.2d 631, 634 (Ct. App. 2023) (quoting *Englert, Inc. v. LeafGuard USA, Inc.*, 377 S.C. 129, 134, 659 S.E.2d 496, 498 (2008)). Such is the case here. As discussed above, OHM leased the subject premises to Thunderbird Country Kitchen in 2018, and the Lease remained in force at the time of Reed's fall. South Carolina courts have routinely held that liability cannot lie against a lessor under such circumstances. Accordingly, OHM is entitled to summary judgment. Thus, OHM respectfully requests the court enter judgment in its favor on Reed's claims if it declines to set aside the entry of default.

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CONCLUSION

For the reasons above, OHM respectfully requests the court set aside the entry of default or, alternatively, enter judgment in its favor on Reed's claims.

Respectfully submitted,

SWEENY, WINGATE & BARROW, P.A.

s/Ryan C. Holt
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ATTORNEYS FOR DEFENDANT

Columbia, South Carolina
March 20, 2024

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NOTICE: THIS AGREEMENT IS SUBJECT TO ARBITRATION UNDER RULES OF THE AMERICAN ARBITRATION ASSOCIATION; THIS NOTICE IS MADE FOR COMPLIANCE WITH THE SOUTH CAROLINA UNIFORM ARBITRATION ACT.

STATE OF SOUTH CAROLINA)
)
COUNTY OF FLORENCE)

LEASE AGREEMENT

THIS LEASE AGREEMENT, made and entered into this 5th day of January, 2018, by and between **OHM Florence, LLC**, a South Carolina Corporation, hereinafter referred to as ("Lessor") and **Thunderbird Country Kitchen, LLC**, a South Carolina Limited Liability Corporation, hereinafter referred to as ("Lessee"):

WITNESSETH:

That Lessor, for and in consideration of the rents to be paid and the covenants and agreements hereinafter expressed to be kept and performed by Lessee, hereby leases to Lessee, and Lessee hereby leases from Lessor subject to the exceptions and reservations and upon the terms and conditions and for the purposes of this instrument set out, that property with improvements located in the County of Florence, South Carolina, briefly described as the commercial building containing the restaurant known as Country Kitchen , the Bar known as Phoenix Bar and Grill and the current Larry Norris Office near the Thunderbird Motel at the intersection of I-95 and US Hwy. 52, with the exception of the front desk area of the Thunderbird Hotel (the "leased premises"). A more detailed description of the leased premises set forth on the drawings attached hereto as Exhibit "A".

1. **Initial Term.** This Lease shall begin on the day of closing of the sale of the Thunderbird Properties to Sagar Patel and/or his assigns will run through the 5th day of

Jan. 2023 ~~2022~~ (the "Initial Term"). The Initial Term may be extended as provided in Section 3, below.

2. **Rental.** The rental of the leased premises shall be payable in equal monthly installments in advance without notice on the first day of each month during the term of this Lease. The rental for the Initial Term shall be payable in monthly installments of Three Thousand and no/100 ($3,000.00) Dollars each beginning on the 5th day of January 2018.

3. **Option to Renew; Rental Adjustment.** Lessee shall have two options to renew this Lease for an additional five-year period each. Lessee shall give notice of its intent to renew to Lessor 90 days' notice prior to the expiration of the Initial Term hereof or any succeeding term. Beginning with the first month of the first five year option period, the rent shall be increased by 10%. There will be an additional 10% increase for the second five year option. The Initial Term and any renewal terms are referred to as the "lease term."

4. **Security Deposit.** Lessee shall upon the execution of this Lease deposit Three Thousand and no/100 Dollars ($3,000.00) with Lessor, which amount shall be held by Lessor as security for the full and timely performance by Lessee of the terms and conditions of this Lease Agreement and for the payment of any final judgment or award that may be rendered against Lessee for a breach of those terms and conditions. No interest shall be paid on the deposit. The rights of Lessor against Lessee for a breach of this Lease shall in no way be limited or restricted by the security deposit. The security deposit shall be returned to Lessee at the expiration of this Lease Agreement provided that all the terms and conditions contained herein have been fully performed by Lessee. Should the leased premises be sold, Lessor shall transfer or deliver the

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security deposit to the purchaser of the interest, and Lessor shall then be discharged from any further liability with respect to the security deposit.

5. **Holding Over.** If Lessee shall hold over possession of the leased premises after the expiration of the lease term established hereunder or any renewal or extension period thereof, such holding over shall operate as a tenancy from month to month upon the same terms and conditions set out in this Lease; provided, however, that rental shall be 110% of the rental for the immediately preceding lease term.

6. **Improvements.** Lessee may, at its own cost, make, alter, or reconstruct improvements upon the leased premises. The design and construction for such improvements shall be subject to the reasonable discretion and prior written approval of Lessor, which shall not be unreasonably withheld, conditioned, modified, or delayed, subject only to applicable zoning and building ordinances. During the lease term, all additions, changes, and other improvements constituting fixtures erected or placed on the leased premises shall remain on and shall not be removed from the leased premises, except for replacement or repair. Lessee shall promptly pay for all work performed on its behalf on the leased premises and keep the leased premises free of liens.

Provided, that Lessee may remove its fixtures at the termination of this Lease, provided that it can do so in a manner which will leave the leased premises fully repaired after such removal. Lessee shall pay for any and all repairs necessitated by such removal. Any fixtures not so removed within thirty (30) business days of termination shall be deemed to be the property of Lessor.

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Lessor may, at its own cost, make, alter, or reconstruct the improvements upon the leased premises. Such activities may be undertaken at Lessor's sole discretion; however, the parties contemplate that Lessor will inform Lessee and consult with Lessee about such process and during such process. Lessor may, if required by its franchisor, remove the "Thunderbird" sign again without cost to Lessee.

7. **Parking Lot.** Lessee to have unimpaired use of the parking spaces of the current asphalt parking lot.

8. **Repairs and Maintenance.** By taking possession of the leased premises, Lessee accepts them **"as is."** Lessee shall, at all times during the lease term and at its own cost and expense, repair, replace, and maintain the leased premises and any improvements, additions, and alterations to buildings on the leased premises, in a neat, good, safe, and sound condition. Provided, that Lessor shall be responsible for maintaining the roof, exterior walls, and parking lot. Lessee shall use all reasonable precaution to prevent waste, damage, or injury to the leased premises. Lessee is responsible for upkeep, maintenance, and cleaning of the bathrooms in the Hotel lobby area and the bathrooms in the leased premises.

9. **Utilities.** All applications and connections for necessary utility services on the leased premises shall be made in the name of Lessee only. Lessee shall be solely liable for utility charges as they become due, including, but not limited to, those for water, sewer, gas, electricity, and its own telephone services.

As there is only one water bill for the Thunderbird Country Kitchen, LLC, the Phoenix Bar and Grill and the Thunderbird Motel, Lessee agrees to pay promptly 10% of that bill. Lessee

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may utilize separate metering, but pay such 10% until it does so. Lessee is responsible for the repair, maintenance and other further construction as it relates to any restaurant signs.

10. **Taxes and Assessments.** Lessee shall pay $8500.00 toward of the real property taxes on the entire tract of which the leased premises are a part and 100% of the personal property taxes on the furniture, fixture and equipment utilized with respect to the leased premises, excluding specifically any such property which is utilized primarily by Lessor. Upon request of Lessor, Lessee shall promptly furnish copies of said receipts for all said taxes and assessments.

11. **Indemnification.** Each party shall indemnify, defend, and hold the other harmless from any and all claims and damages (including reasonable attorney's fees and costs) arising from the other's agents', employees', guests' and/or invitees' use of the leased premises, the conduct of its business there, or any other activity, work, or thing done, permitted, or suffered by a party in or about the leased premises.

Each party shall further indemnify, defend, and hold the other harmless from any and all claims and damages (including reasonable attorney's fees and costs) arising from any breach or default by a party in the terms of this Lease Agreement, or arising from any act, negligence, fault, or omission of a party, its agents, employees, guests or invitees, and from and against any and all such costs and liabilities incurred on or about such claim or any action or proceeding brought on such claim. In case any action or proceeding shall be brought against a party by reason of any such claim, the indemnifying party, on notice from the damaged party, shall defend it at the indemnifying party's expense utilizing counsel approved in writing by the damaged party.

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12. **Insurance.** Lessee shall carry and furnish evidence satisfactory to Lessor of the existence of: (a) comprehensive general liability insurance with combined single limits on bodily injury and property damage of not less than One Million ($1,000,000) Dollars; (b) standard form property damage insurance of not less than naming Lessor as additional insured as its interest may appear in such insurance policy or policies, and (c) worker's compensation and employer's liability insurance as required by the State of South Carolina.

13. **Entry by Lessor.** Lessor, its agents and representatives shall have the right to enter the leased premises at reasonable times and examine the same upon giving reasonable notice with Lessee present.

14. **Use of Premises.** The leased premises shall be used as a restaurant as augmented by other business activities reasonably related or ancillary thereto. Lessee shall not, for the term of this Lease Agreement, remove the business from the leased premises. Lessor may, in addition to the other remedies afforded by law, enjoin the removal of the business from the leased premises.

15. **Signage.** Lessee shall be entitled to continued use of the existing Thunderbird sign, and shall be responsible for the operation and maintenance of that sign. In the event that a franchise agreement is entered into by the owner of the Thunderbird Hotel, or if there is a name change to the Hotel, the Thunderbird sign will remain in place.

16. **Default; Termination.**

If either Party shall fail or neglect to perform any of its covenants contained herein, then the nondefaulting Party shall deliver or mail to the other at the leased premises or at the option of the Lessor, at the Lessee's last known address, a written notice of such failure to pay or other

default, and the defaulting Party shall have a period of twenty (20) business days after receipt of such notice in which to pay the rents due or cure the default complained of after such notice; provided that: (i) any such cure must be promptly and actively pursued, and (ii) if the non-monetary violation is of such a nature that it cannot be cured within said ninety (90) day period, a party shall be deemed to be in compliance with the cure provisions hereof if it shall commence promptly and actively to cure such violation and prosecute same with due diligence and dispatch.

Only one (1) default may be cured during the term of this Lease, as extended. Thereafter, either Party may immediately terminate this Lease Agreement and take possession of (or quit, as the case may be) the premises in accordance with the termination provisions of this Lease Agreement. No further rent shall be due from Lessee to Lessor after this Agreement is so terminated.

In the event that a Party shall exercise the right to terminate this Lease under the aforesaid provisions, that Party will not thereby be deprived of any other right he may have against the other, but shall at all times be entitled to recover any and all other damages sustained by the Party on account of the breach of covenants or agreement herein contained which the Party is obligated to perform.

A Party's failure to object to a breach at the time it occurs does not waive its rights to object to and demand a cure of said breach or of a similar breach at a later date. Each Party expressly agrees to pay to the other's all expenses including a reasonable attorney's fee, incurred in in curing any default under this agreement.

As provided in Section 6 above, Lessor has the right to alter or construct improvements on the leased premises. As also provided in Section 6, Lessor has the sole discretion regarding

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such matters. Further, Lessor may, if required by its franchisor, remove the "Thunderbird" sign. Nevertheless, if, as a result of such reconstruction, alteration or sign removal Lessee determines in its commercially reasonable good faith that such actions have effected restaurant profitability to the point that it is no longer feasible to continue operations, Lessee may terminate this Lease by notice to Lessor, giving thirty (30) days' notice of such intent to terminate. Upon any default which is not cured within the time period prescribed, this Lease shall be terminable at the option of the non-defaulting party. Upon any such termination hereof (except a termination described immediately above, regarding Lessee termination due to Lessor alteration or construction or removal of the "Thunderbird" sign) the Lessor may, immediately or anytime thereafter, with notice of demand, enter into and upon the premises or any part thereof, and repossess the same, and expel the Lessee and those claiming under it and retain all property located thereon forcibly, if necessary, without being taken or deemed guilty of any manner of trespass or the Lessee may quit the premises without further liability or expense; and thereupon this Lease shall terminate, but without prejudice to any remedies which might otherwise be available to the non-terminating Party.

In the event of termination due to such denominated events, Lessee shall have thirty (30) business days to remove its possessions. This Lease shall terminate upon the expiration of the term of the Lease.

17. **Taking of the Premises.** For purposes of this Lease, the term "taking" shall mean a taking during the term hereof of all or any part of the leased premises or any interest therein or right accruing thereto as a result of, or in lieu of, or an eminent domain proceeding affecting the leased premises or any part thereof. In case of taking of all or any part of the leased

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premises or the commencement of any proceeding or negotiations which might result in any such taking, Lessee will promptly give Lessor written notice of such taking or the nature of such proceedings or negotiations therefrom as the case may be. Should Lessor be the first to receive notice of any such taking, Lessor will likewise promptly notify Lessee.

a. **Total or Substantial Taking - - Lease Termination.** In case of the (i) taking of the fee of the entire leased premises, or (ii) taking of such substantial part of the fee of the leased premises that the remaining part is insufficient to permit the repair, replacement or restoration of the remaining improvements so as to render the remaining portion of the leased premises suitable for continued use by the Lessee consistent with the nature of such use immediately prior to the taking, this Lease shall terminate as of the date that such taking renders the leased premises thus insufficient, and the awards and proceeds of such taking shall be distributed in accordance with subsection (c) below. Any taking of the leased premises of the character referred to above in this paragraph which results in a termination of this Lease is referred to herein as a "total taking."

b. **Partial Taking - - Reduction in Rent.** In case of a taking of the leased premises (including for this purpose the parking lot, ingress and egress to the leased premises, and Hotel common areas) other than a total taking, this Lease shall remain in effect as to the portion of the leased premises remaining immediately after such taking, and the rents shall abate in the ratio that the square footage taken bears to the total square footage of the area of the leased premises. Provided that in the event that Lessee determines in its commercially reasonable discretion that continuing the lease is untenable, it may terminate the lease upon thirty (30) days' written notice to Lessor (during which time the full rent shall be due).

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c. **Division of Award Upon Total Taking or Partial Taking.** In case of a taking of the leased premises, the remaining awards and proceeds of such taking after payment of the reasonable expenses of Lessor and Lessee incurred in collecting the same shall be apportioned between the Lessor's and Lessee's interests therein in amounts which are fair and equitable under the circumstances. If Lessor and Lessee are unable to agree what is fair equitable apportionment under the circumstances, then such remaining awards and proceeds shall be determined by arbitration. The arbitrator shall consider any allocation of property values performed by the parties' insurance carrier; what portion of the proceeds and awards is attributable to the value of the Lessor's fee simple title to the land and improvements delivered to the Lessee at the beginning of the term; the remaining useful life of the fixtures made at Lessee's expense; the rental during the balance of the term; the value of the Lessor's interests at the end of the term; and, in the event of a partial taking, whether the improvements taken were constructed by the Lessor prior to the beginning of the term or by the Lessee during the term. This listing is an illustrative, not exhaustive, example of the factors which the arbitrators should bring to bear in determining a fair and equitable apportionment under the circumstances.

18. **Damage to or Destruction of the Premises.** In case of any damage to or destruction of the leased premises or any part thereof or the improvements thereon, Lessee shall have the option of repairing the premises out of the insurance proceeds payable by reason of such damage or destruction, or of terminating the Lease upon thirty (30) days' written notice to Lessor and paying the Lessor: (i) the rent for the month or any fraction thereof in which Lessee exercises its option and quits the leased premises, plus (ii) such insurance proceeds received by

Lessee as may be applicable to returning the improvements to their condition prior to damage or destruction, not to exceed the amount of insurance proceeds actually received by Lessee.

19. **Assignment and Subletting.** Lessor shall have the right to transfer, encumber, or assign, in whole or in part, all and every feature of its rights and obligations under this Lease and in the leased premises and improvements thereto, without Lessee notice or approval.

Lessee may not assign or sublet all or any part of its interest in the leased premises without the consent of the Lessor, which shall not be unreasonably withheld, modified, conditioned, or delayed; provided that Lessee may, at any time and without Lessor approval, transfer its interest hereunder or in the leased premises to Frank M. Rogers, IV, or his designee and thence from Mr. Rogers to a person of his choice.

20. **Leasehold Mortgage; No Liens.** Lessee expressly agrees that it will not subject its leasehold interest or improvements thereon to any lien at any time without the express written consent of the Lessor.

21. **Estoppel Certificates.**

a. Lessee will from time to time execute, acknowledge and deliver to Lessor promptly upon request a certificate stating (i) that this Lease is unmodified and in full force and effect (or if there have been modifications, that this Lease is in full force and effect, as modified, and stating the modifications), (ii) the dates, if any, to which the rent and other sums payable hereunder have been paid, (iii) whether or not there are then existing any offsets or defenses against the enforcement of any term hereof on the part of the lessee to be performed or complied with (and, if so, specifying the same), and (iv) that no notice has been received by Lessee of any default which has not been cured. Any such certificate may be relied upon by any prospective

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purchaser or mortgagee of the fee estate in the leased premises or any part thereof.

b. Lessor will from time to time execute, acknowledge and deliver to Lessee or Lessee's designee or assignee promptly upon request, a certificate stating (i) that this Lease is unmodified and in full force and effect (or if there have been modifications, that this Lease is in full force and effect, as modified, and stating the modifications), (ii) the dates, if any, to which rents and other sums payable hereunder have been paid and (iii) whether or not there are, to the knowledge of Lessor, any then existing defaults under this Lease (and if so, specifying the same), and (iv) that Lessor will supply any mortgagee of Lessee's leasehold interest with notice of any default by Lessee under the terms of this Lease and grant to such mortgagee the same periods in which to cure or commence to cure such defaults as are granted to the Lessee hereunder.

22. **Binding Effect.** The covenants and conditions herein contained shall apply to and bind the heirs, successors, executors, administrators and all assigns of all the parties hereto.

23. **Quiet Enjoyment.** Lessor covenants and agrees that Lessee, upon paying the rent and all other charges hereby provided for and upon observing the keeping of all of the covenants, agreements and provisions of this Lease on Lessee's part to be observed and kept shall lawfully and quietly hold and enjoy the leased premises during the term of this Lease without hindrance or molestation by or from anyone claiming by, through, or under Lessor.

24. **Additional Rent.** All taxes, charges, costs, and expenses that Lessee assumes or agrees to pay under this Lease Agreement, including interest and penalties, and all other damages, costs, expenses, and sums that Lessor may suffer or incur, or that may become due, by reason of any default of Lessee or failure by Lessee to comply with the terms and conditions of

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this Lease Agreement shall be deemed to be additional rent; in the event of non-payment, Lessor shall have all the rights and remedies as provided in this Lease Agreement for failure to pay rent.

25. **Memorandum of Lease.** Lessor and Lessee will, upon the written request of either at any time, join in the execution of a memorandum of lease in proper form for recordation in the appropriate county, the fees and expenses of such recordation to be borne by Lessee.

26. **Notices.** Wherever in this Lease it shall be required or permitted that notice be given by either party to this Lease to the other, such notice must be in writing and must be given personally or forwarded by certified mail addressed as follows:

(i) To Lessor:
OHM Florence, LLC
c/o Sagar Patel
340 Plantation View Lane
Mt. Pleasant, SC 29464

(ii) To Lessee:
Thunderbird Country Kitchen, LLC
c/o Webster Rogers, LLP
1411 Second Loop Road
Florence, SC 29505
ATTENTION: Frank M. Rogers, IV
Telephone: 843-656-1112
Email: frogers@websterrogers.com

Such addresses may be changed from time to time by notice given hereunder.

27. **End of Term.** Except as specifically provided herein, upon the expiration or other termination of this Lease, Lessee shall quit and surrender the leased premises to the Lessor. Upon expiration of this Lease or termination for any reason, Lessee shall have the right to remove all of its removable personal property and trade fixtures therefrom provided such

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removal is done in a manner so as not to deface or otherwise adversely affect the physical appearance of the leased premises and in a manner consistent with Section 6 of this Lease.

28. **Miscellaneous.** If any term of this Lease or any application thereof shall be invalid or unenforceable, the remainder of this Lease and any application of such terms shall not be affected thereby. Whenever in this lease it is provided that any document or matter is to be satisfactory to Lessor or may be required by Lessor, it shall be deemed to mean reasonably satisfactory or reasonably required as the case may be in an ordinary business sense. Any approval or consent of Lessor required shall not be unreasonably withheld. This Lease may be changed, waived, discharged or terminated only by an instrument in writing signed by the party against which enforcement of such change, waiver, discharge, or termination is sought. The headings in this Lease are for the purposes of reference only, and shall not limit or define the meaning hereof. This lease may be executed in any number of counterparts, each of which shall be an original, but all of which shall together constitute one and the same instrument.

29. **Dispute Resolution**. Any controversy or claim arising out of or relating to this Agreement, or its breach, shall be settled by mediation and, if necessary, arbitration, in accordance with the rules then obtaining of the American Arbitration Association and judgment on the award rendered may be entered in any court of competent jurisdiction.

If a dispute arising out of or relating to this Agreement has not been resolved by negotiation within 10 business days of a disputing party's demand to commence negotiation, the disputing parties shall endeavor to settle the dispute by mediation under the American Arbitration Association Commercial Arbitration Rules and Mediation Procedures (the "Procedures") then in effect. The parties agree to participate in at least four hours of mediation

per dispute. The parties shall mediate in good faith and agree to share equally in the costs of the mediation. The mediation shall occur at the law offices of Willcox, Buyck & Williams, PA, 248 West Evans Street, Florence, South Carolina, unless otherwise agreed to by all parties.

Any dispute arising out of or relating to this Agreement or the breach, termination, or validity thereof which has not been resolved by the mediation procedure as provided herein within 6 business days of a disputing party's demand to commence negotiation shall be settled by arbitration, as provided below.

(1) The parties hereto agree, upon demand by any party, to submit to binding arbitration all claims, disputes and controversies between or among them (and their respective employees, officers, directors, attorneys, and other agents), whether in tort, contract or otherwise in any way arising out of or relating to this Agreement and its negotiation, execution, administration, interpretation, modification, extension, substitution, formation, inducement, performance, enforcement, default or termination.

(2) Governing Rules. Any arbitration proceeding will (i) proceed in a location in South Carolina selected by the American Arbitration Association ("AAA"); (ii) be governed by the South Carolina Uniform Arbitration Act, notwithstanding any conflicting choice of law provision in any of the documents between the parties; and (iii) be conducted by the AAA, or such other administrator as the parties shall mutually agree upon, in accordance with the AAA's commercial dispute resolution procedures, unless the claim or counterclaim is at least $1,000,000.00 exclusive of claimed interest, arbitration fees and costs in which case the arbitration shall be conducted in accordance with the AAA's optional procedures for large, complex commercial disputes (the commercial dispute resolution procedures or the optional

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procedures for large, complex commercial disputes to be referred to herein, as applicable, as (the "Rules"). If there is any inconsistency between the terms hereof and the Rules, the terms and procedures set forth herein shall control. Any party who fails or refuses to submit to arbitration following a demand by any other party shall bear all costs and expenses incurred by such other party in compelling arbitration of any dispute. Nothing contained herein shall be deemed to be a waiver by any party that is a bank of the protections afforded to it under applicable state law.

(3) No Waiver of Provisional Remedies, Self-Help and Foreclosure. The arbitration requirement does not limit the right of any party to (i) foreclose against real or personal property collateral; (ii) exercise self-help remedies relating to collateral or proceeds of collateral such as setoff or repossession; or (iii) obtain provisional or ancillary remedies such as replevin, injunctive relief, attachment or the appointment of a receiver, before during or after the pendency of any arbitration proceeding. This exclusion does not constitute a waiver of the right or obligation of any party to submit any dispute to arbitration or reference hereunder, including those arising from the exercise of the actions detailed in sections (i), (ii) and (iii) of this paragraph.

(4) Arbitrator Qualifications and Powers. Any arbitration proceeding in which the amount in controversy is $5,000,000.00 or less will be decided by a single arbitrator selected according to the Rules, and who shall not render an award of greater than $5,000,000.00. Any dispute in which the amount in controversy exceeds $5,000,000.00 shall be decided by majority vote of a panel of three arbitrators; provided however, that all three arbitrators must actively participate in all hearings and deliberations. The arbitrator will be a

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neutral attorney licensed in the State of South Carolina or a neutral retired judge of the state or federal judiciary of South Carolina, in either case with a minimum of ten years' experience in the substantive law applicable to the subject matter of the dispute to be arbitrated. The arbitrator will determine whether or not an issue is arbitratable and will give effect to the statutes of limitation in determining any claim. In any arbitration proceeding the arbitrator will decide (by documents only or with a hearing at the arbitrator's discretion) any pre-hearing motions which are similar to motions to dismiss for failure to state a claim or motions for summary adjudication. The arbitrator shall resolve all disputes in accordance with the substantive law of South Carolina and may grant any remedy or relief that a court of such state could order or grant within the scope hereof and such ancillary relief as is necessary to make effective any award. The arbitrator shall also have the power to award recovery of all costs and fees, to impose sanctions and to take such other action as the arbitrator deems necessary to the same extent a judge could pursuant to the Federal Rules of Civil Procedure, the South Carolina Rules of Civil Procedure or other applicable law; provided, that the parties specifically acknowledge and agree that if a party is determined, by a specific finding made by the arbitrator, to have relied solely on positions and/or claims which are determined by the arbitrator not to have been made in good faith, the party who so acted shall be directed by the arbitrator to pay the other party's expenses of mediation and arbitration including but not limited to reasonable attorney's fees. Judgment upon the award rendered by the arbitrator may be entered in any court having jurisdiction. The institution and maintenance of an action for judicial relief or pursuit of a provisional or ancillary remedy shall not constitute a waiver of the right of any party including the plaintiff, to submit the controversy or claim to arbitration if any other party contests such action for judicial relief.

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(5) Discovery. In any arbitration proceeding, discovery will be permitted in accordance with the Rules. All discovery shall be expressly limited to matters directly relevant to the dispute being arbitrated and must be completed no later than 20 days before the hearing date. Any requests for an extension of the discovery periods, or any discovery disputes, will be subject to final determination by the arbitrator upon a showing that the request for discovery is essential for the party's presentation and that no alternative means for obtaining information is available.

(6) Class Proceedings and Consolidations. No party hereto shall be entitled to join or consolidate disputes by or against others in any arbitration, except parties who have executed any Loan Document, or to include in any arbitration any dispute as a representative or member of a class, or to act in any arbitration in the interest of the general public or in a private attorney general capacity.

(7) Payment Of Arbitration Costs And Fees. The arbitrator shall award all costs and expenses of the arbitration proceeding to the prevailing party.

Provided, however, that if one party declines the other's offer in settlement of a dispute before final determination, the outcome of which is not significantly more favorable to that party, it shall pay the other party's cost of the arbitration including a reasonable attorney's fee, as determined by the arbitrator.

Provided further, that if a party is determined to have made any claim or adopted a position which is determined by the arbitrator not to have been made in good faith, the party who acted shall pay the other party's expenses of arbitration, including but not limited to

reasonable attorney's fees. The arbitrator shall make a specific finding as to the applicability of this provision.

(8) Miscellaneous. To the maximum extent practicable, the AAA, the arbitrators and the parties shall take all action required to conclude any arbitration proceeding within 180 days of the filing of the dispute with the AAA. No arbitrator or other party to an arbitration proceeding may disclose the existence, content or results thereof, except for disclosures of information by a party required in the ordinary course of its business or by applicable law or regulation. If more than one agreement for arbitration by or between the parties potentially applies to a dispute, the arbitration provision most directly related to the Transaction Documents or the subject matter of the dispute shall control. This arbitration provision shall survive termination, amendment or expiration of any of the Transaction Documents or any relationship between the parties.

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IN WITNESS WHEREOF, the parties hereto have executed this Agreement in duplicate originals the day and year first above written.

WITNESSES:

Witness

Witness

WITNESSES:

Witness

Witness

LESSOR:

OHM Florence, LLC

By: ~~Sagar Patel~~ NAINESH PATEL

Its:

LESSEE:

Thunderbird ~~Country~~ Kitchen, LLC

By:

Its: MANAGING MEMBER

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STATE OF SOUTH CAROLINA)
)
COUNTY OF FLORENCE)

PROBATE

PERSONALLY appeared before me the undersigned witness, who, being duly sworn, says that (s)he saw the within-named Motel Associates, Inc. sign, seal and deliver the within document; and that (s)he with the other witness whose signature appears above witnessed the execution thereof.

SWORN to before me this 5th
day of January, 2018.

Notary Public for South Carolina
My Commission expires: 1/25/26
John G. Hendrick

STATE OF SOUTH CAROLINA)
)
COUNTY OF FLORENCE)

PROBATE

PERSONALLY appeared before me the undersigned witness, who, being duly sworn, says (s)he saw the within-named Thunderbird Country Kitchen, LLC, sign, seal and deliver the within document; and that (s)he with the other witness whose signature appears above witnessed the execution thereof.

SWORN to before me this 5th
day of January, 2018

Notary Public for South Carolina
My commission expires: 1/25/26
John G. Hendrick

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From: Sagar Patel
To: Ryan C. Holt
Subject: Fwd: You"re going to Jackson, MS on 03/18 (25HIXB)!
Date: Wednesday, July 17, 2024 6:58:26 PM

[redacted]

Sagar

Sent from my mobile phone. Please excuse typos and short replies.

Begin forwarded message:

From: Monica Patel [redacted]
Date: July 17, 2024 at 6:44:27 PM EDT
To: Sagar Patel ICE [redacted]
Subject: Fwd: You're going to Jackson, MS on 03/18 (25HIXB)!

Sent from my iPhone

Begin forwarded message:

From: Southwest Airlines <southwestairlines@ifly.southwest.com>
Date: February 21, 2024 at 9:16:34 PM EST
To: [redacted]
Subject: You're going to Jackson, MS on 03/18 (25HIXB)!
Reply-To: Southwest Airlines <no-reply@ifly.southwest.com>

Here's your itinerary & receipt. See ya soon!
View our mobile site | View in browser

Southwest Airlines

Manage Flight | Flight Status | My Account

Hello friends,

You successfully redeemed 62,493 Rapid Rewards® points for this trip. We're looking forward to flying together! It can't come soon enough. Below you'll find your itinerary, important travel information, and trip receipt. See you onboard soon!

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MARCH 18

DEN JAN

Denver to Jackson, MS

Confirmation # **25HIXB**

Confirmation date: 02/21/2024

PASSENGER	**Monica Patel**
RAPID REWARDS #	[redacted]
TICKET #	5262259824697
EST. POINTS EARNED	0

PASSENGER	[redacted]
RAPID REWARDS #	[redacted]
TICKET #	5262259824696
EST. POINTS EARNED	0

PASSENGER	**Sagar Patel**
RAPID REWARDS #	[redacted]
TICKET #	5262259824698
EST. POINTS EARNED	0

Rapid Rewards® points are only estimations.

Your itinerary

Flight: Monday, 03/18/2024 Est. Travel Time: **5h 5m** Wanna Get Away®

	DEPARTS	ARRIVES
FLIGHT # 3137	**DEN 02:55**PM Denver	**ATL 07:40**PM Atlanta

Stop: Change planes

	DEPARTS	ARRIVES
FLIGHT # 1774	**ATL 08:35**PM Atlanta	**JAN 09:00**PM Jackson, MS

Payment information

Total cost

Air - 25HIXB

Base Fare	$	0.00
U.S. 9/11 Security Fee	$	16.80
Total	**$**	**16.80**

Payment

Rapid Rewards® Points
Date: February 21, 2024

Payment Amount: 20,831

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Flight Credit 4SPROK
Date: February 21, 2024
Payment Amount: $4.40

Flight Credit 4SPROK
Date: February 21, 2024
Payment Amount: $1.20

Rapid Rewards® Points
Date: February 21, 2024
Payment Amount: 20,831

Flight Credit 4SPROK
Date: February 21, 2024
Payment Amount: $4.40

Flight Credit 4SPROK
Date: February 21, 2024
Payment Amount: $1.20

Rapid Rewards® Points
Date: February 21, 2024
Payment Amount: 20,831

Flight Credit 4SPROK
Date: February 21, 2024
Payment Amount: $4.40

Flight Credit 4SPROK
Date: February 21, 2024
Payment Amount: $1.20

Fare rules: If you decide to make a change to your current itinerary it may result in a fare increase.

Your ticket numbers: 5262259824697, 5262259824696, 5262259824698

All your perks, all in one place. (Plus a few reminders.)

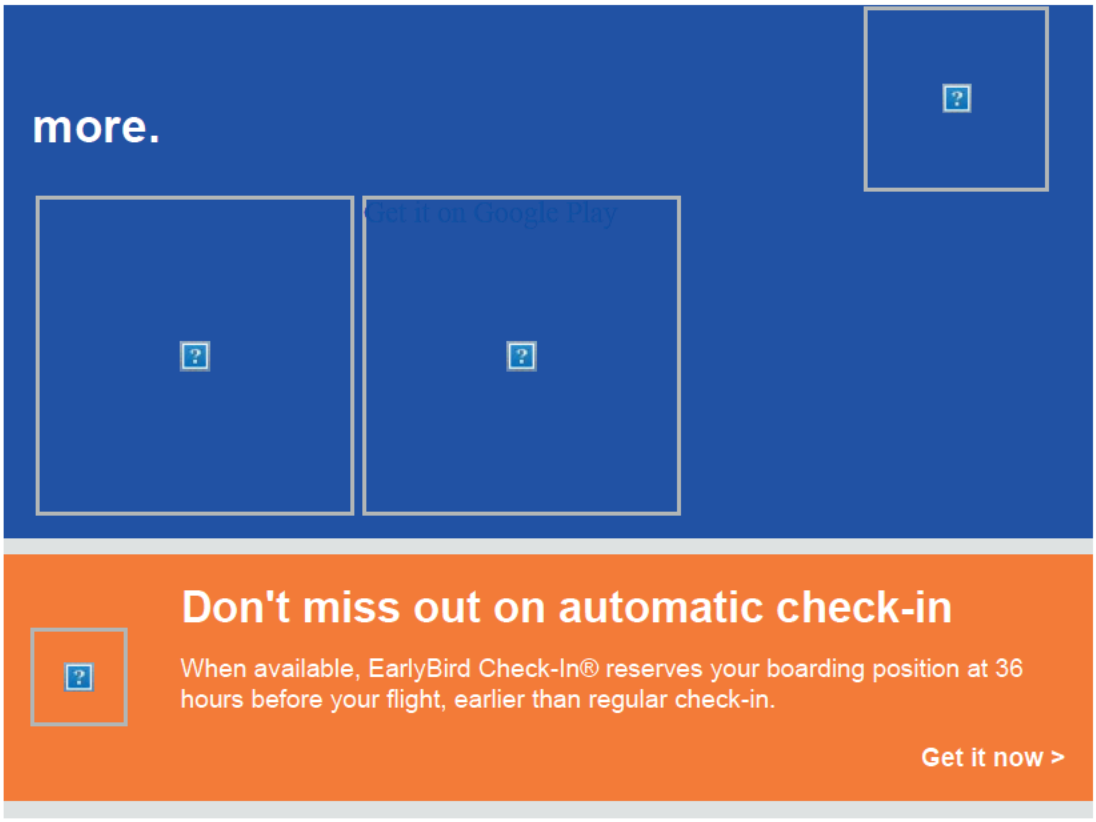
Wanna Get Away® fare: Your two bags fly free® and no change or cancel fees. **NEW** – Free same-day standby (taxes and fees may apply). Wanna Get Away fares booked with points are refundable. Learn more.

Make sure you know when to arrive at your airport. Times vary by city.

If you do not cancel your reservation at least 10 minutes before the flight's original scheduled departure time, any points used for booking will be forfeited, along with any taxes and fees associated with your reward travel reservation.

Prepare for takeoff

Use our app to make changes to your trip, get a boarding pass, &



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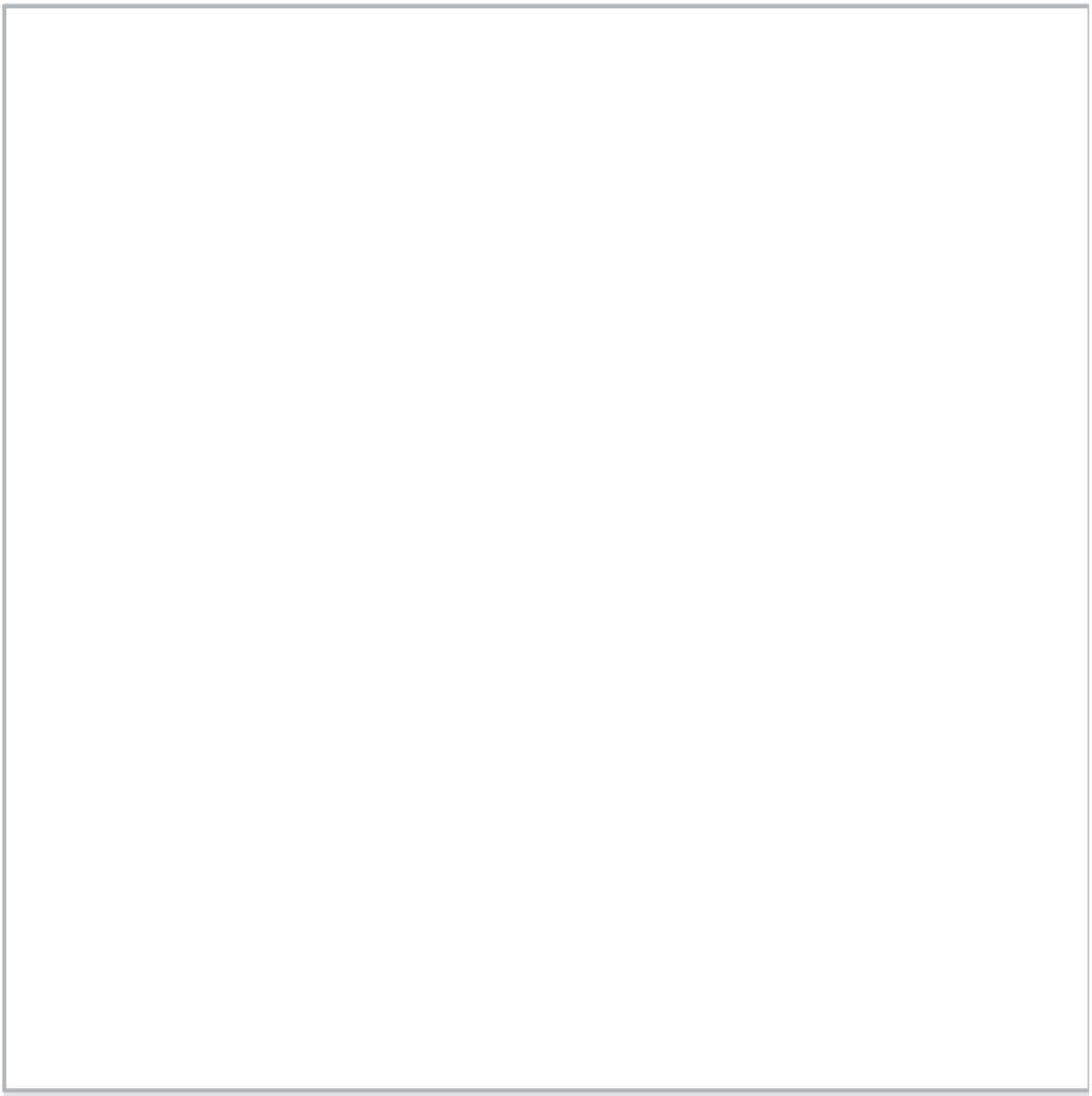

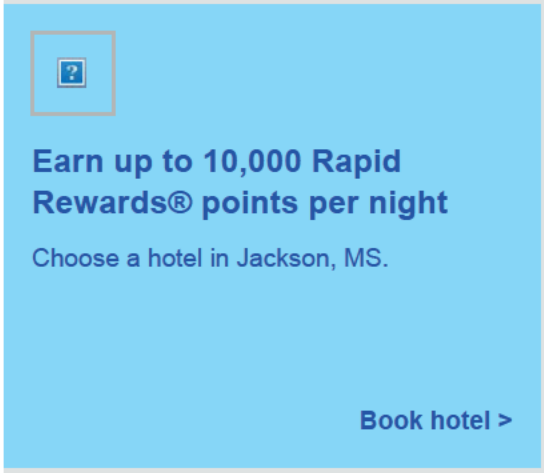

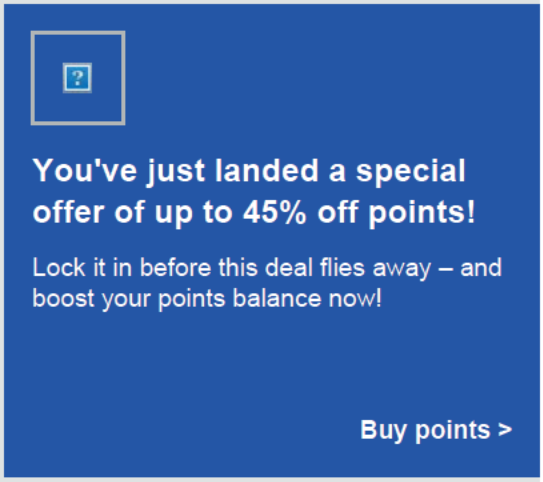

5262259824697: NONREF/NONTRANSFERABLE -BG WN DEN WN X/ATL WN JAN242.21USD242.21END
5262259824696: NONREF/NONTRANSFERABLE -BG WN DEN WN X/ATL WN JAN242.21USD242.21END
5262259824698: NONREF/NONTRANSFERABLE -BG WN DEN WN X/ATL WN JAN242.21USD242.21END

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If you do not plan to travel on your flight: In accordance with Southwest's No-Show Policy, if you are not planning to travel on any portion of this itinerary, please cancel your reservation at least 10 minutes prior to the scheduled departure time of your flight. Any Customer who fails to cancel reservations for a Wanna Get Away® or Wanna Get Away Plus™ fare segment at least ten (10) minutes prior to the scheduled departure time and who does not board the flight will be considered a no-show, and all remaining unused Wanna

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National

Receipt Details

Trip #361500483

Invoice #30045476438

VEHICLE DETAIL

Make / Model
NISSAN ROGUE

License Plate
#[redacted]

State / Province
CO

Car Class Driven
IFAR

Car Class Charged
IFAR

Odometer Start
1847 Miles

Odometer End
2125 Miles

Total Distance
278 Miles

LOCATION, DATE & TIME

PICK-UP

Denver International Airport (DEN)
+1 833 886 0712
Fri, Mar 15 at 10:52 AM

RETURN

Denver International Airport (DEN)
+1 833 886 0712
Mon, Mar 18 at 8:24 AM

RENTAL RATE

TIME & DISTANCE (3 Days @ $ 101.35)	$ 304.05*

TAXES AND FEES

CO ROAD SAFETY PROGRAM FEE 2.13/ DAY	$ 6.39*
CONCESSION RECOVERY FEE 11.11 PCT	$ 30.50*
CUSTOMER FACILITY CHARGE 6.00/DAY	$ 18.00*
VEH. LICENSE RECOVERY FEE .30/DAY	$ 0.90*
OWNERSHIP TAX	$ 6.46*
SALES TAX	$ 36.34*

ADJUSTMENTS

DISCOUNT	**$ -30.41***
Total Subject to Audit	**$ 372.23***

Total Amount Charged **$ 372.23 USD**

03/18T18:25/2024 VI (4236) $ 372.23

Renter Name
SAGAR PATEL

Renter Address
[redacted]

Emerald Club Number
[redacted]

Account Name
Emerald Club Members

Rewards Earned
1

ELECTRONICALLY FILED - 2024 Aug 01 5:05 PM - FLORENCE - COMMON PLEAS - CASE#2024CP2100548
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STATE OF SOUTH CAROLINA)
)
COUNTY OF FLORENCE)

AFFIDAVIT OF SAGAR PATEL

PERSONALLY APPEARED BEFORE ME, the undersigned, Sagar Patel who after being duly sworn, deposes and says:

1. I am Sagar Patel, a resident of Madison County, State of Mississippi.

2. I am listed with the South Carolina Secretary of State as the registered agent of OHM Florence, LLC.

3. I did not sign the return receipt attached to this affidavit as Exhibit 1.

4. On March 18, 2024, I was not present at 340 Plantation View Lane, Mt. Pleasant, South Carolina 29464, as evidenced by the flight information attached as Exhibit 2 and the rental information at Exhibit 3.

FURTHER AFFIANT SAYETH NOT.

Sagar Patel

SWORN TO and subscribed before me
this 19th day of July, 2024.

Tracey Henderson
Notary Public for Mississippi
My Commission Expires: 5/20/2027

STATE OF MISSISSIPPI
TRACEY HENDERSON
ID NO. 61082
Commission Expires
05/20/2027
NOTARY PUBLIC
MADISON COUNTY

State of South Carolina
In Common Pleas Court
County of Florence

Shirley Reed,
plaintiff,
v. 2024-CP-21-00548

O.H.M. Florence L.L.C., D/B/A Thunderbird Country Buffet,
defendants.

The Master in Equity Hearing

held before:

Honorable W. Haigh Porter

Monday, March 31, 2025

181 N. Irby St.
Courtroom 3-C
Florence, South Carolina
10:15 a.m. - 11:46 a.m.

The Master in Equity Hearing was taken before Erica Creel, Court Reporter and Notary Public for the State of South Carolina, at 181 N. Irby St., Florence, South Carolina, on Monday, March 31st, 2025.

Q & A Court Reporting Services
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A P P E A R A N C E S

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I N D E X

Witness: Lisa M. Reed
Direct Examination by Mr. Newton 11
Cross-Examination by Mr. Holt 33

Witness: Vanessa Teachey
Direct Examination by Mr. Newton 55
Cross-Examination by Mr. Holt 61

E X H I B I T S

Plaintiff's Exhibits Marked and Entered into Evidence

16/12	1	Power of Attorney Documents
26/24	2	Medical Records
31/05	3	Photos
33/04	4	Photos
58/23	5	CV
61/14	6	Medical Cost Estimate

Also Present. Vanessa Teachey,
Carrie Faircloth
Lisa M. Reed

THE COURT: Ladies and gentlemen in the audience, my name is Haigh Porter. I'm the Master of Equity in Florence. I'm here to hear the matter today of Shirley Reed versus O.H.M. Florence L.L.C. The reason I asked the -- the attorneys to come up, we weren't -- we weren't talking about the case. I was down -- just recently I had to have some major surgery on my ear and I can't wear my hearing aid. So I was asking them to bear with me and speak up a little bit. I've been told over the years that nobody has a problem hearing me on the back row because I speak loud. I don't know all of these lawyers. I know one of them and I know he speaks loud. So I was asking the other attorneys to kind of bear with me. I -- I'm doing well with one ear -- one hearing aid but

not with the other. Because it's -- I can't wear the other one. So if you're testifying in the case today, I'll ask you what I ask the attorneys. Speak up a little bit, don't shout, but speak up a little bit. It helps me tremendously. It helps the court reporter also. Thank you. Are you gentlemen ready to proceed?

MR. JERNIGAN: Yes, Your Honor.

MR. HOLT: Yes, Your Honor.

MR. NEWTON: Yes, Your Honor.

THE COURT: All right. This matter is case number 2024-CP-21-00548. And it's before me pursuant to an order of reference, which I believe was filed in May. Yes, back on May 8th. And gentlemen, I believe proper notice of hearing was sent out recently. I'm ready for you to proceed.

MR. HOLT: Your Honor, if it pleases the court before the damages hearing begins, we do have a motion. And I'm Ryan Holt. I represent the defendant in this case. We filed a motion about 11 days ago or so. We captioned it, a renewed motion to set aside entry of default or alternatively for summary judgment. Your Honor has already heard an initial motion

to set aside and the primary arguments made during that motion had to do with service on the registered agent. What we argued to the court at that time is the registered agent himself was not certified -- or was not served and therefore default ought to be set aside. We're not going to rehash that. Your Honor was kind enough to hear a motion to reconsider and we believe the issue is preserved as well as it can be.

But what we're doing here today is raising an additional ground with respect to success on the merits. And the basis for that ground is the fact that a lease existed between the named defendant, O.H.M. Florence, L.L.C. and its lessee, the Thunderbird Country Kitchen. We're all familiar with the Thunderbird that is referred to as that one. The Thunderbird is a lessee of that property. And so what our supreme court has said over the years, not the least of which they stated in Byerly versus Connor 307, South Carolina 441, is that when a lease exists, it operates as a sale of the property for the pendency of that lease. And so all the duties related to management of the property in a premises liability case, such as

what we have here, belong to the lessee and not the lessor unless the lessor reserves particular duties unto itself.

We have provided the Court with the lease and we would argue that it does not reserve to my client, the named defendant, any responsibility for sweeping or cleaning up the gravel such as the plaintiff fell upon. And so our argument to the Court is that the fall not to be lifted against this defendant because really the wrong party is in this case. The statute of limitation has not run, so there's no prejudice to the plaintiff. If Your Honor were to let the lessor out of the fault, a new lawsuit could be filed against the lessee and they could proceed against them. So on that basis, we ask the Court again to set aside the fault and dismiss O.H.M. Florence from this case. Thank you, Your Honor.

MR. NEWTON: Your Honor, Clark Newton for the plaintiff. Briefly to this lease, first off, that -- this all goes to liability, which has been admitted by being in default. The lease does contemplate that the lessor, which would be O.H.M., would be

responsible for the parking lot and the premises around the parking lot. He admit -- the defendant admits to that on page two. So it sounds like there might be some sort of dispute. And it might end up being an indemnification issue where O.H.M. could go after Thunderbird. But we -- we're past -- this is all liability issues, which have been admitted. So by being in default, they've admitted to that. And so we would argue we're kind of past that stage at that point in -- in this matter.

I do want to raise -- because it was raised again in this motion, Your Honor, on service. We conducted two hearings, Your Honor, regarding the motion to set aside default regarding service. Subsequent to those hearings, we learned how the service was actually effectuated and I think it's important for the record to have that reflected. The registered agent for O.H.M. is Dr. Sagar Patel. He lists on the secretary of state's website an address in Mount Pleasant. This is a residential address. So if you go to the secretary of state website for purposes of serving this corporation, it says Dr. Sagar

Patel at this location. We knew that at those hearings, but we could never find out and were never told -- the Court was never informed of who actually signed for it. Because at some point, Dr. Patel got this piece of paper.

And what we've learned is this home is the home of the accountant for O.H.M., a gentleman named Kevin Leichhardt. It is his address. He lives there with his wife, Stephanie Morrow, who is the principal owner of the -- of the establishment. They got married. He lives there. He signed for this. And we learned from O.H.M.'s personal counsel that he signed for it that day, on March 18, 2024. And then immediately sent an email to Sagar Patel with a copy of the summons and complaint to that. Mr. Patel -- Dr. Patel subsequently sent it to his independent agent, who works for this company called Commercial Insurance Solutions. They are the subsidiary of a company called Acquasure.

Your Honor, Dr. Patel, on the day that he was served the complaint, which was the day it was signed for at the registered agent address, sent it to this company and said, take

care of this for me, please. And if I may approach, I have that email, Your Honor. May I approach?

THE COURT: Yes. Any objections?

MR. HOLT: No, I -- this is not part of the damages hearing as to the motions hearing under -- I just ask for a chance to be able to respond, Your Honor, since we didn't raise this service issue again.

MR. NEWTON: Your -- your Honor, they did raise it in the written motion that he wanted to talk about. And so Your Honor, we now know -- because they have -- they have made this argument to -- to the Court that only the registered agent can sign and that there was an unauthorized person. They've made a point of this from Rule 4, of this unauthorized, but they've never said -- they've never written it and they've never said that it was actually an unauthorized person. And we now know it's not. Because it was the accountant who lived at the registered agent address, he signs for it, he sends it to Dr. Patel. So I think that kind of closes the loop for the Court in understanding service was good. Dr. Patel had notice of it.

He sent it to a third party and nothing was done with it. Thank you, Your Honor.

MR. HOLT: Your Honor, may I respond briefly?

THE COURT: Yes, sir.

MR. HOLT: Thank you, Judge. So none of this changes the fact that by statute -- by statute, a domestic corporation, such as O.H.M., Florence, L.L.C. can designate its agent for service of process. And there is only one person who has that designation and that is Sagar Patel himself, who has been well established in the prior hearings, was not personally served. He cannot then designate somebody to be his agent because the entity being served is O.H.M. Florence and they only have one registered agent and that is in the secretary of state's filing. So the registered agent can't designate somebody to be his agent. And that agent can't designate somebody to be her agent and on and on down the line. There's only one agent, if you want to serve O.H.M. Florence and that is Dr. Patel. They didn't serve him, so our arguments stand. But again, that has been long argued before this

Court. We wanted to raise that secondary issue of success on the merits. And we've done so and asked the Court to consider it. Thank you, Your Honor.

THE COURT: Motion denied. Let's proceed.

MR. NEWTON: Thank you, Your Honor. We call Lisa Reed.

(Off-the-record discussion.)

THE COURT: Ms. Reed, I think you in the audience heard my comments earlier about my hearing problem that's developed. For the benefit, not only of the court reporter and myself, but for the attorneys, I'm going to ask you to kind of speak into that microphone when you talk. Thank you, ma'am.

COURT REPORTER: Can you raise your right hand? Do you vow or affirm that the testimony that you give today to be the truth, the whole truth and nothing but the truth?

THE WITNESS: Yes, ma'am.

COURT REPORTER: Thank you.

D I R E C T E X A M I N A T I O N

BY MR. NEWTON:

Q Ms. Reed, what is your relationship

to the plaintiff, Shirley Reed?

A I am her daughter-in-law slash P.O.A.

Q And when you see -- say P.O.A., what do you mean?

A Power of attorney of medical and financial.

COURT REPORTER: Give me your full name, ma'am.

THE WITNESS: Lisa M. Reed.

MR. NEWTON: Your Honor, may I approach the witness?

THE COURT: Yes, sir.

BY MR. NEWTON:

Q Lisa, I'm going to hand you the two power of attorneys that you just testified to. Can you take a look at those and then look back up at me? Are those the two power of attorneys that you were talking about?

A Yes, sir. Yes.

Q And those power of attorneys, when were they effectuated?

A This one was -- the medical was done in January of '23 and the other one was -- was done in '98.

Q And the other one you're referring to is which one?
A Is the financial.
Q And what does that financial power of attorney require you to do?
A That means that I can pay her bills and write -- sign her checks.
Q Okay. Now, where -- where was Ms. Reed living prior to November of 2023?
A Ms. Reed was living at 751 March Street in her -- in her house.
Q Was she living with anyone prior to the November 2023 fall?
A No -- no, sir. She was not.
Q Where did you live in proximity to Ms. Reed?
A I lived in -- across the yard in -- in our house.
Q Okay. Please, describe to the judge Ms. Reed's living situation prior to the fall.
A She'd done everything that she needed to do. She walked. She cleaned her house. She went to town, drove herself to town and did her everyday living.
Q How was she able to ambulate? How

was she able to walk? Did she do that unassisted?

A She had no assistance whatsoever. She walked fine.

Q And what were some activities that you and your husband liked to do with Ms. Reed?

A We went to church a lot. We went out to eat a lot. And we just went shopping.

Q And can you describe to Judge Porter Ms. Reed's demeanor? How was she? Was she pleasant? Was she fun to be around?

A She was very happy. She was very outgoing. She just liked to have fun and do things.

Q Were you with her on November 8th, 2023 when she fell?

A Yes, sir. I was.

Q Okay. Describe to the Court where were y'all?

A We had went to the Thunderbird Restaurant for lunch. We had went in and ate and we had come out to leave.

Q Did you -- did you see her fall?

A I actually did not. I was headed around the van and she fell backwards.

Q After the fall, where did Ms. Reed go?

A Ms. Reed had to go to McLeod's Emergency Room by ambulance.

Q And do you recall -- has Ms. Reed returned home since this fall?

A No, sir. She has not been able to return home.

Q All right.

MR. NEWTON: Your Honor, may I approach?

THE COURT: Any objection.

MR. NEWTON: These are the medical bills. I'm just going to leave them up here for the judge. This is a copy of the medical.

MR. HOLT: I think those need to be authenticated and a foundation laid for them before they go into evidence, Judge. But I don't mind them sitting on that corner right now.

MR. NEWTON: Actually, I'll go ahead. I was just going to leave them up here, but here they go.

BY MR. NEWTON:

Q Ms. Reed, I'm going to have you take

a look at this.

MR. NEWTON: Oh, can we get these P.O.A.'s marked?

BY MR. NEWTON:

Q Let me ask you before we get these marked, are these a fair and accurate representation of the power of attorneys that have been effectuated for Ms. Reed?

A Yes, sir.

MR. NEWTON: Okay. Yeah. We'd like to offer them into evidence.

(Plaintiff's exhibit number 1 marked for identification and entered into evidence.)

MR. HOLT: Yeah. I'm going to object to that if she's not signed it. Is her signature on there?

MR. NEWTON: Shirley Reed has signed the financial power of attorney and Shirley Reed has signed the health care power of attorney.

MR. HOLT: But we don't have -- but the witness has not signed this. We don't have Ms. Reed here to say that this is her signature, so I would object to it coming in. There's no foundation laid for it or even has it been

determined that it's authenticated.

MR. NEWTON: Your -- Your Honor, these forms signed by Shirley Reed put power into Ms. Lisa Reed here to effectuate her financial -- pay her bills and take care of her health care, so they -- Ms. Reed doesn't sign -- Ms. Lisa Reed doesn't sign these, but Shirley Reed does. She's aware of these. They -- they've also been filed in the Court, so these are public records for that -- for that -- those purposes.

MR. HOLT: Well, but your Honor, the person who signed it is not here. And we've got to have the person authenticated who's here because Miss -- this Ms. Reed, Ms. Lisa Reed, is not a signatory to it, so.

THE COURT: Ms. Reed.

THE WITNESS: Yes, sir.

THE COURT: Have you actually done work taking care of your mother under the terms of the two agreements? I mean, have you helped her with her financial problems, if any, paying bills and that sort of thing? And then under the other one, under your general power of attorney, have you taken action under that?

THE WITNESS: Yes, sir. I have.
THE COURT: Under both of them?
THE WITNESS: Yes, sir.
THE COURT: For what it's worth, I'm going to let it -- let them proceed.
MR. NEWTON: Thank you, Your Honor.
BY MR. NEWTON:
Q Ms. Reed, I'm going to hand you a stack of medical bills. If you will take the time to review those and look through them and then look at me when you're done. Ms. Reed, while you look through that, when is the last time you saw Shirley Reed?
A Saturday.
Q And why is Ms. Reed unavailable to come to court today?
A Ms. Reed cannot walk. She can -- cannot sit at all and she has to stay basically in the bed at all times.
THE COURT: Could you speak up a little bit?
THE WITNESS: I'm sorry.
BY MR. NEWTON:
Q Just repeat yourself.
A Ms. Reed cannot walk. She can only

stay in the bed. Very little movement as far as her -- by herself. She can't do any movement.

Q And why can't she walk?

A Because of her -- because she fell and fractured her T-9 in her back.

Q And after fracturing her -- her spine, what happened to her?

A She had to go through surgery and get the T-9 -- try to fix that. And then she had to go back into surgery and have it cleaned out again. And she has just not been able to do the therapy in order to -- she's in so much pain.

Q And since she's been in since November of 2023, approximately how many days have you spent with her?

A Basically, I've been there every day.

Q All right. Please, continue looking through those. Ms. Reed, as you continue to do that, has Ms. Shirley Reed had any complications from the surgery that you're aware of based on your time visiting and observing what's going on?

MR. HOLT: Objection, Your Honor.

She's a lay witness. She can't testify to medical conditions and how the patient is getting along in that way.

THE COURT: I think she can testify as to what she has observed.

THE WITNESS: She has had some issues. There is some of the hardware -- there's a new spot on her back that the hardware is trying to come through that they put in.

BY MR. NEWTON:

Q And -- and when you see -- when you say a new spot on the back, have you observed her back?

A Yes, sir.

Q Have you taken photographs of her back?

A Yes, sir.

Q Where does Ms. Shirley Reed currently reside?

A She is at the Lake City, Scranton Nursing Home.

THE COURT: I'm sorry. I didn't catch that name.

THE WITNESS: Lake City, Scranton. Nursing Home.

THE COURT: Okay.

BY MR. NEWTON:

Q Lisa, when you answer my question, point your response to Judge Porter to assist with him, okay?

A Okay.

Q Yeah. Ms. Reed, are you aware if Ms. Shirley Reed has had to return to McLeod or any other medical hospital during the time from November of 2023 to now?

A Yes, sir. She has had to return to the hospital.

Q Based on your observations and your understanding, why did she have to return?

A She had to return because there was infection in her back. And there was also -- yeah, infection. There was five infections in her back.

Q And as you -- as you flip through these right now so far as you look through these, is this a fair and accurate representation of the bills that Ms. Reed has been receiving for the care that she's needed to treat these injuries?

A Yes, sir. It is.

MR. HOLT: Your Honor, just in the interest of time, if it pleases the Court if she continues to review these documents, I would object because they've not been authenticated and there's not a proper foundation indicated most prominently by the fact that I'm looking at the McLeod Regional Medical Center and it says right at the top, this is not a bill. This is an itemization of your hospital services for -- and then it gives the person.

So these are not bills. And only bills can come into evidence as indicative of the medical expenses that have been sustained by the plaintiff. And so that's not what we're looking at, at least for this McLeod Regional Medical Center set that I've come upon and some of the several subsequent ones.

THE COURT: Proceed. While she's doing that, let me make sure I -- let me make sure I caught something earlier. The -- the -- from the date of the accident, she went to McLeod.

MR. HOLT: Yes, Your Honor. I'm not sure she said how long she was there before she went to a nursing home.

MR. NEWTON: She -- she hasn't, Your Honor. I was going to allow her to review these bills. They kind of tell the timeline as well.

THE COURT: That'd be fine.

MR. NEWTON: And we were going to go through the timeline if that's okay with you.

THE COURT: I was afraid I had overlooked something.

MR. NEWTON: No, Your Honor. I did not ask that question yet.

THE COURT: While she's looking, could you and Mr. Holt step forward just a minute?

(Off-the-record discussion.)

BY MR. NEWTON:

Q Ms. Reed, have you had an opportunity to review those here today?

A Yes, sir.

Q And you've had an opportunity to review those prior to this?

A Yes, sir.

Q And when you receive information from the hospitals, are those the types of documents that you receive regarding the services that Ms. Reed received and the pricing

for that?

A Yes, sir. It is.

Q And it's your understanding that Ms. Reed is going to be responsible for these -- for these bills?

A That's correct.

Q And as the power of attorney, will you be ultimately responsible ensuring that these bills get paid?

A That's correct. I will have to do that.

Q Okay. And that's a fair and accurate representation of what you understand to be the billing for the services that she's received related to the injuries she had from the fall?

A Yes, sir. It is.

Q And if you return to the top of the stack, there should be an index of all of those records. Did you see that at the start of that?

A Yes, sir. I did.

Q Would you look at that again after reviewing everything and let -- and let the Court know, is that a fair and accurate representation of the -- of the billing we just

went through?

A Yes, sir. Yes, sir. It is.

Q And at the bottom of that billing, approx--- well, not approximately, what is the total amount of bills that Shirley Reed has received related to this?

A $1,140,077.

Q Now --

THE COURT: Give me -- give me that figure again. $1,147---

THE WITNESS: $1,147,730.

THE COURT: And those are just -- are those just McLeod bills or that's accumulation of all of the bills?

MR. NEWTON: Accumulation of all the bills, Your Honor.

THE COURT: Okay.

MR. NEWTON: At this time, we'd offer this billing and its index as an -- as exhibit -- plaintiff's exhibit 2.

MR. HOLT: Your Honor, defendants would object because they've not been authenticated. The person speaking about them is not the patient, so the foundation hasn't been laid. And finally, under Rule 1006, the

summary is no good because the bills underlying them are no good. And then we don't have a doctor here to connect the fact that the procedures and the institution's reference in the summary are for treatment related to this fall. We're dealing with somebody who had chronic health issues to begin with and so there's no nexus that has been put forth with the -- this treatment and with the incident itself.

THE COURT: Mr. Newton.

MR. NEWTON: Your Honor, as the power of attorney responsible for these health care power -- health -- for paying these bills, the witness does have not only the ability to authenticate them. Because she's -- she's -- Ms. Shirley Reed has received them and as her agent, is the one that's responsible. So she's reviewed these. She's established what they are. She's established that they are the ones that were related based on what she has received from this. So we would ask you to overrule that objection.

(Plaintiff's exhibit number 2 marked for identification and

entered in as evidence.)

THE COURT: Proceed.

MR. NEWTON: Thank you, Your Honor.

BY MR. NEWTON:

Q All right.

MR. HOLT: Your Honor, I -- I just -- for the record, I just --

THE COURT: Pardon?

MR. HOLT: Would you just indicate whether that's overruled for the record, please, sir?

THE COURT: I'm taking it under advise for right now.

MR. HOLT: Thank you, Your Honor.

BY MR. NEWTON:

Q Ms. Reed -- Ms. Reed, I'm going to have you walk through -- I'm going to have you walk through, to the best of your recollection, where Ms. Reed has gone throughout the course of her treatment, okay? So it's our understanding because you were with her, that Ms. Reed was transported to McLeod in November of 2023. Where did she go after that?

A She -- she went to the Sumter -- she went to the Sumter Family Health Nursing Home.

Q And approximately, how long was she at McLeod before she went to Sumter?

A Approximately, she went to -- approximately, she went to the Sumter one in January of '24.

Q Okay. If the record showed it was December, would you have any reason to disagree with that?

A No, sir. I would not.

Q Okay. So after Sumter, where did she go?

A From Sumter, she went back to McLeod's.

Q Why did she go back to McLeod's?

A She had to go back to McLeod's. That's when she had to have -- they had to go back in her back because it had busted open. And they had to go back into her back again. And then she had to be in the hospital for a while longer.

Q Where did she go after that?

A When she left there -- after that, when she left there, she went to Edisto Acute in Orangeburg.

Q And do you know approximately, how

long she was at Edisto Acute?

A She was there for probably -- maybe -- maybe a month. Maybe a month that she might have been there.

Q And after that, do you recall where she went?

A After that, she went back to the hospital. She went to the Orangeburg Hospital and then they transferred her from Orangeburg to McLeod's. And she was in McLeod's for more infection.

Q And where did she go after that?

A When she left McLeod's that time, she went to Faith Rehabilitation Nursing Home here in Florence.

Q And after Faith, where did she go?

A After Faith, she went -- she left Faith and transferred to the Lake City, Scranton Nursing Home.

Q And that is where she's currently located?

A Yes.

MR. NEWTON: Your Honor, may I approach? May I approach the witness?

THE COURT: Yes, sir. No objection.

MR. HOLT: No objection, Your Honor.
BY MR. NEWTON:
Q What -- what have I handed you?
A You've handed me photos of her back.
Q Okay. And how do you know those are photos of her back?
A Because I am the one that took these.
Q Okay. And do -- do those photographs have any sort of identification as to when they were taken?
A Yes, they do.
Q Okay. And is -- are those -- flip through it. Are those dates a fair and accurate representation of the time you took those photographs?
A Yes, sir. They are.
Q Okay. And what -- what are we looking at when we're looking at these photographs?
A We're looking at the wound where she had the back surgery.
Q Okay. And why were you taking photographs of it?
A Because I wanted to see how it was

doing and I wanted to see how it was closing.

MR. NEWTON: All right. Your Honor, we'd offer this as plaintiff's exhibit 3.

MR. HOLT: No objection, Your Honor.

(Plaintiff's exhibit number 3 marked for identification and entered in as evidence.)

MR. NEWTON: Your Honor, may I approach?

THE COURT: Yes, sir.

BY MR. NEWTON:

Q And what am I handing you there?

A Photos of Ms. Reed.

Q Spec--- oh, sorry. Specifically when were those photos taken?

A These were taken March of '25.

Q Of '25. And look at them again. How do you know that those were taken in March of 2025?

A Because I'm the one that took them.

Q Okay. And are those a fair and accurate representation of Ms. Reed's current state?

A Yes, it is.

Q How is Ms. Reed doing?

A Ms. Reed is not doing good. She can't -- I mean, she's very weak and she hurts all the time.

Q Has -- does she provide you and your husband any kind of specif--- specificity as to what is hurting?

A My back hurts.

Q Now, was Miss -- based on your observations, you being there, was Ms. Reed provided any sort of physical therapy to attempt to walk again?

A Yes. They tried to do therapy on her, but she could not do -- she could not walk.

Q And have you observed her at any point during this time walk on her own?

A I have observed, but I have not seen her walk.

Q You have not seen her? When she does get out of the bed, how does -- how does she move around?

A They have to have somebody helping her get out of the bed and then she gets into the wheelchair.

MR. NEWTON: Your Honor, we'd like to offer the second set of photos as plaintiff's

exhibit 4.

MR. HOLT: No objection, Your Honor.

THE COURT: Without objection.

(Plaintiff's exhibit number 4 marked for identification and entered into evidence.)

BY MR. NEWTON:

Q Ms. Reed, based on your personal observations, how is Ms. Reed doing?

A Ms. Reed is not -- in my observation, Ms. Reed is not doing good at all.

Q How has this impacted you and your husband?

A It's put a lot of stress, worriation on us.

MR. NEWTON: Your Honor, I have no more questions for Ms. Reed. Thank you.

MR. HOLT: If it pleases the Court. Ms. Reed, I -- I just have some questions for you.

C R O S S - E X A M I N A T I O N

BY MR. HOLT:

Q Prior to going to the Thunderbird on the date of this incident, your mother -- your mother-in-law had been at a doctor's

appointment. Is that correct?
A That's correct.
Q Okay. You didn't tell the judge that earlier, did you?
A No.
Q Okay. What kind of doctor's appointment had she been at?
A She had went for a stress test.
Q Okay. What doctor did she go to?
A It was a cardiologist here in Sumter, but I cannot rely -- recall the name.
Q So we're -- we're in Florence. Were you in Sumter with -- with that --
A No, it was here -- it was in Florence.
Q In Florence. Okay. How long had she been seeing that doctor?
A That was her first time seeing him.
Q What -- what issue came up to cause her to need to go to the cardiologist?
A I'm sorry. Let me -- let me go back. She had went and seen him one other time and they scheduled the stress test, so that's why we were there that day to do the stress test.

Q Okay. What -- what had she been seeing that's not before?

A She had seen her medical doctor. And I think she was short of breath, so the doctor wanted her to get a stress test done.

Q Ms. Shirley Reed is diabetic, correct?

A Yes, she is.

Q She also has severe osteoporosis, correct?

A Yes, sir. She does.

Q All right. And -- and both of those were in existence before this fall happened, correct?

A Yes.

Q Okay. So let's go back to the day of the incident. What did she have to eat that day?

A Do you really want me to tell -- she had a plate of like, regular food. She ate ribs and then she had a plate of dessert.

Q Okay. And did you help her check her blood sugar at any point that day?

A No, sir. I did not.

Q Do you know what her blood sugar

readings were at all?

A No, sir. But I will tell you this. It usually run low.

Q So at the time of -- of the incident, Ms. Reed was already using a walker to get around. Is that correct?

A No, sir. She was not.

Q She wasn't using a walker at any -- of any kind?

A No, sir. She was not.

Q Was she using a cane?

A No, sir. She was not.

Q So did she walk freely without any assistance of any kind?

A Yes, sir. She did.

Q Okay. So if -- if the medical records have something in them about her using a walker, you would dispute that?

A Yes, sir. I will.

Q Okay. You told Mr. Newton earlier you did not witness the fall. Was somebody with her?

A I was -- I was walking around the van and she was coming behind me.

Q Okay. And when you say -- what kind

of van is this?

A It's a Dodge Grand Caravan.

Q And is it -- is it the van that you drive or your husband drives?

A It's the van that I drive.

Q Okay. And so which door would your mother-in-law have been getting into?

A She was getting in the back passenger, behind the driver.

Q Okay. All right. Did anybody see the fall?

A Not that I -- not to my knowledge.

Q Okay. Isn't it true that -- well, let me -- let me back up. Who was with you that day?

A My husband and my mother-in-law.

Q Anybody else?

A Not at that time.

Q Okay. Isn't it true that y'all informed the emergency room that Ms. Shirley Reed missed her step --

MR. NEWTON: Objection, Your Honor.

BY MR. HOLT:

Q -- getting into the van?

MR. NEWTON: Objection, Your Honor.

THE WITNESS: No, sir.
BY MR. HOLT:
Q So if that's in the medical record, do you agree with it or do you disagree with it?
A I disagree with that.
Q Okay. Do you have any idea where the emergency room would have gotten that information from?
A No, sir.
Q Not from you because you didn't see it, right? Is that correct?
A That's correct.
Q Not from your husband because he didn't see it either, correct?
A That's correct.
Q Was your mother-in-law able to speak at the emergency room?
A Yes, she was.
Q Have you talked to her about what happened to her that day?
A Yes, I have.
Q And what has she told you?
A She told me she slipped on the rock in the -- in the parking lot.
Q And what kind of a rock was this?

A It was gravel in the parking lot.

MR. NEWTON: Objection, Your Honor. This -- this goes to liability. This does not go to the causation of damages. Talking about how the fall happened --

MR. HOLT: Your Honor --

MR. NEWTON: It has no -- it has no bearing towards whether or not the fall caused the injuries. How the fall happened has nothing to do with that. So I just ask the Court to move on from this.

THE COURT: I don't -- I don't believe there's any dispute or indication of dispute that the lady had a fall. Correct?

MR. HOLT: That's correct. But the mechanics of it --

THE COURT: Wait a minute.

MR. HOLT: Yes, sir.

THE COURT: There's no dispute as to about the fall.

MR. HOLT: Right. Yes, sir. Well, about the fact that a fall happened.

THE COURT: Well, there's no dispute that a fall happened at -- somewhere at Thunderbird property.

MR. HOLT: Yes, sir.
THE COURT: Because I don't -- I don't think it's been described exactly where the parking place was or anything.
MR. HOLT: Correct.
THE COURT: All right. There's no dispute that some injury happened because the E.R. came. I mean, the emergency vehicles came and took her to the E.R. I don't believe you can dispute that. So proceed now. Let's see. Where -- where are you headed? I mean, don't -- don't want to get off track too much.
MR. HOLT: Sure. I -- I understand. The fact that the medical records are talking about missing a step raises concerns about Ms. Shirley Reed's health to begin with at that -- on that day. We're not -- we're not talking about necessarily a -- a ground level fall. We're talking about something going on with her being able to get in the van. And so that's what I'm trying to unpack here.
BY MR. HOLT:
Q Has your mother-in-law had problems getting in the vehicles before?
A No, sir. She has not.

Q And this is in spite of the fact that she has these chronic conditions. She's going to see medical professionals and that her medical record says she missed a step getting into the vehicle.

A She had not even tried to get in the vehicle. She was not even at the door to get in the vehicle.

Q Well, you weren't there. You were on the other side of the vehicle, right?

A No, sir. I was at the --

MR. NEWTON: Objection, Your Honor. Again, we're -- we're talking about whether or not -- how -- how the fall happened, not about whether a fall caused injuries. Which we --

THE COURT: The testimony already in the record is that the mot--- the mother was behind the daughter. She's already testified that, I believe, on at least two occasions.

BY MR. HOLT:

Q Ms. Reed, what surgeries had Ms. Shirley Reed had prior to the one that you talked about earlier with Mr. Newton at the T-9 level?

A The only thing that I know that my

mother-in-law has had is she -- years ago, had lung surgery.

Q How long have you been married to her -- her son?

A Twenty-nine years.

Q Is that roughly the same period of time that you've known Ms. Shirley Reed?

A I've known Ms. Reed probably about 36 years.

Q Who was her family practice doctor?

A Dr. Mitch Grunsky in Sumter, South Carolina.

Q Has she seen Dr. Grunsky since this fall?

A No, sir. She has not been able to see Dr. Grunsky.

Q Have you ever had to call the ambulance for your mother-in-law other than on this day?

A No, sir.

Q Has she seen an orthopedist at any point prior to this particular day we've been discussing?

A Not to my knowledge.

Q Do you know what a diffuse

idiopathic skeletal hyperostosis is? DISH. D-I-S-H, they call it.

A No, sir. I do not.

Q Are you aware that the hospital diagnosed your mother-in-law with a DISH syndrome? Are you aware of that?

A No, sir.

Q Okay. And are you aware that that's something that's chronic in nature and doesn't just come about because of a fall like this? Are you aware of that?

A No, sir.

Q On December the 18th of 2023, your mother (sic) told a doctor that she had had surgery six to twelve months before.

MR. NEWTON: Objection. Hearsay, Your Honor.

BY MR. HOLT:

Q Do you -- do you know where --

MR. NEWTON: Objection.

THE COURT: Objection.

MR. HOLT: I've -- I've not asked a question yet.

MR. NEWTON: You did just ask a question.

MR. HOLT: No. I --

MR. NEWTON: Are you aware of what a doctor said, which is an out-of-court statement being used for the truth of the matter asserted. Objection, hearsay.

MR. HOLT: Well, and Your Honor, she's apparently the person to talk about the meds. So they can't have it both ways. If she -- if she could talk about the medical billing coming from the hospital, then why can't she talk about the other medical records? Or do they only get to be able to do that?

MR. NEWTON: Your -- Your honor, her responsibilities of bills being received for the medical care is not the same as understanding what the doctors are saying to the patient. Those are two separate things. We -- we have all the medical records here. We're -- we're not attempting to introduce them because we don't have someone that can -- can do that. She cannot. She's not the author of those. But she is still responsible and the obligor of those bills, which is why those were brought in.

THE COURT: And she's probably just like me and you and most everybody in this room.

When we talk to the doctors a lot of times, if not all the time, you go away scratching your head wondering what did the doctor say. That's why I always take somebody with me. I think you've gone far enough, sir.

MR. HOLT: All right.

BY MR. HOLT:

Q You were -- your lawyer just mentioned you're the obligor on the bills. Did you hear him say that? The obligor on the bill.

A I don't understand what you're saying.

Q Well, you heard him say that. I'll -- I'll unpack that in a minute. But did you hear him say that just a minute ago? You're the obligor on the bills of your mother. Do you believe that's what your role is in this case?

A I'm not understanding what you're asking me.

Q Who -- who is your understanding of who is responsible to pay the bills incurred by your mother for her health care? Who is that?

A I am responsible.

Q Where does that responsibility come from?

A From my medical and financial power of attorney.

Q And so if the bills are not paid and debt is issued, are you going to be the holder of the debt?

A I'm going to have to -- I will have to pay them.

Q That's your understanding, that the debt would go into your name. Is that your understanding?

A No, the debt -- the debt won't go into my name. It's gonna always be in my mother-in-law's name.

Q Okay. And that's because they're her bills, correct?

A That's correct.

Q For treatment she's received, correct?

A Yeah.

Q Not treatment you've received?

A No.

Q Your mother (sic) is on Medicare. Is that right?

A Yes.

Q Does she have any supplemental

coverage?

A No, sir. She doesn't.

Q Have you paid for any of her medical bills?

A Not at this time.

Q I guess, you're waiting on recovery from the lawsuit.

MR. NEWTON: Objection. Objection, Your Honor.

THE COURT: Restate the question.

MR. HOLT: I -- I'll move on, Your Honor.

BY MR. HOLT:

Q When your mother (sic) went to the emergency room, were you -- well, your mother-in-law, excuse me. Did you go with her?

A I followed the ambulance. Yes, I did.

Q Okay. And tell me what your particular role was with respect to being with her throughout the day as she was treated. Were you in the room with her?

A Yes, I was in the room.

Q Okay. And when she went to the emergency room, all of her imaging was negative,

wasn't it?

A What I -- what -- I don't understand that question.

Q Do you know what imaging is? Like, x-rays, M.R.I.'s, C.T. scans?

A Yes.

Q Okay. All of those, with respect to your mother (sic) were negative when she got to the E.R., correct?

A They did an M.R.I. and then that's when they found that -- the T-9 was fractured.

Q But that was later, wasn't it? That was not that first day, was it?

A I mean, this has been 16 months ago. Your Honor, I cannot -- I cannot tell you that -- yes or no.

Q Okay. See, he -- he's Your Honor.

A Oh, I'm just --

Q You don't have to call me that. Please --

A I'm just -- I just know the doctor called me.

Q Okay. Let's go back to, again, that first day when your mother-in-law got to the hospital. She had no loss of consciousness, did

she?

A No, she was not.

Q She had no skull fracture?

A No, but her head did -- she did bust the back of her head a little bit, but it was not a fracture.

Q Okay. And she had no neck injury either, did she?

A No, sir. She did not.

Q When she was in the emergency room in the bed, she had no pain sitting up in the bed. It was just when she was laying down that she would have pain. Isn't that correct?

A No, sir.

Q Tell me --

A She was hollering the whole time that her back was hurting.

Q All right. And would you expect that to be reflected in the medical records if that happened?

A Yes, I would think so.

Q Has any doctor told you that your mother's (sic) condition was due to her fall?

A That her condition now?

Q Yes, ma'am.

A Yes.
Q Who -- which doctor was that?
A Dr. Tanaheel.
Q And -- and tell me what -- did you hear him say this, whatever you're about to -- whatever you indicated he said to her?
A Yeah.
Q Okay. What did he say?
A He said -- he said that -- I mean, she said -- it's a lady. She said that the T-9 was fractured and that she may never walk -- she was not going to walk again.
Q How do you know how the T-9 was fractured?
A Because they did a M.R.I.
Q Let's talk a little bit about this walking. Your mother (sic) was able to walk at times during the course of her treatment after the incident, wasn't she?
A She has taken a couple of steps, but only with assistance.
Q Your mother (sic) never wanted to have surgery on her back, did she?
A She wanted to have the pain gone. She didn't -- nobody wants to have surgery, but

she said, if that's going to fix me, then yes, I want to -- let's do the surgery.

