

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE
SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION
Appellate Panel

Aisha Taylor, Chair

RECEIVED

SEP 23 2015

SC Court of Appeals

Case No.: 2015-000691

Terrance Satterwhite,

Respondent.

v.

Palmetto State Transportation, Employer,
Cherokee Insurance Company, Carrier,

Appellants.

RECORD ON APPEAL

David M. Bornemann
Peter P. Leventis, IV
Post Office Box 7212
Columbia, South Carolina 29202
(803) 256-4645
Attorneys for Appellants

Terrance Satterwhite
270 Chateau St
Boiling Springs, SC 29316
Pro Se Respondent

INDEX TO RECORD ON APPEAL

1. Order extending time to file Appellants' Initial Brief dated June 1, 2015.....	3
2. Order extending time to file Appellants' Initial Brief dated April 27, 2015.....	4
3. Order of the Appellate Panel of the South Carolina Workers' Compensation Commission dated March 2, 2015	5
4. The Decision and Order of Commissioner Avery B. Wilkerson, Jr. dated April 29, 2014.....	16
5. Notice of Appeal to the Court of Appeals dated April 1, 2015.....	29
6. The Appellate Brief of the Palmetto State Transportation and Cherokee Insurance Company to the Appellate Panel dated July 7, 2015.....	32
7. The Form 59, Appellant's Informal Brief, filed by the Claimant on June 20, 2014.....	43
8. The Form 30 appeal and addendum of the Palmetto State Transportation and Cherokee Insurance Company to the Workers' Compensation Commission dated May 9, 2014.....	45
9. The Form 58 pre-hearing brief of the Palmetto State Transportation and Cherokee Insurance Company filed on December 26, 2013.....	50
10. The Form 17, Receipt of Compensation, form signed by the Claimant on September 12, 2013 agreeing that he was able to return to work as of January 28, 2013.....	51
11. The Form 21 Employer's Request for Hearing of the Defendant Palmetto State Transportation and Cherokee Insurance Company served on November 8, 2013.....	52
12. The Form 58 pre-hearing brief of the Palmetto State Transportation and Cherokee Insurance Company filed on September 4, 2013.....	54
13. The Form 17 and Certificate of Service sent to Claimant on July 16, 2013.....	55
14. The Form 21 Employer's Request for Hearing of the Defendant Palmetto State Transportation and Cherokee Insurance Company served on July 10, 2013.....	57
15. The Hearing Transcript of the proceedings before the Appellate Panel on August 11, 2014.....	59

16. The Hearing Transcript before Commissioner Avery B. Wilkerson, Jr. on Feb. 7, 2014.....	75
Direct Examination of Terrance Satterwhite by Attorney Leventis.....	85
Testimony of <i>Pro Se</i> Claimant, Terrance Satterwhite.....	94
Redirect Examination of Terrance Satterwhite by Attorney Leventis.....	97
17. The Order instructions of Commissioner Avery B. Wilkerson, Jr. to the parties dated September 4, 2014.....	101
18. APA 1 Upstate Carolina Medical Center 1/11/2012.....	103
19. APA 2 Dr. Frank Barnhill 1/11/2012-1/16/2012.....	104
20. APA 3 Piedmont Imaging 1/12/2012.....	107
21. APA 4 Westside Medical Center 1/18/2012.....	108
22. APA 5 University Medical Group 2/6/2012-5/20/2013.....	110
23. APA 6 Patewood Memorial Hospital 2/24/2012.....	134
24. APA 7 Greenville Hospital System 5/18/2012.....	140
25. Exb. 8 10 year driving records.....	159
26. Exb. 9 Wage information.....	162
27. Exb. 10 Signed Form 17.....	201
28. Exb.11 Temporary total disability payment records (requested by Commissioner Wilkerson to be included in exhibits).....	202
29. Certificate of Counsel.....	209

The South Carolina Court of Appeals

Terrance Satterwhite, Respondent,

v.

Palmetto State Transportation, Employer, Cherokee
Insurance Company, Carrier, Appellants.

Appellate Case No. 2015-000691

Trial Court Case No. 1200195

ORDER

The time for serving and filing the Appellant's Initial Brief and Designation of Matter is hereby extended until July 1, 2015. No further extensions will be granted absent extraordinary circumstances.

FOR THE COURT

BY W. Elaine Allen, Deputy
CLERK

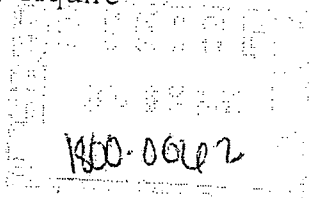
Columbia, South Carolina

cc:

Peter P. Leventis, IV, Esquire
David Matthew Bornemann, Esquire
Terrance Satterwhite

FILED

CS 06-01-2015



The South Carolina Court of Appeals

Terrance Satterwhite, Respondent,

v.

Palmetto State Transportation, Employer, Cherokee
Insurance Company, Carrier, Appellants.

Appellate Case No. 2015-000691

Trial Court Case No. 1200195

ORDER

The time for serving and filing the appellants' initial brief and designation of matter is hereby extended until June 1, 2015.

FOR THE COURT

BY V. Claire Allen, Deputy
CLERK

Columbia, South Carolina

FILED

Sf 4/27/15

cc:

Peter P. Leventis, IV, Esquire

Amy Bracy

Terrance Satterwhite

1800-00012

DECISION AND ORDER
OF THE
APPELLATE PANEL
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

COMMISSION PANEL: THE HONORABLE T. SCOTT BECK, CHAIR; THE
HONORABLE AISHA TAYLOR; THE HONORABLE SUSAN S. BARDEN

SCWCC FILE NO.: 1200195

Terrance Satterwhite,

Claimant,

v.

Palmetto State Transportation,

Employer, and

Cherokee Insurance Company,

Carrier,

Defendants.

Hearing held in Columbia,

South Carolina on August 11, 2014

Per notice timely and properly served upon all Parties of Interest.

Appearances: Terrance Satterwaite, pro se, for
Claimant/Appellant

Peter Leventis Esquire, for Defendants/
Respondents

Filed:

March 2nd, 2015

STATEMENT OF THE CASE

Claimant suffered an admitted work related injury to his low back on January 5, 2012 when Mr. Satterwhite was getting out of his truck and twisted his lower back the wrong way, and the pain continued getting worse until he sought medical care for this issue about two weeks later. Mr. Satterwhite only asserts injury to his lower back, and this is an admitted claim for benefits by the Defendants. The Claimant previously testified that he returned back to work in the first week of February of 2013. The Claimant did not sign a Form 17 to voluntarily terminate benefits until September 12, 2013. The Claimant had been declared at Maximum Medical Improvement by the treating Physician on January 28, 2013, and released to full duty at that time by the treating Physician, Dr. Phillip Hodge.

At the hearing held February 7, 2014 which was heard by Commissioner Avery Wilkerson, the Defendants requested a determination of permanent partial disability for the Claimant's low back based on the ratings of the treating physician. The Employer/Carrier also requested a credit for overpayment of temporary indemnity benefits paid since the Claimant was found to be at MMI by Dr. Hodge, per the reasoning of the Supreme Court in *Curiel v. Environmental Management Services, Inc.*, 665 S.E.2d 482, 376 S.C. 23 (2007) until the date of the signing of the Form 17. Alternatively, the Defendants requested credit overpayment of temporary benefits in the amount of two thirds of the actual wages earned by the Claimant since he returned to full duty without restriction from the treating physician as of the first week of February 2013 until the date the Form 17 was signed in September 12, 2013 under S.C. Code Ann. § 42-9-210.

For his part, the Claimant contended he had not reached MMI for his low back. While he had returned to Dr. Hodge since January 28, 2013, he felt Dr. Hodge did not fully consider his complaints in evaluating him, and only provided follow-up x-rays instead of an MRI. The Claimant requested a second opinion from another qualified specialist, and for an MRI of his lumbar spine.

The instant proceeding was initiated by Employer's Form 30 dated May 9, 2014, in which the Employer requested the Commission Review the Single Commissioner's Findings of Fact and Conclusions of Law.

On April 29, 2014, the single Commissioner issued his Decision and Order containing the following findings of fact and conclusions of law:

FINDINGS OF FACT

1. *That all parties are bound by and subject to the terms and provisions of the South Carolina Workers' Compensation Act.*
2. *That Claimant, Terrance Satterwhite, was an employee of Palmetto State Transportation on the date of injury, January 5, 2012.*
3. *That Palmetto State Transportation Employer was insured for this date of accident with Cherokee Insurance Company as the Carrier.*
4. *That venue for the hearing is proper and agreed upon by the parties in Greenville, South Carolina.*
5. *That notice of the hearing was timely and properly served upon all parties of interest.*
6. *That notice of the accident was given to the employer in a timely fashion.*
7. *That a claim for benefits was filed with the South Carolina Workers' Compensation Commission within two years of the date of the alleged accident.*
8. *That the Claimant's average weekly wage for this accident is \$1,167.57 and his corresponding compensation rate would be \$725.47, the maximum compensation rate for 2012.*
9. *That Claimant suffered a compensable work related injury to his low back/lumbar spine on January 5, 2012 for which he has received authorized medical treatment from Dr. Phillip Hodge, orthopaedist, in addition to other providers.*
10. *The sequence of events is a key to this case. The Claimant returned to work as of the first week of February 2013, which the undersigned finds was known to the workers' compensation insurance carrier. The Claimant continued to*

- receive checks from the Carrier for temporary indemnity benefits. A Form 21 request for stop payment was first filed on July 17, 2013, but the current Form 21 filing on which the hearing was held, was not filed until November 8, 2013.
11. The Claimant did not return to the doctor in April of 2013 for ongoing complaints to his back, and was to follow-up in one month which was done on May 20, 2013. The May 20, 2013 visit also references following up, in another month, after that. (APA No. 5, p. 31). However, no follow up visit after that is referenced in the record or appears to have taken place.
 12. The Form 14B of the treating physician, Dr. Hodge, is dated January 28, 2013, and rates the Claimant with an impairment of 7% to the lumbar spine, and references to a reasonable degree of certainty the Claimant "will not" need future medical care related to this injury. (APA No. 5 at p.28).
 13. The Form 21 filed on July 17, 2013, for stop payment, was withdrawn because the Claimant subsequently signed a Form 17 to voluntarily stop ongoing temporary indemnity payments.
 14. The functional capacity evaluation (FCE) referenced by Dr. Hodge in his January 28, 2013 narrative report shows in the heavy demand category of work (according to the report of Dr. Hodge), but this FCE was not submitted with the evidence in the record.
 15. Payroll records of the Claimant were submitted by the Defendants for the Claimant's pay history and earnings for the year 2013, which show different pay amounts varying each week. (APA No. 9 pp. 68-98).
 16. The Form 17 signed by the Claimant on September 12, 2013 only shows he was paid TTD benefits from January 11, 2012 - June 25, 2013. However, it is not clear when it was offered by the Defendants to the Claimant to be signed.
 17. I would find any credit for overpayment against the final award of permanency would apply as of the date of the filing of the initial Form 21, which was filed on the wrong address on July 11, 2013, and refiled on July 17, 2013. Therefore, I find credit for overpayment towards the ultimate award of permanency would be from July 17, 2013 until the last date of temporary indemnity benefits received by the Claimant. This was unclear as of the date of hearing, but

according to the payment spread sheet subsequently provided by the Defendants at APA No. 11 would be through September 10, 2013. Therefore, credit would run from July 17, 2013 through September 10, 2013, for a credit for overpayment of nine (9) weeks of TTD benefits.

18. The Claimant requests a second opinion for his back as he continues to have some problems. I grant the Claimant a second opinion for his back, and command the Defendants to set this up within 15 days of the service of this Order.
19. Permanency is not appropriate to address at this time, until the Claimant has been evaluated by a neurosurgeon or another orthopaedist.
20. Dr. Hodge only performed follow up x-rays when the Claimant saw him in the spring of 2013, despite the Claimant's request for a follow up MRI at that time. I am ordering the Claimant be provided an MRI both with and without contrast by the Defendants, and that the results of such tests be provided to both doctors, (the second opinion physician, and Dr. Hodge) for their consideration and determination of any disability and/or necessary additional treatment.

CONCLUSIONS OF LAW

1. Under § 42-3-20 and § 42-3-180, this Commissioner has jurisdiction over the parties to hear the issues in dispute.
2. Under § 42-1-130, Claimant, Terrance Satterwhite, is a covered employee.
3. Under § 42-1-140, Palmetto State Transportation is a covered employer.
4. Under § 42-1-150, there was an employer/employee relationship between the parties on the date of the accident.
5. Under § 42-17-20, venue in Columbia, South Carolina was proper and agreed upon by the parties.
6. Under § 1-23-320(b) and Regulation 67-607, notice of the hearing was timely and properly served upon all of the parties of interest.
7. Under § 42-15-20, the Claimant gave timely notice of his accident to his employer.

8. Under § 42-15-40, the claim for benefits was timely filed under the Workers' Compensation Act with the South Carolina Workers' Compensation Commission.
9. Under § 42-1-40, Claimant's average weekly wage was \$1,164.5, and his compensation rate is \$725.47.
10. Under § 42-1-160, the Claimant sustained a compensable injury to his lumbar spine only.
11. Under § 42-15-60, and per the evidence presented in the claim, Claimant has not reached maximum medical improvement at this time, and is in need of an evaluation for a second opinion with an appropriate specialist.
12. That the Claimant has received appropriate medical treatment under § 42-15-60, but is now in need of an MRI both with and without contrast, and the results of such testing shall be provided to the IME physician (referenced in Conclusion of Law No. 11), and to the original treating physician, Dr. Phillip Hodge, for each of them to opine on the Claimant's degree of disability and/or necessary continued treatment.
13. The Claimant was placed at MMI by the treating physician on the 28th of January of 2013, and he did not return to full duty until the first week of February 2013. While the Claimant has continued working full duty and earning wages at the same position with the Defendant Employer from February 2013 through the date of the February 7, 2014 hearing, as well as full TTD benefits until September 10, 2013, I find that under § 42-9-210 and *Curiel v. Environmental Management Services, Inc.*, 655 S.E.2d 482, 376 S.C. 23 (2007) the Defendants are only entitled credit for overpayment of temporary benefits from July 17, 2013 until September 10, 2013 (The Claimant having signed a Form 17 on September 12, 2013).

ORDER AND AWARD of the SINGLE COMMISSIONER

In conjunction with the findings and Conclusion^S above, the Claimant has not attained maximum medical improvement at this time, and is entitled to a second opinion with an appropriate specialist as well as two separate MRI's to his lumbar spine (one with

contrast and one without contrast). These diagnostic tests will be provided to both the original treating physician and the follow-up physician who provides the second opinion.

The Defendants request for credit for overpayment during the time period that the Claimant was back to work full duty for the Defendant employer, and also receiving full temporary total disability benefits between February 2013 and July 16, 2013 is denied, and shall be provided in accordance with the Findings and Conclusions above for the nine (9) weeks between July 17, 2013 and September 10, 2013.

ISSUES ON APPEAL

Counsel for Defendants filed a Form 30 Request for Commission Review on May 9, 2014. Defendants requested the Commission review the single Commissioner's Decision and Order to address 6 questions of law or fact regarding the Commissioner's findings. The Form 30 is contained within the Commission's file.

DECISION OF THE APPELLATE PANEL

This matter was heard before the above-mentioned South Carolina Workers' Compensation Commission Appellate Panel during the last term of Review. The Appellate Panel considered the matter and **AFFIRMED** the Decision and Order of the single Commissioner.

FULL COMMISSION FINDINGS OF FACT

Based on the foregoing, the Appellate Panel adopts the following findings of fact:

1. That all parties are bound by and subject to the terms and provisions of the South Carolina Workers' Compensation Act.
2. That Claimant, Terrance Satterwhite, was an employee of Palmetto State Transportation on the date of injury, January 5, 2012.
3. That Palmetto State Transportation Employer was insured for this date of accident with Cherokee Insurance Company as the Carrier.

4. That venue for the hearing is proper and agreed upon by the parties in Greenville, South Carolina.
5. That notice of the hearing was timely and properly served upon all parties of interest.
6. That notice of the accident was given to the employer in a timely fashion.
7. That a claim for benefits was filed with the South Carolina Workers' Compensation Commission within two years of the date of the alleged accident.
8. That the Claimant's average weekly wage for this accident is \$1,167.57 and his corresponding compensation rate would be \$725.47, the maximum compensation rate for 2012.
9. That Claimant suffered a compensable work related injury to his low/back lumbar spine on January 5, 2012 for which he has received authorized medical treatment from Dr. Phillip Hodge, orthopaedist, in addition to other providers.
10. The sequence of events is a key to this case. The Claimant returned to work as of the first week of February 2013, which the undersigned finds was known to the workers' compensation insurance carrier. The Claimant continued to receive checks from the Carrier for temporary indemnity benefits. A Form 21 request for stop payment was first filed on July 17, 2013, but the current Form 21 filing on which the hearing was held, was not filed until November 8, 2013.
11. The Claimant did not return to the doctor in April of 2013 for ongoing complaints to his back, and was to follow-up in one month which was done on May 20, 2013. The May 20, 2013 visit also references following up, in another month, after that. (APA No. 5, p. 31). However, no follow up visit after that is referenced in the record or appears to have taken place.
12. The Form 14B of the treating physician, Dr. Hodge, is dated January 28, 2013, and rates the Claimant with an impairment of 7% to the lumbar spine, and references to a reasonable degree of certainty the Claimant "will not" need future medical care related to this injury. (APA No. 5 at p.28).

13. The Form 21 filed on July 17, 2013, for stop payment, was withdrawn because the Claimant subsequently signed a Form 17 to voluntarily stop ongoing temporary indemnity payments.
14. The functional capacity evaluation (FCE) referenced by Dr. Hodge in his January 28, 2013 narrative report shows in the heavy demand category of work (according to the report of Dr. Hodge), but this FCE was not submitted with the evidence in the record.
15. Payroll records of the Claimant were submitted by the Defendants for the Claimant's pay history and earnings for the year 2013, which show different pay amounts varying each week. (APA No.9 pp. 68-98).
16. The Form 17 signed by the Claimant on September 12, 2013 only shows he was paid TTD benefits from January 11, 2012 - June 25, 2013. However, it is not clear when it was offered by the Defendants to the Claimant to be signed.
17. We would find any credit for overpayment against the final award of permanency would apply as of the date of the filing of the initial Form 21, which was filed on the wrong address on July 11, 2013, and refiled on July 17, 2013. Therefore, we find credit for overpayment towards the ultimate award of permanency would be from July 17, 2013 until the last date of temporary indemnity benefits received by the Claimant. This was unclear as of the date of hearing, but according to the payment spreadsheet subsequently provided by the Defendants at APA No. 11 would be through September 10, 2013. Therefore, credit would run from July 17, 2013 through September 10, 2013, for a credit for overpayment of nine (9) weeks of TTD benefits.
18. The Claimant requests a second opinion for his back as he continues to have some problems. We grant the Claimant a second opinion for his back, and command the Defendants to set this up within 15 days of the service of this Order.
19. Permanency is not appropriate to address at this time, until the Claimant has been evaluated by a neurosurgeon or another orthopaedist
20. Dr. Hodge only performed follow up x-rays when the Claimant saw him in the spring of 2013, despite the Claimant's request for a follow up MRI at that

time. We are ordering the Claimant be provided an MRI both with and without contrast by the Defendants, and that the results of such tests be provided to both doctors, (the second opinion physician, and Dr. Hodge) for their consideration and determination of any disability and/or necessary additional treatment.

FULL COMMISSION RULINGS OF LAW

Based on the foregoing, the Full Commission adopts the following rulings of law:

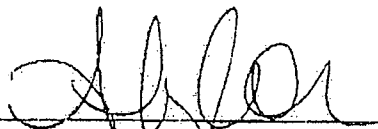
1. Under § 42-3-20 and § 42-3-180, this Commission has jurisdiction over the parties to hear the issues in dispute.
2. Under § 42-1-130, Claimant, Terrance Satterwhite, is a covered employee.
3. Under § 42-1-140, Palmetto State Transportation is a covered employer.
4. Under § 42-1-150, there was an employer/employee relationship between the parties on the date of the accident.
5. Under § 42-17-20, venue in Columbia, South Carolina was proper and agreed upon by the parties.
6. Under § 1-23-320(b) and Regulation 67-607, notice of the hearing was timely and properly served upon all of the parties of interest.
7. Under § 42-15-20, the Claimant gave timely notice of his accident to his employer.
8. Under § 42-15-40, the claim for benefits was timely filed under the Workers' Compensation Act with the South Carolina Workers' Compensation Commission.
9. Under § 42-1-40, Claimant's average weekly wage was \$1,164.5, and his compensation rate is \$725.47.
10. Under § 42-1-160, the Claimant sustained a compensable injury to his lumbar spine only.
11. Under § 42-15-60, and per the evidence presented in the claim, Claimant has not reached maximum medical improvement at this time, and is in need of an evaluation for a second opinion with an appropriate specialist.

12. That the Claimant has received appropriate medical treatment under § 42-15-60, but is now in need of an MRI both with and without contrast, and the results of such testing shall be provided to the IME physician (referenced in Conclusion of Law No. 11), and to the original treating physician, Dr. Phillip Hodge, for each of them to opine on the Claimant's degree of disability and/or necessary continued treatment.
13. The Claimant was placed at MMI by the treating physician on the 28th of January of 2013, and he did not return to full duty until the first week of February 2013. While the Claimant has continued working full duty and earning wages at the same position with the Defendant Employer from February 2013 through the date of the February 7, 2014 hearing, as well as full TTD benefits until September 10, 2013, We find that under § 42-9-210 and Curiel v. Environmental Management Services, Inc., 655 S.E.2d 482, 376 S.C. 23 (2007) the Defendants are only entitled credit for overpayment of temporary benefits from July 17, 2013 until September 10, 2013 (The Claimant having signed a Form 17 on September 12, 2013).

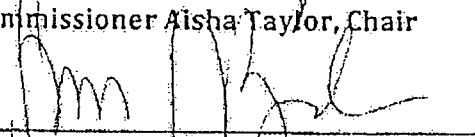
ORDER

IT IS THEREFORE ORDERED that the Decision and Order of the single Commissioner is **FULLY AFFIRMED**.

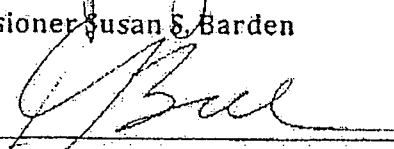
AND SO IT IS ORDERED!



Commissioner Aisha Taylor, Chair



Commissioner Susan S. Barden



Commissioner T. Scott Beck

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

By, Kim Falls on March 2, 2015

STATE OF SOUTH CAROLINA)
COUNTY OF GREENVILLE)
Terrance Satterwhite,)
Employee,)
vs.)
Palmetto State Transportation)
Employer,)
and)
Cherokee Insurance Co.,)
Carrier,)
Defendants.)

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION
COMMISSION

WCC FILE NO: 1200195

ORDER

HEARING:

Held in on February 7, 2014, Greenville
South Carolina.

APPEARANCES:

The Claimant, Terrance Satterwhite, of 270
Chateau Street, Boiling Springs, SC 29316,
appeared *pro se*.

The Defendants, Palmetto State
Transportation, Employer, and Cherokee
Insurance Company, Carrier, were
represented by, Peter P. Leventis, IV, Esq.,
of McKay, Cauthen, Settana & Stublely,
P.A., Post Office Box 7217, Columbia,
South Carolina, 29202-7217.

PURPOSE:

To determine the issues set forth on the
Forms 21 of the Defendants.

DECISION AND ORDER BY:

The Honorable Avery B. Wilkerson, Jr.,
Commissioner.

FILED:

April 29, 2014

STIPULATIONS

At the call of the case the parties agree to the following stipulations:

1. That the purpose of the hearing is to determine the issues set forth on the Forms 21 of the Defendants.
2. That notice of this hearing was timely and properly served on all parties of interest.
3. All parties agreed to venue, as set, in Greenville, SC for this hearing.
4. The Workers' Compensation Commission's file, with the exception of unstipulated medicals and self-serving declarations, was made part of the record.
5. That the Workers' Compensation Commission has the authority to hear and determine the contested issues in this case.
6. That notice of the Claimant's accident was given to the Defendant Employer in a timely manner under the Act.
7. That a claim for workers' compensation benefits was filed against the Defendants within the statutory period under the Act.
8. That on or about March 24, 2010, the Claimant suffered a compensable work related accident, that resulted in injury to his low back only.
9. That the Claimant, who appeared *pro se*, was apprised of his rights by undersigned, and his right to have an attorney present to represent him, or to consult with attorney before going forward. The Claimant, Terrance Satterwhite chose to proceed with the hearing *pro se* at that time.

10. That the appropriate average weekly wage, and corresponding compensation rate for this claim are \$1,164.57 per week, and \$725.47 per week respectively.

APA SUBMISSIONS

DEFENDANT'S EXHIBITS

APA's:

APA No. 1.	Upstate Carolina Medical Center	1/11/2012	1
APA No. 2.	Dr. Frank Barnhill	1/11/2012-1/16/2012	2 - 4
APA No. 3.	Piedmont Imaging	1/12/2012	5
APA No. 4.	Westside Medical Center	1/18/2012	6-7
APA No. 5.	University Medical Group	2/16/2012-5/20/2013	8-31
APA No. 6.	Patewood Memorial Hospital	2/24/2012	32-37
APA No. 7.	Greenville Hosp. System	5/18/2012	38-56

Exhibits:

Tab. No. 8.	10 Year Driving History of the Claimant	57-59
Tab. No. 9.	Wage Information and Records of the Claimant	60-98
Tab. No. 10.	Executed Form 17 of the Claimant	99
Tab. No. 11	Payment log of TTD checks issued to the Claimant	100-106

CLAIMANT'S EXHIBITS:

The Claimant was *pro se* and did not submit any specific exhibits, but does rely on his own testimony as well as the APA submissions and trial Exhibits submitted by the Defendants.

STATEMENT OF THE CASE

This matter is before the undersigned Commissioner upon Request for Hearing on behalf of the employer/carrier. The Defendants are represented by Peter P. Leventis, IV, Esquire of The McKay Firm (McKay, Cauthen, Settana, & Stublely, P.A.). The Claimant Terrance Satterwhite is representing himself *pro se*.

The parties and their attorneys appeared before this Commissioner on February 7, 2014. The Claimant suffered an admitted work related injury to his low back on January 5, 2012 when Mr. Satterwhite was getting out of his truck and twisted his lower back the wrong way, and the pain continued getting worse until he sought medical care for this issue about two weeks later. (See APA No. 2 at p. 2). Mr. Satterwhite only asserts injury to his low back, and this is an admitted claim for benefits by the Defendants. Per his testimony at the hearing, the Claimant returned back to work in the first week of February of 2013.

The Claimant did not sign a Form 17 to voluntarily terminated benefits until September 12, 2013. (APA No. 10 at p. 99). The Claimant had been declared at maximum medical improvement by the treating physician on January 28, 2013, and released to return to full duty at that time by the treating physician, Dr. Phillip Hodge. (APA No. 5 at p. 25).

The Defendants request a determination of permanent partial disability for the Claimant's low back based on the ratings of the treating physician. The Employer/Carrier also request a credit for overpayment of temporary indemnity benefits paid since the Claimant was found to be at maximum medical improvement by Dr. Hodge, per the reasoning of the Supreme Court in *Curjel v. Environmental Management*

Services, Inc., 655 S.E.2d 482, 376 S.C. 23 (2007) until the date of the signing of the Form 17). Alternatively, the Defendants request credit overpayment of temporary benefits in the amount of two thirds of the actual wages earned by the Claimant since he returned to full duty work without restriction from the treating physician as of the first week of February 2013 until the date the Form 17 was signed on September 12, 2013, under S.C. Code Ann. §42-9-210.

For his part, the Claimant contends he has not reached maximum medical improvement for his low back. While he had returned to Dr. Hodge since January 28, 2013, he felt Dr. Hodge did not fully consider his complaints in evaluating him, and only provided follow up x-rays, instead of an MRI. The Claimant requests a second opinion from another qualified specialist, and for an MRI of his lumbar spine.

EVIDENCE OF THE CASE

It is uncontested by either party that on the date of accident, that the Claimant suffered a work related injury, on or about January 5, 2012, to his low back only. (See Hearing Tras. p. 11, lines 17-20; APA No. 2 at p. 2). As this was an accepted claim, there is no issue as to notice or time for filing a claim. The parties further do not dispute that the appropriate average weekly wage for this date of injury would be \$1,164.57 with a corresponding compensation rate of \$725.47 per week (the maximum compensation rate for 2012).

The Claimant treated with Dr. Hodge as the treating surgeon and orthopaedist for this injury. (See Generally APA No. 5, pp. 8-31). The Claimant ultimately received a partial hemilaminectomy surgery, and was subsequently found to be at maximum medical improvement by Dr. Hodge as of January 2013, as which time Dr. Hodge released him to

return to his job as a truck driver, without restriction, upon Dr. Hodge review of a functional capacity evaluation which found the Claimant to be in the "heavy" work category. (APA No. 5. at p. 25). Dr. Hodge also rated the Claimant with a 7% permanent partial impairment to the lumbar spine on January 28, 2013, and indicated to a reasonable degree of medical certainty that he would not need any additional medical treatment in relation to this injury. (See Form 14B at APA No. 5, p. 28).

It is undisputed by the parties that the Claimant did return to work in his capacity as a truck driver, with the Defendant Employer, Palmetto State Transportation no later than the first week of February 2013. (See Hearing Trans. p. 7, lines 4-5). (Also see wage records of the Claimant at APA No. 9). The Claimant continued to work from February 2013 through the date of the hearing on February 2014. The Claimant did not sign a Form 17 to voluntarily terminate ongoing temporary benefits until September 12, 2013. (See APA No. 10 at p. 99). Defendants contended they paid the Claimant ongoing TTD benefits right up to the date of the Form 17, and the undersigned requested if verification of such payments could be provided by the carrier to the Commission and the Claimant, and that the same be added to the evidence of the claim. (See Generally Hearing Trans. at p. 19, lines 16-21) (APA No. 11 pp. 100-106, TTD payment amounts and corresponding check numbers issued with corresponding dates).

The Claimant did testify at the hearing that while he had been back to work for over a year as a truck driver as of the date of hearing, he did have some ongoing issues with his back, and that he did not feel his back was completely better. The Claimant did follow up in April and May of 2013 with Dr. Hodge due to continued back pain from prolonged sitting while driving. Dr. Hodge did do a follow up x-ray, and prescribed

some over the counter pain medications to the Claimant. (Hearing Trans at p. 12; APA No. 5 at pp. 29-31). However, the Claimant wanted for the treating physician to do an MRI evaluation of his back at that time. (Hearing Transcript at pp. 11-12).

FINDINGS OF FACT

1. That all parties are bound by and subject to the terms and provisions of the South Carolina Workers' Compensation Act.
2. That Claimant, Terrance Satterwhite, was an employee of Palmetto State Transportation on the date of injury, January 5, 2012.
3. That Palmetto State Transportation Employer was insured for this date of accident with Cherokee Insurance Company as the Carrier.
4. That venue for the hearing is proper and agreed upon by the parties in Greenville, South Carolina.
5. That notice of the hearing was timely and properly served upon all parties of interest.
6. That notice of the accident was given to the employer in a timely fashion.
7. That a claim for benefits was filed with the South Carolina Workers' Compensation Commission within two years of the date of the alleged accident.
8. That the Claimant's average weekly wage for this accident is \$1,164.57 and his corresponding compensation rate would be \$725.47, the maximum compensation rate for 2012.
9. That Claimant suffered a compensable work related injury to his low back/lumbar spine on January 5, 2012 for which he has received authorized medical treatment from Dr. Phillip Hodge, orthopaedist, in addition to other providers.

10. The sequence of events is a key to this case. The Claimant returned to work as of the first week of February 2013, which the undersigned finds was known to the workers' compensation insurance carrier. The Claimant continued to receive checks from the Carrier for temporary indemnity benefits. A Form 21 request for stop payment was first filed on July 17, 2013, but the current Form 21 filing on which the hearing was held, was not filed until November 8, 2013.

11. The Claimant did return to the doctor in April of 2013 for ongoing complaints to his back, and was to follow up in one month, which was done on May 20, 2013. The May 20, 2013 visit also references following up, in another month, after that. (APA No. 5, p. 31). However, no follow up visit after that is referenced in the record or appears to have taken place.

12. The Form 14B of the treating physician, Dr. Hodge, is dated January 28, 2013, and rates the Claimant with an impairment of 7% to the lumbar spine, and references to a reasonable degree of medical certainty the Claimant "will not" need future medical care related to this injury. (APA No. 5 at p. 28).

13. The Form 21 filed on July 17, 2013, for stop payment, was withdrawn because the Claimant subsequently signed a Form 17 to voluntarily stop ongoing temporary indemnity payments.

14. The functional capacity evaluation (FCE) referenced by Dr. Hodge in his January 28, 2013 narrative report shows the Claimant can perform in the "heavy" demand category of work (according to the report of Dr. Hodge), but this FCE was not submitted with the evidence in the record.

15. Payroll records of the Claimant were submitted by the Defendants for the Claimant's pay history and earnings for the year 2013, which show different pay amounts varying each week. (APA No. 9 pp. 68-98).

16. The Form 17 signed by the Claimant on September 12, 2013 only shows he was paid TTD benefits from January 11, 2012 – June 25, 2013. However, it is not clear when it was offered by the Defendants to the Claimant to be signed.

17. I would find any credit for overpayment against the final award of permanency would apply as of the date of the filing of the initial Form 21, which was filed on the wrong address on July 11, 2013, and refiled on July 17, 2013. Therefore, I find credit for overpayment towards the ultimate award of permanency would be from July 17, 2013 until the last date of temporary indemnity benefits received by the Claimant. This was unclear as of the date of the date of hearing, but according to the payment spread sheet subsequently provided by the Defendants at APA No. 11 would be through September 10, 2013. Therefore, credit would run from July 17, 2013 through September 10, 2013, or a credit for overpayment of nine (9) weeks of TTD benefits.

18. The Claimant requests a second opinion for his back as he continues to have some problems. I grant the Claimant a second opinion for his back, and command the Defendants to set this up within 15 days of the service of this Order.

19. Permanency is not appropriate to address at this time, until the Claimant has been evaluated by a neurosurgeon or another orthopaedist.

20. Dr. Hodge only performed follow up x-rays when the Claimant saw him in the spring of 2013, despite the Claimant's request for a follow up MRI at that time. I am ordering the Claimant be provided an MRI both with and without contrast by the

Defendants, and that the results of such tests be provided to both doctors, (the second opinion physician, and Dr. Hodge) for their consideration and determination of any disability and/or necessary additional treatment.

CONCLUSIONS OF LAW

Accordingly, as provided in the South Carolina Code of Law, 1976, as amended, § 42-17-40, it is the determination of this Commissioner that:

1. Under § 42-3-20 and § 42-3-180, this Commissioner has jurisdiction over the parties to hear the issues in dispute.
2. Under § 42-1-130, Claimant, Terrance Satterwhite, is a covered employee.
3. Under § 42-1-140, Palmetto State Transportation is a covered employer.
4. Under § 42-1-150, there was an employer/employee relationship between the parties on the date of accident.
5. Under § 42-17-20, venue in Columbia, South Carolina was proper and agreed upon by the parties.
6. Under § 1-23-320 (b) and Regulation 67-607, notice of the hearing was timely and properly served upon all of the parties of interest.
7. Under § 42-15-20, the Claimant gave timely notice of his accident to his employer.
8. Under § 42-15-40, the claim for benefits was timely filed under the Workers' Compensation Act with the South Carolina Workers' Compensation Commission.

9. Under § 42-1-40, Claimant's average weekly wage was \$1,164.57, and his compensation rate is \$725.47.
10. Under § 42-1-160, the Claimant sustained a compensable injury to his lumbar spine only.
11. Under § 42-15-60, and per the evidence presented in the claim, Claimant has not reached maximum medical improvement at this time, and is in need of an evaluation for a second opinion with an appropriate specialist.
12. That the Claimant has received appropriate medical treatment under § 42-15-60, but is now in need of an MRI both with and without contrast, and the results of such testing shall be provided to the IME physician (referenced in Conclusion of Law No. 11), and with to the original treating physician, Dr. Phillip Hodge, for each of them to opine on the Claimant's degree of disability and/or necessary continued treatment.
13. The Claimant was placed at MMI by the treating physician on the 28th of January of 2013, and he did not return to full duty until the first week of February 2013. While the Claimant has continued working full duty and earning wages at the same position with the Defendant Employer from February 2013 through the date of the February 7, 2014 hearing, as well as full TTD benefits until September 10, 2013, I find that under § 42-9-210 and *Curriel v. Environmental Management Services, Inc.*, 655 S.E.2d 482, 376 S.C. 23 (2007) the Defendants are only entitled credit for overpayment of temporary benefits from July 17, 2013 until September 10, 2013 (The Claimant having signed a Form 17 on September 12, 2013).

ORDER

In conjunction with the Findings and Conclusions above, the Claimant has not attained maximum medical improvement at this time, and is entitled to a second opinion with an appropriate specialist as well as two separate MRI's to his lumbar spine (one with contrast and one without contrast). These diagnostic tests will be provided to both the original treating physician, Dr. Phillip Hodge, and the follow up physician who provides the second opinion.

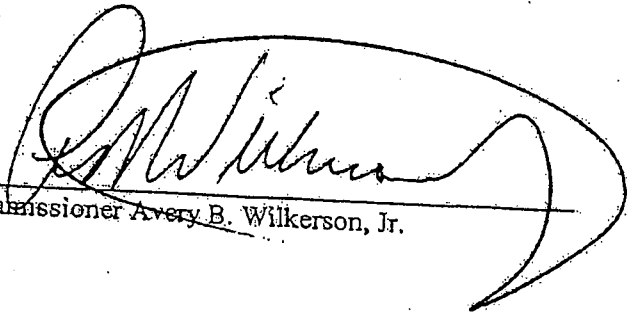
The Defendants request for credit for overpayment during the time period that the Claimant was back to work full duty for the Defendant Employer, and also receiving full temporary total disability benefits between February 2013 and July 16, 2013 is denied, and shall be provided in accordance with the Findings and Conclusions above for the nine (9) weeks between July 17, 2013 and September 10, 2013.

The determination of permanency is held in abeyance at this time.

AND IT IS SO ORDERED.

COPIES TO: Terrance Satterwhite; Peter P. Leventis, Esq.

**SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION**



Commissioner Avery B. Wilkerson, Jr.

CERTIFICATE OF SERVICE

This is to certify the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

April 29, 2014

By: Elaine Boyd, Administrative Assistant to Commissioner Wilkerson

Julius W. McKay, II
Mark D. Cauthen
Daniel R. Settana, Jr.
M. Stephen Stubley
Janet Brooks Holmes
Peter P. Leventis, IV
Kelli L. Sullivan*

George D. Gallagher*
Temus C. Miles, Jr.
David M. Bornemann
Brandon P. Jones
James E. L. Fickling+
Richard E. Marsh, III
Courtney R. Pawley
Charles A. Kinney Jr.

Law Offices
McKAY, CAUTHEN, SETTANA & STUBLEY, P.A.

P.O. Box 7217
Columbia, South Carolina 29202-7217

1303 Blanding Street
Columbia, South Carolina 29201

Douglas McKay, Jr.
(1917-2008)

Telephone
(803) 256-4645
Fax
(803) 765-1839
E-Mail
mms@mckayfirm.com
Web
www.mckayfirm.com

*S.C. Certified Mediator
+ Also licensed in N.C.

April 1, 2015

RECEIVED

APR 02 2015

SC Court of Appeals

The Honorable Jenny Abbott Kitchings
Clerk, South Carolina Court of Appeals
1015 Sumter Street, Suite 200
Columbia, SC 29201

RE: Terrance Satterwhite v. Palmetto State Transportation
WCC No.: 1200195
Claim No.: WC33587
DOA: 1/5/12
Our File No.: 1800-0062

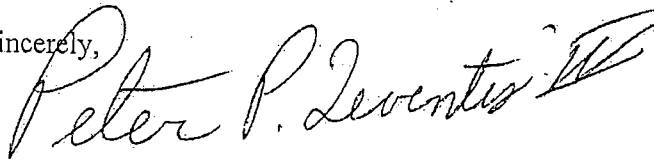
Dear Ms. Kitchings:

Enclosed for filing are the original and three copies of a notice of appeal in the above case. Also enclosed are the following:

- 1) Notice of Appeal, and attached grounds of the appeal;
- 2) Proof of Service of the notice of appeal on the respondent;
- 3) A copy of the order to be challenged on appeal; and
- 4) A filing fee of \$100.00.

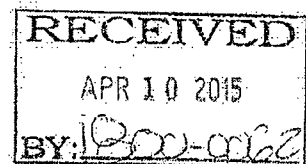
I would appreciate very much if you would file the notice and return the copy to me in the self-addressed stamped envelope that I have provided. By copy of this letter, I am serving the Notice upon all counsel of record.

Sincerely,



Peter P. Leventis, IV
PPL/ecs
Enclosures

cc: Terrance Satterwhite (Certified Mail, RRR) (w/encl)
Amy Bracy, SCWCC Judicial Director (w/encl)
Michael DeCarolis (w/encl)



THE STATE OF SOUTH CAROLINA
IN THE COURT OF APPEALS

APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

SCWCC No.: 1200195

RECEIVED

APR 02 2015

SC Court of Appeals

Palmetto State Transportation, Employer, and
Cherokee Insurance Company,
Carrier.....

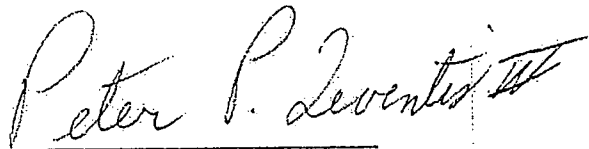
Appellants.

v.

Terrance Satterwhite,.....Respondent.