Q In fact, her doctors actually told y'all as a family that they discouraged the surgery, didn't they?

A They had no choice because she could not get out of pain.

Q Didn't they discourage it, though?

A I don't think they did.

Q In fact, didn't they even tell you that one of the side effects they were worried about was wound healing? The very thing that we had pictures of. Didn't they tell you that?

A Yes.

Q And you went along with it anyway?

A Yes.

Q She actually handled the surgery well at first, right?

A She -- she did okay to begin with.

Q In fact, 10 days after the incident, November 18, your mother (sic) was out of bed, she was sitting in a chair. Do you remember that?

A No, sir. I've never went in the hospital when she was sitting in a chair.

Q Okay. So is that -- do you have any reason to dispute that she was not -- that she was not sitting in a chair at some other point when you weren't there?

A She will sit in a wheelchair now every -- like, for a few minutes, but not sitting in a chair. And I've never seen her in the hospital sitting in a chair.

Q Were you aware that your mother (sic) has hypertension?

A I did not realize that she had high blood pressure.

Q She also has hypothyroidism?

A Yeah, I do know she has hypothyroidism.

Q I want to talk about an incident in December of 2023, which would have been roughly a month after this fall. She started complaining of pain in her right flank. Do you remember that?

A Yes.

Q And it turned out to be gallstones, right?

A Yes.

Q Okay. You're not blaming the

gallstones on the fall of Thunderbird, are you?
A No, sir.
Q Okay. She also kind of had this sodium condition where she retained excess water and it affected her sodium levels. Remember that?
A I know her sodium was low.
Q Okay. You're not blaming that on the fall of Thunderbird, are you?
A No, sir.
Q She also had chronic U.T.I.'s during the time she was in treatment. Remember that?
A Yes, she has had U.T.I.'s.
Q Okay. And you're not blaming that on the Thunderbird, are you?
A No, sir.
Q She's also -- as of late especially, had some memory loss, correct?
A I don't -- I can't say it's memory loss.
Q What does it seem like to you?
A It seems like to me that just because she's been like, inside -- they get this thing inside of a building when they're there so long, but I don't -- I don't recall it being

memory loss.

Q She also has a chronic iron deficiency, doesn't she?

A She did not have that prior to the fall.

Q You think that came from falling? You think somebody has an iron deficiency because they fell?

A I'm -- I'm just -- I don't know how it's caused from.

MR. HOLT: Okay. Ms. Reed, thank you for answering my questions. Those are all that I have.

MR. NEWTON: Thank you, Ms. Reed. Your Honor, may the witness step down?

THE COURT: Yes. Thank you, ma'am.

MR. NEWTON: Your Honor, at this time we call Vanessa Teachey.

THE COURT: We've been here an hour. Let's take about a five or ten minute break.

(Whereupon, a break was taken from the proceedings.)

COURT REPORTER: Can you raise your right hand? Do you vow or affirm that the testimony that you give today to be the truth,

the whole truth and nothing but the truth?

THE WITNESS: Yes.

COURT REPORTER: Thank you.

THE COURT: Your name, please, ma'am.

THE WITNESS: Vanessa Teachey. Vanessa Teachey.

THE COURT: Peachy.

THE WITNESS: Teachey with a T.

MR NEWTON: Miss -- your Honor, if it pleases the Court, may I proceed?

THE COURT: Proceed. Please do.

D I R E C T E X A M I N A T I O N

BY MR. NEWTON:

Q Ms. Teachey, will you explain to the court who you are and why you're here?

A Yes, sir. My name is Vanessa. I'm a registered nurse. I work for a company called Project Works. And I was asked to do a report to estimate future medical treatment for this client, for Ms. Reed.

MR. NEWTON: May I approach, Your Honor?

THE COURT: Yes, sir.

BY MR. NEWTON:

Q Ms. Teachey, what -- what did I just hand you?
A This is a copy of my C.V.
Q And take a look at it real quick. As far as you can tell, is that a most updated C.V.?
A Yes, sir.
Q And just briefly, what does that information provide?
A It provides a background of where I went to nursing school, various employers that I've worked for, professional membership that I obtained. And then just a short description of different jobs and what I did for those companies.
Q And briefly explain to the Court, what is your role at Project Works?
A I'm a cost projection specialist.
Q And what is a cost projection specialist?
A For different reports, it can mean different things. For this type of report, I was asked to do basically a -- a report that would give an estimate of what future care may need.

Q Okay. What type of resources do you use to come up with these projections?

A It depends. So for this type of report, we use allowances for some things if we don't have a certain C.P.T. code to use. So if there's a C.P.T. code then I have a database that I can use that gives me the price, like the usual and customary pricing. Then for other things like physical therapy or diagnostics, things like that, it's an allowance.

Q And for the case of Shirley Reed, did we ask you to put together a report?

A Yes.

Q And what did we ask you to put in that report?

A An est--- or you requested that I give a price of what the cost would be for her to be in a skilled nursing facility.

MR. NEWTON: Your Honor, may I approach?

THE COURT: Yes, sir.

BY MR. NEWTON:

Q What did I just hand you?

A This is a copy of the report that I did.

Q Okay. And is that a fair and accurate representation of the report as it was asked of -- of you?

A Yes.

MR. NEWTON: Okay. Your Honor, I want to offer the C.V. into evidence. Is it -- is it plaintiff's 5 now or 6?

COURT REPORTER: Five.

MR. NEWTON: Five. Ryan, any objections to the C.V.?

MR. HOLT: No objections to the C.V. What -- what was it given for? I'm sorry. Do you remember?

COURT REPORTER: Five.

MR. HOLT: What was he given for? What -- what was it?

COURT REPORTER: Oh, the photos.

MR. NEWTON: I -- I broke it down into two separate -- sorry about that. It was confusing.

MR. HOLT: No, no problem. No objections to exhibit 5, the C.V.

(Plaintiff's exhibit number 5 marked for identification and entered into evidence.)

BY MR. NEWTON:

Q All right. Now, Ms. Teachey, if you'll go to page two of that report, what can we find there?

A This is a -- a chart that provides a couple of different blocks on it. One is the allowances that I was talking about for, you know, therapy and diagnostic studies. There's a surgical price on there and then there's a skilled nursing facility price.

Q Now, as part of our request, did you review any medical records?

A No, sir.

Q Okay. And you haven't met with Ms. Reed, correct?

A No, sir.

Q Okay. So the -- the report that you have in front of you contains allowances for some specific medical care, correct?

A Yes, sir.

Q Okay. And at this time, I'm not asking you any questions regarding that. You understand that?

A Yes, sir.

Q I want to focus just on the skilled

nursing facility.

A Yes, sir.

Q Can you ex--- explain how you came about projecting the cost for the skilled nursing facility?

A Yes, sir. So for skilled nursing care, there is not a specific C.P.T. code that I could look up with just one code and get a price for that. So I used GenWorth.com, which is a website. It does allow you to choose what state you want pricing for. And it just gives an average amount of what skilled nursing facility care would cost in South Carolina.

Q And in your profession and what you do, do you rely on GenWorth to provide these?

A For things that I do not have access to get specific pricing for, yes.

Q Okay. So if you would --

MR. NEWTON: Your Honor, may I approach you with a pen?

THE COURT: Sure.

BY MR. NEWTON:

Q Will you just circle the portion of the skilled nursing facility that you've projected out, just the -- just that line --

that row across?

MR. NEWTON: Your Honor, at this time we offer plaintiff's exhibit 6 in evidence.

MR. HOLT: No objection, understanding that it's just -- it's not really numbered, but the skilled nursing facility line is the only one being --

MR. NEWTON: Yes. And Your Honor, for projection purposes, there -- there are other numbers on here. This is why I had her circle the one that we would focus on and ask the Court to consider is the projection for just the time that she's staying in a facility.

(Plaintiff's exhibit number 6 marked for identification and entered into evidence.)

MR. NEWTON: That -- that's all I have for this witness, Your Honor.

MR. HOLT: If it pleases the Court.

C R O S S - E X A M I N A T I O N

BY MR. HOLT:

Q Ms. Teachey, there is a certification called a Certified Nurse Life Care Plan. Are you familiar with that certification?

A Yes, sir.

Q Some people at Project Works have that certification?
A Yes, sir.
Q Do you have that certification?
A No, sir.
Q And to be fair, you're not doing a life care plan here, are you?
A Correct.
Q Okay. You're doing a cost projection, which you take a type of service and you project how much it's going to cost over the lifetime of the plaintiff, correct?
A Yes, sir.
Q All right. So you indicated the difficulty in estimating the skilled nursing facility charge because there's not a C.P.T. code for it. Is that correct?
A Specifically. Or several different ones could be used. So without knowing specifically what she needed, I wouldn't be able to accurately do that.
Q Right. Now, sometimes you have cases where the plaintiff has not yet started to have a certain type of treatment, correct? For instance, the -- the plan or the cost projection

suggests that they're going to need a rehab facility and they haven't yet gone into the facility. That happens sometimes in your practice, correct?

A Yes, sir.

Q All right. But sometimes the patient is already having a certain treatment that you are then projecting will continue going into the future and you -- and you calculate that amount. Is that also correct?

A Yes, sir.

Q Are you aware that Ms. Shirley Reed is presently in a skilled nursing facility?

A I was not aware of that.

Q Okay. I'm going to --

MR. HOLT: Your Honor, this has already been put into evidence, as I believe, exhibit 2. May I approach the witness, please?

THE COURT: Yes, sir.

BY MR. HOLT:

Q I'm going to show you a page from exhibit 2, which I'll represent to you as billing related to Lake City, Scranton, which is the skilled nursing facility where Ms. Shirley Reed presently is. Are you familiar with

looking at medical billing?

A Yes, sir.

Q Okay. So look at that. Can -- can you tell me roughly what Ms. Reed is currently being billed per month at Lake City, Scranton? And I've highlighted the October figure, but there are other months there. You're welcome to -- to share with the Court any of those.

A Yes, so it ranges from 1,000 dollars to approximately 1,700 dollars per month.

Q Okay. And of course --

THE COURT: Give me the figure again, please, ma'am.

THE WITNESS: It ranges between 1,000 dollars to approximately 1,700.

THE COURT: Thank you.

BY MR. HOLT:

Q And of course, if you look at some of those, they've -- they've got like, half months or they've got shorter months. But if you look at a full month of 31 days at the -- for instance, look at the October one or I think the September one maybe as well, this would have been August, that -- that's about 1,700 a month, correct?

A Correct.
Q Okay. You would agree that -- well, let me go back to your cost projection. Do you still have that in front of you?
A I do not.
MR. HOLT: Your Honor, may I share that with the witness?
BY MR. HOLT:
Q Ms. Teachey, I'm going to show you plaintiff's exhibit 6 and the item you circled. You've got a column there called unit cost. Do you see that?
A Yes, sir.
Q Is the unit cost the monthly cost --
A Correct.
Q -- in this case? Okay. And of course, the units per year are 12 because there are 12 months in a year, correct?
A Yes, sir.
Q All right. So your monthly cost that you've got down here is 9,939 dollars, correct?
A Yes, sir.
Q But Ms. Reed's current monthly cost is about 1,700 dollars for a --

A According to --
Q -- skilled nursing facility?
A According to this, yes.
MR. HOLT: Okay. Those are all the questions I have. Thank you.
MR. NEWTON: Your Honor, I have no further questions. May the witness step down? Your Honor, at this time, the plaintiff rests this portion of the damages hearing.
MR. HOLT: Your Honor, the defendant, of course, consistent with the law in this state, does not have a case to present at this time and has asked the Court, though, to consider its questions on cross-examination. Thank you.
MR. NEWTON: Your Honor, if appropriate, I can provide kind of a summary and -- and a -- and a request for an amount to award at the appropriate time.
THE COURT: Anything further from you?
MR. HOLT: Yeah. I'll have a response to this review, but nothing further from the defense, Your Honor.
THE COURT: Okay.

MR. HOLT: Other than -- there's a sheet of paper I handed the witness, I'd like to get back if I can. If I may.

THE COURT: Okay.

MR. HOLT: Thank you.

THE COURT: May I ask the attorneys to approach for a minute?

(Off-the-record discussion.)

THE COURT: All right. Mr. Newton, are you ready to proceed?

MR. NEWTON: Yes, Your Honor. Ms. Shirley Reed suffered a catastrophic injury on November 8th, 2023. It required a four-level fusion that has kept her either in a hospital or a skilled nursing facility since the date of the fall. You have heard from Ms. Reed that the family who are -- were very close continue to stay very close and are with Ms. Reed every day. Ms. Reed is unavailable to attend a hearing such as this to provide testimony, so we -- we appreciate the Court allowing Lisa Reed to come and provide this information. The photographs tell the story of these months and months that Ms. Reed has suffered from this injury that has led to a wound and the constant care that that

has needed.

We have submitted medical bills that were -- these are for the services charged, approximately 1.14 million dollars. We also provided some information on what continued skilled nursing facility charges would look like. And Mr. Holt provided that currently there are around 1,000 to 1,700 dollars a month as they are charged. But you heard from Ms. Teachey that they can range and are an average of around 9,000 dollars a month. We are not certain of where Ms. Reed will continue to stay. So we'd ask you to consider -- which is all the cost projection was for, is to consider these prices and understand that it could be that amount and it could be more. So you're looking at somewhere, you know, in the proximity of 25,000 to 30,000 dollars a year to keep her if she's just at Lake City or it could be up to 100,000 dollars. That's a significant cost for someone that has life expectancy of another 11 years. Ms. Reed has been a fighter throughout all of this. These infections like the one she currently has right now, have beat her down, but she's not out.

So we believe that a damage award -- a large damage award would reflect not only the bills that Ms. Reed has incurred and -- and are -- is responsible for, but also the pain and suffering. This is as about the worst pain and suffering case that I've been involved in and it's going to continue. It's currently right now, you have photographs of -- of pictures taken this month of her and the agony that she's in. So we pull for -- for the Court just some recent verdicts.

I'm sure you're aware that in Florence County there was a recent verdict that a -- that a Florence County jury rendered. This was a case where a gentleman had 350,000 dollars in past medical bills. And the court awarded 1.8 million dollars in actual damages and an additional 2 million dollars in punitives for a total of 3.8. Taking the punitives aside, which we're not -- we're not talking about here. You're looking at something with -- with an excessive multiplier, where you have 350,000 in past medical bills and a 1.8 million dollar verdict. And if I may, just for -- for sharing, I -- I have the verdict form for that. And it's

just a consideration.

The other recent verdict was one in Charleston. It involved a 78-year-old doctor who was still practicing at the time. His medical bills were much lower, but he had a lot of lost wages because he was a physician. That verdict was 3.3 million dollars of 80,000 in past medicals, but with a 4 million dollar cost projection for lost wages. This, I believe, is -- helps you and helps the Court understand that juries can see someone in advanced age and still consider that they have much more life ahead of them. And I think that's important for someone like Ms. Reed, who you heard from Lisa Reed, was driving on her own, walking on her own, getting by on her own. If you were to combine, you know, what we have here in terms of -- of cost projections for some of this -- for this skilled nursing, depending on the ages, combined with these past medicals, you're looking at, just if you do the three-time multipliers, you're looking at something well in excess of 5 million dollars.

We come asking today for an award of 5 million dollars. That's a lot of money. We

understand that. But I think that that number reflects the pain and suffering along with the actual bills that we have here that we know she's incurred and will still incur. Because again, she's still in this nursing facility. She was recently at McLeod in March. And based on how this has gone, there's no question that she'll have to return to -- to McLeod. And every time she returns to McLeod, you're looking at a 60,000 dollar and 100,000 dollar bill. So, Your Honor, I appreciate -- if -- if I may approach with a verdict form from Florence, if I may.

THE COURT: Yes, sir.

MR. NEWTON: I will -- I will rest my time. And I appreciate the Court's allowance.

MR. HOLT: Thank you, Your Honor. If it pleases the Court. Your Honor, there's a proverb that says -- and you see it in the New Testament as well, that he that lives by the sword should die by the sword. We are here today on a technicality. He that lives by technicalities should also die by technicalities. We're here today because a

complaint was not answered. And we've argued many times before the Court in that respect. But the rules that require complaints to be answered in a certain period of time are no different than the rules concerning evidence that this Court can consider when making a decision of the kind the Court's being asked to make today.

We have medical bills that have been spoken about by the person who has not been patient. They've not been authenticated. We don't know from whence they've come. We have medical conditions that have been spoken about by laypeople that no one has connected to what happened at the Thunderbird. We have a plaintiff who is somebody of a chronic health -- who has chronic health problems. Yet everything being spoken of today is somehow related to a fall at the Thunderbird. There's no doctor who's told the Court that that's the case. There's been nothing to that effect, so there's no causation in this case. There's also no testimony about pain being experienced in this case.

I would draw the Court's attention

to that cost projection. Ms. Teachey indicated that it would be about 9,900 dollars a month for a skilled nursing facility. Yet right now, Ms. Reed is in a place that costs her 1,698 dollars and some cents a month. So the Court is inclined to consider that we ask that Your Honor use that number as opposed to the speculative number that Ms. Teachey provided. I'd also encourage the Court to look at the statutory life tables. I believe that the life expectancy of Ms. Reed is more like, 7.98 years and not the 11 years that has been raised by Mr. Newton. I'd also ask the Court to not consider the recent verdicts. I think that would be entirely inappropriate for the Court to consider what another fact finder has done. Just in October, my partners tried a case with someone with 5 million dollars of medical damages and the verdict was zero. And so we can all talk about verdicts and how they've gone one way or another. But this Court has to decide concerning the facts before it. Unfortunately, the facts before Your Honor are not proper in an evidentiary sense. And so we ask the Court to grant damages of zero dollars in this case.

Thank you, Your Honor.

THE COURT: Any response?

MR. NEWTON: Your Honor, if I had any response, I would allow Mr. Jernigan to speak.

MR. JERNIGAN: They don't want me to speak. Your Honor, I -- I -- as a -- as a -- I guess, as a rebuttal to this, we -- we -- we are in a -- this -- this is not a case in front of a jury. And this is not a case of disputed liability or con--- or any sort of contention. He's done an admirable job of -- of raising some issues that you can consider. But at the end of the day, we know she fell. We know she was injured. And an award of -- of zero seems disingenuous. So we'd ask you to consider an amount of -- we gave you some kind of guideposts that we felt were -- would be appropriate. But ultimately, we -- we lay it upon the Court for its decision. Thank you.

THE COURT: One -- one question. I believe you -- you said she had a life expectancy of 11 years.

MR. HOLT: Your Honor --

THE COURT: And -- and he said --

MR. HOLT: 7.98.

THE COURT: -- 7.98. Curious what my life expectancy is.

MR. NEWTON: Keep -- keep going, Judge.

MR. HOLT: Judge, my understanding is the older you get on the tables, you actually do really, really well, so.

THE COURT: Gentlemen, I appreciate your attendance. I appreciate the witnesses. I'll take it under consideration and advisement. And will try to let you know something very promptly. I don't -- don't want this to left -- be left hanging in the air.

MR. NEWTON: Thank you, Your Honor.

MR. HOLT: Thank you, Your Honor. Appreciate it.

MR. JERNIGAN: Thank you, Judge.

MR. NEWTON: Your Honor, I -- there was one evidentiary item I think Your Honor took under advisement. There was one exhibit I think Your Honor took under advisement. Maybe the medical records. I just think I need a ruling.

THE COURT: Off the record, how about you fellows coming up and let's -- let's

see what I need to keep a look at and what I really don't need and maybe that will resolve it.

COURT REPORTER: Are we off the record?

THE COURT: Yeah.

COURT REPORTER: Okay. Are you going back on or we -- we're done?

THE COURT: No. I -- I don't think so.

COURT REPORTER: Okay.

MR. NEWTON: I have -- I need -- think I need --

THE COURT: Well -- well, maybe so.

MR. NEWTON: -- a ruling from you on that.

THE COURT: Which one -- which one was it?

MR. NEWTON: This one.

COURT REPORTER: All right. I'm ready.

THE COURT: For the record, I will review all of the exhibits.

MR. HOLT: Thank you, Judge.

MR. NEWTON: Thank you, Judge.

CERTIFICATE OF REPORTER

State of South Carolina

County of Florence

I, Erica Creel, Court Reporter and Notary Public for the State of South Carolina, do hereby certify that the transcript of the foregoing proceedings contains a true record of the hearing in the above-captioned cause.

I further certify that I am neither attorney nor Counsel for, nor related to or employed by any of the parties connected to the action, nor am I financially interested in the action.

Witness my hand at Florence, South Carolina, this the 21st day of April, 2025.

_____

Erica Creel

MY COMMISSION EXPIRES:
March 22, 2032

HEALTH CARE POWER OF ATTORNEY

(S.C. STATUTORY FORM)

1. DESIGNATION OF HEALTH CARE AGENT

I, Shirley Reed, (Principal) hereby appoint:

Lisa Reed 747 March St., Sumter, SC 29154

Telephone: home: _____ mobile: 803-983-9702, as my agent to make health care decisions for me as authorized in this document.

Successor Agent: If an agent named by me dies; becomes legally disabled, resigns, refuses to act, becomes unavailable, or if an agent, who is my spouse is divorced ,or separated from me, I name the following as successors to my agent, each to act alone and successively, in the order named:

a. First Alternate Agent: Tony Reed
Address: 747 March St., Sumter, SC 29154

Telephone: home: _____, mobile: 803-847-6192

Unavailability of Agent(s): If at any relevant time the agent or successor agents named here are unable or unwilling to make decisions concerning my health care, and those decisions are to be made by a guardian, by the Probate Court, or by a surrogate pursuant to the Adult Health Care Consent Act, it is my. intention that the guardian, Probate Court, or surrogate make those decisions in accordance with my directions as stated ib this document.

2. EFFECTIVE DATE AND DURABILITY

By this document I intend to create a durable power of attorney effective upon, and only during any period of mental incompetence, except as provided in Paragraph 3 below.

3. HIPAA AUTHORIZATION

When considering, or making health care decisions, for me, all individually identifiable health, information and medical records shall be released without restriction to my health care agent(s) and/or my alternate health care agent(s) named above, including, but not limited to, (i) diagnostic, treatment; other health care, and related insurance and financial records and information associated with any past, present, or future physical, or mental health condition including, but not limited to,

diagnosis or treatment of HIV AIDS, sexually transmitted disease(s), mental illness, and/or drug or alcohol abuse and (ii) any written opinion relating to my health that such health care agent(s) and/or alternate health care agent(s) may have requested. Without limiting the generality of the foregoing, this release authority applies to all health information and medical records governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 USC 1320d and 45 CFR 160-164; is effective whether or not I am mentally competent; has no expiration date; and shall terminate only in the event that I revoke the authority in writing and deliver it to my health care provider.

4. AGENT'S POWERS

I grant to my agent full authority to make decisions for me regarding my health care. In exercising this authority, my agent shall follow my desires as stated in this document or otherwise expressed by me or known to my agent. In making any decision, my agent shall attempt to discuss the proposed decision with me to determine my desires if I am able to communicate in any way; If my agent cannot determine the choice I would want made, then my agent shall make a choice for me based upon what my agent believes to be in my best interests. My agent's authority to interpret my desires is intended to be as broad as possible; except for any limitations I may state below.

Accordingly, unless specifically limited by the provisions specified below; my agent is authorized as follows:

A. To consent, refuse, or withdraw consent to any and all types of medical care, treatment, surgical procedures, diagnostic procedures, medication, and the use of mechanical or other procedures that affect any bodily function, including, but not limited to, artificial respiration, nutritional support and hydration, and cardiopulmonary resuscitation.

B. To authorize, or refuse to authorize, any medication or procedure intended to relieve pain, even though such use may lead to physical damage, addiction, or hasten the moment of, but not intentionally cause, my death.

C. To authorize my admission to or discharge, even against medical advice, from any hospital, nursing care facility, or similar facility or service.

D. To take any other action necessary to making, documenting, and assuring implementation of decisions concerning my health care, including, but not limited to, granting any waiver or release from liability required by any hospital, physician, nursing. care provider, or other health. care provider; signing any documents relating to refusals of treatment ,or the leaving of a. facility against medical advice, and pursuing any legal action in my name, and at the expense of my estate to force compliance with my wishes as determined by my agent, or to seek actual or punitive damages for the failure to comply.

E: The powers granted above do not include the following powers or are subject to the following rules or limitations:

5. ORGAN DONATION (INITIAL ONLY ONE)

My agent may _____; may not. ✓ consent to the donation of all or any of my tissue at organs for purposes of transplantation.

6. EFFECT ON DECLARATION OF A DESIRE FOR A NATURAL DEATH (LIVING WILL)

I understand that if I have a valid Declaration of a Desire of a Natural Death, the instructions contained in the Declaration will be given effect in any situation to which, they are applicable, My agent will have authority to make decisions concerning any healthcare only in situations .to which the Declaration does not apply.

7. STATEMENT OF DESIRES CONCERNING LIFE-SUSTAINING TREATMENT

With respect to any Life-Sustaining Treatment, I direct the following:

(INITIAL ONLY ONE OF THE FOLLOWING 3 PARAGRAPHS)

(1) _____GRANT OF DISCRETION TO AGENT. I do not want my life to be prolonged nor do I want, life~sustaining treatment to be provided or continued if my agent believes the burdens of the treatment outweigh the expected benefits: I want my agent to consider the relief of suffering, my personal beliefs, the expense involved and the quality as well as the possible extension of my life in making decisions concerning life-sustaining treatment.

OR

(2) ✓ DIRECTIVE TO WITHHOLD OR WITHDRAW TREATMENT. I do not want my life to be prolonged and I do not want life-sustaining treatment:

a. if I have a condition that is incurable or irreversible and, without the administration of life-sustaining procedures, expected to result in death within a relatively short period of time; or

b. if I am in a state of permanent unconsciousness.

OR

(3) _____ DIRECTIVE FOR MAXIMUM TREATMENT. I want my life to be prolonged to the greatest extent possible, within the standards of accepted medical practice, without regard to my

Principal's Signature: Shirley Reed

Print Name of Principal: Shirley Reed

I declare, on the basis of information and belief that the person who signed or acknowledged this document (the principal) is personally known to me; that he/she signed or acknowledged this Health Care Power of Attorney in my presence, and that he/she appears to be of sound mind and under no duress, fraud, or undue influence. I am not related to the principal by blood, marriage, or adoption, either as a spouse, a lineal ancestor, descendant of the parents of the principal, or spouse of any of them. I am not directly financially responsible for the principal's medical care. I am not entitled to any portion of the principal's estate upon his decease, whether under any will or as an heir by intestate succession, nor am I the beneficiary of an insurance policy on the principal's life, nor do I have a claim against the principal's estate as of this time. I am not the principal's attending physician, nor an employee of the attending physician. No more than one witness is an employee of a health facility in which the principal is a patient. I am not appointed as Health Care Agent or Successor Health Care Agent by this document.

Witness No.1.

Signature: Murphy McClellan Date: 11-16-23

Print Name: Murphy McClellan Telephone: (803)468-3511
Address: 4125 E Brewington Rd Sumter 29153

Witness No.2

Signature: Jamie H Floyd Date: 11/16/2023

Print Name: Jamie H. Floyd Telephone: 843-598-4220
Address: 200 Armour Drive Lake City, SC 29560

STATE OF SOUTH CAROLINA
COUNTY OF Florence

The foregoing instrument was acknowledged before me by Principal on November 16th, 2023

Jamie H Floyd
Notary Public for South Carolina

My Commission Expires: 05/04/2028

RECEIVED
98 OCT -1 AM 8:56
JANIS HARDEN
REGISTER OF DEEDS
SUMTER CO., S.C.

I HEREBY CERTIFY THAT THIS
IS A TRUE COPY OF THE
ORIGINAL SUBMITTED TO THIS
OFFICE FOR RECORDING
Linda K Hamm
Deputy
REGISTER OF DEEDS
SUMTER COUNTY, S.C.

STATE OF SOUTH CAROLINA)
)
COUNTY OF SUMTER)

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That I, Shirley J. Reed, a resident of the City and County of Sumter, State of South Carolina, have made constituted and appointed and by these presents do make, constitute and appoint Lisa, D. Reed as my true and lawful attorney for me and in my name, place and stead, to collect, hold and receive any and all monies, interest, dividends, securities, stocks, bonds, certificates of deposit, personal property and real property of any nature whatsoever belonging to me or in which I may have an interest, to do generally and in all respects without restriction in and with such property; to endorse all checks and drafts made payable to my order and to collect proceeds, to maintain, close or open bank and savings accounts for me in my name and such bank or savings associations as my attorney herein shall deem best; to make deposits of monies, including but not limited to all rents, interest, dividends, social security, retirement or pension insurance benefits, to sign in my name checks on all accounts standing in my name, to withdraw funds from said accounts and disburse such funds for any purpose in connection with my personal needs, and any such amounts and for such purposes and at such times as my attorney in her sole and unrestricted discretion and judgement may deem best.

I FURTHER GRANT unto my said attorney all power and authority to sell, assign, mortgage, pledge, transfer or exchange any part or parts of my property both real and personal for such

consideration and upon such terms as my said attorney shall deem advisable and to execute and deliver good and sufficient bills of sale, deeds, mortgages, transfers, and other instruments for conveyance, pledge, transfer or assignment of same and to give good and effectual receipts for all or any part of the purchase price of the considerations.

IT IS MY INTENTION herein to give and grant unto my said attorney, Lisa D. Reed full power and authority to do and perform every act and thing whatsoever requisite and necessary to be done in and about the premises as fully as to all intents or purposes as I might or could do if personally present hereby ratifying and confirming that my said attorney may do pursuant to this power.

This power of attorney shall not be affected by physical disability or mental incompetence of the principal which renders the principal incapable of managing her own Estate; that is to say, that it is my intention that the authority which I have herein conferred upon my said attorneys shall be exercisable to them notwithstanding any physical disability or mental incompetence which might hereinafter occur.

IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND AFFIXED MY SEAL THIS 30th **DAY OF** September, **1998.**

Shirley Jean Reed (L.S.)

The foregoing instrument was on the 30th day of September 1998, subscribed to by the above named Principal, and by her, signed, sealed, published and declared to be her Power of Attorney in the presence of each of us, who thereupon, at her

request, in her presence, and in the presence of each other, have hereunto subscribed our names as attesting witnesses hereto.

WITNESSES:

STATE OF SOUTH CAROLINA)
)
COUNTY OF SUMTER)

PROBATE

Personally appeared before me, Brenda L. Wojno, who being duly sworn says that (s)he saw the within named Shirley J. Reed, sign, seal, and as her act and deed, deliver the within Power of Attorney; and that (s)he with myself witnessed the execution thereof.

Brenda L. Wojno.
WITNESS

SWORN TO before me this
10th day of ~~April~~ September, 1998.

NOTARY PUBLIC FOR THE STATE
OF SOUTH CAROLINA

My Commission Expires: 7-1-2001.

Shirley Reed v. OHM Florence, LLC d/b/a Thunderbird County Buffet

Medical Bills

2024-CP-21-00548

MEDICALS
DOA: 11/8/23
CLIENT: Shirley Reed
File# 24-101
Reed vs Thunderbird/Patel

Date(s) of Service(s)	Provider	Amt.
11/8/23	Bill Florence EMS Bill 110823 23-2583052 $656.54	$656.54
11/08/23-12/04/23	McLeod ER and Admission Bill MRMC 110823-120423 admission #200006216300 $321,636.00	$321,636.00
11/8/23	McLeod ER Physician Bill MRMC Prof chg ER 110823 200006262420 $548.00	$548.00
11/8/23	Bill McLeod Cardiology Associates 200006211769 110824 stress test $3,501.00	$3,501.00
11/8/23-03/05/24	Carolina Radiology (x-rays and CT scans, spine, thoracic, scan lumbar thoracic neck and brain) Bill Carolina Radiology #2020936 110823-030524 $8382.00	$8,382.00
11/08-12/04	McLeod Physician Charges	$31,581.00
12/4,1/18,2/20, 4/12,5/7	MedShore Ambulance	$23,457.01
12/4/23-12/18/23	Recs Sumter East Health and Rehab Center 120423-121823 Bill Sumter East Health and Rehab Center 120423-121823 $6973.14	$6,973.14
12/18/24	MedShore Ambulance t MRMC	$6,612.40
12/18/23-1/18/24	Admission to MRMC #200006766052	$200,581.00
12/18/23-01/18/23	McLeod Physician Charges	$10,092.00
1/18/24-02/29/24	Edisto Post Acute Rehabilitation	$34,217.72
1/31/24-2/20/24	McLeod Regional Medical Center- approx.	$168,235.00
11/24-3/24	McLeod Regional Medical Center- Dr. Tannehill	$1,042.00
3/24-7/24	Faith Healthcare Center- approx	$47,169.52
03/01/24-03/21/24	McLeod Regional Medical Center	$106,232.00
04/05/24-04/12/24	McLeod Regional Medical Center	$53,566.00
05/03/24-05/07/24	McLeod Regional Medical Center	$27,369.00
06/01/24-09/26/24	Currently at Lake City Scranton Nursing Home	$6,737.46
[illegible]ober 2024	Currently at Lake City Scranton Nursing Home	$1,698.06
November 2024	Currently at Lake City Scranton Nursing Home	$4,874.24

December 2024	Currently at Lake City Scranton Nursing Home	$1,699.06
January 2025	Currently at Lake City Scranton Nursing Home	$1,738.06
ruary 2025	Currently at Lake City Scranton Nursing Home	$1,738.06
March 2025 PreBill	Currently at Lake City Scranton Nursing Home	$1,738.06
02/27/25-03/10/25	McLeod Regional Medical Center	$68,703.00
	TOTAL	$1,140,777.30

Florence County EMS

$656.54

Florence County EMS
PO BOX 429
LEWISVILLE NC 270230429

PAYMENT REQUEST

Your ambulance services claim has been processed or is not covered by your insurance company leaving the outstanding balance listed below. The balance remaining is a result of one of the following reasons from your insurance company:

- charges not covered by your plan
- co-pay, deductible or denial
- payment was made directly to you

Please contact your insurance company directly if you have any questions regarding how your claim was processed. If you would like to provide additional insurance information or make a payment, you may do so using any of the contact options listed in the "Need to provide insurance or make a payment?" section. **If you do not have additional insurance, you are responsible for the balance due.**

Tell us what you thought about your EMS experience at www.emsbilling.com/patient

Account Details

Statement Date:	12/11/2023
Date of Service:	11/08/2023
Run Number:	**23-2583052**
Bill To:	SHIRLEY REED
Patient Name:	SHIRLEY REED
Origin:	2004 W LUCAS ST FLORENCE SC 295010000
Destination:	MCLEOD REGIONAL MEDICAL CENTER EMERGENCY DEPT

NEED TO PROVIDE INSURANCE OR MAKE A PAYMENT?

ONLINE: www.emsbilling.com/patient

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

BY PHONE: Call (800)814-5339 Monday through Friday 8am to 8pm EST.

Para asistencia en español, por favor llame a sevicio al cliente al (800)814-5339.

Account Activity

Description	Quantity	Total
BLS Emergency Transport	1	$608.18
Mileage	3.7	$48.36
Total Charges:		**$656.54**
AETNA HEALTHCARE(MCR HMO)		-$183.93
Total Credits:		**-$183.93**
Total Contractual Allowances:		**-$222.61**
Amount Due Upon Receipt:		**$250.00**

PLEASE DETACH AND RETURN THE BOTTOM PORTION WITH YOUR PAYMENT. A7

Florence County EMS
PO BOX 429
LEWISVILLE NC 270230429

ELECTRONIC SERVICE REQUESTED

PATIENT / GUARANTOR NAME: SHIRLEY REED

STATEMENT DATE:	12/11/2023
DATE OF SERVICE:	11/08/2023
RUN NUMBER:	23-2583052
AMOUNT DUE:	$250.00
AMOUNT ENCLOSED:	$_____

We accept the following for payment (see reverse side):

PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO:

Florence County EMS
PO BOX 429
LEWISVILLE NC 27023-0429

176188 - 3

SHIRLEY REED
751 MARCH ST
SUMTER SC 29154-5321

Incident Number: 86480869

176188-3-21120166

McLeod Regional Medical Center

$321,636.00

McLeod Regional Medical Center
PO Box 601743
Charlotte, NC 28260-1743

This is not a bill. This is an itemization of your hospital services for:

Patient: Reed,Shirley
Hospital Account: 200006216300

Admission Date: 11/08/23
Discharge Date: 12/04/23

Current Hospital Account Balance: 1,280.00

Hospital Charges

Date	Rev Code	Rec Proc Code	Description	Qty	Amount
11/08/23	0305	3058502501	HC Complete Cbc & Auto Diff Wbc - Additional Charge	1	165.00
11/08/23	0301	3018005301	HC Metabolic Panel Comprehensive	1	352.00
11/08/23	0730	7309300503	Ecg 12-Lead	1	478.00
11/08/23	0351	3517045001	HC CT Scan,Head/Brain,W/O Contrast Matl - CT Head WO Contrast	1	2,622.00
11/08/23	0352	3527212501	HC CT Scan,Cervical Spine,W/O Contrast - CT Cervical Spine WO Contrast	1	3,155.00
11/08/23	0258	J7030	Sodium Chloride per 250 Ml (0338-0049-04)	1	126.00
11/08/23	0250	J2405	Ondansetron 4 Mg/2 Ml Solution (60505-6130-5)	4	28.00
11/08/23	0320	3207207001	HC X-Ray Thoracic Spine 2 Vw - Xr Thoracic Spine 2 Views	1	645.00
11/08/23	0320	3207210001	HC X-Ray Lumbar Spine 2/3 Vw - Xr Lumbar Spine 2-3 Views	1	683.00
11/08/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/08/23	0250	J2270	Morphine 4 Mg/Ml Solution (0641-6125-25)	1	28.00
11/08/23	0250	J7120	Lactated Ringer's per 1000 Ml (0338-0117-04)	1	126.00
11/08/23	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
11/08/23	0301	3018373501	HC Assay of Magnesium - Magnesium	1	94.00
11/08/23	0301	3018410004	HC Assay of Inorganic Phosphorus - Phosphorus	1	66.00
11/08/23	0301	3018444301	HC Assay Thyroid Stim Hormone - Thyroid Stimulating Hormone	1	189.00
11/08/23	0255	Q9967	Iohexol 350 Mg Iodine/Ml Solution (0407-1414-91)	85	478.00
11/08/23	0352	3527213201	HC CT Scan Lumbar Sp Contrast - CT Lumbar Spine W Contrast	1	3,691.00
11/08/23	0352	3527212901	HC CT Scan Dorsal Sp Contrast - CT Thoracic Spine W Contrast	1	3,067.00
11/08/23	0110	1100000001	HC Private Room Daily	1	1,865.00
11/08/23	0301	3018303601	HC Glycosylated Hemoglobin Test - Hemoglobin A1c	1	118.00
11/08/23	0450	4509928501	HC Emergency Department Level 5 Visit	1	3,164.00
11/08/23	0260	2609637401	HC Injection,Therap/Proph/Diagnost, IV Push, Initial Drug	1	373.00
11/08/23	0260	2609636101	HC IV Infusion, Hydration, Ea Add Hour	1	252.00

/ ALL INSURANCE BENEFITS ASSIGNED TO
McLEOD REGIONAL MEDICAL CENTER

Please call 843-777-2955 if you have questions regarding this document.

Date	Rev Code	Ref Code	Description	Qty	Amount
11/09/23	0250	J2270	Morphine 4 Mg/Ml Solution (0641-6125-25)	1	28.00
11/09/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/09/23	0305	3058502701	HC Complete Cbc - Cbc	1	119.00
11/09/23	0301	3018004801	HC Basic Metabolic Panel Calcium Total	1	301.00
11/09/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/09/23	0250	J3475	Magnesium Sulfate 2 Gm/50ml Piggyback (0338-1708-40)	4	122.00
11/09/23	0637	6370000001	Oxybutynin 5 Mg Tablet (0832-0038-01)	1	10.00
11/09/23	0637	6370000001	Levothyroxine 50 Mcg Tablet (60687-464-01)	1	10.00
11/09/23	0301	3018230602	HC Assay of Vitamin D 25-Hydroxy	1	272.00
11/09/23	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
11/09/23	0305	3058561001	HC Prothrombin Time - Protime-Inr	1	72.00
11/09/23	0305	3058573001	HC Thromboplas Time Partial - Aptt	1	105.00
11/09/23	0305	3058502701	HC Complete Cbc - Cbc	1	119.00
11/09/23	0301	3018413401	HC Assay of Prealbumin - Prealbumin	1	127.00
11/09/23	0301	3018443901	HC Assay of Free Thyroxine - T4 Free	1	145.00
11/09/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/09/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/09/23	0250	2500000005	Tuberculin 5 Tub. Unit /0.1 Ml Solution (49281-752-21)	1	79.00
11/09/23	0637	J1815	Insulin Lispro 100 Unit/Ml Solution (0002-7510-17)	1	10.00
11/09/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/09/23	0637	6370000001	Pravastatin 40 Mg Tablet (60687-190-01)	2	57.00
11/09/23	0637	6370000001	Oxybutynin 5 Mg Tablet (0832-0038-01)	1	10.00
11/09/23	0250	J0360	Hydralazine per 20 Mg (0641-6231-25)	1	309.00
11/09/23	0110	1100000001	HC Private Room Daily	1	1,865.00
11/09/23	0301	3018416501	HC Protein E-Phoresis, Serum - Protein Electrophoresis Serum	1	156.00
11/10/23	0637	6370000001	Acetaminophen 325 Mg Tablet (50580-458-11)	2	1.00
11/10/23	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
11/10/23	0305	3058502701	HC Complete Cbc - Cbc	1	119.00
11/10/23	0301	3018004801	HC Basic Metabolic Panel Calcium Total	1	301.00
11/10/23	0301	3018373501	HC Assay of Magnesium - Magnesium	1	94.00
11/10/23	0301	3018443901	HC Assay of Free Thyroxine - T4 Free	1	145.00

ALL INSURANCE BENEFITS ASSIGNED TO McLEOD REGIONAL MEDICAL CENTER

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Date	Rev Code	Procedure Code	Description	Qty	Amount
11/10/23	0637	637000001	Levothyroxine 50 Mcg Tablet (60687-464-01)	1	10.00
11/10/23	0300	300364160 1	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/10/23	0637	637000001	Losartan 50 Mg Tablet (68084-347-01)	1	15.00
11/10/23	0637	637000001	Oxybutynin 5 Mg Tablet (0832-0038-01)	1	10.00
11/10/23	0300	300364160 1	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/10/23	0637	J1815	Insulin Lispro 100 Unit/Ml Solution (0002-7510-17)	1	10.00
11/10/23	0250	J2405	Ondansetron 4 Mg/2 Ml Solution (60505-6130-5)	4	28.00
11/10/23	0351	351704500 1	HC CT Scan,Head/Brain,W/O Contrast Matl - CT Head WO Contrast	1	2,622.00
11/10/23	0637	637000001	Magnesium Hydroxide 400 Mg/5 Ml Suspension (60687-429-76)	1	15.00
11/10/23	0250	J2270	Morphine 4 Mg/Ml Solution (0641-6125-25)	1	28.00
11/10/23	0300	300364160 1	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/10/23	0300	300364160 1	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/10/23	0250	J2270	Morphine 4 Mg/Ml Solution (0641-6125-25)	1	28.00
11/10/23	0637	637000001	Oxybutynin 5 Mg Tablet (0832-0038-01)	1	10.00
11/10/23	0637	637000001	Pravastatin 40 Mg Tablet (60687-190-01)	2	57.00
11/10/23	0110	110000001	HC Private Room Daily	1	1,865.00
11/11/23	0250	J2405	Ondansetron 4 Mg/2 Ml Solution (60505-6130-5)	4	28.00
11/11/23	0300	300364150 1	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
11/11/23	0305	305850270 1	HC Complete Cbc - Cbc	1	119.00
11/11/23	0637	637000001	Levothyroxine 50 Mcg Tablet (60687-464-01)	1	10.00
11/11/23	0300	300364160 1	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/11/23	0637	637000001	Oxybutynin 5 Mg Tablet (0832-0038-01)	1	10.00
11/11/23	0637	637000001	Losartan 50 Mg Tablet (68084-347-01)	1	15.00
11/11/23	0300	300364160 1	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/11/23	0637	637000001	Amlodipine 5 Mg Tablet (0904-6370-61)	1	10.00
11/11/23	0637	637000001	Magnesium Hydroxide 400 Mg/5 Ml Suspension (66689-053-99)	1	15.00
11/11/23	0637	637000001	Sennosides-Docusate Sodium 8.6-50 Mg Tablet (70000-0526-1)	1	10.00
11/11/23	0250	J2270	Morphine 4 Mg/Ml Solution (0641-6125-25)	1	28.00
11/11/23	0420	420975300 1	HC Pt Therapeut Actvity Direct Pt Contact Each 15 Min	1	56.00
11/11/23	0424	424971620 1	HC Pt Physical Therapy Evaluation Mod Complex 30 Mins	1	253.00
11/11/23	0300	300364160 1	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/11/23	0250	J2270	Morphine 4 Mg/Ml Solution (0641-6125-25)	1	28.00
11/11/23	0250	J2405	Ondansetron 4 Mg/2 Ml Solution (60505-6130-5)	4	28.00

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Date	Rev Code	Procedure Code	Description	Qty	Amount
11/11/23	0637	637000001	Bisacodyl 10 Mg Suppository (0574-7050-12)	1	21.00
11/11/23	0300	300364161	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/11/23	0637	637000001	Sennosides-Docusate Sodium 8.6-50 Mg Tablet (70000-0526-1)	1	10.00
11/11/23	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
11/11/23	0637	637000001	Pravastatin 40 Mg Tablet (0904-5893-61)	2	57.00
11/11/23	0637	637000001	Oxybutynin 5 Mg Tablet (0904-7027-61)	1	10.00
11/11/23	0110	110000001	HC Private Room Daily	1	1,865.00
11/11/23	0250	J2405	Ondansetron 4 Mg/2 Ml Solution (60505-6130-5)	4	28.00
11/11/23	0250	J2270	Morphine 4 Mg/Ml Solution (0641-6125-25)	1	28.00
11/12/23	0250	250000005	Sodium Phosphates 19-7 Gram/118 Ml Enema (70000-0108-1)	1	21.00
11/12/23	0637	637000001	Levothyroxine 50 Mcg Tablet (0904-6950-61)	1	10.00
11/12/23	0300	300364161	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/12/23	0250	J2405	Ondansetron 4 Mg/2 Ml Solution (60505-6130-5)	4	28.00
11/12/23	0637	637000001	Magnesium Hydroxide 400 Mg/5 Ml Suspension (66689-053-99)	1	15.00
11/12/23	0637	637000001	Losartan 50 Mg Tablet (68084-347-01)	1	15.00
11/12/23	0637	637000001	Oxybutynin 5 Mg Tablet (0904-7027-61)	1	10.00
11/12/23	0637	637000001	Sennosides-Docusate Sodium 8.6-50 Mg Tablet (70000-0526-1)	1	10.00
11/12/23	0637	637000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
11/12/23	0637	637000001	Amlodipine 5 Mg Tablet (0904-6370-61)	1	10.00
11/12/23	0300	300364151	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
11/12/23	0301	301800481	HC Basic Metabolic Panel Calcium Total	1	301.00
11/12/23	0301	301837351	HC Assay of Magnesium - Magnesium	1	94.00
11/12/23	0320	320740182	HC Radiologic Exam Abdomen 1 View - Xr Abdomen 1 View	1	497.00
11/12/23	0300	300364161	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/12/23	0300	300364161	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/12/23	0637	637000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
11/12/23	0250	J2405	Ondansetron 4 Mg/2 Ml Solution (60505-6130-5)	4	28.00
11/12/23	0300	300364161	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/12/23	0637	637000001	Pravastatin 40 Mg Tablet (0904-5893-61)	2	57.00
11/12/23	0637	637000001	Oxybutynin 5 Mg Tablet (0904-7027-61)	1	10.00
11/12/23	0637	637000001	Sennosides-Docusate Sodium 8.6-50 Mg Tablet (70000-0526-1)	1	10.00
11/12/23	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
11/12/23	0110	110000001	HC Private Room Daily	1	1,865.00

Please call 843-777-2955 if you have questions regarding this document.

Date	Rev Code	Procedure Code	Description	Qty	Amount
11/12/23	0270	2700000048	HC Rt Charge Simple O2 per Day	1	695.00
11/13/23	0270	2700000048	HC Rt Charge Simple O2 per Day	1	695.00
11/13/23	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
11/13/23	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
11/13/23	0305	3058502701	HC Complete Cbc - Cbc	1	119.00
11/13/23	0301	3018004801	HC Basic Metabolic Panel Calcium Total	1	301.00
11/13/23	0637	6370000001	Levothyroxine 50 Mcg Tablet (0904-6950-61)	1	10.00
11/13/23	0324	3247104501	HC Radiologic Exam Chest Single View - Xr Chest 1 View	1	282.00
11/13/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/13/23	0637	6370000001	Oxybutynin 5 Mg Tablet (0904-7027-61)	1	10.00
11/13/23	0637	6370000001	Losartan 50 Mg Tablet (68084-347-01)	1	15.00
11/13/23	0637	6370000001	Amlodipine 5 Mg Tablet (0904-6370-61)	1	10.00
11/13/23	0637	6370000001	Sennosides-Docusate Sodium 8.6-50 Mg Tablet (70000-0526-1)	1	10.00
11/13/23	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
11/13/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/13/23	0250	J2405	Ondansetron 4 Mg/2 Ml Solution (60505-6130-5)	4	28.00
11/13/23	0250	J2270	Morphine 4 Mg/Ml Solution (0641-6125-25)	1	28.00
11/13/23	0250	J1940	Furosemide per 20 Mg (55150-323-25)	2	28.00
11/13/23	0420	4209753001	HC Pt Therapeut Actvity Direct Pt Contact Each 15 Min	2	312.00
11/13/23	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
11/13/23	0250	J2405	Ondansetron 4 Mg/2 Ml Solution (60505-6130-5)	4	28.00
11/13/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/13/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/13/23	0637	6370000001	Sennosides-Docusate Sodium 8.6-50 Mg Tablet (70000-0526-1)	1	10.00
11/13/23	0637	6370000001	Oxybutynin 5 Mg Tablet (0904-7027-61)	1	10.00
11/13/23	0637	6370000001	Pravastatin 40 Mg Tablet (0904-5893-61)	2	57.00
11/13/23	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
11/13/23	0637	6370000001	Acetaminophen 325 Mg Tablet (50580-458-11)	2	1.00
11/13/23	0110	1100000001	HC Private Room Daily	1	1,865.00
11/14/23	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
11/14/23	0301	3018004801	HC Basic Metabolic Panel Calcium Total	1	301.00
11/14/23	0301	3018373501	HC Assay of Magnesium - Magnesium	1	94.00

Please call 843-777-2955 if you have questions regarding this document.

Dat	Rev	Cod	Description	Qty	Amount
11/14/23	0637	637000000 1	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
11/14/23	0637	637000000 1	Levothyroxine 50 Mcg Tablet (0904-6950-61)	1	10.00
11/14/23	0250	J2405	Ondansetron 4 Mg/2 Ml Solution (60505-6130-5)	4	28.00
11/14/23	0300	300364160 1	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/14/23	0250	J2270	Morphine 4 Mg/Ml Solution (0641-6125-25)	1	28.00
11/14/23	0637	637000000 1	Oxybutynin 5 Mg Tablet (0904-7027-61)	1	10.00
11/14/23	0637	637000000 1	Losartan 50 Mg Tablet (68084-347-01)	1	15.00
11/14/23	0637	637000000 1	Bisacodyl 10 Mg Suppository (0574-7050-12)	1	21.00
11/14/23	0637	637000000 1	Sennosides-Docusate Sodium 8.6-50 Mg Tablet (70000-0526-1)	1	10.00
11/14/23	0637	637000000 1	Amlodipine 5 Mg Tablet (0904-6370-61)	1	10.00
11/14/23	0250	J2405	Ondansetron 4 Mg/2 Ml Solution (60505-6130-5)	4	28.00
11/14/23	0637	637000000 1	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
11/14/23	0430	430975300 1	HC Ot Therapeut Actvity Direct Pt Contact Each 15 Min	1	156.00
11/14/23	0434	434971650 1	HC Ot Occupational Therapy Eval Low Complex 30 Mins	1	253.00
11/14/23	0250	J2405	Ondansetron 4 Mg/2 Ml Solution (60505-6130-5)	4	28.00
11/14/23	0250	J2270	Morphine 4 Mg/Ml Solution (0641-6125-25)	1	28.00
11/14/23	0637	637000000 1	Lidocaine 5 % Adhesive Patch,Medicated (65162-791-08)	1	75.00
11/14/23	0637	637000000 1	Sennosides-Docusate Sodium 8.6-50 Mg Tablet (70000-0526-1)	1	10.00
11/14/23	0637	637000000 1	Acetaminophen 325 Mg Tablet (50580-458-11)	2	1.00
11/14/23	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
11/14/23	0637	637000000 1	Oxybutynin 5 Mg Tablet (0904-7027-61)	1	10.00
11/14/23	0637	637000000 1	Pravastatin 40 Mg Tablet (0904-5893-61)	2	57.00
11/14/23	0110	110000000 1	HC Private Room Daily	1	1,865.00
11/14/23	0420	420971100 1	HC Pt Therapeutic Exercises	1	188.00
11/15/23	0637	637000000 1	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
11/15/23	0301	301800480 1	HC Basic Metabolic Panel Calcium Total	1	301.00
11/15/23	0637	637000000 1	Levothyroxine 50 Mcg Tablet (0904-6950-61)	1	10.00
11/15/23	0637	637000000 1	Oxybutynin 5 Mg Tablet (0904-7027-61)	1	10.00
11/15/23	0637	637000000 1	Losartan 50 Mg Tablet (68084-347-01)	1	15.00
11/15/23	0637	637000000 1	Sennosides-Docusate Sodium 8.6-50 Mg Tablet (70000-0526-1)	1	10.00
11/15/23	0637	637000000 1	Amlodipine 5 Mg Tablet (0904-6370-61)	1	10.00
11/15/23	0306	306870400 1	HC Blood Culture	1	204.00
11/15/23	0300	300364150 1	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00

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Date	Revenue Code	Procedure Code	Description	Qty	Amount
11/15/23	0306	306870400 1	HC Blood Culture	1	204.00
11/15/23	0306	306870860 1	HC Urine Culture	1	138.00
11/15/23	0307	307810010 1	HC Urinalysis, Auto, W/Scope - Urinalysis Microscopic	1	140.00
11/15/23	0250	J0696	Ceftriaxone per 250 Mg (60505-6149-4)	8	400.00
11/15/23	0250	J7050	Sodium Chloride 0.9 % Piggyback 100 Ml Bag (0338-9159-30)	1	54.00
11/15/23	0637	637000000 1	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
11/15/23	0430	430975300 1	HC Ot Therapeut Actvity Direct Pt Contact Each 15 Min	1	156.00
11/15/23	0250	J2270	Morphine 4 Mg/Ml Solution (0641-6125-25)	1	28.00
11/15/23	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
11/15/23	0637	637000000 1	Oxybutynin 5 Mg Tablet (0904-7027-61)	1	10.00
11/15/23	0637	637000000 1	Sennosides-Docusate Sodium 8.6-50 Mg Tablet (70000-0526-1)	1	10.00
11/15/23	0637	637000000 1	Pravastatin 40 Mg Tablet (0904-5893-61)	2	57.00
11/15/23	0637	637000000 1	Lidocaine 5 % Adhesive Patch,Medicated (0591-3525-30)	1	75.00
11/15/23	0110	110000000 1	HC Private Room Daily	1	1,865.00
11/16/23	0305	305850270 1	HC Complete Cbc - Cbc	1	119.00
11/16/23	0301	301800480 1	HC Basic Metabolic Panel Calcium Total	1	301.00
11/16/23	0301	301837350 1	HC Assay of Magnesium - Magnesium	1	94.00
11/16/23	0637	637000000 1	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
11/16/23	0324	324710450 1	HC Radiologic Exam Chest Single View - Xr Chest 1 View	1	282.00
11/16/23	0250	J2270	Morphine 4 Mg/Ml Solution (0641-6125-25)	1	28.00
11/16/23	0637	637000000 1	Levothyroxine 50 Mcg Tablet (0904-6950-61)	1	10.00
11/16/23	0637	637000000 1	Sennosides-Docusate Sodium 8.6-50 Mg Tablet (70000-0526-1)	1	10.00
11/16/23	0637	637000000 1	Losartan 50 Mg Tablet (68084-347-01)	1	15.00
11/16/23	0637	637000000 1	Oxybutynin 5 Mg Tablet (0904-7027-61)	1	10.00
11/16/23	0637	637000000 1	Amlodipine 5 Mg Tablet (0904-6370-61)	1	10.00
11/16/23	0300	300869010 2	HC Blood Typing, Rh	1	74.00
11/16/23	0300	300868500 3	HC RBC Antibody Screen - Antibody Screen Gel/Tube	1	113.00
11/16/23	0300	300869000 2	HC Blood Typing Serologic Abo - Type	1	82.00
11/16/23	0300	300364150 1	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
11/16/23	0250	J0696	Ceftriaxone per 250 Mg (60505-6149-4)	8	400.00
11/16/23	0250	J7050	Sodium Chloride 0.9 % Piggyback 100 Ml Bag (0338-9159-30)	1	54.00
11/16/23	0637	637000000 1	Polyethylene Glycol 17 Gram Powder in Packet (0904-6931-26)	1	13.00
11/16/23	0250	J2270	Morphine 4 Mg/Ml Solution (0641-6125-25)	1	28.00

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Date	Rev Code	Procedure	Description	Qty	Amount
11/16/23	0637	637000000 1	Lidocaine 5 % Adhesive Patch,Medicated (0591-3525-30)	1	75.00
11/16/23	0637	637000000 1	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
11/16/23	0305	305850270 1	HC Complete Cbc - Cbc	1	119.00
11/16/23	0301	301800480 1	HC Basic Metabolic Panel Calcium Total	1	301.00
11/16/23	0305	305857300 1	HC Thromboplas Time Partial - Aptt	1	105.00
11/16/23	0305	305856100 1	HC Prothrombin Time - Protime-Inr	1	72.00
11/16/23	0250	J2405	Ondansetron 4 Mg/2 Ml Solution (60505-6130-5)	4	28.00
11/16/23	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
11/16/23	0637	637000000 1	Sennosides-Docusate Sodium 8.6-50 Mg Tablet (70000-0526-1)	1	10.00
11/16/23	0637	637000000 1	Oxybutynin 5 Mg Tablet (0832-0038-01)	1	10.00
11/16/23	0637	637000000 1	Pravastatin 40 Mg Tablet (0904-5893-61)	2	57.00
11/16/23	0110	110000000 1	HC Private Room Daily	1	1,865.00
11/17/23	0250	J2405	Ondansetron 4 Mg/2 Ml Solution (60505-6130-5)	4	28.00
11/17/23	0250	J2270	Morphine 4 Mg/Ml Solution (0641-6125-25)	1	28.00
11/17/23	0250	J7030	Sodium Chloride 0.9% Parenteral Solution (0338-0049-04)	1	126.00
11/17/23	0637	637000000 1	Levothyroxine 50 Mcg Tablet (60687-464-01)	1	10.00
11/17/23	0300	300364150 1	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
11/17/23	0301	301837350 1	HC Assay of Magnesium - Magnesium	1	94.00
11/17/23	0250	J7030	Sodium Chloride 0.9% Parenteral Solution (0338-0049-04)	1	126.00
11/17/23	0320	320720700 1	HC X-Ray Thoracic Spine 2 Vw - Xr Thoracic Spine 2 Views	1	645.00
11/17/23	0250	250000005	Lidocaine-Epinephrine 1 %-1:100,000 Solution (63323-482-27)	1	28.00
11/17/23	0250	J0690	Cefazolin per 500 Mg (0781-3451-96)	4	160.00
11/17/23	0250	250000005	Sodium Chloride 0.9 % Solution 1,000 Ml Bottle (0338-0048-04)	1	24.00
11/17/23	0250	J3370	Vancomycin 1,000 Mg Recon Soln (0143-9162-10)	4	221.00
11/17/23	0250	J2405	Ondansetron 4 Mg/2 Ml Solution (60505-6130-5)	8	28.00
11/17/23	0250	250000005	Dexmedetomidine in Ns 400 Mcg in 100 Ml (4 Mcg/Ml) Solution (63323-671-00)	1	599.00
11/17/23	0250	250000005	Scopolamine 1 Mg Over 3 Days Patch 3 Day (50742-505-24)	1	164.00
11/17/23	0250	J2371	Phenylephrine in Ns 100 Mcg/Ml Syringe (65302-506-10)	20	51.00
11/17/23	0250	250000005	Ephedrine 50 Mg/Ml Solution (0781-3269-95)	1	305.00
11/17/23	0250	J0690	Cefazolin per 500 Mg (60505-6142-5)	4	160.00
11/17/23	0250	J0692	Cefepime per 500 Mg (44567-241-10)	4	160.00
11/17/23	0250	J1100	Dexamethasone per 1 Mg (0641-6145-25)	8	28.00
11/17/23	0250	250000005	Glycopyrrolate 0.2 Mg/Ml Solution (0143-9680-25)	1	28.00
11/17/23	0250	J0360	Hydralazine per 20 Mg (63323-614-01)	1	309.00
11/17/23	0250	J3010	Fentanyl per 0.1 Mg (0409-9094-22)	2	28.00
11/17/23	0250	J2704	Propofol 10 Mg/Ml Emulsion (0069-0234-20)	159	421.00

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Date	Rev Code	Procedure Code	Description	Qty	Amount
11/17/23	0250	J1920	Labetalol 5 Mg/Ml Solution (0409-2339-34)	1	28.00
11/17/23	0250	2500000005	Ketamine 10 Mg/Ml Solution (81483-0006-0)	1	48.00
11/17/23	0250	J7120	Lactated Ringer's per 1000 Ml (0338-0117-03)	1	126.00
11/17/23	0250	2500000005	Lidocaine 2 % Solution (55150-255-20)	1	28.00
11/17/23	0250	J3475	Magnesium Sulfate 4 Meq/Ml (50 %) Solution (63323-064-03)	2	28.00
11/17/23	0250	J0330	Succinylcholine 20 Mg/Ml Solution (0143-9338-25)	7	72.00
11/17/23	0250	J1805	Esmolol 100 Mg/10 Ml (10 Mg/Ml) Solution (67457-182-10)	3	84.00
11/17/23	0250	P9041	Albumin Human 5 % Parenteral Solution (68516-5214-2)	10	1,323.00
11/17/23	0250	J2250	Midazolam per 1 Mg (0641-6057-25)	2	28.00
11/17/23	0250	2500000005	Rocuronium 10 Mg/Ml Solution 5 Ml Vial (39822-4200-2)	1	55.00
11/17/23	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
11/17/23	0637	6370000001	Bisacodyl 10 Mg Suppository (0574-7050-12)	1	21.00
11/17/23	0250	J0696	Ceftriaxone per 250 Mg (60505-6149-4)	8	400.00
11/17/23	0250	J7050	Sodium Chloride 0.9 % Piggyback 100 Ml Bag (0338-9159-30)	1	54.00
11/17/23	0250	J0360	Hydralazine per 20 Mg (0641-6231-25)	1	309.00
11/17/23	0324	3247104501	HC Radiologic Exam Chest Single View - Xr Chest 1 View	1	282.00
11/17/23	0320	3207401802	HC Radiologic Exam Abdomen 1 View - Xr Abdomen 1 View	1	497.00
11/17/23	0307	3078100101	HC Urinalysis, Auto, W/Scope - Urinalysis Microscopic	1	140.00
11/17/23	0306	3068708601	HC Urine Culture	1	138.00
11/17/23	0301	3018257001	HC Assay of Urine Creatinine - Creatinine Random Urine	1	85.00
11/17/23	0301	3018430001	HC Assay of Urine Sodium - Sodium Random Urine	1	83.00
11/17/23	0250	J2270	Morphine 4 Mg/Ml Solution (0641-6125-25)	1	28.00
11/17/23	0637	J1815	Insulin Lispro 100 Unit/Ml Solution (0002-7510-17)	1	10.00
11/17/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/17/23	0301	3018393501	HC Assay of Urine Osmolality - Osmolality Urine	1	96.00
11/17/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/17/23	0637	6370000001	Cyclobenzaprine 10 Mg Tablet (60687-558-01)	1	10.00
11/17/23	0637	6370000001	Pravastatin 40 Mg Tablet (0904-5893-61)	2	57.00
11/17/23	0250	J2270	Morphine 4 Mg/Ml Solution (0641-6125-25)	1	28.00
11/17/23	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
11/17/23	0637	6370000001	Sennosides-Docusate Sodium 8.6-50 Mg Tablet (70000-0526-1)	1	10.00
11/17/23	0637	J1815	Insulin Lispro 100 Unit/Ml Solution (0002-7510-17)	1	10.00
11/17/23	0637	6370000001	Oxybutynin 5 Mg Tablet (0832-0038-01)	1	10.00
11/17/23	0370	3700000018	HC General Anesthesia Level 2	1	4,372.00

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Date	Rev Code	Procedure Code	Description	Qty	Amount
11/17/23	0272	2720000007	Aspiration Kit Bone Marrow 3 Hole 6 in Needle Sterile Needles 3hole Inches	1	1,446.00
11/17/23	0272	2720000007	Stapler Internal Wide 0.53 Mmx3.9 Cm Skin 35 Count Fix Head Pistol Grip Handle Stainless Steel Sterile Proximate Latexfree Disposable Fixedhead Staple	1	46.00
11/17/23	0272	2720000007	Suture Absorbable Braided 0 Ct1 Cr 18 in 36 Mm Coated 1/2 Circle Taperpoint Needle Control Release 8 Strand Polyglactin 910 Undyed Vicryl 18in 36mm	3	141.00
11/17/23	0272	2720000007	Sleeve Compression Medium Knee Length Scd Express Kendall	1	46.00
11/17/23	0272	2720000007	Sphere Navigation Passive for Marker Stealthstation Disposable Medtronic Ndi Spheres	6	2,158.00
11/17/23	0272	2720000007	Suture Absorbable Braided 30 Sh Cr 18 in 26 Mm Coated 1/2 Circle Taperpoint Needle Control Release 8 Strand Polyglactin 910 Undyed Vicryl 18in 26mm	3	198.00
11/17/23	0270	2700000051	Suture Absorbable Braided 20 Ct1 Cr 18 in 36 Mm Coated 1/2 Circle Taperpoint Needle Control Release 8 Strand Polyglactin 910 Undyed Vicryl 18in 36mm	3	204.00
11/17/23	0272	2720000007	Cement Bone Kyphon Xpede Pmma Sterile	1	825.00
11/17/23	0272	2720000007	Cement Bone Kyphon Xpede Pmma Sterile	2	1,651.00
11/17/23	0278	2780000003	Rod Spinal 130mm 5.5mm Invictus Viper 2 Lordotic Titanium Mis Nonsterile Latex Free	1	1,337.00
11/17/23	0278	2780000003	Rod Spinal 300mm 5.5mm Straight Titanium Vitallium Mis	1	1,203.00
11/17/23	0278	278C171301	Screw Set Invictus	8	5,560.00
11/17/23	0360	3600000019	HC or Level 7 Time Charge 0-30 Min	1	10,717.00
11/17/23	0360	3600000020	HC or Level 7 Time Charge Ea Addl 15 Min	16	51,344.00
11/17/23	0710	7100000003	HC Phase I- Recovery Room 0-30 Min	1	1,218.00
11/17/23	0710	7100000004	HC Phase I- Recovery Room Each Addl 15 Min	3	1,194.00
11/17/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/17/23	0200	2000000001	HC Icu Room Daily	1	6,171.00
11/17/23	0306	3068707706	HC Bacteria Identification, Aerobic Isolate - Gram Identification Vitek	1	120.00
11/17/23	0306	3068718602	HC Antibiotic Sens,Mic,Each - Minimum Inhibitory Concentration	1	200.00
11/17/23	0278	C1713	6.5 X 40 Invictus Fenestrated Screw	2	17,496.00
11/17/23	0278	C1713	5.5 X 35 Invictus Fenstrated Screw	5	43,740.00
11/17/23	0278	C1713	5.5 X 40 Invictus Fenestrated Screw	1	8,748.00
11/17/23	0920	9209593901	HC Central Motor Evoked Potential Upp and Low Li	1	1,801.00
11/17/23	0922	9229587001	HC Emg,1 Extrem,Nonparaspinal - Manual Muscle Testing	3	1,119.00
11/17/23	0922	9229593801	HC Short-Latency Somatosens Ep Std Upr & Low Limb	1	2,902.00
11/17/23	0920	9209594001	HC Ionm 1 on 1 in or W/Attendance Each 15 Minutes	18	6,894.00
11/18/23	0250	J0360	Hydralazine per 20 Mg (0641-6231-25)	1	309.00

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Date	Rev. Code	Procedure Code	Description	Qty	Amount
11/18/23	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
11/18/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/18/23	0250	J7030	Sodium Chloride 0.9% Parenteral Solution (0338-0049-04)	1	126.00
11/18/23	0410	4103660001	HC Chg Withdrawal of Arterial Blood - Draw Charge	1	93.00
11/18/23	0301	3018004801	HC Basic Metabolic Panel Calcium Total	1	301.00
11/18/23	0301	3018373501	HC Assay of Magnesium - Magnesium	1	94.00
11/18/23	0250	J2270	Morphine 4 Mg/Ml Solution (0641-6125-25)	1	28.00
11/18/23	0305	3058502501	HC Complete Cbc & Auto Diff Wbc - Additional Charge	1	165.00
11/18/23	0637	6370000001	Levothyroxine 50 Mcg Tablet (0904-6950-61)	1	10.00
11/18/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/18/23	0637	6370000001	Losartan 50 Mg Tablet (68084-347-01)	1	15.00
11/18/23	0637	6370000001	Amlodipine 5 Mg Tablet (0904-6370-61)	1	10.00
11/18/23	0637	6370000001	Sennosides-Docusate Sodium 8.6-50 Mg Tablet (70000-0526-1)	1	10.00
11/18/23	0637	6370000001	Polyethylene Glycol 17 Gram Powder in Packet (0904-6931-26)	1	13.00
11/18/23	0637	6370000001	Oxybutynin 5 Mg Tablet (0832-0038-01)	1	10.00
11/18/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/18/23	0483	4839330602	HC Tte W/Doppler Complete - Tte Complete	1	2,276.00
11/18/23	0637	6370000001	Sodium Chloride 1 Gram Tablet (77333-844-10)	1	10.00
11/18/23	0250	J7030	Sodium Chloride 0.9% Parenteral Solution (0338-0049-04)	1	126.00
11/18/23	0637	6370000001	Clotrimazole 1 % Cream 14 G Tube (0536-1272-11)	2	60.00
11/18/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/18/23	0637	J1815	Insulin Lispro 100 Unit/Ml Solution (0002-7510-17)	1	10.00
11/18/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/18/23	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
11/18/23	0250	J2270	Morphine 4 Mg/Ml Solution (0641-6125-25)	1	28.00
11/18/23	0637	6370000001	Sennosides-Docusate Sodium 8.6-50 Mg Tablet (60687-622-01)	1	10.00
11/18/23	0637	6370000001	Pravastatin 40 Mg Tablet (0904-5893-61)	2	57.00
11/18/23	0637	6370000001	Oxybutynin 5 Mg Tablet (0832-0038-01)	1	10.00
11/18/23	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
11/18/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/18/23	0200	2000000001	HC Icu Room Daily	1	6,171.00

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Date	Rev. Code	Description	Qty	Amount
11/19/23	0300	300364160 1 HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/19/23	0300	300364150 1 HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
11/19/23	0250	J2270 Morphine 4 Mg/Ml Solution (0641-6125-25)	1	28.00
11/19/23	0305	305850250 1 HC Complete Cbc & Auto Diff Wbc - Additional Charge	1	165.00
11/19/23	0301	301837350 1 HC Assay of Magnesium - Magnesium	1	94.00
11/19/23	0301	301800480 1 HC Basic Metabolic Panel Calcium Total	1	301.00
11/19/23	0250	J2405 Ondansetron 4 Mg/2 Ml Solution (60505-6130-5)	4	28.00
11/19/23	0637	637000000 1 Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
11/19/23	0637	637000000 1 Levothyroxine 50 Mcg Tablet (60687-464-01)	1	10.00
11/19/23	0250	J7030 Sodium Chloride 0.9% Parenteral Solution (0338-0049-04)	1	126.00
11/19/23	0300	300364160 1 HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/19/23	0637	637000000 1 Losartan 50 Mg Tablet (0904-7048-61)	1	15.00
11/19/23	0637	637000000 1 Amlodipine 5 Mg Tablet (0904-6370-61)	1	10.00
11/19/23	0637	637000000 1 Sennosides-Docusate Sodium 8.6-50 Mg Tablet (70000-0526-1)	1	10.00
11/19/23	0637	637000000 1 Polyethylene Glycol 17 Gram Powder in Packet (62559-157-10)	1	13.00
11/19/23	0637	637000000 1 Oxybutynin 5 Mg Tablet (0832-0038-01)	1	10.00
11/19/23	0300	300364160 1 HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/19/23	0637	637000000 1 Sodium Chloride 1 Gram Tablet (77333-844-10)	1	10.00
11/19/23	0301	301839350 1 HC Assay of Urine Osmolality - Osmolality Urine	1	96.00
11/19/23	0301	301843000 1 HC Assay of Urine Sodium - Sodium Random Urine	1	83.00
11/19/23	0637	637000000 1 Sodium Chloride 1 Gram Tablet (77333-844-10)	1	10.00
11/19/23	0637	637000000 1 Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
11/19/23	0300	300364160 1 HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/19/23	0300	300364160 1 HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/19/23	0637	637000000 1 Sennosides-Docusate Sodium 8.6-50 Mg Tablet (70000-0526-1)	1	10.00
11/19/23	0637	637000000 1 Pravastatin 40 Mg Tablet (0904-5893-61)	2	57.00
11/19/23	0250	J1650 Enoxaparin per 10 Mg (71288-433-83)	4	53.00
11/19/23	0250	J2270 Morphine 4 Mg/Ml Solution (0641-6125-25)	1	28.00
11/19/23	0250	J7030 Sodium Chloride 0.9% Parenteral Solution (0338-0049-04)	1	126.00
11/19/23	0637	637000000 1 Oxybutynin 5 Mg Tablet (0832-0038-01)	1	10.00
11/19/23	0637	J1815 Insulin Lispro 100 Unit/Ml Solution (0002-7510-17)	1	10.00
11/19/23	0637	637000000 1 Sodium Chloride 1 Gram Tablet (77333-844-10)	1	10.00

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Date	Rev Code	HCPCS	Description	Qty	Amount
11/19/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/19/23	0200	2000000001	HC Icu Room Daily	1	6,171.00
11/20/23	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
11/20/23	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
11/20/23	0305	3058502501	HC Complete Cbc & Auto Diff Wbc - Additional Charge	1	165.00
11/20/23	0301	3018004801	HC Basic Metabolic Panel Calcium Total	1	301.00
11/20/23	0301	3018373501	HC Assay of Magnesium - Magnesium	1	94.00
11/20/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/20/23	0637	6370000001	Levothyroxine 50 Mcg Tablet (0904-6950-61)	1	10.00
11/20/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/20/23	0637	6370000001	Polyethylene Glycol 17 Gram Powder in Packet (62559-157-10)	1	13.00
11/20/23	0637	6370000001	Amlodipine 5 Mg Tablet (0904-6370-61)	1	10.00
11/20/23	0637	6370000001	Losartan 50 Mg Tablet (0904-7048-61)	1	15.00
11/20/23	0637	6370000001	Sennosides-Docusate Sodium 8.6-50 Mg Tablet (70000-0526-1)	1	10.00
11/20/23	0637	6370000001	Acetaminophen 325 Mg Tablet (50580-458-11)	2	1.00
11/20/23	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
11/20/23	0250	J3475	Magnesium Sulfate 2 Gm/50ml Piggyback (0338-1708-40)	4	122.00
11/20/23	0637	6370000001	Potassium Chloride Cr 20 Meq Tablet Extended Release (0245-5319-01)	2	10.00
11/20/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/20/23	0434	4349716501	HC Ot Occupational Therapy Eval Low Complex 30 Mins	1	253.00
11/20/23	0430	4309753001	HC Ot Therapeut Actvity Direct Pt Contact Each 15 Min	1	156.00
11/20/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/20/23	0250	J2405	Ondansetron 4 Mg/2 Ml Solution (60505-6130-5)	4	28.00
11/20/23	0637	J1815	Insulin Lispro 100 Unit/Ml Solution (0002-7510-17)	1	10.00
11/20/23	0637	J1815	Insulin Lispro 100 Unit/Ml Solution (0002-7510-17)	1	10.00
11/20/23	0320	3207207001	HC X-Ray Thoracic Spine 2 Vw - Xr Thoracic Spine 2 Views	1	645.00
11/20/23	0637	6370000001	Cyclobenzaprine 10 Mg Tablet (60687-558-01)	1	10.00
11/20/23	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
11/20/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/20/23	0637	J1815	Insulin Lispro 100 Unit/Ml Solution (0002-7510-17)	1	10.00

Please call 843-777-2955 if you have questions regarding this document.