NOTICE OF APPEAL

The Employer/Carrier appeals the decision of the South Carolina Workers' Compensation Commission dated March 2, 2015. Counsel for Appellant received a copy of the decision on March 4, 2015. A copy of the decision of the commission is attached.



Peter P. Leventis, IV, Esq.
McKay, Cauthen, Settana & Stuble, P.A.
Post Office Box 7217
Columbia, South Carolina 29202
(803) 256-4645
Attorney for Appellants

April 1, 2015
Columbia, South Carolina

THE STATE OF SOUTH CAROLINA
IN THE COURT OF APPEALS

APPEAL FROM THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

The Honorable Aisha Taylor, Commissioner

RECEIVED

SCWCC No.: 1200195

APR 02 2015

SC Court of Appeals

Palmetto State Transportation, Employer, and
Cherokee Insurance Company,
Carrier.....

Appellants.

v.

Terrance Satterwhite,.....Respondent.

PROOF OF SERVICE

I certify that I have served the Notice of Appeal on Terrance Satterwhite, *Pro Se* Claimant as well as the South Carolina Workers' Compensation Commission by depositing a copy of it in the United States Mail, postage prepaid, on April 1, 2015, addressed as follows:

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

Terrance Satterwhite
1022 West Buford Street, Apt. 303
Gaffney, SC 29341

Honorable Amy Bracy
Judicial Director
S.C. Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202



Peter P. Leventis, IV, Esq.
McKay, Cauthen, Settana & Stubley, P.A.
Post Office Box 7217
Columbia, South Carolina 29202
(803) 256-4645
Attorney for Appellants

April 1, 2015

STATE OF SOUTH CAROLINA
BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION
COMMISSION APPELLATE PANEL
WCC FILE NO: 1200195

Terrance Satterwhite,

Claimant/Respondent,

vs.

Palmetto State Transportation,

Employer,

and

Cherokee Insurance Company,

Carrier,

Defendants/Appellants.)

**APPELANTS' BRIEF OF
PALMETTO STATE TRANSPORTATION
AND CHEROKEE INSURANCE TO
THE APPELLATE PANEL**

SCWCC
JUL - 9 2014
JUDICIAL

STATEMENT OF THE CASE

This matter is before the Appellate Panel upon a Form 30 appeal filed by the Appellant Employer/Carrier, from the Order of the single Commissioner on Form 21 hearing request of the Defendants for a determination of permanent impairment, and credit for overpayment of temporary total disability benefits after the Claimant had returned back to work for the Defendant Employer without restrictions. The Defendants are represented by Peter P. Leventis, IV, Esquire of The McKay Firm (McKay, Cauthen, Settana, & Stublely, P.A.). The Claimant, Terrance Satterwhite, is *pro se*.

The Claimant suffered a work related injury to his low back only on January 5, 2012 when Mr. Satterwhite was getting out of his truck and twisted his lower back the wrong way. (See APA No. 2 at p. 2). Mr. Satterwhite only asserted injury to his low back, and this is an

admitted claim for benefits by the Defendants. Per his testimony at the hearing, the Claimant returned back to work in the first week of February of 2013.

The Claimant did not sign a Form 17 to voluntarily terminate his ongoing weekly temporary total disability benefits until September 12, 2013. (APA No. 10 at p. 99). The Claimant had been declared at maximum medical improvement by the treating physician on January 28, 2013, and released to return to full duty at that time by the treating physician, Dr. Phillip Hodge. (APA No. 5 at p. 25). Per his own testimony in the record, and the employment documents submitted by the Defendants in their trial exhibits, the Claimant did return to full duty as of February of 2013 and was being paid at the same rate by the Defendant Employer upon his return to work.

Before the single Commissioner, the Defendants requested: (a) A determination of permanent partial disability for the Claimant's low back based on the ratings of the treating physician; and (b) The Employer/Carrier also requested a credit for overpayment of temporary indemnity benefits paid since the Claimant was found to be at maximum medical improvement by Dr. Hodge, per the reasoning of the Supreme Court in *Curiel v. Environmental Management Services, Inc.*, 655 S.E.2d 482, 376 S.C. 23 (2007) until the date of the signing of the Form 17; and, (c) Alternatively, the Defendants requested a credit for overpayment of temporary benefits in the amount of two thirds of the actual wages earned by the Claimant since he returned to full duty work without restriction from the treating physician as of the first week of February 2013 until the date the Form 17 was signed on September 12, 2013, per S.C. Code Ann. §42-9-210 et. seq.

Also at the Form 21 hearing, the Claimant contended he had not reached maximum medical improvement for his low back, and wanted additional treatment and evaluation. While

Mr. Satterwhite had returned to Dr. Hodge after the January 28, 2013 medical release, Mr. Satterwhite testified at the February 7, 2014 hearing, that he felt Dr. Hodge did not fully consider his complaints in evaluating him, and only provided follow up x-rays, instead of an MRI when he returned for a follow up visit after previously being declared at maximum medical improvement by Dr. Hodge. The Claimant requests a second opinion from another qualified specialist, and specifically for an MRI of his lumbar spine. The single Commissioner ultimately determined that the Claimant was not at MMI, and was entitled to a second opinion for his back. The single Commissioner also determined that the Defendants were to provide two MRI's of the Claimant's lumbar spine, one with and without contrast, and that the results of such MRI's should be provided to both the IME physician and the original treating physician in order for them to opine on the diagnostic testing. The Single Commissioner further found that the Defendants were not entitled to any credit for overpayment of TTD benefits from date of MMI prescribed by the treating physician, nor from the date on which the Claimant actually returned back to work, nor for the actual wages the Claimant was earning from the Defendant Employer, working without restriction – while getting full TTD benefits simultaneously – nor from the date on which the first Form 21 hearing request (to terminate TTD benefits) was filed.

Within the applicable time period, Defendants/Appellants Cherokee Insurance Company and Palmetto State Transportation filed a Form 30 appeal citing six (6) grounds for exception and judicial review to the Appellate Panel of the single Commissioner's Order dated April 29, 2014.

ISSUES ON APPEAL

1. Did the single Commissioner err in finding as an issue of fact, and/or concluding as a matter of law, that the Defendants were only entitled to nine weeks of credit for overpayment of temporary total disability from July 17, 2013 through September 10, 2013, when the Claimant was deemed at MMI by the treating physician in January of 2013, and returned to work continuously earning wages with the covered Employer as of February 2013 through September 10, 2013 and ongoing; and when such a finding was against the greater weight of the evidence and/or contrary to South Carolina law? (Wilkerson Order, Finding of Fact No. 17; Wilkerson Order, Conclusion of Law No. 13)
2. Did the single Commissioner err in finding as an issue of fact, and/or concluding as a matter of law, that the Claimant was entitled to a second opinion for his back, when such a finding was against the greater weight of the evidence and/or contrary to South Carolina law? (Wilkerson, Order Finding No. 18)
3. Did the single Commissioner err in finding as an issue of fact, and/or concluding as a matter of law, that a determination of permanency was premature in this matter, when such a finding was against the greater weight of the evidence and/or contrary to South Carolina law? (Wilkerson, Order Finding No. 19)
4. Did the single Commissioner err in finding as an issue of fact, and/or concluding as a matter of law, that the Defendants are obligated to provide two separate MRI's to the Claimant's back (with and without contrast), when: such finding is unsupported by any medical evidence, not requested by the treating physician, nor any other physician, *even though* such request was presented to the physician by the Claimant; when the Defendants do not have the ability to provide such a diagnostic procedure, without the referral of a physician; and when such a finding was against the greater weight of the evidence and/or contrary to South Carolina law? (Wilkerson Order, Finding No. 20)
5. Did the single Commissioner err in finding as an issue of fact, and/or concluding as a matter of law, that the Claimant had not attained maximum medical improvement when such a finding was against the greater weight of the evidence and/or contrary to South Carolina law? (Wilkerson Order, Conclusion of Law No. 11)
6. Did the single Commissioner err in finding as an issue of fact, and/or concluding as a matter of law, that the Claimant is entitled to an independent medical evaluation, as well as two separate MRI's of his back, when such a finding was against the greater weight of the evidence and/or contrary to South Carolina law? (Wilkerson Order, Conclusion of Law No. 12)

ARGUMENT

1. Did the single Commissioner err in finding as an issue of fact, and/or concluding as a matter of law, that the Defendants were only entitled to nine weeks of credit for overpayment of temporary total disability from July 17, 2013 through September 10, 2013, when the Claimant was deemed at MMI by the treating physician in January of 2013, and returned to work continuously earning wages with the covered Employer as of February 2013 through September 10, 2013 and ongoing; and when such a finding was against the greater weight of the evidence and/or contrary to South Carolina law? (Wilkerson Order, Finding of Fact No. 17; Wilkerson Order, Conclusion of Law No. 13).

It is uncontested that the Claimant was released to return to regular duty with no restrictions by the treating physician as of January 28, 2013. (See APA 5, at p. No. 26). The Claimant was also found to be at MMI by the treating physician, Dr. Philip Hodge, as of January 28, 2013. At that time Dr. Hodge assigned a 7% impairment rating to the lumbar spine, cited a return to work "without restrictions," and indicated that the Claimant "will not" need any future medical care related to this injury. (See APA No. 5, at p. No. 28). It is also uncontested by the Claimant that he returned to full duty work with the Defendant Employer as of the first week of February 2013. (Hearing Trans. p. 7, lines 4-5). The Claimant worked continuously for the Defendant Employer from the date of his return to work in February of 2013 until the date of the hearing, February 7, 2014. The Claimant was working without restriction at the same job, making full wages after his return to work in February 2013. (See Defendants' Trial Exb. Tab No. 9 at pp. 60-98). The Claimant did ultimately sign a Form 17 voluntary termination on September 12, 2013, but not until after the Defendants filed for a previous Form 21 hearing to terminate such benefits. (See Defendants' Trial Exb. Tab No. 10 at p. 99). However, during such time the Claimant was being paid his wages, working without restriction, and being paid full TTD benefits by the Defendants between the first week of February and his signing of the Form 17 on September 12, 2013. (See Trial Exb. No. 11 of the Defendants at pp. 100-106;

showing TTD payments made). This was also after a time period when the Claimant had been declared at MMI by the treating physician.

The Defendants assert they should have been granted a credit for overpayment of TTD benefits from the date of the Claimant's MMI (January 28, 2013 – and as argued herein below), or either his return to work full duty, no later than February 7, 2013, up through the date that TTD benefits were terminated upon the Claimant's signing of the Form 17 on September 12, 2013. Holding otherwise grants a significantly unfair and unintended benefit to Claimant which is not only contrary to the Act, but also an additional indemnity benefits to which the Claimant is not entitled from his workers' compensation injury.

First, the Defendants contend the Claimant had reached MMI as of January 28, 2013, per the assignment of the treating physician, and such finding is not contested by any medical evidence in the record. If indeed the Claimant was at MMI as of January 28, 2013, these Defendants assert that the law is clear and unequivocal, and that any temporary indemnity benefits paid after such date, would accrue as a credit to the Defendants against any ultimate award of permanent indemnity – whether such award is ultimately for partial or total wage loss, or a scheduled member injury under S.C. Code Ann. §42-9-30. The Supreme Court has previously ruled that:

[e]ssentially, workers' compensation benefits accrue along a time continuum: temporary total disability benefits are available from the date of injury through the date of maximum medical improvement; post-MMI benefits may then be awarded either as a permanent total or partial disability, or as a percentage of impairment to a scheduled member. Accordingly, the date of maximum medical improvement signals the end of entitlement to temporary total benefits.

Curiel v. Environmental Management Services 376 S.C. 23, 29, 655 S.E.2d 482, __ (2007) (internal citations omitted).

Similarly, South Carolina Courts have also held:

[b]ecause equity follows the law, XTRA is entitled to credit for any TTD compensation payments it made to Watson after the date of MMI. See *Curiel v. Envtl. Mgmt. Servs.* (MS), 376 S.C. 23, 29, 655 S.E.2d 482, 485 (2007) ("[T]he date of maximum medical improvement signals the end of entitlement to temporary total disability benefits.")

Watson v. Xtra, 399 S.C. 455, 465, 732 S.E.2d 190, __ (Ct. App. 2012).

Moreover, even if the Claimant is deemed not to have been at MMI as of January 28, 2013, the Defendants alternatively contend they would still be entitled to a credit for over payment of TTD benefits paid after the Claimant returned to work full duty, at the same rate of pay in February of 2013. Not only would it be highly prejudicial to the Defendants to pay the Claimant simultaneously full wages for his work, and full TTD benefits, but the Act itself provides for such a credit for overpayment under S.C. Code Ann. §42-9-210:

Any payments made by an employer to an injured employee during the period of his disability, or to his dependents, which by the terms of this Title were not due and payable when made may, subject to the approval of the Commission, be deducted from the amount to be paid as compensation; provided, that in the case of disability such deductions shall be made by shortening the period during which compensation must be paid and not by reducing the amount of the weekly payment.

During a time period when an employee is working, without restriction, for the Defendant Employer after being released by the treating physician, per the terms of the Act, he or she would not be entitled to ongoing TTD benefits. Therefore, pursuant to S.C. Code Ann. §42-9-210, these Defendants would be entitled to a credit for overpayment from the date of Claimant's return to work in February 2013, until the date of his voluntary termination of TTD benefits in September of 2013, for not less than two thirds of the actual wages he earned, while still receiving full TTD benefits. (Also See, S.C. Code Ann. §42-9-20).

2. Did the single Commissioner err in finding as an issue of fact, and/or concluding as a matter of law, that the Claimant was entitled to a second opinion for his back, when such a finding was against the greater weight of the evidence and/or contrary to South Carolina law? (Wilkerson, Order Finding No. 18)

3. Did the single Commissioner err in finding as an issue of fact, and/or concluding as a matter of law, that a determination of permanency was premature in this matter, when such a finding was against the greater weight of the evidence and/or contrary to South Carolina law? (Wilkerson, Order Finding No. 19)

5. Did the single Commissioner err in finding as an issue of fact, and/or concluding as a matter of law, that the Claimant had not attained maximum medical improvement when such a finding was against the greater weight of the evidence and/or contrary to South Carolina law? (Wilkerson Order, Conclusion of Law No. 11)

The Defendants contend that the Claimant has attained MMI for his injuries, and that such findings by the treating physician, Dr. Hodge, are uncontroverted by any medical evidence in the record. Therefore the single Commissioner was in error to find otherwise. As such, this finding was against the greater weight of the medical evidence in the record. Moreover, if the Claimant is indeed at MMI, as reflected by the opinion of the treating physician, (See for example, APA 5 at p. 28), then a determination of permanent disability was indeed ripe for consideration and justiciable at that time. Furthermore, if at MMI, it is currently appropriate for this appellate panel based on the 7% lumbar spine impairment rating, with no work restrictions assigned by Dr. Hodge. (See S.C. Code Ann. §42-17-50).

4. Did the single Commissioner err in finding as an issue of fact, and/or concluding as a matter of law, that the Defendants are obligated to provide two separate MRI's to the Claimant's back (with and without contrast), when: such finding is unsupported by any medical evidence, not requested by the treating physician, nor any other physician, *even though* such request was presented to the physician by the Claimant; when the Defendants do not have the ability to provide such a diagnostic procedure, without the referral of a physician; and when such a finding was against the greater weight of the evidence and/or contrary to South Carolina law? (Wilkerson Order, Finding No. 20)

6. Did the single Commissioner err in finding as an issue of fact, and/or concluding as a matter of law, that the Claimant is entitled to an independent

medical evaluation, as well as two separate MRI's of his back, when such a finding was against the greater weight of the evidence and/or contrary to South Carolina law? (Wilkerson Order, Conclusion of Law No. 12)

In the April 29, 2014, Order the single Commissioner held in part that:

Dr. Hodge only performed follow up x-rays when the Claimant saw him in the spring of 2013, despite the Claimant's request for a follow up MRI at that time. I am ordering the Claimant be provided an MRI both with and without contrast by the Defendants, and that the results of such tests be provided to both doctors, (the second opinion physician, and Dr. Hodge) for their consideration and determination of any disability and/or necessary additional treatment.

See Wilkerson Order at Finding of Fact No. 20, pp. 9-10 and Order at p. 12

These Defendants contend that such finding by the trial Commissioner, that an MRI is necessary and that the Defendant are obligated to provide such, is without medical support. Despite the fact that the Claimant has requested an MRI, the treating physician did not choose to obtain or prescribe one, though he did due an updated x-ray of the Claimant's lumbar spine. Nevertheless, the diagnostic of a follow up MRI – either with nor without contrast – has not been recommended nor prescribed to the Claimant by the treating physician *nor any other* medical provider or physician. While the Claimant may desire or want an MRI follow up for his back, the bequest of the Claimant is not the standard for specific treatment modalities or evaluations under the Act.

While the Defendants do contend that a follow up IME is not warranted under the evidence of the case, these Defendants do not contest the Commission's authority and ability to Order such IME be provided, if the Appellate Panel deems it appropriate and supported by the evidence. These Appellants do, *however*, contend that the Order of the single Commissioner commanding the Defendants to provide two separate MRI's, both with and without contrast, is beyond the scope of the authority of the Commission when such modalities have not been

recommended, nor prescribed by anyone. (See Generally S.C. Code Ann. §§42-15-60 and 42-15-80).

Furthermore, the Defendants/Appellants have no ability to create or obtain a prescription for an MRI, without or without contrast, unless and until such is prescribed by a physician or other qualified medical provider. That is, if the treating physician, nor an IME physician were to prescribe a follow up MRI, there is no mechanism for the Defendants to obtain such diagnostic testing. Similarly, while a Commissioner may Order a carrier provide treatment and evaluations for an injured body part, e.g. a broken leg, or even with a specific doctor or treatment provider, e.g. Dr. Smith, or the treatment recommendations of a doctor, e.g. "the fusion recommended by Dr. Jones." Nevertheless, the Act does not imbue the Commission with the authority to mandate specified treatment and testing be provided when such has not even been ordered or requested by any treatment provider, and when such has not even been recommended by any treatment provider.

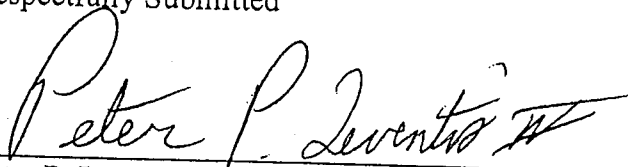
To interpret the Act in such a way creates a clear quandary. That being, if a Commissioner Ordered a certain type of surgery or test be performed, but neither the treating physician, nor any IME or other evaluating medical care provider was recommending such type of testing and/or surgical treatment, the defendant carrier would be wholly unable to comply with such an Order, and without recourse. It would also create a medical conundrum in that the directive for medical treatment or diagnostics, such as in the instant case, may be completely medically unnecessary or even detrimental to the treatment of the patient/claimant, and is also completely unsupported by the medical evidence in the record of the case. The Defendants argue that is the case in the instance of the Ordered MRI's for Mr. Satterwhite under these circumstances.

CONCLUSION

Based on the forgoing arguments, these Appellant, Palmetto State Transportation and Cherokee Insurance Company, request that the Appellate Panel reverse and modify the findings and conclusions of the single Commissioner as outlined herein above, by:

- (a) Finding that the Employer/Carrier is entitled a credit for overpayment of all TTD payments made after the Claimant was determined to be at MMI, and/or in the amount of 2/3rds of all wages earned by the Claimant after his full duty return to work, while he was still receiving indemnity benefits;
- (b) Finding that the Claimant is at MMI at this time, awarding permanency, based on the ratings of the treating physician;
- (c) And, reversing the single Commissioner ruling that the Defendants must provide two separate MRI's for the Claimant's spine, when no such testing has ever been denied by the carrier, nor requested, prescribed or recommended by any physician, and is wholly unsupported by any medical evidence in the record. .

Respectfully Submitted



Peter P. Leventis, IV
McKay, Cauthen, Settana & Stublely
Post Office Box 7217
Columbia, South Carolina 29202-7217
(803) 256-4645
Attorney for the Defendants/Appellants
Palmetto State Transportation and Cherokee
Insurance Company.

Columbia, South Carolina
July 7, 2014

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5675



WCC File #: 1200195

Carrier File #: _____

Carrier Code #: _____

Employer FEIN #: _____

Claimant's Name: Terrance Satterwhite SSN: _____

Address: 270 Chateau St.

City: Boiling Springs State: SC Zip: 29316

Home Phone: _____ Work Phone: _____

Preparer's Name: _____ Law Firm: _____

Employer's Name: Palmetto State Transportation

Address: _____

City: _____ State: _____ Zip: _____

Insurance Carrier: _____

Preparer's Phone #: _____

DIRECTIONS: Please print or type. Answer the following questions about your claim to the best of your ability. If you cannot answer a question, leave it blank. Use additional sheets of paper, if necessary. Please use short statements.

Questions

Did the Commissioner fail to consider important reasons for award of compensation? If so, what reasons?

NO.

Did the Commissioner incorrectly decide the facts? If so, what facts?

NO

Do you think the Commissioner applied the wrong law? If so, what law?

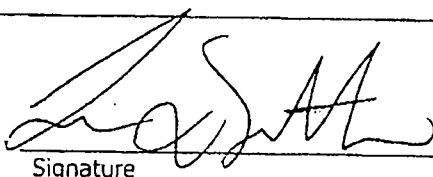
NO

Do you feel there are any other reasons why the Commissioner's judgment was wrong? If so, what?

NO

What action do you want the Commission to take in this case?

SETTLE THIS QUICKLY


Signature

6-20-14
Date

IMPORTANT: A copy of this Brief and any attachments must be filed with the Commission within 10 days of receipt of the Review Hearing Notice, Form 31. The Commission will serve your Brief on the employer's representative. Questions about the use of this form may be directed to the Commission's Judicial Department.

South Carolina Workers' Compensation Commission

1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723



WCC File #: 1200195

Date of Injury: 01/05/2012

TERRANCE SATTERWHITE v. PALMETTO STATE TRANSPORTATION
WCC File No. 1200195

The Commission is hereby providing you a copy of the Respondent's Brief filed by the unrepresented claimant pursuant to R.67-705 G.

A handwritten signature in black ink, appearing to read "Grant W. Duffield".

Grant W. Duffield
Interim Judicial Director

Date: July 10, 2014

CERTIFICATE OF SERVICE

I hereby certify on July 10, 2014, I served this document on the parties listed below by electronic mail or depositing a copy hereof, postage prepaid, in the United States mail and addressed as follows:

TERRANCE SATTERWHITE
270 Chateau Street
BOILING SPRINGS, SC 29316

PALMETTO STATE TRANSPORTATION
PO BOX 12053
GREENVILLE, SC 29612

M. Stephen Stublely
McKay Cauthen Settana & Stublely, P.A.
PO Box 7217
Columbia, SC 29202

Peter P. Leventis IV
McKay Cauthen Settana & Stublely, P.A.
PO Box 7217
Columbia, SC 29202

By: Kim S. Falls, Judicial Department



Carrier File #: WC33587
Carrier Code #: 1101
Employer FEIN #: _____

Claimant's Name: Terrance Satterwhite SSN: 257 - 43 - 7967 Employer's Name: Palmetto State Transportation
Address: 270 Chateau Street Address: 1050 Park West Blvd.
City: Boiling Springs State: SC Zip: 29316 City: Greenville State: SC Zip: 29611
Home Phone: () - Work Phone: () - Insurance Carrier: Cherokee Insurance Company
Preparer's Name: Peter P. Leventis, IV, Esquire Law Firm: McKay Law Firm Preparer's Phone #: (803) 256 - 4645

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☐ Claimant ☒ Employer (check one) Date of Injury or Illness: 5/9/2014

The undersigned makes application for review of the findings of the Commissioner in the above-captioned case. The request for review is based on the following grounds: (State the grounds of your appeal in the form of questions presented. Each question presented must contain a concise statement of one proposition of law or fact. Refer to evidence by title and exhibit number. Use additional pages if necessary).

Please see attached.

SCWCC

MAY 13 2014

JUDICIAL

(Check one) Oral argument ☒ is ☐ is not requested. Appellant's request for oral argument is waived if not indicated on this form.

☐ Mediation

☐ Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Terrance Satterwhite, 270 Chateau Street, Boiling Springs, SC 29316 on the 9th day of May 2014, by first class postage ☒ certified mail ☐ personal service.

Peter P. Leventis
Preparer's Signature

Attorney for Defendants
Title

pleventis@mckayfirm.com
Email

May 9, 2014
Date

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or appeals@wcc.sc.gov.

If the claimant appeals and is not represented by counsel, the Judicial Department will properly serve this form pursuant to Reg. 67-607 C. Pursuant to Reg. 6205 and Reg. 701, the appeal must be postmarked no later than 14 days from the date of service of the Decision and Order of the Hearing Commissioner along with the filing fee. Attach a Form 32, if you are unable to pay the filing fee. Refer to Reg. 67-211 and Reg. 67-701 through 711.

CERTIFICATE OF SERVICE

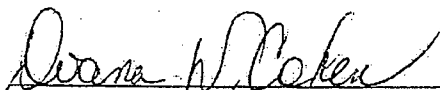
This is to certify that a copy of the foregoing WCC Form 30, Request for Commission Review, has been served upon the following parties by placing a copy of the same in the United States mail, first class postage prepaid, addressed to the following as shown below on the 9 day of May, 2014.

The Honorable Virginia Crocker
Judicial Director
S.C. Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202

The Honorable Avery B. Wilkerson, Jr.
Commissioner
S.C. Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202-1715

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Terrance Satterwhite
270 Chateau Street
Boiling Springs, SC 29316


Diana W. Cohen, Paralegal
McKay, Cauthen, Settana & Stublely, P.A.
Post Office Box 7817
Columbia, South Carolina 29202-7217

(803) 256-4645

and/or contrary to South Carolina law? (Wilkerson Order, Finding of Fact No. 17; Wilkerson Order, Conclusion of Law No. 13)

2. Did the single Commissioner err in finding as an issue of fact, and/or concluding as a matter of law, that the Claimant was entitled to a second opinion for his back, when such a finding was against the greater weight of the evidence and/or contrary to South Carolina law? (Wilkerson, Order Finding No. 18)

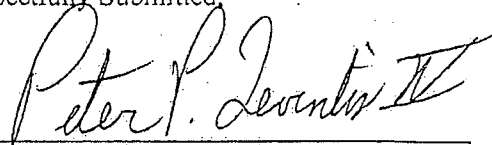
3. Did the single Commissioner err in finding as an issue of fact, and/or concluding as a matter of law, that a determination of permanency was premature in this matter, when such a finding was against the greater weight of the evidence and/or contrary to South Carolina law? (Wilkerson, Order Finding No. 19)

4. Did the single Commissioner err in finding as an issue of fact, and/or concluding as a matter of law, that the Defendants are obligated to provide two separate MRI's to the Claimant's back (with and without contrast), when: such finding is unsupported by any medical evidence, not requested by the treating physician, nor any other physician, *even though* such request was presented to the physician by the Claimant; when the Defendants do not have the ability to provide such a diagnostic procedure, without the referral of a physician; and when such a finding was against the greater weight of the evidence and/or contrary to South Carolina law? (Wilkerson Order, Finding No. 20)

5. Did the single Commissioner err in finding as an issue of fact, and/or concluding as a matter of law, that the Claimant had not attained maximum medical improvement when such a finding was against the greater weight of the evidence and/or contrary to South Carolina law? (Wilkerson Order, Conclusion of Law No. 11)

6. Did the single Commissioner err in finding as an issue of fact, and/or concluding as a matter of law, that the Claimant is entitled to an independent medical evaluation, as well as two separate MRI's of his back, when such a finding was against the greater weight of the evidence and/or contrary to South Carolina law? (Wilkerson Order, Conclusion of Law No. 12)

Respectfully Submitted,



Peter P. Leventis, IV
McKay, Cauthen, Settana & Stublely
Post Office Box 7217
Columbia, South Carolina 29202-7217
(803) 256-4645
Attorney for the Defendants

Columbia, South Carolina
May 9, 2014



WCC File No: 1200195

Claimant's Name: Terrance Satterwhite Employer's Name: Palmetto State Transportation
Address: 270 Chateau Street Address: 1050 Park West Blvd.
City: Boiling Springs State: SC Zip: 29316 City: Greenville State: SC Zip: 29611
Home Phone: (704) 689-8499 Work Phone: () - Carrier: Cherokee Insurance Company
Preparer's Name: Peter P. Leventis, IV, Esquire Preparer's Phone #: (803) 256-4645

A claim for workers' compensation benefits is made based on the following grounds:

☐ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$725.47 2. AWW: \$1,164.57 Date of Injury: 1/5/2012
3. Type of injury and body part(s): Low back
4. Facts in controversy: Degree of disability; defendant's entitlement to credit for overpayment of TTD; Claimant's entitlement to future medical treatment.
5. Legal issues involved: 42-9-30; 42-9-35; 42-9-210; 42-15-60; Curiel v. Environmental Management Services (SC 2007)
Dodge v. Brucoli (SC 1999)
6. Unusual aspects: The Employer provided the Defendant's attorney a signed Form 17 on September 12, 2013 wherein the Claimant acknowledges he was able to return to work on January 28, 2013. Per 42-9-210, the Employer/Carrier is seeking credit for all TTD paid from January 28, 2013 until September 12, 2013.
7. Witnesses (designate if expert):* Scott Justice; the Claimant's direct supervisor on the date of injury, and any other representative of the employer; the Claimant and any witnesses listed by the Claimant.
(The Defendants reserve the right to cross-examine any expert submitted by the claimant pursuant to 1-23-330 (3). The Defendants reserve the right to amend their Pre-hearing brief upon receipt of additional information.
8. Exhibits: 10 year driving record; wage information; signed Form 17
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):
See APA Submissions.
10. Name, address, and specialty, if any, of the treating physician: Phillip Hodge, MD, University Medical Group, Southeastern
Neurosurgical and Spine Institute, 111 Doctors Drive, Greenville, SC 29605
11. Impairment rating(s); body part(s); physician and date of opinion: 7% to Lumbar Spine by Dr. Phillip Hodge dated 1/28/13
12. I am amending my Form 50/51 in the following manner: N/A

☐ **Mediation**

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
☐ b. Mediation is required pursuant to Reg. 67-1802.
☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I verify the contents of this form are accurate and true to the best of my knowledge.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Terrance Satterwhite, 270 Chateau Street, Boiling Springs, SC 29316 on the 26th day of December 2013 by: ☒ first class postage ☒ certified mail ☐ personal service.

Signature: Peter P. Leventis Email: pleventis@mckayfirm.com
Date of hearing: January 8, 2014 (Commissioner Wilkerson) Time needed for hearing: 30 minutes

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211 and Regulations 67-60 through 67-615; as well as Regulation 67-1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. * Commissioners reserve the right to admit expert witnesses at hearings.

South Carolina Workers' Compensation Commission
P.O. Box 1715 • 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File # 1200195
Carrier File # WC33587
Carrier Code # 1101
Employer FEIN

Terrance Satterwhite
Claimant's Name
1022 WEst Buford St. Gaffney SC 29341
Address City State Zip
(704)689-8499
Home Phone Work Phone

257-43-7967
SSN

Palmetto State Transportation
Employer's Name
1050 Parkwest Blvd. Greenville SC 29611
Address City State Zip
Cherokee Insurance Company
Insurance Carrier

M. Stephen Stubley
Preparer's Name

(803)256-4645
Phone #

Date of injury: 1/5/2012
month day year

1. Temporary Compensation Paid:

Number of Weeks	From	To	Amount
76	1/11/2012	6/25/2013	\$ 55,135.72
			\$
			\$
			\$
			\$

2. The claimant returned to work on

month day year

- ☐ With restrictions but at a salary not less than before the injury.
☒ Without restrictions.

3. The claimant agrees he or she was able to return to work on

1/28/2013

month day year

I agree that I was disabled for the period(s) indicated and I was paid compensation as shown above. I UNDERSTAND THAT MY WEEKLY TEMPORARY COMPENSATION CHECKS WILL STOP; HOWEVER, I GIVE UP NO RIGHTS TO COMPENSATION FOR FUTURE DISABILITY, FOR PERMANENT DISABILITY, DISFIGUREMENT, OR MEDICAL CARE. The effect of this form has been fully explained to me, and I have received a copy of it. I understand that I should not sign this form until 15 days after I have returned to work or agree I was able to return to work.

Claimant's Signature

Employer's Representative Signature

(Check one) ☐ Witness ☐ Claimant's Attorney

Date Agreement Signed

File this form with the Claims Department no later than 31 days from the date the claimant returned to work to terminate temporary compensation after the first 150 days after employer's notice of the injury according to R.67-505. Within the 150 day period, obtain a Form 17 to document that claimant agrees he or she is able to return to work.

South Carolina Workers' Compensation Commission

1333 Main Street, Suite 500
Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737.5675 www.wcc.sc.gov



WCC File #: 1200195

Carrier File #: WC33587

Carrier Code #: 1101

Employer FEIN #: _____

Claimant's Name: Terrance Satterwhite SSN: 257 - 43 - 7967 Employer's Name: Palmetto State Transportation
Address: 957 Overbrook Drive, Apt B Address: 1050 Park West Blvd.
City: Gaffney State: SC Zip: 29341 City: Greenville State: SC Zip: 2961
Home Phone: (704) 689 - 8499 Work Phone: () - Insurance Carrier: Cherokee Insurance Company
Preparer's Name: M. Stephen Stuble Law Firm: McKay Law Firm Preparer's Phone #: (803) 256 - 4645

The date of injury reported on Form 12A is: _____ (m/d/yyyy)

Check appropriate section(s). The Employer's Representative requests a hearing to:

- I. ☐ **Stop payment of compensation.** Claimant has reached maximum medical improvement and Claimant continues to receive temporary compensation payments. The employer's representative requests a hearing pursuant to § 42-9-260(D) to stop payment of temporary compensation. A hearing requested pursuant to this section must be held within sixty days of the date of the request.

Claimant reached maximum medical improvement on _____ (m/d/yyyy) (copy of medical report must be attached).

Compensation payments are current as of _____ (m/d/yyyy) and shall continue until otherwise ordered or until Form 17 is signed by the claimant.

A Form 17 was offered and refused on _____ (m/d/yyyy).

- II. ☐ **Address suspension, termination, or reduction of temporary disability payments for any cause.**

☐ a. At any time pursuant to § 42-9-260(E).

☐ b. After the one-hundred-fifty day period has expired pursuant to § 42-9-260(F), R.67-505 and R.67-506.

The basis for the termination/ suspension is _____

- III. ☒ **Determine if compensation is due** pursuant to § 42-9-10, § 42-9-20 or § 42-9-30 and, if so, in what amount, based on the following grounds:

Claimant has received appropriate medical treatment by authorizing treating physician, place at MMI and released.

Claimant reached maximum medical improvement on 1/28/2013 (m/d/yyyy) (copy of medical report must be attached).

- IV. ☒ **Request Credit for Overpayment of temporary compensation pursuant to § 42-9-210.**

- V. ☐ **Determine amount of compensation for claims involving a fatality.**

☐ a. Payment of unpaid balance of compensation when employee dies pursuant to § 42-9-280.

☐ b. Amount of compensation for death of employee due to accident pursuant to § 42-9-290.

- VI. ☐ **Mediation**

☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.

☐ b. Mediation is required pursuant to Reg. 67-1802.

☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.

☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Failure to respond pursuant to Reg. 67-208 B in writing or by submission of a Form 22 may result in ordered mediation pursuant to Reg. 67-1801 B.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Terrance Satterwhite

address 957 Overbrook Drive, Apt. B, Gaffney, SC 29341 on the 4th day of November 2013, by ☒ first class postage ☒
certified mail ☐ personal service.

A \$25.00 filing fee and updated Form 18 is required.

Preparer's Signature: _____ Title: _____ Email: _____ Date: _____

Questions about the use of this form should be directed to the Judicial Department at 803-737-5675, or judicial@wcc.sc.gov or mediation@wcc.sc.gov
Refer to Regulations 67-211, 67-504, 67-505, 67-506; and 67-510.

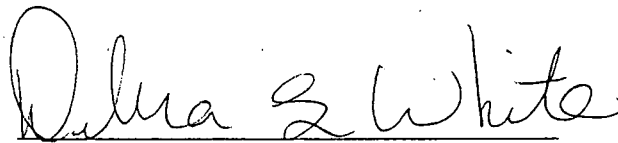
CERTIFICATE OF SERVICE

This is to certify that a copy of the foregoing Form 21 (Employer's Request For Hearing) has been served upon the following parties by placing a copy of the same in the United States mail, Certified Mail, Return Receipt Requested, and first class postage prepaid, addressed to the following as shown below on the 8 day of November, 2013.

The Honorable Virginia Crocker
Judicial Director
S.C. Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Terrance Satterwhite
1022 W. Buford Street
Gaffney, SC 29341

A handwritten signature in cursive script that reads "Debra L. White". The signature is written in dark ink and is positioned above the printed name and address of the signatory.

Debra L. White, Paralegal
McKay, Cauthen, Settana & Stublely, P.A.
P.O. Box 7217
Columbia, SC 29202

Attorney for Defendants



Claimant's Name: Terrance Satterwhite Employer's Name: Palmetto State Transportation
Address: 1022 West Buford Street Address: 1050 Park West Blvd.
City: Gaffney State: SC Zip: 29341 City: Greenville State: SC Zip: 29611
Home Phone: (704) 689-8499 Work Phone: () - Carrier: Cherokee Insurance Company
Preparer's Name: M. Stephen Stubley, Esquire Preparer's Phone #: (803) 256-4645

A claim for workers' compensation benefits is made based on the following grounds:

☐ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$725.47 2. AWW: \$1,164.57 Date of Injury: 1/5/2012
3. Type of injury and body part(s): Low back
4. Facts in controversy: Degree of disability; defendant's entitlement to credit for overpayment of TTD
Claimant's entitlement to future medical treatment.
5. Legal issues involved: 42-9-30; 42-9-35; 42-9-210
6. Unusual aspects: Claimant has been back to work for the employer since January 2013 and has refused to sign Form 17's presented to him by the adjuster, employer and defense counsel.
7. Witnesses (designate if expert):* Scott Justice; and any other representative of the employer; the Claimant and any witnesses listed by the Claimant.
(The Defendants reserve the right to cross-examine any expert submitted by the claimant pursuant to 1-23-330 (3). The Defendants reserve the right to amended their Pre-hearing brief upon receipt of additional information.
8. Exhibits: 10 year driving record; wage information
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):
See APA Submissions.
10. Name, address, and specialty, if any, of the treating physician: Phillip Hodge, MD, University Medical Group, Southeastern
Neurosurgical and Spine Institute, 111 Doctors Drive, Greenville, SC 29605
11. Impairment rating(s); body part(s); physician and date of opinion: 7% to Lumbar Spine by Dr. Phillip Hodge dated 1/28/13
12. I am amending my Form 50/51 in the following manner: N/A

☐ **Mediation**

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
☐ b. Mediation is required pursuant to Reg. 67-1802.
☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I verify the contents of this form are accurate and true to the best of my knowledge.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Terrance Satterwhite

addresses 1022 West Buford Street, Gaffney, SC 29341 on the 4th day of September 2013 by; ☒ first class postage ☒ certified mail ☐ personal service.

Signature: [Signature] Email: sstubley@mckayfirm.com
Date of hearing: September 19, 2013 (Commissioner Barden) Time needed for hearing: 30 minutes

P.O. Box 1715 • 1612 Mario reet
Columbia, South Carolina 29202-1715
(803) 737-5700

Carrier File # WC33587
Carrier Code # 1101
Employer FEIN

Terrance Satterwhite 257-43-7967
Claimant's Name SSN
1022 WEst Buford St. Gaffney SC 29341
Address City State Zip
(704)689-8499 ()
Home Phone Work Phone

Palmetto State Transportation
Employer's Name
1050 Parkwest Blvd. Greenville SC 29611
Address City State Zip
Cherokee Insurance Company
Insurance Carrier

M. Stephen Stubley
Preparer's Name

(803)256-4645
Phone #

Date of injury: 1/5/2012
month day year

1. Temporary Compensation Paid:	Number of Weeks	From	To	Amount
	76	1/11/2012	6/25/2013	\$ 55,135.72
				\$
				\$
				\$
				\$

2. The claimant returned to work on month day year
☐ With restrictions but at a salary not less than before the injury.
☒ Without restrictions.

3. The claimant agrees he or she was able to return to work on 1/28/2013
month day year

I agree that I was disabled for the period(s) indicated and I was paid compensation as shown above. I UNDERSTAND THAT MY WEEKLY TEMPORARY COMPENSATION CHECKS WILL STOP; HOWEVER, I GIVE UP NO RIGHTS TO COMPENSATION FOR FUTURE DISABILITY, FOR PERMANENT DISABILITY, DISFIGUREMENT, OR MEDICAL CARE. The effect of this form has been fully explained to me, and I have received a copy of it. I understand that I should not sign this form until 15 days after I have returned to work or agree I was able to return to work.

Claimant's Signature

Employer's Representative Signature

(Check one) ☐ Witness ☐ Claimant's Attorney

Date Agreement Signed

File this form with the Claims Department no later than 31 days from the date the claimant returned to work to terminate temporary compensation after the first 150 days after employer's notice of the injury according to R.67-505. Within the 150 day period, obtain a Form 17 to document that claimant agrees he or she is able to return to work.

CERTIFICATE OF SERVICE

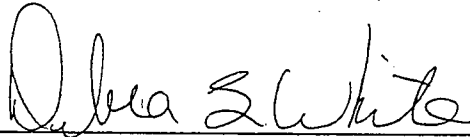
This is to certify that a copy of the foregoing Form 17 (Receipt of Compensation) has been served upon the following parties by placing a copy of the same in the United States mail, Certified Mail, RRR and first class postage prepaid, addressed to the following as shown below on the 16 day of July, 2013.