Date of Service	Rev Code	Procedure Code	Description	Qty	Amount
11/20/23	0637	6370000001	Pravastatin 40 Mg Tablet (0904-5893-61)	2	57.00
11/20/23	0637	6370000001	Sennosides-Docusate Sodium 8.6-50 Mg Tablet (70000-0526-1)	2	10.00
11/20/23	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
11/20/23	0637	6370000001	Oxybutynin 5 Mg Tablet (0832-0038-01)	1	10.00
11/20/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/20/23	0206	2060000001	HC Intermediate Icu Room Daily	1	3,880.00
11/21/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/21/23	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
11/21/23	0305	3058502501	HC Complete Cbc & Auto Diff Wbc - Additional Charge	1	165.00
11/21/23	0301	3018004801	HC Basic Metabolic Panel Calcium Total	1	301.00
11/21/23	0301	3018373501	HC Assay of Magnesium - Magnesium	1	94.00
11/21/23	0637	6370000001	Levothyroxine 75 Mcg Tablet (0904-6951-61)	1	10.00
11/21/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/21/23	0637	6370000001	Acetaminophen 325 Mg Tablet (50580-458-11)	2	1.00
11/21/23	0637	6370000001	Amlodipine 5 Mg Tablet (0904-6370-61)	1	10.00
11/21/23	0637	6370000001	Losartan 50 Mg Tablet (0904-7048-61)	1	15.00
11/21/23	0637	6370000001	Polyethylene Glycol 17 Gram Powder in Packet (62559-157-10)	1	13.00
11/21/23	0637	6370000001	Oxybutynin 5 Mg Tablet (0832-0038-01)	1	10.00
11/21/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/21/23	0424	4249716401	HC Pt Physical Therapy Re-Eval Est Plan Care 20 Mins	1	230.00
11/21/23	0420	4209753001	HC Pt Therapeut Actvity Direct Pt Contact Each 15 Min	2	312.00
11/21/23	0430	4309753501	HC Ot Self-Care/Home Mgmt Training Each 15 Minutes	1	132.00
11/21/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/21/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/21/23	0637	6370000001	Sennosides-Docusate Sodium 8.6-50 Mg Tablet (70000-0526-1)	2	10.00
11/21/23	0637	6370000001	Magnesium Hydroxide 400 Mg/5 Ml Suspension (60687-429-76)	1	15.00
11/21/23	0637	6370000001	Pravastatin 40 Mg Tablet (0904-5893-61)	2	57.00
11/21/23	0250	2500000005	Scopolamine 1 Mg Over 3 Days Patch 3 Day (50742-505-04)	1	164.00
11/21/23	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
11/21/23	0637	J1815	Insulin Lispro 100 Unit/Ml Solution (0002-7510-17)	1	10.00
11/21/23	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00

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Date	Revenue Code	Procedure Code	Description	Qty	Amount
11/21/23	0637	637000000 1	Oxybutynin 5 Mg Tablet (0832-0038-01)	1	10.00
11/21/23	0307	307810030 1	HC Urinalysis Auto W/O Scope	1	99.00
11/21/23	0300	300364160 1	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/21/23	0110	110000000 1	HC Private Room Daily	1	1,865.00
11/22/23	0300	300364160 1	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/22/23	0300	300364150 1	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
11/22/23	0272	272000000 7	Container Urine Collection Female External Primafit Flexfit Sage De	1	58.00
11/22/23	0305	305850250 1	HC Complete Cbc & Auto Diff Wbc - Additional Charge	1	165.00
11/22/23	0301	301800480 1	HC Basic Metabolic Panel Calcium Total	1	301.00
11/22/23	0301	301837350 1	HC Assay of Magnesium - Magnesium	1	94.00
11/22/23	0637	637000000 1	Levothyroxine 75 Mcg Tablet (0904-6951-61)	1	10.00
11/22/23	0637	637000000 1	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
11/22/23	0300	300364160 1	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/22/23	0637	637000000 1	Acetaminophen 325 Mg Tablet (50580-458-11)	2	1.00
11/22/23	0637	637000000 1	Oxybutynin 5 Mg Tablet (0832-0038-01)	1	10.00
11/22/23	0637	637000000 1	Losartan 50 Mg Tablet (0904-7048-61)	1	15.00
11/22/23	0637	637000000 1	Amlodipine 5 Mg Tablet (0904-6370-61)	1	10.00
11/22/23	0300	300364160 1	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/22/23	0420	420975300 1	HC Pt Therapeut Actvity Direct Pt Contact Each 15 Min	1	156.00
11/22/23	0300	300364160 1	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/22/23	0637	637000000 1	Magnesium Hydroxide 400 Mg/5 Ml Suspension (0121-0431-30)	1	15.00
11/22/23	0637	637000000 1	Sennosides-Docusate Sodium 8.6-50 Mg Tablet (70000-0526-1)	2	10.00
11/22/23	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
11/22/23	0637	637000000 1	Oxybutynin 5 Mg Tablet (0832-0038-01)	1	10.00
11/22/23	0637	637000000 1	Pravastatin 40 Mg Tablet (0904-5893-61)	2	57.00
11/22/23	0637	637000000 1	Cyclobenzaprine 10 Mg Tablet (60687-558-01)	1	10.00
11/22/23	0300	300364160 1	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/22/23	0300	300364160 1	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/22/23	0110	110000000 1	HC Private Room Daily	1	1,865.00
11/23/23	0300	300364160 1	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00

ALL INSURANCE BENEFITS ASSIGNED TO
McLEOD REGIONAL MEDICAL CENTER

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Date	Rev Code	Proc Code	Description	Qty	Amount
11/23/23	0300	300364150 1	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
11/23/23	0305	305850250 1	HC Complete Cbc & Auto Diff Wbc - Additional Charge	1	165.00
11/23/23	0301	301800480 1	HC Basic Metabolic Panel Calcium Total	1	301.00
11/23/23	0301	301837350 1	HC Assay of Magnesium - Magnesium	1	94.00
11/23/23	0637	637000000 1	Levothyroxine 75 Mcg Tablet (0904-6951-61)	1	10.00
11/23/23	0300	300364160 1	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/23/23	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
11/23/23	0637	637000000 1	Oxybutynin 5 Mg Tablet (0832-0038-01)	1	10.00
11/23/23	0637	637000000 1	Amlodipine 5 Mg Tablet (0904-6370-61)	1	10.00
11/23/23	0637	637000000 1	Losartan 50 Mg Tablet (68084-347-01)	1	15.00
11/23/23	0300	300364160 1	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/23/23	0300	300364160 1	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/23/23	0324	324710450 1	HC Radiologic Exam Chest Single View - Xr Chest 1 View	1	282.00
11/23/23	0320	320740180 2	HC Radiologic Exam Abdomen 1 View - Xr Abdomen 1 View	1	497.00
11/23/23	0351	351704500 1	HC CT Scan,Head/Brain,W/O Contrast Matl - CT Head WO Contrast	1	2,622.00
11/23/23	0637	637000000 1	Bisacodyl 10 Mg Suppository (0574-7050-12)	1	21.00
11/23/23	0300	300364160 1	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/23/23	0637	637000000 1	Oxybutynin 5 Mg Tablet (0832-0038-01)	1	10.00
11/23/23	0637	637000000 1	Pravastatin 40 Mg Tablet (0904-5893-61)	2	57.00
11/23/23	0637	637000000 1	Magnesium Hydroxide 400 Mg/5 Ml Suspension (0121-0431-30)	1	15.00
11/23/23	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
11/23/23	0637	637000000 1	Docusate Sodium 100 Mg Capsule (63739-478-02)	1	10.00
11/23/23	0637	637000000 1	Sennosides 8.6 Mg Tablet (0904-7252-61)	2	10.00
11/23/23	0110	110000000 1	HC Private Room Daily	1	1,865.00
11/23/23	0300	300364160 1	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/23/23	0272	272000000 7	Container Urine Collection Female External Primafit Flexfit Sage De	1	58.00
11/24/23	0300	300364160 1	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/24/23	0305	305850250 1	HC Complete Cbc & Auto Diff Wbc - Additional Charge	1	165.00
11/24/23	0301	301800480 1	HC Basic Metabolic Panel Calcium Total	1	301.00
11/24/23	0301	301837350 1	HC Assay of Magnesium - Magnesium	1	94.00
11/24/23	0637	637000000 1	Levothyroxine 75 Mcg Tablet (0904-6951-61)	1	10.00

/ ALL INSURANCE BENEFITS
McLEOD REGIONAL

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Date	Rev Code	Procedure Code	Description	Qty	Amount
11/24/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/24/23	0637	6370000001	Oxybutynin 5 Mg Tablet (0832-0038-01)	1	10.00
11/24/23	0637	6370000001	Polyethylene Glycol 17 Gram Powder in Packet (62559-157-10)	1	13.00
11/24/23	0637	6370000001	Magnesium Hydroxide 400 Mg/5 Ml Suspension (0121-0431-30)	1	15.00
11/24/23	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
11/24/23	0637	6370000001	Docusate Sodium 100 Mg Capsule (63739-478-02)	1	10.00
11/24/23	0637	6370000001	Amlodipine 5 Mg Tablet (0904-6370-61)	1	10.00
11/24/23	0637	6370000001	Losartan 50 Mg Tablet (0904-7048-61)	1	15.00
11/24/23	0301	3018444301	HC Assay Thyroid Stim Hormone - Thyroid Stimulating Hormone	1	189.00
11/24/23	0637	6370000001	Acetaminophen 325 Mg Tablet (50580-458-11)	2	1.00
11/24/23	0637	6370000001	Cyclobenzaprine 10 Mg Tablet (60687-558-01)	1	10.00
11/24/23	0637	J1815	Insulin Lispro 100 Unit/Ml Solution (0002-7510-17)	1	10.00
11/24/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/24/23	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
11/24/23	0430	4309753501	HC Ot Self-Care/Home Mgmt Training Each 15 Minutes	1	132.00
11/24/23	0420	4209753001	HC Pt Therapeut Actvity Direct Pt Contact Each 15 Min	2	312.00
11/24/23	0637	6370000001	Pantoprazole 40 Mg Tablet,Delayed Release (Dr/Ec) (50268-639-15)	1	19.00
11/24/23	0301	3018443901	HC Assay of Free Thyroxine - T4 Free	1	145.00
11/24/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/24/23	0272	2720000007	Container Urine Collection Female External Primafit Flexfit Sage De	1	58.00
11/24/23	0301	3018430001	HC Assay of Urine Sodium - Sodium Random Urine	1	83.00
11/24/23	0301	3018393501	HC Assay of Urine Osmolality - Osmolality Urine	1	96.00
11/24/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/24/23	0637	6370000001	Magnesium Hydroxide 400 Mg/5 Ml Suspension (0121-0431-30)	1	15.00
11/24/23	0637	6370000001	Pravastatin 40 Mg Tablet (0904-5893-61)	2	57.00
11/24/23	0637	6370000001	Docusate Sodium 100 Mg Capsule (63739-478-02)	1	10.00
11/24/23	0637	6370000001	Oxybutynin 5 Mg Tablet (0832-0038-01)	1	10.00
11/24/23	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
11/24/23	0637	6370000001	Sennosides 8.6 Mg Tablet (0904-7252-61)	2	10.00
11/24/23	0110	1100000001	HC Private Room Daily	1	1,865.00
11/24/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00

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Date	Rev Code	Code	Description	Qty	Amount
11/25/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/25/23	0305	3058502701	HC Complete Cbc - Cbc	1	119.00
11/25/23	0301	3018373501	HC Assay of Magnesium - Magnesium	1	94.00
11/25/23	0301	3018004801	HC Basic Metabolic Panel Calcium Total	1	301.00
11/25/23	0637	6370000001	Levothyroxine 75 Mcg Tablet (0904-6951-61)	1	10.00
11/25/23	0637	6370000001	Pantoprazole 40 Mg Tablet,Delayed Release (Dr/Ec) (50268-639-15)	1	19.00
11/25/23	0637	6370000001	Magnesium Hydroxide 400 Mg/5 Ml Suspension (0121-0431-30)	1	15.00
11/25/23	0637	6370000001	Oxybutynin 5 Mg Tablet (0832-0038-01)	1	10.00
11/25/23	0637	6370000001	Amlodipine 5 Mg Tablet (0904-6370-61)	1	10.00
11/25/23	0637	6370000001	Docusate Sodium 100 Mg Capsule (63739-478-02)	1	10.00
11/25/23	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
11/25/23	0637	6370000001	Losartan 50 Mg Tablet (0904-7048-61)	1	15.00
11/25/23	0637	6370000001	Polyethylene Glycol 17 Gram Powder in Packet (62559-157-10)	1	13.00
11/25/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/25/23	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
11/25/23	0301	3018373501	HC Assay of Magnesium - Magnesium	1	94.00
11/25/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/25/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/25/23	0250	J1940	Furosemide per 20 Mg (71288-203-03)	1	28.00
11/25/23	0250	2500000005	Sodium Phosphates 19-7 Gram/118 Ml Enema (70000-0108-1)	1	21.00
11/25/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/25/23	0637	6370000001	Pravastatin 40 Mg Tablet (0904-5893-61)	2	57.00
11/25/23	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
11/25/23	0637	6370000001	Docusate Sodium 100 Mg Capsule (63739-478-02)	1	10.00
11/25/23	0637	6370000001	Sennosides 8.6 Mg Tablet (0904-7252-61)	2	10.00
11/25/23	0637	6370000001	Oxybutynin 5 Mg Tablet (0832-0038-01)	1	10.00
11/25/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/25/23	0110	1100000001	HC Private Room Daily	1	1,865.00
11/26/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/26/23	0637	6370000001	Levothyroxine 75 Mcg Tablet (0904-6951-61)	1	10.00
11/26/23	0637	6370000001	Pantoprazole 40 Mg Tablet,Delayed Release (Dr/Ec) (50268-639-15)	1	19.00

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Date	Revenue Code	Charge Code	Description	Qty	Amount
11/26/23	0305	3058502701	HC Complete Cbc - Cbc	1	119.00
11/26/23	0301	3018004801	HC Basic Metabolic Panel Calcium Total	1	301.00
11/26/23	0301	3018373501	HC Assay of Magnesium - Magnesium	1	94.00
11/26/23	0637	6370000001	Oxybutynin 5 Mg Tablet (0832-0038-01)	1	10.00
11/26/23	0637	6370000001	Docusate Sodium 100 Mg Capsule (63739-478-02)	1	10.00
11/26/23	0637	6370000001	Amlodipine 5 Mg Tablet (0904-6370-61)	1	10.00
11/26/23	0637	6370000001	Losartan 50 Mg Tablet (68084-347-01)	1	15.00
11/26/23	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
11/26/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/26/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/26/23	0637	6370000001	Cyclobenzaprine 10 Mg Tablet (60687-558-01)	1	10.00
11/26/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/26/23	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
11/26/23	0301	3018253301	HC Total Cortisol - Cortisol	1	223.00
11/26/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/26/23	0637	6370000001	Oxybutynin 5 Mg Tablet (0832-0038-01)	1	10.00
11/26/23	0637	6370000001	Pravastatin 40 Mg Tablet (0904-5893-61)	2	57.00
11/26/23	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
11/26/23	0637	6370000001	Docusate Sodium 100 Mg Capsule (63739-478-02)	1	10.00
11/26/23	0637	6370000001	Clotrimazole 1 % Cream 14 G Tube (0536-1272-11)	2	60.00
11/26/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/26/23	0110	1100000001	HC Private Room Daily	1	1,865.00
11/27/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/27/23	0637	6370000001	Cyclobenzaprine 10 Mg Tablet (60687-558-01)	1	10.00
11/27/23	0637	6370000001	Acetaminophen 325 Mg Tablet (50580-458-11)	2	1.00
11/27/23	0637	6370000001	Levothyroxine 75 Mcg Tablet (0904-6951-61)	1	10.00
11/27/23	0637	6370000001	Pantoprazole 40 Mg Tablet,Delayed Release (Dr/Ec) (50268-639-15)	1	19.00
11/27/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/27/23	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
11/27/23	0637	6370000001	Losartan 50 Mg Tablet (0904-7048-61)	1	15.00
11/27/23	0637	6370000001	Oxybutynin 5 Mg Tablet (0832-0038-01)	1	10.00

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Date	Rev Code	Ply Std	Description	Qty	Amount
11/27/23	0637	6370000001	Docusate Sodium 100 Mg Capsule (63739-478-02)	1	10.00
11/27/23	0637	6370000001	Amlodipine 5 Mg Tablet (0904-6370-61)	1	10.00
11/27/23	0320	3207401802	HC Radiologic Exam Abdomen 1 View - Xr Abdomen 1 View	1	497.00
11/27/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/27/23	0272	2720000007	Container Urine Collection Female External Primafit Flexfit Sage De	2	116.00
11/27/23	0637	6370000001	Simethicone 80 Mg Tablet,Chewable (77333-812-10)	1	10.00
11/27/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/27/23	0420	4209753001	HC Pt Therapeut Actvity Direct Pt Contact Each 15 Min	1	156.00
11/27/23	0637	6370000001	Acetaminophen 325 Mg Tablet (50580-458-11)	2	1.00
11/27/23	0637	6370000001	Cyclobenzaprine 10 Mg Tablet (60687-558-01)	1	10.00
11/27/23	0637	6370000001	Simethicone 80 Mg Tablet,Chewable (77333-812-10)	1	10.00
11/27/23	0250	J2405	Ondansetron 4 Mg/2 Ml Solution (60505-6130-5)	4	28.00
11/27/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/27/23	0637	6370000001	Docusate Sodium 100 Mg Capsule (63739-478-02)	1	10.00
11/27/23	0637	6370000001	Sennosides 8.6 Mg Tablet (0904-7252-61)	2	10.00
11/27/23	0637	6370000001	Pravastatin 40 Mg Tablet (0904-5893-61)	2	57.00
11/27/23	0637	6370000001	Oxybutynin 5 Mg Tablet (0832-0038-01)	1	10.00
11/27/23	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
11/27/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/27/23	0110	1100000001	HC Private Room Daily	1	1,865.00
11/28/23	0637	6370000001	Simethicone 80 Mg Tablet,Chewable (77333-812-10)	1	10.00
11/28/23	0250	J2405	Ondansetron 4 Mg/2 Ml Solution (60505-6130-5)	4	28.00
11/28/23	0637	6370000001	Alum-Mag Hydroxide-Simeth 200-200-20 Mg/5 Ml Suspension 355 Ml Bottle (0536-1293-83)	1	125.00
11/28/23	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
11/28/23	0305	3058502701	HC Complete Cbc - Cbc	1	119.00
11/28/23	0637	6370000001	Levothyroxine 75 Mcg Tablet (0904-6951-61)	1	10.00
11/28/23	0637	6370000001	Pantoprazole 40 Mg Tablet,Delayed Release (Dr/Ec) (50268-639-15)	1	19.00
11/28/23	0637	6370000001	Simethicone 80 Mg Tablet,Chewable (77333-812-10)	1	10.00
11/28/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/28/23	0301	3018373501	HC Assay of Magnesium - Magnesium	1	94.00
11/28/23	0301	3018004801	HC Basic Metabolic Panel Calcium Total	1	301.00

Please call 843-777-2955 if you have questions regarding this document.

Date	Rev Code	Procedure Code	Description	Qty	Amount
11/28/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/28/23	0637	6370000001	Oxybutynin 5 Mg Tablet (0904-7027-61)	1	10.00
11/28/23	0637	6370000001	Losartan 50 Mg Tablet (0904-7048-61)	1	15.00
11/28/23	0637	6370000001	Amlodipine 5 Mg Tablet (0904-6370-61)	1	10.00
11/28/23	0637	6370000001	Docusate Sodium 100 Mg Capsule (63739-478-02)	1	10.00
11/28/23	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
11/28/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/28/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
11/28/23	0637	6370000001	Polyethylene Glycol 17 Gram Powder in Packet (0904-6931-26)	1	13.00
11/28/23	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
11/28/23	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
11/28/23	0301	3018007601	HC Hepatic Function Panel	1	274.00
11/28/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/28/23	0420	4209753001	HC Pt Therapeut Actvity Direct Pt Contact Each 15 Min	1	156.00
11/28/23	0430	4309753501	HC Ot Self-Care/Home Mgmt Training Each 15 Minutes	1	132.00
11/28/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/28/23	0402	4027670506	HC US, Abdomen Limited - US Abdomen Limited	1	1,269.00
11/28/23	0637	6370000001	Sennosides 8.6 Mg Tablet (0904-6522-61)	2	10.00
11/28/23	0637	6370000001	Docusate Sodium 100 Mg Capsule (63739-478-02)	1	10.00
11/28/23	0637	6370000001	Pravastatin 40 Mg Tablet (0904-5893-61)	2	57.00
11/28/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
11/28/23	0637	6370000001	Oxybutynin 5 Mg Tablet (0832-0038-01)	1	10.00
11/28/23	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
11/28/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/28/23	0110	1100000001	HC Private Room Daily	1	1,865.00
11/29/23	0250	J2405	Ondansetron 4 Mg/2 Ml Solution (60505-6130-5)	4	28.00
11/29/23	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
11/29/23	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
11/29/23	0305	3058502701	HC Complete Cbc - Cbc	1	119.00
11/29/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/29/23	0637	6370000001	Levothyroxine 75 Mcg Tablet (0904-6951-61)	1	10.00

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Date	Rev Code	Proc/Drug Code	Description	Qty	Amount
11/29/23	0637	637000000 1	Pantoprazole 40 Mg Tablet,Delayed Release (Dr/Ec) (50268-639-15)	1	19.00
11/29/23	0301	301637350 1	HC Assay of Magnesium - Magnesium	1	94.00
11/29/23	0301	301800480 1	HC Basic Metabolic Panel Calcium Total	1	301.00
11/29/23	0300	300364160 1	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/29/23	0637	637000000 1	Docusate Sodium 100 Mg Capsule (63739-478-02)	1	10.00
11/29/23	0637	637000000 1	Amlodipine 5 Mg Tablet (0904-6370-61)	1	10.00
11/29/23	0637	637000000 1	Losartan 50 Mg Tablet (0904-7048-61)	1	15.00
11/29/23	0637	637000000 1	Oxybutynin 5 Mg Tablet (0832-0038-01)	1	10.00
11/29/23	0637	637000000 1	Polyethylene Glycol 17 Gram Powder in Packet (0904-6931-26)	1	13.00
11/29/23	0637	637000000 1	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
11/29/23	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
11/29/23	0637	637000000 1	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
11/29/23	0300	300364160 1	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/29/23	0637	637000000 1	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
11/29/23	0430	430975350 1	HC Ot Self-Care/Home Mgmt Training Each 15 Minutes	1	132.00
11/29/23	0420	420975300 1	HC Pt Therapeut Actvity Direct Pt Contact Each 15 Min	2	312.00
11/29/23	0300	300364160 1	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/29/23	0255	Q9967	Iohexol 350 Mg Iodine/Ml Solution (0407-1414-91)	100	562.00
11/29/23	0352	352741770 1	HC CT Abd & Pelv W/Contrast - CT Abdomen Pelvis W Contrast	1	6,546.00
11/29/23	0637	637000000 1	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
11/29/23	0301	301843000 1	HC Assay of Urine Sodium - Sodium Random Urine	1	83.00
11/29/23	0301	301839350 1	HC Assay of Urine Osmolality - Osmolality Urine	1	96.00
11/29/23	0307	307810010 1	HC Urinalysis, Auto, W/Scope - Urinalysis Microscopic	1	140.00
11/29/23	0306	306870860 1	HC Urine Culture	1	138.00
11/29/23	0300	300364160 1	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/29/23	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
11/29/23	0250	J0696	Ceftriaxone per 250 Mg (60505-6148-4)	4	160.00
11/29/23	0250	J7050	Sodium Chloride 0.9 % Piggyback 100 Ml Bag (0338-9159-30)	1	54.00
11/29/23	0637	637000000 1	Sennosides 8.6 Mg Tablet (0904-7252-61)	1	5.00
11/29/23	0637	637000000 1	Sennosides 8.6 Mg Tablet (0904-6522-61)	1	5.00
11/29/23	0637	637000000 1	Cyclobenzaprine 10 Mg Tablet (60687-558-01)	1	10.00

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Date	Rev Code	Procedure Code	Description	Qty	Amount
11/29/23	0637	6370000001	Pravastatin 40 Mg Tablet (0904-5893-61)	2	57.00
11/29/23	0637	6370000001	Docusate Sodium 100 Mg Capsule (63739-478-02)	1	10.00
11/29/23	0637	6370000001	Oxybutynin 5 Mg Tablet (0832-0038-01)	1	10.00
11/29/23	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
11/29/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
11/29/23	0250	J7030	Sodium Chloride 0.9% Parenteral Solution (0338-0049-04)	1	126.00
11/29/23	0110	1100000001	HC Private Room Daily	1	1,865.00
11/29/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/29/23	0306	3068707706	HC Bacteria Identification, Aerobic Isolate - Gram Identification Vitek	1	120.00
11/29/23	0306	3068707706	HC Bacteria Identification, Aerobic Isolate - Gram Identification Vitek	1	120.00
11/29/23	0306	3068718602	HC Antibiotic Sens,Mic,Each - Minimum Inhibitory Concentration	1	200.00
11/29/23	0306	3068718602	HC Antibiotic Sens,Mic,Each - Minimum Inhibitory Concentration	1	200.00
11/30/23	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
11/30/23	0305	3058502701	HC Complete Cbc - Cbc	1	119.00
11/30/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/30/23	0301	3018004801	HC Basic Metabolic Panel Calcium Total	1	301.00
11/30/23	0301	3018373501	HC Assay of Magnesium - Magnesium	1	94.00
11/30/23	0637	6370000001	Levothyroxine 75 Mcg Tablet (0904-6951-61)	1	10.00
11/30/23	0637	6370000001	Pantoprazole 40 Mg Tablet,Delayed Release (Dr/Ec) (50268-639-15)	1	19.00
11/30/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
11/30/23	0637	6370000001	Oxybutynin 5 Mg Tablet (0832-0038-01)	1	10.00
11/30/23	0637	6370000001	Losartan 50 Mg Tablet (68084-347-01)	1	15.00
11/30/23	0637	6370000001	Amlodipine 5 Mg Tablet (0904-6370-61)	1	10.00
11/30/23	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
11/30/23	0637	6370000001	Cyclobenzaprine 10 Mg Tablet (60687-558-01)	1	10.00
11/30/23	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
11/30/23	0637	6370000001	Docusate Sodium 100 Mg Capsule (63739-478-02)	1	10.00
11/30/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
11/30/23	0637	6370000001	Polyethylene Glycol 17 Gram Powder in Packet (0904-6931-26)	1	13.00
11/30/23	0250	J7030	Sodium Chloride 0.9% Parenteral Solution (0338-0049-04)	1	126.00

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Date	Rev Code	Procedure	Description	Mod	Qty	Amount
11/30/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge		1	58.00
11/30/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)		1	65.00
11/30/23	0430	4309753001	HC Ot Therapeut Actvity Direct Pt Contact Each 15 Min		2	312.00
11/30/23	0420	4209753001	HC Pt Therapeut Actvity Direct Pt Contact Each 15 Min		1	156.00
11/30/23	0637	6370000001	Bisacodyl 10 Mg Suppository (0574-7050-12)		1	21.00
11/30/23	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge		1	48.00
11/30/23	0301	3018004801	HC Basic Metabolic Panel Calcium Total		1	301.00
11/30/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge		1	58.00
11/30/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)		1	65.00
11/30/23	0637	6370000001	Sodium Chloride 1 Gram Tablet (77333-844-10)		1	10.00
11/30/23	0637	J1815	Insulin Lispro 100 Unit/Ml Solution (0002-7510-17)		1	10.00
11/30/23	0637	6370000001	Tamsulosin 0.4 Mg Capsule (50268-740-15)		1	10.00
11/30/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge		1	58.00
11/30/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)		1	65.00
11/30/23	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)		4	53.00
11/30/23	0250	J0696	Ceftriaxone per 250 Mg (60505-6148-4)		4	160.00
11/30/23	0250	J7050	Sodium Chloride 0.9 % Piggyback 100 Ml Bag (0338-9159-30)		1	54.00
11/30/23	0637	6370000001	Pravastatin 40 Mg Tablet (0904-5893-61)		2	57.00
11/30/23	0637	6370000001	Docusate Sodium 100 Mg Capsule (63739-478-02)		1	10.00
11/30/23	0637	6370000001	Sennosides 8.6 Mg Tablet (0904-7252-61)		2	10.00
11/30/23	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)		1	10.00
11/30/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge		1	58.00
11/30/23	0110	1100000001	HC Private Room Daily		1	1,865.00
12/01/23	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)		1	10.00
12/01/23	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge		1	48.00
12/01/23	0305	3058502501	HC Complete Cbc & Auto Diff Wbc - Additional Charge		1	165.00
12/01/23	0301	3018005301	HC Metabolic Panel Comprehensive		1	352.00
12/01/23	0301	3018373501	HC Assay of Magnesium - Magnesium		1	94.00
12/01/23	0637	6370000001	Levothyroxine 75 Mcg Tablet (0904-6951-61)		1	10.00
12/01/23	0637	6370000001	Pantoprazole 40 Mg Tablet,Delayed Release (Dr/Ec) (50268-639-15)		1	19.00
12/01/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge		1	58.00

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Date	Rev Code	Procedure	Description	Qty	Amount
12/01/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
12/01/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/01/23	0637	6370000001	Docusate Sodium 100 Mg Capsule (63739-478-02)	1	10.00
12/01/23	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
12/01/23	0637	6370000001	Losartan 50 Mg Tablet (0904-7048-61)	1	15.00
12/01/23	0637	6370000001	Amlodipine 5 Mg Tablet (0904-6370-61)	1	10.00
12/01/23	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
12/01/23	0637	6370000001	Polyethylene Glycol 17 Gram Powder in Packet (0904-6931-26)	1	13.00
12/01/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
12/01/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/01/23	0637	6370000001	Acetaminophen 325 Mg Tablet (50580-458-11)	2	1.00
12/01/23	0637	6370000001	Cyclobenzaprine 10 Mg Tablet (60687-558-01)	1	10.00
12/01/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
12/01/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/01/23	0637	6370000001	Tamsulosin 0.4 Mg Capsule (50268-740-15)	1	10.00
12/01/23	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
12/01/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
12/01/23	0250	J0696	Ceftriaxone per 250 Mg (60505-6148-4)	4	160.00
12/01/23	0250	J7050	Sodium Chloride 0.9 % Piggyback 100 Ml Bag (0338-9159-30)	1	54.00
12/01/23	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
12/01/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/01/23	0637	6370000001	Acetaminophen 325 Mg Tablet (50580-458-11)	2	1.00
12/01/23	0637	6370000001	Cyclobenzaprine 10 Mg Tablet (60687-558-01)	1	10.00
12/01/23	0637	6370000001	Pravastatin 40 Mg Tablet (0904-5893-61)	2	57.00
12/01/23	0637	6370000001	Sennosides 8.6 Mg Tablet (0904-7252-61)	2	10.00
12/01/23	0637	6370000001	Docusate Sodium 100 Mg Capsule (63739-478-02)	1	10.00
12/01/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
12/01/23	0110	1100000001	HC Private Room Daily	1	1,865.00
12/02/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
12/02/23	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
12/02/23	0305	3058502701	HC Complete Cbc - Cbc	1	119.00

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Date	Rev Code	HCPCS	Description	Qty	Amount
12/02/23	0301	3018373501	HC Assay of Magnesium - Magnesium	1	94.00
12/02/23	0301	3018004801	HC Basic Metabolic Panel Calcium Total	1	301.00
12/02/23	0637	6370000001	Pantoprazole 40 Mg Tablet,Delayed Release (Dr/Ec) (50268-639-15)	1	19.00
12/02/23	0637	6370000001	Levothyroxine 75 Mcg Tablet (0904-6951-61)	1	10.00
12/02/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
12/02/23	0637	6370000001	Losartan 50 Mg Tablet (0904-7048-61)	1	15.00
12/02/23	0637	6370000001	Amlodipine 5 Mg Tablet (0904-6370-61)	1	10.00
12/02/23	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
12/02/23	0637	6370000001	Docusate Sodium 100 Mg Capsule (63739-478-02)	1	10.00
12/02/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/02/23	0637	6370000001	Polyethylene Glycol 17 Gram Powder in Packet (0904-6931-26)	1	13.00
12/02/23	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
12/02/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
12/02/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/02/23	0637	6370000001	Sulfamethoxazole-Trimethoprim 800-160 Mg Tablet (0904-2725-61)	1	10.00
12/02/23	0637	6370000001	Bisacodyl 10 Mg Suppository (57896-443-12)	1	21.00
12/02/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
12/02/23	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
12/02/23	0250	J2405	Ondansetron 4 Mg/2 Ml Solution (60505-6130-5)	4	28.00
12/02/23	0637	6370000001	Tamsulosin 0.4 Mg Capsule (50268-740-15)	1	10.00
12/02/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/02/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
12/02/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/02/23	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
12/02/23	0637	6370000001	Sennosides 8.6 Mg Tablet (0904-7252-61)	2	10.00
12/02/23	0637	6370000001	Sulfamethoxazole-Trimethoprim 800-160 Mg Tablet (0904-2725-61)	1	10.00
12/02/23	0637	6370000001	Docusate Sodium 100 Mg Capsule (63739-478-02)	1	10.00
12/02/23	0637	6370000001	Pravastatin 40 Mg Tablet (60687-190-01)	2	57.00
12/02/23	0637	J1815	Insulin Lispro 100 Unit/Ml Solution (0002-7510-17)	1	10.00
12/02/23	0110	1100000001	HC Private Room Daily	1	1,865.00
12/03/23	0637	J1815	Insulin Lispro 100 Unit/Ml Solution (0002-7510-17)	1	10.00

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Date	Rev			Qty	Amount
12/03/23	0637	637000001	Pantoprazole 40 Mg Tablet,Delayed Release (Dr/Ec) (50268-639-15)	1	19.00
12/03/23	0637	637000001	Levothyroxine 75 Mcg Tablet (0904-6951-61)	1	10.00
12/03/23	0300	300364150 1	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
12/03/23	0301	301800480 1	HC Basic Metabolic Panel Calcium Total	1	301.00
12/03/23	0637	637000001	Polyethylene Glycol 17 Gram Powder in Packet (0904-6931-26)	1	13.00
12/03/23	0637	637000001	Docusate Sodium 100 Mg Capsule (63739-478-02)	1	10.00
12/03/23	0637	637000001	Amlodipine 5 Mg Tablet (0904-6370-61)	1	10.00
12/03/23	0637	637000001	Sulfamethoxazole-Trimethoprim 800-160 Mg Tablet (0904-2725-61)	1	10.00
12/03/23	0637	637000001	Losartan 50 Mg Tablet (0904-7048-61)	1	15.00
12/03/23	0637	637000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/03/23	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
12/03/23	0637	637000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/03/23	0637	637000001	Cyclobenzaprine 10 Mg Tablet (60687-558-01)	1	10.00
12/03/23	0637	637000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
12/03/23	0637	J1815	Insulin Lispro 100 Unit/Ml Solution (0002-7510-17)	1	10.00
12/03/23	0637	637000001	Tamsulosin 0.4 Mg Capsule (50268-740-15)	1	10.00
12/03/23	0637	637000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/03/23	0637	637000001	Acetaminophen 325 Mg Tablet (50580-458-11)	2	1.00
12/03/23	0637	637000001	Cyclobenzaprine 10 Mg Tablet (60687-558-01)	1	10.00
12/03/23	0637	637000001	Pravastatin 40 Mg Tablet (0904-5893-61)	2	57.00
12/03/23	0637	637000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
12/03/23	0637	637000001	Sulfamethoxazole-Trimethoprim 800-160 Mg Tablet (0904-2725-61)	1	10.00
12/03/23	0637	637000001	Sennosides 8.6 Mg Tablet (0904-7252-61)	2	10.00
12/03/23	0637	637000001	Docusate Sodium 100 Mg Capsule (63739-478-02)	1	10.00
12/03/23	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
12/03/23	0637	637000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/03/23	0637	J1815	Insulin Lispro 100 Unit/Ml Solution (0002-7510-17)	1	10.00
12/03/23	0300	300364160 1	HC Chg Collection Capillary Blood Specimen - Draw Charge	6	348.00
12/03/23	0110	110000000 1	HC Private Room Daily	1	1,865.00
12/04/23	0300	300364150 1	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
12/04/23	0305	305850270 1	HC Complete Cbc - Cbc	1	119.00

Please call 843-777-2955 if you have questions regarding this document.

Date	Rev Code	Procedure	Description	Qty	Amount
12/04/23	0301	3018373501	HC Assay of Magnesium - Magnesium	1	94.00
12/04/23	0301	3018004801	HC Basic Metabolic Panel Calcium Total	1	301.00
12/04/23	0637	6370000001	Levothyroxine 75 Mcg Tablet (0904-6951-61)	1	10.00
12/04/23	0637	6370000001	Pantoprazole 40 Mg Tablet,Delayed Release (Dr/Ec) (50268-639-15)	1	19.00
12/04/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
12/04/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
12/04/23	0637	6370000001	Polyethylene Glycol 17 Gram Powder in Packet (0904-6931-26)	1	13.00
12/04/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/04/23	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
12/04/23	0637	6370000001	Sulfamethoxazole-Trimethoprim 800-160 Mg Tablet (0904-2725-61)	1	10.00
12/04/23	0637	6370000001	Losartan 50 Mg Tablet (68084-347-01)	1	15.00
12/04/23	0637	6370000001	Docusate Sodium 100 Mg Capsule (63739-478-02)	1	10.00
12/04/23	0637	6370000001	Amlodipine 5 Mg Tablet (0904-6370-61)	1	10.00
12/04/23	0637	6370000001	Cyclobenzaprine 10 Mg Tablet (60687-558-01)	1	10.00
12/04/23	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
12/04/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
12/04/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/04/23	0420	4209753001	HC Pt Therapeut Actvity Direct Pt Contact Each 15 Min	1	156.00
12/04/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
12/04/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/04/23	0637	6370000001	Tamsulosin 0.4 Mg Capsule (50268-740-15)	1	10.00
			Total Charges		**321,636.00**

Hospital Payments and Adjustments

Date	Description	Amount
	Aetna Medicare Payments and Adjustments	-320,036.00
	Copay: 1,600.00	
12/21/23	Prompt Pay Discount	-320.00

Please call 843-777-2955 if you have questions regarding this document.

McLeod Regional Medical Center Physician

$548.00

McLeod Regional Medical Center
PO Box 601743
Charlotte, NC 28260-1743

This is not a bill. This is an itemization of your hospital services for:

Patient:	Reed,Shirley	Admission Date:	11/08/23
Hospital Account:	200006262420	Discharge Date:	12/04/23

Current Hospital Account Balance: 0.00

Professional Charges

11/08/2023	Emergency department visit with high level of medical decision making	1	548.00

Professional Payments and Adjustments

	Aetna Medicare Payments and Adjustments	-548.00

ALL INSURANCE PAYMENTS ASSIGNED TO MCLEOD REGIONAL MEDICAL CENTER

Please call 843-777-2955 if you have questions regarding this document.

McLeod Cardiology Associates

$3,501.00

McLeod Cardiology Associates Florence
PO Box 601743
Charlotte, NC 28260-1743

This is not a bill. This is an itemization of your hospital services for:

Patient:	Reed,Shirley	Admission Date:	11/08/23
Hospital Account:	200006211769	Discharge Date:	11/08/23

Current Hospital Account Balance: 113.50

Professional Charges

11/08/2023	Exercise or drug-induced heart stress test with electrocardiogram (ECG) with supervision and review by physician	1	367.00
11/08/2023	Nuclear medicine studies of heart muscle at rest and with stress and SPECT	1	2,124.00
11/08/2023	Regadenoson injection	4	456.00
11/08/2023	Tc99M Tetrofosmin	2	554.00

Total- $3,501

Professional Payments and Adjustments

	Aetna Medicare Payments and Adjustments	-3,352.50
	Coinsurance: 28.50	
	Copay: 120.00	
11/08/23	Co-Payment	-35.00

ALL INSURANCE BENEFITS ASSIGNED TO
McLEOD REGIONAL MEDICAL CENTER

Please call 843-777-2955 if you have questions regarding this document.

Carolina Radiology

$8,382.00

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SUITE C
MYRTLE BEACH, SC 29577-5765
Phone: (866)264-3435
Fax: (843)497-9566

Patient: 2020936 - REED, SHIRLEY

11/08/2023	AGOR, LONGINUS	GLASSMAN, STEVEN	G9637 - FINAL REPORTS WITH		Z04.3, Z01.89	$0.00			
11/19/2023			Adjustment				$0.00	$0.00	AETNA MEDICARE ADVANTAGE
11/08/2023	AGOR, LONGINUS	GLASSMAN, STEVEN	G9637 - FINAL REPORTS WITH		Z04.3, Z01.89	$0.00			
11/19/2023			Adjustment				$0.00	$0.00	AETNA MEDICARE ADVANTAGE
11/08/2023	VARDELL, ELIZABETH L	PACICCO, THOMAS	G9637 - FINAL REPORTS WITH		S09.90XA, Z01.89	$0.00			
11/19/2023			Adjustment				$0.00	$0.00	AETNA MEDICARE ADVANTAGE
11/08/2023	VARDELL, ELIZABETH L	PACICCO, THOMAS	G9637 - FINAL REPORTS WITH		S09.90XA, Z01.89	$0.00			
11/19/2023			Adjustment				$0.00	$0.00	AETNA MEDICARE ADVANTAGE
11/08/2023	JAMES, KIASHA	PACICCO, THOMAS	72072 - RADEX SPI THRC 3 VIEW	26	M85.88	$42.00			
12/01/2023			Payment				$11.55	$30.45	AETNA MEDICARE ADVANTAGE
11/08/2023	JAMES, KIASHA	PACICCO, THOMAS	72100 - RADEX SPI LUMBOSAC 2	26	M47.817, M85.88	$42.00			
12/01/2023			Payment				$11.52	$30.48	AETNA MEDICARE ADVANTAGE
11/08/2023	VARDELL, ELIZABETH L	PACICCO, THOMAS	70450 - CT HEAD/BRN C-M	26	S09.90XA	$248.00			
12/01/2023			Payment				$41.07	$206.93	AETNA MEDICARE ADVANTAGE
11/08/2023	VARDELL, ELIZABETH L	PACICCO, THOMAS	72125 - CT CRV SPI C-MATRL	26	S19.9XXA	$289.00			
12/01/2023			Payment				$50.50	$238.50	AETNA MEDICARE ADVANTAGE
11/08/2023	AGOR, LONGINUS	GLASSMAN, STEVEN	72132 - CT LMBR SPI C+ MATRL	26	Z04.3	$237.00			

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12/01/2023			Payment				$83.00	$154.00	AETNA MEDICARE ADVANTAGE
11/08/2023	AGOR, LONGINUS	GLASSMAN, STEVEN	72129 - CT THRC SPI C+ MATRL	26	Z04.3	$214.00			
12/01/2023			Payment				$83.00	$131.00	AETNA MEDICARE ADVANTAGE
11/10/2023	MOIDEEN, NITHASHA	LEWIS, MARY BET	70450 - CT HEAD/BRN C-M	26	R11.0, G31.9	$248.00			
12/02/2023			Payment				$43.24	$204.76	AETNA MEDICARE ADVANTAGE
11/10/2023	MOIDEEN, NITHASHA	LEWIS, MARY BETH	G9637 - FINAL REPORTS WITH DOCUMENTATIO		R11.0, G31.9, Z01.89	$0.00			
11/19/2023			Adjustment				$0.00	$0.00	AETNA MEDICARE ADVANTAGE
11/12/2023	MOIDEEN, NITHASHA	PACICCO, THOMAS	74018 - RADIOLOGIC EX	26	K59.00, R11.0	$37.00			
[illegible]			Payment				[illegible]	[illegible]	[illegible]
11/13/2023	MOIDEEN, NITHASHA	ARRINGTON, DAVID	71045 - RADIOLOGIC EX	26	J90, J98.11	$37.00			
[illegible]			Payment				[illegible]	[illegible]	[illegible]
11/16/2023	YANAMADALA, VANDANA	ALLEN, SCOTT H	71045 - RADIOLOGIC EX	26	R50.9, R06.00	$37.00			
[illegible]			Payment				[illegible]	[illegible]	[illegible]
11/17/2023	WATSON, WILLIAM C	DOHERTY, BRENDAN	71045 - RADIOLOGIC EX	26	J90, J98.11, R11.2	$37.00			
[illegible]			Payment				[illegible]	[illegible]	[illegible]
11/17/2023	TANNAHILL, CATHERINE Y	DOHERTY, BRENDAN	72070 - RADEX SPI THRC 2 VIEW	26	M43.24	$46.00			
[illegible]			Payment				[illegible]	[illegible]	[illegible]
11/17/2023	WATSON, WILLIAM C	DOHERTY, BRENDAN	74018 - RADIOLOGIC EX	26	R11.2	$37.00			

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[illegible]			Payment				$0.00	[illegible]	AETNA MEDICARE ADVANTAGE
11/20/2023	GREEN III, RYAN SIDNEY	DOHERTY, BRENDAN	72070 - RADEX SPI THRC 2 VIEW	26	Z98.1	$46.00			
12/06/2023			Payment				$8.50	$28.50	AETNA MEDICARE ADVANTAGE
11/23/2023	ESTEPHAN, DAVID	TAVERNIE R, JOSHUA	70450 - CT HEAD/BRN C-M	26	R41.0, R11.2	$248.00			
12/06/2023			Payment				$8.50	$28.50	AETNA MEDICARE ADVANTAGE
11/23/2023	ESTEPHAN, DAVID	TAVERNIE R, JOSHUA	G9637 - FINAL REPORTS WITH DOCUMENTATIO		R41.0, R11.2, Z01.89	$0.00			
12/06/2023			Payment				$8.50	$28.50	AETNA MEDICARE ADVANTAGE
11/23/2023	ESTEPHAN, DAVID	TAVERNIE R, JOSHUA	71045 - RADIOLOGIC EX	26	R09.02	$37.00			
12/06/2023			Payment				$8.50	$28.50	AETNA MEDICARE ADVANTAGE
11/23/2023	ESTEPHAN, DAVID	TAVERNIE R, JOSHUA	74018 - RADIOLOGIC EX	26	R11.2	$37.00			
12/06/2023			Payment				$8.50	$28.50	AETNA MEDICARE ADVANTAGE
11/27/2023	ESTEPHAN, DAVID	GRAY, NATHANIE	74018 - RADIOLOGIC EX	26	R14.0	$37.00			
12/09/2023			Payment				$7.64	$29.36	AETNA MEDICARE ADVANTAGE
11/28/2023	ESTEPHAN, DAVID	DOHERTY, BRENDAN	76705 - US ABDL B-SCAN&/R-T IM	26	R11.0	$150.00			
12/10/2023			Payment				$24.45	$125.55	AETNA MEDICARE ADVANTAGE
11/29/2023	ESTEPHAN, DAVID	GRINSTEA D, RICHARD	74177 - CT, ABD AND PEL; W/ CONTRAST MATERIAL(S)	26	K80.20, N32.89, R10.2, R11.0	$550.00			
2/13/2023			Payment				$83.00	$467.00	AETNA MEDICARE ADVANTAGE

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11/29/2023	ESTEPHAN, DAVID	GRINSTEAD, RICHARD	G9637 - FINAL REPORTS WITH DOCUMENTATION OF ONE OR M		K80.20, R10.2, N32.89, R11.0	$0.00			
12/08/2023			Adjustment				$0.00	$0.00	AETNA MEDICARE ADVANTAGE
12/18/2023	DAVIDSON, GRANT G	TAVERNIER, JOSHUA	74177 - CT, ABD AND PEL W/ CO	26	R10.9	$550.00			
12/18/2023	DAVIDSON, GRANT G	TAVERNIER, JOSHUA	G9637 - FINAL REPORTS WITH		Z01.89, R10.9	$0.00			
12/18/2023	DAVIDSON, GRANT G	AKBAR, SYED	71045 - RADIOLOGIC EX	26	R50.9	$37.00			
01/01/2024			Payment				$7.64	$29.36	AETNA MEDICARE ADVANTAGE
12/19/2023	KRUSLING, DAVID E	GLASSMAN, STEVEN B	70450 - CT HEAD/BRN C-MATRL	26	I67.82, R41.0, G31.9, J32.3	$248.00			
01/01/2024			Payment				$83.00	$165.00	AETNA MEDICARE ADVANTAGE
12/19/2023	KRUSLING, DAVID E	GLASSMAN, STEVEN B	G9637 - FINAL REPORTS WITH DOCUMENTATION OF ONE OR M		R41.0, G31.9, I67.82, J32.3	$0.00			
12/27/2023			Adjustment				$0.00	$0.00	AETNA MEDICARE ADVANTAGE
12/22/2023	HART, ERIC C	HILL, SAMUEL C	74176 - CT, ABD AND PEL W/O C	26	K80.20	$500.00			
02/01/2024			Payment	249. *CORRECTION TO PREVIOUSLY PAID CLAIM			$0.00	$0.00	AETNA MEDICARE ADVANTAGE

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02/20/2024			Payment	259 - *CPT NOT COVERED FOR THESE SERVICE		$0.00	$0.00	AETNA MEDICARE ADVANTAGE
02/13/2024			Payment	259 - *CPT INCONSISTENT WITH POS		$0.00	$0.00	AETNA MEDICARE ADVANTAGE
02/20/2024			Payment	249. *CORRECTION TO PREVIOUSLY PAID CLAIM		$0.00	$0.00	AETNA MEDICARE ADVANTAGE
12/22/2023	HART, ERIC C	HILL, SAMUEL C	G9637 - FINAL REPORTS WITH DOCUMENTATIO	K80.20, M54.9, Z01.89	$0.00			
12/31/2023			Adjustment			$0.00	$0.00	AETNA MEDICARE ADVANTAGE
2/23/2023	HART, ERIC C	CHRISTIAN, STEPHE	76705 - US ABDL B-SCAN&/R-T IM	26	K80.20, R11.10	$150.00		
01/15/2024			Payment	259 - *CPT NOT COVERED FOR THESE SERVICE		$0.00	$0.00	AETNA MEDICARE ADVANTAGE
01/15/2024			Payment	249. *CORRECTION TO PREVIOUSLY PAID CLAIM		$0.00	$0.00	AETNA MEDICARE ADVANTAGE
01/21/2024			Payment			$30.17	$119.83	AETNA MEDICARE ADVANTAGE
12/28/2023	TIMMONS, LINDSEY	LEIGHTON, JOSHUA C	78227 - HEPATOBIL SYST IMAG INC GB W/	26	K80.20, K81.1, K82.8	$120.00		
01/10/2024			Payment			$90.26	$29.74	AETNA MEDICARE ADVANTAGE
01/01/2024	BENCHEKROUN, MOHAMMED T	ARRINGTON, DAVID	71045 - RADIOLOGIC EX	26	R05.9	$37.00		
01/16/2024			Payment			$7.64	$29.36	AETNA MEDICARE ADVANTAGE
11/04/2024	CHALASANI, SREER	ARRINGTON, DAVID	74022 - RADEX ABD COMPL AQT	26	R11.2, Z90.49	$86.00		
01/15/2024			Payment			$19.50	$16.50	AETNA MEDICARE ADVANTAGE

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01/05/2024	CHALASANI, SREE R	HILL, SAMUEL C	74177 - CT, ABD AND PEL; W/ CONTRAST MAT	26	R11.2, R10.9, Z90.49	$550.00			
[illegible]			Payment				$88.00	$462.00	AETNA MEDICARE ADVANTAGE
01/05/2024	CHALASANI, SREE R	HILL, SAMUEL C	G9637 - FINAL REPORTS WITH DOCUMENTATIO N OF ONE OR M		Z01.89, R10.9, R11.2, Z90.49	$0.00			
[illegible]			Adjustment				$0.00	$0.00	AETNA MEDICARE ADVANTAGE
01/15/2024	DATLA, SATYA	KIM, DONG	71045 - RADIOLOGIC EX	26	J81.1, R50.9	$37.00			
01/27/2024			Payment				$7.64	$29.36	AETNA MEDICARE ADVANTAGE
/16/2024	DATLA, SATYA	GILLELAN D, GEOFFR	74183 - MRI ABD C-/C+	26	K80.20, Z90.49	$402.00			
01/27/2024			Payment				$124.40	$277.60	AETNA MEDICARE ADVANTAGE
01/18/2024	PATEL, JITENDRA	WEBSTER, JULIE S	71045 - RADIOLOGIC EX	26	R09.89, I51.7	$37.00			
02/15/2024			Payment				$7.84	$29.16	AETNA MEDICARE ADVANTAGE
01/31/2024	DEHLINGER, ERIK	AKBAR, SYED	74177 - CT, ABD AND PEL; W/ CONTRAST MATERIAL(S)	26	K57.30, R11.2, R10.9, Z90.49	$550.00			
02/14/2024			Payment				$83.00	$467.00	AETNA MEDICARE ADVANTAGE
01/31/2024	DEHLINGER, ERIK	AKBAR, SYED	71275 - CTA CH C-/C+ POST-PXE	26	R11.2	$400.00			
02/14/2024			Payment				$83.00	$317.00	AETNA MEDICARE ADVANTAGE
01/31/2024	DEHLINGER, ERIK	AKBAR, SYED	G9637 - FINAL REPORTS WITH DOCUMENTATIO N OF ONE OR M		R10.9, R11.2, Z90.49, Z01.89	$0.00			
/08/2024			Adjustment				$0.00	$0.00	AETNA MEDICARE ADVANTAGE

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01/31/2024	DEHLINGER, ERIK	AKBAR, SYED	G9637 - FINAL REPORTS WITH DOCUMENTATIO N OF ONE OR M		R10.9, R11.2, Z90.49, Z01.89	$0.00			
02/15/2024			Payment				$0.00	$0.00	AETNA MEDICARE ADVANTAGE
01/31/2024	DEHLINGER, ERIK	LEWIS, MARY BET	71045 - RADIOLOGIC EX	26	R10.9	$37.00			
02/14/2024			Payment				$7.84	$29.16	AETNA MEDICARE ADVANTAGE
02/02/2024	ESTEPHAN, DAVID	LEWIS, MARY BET	71045 - RADIOLOGIC EX	26 77	R05.9	$37.00			
02/15/2024			Payment	285. *NON COVERED SERVICE			$0.00	$0.00	AETNA MEDICARE ADVANTAGE
04/03/2024			Payment	285. *NON COVERED SERVICE			$0.00	$0.00	AETNA MEDICARE ADVANTAGE
02/03/2024	ESTEPHAN, DAVID	STAMATO, STEPHAN	93976 - DUP-SCAN ART/ FLO	26	R10.9	$161.00			
02/15/2024			Payment				$26.57	$112.43	AETNA MEDICARE ADVANTAGE
02/03/2024	ESTEPHAN, DAVID	STAMATO, STEPHAN	76770 - US RETROPERITONE	26 XU	R10.9	$179.00			
02/15/2024			Payment				$29.54	$125.46	AETNA MEDICARE ADVANTAGE
02/04/2024	OUTLER, WILLIAM	GLASSMA N, STEVEN	71045 - RADIOLOGIC EX	26	R06.02	$37.00			
02/15/2024			Payment				$7.84	$29.16	AETNA MEDICARE ADVANTAGE
02/04/2024	ESTEPHAN, DAVID	CONWELL, WESLEY S	71275 - CTA CH C-/C+ POST-PXE	26	R00.0	$400.00			
02/17/2024			Payment				$67.20	$332.80	AETNA MEDICARE ADVANTAGE

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02/04/2024	ESTEPHAN, DAVID	CONWELL, WESLEY S	G9637 - FINAL REPORTS WITH		Z01.89	$0.00			
02/26/2024			Adjustment				$0.00	$0.00	AETNA MEDICARE ADVANTAGE
02/06/2024	ESTEPHAN, DAVID	MEIERE, CHENEY M	74230 - SWLNG FUNCJ W/CINER	26	R13.10, R63.30	$101.00			
02/17/2024			Payment				$25.83	$75.17	AETNA MEDICARE ADVANTAGE
02/06/2024	LOISELLE, CANDIDA M	HILL, SAMUEL C	71045 - RADIOLOGIC EX	26	J98.4	$37.00			
02/17/2024			Payment				$7.84	$29.16	AETNA MEDICARE ADVANTAGE
02/12/2024	ESTEPHAN, DAVID	LEWIS, MARY BETH	71045 - RADIOLOGIC EXAMINATION,	26	J96.90, J18.9, R91.8	$37.00			
02/24/2024			Payment				$7.84	$29.16	AETNA MEDICARE ADVANTAGE
02/16/2024	ILYAS, OMAR	DOHERTY, BRENDAN T	70450 - CT HEAD/BRN C-MATRL	26	R41.82, G31.9, J32.4	$248.00			
03/01/2024			Payment				$83.00	$165.00	AETNA MEDICARE ADVANTAGE
02/16/2024	ILYAS, OMAR	DOHERTY, BRENDAN T	G9637 - FINAL REPORTS WITH DOCUMENTATIO N OF ONE OR M		R41.82, G31.9, J32.4, Z01.89	$0.00			
02/23/2024			Adjustment				$0.00	$0.00	AETNA MEDICARE ADVANTAGE
02/18/2024	OUTLER, WILLIAM	CHU, WILLIAM	71045 - RADIOLOGIC EX	26	R06.00, R41.0	$37.00			
03/01/2024			Payment				$7.84	$29.16	AETNA MEDICARE ADVANTAGE
02/18/2024	ILYAS, OMAR	DOHERTY, BRENDAN T	70551 - MRI BRN BRN STEM C-MATRL	26	G93.40, I67.82, J32.4	$303.00			
03/01/2024			Payment				$83.00	$220.00	AETNA MEDICARE ADVANTAGE
03/05/2024	HEWITT, CHRISTOPHER D	HILL, SAMUEL C	74150 - CT ABD C-MATRL	26	K57.30	$297.00			

ImagineSoftware

AROLINA RADIOLOGY ASSOCIATES, LLC
1303 AZALEA COURT
SUITE C
MYRTLE BEACH, SC 29577-5765
Phone: (866)264-3435
Fax: (843)497-9566

[illegible]			Payment				[illegible]	[illegible]	AETNA MEDICARE ADVANTAGE
03/05/2024	HEWITT, CHRISTOPHER D	HILL, SAMUEL C	G9637 - FINAL REPORTS WITH		Z01.89, K57.30	$0.00			
[illegible]			Adjustment				$0.00	$0.00	AETNA MEDICARE ADVANTAGE
03/05/2024	SINGH, HARMOHAN	DOHERTY, BRENDAN	74018 - RADIOLOGIC EX	26	Z46.59	$37.00			
03/17/2024			Payment				$7.64	$29.36	AETNA MEDICARE ADVANTAGE
03/05/2024	SINGH, HARMOHAN	CHU, WILLIAM	74018 - RADIOLOGIC EX	26	Z46.59	$37.00			
03/21/2024			Payment				$8.12	$28.88	AETNA MEDICARE ADVANTAGE
03/05/2024	SINGH, HARMOHAN	AKBAR, SYED	74018 - RADIOLOGIC EX	26 77	Z46.59	$37.00			
[illegible]			Payment	252 PAYMENT REDUCED BY A THIRD PROVIDER			$0.00	$0.00	AETNA MEDICARE ADVANTAGE
04/03/2024			Payment				$7.64	$29.36	AETNA MEDICARE ADVANTAGE
[illegible]			Payment	249 CORRECTED PAYMENT			$0.00	$0.00	AETNA MEDICARE ADVANTAGE
			Account Total:			**$8,382.00**	**$1,760.47**	**$6,584.53**	**$37.00**

McLeod Physician Charges

$31,581.00

McLeod Regional Medical Center
PO Box 601743
Charlotte, NC 28260-1743

This is not a bill. This is an itemization of your hospital services for:

Patient: Reed,Shirley
Hospital Account: 200006320954

Admission Date: 11/08/23
Discharge Date: 12/04/23

Current Hospital Account Balance: 0.00

Professional Charges

Service Date	Description	Qty	Charge
11/08/2023	Routine electrocardiogram (ECG) using at least 12 leads with interpretation and report only	1	38.00

Professional Payments and Adjustments

Date	Description	Amount
	Aetna Medicare Payments and Adjustments	-38.00

Please call 843-777-2955 if you have questions regarding this document.

McLeod Regional Medical Center
PO Box 601743
Charlotte, NC 28260-1743

This is not a bill. This is an itemization of your hospital services for:

Patient:	Reed,Shirley	Admission Date:	11/08/23
Hospital Account:	200006445535	Discharge Date:	12/04/23

Current Hospital Account Balance: 0.00

Professional Charges

Service Date	Description	Qty	Total
11/08/2023	Initial hospital care with moderate level of medical decision making, if using time, at least 75 minutes	1	479.00

Professional Payments and Adjustments

Date	Description	Amount
	Aetna Medicare Payments and Adjustments	-479.00

ALL INSURANCE BENEFITS ASSIGNED TO

Please call 843-777-2955 if you have questions regarding this document.

McLeod Regional Medical Center
PO Box 601743
Charlotte, NC 28260-1743

This is not a bill. This is an itemization of your hospital services for:

Patient: Reed,Shirley
Hospital Account: 200006230279

Admission Date: 11/08/23
Discharge Date: 12/04/23

Current Hospital Account Balance: 0.00

Professional Charges

Service Date	Procedure - Patient Friendly Name	Prov Qty	Amount
11/09/2023	Subsequent hospital care with moderate levelof medical decision making, if using time, at least 35 minutes	1	175.00
11/10/2023	Subsequent hospital care with moderate levelof medical decision making, if using time, at least 35 minutes	1	175.00
11/11/2023	Subsequent hospital care with moderate levelof medical decision making, if using time, at least 35 minutes	1	175.00
11/12/2023	Subsequent hospital care with moderate levelof medical decision making, if using time, at least 35 minutes	1	175.00

Professional Payments and Adjustments

Date	Description	Amount
	Aetna Medicare Payments and Adjustments	-700.00

[illegible] MEDICAL CENTER

Please call 843-777-2955 if you have questions regarding this document.

McLeod Regional Medical Center
PO Box 601743
Charlotte, NC 28260-1743

This is not a bill. This is an itemization of your hospital services for:

Patient:	Reed,Shirley	Admission Date:	11/08/23
Hospital Account:	200006326685	Discharge Date:	12/04/23

Current Hospital Account Balance: 600.00

Professional Charges

11/09/2023	Initial hospital care with straightforward or low-level medical decision making, if using time, at least 55 minutes	1	312.00
11/10/2023	Subsequent hospital care with straightforward or low level of medical decision making, per day, if using time, at least 25 minutes	1	96.00
11/13/2023	Subsequent hospital care with straightforward or low level of medical decision making, per day, if using time, at least 25 minutes	1	96.00
11/14/2023	Subsequent hospital care with straightforward or low level of medical decision making, per day, if using time, at least 25 minutes	1	96.00

Please call 843-777-2955 if you have questions regarding this document.

McLeod Regional Medical Center
PO Box 601743
Charlotte, NC 28260-1743

This is not a bill. This is an itemization of your hospital services for:

Patient: Reed,Shirley
Hospital Account: 200006258758

Admission Date: 11/08/23
Discharge Date: 12/04/23

Current Hospital Account Balance: 96.00

Professional Charges

Service Date	Description	Quantity	Charge
11/11/2023	Subsequent hospital care with straightforward or low level of medical decision making, per day, if using time, at least 25 minutes	1	96.00

Please call 843-777-2955 if you have questions regarding this document.

McLeod Regional Medical Center
PO Box 601743
Charlotte, NC 28260-1743

This is not a bill. This is an itemization of your hospital services for:

Patient: Reed,Shirley
Hospital Account: 200006285855

Admission Date: 11/08/23
Discharge Date: 12/04/23

Current Hospital Account Balance: 0.00

Professional Charges

Date	Description	Qty	Amt
11/13/2023	Subsequent hospital care with moderate levelof medical decision making, if using time, at least 50 minutes	1	298.00

Professional Payments and Adjustments

Date	Description	Amt
	Aetna Medicare Payments and Adjustments	-298.00

Please call 843-777-2955 if you have questions regarding this document.

McLeod Regional Medical Center
PO Box 601743
Charlotte, NC 28260-1743

This is not a bill. This is an itemization of your hospital services for:

Patient:	Reed,Shirley	Admission Date:	11/08/23
Hospital Account:	200006306499	Discharge Date:	12/04/23

Current Hospital Account Balance: 0.00

Professional Charges

Service Date	Description	Qty	Total
11/14/2023	Subsequent hospital care with moderate levelof medical decision making, if using time, at least 35 minutes	1	175.00

Professional Payments and Adjustments

Date	Description	Amount
	Aetna Medicare Payments and Adjustments	-175.00

EDICAL CENTER

Please call 843-777-2955 if you have questions regarding this document.

McLeod Regional Medical Center
PO Box 601743
Charlotte, NC 28260-1743

This is not a bill. This is an itemization of your hospital services for:

Patient:	Reed,Shirley	Admission Date:	11/08/23
Hospital Account:	200006326327	Discharge Date:	12/04/23

Current Hospital Account Balance: 0.00

Professional Charges

DATE	DESCRIPTION	QTY	TOTAL
11/15/2023	Subsequent hospital care with moderate levelof medical decision making, if using time, at least 50 minutes	1	298.00
11/16/2023	Subsequent hospital care with moderate levelof medical decision making, if using time, at least 35 minutes	1	175.00

Professional Payments and Adjustments

	Aetna Medicare Payments and Adjustments	-473.00

Please call 843-777-2955 if you have questions regarding this document.

McLeod Regional Medical Center
PO Box 601743
Charlotte, NC 28260-1743

This is not a bill. This is an itemization of your hospital services for:

Patient:	Reed,Shirley	Admission Date:	11/08/23
Hospital Account:	200006567526	Discharge Date:	12/04/23

Current Hospital Account Balance: 12,353.00

Professional Charges

11/15/2023	Subsequent hospital care with moderate levelof medical decision making, if using time, at least 50 minutes	1	203.00
11/16/2023	Subsequent hospital care with moderate levelof medical decision making, if using time, at least 50 minutes	1	203.00
11/17/2023	Fusion of additional segment of spine	3	4,896.00
11/17/2023	Fusion of spine in upper back	1	4,367.00
11/17/2023	Placement of stabilizing device to back, 3-6 spine bone segments	1	2,481.00
11/17/2023	Subsequent hospital care with moderate levelof medical decision making, if using time, at least 50 minutes	1	203.00

ALL INSURANCE BENEFITS ASSIGNED TO
McLEOD REGIONAL MEDICAL CENTER

Please call 843-777-2955 if you have questions regarding this document.

McLeod Regional Medical Center
PO Box 601743
Charlotte, NC 28260-1743

This is not a bill. This is an itemization of your hospital services for:

Patient: Reed,Shirley
Hospital Account: 200006567528

Admission Date: 11/08/23
Discharge Date: 12/04/23

Current Hospital Account Balance: 0.00

ALL INSURANCE BENEFITS ASSIGNED TO
McLEOD REGIONAL MEDICAL CENTER

Please call 843-777-2955 if you have questions regarding this document.

McLeod Regional Medical Center
PO Box 601743
Charlotte, NC 28260-1743

This is not a bill. This is an itemization of your hospital services for:

Patient:	Reed,Shirley	Admission Date:	11/08/23
Hospital Account:	200006408427	Discharge Date:	12/04/23

Current Hospital Account Balance: 0.00

Professional Charges

11/17/2023	Subsequent hospital care with moderate levelof medical decision making, if using time, at least 35 minutes	1	175.00
11/18/2023	Subsequent hospital care with moderate levelof medical decision making, if using time, at least 35 minutes	1	175.00
11/19/2023	Subsequent hospital care with moderate levelof medical decision making, if using time, at least 35 minutes	1	175.00

Professional Payments and Adjustments

	Aetna Medicare Payments and Adjustments	-525.00

Please call 843-777-2955 if you have questions regarding this document.

McLeod Regional Medical Center
PO Box 601743
Charlotte, NC 28260-1743

This is not a bill. This is an itemization of your hospital services for:

Patient:	Reed,Shirley	Admission Date:	11/17/23
Hospital Account:	200006352942	Discharge Date:	11/17/23

Current Hospital Account Balance: 298.00

Professional Charges

11/17/2023	Subsequent hospital care with moderate levelof medical decision making, if using time, at least 50 minutes	1	298.00

Please call 843-777-2955 if you have questions regarding this document.

McLeod Regional Medical Center
PO Box 601743
Charlotte, NC 28260-1743

This is not a bill. This is an itemization of your hospital services for:

Patient:	Reed,Shirley	Admission Date:	11/17/23
Hospital Account:	200006363751	Discharge Date:	11/17/23

Current Hospital Account Balance: 0.00

Professional Charges

Service Date	Description	Quantity	Charge
11/17/2023	Age complicating anesthesia (younger than 1 year and older than 70 years)	1	145.00
11/17/2023	Age complicating anesthesia (younger than 1 year and older than 70 years)	1	145.00
11/17/2023	Arthrodesis Posterior/Posterolateral Thoracic	33	4,752.00
11/17/2023	Arthrodesis Posterior/Posterolateral Thoracic	33	4,785.00
11/17/2023	Insertion of artery tube for blood sampling or infusion through skin	1	246.00

Professional Payments and Adjustments

Service Date	Description	Amount
	Aetna Medicare Payments and Adjustments	-10,073.00

Please call 843-777-2955 if you have questions regarding this document.

McLeod Regional Medical Center
PO Box 601743
Charlotte, NC 28260-1743

This is not a bill. This is an itemization of your hospital services for:

Patient:	Reed,Shirley	Admission Date:	11/18/23
Hospital Account:	200006359578	Discharge Date:	11/18/23

Current Hospital Account Balance: 0.00

Professional Charges

11/18/2023	Ultrasound of heart with color-depicted blood flow, rate, direction and valve function	1	898.00

Professional Payments and Adjustments

	Aetna Medicare Payments and Adjustments	-898.00

ALL INSURANCE BENEFITS ASSIGNED TO
McLEOD REGIONAL MEDICAL CENTER

Please call 843-777-2955 if you have questions regarding this document.

McLeod Regional Medical Center
PO Box 601743
Charlotte, NC 28260-1743

This is not a bill. This is an itemization of your hospital services for:

Patient:	Reed,Shirley	Admission Date:	11/08/23
Hospital Account:	200006425645	Discharge Date:	12/04/23

Current Hospital Account Balance: 0.00

Professional Charges

Date	Description	Qty	Amount
11/20/2023	Subsequent hospital care with moderate levelof medical decision making, if using time, at least 50 minutes	1	298.00
11/21/2023	Subsequent hospital care with moderate levelof medical decision making, if using time, at least 35 minutes	1	175.00

Professional Payments and Adjustments

Date	Description	Amount
	Aetna Medicare Payments and Adjustments	-473.00

Please call 843-777-2955 if you have questions regarding this document.

McLeod Regional Medical Center
PO Box 601743
Charlotte, NC 28260-1743

This is not a bill. This is an itemization of your hospital services for:

Patient:	Reed,Shirley	Admission Date:	11/08/23
Hospital Account:	200006423486	Discharge Date:	12/04/23

Current Hospital Account Balance: 0.00

Professional Charges

Service Date	Procedure Description	Qty	Total
11/22/2023	Subsequent hospital care with moderate levelof medical decision making, if using time, at least 50 minutes	1	298.00
11/23/2023	Subsequent hospital care with moderate levelof medical decision making, if using time, at least 50 minutes	1	298.00
11/24/2023	Subsequent hospital care with moderate levelof medical decision making, if using time, at least 50 minutes	1	298.00
11/25/2023	Subsequent hospital care with moderate levelof medical decision making, if using time, at least 50 minutes	1	298.00
11/26/2023	Subsequent hospital care with moderate levelof medical decision making, if using time, at least 50 minutes	1	298.00
11/27/2023	Subsequent hospital care with moderate levelof medical decision making, if using time, at least 35 minutes	1	175.00
11/28/2023	Subsequent hospital care with moderate levelof medical decision making, if using time, at least 50 minutes	1	298.00

Professional Payments and Adjustments

Date	Description	Total
	Aetna Medicare Payments and Adjustments	-1,963.00

Please call 843-777-2955 if you have questions regarding this document.

McLeod Regional Medical Center
PO Box 601743
Charlotte, NC 28260-1743

This is not a bill. This is an itemization of your hospital services for:

Patient:	Reed,Shirley	Admission Date:	11/08/23
Hospital Account:	200006620322	Discharge Date:	12/04/23

Current Hospital Account Balance: 408.00

Professional Charges

11/30/2023	Initial hospital care with straightforward or low-level medical decision making, if using time, at least 55 minutes	1	312.00
12/01/2023	Subsequent hospital care with straightforward or low level of medical decision making, per day, if using time, at least 25 minutes	1	96.00

ALL INSURANCE BENEFITS ASSIGNED TO
McLEOD REGIONAL MEDICAL CENTER

Please call 843-777-2955 if you have questions regarding this document.

McLeod Regional Medical Center
PO Box 601743
Charlotte, NC 28260-1743

This is not a bill. This is an itemization of your hospital services for:

Patient:	Reed,Shirley	Admission Date:	11/08/23
Hospital Account:	200006581523	Discharge Date:	12/04/23

Current Hospital Account Balance: 0.00

Professional Charges

Service Date	Procedure Description	Qty	Total
11/29/2023	Subsequent hospital care with moderate levelof medical decision making, if using time, at least 50 minutes	1	298.00
11/30/2023	Subsequent hospital care with moderate levelof medical decision making, if using time, at least 50 minutes	1	298.00
12/01/2023	Subsequent hospital care with moderate levelof medical decision making, if using time, at least 50 minutes	1	298.00
12/02/2023	Subsequent hospital care with moderate levelof medical decision making, if using time, at least 50 minutes	1	298.00
12/03/2023	Subsequent hospital care with moderate levelof medical decision making, if using time, at least 50 minutes	1	298.00

Professional Payments and Adjustments

Date	Description	Amount
	Aetna Medicare Payments and Adjustments	-1,490.00

ALL INSURANCE BENEFITS ASSIGNED TO
MCLEOD REGIONAL MEDICAL CENTER

Please call 843-777-2955 if you have questions regarding this document.

McLeod Regional Medical Center
PO Box 601743
Charlotte, NC 28260-1743

This is not a bill. This is an itemization of your hospital services for:

Patient:	Reed,Shirley	Admission Date:	11/08/23
Hospital Account:	200006563175	Discharge Date:	12/04/23

Current Hospital Account Balance: 0.00

Professional Charges

Service Date	Description	Qty	Total
12/04/2023	Hospital discharge day management, more than 30 minutes	1	241.00

Professional Payments and Adjustments

Date	Description	Amount
	Aetna Medicare Payments and Adjustments	-241.00

Please call 843-777-2955 if you have questions regarding this document.

MedShore Ambulance

Transport to Sumter Rehab

$4,686.45

MEDSHORE™ AMBULANCE

Billing Phone: (864) 772-3838
Billing Fax: (866) 687-2796
To Schedule Transportation: (877) 409-6303

SHIRLEY J REED
751 MARCH ST
SUMTER SC 29154-5321

Patient Name: SHIRLEY J REED
Run Number: 23-130584
Date of Call: 12/04/2023
Time of Call: 17:29:42
From: MCLEOD REGIONAL MEDICAL CENTER
To: SUMTER EAST HEALTH REHAB

Primary Payer: Aetna Medicare- MHMO
Secondary Payer:

Description	Payer	Check #	Quantity	Service Fee	Discount Amount	Amount
BLS NON-EMERG BASE			1	2406.95	2153.61	253.34
AMBULANCE MILEAGE			50.0	2149.50	1722.67	426.83
StatPack			1	130.00	130.00	.00
Payment EFT	Aetna Medicare- MHMO	88233490104				3.34
Payment EFT	Aetna Medicare- MHMO	88233490104				426.83

Insurance paid, denied, or identified as uninsured making balance your responsibility. Claim inquires will need to be directed to your insurance carrier. Please provide payment in full or contact our office @ 844/597-4911.

PLEASE PAY THIS AMOUNT **$250.00**

DETACH ALONG LINE AND RETURN STUB WITH YOUR PAYMENT. THANK YOU

Medshore Ambulance Service
5251 S East St
Suite 5
Indianapolis, IN 46227
RETURN SERVICE REQUESTED

STATEMENT DATE	PAY THIS AMOUNT	RUN NUMBER
12/23/23	$250.00	23-130584

CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT.

SHOW AMOUNT PAID HERE $

Patient Name: SHIRLEY J REED
To Pay Online:
www.priorityambulance.com/southcarolina/pay-online/
Stmt ID#: 1454649340

143301 - 80

SHIRLEY J REED
751 MARCH ST
SUMTER SC 29154-5321

REMIT TO:

Medshore Ambulance Service
PO BOX 650458
DALLAS TX 75265-0458

1 of 1

143301-80-21209941

Sumter East Health and Rehabilitation Center

$6,973.14

1 Sumter East and Rehablita
tion Center
880 CAROLINA AVE
SUMTER, SC 291502815

2

3a PAT. CNTL # 000516NCS00001581
b MED REC. # 516
4 TYPE OF BILL 0211
5 FED. TAX NO 201424053
6 STATEMENT COVERS PERIOD FROM 120423 THROUGH 121823
7

8 PATIENT NAME
a
b REED SHIRLEY J

9 PATIENT ADDRESS
a 880 CAROLINA AVE
b SUMTER
c SC
d 29150
e

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	CONDITION CODES 22	23	24	25	26	27	28	29 ACCT STATE	30
09141946	F	120423	18	3	4	06	02													

31 OCCURRENCE CODE	31 OCCURRENCE DATE	32 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN CODE	35 OCCURRENCE SPAN FROM	35 OCCURRENCE SPAN THROUGH	36 OCCURRENCE SPAN CODE	36 OCCURRENCE SPAN FROM	36 OCCURRENCE SPAN THROUGH	37
a 50	121123													
b														

38 Aetna MCR LVL

	39 VALUE CODES CODE	39 VALUE CODES AMOUNT	40 VALUE CODES CODE	40 VALUE CODES AMOUNT	41 VALUE CODES CODE	41 VALUE CODES AMOUNT
a	80	14:00				
b						
c						
d						

42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0022	HIPPS RATE CODE	GAFD1		14	0 00		
0191	Room & Board	350.00	120423	14	4900 00		
0420	PHYSICAL THERAPY			10	800 08		
0430	OCCUPATIONAL THERAPY			6	369 99		
0440	SPECEH THERAPY			8	903 07		
0001	PAGE 1 OF 1	CREATION DATE	031224	TOTALS	6973 14		

50 PAYER NAME	51 HEALTH PLAN ID	52 F.B. IND	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1104947746
A Aetna MCR LVL		Y	Y		6973 14	57 OTHER PRV ID	

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
A REED SHIRLEY	18	101496727300		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A 2312020008086		

66 DX																	67
	S22070D	D509	Y	E119	Y	I10	Y	E785	Y	E039	Y	M6281	Y	E6601	Y	Z4889	Y	
0	K219	Y	Z9181		R262	Y	M62521	Y	M62522	Y	R41841	Y					

69 ADMIT DX	70 PATIENT REASON DX				71 PPS CODE		72 ECI					73
S22070D												

74 PRINCIPAL PROCEDURE CODE	DATE	a OTHER PROCEDURE CODE	DATE	b OTHER PROCEDURE CODE	DATE	75
c OTHER PROCEDURE CODE	DATE	d OTHER PROCEDURE CODE	DATE	e OTHER PROCEDURE CODE	DATE	

80 REMARKS

81CC
a B3 314000000X
b
c
d

76 ATTENDING NPI 1538145438 QUAL
LAST Dubose FIRST E
77 OPERATING NPI QUAL
LAST FIRST
78 OTHER NPI QUAL
LAST FIRST
79 OTHER NPI QUAL
LAST FIRST

UB-04 CMS-1450 APPROVED OMB NO. 0938-0997 NUBC LIC9213257 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

MedShore Ambulance to McLeod Regional Medical Center

$6,612.40 - per subro

McLeod Regional Medical Center

12/18/23-01/16/24

$200,581.00

PO Box 601743
Charlotte, NC 28260-1743

This is not a bill. This is an itemization of your hospital services for:

Patient: Reed,Shirley
Hospital Account: 200006766052

Admission Date: 12/18/23
Discharge Date:

Current Hospital Account Balance: 200,581.00

Hospital Charges

Date	Rev Code	Hospital Procedure Code	Procedure	Qty	Amount
12/18/23	0306	306870400 1	HC Blood Culture	1	204.00
12/18/23	0305	305850250 1	HC Complete Cbc & Auto Diff Wbc - Additional Charge	1	165.00
12/18/23	0301	301800530 1	HC Metabolic Panel Comprehensive	1	352.00
12/18/23	0301	301836900 1	HC Assay of Lipase - Lipase	1	204.00
12/18/23	0301	301837350 1	HC Assay of Magnesium - Magnesium	1	94.00
12/18/23	0324	324710450 1	HC Radiologic Exam Chest Single View - Xr Chest 1 View	1	282.00
12/18/23	0302	302861400 1	HC C-Reactive Protein - C-Reactive Protein	1	110.00
12/18/23	0305	305856520 2	HC RBC Sed Rate, Auto - Esr (Ised Method)	1	155.00
12/18/23	0301	301841450 1	HC Procalcitonin	1	315.00
12/18/23	0250	J2270	Morphine 4 Mg/Ml Solution (0641-6125-25)	1	28.00
12/18/23	0258	J7030	Sodium Chloride per 250 Ml (0338-0049-04)	1	126.00
12/18/23	0300	300364150 1	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
12/18/23	0306	306870400 1	HC Blood Culture	1	204.00
12/18/23	0301	301836050 2	HC Assay of Lactic Acid - Lactate	1	146.00
12/18/23	0255	Q9967	Iohexol 350 Mg Iodine/Ml Solution (0407-1414-72)	85	478.00
12/18/23	0352	352741770 1	HC CT Abd & Pelv W/Contrast - CT Abdomen Pelvis W Contrast	1	6,546.00
12/18/23	0307	307810010 1	HC Urinalysis, Auto, W/Scope - Urinalysis Microscopic	1	140.00
12/18/23	0306	306870860 1	HC Urine Culture	1	138.00
12/18/23	0450	450992850 1	HC Emergency Department Level 5 Visit	1	3,164.00
12/18/23	0110	110000000 1	HC Private Room Daily	1	1,865.00
12/19/23	0351	351704500 1	HC CT Scan,Head/Brain,W/O Contrast Matl - CT Head WO Contrast	1	2,622.00
12/19/23	0300	300364150 1	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
12/19/23	0301	301800480 1	HC Basic Metabolic Panel Calcium Total	1	301.00

Please call 843-777-2955 if you have questions regarding this document.

Date	Rev Code	Procedure Code	Description	Qty	Amount
12/19/23	0301	3018373501	HC Assay of Magnesium - Magnesium	1	94.00
12/19/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
12/19/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
12/19/23	0730	7309300502	Ecg 12-Lead	1	478.00
12/19/23	0637	6370000001	Hydrocodone-Acetaminophen 5-325 Mg Tablet (0904-6824-61)	1	10.00
12/19/23	0250	J2543	Piperacillin-Tazobactam per 1.125 G (55150-120-30)	3	160.00
12/19/23	0250	J7050	Sodium Chloride 0.9 % Piggyback 100 Ml Bag (0338-9159-30)	1	54.00
12/19/23	0250	J2543	Piperacillin-Tazobactam per 1.125 G (55150-120-30)	3	160.00
12/19/23	0250	J7050	Sodium Chloride 0.9 % Piggyback 100 Ml Bag (0338-9159-30)	1	54.00
12/19/23	0250	J2543	Piperacillin-Tazobactam per 1.125 G (55150-120-30)	3	160.00
12/19/23	0250	J7050	Sodium Chloride 0.9 % Piggyback 100 Ml Bag (0338-9159-30)	1	54.00
12/19/23	0637	6370000001	Amlodipine 5 Mg Tablet (0904-6370-61)	1	10.00
12/19/23	0637	6370000001	Aspirin 81 Mg Tablet,Delayed Release (Dr/Ec) (63739-212-02)	1	1.00
12/19/23	0637	6370000001	Levothyroxine 25 Mcg Tablet (0904-6949-61)	1	5.00
12/19/23	0637	6370000001	Levothyroxine 50 Mcg Tablet (60687-464-01)	1	5.00
12/19/23	0637	6370000001	Losartan 50 Mg Tablet (0904-7048-61)	1	15.00
12/19/23	0637	6370000001	Pantoprazole 40 Mg Tablet,Delayed Release (Dr/Ec) (50268-639-15)	1	19.00
12/19/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/19/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/19/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/19/23	0250	J3370	Vancomycin per 500 Mg (67457-342-10)	4	377.00
12/19/23	0250	J7040	Sodium Chloride 0.9% Parenteral Solution (0338-0049-03)	1	143.00
12/19/23	0250	2500000005	Sodium Hypochlorite 0.25 % Solution 473 Ml Bottle (0436-0936-16)	1	95.00
12/19/23	0250	J2543	Piperacillin-Tazobactam per 1.125 G (55150-120-30)	3	160.00
12/19/23	0250	J7050	Sodium Chloride 0.9 % Piggyback 100 Ml Bag (0338-9159-30)	1	54.00
12/19/23	0637	6370000001	Tamsulosin 0.4 Mg Capsule (50268-740-15)	1	10.00
12/19/23	0110	1100000001	HC Private Room Daily	1	1,865.00
12/20/23	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
12/20/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/20/23	0637	6370000001	Tamsulosin 0.4 Mg Capsule (50268-740-15)	1	10.00
12/20/23	0272	2720000007	Container Urine Collection Female External Primafit Flexfit Sage De	1	58.00

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Date	Rev Code	Procedure Code	Description	Qty	Amount
12/20/23	0637	637000000 1	Hydrocodone-Acetaminophen 5-325 Mg Tablet (0406-0123-62)	1	10.00
12/20/23	0637	637000000 1	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/20/23	0300	300364150 1	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
12/20/23	0301	301837350 1	HC Assay of Magnesium - Magnesium	1	94.00
12/20/23	0110	110000000 1	HC Private Room Daily	1	1,865.00
12/20/23	0637	637000000 1	Hydrocodone-Acetaminophen 5-325 Mg Tablet (0406-0123-62)	1	10.00
12/20/23	0250	J2543	Piperacillin-Tazobactam per 1.125 G (55150-120-30)	3	160.00
12/20/23	0250	J7050	Sodium Chloride 0.9 % Piggyback 100 Ml Bag (0338-9159-30)	1	54.00
12/20/23	0250	J2543	Piperacillin-Tazobactam per 1.125 G (55150-120-30)	3	160.00
12/20/23	0250	J7050	Sodium Chloride 0.9 % Piggyback 100 Ml Bag (0338-9159-30)	1	54.00
12/20/23	0637	637000000 1	Amlodipine 5 Mg Tablet (0904-6370-61)	1	10.00
12/20/23	0637	637000000 1	Aspirin 81 Mg Tablet,Delayed Release (Dr/Ec) (63739-212-02)	1	1.00
12/20/23	0637	637000000 1	Levothyroxine 75 Mcg Tablet (0904-6951-61)	1	10.00
12/20/23	0637	637000000 1	Losartan 50 Mg Tablet (68084-347-01)	1	15.00
12/20/23	0637	637000000 1	Pantoprazole 40 Mg Tablet,Delayed Release (Dr/Ec) (50268-639-15)	1	19.00
12/20/23	0637	637000000 1	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/20/23	0637	637000000 1	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/20/23	0250	J3370	Vancomycin per 500 Mg (67457-342-10)	2	162.00
12/20/23	0250	J7030	Sodium Chloride 0.9% Parenteral Solution (0338-0049-04)	1	5.00
12/20/23	0250	250000005	Sodium Hypochlorite 0.25 % Solution 473 Ml Bottle (39328-063-25)	1	95.00
12/20/23	0250	J3475	Magnesium Sulfate 4 G/100 Ml Piggyback (47335-992-02)	8	62.00
12/21/23	0300	300364150 1	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
12/21/23	0301	301800480 1	HC Basic Metabolic Panel Calcium Total	1	301.00
12/21/23	0637	637000000 1	Levothyroxine 75 Mcg Tablet (0904-6951-61)	1	10.00
12/21/23	0637	637000000 1	Pantoprazole 40 Mg Tablet,Delayed Release (Dr/Ec) (50268-639-15)	1	19.00
12/21/23	0637	637000000 1	Hydrocodone-Acetaminophen 5-325 Mg Tablet (0406-0123-62)	1	10.00
12/21/23	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
12/21/23	0637	637000000 1	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/21/23	0637	637000000 1	Losartan 50 Mg Tablet (68084-347-01)	1	15.00
12/21/23	0637	637000000 1	Aspirin 81 Mg Tablet,Delayed Release (Dr/Ec) (63739-212-02)	1	1.00
12/21/23	0637	637000000 1	Amlodipine 5 Mg Tablet (0904-6370-61)	1	10.00

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Date	Rev Code	Procedure Code	Description	Qty	Amount
12/21/23	0637	6370000001	Sucraifate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/21/23	0434	4349716501	HC Ot Occupational Therapy Eval Low Complex 30 Mins	1	253.00
12/21/23	0430	4309753501	HC Ot Self-Care/Home Mgmt Training Each 15 Minutes	1	132.00
12/21/23	0424	4249716101	HC Pt Physical Therapy Evaluation Low Complex 20 Mins	1	126.00
12/21/23	0420	4209753001	HC Pt Therapeut Actvity Direct Pt Contact Each 15 Min	1	156.00
12/21/23	0637	6370000001	Hydrocodone-Acetaminophen 5-325 Mg Tablet (0406-0123-62)	1	10.00
12/21/23	0637	6370000001	Tamsulosin 0.4 Mg Capsule (50268-740-15)	1	10.00
12/21/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/21/23	0637	6370000001	Hydrocodone-Acetaminophen 5-325 Mg Tablet (0406-0123-62)	1	10.00
12/21/23	0272	2720000007	Container Urine Collection Female External Primafit Flexfit Sage De	1	58.00
12/21/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/21/23	0110	1100000001	HC Private Room Daily	1	1,865.00
12/22/23	0637	6370000001	Hydrocodone-Acetaminophen 5-325 Mg Tablet (0406-0123-62)	1	10.00
12/22/23	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
12/22/23	0301	3018004801	HC Basic Metabolic Panel Calcium Total	1	301.00
12/22/23	0637	6370000001	Hydrocodone-Acetaminophen 5-325 Mg Tablet (0406-0123-62)	1	10.00
12/22/23	0637	6370000001	Levothyroxine 75 Mcg Tablet (0904-6951-61)	1	10.00
12/22/23	0637	6370000001	Pantoprazole 40 Mg Tablet,Delayed Release (Dr/Ec) (50268-639-15)	1	19.00
12/22/23	0637	6370000001	Bisacodyl 5 Mg Tablet,Delayed Release (Dr/Ec) (0904-6407-61)	1	10.00
12/22/23	0637	6370000001	Aspirin 81 Mg Tablet,Delayed Release (Dr/Ec) (63739-212-02)	1	1.00
12/22/23	0637	6370000001	Docusate Sodium 100 Mg Capsule (63739-478-02)	1	10.00
12/22/23	0637	6370000001	Amlodipine 5 Mg Tablet (0904-6370-61)	1	10.00
12/22/23	0637	6370000001	Losartan 50 Mg Tablet (68084-347-01)	1	15.00
12/22/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/22/23	0250	2500000005	Sodium Hypochlorite 0.25 % Solution 473 Ml Bottle (39328-063-25)	1	95.00
12/22/23	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
12/22/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/22/23	0250	J7030	Sodium Chloride 0.9% Parenteral Solution (0338-0049-04)	1	126.00
12/22/23	0637	6370000001	Hydrocodone-Acetaminophen 5-325 Mg Tablet (0406-0123-62)	1	10.00
12/22/23	0250	J2405	Ondansetron 4 Mg/2 Ml Solution (60505-6130-5)	4	28.00
12/22/23	0420	4209711601	HC Pt Gait Training Therapy	1	124.00

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Date	Rev Code	Procedure Code	Description	Qty	Amount
12/22/23	0420	4209753001	HC Pt Therapeut Actvity Direct Pt Contact Each 15 Min	1	156.00
12/22/23	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
12/22/23	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
12/22/23	0250	2500000005	Tuberculin 5 Tub. Unit /0.1 Ml Solution (49281-752-78)	1	79.00
12/22/23	0637	6370000001	Lidocaine 5 % Adhesive Patch,Medicated (0591-3525-30)	2	150.00
12/22/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/22/23	0637	6370000001	Tamsulosin 0.4 Mg Capsule (50268-740-15)	1	10.00
12/22/23	0352	3527417601	HC CT Abd & Pelvis W/O Contrast - CT Abdomen Pelvis WO Contrast	1	5,543.00
12/22/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/22/23	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
12/22/23	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
12/22/23	0110	1100000001	HC Private Room Daily	1	1,865.00
12/23/23	0637	6370000001	Levothyroxine 75 Mcg Tablet (0904-6951-61)	1	10.00
12/23/23	0637	6370000001	Pantoprazole 40 Mg Tablet,Delayed Release (Dr/Ec) (50268-639-15)	1	19.00
12/23/23	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
12/23/23	0250	J7030	Sodium Chloride 0.9% Parenteral Solution (0338-0049-04)	1	126.00
12/23/23	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
12/23/23	0301	3018004801	HC Basic Metabolic Panel Calcium Total	1	301.00
12/23/23	0402	4027670506	HC US, Abdomen Limited - US Abdomen Limited	1	1,269.00
12/23/23	0637	6370000001	Aspirin 81 Mg Tablet,Delayed Release (Dr/Ec) (63739-212-02)	1	1.00
12/23/23	0637	6370000001	Docusate Sodium 100 Mg Capsule (63739-478-02)	1	10.00
12/23/23	0637	6370000001	Losartan 50 Mg Tablet (68084-347-01)	1	15.00
12/23/23	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
12/23/23	0637	6370000001	Amlodipine 5 Mg Tablet (0904-6370-61)	1	10.00
12/23/23	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
12/23/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/23/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/23/23	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
12/23/23	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
12/23/23	0637	6370000001	Lidocaine 5 % Adhesive Patch,Medicated (0591-3525-30)	2	150.00

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Date	Rev Code	Procedure Code	Description	Qty	Amount
12/23/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/23/23	0637	6370000001	Tamsulosin 0.4 Mg Capsule (50268-740-15)	1	10.00
12/23/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/23/23	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
12/23/23	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
12/23/23	0110	1100000001	HC Private Room Daily	1	1,865.00
12/24/23	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
12/24/23	0305	3058502701	HC Complete Cbc - Cbc	1	119.00
12/24/23	0301	3018005301	HC Metabolic Panel Comprehensive	1	352.00
12/24/23	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
12/24/23	0637	6370000001	Levothyroxine 75 Mcg Tablet (0904-6951-61)	1	10.00
12/24/23	0637	6370000001	Pantoprazole 40 Mg Tablet,Delayed Release (Dr/Ec) (50268-639-15)	1	19.00
12/24/23	0250	J2405	Ondansetron 4 Mg/2 Ml Solution (60505-6130-5)	4	28.00
12/24/23	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
12/24/23	0637	6370000001	Losartan 50 Mg Tablet (68084-347-01)	1	15.00
12/24/23	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
12/24/23	0637	6370000001	Docusate Sodium 100 Mg Capsule (63739-478-02)	1	10.00
12/24/23	0637	6370000001	Aspirin 81 Mg Tablet,Delayed Release (Dr/Ec) (63739-212-02)	1	1.00
12/24/23	0637	6370000001	Amlodipine 5 Mg Tablet (0904-6370-61)	1	10.00
12/24/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/24/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
12/24/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/24/23	0637	6370000001	Lidocaine 5 % Adhesive Patch,Medicated (0591-3525-30)	2	150.00
12/24/23	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
12/24/23	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
12/24/23	0637	6370000001	Tamsulosin 0.4 Mg Capsule (50268-740-15)	1	10.00
12/24/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/24/23	0250	J2405	Ondansetron 4 Mg/2 Ml Solution (60505-6130-5)	4	28.00
12/24/23	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
12/24/23	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
12/24/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00

MARLEOD REGIONAL MED. CENTER
ALL INSURANCE BENEFITS ASSIGNED TO

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Date	Rev Code	Procedure Code	Description	Qty	Amount
12/24/23	0110	1100000001	HC Private Room Daily	1	1,865.00
12/25/23	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
12/25/23	0305	3058502701	HC Complete Cbc - Cbc	1	119.00
12/25/23	0301	3018005301	HC Metabolic Panel Comprehensive	1	352.00
12/25/23	0272	2720000007	Container Urine Collection Female External Primafit Flexfit Sage De	1	58.00
12/25/23	0637	6370000001	Levothyroxine 75 Mcg Tablet (0904-6951-61)	1	10.00
12/25/23	0637	6370000001	Pantoprazole 40 Mg Tablet,Delayed Release (Dr/Ec) (50268-639-15)	1	19.00
12/25/23	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
12/25/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/25/23	0637	6370000001	Losartan 50 Mg Tablet (68084-347-01)	1	15.00
12/25/23	0637	6370000001	Docusate Sodium 100 Mg Capsule (63739-478-02)	1	10.00
12/25/23	0637	6370000001	Amlodipine 5 Mg Tablet (0904-6370-61)	1	10.00
12/25/23	0637	6370000001	Bisacodyl 5 Mg Tablet,Delayed Release (Dr/Ec) (0904-6407-61)	1	10.00
12/25/23	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
12/25/23	0637	6370000001	Aspirin 81 Mg Tablet,Delayed Release (Dr/Ec) (63739-212-02)	1	1.00
12/25/23	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
12/25/23	0637	6370000001	Lidocaine 5 % Adhesive Patch,Medicated (0591-3525-30)	2	150.00
12/25/23	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
12/25/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/25/23	0250	J2543	Piperacillin-Tazobactam per 1.125 G (60505-6159-4)	4	165.00
12/25/23	0250	J7050	Sodium Chloride 0.9 % Piggyback 100 Ml Bag (0338-9159-30)	1	54.00
12/25/23	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
12/25/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/25/23	0637	6370000001	Tamsulosin 0.4 Mg Capsule (50268-740-15)	1	10.00
12/25/23	0250	J2543	Piperacillin-Tazobactam per 1.125 G (60505-6159-4)	4	165.00
12/25/23	0250	J7050	Sodium Chloride 0.9 % Piggyback 100 Ml Bag (0338-9159-30)	1	54.00
12/25/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/25/23	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
12/25/23	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
12/25/23	0110	1100000001	HC Private Room Daily	1	1,865.00

ALL INSURANCE BENEFITS ASSIGNED TO McLEOD REGIONAL MEDICAL CENTER

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Date	Rev Code	Procedure Code	Description	Qty	Amount
12/26/23	0250	J2543	Piperacillin-Tazobactam per 1.125 G (60505-6159-4)	4	165.00
12/26/23	0250	J7050	Sodium Chloride 0.9 % Piggyback 100 Ml Bag (0338-9159-30)	1	54.00
12/26/23	0305	3058502701	HC Complete Cbc - Cbc	1	119.00
12/26/23	0301	3018005301	HC Metabolic Panel Comprehensive	1	352.00
12/26/23	0637	6370000001	Levothyroxine 75 Mcg Tablet (0904-6951-61)	1	10.00
12/26/23	0637	6370000001	Pantoprazole 40 Mg Tablet,Delayed Release (Dr/Ec) (50268-639-15)	1	19.00
12/26/23	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
12/26/23	0250	J2543	Piperacillin-Tazobactam per 1.125 G (60505-6159-4)	4	165.00
12/26/23	0250	J7050	Sodium Chloride 0.9 % Piggyback 100 Ml Bag (0338-9159-30)	1	54.00
12/26/23	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
12/26/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/26/23	0637	6370000001	Docusate Sodium 100 Mg Capsule (63739-478-02)	1	10.00
12/26/23	0637	6370000001	Aspirin 81 Mg Tablet,Delayed Release (Dr/Ec) (63739-212-02)	1	1.00
12/26/23	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
12/26/23	0637	6370000001	Losartan 50 Mg Tablet (68084-347-01)	1	15.00
12/26/23	0637	6370000001	Amlodipine 5 Mg Tablet (0904-6370-61)	1	10.00
12/26/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/26/23	0250	J2543	Piperacillin-Tazobactam per 1.125 G (60505-6159-4)	4	165.00
12/26/23	0250	J7050	Sodium Chloride 0.9 % Piggyback 100 Ml Bag (0338-9159-30)	1	54.00
12/26/23	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
12/26/23	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
12/26/23	0250	J2405	Ondansetron 4 Mg/2 Ml Solution (60505-6130-5)	4	28.00
12/26/23	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
12/26/23	0420	4209753001	HC Pt Therapeut Actvity Direct Pt Contact Each 15 Min	2	312.00
12/26/23	0300	3008690102	HC Blood Typing, Rh	1	74.00
12/26/23	0300	3008685003	HC RBC Antibody Screen - Antibody Screen Gel/Tube	1	113.00
12/26/23	0300	3008690002	HC Blood Typing Serologic Abo - Type	1	92.00
12/26/23	0430	4309711001	HC Ot Therapeutic Exercises	1	188.00
12/26/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/26/23	0637	6370000001	Tamsulosin 0.4 Mg Capsule (50268-740-15)	1	10.00
12/26/23	0250	J2543	Piperacillin-Tazobactam per 1.125 G (60505-6159-4)	4	165.00

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Date	Rev Code	Procedure Code	Description	Qty	Amount
12/26/23	0250	J7050	Sodium Chloride 0.9 % Piggyback 100 Ml Bag (0338-9159-30)	1	54.00
12/26/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/26/23	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
12/26/23	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
12/26/23	0110	1100000001	HC Private Room Daily	1	1,865.00
12/27/23	0250	J2543	Piperacillin-Tazobactam per 1.125 G (60505-6159-4)	4	165.00
12/27/23	0250	J7050	Sodium Chloride 0.9 % Piggyback 100 Ml Bag (0338-9159-30)	1	54.00
12/27/23	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
12/27/23	0305	3058502701	HC Complete Cbc - Cbc	1	119.00
12/27/23	0305	3058561001	HC Prothrombin Time - Protime-Inr	1	72.00
12/27/23	0305	3058573001	HC Thromboplas Time Partial - Aptt	1	105.00
12/27/23	0301	3018005301	HC Metabolic Panel Comprehensive	1	352.00
12/27/23	0250	J3370	Vancomycin 1,000 Mg Recon Soln (0143-9162-10)	2	160.00
12/27/23	0250	J0690	Cefazolin per 500 Mg (0781-3451-96)	4	160.00
12/27/23	0250	2500000005	Sodium Chloride 0.9 % Solution 1,000 Ml Bottle (0338-0048-04)	1	24.00
12/27/23	0250	J2405	Ondansetron 4 Mg/2 Ml Solution (60505-6130-5)	4	28.00
12/27/23	0250	J3480	Potassium Chloride 20 Meq/100 Ml Piggyback (0338-0705-48)	10	54.00
12/27/23	0250	2500000005	Scopolamine 1 Mg Over 3 Days Patch 3 Day (50742-505-24)	1	164.00
12/27/23	0250	J2371	Phenylephrine in Ns 100 Mcg/Ml Syringe (65302-506-10)	30	51.00
12/27/23	0250	2500000005	Glycopyrrolate 0.2 Mg/Ml Solution (0143-9680-25)	1	118.00
12/27/23	0250	J3010	Fentanyl per 0.1 Mg (0409-9094-22)	1	28.00
12/27/23	0250	J2704	Propofol 10 Mg/Ml Emulsion (63323-269-29)	12	210.00
12/27/23	0250	J1920	Labetalol 5 Mg/Ml Solution (0409-2339-34)	1	28.00
12/27/23	0250	J2710	Neostigmine 1 Mg/Ml (43598-529-11)	8	58.00
12/27/23	0250	J7120	Lactated Ringer's per 1000 Ml (0338-0117-03)	1	126.00
12/27/23	0250	2500000005	Lidocaine 2 % Solution (55150-255-20)	1	28.00
12/27/23	0250	J0330	Succinylcholine 20 Mg/Ml Solution (0143-9338-25)	5	52.00
12/27/23	0250	J2250	Midazolam per 1 Mg (0641-6057-25)	2	28.00
12/27/23	0250	2500000005	Rocuronium 10 Mg/Ml Solution 5 Ml Vial (39822-4200-2)	1	55.00
12/27/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
12/27/23	0637	6370000001	Amlodipine 5 Mg Tablet (0904-6370-61)	1	10.00
12/27/23	0637	6370000001	Losartan 50 Mg Tablet (68084-347-01)	1	15.00
12/27/23	0637	6370000001	Docusate Sodium 100 Mg Capsule (63739-478-02)	1	10.00
12/27/23	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00

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Date	Rev Code	Procedure Code	Description	Qty	Amount
12/27/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/27/23	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
12/27/23	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
12/27/23	0250	J2543	Piperacillin-Tazobactam per 1.125 G (60505-6159-4)	4	165.00
12/27/23	0250	J7050	Sodium Chloride 0.9 % Piggyback 100 Ml Bag (0338-9159-30)	1	54.00
12/27/23	0637	6370000001	Tamsulosin 0.4 Mg Capsule (50268-740-15)	1	10.00
12/27/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/27/23	0250	J2543	Piperacillin-Tazobactam per 1.125 G (60505-6159-4)	4	165.00
12/27/23	0250	J7050	Sodium Chloride 0.9 % Piggyback 100 Ml Bag (0338-9159-30)	1	54.00
12/27/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/27/23	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
12/27/23	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
12/27/23	0370	3700000001	HC General Anesthesia Level 1	1	3,679.00
12/27/23	0272	272A655001	Dressing Negative Pressure Medium 18x12.5x3.3 Cm Kit for Wound Therapy Infovac Polyurethane Vac Granufoam V.a.C. 18x12.5x3.2cm	1	266.00
12/27/23	0272	2720000007	Negative Pressure Kit High Capacity Fan Spray Tip for Pulsed Lavage System Sterile Pulsavac Plus Latexfree Disposable	1	203.00
12/27/23	0272	2720000007	Suture Absorbable Braided 0 Ct1 Cr 18 in 36 Mm Coated 1/2 Circle Taperpoint Needle Control Release 8 Strand Polyglactin 910 Undyed Vicryl 18in 36mm	3	141.00
12/27/23	0270	2700000051	Suture Absorbable Braided 20 Ct1 Cr 18 in 36 Mm Coated 1/2 Circle Taperpoint Needle Control Release 8 Strand Polyglactin 910 Undyed Vicryl 18in 36mm	1	68.00
12/27/23	0272	2720000007	Agent Hemostatic Porcine Gelatin Human Thrombin 8 Cc Flowable Sterile Surgiflo Ml Kit Matrix	1	996.00
12/27/23	0360	3600000003	HC or Level 3 Time Charge 0-30 Min	1	6,884.00
12/27/23	0360	3600000008	HC or Level 3 Time Charge Ea Addl 15 Min	4	8,248.00
12/27/23	0710	7100000003	HC Phase I- Recovery Room 0-30 Min	1	1,218.00
12/27/23	0710	7100000004	HC Phase I- Recovery Room Each Addl 15 Min	1	398.00
12/27/23	0110	1100000001	HC Private Room Daily	1	1,865.00
12/28/23	0637	6370000001	Guaifenesin 100 Mg/5 Ml Liquid (0121-1488-00)	1	10.00
12/28/23	0250	J2543	Piperacillin-Tazobactam per 1.125 G (60505-6159-4)	4	165.00
12/28/23	0250	J7050	Sodium Chloride 0.9 % Piggyback 100 Ml Bag (0338-9159-30)	1	54.00

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Date	Rev Code	Procedure	Description	Qty	Amount
12/28/23	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
12/28/23	0305	3058502701	HC Complete Cbc - Cbc	1	119.00
12/28/23	0301	3018373501	HC Assay of Magnesium - Magnesium	1	94.00
12/28/23	0301	3018004801	HC Basic Metabolic Panel Calcium Total	1	301.00
12/28/23	0343	A9537	Technetium Tc-99m Mebrofenin (9999-4084-42)	1	329.00
12/28/23	0250	J2805	Sincalide per 5 Mcg (0270-0556-15)	1	699.00
12/28/23	0341	3417822701	HC Hepatobil Syst Image W/Drug - NM Hepatobiliary W Cholecystokinin	1	3,026.00
12/28/23	0250	J2543	Piperacillin-Tazobactam per 1.125 G (60505-6159-4)	4	165.00
12/28/23	0250	J7050	Sodium Chloride 0.9 % Piggyback 100 Ml Bag (0338-9159-30)	1	54.00
12/28/23	0250	J3475	Magnesium Sulfate 4 G/100 Ml Piggyback (47335-992-02)	8	62.00
12/28/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/28/23	0637	6370000001	Amlodipine 5 Mg Tablet (0904-6370-61)	1	10.00
12/28/23	0637	6370000001	Docusate Sodium 100 Mg Capsule (63739-478-02)	1	10.00
12/28/23	0637	6370000001	Losartan 50 Mg Tablet (68084-347-01)	1	15.00
12/28/23	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
12/28/23	0637	6370000001	Potassium Chloride Cr 20 Meq Tablet Extended Release (0245-5319-01)	2	10.00
12/28/23	0250	J2543	Piperacillin-Tazobactam per 1.125 G (60505-6159-4)	4	165.00
12/28/23	0250	J7050	Sodium Chloride 0.9 % Piggyback 100 Ml Bag (0338-9159-30)	1	54.00
12/28/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/28/23	0637	6370000001	Guaifenesin 100 Mg/5 Ml Liquid (0121-1488-00)	1	10.00
12/28/23	0637	6370000001	Potassium Chloride Cr 20 Meq Tablet Extended Release (0245-5319-01)	2	10.00
12/28/23	0637	6370000001	Sodium Bicarbonate 650 Mg Tablet (66553-008-01)	1	10.00
12/28/23	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
12/28/23	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
12/28/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/28/23	0637	6370000001	Tamsulosin 0.4 Mg Capsule (50268-740-15)	1	10.00
12/28/23	0250	J2543	Piperacillin-Tazobactam per 1.125 G (60505-6159-4)	4	165.00
12/28/23	0250	J7050	Sodium Chloride 0.9 % Piggyback 100 Ml Bag (0338-9159-30)	1	54.00
12/28/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/28/23	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
12/28/23	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00

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Date	Rev Code	Procedure Code	Description	Qty	Amount
12/28/23	0637	6370000001	Sodium Bicarbonate 650 Mg Tablet (66553-008-01)	1	10.00
12/28/23	0110	1100000001	HC Private Room Daily	1	1,865.00
12/28/23	0302	3028692301	HC Compatibility Each Unit Electronic	1	148.00
12/29/23	0250	J2543	Piperacillin-Tazobactam per 1.125 G (60505-6159-4)	4	165.00
12/29/23	0250	J7050	Sodium Chloride 0.9 % Piggyback 100 Ml Bag (0338-9159-30)	1	54.00
12/29/23	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
12/29/23	0305	3058502501	HC Complete Cbc & Auto Diff Wbc - Additional Charge	1	165.00
12/29/23	0301	3018005301	HC Metabolic Panel Comprehensive	1	352.00
12/29/23	0250	2500000005	Ipratropium-Albuterol 0.5-2.5 Mg/3 Ml Solution for Nebulization (69097-840-53)	1	43.00
12/29/23	0250	2500000005	Bupivacaine-Epinephrine 0.5 %-1:200,000 Solution (0409-1755-50)	1	28.00
12/29/23	0250	J2405	Ondansetron 4 Mg/2 Ml Solution (60505-6130-5)	4	28.00
12/29/23	0250	2500000005	Dexmedetomidine 100 Mcg/Ml Solution (55150-209-02)	1	142.00
12/29/23	0250	2500000005	Sugammadex 100 Mg/Ml Solution (0006-5423-12)	1	948.00
12/29/23	0637	6370000001	Albuterol 90 Mcg/Actuation Hfa Aerosol Inhaler 8.5 G Canister (68180-963-01)	1	490.00
12/29/23	0250	J1100	Dexamethasone 10 Mg/Ml Solution (0641-0367-25)	10	28.00
12/29/23	0250	J3010	Fentanyl per 0.1 Mg (0409-9094-22)	1	28.00
12/29/23	0250	J2704	Propofol 10 Mg/Ml Emulsion (63323-269-29)	10	210.00
12/29/23	0250	2500000005	Ketamine 10 Mg/Ml Solution (81483-0006-0)	1	28.00
12/29/23	0250	J7120	Lactated Ringer's per 1000 Ml (0338-0117-04)	1	126.00
12/29/23	0250	2500000005	Lidocaine 2 % Solution (55150-255-20)	1	28.00
12/29/23	0250	J0330	Succinylcholine 20 Mg/Ml Solution (0143-9338-25)	6	62.00
12/29/23	0250	P9047	Albumin Human 25 % Parenteral Solution (68516-5216-2)	2	880.00
12/29/23	0250	2500000005	Rocuronium 10 Mg/Ml Solution 5 Ml Vial (39822-4200-2)	1	55.00
12/29/23	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
12/29/23	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
12/29/23	0250	J2543	Piperacillin-Tazobactam per 1.125 G (60505-6159-4)	4	165.00
12/29/23	0250	J7050	Sodium Chloride 0.9 % Piggyback 100 Ml Bag (0338-9159-30)	1	54.00
12/29/23	0637	6370000001	Sodium Bicarbonate 650 Mg Tablet (66553-008-01)	1	10.00
12/29/23	0250	J7120	Lactated Ringer's per 1000 Ml (0338-0117-04)	1	126.00
12/29/23	0637	6370000001	Gabapentin 100 Mg Capsule (0904-6665-61)	1	10.00
12/29/23	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
12/29/23	0637	6370000001	Guaifenesin 100 Mg/5 Ml Liquid (0121-1488-00)	1	10.00

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Date	Rev Code	Procedure	Description	Qty	Amount
12/29/23	0250	J3475	Magnesium Sulfate 4 Meq/Ml (50 %) Solution (63323-064-03)	2	28.00
12/29/23	0272	2720000007	Container Urine Collection Female External Primafit Flexfit Sage De	1	58.00
12/29/23	0637	6370000001	Tamsulosin 0.4 Mg Capsule (50268-740-15)	1	10.00
12/29/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/29/23	0250	J2543	Piperacillin-Tazobactam per 1.125 G (60505-6159-4)	4	165.00
12/29/23	0250	J7050	Sodium Chloride 0.9 % Piggyback 100 Ml Bag (0338-9159-30)	1	54.00
12/29/23	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
12/29/23	0637	6370000001	Sodium Bicarbonate 650 Mg Tablet (66553-008-01)	1	10.00
12/29/23	0637	6370000001	Gabapentin 100 Mg Capsule (0904-6665-61)	1	10.00
12/29/23	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
12/29/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/29/23	0370	3700000018	HC General Anesthesia Level 2	1	4,372.00
12/29/23	0272	2720000007	Device Specimen Retrieval 10 Mm 225 Cc Guide Bead Endoscopic Inzii Latexfree 10mm System	1	321.00
12/29/23	0272	2720000007	Suture Absorbable Braided 40 Fs2 27 in 19 Mm Coated 3/8 Circle Reverse Cutting Needle Polyglactin 910 Undyed Vicryl 27in 19mm	2	30.00
12/29/23	0272	2720000007	Trocar Endoscopic Z Thread 11x100 Mm Abdominal First Entry Access System Kii Fios Latexfree 11x100mm Zthread	1	98.00
12/29/23	0272	2720000007	Dissector Endoscopic Blunt Tip 5 Mm Sterile Endopath Latexfree Disposable	1	45.00
12/29/23	0272	272A431401	Foley Tray Drainage Bag 16 Fr Anti Reflux Chamber Control Fit Outlet Tube Stabilization Device Lubricath Trays Advance Antireflux Controlfit Tubestatl	1	43.00
12/29/23	0272	2720000007	Suture Absorbable Braided 0 Ur6 27 in 26 Mm Coated 5/8 Circle Taperpoint Needle Polyglactin 910 Violet Vicryl 27in 26mm	1	13.00
12/29/23	0272	2720000007	Sleeve Compression Medium Knee Length Scd Express Kendall	1	46.00
12/29/23	0272	2720000007	Trocar Endoscopic Z Thread 5x100 Mm Abdominal First Entry Access System Kii Fios Latexfree 5x100mm	1	98.00
12/29/23	0272	2720000007	Sleeve Endoscopic Trocar 5x100 Mm Z Thread Kii Latexfree Laparoscopy	2	78.00
12/29/23	0272	2720000007	Scissor Surgical Mini Endocut Tip	1	182.00
12/29/23	0272	2720000007	Grasper Endoscopic Double Action 5x22.6 Mm Fenestrated Tip Grooved Slot Endocut Latexfree Disposable	2	549.00
12/29/23	0272	2720000007	Needle Insufflation 13 Gax150 Mm Latexfree Gauge 150mm	1	77.00
12/29/23	0360	3600000004	HC or Level 4 Time Charge 0-30 Min	1	7,867.00
12/29/23	0360	3600000009	HC or Level 4 Time Charge Ea Addl 15 Min	6	14,148.00

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Date	Rev Code	Procedure Code	Description	Qty	Amount
12/29/23	0710	7100000003	HC Phase I- Recovery Room 0-30 Min	1	1,218.00
12/29/23	0710	7100000004	HC Phase I- Recovery Room Each Add'l 15 Min	1	398.00
12/29/23	0110	1100000001	HC Private Room Daily	1	1,865.00
12/29/23	0312	3128830401	HC Surg Path,Level III - Lab Surg Path,Level III	1	263.00
12/30/23	0250	J2543	Piperacillin-Tazobactam per 1.125 G (60505-6159-4)	4	165.00
12/30/23	0250	J7050	Sodium Chloride 0.9 % Piggyback 100 Ml Bag (0338-9159-30)	1	54.00
12/30/23	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
12/30/23	0305	3058502501	HC Complete Cbc & Auto Diff Wbc - Additional Charge	1	165.00
12/30/23	0637	6370000001	Tramadol 50 Mg Tablet (0904-7179-61)	1	10.00
12/30/23	0637	6370000001	Levothyroxine 75 Mcg Tablet (0904-6951-61)	1	10.00
12/30/23	0637	6370000001	Gabapentin 100 Mg Capsule (0904-6665-61)	1	10.00
12/30/23	0637	6370000001	Sodium Bicarbonate 650 Mg Tablet (66553-008-01)	1	10.00
12/30/23	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
12/30/23	0637	6370000001	Pantoprazole 40 Mg Tablet,Delayed Release (Dr/Ec) (50268-639-15)	1	19.00
12/30/23	0301	3018005301	HC Metabolic Panel Comprehensive	1	352.00
12/30/23	0272	2720000007	Container Urine Collection Female External Primafit Flexfit Sage De	1	58.00
12/30/23	0250	J2543	Piperacillin-Tazobactam per 1.125 G (60505-6159-4)	4	165.00
12/30/23	0250	J7050	Sodium Chloride 0.9 % Piggyback 100 Ml Bag (0338-9159-30)	1	54.00
12/30/23	0637	6370000001	Benzocaine-Menthol 15-3.6 Mg Lozenge (6382471016)	1	2.00
12/30/23	0637	6370000001	Hydrocodone-Homatropine 5-1.5 Mg/5 Ml Syrup (64950-342-45)	1	72.00
12/30/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/30/23	0637	6370000001	Amlodipine 5 Mg Tablet (0904-6370-61)	1	10.00
12/30/23	0637	6370000001	Losartan 50 Mg Tablet (68084-347-01)	1	15.00
12/30/23	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
12/30/23	0637	6370000001	Docusate Sodium 100 Mg Capsule (63739-478-02)	1	10.00
12/30/23	0637	6370000001	Guaifenesin 100 Mg/5 Ml Liquid (0121-1488-00)	1	10.00
12/30/23	0637	6370000001	Lidocaine 5 % Adhesive Patch,Medicated (0603-1880-16)	2	150.00
12/30/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/30/23	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
12/30/23	0637	6370000001	Sodium Bicarbonate 650 Mg Tablet (66553-008-01)	1	10.00

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Date	Rev Code	Procedure Code	Description	Qty	Amount
12/30/23	0250	J2543	Piperacillin-Tazobactam per 1.125 G (60505-6159-4)	4	165.00
12/30/23	0250	J7050	Sodium Chloride 0.9 % Piggyback 100 Ml Bag (0338-9159-30)	1	54.00
12/30/23	0637	6370000001	Gabapentin 100 Mg Capsule (0904-6665-61)	1	10.00
12/30/23	0272	2720000007	Container Urine Collection Female External Primafit Flexfit Sage De	1	58.00
12/30/23	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
12/30/23	0637	6370000001	Tamsulosin 0.4 Mg Capsule (50268-740-15)	1	10.00
12/30/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/30/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/30/23	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
12/30/23	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
12/30/23	0637	6370000001	Gabapentin 100 Mg Capsule (0904-6665-61)	1	10.00
12/30/23	0272	2720000007	Container Urine Collection Female External Primafit Flexfit Sage De	1	58.00
12/30/23	0110	1100000001	HC Private Room Daily	1	1,865.00
12/31/23	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
12/31/23	0637	6370000001	Pantoprazole 40 Mg Tablet,Delayed Release (Dr/Ec) (50268-639-15)	1	19.00
12/31/23	0637	6370000001	Gabapentin 100 Mg Capsule (0904-6665-61)	1	10.00
12/31/23	0637	6370000001	Levothyroxine 75 Mcg Tablet (0904-6951-61)	1	10.00
12/31/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/31/23	0637	6370000001	Docusate Sodium 100 Mg Capsule (63739-478-02)	1	10.00
12/31/23	0637	6370000001	Losartan 50 Mg Tablet (68084-347-01)	1	15.00
12/31/23	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
12/31/23	0637	6370000001	Lidocaine 5 % Adhesive Patch,Medicated (0603-1880-16)	2	150.00
12/31/23	0637	6370000001	Guaifenesin 100 Mg/5 Ml Liquid (0121-1488-00)	1	10.00
12/31/23	0272	2720000007	Container Urine Collection Female External Primafit Flexfit Sage De	1	58.00
12/31/23	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
12/31/23	0637	6370000001	Gabapentin 100 Mg Capsule (63739-902-10)	1	10.00
12/31/23	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
12/31/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
12/31/23	0637	6370000001	Tamsulosin 0.4 Mg Capsule (50268-740-15)	1	10.00
12/31/23	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00

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Date	Rev.	Description	Qty	Amount
12/31/23	0637	6370000001 Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
12/31/23	0637	6370000001 Gabapentin 100 Mg Capsule (0904-6665-61)	1	10.00
12/31/23	0637	6370000001 Guaifenesin 600 Mg Tablet Extended Release 12hr (0904-6718-39)	1	10.00
12/31/23	0637	6370000001 Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
12/31/23	0110	1100000001 HC Private Room Daily	1	1,865.00
01/01/24	0272	2720000007 Container Urine Collection Female External Primafit Flexfit Sage De	1	58.00
01/01/24	0300	3003641501 HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
01/01/24	0301	3018373501 HC Assay of Magnesium - Magnesium	1	94.00
01/01/24	0637	6370000001 Pantoprazole 40 Mg Tablet,Delayed Release (Dr/Ec) (50268-639-15)	1	19.00
01/01/24	0637	6370000001 Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
01/01/24	0637	6370000001 Levothyroxine 75 Mcg Tablet (0904-6951-61)	1	10.00
01/01/24	0637	6370000001 Gabapentin 100 Mg Capsule (0904-6665-61)	1	10.00
01/01/24	0637	6370000001 Guaifenesin 600 Mg Tablet Extended Release 12hr (0904-6718-39)	1	10.00
01/01/24	0637	6370000001 Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
01/01/24	0637	6370000001 Docusate Sodium 100 Mg Capsule (63739-478-02)	1	10.00
01/01/24	0637	6370000001 Losartan 50 Mg Tablet (68084-347-01)	1	15.00
01/01/24	0637	6370000001 Amlodipine 5 Mg Tablet (0904-6370-61)	1	10.00
01/01/24	0637	6370000001 Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
01/01/24	0637	6370000001 Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
01/01/24	0637	6370000001 Lidocaine 5 % Adhesive Patch,Medicated (0603-1880-16)	2	150.00
01/01/24	0637	6370000001 Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
01/01/24	0637	6370000001 Gabapentin 100 Mg Capsule (0904-6665-61)	1	10.00
01/01/24	0637	6370000001 Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
01/01/24	0324	3247104501 HC Radiologic Exam Chest Single View - Xr Chest 1 View	1	282.00
01/01/24	0637	6370000001 Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
01/01/24	0637	6370000001 Tamsulosin 0.4 Mg Capsule (50268-740-15)	1	10.00
01/01/24	0637	6370000001 Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
01/01/24	0637	6370000001 Gabapentin 100 Mg Capsule (0904-6665-61)	1	10.00
01/01/24	0637	6370000001 Guaifenesin 600 Mg Tablet Extended Release 12hr (0904-6718-39)	1	10.00
01/01/24	0637	6370000001 Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00

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Date	Rev Code	Procedure	Description	Qty	Amount
01/01/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
01/01/24	0110	1100000001	HC Private Room Daily	1	1,865.00
01/02/24	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
01/02/24	0637	6370000001	Levothyroxine 75 Mcg Tablet (0904-6951-61)	1	10.00
01/02/24	0637	6370000001	Pantoprazole 40 Mg Tablet,Delayed Release (Dr/Ec) (50268-639-15)	1	19.00
01/02/24	0637	6370000001	Gabapentin 100 Mg Capsule (0904-6665-61)	1	10.00
01/02/24	0250	J2405	Ondansetron 4 Mg/2 Ml Solution (60505-6130-5)	4	28.00
01/02/24	0637	6370000001	Losartan 50 Mg Tablet (0904-7048-61)	1	15.00
01/02/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
01/02/24	0637	6370000001	Docusate Sodium 100 Mg Capsule (63739-478-02)	1	10.00
01/02/24	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
01/02/24	0637	6370000001	Guaifenesin 600 Mg Tablet Extended Release 12hr (0904-6718-39)	1	10.00
01/02/24	0637	6370000001	Amlodipine 5 Mg Tablet (0904-6370-61)	1	10.00
01/02/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
01/02/24	0637	6370000001	Tramadol 50 Mg Tablet (0904-7179-61)	1	10.00
01/02/24	0637	6370000001	Lidocaine 5 % Adhesive Patch,Medicated (0603-1880-16)	2	150.00
01/02/24	0637	6370000001	Gabapentin 100 Mg Capsule (0904-6665-61)	1	10.00
01/02/24	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
01/02/24	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
01/02/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
01/02/24	0637	6370000001	Tamsulosin 0.4 Mg Capsule (50268-740-15)	1	10.00
01/02/24	0272	272A655001	Dressing Negative Pressure Medium 18x12.5x3.3 Cm Kit for Wound Therapy Infovac Polyurethane Vac Granufoam V.a.C. 18x12.5x3.2cm	1	266.00
01/02/24	0272	2720000007	Dressing Foam 3 Inx7.5 Cm Island Hydrocellular Gentle Border Absorbable Conformable Film Backing Water Resistant Gel Polyurethane Silicone Sterile All	5	60.00
01/02/24	0272	2720000007	Dressing Negative Pressure Small 10x7.5 Cm Comfortable Versatile Vac Whitefoam Latexfree V a C	1	73.00
01/02/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
01/02/24	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
01/02/24	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
01/02/24	0637	6370000001	Guaifenesin 600 Mg Tablet Extended Release 12hr (0904-6718-39)	1	10.00

ALL INSURANCE BENEFITS ASSIGNED TO
McLEOD REGIONAL MEDICAL CENTER

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Date	Rev. Code	NDC	Description	Qty	Amount
01/02/24	0637	637000000 1	Gabapentin 100 Mg Capsule (0904-6665-61)	1	10.00
01/02/24	0110	110000000 1	HC Private Room Daily	1	1,865.00
01/03/24	0637	637000000 1	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
01/03/24	0637	637000000 1	Pantoprazole 40 Mg Tablet,Delayed Release (Dr/Ec) (50268-639-15)	1	19.00
01/03/24	0637	637000000 1	Levothyroxine 75 Mcg Tablet (0904-6951-61)	1	10.00
01/03/24	0637	637000000 1	Gabapentin 100 Mg Capsule (0904-6665-61)	1	10.00
01/03/24	0637	637000000 1	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
01/03/24	0637	637000000 1	Guaifenesin 600 Mg Tablet Extended Release 12hr (0904-6718-39)	1	10.00
01/03/24	0637	637000000 1	Losartan 50 Mg Tablet (0904-7048-61)	1	15.00
01/03/24	0637	637000000 1	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
01/03/24	0637	637000000 1	Docusate Sodium 100 Mg Capsule (63739-478-02)	1	10.00
01/03/24	0250	J2270	Morphine 4 Mg/Ml Solution (0641-6125-25)	1	28.00
01/03/24	0637	637000000 1	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
01/03/24	0637	637000000 1	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
01/03/24	0430	430975300 1	HC Ot Therapeut Actvity Direct Pt Contact Each 15 Min	1	156.00
01/03/24	0434	434971680 1	HC Ot Occupational Ther Re-Eval Est Plan Care 30 Mins	1	219.00
01/03/24	0272	272000000 7	Container Urine Collection Female External Primafit Flexfit Sage De	1	58.00
01/03/24	0637	637000000 1	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
01/03/24	0250	J2270	Morphine 4 Mg/Ml Solution (0641-6125-25)	1	28.00
01/03/24	0637	637000000 1	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
01/03/24	0637	637000000 1	Tamsulosin 0.4 Mg Capsule (50268-740-15)	1	10.00
01/03/24	0637	637000000 1	Guaifenesin 600 Mg Tablet Extended Release 12hr (0904-6718-39)	1	10.00
01/03/24	0637	637000000 1	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
01/03/24	0637	637000000 1	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
01/03/24	0637	637000000 1	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
01/03/24	0110	110000000 1	HC Private Room Daily	1	1,865.00
01/04/24	0637	637000000 1	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
01/04/24	0637	637000000 1	Levothyroxine 75 Mcg Tablet (0904-6951-61)	1	10.00
01/04/24	0637	637000000 1	Pantoprazole 40 Mg Tablet,Delayed Release (Dr/Ec) (50268-639-15)	1	19.00
01/04/24	0637	637000000 1	Amlodipine 5 Mg Tablet (0904-6370-61)	1	10.00
01/04/24	0637	637000000 1	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00

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Date	Rev Code	HCPCS	Description	Qty	Amount
01/04/24	0637	6370000001	Docusate Sodium 100 Mg Capsule (63739-478-02)	1	10.00
01/04/24	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
01/04/24	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
01/04/24	0637	6370000001	Guaifenesin 600 Mg Tablet Extended Release 12hr (0904-6718-39)	1	10.00
01/04/24	0637	6370000001	Lidocaine 5 % Adhesive Patch,Medicated (0603-1880-16)	2	150.00
01/04/24	0637	6370000001	Losartan 50 Mg Tablet (0904-7048-61)	1	15.00
01/04/24	0430	4309753001	HC Ot Therapeut Actvity Direct Pt Contact Each 15 Min	2	312.00
01/04/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
01/04/24	0250	J2405	Ondansetron 4 Mg/2 Ml Solution (60505-6130-5)	4	28.00
01/04/24	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
01/04/24	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
01/04/24	0305	3058502501	HC Complete Cbc & Auto Diff Wbc - Additional Charge	1	165.00
01/04/24	0301	3018004801	HC Basic Metabolic Panel Calcium Total	1	301.00
01/04/24	0301	3018373501	HC Assay of Magnesium - Magnesium	1	94.00
01/04/24	0301	3018410004	HC Assay of Inorganic Phosphorus - Phosphorus	1	66.00
01/04/24	0320	3207402101	HC Radiologic Exam Abdomen 3+ Views - Xr Abdomen 3+ Views	1	508.00
01/04/24	0637	6370000001	Tamsulosin 0.4 Mg Capsule (50268-740-15)	1	10.00
01/04/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
01/04/24	0272	2720000007	Container Urine Collection Female External Primafit Flexfit Sage De	1	58.00
01/04/24	0301	3018007601	HC Hepatic Function Panel	1	274.00
01/04/24	0250	J3475	Magnesium Sulfate 2 Gm/50ml Piggyback (0338-1708-40)	4	122.00
01/04/24	0637	6370000001	Potassium Chloride 20 Meq Packet (72888-024-07)	2	147.00
01/04/24	0301	3018369001	HC Assay of Lipase - Lipase	1	204.00
01/04/24	0250	J3480	Sodium Chloride 0.9 % With Kcl 40 Meq/L Parenteral Solution (0338-0695-04)	20	160.00
01/04/24	0250	J2405	Ondansetron 4 Mg/2 Ml Solution (60505-6130-5)	8	28.00
01/04/24	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
01/04/24	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
01/04/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
01/04/24	0637	6370000001	Guaifenesin 600 Mg Tablet Extended Release 12hr (0904-6718-39)	1	10.00
01/04/24	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
01/04/24	0301	3018360502	HC Assay of Lactic Acid - Lactate	1	146.00

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Date	Rev Code	Procedure Code	Description	Qty	Amount
01/04/24	0110	1100000001	HC Private Room Daily	1	1,865.00
01/05/24	0250	J2405	Ondansetron 4 Mg/2 Ml Solution (60505-6130-5)	8	28.00
01/05/24	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
01/05/24	0305	3058502501	HC Complete Cbc & Auto Diff Wbc - Additional Charge	1	165.00
01/05/24	0301	3018373501	HC Assay of Magnesium - Magnesium	1	94.00
01/05/24	0301	3018410004	HC Assay of Inorganic Phosphorus - Phosphorus	1	66.00
01/05/24	0301	3018005301	HC Metabolic Panel Comprehensive	1	352.00
01/05/24	0637	6370000001	Pantoprazole 40 Mg Tablet,Delayed Release (Dr/Ec) (50268-639-15)	1	19.00
01/05/24	0637	6370000001	Levothyroxine 75 Mcg Tablet (0904-6951-61)	1	10.00
01/05/24	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
01/05/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
01/05/24	0637	6370000001	Amlodipine 5 Mg Tablet (0904-6370-61)	1	10.00
01/05/24	0637	6370000001	Docusate Sodium 100 Mg Capsule (63739-478-02)	1	10.00
01/05/24	0637	6370000001	Guaifenesin 600 Mg Tablet Extended Release 12hr (0904-6718-39)	1	10.00
01/05/24	0637	6370000001	Losartan 50 Mg Tablet (0904-7048-61)	1	15.00
01/05/24	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
01/05/24	0637	6370000001	Lidocaine 5 % Adhesive Patch,Medicated (0603-1880-16)	2	150.00
01/05/24	0255	Q9967	Iohexol 350 Mg Iodine/Ml Solution (0407-1414-91)	100	562.00
01/05/24	0352	3527417701	HC CT Abd & Pelv W/Contrast - CT Abdomen Pelvis W Contrast	1	6,546.00
01/05/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
01/05/24	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
01/05/24	0250	J1170	Hydromorphone per 4 Mg (0409-3365-10)	1	28.00
01/05/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
01/05/24	0637	6370000001	Tamsulosin 0.4 Mg Capsule (50268-740-15)	1	10.00
01/05/24	0430	4309753001	HC Ot Therapeut Actvity Direct Pt Contact Each 15 Min	2	312.00
01/05/24	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
01/05/24	0250	J2405	Ondansetron 4 Mg/2 Ml Solution (60505-6130-5)	8	28.00
01/05/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
01/05/24	0250	J7030	Sodium Chloride 0.9% Parenteral Solution (0338-0049-04)	1	126.00
01/05/24	0110	1100000001	HC Private Room Daily	1	1,865.00
01/06/24	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
01/06/24	0637	6370000001	Levothyroxine 75 Mcg Tablet (0904-6951-61)	1	10.00

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Date	Rev Code	Procedure Code	Description	Qty	Amount
01/06/24	0250	J2405	Ondansetron 4 Mg/2 Ml Solution (60505-6130-5)	8	28.00
01/06/24	0250	J2405	Ondansetron 4 Mg/2 Ml Solution (60505-6130-5)	8	28.00
01/06/24	0637	6370000001	Pantoprazole 40 Mg Tablet,Delayed Release (Dr/Ec) (50268-639-15)	1	19.00
01/06/24	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
01/06/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
01/06/24	0637	6370000001	Losartan 50 Mg Tablet (0904-7048-61)	1	15.00
01/06/24	0637	6370000001	Amlodipine 5 Mg Tablet (0904-6370-61)	1	10.00
01/06/24	0637	6370000001	Docusate Sodium 100 Mg Capsule (63739-478-02)	1	10.00
01/06/24	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
01/06/24	0637	6370000001	Lidocaine 5 % Adhesive Patch,Medicated (0603-1880-16)	2	150.00
01/06/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
01/06/24	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
01/06/24	0250	J2405	Ondansetron 4 Mg/2 Ml Solution (60505-6130-5)	8	28.00
01/06/24	0250	J7030	Sodium Chloride 0.9% Parenteral Solution (0338-0049-04)	1	126.00
01/06/24	0637	6370000001	Tamsulosin 0.4 Mg Capsule (50268-740-15)	1	10.00
01/06/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
01/06/24	0250	J2405	Ondansetron 4 Mg/2 Ml Solution (60505-6130-5)	8	28.00
01/06/24	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
01/06/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
01/06/24	0110	1100000001	HC Private Room Daily	1	1,865.00
01/07/24	0637	6370000001	Pantoprazole 40 Mg Tablet,Delayed Release (Dr/Ec) (50268-639-15)	1	19.00
01/07/24	0637	6370000001	Levothyroxine 75 Mcg Tablet (0904-6951-61)	1	10.00
01/07/24	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
01/07/24	0250	J2405	Ondansetron 4 Mg/2 Ml Solution (60505-6130-5)	8	28.00
01/07/24	0250	J2405	Ondansetron 4 Mg/2 Ml Solution (60505-6130-5)	8	28.00
01/07/24	0637	6370000001	Lidocaine 5 % Adhesive Patch,Medicated (0603-1880-16)	2	150.00
01/07/24	0637	6370000001	Losartan 50 Mg Tablet (68084-347-01)	1	15.00
01/07/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
01/07/24	0637	6370000001	Docusate Sodium 100 Mg Capsule (63739-478-02)	1	10.00
01/07/24	0637	6370000001	Amlodipine 5 Mg Tablet (0904-6370-61)	1	10.00
01/07/24	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
01/07/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
01/07/24	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
01/07/24	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00

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Date	Rev Code	Procedure Code	Description	Qty	Amount
01/07/24	0250	J2405	Ondansetron 4 Mg/2 Ml Solution (60505-6130-5)	8	28.00
01/07/24	0637	6370000001	Tamsulosin 0.4 Mg Capsule (50268-740-15)	1	10.00
01/07/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
01/07/24	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
01/07/24	0637	6370000001	Mirtazapine 15 Mg Tablet (0904-6519-61)	1	15.00
01/07/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
01/07/24	0110	1100000001	HC Private Room Daily	1	1,865.00
01/08/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
01/08/24	0305	3058502501	HC Complete Cbc & Auto Diff Wbc - Additional Charge	1	165.00
01/08/24	0637	6370000001	Levothyroxine 75 Mcg Tablet (0904-6951-61)	1	10.00
01/08/24	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
01/08/24	0637	6370000001	Pantoprazole 40 Mg Tablet,Delayed Release (Dr/Ec) (50268-639-15)	1	19.00
01/08/24	0301	3018373501	HC Assay of Magnesium - Magnesium	1	94.00
01/08/24	0301	3018410004	HC Assay of Inorganic Phosphorus - Phosphorus	1	66.00
01/08/24	0301	3018005301	HC Metabolic Panel Comprehensive	1	352.00
01/08/24	0637	6370000001	Potassium Chloride Cr 20 Meq Tablet Extended Release (0904-7293-61)	3	13.00
01/08/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
01/08/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
01/08/24	0637	6370000001	Amlodipine 5 Mg Tablet (0904-6370-61)	1	10.00
01/08/24	0637	6370000001	Losartan 50 Mg Tablet (68084-347-01)	1	15.00
01/08/24	0637	6370000001	Docusate Sodium 100 Mg Capsule (63739-478-02)	1	10.00
01/08/24	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
01/08/24	0637	6370000001	Lidocaine 5 % Adhesive Patch,Medicated (0603-1880-16)	2	150.00
01/08/24	0637	6370000001	Potassium Chloride 20 Meq Packet (72888-024-07)	2	147.00
01/08/24	0250	J3475	Magnesium Sulfate 2 Gm/50ml Piggyback (0338-1708-40)	4	122.00
01/08/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
01/08/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
01/08/24	0250	J3475	Magnesium Sulfate 2 Gm/50ml Piggyback (0338-1708-40)	4	122.00
01/08/24	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
01/08/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
01/08/24	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00

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Date	Rev Code	Procedure	Description	Qty	Amount
01/08/24	0301	3018413201	HC Assay of Serum Potassium - Potassium	1	55.00
01/08/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
01/08/24	0637	6370000001	Tamsulosin 0.4 Mg Capsule (50268-740-15)	1	10.00
01/08/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
01/08/24	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
01/08/24	0637	6370000001	Mirtazapine 15 Mg Tablet (0904-6519-61)	1	15.00
01/08/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
01/08/24	0110	1100000001	HC Private Room Daily	1	1,865.00
01/09/24	0921	9219397109	HC Dup-Scan Xtr Veins Unilateral/Limited Study Lwr Extrem Left	1	1,466.00
01/09/24	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
01/09/24	0305	3058502501	HC Complete Cbc & Auto Diff Wbc - Additional Charge	1	165.00
01/09/24	0637	6370000001	Levothyroxine 75 Mcg Tablet (0904-6951-61)	1	10.00
01/09/24	0637	6370000001	Pantoprazole 40 Mg Tablet,Delayed Release (Dr/Ec) (50268-639-15)	1	19.00
01/09/24	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
01/09/24	0301	3018005301	HC Metabolic Panel Comprehensive	1	352.00
01/09/24	0301	3018373501	HC Assay of Magnesium - Magnesium	1	94.00
01/09/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
01/09/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
01/09/24	0637	6370000001	Amlodipine 5 Mg Tablet (0904-6370-61)	1	10.00
01/09/24	0637	6370000001	Losartan 50 Mg Tablet (0904-7048-61)	1	15.00
01/09/24	0637	6370000001	Lidocaine 5 % Adhesive Patch,Medicated (0591-3525-30)	2	150.00
01/09/24	0272	2720000007	Container Urine Collection Female External Primafit Flexfit Sage De	1	58.00
01/09/24	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
01/09/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
01/09/24	0424	4249716101	HC Pt Physical Therapy Evaluation Low Complex 20 Mins	1	128.00
01/09/24	0420	4209753001	HC Pt Therapeut Actvity Direct Pt Contact Each 15 Min	1	156.00
01/09/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
01/09/24	0637	6370000001	Tamsulosin 0.4 Mg Capsule (50268-740-15)	1	10.00
01/09/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
01/09/24	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00

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Date	Rev. Code	Procedure Code	Description	Qty	Amount
01/09/24	0637	6370000001	Mirtazapine 15 Mg Tablet (0904-6519-61)	1	15.00
01/09/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
01/09/24	0110	1100000001	HC Private Room Daily	1	1,865.00
01/10/24	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
01/10/24	0305	3058502701	HC Complete Cbc - Cbc	1	119.00
01/10/24	0301	3018373501	HC Assay of Magnesium - Magnesium	1	94.00
01/10/24	0301	3018005301	HC Metabolic Panel Comprehensive	1	352.00
01/10/24	0637	6370000001	Levothyroxine 75 Mcg Tablet (0904-6951-61)	1	10.00
01/10/24	0637	6370000001	Pantoprazole 40 Mg Tablet,Delayed Release (Dr/Ec) (50268-639-15)	1	19.00
01/10/24	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
01/10/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
01/10/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
01/10/24	0637	6370000001	Losartan 50 Mg Tablet (68084-347-01)	1	15.00
01/10/24	0637	6370000001	Amlodipine 5 Mg Tablet (0904-6370-61)	1	10.00
01/10/24	0637	6370000001	Lidocaine 5 % Adhesive Patch,Medicated (0591-3525-30)	2	150.00
01/10/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
01/10/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
01/10/24	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
01/10/24	0430	4309753001	HC Ot Therapeut Actvity Direct Pt Contact Each 15 Min	1	156.00
01/10/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
01/10/24	0637	6370000001	Tamsulosin 0.4 Mg Capsule (50268-740-15)	1	10.00
01/10/24	0420	4209753001	HC Pt Therapeut Actvity Direct Pt Contact Each 15 Min	1	156.00
01/10/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
01/10/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
01/10/24	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
01/10/24	0637	6370000001	Mirtazapine 15 Mg Tablet (0904-6519-61)	1	15.00
01/10/24	0110	1100000001	HC Private Room Daily	1	1,865.00
01/11/24	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
01/11/24	0301	3018373501	HC Assay of Magnesium - Magnesium	1	94.00
01/11/24	0301	3018004801	HC Basic Metabolic Panel Calcium Total	1	301.00

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Date	Rev Code	Ref	Description	Qty	Amount
01/11/24	0637	6370000001	Levothyroxine 75 Mcg Tablet (0904-6951-61)	1	10.00
01/11/24	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
01/11/24	0637	6370000001	Pantoprazole 40 Mg Tablet,Delayed Release (Dr/Ec) (50268-639-15)	1	19.00
01/11/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
01/11/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
01/11/24	0250	J3475	Magnesium Sulfate 2 Gm/50ml Piggyback (0338-1708-40)	4	122.00
01/11/24	0637	6370000001	Losartan 50 Mg Tablet (68084-347-01)	1	15.00
01/11/24	0637	6370000001	Amlodipine 5 Mg Tablet (0904-6370-61)	1	10.00
01/11/24	0637	6370000001	Lidocaine 5 % Adhesive Patch,Medicated (0591-3525-30)	2	150.00
01/11/24	0250	J7030	Sodium Chloride 0.9% Parenteral Solution (0338-0049-04)	1	126.00
01/11/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
01/11/24	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
01/11/24	0430	4309711001	HC Ot Therapeutic Exercises	1	188.00
01/11/24	0637	6370000001	Loperamide 2 Mg Capsule (60687-229-01)	1	10.00
01/11/24	0420	4209753001	HC Pt Therapeut Actvity Direct Pt Contact Each 15 Min	1	156.00
01/11/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
01/11/24	0637	6370000001	Tamsulosin 0.4 Mg Capsule (50268-740-15)	1	10.00
01/11/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
01/11/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
01/11/24	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
01/11/24	0637	6370000001	Loperamide 2 Mg Capsule (60687-229-01)	1	10.00
01/11/24	0637	6370000001	Lactobacillus Acidophilus 100 Million Cell Granules in Packet (6498014612)	1	16.00
01/11/24	0110	1100000001	HC Private Room Daily	1	1,865.00
01/12/24	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
01/12/24	0305	3058502501	HC Complete Cbc & Auto Diff Wbc - Additional Charge	1	165.00
01/12/24	0301	3018373501	HC Assay of Magnesium - Magnesium	1	94.00
01/12/24	0301	3018005301	HC Metabolic Panel Comprehensive	1	352.00
01/12/24	0250	J7030	Sodium Chloride 0.9% Parenteral Solution (0338-0049-04)	1	126.00
01/12/24	0637	6370000001	Loperamide 2 Mg Capsule (60687-229-01)	1	10.00
01/12/24	0637	6370000001	Pantoprazole 40 Mg Tablet,Delayed Release (Dr/Ec) (50268-639-15)	1	19.00

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Date	Rev Code	Procedure Code	Description	Qty	Amount
01/12/24	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
01/12/24	0637	6370000001	Levothyroxine 75 Mcg Tablet (0904-6951-61)	1	10.00
01/12/24	0637	6370000001	Lactobacillus Acidophilus 100 Million Cell Granules in Packet (6498014612)	1	16.00
01/12/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
01/12/24	0637	6370000001	Losartan 50 Mg Tablet (0904-7048-61)	1	15.00
01/12/24	0637	6370000001	Amlodipine 5 Mg Tablet (0904-6370-61)	1	10.00
01/12/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
01/12/24	0637	6370000001	Lidocaine 5 % Adhesive Patch,Medicated (0591-3525-30)	2	150.00
01/12/24	0306	3068749301	HC Clostridium Difficile Dna Amplified Probe	1	269.00
01/12/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
01/12/24	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
01/12/24	0420	4209753001	HC Pt Therapeut Actvity Direct Pt Contact Each 15 Min	1	156.00
01/12/24	0637	6370000001	Lactobacillus Acidophilus 100 Million Cell Granules in Packet (6498014612)	1	16.00
01/12/24	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
01/12/24	0430	4309711001	HC Ot Therapeutic Exercises	1	188.00
01/12/24	0250	J7030	Sodium Chloride 0.9% Parenteral Solution (0338-0049-04)	1	126.00
01/12/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
01/12/24	0637	6370000001	Tamsulosin 0.4 Mg Capsule (50268-740-15)	1	10.00
01/12/24	0272	2720000007	Container Urine Collection Female External Primafit Flexfit Sage De	1	58.00
01/12/24	0637	6370000001	Lactobacillus Acidophilus 100 Million Cell Granules in Packet (6498014612)	1	16.00
01/12/24	0637	6370000001	Acetaminophen 500 Mg Tablet (0904-6730-61)	2	1.00
01/12/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
01/12/24	0110	1100000001	HC Private Room Daily	1	1,865.00
01/12/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
01/13/24	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
01/13/24	0305	3058502501	HC Complete Cbc & Auto Diff Wbc - Additional Charge	1	165.00
01/13/24	0301	3018005301	HC Metabolic Panel Comprehensive	1	352.00
01/13/24	0301	3018373501	HC Assay of Magnesium - Magnesium	1	94.00
01/13/24	0637	6370000001	Acetaminophen 500 Mg Tablet (0904-6730-61)	2	1.00
01/13/24	0637	6370000001	Levothyroxine 75 Mcg Tablet (0904-6951-61)	1	10.00

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Date	Rev Code	Procedure Code	Description	Qty	Amount
01/13/24	0637	6370000001	Pantoprazole 40 Mg Tablet,Delayed Release (Dr/Ec) (50268-639-15)	1	19.00
01/13/24	0637	6370000001	Lactobacillus Acidophilus 100 Million Cell Granules in Packet (6498014612)	1	16.00
01/13/24	0250	J7030	Sodium Chloride 0.9% Parenteral Solution (0338-0049-04)	1	126.00
01/13/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
01/13/24	0637	6370000001	Lidocaine 5 % Adhesive Patch,Medicated (0591-3525-30)	2	150.00
01/13/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
01/13/24	0637	6370000001	Amlodipine 5 Mg Tablet (0904-6370-61)	1	10.00
01/13/24	0637	6370000001	Losartan 50 Mg Tablet (68084-347-01)	1	15.00
01/13/24	0637	6370000001	Guaifenesin 100 Mg/5 Ml Liquid (0121-1488-00)	1	10.00
01/13/24	0637	6370000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
01/13/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
01/13/24	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
01/13/24	0637	6370000001	Lactobacillus Acidophilus 100 Million Cell Granules in Packet (6498014612)	1	16.00
01/13/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (60687-738-56)	1	65.00
01/13/24	0637	6370000001	Tamsulosin 0.4 Mg Capsule (50268-740-15)	1	10.00
01/13/24	0250	J3475	Magnesium Sulfate 4 G/100 Ml Piggyback (67457-554-00)	8	62.00
01/13/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
01/13/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (60687-738-56)	1	65.00
01/13/24	0637	6370000001	Lactobacillus Acidophilus 100 Million Cell Granules in Packet (6498014612)	1	16.00
01/13/24	0637	6370000001	Acetaminophen 500 Mg Tablet (0904-6730-61)	2	1.00
01/13/24	0110	1100000001	HC Private Room Daily	1	1,865.00
01/14/24	0250	J7030	Sodium Chloride 0.9% Parenteral Solution (0338-0049-04)	1	126.00
01/14/24	0637	6370000001	Pantoprazole 40 Mg Tablet,Delayed Release (Dr/Ec) (50268-639-15)	1	19.00
01/14/24	0637	6370000001	Levothyroxine 75 Mcg Tablet (0904-6951-61)	1	10.00
01/14/24	0637	6370000001	Lactobacillus Acidophilus 100 Million Cell Granules in Packet (6498014612)	1	16.00
01/14/24	0637	6370000001	Acetaminophen 500 Mg Tablet (0904-6730-61)	2	1.00
01/14/24	0272	2720000007	Container Urine Collection Female External Primafit Flexfit Sage De	2	116.00
01/14/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
01/14/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (60687-738-56)	1	65.00
01/14/24	0637	6370000001	Amlodipine 5 Mg Tablet (0904-6370-61)	1	10.00

Please call 843-777-2955 if you have questions regarding this document.

Date	Rev Code	Procedure Code	Description	Qty	Amount
01/14/24	0637	6370000001	Losartan 50 Mg Tablet (68084-347-01)	1	15.00
01/14/24	0637	6370000001	Lidocaine 5 % Adhesive Patch,Medicated (0591-3525-30)	2	150.00
01/14/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (60687-738-56)	1	65.00
01/14/24	0637	6370000001	Acetaminophen 500 Mg Tablet (50580-457-11)	2	1.00
01/14/24	0637	6370000001	Lactobacillus Acidophilus 100 Million Cell Granules in Packet (6498014612)	1	16.00
01/14/24	0250	J7030	Sodium Chloride 0.9% Parenteral Solution (0338-0049-04)	1	126.00
01/14/24	0637	6370000001	Tamsulosin 0.4 Mg Capsule (50268-740-15)	1	10.00
01/14/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (60687-738-56)	1	65.00
01/14/24	0250	J2405	Ondansetron 4 Mg/2 Ml Solution (60505-6130-5)	4	28.00
01/14/24	0250	J1170	Hydromorphone per 4 Mg (63323-853-25)	1	28.00
01/14/24	0250	J2405	Ondansetron 4 Mg/2 Ml Solution (60505-6130-5)	4	28.00
01/14/24	0110	1100000001	HC Private Room Daily	1	1,865.00
01/15/24	0250	J1170	Hydromorphone per 4 Mg (63323-853-25)	1	28.00
01/15/24	0305	3058502701	HC Complete Cbc - Cbc	1	119.00
01/15/24	0301	3018373501	HC Assay of Magnesium - Magnesium	1	94.00
01/15/24	0301	3018004801	HC Basic Metabolic Panel Calcium Total	1	301.00
01/15/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
01/15/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (60687-738-56)	1	65.00
01/15/24	0637	6370000001	Lidocaine 5 % Adhesive Patch,Medicated (0591-3525-30)	2	150.00
01/15/24	0637	6370000001	Acetaminophen 325 Mg Tablet (50580-458-11)	2	1.00
01/15/24	0324	3247104501	HC Radiologic Exam Chest Single View - Xr Chest 1 View	1	282.00
01/15/24	0306	3068704001	HC Blood Culture	1	204.00
01/15/24	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
01/15/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (60687-738-56)	1	65.00
01/15/24	0637	6370000001	Oxycodone 5 Mg Tablet (0904-5966-61)	1	10.00
01/15/24	0300	3000241U01	HC Sars-Cov-2/Flu/Rsv, Pcr	1	446.00
01/15/24	0637	6370000001	Lactobacillus Acidophilus 100 Million Cell Granules in Packet (6498014612)	1	16.00
01/15/24	0430	4309753001	HC Ot Therapeut Actvity Direct Pt Contact Each 15 Min	2	312.00
01/15/24	0306	3068704001	HC Blood Culture	1	204.00
01/15/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (60687-738-56)	1	65.00
01/15/24	0637	6370000001	Tamsulosin 0.4 Mg Capsule (50268-740-15)	1	10.00
01/15/24	0306	3068708601	HC Urine Culture	1	138.00

Please call 843-777-2955 if you have questions regarding this document.

Date	Rev. Code	Code	Description	Qty	Amount
01/15/24	0307	307810101	HC Urinalysis, Auto, W/Scope - Urinalysis Microscopic	1	140.00
01/15/24	0272	272000007	Container Urine Collection Female External Primafit Flexfit Sage De	1	58.00
01/15/24	0300	300364161	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
01/15/24	0637	637000001	Sucralfate 100 Mg/Ml Suspension (60687-738-56)	1	65.00
01/15/24	0250	J7030	Sodium Chloride 0.9% Parenteral Solution (0338-0049-04)	1	126.00
01/15/24	0637	637000001	Lactobacillus Acidophilus 100 Million Cell Granules in Packet (64980-4612)	1	16.00
01/15/24	0637	637000001	Guaifenesin 100 Mg/5 Ml Liquid (0121-1488-00)	1	10.00
01/15/24	0637	637000001	Oxycodone 5 Mg Tablet (0904-6966-61)	1	10.00
01/15/24	0250	250000005	Ipratropium-Albuterol 0.5-2.5 Mg/3 Ml Solution for Nebulization (0378-9671-93)	1	43.00
01/15/24	0410	410946401	HC Aerosol Treatment 1st	1	270.00
01/15/24	0110	110000003	HC Private Room Daily Isolation	1	2,627.00
01/16/24	0300	300364151	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
01/16/24	0305	305850271	HC Complete Cbc - Cbc	1	119.00
01/16/24	0301	301837351	HC Assay of Magnesium - Magnesium	1	94.00
01/16/24	0301	301800481	HC Basic Metabolic Panel Calcium Total	1	301.00
01/16/24	0637	637000001	Levothyroxine 75 Mcg Tablet (0904-6951-61)	1	10.00
01/16/24	0637	637000001	Pantoprazole 40 Mg Tablet,Delayed Release (Dr/Ec) (50268-639-15)	1	19.00
01/16/24	0637	637000001	Guaifenesin 100 Mg/5 Ml Liquid (0121-1488-00)	1	10.00
01/16/24	0637	637000001	Benzocaine-Menthol 15-3.6 Mg Lozenge (6382471016)	1	2.00
01/16/24	0300	300364161	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
01/16/24	0637	637000001	Amlodipine 5 Mg Tablet (0904-6370-61)	1	10.00
01/16/24	0637	637000001	Losartan 50 Mg Tablet (68084-347-01)	1	15.00
01/16/24	0250	J0696	Ceftriaxone per 250 Mg (60505-6149-4)	8	400.00
01/16/24	0250	J7050	Sodium Chloride 0.9 % Piggyback 100 Ml Bag (0338-9159-30)	1	54.00
01/16/24	0637	637000001	Lidocaine 5 % Adhesive Patch,Medicated (0591-3525-30)	2	150.00
01/16/24	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
01/16/24	0250	J7030	Sodium Chloride 0.9% Parenteral Solution (0338-0049-04)	1	126.00
01/16/24	0250	J3475	Magnesium Sulfate 4 G/100 Ml Piggyback (67457-554-00)	8	62.00
01/16/24	0255	A9585	Gadobutrol 1 Mmol/Ml (604.72 Mg/Ml) Solution (50419-325-11)	70	343.00
01/16/24	0614	614741833	HC MRI, Abdomen, Combo - MRI Abdomen W WO Contrast	1	6,292.00
01/16/24	0300	300364161	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00

Please call 843-777-2955 if you have questions regarding this document.

Date	Rev. Code	Item	Description	Qty	Amount
01/16/24	0637	637000000 1	Lactobacillus Acidophilus 100 Million Cell Granules in Packet (6498014612)	1	16.00
			Total Charges		**200,581.00**

Please call 843-777-2955 if you have questions regarding this document.

McLeod Regional Medical Center

Physician Charges

$10,092.00

Florence Neurosurgery & Spine
PO Box 601743
Charlotte, NC 28260-1743

This is not a bill. This is an itemization of your hospital services for:

Patient: Reed,Shirley
Hospital Account: 200006750348

Admission Date: 12/18/23
Discharge Date: 12/18/23

Current Hospital Account Balance: 548.00

Professional Charges

Service Date	Description	Quantity	Charge Amount
12/18/2023	Emergency department visit with high level of medical decision making	1	548.00

ALL INSURANCE BENEFITS ASSIGNED TO
McLEOD REGIONAL MEDICAL CENTER

Please call 843-777-2955 if you have questions regarding this document.

McLeod Regional Medical Center
PO Box 601743
Charlotte, NC 28260-1743

This is not a bill. This is an itemization of your hospital services for:

Patient: Reed,Shirley
Hospital Account: 200007076447

Admission Date: 12/18/23
Discharge Date:

Current Hospital Account Balance: 443.00

Professional Charges

Service D			Price
12/27/2023	Removal of skin and tissue, 20.0 sq cm or less	1	329.00
12/27/2023	Removal of skin and tissue, each additional 20.0 sq cm or less	1	114.00

Please call 843-777-2955 if you have questions regarding this document.

McLeod Regional Medical Center
PO Box 601743
Charlotte, NC 28260-1743

This is not a bill. This is an itemization of your hospital services for:

Patient: Reed,Shirley
Hospital Account: 200006881498

Admission Date: 12/27/23
Discharge Date: 12/27/23

Current Hospital Account Balance: 0.00

Professional Charges

Service Date	Description	Qty	Amount
12/27/2023	Age complicating anesthesia (younger than 1 year and older than 70 years)	1	145.00
12/27/2023	Age complicating anesthesia (younger than 1 year and older than 70 years)	1	145.00
12/27/2023	Debridement, Skin, Sub-Q Tissue,=<20 Sq Cm	13	1,872.00
12/27/2023	Debridement, Skin, Sub-Q Tissue,=<20 Sq Cm	13	1,885.00

Professional Payments and Adjustments

Date	Description	Amount
	Aetna Medicare Payments and Adjustments	-4,047.00

Please call 843-777-2955 if you have questions regarding this document.

McLeod Regional Medical Center
PO Box 601743
Charlotte, NC 28260-1743

This is not a bill. This is an itemization of your hospital services for:

Patient: Reed,Shirley
Hospital Account: 200006921647

Admission Date: 12/29/23
Discharge Date: 12/29/23

Current Hospital Account Balance: 2,304.00

Professional Charges

Service Date	Procedure Code Description	Units	Total
12/29/2023	Age complicating anesthesia (younger than 1 year and older than 70 years)	1	145.00
12/29/2023	Age complicating anesthesia (younger than 1 year and older than 70 years)	1	145.00
12/29/2023	Lap,Cholecystectomy	16	2,304.00
12/29/2023	Lap,Cholecystectomy	16	2,320.00

Professional Payments and Adjustments

Date	Description	Amount
	Aetna Medicare Payments and Adjustments	-2,610.00

Please call 843-777-2955 if you have questions regarding this document.

McLeod Regional Medical Center
PO Box 601743
Charlotte, NC 28260-1743

This is not a bill. This is an itemization of your hospital services for:

Patient:	Reed,Shirley	Admission Date:	12/29/23
Hospital Account:	200006904623	Discharge Date:	12/29/23

Current Hospital Account Balance: 0.00

Professional Charges

Service D	Description	Qty	Amount
12/29/2023	Subsequent hospital care with moderate levelof medical decision making, if using time, at least 35 minutes	1	175.00

Professional Payments and Adjustments

Date	Description	Amount
	Aetna Medicare Payments and Adjustments	-175.00

Please call 843-777-2955 if you have questions regarding this document.

McLeod Regional Medical Center
PO Box 601743
Charlotte, NC 28260-1743

This is not a bill. This is an itemization of your hospital services for:

Patient: Reed,Shirley
Hospital Account: 200006945167

Admission Date: 12/18/23
Discharge Date:

Current Hospital Account Balance: 1,161.00

Professional Charges

Service Date	Service Description	Qty	Total Amt
01/02/2024	Subsequent hospital care with straightforward or low level of medical decision making, per day, if using time, at least 25 minutes	1	163.00
01/03/2024	Subsequent hospital care with moderate levelof medical decision making, if using time, at least 35 minutes	1	175.00
01/04/2024	Subsequent hospital care with moderate levelof medical decision making, if using time, at least 50 minutes	1	298.00
01/05/2024	Subsequent hospital care with moderate levelof medical decision making, if using time, at least 35 minutes	1	175.00
01/06/2024	Subsequent hospital care with moderate levelof medical decision making, if using time, at least 35 minutes	1	175.00
01/07/2024	Subsequent hospital care with moderate levelof medical decision making, if using time, at least 35 minutes	1	175.00

ALL INSURANCE BENEFITS ASSIGNED TO
McLEOD REGIONAL MEDICAL CENTER

Please call 843-777-2955 if you have questions regarding this document.

McLeod Regional Medical Center
PO Box 601743
Charlotte, NC 28260-1743

This is not a bill. This is an itemization of your hospital services for:

Patient: Reed,Shirley
Hospital Account: 200006567529

Admission Date: 11/08/23
Discharge Date: 12/04/23

Current Hospital Account Balance: 0.00

ALL INSURANCE BENEFITS ASSIGNED TO
MCLEOD REGIONAL MEDICAL CENTER

Please call 843-777-2955 if you have questions regarding this document.

McLeod Regional Medical Center
PO Box 601743
Charlotte, NC 28260-1743

This is not a bill. This is an itemization of your hospital services for:

Patient: Reed,Shirley
Hospital Account: 200007033005

Admission Date: 12/18/23
Discharge Date:

Current Hospital Account Balance: 1,177.00

Professional Charges

Service Date	Description	Quantity	Total
01/08/2024	Subsequent hospital care with moderate levelof medical decision making, if using time, at least 35 minutes	1	175.00
01/09/2024	Subsequent hospital care with straightforward or low level of medical decision making, per day, if using time, at least 25 minutes	1	163.00
01/10/2024	Subsequent hospital care with straightforward or low level of medical decision making, per day, if using time, at least 25 minutes	1	163.00
01/11/2024	Subsequent hospital care with moderate levelof medical decision making, if using time, at least 35 minutes	1	175.00
01/12/2024	Subsequent hospital care with moderate levelof medical decision making, if using time, at least 35 minutes	1	175.00
01/13/2024	Subsequent hospital care with straightforward or low level of medical decision making, per day, if using time, at least 25 minutes	1	163.00
01/14/2024	Subsequent hospital care with straightforward or low level of medical decision making, per day, if using time, at least 25 minutes	1	163.00

Please call 843-777-2955 if you have questions regarding this document.