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

Terrance Satterwhite
1022 West Buford Street
Gaffney, SC 29341

The Honorable Virginia Crocker
Judicial Director
S.C. Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202



Debra L. White, Paralegal
McKay, Cauthen, Settana & Stubley, P.A.
P.O. Box 7217
Columbia, SC 29202

Attorney for Defendants

Post Office Box 1715
Columbia, South Carolina 29202-17
(803) 737-5675



Carrier Code #: 1101
Employer FEIN #: _____

Claimant's Name: Terrance Satterwhite SSN: 257 - 43 - 7967 Employer's Name: Palmetto State Transportation
Address: 957 Overbrook Drive, Apt. B Address: 1050 Park West Blvd.
City: Gaffney State: SC Zip: 29341 City: Greenville State: SC Zip: 296
Home Phone: (704) 689 - 8499 Work Phone: () - Insurance Carrier: Cherokee Insurance Company
Preparer's Name: M. Stephen Stubley, Esquire Law Firm: McKay Law Firm Preparer's Phone #: (803) 256 - 4645

The date of injury, reported on Form 12A is: 1/5/2012 (m/d/yyyy)

Check appropriate section(s). The employer's representative requests a hearing to:

- I. ☒ **Stop payment of compensation.** Claimant has reached maximum medical improvement and Claimant continues to receive temporary compensatory payments. The employer's representative requests a hearing pursuant to § 42-9-260(D) to stop payment of temporary compensation. A hearing requested pursuant to this section must be held within sixty days of the date of the request.

Claimant reached maximum medical improvement on 1/28/2013 (m/d/yyyy) (copy of medical report must be attached).

Compensation payments are current as of 7/10/2013 (m/d/yyyy) and shall continue until otherwise ordered or until Form 17 is signed by the claimant.

A Form 17 was offered and refused on 7/10/2013 (m/d/yyyy).

- II. ☐ **Address suspension, termination, or reduction of temporary disability payments for any cause.**

- ☐ a. At any time pursuant to § 42-9-260(E).
☐ b. After the one-hundred-fifty day period has expired pursuant to § 42-9-260(F), R.67-505 and R.67-506.

The basis for the termination/ suspension is _____

- III. ☐ **Determine if compensation is due** pursuant to § 42-9-10, § 42-9-20 or § 42-9-30 and, if so, in what amount, based on the following grounds:

Claimant reached maximum medical improvement on _____ (m/d/yyyy) (copy of medical report must be attached).

- IV. ☒ **Request Credit for Overpayment of temporary compensation pursuant to § 42-9-210.**

- V. ☐ **Determine amount of compensation for claims involving a fatality.** (Dependency investigation must be attached).

- ☐ a. Payment of unpaid balance of compensation when employee dies pursuant to § 42-9-280.
☐ b. Amount of compensation for death of employee due to accident pursuant to § 42-9-290.

A hearing requested pursuant to this section will be set on an expedited basis.

- A \$ 25.00 filing fee and updated Form 18 must be included with an employer's request for a hearing.
- An employer requesting a hearing must include certification that the request has been served on all parties in compliance with R.67-211.

Preparer's Signature

Attorney for Defendants

July 10, 2013

Title

Date

Post Office Box 7217, Columbia, SC 29202-7217

Address

Questions about the use of this form should be directed to the Judicial Department at 803-737-5675, or visit us online at www.wcc.sc.gov.

WCC Form # 21
Revised 04/18/2011

21

Employer's Request for Hearing

CERTIFICATE OF SERVICE

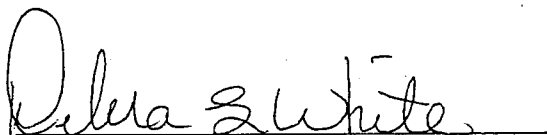
This is to certify that a copy of the foregoing Form 21 (Employer's Request For Hearing) has been served upon the following parties by placing a copy of the same in the United States mail, Certified Mail, Return Receipt Requested, and first class postage prepaid, addressed to the following as shown below on the 10 day of July, 2013.

The Honorable Virginia Crocker
Judicial Director
S.C. Workers' Compensation Commission
P.O. Box 1715
Columbia, SC 29202

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

Terrance Satterwhite
1022 W. Ruford Street, Apt 303
Gaffney, SC 29341



Debra L. White, Paralegal
McKay, Cauthen, Settana & Stublely, P.A.
P.O. Box 7217
Columbia, SC 29202

Attorney for Defendants

STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC No. 1200195

Terrance Satterwhite,)
)
Claimant,)
)
v.)
)
Palmetto State Transportation,)
)
Employer,)
)
and)
)
Cherokee Insurance Company,)
)
Carrier/Defendants.)
-----)

COPY

FULL COMMISSION PANEL HEARING

Monday, August 11, 2014
2:42 p.m. - 2:58 p.m.

The full commission panel hearing was held before the South Carolina Workers' Compensation Commission, 1333 Main Street, 5th Floor, Columbia, South Carolina, on the 11th day of August, 2014 before Jill H. Vickers, Certified Court Reporter and Notary Public in and for the State of South Carolina, pursuant to Notice of Deposition.



CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

APPEARANCES

COMMISSION PANEL:

Scott Beck, Chair

Susan Barden

Aisha Taylor

Terrance Satterwhite

270 Chateau Street

Boiling Springs, South Carolina 29316

Pro Se Claimant/Respondent

Peter P. Leventis, IV, Esquire

McKay, Cauthen, Settana & Stublely, P.A.

1303 Blanding Street

Columbia, South Carolina 29201

Attorney for the Defendants/Appellant

INDEXPAGE

Certificate 16

**CREEL COURT REPORTING, INC.**

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

1 COURT REPORTER: Today is August 11, 2014. This is
2 South Carolina Workers' Compensation Case
3 Number 1200195. This is the case of Terrance
4 Satterwhite, Claimant, versus Palmetto State
5 Transportation, Employer, and Cherokee
6 Insurance Company is the Carrier. The
7 Appellant is the Defendant, represented by
8 Peter P. Leventis, IV. The Respondent is
9 Terrance Satterwhite who is Pro Se. Each side
10 is allowed ten minutes for oral argument and
11 the Appellant three minutes in reply. You are
12 requested to argue the grounds of exception and
13 stay within the record.

14 COMMISSIONER BECK: Mr. Satterwhite, we discussed to
15 going on the record your right to have counsel
16 represent you here today, and it's my
17 understanding that you wish to proceed as your
18 own counsel today --

19 MR. SATTERWHITE: That's correct.

20 COMMISSIONER BECK: -- and you're waiving that right?

21 MR. SATTERWHITE: Yes.

22 COMMISSIONER BECK: All right. Mr. Leventis, you
23 have ten minutes, sir.

24 MR. LEVENTIS: Thank you, Your Honors. I'm peter
25 Leventis on behalf of the employer/carrier,



CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

1 appellants. I don't believe I'll take all ten
2 minutes up today. I think the issues are
3 reasonably straightforward. I can say, for one
4 thing, Mr. Satterwhite is a heck of a person,
5 nice guy. I don't think there's any issue of
6 credibility or anything like that in this case,
7 and that was not raised at the hearing or in
8 the appeal. The primary issue today, and I
9 don't think this issue is interlocutory,
10 though, I think, arguably, some of the other
11 issues could be, but as a safety net for myself
12 and for my client, if I'm appealing something,
13 I'm going to appeal everything, and then, if
14 you tell me it's interlocutory, I'm happy to go
15 from there, so I don't have to look back five
16 months from now and say, "Oh, goodness, I
17 should have appealed that". The primary issue
18 which I don't believe is interlocutory is the
19 degree of credit that the employer/carrier is
20 entitled to in this case. Our office did not
21 get this case until much later on, but
22 essentially, Mr. Satterwhite was declared an
23 MMI in January of 2013. He had a partial
24 laminectomy back in May of 2012 from a prior
25 injury and was released with a 7 percent



1 impairment rating by the treating physician.
2 I know that the commission's position or
3 different commissioner's positions may vary as
4 to credit after an MMI. I believe that the
5 caselaw is clear that they should get credit
6 after the date of MMI. One of the issues here
7 is whether or not -- maybe he is or isn't at
8 MMI, but the fact of the matter is that he did
9 return to work in February of 2012. I don't
10 think there is a question as to that, and that
11 was testified to that he return to work at full
12 duty as of February of 2012. Being an
13 oversight on the carrier's part or not, they
14 paid temporary total disability benefits all
15 the way until the middle of September of 2012
16 and didn't know if he was back to work at full
17 duty with no restrictions. The
18 employer/carrier, when we received it, filed a
19 21 to suspend benefits in July, and it went to
20 the wrong address, so we re-filed in August,
21 and before that hearing came about, Mr.
22 Satterwhite did sign a Form 17, but as a master
23 of law ---

24 COMMISSIONER BECK: It was in July if '13, not '12,
25 correct?



CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

1 MR. LEVENTIS: I'm sorry, Your Honor. I misspoke.

2 COMMISSIONER BECK: All of those were '13 damages.

3 MR. LEVENTIS: Those were '13. Let me -- just to be
4 clear for the record, they paid him through
5 September -- TT through September of '13. The
6 employer/carrier had filed a Stop-Pay, and in
7 July of '13, it was sent to the wrong address,
8 and they re-filed in August of '13, and a Form
9 17 was signed in September of 2013. They did
10 not proceed to a hearing at that time. I took
11 over handling the case, and we did file for a
12 Payment of Permanency, which is the hearing
13 that's on appeal now. The trial commissioner
14 only awarded credit back to the date of, I
15 believe, August 2013 Form 21 filing. This is,
16 I think, significant -- no, I think it only
17 went back to ...

18 COMMISSIONER BECK: So, my point is, the Form 21,
19 based on the order was filed on July 17, 2013.

20 MR. LEVENTIS: There were two that were filed. One
21 was filed to the wrong address, so it was
22 re-filed. There is a slightly confusing
23 procedure posture, Your Honor. The -- but the
24 fact of the matter is, in this case, Mr.
25 Satterwhite is a truck driver. He's not paid



CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

1 by the hour, so his wages aren't going to be
2 exact every week, but I would just argue that
3 the wage records are available in the record,
4 and I believe that it's clear that he was back
5 to work without restriction. So, whether you
6 find that he was at MMI as of January of 2013
7 or not, for at least up to two-thirds of the
8 wages that he did earn while being paid full
9 TDD benefits, the employer/carrier should be
10 entitled to a credit for that amount. The
11 other two issues I have briefed, which -- I
12 think the evidence in the record shows that he
13 is at MMI, and it is appropriate to give him a
14 rating at this time, and that's also a separate
15 ground for why the employer/carrier should get
16 credit for TTD after MMI, but as to the ruling
17 by the single commissioner for them to provide
18 -- for the employer/carrier to provide two
19 different MRIs, one with and without contrast.
20 This is not a matter of where the treating
21 physician or another evaluating physician was
22 saying to provide this MMI, and the
23 employer/carrier was contesting that issue.
24 There's been no finding or prescription or
25 recommendation for an MRI, and the claimant did



CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

1 actually follow-up with the treating physician
2 at some point after he was found at MMI and did
3 provide X-rays, and actually, the trial
4 testimony notes that he indicated that he
5 wanted the MRI, but the treating physician
6 didn't feel that he needed an MMI. As far as
7 that's concerned, I did note one of the
8 conundrums here. Providing that he's entitled
9 to an IME is separate and apart from certain
10 treatment if it hasn't been prescribed, and the
11 carrier doesn't have any way to -- actually, if
12 they send him to an IME and they say to give
13 him an MRI, then, you know, they give him an
14 MMI, but if there's no actual prescription for
15 that, the carrier doesn't have the ability to
16 provide a particular procedure diagnostic if
17 it's one that has to be prescribed, and it's
18 not being recommended by a particular care
19 provider.

20 COMMISSIONER TAYLOR: But if it's ordered in an
21 order, that's a mechanism that would force the
22 referral over. Is that not correct?

23 MR. LEVENTIS: Well, I believe that's correct, but
24 if they said to provide them Oxycodone, but no
25 carrier was actually prescribing that, I don't



CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

1 know how we would -- that's why I say, it
2 creates a conundrum, so I'm not sure how we
3 would comply with that order, unless we get him
4 to a doctor

5 ...

6 COMMISSIONER BECK: With your example -- I mean, the
7 MRI is sort of an evaluation technique as
8 opposed to your example of Oxycodone, which is
9 actually a treatment.

10 MR. LEVENTIS: My understanding from the -- I
11 thought the MRI --- you actually needed a
12 prescription to get an MRI. That's been my
13 experience in the past.

14 COMMISSIONER BECK: I'm answering -- Commissioner
15 Taylor's question was -- your argument to us
16 is, the only way you could get one was with a
17 prescription. Her point was, doesn't an order
18 satisfy that with the provider of the facility.

19 MR. LEVENTIS: I have never tried that before, Your
20 Honor, to get one with that mechanism. It
21 may -- I'm just not certain that it would, but
22 if it didn't, I wouldn't know what mechanism I
23 could go about it, unless I did get the IME and
24 they said, "Do an MRI", and then, of course, I
25 could get a prescription from the physician and



CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

1 take it to a diagnostic provider. But that
2 basically outlines the case of the
3 employer/carrier, and actually, for the first
4 time in a long time, I did not use full ten
5 minutes. I appreciate your time, and I'll take
6 any questions from the panel, if there are any.

7 COMMISSIONER BECK: Mr. Satterwhite, you'll have ten
8 minutes, sir.

9 MR. SATTERWHITE: It won't take me that long. Okay.
10 I'm going to be a little more brief than what he
11 was.

12 COMMISSIONER BECK: There's nothing wrong with
13 brevity.

14 MR. SATTERWHITE: Okay. My dad is a preacher, so
15 you know ...

16 COMMISSIONER BECK: So, you might be here awhile.
17 Okay.

18 MR. SATTERWHITE: The issue he was talking about, I
19 went back to work in February, even when he
20 released me. I told him -- I said, "Man, I
21 don't think that's a good idea based on what I
22 do, climbing in and out of trucks and out of
23 the back of the trailers, and that was the
24 reason I got hurt the first time", you know,
25 and so, he was like, "Well, I can't do any more



CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

1 for you". That's the reason why I was released
2 back to work. And at that point, I told my
3 lawyer that I was released back to work, and I
4 didn't feel comfortable going back, and he was
5 like, "Well, they released you. You've got to
6 go, and if you still feel pain, just go back to
7 the physician", and that's what occurred. I
8 wasn't able to even do a full duty, because the
9 way went out, we left on Sunday evenings, and
10 we'd normally get back on Wednesday afternoon
11 or early Thursday morning, and during that
12 trip, it's like I was constantly just having to
13 stop because all of the -- I don't know if
14 you've ever been in a tractor-trailer, but you
15 feel every bump in the road. It's very bumpy.
16 It jars your body. You know, it's a very --
17 it's uncomfortable for long periods of time.
18 And once I would get back, you know, I would
19 let the carrier know, "I can't work next week",
20 and so I would take the next week off because
21 I couldn't go. And I went back to the doctor
22 again, and he was like, "Well, we're going to
23 give you X-rays", and I'm like "An X-ray is not
24 going to show, you know, what is going on with
25 my back", and so, he was like, "Well, that's



CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

1 all we can do". And it was more of a -- he
2 didn't know if the Workmans' Comp, the
3 insurance carrier would agree to another, you
4 know, MRI. So, I voiced that opinion to my
5 attorney, and he was like, "Well, we'll see if
6 we can get something followed up", and I never
7 heard from him again. So, that's the reason
8 why I felt he was incompetent, and I just quit
9 dealing with him period. So, after the
10 hearing, it was ordered that I can get a second
11 opinion, but I never heard from anybody telling
12 me where to go, who to go see, you know, and my
13 back is still jacked up, and I'm no longer
14 working with Palmetto. I actually resigned my
15 position shortly after the hearing, because it
16 became a little too uncomfortable working
17 there, and so -- and I'm not -- you know, I'm
18 not saying I'm scared of people, but you know,
19 it was like when you walk in a room, it's like
20 the cold when you walk in a room, you know,
21 type of deal and thing. I don't know. I'm
22 getting kind of twisted up a little bit. But
23 it became uncomfortable with me working there,
24 and I felt it would probably be a volatile
25 position at some point, so I felt like it was



CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

1 best for me to go just ahead and leave, and
 2 what I did was I took I lessor paying job with
 3 me being home every day versus being gone for
 4 extended periods of time, you know, just trying
 5 to save my back as much as possible, and you
 6 know, I still have my issues, even driving down
 7 today, coming down here, you know. I have to
 8 stop every so often, get out and walk around
 9 and continue my journey, but I just want my
 10 back right, you know. I'm not even concerned
 11 about the money. If that's the case, I would
 12 have settled with him when he called me with a
 13 price.

14 COMMISSIONER TAYLOR: Don't tell us about any
 15 settlement negotiations.

16 MR. SATTERWHITE: Well, I don't even remember what
 17 it was. I told him "no", and then that's when
 18 the hearing came about in Greenville because of
 19 that, but other than that -- I mean, I went
 20 back to work in February, but it wasn't every
 21 week. It shows in the thing I couldn't even
 22 work a full week. So, that's all I've got.

23 COMMISSIONER BECK: Thank you, sir. Mr. Leventis,
 24 you'll have three minutes in reply sir.

25 MR. LEVENTIS: Your Honors, I think I have most of



CREEL COURT REPORTING, INC.
 1230 Richland Street / Columbia, SC 29201
 (803) 252-3445 / (800) 822-0896

1 the positions and information I wanted to get
2 out in the first ten minutes. I would just
3 point out that Mr. Satterwhite was back to work
4 full duty from when he started back in February
5 of '13, according to the testimony at the
6 hearing, and I was unaware of the most recent
7 separation from employment, but until the time
8 of the hearing in 2014, from the wage records
9 that are in the record, the -- the AWW was
10 \$1,164.00 for the 28 weeks or 29 weeks between
11 February 15th and the beginning of September,
12 and I calculated that out, and the amount was
13 \$1,115.00, so that's a slight discrepancy, I
14 think, at least for that time period and slight
15 enough to be explained by the demands of work
16 or what somebody has to do at the time versus
17 they've got more hours, more loads, more that
18 they're driving. But I would just argue that
19 the greater weight of the evidence in the
20 records shows that he is at MMI, and that it
21 would be appropriate to give a permanency
22 award, and lastly, with an appropriate credit
23 to the carrier, as outlined in our brief.
24 Thank you.

25 COMMISSIONER BECK: Thank you. That will conclude



CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

1 this proceeding.

2 (Whereupon, the hearing concluded at 2:58 p.m.)
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25



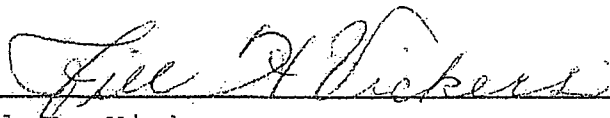
CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

CERTIFICATE

This is to certify that the within hearing consisting of fifteen (15) pages, is a true and correct transcript of the testimony given by said witnesses after being duly sworn; said hearing was reported by the method of Stenotype with Backup.

I further certify that I am neither employed by nor related to any of the parties in this matter or their counsel; nor do I have any interest, financial or otherwise, in the outcome of same.

IN WITNESS WHEREOF I have hereunto set my hand and seal on May 15, 2015.



Jill H. Vickers
Certified Court Reporter

Notary Public for South Carolina
My Commission Expires: July 5, 2016



CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896



COPY

SOUTH CAROLINA WORKERS' COMPENSATION HEARING

TERRANCE SATTERWHITE, *Pro Se*,

Employee

-VS-

PALMETTO STATE TRANSPORTATION,

Employer

and

CHEROKEE INSURANCE COMPANY,

Carrier

WCC FILE NO.
1200195

Pursuant to Notice of the Workers' Compensation Hearing taken on the 7th day of February 2014, heard before the Honorable Avery B. Wilkerson, Jr., and commencing at the hour of 12:24 p.m. in Greenville, South Carolina.

C. Tatum Court Reporting
P.O. Box 248
Edgefield, SC 29824
706.207.5483
ctatumcr@gmail.com

APPEARANCES

Terrance Satterwhite
PRO SE CLAIMANT

Peter P. Leventis, IV, Esq.
McKay, Cauthen, Settana & Stubley, PA
PO Box 7217
Columbia, SC 29202
803.256.4645
pleventis@mcKayfirm.com
REPRESENTING THE EMPLOYER/CARRIER

ALSO PRESENT:

Scott Justice
Company Representative

INDEX

DIRECT EXAMINATION BY MR. LEVENTIS	11
REDIRECT EXAMINATION BY MR. LEVENTIS	23
REPORTER CERTIFICATE	26

OBJECTIONS:

(None)

EXHIBITS

<u>NUMBER</u>	<u>DESCRIPTION</u>	<u>PAGE</u>
	(None Offered)	

LEGEND OF THE TRANSCRIPT

dashes [--]	intentional or purposeful interruption
[ph]	denotes phonetically written
[sic]	written as said

This transcript may contain quoted material. Such material is reproduced as read or quoted by the speaker.

P R O C E E D I N G S

1
2 COMMISSIONER WILKERSON: Today's date is the
3 7th day of February 2014. We're here in reference
4 to Workers' Comp File Number 1200195. The Claimant
5 is Terrance Satterwhite, he is unrepresented.

6 And Mr. Satterwhite, we talked before we
7 started and you indicated you do not want to have
8 an attorney represent you today, is that correct?