McLeod Regional Medical Center
PO Box 601743
Charlotte, NC 28260-1743

This is not a bill. This is an itemization of your hospital services for:

Patient: Reed,Shirley
Hospital Account: 200007034129

Admission Date: 01/09/24
Discharge Date: 01/09/24

Current Hospital Account Balance: 62.00

Professional Charges

Service Date	Description	Charge	Total
01/09/2024	Ultrasound study of one arm or leg veins with compression and maneuvers	1	62.00

Please call 843-777-2955 if you have questions regarding this document.

McLeod Regional Medical Center
PO Box 601743
Charlotte, NC 28260-1743

This is not a bill. This is an itemization of your hospital services for:

Patient: Reed,Shirley
Hospital Account: 200007118799

Admission Date: 12/18/23
Discharge Date:

Current Hospital Account Balance: 175.00

Professional Charges

Service Date	Description	Quantity	Charges
01/15/2024	Subsequent hospital care with moderate levelof medical decision making, if using time, at least 35 minutes	1	175.00

Please call 843-777-2955 if you have questions regarding this document.

Edisto Post Acute Rehabilitation

$34,217.72

Posting Date	Effective Date	Billing Date	Charge Code	Rev. Code	Description	Care Level	Benefit Days	HCPCS	Type	MPPR	Unit Amt.	# of Units	Amount	GL Accounts	Days Accounts
Reed, Shirley (20143008)															
Aetna 4 levels															
					Previous Balance:								0.00		
2/1/2024	1/18/2024			191	Room Jan 18-30 2024	L1	1-13		R	N	1,250.00	13	16,250.00	3100.010	9500.010
2/1/2024	1/18/2024				Room Jan 18-30 2024 Cont.Adj.	L1			CR	N	(786.00)	13	(10,218.00)	5340.010	
2/14/2024	1/19/2024		PHARMACY	250	Pharmacy Legend Drugs #792-2				A	N	123.16	1	123.16	4300.010	
2/14/2024	1/19/2024			250	Contractual Adjustment (Anc) #792-2				CA	N	(123.16)	1	(123.16)	5340.010	
2/14/2024	1/19/2024		PT97110	420	Therapeutic Exercise #792-4			97110	A	N	75.00	2	150.00	4200.010	
2/14/2024	1/19/2024			420	Contractual Adjustment (Anc) #792-4			97110	CA	N	(75.00)	2	(150.00)	5340.010	
2/14/2024	1/19/2024		PT97162	424	PT Eval Mod complex 30 Min #792-6			97162	A	N	175.00	1	175.00	4300.010	
2/14/2024	1/19/2024			424	Contractual Adjustment (Anc) #792-6			97162	CA	N	(175.00)	1	(175.00)	5340.010	
2/14/2024	1/19/2024		OT97530	430	Therapeutic Activities #792-8			97530	A	N	75.00	1	75.00	4300.010	
2/14/2024	1/19/2024			430	Contractual Adjustment (Anc) #792-8			97530	CA	N	(75.00)	1	(75.00)	5340.010	
2/14/2024	1/19/2024		OT97535	430	Self Care Management Training #792-10			97535	A	N	75.00	1	75.00	4300.010	
2/14/2024	1/19/2024			430	Contractual Adjustment (Anc) #792-10			97535	CA	N	(75.00)	1	(75.00)	5340.010	
2/14/2024	1/19/2024		OT97166	434	OT Eval Mod Complex 45 min #792-12			97166	A	N	175.00	1	175.00	4300.010	
2/14/2024	1/19/2024			434	Contractual Adjustment (Anc) #792-12			97166	CA	N	(175.00)	1	(175.00)	5340.010	
2/14/2024	1/19/2024		PT97530	420	Therapeutic Activities #792-14			97530	A	N	75.00	1	75.00	4200.010	
2/14/2024	1/19/2024			420	Contractual Adjustment (Anc) #792-14			97530	CA	N	(75.00)	1	(75.00)	5340.010	
2/14/2024	1/22/2024		OT97530	430	Therapeutic Activities #792-16			97530	A	N	75.00	2	150.00	4300.010	
2/14/2024	1/22/2024			430	Contractual Adjustment (Anc) #792-16			97530	CA	N	(75.00)	2	(150.00)	5340.010	
2/14/2024	1/22/2024		OT97535	430	Self Care Management Training #792-18			97535	A	N	75.00	1	75.00	4300.010	
2/14/2024	1/22/2024			430	Contractual Adjustment (Anc) #792-18			97535	CA	N	(75.00)	1	(75.00)	5340.010	
2/14/2024	1/22/2024		PT97110	420	Therapeutic Exercise #792-20			97110	A	N	75.00	2	150.00	4200.010	
2/14/2024	1/22/2024			420	Contractual Adjustment (Anc) #792-20			97110	CA	N	(75.00)	2	(150.00)	5340.010	
2/14/2024	1/22/2024		PT97530	420	Therapeutic Activities #792-22			97530	A	N	75.00	1	75.00	4200.010	
2/14/2024	1/22/2024			420	Contractual Adjustment (Anc) #792-22			97530	CA	N	(75.00)	1	(75.00)	5340.010	
2/14/2024	1/22/2024		ST92526	440	Oral Function Therapy #792-24			92526	A	N	150.00	1	150.00	4300.010	
2/14/2024	1/22/2024			440	Contractual Adjustment (Anc) #792-24			92526	CA	N	(150.00)	1	(150.00)	5340.010	

Posting Date	Effective Date	Billing Date	Charge Code	Rev. Code	Description	Care Level	Benefit Days	HCPCS	Type	MPPR	Unit Amt.	# of Units	Amount	GL Accounts	Days Accounts
Reed, Shirley (20143006) (con't)															
Aetna 4 levels (con't)															
2/14/2024	1/22/2024		ST92523	444	Speech Therapy Eval #792-26			92523	A	N	300.00	1	300.00	4300.010	
2/14/2024	1/22/2024			444	Contractual Adjustment (Anc) #792-26			92523	CA	N	(300.00)	1	(300.00)	5340.010	
2/14/2024	1/22/2024		ST92610	444	Swallow Eval #792-28			92610	A	N	300.00	1	300.00	4300.010	
2/14/2024	1/22/2024			444	Contractual Adjustment (Anc) #792-28			92610	CA	N	(300.00)	1	(300.00)	5340.010	
2/14/2024	1/23/2024		ST92526	440	Oral Function Therapy #792-30			92526	A	N	150.00	1	150.00	4300.010	
2/14/2024	1/23/2024			440	Contractual Adjustment (Anc) #792-30			92526	CA	N	(150.00)	1	(150.00)	5340.010	
2/14/2024	1/23/2024		OT97110	430	Therapeutic Exercise #792-32			97110	A	N	75.00	1	75.00	4300.010	
2/14/2024	1/23/2024			430	Contractual Adjustment (Anc) #792-32			97110	CA	N	(75.00)	1	(75.00)	5340.010	
2/14/2024	1/23/2024		OT97530	430	Therapeutic Activities #792-34			97530	A	N	75.00	1	75.00	4300.010	
2/14/2024	1/23/2024			430	Contractual Adjustment (Anc) #792-34			97530	CA	N	(75.00)	1	(75.00)	5340.010	
2/14/2024	1/23/2024		OT97535	430	Self Care Management Training #792-36			97535	A	N	75.00	1	75.00	4300.010	
2/14/2024	1/23/2024			430	Contractual Adjustment (Anc) #792-36			97535	CA	N	(75.00)	1	(75.00)	5340.010	
2/14/2024	1/23/2024		PT97110	420	Therapeutic Exercise #792-38			97110	A	N	75.00	2	150.00	4200.010	
2/14/2024	1/23/2024			420	Contractual Adjustment (Anc) #792-38			97110	CA	N	(75.00)	2	(150.00)	5340.010	
2/14/2024	1/23/2024		PT97530	420	Therapeutic Activities #792-40			97530	A	N	75.00	1	75.00	4200.010	
2/14/2024	1/23/2024			420	Contractual Adjustment (Anc) #792-40			97530	CA	N	(75.00)	1	(75.00)	5340.010	
2/14/2024	1/24/2024		XRAY	320	Xray #792-42				A	N	185.10	1	185.10	4300.010	
2/14/2024	1/24/2024			320	Contractual Adjustment (Anc) #792-42				CA	N	(185.10)	1	(185.10)	5340.010	
2/14/2024	1/24/2024		OT97110	430	Therapeutic Exercise #792-44			97110	A	N	75.00	1	75.00	4300.010	
2/14/2024	1/24/2024			430	Contractual Adjustment (Anc) #792-44			97110	CA	N	(75.00)	1	(75.00)	5340.010	
2/14/2024	1/24/2024		OT97530	430	Therapeutic Activities #792-46			97530	A	N	75.00	1	75.00	4300.010	
2/14/2024	1/24/2024			430	Contractual Adjustment (Anc) #792-46			97530	CA	N	(75.00)	1	(75.00)	5340.010	
2/14/2024	1/24/2024		OT97535	430	Self Care Management Training #792-48			97535	A	N	75.00	1	75.00	4300.010	
2/14/2024	1/24/2024			430	Contractual Adjustment (Anc) #792-48			97535	CA	N	(75.00)	1	(75.00)	5340.010	
2/14/2024	1/24/2024		ST92526	440	Oral Function Therapy #792-50			92526	A	N	150.00	1	150.00	4300.010	
2/14/2024	1/24/2024			440	Contractual Adjustment (Anc) #792-50			92526	CA	N	(150.00)	1	(150.00)	5340.010	
2/14/2024	1/25/2024		PT97110	420	Therapeutic Exercise #792-52			97110	A	N	75.00	1	75.00	4200.010	
2/14/2024	1/25/2024			420	Contractual Adjustment (Anc) #792-52			97110	CA	N	(75.00)	1	(75.00)	5340.010	
2/14/2024	1/25/2024		PT97530	420	Therapeutic Activities #792-54			97530	A	N	75.00	2	150.00	4200.010	

Posting Date	Effective Date	Billing Date	Charge Code	Rev. Code	Description	Care Level	Benefit Days	HCPCS	Type	MPPR	Unit Amt.	# of Units	Amount	GL Accounts	Days Accounts
Reed, Shirley (20143006) (con't)															
Aetna 4 levels (con't)															
2/14/2024	1/25/2024			420	Contractual Adjustment (Anc) #792-54			97530	CA	N	(75.00)	2	(150.00)	5340.010	
2/14/2024	1/25/2024		ST92526	440	Oral Function Therapy #792-56			92526	A	N	150.00	1	150.00	4300.010	
2/14/2024	1/25/2024			440	Contractual Adjustment (Anc) #792-56			92526	CA	N	(150.00)	1	(150.00)	5340.010	
2/14/2024	1/25/2024		OT97530	430	Therapeutic Activities #792-58			97530	A	N	75.00	1	75.00	4300.010	
2/14/2024	1/25/2024			430	Contractual Adjustment (Anc) #792-58			97530	CA	N	(75.00)	1	(75.00)	5340.010	
2/14/2024	1/25/2024		OT97535	430	Self Care Management Training #792-60			97535	A	N	75.00	1	75.00	4300.010	
2/14/2024	1/25/2024			430	Contractual Adjustment (Anc) #792-60			97535	CA	N	(75.00)	1	(75.00)	5340.010	
2/14/2024	1/26/2024		ST92526	440	Oral Function Therapy #792-62			92526	A	N	150.00	1	150.00	4300.010	
2/14/2024	1/26/2024			440	Contractual Adjustment (Anc) #792-62			92526	CA	N	(150.00)	1	(150.00)	5340.010	
2/14/2024	1/26/2024		OT97110	430	Therapeutic Exercise #792-64			97110	A	N	75.00	2	150.00	4300.010	
2/14/2024	1/26/2024			430	Contractual Adjustment (Anc) #792-64			97110	CA	N	(75.00)	2	(150.00)	5340.010	
2/14/2024	1/26/2024		OT97530	430	Therapeutic Activities #792-66			97530	A	N	75.00	1	75.00	4300.010	
2/14/2024	1/26/2024			430	Contractual Adjustment (Anc) #792-66			97530	CA	N	(75.00)	1	(75.00)	5340.010	
2/14/2024	1/26/2024		PT97110	420	Therapeutic Exercise #792-68			97110	A	N	75.00	1	75.00	4200.010	
2/14/2024	1/26/2024			420	Contractual Adjustment (Anc) #792-68			97110	CA	N	(75.00)	1	(75.00)	5340.010	
2/14/2024	1/26/2024		PT97530	420	Therapeutic Activities #792-70			97530	A	N	75.00	2	150.00	4200.010	
2/14/2024	1/26/2024			420	Contractual Adjustment (Anc) #792-70			97530	CA	N	(75.00)	2	(150.00)	5340.010	
2/14/2024	1/29/2024		PT97110	420	Therapeutic Exercise #792-72			97110	A	N	75.00	2	150.00	4200.010	
2/14/2024	1/29/2024			420	Contractual Adjustment (Anc) #792-72			97110	CA	N	(75.00)	2	(150.00)	5340.010	
2/14/2024	1/29/2024		PT97530	420	Therapeutic Activities #792-74			97530	A	N	75.00	1	75.00	4200.010	
2/14/2024	1/29/2024			420	Contractual Adjustment (Anc) #792-74			97530	CA	N	(75.00)	1	(75.00)	5340.010	
2/14/2024	1/29/2024		ST92526	440	Oral Function Therapy #792-76			92526	A	N	150.00	1	150.00	4300.010	
2/14/2024	1/29/2024			440	Contractual Adjustment (Anc) #792-76			92526	CA	N	(150.00)	1	(150.00)	5340.010	
2/14/2024	1/30/2024		OT97530	430	Therapeutic Activities #792-78			97530	A	N	75.00	1	75.00	4300.010	
2/14/2024	1/30/2024			430	Contractual Adjustment (Anc) #792-78			97530	CA	N	(75.00)	1	(75.00)	5340.010	
2/14/2024	1/30/2024		OT97535	430	Self Care Management Training #792-80			97535	A	N	75.00	3	225.00	4300.010	
2/14/2024	1/30/2024			430	Contractual Adjustment (Anc) #792-80			97535	CA	N	(75.00)	3	(225.00)	5340.010	
2/14/2024	1/30/2024		ST92526	440	Oral Function Therapy #792-82			92526	A	N	150.00	1	150.00	4300.010	
2/14/2024	1/30/2024			440	Contractual Adjustment (Anc) #792-82			92526	CA	N	(150.00)	1	(150.00)	5340.010	

Posting Date	Effective Date	Billing Date	Charge Code	Rev. Code	Description	Care Level	Benefit Days	HCPCS	Type	MPPR	Unit Amt.	# of Units	Amount	GL Accounts	Days Accounts
Reed, Shirley (20143006) (con't)															
Aetna 4 levels (con't)															
2/14/2024	1/30/2024		PT97110	420	Therapeutic Exercise #792-84			97110	A	N	75.00	2	150.00	4200.010	
2/14/2024	1/30/2024			420	Contractual Adjustment (Anc) #792-84			97110	CA	N	(75.00)	2	(150.00)	5340.010	
2/14/2024	1/30/2024		PT97530	420	Therapeutic Activities #792-86			97530	A	N	75.00	1	75.00	4200.010	
2/14/2024	1/30/2024			420	Contractual Adjustment (Anc) #792-86			97530	CA	N	(75.00)	1	(75.00)	5340.010	
7/2/2024	1/18/2024		A/R Clear		AR Clearing SC #2142-1				X	N	(1,421.00)	1	(1,421.00)	9999.999	
2/13/2024	1/1/2024	N/A			Payment applied on Feb 14, 2024 #2815-1				C	N			(4,611.00)	1001.500	
					Total January 2024								0.00		
2/20/2024	2/20/2024	2/26/2024		191	Room Feb 20-25 2024	L1	14-19		R	N	1,250.00	6	7,500.00	3100.010	9500.010
2/20/2024	2/20/2024	2/26/2024			Room Feb 20-25 2024 Cont.Adj.	L1			CR	N	(786.00)	6	(4,716.00)	5340.010	
2/27/2024	2/27/2024	2/29/2024		191	Room Feb 27-28 2024	L1	20-21		R	N	1,250.00	2	2,500.00	3100.010	9500.010
2/27/2024	2/27/2024	2/29/2024			Room Feb 27-28 2024 Cont.Adj.	L1			CR	N	(786.00)	2	(1,572.00)	5340.010	
2/29/2024	2/21/2024	2/26/2024	PT97110	420	Therapeutic Exercise #797-612			97110	A	N	75.00	2	150.00	4200.010	
2/29/2024	2/21/2024	2/26/2024		420	Contractual Adjustment (Anc) #797-612			97110	CA	N	(75.00)	2	(150.00)	5340.010	
2/29/2024	2/21/2024	2/26/2024	PT97162	424	PT Eval Mod complex 30 Min #797-613			97162	A	N	175.00	1	175.00	4300.010	
2/29/2024	2/21/2024	2/26/2024		424	Contractual Adjustment (Anc) #797-613			97162	CA	N	(175.00)	1	(175.00)	5340.010	
2/29/2024	2/21/2024	2/26/2024	ST92507	440	Speech Lanuage Treatment #797-660			92507	A	N	150.00	1	150.00	4300.010	
2/29/2024	2/21/2024	2/26/2024		440	Contractual Adjustment (Anc) #797-660			92507	CA	N	(150.00)	1	(150.00)	5340.010	
2/29/2024	2/21/2024	2/26/2024	ST92526	440	Oral Function Therapy #797-661			92526	A	N	150.00	1	150.00	4300.010	
2/29/2024	2/21/2024	2/26/2024		440	Contractual Adjustment (Anc) #797-661			92526	CA	N	(150.00)	1	(150.00)	5340.010	
2/29/2024	2/21/2024	2/26/2024	ST92523	444	Speech Therapy Eval #797-662			92523	A	N	300.00	1	300.00	4300.010	
2/29/2024	2/21/2024	2/26/2024		444	Contractual Adjustment (Anc) #797-662			92523	CA	N	(300.00)	1	(300.00)	5340.010	
2/29/2024	2/21/2024	2/26/2024	ST92610	444	Swallow Eval #797-663			92610	A	N	300.00	1	300.00	4300.010	
2/29/2024	2/21/2024	2/26/2024		444	Contractual Adjustment (Anc) #797-663			92610	CA	N	(300.00)	1	(300.00)	5340.010	
2/29/2024	2/21/2024	2/26/2024	OT97530	430	Therapeutic Activities #797-674			97530	A	N	75.00	1	75.00	4300.010	
2/29/2024	2/21/2024	2/26/2024		430	Contractual Adjustment (Anc) #797-674			97530	CA	N	(75.00)	1	(75.00)	5340.010	
2/29/2024	2/21/2024	2/26/2024	OT97535	430	Self Care Management Training #797-675			97535	A	N	75.00	1	75.00	4300.010	
2/29/2024	2/21/2024	2/26/2024		430	Contractual Adjustment (Anc) #797-675			97535	CA	N	(75.00)	1	(75.00)	5340.010	
2/29/2024	2/21/2024	2/26/2024	OT97166	434	OT Eval Mod Complex 45 min #797-676			97166	A	N	175.00	1	175.00	4300.010	

Posting Date	Effective Date	Billing Date	Charge Code	Rev. Code	Description	Care Level	Benefit Days	HCPCS	Type	MPPR	Unit Amt.	# of Units	Amount	GL Accounts	Days Accounts
Reed, Shirley (20143006) (con't)															
Aetna 4 levels (con't)															
2/29/2024	2/21/2024	2/26/2024		434	Contractual Adjustment (Anc) #797-676			97166	CA	N	(175.00)	1	(175.00)	5340.010	
2/29/2024	2/22/2024	2/26/2024	PT97110	420	Therapeutic Exercise #797-683			97110	A	N	75.00	2	150.00	4200.010	
2/29/2024	2/22/2024	2/26/2024		420	Contractual Adjustment (Anc) #797-683			97110	CA	N	(75.00)	2	(150.00)	5340.010	
2/29/2024	2/22/2024	2/26/2024	PT97530	420	Therapeutic Activities #797-684			97530	A	N	75.00	1	75.00	4200.010	
2/29/2024	2/22/2024	2/26/2024		420	Contractual Adjustment (Anc) #797-684			97530	CA	N	(75.00)	1	(75.00)	5340.010	
2/29/2024	2/22/2024	2/26/2024	ST92526	440	Oral Function Therapy #797-690			92526	A	N	150.00	1	150.00	4300.010	
2/29/2024	2/22/2024	2/26/2024		440	Contractual Adjustment (Anc) #797-690			92526	CA	N	(150.00)	1	(150.00)	5340.010	
2/29/2024	2/22/2024	2/26/2024	OT97110	430	Therapeutic Exercise #797-711			97110	A	N	75.00	1	75.00	4300.010	
2/29/2024	2/22/2024	2/26/2024		430	Contractual Adjustment (Anc) #797-711			97110	CA	N	(75.00)	1	(75.00)	5340.010	
2/29/2024	2/22/2024	2/26/2024	OT97530	430	Therapeutic Activities #797-712			97530	A	N	75.00	1	75.00	4300.010	
2/29/2024	2/22/2024	2/26/2024		430	Contractual Adjustment (Anc) #797-712			97530	CA	N	(75.00)	1	(75.00)	5340.010	
2/29/2024	2/23/2024	2/26/2024	ST92507	440	Speech Lanuage Treatment #797-749			92507	A	N	150.00	1	150.00	4300.010	
2/29/2024	2/23/2024	2/26/2024		440	Contractual Adjustment (Anc) #797-749			92507	CA	N	(150.00)	1	(150.00)	5340.010	
2/29/2024	2/23/2024	2/26/2024	OT97535	430	Self Care Management Training #797-793			97535	A	N	75.00	4	300.00	4300.010	
2/29/2024	2/23/2024	2/26/2024		430	Contractual Adjustment (Anc) #797-793			97535	CA	N	(75.00)	4	(300.00)	5340.010	
2/29/2024	2/26/2024	2/26/2024	PT97110	420	Therapeutic Exercise #797-795			97110	A	N	75.00	2	150.00	4200.010	
2/29/2024	2/26/2024	2/26/2024		420	Contractual Adjustment (Anc) #797-795			97110	CA	N	(75.00)	2	(150.00)	5340.010	
2/29/2024	2/26/2024	2/26/2024	PT97530	420	Therapeutic Activities #797-796			97530	A	N	75.00	1	75.00	4200.010	
2/29/2024	2/26/2024	2/26/2024		420	Contractual Adjustment (Anc) #797-796			97530	CA	N	(75.00)	1	(75.00)	5340.010	
2/29/2024	2/26/2024	2/26/2024	ST92507	440	Speech Lanuage Treatment #797-823			92507	A	N	150.00	1	150.00	4300.010	
2/29/2024	2/26/2024	2/26/2024		440	Contractual Adjustment (Anc) #797-823			92507	CA	N	(150.00)	1	(150.00)	5340.010	
2/29/2024	2/26/2024	2/26/2024	OT97110	430	Therapeutic Exercise #797-847			97110	A	N	75.00	1	75.00	4300.010	
2/29/2024	2/26/2024	2/26/2024		430	Contractual Adjustment (Anc) #797-847			97110	CA	N	(75.00)	1	(75.00)	5340.010	
2/29/2024	2/26/2024	2/26/2024	OT97530	430	Therapeutic Activities #797-848			97530	A	N	75.00	2	150.00	4300.010	
2/29/2024	2/26/2024	2/26/2024		430	Contractual Adjustment (Anc) #797-848			97530	CA	N	(75.00)	2	(150.00)	5340.010	
2/29/2024	2/27/2024	2/29/2024	ST92526	440	Oral Function Therapy #797-875			92526	A	N	150.00	1	150.00	4300.010	
2/29/2024	2/27/2024	2/29/2024		440	Contractual Adjustment (Anc) #797-875			92526	CA	N	(150.00)	1	(150.00)	5340.010	
2/29/2024	2/27/2024	2/29/2024	OT97110	430	Therapeutic Exercise #797-882			97110	A	N	75.00	1	75.00	4300.010	

Posting Date	Effective Date	Billing Date	Charge Code	Rev. Code	Description	Care Level	Benefit Days	HCPCS	Type	MPPR	Unit Amt.	# of Units	Amount	GL Accounts	Days Accounts
Reed, Shirley (20143006) (con't)															
Aetna 4 levels (con't)															
2/29/2024	2/27/2024	2/29/2024		430	Contractual Adjustment (Anc) #797-882			97110	CA	N	(75.00)	1	(75.00)	5340.010	
2/29/2024	2/27/2024	2/29/2024	OT97530	430	Therapeutic Activities #797-883			97530	A	N	75.00	2	150.00	4300.010	
2/29/2024	2/27/2024	2/29/2024		430	Contractual Adjustment (Anc) #797-883			97530	CA	N	(75.00)	2	(150.00)	5340.010	
2/29/2024	2/27/2024	2/29/2024	OT97535	430	Self Care Management Training #797-884			97535	A	N	75.00	1	75.00	4300.010	
2/29/2024	2/27/2024	2/29/2024		430	Contractual Adjustment (Anc) #797-884			97535	CA	N	(75.00)	1	(75.00)	5340.010	
2/29/2024	2/27/2024	2/29/2024	PT97110	420	Therapeutic Exercise #797-903			97110	A	N	75.00	2	150.00	4200.010	
2/29/2024	2/27/2024	2/29/2024		420	Contractual Adjustment (Anc) #797-903			97110	CA	N	(75.00)	2	(150.00)	5340.010	
2/29/2024	2/27/2024	2/29/2024	PT97530	420	Therapeutic Activities #797-904			97530	A	N	75.00	2	150.00	4200.010	
2/29/2024	2/27/2024	2/29/2024		420	Contractual Adjustment (Anc) #797-904			97530	CA	N	(75.00)	2	(150.00)	5340.010	
2/29/2024	2/28/2024	2/29/2024	OT97110	430	Therapeutic Exercise #797-937			97110	A	N	75.00	1	75.00	4300.010	
2/29/2024	2/28/2024	2/29/2024		430	Contractual Adjustment (Anc) #797-937			97110	CA	N	(75.00)	1	(75.00)	5340.010	
2/29/2024	2/28/2024	2/29/2024	OT97530	430	Therapeutic Activities #797-938			97530	A	N	75.00	3	225.00	4300.010	
2/29/2024	2/28/2024	2/29/2024		430	Contractual Adjustment (Anc) #797-938			97530	CA	N	(75.00)	3	(225.00)	5340.010	
2/29/2024	2/28/2024	2/29/2024	OT97535	430	Self Care Management Training #797-939			97535	A	N	75.00	2	150.00	4300.010	
2/29/2024	2/28/2024	2/29/2024		430	Contractual Adjustment (Anc) #797-939			97535	CA	N	(75.00)	2	(150.00)	5340.010	
2/29/2024	2/28/2024	2/29/2024	ST92507	440	Speech Lanuage Treatment #797-967			92507	A	N	150.00	1	150.00	4300.010	
2/29/2024	2/28/2024	2/29/2024		440	Contractual Adjustment (Anc) #797-967			92507	CA	N	(150.00)	1	(150.00)	5340.010	
2/29/2024	2/28/2024	2/29/2024	ST92526	440	Oral Function Therapy #797-968			92526	A	N	150.00	1	150.00	4300.010	
2/29/2024	2/28/2024	2/29/2024		440	Contractual Adjustment (Anc) #797-968			92526	CA	N	(150.00)	1	(150.00)	5340.010	
2/29/2024	2/28/2024	2/29/2024	PT97530	420	Therapeutic Activities #797-992			97530	A	N	75.00	3	225.00	4200.010	
2/29/2024	2/28/2024	2/29/2024		420	Contractual Adjustment (Anc) #797-992			97530	CA	N	(75.00)	3	(225.00)	5340.010	
2/29/2024	2/29/2024	2/29/2024	OT97530	430	Therapeutic Activities #797-1022			97530	A	N	75.00	1	75.00	4300.010	
2/29/2024	2/29/2024	2/29/2024		430	Contractual Adjustment (Anc) #797-1022			97530	CA	N	(75.00)	1	(75.00)	5340.010	
7/3/2024	2/22/2024		A/R Clear		AR Clearing SC #2143-1				X	N	(1,279.00)	1	(1,279.00)	9999.999	
3/15/2024	2/1/2024	N/A			Payment applied on Mar 15, 2024 #2892-1				C	N			(1,911.00)	1001.500	
3/15/2024	2/1/2024	N/A			Payment applied on Mar 15, 2024 #2892-2				C	N			(522.00)	1001.500	
					Total February 2024								0.00		

Posting Date	Effective Date	Billing Date	Charge Code	Rev. Code	Description	Care Level	Benefit Days	HCPCS	Type	MPPR	Unit Amt.	# of Units	Amount	GL Accounts	Days Accounts
Reed, Shirley (20143008) (con't)															
Aetna 4 levels (con't)															
					Total due from Aetna 4 levels								0.00		
Managed Care Co-Private Pay(MCP)															
					Previous Balance:								0.00		
7/2/2024	1/18/2024		A/R Clear		AR Clearing SC #2142-2				X	N	1,421.00		1,421.00	9999.999	
					Total January 2024								1,421.00		
7/3/2024	2/22/2024		A/R Clear		AR Clearing SC #2143-2				X	N	1,279.00	1	1,279.00	9999.999	
					Total February 2024								1,279.00		
					Total due from Managed Care Co-Private Pay(MCP)								2,700.00		
PDPM Managed Care with HIPPS															
					Previous Balance:								0.00		
1/18/2024	1/18/2024	1/31/2024		0120	** Room Jan 18-20 2024 **	JCED	15-17		R	N	1,250.00	3	3,750.00	3100.010	9500.010
1/18/2024	1/18/2024	1/31/2024			** Room Jan 18-20 2024 Cont.Adj. **	JCED			CR	N	(422.00)	3	(1,266.00)	5340.010	
2/1/2024	1/18/2024			0120	** Room Jan 18-20 2024 **	JCED	15-17		R	N	1,250.00	-3	(3,750.00)	3100.010	9500.010
2/1/2024	1/18/2024				** Room Jan 18-20 2024 Cont.Adj. **	JCED			CR	N	(422.00)	-3	1,266.00	5340.010	
1/21/2024	1/21/2024	1/31/2024		0120	** Room Jan 21-30 2024 **	JCED	18-27		R	N	1,250.00	10	12,500.00	3100.010	9500.010
1/21/2024	1/21/2024	1/31/2024			** Room Jan 21-30 2024 Cont.Adj. **	JCED			CR	N	(614.52)	10	(6,145.20)	5340.010	
2/1/2024	1/21/2024			0120	** Room Jan 21-30 2024 **	JCED	18-27		R	N	1,250.00	-10	(12,500.00)	3100.010	9500.010
2/1/2024	1/21/2024				** Room Jan 21-30 2024 Cont.Adj. **	JCED			CR	N	(614.52)	-10	6,145.20	5340.010	
1/31/2024	1/19/2024	1/31/2024	PHARMACY	250	** Pharmacy Legend Drugs #789-15 **				A	N	123.16	1	123.16	4300.010	
1/31/2024	1/19/2024	1/31/2024		250	** Contractual Adjustment (Anc) #789-15 **				CA	N	(123.16)	1	(123.16)	5340.010	
1/31/2024	1/19/2024	1/31/2024	PT97110	420	** Therapeutic Exercise #791-709 **			97110	A	N	75.00	2	150.00	4200.010	
1/31/2024	1/19/2024	1/31/2024		420	** Contractual Adjustment (Anc) #791-709 **			97110	CA	N	(75.00)	2	(150.00)	5340.010	
1/31/2024	1/19/2024	1/31/2024	PT97162	424	** PT Eval Mod complex 30 Min #791-710 **			97162	A	N	175.00	1	175.00	4200.010	
1/31/2024	1/19/2024	1/31/2024		424	** Contractual Adjustment (Anc) #791-710 **			97162	CA	N	(175.00)	1	(175.00)	5340.010	
1/31/2024	1/19/2024	1/31/2024	OT97530	430	** Therapeutic Activities #791-721 **			97530	A	N	75.00	1	75.00	4250.010	
1/31/2024	1/19/2024	1/31/2024		430	** Contractual Adjustment (Anc) #791-721 **			97530	CA	N	(75.00)	1	(75.00)	5340.010	
1/31/2024	1/19/2024	1/31/2024	OT97535	430	** Self Care Management Training #791-722 **			97535	A	N	75.00	1	75.00	4250.010	
1/31/2024	1/19/2024	1/31/2024		430	** Contractual Adjustment (Anc) #791-722 **			97535	CA	N	(75.00)	1	(75.00)	5340.010	

Posting Date	Effective Date	Billing Date	Charge Code	Rev. Code	Description	Care Level	Benefit Days	HCPCS	Type	MPPR	Unit Amt.	# of Units	Amount	GL Accounts	Days Accounts
Reed, Shirley (20143006) (con't)															
PDPM Managed Care with HIPPS (con't)															
1/31/2024	1/19/2024	1/31/2024	OT97166	434	** OT Eval Mod Complex 45 min #791-723 **			97166	A	N	175.00	1	175.00	4250.010	
1/31/2024	1/19/2024	1/31/2024		434	** Contractual Adjustment (Anc) #791-723 **			97166	CA	N	(175.00)	1	(175.00)	5340.010	
1/31/2024	1/19/2024	1/31/2024	PT97530	420	** Therapeutic Activities #791-741 **			97530	A	N	75.00	1	75.00	4200.010	
1/31/2024	1/19/2024	1/31/2024		420	** Contractual Adjustment (Anc) #791-741 **			97530	CA	N	(75.00)	1	(75.00)	5340.010	
2/14/2024	1/19/2024		PHARMACY	250	** Pharmacy Legend Drugs #792-1 **				A	N	123.16	-1	(123.16)	4300.010	
2/14/2024	1/19/2024			250	** Contractual Adjustment (Anc) #792-1 **				CA	N	(123.16)	-1	123.16	5340.010	
2/14/2024	1/19/2024		PT97110	420	** Therapeutic Exercise #792-3 **			97110	A	N	75.00	-2	(150.00)	4200.010	
2/14/2024	1/19/2024			420	** Contractual Adjustment (Anc) #792-3 **			97110	CA	N	(75.00)	-2	150.00	5340.010	
2/14/2024	1/19/2024		PT97162	424	** PT Eval Mod complex 30 Min #792-5 **			97162	A	N	175.00	-1	(175.00)	4200.010	
2/14/2024	1/19/2024			424	** Contractual Adjustment (Anc) #792-5 **			97162	CA	N	(175.00)	-1	175.00	5340.010	
2/14/2024	1/19/2024		OT97530	430	** Therapeutic Activities #792-7 **			97530	A	N	75.00	-1	(75.00)	4250.010	
2/14/2024	1/19/2024			430	** Contractual Adjustment (Anc) #792-7 **			97530	CA	N	(75.00)	-1	75.00	5340.010	
2/14/2024	1/19/2024		OT97535	430	** Self Care Management Training #792-9 **			97535	A	N	75.00	-1	(75.00)	4250.010	
2/14/2024	1/19/2024			430	** Contractual Adjustment (Anc) #792-9 **			97535	CA	N	(75.00)	-1	75.00	5340.010	
2/14/2024	1/19/2024		OT97166	434	** OT Eval Mod Complex 45 min #792-11 **			97166	A	N	175.00	-1	(175.00)	4250.010	
2/14/2024	1/19/2024			434	** Contractual Adjustment (Anc) #792-11 **			97166	CA	N	(175.00)	-1	175.00	5340.010	
2/14/2024	1/19/2024		PT97530	420	** Therapeutic Activities #792-13 **			97530	A	N	75.00	-1	(75.00)	4200.010	
2/14/2024	1/19/2024			420	** Contractual Adjustment (Anc) #792-13 **			97530	CA	N	(75.00)	-1	75.00	5340.010	
1/31/2024	1/22/2024	1/31/2024	OT97530	430	** Therapeutic Activities #791-781 **			97530	A	N	75.00	2	150.00	4250.010	
1/31/2024	1/22/2024	1/31/2024		430	** Contractual Adjustment (Anc) #791-781 **			97530	CA	N	(75.00)	2	(150.00)	5340.010	
1/31/2024	1/22/2024	1/31/2024	OT97535	430	** Self Care Management Training #791-782 **			97535	A	N	75.00	1	75.00	4250.010	
1/31/2024	1/22/2024	1/31/2024		430	** Contractual Adjustment (Anc) #791-782 **			97535	CA	N	(75.00)	1	(75.00)	5340.010	
1/31/2024	1/22/2024	1/31/2024	PT97110	420	** Therapeutic Exercise #791-787 **			97110	A	N	75.00	2	150.00	4200.010	
1/31/2024	1/22/2024	1/31/2024		420	** Contractual Adjustment (Anc) #791-787 **			97110	CA	N	(75.00)	2	(150.00)	5340.010	
1/31/2024	1/22/2024	1/31/2024	PT97530	420	** Therapeutic Activities #791-788 **			97530	A	N	75.00	1	75.00	4200.010	
1/31/2024	1/22/2024	1/31/2024		420	** Contractual Adjustment (Anc) #791-788 **			97530	CA	N	(75.00)	1	(75.00)	5340.010	

Posting Date	Effective Date	Billing Date	Charge Code	Rev. Code	Description	Care Level	Benefit Days	HCPCS	Type	MPPR	Unit Amt.	# of Units	Amount	GL Accounts	Days Accounts
Reed, Shirley (20143006) (con't)															
PDPM Managed Care with HIPPS (con't)															
1/31/2024	1/22/2024	1/31/2024	ST92526	440	** Oral Function Therapy #791-795 **			92526	A	N	150.00	1	150.00	4280.010	
1/31/2024	1/22/2024	1/31/2024		440	** Contractual Adjustment (Anc) #791-795 **			92526	CA	N	(150.00)	1	(150.00)	5340.010	
1/31/2024	1/22/2024	1/31/2024	ST92523	444	** Speech Therapy Eval #791-796 **			92523	A	N	300.00	1	300.00	4280.010	
1/31/2024	1/22/2024	1/31/2024		444	** Contractual Adjustment (Anc) #791-796 **			92523	CA	N	(300.00)	1	(300.00)	5340.010	
1/31/2024	1/22/2024	1/31/2024	ST92610	444	** Swallow Eval #791-797 **			92610	A	N	300.00	1	300.00	4280.010	
1/31/2024	1/22/2024	1/31/2024		444	** Contractual Adjustment (Anc) #791-797 **			92610	CA	N	(300.00)	1	(300.00)	5340.010	
2/14/2024	1/22/2024		OT97530	430	** Therapeutic Activities #792-15 **			97530	A	N	75.00	-2	(150.00)	4250.010	
2/14/2024	1/22/2024			430	** Contractual Adjustment (Anc) #792-15 **			97530	CA	N	(75.00)	-2	150.00	5340.010	
2/14/2024	1/22/2024		OT97535	430	** Self Care Management Training #792-17 **			97535	A	N	75.00	-1	(75.00)	4250.010	
2/14/2024	1/22/2024			430	** Contractual Adjustment (Anc) #792-17 **			97535	CA	N	(75.00)	-1	75.00	5340.010	
2/14/2024	1/22/2024		PT97110	420	** Therapeutic Exercise #792-19 **			97110	A	N	75.00	-2	(150.00)	4200.010	
2/14/2024	1/22/2024			420	** Contractual Adjustment (Anc) #792-19 **			97110	CA	N	(75.00)	-2	150.00	5340.010	
2/14/2024	1/22/2024		PT97530	420	** Therapeutic Activities #792-21 **			97530	A	N	75.00	-1	(75.00)	4200.010	
2/14/2024	1/22/2024			420	** Contractual Adjustment (Anc) #792-21 **			97530	CA	N	(75.00)	-1	75.00	5340.010	
2/14/2024	1/22/2024		ST92526	440	** Oral Function Therapy #792-23 **			92526	A	N	150.00	-1	(150.00)	4280.010	
2/14/2024	1/22/2024			440	** Contractual Adjustment (Anc) #792-23 **			92526	CA	N	(150.00)	-1	150.00	5340.010	
2/14/2024	1/22/2024		ST92523	444	** Speech Therapy Eval #792-25 **			92523	A	N	300.00	-1	(300.00)	4280.010	
2/14/2024	1/22/2024			444	** Contractual Adjustment (Anc) #792-25 **			92523	CA	N	(300.00)	-1	300.00	5340.010	
2/14/2024	1/22/2024		ST92610	444	** Swallow Eval #792-27 **			92610	A	N	300.00	-1	(300.00)	4280.010	
2/14/2024	1/22/2024			444	** Contractual Adjustment (Anc) #792-27 **			92610	CA	N	(300.00)	-1	300.00	5340.010	
1/31/2024	1/23/2024	1/31/2024	ST92526	440	** Oral Function Therapy #791-827 **			92526	A	N	150.00	1	150.00	4280.010	
1/31/2024	1/23/2024	1/31/2024		440	** Contractual Adjustment (Anc) #791-827 **			92526	CA	N	(150.00)	1	(150.00)	5340.010	
1/31/2024	1/23/2024	1/31/2024	OT97110	430	** Therapeutic Exercise #791-836 **			97110	A	N	75.00	1	75.00	4250.010	
1/31/2024	1/23/2024	1/31/2024		430	** Contractual Adjustment (Anc) #791-836 **			97110	CA	N	(75.00)	1	(75.00)	5340.010	
1/31/2024	1/23/2024	1/31/2024	OT97530	430	** Therapeutic Activities #791-837 **			97530	A	N	75.00	1	75.00	4250.010	
1/31/2024	1/23/2024	1/31/2024		430	** Contractual Adjustment (Anc) #791-837 **			97530	CA	N	(75.00)	1	(75.00)	5340.010	
1/31/2024	1/23/2024	1/31/2024	OT97535	430	** Self Care Management Training #791-838 **			97535	A	N	75.00	1	75.00	4250.010	

Posting Date	Effective Date	Billing Date	Charge Code	Rev. Code	Description	Care Level	Benefit Days	HCPCS	Type	MPPR	Unit Amt.	# of Units	Amount	GL Accounts	Days Accounts
Reed, Shirley (20143006) (con't)															
PDPM Managed Care with HIPPS (con't)															
1/31/2024	1/23/2024	1/31/2024		430	** Contractual Adjustment (Anc) #791-838 **			97535	CA	N	(75.00)	1	(75.00)	5340.010	
1/31/2024	1/23/2024	1/31/2024	PT97110	420	** Therapeutic Exercise #791-864 **			97110	A	N	75.00	2	150.00	4200.010	
1/31/2024	1/23/2024	1/31/2024		420	** Contractual Adjustment (Anc) #791-864 **			97110	CA	N	(75.00)	2	(150.00)	5340.010	
1/31/2024	1/23/2024	1/31/2024	PT97530	420	** Therapeutic Activities #791-865 **			97530	A	N	75.00	1	75.00	4200.010	
1/31/2024	1/23/2024	1/31/2024		420	** Contractual Adjustment (Anc) #791-865 **			97530	CA	N	(75.00)	1	(75.00)	5340.010	
2/14/2024	1/23/2024		ST92526	440	** Oral Function Therapy #792-29 **			92526	A	N	150.00	-1	(150.00)	4280.010	
2/14/2024	1/23/2024			440	** Contractual Adjustment (Anc) #792-29 **			92526	CA	N	(150.00)	-1	150.00	5340.010	
2/14/2024	1/23/2024		OT97110	430	** Therapeutic Exercise #792-31 **			97110	A	N	75.00	-1	(75.00)	4250.010	
2/14/2024	1/23/2024			430	** Contractual Adjustment (Anc) #792-31 **			97110	CA	N	(75.00)	-1	75.00	5340.010	
2/14/2024	1/23/2024		OT97530	430	** Therapeutic Activities #792-33 **			97530	A	N	75.00	-1	(75.00)	4250.010	
2/14/2024	1/23/2024			430	** Contractual Adjustment (Anc) #792-33 **			97530	CA	N	(75.00)	-1	75.00	5340.010	
2/14/2024	1/23/2024		OT97535	430	** Self Care Management Training #792-35 **			97535	A	N	75.00	-1	(75.00)	4250.010	
2/14/2024	1/23/2024			430	** Contractual Adjustment (Anc) #792-35 **			97535	CA	N	(75.00)	-1	75.00	5340.010	
2/14/2024	1/23/2024		PT97110	420	** Therapeutic Exercise #792-37 **			97110	A	N	75.00	-2	(150.00)	4200.010	
2/14/2024	1/23/2024			420	** Contractual Adjustment (Anc) #792-37 **			97110	CA	N	(75.00)	-2	150.00	5340.010	
2/14/2024	1/23/2024		PT97530	420	** Therapeutic Activities #792-39 **			97530	A	N	75.00	-1	(75.00)	4200.010	
2/14/2024	1/23/2024			420	** Contractual Adjustment (Anc) #792-39 **			97530	CA	N	(75.00)	-1	75.00	5340.010	
1/31/2024	1/24/2024	1/31/2024	XRAY	320	** Xray #787-3 **				A	N	185.10	1	185.10	4911.010	
1/31/2024	1/24/2024	1/31/2024		320	** Contractual Adjustment (Anc) #787-3 **				CA	N	(185.10)	1	(185.10)	5340.010	
1/31/2024	1/24/2024	1/31/2024	OT97110	430	** Therapeutic Exercise #791-889 **			97110	A	N	75.00	1	75.00	4250.010	
1/31/2024	1/24/2024	1/31/2024		430	** Contractual Adjustment (Anc) #791-889 **			97110	CA	N	(75.00)	1	(75.00)	5340.010	
1/31/2024	1/24/2024	1/31/2024	OT97530	430	** Therapeutic Activities #791-890 **			97530	A	N	75.00	1	75.00	4250.010	
1/31/2024	1/24/2024	1/31/2024		430	** Contractual Adjustment (Anc) #791-890 **			97530	CA	N	(75.00)	1	(75.00)	5340.010	
1/31/2024	1/24/2024	1/31/2024	OT97535	430	** Self Care Management Training #791-891 **			97535	A	N	75.00	1	75.00	4250.010	
1/31/2024	1/24/2024	1/31/2024		430	** Contractual Adjustment (Anc) #791-891 **			97535	CA	N	(75.00)	1	(75.00)	5340.010	
1/31/2024	1/24/2024	1/31/2024	ST92526	440	** Oral Function Therapy #791-892 **			92526	A	N	150.00	1	150.00	4280.010	
1/31/2024	1/24/2024	1/31/2024		440	** Contractual Adjustment (Anc) #791-892 **			92526	CA	N	(150.00)	1	(150.00)	5340.010	
2/14/2024	1/24/2024		XRAY	320	** Xray #792-41 **				A	N	185.10	-1	(185.10)	4911.010	

Posting Date	Effective Date	Billing Date	Charge Code	Rev. Code	Description	Care Level	Benefit Days	HCPCS	Type	MPPR	Unit Amt.	# of Units	Amount	GL Accounts	Days Accounts
Reed, Shirley (20143008) (con't)															
PDPM Managed Care with HIPPS (con't)															
2/14/2024	1/24/2024			320	** Contractual Adjustment (Anc) #792-41 **				CA	N	(185.10)	-1	185.10	5340.010	
2/14/2024	1/24/2024		OT97110	430	** Therapeutic Exercise #792-43 **			97110	A	N	75.00	-1	(75.00)	4250.010	
2/14/2024	1/24/2024			430	** Contractual Adjustment (Anc) #792-43 **			97110	CA	N	(75.00)	-1	75.00	5340.010	
2/14/2024	1/24/2024		OT97530	430	** Therapeutic Activities #792-45 **			97530	A	N	75.00	-1	(75.00)	4250.010	
2/14/2024	1/24/2024			430	** Contractual Adjustment (Anc) #792-45 **			97530	CA	N	(75.00)	-1	75.00	5340.010	
2/14/2024	1/24/2024		OT97535	430	** Self Care Management Training #792-47 **			97535	A	N	75.00	-1	(75.00)	4250.010	
2/14/2024	1/24/2024			430	** Contractual Adjustment (Anc) #792-47 **			97535	CA	N	(75.00)	-1	75.00	5340.010	
2/14/2024	1/24/2024		ST92526	440	** Oral Function Therapy #792-49 **			92526	A	N	150.00	-1	(150.00)	4280.010	
2/14/2024	1/24/2024			440	** Contractual Adjustment (Anc) #792-49 **			92526	CA	N	(150.00)	-1	150.00	5340.010	
1/31/2024	1/25/2024	1/31/2024	PT97110	420	** Therapeutic Exercise #791-934 **			97110	A	N	75.00	1	75.00	4200.010	
1/31/2024	1/25/2024	1/31/2024		420	** Contractual Adjustment (Anc) #791-934 **			97110	CA	N	(75.00)	1	(75.00)	5340.010	
1/31/2024	1/25/2024	1/31/2024	PT97530	420	** Therapeutic Activities #791-935 **			97530	A	N	75.00	2	150.00	4200.010	
1/31/2024	1/25/2024	1/31/2024		420	** Contractual Adjustment (Anc) #791-935 **			97530	CA	N	(75.00)	2	(150.00)	5340.010	
1/31/2024	1/25/2024	1/31/2024	ST92526	440	** Oral Function Therapy #791-940 **			92526	A	N	150.00	1	150.00	4280.010	
1/31/2024	1/25/2024	1/31/2024		440	** Contractual Adjustment (Anc) #791-940 **			92526	CA	N	(150.00)	1	(150.00)	5340.010	
1/31/2024	1/25/2024	1/31/2024	OT97530	430	** Therapeutic Activities #791-963 **			97530	A	N	75.00	1	75.00	4250.010	
1/31/2024	1/25/2024	1/31/2024		430	** Contractual Adjustment (Anc) #791-963 **			97530	CA	N	(75.00)	1	(75.00)	5340.010	
1/31/2024	1/25/2024	1/31/2024	OT97535	430	** Self Care Management Training #791-964 **			97535	A	N	75.00	1	75.00	4250.010	
1/31/2024	1/25/2024	1/31/2024		430	** Contractual Adjustment (Anc) #791-964 **			97535	CA	N	(75.00)	1	(75.00)	5340.010	
2/14/2024	1/25/2024		PT97110	420	** Therapeutic Exercise #792-51 **			97110	A	N	75.00	-1	(75.00)	4200.010	
2/14/2024	1/25/2024			420	** Contractual Adjustment (Anc) #792-51 **			97110	CA	N	(75.00)	-1	75.00	5340.010	
2/14/2024	1/25/2024		PT97530	420	** Therapeutic Activities #792-53 **			97530	A	N	75.00	-2	(150.00)	4200.010	
2/14/2024	1/25/2024			420	** Contractual Adjustment (Anc) #792-53 **			97530	CA	N	(75.00)	-2	150.00	5340.010	
2/14/2024	1/25/2024		ST92526	440	** Oral Function Therapy #792-55 **			92526	A	N	150.00	-1	(150.00)	4280.010	
2/14/2024	1/25/2024			440	** Contractual Adjustment (Anc) #792-55 **			92526	CA	N	(150.00)	-1	150.00	5340.010	
2/14/2024	1/25/2024		OT97530	430	** Therapeutic Activities #792-57 **			97530	A	N	75.00	-1	(75.00)	4250.010	
2/14/2024	1/25/2024			430	** Contractual Adjustment (Anc) #792-57 **			97530	CA	N	(75.00)	-1	75.00	5340.010	
2/14/2024	1/25/2024		OT97535	430	** Self Care Management Training #792-59 **			97535	A	N	75.00	-1	(75.00)	4250.010	

Posting Date	Effective Date	Billing Date	Charge Code	Rev. Code	Description	Care Level	Benefit Days	HCPCS	Type	MPPR	Unit Amt.	# of Units	Amount	GL Accounts	Days Accounts
Reed, Shirley (20143006) (con't)															
PDPM Managed Care with HIPPS (con't)															
2/14/2024	1/25/2024			430	** Contractual Adjustment (Anc) #792-59 **			97535	CA	N	(75.00)	-1	75.00	5340.010	
1/31/2024	1/26/2024	1/31/2024	ST92526	440	** Oral Function Therapy #791-971 **			92526	A	N	150.00	1	150.00	4280.010	
1/31/2024	1/26/2024	1/31/2024		440	** Contractual Adjustment (Anc) #791-971 **			92526	CA	N	(150.00)	1	(150.00)	5340.010	
1/31/2024	1/26/2024	1/31/2024	OT97110	430	** Therapeutic Exercise #791-1000 **			97110	A	N	75.00	2	150.00	4250.010	
1/31/2024	1/26/2024	1/31/2024		430	** Contractual Adjustment (Anc) #791-1000 **			97110	CA	N	(75.00)	2	(150.00)	5340.010	
1/31/2024	1/26/2024	1/31/2024	OT97530	430	** Therapeutic Activities #791-1001 **			97530	A	N	75.00	1	75.00	4250.010	
1/31/2024	1/26/2024	1/31/2024		430	** Contractual Adjustment (Anc) #791-1001 **			97530	CA	N	(75.00)	1	(75.00)	5340.010	
1/31/2024	1/26/2024	1/31/2024	PT97110	420	** Therapeutic Exercise #791-1012 **			97110	A	N	75.00	1	75.00	4200.010	
1/31/2024	1/26/2024	1/31/2024		420	** Contractual Adjustment (Anc) #791-1012 **			97110	CA	N	(75.00)	1	(75.00)	5340.010	
1/31/2024	1/26/2024	1/31/2024	PT97530	420	** Therapeutic Activities #791-1013 **			97530	A	N	75.00	2	150.00	4200.010	
1/31/2024	1/26/2024	1/31/2024		420	** Contractual Adjustment (Anc) #791-1013 **			97530	CA	N	(75.00)	2	(150.00)	5340.010	
2/14/2024	1/26/2024		ST92526	440	** Oral Function Therapy #792-61 **			92526	A	N	150.00	-1	(150.00)	4280.010	
2/14/2024	1/26/2024			440	** Contractual Adjustment (Anc) #792-61 **			92526	CA	N	(150.00)	-1	150.00	5340.010	
2/14/2024	1/26/2024		OT97110	430	** Therapeutic Exercise #792-63 **			97110	A	N	75.00	-2	(150.00)	4250.010	
2/14/2024	1/26/2024			430	** Contractual Adjustment (Anc) #792-63 **			97110	CA	N	(75.00)	-2	150.00	5340.010	
2/14/2024	1/26/2024		OT97530	430	** Therapeutic Activities #792-65 **			97530	A	N	75.00	-1	(75.00)	4250.010	
2/14/2024	1/26/2024			430	** Contractual Adjustment (Anc) #792-65 **			97530	CA	N	(75.00)	-1	75.00	5340.010	
2/14/2024	1/26/2024		PT97110	420	** Therapeutic Exercise #792-67 **			97110	A	N	75.00	-1	(75.00)	4200.010	
2/14/2024	1/26/2024			420	** Contractual Adjustment (Anc) #792-67 **			97110	CA	N	(75.00)	-1	75.00	5340.010	
2/14/2024	1/26/2024		PT97530	420	** Therapeutic Activities #792-69 **			97530	A	N	75.00	-2	(150.00)	4200.010	
2/14/2024	1/26/2024			420	** Contractual Adjustment (Anc) #792-69 **			97530	CA	N	(75.00)	-2	150.00	5340.010	
1/31/2024	1/29/2024	1/31/2024	PT97110	420	** Therapeutic Exercise #791-1030 **			97110	A	N	75.00	2	150.00	4200.010	
1/31/2024	1/29/2024	1/31/2024		420	** Contractual Adjustment (Anc) #791-1030 **			97110	CA	N	(75.00)	2	(150.00)	5340.010	
1/31/2024	1/29/2024	1/31/2024	PT97530	420	** Therapeutic Activities #791-1031 **			97530	A	N	75.00	1	75.00	4200.010	
1/31/2024	1/29/2024	1/31/2024		420	** Contractual Adjustment (Anc) #791-1031 **			97530	CA	N	(75.00)	1	(75.00)	5340.010	

Posting Date	Effective Date	Billing Date	Charge Code	Rev. Code	Description	Care Level	Benefit Days	HCPCS	Type	MPPR	Unit Amt.	# of Units	Amount	GL Accounts	Days Accounts
Reed, Shirley (20143008) (con't)															
PDPM Managed Care with HIPPS (con't)															
1/31/2024	1/29/2024	1/31/2024	ST92526	440	** Oral Function Therapy #791-1040 **			92526	A	N	150.00	1	150.00	4280.010	
1/31/2024	1/29/2024	1/31/2024		440	** Contractual Adjustment (Anc) #791-1040 **			92526	CA	N	(150.00)	1	(150.00)	5340.010	
2/14/2024	1/29/2024		PT97110	420	** Therapeutic Exercise #792-71 **			97110	A	N	75.00	-2	(150.00)	4200.010	
2/14/2024	1/29/2024			420	** Contractual Adjustment (Anc) #792-71 **			97110	CA	N	(75.00)	-2	150.00	5340.010	
2/14/2024	1/29/2024		PT97530	420	** Therapeutic Activities #792-73 **			97530	A	N	75.00	-1	(75.00)	4200.010	
2/14/2024	1/29/2024			420	** Contractual Adjustment (Anc) #792-73 **			97530	CA	N	(75.00)	-1	75.00	5340.010	
2/14/2024	1/29/2024		ST92526	440	** Oral Function Therapy #792-75 **			92526	A	N	150.00	-1	(150.00)	4280.010	
2/14/2024	1/29/2024			440	** Contractual Adjustment (Anc) #792-75 **			92526	CA	N	(150.00)	-1	150.00	5340.010	
1/31/2024	1/30/2024	1/31/2024	OT97530	430	** Therapeutic Activities #791-1081 **			97530	A	N	75.00	1	75.00	4250.010	
1/31/2024	1/30/2024	1/31/2024		430	** Contractual Adjustment (Anc) #791-1081 **			97530	CA	N	(75.00)	1	(75.00)	5340.010	
1/31/2024	1/30/2024	1/31/2024	OT97535	430	** Self Care Management Training #791-1082 **			97535	A	N	75.00	3	225.00	4250.010	
1/31/2024	1/30/2024	1/31/2024		430	** Contractual Adjustment (Anc) #791-1082 **			97535	CA	N	(75.00)	3	(225.00)	5340.010	
1/31/2024	1/30/2024	1/31/2024	ST92526	440	** Oral Function Therapy #791-1086 **			92526	A	N	150.00	1	150.00	4280.010	
1/31/2024	1/30/2024	1/31/2024		440	** Contractual Adjustment (Anc) #791-1086 **			92526	CA	N	(150.00)	1	(150.00)	5340.010	
1/31/2024	1/30/2024	1/31/2024	PT97110	420	** Therapeutic Exercise #791-1095 **			97110	A	N	75.00	2	150.00	4200.010	
1/31/2024	1/30/2024	1/31/2024		420	** Contractual Adjustment (Anc) #791-1095 **			97110	CA	N	(75.00)	2	(150.00)	5340.010	
1/31/2024	1/30/2024	1/31/2024	PT97530	420	** Therapeutic Activities #791-1096 **			97530	A	N	75.00	1	75.00	4200.010	
1/31/2024	1/30/2024	1/31/2024		420	** Contractual Adjustment (Anc) #791-1096 **			97530	CA	N	(75.00)	1	(75.00)	5340.010	
2/14/2024	1/30/2024		OT97530	430	** Therapeutic Activities #792-77 **			97530	A	N	75.00	-1	(75.00)	4250.010	
2/14/2024	1/30/2024			430	** Contractual Adjustment (Anc) #792-77 **			97530	CA	N	(75.00)	-1	75.00	5340.010	
2/14/2024	1/30/2024		OT97535	430	** Self Care Management Training #792-79 **			97535	A	N	75.00	-3	(225.00)	4250.010	
2/14/2024	1/30/2024			430	** Contractual Adjustment (Anc) #792-79 **			97535	CA	N	(75.00)	-3	225.00	5340.010	
2/14/2024	1/30/2024		ST92526	440	** Oral Function Therapy #792-81 **			92526	A	N	150.00	-1	(150.00)	4280.010	
2/14/2024	1/30/2024			440	** Contractual Adjustment (Anc) #792-81 **			92526	CA	N	(150.00)	-1	150.00	5340.010	
2/14/2024	1/30/2024		PT97110	420	** Therapeutic Exercise #792-83 **			97110	A	N	75.00	-2	(150.00)	4200.010	
2/14/2024	1/30/2024			420	** Contractual Adjustment (Anc) #792-83 **			97110	CA	N	(75.00)	-2	150.00	5340.010	

Posting Date	Effective Date	Billing Date	Charge Code	Rev. Code	Description	Care Level	Benefit Days	HCPCS	Type	MPPR	Unit Amt.	# of Units	Amount	GL Accounts	Days Accounts
Reed, Shirley (20143006) (con't)															
PDPM Managed Care with HIPPS (con't)															
2/14/2024	1/30/2024		PT97530	420	** Therapeutic Activities #792-85 **			97530	A	N	75.00	-1	(75.00)	4200.010	
2/14/2024	1/30/2024			420	** Contractual Adjustment (Anc) #792-85 **			97530	CA	N	(75.00)	-1	75.00	5340.010	
2/13/2024	1/1/2024	N/A			** Payment applied on Feb 14, 2024 #2813-1 **				C	N			(4,611.00)	1001.500	
2/13/2024	1/1/2024	N/A			** Payment applied on Feb 14, 2024 #2814-1 **				C	N			4,611.00	1001.500	
					Total January 2024								0.00		
					Total due from PDPM Managed Care with HIPPS								0.00		
					TOTAL FOR RESIDENT								2,700.00		

$34,217.72

McLeod Regional Medical Center 01/31/24-2/20/24

MCLEOD REGIONAL MEDICAL C	MCLEOD REGIONAL MEDICAL C	3a PAT. CNTL # 20000736785900	4 TYPE OF BILL 0111
555 E CHEVES ST	PO BOX 601743	b MED. REC. # 1116665	
FLORENCE SC 295062617	CHARLOTTE NC 282601743	5 FED. TAX NO. 570370242	6 STATEMENT COVERS PERIOD FROM 013124 TO 022024

| | | |

Health Insurance Claim Form

AETNA MEDICARE ADVANTAGE
PO BOX 14079

LEXINGTON, KY 40512

CARRIER

PICA | PICA

1. MEDICARE (Medicare#)	MEDICAID (Medicaid#)	TRICARE (ID#/DoD#)	CHAMPVA (Member ID#)	GROUP HEALTH PLAN (ID#)	FECA BLK LUNG (ID#)	OTHER (ID#)	1a. INSURED'S ID NUMBER (For Program in Item 1)
						X	101496727300

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTH DATE SEX	4. INSURED'S NAME (Last Name, First Name, Middle Initial)
REED SHIRLEY J	09 14 1946 M [ ] F [X]	SAME
5. PATIENT'S ADDRESS (No., Street)	6. PATIENT'S RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No., Street)
751 MARCH ST	Self [X] Spouse [ ] Child [ ] Other [ ]	
CITY: SUMTER	STATE: SC	8. RESERVED FOR NUCC USE	CITY	STATE
ZIP CODE: 29154-5321	TELEPHONE (Include Area Code): 803 983-9702		ZIP CODE	TELEPHONE (Include Area Code)
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED	11. INSURED'S POLICY GROUP OR FECA NUMBER
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous) YES [ ] NO [X]	a. INSURED'S BIRTH DATE SEX M [ ] F [ ]
b. RESERVED FOR NUCC USE	b. AUTO ACCIDENT? YES [ ] NO [X] PLACE (State)	b. OTHER CLAIM ID (Designated by NUCC)
c. RESERVED FOR NUCC USE	c. OTHER ACCIDENT? YES [ ] NO [X]	c. INSURANCE PLAN NAME OR PROGRAM NAME: AETNA MEDICARE ADVANTAGE
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. CLAIM CODES (Designated by NUCC)	d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES [ ] NO [X] If yes, complete items 9, 9a, and 9d.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE	13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE
SIGNED SIGNATURE ON FILE DATE 01 31 2024	SIGNED SIGNATURE ON FILE

PATIENT AND INSURED INFORMATION

14. DATE OF CURRENT ILLNESS, INJURY, PREGNANCY (LMP) QUAL	15. OTHER QUAL MM DD YY	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM TO
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DN RAVI PARIKH	17a. 17b. NPI 1205126422	18. HOSPITALIZATION DATES RELATED TO CURRENT FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? YES [ ] NO [X] $ CHARGES: 000
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0		22. RESUB. CODE ORIGINAL REF. NO.
A. R9431 B. I4510 C. I2129 D. I221		23. PRIOR AUTHORIZATION NUMBER
E. F. G. H. I. J. K. L.		

	24. A. DATES OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SVC	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT FAM PLAN	I. ID. QUAL	J. RENDERING PROVIDER ID. #
1	ECG 12-LEAD										ZZ	207RI0011X
	01 31 24	01 31 24	23		93010		ABCD	38.00	1		NPI	1205126422
2											NPI	
3											NPI	
4											NPI	
5											NPI	
6											NPI	

PHYSICIAN AND SUPPLIER INFORMATION

25. FEDERAL TAX I.D. SSN EIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT?	28. TOTAL CHARGE	29. AMOUNT PAID	30. Rsvd for NUCC Use
202935692 [ ] [X]	X1022047730	[X] YES [ ] NO	$ 38.00	$ 0.00	

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS	32. SERVICE FACILITY LOCATION INFORMATION	33. BILLING PROVIDER INFO & PH #
SIGNED RAVI PARIKH MD	MCLEOD REGIONAL MEDICAL CE 555 EAST CHEVES STREET FLORENCE SC 29506-2617	MCLEOD CARDIOLOGY ASSOCIATES PO BOX 601743 CHARLOTTE NC 28260
DATE 02 01 2024	a. 1699756221 b.	a. 1043568090 b. ZZ193200000X

NUCC Instruction Manual available at: www.nucc.org

Health Insurance Claim Form

AETNA MEDICARE ADVANTAGE
PO BOX 14079

LEXINGTON, KY 40512

CARRIER

PICA

1. MEDICARE (Medicare#)	MEDICAID (Medicaid#)	TRICARE (ID#/DoD#)	CHAMPVA (Member ID#)	GROUP HEALTH PLAN (ID#)	FECA BLK LUNG (ID#)	OTHER (ID#)	1a. INSURED'S ID NUMBER (For Program in Item 1)
						X	101496727300

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTH DATE SEX	4. INSURED'S NAME (Last Name, First Name, Middle Initial)
REED SHIRLEY J	09 14 1946 M [ ] F [X]	SAME
5. PATIENT'S ADDRESS (No., Street)	6. PATIENT'S RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No., Street)
751 MARCH ST	Self [X] Spouse [ ] Child [ ] Other [ ]	
CITY / STATE	8. RESERVED FOR NUCC USE	CITY / STATE
SUMTER / SC		
ZIP CODE / TELEPHONE (Include Area Code)		ZIP CODE / TELEPHONE (Include Area Code)
29154-5321 / 803 983-9702		
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED	11. INSURED'S POLICY GROUP OR FECA NUMBER
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous) YES [ ] NO [X]	a. INSURED'S BIRTH DATE SEX M [ ] F [ ]
b. RESERVED FOR NUCC USE	b. AUTO ACCIDENT? YES [ ] NO [X] PLACE (State)	b. OTHER CLAIM ID (Designated by NUCC)
c. RESERVED FOR NUCC USE	c. OTHER ACCIDENT? YES [ ] NO [X]	c. INSURANCE PLAN NAME OR PROGRAM NAME: AETNA MEDICARE ADVANTAGE
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. CLAIM CODES (Designated by NUCC)	d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES [ ] NO [X] If yes, complete items 9, 9a, and 9d.

PATIENT AND INSURED INFORMATION

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE	13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE
SIGNED SIGNATURE ON FILE DATE 01 31 2024	SIGNED SIGNATURE ON FILE

14. DATE OF CURRENT ILLNESS, INJURY, PREGNANCY (LMP) QUAL	15. OTHER DATE QUAL MM DD YY	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM TO
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DN SRINIVASA REDDY KAMATAM	17a. 17b. NPI 1750721197	18. HOSPITALIZATION DATES RELATED TO CURRENT FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? YES [ ] NO [X] $ CHARGES 000
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0		22. RESUB. CODE ORIGINAL REF. NO.
A. R112 B. E871 C. E8342 D. E876 E. K219 F. G. H. I. J. K. L.		23. PRIOR AUTHORIZATION NUMBER

PHYSICIAN AND SUPPLIER INFORMATION

24 A. DATES OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SVC.	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. FAM PLAN	I. ID. QUAL	J. RENDERING PROVIDER ID. #
1 01 31 24 01 31 24	22		99223	AI	ABCD	479.00	1		ZZ	207R00000X
									NPI	1750721197
2									NPI	
3									NPI	
4									NPI	
5									NPI	
6									NPI	

25. FEDERAL TAX I.D. SSN EIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT?	28. TOTAL CHARGE	29. AMOUNT PAID	30. Rsvd for NUCC Use
570370242 [ ] [X]	X1022141510	[X] YES [ ] NO	$ 479.00	$ 0.00	

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS	32. SERVICE FACILITY LOCATION INFORMATION	33. BILLING PROVIDER INFO & PH #
SIGNED SRINIVASA REDDY KAMAT	MCLEOD REGIONAL MEDICAL CE 555 EAST CHEVES STREET FLORENCE SC 29506-2617	MCLEOD REGIONAL MEDICAL CENTE PO BOX 601743 CHARLOTTE NC 28260
DATE 02 02 2024	a. 1699756221 b.	a. 1154371433 b. ZZ193200000X

NUCC Instruction Manual available at: www.nucc.org

Health Insurance Claim Form

AETNA MEDICARE ADVANTAGE
PO BOX 14079

LEXINGTON, KY 40512

CARRIER

PICA

1. MEDICARE (Medicare#)	MEDICAID (Medicaid#)	TRICARE (ID#/DoD#)	CHAMPVA (Member ID#)	GROUP HEALTH PLAN (ID#)	FECA BLK LUNG (ID#)	OTHER [X] (ID#)	1a. INSURED'S ID NUMBER (For Program in Item 1)
							101496727300

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTH DATE SEX	4. INSURED'S NAME (Last Name, First Name, Middle Initial)
REED SHIRLEY J	09 14 1946 [ ] M [X] F	SAME
5. PATIENT'S ADDRESS (No., Street)	6. PATIENT'S RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No., Street)
751 MARCH ST	Self [X] Spouse [ ] Child [ ] Other [ ]	
CITY / STATE	8. RESERVED FOR NUCC USE	CITY / STATE
SUMTER / SC		
ZIP CODE / TELEPHONE (Include Area Code)		ZIP CODE / TELEPHONE (Include Area Code)
29154-5321 / 803 983-9702		
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED	11. INSURED'S POLICY GROUP OR FECA NUMBER
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous) [ ] YES [X] NO	a. INSURED'S BIRTH DATE SEX [ ] M [ ] F
b. RESERVED FOR NUCC USE	b. AUTO ACCIDENT? [ ] YES [X] NO PLACE (State)	b. OTHER CLAIM ID (Designated by NUCC)
c. RESERVED FOR NUCC USE	c. OTHER ACCIDENT? [ ] YES [X] NO	c. INSURANCE PLAN NAME OR PROGRAM NAME: AETNA MEDICARE ADVANTAGE
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. CLAIM CODES (Designated by NUCC)	d. IS THERE ANOTHER HEALTH BENEFIT PLAN? [ ] YES [X] NO If yes, complete items 9, 9a, and 9d.
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE
SIGNED SIGNATURE ON FILE DATE 02 01 2024		SIGNED SIGNATURE ON FILE

PATIENT AND INSURED INFORMATION

14. DATE OF CURRENT ILLNESS, INJURY, PREGNANCY (LMP) QUAL	15. OTHER QUAL MM DD YY	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM TO
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DN ZULFIA SUBANBAEVA	17a. 17b. NPI 1881841229	18. HOSPITALIZATION DATES RELATED TO CURRENT FROM 01 31 2024 TO 02 20 2024
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? [ ] YES [X] NO $ CHARGES: 000
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0		22. RESUB. CODE / ORIGINAL REF. NO.
A. E876 B. E8342 C. E871 D. R1115		
E. F. G. H. I. J. K. L.		23. PRIOR AUTHORIZATION NUMBER

24 A. DATES OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SVC	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. FAM PLAN	I. ID QUAL	J. RENDERING PROVIDER ID #
1 02 01 24 02 01 24	21		99233		ABCD	298.00	1		ZZ NPI	207R00000X 1881841229
2									NPI	
3									NPI	
4									NPI	
5									NPI	
6									NPI	

PHYSICIAN AND SUPPLIER INFORMATION

25. FEDERAL TAX I.D. SSN EIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT?	28. TOTAL CHARGE	29. AMOUNT PAID	30. Rsvd for NUCC Use
570370242 [ ] [X]	X1025515300	[X] YES [ ] NO	$ 298.00	$ 0.00	

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS	32. SERVICE FACILITY LOCATION INFORMATION	33. BILLING PROVIDER INFO & PH #
SIGNED ZULFIA SUBANBAEVA MD DATE 03 28 2024	MCLEOD REGIONAL MEDICAL CE 555 EAST CHEVES STREET FLORENCE SC 29506-2617 a. 1699756221 b.	MCLEOD REGIONAL MEDICAL CENTE PO BOX 601743 CHARLOTTE NC 28260 a. 1154371433 b. ZZ193200000X

NUCC Instruction Manual available at: www.nucc.org

Health Insurance Claim Form

AETNA MEDICARE ADVANTAGE
PO BOX 14079

LEXINGTON, KY 40512

CARRIER

PICA

1. MEDICARE (Medicare#)	MEDICAID (Medicaid#)	TRICARE (ID#/DoD#)	CHAMPVA (Member ID#)	GROUP HEALTH PLAN (ID#)	FECA BLK LUNG (ID#)	OTHER (ID#)	1a. INSURED'S ID NUMBER (For Program in Item 1)
						X	101496727300

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTH DATE / SEX	4. INSURED'S NAME (Last Name, First Name, Middle Initial)
REED SHIRLEY J	09 14 1946 M [ ] F [X]	SAME
5. PATIENT'S ADDRESS (No., Street)	6. PATIENT'S RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No., Street)
751 MARCH ST	Self [X] Spouse [ ] Child [ ] Other [ ]	
CITY / STATE	8. RESERVED FOR NUCC USE	CITY / STATE
SUMTER / SC		
ZIP CODE / TELEPHONE (Include Area Code)		ZIP CODE / TELEPHONE (Include Area Code)
29154-5321 / 803 983-9702		
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED	11. INSURED'S POLICY GROUP OR FECA NUMBER
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous) YES [ ] NO [X]	a. INSURED'S BIRTH DATE / SEX M [ ] F [ ]
b. RESERVED FOR NUCC USE	b. AUTO ACCIDENT? YES [ ] NO [X] PLACE (State)	b. OTHER CLAIM ID (Designated by NUCC)
c. RESERVED FOR NUCC USE	c. OTHER ACCIDENT? YES [ ] NO [X]	c. INSURANCE PLAN NAME OR PROGRAM NAME: AETNA MEDICARE ADVANTAGE
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. CLAIM CODES (Designated by NUCC)	d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES [ ] NO [X] If yes, complete items 9, 9a, and 9d.
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE
SIGNED SIGNATURE ON FILE DATE 02 02 2024		SIGNED SIGNATURE ON FILE

PATIENT AND INSURED INFORMATION

14. DATE OF CURRENT ILLNESS, INJURY, PREGNANCY (LMP) QUAL	15. OTHER QUAL MM DD YY	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM TO
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DN DAVID ESTEPHAN	17a. / 17b. NPI 1508286550	18. HOSPITALIZATION DATES RELATED TO CURRENT FROM 01 31 2024 TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? YES [ ] NO [X] $ CHARGES 000
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0		22. RESUB. CODE / ORIGINAL REF. NO.
A. R112 B. E8342 C. E876 D. E871		
E. F. G. H.		23. PRIOR AUTHORIZATION NUMBER
I. J. K. L.		

	24 A. DATES OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SVC	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EMG PLAN	I. ID. QUAL	J. RENDERING PROVIDER ID. #
1	02 03 24 02 03 24	21		99233		ABCD	298.00	1		ZZ	207R00000X
										NPI	1508286550
2	02 02 24 02 02 24	21		99233		ABCD	298.00	1		ZZ	207R00000X
										NPI	1508286550
3										NPI	
4										NPI	
5										NPI	
6										NPI	

PHYSICIAN AND SUPPLIER INFORMATION

25. FEDERAL TAX I.D. / SSN EIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT?	28. TOTAL CHARGE	29. AMOUNT PAID	30. Rsvd for NUCC Use
570370242 [ ] [X]	X1022216070	YES [X] NO [ ]	$ 596.00	$ 0.00	

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS	32. SERVICE FACILITY LOCATION INFORMATION	33. BILLING PROVIDER INFO & PH #
SIGNED DAVID ESTEPHAN MD	MCLEOD REGIONAL MEDICAL CE 555 EAST CHEVES STREET FLORENCE SC 29506-2617	MCLEOD REGIONAL MEDICAL CENTE PO BOX 601743 CHARLOTTE NC 28260
DATE 02 05 2024	a. 1699756221 b.	a. 1154371433 b. ZZ193200000X

NUCC Instruction Manual available at: www.nucc.org

Health Insurance Claim Form

AETNA MEDICARE ADVANTAGE
PO BOX 14079

LEXINGTON, KY 40512

CARRIER

PICA | PICA

1. MEDICARE (Medicare#) | MEDICAID (Medicaid#) | TRICARE (ID#/DoD#) | CHAMPVA (Member ID#) | GROUP HEALTH PLAN (ID#) | FECA BLK LUNG (ID#) | OTHER [X] (ID#)
1a. INSURED'S ID NUMBER (For Program in Item 1): 101496727300

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): REED SHIRLEY J
3. PATIENT'S BIRTH DATE: 09 14 1946 SEX: [ ] M [X] F
4. INSURED'S NAME (Last Name, First Name, Middle Initial): SAME

5. PATIENT'S ADDRESS (No., Street): 751 MARCH ST
6. PATIENT'S RELATIONSHIP TO INSURED: Self [X] Spouse [ ] Child [ ] Other [ ]
7. INSURED'S ADDRESS (No., Street):

CITY: SUMTER | STATE: SC
8. RESERVED FOR NUCC USE
CITY: | STATE:

ZIP CODE: 29154-5321 | TELEPHONE (Include Area Code): 803 983-9702
ZIP CODE: | TELEPHONE (Include Area Code):

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial):
10. IS PATIENT'S CONDITION RELATED
11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER:
a. EMPLOYMENT? (Current or Previous) [ ] YES [X] NO
a. INSURED'S BIRTH DATE: SEX [ ] M [ ] F

b. RESERVED FOR NUCC USE:
b. AUTO ACCIDENT? [ ] YES [X] NO PLACE (State):
b. OTHER CLAIM ID (Designated by NUCC):

c. RESERVED FOR NUCC USE:
c. OTHER ACCIDENT? [ ] YES [X] NO
c. INSURANCE PLAN NAME OR PROGRAM NAME: AETNA MEDICARE ADVANTAGE

d. INSURANCE PLAN NAME OR PROGRAM NAME:
10d. CLAIM CODES (Designated by NUCC):
d. IS THERE ANOTHER HEALTH BENEFIT PLAN? [ ] YES [X] NO If yes, complete items 9, 9a, and 9d.

PATIENT AND INSURED INFORMATION

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE
SIGNED SIGNATURE ON FILE DATE 02 02 2024

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE
SIGNED SIGNATURE ON FILE

14. DATE OF CURRENT ILLNESS, INJURY, PREGNANCY (LMP) QUAL:
15. OTHER QUAL: MM DD YY
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DN DEEPAK CHOWDHARY
17a.
17b. NPI 1306895636
18. HOSPITALIZATION DATES RELATED TO CURRENT FROM 01 31 2024 TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)
20. OUTSIDE LAB? [ ] YES [X] NO $ CHARGES: 000

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0
A. R1084 B. C. D.
E. F. G. H.
I. J. K. L.
22. RESUB. CODE ORIGINAL REF. NO.
23. PRIOR AUTHORIZATION NUMBER

24 A. DATES OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SVC	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT FAM PLAN	I. ID QUAL	J. RENDERING PROVIDER ID. #
1 02 02 24	02 02 24	21		99231		A	96.00	1		ZZ	207RG0100X
										NPI	1306895636
2										NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

PHYSICIAN AND SUPPLIER INFORMATION

25. FEDERAL TAX I.D. SSN [ ] EIN [X]: 202935692
26. PATIENT'S ACCOUNT NO.: X1022216080
27. ACCEPT ASSIGNMENT? [X] YES [ ] NO
28. TOTAL CHARGE: $ 96.00
29. AMOUNT PAID: $ 0.00
30. Rsvd for NUCC Use:

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS
SIGNED
DEEPAK CHOWDHARY MD
DATE 02 05 2024

32. SERVICE FACILITY LOCATION INFORMATION
MCLEOD REGIONAL MEDICAL CE
555 EAST CHEVES STREET
FLORENCE SC 29506-2617
a. 1699756221 b.

33. BILLING PROVIDER INFO & PH #
MCLEOD DIGESTIVE HEALTH CENTE
PO BOX 601743
CHARLOTTE NC 28260
a. 1255731204 b. ZZ193200000X

NUCC Instruction Manual available at: www.nucc.org

Health Insurance Claim Form

AETNA MEDICARE ADVANTAGE
PO BOX 14079

LEXINGTON, KY 40512

CARRIER

PICA

1. MEDICARE (Medicare#)	MEDICAID (Medicaid#)	TRICARE (ID#/DoD#)	CHAMPVA (Member ID#)	GROUP HEALTH PLAN (ID#)	FECA BLK LUNG (ID#)	OTHER (ID#)	1a. INSURED'S ID NUMBER (For Program in Item 1)
						X	101496727300

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTH DATE SEX	4. INSURED'S NAME (Last Name, First Name, Middle Initial)
REED SHIRLEY J	09 14 1946 M X F	SAME
5. PATIENT'S ADDRESS (No., Street)	6. PATIENT'S RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No., Street)
751 MARCH ST	Self X Spouse Child Other	
CITY / STATE	8. RESERVED FOR NUCC USE	CITY / STATE
SUMTER SC		
ZIP CODE / TELEPHONE (Include Area Code)		ZIP CODE / TELEPHONE (Include Area Code)
29154-5321 803 983-9702		
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED	11. INSURED'S POLICY GROUP OR FECA NUMBER
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous) YES X NO	a. INSURED'S BIRTH DATE SEX M F
b. RESERVED FOR NUCC USE	b. AUTO ACCIDENT? YES X NO PLACE (State)	b. OTHER CLAIM ID (Designated by NUCC)
c. RESERVED FOR NUCC USE	c. OTHER ACCIDENT? YES X NO	c. INSURANCE PLAN NAME OR PROGRAM NAME: AETNA MEDICARE ADVANTAGE
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. CLAIM CODES (Designated by NUCC)	d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES X NO If yes, complete items 9, 9a, and 9d.
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE
SIGNED SIGNATURE ON FILE DATE 02 02 2024		SIGNED SIGNATURE ON FILE

PATIENT AND INSURED INFORMATION

14. DATE OF CURRENT ILLNESS, INJURY, PREGNANCY (LMP) QUAL	15. OTHER QUAL MM DD YY	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM TO
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DN ANIL OM	17a. 17b. NPI 1972560332	18. HOSPITALIZATION DATES RELATED TO CURRENT FROM 01 31 2024 TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? YES X NO $ CHARGES 000
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0		22. RESUB. CODE ORIGINAL REF. NO.
A. R000 B. I491 C. I493 D. I444		
E. R9431 F. G. H.		23. PRIOR AUTHORIZATION NUMBER 240201077091
I. J. K. L.		

PHYSICIAN AND SUPPLIER INFORMATION

24 A. DATES OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SVC	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT FAM PLAN	I. ID. QUAL	J. RENDERING PROVIDER ID. #
1 ECG 12-LEAD 02 02 24 02 02 24	21		93010		ABCD	38.00	1		ZZ NPI	207RI0011X 1972560332
2									NPI	
3									NPI	
4									NPI	
5									NPI	
6									NPI	

25. FEDERAL TAX I.D. SSN EIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT?	28. TOTAL CHARGE	29. AMOUNT PAID	30. Rsvd for NUCC Use
202935692 X	X1022300750	X YES NO	$ 38.00	$ 0.00	

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS	32. SERVICE FACILITY LOCATION INFORMATION	33. BILLING PROVIDER INFO & PH #
SIGNED ANIL OM MD DATE 02 06 2024	MCLEOD REGIONAL MEDICAL CE 555 EAST CHEVES STREET FLORENCE SC 29506-2617 a. 1699756221 b.	MCLEOD CARDIOLOGY ASSOCIATES PO BOX 601743 CHARLOTTE NC 28260 a. 1043568090 b. ZZ193200000X

NUCC Instruction Manual available at: www.nucc.org

Health Insurance Claim Form

AETNA MEDICARE ADVANTAGE
PO BOX 14079

LEXINGTON, KY 40512

CARRIER

PICA

PICA

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER [X] (ID#)

1a. INSURED'S ID NUMBER (For Program in Item 1): 101496727300

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): REED SHIRLEY J

3. PATIENT'S BIRTH DATE: 09 14 1946 SEX: [ ] M [X] F

4. INSURED'S NAME (Last Name, First Name, Middle Initial): SAME

5. PATIENT'S ADDRESS (No., Street): 751 MARCH ST

6. PATIENT'S RELATIONSHIP TO INSURED: Self [X] Spouse [ ] Child [ ] Other [ ]

7. INSURED'S ADDRESS (No., Street):

CITY: SUMTER STATE: SC

8. RESERVED FOR NUCC USE

CITY: STATE:

ZIP CODE: 29154-5321 TELEPHONE (Include Area Code): 803 983-9702

ZIP CODE: TELEPHONE (Include Area Code):

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial):

a. OTHER INSURED'S POLICY OR GROUP NUMBER:

b. RESERVED FOR NUCC USE:

c. RESERVED FOR NUCC USE:

d. INSURANCE PLAN NAME OR PROGRAM NAME:

10. IS PATIENT'S CONDITION RELATED

a. EMPLOYMENT? (Current or Previous) [ ] YES [X] NO

b. AUTO ACCIDENT? [ ] YES [X] NO PLACE (State):

c. OTHER ACCIDENT? [ ] YES [X] NO

10d. CLAIM CODES (Designated by NUCC):

11. INSURED'S POLICY GROUP OR FECA NUMBER:

a. INSURED'S BIRTH DATE: SEX: [ ] M [ ] F

b. OTHER CLAIM ID (Designated by NUCC):

c. INSURANCE PLAN NAME OR PROGRAM NAME: AETNA MEDICARE ADVANTAGE

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? [ ] YES [X] NO If yes, complete items 9, 9a, and 9d.

PATIENT AND INSURED INFORMATION

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE: SIGNED SIGNATURE ON FILE DATE 01 31 2024

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE: SIGNED SIGNATURE ON FILE

14. DATE OF CURRENT ILLNESS, INJURY, PREGNANCY (LMP) QUAL:

15. OTHER DATE QUAL: MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DN ERIK DEHLINGER

17a.

17b. NPI: 1073519542

18. HOSPITALIZATION DATES RELATED TO CURRENT FROM TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? [ ] YES [X] NO $ CHARGES: 000

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.: 0

A. R1084 B. M546 C. E871 D. Z20822

E. F. G. H.

I. J. K. L.

22. RESUB. CODE: ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24 A. DATES OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SVC.	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT FAM. PLAN	I. ID. QUAL	J. RENDERING PROVIDER ID. #
1 01 31 24	01 31 24	23		99285		ABCD	548.00	1		ZZ NPI	207P00000X 1073519542
2										NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

PHYSICIAN AND SUPPLIER INFORMATION

25. FEDERAL TAX I.D. SSN EIN: 570370242 [X]

26. PATIENT'S ACCOUNT NO.: X1022386850

27. ACCEPT ASSIGNMENT? [X] YES [ ] NO

28. TOTAL CHARGE: $ 548.00

29. AMOUNT PAID: $ 0.00

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS
SIGNED
ERIK DEHLINGER MD
DATE 02 07 2024

32. SERVICE FACILITY LOCATION INFORMATION
MCLEOD REGIONAL MEDICAL CE
555 EAST CHEVES STREET
FLORENCE SC 29506-2617
a. 1699756221 b.

33. BILLING PROVIDER INFO & PH #
MCLEOD REGIONAL MEDICAL CENTE
PO BOX 601743
CHARLOTTE NC 28260
a. 1154371433 b. ZZ193200000X

NUCC Instruction Manual available at: www.nucc.org

Health Insurance Claim Form

AETNA MEDICARE ADVANTAGE
PO BOX 14079

LEXINGTON, KY 40512

CARRIER

PICA

1. MEDICARE (Medicare#)	MEDICAID (Medicaid#)	TRICARE (ID#/DoD#)	CHAMPVA (Member ID#)	GROUP HEALTH PLAN (ID#)	FECA BLK LUNG (ID#)	OTHER [X] (ID#)	1a. INSURED'S ID NUMBER (For Program in Item 1)
							101496727300

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTH DATE SEX	4. INSURED'S NAME (Last Name, First Name, Middle Initial)
REED SHIRLEY J	09 14 1946 [ ] M [X] F	SAME
5. PATIENT'S ADDRESS (No., Street)	6. PATIENT'S RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No., Street)
751 MARCH ST	Self [X] Spouse [ ] Child [ ] Other [ ]	
CITY: SUMTER — STATE: SC	8. RESERVED FOR NUCC USE	CITY — STATE
ZIP CODE: 29154-5321 — TELEPHONE (Include Area Code): 803 983-9702		ZIP CODE — TELEPHONE (Include Area Code)
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED	11. INSURED'S POLICY GROUP OR FECA NUMBER
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous) [ ] YES [X] NO	a. INSURED'S BIRTH DATE SEX [ ] M [ ] F
b. RESERVED FOR NUCC USE	b. AUTO ACCIDENT? [ ] YES [X] NO PLACE (State)	b. OTHER CLAIM ID (Designated by NUCC)
c. RESERVED FOR NUCC USE	c. OTHER ACCIDENT? [ ] YES [X] NO	c. INSURANCE PLAN NAME OR PROGRAM NAME: AETNA MEDICARE ADVANTAGE
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. CLAIM CODES (Designated by NUCC)	d. IS THERE ANOTHER HEALTH BENEFIT PLAN? [ ] YES [X] NO If yes, complete items 9, 9a, and 9d.
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE: SIGNED SIGNATURE ON FILE DATE 02 07 2024		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE: SIGNED SIGNATURE ON FILE

PATIENT AND INSURED INFORMATION

14. DATE OF CURRENT ILLNESS, INJURY, PREGNANCY (LMP) QUAL	15. OTHER DATE QUAL MM DD YY	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM TO
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DN DAVID ESTEPHAN	17a. 17b. NPI 1508286550	18. HOSPITALIZATION DATES RELATED TO CURRENT FROM 01 31 2024 TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? [ ] YES [X] NO $ CHARGES: 000
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0		22. RESUB. CODE — ORIGINAL REF. NO.
A. J9601 B. R112 C. E8342 D. E876		
E. E871 F. R509 G. R3989 H. J189		23. PRIOR AUTHORIZATION NUMBER: 240201077091
I. J. K. L.		

24 A. DATES OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SVC	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT FAM PLAN	I. ID. QUAL	J. RENDERING PROVIDER ID. #
1 02 07 24	02 07 24	21		99233		ABCD	298.00	1		ZZ	207R00000X
										NPI	1508286550
2										NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

PHYSICIAN AND SUPPLIER INFORMATION

25. FEDERAL TAX I.D. SSN EIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT?	28. TOTAL CHARGE	29. AMOUNT PAID	30. Rsvd for NUCC Use
570370242 [ ] [X]	X1022560200	[X] YES [ ] NO	$ 298.00	$ 0.00	

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS	32. SERVICE FACILITY LOCATION INFORMATION	33. BILLING PROVIDER INFO & PH #
SIGNED DAVID ESTEPHAN MD	MCLEOD REGIONAL MEDICAL CE 555 EAST CHEVES STREET FLORENCE SC 29506-2617	MCLEOD REGIONAL MEDICAL CENTE PO BOX 601743 CHARLOTTE NC 28260
DATE 02 09 2024	a. 1699756221 b.	a. 1154371433 b. ZZ193200000X

NUCC Instruction Manual available at: www.nucc.org

Health Insurance Claim Form

AETNA MEDICARE ADVANTAGE
PO BOX 14079

LEXINGTON, KY 40512

CARRIER

PICA | PICA

1. MEDICARE (Medicare#) | MEDICAID (Medicaid#) | TRICARE (ID#/DoD#) | CHAMPVA (Member ID#) | GROUP HEALTH PLAN (ID#) | FECA BLK LUNG (ID#) | OTHER (ID#) [X]
1a. INSURED'S ID NUMBER (For Program in Item 1): 101496727300

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): REED SHIRLEY J
3. PATIENT'S BIRTH DATE: 09 14 1946 SEX: M [ ] F [X]
4. INSURED'S NAME (Last Name, First Name, Middle Initial): SAME

5. PATIENT'S ADDRESS (No., Street): 751 MARCH ST
6. PATIENT'S RELATIONSHIP TO INSURED: Self [X] Spouse [ ] Child [ ] Other [ ]
7. INSURED'S ADDRESS (No., Street):

CITY: SUMTER | STATE: SC
8. RESERVED FOR NUCC USE
CITY: | STATE:

ZIP CODE: 29154-5321 | TELEPHONE (Include Area Code): 803 983-9702
ZIP CODE: | TELEPHONE (Include Area Code):

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial):
10. IS PATIENT'S CONDITION RELATED
11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER
a. EMPLOYMENT? (Current or Previous) YES [ ] NO [X]
a. INSURED'S BIRTH DATE: SEX M [ ] F [ ]

b. RESERVED FOR NUCC USE
b. AUTO ACCIDENT? YES [ ] NO [X] PLACE (State):
b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE
c. OTHER ACCIDENT? YES [ ] NO [X]
c. INSURANCE PLAN NAME OR PROGRAM NAME: AETNA MEDICARE ADVANTAGE

d. INSURANCE PLAN NAME OR PROGRAM NAME
10d. CLAIM CODES (Designated by NUCC)
d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES [ ] NO [X] If yes, complete items 9, 9a, and 9d.

PATIENT AND INSURED INFORMATION

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE
SIGNED SIGNATURE ON FILE DATE 02 07 2024
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE
SIGNED SIGNATURE ON FILE

14. DATE OF CURRENT ILLNESS, INJURY, PREGNANCY (LMP) QUAL:
15. OTHER DATE QUAL: MM DD YY
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE
17a.
17b. NPI
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM 01 31 2024 TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)
20. OUTSIDE LAB? YES [ ] NO [X] $ CHARGES: 000

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0
A. I189 B. R0902 C. N390 D. B9629
E. Z1612 F. G. H.
I. J. K. L.
22. RESUB. CODE ORIGINAL REF. NO.
23. PRIOR AUTHORIZATION NUMBER

24 A. DATES OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SVC.	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT FAM. PLAN	I. ID. QUAL	J. RENDERING PROVIDER ID. #
1 02 07 24	02 07 24	21		99222		ABCD	335.00	1		ZZ	207RI0200X
										NPI	1891083143
2										NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

PHYSICIAN AND SUPPLIER INFORMATION

25. FEDERAL TAX I.D. SSN [ ] EIN [X]: 570370242
26. PATIENT'S ACCOUNT NO.: X1022560280
27. ACCEPT ASSIGNMENT? YES [X] NO [ ]
28. TOTAL CHARGE: $ 335.00
29. AMOUNT PAID: $ 0.00
30. Rsvd for NUCC Use:

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS
SIGNED SISAY DEBEBE MD
DATE 02 09 2024

32. SERVICE FACILITY LOCATION INFORMATION
MCLEOD REGIONAL MEDICAL CE
555 EAST CHEVES STREET
FLORENCE SC 29506-2617
a. 1699756221 b.

33. BILLING PROVIDER INFO & PH #
MCLEOD REGIONAL MEDICAL CENTE
PO BOX 601743
CHARLOTTE NC 28260
a. 1154371433 b. ZZ193200000X

NUCC Instruction Manual available at: www.nucc.org

Health Insurance Claim Form

AETNA MEDICARE ADVANTAGE
PO BOX 14079

LEXINGTON, KY 40512

CARRIER

PICA | PICA

1. MEDICARE (Medicare#)	MEDICAID (Medicaid#)	TRICARE (ID#/DoD#)	CHAMPVA (Member ID#)	GROUP HEALTH PLAN (ID#)	FECA BLK LUNG (ID#)	OTHER [X] (ID#)	1a. INSURED'S ID NUMBER (For Program in Item 1)
							101496727300

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTH DATE SEX	4. INSURED'S NAME (Last Name, First Name, Middle Initial)
REED SHIRLEY J	09 14 1946 [ ] M [X] F	SAME
5. PATIENT'S ADDRESS (No., Street)	6. PATIENT'S RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No., Street)
751 MARCH ST	Self [X] Spouse [ ] Child [ ] Other [ ]	
CITY: SUMTER — STATE: SC	8. RESERVED FOR NUCC USE	CITY — STATE
ZIP CODE: 29154-5321 — TELEPHONE (Include Area Code): 803 983-9702		ZIP CODE — TELEPHONE (Include Area Code)
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED	11. INSURED'S POLICY GROUP OR FECA NUMBER
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous) [ ] YES [X] NO	a. INSURED'S BIRTH DATE SEX [ ] M [ ] F
b. RESERVED FOR NUCC USE	b. AUTO ACCIDENT? [ ] YES [X] NO PLACE (State)	b. OTHER CLAIM ID (Designated by NUCC)
c. RESERVED FOR NUCC USE	c. OTHER ACCIDENT? [X] YES [ ] NO	c. INSURANCE PLAN NAME OR PROGRAM NAME: AETNA MEDICARE ADVANTAGE
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. CLAIM CODES (Designated by NUCC)	d. IS THERE ANOTHER HEALTH BENEFIT PLAN? [ ] YES [X] NO If yes, complete items 9, 9a, and 9d.
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE
SIGNED SIGNATURE ON FILE DATE 02 05 2024		SIGNED SIGNATURE ON FILE

PATIENT AND INSURED INFORMATION

14. DATE OF CURRENT ILLNESS, INJURY, PREGNANCY (LMP) QUAL	15. OTHER QUAL 439 MM DD YY 02 05 2024	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM TO
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a. 17b. NPI	18. HOSPITALIZATION DATES RELATED TO CURRENT FROM 01 31 2024 TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? [ ] YES [X] NO $ CHARGES 000
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0		22. RESUB. CODE ORIGINAL REF. NO.
A. T8130XA B. Z981 C. D. E. F. G. H. I. J. K. L.		23. PRIOR AUTHORIZATION NUMBER

24 A. DATES OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SVC.	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT FAM PLAN	I. ID. QUAL	J. RENDERING PROVIDER ID. #
1 02 05 24	02 05 24	21		99222	24	AB	312.00	1		ZZ	207T00000X
										NPI	1104208776
2										NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

PHYSICIAN AND SUPPLIER INFORMATION

25. FEDERAL TAX I.D. SSN EIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT?	28. TOTAL CHARGE	29. AMOUNT PAID	30. Rsvd for NUCC Use
202935692 [ ] [X]	X1022795190	[X] YES [ ] NO	$ 312.00	$ 0.00	

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS	32. SERVICE FACILITY LOCATION INFORMATION	33. BILLING PROVIDER INFO & PH #
SIGNED THOMAS HINES MD	MCLEOD REGIONAL MEDICAL CE 555 EAST CHEVES STREET FLORENCE SC 29506-2617	FLORENCE NEUROSURGERY AND SPI PO BOX 601743 CHARLOTTE NC 28260
DATE 02 14 2024	a. 1699756221 b.	a. 1598474801 b. ZZ193200000X

NUCC Instruction Manual available at: www.nucc.org

Health Insurance Claim Form

AETNA MEDICARE ADVANTAGE
PO BOX 14079

LEXINGTON, KY 40512

CARRIER

PICA

PICA

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER [X] (ID#)

1a. INSURED'S ID NUMBER (For Program in Item 1): 101496727300

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): REED SHIRLEY J

3. PATIENT'S BIRTH DATE: 09 14 1946 SEX: [ ] M [X] F

4. INSURED'S NAME (Last Name, First Name, Middle Initial): SAME

5. PATIENT'S ADDRESS (No., Street): 751 MARCH ST

6. PATIENT'S RELATIONSHIP TO INSURED: Self [X] Spouse [ ] Child [ ] Other [ ]

7. INSURED'S ADDRESS (No., Street):

CITY: SUMTER STATE: SC

8. RESERVED FOR NUCC USE

CITY: STATE:

ZIP CODE: 29154-5321 TELEPHONE (Include Area Code): 803 983-9702

ZIP CODE: TELEPHONE (Include Area Code):

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial):

10. IS PATIENT'S CONDITION RELATED

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) [ ] YES [X] NO

a. INSURED'S BIRTH DATE SEX [ ] M [ ] F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? [ ] YES [X] NO PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? [ ] YES [X] NO

c. INSURANCE PLAN NAME OR PROGRAM NAME: AETNA MEDICARE ADVANTAGE

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? [ ] YES [X] NO If yes, complete items 9, 9a, and 9d.

PATIENT AND INSURED INFORMATION

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE

SIGNED SIGNATURE ON FILE DATE 02 12 2024

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE

SIGNED SIGNATURE ON FILE

14. DATE OF CURRENT ILLNESS, INJURY, PREGNANCY (LMP) QUAL

15. OTHER DATE QUAL MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DN OMAR ILYAS

17a.

17b. NPI 1528412764

18. HOSPITALIZATION DATES RELATED TO CURRENT FROM 01 31 2024 TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? [ ] YES [X] NO $ CHARGES: 000

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0

A. R1084 B. C. D.

E. F. G. H.

I. J. K. L.

22. RESUB. CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER: 240201077091

PHYSICIAN AND SUPPLIER INFORMATION

24 A. DATES OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SVC	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT FAM. PLAN	I. ID. QUAL	J. RENDERING PROVIDER ID. #
1 02 12 24	02 12 24	21		99232		A	175.00	1		ZZ NPI	207R00000X 1528412764
2										NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

25. FEDERAL TAX I.D. SSN EIN: 570370242 [X]

26. PATIENT'S ACCOUNT NO.: X1022795180

27. ACCEPT ASSIGNMENT? [X] YES [ ] NO

28. TOTAL CHARGE: $ 175.00

29. AMOUNT PAID: $ 0.00

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS

SIGNED OMAR ILYAS MD

DATE 02 14 2024

32. SERVICE FACILITY LOCATION INFORMATION

MCLEOD REGIONAL MEDICAL CE
555 EAST CHEVES STREET
FLORENCE SC 29506-2617

a. 1699756221 b.

33 BILLING PROVIDER INFO & PH #

MCLEOD REGIONAL MEDICAL CENTE
PO BOX 601743
CHARLOTTE NC 28260

a. 1154371433 b. ZZ193200000X

NUCC Instruction Manual available at: www.nucc.org

Health Insurance Claim Form

AETNA MEDICARE ADVANTAGE
PO BOX 14079

LEXINGTON, KY 40512

CARRIER

PICA | PICA

1. MEDICARE (Medicare#) | MEDICAID (Medicaid#) | TRICARE (ID#/DoD#) | CHAMPVA (Member ID#) | GROUP HEALTH PLAN (ID#) | FECA BLK LUNG (ID#) | OTHER (ID#) [X]
1a. INSURED'S ID NUMBER (For Program in Item 1): 101496727300

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): REED SHIRLEY J
3. PATIENT'S BIRTH DATE: 09 14 1946 SEX: M [ ] F [X]
4. INSURED'S NAME (Last Name, First Name, Middle Initial): SAME

5. PATIENT'S ADDRESS (No., Street): 751 MARCH ST
6. PATIENT'S RELATIONSHIP TO INSURED: Self [X] Spouse [ ] Child [ ] Other [ ]
7. INSURED'S ADDRESS (No., Street):

CITY: SUMTER | STATE: SC
8. RESERVED FOR NUCC USE
CITY: | STATE:

ZIP CODE: 29154-5321 | TELEPHONE (Include Area Code): 803 983-9702
ZIP CODE: | TELEPHONE (Include Area Code):

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial):
10. IS PATIENT'S CONDITION RELATED
11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER:
a. EMPLOYMENT? (Current or Previous) YES [ ] NO [X]
a. INSURED'S BIRTH DATE: SEX M [ ] F [ ]

b. RESERVED FOR NUCC USE:
b. AUTO ACCIDENT? YES [ ] NO [X] PLACE (State):
b. OTHER CLAIM ID (Designated by NUCC):

c. RESERVED FOR NUCC USE:
c. OTHER ACCIDENT? YES [X] NO [ ]
c. INSURANCE PLAN NAME OR PROGRAM NAME: AETNA MEDICARE ADVANTAGE

d. INSURANCE PLAN NAME OR PROGRAM NAME:
10d. CLAIM CODES (Designated by NUCC):
d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES [ ] NO [X] If yes, complete items 9, 9a, and 9d.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE
SIGNED SIGNATURE ON FILE DATE 02 08 2024
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE
SIGNED SIGNATURE ON FILE

PATIENT AND INSURED INFORMATION

14. DATE OF CURRENT ILLNESS, INJURY, PREGNANCY (LMP) QUAL:
15. OTHER QUAL 439 MM DD YY 02 08 2024
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DN CATHERINE TANNAHILL
17a.
17b. NPI 1679935787
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM 01 31 2024 TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)
20. OUTSIDE LAB? YES [ ] NO [X] $ CHARGES: 000

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0
A. T8131XA B. T84298A C. D.
E. F. G. H.
I. J. K. L.
22. RESUB. CODE: ORIGINAL REF. NO.
23. PRIOR AUTHORIZATION NUMBER: 240201077091

24 A. DATES OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SVC	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. FAM PLAN	I. ID. QUAL	J. RENDERING PROVIDER ID. #
1 02 08 24	02 08 24	21		99233	FS	AB	203.00	1		ZZ	207T00000X
										NPI	1679935787
2 02 12 24	02 12 24	21		99232	FS	AB	143.00	1		ZZ	207T00000X
										NPI	1679935787
3										NPI	
4										NPI	
5										NPI	
6										NPI	

PHYSICIAN AND SUPPLIER INFORMATION

25. FEDERAL TAX I.D. SSN [ ] EIN [X]: 202935692
26. PATIENT'S ACCOUNT NO.: X1023161180
27. ACCEPT ASSIGNMENT? YES [X] NO [ ]
28. TOTAL CHARGE: $ 346.00
29. AMOUNT PAID: $ 0.00
30. Rsvd for NUCC Use:

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS
SIGNED CATHERINE TANNAHILL M
DATE 02 20 2024

32. SERVICE FACILITY LOCATION INFORMATION
MCLEOD REGIONAL MEDICAL CE
555 EAST CHEVES STREET
FLORENCE SC 29506-2617
a. 1699756221 b.

33. BILLING PROVIDER INFO & PH #
FLORENCE NEUROSURGERY AND SPI
PO BOX 601743
CHARLOTTE NC 28260
a. 1598474801 b. ZZ193200000X

NUCC Instruction Manual available at: www.nucc.org

Health Insurance Claim Form

AETNA MEDICARE ADVANTAGE
PO BOX 14079

LEXINGTON, KY 40512

CARRIER

PICA | PICA

1. MEDICARE (Medicare#)	MEDICAID (Medicaid#)	TRICARE (ID#/DoD#)	CHAMPVA (Member ID#)	GROUP HEALTH PLAN (ID#)	FECA BLK LUNG (ID#)	OTHER (ID#)	1a. INSURED'S ID NUMBER (For Program in Item 1)
						X	101496727300

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTH DATE SEX	4. INSURED'S NAME (Last Name, First Name, Middle Initial)
REED SHIRLEY J	09 14 1946 M [ ] F [X]	SAME
5. PATIENT'S ADDRESS (No., Street)	6. PATIENT'S RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No., Street)
751 MARCH ST	Self [X] Spouse [ ] Child [ ] Other [ ]	
CITY: SUMTER / STATE: SC	8. RESERVED FOR NUCC USE	CITY / STATE
ZIP CODE: 29154-5321 / TELEPHONE (Include Area Code): 803 983-9702		ZIP CODE / TELEPHONE (Include Area Code)
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED	11. INSURED'S POLICY GROUP OR FECA NUMBER
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous) YES [ ] NO [X]	a. INSURED'S BIRTH DATE SEX M [ ] F [ ]
b. RESERVED FOR NUCC USE	b. AUTO ACCIDENT? YES [ ] NO [X] PLACE (State)	b. OTHER CLAIM ID (Designated by NUCC)
c. RESERVED FOR NUCC USE	c. OTHER ACCIDENT? YES [X] NO [ ]	c. INSURANCE PLAN NAME OR PROGRAM NAME: AETNA MEDICARE ADVANTAGE
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. CLAIM CODES (Designated by NUCC)	d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES [ ] NO [X] If yes, complete items 9, 9a, and 9d.
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE: SIGNED SIGNATURE ON FILE DATE 02 16 2024		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE: SIGNED SIGNATURE ON FILE

PATIENT AND INSURED INFORMATION

14. DATE OF CURRENT ILLNESS, INJURY, PREGNANCY (LMP) QUAL	15. OTHER QUAL 439 MM DD YY 02 16 2024	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM TO
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DN CATHERINE TANNAHILL	17a. / 17b. NPI 1679935787	18. HOSPITALIZATION DATES RELATED TO CURRENT FROM 01 31 2024 TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? YES [ ] NO [X] $ CHARGES 000
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0		22. RESUB. CODE / ORIGINAL REF. NO.
A. T8131XA B. T84298A C. D. E. F. G. H. I. J. K. L.		23. PRIOR AUTHORIZATION NUMBER 240201077091

24 A. DATES OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SVC.	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT FAM PLAN	I. ID. QUAL	J. RENDERING PROVIDER ID. #
1 02 16 24	02 16 24	21		99231	FS	AB	96.00	1		ZZ	207T00000X
										NPI	1679935787
2										NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

PHYSICIAN AND SUPPLIER INFORMATION

25. FEDERAL TAX I.D. SSN EIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT?	28. TOTAL CHARGE	29. AMOUNT PAID	30. Rsvd for NUCC Use
202935692 [ ] [X]	X1023161190	YES [X] NO [ ]	$ 96.00	$ 0.00	

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS	32. SERVICE FACILITY LOCATION INFORMATION	33. BILLING PROVIDER INFO & PH #
SIGNED CATHERINE TANNAHILL M	MCLEOD REGIONAL MEDICAL CE 555 EAST CHEVES STREET FLORENCE SC 29506-2617	FLORENCE NEUROSURGERY AND SPI PO BOX 601743 CHARLOTTE NC 28260
DATE 02 20 2024	a. 1699756221 b.	a. 1598474801 b. ZZ193200000X

NUCC Instruction Manual available at: www.nucc.org

McLeod Regional Medical Center

Dr. Tannehill

$1,042.00

McLeod Regional Medical Center
PO Box 601743
Charlotte, NC 28260-1743

This is not a bill. This is an itemization of your hospital services for:

Patient: Reed,Shirley
Hospital Account: 200007632716

Admission Date: 01/31/24
Discharge Date: 02/20/24

Professional Charges

Service Dt	Procedure - Patient-Friendly Name	Proc Qty	Orig Amt
02/08/2024	Subsequent hospital care with moderate levelof medical decision making, if using time, at least 50 minutes	1	203.00
02/12/2024	Subsequent hospital care with moderate levelof medical decision making, if using time, at least 35 minutes	1	143.00

Please call 843-777-2955 if you have questions regarding this document.

McLeod Regional Medical Center
PO Box 601743
Charlotte, NC 28260-1743

This is not a bill. This is an itemization of your hospital services for:

Patient: Reed,Shirley
Hospital Account: 200007951152

Admission Date: 03/01/24
Discharge Date: 03/21/24

Professional Charges

Service Dt	Procedure - Patient-Friendly Name	Proc Qty	Orig Amt
03/08/2024	Subsequent hospital care with straightforward or low level of medical decision making, per day, if using time, at least 25 minutes	1	96.00

Please call 843-777-2955 if you have questions regarding this document.

McLeod Regional Medical Center
PO Box 601743
Charlotte, NC 28260-1743

This is not a bill. This is an itemization of your hospital services for:

Patient: Reed,Shirley
Hospital Account: 200006326685

Admission Date: 11/08/23
Discharge Date: 12/04/23

Professional Charges

Service Dt	Procedure - Patient-Friendly Name	Proc Qty	Orig Amt
11/09/2023	Initial hospital care with straightforward or low-level medical decision making, if using time, at least 55 minutes	1	312.00
11/10/2023	Subsequent hospital care with straightforward or low level of medical decision making, per day, if using time, at least 25 minutes	1	96.00
11/13/2023	Subsequent hospital care with straightforward or low level of medical decision making, per day, if using time, at least 25 minutes	1	96.00
11/14/2023	Subsequent hospital care with straightforward or low level of medical decision making, per day, if using time, at least 25 minutes	1	96.00

Please call 843-777-2955 if you have questions regarding this document.

Faith Healthcare Center

$47,169.52

Faith Healthcare Center

REED, SHIRLEY J
MRN:256733

Transaction Dates: 01/01/1900 - 12/31/2099
Service Dates: 08/01/2022 - 01/31/2025
Sort By: Service Date
Summarize:
Display: Zero Dollar Transactions, Offsetting Transactions

Resident Account Detail: SHIRLEY J REED

Transaction Date	Service Date	Description	Qty	Level of Care	Amount	Balance
March 2024						
Advantage Medicare FFS - Aetna						
04/30/24	03/23/24-03/23/24	Beginning Balance			[redacted]	$7,308.46
06/13/24	03/23/24-03/23/24	Cash Receipt	0.00		($7,308.20)	$0.26
06/01/24	03/23/24-03/23/24	Write Off	0.00		($0.26)	$0.00
				Advantage Medicare FFS - Aetna Ending Balance:		$0.00
				March 2024 Ending Balance:		**$0.00**
April 2024						
Medicaid Coinsurance						
04/30/24	04/03/24-04/03/24	Beginning Balance			[redacted]	$4,692.00
05/01/24	04/12/24-04/12/24	Beginning Balance			[redacted]	$2,856.00
				Medicaid Coinsurance Ending Balance:		$2,856.00
Medicare A						
04/30/24	04/03/24-04/03/24	Beginning Balance			$11,833.89	$11,833.89
05/01/24	04/12/24-04/12/24	Beginning Balance			$1,836.00	$13,669.89
05/21/24	04/03/24-04/03/24	Cash Receipt	0.00		($2,880.59)	$10,789.30
05/28/24	04/03/24-04/03/24	Cash Receipt	0.00		($10,751.85)	$37.45
05/28/24	04/12/24-04/12/24	Cash Adjustment	0.00		($37.45)	$0.00
				Medicare A Ending Balance:		$0.00
				April 2024 Ending Balance:		**$2,856.00**
May 2024						
Medicaid Coinsurance						
07/01/24	05/01/24-05/01/24	Co-Insurance - Room Charge - 04/B	0.00	NONE	[redacted]	$159.87
07/01/24	05/02/24-05/02/24	Co-Insurance - Room Charge - 04/B	0.00	NONE	[redacted]	$319.74
07/01/24	05/07/24-05/09/24	Co-Insurance - Room Charge - 06/A	0.00	NONE	[redacted]	$799.35
07/01/24	05/10/24-05/23/24	Co-Insurance - Room Charge - 06/A	0.00	NONE	[redacted]	$3,037.54
07/01/24	05/24/24-05/26/24	Co-Insurance - Room Charge - 06/A	0.00	NONE	[redacted]	$3,517.15
07/01/24	05/27/24-05/31/24	Co-Insurance - Room Charge - 06/A	0.00	NONE	[redacted]	$4,316.50
07/31/24	05/03/24-05/03/24	Co-Insurance - 97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	1.00		$0.00	$4,316.50
07/31/24	05/03/24-05/03/24	Co-Insurance - 97535GO - ADL SELF/CARE MGMT @ 15 MIN.	1.00		$0.00	$4,316.50
07/31/24	05/03/24-05/03/24	Co-Insurance - 97530GP - THERA. ACTS/ISOKINETIC EX @ 15 MIN.	2.00		$0.00	$4,316.50
07/31/24	05/03/24-05/03/24	Co-Insurance - 92507GN - SPCH THPY TRMT (NOT BILL W/97532 SAME DY)	1.00		$0.00	$4,316.50
				Medicaid Coinsurance Ending Balance:		$4,316.50
Medicaid Pending Coinsur						
06/01/24	05/01/24-05/01/24	ADJUST - Co-Insurance - Room Charge - 04/B	0.00	NONE	($204.00)	($204.00)
07/01/24	05/01/24-05/01/24	ADJUST - Co-Insurance - Room Charge - 04/B	0.00	NONE	($159.87)	($363.87)
05/01/24	05/01/24-05/01/24	Co-Insurance - Room Charge - 04/B	0.00	NONE	$204.00	($159.87)
06/01/24	05/01/24-05/01/24	Co-Insurance - Room Charge - 04/B	0.00	NONE	$159.87	$0.00
06/01/24	05/02/24-05/02/24	ADJUST - Co-Insurance - Room Charge - 04/B	0.00	NONE	($204.00)	($204.00)
07/01/24	05/02/24-05/02/24	ADJUST - Co-Insurance - Room Charge - 04/B	0.00	NONE	($159.87)	($363.87)
05/02/24	05/02/24-05/02/24	Co-Insurance - Room Charge - 04/B	0.00	NONE	$204.00	($159.87)

06/01/24	05/02/24-05/02/24	Co-Insurance - Room Charge - 04/B	0.00	NONE	[redacted]	$0.00
06/01/24	05/07/24-05/09/24	ADJUST - Co-Insurance - Room Charge - 06/A	0.00	NONE	($612.00)	($612.00)
07/01/24	05/07/24-05/09/24	ADJUST - Co-Insurance - Room Charge - 06/A	0.00	NONE	($479.61)	($1,091.61)
05/09/24	05/07/24-05/09/24	Co-Insurance - Room Charge - 06/A	0.00	NONE	[redacted]	($479.61)
06/01/24	05/07/24-05/09/24	Co-Insurance - Room Charge - 06/A	0.00	NONE	[redacted]	$0.00
06/01/24	05/10/24-05/23/24	ADJUST - Co-Insurance - Room Charge - 06/A	0.00	NONE	($2,856.00)	($2,856.00)
07/01/24	05/10/24-05/23/24	ADJUST - Co-Insurance - Room Charge - 06/A	0.00	NONE	($2,238.19)	($5,094.19)
05/23/24	05/10/24-05/23/24	Co-Insurance - Room Charge - 06/A	0.00	NONE	[redacted]	($2,238.19)
06/01/24	05/10/24-05/23/24	Co-Insurance - Room Charge - 06/A	0.00	NONE	[redacted]	$0.00
05/26/24	05/10/24-05/26/24	ADJUST - Co-Insurance - Room Charge - 06/A	0.00	NONE	($3,468.00)	($3,468.00)
05/26/24	05/10/24-05/26/24	Co-Insurance - Room Charge - 06/A	0.00	NONE	[redacted]	$0.00
06/01/24	05/24/24-05/26/24	ADJUST - Co-Insurance - Room Charge - 06/A	0.00	NONE	($612.00)	($612.00)
07/01/24	05/24/24-05/26/24	ADJUST - Co-Insurance - Room Charge - 06/A	0.00	NONE	($479.61)	($1,091.61)
05/26/24	05/24/24-05/26/24	Co-Insurance - Room Charge - 06/A	0.00	NONE	[redacted]	($479.61)
06/01/24	05/24/24-05/26/24	Co-Insurance - Room Charge - 06/A	0.00	NONE	[redacted]	$0.00
06/01/24	05/27/24-05/31/24	ADJUST - Co-Insurance - Room Charge - 06/A	0.00	NONE	($1,020.00)	($1,020.00)
07/01/24	05/27/24-05/31/24	ADJUST - Co-Insurance - Room Charge - 06/A	0.00	NONE	($799.35)	($1,819.35)
05/31/24	05/27/24-05/31/24	Co-Insurance - Room Charge - 06/A	0.00	NONE	[redacted]	($799.35)
06/01/24	05/27/24-05/31/24	Co-Insurance - Room Charge - 06/A	0.00	NONE	[redacted]	$0.00
07/31/24	05/03/24-05/03/24	ADJUST - Co-Insurance - 97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	(1.00)		$0.00	$0.00
07/31/24	05/03/24-05/03/24	ADJUST - Co-Insurance - 97535GO - ADL SELF/CARE MGMT @ 15 MIN.	(1.00)		$0.00	$0.00
05/31/24	05/03/24-05/03/24	Co-Insurance - 97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	1.00		$0.00	$0.00
05/31/24	05/03/24-05/03/24	Co-Insurance - 97535GO - ADL SELF/CARE MGMT @ 15 MIN.	1.00		$0.00	$0.00
07/31/24	05/03/24-05/03/24	ADJUST - Co-Insurance - 97530GP - THERA. ACTS/ISOKINETIC EX @ 15 MIN.	(2.00)		$0.00	$0.00
05/31/24	05/03/24-05/03/24	Co-Insurance - 97530GP - THERA. ACTS/ISOKINETIC EX @ 15 MIN.	2.00		$0.00	$0.00
07/31/24	05/03/24-05/03/24	ADJUST - Co-Insurance - 92507GN - SPCH THPY TRMT (NOT BILL W/97532 SAME DY)	(1.00)		$0.00	$0.00
05/31/24	05/03/24-05/03/24	Co-Insurance - 92507GN - SPCH THPY TRMT (NOT BILL W/97532 SAME DY)	1.00		$0.00	$0.00
				Medicaid Pending Coinsur Ending Balance:		$0.00

Medicare A

06/01/24	05/01/24-05/01/24	ADJUST - Room Charge - 04/B (EBEB1)	(1.00)	NONE	($455.25)	($455.25)
05/01/24	05/01/24-05/01/24	Room Charge - 04/B (EBEB1)	1.00	NONE	[redacted]	$0.00
06/01/24	05/01/24-05/01/24	Room Charge - 04/B (EBEB1)	1.00	NONE	[redacted]	$455.25
06/01/24	05/02/24-05/02/24	ADJUST - Room Charge - 04/B (EBEB1)	(1.00)	NONE	($452.23)	$3.02
05/02/24	05/02/24-05/02/24	Room Charge - 04/B (EBEB1)	1.00	NONE	[redacted]	$455.25
06/01/24	05/02/24-05/02/24	Room Charge - 04/B (EBEB1)	1.00	NONE	[redacted]	$907.48
06/01/24	05/07/24-05/09/24	ADJUST - Room Charge - 06/A (EEID1)	(3.00)	NONE	($1,645.19)	($737.71)
07/01/24	05/07/24-05/09/24	ADJUST - Room Charge - 06/A (EEID1)	(3.00)	NONE	($1,645.19)	($2,382.90)
05/09/24	05/07/24-05/09/24	Room Charge - 06/A (EEID1)	3.00	NONE	[redacted]	($737.71)
06/01/24	05/07/24-05/09/24	Room Charge - 06/A (EEID1)	3.00	NONE	$1,645.19	$907.48
07/01/24	05/07/24-05/09/24	Room Charge - 06/A (EFID1)	3.00	NONE	[redacted]	$2,592.66
06/01/24	05/10/24-05/23/24	ADJUST - Room Charge - 06/A (EEID1)	(14.00)	NONE	($4,963.90)	($2,371.24)
07/01/24	05/10/24-05/23/24	ADJUST - Room Charge - 06/A (EEID1)	(14.00)	NONE	($4,963.90)	($7,335.14)
05/23/24	05/10/24-05/23/24	Room Charge - 06/A (EEID1)	14.00	NONE	[redacted]	($2,371.24)
06/01/24	05/10/24-05/23/24	Room Charge - 06/A (EEID1)	14.00	NONE	$4,963.90	$2,592.66

07/01/24	05/10/24-05/23/24	Room Charge - 06/A (EFID1)	14.00	NONE	$5,150.35	$7,743.01
06/01/24	05/24/24-05/26/24	ADJUST - Room Charge - 06/A (EDDB0)	(3.00)	NONE	($1,462.77)	$6,280.24
05/26/24	05/24/24-05/26/24	Room Charge - 06/A (EDDB0)	3.00	NONE	$1,462.77	$7,743.01
06/01/24	05/24/24-05/26/24	Room Charge - 06/A (EDDB0)	3.00	NONE	$1,462.77	$9,205.78
06/01/24	05/27/24-05/31/24	ADJUST - Room Charge - 06/A (EDDB0)	(5.00)	NONE	($2,422.85)	$6,782.93
05/31/24	05/27/24-05/31/24	Room Charge - 06/A (EDDB0)	5.00	NONE	[redacted]	$9,205.78
06/01/24	05/27/24-05/31/24	Room Charge - 06/A (EDDB0)	5.00	NONE	$2,422.85	$11,628.63
05/31/24	05/01/24-05/01/24	97112GO - NEUROMUSCULAR RE-ED @ 15 MIN.	1.00		$0.00	$11,628.63
05/31/24	05/01/24-05/01/24	97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	1.00		$0.00	$11,628.63
05/31/24	05/02/24-05/02/24	97110GO - THERAPEUTIC EX @ 15 MIN.	1.00		$0.00	$11,628.63
05/31/24	05/08/24-05/08/24	97166GO - OT EVAL MOD COMPLEX 45 MIN	1.00		$0.00	$11,628.63
05/31/24	05/10/24-05/10/24	97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	2.00		$0.00	$11,628.63
05/31/24	05/14/24-05/14/24	97150GO - THERAPEUTIC PROCEDURES, GROUP	1.00		$0.00	$11,628.63
05/31/24	05/15/24-05/15/24	97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	2.00		$0.00	$11,628.63
05/31/24	05/20/24-05/20/24	97535GO - ADL SELF/CARE MGMT @ 15 MIN.	2.00		$0.00	$11,628.63
05/31/24	05/21/24-05/21/24	97150GO - THERAPEUTIC PROCEDURES, GROUP	1.00		$0.00	$11,628.63
05/31/24	05/22/24-05/22/24	97535GO - ADL SELF/CARE MGMT @ 15 MIN.	2.00		$0.00	$11,628.63
05/31/24	05/24/24-05/24/24	97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	1.00		$0.00	$11,628.63
05/31/24	05/27/24-05/27/24	97150GO - THERAPEUTIC PROCEDURES, GROUP	1.00		$0.00	$11,628.63
05/31/24	05/28/24-05/28/24	97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	2.00		$0.00	$11,628.63
05/31/24	05/29/24-05/29/24	97112GO - NEUROMUSCULAR RE-ED @ 15 MIN.	1.00		$0.00	$11,628.63
05/31/24	05/29/24-05/29/24	97535GO - ADL SELF/CARE MGMT @ 15 MIN.	1.00		$0.00	$11,628.63
05/31/24	05/30/24-05/30/24	97535GO - ADL SELF/CARE MGMT @ 15 MIN.	2.00		$0.00	$11,628.63
05/31/24	05/01/24-05/01/24	97110GP - THERAPEUTIC EX. @ 15 MIN.	1.00		$0.00	$11,628.63
05/31/24	05/01/24-05/01/24	97116GP - GAIT TRAINING @ 15 MIN.	1.00		$0.00	$11,628.63
05/31/24	05/02/24-05/02/24	97110GP - THERAPEUTIC EX. @ 15 MIN.	1.00		$0.00	$11,628.63
05/31/24	05/02/24-05/02/24	97530GP - THERA. ACTS/ISOKINETIC EX @ 15 MIN.	1.00		$0.00	$11,628.63
05/31/24	05/08/24-05/08/24	97162GP - PT EVAL MOD COMPLEX 30 MIN	1.00		$0.00	$11,628.63
05/31/24	05/09/24-05/09/24	97110GP - THERAPEUTIC EX. @ 15 MIN.	2.00		$0.00	$11,628.63
05/31/24	05/10/24-05/10/24	97530GP - THERA. ACTS/ISOKINETIC EX @ 15 MIN.	2.00		$0.00	$11,628.63
05/31/24	05/14/24-05/14/24	97530GP - THERA. ACTS/ISOKINETIC EX @ 15 MIN.	2.00		$0.00	$11,628.63
05/31/24	05/15/24-05/15/24	97110GP - THERAPEUTIC EX. @ 15 MIN.	2.00		$0.00	$11,628.63
05/31/24	05/16/24-05/16/24	97110GP - THERAPEUTIC EX. @ 15 MIN.	2.00		$0.00	$11,628.63
05/31/24	05/17/24-05/17/24	97110GP - THERAPEUTIC EX. @ 15 MIN.	2.00		$0.00	$11,628.63
05/31/24	05/18/24-05/18/24	97530GP - THERA. ACTS/ISOKINETIC EX @ 15 MIN.	2.00		$0.00	$11,628.63
05/31/24	05/20/24-05/20/24	97110GP - THERAPEUTIC EX. @ 15 MIN.	1.00		$0.00	$11,628.63
05/31/24	05/20/24-05/20/24	97530GP - THERA. ACTS/ISOKINETIC EX @ 15 MIN.	1.00		$0.00	$11,628.63
05/31/24	05/21/24-05/21/24	97150GP - THERAPEUTIC PROCEDURES, GROUP	1.00		$0.00	$11,628.63
05/31/24	05/21/24-05/21/24	97530GP - THERA. ACTS/ISOKINETIC EX @ 15 MIN.	1.00		$0.00	$11,628.63
05/31/24	05/22/24-05/22/24	97530GP - THERA. ACTS/ISOKINETIC EX @ 15 MIN.	2.00		$0.00	$11,628.63
05/31/24	05/24/24-05/24/24	97110GP - THERAPEUTIC EX. @ 15 MIN.	2.00		$0.00	$11,628.63

05/31/24	05/27/24-05/27/24	97530GP - THERA. ACTS/ISOKINETIC EX @ 15 MIN.	2.00	$0.00	$11,628.63
05/31/24	05/28/24-05/28/24	97110GP - THERAPEUTIC EX. @ 15 MIN.	2.00	$0.00	$11,628.63
05/31/24	05/29/24-05/29/24	97110GP - THERAPEUTIC EX. @ 15 MIN.	1.00	$0.00	$11,628.63
05/31/24	05/29/24-05/29/24	97530GP - THERA. ACTS/ISOKINETIC EX @ 15 MIN.	1.00	$0.00	$11,628.63
05/31/24	05/30/24-05/30/24	97530GP - THERA. ACTS/ISOKINETIC EX @ 15 MIN.	2.00	$0.00	$11,628.63
05/31/24	05/31/24-05/31/24	97110GP - THERAPEUTIC EX. @ 15 MIN.	2.00	$0.00	$11,628.63
05/31/24	05/07/24-05/07/24	250RX - ALENDRONATE TAB 70MG	1.00	$0.00	$11,628.63
05/31/24	05/07/24-05/07/24	250RX - busPIRone TAB 10MG	1.00	$0.00	$11,628.63
05/31/24	05/07/24-05/07/24	250RX - IPRATROPIUM/ALBUTEROL INH SOLN	1.00	$0.00	$11,628.63
05/31/24	05/07/24-05/07/24	250RX - LEVOTHYROXINE TAB 88MCG	1.00	$0.00	$11,628.63
05/31/24	05/07/24-05/07/24	250RX - METOPROLOL TART TAB 25MG	1.00	$0.00	$11,628.63
05/31/24	05/07/24-05/07/24	250RX - PANTOPRAZOLE DR TAB 40MG	1.00	$0.00	$11,628.63
05/31/24	05/07/24-05/07/24	250RX - SIMVASTATIN TAB 80MG	1.00	$0.00	$11,628.63
05/31/24	05/08/24-05/08/24	250RX - PANTOPRAZOLE PWD PKT 40MG	1.00	$0.00	$11,628.63
05/31/24	05/13/24-05/13/24	250RX - oxyCODONE/APAP TAB 5/325MG	1.00	$0.00	$11,628.63
05/31/24	05/16/24-05/16/24	250RX - POLYMYXIN/TRIMETH OPTH SOLN	1.00	$0.00	$11,628.63
05/31/24	05/17/24-05/17/24	250RX - hydrOXYzine HCL TAB 25MG	1.00	$0.00	$11,628.63
05/31/24	05/17/24-05/17/24	250RX - NYSTATIN PWD 100000U/GM	1.00	$0.00	$11,628.63
05/31/24	05/17/24-05/17/24	250RX - SULFAMETH/TMP DS TAB	1.00	$0.00	$11,628.63
05/31/24	05/18/24-05/18/24	250RX - busPIRone TAB 10MG	1.00	$0.00	$11,628.63
05/31/24	05/19/24-05/19/24	250RX - PANTOPRAZOLE PWD PKT 40MG	1.00	$0.00	$11,628.63
05/31/24	05/22/24-05/22/24	258IV - IV NACL 0.9% (1L)	1.00	$0.00	$11,628.63
05/31/24	05/23/24-05/23/24	250RX - oxyCODONE/APAP TAB 5/325MG	1.00	$0.00	$11,628.63
05/31/24	05/24/24-05/24/24	250RX - ALENDRONATE TAB 70MG	1.00	$0.00	$11,628.63
05/31/24	05/24/24-05/24/24	250RX - LEVOTHYROXINE TAB 88MCG	1.00	$0.00	$11,628.63
05/31/24	05/24/24-05/24/24	250RX - METOPROLOL TART TAB 25MG	1.00	$0.00	$11,628.63
05/31/24	05/24/24-05/24/24	250RX - ONDANSETRON TAB 8MG	1.00	$0.00	$11,628.63
05/31/24	05/24/24-05/24/24	250RX - SIMVASTATIN TAB 80MG	1.00	$0.00	$11,628.63
06/30/24	05/27/24-05/27/24	258IV - IV NACL 0.9% (1L)	1.00	$0.00	$11,628.63
06/30/24	05/27/24-05/27/24	258IV - IV SODIUM CL FLUSH 0.9% (10ML)	1.00	$0.00	$11,628.63
06/30/24	05/28/24-05/28/24	250RX - hydrOXYzine HCL TAB 25MG	1.00	$0.00	$11,628.63
06/30/24	05/28/24-05/28/24	258IV - IV NACL 3% (500ML)	1.00	$0.00	$11,628.63
06/30/24	05/29/24-05/29/24	250RX - busPIRone TAB 10MG	1.00	$0.00	$11,628.63
06/30/24	05/30/24-05/30/24	250RX - PANTOPRAZOLE PWD PKT 40MG	1.00	$0.00	$11,628.63
06/30/24	05/31/24-05/31/24	250RX - traMADol TAB 50MG	1.00	$0.00	$11,628.63
05/31/24	05/08/24-05/08/24	92523GN - EVAL SPEECH SOUND PRODUCT W/ EVAL LANG COMPRE AND EXPRESSION	1.00	$0.00	$11,628.63
05/31/24	05/08/24-05/08/24	92526GN - SLP TRMT.SW DYSF.	1.00	$0.00	$11,628.63
05/31/24	05/08/24-05/08/24	92610GN - CLINICAL EVAL OF SWALLOW FUNC	1.00	$0.00	$11,628.63
05/31/24	05/09/24-05/09/24	92526GN - SLP TRMT.SW DYSF.	1.00	$0.00	$11,628.63
05/31/24	05/10/24-05/10/24	92526GN - SLP TRMT.SW DYSF.	1.00	$0.00	$11,628.63
05/31/24	05/13/24-05/13/24	92526GN - SLP TRMT.SW DYSF.	1.00	$0.00	$11,628.63
05/31/24	05/20/24-05/20/24	92526GN - SLP TRMT.SW DYSF.	1.00	$0.00	$11,628.63
05/31/24	05/22/24-05/22/24	92526GN - SLP TRMT.SW DYSF.	1.00	$0.00	$11,628.63
05/31/24	05/28/24-05/28/24	92526GN - SLP TRMT.SW DYSF.	1.00	$0.00	$11,628.63
05/31/24	05/29/24-05/29/24	92526GN - SLP TRMT.SW DYSF.	1.00	$0.00	$11,628.63
05/31/24	05/30/24-05/30/24	92526GN - SLP TRMT.SW DYSF.	1.00	$0.00	$11,628.63
05/31/24	05/31/24-05/31/24	92526GN - SLP TRMT.SW DYSF.	1.00	$0.00	$11,628.63
06/21/24	05/01/24-05/01/24	Cash Receipt - EFT9916415	0.00	($455.25)	$11,173.38
06/21/24	05/02/24-05/02/24	Cash Receipt - EFT9916415	0.00	($452.18)	$10,721.20
07/05/24	05/01/24-05/01/24	Cash Receipt	0.00	$455.25	$11,176.45

07/05/24	05/01/24-05/01/24	Cash Receipt	0.00		($455.25)	$10,721.20
07/05/24	05/02/24-05/02/24	Cash Receipt	0.00		$452.23	$11,173.43
07/05/24	05/02/24-05/02/24	Cash Receipt	0.00		($452.23)	$10,721.20
07/05/24	05/07/24-05/09/24	Cash Receipt	0.00		($1,645.19)	$9,076.01
07/05/24	05/10/24-05/23/24	Cash Receipt	0.00		($4,963.90)	$4,112.11
07/05/24	05/24/24-05/26/24	Cash Receipt	0.00		($1,462.77)	$2,649.34
07/05/24	05/27/24-05/31/24	Cash Receipt	0.00		($2,422.07)	$227.27
10/29/24	05/02/24-05/02/24	Cash Adjustment - REMIT02275	0.00		($0.05)	$227.22
10/29/24	05/10/24-05/23/24	Cash Adjustment - REMIT02275	0.00		($0.01)	$227.21
10/29/24	05/07/24-05/09/24	Cash Receipt - REMIT02275	0.00		($1,685.18)	($1,457.97)
10/29/24	05/07/24-05/09/24	Cash Receipt - REMIT02275	0.00		$1,645.19	$187.22
10/29/24	05/10/24-05/23/24	Cash Receipt - REMIT02275	0.00		($5,150.34)	($4,963.12)
10/29/24	05/10/24-05/23/24	Cash Receipt - REMIT02275	0.00		$4,963.90	$0.78
07/05/24	05/27/24-05/31/24	Cash Adjustment	0.00		($0.78)	$0.00
				Medicare A Ending Balance:		$0.00

Medicare B

05/31/24	05/03/24-05/03/24	97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	1.00		$19.44	$19.44
05/31/24	05/03/24-05/03/24	97535GO - ADL SELF/CARE MGMT @ 15 MIN.	1.00		$18.15	$37.59
05/31/24	05/03/24-05/03/24	97530GP - THERA. ACTS/ISOKINETIC EX @ 15 MIN.	2.00		$38.89	$76.48
05/31/24	05/03/24-05/03/24	92507GN - SPCH THPY TRMT (NOT BILL W/97532 SAME DY)	1.00		$57.45	$133.93
				Medicare B Ending Balance:		$133.93

Private Portion

06/01/24	05/01/24-05/01/24	Patient Liability - Co-Insurance - Room Charge - 04/B	0.00	NONE	$44.13	$44.13
06/01/24	05/02/24-05/02/24	Patient Liability - Co-Insurance - Room Charge - 04/B	0.00	NONE	$44.13	$88.26
06/01/24	05/07/24-05/09/24	Patient Liability - Co-Insurance - Room Charge - 06/A	0.00	NONE	$132.39	$220.65
06/01/24	05/10/24-05/23/24	Patient Liability - Co-Insurance - Room Charge - 06/A	0.00	NONE	$617.81	$838.46
06/01/24	05/24/24-05/26/24	Patient Liability - Co-Insurance - Room Charge - 06/A	0.00	NONE	$132.39	$970.85
06/01/24	05/27/24-05/31/24	Patient Liability - Co-Insurance - Room Charge - 06/A	0.00	NONE	$220.65	$1,191.50
				Private Portion Ending Balance:		$1,191.50
				May 2024 Ending Balance:		**$5,641.93**

June 2024

Medicaid Coinsurance

07/01/24	06/01/24-06/02/24	Co-Insurance - Room Charge - 06/A	0.00	NONE	$294.80	$294.80
07/01/24	06/03/24-06/04/24	Co-Insurance - Room Charge - 06/A	0.00	NONE	$294.80	$589.60
07/31/24	06/06/24-06/06/24	Co-Insurance - 97166GO - OT EVAL MOD COMPLEX 45 MIN	1.00		$0.00	$589.60
07/31/24	06/06/24-06/06/24	Co-Insurance - 97535GO - ADL SELF/CARE MGMT @ 15 MIN.	2.00		$0.00	$589.60
07/31/24	06/07/24-06/07/24	Co-Insurance - 97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	3.00		$0.00	$589.60
07/31/24	06/10/24-06/10/24	Co-Insurance - 97110GO - THERAPEUTIC EX @ 15 MIN.	2.00		$0.00	$589.60
07/31/24	06/10/24-06/10/24	Co-Insurance - 97535GO - ADL SELF/CARE MGMT @ 15 MIN.	1.00		$0.00	$589.60
07/31/24	06/12/24-06/12/24	Co-Insurance - 97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	1.00		$0.00	$589.60
07/31/24	06/12/24-06/12/24	Co-Insurance - 97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	1.00		$0.00	$589.60

07/31/24	06/13/24-06/13/24	Co-Insurance - 97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	1.00	$0.00	$589.60
07/31/24	06/13/24-06/13/24	Co-Insurance - 97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	1.00	$0.00	$589.60
07/31/24	06/13/24-06/13/24	Co-Insurance - 97535GO - ADL SELF/CARE MGMT @ 15 MIN.	2.00	$0.00	$589.60
07/31/24	06/14/24-06/14/24	Co-Insurance - 97535GO - ADL SELF/CARE MGMT @ 15 MIN.	3.00	$0.00	$589.60
07/31/24	06/17/24-06/17/24	Co-Insurance - 97110GO - THERAPEUTIC EX @ 15 MIN.	2.00	$0.00	$589.60
07/31/24	06/17/24-06/17/24	Co-Insurance - 97535GO - ADL SELF/CARE MGMT @ 15 MIN.	1.00	$0.00	$589.60
07/31/24	06/17/24-06/17/24	Co-Insurance - 97535GO - ADL SELF/CARE MGMT @ 15 MIN.	1.00	$0.00	$589.60
07/31/24	06/19/24-06/19/24	Co-Insurance - 97535GO - ADL SELF/CARE MGMT @ 15 MIN.	1.00	$0.00	$589.60
07/31/24	06/19/24-06/19/24	Co-Insurance - 97535GO - ADL SELF/CARE MGMT @ 15 MIN.	2.00	$0.00	$589.60
07/31/24	06/20/24-06/20/24	Co-Insurance - 97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	1.00	$0.00	$589.60
07/31/24	06/20/24-06/20/24	Co-Insurance - 97535GO - ADL SELF/CARE MGMT @ 15 MIN.	3.00	$0.00	$589.60
07/31/24	06/24/24-06/24/24	Co-Insurance - 97110GO - THERAPEUTIC EX @ 15 MIN.	2.00	$0.00	$589.60
07/31/24	06/24/24-06/24/24	Co-Insurance - 97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	1.00	$0.00	$589.60
07/31/24	06/24/24-06/24/24	Co-Insurance - 97535GO - ADL SELF/CARE MGMT @ 15 MIN.	1.00	$0.00	$589.60
07/31/24	06/26/24-06/26/24	Co-Insurance - 97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	1.00	$0.00	$589.60
07/31/24	06/26/24-06/26/24	Co-Insurance - 97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	2.00	$0.00	$589.60
07/31/24	06/26/24-06/26/24	Co-Insurance - 97535GO - ADL SELF/CARE MGMT @ 15 MIN.	1.00	$0.00	$589.60
07/31/24	06/27/24-06/27/24	Co-Insurance - 97110GO - THERAPEUTIC EX @ 15 MIN.	2.00	$0.00	$589.60
07/31/24	06/27/24-06/27/24	Co-Insurance - 97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	1.00	$0.00	$589.60
07/31/24	06/27/24-06/27/24	Co-Insurance - 97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	1.00	$0.00	$589.60
07/31/24	06/07/24-06/07/24	Co-Insurance - 97162GP - PT EVAL MOD COMPLEX 30 MIN	1.00	$0.00	$589.60
07/31/24	06/12/24-06/12/24	Co-Insurance - 97110GP - THERAPEUTIC EX. @ 15 MIN.	1.00	$0.00	$589.60
07/31/24	06/13/24-06/13/24	Co-Insurance - 97110GP - THERAPEUTIC EX. @ 15 MIN.	1.00	$0.00	$589.60
07/31/24	06/13/24-06/13/24	Co-Insurance - 97530GP - THERA. ACTS/ISOKINETIC EX @ 15 MIN.	2.00	$0.00	$589.60
07/31/24	06/14/24-06/14/24	Co-Insurance - 97112GP - NEUROMUSCULAR RE-ED @15 MIN.	2.00	$0.00	$589.60
07/31/24	06/14/24-06/14/24	Co-Insurance - 97530GP - THERA. ACTS/ISOKINETIC EX @ 15 MIN.	1.00	$0.00	$589.60
07/31/24	06/15/24-06/15/24	Co-Insurance - 97110GP - THERAPEUTIC EX. @ 15 MIN.	1.00	$0.00	$589.60
07/31/24	06/15/24-06/15/24	Co-Insurance - 97150GP - THERAPEUTIC PROCEDURES, GROUP	1.00	$0.00	$589.60
07/31/24	06/20/24-06/20/24	Co-Insurance - 97110GP - THERAPEUTIC EX. @ 15 MIN.	4.00	$0.00	$589.60
07/31/24	06/21/24-06/21/24	Co-Insurance - 97150GP - THERAPEUTIC PROCEDURES, GROUP	1.00	$0.00	$589.60
07/31/24	06/24/24-06/24/24	Co-Insurance - 97110GP - THERAPEUTIC EX. @ 15 MIN.	2.00	$0.00	$589.60
07/31/24	06/24/24-06/24/24	Co-Insurance - 97112GP - NEUROMUSCULAR RE-ED @15 MIN.	2.00	$0.00	$589.60
07/31/24	06/25/24-06/25/24	Co-Insurance - 97110GP - THERAPEUTIC EX. @ 15 MIN.	2.00	$0.00	$589.60
07/31/24	06/25/24-06/25/24	Co-Insurance - 97530GP - THERA. ACTS/ISOKINETIC EX @ 15 MIN.	1.00	$0.00	$589.60

07/31/24	06/25/24-06/25/24	Co-Insurance - 97530GP - THERA. ACTS/ISOKINETIC EX @ 15 MIN.	1.00		$0.00	$589.60
07/31/24	06/28/24-06/28/24	Co-Insurance - 97110GP - THERAPEUTIC EX. @ 15 MIN.	2.00		$0.00	$589.60
07/31/24	06/28/24-06/28/24	Co-Insurance - 97530GP - THERA. ACTS/ISOKINETIC EX @ 15 MIN.	1.00		$0.00	$589.60
			Medicaid Coinsurance Ending Balance:			$589.60

Medicaid Pending

08/31/24	06/17/24-06/17/24	270IV - IV TUBING EXTENSION 7"	1.00		$0.00	$0.00
08/31/24	06/25/24-06/25/24	270IV - IV DIAL REGULATOR SET	1.00		$0.00	$0.00
			Medicaid Pending Ending Balance:			$0.00

Medicaid Pending Coinsur

07/01/24	06/01/24-06/02/24	ADJUST - Co-Insurance - Room Charge - 06/A	0.00	NONE	($316.80)	($316.80)
06/02/24	06/01/24-06/02/24	Co-Insurance - Room Charge - 06/A	0.00	NONE	$316.80	$0.00
07/01/24	06/03/24-06/04/24	ADJUST - Co-Insurance - Room Charge - 06/A	0.00	NONE	($316.80)	($316.80)
06/04/24	06/03/24-06/04/24	Co-Insurance - Room Charge - 06/A	0.00	NONE	$316.80	$0.00
07/31/24	06/06/24-06/06/24	ADJUST - Co-Insurance - 97166GO - OT EVAL MOD COMPLEX 45 MIN	(1.00)		$0.00	$0.00
07/31/24	06/06/24-06/06/24	ADJUST - Co-Insurance - 97535GO - ADL SELF/CARE MGMT @ 15 MIN.	(2.00)		$0.00	$0.00
06/30/24	06/06/24-06/06/24	Co-Insurance - 97166GO - OT EVAL MOD COMPLEX 45 MIN	1.00		$0.00	$0.00
06/30/24	06/06/24-06/06/24	Co-Insurance - 97535GO - ADL SELF/CARE MGMT @ 15 MIN.	2.00		$0.00	$0.00
07/31/24	06/07/24-06/07/24	ADJUST - Co-Insurance - 97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	(3.00)		$0.00	$0.00
06/30/24	06/07/24-06/07/24	Co-Insurance - 97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	3.00		$0.00	$0.00
07/31/24	06/10/24-06/10/24	ADJUST - Co-Insurance - 97110GO - THERAPEUTIC EX @ 15 MIN.	(2.00)		$0.00	$0.00
07/31/24	06/10/24-06/10/24	ADJUST - Co-Insurance - 97535GO - ADL SELF/CARE MGMT @ 15 MIN.	(1.00)		$0.00	$0.00
06/30/24	06/10/24-06/10/24	Co-Insurance - 97110GO - THERAPEUTIC EX @ 15 MIN.	2.00		$0.00	$0.00
06/30/24	06/10/24-06/10/24	Co-Insurance - 97535GO - ADL SELF/CARE MGMT @ 15 MIN.	1.00		$0.00	$0.00
07/31/24	06/12/24-06/12/24	ADJUST - Co-Insurance - 97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	(1.00)		$0.00	$0.00
07/31/24	06/12/24-06/12/24	ADJUST - Co-Insurance - 97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	(1.00)		$0.00	$0.00
06/30/24	06/12/24-06/12/24	Co-Insurance - 97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	1.00		$0.00	$0.00
06/30/24	06/12/24-06/12/24	Co-Insurance - 97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	1.00		$0.00	$0.00
07/31/24	06/13/24-06/13/24	ADJUST - Co-Insurance - 97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	(1.00)		$0.00	$0.00
07/31/24	06/13/24-06/13/24	ADJUST - Co-Insurance - 97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	(1.00)		$0.00	$0.00
07/31/24	06/13/24-06/13/24	ADJUST - Co-Insurance - 97535GO - ADL SELF/CARE MGMT @ 15 MIN.	(2.00)		$0.00	$0.00
06/30/24	06/13/24-06/13/24	Co-Insurance - 97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	1.00		$0.00	$0.00
06/30/24	06/13/24-06/13/24	Co-Insurance - 97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	1.00		$0.00	$0.00
06/30/24	06/13/24-06/13/24	Co-Insurance - 97535GO - ADL SELF/CARE MGMT @ 15 MIN.	2.00		$0.00	$0.00
07/31/24	06/14/24-06/14/24	ADJUST - Co-Insurance - 97535GO - ADL SELF/CARE MGMT @ 15 MIN.	(3.00)		$0.00	$0.00
06/30/24	06/14/24-06/14/24	Co-Insurance - 97535GO - ADL SELF/CARE MGMT @ 15 MIN.	3.00		$0.00	$0.00
07/31/24	06/17/24-06/17/24	ADJUST - Co-Insurance - 97110GO - THERAPEUTIC EX @ 15 MIN.	(2.00)		$0.00	$0.00

07/31/24	06/17/24-06/17/24	ADJUST - Co-Insurance - 97535GO - ADL SELF/CARE MGMT @ 15 MIN.	(1.00)	$0.00	$0.00
07/31/24	06/17/24-06/17/24	ADJUST - Co-Insurance - 97535GO - ADL SELF/CARE MGMT @ 15 MIN.	(1.00)	$0.00	$0.00
06/30/24	06/17/24-06/17/24	Co-Insurance - 97110GO - THERAPEUTIC EX @ 15 MIN.	2.00	$0.00	$0.00
06/30/24	06/17/24-06/17/24	Co-Insurance - 97535GO - ADL SELF/CARE MGMT @ 15 MIN.	1.00	$0.00	$0.00
06/30/24	06/17/24-06/17/24	Co-Insurance - 97535GO - ADL SELF/CARE MGMT @ 15 MIN.	1.00	$0.00	$0.00
07/31/24	06/19/24-06/19/24	ADJUST - Co-Insurance - 97535GO - ADL SELF/CARE MGMT @ 15 MIN.	(1.00)	$0.00	$0.00
07/31/24	06/19/24-06/19/24	ADJUST - Co-Insurance - 97535GO - ADL SELF/CARE MGMT @ 15 MIN.	(2.00)	$0.00	$0.00
06/30/24	06/19/24-06/19/24	Co-Insurance - 97535GO - ADL SELF/CARE MGMT @ 15 MIN.	1.00	$0.00	$0.00
06/30/24	06/19/24-06/19/24	Co-Insurance - 97535GO - ADL SELF/CARE MGMT @ 15 MIN.	2.00	$0.00	$0.00
07/31/24	06/20/24-06/20/24	ADJUST - Co-Insurance - 97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	(1.00)	$0.00	$0.00
07/31/24	06/20/24-06/20/24	ADJUST - Co-Insurance - 97535GO - ADL SELF/CARE MGMT @ 15 MIN.	(3.00)	$0.00	$0.00
06/30/24	06/20/24-06/20/24	Co-Insurance - 97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	1.00	$0.00	$0.00
06/30/24	06/20/24-06/20/24	Co-Insurance - 97535GO - ADL SELF/CARE MGMT @ 15 MIN.	3.00	$0.00	$0.00
07/31/24	06/24/24-06/24/24	ADJUST - Co-Insurance - 97110GO - THERAPEUTIC EX @ 15 MIN.	(2.00)	$0.00	$0.00
07/31/24	06/24/24-06/24/24	ADJUST - Co-Insurance - 97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	(1.00)	$0.00	$0.00
07/31/24	06/24/24-06/24/24	ADJUST - Co-Insurance - 97535GO - ADL SELF/CARE MGMT @ 15 MIN.	(1.00)	$0.00	$0.00
06/30/24	06/24/24-06/24/24	Co-Insurance - 97110GO - THERAPEUTIC EX @ 15 MIN.	2.00	$0.00	$0.00
06/30/24	06/24/24-06/24/24	Co-Insurance - 97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	1.00	$0.00	$0.00
06/30/24	06/24/24-06/24/24	Co-Insurance - 97535GO - ADL SELF/CARE MGMT @ 15 MIN.	1.00	$0.00	$0.00
07/31/24	06/26/24-06/26/24	ADJUST - Co-Insurance - 97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	(1.00)	$0.00	$0.00
07/31/24	06/26/24-06/26/24	ADJUST - Co-Insurance - 97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	(2.00)	$0.00	$0.00
07/31/24	06/26/24-06/26/24	ADJUST - Co-Insurance - 97535GO - ADL SELF/CARE MGMT @ 15 MIN.	(1.00)	$0.00	$0.00
06/30/24	06/26/24-06/26/24	Co-Insurance - 97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	1.00	$0.00	$0.00
06/30/24	06/26/24-06/26/24	Co-Insurance - 97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	2.00	$0.00	$0.00
06/30/24	06/26/24-06/26/24	Co-Insurance - 97535GO - ADL SELF/CARE MGMT @ 15 MIN.	1.00	$0.00	$0.00
07/31/24	06/27/24-06/27/24	ADJUST - Co-Insurance - 97110GO - THERAPEUTIC EX @ 15 MIN.	(2.00)	$0.00	$0.00
07/31/24	06/27/24-06/27/24	ADJUST - Co-Insurance - 97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	(1.00)	$0.00	$0.00
07/31/24	06/27/24-06/27/24	ADJUST - Co-Insurance - 97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	(1.00)	$0.00	$0.00
06/30/24	06/27/24-06/27/24	Co-Insurance - 97110GO - THERAPEUTIC EX @ 15 MIN.	2.00	$0.00	$0.00
06/30/24	06/27/24-06/27/24	Co-Insurance - 97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	1.00	$0.00	$0.00
06/30/24	06/27/24-06/27/24	Co-Insurance - 97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	1.00	$0.00	$0.00
07/31/24	06/07/24-06/07/24	ADJUST - Co-Insurance - 97162GP - PT EVAL MOD COMPLEX 30 MIN	(1.00)	$0.00	$0.00
06/30/24	06/07/24-06/07/24	Co-Insurance - 97162GP - PT EVAL MOD COMPLEX 30 MIN	1.00	$0.00	$0.00
07/31/24	06/12/24-06/12/24	ADJUST - Co-Insurance - 97110GP - THERAPEUTIC EX. @ 15 MIN.	(1.00)	$0.00	$0.00

06/30/24	06/12/24-06/12/24	Co-Insurance - 97110GP - THERAPEUTIC EX. @ 15 MIN.	1.00		$0.00	$0.00
07/31/24	06/13/24-06/13/24	ADJUST - Co-Insurance - 97110GP - THERAPEUTIC EX. @ 15 MIN.	(1.00)		$0.00	$0.00
07/31/24	06/13/24-06/13/24	ADJUST - Co-Insurance - 97530GP - THERA. ACTS/ISOKINETIC EX @ 15 MIN.	(2.00)		$0.00	$0.00
06/30/24	06/13/24-06/13/24	Co-Insurance - 97110GP - THERAPEUTIC EX. @ 15 MIN.	1.00		$0.00	$0.00
06/30/24	06/13/24-06/13/24	Co-Insurance - 97530GP - THERA. ACTS/ISOKINETIC EX @ 15 MIN.	2.00		$0.00	$0.00
07/31/24	06/14/24-06/14/24	ADJUST - Co-Insurance - 97112GP - NEUROMUSCULAR RE-ED @15 MIN.	(2.00)		$0.00	$0.00
07/31/24	06/14/24-06/14/24	ADJUST - Co-Insurance - 97530GP - THERA. ACTS/ISOKINETIC EX @ 15 MIN.	(1.00)		$0.00	$0.00
06/30/24	06/14/24-06/14/24	Co-Insurance - 97112GP - NEUROMUSCULAR RE-ED @15 MIN.	2.00		$0.00	$0.00
06/30/24	06/14/24-06/14/24	Co-Insurance - 97530GP - THERA. ACTS/ISOKINETIC EX @ 15 MIN.	1.00		$0.00	$0.00
07/31/24	06/15/24-06/15/24	ADJUST - Co-Insurance - 97110GP - THERAPEUTIC EX. @ 15 MIN.	(1.00)		$0.00	$0.00
07/31/24	06/15/24-06/15/24	ADJUST - Co-Insurance - 97150GP - THERAPEUTIC PROCEDURES, GROUP	(1.00)		$0.00	$0.00
06/30/24	06/15/24-06/15/24	Co-Insurance - 97110GP - THERAPEUTIC EX. @ 15 MIN.	1.00		$0.00	$0.00
06/30/24	06/15/24-06/15/24	Co-Insurance - 97150GP - THERAPEUTIC PROCEDURES, GROUP	1.00		$0.00	$0.00
07/31/24	06/20/24-06/20/24	ADJUST - Co-Insurance - 97110GP - THERAPEUTIC EX. @ 15 MIN.	(4.00)		$0.00	$0.00
06/30/24	06/20/24-06/20/24	Co-Insurance - 97110GP - THERAPEUTIC EX. @ 15 MIN.	4.00		$0.00	$0.00
07/31/24	06/21/24-06/21/24	ADJUST - Co-Insurance - 97150GP - THERAPEUTIC PROCEDURES, GROUP	(1.00)		$0.00	$0.00
06/30/24	06/21/24-06/21/24	Co-Insurance - 97150GP - THERAPEUTIC PROCEDURES, GROUP	1.00		$0.00	$0.00
07/31/24	06/24/24-06/24/24	ADJUST - Co-Insurance - 97110GP - THERAPEUTIC EX. @ 15 MIN.	(2.00)		$0.00	$0.00
07/31/24	06/24/24-06/24/24	ADJUST - Co-Insurance - 97112GP - NEUROMUSCULAR RE-ED @15 MIN.	(2.00)		$0.00	$0.00
06/30/24	06/24/24-06/24/24	Co-Insurance - 97110GP - THERAPEUTIC EX. @ 15 MIN.	2.00		$0.00	$0.00
06/30/24	06/24/24-06/24/24	Co-Insurance - 97112GP - NEUROMUSCULAR RE-ED @15 MIN.	2.00		$0.00	$0.00
07/31/24	06/25/24-06/25/24	ADJUST - Co-Insurance - 97110GP - THERAPEUTIC EX. @ 15 MIN.	(2.00)		$0.00	$0.00
07/31/24	06/25/24-06/25/24	ADJUST - Co-Insurance - 97530GP - THERA. ACTS/ISOKINETIC EX @ 15 MIN.	(1.00)		$0.00	$0.00
07/31/24	06/25/24-06/25/24	ADJUST - Co-Insurance - 97530GP - THERA. ACTS/ISOKINETIC EX @ 15 MIN.	(1.00)		$0.00	$0.00
06/30/24	06/25/24-06/25/24	Co-Insurance - 97110GP - THERAPEUTIC EX. @ 15 MIN.	2.00		$0.00	$0.00
06/30/24	06/25/24-06/25/24	Co-Insurance - 97530GP - THERA. ACTS/ISOKINETIC EX @ 15 MIN.	1.00		$0.00	$0.00
06/30/24	06/25/24-06/25/24	Co-Insurance - 97530GP - THERA. ACTS/ISOKINETIC EX @ 15 MIN.	1.00		$0.00	$0.00
07/31/24	06/28/24-06/28/24	ADJUST - Co-Insurance - 97110GP - THERAPEUTIC EX. @ 15 MIN.	(2.00)		$0.00	$0.00
07/31/24	06/28/24-06/28/24	ADJUST - Co-Insurance - 97530GP - THERA. ACTS/ISOKINETIC EX @ 15 MIN.	(1.00)		$0.00	$0.00
06/30/24	06/28/24-06/28/24	Co-Insurance - 97110GP - THERAPEUTIC EX. @ 15 MIN.	2.00		$0.00	$0.00
06/30/24	06/28/24-06/28/24	Co-Insurance - 97530GP - THERA. ACTS/ISOKINETIC EX @ 15 MIN.	1.00		$0.00	$0.00
				Medicaid Pending Coinsur Ending Balance:		$0.00