9 MR. SATTERWHITE: Yes.

10 COMMISSIONER WILKERSON: Okay. The Employer
11 on this case is *Palmetto State Transportation*, the
12 Carrier is *Cherokee Insurance Company*, and Pete
13 Leventis represents both.

14 The date of accident is January the 5th, 2012.
15 The maximum compensation rate of \$725.47 does apply
16 to today's case. The issues here are to determine
17 if Employer/Carrier is entitle to pay compensation
18 to the Claimant and if -- excuse me -- if
19 Employer/Carrier is entitled for any credit for TTD
20 paid in excess of award. I understand there's an
21 overpayment issue in reference to this case, is
22 that correct?

23 MR. LEVENTIS: That is correct, your Honor.

24 COMMISSIONER WILKERSON: Are there any
25 objections to the APAs, jurisdiction, venue, or any

1 other items by the moving party, Mr. Leventis?

2 MR. LEVENTIS: None from the Defense, your
3 Honor.

4 COMMISSIONER WILKERSON: Any from your side,
5 sir?

6 MR. SATTERWHITE: No.

7 COMMISSIONER WILKERSON: Without objection the
8 Commission's File becomes a part of the record
9 with exception of self-serving declarations and
10 un-stipulated medical reports.

11 Mr. Leventis, if you'll put your client's
12 position on the record. And then, as I indicated
13 earlier to Mr. Satterwhite off the record, that
14 we'll take some testimony from him and then he'll
15 get the last opportunity to tell me any additional
16 information I need to know about the case, okay?

17 MR. LEVENTIS: Indeed, your Honor.

18 This is a 421 request by the Employer to pay
19 permanency. Temporary total disability benefits
20 have already been stopped in this case voluntarily
21 by a Form 17 that was signed and filed with the
22 Commission.

23 This is an admitted injury to the lumbar
24 spine, there's no question about that.

25 Mr. Satterwhite did have, at the recommendation of

1 the treating physician, Dr. Philip Hodge, a partial
2 hemilaminectomy -- I always say that incorrectly.
3 And on January 28th of 2013 had reached maximum
4 medical improvement according to the treating
5 physician and was assigned a seven percent
6 impairment to the lumbar spine.

7 One issue under 42-9-210 in *Curiel versus*
8 *Environmental Management Services*, the Claimant
9 reached MMI on that date and did return to work
10 from an FCE showing that he was able to heavy duty
11 work, and that's been submitted in the record.
12 From the Employer's standpoint. The Claimant was -
13 - after he went back to work full duty at that
14 time, did continue to receive TTD checks. They
15 were not stopped until a Form 17 was voluntarily
16 signed on September 12th of 2013. The credit for
17 overpayment that the Defendants are seeking is for
18 that time period, which is thirty-two weeks -- and
19 I believe, approximately, thirty-two weeks and four
20 days in between that time period, based on the MMI
21 finding, as well as the fact that the Claimant was
22 back to work on full wages.

23 COMMISSIONER WILKERSON: When did he go back
24 to work?

25 MR. LEVENTIS: I don't have the exact date

1 that he went back to work. My understanding was it
2 was the last week of January of 2013, but
3 Mr. Satterwhite may be able to speak --

4 **MR. SATTERWHITE:** It was the first week of
5 February.

6 **COMMISSIONER WILKERSON:** First week of
7 February. With the same employer?

8 **MR. LEVENTIS:** Yes, your Honor.

9 **COMMISSIONER WILKERSON:** Why did they keep
10 paying him?

11 **MR. LEVENTIS:** Because if they stopped -- they
12 got a 25 percent penalty if they stop.

13 **COMMISSIONER WILKERSON:** But he's back to work
14 with the same employer.

15 **MR. LEVENTIS:** Right, but if we weren't able
16 to get a Form 17 signed until much later.

17 **COMMISSIONER WILKERSON:** So when did they send
18 the Form 17 out?

19 **MR. LEVENTIS:** When was it originally sent
20 out? I believe in March, because we have to wait
21 at least a couple of weeks back to work full duty.
22 But did not actually get it signed. The employer
23 rep signed and Mr. Satterwhite signed, it's page 99
24 of the APA, on 9/12/13.

25 **COMMISSIONER WILKERSON:** Okay. And then when

1 was the first 21 requesting permanency?

2 **MR. LEVENTIS:** If you'll give me one moment,
3 your Honor. I'm just going to have to look at
4 my...

5 November 8, 2013, your Honor.

6 Usually, under Curiel it's the date of MMI,
7 but in this case in addition to MMI there was
8 actually payment being made and wages being earned
9 at the same time.

10 **COMMISSIONER WILKERSON:** Yeah, I'll just group
11 that, but I'm just trying to figure out why. If it
12 was a short period it -- but to keep doing that.
13 Why didn't they file a 21 back in February or March
14 of 2013? Why did they wait until November the 8th?
15 I mean they waited eight/nine months.

16 **MR. LEVENTIS:** I wasn't handling the file at
17 the time, your Honor.

18 **COMMISSIONER WILKERSON:** Okay. That's fine.

19 **MR. LEVENTIS:** You know, in the instance case,
20 I would just say for the period argued for credit,
21 I don't think there's any prejudice to
22 Mr. Satterwhite in the fact that the monies were
23 paid or received. So that's -- that will be my
24 only...

25 **COMMISSIONER WILKERSON:** Okay. I understand.

1 **MR. LEVENTIS:** Procedurally, I can't give you
2 a solid answer on that. I'm sorry.

3 **COMMISSIONER WILKERSON:** I understand. If you
4 weren't representing at the time you weren't at the
5 -- yeah, you can't tell me why a boat sunk, because
6 you weren't on the boat, you're on the rescue squad
7 to help save the boat.

8 **MR. LEVENTIS:** I like that analogy, your
9 Honor.

10 **COMMISSIONER WILKERSON:** You're on the rescue
11 boat to save the boat, is what I'm saying. All
12 right. If you're not there you can't testify to
13 what didn't happen, okay.

14 Anything else? I'm sorry.

15 **MR. LEVENTIS:** Nothing further from the
16 Defendants, your Honor. I think it's just an issue
17 of how much. I think the Form 14B, which was also
18 submitted, notes no further medical treatment to a
19 reasonable degree of medical certainty based on the
20 injury.

21 **COMMISSIONER WILKERSON:** That's fine. You're
22 still working?

23 **MR. SATTERWHITE:** Uh-huh.

24 **COMMISSIONER WILKERSON:** We'll get some
25 testimony.

1 Anything else?

2 MR. LEVENTIS: None from the Defendants, your
3 Honor. It's not an overly complex case.

4 I have Mr. Justice here. He may testify, but
5 only as a rebuttal witness. I don't foresee he
6 necessarily need to testify, but I have him here to
7 call, if necessary.

8 COMMISSIONER WILKERSON: I don't think so.
9 Yeah, since we're on permanency. Okay.

10 Sir, I'm going to get you to raise your right
11 hand. We're going to swear you in and take a
12 little testimony from you.

13 ****

14 Whereupon,

15 TERRANCE SATTERWHITE,

16 having been first duly sworn,
17 was examined and testified as follows:

18 ****

19 COMMISSIONER WILKERSON: You're Terrance
20 Satterwhite, right?

21 WITNESS: Yes, sir.

22 COMMISSIONER WILKERSON: I always like to get
23 that for the record.

24 He looks like Rosie Greer that played for the
25 Rams back in... You remind me --

1 WITNESS: I get that often.

2 COMMISSIONER WILKERSON: Do you? Yeah, I bet
3 you do. Because he looks just like him without the
4 glasses on. That's a huge compliment.

5 Please.

6 DIRECT EXAMINATION

7 BY MR. LEVENTIS:

8 Q. Mr. Satterwhite, we met briefly outside. My name's
9 Peter Leventis, I represent Palmetto State
10 Transportation and their workers' comp insurance
11 carrier in this case.

12 Let me ask you and remind you that you're
13 under oath for the questioning. Do you recall you
14 suffered an accident on your back on January 5th of
15 2012?

16 A. Yes.

17 Q. Did you have -- do you have any injuries to any
18 other body parts ongoing, other than your low back,
19 at this time?

20 A. No.

21 Q. Okay. And did you treat with Dr. Hodge for a
22 period of time for your back?

23 A. I did.

24 Q. Okay. And do you recall that Dr. Hodge released
25 you at some point in time?

1 A. Yes.

2 Q. To your knowledge, has Dr. Hodge prescribed any
3 additional medications -- as we sit here at this
4 hearing in February of 2014 is there any other
5 treatment that he's prescribing that you know of?

6 A. From the time that he actually released me I called
7 him a couple of times, because I'd asked him to do
8 another MRI.

9 Q. Okay.

10 A. But it never -- he just did an x-ray. So I'm like,
11 an x-ray's not going to show you anything. So I
12 just left it at that.

13 Q. Okay.

14 A. And at the time I had retained an attorney and he
15 was lack luster so I just want to let him go, too.

16 Q. Okay.

17 A. So I was just like I was just done with it.

18 Q. But you're not represented at this time by any
19 attorney?

20 A. No, I'm not.

21 COMMISSIONER WILKERSON: And I didn't ask you
22 that once we swore you in, but you told us earlier
23 you do not want an attorney, is that correct?

24 WITNESS: No, I don't want one.

25 COMMISSIONER WILKERSON: That's fine. I'm

1 sorry, I should have...

2 Q. And at some point in time after you were released
3 by Dr. Hodge and released back to work did you
4 start back to work?

5 A. Yes.

6 Q. Okay. And we talked about it off the record
7 briefly, but when did you start back to work with
8 Palmetto State?

9 A. It was the first week of February, I believe,
10 because I had to do a DOT physical and something
11 else before I actually started back.

12 Q. Okay.

13 A. But it was the first week of February.

14 COMMISSIONER WILKERSON: First week of
15 February of 2000 and?

16 MR. LEVENTIS: '13.

17 COMMISSIONER WILKERSON: '12 or '13?

18 WITNESS: '13. I thought so, but for the
19 record. I'd written it down, but I just wanted to
20 make sure, okay?

21 Q. And just to clarify, today is February 7, 2014, so
22 about a year ago?

23 A. Yes.

24 Q. And at the time of your accident in 2012 what was
25 your -- what were your job duties and your position

1 with Palmetto State at that time?

2 A. Truck driver.

3 Q. Okay. And are you able to just drop the load and
4 go or what all does that include?

5 A. Well, you're not just dropping and going every
6 instance. It's different every instance, because
7 of the nature of the clients that we service --

8 Q. Okay. Or go ahead. I'm sorry.

9 A. A lot of the times they don't have loading docks
10 and you actually have to climb in the back of the
11 trailer and position the stuff so that they can
12 actually get it. So it just depends on the client.

13 Q. Okay. So you have to -- but I guess my thing is,
14 back at the time you were injured in 2012 you have
15 to work with the load sometimes, is that correct?

16 A. Yes.

17 Q. And sometimes crawl in and out of the trailer part
18 of the tractor trailer?

19 A. Yes.

20 Q. Okay. When you started back to work in February of
21 2013 what was your position or your job duties at
22 that time?

23 A. Truck driver.

24 Q. Okay. Same type of work?

25 A. Yes.

1 Q. Did you have any different job duties after you
2 started back to work than you did at the time you
3 were injured?

4 A. Well, I told dispatch that, you know, try not to
5 give me loads where I'm actually going to have to
6 get back there and, you know, pull and snatch,
7 initially.

8 Q. Okay.

9 A. You know.

10 Q. Was there any difference in your -- let me ask you
11 this. How are you paid, is it a percentage of the
12 load, per mile?

13 A. They pay by the mile.

14 Q. Okay. When you started back to work in February of
15 2013 were you working, essentially, full time?

16 A. Yeah.

17 Q. Okay. And are you currently still working,
18 essentially, full time as --

19 A. Uh-huh. Well, when I first went back to work I
20 didn't work every week, because I couldn't do it
21 every week.

22 Q. Okay.

23 A. I would work one week, maybe two, and then I would
24 take a whole week off, because my back couldn't
25 handle it at first.

1 **MR. LEVENTIS:** And, your Honor, I just point
2 out -- and I know you'll review all of the APAs --
3 I did put a copy of the wage records for the
4 pertinent period in time. I think that's tab nine,
5 if I'm not mistaken.

6 Q. And when you were out of work -- the time period
7 you were out of work were you receiving checks from
8 workers' compensation?

9 A. Yes.

10 Q. Okay. Were those checks, do you recall, if the
11 amount was, approximately, \$725.47 a week?

12 A. Uh-huh.

13 Q. Is that a yes?

14 A. Yes.

15 Q. I'm not trying to be difficult on you, but because
16 they're transcribing it -- and I forgot to explain
17 this to you at first -- if it's a yes/no question
18 if you can try to answer yes or no so that Madam
19 Court Reporter can write it down, even though it's
20 common habit to say uh-huh or huh-huh.

21 And after you started back to work in February
22 and for the next several months were you still
23 receiving those checks in the amount of 725.47 per
24 week?

25 A. Yes.

1 Q. And did you receive and cash those checks?

2 A. Yes.

3 Q. Okay.

4 COMMISSIONER WILKERSON: Let me ask a
5 question. I want to glance at this real quick.
6 Would you agree or disagree that if temporary total
7 was not due temporary partial may be due, based on
8 the wage records? I just caught a couple of them,
9 I haven't reviewed all of them.

10 MR. LEVENTIS: Your Honor, the Defendant's
11 position would be that he was released without
12 restriction and he was at MMI. So, therefore, any
13 disability paid after that would go towards
14 permanency and not towards temporary.

15 COMMISSIONER WILKERSON: Okay.

16 Q. Mr. Satterwhite, I'm going to step over there.

17 MR. LEVENTIS: Your Honor, if I can approach
18 the witness and the bench.

19 COMMISSIONER WILKERSON: Sure.

20 MR. LEVENTIS: This is page 99 of the APAs,
21 your Honor.

22 Q. Do you remember signing a form, at the bottom it
23 said Form 17, but you would have signed it back in
24 September of last year? I'm going to show you a
25 copy so you're not flying blind with it. Do you

1 recognize this form (indicating)?

2 A. Uh-huh.

3 Q. Okay. And is that your signature on the form?

4 A. Yeah.

5 Q. Okay. And do you agree with that statement, that
6 you were able to return to work once you were
7 released by Dr. Hodge?

8 A. Yes.

9 COMMISSIONER WILKERSON: So let me ask you the
10 question on the form. If he signed it on
11 9/12/2013, says he can go back to work on 1/28/13,
12 I think you'd indicated it was 32 weeks and some
13 change, potentially, over the payment, but when he
14 signed this form on 9/12/13 they'd only paid him
15 through 6/25/13. So I'm confused.

16 MR. LEVENTIS: Your Honor, the Form 18 filed
17 with the Commission that I had from 11/4 of 2013, I
18 think they might have used just the dates.

19 COMMISSIONER WILKERSON: Is that a part of the
20 record?

21 MR. LEVENTIS: It's been filed with the
22 Commission, but I'll clarify with the witness, if I
23 may.

24 COMMISSIONER WILKERSON: That's fine.

25 Q. Mr. Satterwhite, at the time you signed that form,

1 the one that I just showed you, were you still
2 receiving -- or at least the week prior, had you
3 still received a check for \$725?

4 A. I don't think so. I'm not sure, to be honest with
5 you.

6 Q. Okay. Do you recall when you received that form
7 how long it had been since you received a check,
8 had it been, if you could estimate, more than two
9 weeks or less than two weeks?

10 A. I don't have the greatest memory, but I don't think
11 so. I probably was, I'm not sure, to be honest
12 with you. I really don't know.

13 MR. LEVENTIS: Your Honor, the position of the
14 Defendants would only be, obviously, for TTD paid.

15 COMMISSIONER WILKERSON: Absolutely.

16 MR. LEVENTIS: And I can double check and get
17 additional evidence of that if there's no objection
18 to getting the exact dates of additional TTD paid.

19 COMMISSIONER WILKERSON: Yeah, just be sure to
20 supply it to the Claimant, as well. You know that.

21 MR. LEVENTIS: I certainly will.

22 Q. Mr. Satterwhite, when I was asking you a moment ago
23 about returning back to work you said there was --
24 you had initially dispatch if they would give you
25 jobs where you didn't have to work with the load as

1 much?

2 A. Uh-huh.

3 Q. Is that a yes?

4 A. Yes.

5 Q. And over time did it get to where you did not have
6 to ask them that, were you able to work with a load
7 again?

8 A. Well, it got to the point to where it was,
9 basically, impossible for them to do that, because
10 a lot of the places we go you don't know what
11 you're going to have to do when you get there.

12 Q. Okay.

13 A. So I just quit asking and just, you know, when I
14 got to the company, you know, if there was somebody
15 there that could help they would, you know what I
16 mean, so.

17 Q. Okay. Over the past year is that something you've
18 had to do then, is sometimes work with --

19 A. Oh, I still do it quite often, because I don't want
20 to be hurting my back again.

21 MR. LEVENTIS: Your Honor, I don't have any
22 more questions for Mr. Satterwhite.

23 COMMISSIONER WILKERSON: Okay. Help me just
24 -- and I'm sure it's in here -- released on
25 1/28/2013, is that fair?

1 **MR. LEVENTIS:** That's correct, your Honor.

2 **COMMISSIONER WILKERSON:** And tell me where
3 that is in here so I don't have to -- I'm trying to
4 find 1/28/13 because all -- is that University
5 Medical Group?

6 **MR. LEVENTIS:** I believe that's going to be
7 tab five, your Honor, and the exact page -- I think
8 -- I believe it was done by preferences, but I
9 think that would make it the last page, your Honor.

10 **COMMISSIONER WILKERSON:** I see it. Never
11 mind, I got it. I was just trying to figure out
12 where it was in the APAs.

13 Mr. Satterwhite, is there anything else you
14 need me to know about your workers' compensation
15 case that we're here today on due to the accident
16 on 1/5/2012?

17 **WITNESS:** Well, the only thing I have to add
18 is when I was speaking with Dr. Hodge he initially
19 told me that, you know, based on my job
20 description, which didn't include having to unload
21 the truck, was just driving -- a driver -- a truck
22 driver driving the miles back and forth, so that's
23 what he released me as. You know, even though I
24 told him that, you know, we have to unload trucks
25 and all that other good stuff, you know, he said he

1 had to do it based on the actual job description,
2 which was driving a truck, not necessarily
3 unloading a truck.

4 COMMISSIONER WILKERSON: And you've been back
5 driving just about for a year now, is that fair?

6 WITNESS: Since then, yes.

7 COMMISSIONER WILKERSON: As I understood it.

8 WITNESS: Yeah.

9 COMMISSIONER WILKERSON: What's your date of
10 birth?

11 WITNESS: 12/14/72.

12 COMMISSIONER WILKERSON: Have you missed any
13 time other than what you've testified to for about
14 a year now? I think you said there was some weeks
15 you did not --

16 WITNESS: Initially, there was some weeks I
17 didn't, because it was just -- the pain was just --
18 from all the bouncing in the seats and all that.
19 Since then, no. I guess you develop a tolerance.
20 And the fact that you got to pay your bills at
21 home. And so that's an extra motivator to just
22 kind of, you know -- I'm not going to sit here and
23 say my back is good, because it ain't, because I
24 know it's not.

25 COMMISSIONER WILKERSON: Right.

1 **WITNESS:** But I know what I have to do at
 2 home. I have a family to take care of. So, you
 3 know, you got to bite the bullet sometimes and just
 4 do what you've got to do, you know. Instead of
 5 running two runs a week I'll run one and give my
 6 body time to recover, 'cause of the three days I
 7 have off in a week, you know, so.

8 **COMMISSIONER WILKERSON:** Okay. Anything else?
 9 I'm sorry.

10 **WITNESS:** No, that's it. That's all I've got.

11 **COMMISSIONER WILKERSON:** Any other questions
 12 from Mr. Leventis?

13 **MR. LEVENTIS:** Just two quick follow ups, your
 14 Honor.

15 **REDIRECT EXAMINATION**

16 BY MR. LEVENTIS:

17 Q. Mr. Satterwhite, do you remember you took what we
 18 call an FCE, it's a Functional Capacity Examination
 19 where you'll go in and do a lot of testing, you may
 20 have gone up and down stairs, or --

21 A. Yeah, I remember that. Yeah.

22 Q. Okay. And did you give a consistent effort, did
 23 you do the best you could at that test?

24 A. Yeah, I basically over exerted myself.

25 Q. Okay.

1 A. And that's one of the things I told Dr. Hodge after
2 the fact. I had to go back to Dr. Hodge a few days
3 later after that --

4 Q. Okay.

5 A. -- took place, because of the aftereffects of that.

6 Q. Did Dr. Hodge discuss the results of that FEC, that
7 you were --

8 A. He did.

9 Q. -- released to heavy duty work?

10 A. He did.

11 **MR. LEVENTIS:** And, your Honor, that narrative
12 report is page 25 of the APAs referencing the FCE.

13 Q. Have you answered all my questions accurately and
14 truthfully today?

15 A. To the best of my ability, yes, sir, I have.

16 **MR. LEVENTIS:** That is -- man, you didn't even
17 need an attorney. Thank you very much for your
18 time, Mr. Satterwhite.

19 **COMMISSIONER WILKERSON:** I agree with that
20 whole heartedly.