Medicaid SC Complex

11/01/24	06/05/24-06/30/24	ADJUST - Room Charge - 06/A	(26.00)	NONE	($10,228.34)	($10,228.34)
07/01/24	06/05/24-06/30/24	Room Charge - 06/A	26.00	NONE	$10,228.34	$0.00

Medicaid SC Complex Ending Balance: $0.00

Medicaid SC Complex Pend

07/01/24	06/05/24-06/30/24	ADJUST - Room Charge - 06/A	(26.00)	NONE	($10,514.40)	($10,514.40)
06/30/24	06/05/24-06/30/24	Room Charge - 06/A	26.00	NONE	[redacted]	$0.00
11/01/24	06/05/24-06/30/24	Room Charge - 06/A	26.00	NONE	$10,228.34	$10,228.34

Medicaid SC Complex Pend Ending Balance: $10,228.34

Medicare A

07/01/24	06/01/24-06/02/24	ADJUST - Room Charge - 06/A (EDDB0)	(2.00)	NONE	($969.14)	($969.14)
06/02/24	06/01/24-06/02/24	Room Charge - 06/A (EDDB0)	2.00	NONE	[redacted]	$0.00
07/01/24	06/01/24-06/02/24	Room Charge - 06/A (EDDB0)	2.00	NONE	$969.14	$969.14
07/01/24	06/03/24-06/04/24	ADJUST - Room Charge - 06/A (EDDB0)	(2.00)	NONE	($963.10)	$6.04
06/04/24	06/03/24-06/04/24	Room Charge - 06/A (EDDB0)	2.00	NONE	[redacted]	$969.14
07/01/24	06/03/24-06/04/24	Room Charge - 06/A (EDDB0)	2.00	NONE	$963.10	$1,932.24
06/30/24	06/03/24-06/03/24	97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	1.00		$0.00	$1,932.24
06/30/24	06/03/24-06/03/24	97535GO - ADL SELF/CARE MGMT @ 15 MIN.	2.00		$0.00	$1,932.24
06/30/24	06/04/24-06/04/24	97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	1.00		$0.00	$1,932.24
06/30/24	06/03/24-06/03/24	250RX - NYSTATIN PWD 100000U/GM	1.00		$0.00	$1,932.24
06/30/24	06/04/24-06/04/24	250RX - ALENDRONATE TAB 70MG	1.00		$0.00	$1,932.24
06/30/24	06/04/24-06/04/24	250RX - METOPROLOL TART TAB 25MG	1.00		$0.00	$1,932.24
06/30/24	06/04/24-06/04/24	250RX - SIMVASTATIN TAB 80MG	1.00		$0.00	$1,932.24
06/30/24	06/03/24-06/03/24	97150GP - THERAPEUTIC PROCEDURES, GROUP	1.00		$0.00	$1,932.24
06/30/24	06/03/24-06/03/24	92526GN - SLP TRMT.SW DYSF.	1.00		$0.00	$1,932.24
07/17/24	06/01/24-06/02/24	Cash Receipt - EFT9933263	0.00		($969.06)	$963.18
07/17/24	06/03/24-06/04/24	Cash Receipt - EFT9933263	0.00		($963.10)	$0.08
07/17/24	06/01/24-06/02/24	Cash Adjustment - EFT9933263	0.00		($0.08)	$0.00

Medicare A Ending Balance: $0.00

Medicare B

06/30/24	06/06/24-06/06/24	97166GO - OT EVAL MOD COMPLEX 45 MIN	1.00	[redacted]	$75.83
06/30/24	06/06/24-06/06/24	97535GO - ADL SELF/CARE MGMT @ 15 MIN.	2.00	[redacted]	$112.13
06/30/24	06/07/24-06/07/24	97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	3.00	[redacted]	$161.71
06/30/24	06/10/24-06/10/24	97110GO - THERAPEUTIC EX @ 15 MIN.	2.00	[redacted]	$195.63
06/30/24	06/10/24-06/10/24	97535GO - ADL SELF/CARE MGMT @ 15 MIN.	1.00	[redacted]	$219.97
06/30/24	06/12/24-06/12/24	97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	1.00	[redacted]	$243.08
06/30/24	06/12/24-06/12/24	97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	1.00	[redacted]	$259.60
06/30/24	06/13/24-06/13/24	97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	1.00	[redacted]	$282.71
06/30/24	06/13/24-06/13/24	97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	1.00	[redacted]	$299.23
06/30/24	06/13/24-06/13/24	97535GO - ADL SELF/CARE MGMT @ 15 MIN.	2.00	[redacted]	$330.08
06/30/24	06/14/24-06/14/24	97535GO - ADL SELF/CARE MGMT @ 15 MIN.	3.00	[redacted]	$376.37
06/30/24	06/17/24-06/17/24	97110GO - THERAPEUTIC EX @ 15 MIN.	2.00	[redacted]	$410.29
06/30/24	06/17/24-06/17/24	97535GO - ADL SELF/CARE MGMT @ 15 MIN.	1.00	[redacted]	$434.63
06/30/24	06/17/24-06/17/24	97535GO - ADL SELF/CARE MGMT @ 15 MIN.	1.00	[redacted]	$452.78
06/30/24	06/19/24-06/19/24	97535GO - ADL SELF/CARE MGMT @ 15 MIN.	1.00	[redacted]	$473.47

06/30/24	06/19/24-06/19/24	97535GO - ADL SELF/CARE MGMT @ 15 MIN.	2.00	$30.85	$504.32
06/30/24	06/20/24-06/20/24	97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	1.00	[redacted]	$527.43
06/30/24	06/20/24-06/20/24	97535GO - ADL SELF/CARE MGMT @ 15 MIN.	3.00	[redacted]	$573.72
06/30/24	06/24/24-06/24/24	97110GO - THERAPEUTIC EX @ 15 MIN.	2.00	[redacted]	$607.64
06/30/24	06/24/24-06/24/24	97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	1.00	[redacted]	$634.83
06/30/24	06/24/24-06/24/24	97535GO - ADL SELF/CARE MGMT @ 15 MIN.	1.00	[redacted]	$652.98
06/30/24	06/26/24-06/26/24	97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	1.00	[redacted]	$680.17
06/30/24	06/26/24-06/26/24	97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	2.00	[redacted]	$719.06
06/30/24	06/26/24-06/26/24	97535GO - ADL SELF/CARE MGMT @ 15 MIN.	1.00	[redacted]	$737.21
06/30/24	06/27/24-06/27/24	97110GO - THERAPEUTIC EX @ 15 MIN.	2.00	[redacted]	$771.13
06/30/24	06/27/24-06/27/24	97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	1.00	[redacted]	$798.32
06/30/24	06/27/24-06/27/24	97530GO - THERAPUTIC ACTIVITIES @ 15 MIN.	1.00	[redacted]	$817.76
06/30/24	06/07/24-06/07/24	97162GP - PT EVAL MOD COMPLEX 30 MIN	1.00	[redacted]	$892.88
06/30/24	06/12/24-06/12/24	97110GP - THERAPEUTIC EX. @ 15 MIN.	1.00	[redacted]	$907.29
06/30/24	06/13/24-06/13/24	97110GP - THERAPEUTIC EX. @ 15 MIN.	1.00	[redacted]	$921.70
06/30/24	06/13/24-06/13/24	97530GP - THERA. ACTS/ISOKINETIC EX @ 15 MIN.	2.00	[redacted]	$954.76
06/30/24	06/14/24-06/14/24	97112GP - NEUROMUSCULAR RE-ED @15 MIN.	2.00	[redacted]	$987.43
06/30/24	06/14/24-06/14/24	97530GP - THERA. ACTS/ISOKINETIC EX @ 15 MIN.	1.00	[redacted]	$1,010.54
06/30/24	06/15/24-06/15/24	97110GP - THERAPEUTIC EX. @ 15 MIN.	1.00	[redacted]	$1,029.22
06/30/24	06/15/24-06/15/24	97150GP - THERAPEUTIC PROCEDURES, GROUP	1.00	[redacted]	$1,038.27
06/30/24	06/20/24-06/20/24	97110GP - THERAPEUTIC EX. @ 15 MIN.	4.00	[redacted]	$1,095.93
06/30/24	06/21/24-06/21/24	97150GP - THERAPEUTIC PROCEDURES, GROUP	1.00	[redacted]	$1,107.41
06/30/24	06/24/24-06/24/24	97110GP - THERAPEUTIC EX. @ 15 MIN.	2.00	[redacted]	$1,136.24
06/30/24	06/24/24-06/24/24	97112GP - NEUROMUSCULAR RE-ED @15 MIN.	2.00	[redacted]	$1,168.91
06/30/24	06/25/24-06/25/24	97110GP - THERAPEUTIC EX. @ 15 MIN.	2.00	[redacted]	$1,202.83
06/30/24	06/25/24-06/25/24	97530GP - THERA. ACTS/ISOKINETIC EX @ 15 MIN.	1.00	[redacted]	$1,230.02
06/30/24	06/25/24-06/25/24	97530GP - THERA. ACTS/ISOKINETIC EX @ 15 MIN.	1.00	[redacted]	$1,249.46
06/30/24	06/28/24-06/28/24	97110GP - THERAPEUTIC EX. @ 15 MIN.	2.00	[redacted]	$1,278.29
06/30/24	06/28/24-06/28/24	97530GP - THERA. ACTS/ISOKINETIC EX @ 15 MIN.	1.00	[redacted]	$1,305.48
07/17/24	06/06/24-06/06/24	Cash Receipt - EFT9933263	0.00	($75.81)	$1,229.67
07/17/24	06/06/24-06/06/24	Cash Receipt - EFT9933263	0.00	($36.30)	$1,193.37
07/17/24	06/07/24-06/07/24	Cash Receipt - EFT9933263	0.00	($75.12)	$1,118.25
07/17/24	06/07/24-06/07/24	Cash Receipt - EFT9933263	0.00	($49.58)	$1,068.67
07/17/24	06/10/24-06/10/24	Cash Receipt - EFT9933263	0.00	($24.34)	$1,044.33
07/17/24	06/10/24-06/10/24	Cash Receipt - EFT9933263	0.00	($33.92)	$1,010.41
07/17/24	06/12/24-06/12/24	Cash Receipt - EFT9933263	0.00	($14.41)	$996.00
07/17/24	06/12/24-06/12/24	Cash Receipt - EFT9933263	0.00	($16.52)	$979.48
07/17/24	06/12/24-06/12/24	Cash Receipt - EFT9933263	0.00	($23.11)	$956.37
07/17/24	06/13/24-06/13/24	Cash Receipt - EFT9933263	0.00	($33.06)	$923.31
07/17/24	06/13/24-06/13/24	Cash Receipt - EFT9933263	0.00	($14.41)	$908.90
07/17/24	06/13/24-06/13/24	Cash Receipt - EFT9933263	0.00	($30.85)	$878.05
07/17/24	06/13/24-06/13/24	Cash Receipt - EFT9933263	0.00	($16.52)	$861.53
07/17/24	06/13/24-06/13/24	Cash Receipt - EFT9933263	0.00	($23.11)	$838.42

07/17/24	06/14/24-06/14/24	Cash Receipt - EFT9933263	0.00		($23.11)	$815.31
07/17/24	06/14/24-06/14/24	Cash Receipt - EFT9933263	0.00		($32.67)	$782.64
07/17/24	06/14/24-06/14/24	Cash Receipt - EFT9933263	0.00		($46.29)	$736.35
07/17/24	06/15/24-06/15/24	Cash Receipt - EFT9933263	0.00		($9.05)	$727.30
07/17/24	06/15/24-06/15/24	Cash Receipt - EFT9933263	0.00		($18.68)	$708.62
07/17/24	06/17/24-06/17/24	Cash Receipt - EFT9933263	0.00		($18.15)	$690.47
07/17/24	06/17/24-06/17/24	Cash Receipt - EFT9933263	0.00		($24.34)	$666.13
07/17/24	06/17/24-06/17/24	Cash Receipt - EFT9933263	0.00		($33.92)	$632.21
07/17/24	06/19/24-06/19/24	Cash Receipt - EFT9933263	0.00		($30.85)	$601.36
07/17/24	06/19/24-06/19/24	Cash Receipt - EFT9933263	0.00		($20.69)	$580.67
07/17/24	06/20/24-06/20/24	Cash Receipt - EFT9933263	0.00		($57.66)	$523.01
07/17/24	06/20/24-06/20/24	Cash Receipt - EFT9933263	0.00		($46.29)	$476.72
07/17/24	06/20/24-06/20/24	Cash Receipt - EFT9933263	0.00		($23.11)	$453.61
07/17/24	06/21/24-06/21/24	Cash Receipt - EFT9933263	0.00		($11.48)	$442.13
07/17/24	06/24/24-06/24/24	Cash Receipt - EFT9933263	0.00		($28.83)	$413.30
07/17/24	06/24/24-06/24/24	Cash Receipt - EFT9933263	0.00		($18.15)	$395.15
07/17/24	06/24/24-06/24/24	Cash Receipt - EFT9933263	0.00		($27.19)	$367.96
07/17/24	06/24/24-06/24/24	Cash Receipt - EFT9933263	0.00		($33.92)	$334.04
07/17/24	06/24/24-06/24/24	Cash Receipt - EFT9933263	0.00		($32.67)	$301.37
07/17/24	06/25/24-06/25/24	Cash Receipt - EFT9933263	0.00		($19.44)	$281.93
07/17/24	06/25/24-06/25/24	Cash Receipt - EFT9933263	0.00		($27.19)	$254.74
07/17/24	06/25/24-06/25/24	Cash Receipt - EFT9933263	0.00		($33.92)	$220.82
07/17/24	06/26/24-06/26/24	Cash Receipt - EFT9933263	0.00		($18.15)	$202.67
07/17/24	06/26/24-06/26/24	Cash Receipt - EFT9933263	0.00		($38.89)	$163.78
07/17/24	06/26/24-06/26/24	Cash Receipt - EFT9933263	0.00		($27.19)	$136.59
07/17/24	06/27/24-06/27/24	Cash Receipt - EFT9933263	0.00		($19.44)	$117.15
07/17/24	06/27/24-06/27/24	Cash Receipt - EFT9933263	0.00		($27.19)	$89.96
07/17/24	06/27/24-06/27/24	Cash Receipt - EFT9933263	0.00		($33.92)	$56.04
07/17/24	06/28/24-06/28/24	Cash Receipt - EFT9933263	0.00		($27.19)	$28.85
07/17/24	06/28/24-06/28/24	Cash Receipt - EFT9933263	0.00		($28.83)	$0.02
07/17/24	06/06/24-06/06/24	Cash Adjustment - EFT9933263	0.00		($0.02)	$0.00
				Medicare B Ending Balance:		$0.00

Private Portion

07/01/24	06/01/24-06/02/24	ADJUST - Patient Liability - Co-Insurance - Room Charge - 06/A	0.00	NONE	($91.20)	($91.20)
06/02/24	06/01/24-06/02/24	Patient Liability - Co-Insurance - Room Charge - 06/A	0.00	NONE	$91.20	$0.00
07/01/24	06/01/24-06/02/24	Patient Liability - Co-Insurance - Room Charge - 06/A	0.00	NONE	$113.20	$113.20
07/01/24	06/03/24-06/04/24	ADJUST - Patient Liability - Co-Insurance - Room Charge - 06/A	0.00	NONE	($91.20)	$22.00
06/04/24	06/03/24-06/04/24	Patient Liability - Co-Insurance - Room Charge - 06/A	0.00	NONE	$91.20	$113.20
07/01/24	06/03/24-06/04/24	Patient Liability - Co-Insurance - Room Charge - 06/A	0.00	NONE	$113.20	$226.40
07/01/24	06/05/24-06/30/24	ADJUST - Patient Liability - Room Charge - 06/A	0.00	NONE	($1,185.60)	($959.20)
06/30/24	06/05/24-06/30/24	Patient Liability - Room Charge - 06/A	0.00	NONE	[redacted]	$226.40
07/01/24	06/05/24-06/30/24	Patient Liability - Room Charge - 06/A	0.00	NONE	$1,471.66	$1,698.06
06/11/24	06/01/24-06/02/24	Cash Receipt	0.00		($91.20)	$1,606.86
06/11/24	06/03/24-06/04/24	Cash Receipt	0.00		($91.20)	$1,515.66
06/11/24	06/05/24-06/30/24	Cash Receipt	0.00		($1,185.60)	$330.06
					Private Portion Ending Balance:	$330.06

June 2024 Ending Balance: $11,148.00

[redacted]

Medicaid Coinsurance

07/31/24	07/01/24-07/01/24	Co-Insurance - 97110GO - THERAPEUTIC EX @ 15 MIN.	1.00	$0.00	$0.00
07/31/24	07/01/24-07/01/24	Co-Insurance - 97112GO - NEUROMUSCULAR RE-ED @ 15 MIN.	1.00	$0.00	$0.00
07/31/24	07/01/24-07/01/24	Co-Insurance - 97535GO - ADL SELF/CARE MGMT @ 15 MIN.	2.00	$0.00	$0.00
07/31/24	07/01/24-07/01/24	Co-Insurance - 97110GP - THERAPEUTIC EX. @ 15 MIN.	2.00	$0.00	$0.00
07/31/24	07/01/24-07/01/24	Co-Insurance - 97530GP - THERA. ACTS/ISOKINETIC EX @ 15 MIN.	1.00	$0.00	$0.00
07/31/24	07/01/24-07/01/24	Co-Insurance - 97530GP - THERA. ACTS/ISOKINETIC EX @ 15 MIN.	1.00	$0.00	$0.00
			Medicaid Coinsurance Ending Balance:		$0.00

Medicaid SC Complex

11/01/24	07/01/24-07/01/24	ADJUST - Room Charge - 06/A	(1.00) NONE	($395.22)	($395.22)
07/01/24	07/01/24-07/01/24	Room Charge - 06/A	1.00 NONE	$395.22	$0.00
			Medicaid SC Complex Ending Balance:		$0.00

Medicaid SC Complex Pend

07/01/24	07/01/24-07/01/24	ADJUST - Room Charge - 06/A	(1.00) NONE	($405.87)	($405.87)
07/01/24	07/01/24-07/01/24	Room Charge - 06/A	1.00 NONE	$405.87	$0.00
11/01/24	07/01/24-07/01/24	Room Charge - 06/A	1.00 NONE	$395.22	$395.22
			Medicaid SC Complex Pend Ending Balance:		$395.22

Medicare B

07/31/24	07/01/24-07/01/24	97110GO - THERAPEUTIC EX @ 15 MIN.	1.00	[redacted]	$16.95
07/31/24	07/01/24-07/01/24	97112GO - NEUROMUSCULAR RE-ED @ 15 MIN.	1.00	[redacted]	$36.17
07/31/24	07/01/24-07/01/24	97535GO - ADL SELF/CARE MGMT @ 15 MIN.	2.00	[redacted]	$72.47
07/31/24	07/01/24-07/01/24	97110GP - THERAPEUTIC EX. @ 15 MIN.	2.00	[redacted]	$101.30
07/31/24	07/01/24-07/01/24	97530GP - THERA. ACTS/ISOKINETIC EX @ 15 MIN.	1.00	[redacted]	$124.41
07/31/24	07/01/24-07/01/24	97530GP - THERA. ACTS/ISOKINETIC EX @ 15 MIN.	1.00	[redacted]	$140.93
08/19/24	07/01/24-07/01/24	Cash Receipt - EFT9955104	0.00	($16.52)	$124.41
08/19/24	07/01/24-07/01/24	Cash Receipt - EFT9955104	0.00	($16.95)	$107.46
08/19/24	07/01/24-07/01/24	Cash Receipt - EFT9955104	0.00	($19.22)	$88.24
08/19/24	07/01/24-07/01/24	Cash Receipt - EFT9955104	0.00	($36.30)	$51.94
08/19/24	07/01/24-07/01/24	Cash Receipt - EFT9955104	0.00	($28.83)	$23.11
08/19/24	07/01/24-07/01/24	Cash Receipt - EFT9955104	0.00	($23.11)	$0.00
			Medicare B Ending Balance:		$0.00

Private Portion

07/01/24	07/01/24-07/01/24	ADJUST - Patient Liability - Room Charge - 06/A	0.00 NONE	($44.13)	($44.13)
07/01/24	07/01/24-07/01/24	Patient Liability - Room Charge - 06/A	0.00 NONE	$44.13	$0.00
07/01/24	07/01/24-07/01/24	Patient Liability - Room Charge - 06/A	0.00 NONE	$54.78	$54.78
07/01/24	07/01/24-07/31/24	ADJUST - PreBill Patient Liability	(31.00) NONE	($1,368.00)	($1,313.22)
07/01/24	07/01/24-07/31/24	PreBill Patient Liability	31.00 NONE	$1,368.00	$54.78
08/06/24	07/01/24-07/01/24	Cash Receipt - ck 1909	0.00	($30.18)	$24.60
			Private Portion Ending Balance:		$24.60
			July 2024 Ending Balance:		**$419.82**

Total -
$47,169.52

[redacted] Ending Balance: [redacted]

McLeod Regional Medical Center

03/01/24-03/21/24

McLeod Health

McLeod Regional Medical Center
PO Box 601743
Charlotte, NC 28260-1743

Shirley Reed
747 MARCH ST
SUMTER, SC 29154-5321

Guarantor ID: 978194

Visit Coverages:
Aetna Medicare - Medicare Replacement

This is an itemization of your charges for:

Patient: Reed,Shirley
Hospital Account: 200007822061

Admission Date: 03/01/24
Discharge Date: 03/21/24

Hospital Charges

Date	Rev Code	Procedure Code	Description	Qty	Amount
03/01/24	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
03/01/24	0637	6370000001	Zinc Sulfate 220 (50 Zn) Mg Capsule (7733398310)	1	10.00
03/01/24	0250	J7030	Sodium Chloride 0.9% Parenteral Solution (0338-0049-04)	1	126.00
03/01/24	0250	J2185	Meropenem 1 Gram Recon Soln 1 Each Vial (55150-208-30)	20	456.00
03/01/24	0250	J7050	Sodium Chloride 0.9% Parenteral Solution 100 Ml Bag (0338-0049-18)	1	54.00
03/01/24	0637	6370000001	Levothyroxine 75 Mcg Tablet (0904-6951-61)	1	10.00
03/01/24	0637	6370000001	Midodrine 5 Mg Tablet (60687-398-01)	1	15.00
03/01/24	0637	6370000001	Pantoprazole 40 Mg Tablet,Delayed Release (Dr/Ec) (50268-639-15)	1	19.00
03/01/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (60687-738-56)	1	65.00

Date	Rev Code	Procedure Code	Description	Qty	Amount
03/01/24	0305	3058502701	HC Complete Cbc - Cbc	1	119.00
03/01/24	0301	3018005301	HC Metabolic Panel Comprehensive	1	352.00
03/01/24	0301	3018373501	HC Assay of Magnesium - Magnesium	1	94.00
03/01/24	0301	3018410004	HC Assay of Inorganic Phosphorus - Phosphorus	1	66.00
03/01/24	0301	3018443901	HC Assay of Free Thyroxine - T4 Free	1	145.00
03/01/24	0301	3018444301	HC Assay Thyroid Stim Hormone - Thyroid Stimulating Hormone	1	189.00
03/01/24	0306	3068704001	HC Blood Culture	1	204.00
03/01/24	0306	3068704001	HC Blood Culture	1	204.00
03/01/24	0637	6370000001	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
03/01/24	0637	6370000001	Aspirin 81 Mg Tablet,Delayed Release (Dr/Ec) (49483-481-10)	1	1.00
03/01/24	0637	6370000001	Cetirizine 10 Mg Tablet (0904-6717-61)	1	10.00
03/01/24	0637	6370000001	Guaifenesin 600 Mg Tablet Extended Release 12hr (0904-6718-39)	2	10.00
03/01/24	0637	6370000001	Cholecalciferol 5,000 Units Tablet (5026886615)	1	10.00
03/01/24	0637	6370000001	Ferrous Sulfate 325 (65 Fe) Mg Tablet (0904759161)	1	10.00
03/01/24	0307	3078100101	HC Urinalysis, Auto, W/Scope - Urinalysis Microscopic	1	140.00
03/01/24	0250	J7120	Lactated Ringer's per 1000 Ml (0338-0117-04)	1	126.00
03/01/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (60687-738-56)	1	65.00
03/01/24	0637	6370000001	Midodrine 5 Mg Tablet (60687-398-01)	1	15.00
03/01/24	0637	6370000001	Oxycodone-Acetaminophen 5-325 Mg Tablet (0406-0512-62)	1	10.00
03/01/24	0250	J2185	Meropenem 1 Gram Recon Soln 1 Each Vial (55150-208-30)	20	456.00
03/01/24	0250	J7050	Sodium Chloride 0.9% Parenteral Solution 100 Ml Bag (0338-0049-18)	1	54.00
03/01/24	0301	3018303601	HC Glycosylated Hemoglobin Test - Hemoglobin A1c	1	118.00
03/01/24	0306	3068708601	HC Urine Culture	1	138.00
03/01/24	0250	J1335	Ertapenem 1 Gram Recon Soln 1 Each Vial (44567-820-10)	2	1,009.00

Date	Rev Code	Procedure Code	Description	Qty	Amount
03/01/24	0250	J7050	Sodium Chloride 0.9 % Piggyback 100 Ml Bag (0338-9159-30)	1	54.00
03/01/24	0637	6370000001	Midodrine 5 Mg Tablet (60687-398-01)	1	15.00
03/01/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (0121-0974-40)	1	65.00
03/01/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	6	348.00
03/01/24	0250	J1611	Glucagon (Human Recombinant) per 1 Mg (63323-596-13)	1	1,375.00
03/01/24	0637	6370000001	Pravastatin 40 Mg Tablet (0904-5893-61)	2	57.00
03/01/24	0637	6370000001	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
03/01/24	0637	6370000001	Guaifenesin 600 Mg Tablet Extended Release 12hr (0904-6718-39)	2	10.00
03/01/24	0110	1100000001	HC Private Room Daily	1	1,865.00
03/01/24	0306	3068715401	HC Bc Per Identification	1	4,006.00
03/01/24	0306	3068714701	HC Strep a Latex	1	66.00
03/01/24	0306	3068714702	HC Strep B Latex	1	66.00
03/01/24	0306	3068714703	HC Strep C Latex	1	66.00
03/01/24	0306	3068714704	HC Strep F Latex	1	66.00
03/01/24	0306	3068714705	HC Strep G Latex	1	66.00
03/01/24	0306	3068718402	HC Antibiotic Sens,Disk,Each - Kirby-Bauer	1	81.00
03/01/24	0306	3068718104	HC Microbe Susceptible Diffuse	1	57.00
03/01/24	0306	3068707706	HC Bacteria Identification, Aerobic Isolate - Gram Identification Vitek	1	120.00
03/01/24	0306	3068707706	HC Bacteria Identification, Aerobic Isolate - Gram Identification Vitek	1	120.00
03/02/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (60687-738-56)	1	65.00
03/02/24	0637	6370000001	Levothyroxine 75 Mcg Tablet (0904-6951-61)	1	10.00
03/02/24	0637	6370000001	Midodrine 5 Mg Tablet (60687-398-01)	1	15.00
03/02/24	0637	6370000001	Pantoprazole 40 Mg Tablet,Delayed Release (Dr/Ec) (50268-639-15)	1	19.00
03/02/24	0637	6370000001	Oxycodone-Acetaminophen 5-325 Mg Tablet (0406-0512-62)	1	10.00

Date	Rev Code	Procedure Code	Description	Qty	Amount
03/02/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (60687-738-56)	1	65.00
03/02/24	0637	6370000001	Zinc Sulfate 220 (50 Zn) Mg Capsule (7733398310)	1	10.00
03/02/24	0250	J2405	Ondansetron 4 Mg/2 Ml Solution (60505-6130-5)	4	28.00
03/02/24	0637	6370000001	Guaifenesin 600 Mg Tablet Extended Release 12hr (0904-6718-39)	2	10.00
03/02/24	0637	6370000001	Aspirin 81 Mg Tablet,Delayed Release (Dr/Ec) (49483-481-10)	1	1.00
03/02/24	0637	6370000001	Cholecalciferol 5,000 Units Tablet (5026886615)	1	10.00
03/02/24	0637	6370000001	Cetirizine 10 Mg Tablet (0904-6717-61)	1	10.00
03/02/24	0637	6370000001	Ferrous Sulfate 325 (65 Fe) Mg Tablet (0904759161)	1	10.00
03/02/24	0637	6370000001	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
03/02/24	0320	3203641001	HC Midline Cath Insertion	1	2,522.00
03/02/24	0272	272C175101	Catheter Intravenous Midline 20 Gax8 Cm Basic Tray With Reinforced Tip Statlock Stabilization Device Powerglide Pro W/Reinforced 20gx8cm	1	334.00
03/02/24	0637	6370000001	Clindamycin 150 Mg Capsule (0904-5959-61)	2	10.00
03/02/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (60687-738-56)	1	65.00
03/02/24	0637	6370000001	Midodrine 5 Mg Tablet (60687-398-01)	1	15.00
03/02/24	0250	J2540	Penicillin G Potassium per 600000 Units (0049-0530-28)	7	160.00
03/02/24	0250	J7050	Sodium Chloride 0.9% Parenteral Solution 100 Ml Bag (0338-0049-18)	1	54.00
03/02/24	0637	6370000001	Oxycodone-Acetaminophen 5-325 Mg Tablet (0406-0512-62)	1	10.00
03/02/24	0637	6370000001	Midodrine 5 Mg Tablet (60687-398-01)	1	15.00
03/02/24	0258	J7120	Lactated Ringer's Solution 1,000 Ml Bag (0338-0117-04)	1	126.00
03/02/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (0121-0974-00)	1	65.00
03/02/24	0637	6370000001	Pravastatin 40 Mg Tablet (0904-5893-61)	2	57.00
03/02/24	0637	6370000001	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
03/02/24	0637	6370000001	Guaifenesin 600 Mg Tablet Extended Release 12hr (0904-6718-39)	2	10.00

Date	Rev Code	Procedure Code	Description	Qty	Amount
03/02/24	0637	6370000001	Clindamycin 150 Mg Capsule (0904-5959-61)	2	10.00
03/02/24	0250	J2540	Penicillin G Potassium per 600000 Units (0049-0530-28)	7	160.00
03/02/24	0250	J7050	Sodium Chloride 0.9% Parenteral Solution 100 Ml Bag (0338-0049-18)	1	54.00
03/02/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	6	348.00
03/02/24	0250	2500000005	Dextrose 50% in Water 50% Parenteral Solution (76329-3302-1)	1	32.00
03/02/24	0110	1100000001	HC Private Room Daily	1	1,865.00
03/03/24	0250	J7121	Dextrose 5 % and Lactated Ringer's Parenteral Solution 1,000 Ml Bag (0338-0125-04)	1	126.00
03/03/24	0250	J1611	Glucagon (Human Recombinant) per 1 Mg (63323-593-03)	1	1,375.00
03/03/24	0250	2500000005	Dextrose 50% in Water 50% Parenteral Solution (76329-3302-1)	1	32.00
03/03/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/03/24	0250	J2540	Penicillin G Potassium per 600000 Units (0049-0530-28)	7	160.00
03/03/24	0250	J7050	Sodium Chloride 0.9% Parenteral Solution 100 Ml Bag (0338-0049-18)	1	54.00
03/03/24	0637	6370000001	Zinc Sulfate 220 (50 Zn) Mg Capsule (7733398310)	1	10.00
03/03/24	0637	6370000001	Oxycodone-Acetaminophen 5-325 Mg Tablet (0406-0512-62)	1	10.00
03/03/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/03/24	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
03/03/24	0301	3018004801	HC Basic Metabolic Panel Calcium Total	1	301.00
03/03/24	0637	6370000001	Clindamycin 150 Mg Capsule (0904-5959-61)	2	10.00
03/03/24	0637	6370000001	Pantoprazole 40 Mg Tablet,Delayed Release (Dr/Ec) (50268-639-15)	1	19.00
03/03/24	0637	6370000001	Levothyroxine 88 Mcg Tablet (42292-038-20)	1	10.00
03/03/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (60687-738-56)	1	65.00
03/03/24	0637	6370000001	Midodrine 5 Mg Tablet (60687-398-01)	1	15.00
03/03/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/03/24	0250	J2540	Penicillin G Potassium per 600000 Units (0049-0530-28)	7	160.00

Date	Rev Code	Procedure Code	Description	Qty	Amount
03/03/24	0250	J7050	Sodium Chloride 0.9% Parenteral Solution 100 Ml Bag (0338-0049-18)	1	54.00
03/03/24	0637	6370000001	Guaifenesin 600 Mg Tablet Extended Release 12hr (0904-6718-39)	2	10.00
03/03/24	0637	6370000001	Aspirin 81 Mg Tablet,Delayed Release (Dr/Ec) (49483-481-10)	1	1.00
03/03/24	0637	6370000001	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
03/03/24	0637	6370000001	Cholecalciferol 5,000 Units Tablet (5026886615)	1	10.00
03/03/24	0637	6370000001	Ferrous Sulfate 325 (65 Fe) Mg Tablet (0904759161)	1	10.00
03/03/24	0637	6370000001	Cetirizine 10 Mg Tablet (0904-6717-61)	1	10.00
03/03/24	0305	3058502501	HC Complete Cbc & Auto Diff Wbc - Additional Charge	1	165.00
03/03/24	0250	J7121	Dextrose 5 % and Lactated Ringer's Parenteral Solution 1,000 Ml Bag (0338-0125-04)	1	126.00
03/03/24	0637	6370000001	Potassium Chloride Cr 20 Meq Tablet Extended Release (0904-7293-61)	1	10.00
03/03/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/03/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (60687-738-56)	1	65.00
03/03/24	0250	J2540	Penicillin G Potassium per 600000 Units (0049-0530-28)	7	160.00
03/03/24	0250	J7050	Sodium Chloride 0.9% Parenteral Solution 100 Ml Bag (0338-0049-18)	1	54.00
03/03/24	0637	6370000001	Nystatin 100,000 Unit/Ml Suspension (0121-0868-16)	1	30.00
03/03/24	0637	6370000001	Diphenhydramine 12.5 Mg/5 Ml Liquid (58657-528-04)	1	25.00
03/03/24	0637	6370000001	Alum-Mag Hydroxide-Simeth 200-200-20 Mg/5 Ml Suspension 355 Ml Bottle (70000-0063-1)	1	10.00
03/03/24	0250	2500000005	Lidocaine 2 % Solution (0054-3500-49)	1	21.00
03/03/24	0637	6370000001	Clindamycin 150 Mg Capsule (0904-5959-61)	2	10.00
03/03/24	0250	J2540	Penicillin G Potassium per 600000 Units (0049-0530-28)	7	160.00
03/03/24	0250	J7050	Sodium Chloride 0.9% Parenteral Solution 100 Ml Bag (0338-0049-18)	1	54.00
03/03/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/03/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (60687-738-56)	1	65.00

Date	Rev Code	Procedure Code	Description	Qty	Amount
03/03/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/03/24	0637	6370000001	Guaifenesin 600 Mg Tablet Extended Release 12hr (0904-6718-39)	2	10.00
03/03/24	0637	6370000001	Pravastatin 40 Mg Tablet (0904-5893-61)	2	57.00
03/03/24	0637	6370000001	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
03/03/24	0637	6370000001	Clindamycin 150 Mg Capsule (0904-5959-61)	2	10.00
03/03/24	0637	6370000001	Oxycodone-Acetaminophen 5-325 Mg Tablet (0406-0512-62)	1	10.00
03/03/24	0250	J2540	Penicillin G Potassium per 600000 Units (0049-0530-28)	7	160.00
03/03/24	0250	J7050	Sodium Chloride 0.9% Parenteral Solution 100 Ml Bag (0338-0049-18)	1	54.00
03/03/24	0110	1100000001	HC Private Room Daily	1	1,865.00
03/04/24	0250	J2540	Penicillin G Potassium per 600000 Units (0049-0530-28)	7	160.00
03/04/24	0250	J7050	Sodium Chloride 0.9% Parenteral Solution 100 Ml Bag (0338-0049-18)	1	54.00
03/04/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
03/04/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/04/24	0250	J2540	Penicillin G Potassium per 600000 Units (0049-0530-28)	7	160.00
03/04/24	0250	J7050	Sodium Chloride 0.9% Parenteral Solution 100 Ml Bag (0338-0049-18)	1	54.00
03/04/24	0637	6370000001	Zinc Sulfate 220 (50 Zn) Mg Capsule (7733398310)	1	10.00
03/04/24	0637	6370000001	Oxycodone-Acetaminophen 5-325 Mg Tablet (0406-0512-62)	1	10.00
03/04/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/04/24	0301	3018004801	HC Basic Metabolic Panel Calcium Total	1	301.00
03/04/24	0637	6370000001	Pantoprazole 40 Mg Tablet,Delayed Release (Dr/Ec) (50268-639-15)	1	19.00
03/04/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (0121-0974-40)	1	65.00
03/04/24	0637	6370000001	Clindamycin 150 Mg Capsule (0904-5959-61)	2	10.00
03/04/24	0637	6370000001	Levothyroxine 88 Mcg Tablet (0904-6952-61)	1	10.00
03/04/24	0637	6370000001	Midodrine 5 Mg Tablet (60687-398-01)	1	15.00

Date	Rev Code	Procedure Code	Description	Qty	Amount
03/04/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/04/24	0305	3058502501	HC Complete Cbc & Auto Diff Wbc - Additional Charge	1	165.00
03/04/24	0250	J2540	Penicillin G Potassium per 600000 Units (0049-0530-28)	7	160.00
03/04/24	0250	J7050	Sodium Chloride 0.9% Parenteral Solution 100 Ml Bag (0338-0049-18)	1	54.00
03/04/24	0637	6370000001	Aspirin 81 Mg Tablet,Delayed Release (Dr/Ec) (49483-481-10)	1	1.00
03/04/24	0637	6370000001	Guaifenesin 600 Mg Tablet Extended Release 12hr (0904-6718-39)	2	10.00
03/04/24	0637	6370000001	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
03/04/24	0637	6370000001	Cholecalciferol 5,000 Units Tablet (5026886615)	1	10.00
03/04/24	0637	6370000001	Cetirizine 10 Mg Tablet (0904-6717-61)	1	10.00
03/04/24	0637	6370000001	Ferrous Sulfate 325 (65 Fe) Mg Tablet (0904759161)	1	10.00
03/04/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (60687-738-56)	1	65.00
03/04/24	0637	6370000001	Oxycodone-Acetaminophen 5-325 Mg Tablet (0406-0512-62)	1	10.00
03/04/24	0250	J2540	Penicillin G Potassium per 600000 Units (0049-0530-28)	7	160.00
03/04/24	0250	J7050	Sodium Chloride 0.9% Parenteral Solution 100 Ml Bag (0338-0049-18)	1	54.00
03/04/24	0637	6370000001	Sennosides-Docusate Sodium 8.6-50 Mg Tablet (70000-0526-1)	1	10.00
03/04/24	0637	6370000001	Magnesium Hydroxide 400 Mg/5 Ml Suspension (60687-429-76)	1	15.00
03/04/24	0637	6370000001	Lactulose 20 Gram/30 Ml Solution (0121-1154-00)	1	13.00
03/04/24	0637	6370000001	Polyethylene Glycol 17 Gram Powder in Packet (0904-6931-26)	1	13.00
03/04/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/04/24	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
03/04/24	0305	3058561001	HC Prothrombin Time - Protime-Inr	1	120.00
03/04/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/04/24	0250	2500000005	Tuberculin 5 Tub. Unit /0.1 Ml Solution (49281-752-78)	1	79.00

Date	Rev Code	Procedure Code	Description	Qty	Amount
03/04/24	0272	27200000 07	Dressing Foam Absorbable Large 15.4x15.4 Cm Highly Multi Layered Water Proof Film Backing Unique Wide Border Protective Masking Layer Lock Away Core H	1	17.00
03/04/24	0272	272A6550 01	Dressing Negative Pressure Medium 18x12.5x3.3 Cm Kit for Wound Therapy Infovac Polyurethane Vac Granufoam V.a.C. 18x12.5x3.2cm	1	266.00
03/04/24	0272	27200000 07	Dressing Foam 3 Inx7.5 Cm Island Hydrocellular Gentle Border Absorbable Conformable Film Backing Water Resistant Gel Polyurethane Silicone Sterile All	3	36.00
03/04/24	0250	J2540	Penicillin G Potassium per 600000 Units (0049-0530-28)	7	160.00
03/04/24	0250	J7050	Sodium Chloride 0.9% Parenteral Solution 100 Ml Bag (0338-0049-18)	1	54.00
03/04/24	0637	63700000 01	Sucralfate 100 Mg/Ml Suspension (60687-738-56)	1	65.00
03/04/24	0637	63700000 01	Oxycodone-Acetaminophen 5-325 Mg Tablet (0406-0512-62)	1	10.00
03/04/24	0637	63700000 01	Acetaminophen 325 Mg Tablet (50580-458-11)	2	1.00
03/04/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/04/24	0637	63700000 01	Guaifenesin 600 Mg Tablet Extended Release 12hr (0904-6718-39)	2	10.00
03/04/24	0637	63700000 01	Sennosides-Docusate Sodium 8.6-50 Mg Tablet (70000-0526-1)	1	10.00
03/04/24	0637	63700000 01	Amoxicillin 500 Mg Capsule (0781-2613-01)	2	10.00
03/04/24	0637	63700000 01	Pravastatin 40 Mg Tablet (0904-5893-61)	2	57.00
03/04/24	0637	63700000 01	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
03/04/24	0110	11000000 01	HC Private Room Daily	1	1,865.00
03/05/24	0320	32074018 02	HC Radiologic Exam Abdomen 1 View - Xr Abdomen 1 View	1	497.00
03/05/24	0320	32074018 02	HC Radiologic Exam Abdomen 1 View - Xr Abdomen 1 View	1	497.00
03/05/24	0320	32036410 01	HC Midline Cath Insertion	1	2,522.00
03/05/24	0272	272C1751 01	Catheter Intravenous Midline 0.018 in 18 Gax18 Cm 21 Ga Basic Tray With Reinforced Tip Straight Statlock Stabilization Device Nitinol Powerglide Pro W	1	334.00
03/05/24	0300	30036415 01	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00

Date	Rev Code	Procedure Code	Description	Qty	Amount
03/05/24	0305	3058561001	HC Prothrombin Time - Protime-Inr	1	120.00
03/05/24	0305	3058573001	HC Thromboplas Time Partial - Aptt	1	105.00
03/05/24	0352	3527415001	HC CT Abdomen W/O Dye - CT Abdomen WO Contrast	1	3,324.00
03/05/24	0301	3018004801	HC Basic Metabolic Panel Calcium Total	1	301.00
03/05/24	0305	3058502501	HC Complete Cbc & Auto Diff Wbc - Additional Charge	1	165.00
03/05/24	0250	J1611	Glucagon (Human Recombinant) per 1 Mg (63323-596-13)	1	719.00
03/05/24	0255	Q9967	Iohexol 350 Mg Iodine/Ml Solution (0407-1414-91)	100	562.00
03/05/24	0320	3207401802	HC Radiologic Exam Abdomen 1 View - Xr Abdomen 1 View	1	497.00
03/05/24	0250	J2270	Morphine 4 Mg/Ml Solution (0641-6125-25)	1	28.00
03/05/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	6	348.00
03/05/24	0110	1100000001	HC Private Room Daily	1	1,865.00
03/05/24	0361	3614944001	HC Insert Gastrostomy Tube Percutaneous	1	2,517.00
03/05/24	0272	272C189401	Gastrostomy Kit Mickey Sterile Latexfree Disposable Introducer for Feeding Tube	1	1,148.00
03/05/24	0272	272C176901	Guidewire Vascular Straight 4 Mm 0.035 Inx145 Cm Flexible Floppy Short Tip Ptfe Coated Stainless Steel Sterile Amplatz Super Stiff 0.89 145	1	158.00
03/05/24	0272	272C172501	Catheter Angioplasty High Pressure 0.035 in 8 25 Atm 6 Frx50 Cm 8 Mmx8 Peripheral Ultra Non Compliant Rapid Inflation Sheathless Entry Radiopaque Conq	1	866.00
03/05/24	0272	2720000007	Needle Arterial 1 Piece 19 Gax7 Cm Sterile Latexfree Disposable L7 Od19 Ga Latex Free	1	41.00
03/05/24	0272	2720000007	Device Inflation 30 Cc Large Barrel Sterile Presto Disposable High Pressure 40 Atm With	1	439.00
03/05/24	0272	2720000007	Tube Gastrostomy Feeding 16 Fr 35 Cc Enfit Connector Bolus Recessed Tapered Distal Tip Mic Mic G Tubes 16fr 35ml Radiopaque Stripe Securlok	1	113.00
03/06/24	0250	J2270	Morphine 4 Mg/Ml Solution (0641-6125-25)	1	28.00
03/06/24	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
03/06/24	0305	3058502501	HC Complete Cbc & Auto Diff Wbc - Additional Charge	1	165.00

Date	Rev Code	Procedure Code	Description	Qty	Amount
03/06/24	0301	3018004801	HC Basic Metabolic Panel Calcium Total	1	301.00
03/06/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/06/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/06/24	0637	6370000001	Sennosides-Docusate Sodium 8.6-50 Mg Tablet (70000-0526-1)	1	10.00
03/06/24	0637	6370000001	Ferrous Sulfate 325 (65 Fe) Mg Tablet (0904759161)	1	10.00
03/06/24	0637	6370000001	Guaifenesin 600 Mg Tablet Extended Release 12hr (0904-6718-39)	2	10.00
03/06/24	0637	6370000001	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
03/06/24	0637	6370000001	Cetirizine 10 Mg Tablet (0904-6717-61)	1	10.00
03/06/24	0637	6370000001	Cholecalciferol 5,000 Units Tablet (5026886615)	1	10.00
03/06/24	0250	J2270	Morphine 4 Mg/Ml Solution (0641-6125-25)	1	28.00
03/06/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/06/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
03/06/24	0637	6370000001	Amoxicillin 500 Mg Capsule (57237-031-01)	2	10.00
03/06/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/06/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
03/06/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/06/24	0637	6370000001	Guaifenesin 600 Mg Tablet Extended Release 12hr (0904-6718-39)	2	10.00
03/06/24	0637	6370000001	Sennosides-Docusate Sodium 8.6-50 Mg Tablet (70000-0526-1)	1	10.00
03/06/24	0637	6370000001	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
03/06/24	0637	6370000001	Pravastatin 40 Mg Tablet (0904-5893-61)	2	57.00
03/06/24	0637	6370000001	Amoxicillin 500 Mg Capsule (0781-2613-01)	2	10.00
03/06/24	0637	6370000001	Oxycodone-Acetaminophen 5-325 Mg Tablet (0406-0512-62)	1	10.00
03/06/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/06/24	0110	1100000001	HC Private Room Daily	1	1,865.00
03/07/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00

Date	Rev Code	Procedure Code	Description	Qty	Amount
03/07/24	0301	3018004801	HC Basic Metabolic Panel Calcium Total	1	301.00
03/07/24	0301	3018410004	HC Assay of Inorganic Phosphorus - Phosphorus	1	66.00
03/07/24	0301	3018373501	HC Assay of Magnesium - Magnesium	1	94.00
03/07/24	0637	6370000001	Midodrine 5 Mg Tablet (63739-145-10)	1	15.00
03/07/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (60687-738-56)	1	65.00
03/07/24	0637	6370000001	Amoxicillin 500 Mg Capsule (57237-031-01)	2	10.00
03/07/24	0637	6370000001	Zinc Sulfate 220 (50 Zn) Mg Capsule (2055504000)	1	10.00
03/07/24	0637	6370000001	Levothyroxine 88 Mcg Tablet (0904-6952-61)	1	10.00
03/07/24	0637	6370000001	Oxycodone-Acetaminophen 5-325 Mg Tablet (0406-0512-62)	1	10.00
03/07/24	0250	J3475	Magnesium Sulfate 4 G/100 Ml Piggyback (47335-992-02)	8	62.00
03/07/24	0637	6370000001	Potassium Chloride 20 Meq Packet (72888-024-07)	1	78.00
03/07/24	0305	3058502501	HC Complete Cbc & Auto Diff Wbc - Additional Charge	1	165.00
03/07/24	0250	J2405	Ondansetron 4 Mg/2 Ml Solution (60505-6130-5)	4	28.00
03/07/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/07/24	0637	6370000001	Cetirizine 10 Mg Tablet (0904-6717-61)	1	10.00
03/07/24	0637	6370000001	Cholecalciferol 5,000 Units Tablet (5026886615)	1	10.00
03/07/24	0637	6370000001	Ferrous Sulfate 325 (65 Fe) Mg Tablet (0904759161)	1	10.00
03/07/24	0637	6370000001	Guaifenesin 600 Mg Tablet Extended Release 12hr (0904-6718-39)	2	10.00
03/07/24	0637	6370000001	Sennosides-Docusate Sodium 8.6-50 Mg Tablet (70000-0526-1)	1	10.00
03/07/24	0637	6370000001	Bisacodyl 10 Mg Suppository (0574-7050-12)	1	21.00
03/07/24	0637	6370000001	Aspirin 81 Mg Tablet,Chewable (0904-6794-30)	1	1.00
03/07/24	0637	6370000001	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
03/07/24	0250	J3475	Magnesium Sulfate 2 Gm/50ml Piggyback (0338-1708-40)	4	122.00
03/07/24	0637	6370000001	Potassium Chloride 20 Meq Packet (72888-024-07)	1	78.00

Date	Rev Code	Procedure Code	Description	Qty	Amount
03/07/24	0637	63700000 01	Midodrine 5 Mg Tablet (60687-398-01)	1	15.00
03/07/24	0637	63700000 01	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
03/07/24	0300	30036415 01	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
03/07/24	0300	30086901 02	HC Blood Typing, Rh	1	74.00
03/07/24	0300	30086850 03	HC RBC Antibody Screen - Antibody Screen Gel/Tube	1	113.00
03/07/24	0300	30086900 02	HC Blood Typing Serologic Abo - Type	1	82.00
03/07/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/07/24	0637	63700000 01	Amoxicillin 500 Mg Capsule (57237-031-01)	2	10.00
03/07/24	0637	63700000 01	Potassium Chloride 20 Meq Packet (72888-024-07)	1	78.00
03/07/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/07/24	0637	63700000 01	Sucralfate 100 Mg/Ml Suspension (60687-738-56)	1	65.00
03/07/24	0301	30183735 01	HC Assay of Magnesium - Magnesium	1	94.00
03/07/24	0637	63700000 01	Guaifenesin 600 Mg Tablet Extended Release 12hr (0904-6718-39)	2	10.00
03/07/24	0637	63700000 01	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
03/07/24	0637	63700000 01	Sennosides-Docusate Sodium 8.6-50 Mg Tablet (70000-0526-1)	1	10.00
03/07/24	0637	63700000 01	Pravastatin 40 Mg Tablet (0904-5893-61)	2	57.00
03/07/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/07/24	0637	63700000 01	Amoxicillin 500 Mg Capsule (57237-031-01)	2	10.00
03/07/24	0637	63700000 01	Oxycodone-Acetaminophen 5-325 Mg Tablet (0406-0512-62)	1	10.00
03/07/24	0637	63700000 01	Sucralfate 100 Mg/Ml Suspension (60687-738-56)	1	65.00
03/07/24	0110	11000000 01	HC Private Room Daily	1	1,865.00
03/07/24	0302	30286923 01	HC Compatibility Each Unit Electronic	1	148.00
03/07/24	0302	30286923 01	HC Compatibility Each Unit Electronic	1	148.00
03/07/24	0390	390P9016 02	HC RBC Leukoreduced	1	972.00

Date	Rev Code	Procedure Code	Description	Qty	Amount
03/07/24	0391	3913643001	HC Blood Product Administration	1	1,375.00
03/07/24	0390	390P901602	HC RBC Leukoreduced	1	972.00
03/08/24	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
03/08/24	0301	3018373501	HC Assay of Magnesium - Magnesium	1	94.00
03/08/24	0301	3018410004	HC Assay of Inorganic Phosphorus - Phosphorus	1	66.00
03/08/24	0301	3018004801	HC Basic Metabolic Panel Calcium Total	1	301.00
03/08/24	0305	3058502501	HC Complete Cbc & Auto Diff Wbc - Additional Charge	1	165.00
03/08/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (60687-738-56)	1	65.00
03/08/24	0637	6370000001	Amoxicillin 500 Mg Capsule (57237-031-01)	2	10.00
03/08/24	0637	6370000001	Zinc Sulfate 220 (50 Zn) Mg Capsule (2055504000)	1	10.00
03/08/24	0637	6370000001	Levothyroxine 88 Mcg Tablet (0904-6952-61)	1	10.00
03/08/24	0637	6370000001	Midodrine 5 Mg Tablet (60687-398-01)	1	15.00
03/08/24	0637	6370000001	Cetirizine 10 Mg Tablet (0904-6717-61)	1	10.00
03/08/24	0637	6370000001	Cholecalciferol 5,000 Units Tablet (50268866l5)	1	10.00
03/08/24	0637	6370000001	Ferrous Sulfate 325 (65 Fe) Mg Tablet (0904759161)	1	10.00
03/08/24	0637	6370000001	Guaifenesin 600 Mg Tablet Extended Release 12hr (0904-6718-39)	2	10.00
03/08/24	0637	6370000001	Sennosides-Docusate Sodium 8.6-50 Mg Tablet (70000-0526-1)	1	10.00
03/08/24	0637	6370000001	Aspirin 81 Mg Tablet,Chewable (0904-6794-30)	1	1.00
03/08/24	0637	6370000001	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
03/08/24	0637	6370000001	Oxycodone-Acetaminophen 5-325 Mg Tablet (0406-0512-62)	1	10.00
03/08/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (60687-738-56)	1	65.00
03/08/24	0424	4249716101	HC Pt Physical Therapy Evaluation Low Complex 20 Mins	1	128.00
03/08/24	0420	4209753001	HC Pt Therapeut Actvity Direct Pt Contact Each 15 Min	2	312.00

Date	Rev Code	Procedure Code	Description	Qty	Amount
03/08/24	0272	272A655001	Dressing Negative Pressure Small 10x7.5 Cm With Connector Drape Pad Vac Granufoam Sensat RAC Disposable V.a.C. Kit 10x7.5x3.2cm 1 Sheet of V.a.C.Drape	1	212.00
03/08/24	0272	2720000007	Dressing Foam 3 Inx7.5 Cm Island Hydrocellular Gentle Border Absorbable Conformable Film Backing Water Resistant Gel Polyurethane Silicone Sterile All	3	36.00
03/08/24	0272	2720000007	Dressing Foam Absorbable Large 15.4x15.4 Cm Highly Multi Layered Water Proof Film Backing Unique Wide Border Protective Masking Layer Lock Away Core H	1	17.00
03/08/24	0637	6370000001	Nystatin 100,000 Unit/Ml Suspension (0121-0868-16)	1	30.00
03/08/24	0637	6370000001	Diphenhydramine 12.5 Mg/5 Ml Liquid (58657-528-04)	1	25.00
03/08/24	0637	6370000001	Alum-Mag Hydroxide-Simeth 200-200-20 Mg/5 Ml Suspension 355 Ml Bottle (70000-0063-1)	1	10.00
03/08/24	0250	2500000005	Lidocaine 2 % Solution (0054-3500-49)	1	21.00
03/08/24	0637	6370000001	Amoxicillin 500 Mg Capsule (57237-031-01)	2	10.00
03/08/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (60687-738-56)	1	65.00
03/08/24	0637	6370000001	Oxycodone-Acetaminophen 5-325 Mg Tablet (0406-0512-62)	1	10.00
03/08/24	0637	6370000001	Guaifenesin 600 Mg Tablet Extended Release 12hr (0904-6718-39)	2	10.00
03/08/24	0637	6370000001	Pravastatin 40 Mg Tablet (0904-5893-61)	2	57.00
03/08/24	0637	6370000001	Amoxicillin 500 Mg Capsule (57237-031-01)	2	10.00
03/08/24	0637	6370000001	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
03/08/24	0637	6370000001	Nystatin 100,000 Unit/Ml Suspension (0121-0868-16)	1	30.00
03/08/24	0637	6370000001	Diphenhydramine 12.5 Mg/5 Ml Liquid (58657-528-04)	1	25.00
03/08/24	0637	6370000001	Alum-Mag Hydroxide-Simeth 200-200-20 Mg/5 Ml Suspension 355 Ml Bottle (70000-0063-1)	1	10.00
03/08/24	0250	2500000005	Lidocaine 2 % Solution (0054-3500-49)	1	21.00
03/08/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	6	348.00
03/08/24	0110	1100000001	HC Private Room Daily	1	1,865.00

Date	Rev Code	Procedure Code	Description	Qty	Amount
03/08/24	0637	63700000 01	Oxycodone-Acetaminophen 5-325 Mg Tablet (0406-0512-62)	1	10.00
03/08/24	0637	63700000 01	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
03/09/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/09/24	0300	30036415 01	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
03/09/24	0305	30585025 01	HC Complete Cbc & Auto Diff Wbc - Additional Charge	1	165.00
03/09/24	0301	30184100 04	HC Assay of Inorganic Phosphorus - Phosphorus	1	66.00
03/09/24	0301	30183735 01	HC Assay of Magnesium - Magnesium	1	94.00
03/09/24	0301	30180048 01	HC Basic Metabolic Panel Calcium Total	1	301.00
03/09/24	0637	63700000 01	Amoxicillin 500 Mg Capsule (57237-031-01)	2	10.00
03/09/24	0637	63700000 01	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
03/09/24	0637	63700000 01	Zinc Sulfate 220 (50 Zn) Mg Capsule (2055504000)	1	10.00
03/09/24	0637	63700000 01	Levothyroxine 88 Mcg Tablet (0904-6952-61)	1	10.00
03/09/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/09/24	0637	63700000 01	Sennosides-Docusate Sodium 8.6-50 Mg Tablet (70000-0526-1)	1	10.00
03/09/24	0637	63700000 01	Cholecalciferol 5,000 Units Tablet (5026886615)	1	10.00
03/09/24	0637	63700000 01	Guaifenesin 600 Mg Tablet Extended Release 12hr (0904-6718-39)	2	10.00
03/09/24	0637	63700000 01	Cetirizine 10 Mg Tablet (0904-6717-61)	1	10.00
03/09/24	0637	63700000 01	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
03/09/24	0637	63700000 01	Aspirin 81 Mg Tablet,Chewable (0904-6794-30)	1	1.00
03/09/24	0637	63700000 01	Ferrous Sulfate 325 (65 Fe) Mg Tablet (0904759161)	1	10.00
03/09/24	0637	63700000 01	Bisacodyl 10 Mg Suppository (0574-7050-12)	1	21.00
03/09/24	0637	63700000 01	Oxycodone-Acetaminophen 5-325 Mg Tablet (0406-0512-62)	1	10.00
03/09/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/09/24	0637	63700000 01	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00

Date	Rev Code	Procedure Code	Description	Qty	Amount
03/09/24	0637	63700000 01	Amoxicillin 500 Mg Capsule (57237-031-01)	2	10.00
03/09/24	0637	63700000 01	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
03/09/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/09/24	0637	63700000 01	Pravastatin 40 Mg Tablet (0904-5893-61)	2	57.00
03/09/24	0637	63700000 01	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
03/09/24	0637	63700000 01	Guaifenesin 600 Mg Tablet Extended Release 12hr (0904-6718-39)	2	10.00
03/09/24	0637	63700000 01	Amoxicillin 500 Mg Capsule (57237-031-01)	2	10.00
03/09/24	0637	63700000 01	Oxycodone-Acetaminophen 5-325 Mg Tablet (0406-0512-62)	1	10.00
03/09/24	0637	63700000 01	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
03/09/24	0110	11000000 01	HC Private Room Daily	1	1,865.00
03/09/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/10/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/10/24	0637	63700000 01	Oxycodone-Acetaminophen 5-325 Mg Tablet (0406-0512-62)	1	10.00
03/10/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/10/24	0300	30036415 01	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
03/10/24	0305	30585025 01	HC Complete Cbc & Auto Diff Wbc - Additional Charge	1	165.00
03/10/24	0301	30180048 01	HC Basic Metabolic Panel Calcium Total	1	301.00
03/10/24	0637	63700000 01	Amoxicillin 500 Mg Capsule (57237-031-01)	2	10.00
03/10/24	0637	63700000 01	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
03/10/24	0637	63700000 01	Zinc Sulfate 220 (50 Zn) Mg Capsule (2055504000)	1	10.00
03/10/24	0637	63700000 01	Levothyroxine 88 Mcg Tablet (0904-6952-61)	1	10.00
03/10/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/10/24	0637	63700000 01	Ferrous Sulfate 325 (65 Fe) Mg Tablet (0904759161)	1	10.00
03/10/24	0637	63700000 01	Sennosides-Docusate Sodium 8.6-50 Mg Tablet (70000-0526-1)	1	10.00

Date	Rev Code	Procedure Code	Description	Qty	Amount
03/10/24	0637	6370000001	Guaifenesin 600 Mg Tablet Extended Release 12hr (0904-6718-39)	2	10.00
03/10/24	0637	6370000001	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
03/10/24	0637	6370000001	Cetirizine 10 Mg Tablet (0904-6717-61)	1	10.00
03/10/24	0637	6370000001	Cholecalciferol 5,000 Units Tablet (5026886615)	1	10.00
03/10/24	0637	6370000001	Aspirin 81 Mg Tablet,Chewable (66553-002-01)	1	1.00
03/10/24	0637	6370000001	Oxycodone-Acetaminophen 5-325 Mg Tablet (0406-0512-62)	1	10.00
03/10/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/10/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
03/10/24	0637	6370000001	Amoxicillin 500 Mg Capsule (0781-2613-01)	2	10.00
03/10/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/10/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
03/10/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/10/24	0637	6370000001	Amoxicillin 500 Mg Capsule (57237-031-01)	2	10.00
03/10/24	0637	6370000001	Sennosides-Docusate Sodium 8.6-50 Mg Tablet (70000-0526-1)	1	10.00
03/10/24	0637	6370000001	Pravastatin 40 Mg Tablet (0904-5893-61)	2	57.00
03/10/24	0637	6370000001	Guaifenesin 600 Mg Tablet Extended Release 12hr (0904-6718-39)	2	10.00
03/10/24	0637	6370000001	Oxycodone-Acetaminophen 5-325 Mg Tablet (0406-0512-62)	1	10.00
03/10/24	0637	6370000001	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
03/10/24	0110	1100000001	HC Private Room Daily	1	1,865.00
03/10/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
03/11/24	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
03/11/24	0305	3058502501	HC Complete Cbc & Auto Diff Wbc - Additional Charge	1	165.00
03/11/24	0637	6370000001	Zinc Sulfate 220 (50 Zn) Mg Capsule (2055504000)	1	10.00
03/11/24	0637	6370000001	Amoxicillin 500 Mg Capsule (0781-2613-01)	2	10.00

Date	Rev Code	Procedure Code	Description	Qty	Amount
03/11/24	0637	63700000 01	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
03/11/24	0637	63700000 01	Levothyroxine 88 Mcg Tablet (42292-038-20)	1	10.00
03/11/24	0637	63700000 01	Oxycodone-Acetaminophen 5-325 Mg Tablet (0406-0512-62)	1	10.00
03/11/24	0301	30180048 01	HC Basic Metabolic Panel Calcium Total	1	301.00
03/11/24	0637	63700000 01	Cetirizine 10 Mg Tablet (0904-6717-61)	1	10.00
03/11/24	0637	63700000 01	Cholecalciferol 5,000 Units Tablet (5026886615)	1	10.00
03/11/24	0637	63700000 01	Ferrous Sulfate 325 (65 Fe) Mg Tablet (0904759161)	1	10.00
03/11/24	0637	63700000 01	Guaifenesin 600 Mg Tablet Extended Release 12hr (0904-6718-39)	2	10.00
03/11/24	0637	63700000 01	Aspirin 81 Mg Tablet,Chewable (0904-6794-30)	1	1.00
03/11/24	0637	63700000 01	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
03/11/24	0430	43097530 01	HC Ot Therapeut Actvity Direct Pt Contact Each 15 Min	1	156.00
03/11/24	0434	43497165 01	HC Ot Occupational Therapy Eval Low Complex 30 Mins	1	253.00
03/11/24	0637	63700000 01	Oxycodone-Acetaminophen 5-325 Mg Tablet (0406-0512-62)	1	10.00
03/11/24	0637	63700000 01	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
03/11/24	0420	42097110 01	HC Pt Therapeutic Exercises	1	188.00
03/11/24	0420	42097530 01	HC Pt Therapeut Actvity Direct Pt Contact Each 15 Min	2	312.00
03/11/24	0637	63700000 01	Amoxicillin 500 Mg Capsule (0781-2613-01)	2	10.00
03/11/24	0637	63700000 01	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
03/11/24	0637	63700000 01	Amoxicillin 500 Mg Capsule (0781-2613-01)	2	10.00
03/11/24	0637	63700000 01	Pravastatin 40 Mg Tablet (0904-5893-61)	2	57.00
03/11/24	0637	63700000 01	Guaifenesin 600 Mg Tablet Extended Release 12hr (0904-6718-39)	2	10.00
03/11/24	0300	30036416 01	HC Clg Collection Capillary Blood Specimen - Draw Charge	6	348.00
03/11/24	0110	11000000 01	HC Private Room Daily	1	1,865.00
03/12/24	0637	63700000 01	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00

Date	Rev Code	Procedure Code	Description	Qty	Amount
03/12/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/12/24	0300	30036415 01	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
03/12/24	0305	30585025 01	HC Complete Cbc & Auto Diff Wbc - Additional Charge	1	165.00
03/12/24	0301	30180048 01	HC Basic Metabolic Panel Calcium Total	1	301.00
03/12/24	0637	63700000 01	Amoxicillin 500 Mg Capsule (0781-2613-01)	2	10.00
03/12/24	0637	63700000 01	Levothyroxine 88 Mcg Tablet (42292-038-20)	1	10.00
03/12/24	0637	63700000 01	Zinc Sulfate 220 (50 Zn) Mg Capsule (2055504000)	1	10.00
03/12/24	0637	63700000 01	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
03/12/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/12/24	0637	63700000 01	Cetirizine 10 Mg Tablet (0904-6717-61)	1	10.00
03/12/24	0637	63700000 01	Cholecalciferol 5,000 Units Tablet (5026886615)	1	10.00
03/12/24	0637	63700000 01	Ferrous Sulfate 325 (65 Fe) Mg Tablet (0904759161)	1	10.00
03/12/24	0637	63700000 01	Guaifenesin 600 Mg Tablet Extended Release 12hr (0904-6718-39)	2	10.00
03/12/24	0637	63700000 01	Oxycodone-Acetaminophen 5-325 Mg Tablet (0406-0512-62)	1	10.00
03/12/24	0637	63700000 01	Aspirin 81 Mg Tablet,Chewable (0904-6794-30)	1	1.00
03/12/24	0637	63700000 01	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
03/12/24	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
03/12/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/12/24	0420	42097530 01	HC Pt Therapeut Actvity Direct Pt Contact Each 15 Min	2	312.00
03/12/24	0637	63700000 01	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
03/12/24	0637	63700000 01	Amoxicillin 500 Mg Capsule (0781-2613-01)	2	10.00
03/12/24	0430	43097530 01	HC Ot Therapeut Actvity Direct Pt Contact Each 15 Min	1	156.00
03/12/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/12/24	0637	63700000 01	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
03/12/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00

Date	Rev Code	Procedure Code	Description	Qty	Amount
03/12/24	0637	63700000 01	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
03/12/24	0637	63700000 01	Guaifenesin 600 Mg Tablet Extended Release 12hr (0904-6718-39)	2	10.00
03/12/24	0637	63700000 01	Amoxicillin 500 Mg Capsule (0781-2613-01)	2	10.00
03/12/24	0637	63700000 01	Pravastatin 40 Mg Tablet (0904-5893-61)	2	57.00
03/12/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/12/24	0110	11000000 01	HC Private Room Daily	1	1,865.00
03/13/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/13/24	0637	63700000 01	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
03/13/24	0637	63700000 01	Zinc Sulfate 220 (50 Zn) Mg Capsule (2055504000)	1	10.00
03/13/24	0637	63700000 01	Levothyroxine 88 Mcg Tablet (42292-038-20)	1	10.00
03/13/24	0637	63700000 01	Amoxicillin 500 Mg Capsule (0781-2613-01)	2	10.00
03/13/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/13/24	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
03/13/24	0637	63700000 01	Cetirizine 10 Mg Tablet (0904-6717-61)	1	10.00
03/13/24	0637	63700000 01	Cholecalciferol 5,000 Units Tablet (5026886615)	1	10.00
03/13/24	0637	63700000 01	Ferrous Sulfate 325 (65 Fe) Mg Tablet (0904759161)	1	10.00
03/13/24	0637	63700000 01	Guaifenesin 600 Mg Tablet Extended Release 12hr (0904-6718-39)	2	10.00
03/13/24	0637	63700000 01	Aspirin 81 Mg Tablet,Chewable (0904-6794-30)	1	1.00
03/13/24	0637	63700000 01	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
03/13/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/13/24	0637	63700000 01	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
03/13/24	0637	63700000 01	Amoxicillin 500 Mg Capsule (57237-031-01)	2	10.00
03/13/24	0420	42097530 01	HC Pt Therapeut Actvity Direct Pt Contact Each 15 Min	1	156.00
03/13/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/13/24	0430	43097530 01	HC Ot Therapeut Actvity Direct Pt Contact Each 15 Min	2	312.00

Date	Rev Code	Procedure Code	Description	Qty	Amount
03/13/24	0637	63700000 01	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
03/13/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/13/24	0637	63700000 01	Guaifenesin 600 Mg Tablet Extended Release 12hr (0904-6718-39)	2	10.00
03/13/24	0637	63700000 01	Pravastatin 40 Mg Tablet (0904-5893-61)	2	57.00
03/13/24	0637	63700000 01	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
03/13/24	0637	63700000 01	Amoxicillin 500 Mg Capsule (0781-2613-01)	2	10.00
03/13/24	0110	11000000 01	HC Private Room Daily	1	1,865.00
03/13/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/14/24	0637	63700000 01	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
03/14/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/14/24	0305	30585027 01	HC Complete Cbc - Cbc	1	119.00
03/14/24	0637	63700000 01	Zinc Sulfate 220 (50 Zn) Mg Capsule (2055504000)	1	10.00
03/14/24	0300	30036415 01	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
03/14/24	0637	63700000 01	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
03/14/24	0637	63700000 01	Levothyroxine 88 Mcg Tablet (42292-038-20)	1	10.00
03/14/24	0637	63700000 01	Amoxicillin 500 Mg Capsule (57237-031-01)	2	10.00
03/14/24	0301	30183735 01	HC Assay of Magnesium - Magnesium	1	94.00
03/14/24	0301	30180048 01	HC Basic Metabolic Panel Calcium Total	1	301.00
03/14/24	0410	41094760 02	HC Oximeter Single	1	110.00
03/14/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/14/24	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
03/14/24	0637	63700000 01	Cetirizine 10 Mg Tablet (0904-6717-61)	1	10.00
03/14/24	0637	63700000 01	Cholecalciferol 5,000 Units Tablet (5026886615)	1	10.00
03/14/24	0637	63700000 01	Ferrous Sulfate 325 (65 Fe) Mg Tablet (0904759161)	1	10.00
03/14/24	0637	63700000 01	Guaifenesin 600 Mg Tablet Extended Release 12hr (0904-6718-39)	2	10.00

Date	Rev Code	Procedure Code	Description	Qty	Amount
03/14/24	0637	63700000 01	Aspirin 81 Mg Tablet,Chewable (0904-6794-30)	1	1.00
03/14/24	0637	63700000 01	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
03/14/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/14/24	0637	63700000 01	Sucralfate 100 Mg/Ml Suspension (0121-0974-00)	1	65.00
03/14/24	0250	J2270	Morphine 4 Mg/Ml Solution (0641-6125-25)	1	28.00
03/14/24	0430	43097110 01	HC Ot Therapeutic Exercises	1	188.00
03/14/24	0420	42097110 01	HC Pt Therapeutic Exercises	1	188.00
03/14/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/14/24	0637	63700000 01	Amoxicillin 500 Mg Capsule (0781-2613-01)	2	10.00
03/14/24	0637	63700000 01	Sucralfate 100 Mg/Ml Suspension (60687-738-56)	1	65.00
03/14/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/14/24	0637	63700000 01	Guaifenesin 600 Mg Tablet Extended Release 12hr (0904-6718-39)	2	10.00
03/14/24	0637	63700000 01	Pravastatin 40 Mg Tablet (0904-5893-61)	2	57.00
03/14/24	0637	63700000 01	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
03/14/24	0637	63700000 01	Nystatin 100,000 Unit/Ml Suspension (69315-504-47)	1	30.00
03/14/24	0637	63700000 01	Diphenhydramine 12.5 Mg/5 Ml Liquid (0904-6985-20)	1	25.00
03/14/24	0637	63700000 01	Alum-Mag Hydroxide-Simeth 200-200-20 Mg/5 Ml Suspension 355 Ml Bottle (0536-1293-83)	1	10.00
03/14/24	0250	25000000 05	Lidocaine 2 % Solution (0054-3500-49)	1	21.00
03/14/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/14/24	0110	11000000 01	HC Private Room Daily	1	1,865.00
03/15/24	0637	63700000 01	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
03/15/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/15/24	0637	63700000 01	Zinc Sulfate 220 (50 Zn) Mg Capsule (2055504000)	1	10.00
03/15/24	0637	63700000 01	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00

Date	Rev Code	Procedure Code	Description	Qty	Amount
03/15/24	0637	6370000001	Levothyroxine 88 Mcg Tablet (42292-038-20)	1	10.00
03/15/24	0637	6370000001	Cetirizine 10 Mg Tablet (0904-6717-61)	1	10.00
03/15/24	0637	6370000001	Cholecalciferol 5,000 Units Tablet (5026886615)	1	10.00
03/15/24	0637	6370000001	Aspirin 81 Mg Tablet,Chewable (0904-6794-30)	1	1.00
03/15/24	0637	6370000001	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
03/15/24	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
03/15/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/15/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
03/15/24	0637	6370000001	Ferrous Sulfate 300 Mg (60 Mg Iron)/5 Ml Liquid (3932815705)	1	31.00
03/15/24	0637	6370000001	Nystatin 100,000 Unit/Gram Powder 15 G Squeez Btl (0574-2008-15)	1	211.00
03/15/24	0420	4209753001	HC Pt Therapeut Actvity Direct Pt Contact Each 15 Min	1	156.00
03/15/24	0272	2720000007	Dressing Foam Absorbable Large 15.4x15.4 Cm Highly Multi Layered Water Proof Film Backing Unique Wide Border Protective Masking Layer Lock Away Core H	1	17.00
03/15/24	0272	272A655001	Dressing Negative Pressure Medium 18x12.5x3.3 Cm Kit for Wound Therapy Infovac Polyurethane Vac Granufoam V.a.C. 18x12.5x3.2cm	1	266.00
03/15/24	0272	2720000007	Dressing Foam 3 Inx7.5 Cm Island Hydrocellular Gentle Border Absorbable Conformable Film Backing Water Resistant Gel Polyurethane Silicone Sterile All	3	36.00
03/15/24	0430	4309711001	HC Ot Therapeutic Exercises	1	188.00
03/15/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/15/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/15/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
03/15/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/15/24	0637	6370000001	Pravastatin 40 Mg Tablet (0904-5893-61)	2	57.00
03/15/24	0637	6370000001	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
03/15/24	0637	6370000001	Oxycodone-Acetaminophen 5-325 Mg Tablet (0406-0512-62)	1	10.00

Date	Rev Code	Procedure Code	Description	Qty	Amount
03/15/24	0110	11000000 01	HC Private Room Daily	1	1,865.00
03/15/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/16/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/16/24	0305	30585027 01	HC Complete Cbc - Cbc	1	119.00
03/16/24	0301	30183735 01	HC Assay of Magnesium - Magnesium	1	94.00
03/16/24	0301	30180048 01	HC Basic Metabolic Panel Calcium Total	1	301.00
03/16/24	0637	63700000 01	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
03/16/24	0637	63700000 01	Zinc Sulfate 220 (50 Zn) Mg Capsule (2055504000)	1	10.00
03/16/24	0637	63700000 01	Levothyroxine 88 Mcg Tablet (42292-038-20)	1	10.00
03/16/24	0637	63700000 01	Cetirizine 10 Mg Tablet (0904-6717-61)	1	10.00
03/16/24	0637	63700000 01	Cholecalciferol 5,000 Units Tablet (5026886615)	1	10.00
03/16/24	0637	63700000 01	Aspirin 81 Mg Tablet,Chewable (0904-6794-30)	1	1.00
03/16/24	0637	63700000 01	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
03/16/24	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
03/16/24	0637	63700000 01	Ferrous Sulfate 300 Mg (60 Mg Iron)/5 Ml Liquid (3932815705)	1	31.00
03/16/24	0250	25000000 05	Dextrose 50% in Water 50% Parenteral Solution (76329-3302-1)	1	32.00
03/16/24	0637	63700000 01	Oxycodone-Acetaminophen 5-325 Mg Tablet (0406-0512-62)	1	10.00
03/16/24	0250	25000000 05	Sodium Bicarbonate 1 Meq/Ml (8.4 %) Solution (0409-6637-14)	1	234.00
03/16/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/16/24	0637	63700000 01	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
03/16/24	0637	63700000 01	Sodium Zirconium Cyclosilicate 10 Gram Powder in Packet (0310-1110-30)	1	172.00
03/16/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/16/24	0300	30036415 01	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
03/16/24	0301	30180048 01	HC Basic Metabolic Panel Calcium Total	1	301.00
03/16/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00

Date	Rev Code	Procedure Code	Description	Qty	Amount
03/16/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
03/16/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/16/24	0637	6370000001	Pravastatin 40 Mg Tablet (0904-5893-61)	2	57.00
03/16/24	0637	6370000001	Oxycodone-Acetaminophen 5-325 Mg Tablet (0406-0512-62)	1	10.00
03/16/24	0637	6370000001	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
03/16/24	0110	1100000001	HC Private Room Daily	1	1,865.00
03/16/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/17/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/17/24	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
03/17/24	0305	3058502501	HC Complete Cbc & Auto Diff Wbc - Additional Charge	1	165.00
03/17/24	0301	3018005301	HC Metabolic Panel Comprehensive	1	352.00
03/17/24	0301	3018373501	HC Assay of Magnesium - Magnesium	1	94.00
03/17/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
03/17/24	0637	6370000001	Zinc Sulfate 220 (50 Zn) Mg Capsule (2055504000)	1	10.00
03/17/24	0637	6370000001	Levothyroxine 88 Mcg Tablet (42292-038-20)	1	10.00
03/17/24	0637	6370000001	Oxycodone-Acetaminophen 5-325 Mg Tablet (0406-0512-62)	1	10.00
03/17/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/17/24	0637	6370000001	Cetirizine 10 Mg Tablet (0904-6717-61)	1	10.00
03/17/24	0637	6370000001	Cholecalciferol 5,000 Units Tablet (5026886615)	1	10.00
03/17/24	0637	6370000001	Aspirin 81 Mg Tablet,Chewable (0904-6794-30)	1	1.00
03/17/24	0637	6370000001	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
03/17/24	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
03/17/24	0637	6370000001	Ferrous Sulfate 300 Mg (60 Mg Iron)/5 Ml Liquid (3932815705)	1	31.00
03/17/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/17/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00

Date	Rev Code	Procedure Code	Description	Qty	Amount
03/17/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/17/24	0637	6370000001	Sodium Zirconium Cyclosilicate 10 Gram Powder in Packet (0310-1110-30)	1	172.00
03/17/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
03/17/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/17/24	0637	6370000001	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
03/17/24	0637	6370000001	Guaifenesin 100 Mg/5 Ml Liquid (0121-1488-00)	2	10.00
03/17/24	0637	6370000001	Pravastatin 40 Mg Tablet (0904-5893-61)	2	57.00
03/17/24	0637	6370000001	Oxycodone-Acetaminophen 5-325 Mg Tablet (0406-0512-62)	1	10.00
03/17/24	0110	1100000001	HC Private Room Daily	1	1,865.00
03/18/24	0637	6370000001	Sodium Zirconium Cyclosilicate 10 Gram Powder in Packet (0310-1110-30)	1	172.00
03/18/24	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
03/18/24	0305	3058502501	HC Complete Cbc & Auto Diff Wbc - Additional Charge	1	165.00
03/18/24	0301	3018004801	HC Basic Metabolic Panel Calcium Total	1	301.00
03/18/24	0301	3018373501	HC Assay of Magnesium - Magnesium	1	94.00
03/18/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
03/18/24	0637	6370000001	Levothyroxine 88 Mcg Tablet (60687-486-01)	1	10.00
03/18/24	0637	6370000001	Zinc Sulfate 220 (50 Zn) Mg Capsule (2055504000)	1	10.00
03/18/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/18/24	0637	6370000001	Cetirizine 10 Mg Tablet (0904-6717-61)	1	10.00
03/18/24	0637	6370000001	Cholecalciferol 5,000 Units Tablet (5026886615)	1	10.00
03/18/24	0637	6370000001	Aspirin 81 Mg Tablet,Chewable (0904-6794-30)	1	1.00
03/18/24	0637	6370000001	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
03/18/24	0637	6370000001	Ferrous Sulfate 300 Mg (60 Mg Iron)/5 Ml Liquid (3932815705)	1	31.00
03/18/24	0637	6370000001	Guaifenesin 100 Mg/5 Ml Liquid (0121-1488-00)	2	10.00
03/18/24	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00