21 Any other thing, sir?

22 **WITNESS:** One point that I have about that
23 assessment test thing that I took, what you have to
24 take into consideration, I'm not your average
25 person when it comes to lifting, and pulling, and

1 all that other good stuff. So a baseline -- I
2 guess, like say for instance, you took it, quite
3 naturally -- or any of you in here took it, you
4 know, you're not going to pull as hard as I can
5 pull on my bad day. So you have to take that into
6 consideration. That's one of the things I told
7 Dr. Hodge, as well, you know, and so, you know,
8 that's --

9 COMMISSIONER WILKERSON: It's people like you
10 who ended my college football career.

11 WITNESS: Really?

12 COMMISSIONER WILKERSON: I thought I could
13 play.

14 WITNESS: Well, I'm sorry.

15 COMMISSIONER WILKERSON: I just figured y'all
16 were as quick as I was and bigger than I was, like,
17 I'm going to get hurt bad here.

18 But thank you for being here today, sir.

19 WITNESS: Yes, sir.

20 COMMISSIONER WILKERSON: This concludes the
21 hearing.

22 *****

23 (Whereupon, the hearing concluded at 12:44 p.m.)

STATE OF SOUTH CAROLINA

CERTIFICATE

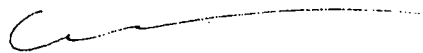
Be it known that I, Christine Tatum, a Professional Court Reporter and Notary Public, did hear the matter of **Terrance Satterwhite -vs- Palmetto State Transportation**, Workers' Compensation File No. 1200195 on Friday, February 7, 2014, in Greenville, South Carolina, before the Honorable Avery B. Wilkerson, Jr.;

That the witness(s) were duly sworn under pains and penalties of perjury to testify to the truth, the whole truth, and nothing but the truth;

That the foregoing pages constitute a true and accurate transcription of the testimony given at that time and place aforesaid to the best of my skill and ability;

I further certify that I am not counsel or kin to any of the parties to this cause of action, nor am I interested in any matter of its outcome.

In Witness whereof, I have hereunto set my hand this 16th Day of March 2014.



Christine Tatum
Notary Public For South Carolina
My Commission Expires December 29, 2021

From: Hollmon, Eugenia [EHollmon@wcc.sc.gov]
Sent: Thursday, September 04, 2014 2:50 PM
To: Peter Leventis; Roberts, Keith
Cc: Diana Cohen
Subject: Satterwhite

Below is a request for a proposed decision and order

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
REQUEST FOR A PROPOSED DECISION AND ORDER

This document is not a Decision and Order. It is a request for a proposed order. The Commissioners reserve the right to modify and/or delete any or all portions of the submitted Decision and Order.

Terrance Satterwhite v Palmetto State Transportation
SCWCC: 1200195
Commission Panel: Taylor, Barden, Beck; Chair
Order Assigned to Commissioner: Taylor
Court Reporter – Jill Vickers – 803-252-3445

Peter Leventis
Terrance Satterwhite
Keith Roberts

Defendants/Appellants
Pro Se/Respondents
SCWCC

This matter was heard before the South Carolina Workers' Compensation Full Commission Appellate Panel during the last term of Review. The Commissioners considered the matter and find a **FULL AFFIRMATION** of the Single Commissioner's Decision and Order.

Mr. Roberts please prepare a proposed order and submit to the Judicial Department within thirty (30) days of this notice. The proposed order shall be submitted in Word format to appeals@wcc.sc.gov and shared with each Party. Please make sure the Appellate Panel Decision and Order recites the specific Finds of Fact and Rulings of Law of the Single Commissioner's Decision and Order and reflects any comments requested by a Commissioner.

The signature page shall include a signature line for each Commissioner and the first signature should be the name of the Commissioner assigned the case as indicated above.

If you have any questions, please do not hesitate to email me at ehollmon@wcc.sc.gov or call at 803.737.5737

Judicial

Transmitted via email and regular 4 September 2014

CONFIDENTIAL & PRIVILEGED

The preceding email message, including any attachments, may be confidential and/or protected by the attorney-client or other applicable privileges. It is intended for the sole use of the individual or entity named above. If the reader of this transmission is not the intended recipient, please notify the sender immediately and destroy any copies, electronic, paper or otherwise, that you may have of this communication. Any unauthorized review, use, disclosure or distribution is strictly prohibited and may be unlawful.

UPSTATE CAROLINA MEDICAL CENTER
1530 N. LIMESTONE STREET
GAFFNEY, SC 29340
TELEPHONE (864) 487-4271
RADIOLOGICAL INTERPRETATION

PATIENT NAME: SATTERWHITE TERRANCE
X-RAY#:
EXAM DATE: 1/11/2012
ORDERING: H F BARNHILL, MD MD
ATTENDING:
PRIMARY/ON CALL:
HISTORY: BACK PAIN RIGH SCIATICA
LOWER BACK PAIN

MED REC #: 145880
ACCOUNT #: 6313271
D.O.B.: 12/14/1972
ROOM: OPT

LUMBAR SPINE, 2 VIEWS, 1-11-2012

INDICATION: L4-L5-S1 pain. Right sided sciatica.

There is some loss of the normal lumbar lordosis with straightening. There are no subluxations. Disc spaces appear to be relatively well preserved. No sacroiliac joint abnormalities.

IMPRESSION:

SOME STRAIGHTENING. NO ACUTE BONY ABNORMALITY.

DD: 01/11/2012 12:20 Dictated By: RYAN, MD, FORREST PETER
DT: 01/11/2012 13:28 DEW Signed By: RYAN, MD, FORREST PETER

CPT CODE: 72100

JAN 12 2012



DATE DICTATED: 1/11/2012
DATE TRANSCRIBED: 1/11/2012
TRANSCRIPTIONIST: DEW
1177831 ORDERING FAX

REVIEWED AND SIGNED
FORREST PETER RYAN, MD
INTERPRETING PHYSICIAN

PAGE 1 OF 1

Frank Barnhill, M.D.

Triage Sheet

Adult

Patient: Terrance Satterwhite Date: 01/11/12 Age: 39Temp: 98 BP: P: R: Ht: Wt: 399 LMP: O2Sat: BMI V.A.: RT LT BOTH Corrected: Y N Pain Scale 0 1 2 3 4 5 6 7 8 9 10+8 SevereAllergies: NKDP Immunizations UTD: Tobacco use: ETOH use: Drugs:

Chief Complaint:

Unscheduled apt - Clop sitting for long periods when tries to get up it hurts, hurts pulls back then does it again when tries to get back into truckMeds reviewed: upr New Rx from other doctor:

01/11/12 TERRANCE SATTERWHITE 06473

Herbert F. Barnhill, M.D.

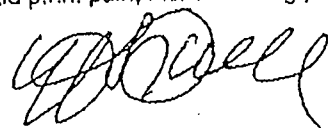
- S: This 39-year-old black male unscheduled urgent work-in visit stating about two weeks ago, he twisted the wrong way getting out of his truck and felt a pop in his lower back but did not think anything about it. Then after driving a long distance a week ago, his back started hurting suddenly. When he got home this morning from driving, his pain was unbearable. It was hurting down into his right hip and leg. Wife states that he has been unbearable for the past four or five days when he is at home because he has been in so much pain. It hurts to walk. He cannot straighten up totally and it hurts to stoop or bend. No urinary frequency, urgency, burning. No hematuria. No history stones.
- O: On physical examination, spine shows marked tenderness between L3 and S1 mostly L4, 5, S1. Right paraspinal muscles are rock hard, very tender. Straight leg raising is positive on the right at less than 20 degrees. He is walking stooped forward at about a 15 degree angle. He has marked tenderness over the right sciatic area. Abdomen obese, good bowel sounds. Liver, spleen nonpalpable, nontender. DTRs in right lower extremity 2+ and brisk. Left lower extremity 2+. Pinprick is still intact. He could not stand on tiptoes or heels and he walks with an obvious gross right limp.
- A: 1. Probable HNP lumbar spine with right sciatica severe.
- P: X-ray L5 spine. Rule out fracture. If negative, get MRI. Start Lortab 7 mg one p.o. tid p.r.n. pain, Flexeril 10 mg p.o. tid. He will probably be out of work at least a week. He will see me again on Monday.

Dr. Herbert F. Barnhill/csm

Date picked-up: Thursday, January 12, 2012

Date transcribed: Thursday, January 12, 2012

Date delivered: Friday, January 13, 2012

Referral: AMSDiagnostics: Visit: 9/2/12RTO: MondayEducation: Lortab 7 TMA/C: Flexeril 10 TM

DR. FRANK BARNHILL

722 Hyatt Street • Suite A
Gaffney, South Carolina 29341
(864) 489-8168

CERTIFICATE TO RETURN TO WORK OR SCHOOL

Name: TERRANCE SATHERWHITE

Out of work or school from 1-11-12 to

1-17-12 and is able to return

Diagnosis: Pt unable to return to work until
AFTER DR APPT ON 1-16-12

Signature: Dr Barnhill, Bm

Date: 1-11-12

Frank Barnhill, M.D.

Triage Sheet

Adult

Patient: Terrance Satterwhite Date: 1/16/12 Age: 35

Temp: _____ BP: _____ P: _____ R: _____ Ht: _____ Wt: _____ LMP: _____ O2Sat: _____

BMI _____ V.A.: RT _____ LT _____ BOTH _____ Corrected: Y N Pain Scale 0 1 2 3 4 5 6 7 8 9 10 + SevereAllergies: NKA Immunizations UTD: _____

Tobacco use: _____ ETOH use: _____ Drugs: _____

Chief Complaint:

Sched appt for FIO visit, per lumbar spine
pain. MRI done Thursday,Meds reviewed: yes New Rx from other doctor: _____

Prescriptions Needed: _____

Are these 90 days Rx? _____

01/16/12 TERRANCE SATTERWHITE 06473

Herbert F. Barnhill, M.D.

S: This 39-year-old black male returns for followup probable lumbar HNP with right sciatica. States taking Lortab 7s just makes him sleepy. The pain is there constantly. He avoids lying down, avoids walking a lot. He reported this to work as a work related injury because he really believes he did it while getting out of a truck at work and they have referred him to a Dr. Melvin Porter in Greenville. He has yet to see him.

O: On physical examination, spine shows direct tenderness literally from L2 to S1. Paraspinous muscles on the right are not quite as tight or as tender and the right S1 and sciatic area is not quite as tight or tender but his straight leg raising is still positive on the right at just at 20 degrees. He does not quite stoop forward as much when he walks. He will not sit down. He states it hurts too much.

LAB: MRI of LS spine dated 01/12/12 showed broad base disk protrusions at L3 L4, L4 L5, and L5 S1. All three levels showed AP narrowing of the thecal sac.

A: 1. Protruded lumbar disk.

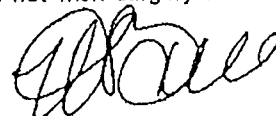
P: Will await his evaluation by Dr. Porter. Have discussed going ahead and getting epidural injections to try to relieve the pressure and the pain. He believes that is what he will choose as he does not wish surgery and his wife agrees. Return to the office in one month.

Dr. Herbert F. Barnhill/csm

Date picked-up: Tuesday, January 17, 2012

Date transcribed: Tuesday, January 17, 2012

Date delivered: Wednesday, January 18, 2012



Referral: _____

Diagnostics: _____

Visit: 9/21/12RTO: pm J. W.

Education: _____

A/C: _____



PIEDMONT IMAGING

Your Choice for MRI & CT Scans

PATIENT: Satterwhite, Terrance
DOB: 12/14/1972
MRN: 818701
PATIENT PHONE: 704-689-8499
PHYSICIAN: Frank Barnhill, MD
EXAM DATE: 1/12/2012

EXAM: MRI OF THE LUMBAR SPINE WITHOUT CONTRAST

HISTORY: Sciatica. Lower back pain and right hip and leg pain with weakness and numbness. Muscle cramps. Pain worse when sitting. Possible injury 1 week ago.

TECHNIQUE: SAG/AX T1 and T2 and sagittal STIR. Images obtained of the lumbar spine.

CONTRAST: None.

FINDINGS:

T10-T11 through L2-L3: Normal disc levels.

L3-L4: Mild degeneration of the disc. Moderate posterior disc protrusion with annular tear. AP narrowing of the thecal sac to 8.8 mm. Small caliber endplate osteophytes.

L4-L5: Mild degeneration of the disc and posterior disc bulge versus broad-based disc protrusion. AP narrowing of the thecal sac to 10.9 mm.

L5-S1: Moderate degeneration of the disc and posterior disc bulge/broad-based disc protrusion. AP narrowing of the thecal sac to 7.8 mm.

Mild L4-L5 and L5-S1 facet arthrosis. Early L3-L4 facet arthrosis. No asymmetry of the paraspinal muscles.

Annular tears posteriorly at L3-L4 through L5-S1. Mild discogenic edema of the L5-S1 endplates.

No acute lumbar facet arthritis.

IMPRESSION:

1. Disc bulges versus broad-based protrusions posteriorly at L3-L4 through L5-S1. At all three of these levels there are AP narrowings of the thecal sac.
2. Mildly narrowed L5 neural foramina.

Jeff Shramek, MD



3204-D WHITE HORSE ROAD
GREENVILLE, SC 29611
864-295-1066

MELVIN E. PORTER, M.D.

INDUSTRIAL MEDICINE

PRESENTING COMPLAINT:

G COMPLAINT:
His family Dr. said he had three kept and
desks in power.

He injured his back climbing over some cypresses at
in the trail. The trail is steep and he fell down back.
injury occurred on 12-12-12. No history of back injury previously.

He Dr Barnhill in Caffrey showed her family Dr ordered
placed film 4 rays and on RMT of her it is revealed
a reported 3 fractured lines in her lumber back.
It said radiometer shown her RMT. Pain continued to increase
and her leg. He was mesomorph Sontag & Flexner by her

Dr. Barnhill which cause browniness.

Alert tall, very large open blocky. He has lumber
been in the mill here.

D.N. Mpt of the laminae reveal, like bulge up broad
broad portions proximity of L3-4 through L5-S1. At
all levels there are "narrowing" of the spinal soc.

Lumber Koch in jeug ook chnoometster on bevestigd
Lumber Koch

Ex. used from work. Referred to a neurologist or neurosurgeon.
I think either a neurologist, typing Dr. would be appropriate as well as
~~the neurosurgeon~~ who could need to let us know.

- 108 -

RETURN THIS FORM TO
THE RECEPTIONIST

THIS IS A PREPAID FORM. It is the responsibility of the patient to pay the bill. If the patient is unable to pay, the physician's office should be notified. The patient should not be billed for services rendered if the patient is unable to pay.

Terrance Satterwhite
NAME 151662

ATTENDING PHYSICIAN'S STATEMENT - AMA Current Procedural Terminology, 4th Edition

Diagnosis: Acute back injury and abnormal lumb.

DATE OF SERVICE 1/8/12

Place of ☐ Office ☐ ER ☐ Allen Bennet Hosp.
Service: ☐ Greenville Memorial Hosp. ☐ St Francis Hosp.

OFFICE SERVICES NEW ESTAB FEE
Minimal 90030
Brief 99201 99211
Unlimited 99202 99212
Intermediate (GYN) 99203 99213
Extended 99204 99214
Comprehensive 99205 99215
After Hours 99060
Emergency Office Visit 99068
SVC on Holidays or Sundays 99054

PROCEDURES CODE FEE
Burns: Initial Tx 10000
Debride Burn-Small 10020
Debride Burn-Medium 10025
I&D Cyst or Abscess 10060
Incision & Removal FB 10120
Evap./Subungual Hem. 11740
Procto-Sigmoid 45300
Ear Lavage 09210
Eye/Ear Tray 99070
Removal FB-Eye 65220
Joint Aspiration/Inj. 99150
Cardiac Monitor 90784
V. Therapy
Fracture Rx

HOSPITAL SERVICES
Adm. Hx, PE, Records 90220
Resp. Vitals # 90260
to
Emergency Room 905
Newborn Care # 90200
to 90240

NURSING
Injection - DTP 90701
Injection - OPV 90712
Injection - MMR 90707
Injection - Epi/Aspirin 90762
Injection - Allergy 95155
Injection - Antibiotic 90788
Injection - Tetanus 90703
Injection - TB Screen 86585
Injection - Influenza 90724
1/2 94650
1/2

SUPPLIES
Surgical Tray 90070
99070
90070
90070

REPAIRS/LACERATIONS: CODE FEE
Scalp, Nk, Ax, Genl, Hd, Tr, Fl, Ext-Simple
To 2.5cm 12001 2.5cm-7.5cm 12002
Face, Ear, Eyelids, Nose, Lips, Mucous Memb.-Simple
To 2.5cm 12011 2.5cm-7.5cm 12013
Scalp, Ax, Tr, and/or Ext.-Layer Closure
To 2.5cm 12031 2.5cm-7.5cm 12032
Nk, Hd, Fl, and/or Genl.-Layer Closure
To 2.5cm 12041 2.5cm-7.5cm 12042
Face, Ear, Eyelids, Nose, Lips, Mucous Memb.-Layer Clos.
To 2.5cm 12051 2.5cm-7.5cm 12052

LAB CODE FEE
EKG 93000
Rhythm Strip 93040
Pathology 88304
Urinalysis-Complete 81000
Urinalysis-Dipstick 81005
Urine Culture 87088
UCG 84702
Throat Culture 87080
Hemoglobin 85018
HCT 85014
CBC 85031
Profile - 12 80012
Profile - 19 or more 80019
Electrolytes 80004
WBC 85048
Mono Spot 86300
Blood Sugar 87210
Wet Prep/KOH 87210
Stool Gluc 82270
PAP 88150

MISCELLANEOUS
RX Call In 99013
Phone Consult 99015

AUTHORIZATION TO PAY BENEFITS TO PHYSICIAN:
I authorize payment to Melvin E. Porter, M.D. of any benefits due me for his services. I understand I will be billed for any amount not covered by insurance.

Signed _____ Date _____

AUTHORIZATION TO RELEASE INFORMATION:
I authorize Melvin E. Porter and his staff to release information acquired during my examination or treatment for insurance and/or medical purposes concerning my illness and treatment.

Signed _____ Date _____

NEXT APPT. DAY MONTH DATE TIME A.M. P.M.

X-RAY #VIEWS CODE FEE
AC Joint-2 73050
Abdomen-2 74020
Abdomen Flat 74000
Ankle-3 73800
Cervical 72040
Chest PA 71010
PA & Lat. 71020
Clavicle-2 73000
Coccyx-2 72220
Elbow-3 73070
Facel-5 70150
Facel-2, 3 73650
Femur-2 73140
Finger 73620
Foot-2 73090
Forearm 73120
Hand 73510
Hip 73580
Humerus 73580
Knee-2 73562
Knee-3 74241
KUB 72100
Lumbar-2 72100
Lumbar-5 72110
Leg-2 73590
Mandible-3 70100
Navicular-8
Nose-3 70180
Orbital-4 70200
Os Calcis-2 73650
Pelvis-1 72170
Ribs-2 71100
Ribs-3 71110v
Sacrum-2
Scapula-2 73010
Sinuses-3 70220v
Sinuses-2
Shoulder-2 73030
Skull-4 70280
Skull-2 70250
Sternum-2 71120
Thorac. Spine-2 72070
TM Joint-3 70328
Toes 73880
Wrist-2 73100
Wrist-3 73110

OTHER SERVICES AND/OR PROCEDURES

TOTAL CHARGES \$ 142.00

INSURANCE CARRIERS: This form has been adopted to keep paper work costs down. If additional information is required it will be furnished upon the receipt of \$15.00.

MELVIN E. PORTER, JR., M.D.
WESTSIDE MEDICAL CENTER
3204 WHITE HORSE ROAD, SUITE D
GREENVILLE, SOUTH CAROLINA 29611
TELEPHONE (864) 295-1066

Melvin E. Porter, Jr., M.D.

FED. ID# 57-0776261
B.C. LIC. 8427



UNIVERSITY MEDICAL GROUP

Appointment Facility: Southeastern Neurosurgical and Spine Institute (Upper)

SATTERWAITE, TERRANCE

39 Y old Male, DOB: 12/14/1972

957 OVERBROOK DR APT B, GAFFNEY, SC 29341

Home: 704-689-8499

Guarantor: SATTERWAITE, TERRANCE

PCP: Herbert Frank Barnhill, MD Referring: comp
workers External Visit ID: 130837552

02/06/2012

Progress Note: Philip J. Hodge

Current Medications

hydrochlorothiazide tablet 25 mg 1 tab(s)
once a day
Lortab tablet 7.5 1 tablet every 6 hours as
needed for pain
Flexeril tablet 10 mg 1 tab(s) 3 times a day
Medication List reviewed and reconciled with
the patient

Active Problem List

401.9 Hypertension

722.10 Herniated disc, lumbar

Past Medical History

Hypertension

Surgical History

Denies Past Surgical History

Family History

Family: hypertension, heart disease, diabetes

Social History

WORK STATUS: Unable to work..

Allergies

N.K.D.A.

Hospitalization/Major**Diagnostic Procedure**

Denies Past Hospitalization

Review of Systems**Musculoskeletal:**

Muscle pain NO. Painful joints NO.

Weakness NO.