Date	Rev Code	Procedure Code	Description	Qty	Amount
03/18/24	0637	6370000001	Oxycodone-Acetaminophen 5-325 Mg Tablet (0406-0512-62)	1	10.00
03/18/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
03/18/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/18/24	0430	4309753501	HC Ot Self-Care/Home Mgmt Training Each 15 Minutes	1	132.00
03/18/24	0430	4309711001	HC Ot Therapeutic Exercises	1	188.00
03/18/24	0637	6370000001	Nystatin 100,000 Unit/Ml Suspension (0121-0868-16)	1	30.00
03/18/24	0637	6370000001	Diphenhydramine 12.5 Mg/5 Ml Liquid (0904-6985-20)	1	25.00
03/18/24	0637	6370000001	Alum-Mag Hydroxide-Simeth 200-200-20 Mg/5 Ml Suspension 355 Ml Bottle (0536-1293-83)	1	10.00
03/18/24	0250	2500000005	Lidocaine 2 % Solution (0054-3500-49)	1	21.00
03/18/24	0637	6370000001	Guaifenesin 100 Mg/5 Ml Liquid (0121-1488-00)	2	10.00
03/18/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/18/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
03/18/24	0637	6370000001	Oxycodone-Acetaminophen 5-325 Mg Tablet (0406-0512-62)	1	10.00
03/18/24	0420	4209711001	HC Pt Therapeutic Exercises	1	188.00
03/18/24	0420	4209753001	HC Pt Therapeut Actvity Direct Pt Contact Each 15 Min	1	156.00
03/18/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/18/24	0637	6370000001	Pravastatin 40 Mg Tablet (0904-5893-61)	2	57.00
03/18/24	0637	6370000001	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
03/18/24	0637	6370000001	Guaifenesin 100 Mg/5 Ml Liquid (0121-1488-00)	2	10.00
03/18/24	0637	6370000001	Nystatin 100,000 Unit/Ml Suspension (0121-0868-16)	1	30.00
03/18/24	0637	6370000001	Diphenhydramine 12.5 Mg/5 Ml Liquid (0904-6985-20)	1	25.00
03/18/24	0637	6370000001	Alum-Mag Hydroxide-Simeth 200-200-20 Mg/5 Ml Suspension 355 Ml Bottle (0536-1293-83)	1	10.00
03/18/24	0250	2500000005	Lidocaine 2 % Solution (0054-3500-49)	1	21.00

Date	Rev Code	Procedure Code	Description	Qty	Amount
03/18/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/18/24	0110	1100000001	HC Private Room Daily	1	1,865.00
03/18/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
03/19/24	0637	6370000001	Guaifenesin 100 Mg/5 Ml Liquid (0121-1488-00)	2	10.00
03/19/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/19/24	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
03/19/24	0305	3058502701	HC Complete Cbc - Cbc	1	119.00
03/19/24	0301	3018373501	HC Assay of Magnesium - Magnesium	1	94.00
03/19/24	0301	3018005301	HC Metabolic Panel Comprehensive	1	352.00
03/19/24	0637	6370000001	Zinc Sulfate 220 (50 Zn) Mg Capsule (7733398310)	1	10.00
03/19/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
03/19/24	0637	6370000001	Levothyroxine 88 Mcg Tablet (60687-486-01)	1	10.00
03/19/24	0410	4109476002	HC Oximeter Single	1	110.00
03/19/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/19/24	0637	6370000001	Cetirizine 10 Mg Tablet (0904-6717-61)	1	10.00
03/19/24	0637	6370000001	Cholecalciferol 5,000 Units Tablet (5026886615)	1	10.00
03/19/24	0637	6370000001	Aspirin 81 Mg Tablet,Chewable (0904-6794-30)	1	1.00
03/19/24	0637	6370000001	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
03/19/24	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
03/19/24	0637	6370000001	Ferrous Sulfate 300 Mg (60 Mg Iron)/5 Ml Liquid (3932815705)	1	31.00
03/19/24	0637	6370000001	Guaifenesin 100 Mg/5 Ml Liquid (0121-1488-00)	2	10.00
03/19/24	0250	J2405	Ondansetron 4 Mg/2 Ml Solution (60505-6130-5)	4	28.00
03/19/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/19/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
03/19/24	0637	6370000001	Guaifenesin 100 Mg/5 Ml Liquid (0121-1488-00)	2	10.00

Date	Rev Code	Procedure Code	Description	Qty	Amount
03/19/24	0420	42097530 01	HC Pt Therapeut Actvity Direct Pt Contact Each 15 Min	1	156.00
03/19/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/19/24	0430	43097530 01	HC Ot Therapeut Actvity Direct Pt Contact Each 15 Min	2	312.00
03/19/24	0637	63700000 01	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
03/19/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/19/24	0637	63700000 01	Pravastatin 40 Mg Tablet (0904-5893-61)	2	57.00
03/19/24	0637	63700000 01	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
03/19/24	0637	63700000 01	Oxycodone-Acetaminophen 5-325 Mg Tablet (0406-0512-62)	1	10.00
03/19/24	0637	63700000 01	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
03/19/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/19/24	0110	11000000 01	HC Private Room Daily	1	1,865.00
03/20/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/20/24	0637	63700000 01	Zinc Sulfate 220 (50 Zn) Mg Capsule (2055504000)	1	10.00
03/20/24	0637	63700000 01	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
03/20/24	0637	63700000 01	Levothyroxine 88 Mcg Tablet (60687-486-01)	1	10.00
03/20/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/20/24	0637	63700000 01	Cetirizine 10 Mg Tablet (0904-6717-61)	1	10.00
03/20/24	0637	63700000 01	Cholecalciferol 5,000 Units Tablet (50268866l5)	1	10.00
03/20/24	0637	63700000 01	Aspirin 81 Mg Tablet,Chewable (0904-6794-30)	1	1.00
03/20/24	0637	63700000 01	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
03/20/24	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
03/20/24	0637	63700000 01	Ferrous Sulfate 300 Mg (60 Mg Iron)/5 Ml Liquid (3932815705)	1	31.00
03/20/24	0637	63700000 01	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
03/20/24	0637	63700000 01	Oxycodone-Acetaminophen 5-325 Mg Tablet (0406-0512-62)	1	10.00
03/20/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00

Date	Rev Code	Procedure Code	Description	Qty	Amount
03/20/24	0420	42097530 01	HC Pt Therapeut Actvity Direct Pt Contact Each 15 Min	1	156.00
03/20/24	0430	43097530 01	HC Ot Therapeut Actvity Direct Pt Contact Each 15 Min	1	156.00
03/20/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/20/24	0250	J2405	Ondansetron 4 Mg/2 Ml Solution (60505-6130-5)	4	28.00
03/20/24	0637	63700000 01	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
03/20/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/20/24	0637	63700000 01	Pravastatin 40 Mg Tablet (0904-5893-61)	2	57.00
03/20/24	0637	63700000 01	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
03/20/24	0637	63700000 01	Oxycodone-Acetaminophen 5-325 Mg Tablet (0406-0512-62)	1	10.00
03/20/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/20/24	0110	11000000 01	HC Private Room Daily	1	1,865.00
03/21/24	0637	63700000 01	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
03/21/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/21/24	0637	63700000 01	Zinc Sulfate 220 (50 Zn) Mg Capsule (2055504000)	1	10.00
03/21/24	0637	63700000 01	Levothyroxine 88 Mcg Tablet (60687-486-01)	1	10.00
03/21/24	0637	63700000 01	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
03/21/24	0410	41094760 02	HC Oximeter Single	1	110.00
03/21/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
03/21/24	0637	63700000 01	Cetirizine 10 Mg Tablet (0904-6717-61)	1	10.00
03/21/24	0637	63700000 01	Cholecalciferol 5,000 Units Tablet (5026886615)	1	10.00
03/21/24	0637	63700000 01	Oxycodone-Acetaminophen 5-325 Mg Tablet (50268-644-15)	1	10.00
03/21/24	0637	63700000 01	Aspirin 81 Mg Tablet,Chewable (0904-6794-30)	1	1.00
03/21/24	0637	63700000 01	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
03/21/24	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
03/21/24	0637	63700000 01	Ferrous Sulfate 300 Mg (60 Mg Iron)/5 Ml Liquid (3932815705)	1	31.00

Date	Rev Code	Procedure Code	Description	Qty	Amount
03/21/24	0637	6370000001	Sucralfate 100 Mg/Ml Suspension (69339-148-17)	1	65.00
03/21/24	0430	4309753001	HC Ot Therapeut Actvity Direct Pt Contact Each 15 Min	1	156.00

Total Charges: $106,232.00

For any questions please contact us at 843-777-2955

McLeod Regional Medical Center

04/05/24-04/12/24

McLeod Health

McLeod Regional Medical Center
PO Box 601743
Charlotte, NC 28260-1743

Shirley Reed
747 MARCH ST
SUMTER, SC 29154-5321

Guarantor ID: 978194

Visit Coverages:
Medicare - Medicare Part A and B

This is an itemization of your charges for:

Patient: Reed,Shirley
Hospital Account: 200008543567

Admission Date: 04/05/24
Discharge Date: 04/12/24

Hospital Charges

Date	Rev Code	Procedure Code	Description	Qty	Amount
04/05/24	0730	7309300503	Ecg 12-Lead	1	478.00
04/05/24	0324	3247104501	HC Radiologic Exam Chest Single View - Xr Chest 1 View	1	282.00
04/05/24	0305	3058502501	HC Complete Cbc & Auto Diff Wbc - Additional Charge	1	165.00
04/05/24	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
04/05/24	0301	3018004801	HC Basic Metabolic Panel Calcium Total	1	301.00
04/05/24	0301	3018373501	HC Assay of Magnesium - Magnesium	1	94.00
04/05/24	0305	3058561001	HC Prothrombin Time - Protime-Inr	1	120.00
04/05/24	0305	3058573001	HC Thromboplas Time Partial - Aptt	1	105.00
04/05/24	0301	3018448402	HC Assay of Troponin, Quant - Troponin I	1	198.00

Date	Rev Code	Procedure Code	Description	Qty	Amount
04/05/24	0301	30183880 01	HC Natriuretic Peptide - B-Type Natriuretic Peptide (Bnp)	1	249.00
04/05/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
04/05/24	0301	30184300 01	HC Assay of Urine Sodium - Sodium Random Urine	1	83.00
04/05/24	0306	30687040 01	HC Blood Culture	1	204.00
04/05/24	0306	30687040 01	HC Blood Culture	1	204.00
04/05/24	0301	30183935 01	HC Assay of Urine Osmolality - Osmolality Urine	1	96.00
04/05/24	0301	30184484 02	HC Assay of Troponin, Quant - Troponin I	1	198.00
04/05/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
04/05/24	0250	J2405	Ondansetron 4 Mg/2 Ml Solution (60505-6130-5)	4	28.00
04/05/24	0250	63700000 01	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
04/05/24	0250	63700000 01	Pravastatin 40 Mg Tablet (0904-5893-61)	2	57.00
04/05/24	0250	63700000 01	Acetaminophen 325 Mg Tablet (50580-458-11)	2	1.00
04/05/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
04/05/24	0110	11000000 01	HC Private Room Daily	1	1,865.00
04/05/24	0450	45099285 01	HC Emergency Department Level 5 Visit	1	3,164.00
04/05/24	0306	30687154 01	HC Bc Per Identification	1	4,006.00
04/05/24	0306	30687140 04	HC Culture Typing, Fluorescent - Staph Latex	1	96.00
04/05/24	0762	762G0378 01	HC Observation Hourly	1	70.00
04/06/24	0250	J7042	D5 % and 0.9 % Sodium Chloride Parenteral Solution 1,000 Ml Bag (0338-0089-04)	2	126.00
04/06/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
04/06/24	0305	30585025 01	HC Complete Cbc & Auto Diff Wbc - Additional Charge	1	165.00
04/06/24	0301	30183735 01	HC Assay of Magnesium - Magnesium	1	94.00
04/06/24	0301	30180048 01	HC Basic Metabolic Panel Calcium Total	1	301.00
04/06/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00

Date	Rev Code	Procedure Code	Description	Qty	Amount
04/06/24	0301	3018354002	HC Assay of Iron - Iron	1	83.00
04/06/24	0301	3018355002	HC Iron Binding Test - Iron + Transferrin + Tibc	1	110.00
04/06/24	0250	6370000001	Levothyroxine 88 Mcg Tablet (60687-486-01)	1	10.00
04/06/24	0250	6370000001	Pantoprazole 40 Mg Tablet,Delayed Release (Dr/Ec) (50268-639-15)	1	19.00
04/06/24	0301	3018260701	HC Vitamin B-12 - Vitamin B12	1	148.00
04/06/24	0301	3018274601	HC Blood Folic Acid Serum - Folate	1	161.00
04/06/24	0301	3018272801	HC Assay of Ferritin - Ferritin	1	155.00
04/06/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
04/06/24	0250	6370000001	Aspirin 81 Mg Tablet,Delayed Release (Dr/Ec) (63739-212-02)	1	1.00
04/06/24	0250	6370000001	Cholecalciferol 5,000 Units Tablet (5026886615)	1	10.00
04/06/24	0250	6370000001	Ferrous Sulfate 325 (65 Fe) Mg Tablet (0904759161)	1	10.00
04/06/24	0250	6370000001	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
04/06/24	0250	J7030	Sodium Chloride 0.9% Parenteral Solution (0338-0049-04)	1	126.00
04/06/24	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
04/06/24	0301	3018448402	HC Assay of Troponin, Quant - Troponin I	1	198.00
04/06/24	0320	3203641001	HC Midline Cath Insertion	1	2,522.00
04/06/24	0272	272C175101	Catheter Intravenous Midline 20 Gax8 Cm Basic Tray With Reinforced Tip Statlock Stabilization Device Powerglide Pro W/Reinforced 20gx8cm	1	334.00
04/06/24	0250	6370000001	Acetaminophen 325 Mg Tablet (50580-458-11)	2	1.00
04/06/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
04/06/24	0444	4449261001	HC Slp Eval,Oral & Pharyngeal Swallow Function	1	389.00
04/06/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
04/06/24	0250	J7030	Sodium Chloride 0.9% Parenteral Solution (0338-0049-04)	1	126.00
04/06/24	0250	6370000001	Oxycodone-Acetaminophen 5-325 Mg Tablet (0406-0512-62)	1	10.00

Date	Rev Code	Procedure Code	Description	Qty	Amount
04/06/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
04/06/24	0250	6370000001	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
04/06/24	0250	6370000001	Pravastatin 40 Mg Tablet (0904-5893-61)	2	57.00
04/06/24	0250	6370000001	Buspirone 5 Mg Tablet (0904-7122-61)	1	10.00
04/06/24	0250	J2405	Ondansetron 4 Mg/2 Ml Solution (60505-6130-5)	4	28.00
04/06/24	0250	6370000001	Acetaminophen 325 Mg Tablet (50580-458-11)	2	1.00
04/06/24	0110	1100000001	HC Private Room Daily	1	1,865.00
04/07/24	0250	J7030	Sodium Chloride 0.9% Parenteral Solution (0338-0049-04)	1	126.00
04/07/24	0305	3058502701	HC Complete Cbc - Cbc	1	119.00
04/07/24	0301	3018373501	HC Assay of Magnesium - Magnesium	1	94.00
04/07/24	0301	3018005301	HC Metabolic Panel Comprehensive	1	352.00
04/07/24	0250	6370000001	Levothyroxine 88 Mcg Tablet (60687-486-01)	1	10.00
04/07/24	0250	6370000001	Pantoprazole 40 Mg Tablet,Delayed Release (Dr/Ec) (50268-639-15)	1	19.00
04/07/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
04/07/24	0250	6370000001	Aspirin 81 Mg Tablet,Delayed Release (Dr/Ec) (63739-212-02)	1	1.00
04/07/24	0250	6370000001	Cholecalciferol 5,000 Units Tablet (5026886615)	1	10.00
04/07/24	0250	6370000001	Ferrous Sulfate 325 (65 Fe) Mg Tablet (0904759161)	1	10.00
04/07/24	0250	6370000001	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
04/07/24	0250	6370000001	Acetaminophen 325 Mg Tablet (50580-458-11)	2	1.00
04/07/24	0250	6370000001	Buspirone 5 Mg Tablet (0904-7122-61)	1	10.00
04/07/24	0250	J1815	Insulin Lispro 100 Unit/Ml Solution (0002-7510-01)	1	10.00
04/07/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
04/07/24	0250	J3370	Vancomycin per 500 Mg (70436-023-82)	4	377.00
04/07/24	0250	J7040	Sodium Chloride 0.9% Parenteral Solution (0338-0049-03)	1	143.00
04/07/24	0250	J0692	Cefepime per 500 Mg (44567-241-10)	4	160.00

Date	Rev Code	Procedure Code	Description	Qty	Amount
04/07/24	0306	3068704001	HC Blood Culture	1	204.00
04/07/24	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
04/07/24	0255	Q9967	Iohexol 350 Mg Iodine/Ml Solution (0407-1414-91)	85	478.00
04/07/24	0352	3527417701	HC CT Abd & Pelv W/Contrast - CT Abdomen Pelvis W Contrast	1	6,546.00
04/07/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
04/07/24	0306	3068708601	HC Urine Culture	1	138.00
04/07/24	0307	3078100101	HC Urinalysis, Auto, W/Scope - Urinalysis Microscopic	1	140.00
04/07/24	0250	J7030	Sodium Chloride 0.9% Parenteral Solution (0338-0049-04)	1	126.00
04/07/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
04/07/24	0250	6370000001	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
04/07/24	0250	6370000001	Pravastatin 40 Mg Tablet (0904-5893-61)	2	57.00
04/07/24	0250	6370000001	Oxycodone-Acetaminophen 5-325 Mg Tablet (0406-0512-62)	1	10.00
04/07/24	0250	6370000001	Buspirone 5 Mg Tablet (0904-7122-61)	1	10.00
04/07/24	0110	1100000001	HC Private Room Daily	1	1,865.00
04/08/24	0300	3000241U01	HC Sars-Cov-2/Flu/Rsv, Pcr	1	446.00
04/08/24	0250	J7030	Sodium Chloride 0.9% Parenteral Solution (0338-0049-04)	1	126.00
04/08/24	0250	J0692	Cefepime per 500 Mg (44567-241-10)	4	160.00
04/08/24	0306	3068704001	HC Blood Culture	1	204.00
04/08/24	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
04/08/24	0305	3058502701	HC Complete Cbc - Cbc	1	119.00
04/08/24	0301	3018373501	HC Assay of Magnesium - Magnesium	1	94.00
04/08/24	0301	3018005301	HC Metabolic Panel Comprehensive	1	352.00
04/08/24	0250	6370000001	Levothyroxine 88 Mcg Tablet (0904-6952-61)	1	10.00
04/08/24	0250	6370000001	Pantoprazole 40 Mg Tablet,Delayed Release (Dr/Ec) (50268-639-15)	1	19.00
04/08/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00

Date	Rev Code	Procedure Code	Description	Qty	Amount
04/08/24	0250	6370000001	Aspirin 81 Mg Tablet,Delayed Release (Dr/Ec) (63739-212-02)	1	1.00
04/08/24	0250	6370000001	Cholecalciferol 5,000 Units Tablet (50268866l5)	1	10.00
04/08/24	0250	6370000001	Ferrous Sulfate 325 (65 Fe) Mg Tablet (0904759161)	1	10.00
04/08/24	0250	6370000001	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
04/08/24	0250	6370000001	Buspirone 5 Mg Tablet (0904-7122-61)	1	10.00
04/08/24	0250	J3370	Vancomycin 1,000 Mg Recon Soln 1 Each Vial (67457-340-01)	2	160.00
04/08/24	0250	J7050	Sodium Chloride 0.9% Parenteral Solution 250 Ml Bag (0338-0049-02)	1	54.00
04/08/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
04/08/24	0250	6370000001	Oxycodone-Acetaminophen 5-325 Mg Tablet (0406-0512-62)	1	10.00
04/08/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
04/08/24	0250	J0692	Cefepime per 500 Mg (44567-241-10)	4	160.00
04/08/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
04/08/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
04/08/24	0250	6370000001	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
04/08/24	0250	6370000001	Pravastatin 40 Mg Tablet (0904-5893-61)	2	57.00
04/08/24	0250	6370000001	Buspirone 5 Mg Tablet (0904-7122-61)	1	10.00
04/08/24	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
04/08/24	0250	6370000001	Oxycodone-Acetaminophen 5-325 Mg Tablet (0406-0512-62)	1	10.00
04/08/24	0250	J7030	Sodium Chloride 0.9% Parenteral Solution (0338-0049-04)	1	126.00
04/08/24	0110	1100000003	HC Private Room Daily Isolation	1	2,627.00
04/09/24	0250	J3370	Vancomycin 1,000 Mg Recon Soln 1 Each Vial (67457-340-01)	2	160.00
04/09/24	0250	J7050	Sodium Chloride 0.9% Parenteral Solution 250 Ml Bag (0338-0049-02)	1	54.00
04/09/24	0250	J0692	Cefepime per 500 Mg (44567-241-10)	4	160.00
04/09/24	0250	6370000001	Oxycodone-Acetaminophen 5-325 Mg Tablet (0406-0512-62)	1	10.00
04/09/24	0305	3058502701	HC Complete Cbc - Cbc	1	119.00
04/09/24	0301	3018373501	HC Assay of Magnesium - Magnesium	1	94.00

Date	Rev Code	Procedure Code	Description	Qty	Amount
04/09/24	0301	3018005301	HC Metabolic Panel Comprehensive	1	352.00
04/09/24	0250	6370000001	Levothyroxine 88 Mcg Tablet (60687-486-01)	1	10.00
04/09/24	0250	6370000001	Pantoprazole 40 Mg Tablet,Delayed Release (Dr/Ec) (50268-639-15)	1	19.00
04/09/24	0250	J1815	Insulin Lispro 100 Unit Ml Solution (0002-7533-01)	1	10.00
04/09/24	0250	6370000001	Aspirin 81 Mg Tablet,Delayed Release (Dr/Ec) (63739-212-02)	1	1.00
04/09/24	0250	6370000001	Buspirone 5 Mg Tablet (0904-7122-61)	1	10.00
04/09/24	0250	6370000001	Cholecalciferol 5,000 Units Tablet (50268866l5)	1	10.00
04/09/24	0250	6370000001	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
04/09/24	0250	6370000001	Ferrous Sulfate 325 (65 Fe) Mg Tablet (0904759161)	1	10.00
04/09/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
04/09/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
04/09/24	0250	J0692	Cefepime per 500 Mg (44567-241-10)	4	160.00
04/09/24	0250	J7030	Sodium Chloride 0.9% Parenteral Solution (0338-0049-04)	1	126.00
04/09/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
04/09/24	0250	J7030	Sodium Chloride 0.9% Parenteral Solution (0338-0049-04)	1	126.00
04/09/24	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
04/09/24	0301	3018020201	HC Assay of Vancomycin - Vancomycin Trough	1	192.00
04/09/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
04/09/24	0250	6370000001	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
04/09/24	0250	6370000001	Pravastatin 40 Mg Tablet (0904-5893-61)	2	57.00
04/09/24	0250	6370000001	Buspirone 5 Mg Tablet (0904-7122-61)	1	10.00
04/09/24	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
04/09/24	0110	1100000001	HC Private Room Daily	1	1,865.00
04/10/24	0250	J0692	Cefepime per 500 Mg (44567-241-10)	4	160.00
04/10/24	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
04/10/24	0305	3058502701	HC Complete Cbc - Cbc	1	119.00

Date	Rev Code	Procedure Code	Description	Qty	Amount
04/10/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
04/10/24	0301	3018373501	HC Assay of Magnesium - Magnesium	1	94.00
04/10/24	0301	3018005301	HC Metabolic Panel Comprehensive	1	352.00
04/10/24	0250	J3370	Vancomycin 1,000 Mg Recon Soln 1 Each Vial (67457-340-01)	2	160.00
04/10/24	0250	J7050	Sodium Chloride 0.9% Parenteral Solution 250 Ml Bag (0338-0049-02)	1	54.00
04/10/24	0250	6370000001	Cholecalciferol 5,000 Units Tablet (5026886615)	1	10.00
04/10/24	0250	6370000001	Ferrous Sulfate 325 (65 Fe) Mg Tablet (0904759161)	1	10.00
04/10/24	0250	6370000001	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
04/10/24	0250	6370000001	Buspirone 5 Mg Tablet (0904-7122-61)	1	10.00
04/10/24	0250	6370000001	Aspirin 81 Mg Tablet,Delayed Release (Dr/Ec) (49483-481-10)	1	1.00
04/10/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
04/10/24	0250	J7030	Sodium Chloride 0.9% Parenteral Solution (0338-0049-04)	1	126.00
04/10/24	0250	J0692	Cefepime per 500 Mg (44567-241-10)	4	160.00
04/10/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
04/10/24	0614	6147418101	HC MRI Abdomen (MRI) - MRI Abdomen WO Contrast	1	4,706.00
04/10/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
04/10/24	0250	6370000001	Pravastatin 40 Mg Tablet (0904-5893-61)	2	57.00
04/10/24	0250	6370000001	Buspirone 5 Mg Tablet (0904-7122-61)	1	10.00
04/10/24	0250	6370000001	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
04/10/24	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
04/10/24	0110	1100000001	HC Private Room Daily	1	1,865.00
04/11/24	0250	J0692	Cefepime per 500 Mg (44567-241-10)	4	160.00
04/11/24	0250	6370000001	Oxycodone-Acetaminophen 5-325 Mg Tablet (0406-0512-62)	1	10.00
04/11/24	0301	3018004801	HC Basic Metabolic Panel Calcium Total	1	301.00
04/11/24	0301	3018373501	HC Assay of Magnesium - Magnesium	1	94.00
04/11/24	0250	6370000001	Pantoprazole 40 Mg Tablet,Delayed Release (Dr/Ec) (60687-736-01)	1	19.00

Date	Rev Code	Procedure Code	Description	Qty	Amount
04/11/24	0250	6370000001	Levothyroxine 88 Mcg Tablet (60687-486-01)	1	10.00
04/11/24	0270	2700000048	HC Rt Charge Simple O2 per Day	1	695.00
04/11/24	0250	6370000001	Aspirin 81 Mg Tablet,Delayed Release (Dr/Ec) (63739-212-02)	1	1.00
04/11/24	0250	6370000001	Cholecalciferol 5,000 Units Tablet (5026886615)	1	10.00
04/11/24	0250	6370000001	Ferrous Sulfate 325 (65 Fe) Mg Tablet (0904759161)	1	10.00
04/11/24	0250	6370000001	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
04/11/24	0250	6370000001	Oxycodone-Acetaminophen 5-325 Mg Tablet (0406-0512-62)	1	10.00
04/11/24	0250	6370000001	Buspirone 5 Mg Tablet (0904-7122-61)	1	10.00
04/11/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
04/11/24	0250	J3370	Vancomycin 1,000 Mg Recon Soln 1 Each Vial (67457-340-01)	2	160.00
04/11/24	0250	J7050	Sodium Chloride 0.9% Parenteral Solution 250 Ml Bag (0338-0049-02)	1	54.00
04/11/24	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
04/11/24	0301	3018007601	HC Hepatic Function Panel	1	274.00
04/11/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
04/11/24	0250	J1815	Insulin Lispro 100 Unit/Ml Solution (0002-7510-01)	1	10.00
04/11/24	0250	J0692	Cefepime per 500 Mg (44567-241-10)	4	160.00
04/11/24	0250	6370000001	Polyethylene Glycol 17 Gram Powder in Packet (0904-6931-26)	1	13.00
04/11/24	0250	J7030	Sodium Chloride 0.9% Parenteral Solution (0338-0049-04)	1	126.00
04/11/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
04/11/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
04/11/24	0250	6370000001	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
04/11/24	0250	6370000001	Pravastatin 40 Mg Tablet (0904-5893-61)	2	57.00
04/11/24	0250	6370000001	Buspirone 5 Mg Tablet (0904-7122-61)	1	10.00
04/11/24	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
04/11/24	0250	J7030	Sodium Chloride 0.9% Parenteral Solution (0338-0049-04)	1	126.00

Date	Rev Code	Procedure Code	Description	Qty	Amount
04/11/24	0110	11000000 01	HC Private Room Daily	1	1,865.00
04/12/24	0300	30036415 01	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
04/12/24	0301	30180053 01	HC Metabolic Panel Comprehensive	1	352.00
04/12/24	0250	63700000 01	Levothyroxine 88 Mcg Tablet (60687-486-01)	1	10.00
04/12/24	0250	63700000 01	Pantoprazole 40 Mg Tablet,Delayed Release (Dr/Ec) (50268-639-15)	1	19.00
04/12/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
04/12/24	0250	63700000 01	Aspirin 81 Mg Tablet,Delayed Release (Dr/Ec) (63739-212-02)	1	1.00
04/12/24	0250	63700000 01	Cholecalciferol 5,000 Units Tablet (50268866 15)	1	10.00
04/12/24	0250	63700000 01	Ferrous Sulfate 325 (65 Fe) Mg Tablet (0904759161)	1	10.00
04/12/24	0250	63700000 01	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
04/12/24	0250	63700000 01	Buspirone 5 Mg Tablet (0904-7122-61)	1	10.00
04/12/24	0250	63700000 01	Polyethylene Glycol 17 Gram Powder in Packet (0904-6931-26)	1	13.00
04/12/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00

Total Charges: $53,566.00

For any questions please contact us at 843-777-2955

McLeod Regional Medical Center

05/03/24-05/07/24

McLeod Health

McLeod Regional Medical Center
PO Box 601743
Charlotte, NC 28260-1743

Shirley Reed
747 MARCH ST
SUMTER, SC 29154-5321

Guarantor ID: 978194

Visit Coverages:
Medicare - Medicare Part A and B

This is an itemization of your charges for:

Patient: Reed,Shirley
Hospital Account: 200009258890

Admission Date: 05/03/24
Discharge Date: 05/07/24

Hospital Charges

Date	Rev Code	Procedure Code	Description	Qty	Amount
05/03/24	0250	J2405	Ondansetron 4 Mg/2 Ml Solution (60505-6130-5)	4	28.00
05/03/24	0250	J2270	Morphine 4 Mg/Ml Solution (0641-6125-25)	1	28.00
05/03/24	0300	30036415 01	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
05/03/24	0305	30585025 01	HC Complete Cbc & Auto Diff Wbc - Additional Charge	1	165.00
05/03/24	0301	30183605 02	HC Assay of Lactic Acid - Lactate	1	146.00
05/03/24	0301	30180053 01	HC Metabolic Panel Comprehensive	1	352.00
05/03/24	0301	30183690 01	HC Assay of Lipase - Lipase	1	204.00
05/03/24	0255	Q9967	Iohexol 350 Mg Iodine/Ml Solution (0407-1414-72)	75	422.00
05/03/24	0352	35274177 01	HC CT Abd & Pelv W/Contrast - CT Abdomen Pelvis W Contrast	1	6,546.00
05/03/24	0258	J7120	Lactated Ringer's Solution 1,000 Ml Bag (0338-0117-04)	1	126.00

Date	Rev Code	Procedure Code	Description	Qty	Amount
05/03/24	0450	45099285 01	HC Emergency Department Level 5 Visit	1	3,164.00
05/03/24	0260	26096361 01	HC IV Infusion, Hydration, Ea Add Hour	1	252.00
05/03/24	0260	26096374 01	HC Injection,Therap/Proph/Diagnost, IV Push, Initial Drug	1	373.00
05/03/24	0260	26096375 01	HC Injection,Therap/Proph/Diagnost, IV Push, Ea Add, New Drug	1	332.00
05/04/24	0300	30036415 01	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
05/04/24	0305	30585025 01	HC Complete Cbc & Auto Diff Wbc - Additional Charge	1	165.00
05/04/24	0301	30180053 01	HC Metabolic Panel Comprehensive	1	352.00
05/04/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
05/04/24	0250	63700000 01	Levothyroxine 88 Mcg Tablet (0904-6952-61)	1	10.00
05/04/24	0250	63700000 01	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
05/04/24	0250	63700000 01	Pantoprazole 40 Mg Tablet,Delayed Release (Dr/Ec) (60687-736-01)	1	19.00
05/04/24	0250	63700000 01	Tizanidine 2 Mg Tablet (50268-759-15)	1	12.00
05/04/24	0250	J7030	Sodium Chloride 0.9% Parenteral Solution (0338-0049-04)	1	126.00
05/04/24	0301	30184443 01	HC Assay Thyroid Stim Hormone - Thyroid Stimulating Hormone	1	189.00
05/04/24	0320	32074018 02	HC Radiologic Exam Abdomen 1 View - Xr Abdomen 1 View	1	497.00
05/04/24	0301	30184439 01	HC Assay of Free Thyroxine - T4 Free	1	145.00
05/04/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
05/04/24	0250	63700000 01	Sennosides-Docusate Sodium 8.6-50 Mg Tablet (60687-622-01)	2	10.00
05/04/24	0250	63700000 01	Bisacodyl 5 Mg Tablet,Delayed Release (Dr/Ec) (0904-6407-61)	2	10.00
05/04/24	0250	J2212	Methylnaltrexone 12 Mg/0.6 Ml Solution (65649-551-02)	60	608.00
05/04/24	0250	J2212	Methylnaltrexone 12 Mg/0.6 Ml Solution (65649-551-02)	60	608.00
05/04/24	0250	63700000 01	Buspirone 10 Mg Tablet (0904-7121-61)	1	10.00
05/04/24	0250	63700000 01	Aspirin 81 Mg Tablet,Chewable (0904-6794-30)	1	1.00
05/04/24	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
05/04/24	0250	63700000 01	Mineral Oil Enema (9629512753)	1	21.00

Date	Rev Code	Procedure Code	Description	Qty	Amount
05/04/24	0306	3068708601	HC Urine Culture	1	138.00
05/04/24	0307	3078100101	HC Urinalysis, Auto, W/Scope - Urinalysis Microscopic	1	140.00
05/04/24	0250	2500000005	Sodium Hypochlorite 0.25 % Solution 473 Ml Bottle (0436-0936-16)	1	95.00
05/04/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
05/04/24	0250	6370000001	Tizanidine 2 Mg Tablet (50268-759-15)	1	12.00
05/04/24	0250	6370000001	Clotrimazole 1 % Cream 14 G Tube (0536-1272-11)	2	60.00
05/04/24	0250	6370000001	Bisacodyl 5 Mg Tablet,Delayed Release (Dr/Ec) (0904-6407-61)	2	10.00
05/04/24	0250	6370000001	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
05/04/24	0250	6370000001	Tizanidine 2 Mg Tablet (50268-759-15)	1	12.00
05/04/24	0250	6370000001	Sennosides-Docusate Sodium 8.6-50 Mg Tablet (60687-622-01)	2	10.00
05/04/24	0250	6370000001	Atorvastatin 40 Mg Tablet (0904-6292-06)	1	10.00
05/04/24	0250	6370000001	Buspirone 10 Mg Tablet (0904-7121-61)	1	10.00
05/04/24	0250	2500000005	Sodium Hypochlorite 0.25 % Solution 473 Ml Bottle (39328-063-25)	1	95.00
05/04/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
05/04/24	0110	1100000001	HC Private Room Daily	1	1,865.00
05/04/24	0306	3068707706	HC Bacteria Identification, Aerobic Isolate - Gram Identification Vitek	1	120.00
05/04/24	0306	3068718602	HC Antibiotic Sens,Mic,Each - Minimum Inhibitory Concentration	1	200.00
05/05/24	0250	J1885	Ketorolac 15 Mg/Ml Solution (0409-3793-01)	1	28.00
05/05/24	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
05/05/24	0305	3058502701	HC Complete Cbc - Cbc	1	119.00
05/05/24	0301	3018004801	HC Basic Metabolic Panel Calcium Total	1	301.00
05/05/24	0301	3018373501	HC Assay of Magnesium - Magnesium	1	94.00
05/05/24	0250	6370000001	Pantoprazole 40 Mg Tablet,Delayed Release (Dr/Ec) (60687-736-01)	1	19.00
05/05/24	0250	6370000001	Tizanidine 2 Mg Tablet (50268-759-15)	1	12.00

Date	Rev Code	Procedure Code	Description	Qty	Amount
05/05/24	0250	6370000001	Levothyroxine 100 Mcg Tablet (0904-6953-61)	1	10.00
05/05/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
05/05/24	0250	6370000001	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
05/05/24	0250	6370000001	Sennosides-Docusate Sodium 8.6-50 Mg Tablet (60687-622-01)	2	10.00
05/05/24	0250	6370000001	Buspirone 10 Mg Tablet (0904-7121-61)	1	10.00
05/05/24	0250	6370000001	Aspirin 81 Mg Tablet,Chewable (0904-6794-30)	1	1.00
05/05/24	0250	6370000001	Potassium Chloride 20 Meq Packet (72888-024-07)	2	147.00
05/05/24	0250	J1815	Insulin Lispro 100 Unit/Ml Solution (0002-7510-01)	1	10.00
05/05/24	0250	J1885	Ketorolac 15 Mg/Ml Solution (0409-3793-01)	1	28.00
05/05/24	0250	J7030	Sodium Chloride 0.9% Parenteral Solution (0338-0049-04)	1	126.00
05/05/24	0320	3207401802	HC Radiologic Exam Abdomen 1 View - Xr Abdomen 1 View	1	497.00
05/05/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
05/05/24	0250	6370000001	Tizanidine 2 Mg Tablet (50268-759-15)	1	12.00
05/05/24	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
05/05/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
05/05/24	0250	J1815	Insulin Lispro 100 Unit/Ml Solution (0002-7510-01)	1	10.00
05/05/24	0301	3018430001	HC Assay of Urine Sodium - Sodium Random Urine	1	83.00
05/05/24	0301	3018393501	HC Assay of Urine Osmolality - Osmolality Urine	1	96.00
05/05/24	0250	J1885	Ketorolac 15 Mg/Ml Solution (0409-3793-01)	1	28.00
05/05/24	0250	6370000001	Bisacodyl 5 Mg Tablet,Delayed Release (Dr/Ec) (0904-6407-61)	2	10.00
05/05/24	0250	J0696	Ceftriaxone per 250 Mg (60505-6148-4)	4	160.00
05/05/24	0250	J7050	Ns 0.9% Piggyback 100 Ml Bag (0338-9159-30)	1	54.00
05/05/24	0250	6370000001	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
05/05/24	0250	6370000001	Tizanidine 2 Mg Tablet (50268-759-15)	1	12.00
05/05/24	0250	6370000001	Sennosides-Docusate Sodium 8.6-50 Mg Tablet (60687-622-01)	2	10.00

Date	Rev Code	Procedure Code	Description	Qty	Amount
05/05/24	0250	63700000 01	Atorvastatin 40 Mg Tablet (0904-6292-06)	1	10.00
05/05/24	0250	63700000 01	Buspirone 5 Mg Tablet (0904-7122-61)	2	10.00
05/05/24	0250	63700000 01	Clotrimazole 1 % Cream 14 G Tube (0536-1272-11)	2	60.00
05/05/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
05/05/24	0110	11000000 01	HC Private Room Daily	1	1,865.00
05/06/24	0250	J7030	Sodium Chloride 0.9% Parenteral Solution (0338-0049-04)	1	126.00
05/06/24	0300	30036415 01	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
05/06/24	0305	30585027 01	HC Complete Cbc - Cbc	1	119.00
05/06/24	0250	63700000 01	Pantoprazole 40 Mg Tablet,Delayed Release (Dr/Ec) (60687-736-01)	1	19.00
05/06/24	0250	63700000 01	Tizanidine 2 Mg Tablet (50268-759-15)	1	12.00
05/06/24	0250	63700000 01	Levothyroxine 100 Mcg Tablet (0904-6953-61)	1	10.00
05/06/24	0301	30180048 01	HC Basic Metabolic Panel Calcium Total	1	301.00
05/06/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
05/06/24	0250	63700000 01	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
05/06/24	0250	63700000 01	Sennosides-Docusate Sodium 8.6-50 Mg Tablet (60687-622-01)	2	10.00
05/06/24	0250	63700000 01	Buspirone 5 Mg Tablet (0904-7122-61)	2	10.00
05/06/24	0250	63700000 01	Polyethylene Glycol 17 Gram Powder in Packet (0904-6931-26)	1	13.00
05/06/24	0250	J1815	Insulin Lispro 100 Unit/Ml Solution (0002-7510-01)	1	10.00
05/06/24	0250	63700000 01	Aspirin 81 Mg Tablet,Chewable (0904-6794-30)	1	1.00
05/06/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
05/06/24	0250	63700000 01	Tizanidine 2 Mg Tablet (50268-759-15)	1	12.00
05/06/24	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00
05/06/24	0250	J0295	Ampicillin-Sulbactam per 1.5 G (55150-116-20)	1	160.00
05/06/24	0250	J7050	Ns 0.9% Piggyback 100 Ml Bag (0338-9159-30)	1	54.00
05/06/24	0300	30036416 01	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00

Date	Rev Code	Procedure Code	Description	Qty	Amount
05/06/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
05/06/24	0250	6370000001	Atorvastatin 40 Mg Tablet (0904-6292-06)	1	10.00
05/06/24	0250	6370000001	Buspirone 5 Mg Tablet (0904-7122-61)	2	10.00
05/06/24	0250	6370000001	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
05/06/24	0250	6370000001	Tizanidine 2 Mg Tablet (50268-759-15)	1	12.00
05/06/24	0250	6370000001	Oxycodone-Acetaminophen 5-325 Mg Tablet (0406-0512-62)	1	10.00
05/06/24	0110	1100000001	HC Private Room Daily	1	1,865.00
05/06/24	0250	J0295	Ampicillin-Sulbactam per 1.5 G (55150-116-20)	1	160.00
05/06/24	0250	J7050	Ns 0.9% Piggyback 100 Ml Bag (0338-9159-30)	1	54.00
05/07/24	0300	3003641501	HC Chg Collection Venous Blood,Venipuncture - Draw Charge	1	48.00
05/07/24	0305	3058502701	HC Complete Cbc - Cbc	1	119.00
05/07/24	0301	3018004801	HC Basic Metabolic Panel Calcium Total	1	301.00
05/07/24	0301	3018373501	HC Assay of Magnesium - Magnesium	1	94.00
05/07/24	0250	J0295	Ampicillin-Sulbactam per 1.5 G (55150-116-20)	1	160.00
05/07/24	0250	J7050	Ns 0.9% Piggyback 100 Ml Bag (0338-9159-30)	1	54.00
05/07/24	0250	6370000001	Levothyroxine 100 Mcg Tablet (0904-6953-61)	1	10.00
05/07/24	0250	6370000001	Oxycodone-Acetaminophen 5-325 Mg Tablet (0406-0512-62)	1	10.00
05/07/24	0250	6370000001	Pantoprazole 40 Mg Tablet,Delayed Release (Dr/Ec) (60687-736-01)	1	19.00
05/07/24	0250	6370000001	Tizanidine 2 Mg Tablet (50268-759-15)	1	12.00
05/07/24	0300	3003641601	HC Chg Collection Capillary Blood Specimen - Draw Charge	1	58.00
05/07/24	0250	6370000001	Metoprolol Tartrate 25 Mg Tablet (51079-255-20)	1	10.00
05/07/24	0250	6370000001	Buspirone 5 Mg Tablet (0904-7122-61)	2	10.00
05/07/24	0250	6370000001	Aspirin 81 Mg Tablet,Chewable (0904-6794-30)	1	1.00
05/07/24	0250	6370000001	Clotrimazole 1 % Cream 14 G Tube (0536-1272-11)	2	60.00
05/07/24	0250	J1650	Enoxaparin per 10 Mg (71288-433-83)	4	53.00

Lake City Scranton Nursing Home

Bills for July 2024-October 2024

$8,435.52

Lake City Healthcare Center

REED, SHIRLEY J
MRN:3000113

Transaction Dates: 01/01/1900 - 12/31/2099
Service Dates: 06/01/2024 - 10/01/2024
Sort By: Service Date
Summarize:
Display:

Resident Account Detail: SHIRLEY J REED

Transaction Date	Service Date	Description	Qty	Level of Care	Amount	Balance
Private Portio						
July 2024						
08/01/24	07/02/24-07/31/24	Patient Liability - Room Charge - 107/A	0.00	NONE	$1,643.28	$1,643.28
09/26/24	07/02/24-07/31/24	Cash Receipt	0.00		($1,117.88)	$525.40
				July 2024 Ending Balance:		$525.40
August 2024						
08/31/24	08/01/24-08/31/24	Patient Liability - Room Charge - 107/A	0.00	NONE	$1,698.06	$1,698.06
09/26/24	08/01/24-08/31/24	Cash Receipt	0.00		($1,698.06)	$0.00
				August 2024 Ending Balance:		$0.00
September 2024						
09/11/24	09/01/24-09/11/24	Patient Liability - Room Charge - 107/A	0.00	NONE	$622.62	$622.62
09/30/24	09/12/24-09/30/24	Patient Liability - Room Charge - 107/A	0.00	NONE	$1,075.44	$1,698.06
09/26/24	09/01/24-09/11/24	Cash Receipt	0.00		($622.62)	$1,075.44
09/26/24	09/01/24-09/30/24	Cash Receipt	0.00		($1,698.06)	($622.62)
09/26/24	09/01/24-09/30/24	Cash Receipt	0.00		$1,698.06	$1,075.44
09/26/24	09/12/24-09/30/24	Cash Receipt	0.00		($1,075.44)	$0.00
				September 2024 Ending Balance:		$0.00
October 2024						
10/01/24	10/01/24-10/31/24	PreBill Patient Liability	31.00	NONE	$1,698.06	$1,698.06
				October 2024 Ending Balance:		$1,698.06
				Private Portio Ending Balance:		**$2,223.46**
				SHIRLEY J REED Ending Balance:		**$2,223.46**

Total - $8,435.52

Lake City Scranton Billing

July 2024- December 2024

$15,008.82

Lake City Healthcare Center

REED, SHIRLEY J
MRN:3000113

Transaction Dates: 01/01/1900 - 12/31/2099
Service Dates: 06/01/2024 - 10/01/2024
Sort By: Service Date
Summarize:
Display:

Resident Account Detail: SHIRLEY J REED

Transaction Date	Service Date	Description	Qty	Level of Care	Amount	Balance
Private Portio						
July 2024						
08/01/24	07/02/24-07/31/24	Patient Liability - Room Charge - 107/A	0.00	NONE	$1,643.28	$1,643.28
09/26/24	07/02/24-07/31/24	Cash Receipt	0.00		($1,117.88)	$525.40
				July 2024 Ending Balance:		$525.40
August 2024						
08/31/24	08/01/24-08/31/24	Patient Liability - Room Charge - 107/A	0.00	NONE	$1,698.06	$1,698.06
09/26/24	08/01/24-08/31/24	Cash Receipt	0.00		($1,698.06)	$0.00
				August 2024 Ending Balance:		$0.00
September 2024						
09/11/24	09/01/24-09/11/24	Patient Liability - Room Charge - 107/A	0.00	NONE	$622.62	$622.62
09/30/24	09/12/24-09/30/24	Patient Liability - Room Charge - 107/A	0.00	NONE	$1,075.44	$1,698.06
09/26/24	09/01/24-09/11/24	Cash Receipt	0.00		($622.62)	$1,075.44
09/26/24	09/01/24-09/30/24	Cash Receipt	0.00		($1,698.06)	($622.62)
09/26/24	09/01/24-09/30/24	Cash Receipt	0.00		$1,698.06	$1,075.44
09/26/24	09/12/24-09/30/24	Cash Receipt	0.00		($1,075.44)	$0.00
				September 2024 Ending Balance:		$0.00
October 2024						
10/01/24	10/01/24-10/31/24	PreBill Patient Liability	31.00	NONE	$1,698.06	$1,698.06
				October 2024 Ending Balance:		$1,698.06
				Private Portio Ending Balance:		**$2,223.46**
				SHIRLEY J REED Ending Balance:		**$2,223.46**

RESIDENT STATEMENT from

Lake City Healthcare Center
1940 Boyd Road
Scranton, SC 295915835
843-389-9201

BILLING DATE	DUE DATE	MEDICAL RECORD NUMBER
09/30/2024	Due Upon Receipt	3000113-01
TOTAL BALANCE DUE		**$6,737.46**

AMOUNT PAID $ ☐☐,☐☐☐.☐☐

Please make check or money order payable to **Lake City Healthcare Center**

SHIRLEY J REED
Magnolia/107/A

Lake City Healthcare Center
1940 Boyd Road
Scranton, SC 295915835

Credit Card Type _____ Card # _____ Expiration Date MM/YY _____

Please detach and return this portion with your remittance to the address above.

>=June	July	August	September	PreBill	BALANCE DUE
$0.00	$0.00	$3,341.34	$1,698.06	$1,698.06	$6,737.46

Dates	Description	Days/ Units	Rate	Charges/ (Credits)	Payments	Balance
	Beginning Balance			5,039.40		5,039.40
10/01/2024	10/01/2024 to 10/31/2024 PreBill Patient Liability	31		1,698.06		6,737.46
	Total Balance Due:					**$6,737.46**

RESIDENT STATEMENT from

Lake City Healthcare Center
1940 Boyd Road
Scranton, SC 295915835
843-389-9201

BILLING DATE	DUE DATE	MEDICAL RECORD NUMBER
11/20/2024	Due Upon Receipt	3000113-01
TOTAL BALANCE DUE		**$15,840.62**

AMOUNT PAID $ ☐☐,☐☐☐.☐☐

Please make check or money order payable to **Lake City Healthcare Center**

SHIRLEY J REED
Magnolia/107/A

Lake City Healthcare Center
1940 Boyd Road
Scranton, SC 295915835

Credit Card Type _____ Card # _____ Expiration Date MM/YY _____

Please detach and return this portion with your remittance to the address above.

>=August	September	October	November	PreBill	BALANCE DUE
$525.40	$3,300.45	$5,242.41	$5,073.30	$1,699.06	$15,840.62

Dates	Description	Days/ Units	Rate	Charges/ (Credits)	Payments	Balance
	Beginning Balance			10,767.32		10,767.32
11/04/2024	Payment				1,500.00	9,267.32
/30/2024	11/01/2024 to 11/30/2024 Room Charge - 107/A	30	219.11	4,874.24		14,141.56
12/01/2024	12/01/2024 to 12/31/2024 PreBill Patient Liability	31		1,699.06		15,840.62
	Total Balance Due:					**$15,840.62**

Wednesday, April 24, 2024 · 3:33 PM

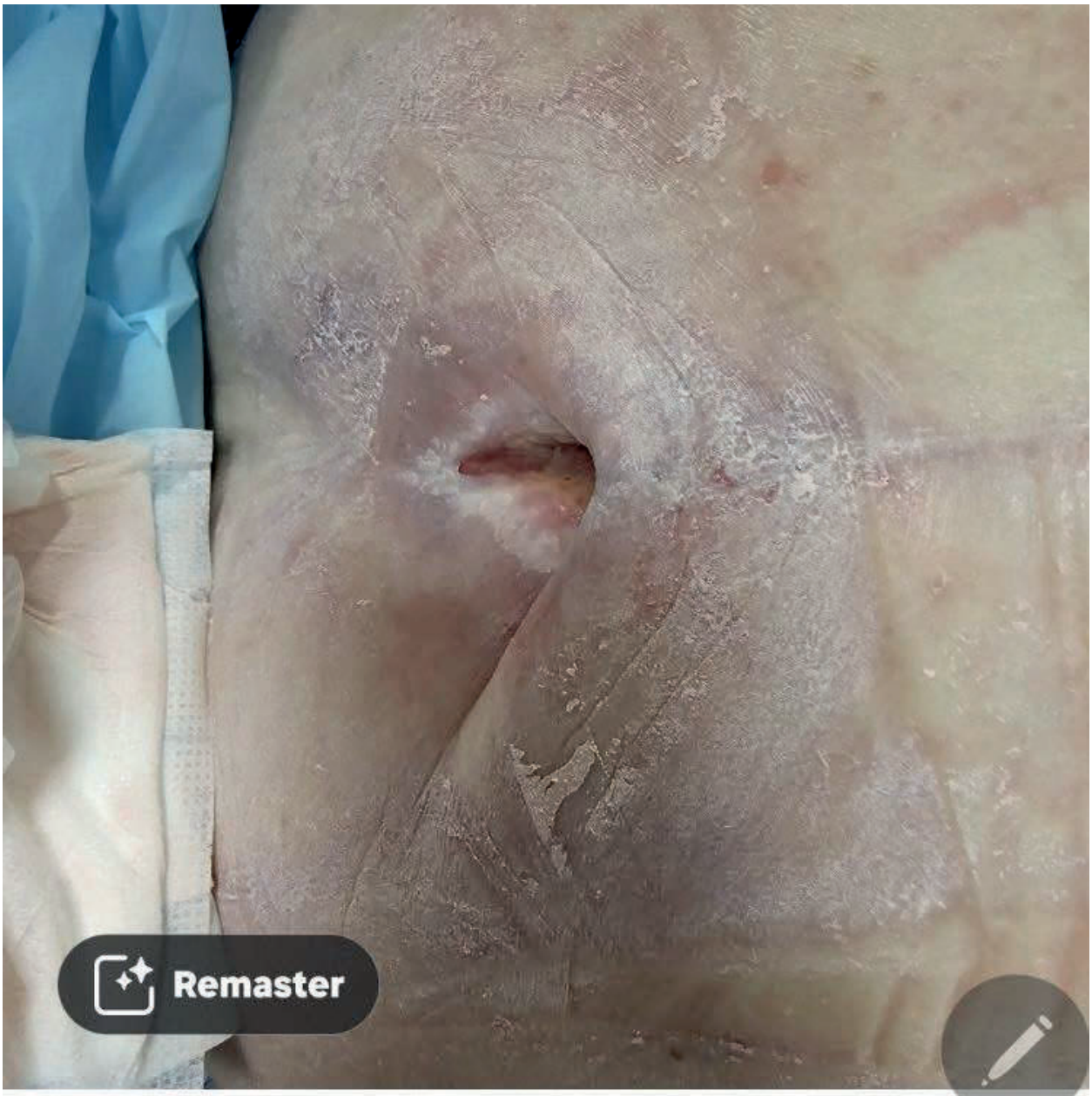
Edit

April 9th 2024
Re admitted for

Feb 26 2024

April 8th

April 12 2024



Thursday, October 10, 2024 · 12:49 PM

Edit

Vanessa Teachey, RN, BSN, MSCC

Vanessa@costprojections.com / 803-240-2415

Curriculum Vitae, 2024

Nursing Education:

Academic Degrees:

Bachelor of Science in Nursing – University of South Carolina, Columbia, South Carolina, 2004

Associate Degree in Arts – Midlands Technical College, Columbia, South Carolina, 2001

Credentials:

Registered Nurse: South Carolina, Multi-State Licensure, issued 2004, renewed 2024

Medicare Set-aside Certified Consultant (MSCC), issued 2017, renewed 2024

Nursing Professional Memberships:

South Carolina Nurses Association

Nursing Experience:

2020 - present: Cost Projection Specialist: responsible for reviewing referral and preparing future cost estimate based on referral; various reports are created. Some reports require review of medical records and a client intake; others are based solely on information provided on referral.

2017-2020: Medical Analyst: review and analyze medical records related to workers compensation claims; project future medical treatment per CMS guidelines to complete Medicare Set-aside.

2016-2020: Catastrophic Case Manager: provide case management services to catastrophic clients; coordinate medical treatment based on physicians' recommendations to maximize client's recovery from catastrophic event.

2012-2016: Field Nurse Case Manager: manage/ coordinate care for workers compensation clients; attend provider appointments; review medical records.

2009-2012 Home Health Case Manager: manage home health patients cased on physicians' orders; perform wound care and provide education.

2006-2009: Pediatric Cardiology & Rheumatology: assist physicians as needed; perform EKG's; assist with coordination of monthly outpatient clinics.

2004-2006: Pediatric Office Nurse: assist physician as need, administer immunizations, perform hearing/ vision screens.

Nursing Career History:

2020-present: RN, BSN, MSCC, Cost Projection Specialist, Project Works, Inc.

Review and analyze medical records to project future medical care and costs for individuals with personal injuries as well as catastrophic/ workers compensation based claims. Also responsible for preparing Medicare Set- Asides and Non-Covered Allocations based on CMS guidelines.

2017-2020: RN, BSN, CCM, MSCC, Medical Analyst, ISO Claim Partners

Review medical records to project future medical treatment and complete Medicare Set-Aside per CMS guidelines.

2016-2020: RN, BSN, CCM, MSCC, Network Manager, Palmetto Rehabilitation / Paradigm Corporation

Provide field case management services for catastrophic workers compensation clients utilizing a team approach to maximize recovery.

2014-2016 RN, BSN, CCM, Field Case Manager, Berkely Medical Management Services

Provide field case management for workers compensation patients; coordinate medical care per physicians' recommendations to achieve maximum medical improvement and return to work.

2012-2014 RN, BSN, CCM, Field Case Manager, Broadspire

Provide field case management services for workers compensation clients; coordinate medical care per physicians' recommendations to achieve maximum medical improvement and return to work.

2009-2012 RN, BSN, Home Health Nurse, Amedisys Home Health

Provide home health services per physicians' orders and CMS guidelines. Perform wound care, medication management, and education services. Utilize the nursing process, including assessment, intervention, planning, implementation and evaluation to manage and care for patients in the home setting.

2006-2009 RN, BSN, Clinic Nurse, Pediatric Cardiology & Rheumatology

Assisted physicians with clinics specializing in cardiac and rheumatological disorders of pediatric patients. Utilize the nursing process, including assessment, intervention, planning, implementation and evaluation to manage and care for patients in a clinic setting.

2004-2006 RN, BSN, Clinic Nurse, Pediatric Associates/ Palmetto Pediatrics

Assisted physicians in pediatric clinic; administered routine vaccinations, performed hearing and vision screenings; performed laboratory test as ordered. Utilize the nursing process, including assessment, intervention, planning, implementation and evaluation to manage and care for patients in a clinic setting.

PROJECTWORKS
Cost Projections
1000 Johnnie Dodds Blvd, Suite 103-342
Mt. Pleasant, SC 29464
843.834.4948

Medical Cost Estimate

Claimant	Shirley Reed	**Date of Injury**	November 8, 2023
Date of Birth	September 14, 1946	**Requesting Attorney**	Attorney J. Clarke Newton
Age	78	**Date Report Prepared**	December 23, 2024; Updated January 13, 2025
Life Expectancy	11.1 Per SC Code 19.1.150	**Cost Projection Specialist**	Vanessa Teachey, RN, BSN, CCM, MSCC
Fee Schedule	Usual/Customary	**Total Medical Cost Projection**	**SEE CHART** pending economic analysis

As requested, a Medical Cost Estimate has been prepared for Ms. Shirley Reed. A Medical Cost Estimate is based on the treatment plan summarized in a questionnaire completed by Ms. Reed's attorney, typical standard treatment based on medical condition, and case management protocol.

The Medical Cost Estimate was calculated using the Usual/Customary fee schedule. Costs have not been reduced to present day value or factored for medical inflation. When indicated, conservative allowances have been included for surgeries, procedures and injections based upon published pricing. It is anticipated that actual billing will be greater than the allowance. However, precise figures cannot be determined due to confidential facility contracts with third party payers and unpublished rates and information.

This Medical Cost Estimate should be updated periodically as new information becomes available. A Medical Cost Estimate is a consulting report, not a Life Care Plan. A Life Care plan can be provided in the event trial testimony is required.

Shirley Reed
Usual/Customary Fee Schedule

Category and CPT Code	Medical Treatment	Units per Year	Unit Cost	Yearly Cost	Five Year Cost	Lifetime Cost
						11.1
Diagnostics	Allowance for various diagnostic studies	0.2	$3,500.00	$700.00	$3,500.00	$7,770.00
Physician, 99214	Orthopedic/Neurosurgery: monitor spine condition	1	$326.21	$326.21	$1,631.05	$3,620.93
Physician, 99214	Wound specialist	24 only	$326.21	n/a	$7,829.04	$7,829.04
Physician, 99214	Wound specialist, additional visits	TBD	TBD	TBD	TBD	TBD
Medications	Allowance for OTC NSAIDs, PRN	4	$12.99	$51.96	$259.80	$576.76
Therapy	Physical therapy allowance	lifetime	$4,500.00	n/a	$4,500.00	$4,500.00
Skilled Nursing Facility	Skilled nursing care, monthly rate for private room (genworth.com 2025 nursing home care)	12	$9,939.00	$119,268.00	$596,340.00	$1,323,874.80
Surgery	Thoracic fusion, percutaneous with cement augmentation, revision; inpatient (client is status post T7-T11 fusion; per attorney on 1/13/2025, recent imaging shows loosening of hardware)	once	$209,333.01	n/a	$209,333.01	$209,333.01
Totals					**$823,392.90**	**$1,557,504.54**

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STATE OF SOUTH CAROLINA	**)**	**IN THE COURT OF COMMON PLEAS**
	)	
COUNTY OF FLORENCE	**)**	**THE TWELFTH JUDICIAL CIRCUIT**
Shirley Reed,	**)**	**Civil Action No.: 2024CP2100548**
	)	
	)	
Plaintiff,	**)**	
	)	**MOTION TO ALTER OR AMEND**
v.	**)**	**PURSUANT TO RULE 59(e)**
	)	**OR, IN THE ALTERNATIVE,**
OHM Florence, LLC d/b/a	**)**	**MOTION FOR RELIEF FROM JUDGMENT**
Thunderbird Country Buffet,	**)**	**PURSUANT TO RULE 60(b)**
	)	
Defendant.	**)**	

YOU WILL PLEASE TAKE NOTICE that the undersigned attorneys on behalf of Defendant OHM Florence, LLC d/b/a Thunderbird Country Buffet ("OHM") hereby move pursuant to Rule 59(e) of the South Carolina Rules of Civil Procedure (SCRCP) for an order from the Court altering or amending its Order of Judgment filed April 14, 2025, and its corresponding Form 4 Order of the same date, which denied Defendant's Renewed Motion to Set Aside Entry of Default Or, Alternatively, for Summary Judgment dated March 20, 2025, and granted judgment to Plaintiff against Defendant OHM in the amount of $4,161,541.00. In the alternative, Defendant OHM moves for relief from this judgment under Rule 60(b), SCRCP. Defendant also seeks clarification from the Court regarding its rulings in issuing these orders.

Specifically, Defendant OHM requests the Court provide definitive rulings—and to the extent applicable amend its rulings under Rule 59(e)—regarding the following issues which were raised to the Court by Defendant OHM's Renewed Motion to Set Aside Entry of Default Or, Alternatively, for Summary Judgment and/or by Defendant OHM's oral arguments at the hearing held in this matter on March 31, 2025 regarding Defendant's aforementioned motion, Plaintiff's Motion for Entry of Default, and the matter of default damages:

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- Defendant argued in its motion and at the hearing that default should be set aside because service of Plaintiff's summons and complaint was not proper because it was not effected upon Defendant or Defendant's registered agent pursuant to S.C. Code § 15-9-210(a), but rather was purportedly effected by service upon the accountant of Defendant's registered agent, whom Defendant had not authorized or designated as its agent for service of process. While the Court's Order of Judgment explains its decision not to require exacting compliance with the rules to effect service of process, Defendant has not discerned a definitive ruling from the Court on the specific question of whether this purported service upon the accountant of the limited liability company Defendant's registered agent was proper, and therefore seeks a definitive ruling on that issue. Defendant also asks the Court to reconsider any and all rulings against Defendant on this issue of proper service of process and its determination not to grant Defendant relief from default.
- Defendant similarly seeks a definitive ruling on whether Defendant timely sought relief from default by filing a motion for relief from default mere days after realizing Plaintiff had instituted legal proceedings against it and less than two months after the Court entered default against it, as the Court did not address that argument in its Order of Judgment or at the hearing. Defendant also asks the Court to reconsider any and all rulings against Defendant on this issue of timely seeking relief from default and its determination not to grant Defendant relief from default.
- Also regarding relief from default, Defendant argued in its motion and at the hearing that it has meritorious defenses against liability to Plaintiff in this case because South Carolina law does not typically hold lessors of a commercial property like Defendant

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liable to their lessees' invitees under premises liability principles, especially where the lease agreement does not make the lessor responsible for the maintenance matter that allegedly gave rise to the invitee's injury—here, sweeping loose gravel rocks off the asphalt parking lot. The Court has not yet ruled on this argument, and Defendant therefore seeks a ruling on this issue. Defendant also asks the Court to reconsider any and all rulings against Defendant on this issue of meritorious defenses and its determination not to grant Defendant relief from default.

- There were also several objections to Plaintiff's proffered evidence in the damages hearing on which the Court's final ruling was not clear to Defendant, with the Court indicating at the hearing that it would take some of those proffered exhibits under advisement and that it would review all of the exhibits, but its subsequent Order of Judgment did not directly address Defendant's evidentiary objections. Defendant therefore seeks definitive rulings regarding the following—and, to the extent the Court's rulings are or were against the Defendant, reconsideration of the following:
    - Defendant's argument at the hearing that Plaintiff's medical records could not be admitted into evidence at the hearing without the testimony of a medical provider and in the absence of Plaintiff, especially where Plaintiff was of advanced age and in poor health with several chronic conditions prior to the alleged fall, bringing causation of claimed damages into question;
    - Defendant's argument at the hearing that Plaintiff had not laid a proper foundation for the medical bills Plaintiff entered into evidence, especially since Plaintiff was not present at the hearing, the witness who attempted to authenticate them admitted at the hearing that she was not personally responsible for paying any of

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Plaintiff's medical bills and that no such medical bills had been paid, and the purported bills stated that they were not in fact medical bills but to the contrary contained language stating that they were not bills;

- Defendant's argument at the hearing that Plaintiff had not laid a proper foundation for Plaintiff's proffered power of attorney documents because they were signed by Plaintiff, who was not present at the hearing;
- Defendant's argument at the hearing that Plaintiff's proffered medical cost projection contained deficiencies making it unreliable as evidence, especially in that it provided Plaintiff's monthly cost for residing at a skilled nursing facility was $9,939 per month, whereas Plaintiff's current records showed that she was residing at a skilled nursing facility presently at a cost of approximately $1,700 per month.

- Also regarding to the above-described evidentiary issues, Defendant seeks definitive rulings from the Court regarding whether the medical records were deemed admitted into the evidence, whether a proper foundation was laid for the medical bills, whether the medical bills were authenticated, and whether the medical bills and summary were entered into evidence, and reconsideration of such rulings if they are adverse to Defendant and reject Defendant's arguments, which have not yet been directly addressed;
- Finally, Defendant seeks a ruling from the Court describing what evidence in the record supports the damages award of $4,161,541.00 and whether there is in fact sufficient evidence to support this award, and also requests that the Court reconsider the amount of this award, which is excessive and unsupported by the evidence in the record.

For the same reasons stated above, Defendant also seeks relief from the Court's judgment against it under Rule 60(b)(1) and 60(b)(5).

A separate memorandum of law in support of this motion may follow.

Respectfully submitted,

SWEENY, WINGATE & BARROW, P.A.

s/Ryan C. Holt
Ryan C. Holt, SC Bar No. 78338
Brian L. Craven, SC Bar No. 78002
Sweeny, Wingate & Barrow, P.A.
Post Office Box 12129
Columbia, SC 29211
(803) 256-2233

ATTORNEYS FOR DEFENDANT

Columbia, South Carolina

April 24, 2025

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ELECTRONICALLY FILED - 2025 Apr 28 12:58 PM - FflorENCE - COMMON PLEAS - CASE#2024CP2100548

STATE OF SOUTH CAROLINA **COUNTY OF FLORENCE**	)	**IN THE COURT OF COMMON PLEAS** **FOR THE TWELFTH JUDICIAL CIRCUIT**
Shirley Reed **Plaintiff,** **vs.** **OHM Florence, LLC d/b/a Thunderbird Country Buffet,** **Defendant.**	)	**C.A. FILE NO.: 2024-CP-21-00548** **PLAINTIFF'S MEMORANDUM IN OPPOSITION TO DEFENDANT'S MOTION TO ALTER OR AMEND OR IN THE ALTERNATIVE MOTION FOR RELIEF FROM JUDGMENT**

INTRODUCTION

Defendant OHM Florence, LLC d/b/a Thunderbird Country Buffet (hereinafter "Defendant") filed a Motion to Alter or Amend Judgment pursuant to Rule 59(e) or in the Alternative, Motion for Relief from Judgment Pursuant to Rule 60(b) on April 24, 2025. Plaintiff Shirley Reed (hereinafter "Plaintiff") responds to Defendant's Motion by requesting this Court to deny both Motions for the reasons discussed below.

FACTS AND PROCEDURAL HISTORY

On November 8, 2023, Plaintiff was an invitee and customer at Defendant's premises in Florence County, South Carolina where she slipped and fell in the Defendant's parking lot.

Plaintiff first mailed a letter to the Defendant on November 28, 2023, asking them to preserve all video surveillance footage from the date of Plaintiff's injury. Defendant did not respond to Plaintiff's letter of spoliation. On January 2, 2024, Plaintiff sent another letter to Defendant which explained that Plaintiff slipped and fell in Defendant's parking lot which caused her to suffer injury. The letter concluded by asking Defendant to contact Plaintiff's attorney to further discuss Plaintiff's personal injury claim. Defendant did not respond to

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Plaintiff's letter or contact Plaintiff's attorney. Plaintiff then filed a Summons and Complaint on March 5, 2024, in the Florence County Court of Common Pleas. Plaintiff served a copy via certified mail of Plaintiff's Complaint on Defendant's listed agent and address on the South Carolina Secretary of State's website as Sagar Patel, 340 Plantation View Lane, Mount Pleasant, South Carolina 29464 on March 18, 2024. Plaintiff received the signed return receipt on March 22, 2024. Defendant failed to respond in a timely manner to Plaintiff's Complaint within the thirty (30) days required by Rule 12(a) of the South Carolina Rules of Civil Procedure.

Following Defendant's failure to respond to Plaintiff's Complaint, Plaintiff filed a Request for Entry of Default Judgment against Defendant on April 26, 2024, which was a full week after the Defendant's answer was due. Subsequently, an Order of Default was entered against Defendant on May 2, 2024.

Defendant made their first appearance in this case on June 20, 2024, and filed their initial Motion to Set Aside Entry of Default the following day. On August 1, 2024, Defendant filed an Amended Motion to Set Aside Default. This was denied on September 4, 2024. Defendant filed a motion to amend that order on September 6, 2024. That motion was denied on October 30, 2024. Defendant filed a renewed motion to set aside default on March 20, 2025. A damages hearing was held on March 31, 2025, where the Defendant argued their renewed motion to set aside default. On April 14, 2025, the Court issued an order denying the Defendant's renewed motion to set aside default and awarded damages to the Plaintiff in the amount of $4,161,541.00.

LAW AND FACTUAL ANALYSIS

A. The Court correctly ruled that the Plaintiff effected proper service on the Defendant.

The Defendant asks this Court for a ruling that proper service was effected upon the Defendant. Plaintiff points to the previous order denying the Defendant's motion to set aside

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default. In the court's order dated September 4, 2024, Plaintiff was found to have substantially complied with serving the complaint, citing to *Roche v. Young Bros Inc. of Florence*, 318 S.C. 456 S.E. 2d 897. The Court made this ruling without an understanding as to who actually received the summons and complaint on March 18, 2024, and when the registered agent, Dr. Sagar Patel, received it. The answer to these questions solidifies the Court's ruling that service was effective.

After the motion to set aside default was denied, Plaintiff learned from Defendant's personal counsel the identity of who accepted service and when Dr. Patel received it. Plaintiff served Defendant requests for admission on February 20, 2025, addressing the service issue. (Exhibit 1) The Defendant's responses to those requests for admission confirmed that Kevin Lightheart, the Defendant's accountant, lived at 340 Plantation View Ln Mount Pleasant, 29464, and was home to sign for the summons and complaint on March 18, 2025. Upon receipt of the complaint, Mr. Lightheart immediately emailed Dr. Patel a copy of it. (Exhibit 2) Dr. Patel subsequently forwarded a copy of the complaint to his independent insurance broker.

The facts clearly show that the service of this complaint was received by the registered agent the day it was served. Therefore, the Plaintiff urges the Court to deny the Defendant's request to consider setting aside default.

B. Defendant's claims of having a meritorious defense to this action fail.

Defendant has repeatedly raised claims of meritorious defenses to the underlying causes of action in the complaint which the Court has consistently denied. In their renewed motion to set aside default filed March 20, 2025, the Defendant raised for the first time the issue that the lease agreement in place between the Defendant and their lessor would absolve responsibility of

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the Defendant in the underlying action. The Defendant argued this at the damages hearing on March 31, 2025, and the Court denied this motion on the record.

C. Substantial evidence at the damages hearing supports the $4,161,541.00 award.

Defendant moves the Court to reconsider and provide specific rulings on evidentiary objections they made at the damages hearing on March 31, 2025. Specifically, they request the Court to rule on objections to the admittance of the Plaintiff's medical records, medical bills, power of attorney documents, and the testimony of the Plaintiff's cost projection witness Vanessa Teachey.

First, Plaintiff never introduced or attempted to admit the Plaintiff's medical records. Testimony of the Plaintiff's injuries came from Lisa Reed, the Plaintiff's daughter-in-law. Ms. Reed is also the Plaintiff's financial and healthcare power of attorney. Lisa Reed testified to being with Shirley Reed continuously since the day of the fall, observing her injuries firsthand and learning of her treatment from the Plaintiff's doctors. Ms. Lisa Reed further testified that Ms. Shirley Reed was currently residing in a nursing home and unable to ambulate without assistance.

Plaintiff's counsel introduced two separate powers of attorney (hereinafter "the POAs") that the Plaintiff signed, giving Lisa Reed the power to address the Plaintiff's financial responsibilities and direct her healthcare in the event the Plaintiff would be unable to do so on her own. Lisa Reed testified that she knew of these POAs, identified them by sight, and understood what her responsibilities were as the result of them being signed and recorded by the Plaintiff. The Judge admitted them over the Defendant's objection.

The admittance of these POAs formed the basis of Lisa Reed's subsequent testimony regarding the medical bills the Plaintiff received related to the injuries from the underlying

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incident. Lisa reviewed all the bills presented to her at the hearing, identified them as bills the Plaintiff was responsible for paying, and related them to the injuries and treatment the Plaintiff has received since falling on November 8, 2023.

Ms. Lisa Reed's testimony also emphasized the pain and suffering she has witnessed the Plaintiff endure over the course of nearly 17 months of hospitalization treating for the related injuries she sustained. Photographs of these injuries taken by Lisa were produced, offered and admitted for the Court to review in consideration of awarding damages.

Defendant further objected to the projection of future living facility costs that the Plaintiff may be responsible for if she continues to be unable to return home. The Plaintiff offered the testimony of Vanessa Teachey, a registered nurse who projects these costs as part of her profession. She testified that she pulls the costs for assisted living facilities from a website called www.genworth.com, which is relied upon by people in her profession.

Defendant objects to these projections, citing that at her current living facility, it costs much less to house her than what Ms. Teachey projected it would cost. Plaintiff points to the testimony from the damages hearing stating that the Plaintiff has resided at four different assisted living facilities over the last 17 months which were a range of different costs. This supports the Court's decision to rely upon Ms. Teachey's projections.

Plaintiff's witnesses and evidence presented at the damages hearing support the damages award entered by the Court, and the Plaintiff urges the Court to deny the requests for reconsideration and relief from judgment.

CONCLUSION

For the reasons set forth above, Plaintiff respectfully requests that this Court **DENY** Defendant's Motion to Alter or Amend Judgment pursuant to Rule 59(e) or in the Alternative, Motion for Relief from Judgment Pursuant to Rule 60(b).

Respectfully submitted,

s/ J. Clarke Newton
J. Clarke Newton, Esq. (SC Bar #77887)
BLUESTEIN THOMPSON SULLIVAN, LLC
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(803) 779-7599 Telephone
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s/ Rodney C. Jernigan, Jr.
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ATTORNEYS FOR THE PLAINTIFF

April 28, 2025
Columbia, South Carolina

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EXHIBIT 1

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STATE OF SOUTH CAROLINA	)	**IN THE COURT OF COMMON PLEAS**
	)	
COUNTY OF FLORENCE	)	**THE TWELFTH JUDICIAL CIRCUIT**
Shirley Reed	)	**Civil Action No.: 2024CP2100548**
Plaintiff,	)	
v.	)	
	)	**RESPONSES TO REQUESTS TO ADMIT**
OHM Florence, LLC d/b/a Thunderbird Country Buffet	)	
Defendant.	)	

TO: J. CLARKE NEWTON, ESQUIRE, ATTORNEY FOR THE PLAINTIFF AND TO THE PLAINTIFF ABOVE-NAMED:

Pursuant to Rule 36 of the South Carolina Rules of Civil Procedure, the following constitute the Defendant ohm Florence, LLC's Responses to Request to Admit propounded by the Plaintiffs.

1. Admit that Kevin Lightheart is the account for OHM Florence, LLC and assisted in organizing the Defendant's Articles of Organization with the South Carolina Secretary of State's office. (Exhibit 1)

RESPONSE: Admit

2. Admit that 340 Plantation View Ln Mount Pleasant, SC 29464 is the designated office for the Defendant's business listed wit the S.C. Secretary of State. (Exhibit 1)

RESPONSE: Admit

3. Admit that on March 18, 2024, Kevin Lightheart received via registered mail at 304 Plantation View Ln Mount Pleasant, SC 29464 the summons and complaint filed by the Plaintiff, C.A. FILE NO.:2024-CP-21-00548, and signed the green card that was returned to the Plaintiff's counsel.

RESPONSE: Admit

4. Admit that Kevin Lightheart is authorized to sign for mail deliveries that contain legal pleadings for OHM Florence, LLC.

RESPONSE: Denied, to the extent "legal pleadings" is intended to refer to a summons, complaint, or other document which may only be served upon a registered agent. Mr. Lightheart is authorized to receive other mail on behalf of Sagar Patel, but Patel himself is the only individual that OHM has authorized to serve as registered agent and receive the documents due thereto.

5. Admit that on March 18, 2024, Mr. Lightheart emailed a copy of the complaint to Sagar Patel, the registered agent of OHM Florence, LLC. (Exhibit 2)

RESPONSE: Admit

6. Admit that on March 18, 2024, Sagar emailed Kevin Timmons, an independent insurance broker working for Commercial Insurance Solutions, a copy of the complaint. (Exhibit 2)

RESPONSE: Admit

Respectfully submitted,

SWEENY, WINGATE & BARROW, P.A.

Ryan C. Holt
Brian L. Craven
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(803) 256-2233
ATTORNEYS FOR DEFENDANT

Columbia, South Carolina

April 8, 2025

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CERTIFICATE OF SERVICE

I, the undersigned legal assistant of the law offices of Sweeny, Wingate & Barrow, P.A., attorneys for Defendant, do hereby certify that I have served a copy of the foregoing Responses to Requests to Admit in connection with the above-referenced case by e-mailing a copy of the same, to the following address:

J. Clarke Newton, Esquire
clarke@bluesteinattorneys.com
Bluestein Thompson Sullivan, LLC
1614 Taylor Street
Post Office Box 7965
Columbia, SC 29202
Attorney for Plaintiff Shirley Reed

Sandra M. Tribble

Columbia, South Carolina

April 8, 2025

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EXHIBIT 2

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From: **Sagar Patel** <oceanpatel@gmail.com>
Date: Mon, Mar 18, 2024 at 1:30 PM
Subject: Fwd: OHM Florence attorney letter
To: Nainesh Patel <nainesh@sbcglobal.net>
Cc: Kevin Timmons <ktimmons@cis-ais.com>

See attached. It is regarding the parking lot of the restaurant.

Kevin,

I think we will need the insurance company to provide representation in this case.

Sagar

Sent from my mobile phone. Please excuse typos and short replies.

Begin forwarded message:

> **From:** Kevin Lightheart <kevin@lsa.cpa>
> **Date:** March 18, 2024 at 11:47:24 AM MDT
> **To:** Sagar Patel <oceanpatel@gmail.com>
> **Subject: OHM Florence attorney letter**
>
> Sagar, see attached.

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

RECEIVED
Feb 17 2026
SC Court of Appeals

APPEAL FROM FLORENCE COUNTY
Court of Common Pleas
Haigh Porter, Master-in-Equity

Appellate Case No. 2025-001115
Civil Action No. 2024-CP-21-00548

Shirley Reed,

Respondent,

v.

OHM Florence, LLC,

Appellant,

CERTIFICATE OF APPELLANT

The undersigned hereby certifies that the Amended and Supplemental Record on Appeal contains all material proposed to be included by any of the parties and not any other materials.

Sweeny, Wingate & Barrow, P.A.

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Ryan C. Holt
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Madison K. Kea
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Attorneys for Appellant

This 16th day of February, 2026.