Integumentary:

Bruises easily NO. Poor wound
healing NO. Skin dryness NO. Skin
lesions NO. Skin pigmentation changes NO.
Skin rash NO. Sores NO.

Neurological:

Change in alertness NO. Change in
vision NO. Difficulty remembering NO.

Reason for Appointment

1. WC 1.5.12. Patient states low back and right hip, leg pain
w/numbness and weakness. Patient is also having muscle cramps.
Patient states pain score today is a 10/10. Patient states while
unloading cylinder off trailer, felt pulling in back.

History of Present Illness**Lumbar Spine/Lower Back:**

Location: Lumbar region. Quality: constant,
radiating. Severity: Pain Score (scale of 1 to 10) 9, severe, interferes
with sleep. Timing: Patient is experiencing problem at this
time. Referred or radiating symptoms right leg pain, numbness,
tingling, weakness. Setting in which it first occurred: trauma and/or
injury. Aggravating factors: activity, exercise, work, kneeling, bending,
squatting, stooping, stairs, hills, running, walking, prolonged
sitting. Relieving factors: rest.

Previous Test / Evaluations / Procedures:

MRI (magnetic resonance imaging) scans of the lumbar spine
1.12.12 Piedmont Imaging.

Vital Signs

Ht 6'5", Wt lbs 388, Wt kg 176, BMI 46.01, HR 93, BP 148/100, Pain
score 10/10.

Examination**Imaging Studies:**

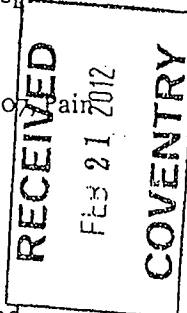
MRI Lumbar 1.12.12 Piedmont Imaging.

General Exam:

General Appearance: Well developed, well nourished and
groomed, No apparent acute or chronic distress.
Communication: Normal. Cardiovascular: normal S1S2, no murmurs,
Respiratory: normal breath sounds.

Neurological:

Capacity for sustained mental activity and abstract thinking within
normal limits... Cerebellar: normal. Cognition: normal.
Coordination: normal. Cranial Nerves: CN's II-XII grossly intact.
Gait: Antalgic. Level of consciousness: awake and alert. Mental
Status: Orientation normal to time, place, person, and situation. Mood
and Affect: normal, and appropriate to the situation. Motor: normal
lower extremities. Nerve and Spinal Cord Tension-Compression
Signs: Straight leg raising is positive on the right. Pathological



Patient: SATTERWAITE, TERRANCE DOB: 12/14/1972 Progress Note: Philip J. Hodge 02/06/2012

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Difficulty speaking NO. Excessive daytime sleepiness NO. Headache NO. Seizures, unknown type NO. Paralysis NO.

Psychological:

Feels sad more than usual NO.

Endocrine:

Feels hot when others do not NO. Feels cold NO.

Allergic, Infectious, and Immunologic:

Food intolerance NO. Seasonal rhinitis NO.

Genitourinary:

Blood in urine NO. Urination NO problems. Frequency of urination NO. Pain or burning with urination NO.

Respiratory:

Cough NO. Pain or tightness in chest NO. Shortness of breath or difficulty breathing NO. Wheezing NO.

Cardiovascular:

Chest pain NO. Irregular heartbeat or feeling of fast, pounding heartbeat NO. Swelling including ankles or legs NO.

Constitutional Symptoms:

Change in appetite NO. Fever and chills NO. Night sweats NO. Unintentional weight change NO.

Eyes:

Loss of vision NO. Spots or specks NO.

Ears, Nose, Mouth, and Throat:

Hearing loss NO. Nasal congestion NO.

Reflexes: none. Reflexes: 1+ patellar (L3-L4) bilaterally. 2+ bilateral achilles (S1-S2). Sensory: normal sensation lower extremities. Speech: language intact for receptive and expressive functions. Station: Normal.

Lumbar Spine / Lower back:

Palpation: no tenderness.

Assessments

1. Herniated disc, lumbar - 722.10 (Primary)

Treatment

1. Herniated disc, lumbar

Start Prednisone tablet, 10 mg, 2 twice a day for 3 days, 1 twice a day for 3 days and 1 every morning for 3 days for Inflammation, Oral, as directed, 21, Refills 0

Start Lortab 10 tablet, 500 mg-10 mg, 1 tab(s), orally, every 4 hours as needed for pain, 60, Refills 0

Mr. Satterwaite has back and right leg pain after a work related injury in 1/2012. His MRI shows disc herniations at L3-4, L4-5 and L5-S1. Each of these could be contributing to his leg pain I feel that the most likely cause is at L4-5. We will try epidural steroids next. If this fails, surgery is an option.

Referral To:

Reason:WC; Lumbar ESI

2. Others

Stop Flexeril tablet, 10 mg, 1 tab(s), orally, 3 times a day

Preventive Medicine

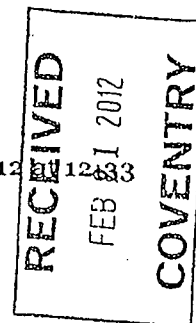
Medications reviewed and confirmed.

Follow Up

following lumbar ESI

Electronically signed by Philip Hodge on 02/08/2012 12:33 PM EST

Sign off status: Pending



Southeastern Neurosurgical and Spine Institute (Upper)
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7150
Fax: 864-797-7155

Patient: SATTERWAITE, TERRANCE DOB: 12/14/1972 Progress Note: Philip J. Hodge 02/06/2012

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



UNIVERSITY MEDICAL GROUP

Appointment Facility: Southeastern Neurosurgical and Spine Institute (Upper)

SATTERWAITE, TERRANCE

39 Y old Male, DOB: 12/14/1972
957 OVERBROOK DR APT B, GAFFNEY, SC-29341
Home: 704-689-8499

Guarantor: SATTERWAITE, TERRANCE
PCP: Herbert Frank Barnhill, MD Referring: comp
workers External Visit ID: 132343062

03/15/2012

Progress Note: Philip J. Hodge

Current Medications

Lortab 10 tablet 500 mg-10 mg 1 tab(s) every
4 hours as needed for pain
hydrochlorothiazide tablet 25 mg 1 tab(s)
once a day
Medication List reviewed and reconciled with
the patient

Active Problem List

- 401.9 Hypertension Unspecified
- 722.10 Herniated disc, lumbar
- 729.5 Leg Pain
- 724.2 Back pain, low back

Past Medical History

Hypertension

Surgical History

anesthesia or sedation problems- NO
Right Knee Scope 2006

Family History

Family: hypertension, heart disease, diabetes

Social History

WORK STATUS: Unable to work. .
no Alcohol, Did you have a drink containing
alcohol in the past year? No, Points 0,
Interpretation Negative.
no Smoking, Are you a: never smoker.
no Recreational drug use.

Allergies

N.K.D.A.

Review of Systems

Musculoskeletal:

Muscle pain NO. Painful joints NO.
Weakness NO.

Integumentary:

Bruises easily NO. Poor wound
healing NO. Skin dryness NO. Skin
lesions NO. Skin pigmentation changes NO.

Reason for Appointment

1. WC. Follow up on low back and right hip, leg pain w/numbness and
weakness. Patient states pain score today is a 8/10. Patient states
lumbar ESI did not help. Patient states he is out of Lortab 10mg.

History of Present Illness

Lumbar Spine/Lower Back:

Location: Lumbar region. Quality: constant,
radiating. Severity: Pain Score (scale of 1 to 10) 9, severe, interferes
with sleep. Timing: Patient is experiencing problem at this
time. Referred or radiating symptoms right leg pain, numbness,
tingling, weakness. Setting in which it first occurred: trauma and/or
injury. Aggravating factors: activity, exercise, work, kneeling, bending,
squatting, stooping, stairs, hills, running, walking, prolonged
sitting. Relieving factors: rest.

Previous Test / Evaluations / Procedures:

MRI (magnetic resonance imaging) scans of the lumbar spine
1.12.12 Piedmont Imaging.

Vital Signs

Ht 6'5", Ht Cm 195.58, Wt lbs 374, Wt kg 169.65, BMI 44.35, BP
142/100, Pain score 8/10, HR 88.

Examination

General Exam:

General Appearance: Well developed, well nourished and
groomed. . Communication: Normal. Cardiovascular: normal S1S2, no
murmurs, . Respiratory: normal breath sounds.

Neurological:

Capacity for sustained mental activity and abstract thinking within
normal limits.. Cognition: normal. Coordination: normal.
Gait: Antalgic. . Immediate, recent, and remote memory seem normal.
Level of consciousness: awake and alert. Mental Status: Orientation
normal to time, place, person, and situation. Mood and Affect: normal,
and appropriate to the situation. Nerve and Spinal Cord Tension-
Compression Signs: Straight leg raising is positive on the right. .
Speech: language intact for receptive and expressive functions.
Station: Normal.

Imaging Studies:

MRI Lumbar 1/12/12 Piedmont Imaging - At L3-4 left paracentral
disc protrusion. L4-5 broad base disc protrusion with left > right lateral

Patient: SATTERWAITE, TERRANCE DOB: 12/14/1972 Progress Note: Philip J. Hodge 03/15/2012

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Skin rash NO. Sores NO.

Neurological:

Change in alertness NO. Change in vision NO. Difficulty remembering NO. Difficulty speaking NO. Excessive daytime sleepiness NO. Headache NO. Seizures, unknown type NO. Paralysis NO.

Psychological:

Feels sad more than usual NO.

Endocrine:

Feels hot when others do not NO. Feels cold NO.

Allergic, Infectious, and Immunologic:

Food intolerance NO. Seasonal rhinitis NO.

Genitourinary:

Blood in urine NO. Urination NO. problems. Frequency of urination NO. Pain or burning with urination NO.

Respiratory:

Cough NO. Pain or tightness in chest NO. Shortness of breath or difficulty breathing NO. Wheezing NO.

Cardiovascular:

Chest pain NO. Irregular heartbeat or feeling of fast, pounding heartbeat NO. Swelling including ankles or legs NO.

Constitutional Symptoms:

Change in appetite NO. Fever and chills NO. Night sweats NO. Unintentional weight change NO.

Eyes:

Loss of vision NO. Spots or specks NO.

Ears, Nose, Mouth, and Throat:

Hearing loss NO. Nasal congestion NO.

recess stenosis. At L5-S1 right paracentral disc herniation with severe lateral recess stenosis. Reviewed 03/15/2012 09:24:17 AM EDT > CD Kris.

Assessments

1. Herniated disc, lumbar - 722.10 (Primary)
2. Leg Pain - 729.5
3. Back pain, low back - 724.2

Treatment

1. Herniated disc, lumbar

Refill Lortab 10 tablet, 500 mg-10 mg, 1 tab(s), orally, every 4 hours as needed for pain, 60, Refills 0

Mr. Satterthwaite returns after his epidural steroid injection with continued back pain and right S1 radiculopathy. We discussed his options and he would like to proceed with a right L5-S1 discectomy.

Referral To:

Reason: WC right metrx, L5-S1 lumbar discectomy, microscope. The risks of surgery including but not limited to infection, nerve injury, paralysis, bleeding, CSF leak and failure to relieve symptoms were discussed with the patient.

Follow Up

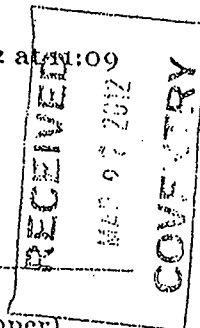
Post op

Electronically signed by Philip Hodge on 03/19/2012 at 11:09 AM EDT

Sign off status: Pending

Southeastern Neurosurgical and Spine Institute (Upper)

111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7150
Fax: 864-797-7155



Patient: SATTERWAITE, TERRANCE DOB: 12/14/1972 Progress Note: Philip J. Hodge 03/15/2012

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



GREENVILLE HEALTH SYSTEM

SATTERWAITE, TERRANCE

89 Y old Male, DOB: 12/14/1972
1022 WEST BURGARD ST APT 303, CAPPENEY, SC 29341
Home: 704-689-8499

Guarantor: SATTERWAITE, TERRANCE
Referring: comp workers External Visit ID: 135594158
Appointment Facility: SE Neuro & Spine Institute-Upper
PCP: Herbert Frank Barshil, MD

Progress Note: Phillip J. Hodge

05/15/2012

Current Medications

hydrochloride tablet 25 mg, 1 tab(s) once a day
Lorab 10 tablet 500 mg-10 mg, 1 tab(s) every 4 hours as needed for pain
Medication list reviewed and reconciled with the patient

Past Medical History

Hypertension

Surgical History

anesthesia or sedation problems: NO
Right Knee Scope 2000

Family History

Family: hypertension, heart disease, diabetes

Social History

WORK STATUS: Unable to work..
no Alcohol, Did you have a drink containing alcohol in the past year? No.
Points 0, Interpretation Negative.
no Smoking, Are you a never smoker.
no Recreational drug use.

Allergies

NKDA

Hospitalization/Major Diagnostic Procedure

No Hospitalization History.

Review of Systems

Musculoskeletal:

Muscle pain no. Painful joints no. Weakness no.

Integumentary:

Bruises easily no. Poor wound healing no. Skin dryness no. Skin lesions no. Skin pigmentation changes no. Skin rash no. Sores no.

Neurological:

Change in alertness no. Change in vision no. Difficulty remembering no. Difficulty speaking no. Excessive daytime sleepiness no. Headache no. Seizures, unknown type no. Paralysis no.

Psychological:

Feels sad more than usual no.

Endocrine:

Feels hot when others do not no. Feels cold no.

Allergic, Infectious, and Immunologic:

Food intolerance no. Seasonal rhinitis no.

Genitourinary:

Blood in urine no. Urination no problems. Frequency of urination no. Pain or burning with urination no.

Respiratory:

Cough no. Pain or tightness in chest no. Shortness of breath or difficulty breathing no. Wheezing no.

Cardiovascular:

Chest pain no. Irregular heartbeat or feeling of fast, pounding heartbeat no. Swelling including ankles or legs no.

Constitutional Symptoms:

Change in appetite no. Fever and chills no. Night sweats no.

Unintentional weight change no.

Eyes:

Loss of vision no. Spots or specks no.

Ears, Nose, Mouth, and Throat:

Hearing loss no. Nasal congestion no.

Reason for Appointment

1. WC. SBN:FRBOP LUM DISK/5-18-12 Patient continues to have low back and right hip, leg pain. Patient states pain score today is a 8/10.

History of Present Illness

Lumbar Spine/Lower Back:

Location: Lumbar region. Quality: constant, radiating. Severity: Pain Score (scale of 1 to 10) 9, severe, interfere with sleep. Timing: Patient is experiencing problem at this time. Referred or radiating symptoms: right leg pain, numbness, tingling, weakness. Setting in which it first occurred: trauma and/or injury. Aggravating factors: activity, exercise, work, kneeling, bending, squatting, stooping, stairs, hills, running, waking, prolonged sitting. Relieving factors: rest.

Vital Signs

Ht 6'5", Ht Cm 195.58, Wt lbs 382, Wt kg 173.27, BMI 45.29, BP 151/97, Pain score 8/10, HR 79.

Examination

General Exam:

General Appearance: Well developed, well nourished and groomed. Communication: Normal. Cardiovascular: normal S2, no murmurs. Respiratory: normal breath sounds.

Neurological:

Capacity for sustained mental activity and abstract thinking within normal limits. Cognition: normal.

Coordination: normal. Gait: Antalgic. Immediate, recent, and remote memory seem normal. Level of consciousness: awake and alert. Mental Status: Orientation normal to time, place, person, and situation. Mood and Affect: normal, and appropriate to the situation. Nerve and Spinal Cord Tension-Compression Signs: Straight leg raising is positive on the right. Speech: language intact for receptive and expressive functions. Station: Normal.

Imaging Studies:

MRI Lumbar 1/12/12 Piedmont Imaging - At L5-S1 left paracentral disc protrusion. L4-S5 broad base disc protrusion with left > right lateral recess stenosis. At L5-S1 right paracentral disc herniation with severe lateral recess stenosis. Reviewed 03/15/2012 09:24:17 AM EDT > CD Kris.

Assessments

1. Herniated disc, lumbar - 722.10 (Primary)
2. Leg Pain - 729.5
3. Back pain, low back - 724.2
4. Hypertension Unspecified - 401.9

Treatment

1. Herniated disc, lumbar

Refill Lorab 10 tablet, 500 mg-10 mg, 1 tab(s), orally, every 4 hours as needed for pain, 99, Refills 0
Mr. Satterwaite returns to discuss his upcoming discectomy.

Follow Up

Post op

Electronically signed by Phillip Hodge on 05/22/2012 at 03:41 PM EDT

Sign off status: Completed

SE Neuro & Spine Institute-Upper
111 Doctors Drive
Greenville, SC 29605
Tel: 864-799-7150
Fax: 864-799-7156

Patient: SATTERWAITE, TERRANCE DOB: 12/14/1972 Progress Note: Phillip J. Hodge 05/15/2012

Note generated by eCric/Maria EMRPM Software (www.eCric/Maria.com)

Progress Notes

Patient: SATTERWAITE, TERRANCE
DOB: 12/14/1972 **Age:** 39 Y **Sex:** Male
Phone: 704-689-8499
Address: 1022 WEST BUFORD ST APT 303, GAFFNEY, SC-29341
Pcp: Herbert Frank Barnhill, MD

Provider: Philip J. Hodge
Date: 06/04/2012

WC 33587

Subjective:**CC:**

1. Post op after right L5-S1 hemilaminectomy and discectomy on 05/18/12. Pain score 3/10. Patient states pain in his lower back and in the middle of his buttocks. Patient states that his right leg pain has improved.

HPI:Pain:

Pain Screening: Any pain at this time? Yes, Pain is chronic, Location of pain: back, Quality/Description of pain: constant, What, if any, medication have you taken for this pain? Lortab, Pain Scale used: Number Scale, Is your pain satisfactorily controlled now? Yes.

Follow Up After Surgery:

Surgery type: right L5-S1 hemilaminectomy and discectomy. Date of procedure: 05/18/12. Overall response to treatment: Improved. Complications since surgery: none.

ROS:Musculoskeletal:

Muscle pain yes. Painful joints no. Weakness no.

Integumentary:

Bruises easily no. Poor wound healing no. Skin dryness no. Skin lesions no. Skin pigmentation changes no. Skin rash no. Sores no.

Neurological:

Change in alertness no. Change in vision no. Difficulty remembering no. Difficulty speaking no. Excessive daytime sleepiness no. Headache no. Seizures, unknown type no. Paralysis no.

Psychological:

Feels sad more than usual no.

Endocrine:

Feels hot when others do not no. Feels cold no.

Allergic, Infectious, and Immunologic:

Food intolerance no. Seasonal rhinitis no.

Genitourinary:

Blood in urine no. Urination no problems. Frequency of urination no. Pain or burning with urination no.

Respiratory:

Cough no. Pain or tightness in chest no. Shortness of breath or difficulty breathing no. Wheezing no.

Cardiovascular:

Chest pain no. Irregular heartbeat or feeling of fast, pounding heartbeat no. Swelling including ankles or legs no.

Constitutional Symptoms:

Change in appetite no. Fever and chills no. Night sweats no. Unintentional weight change no.

Eyes:

Loss of vision no. Spots or specks no.

Ears, Nose, Mouth, and Throat:

Hearing loss no. Nasal congestion no.

Medical History: Hypertension.

Surgical History: anesthesia or sedation problems- NO, Right Knee Scope 2006, right L5-S1 hemilaminectomy and discectomy by Dr. Hodge 05/18/12.

Hospitalization/Major Diagnostic Procedure: Denies Past Hospitalization.

Family History: Family: hypertension, heart disease, diabetes

Social History: WORK STATUS: Unable to work. . Alcohol men 18-65 yrs Assessment completed: today, Alcohol intake: patient does not drink alcohol. Smoking Status > 13 years old Are you a: Never smoker. no Recreational drug use.

Medications: hydrochlorothiazide tablet 25 mg 1 tab(s) once a day, Lortab 10 tablet 500 mg-10 mg 1 tab(s) every 4 hours as needed for pain, Medication List reviewed and reconciled with the patient

Allergies: N.K.D.A.

Objective:

Vitals: Ht 6'5", Ht Cm 195.58, Wt lbs 380, Wt kg 172.37, BMI 45.06, BP 132/94, HR 84, Pain score 3/10.

Examination:

Lumbar Spine / Lower back:

Inspection: surgical incision well healed.

General Exam:

General Appearance: well groomed, well developed and well nourished, no acute distress, communicates normally. Psych: appropriate mood and affect, normal speech.

Neurological:

Gait: normal. Mental Status: Orientation normal to time, place, person, and situation, Alert & oriented x 3.

Assessment:

Assessment:

1. Examination following surgery - V67.00 (Primary)
2. Hypertension Unspecified - 401.9

Plan:

1. Examination following surgery

Mr. Satterwaite returns after his discectomy with less leg pain. We will start home walking program and supervised PT. I will see him back in 4-6 weeks.

2. Others

Referral To:

Reason:WC: Physical therapy

Immunizations:

Labs:

Preventive:

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Follow Up: 6 Weeks

Provider: Philip J. Hodge

Patient: SATTERWAITE, TERRANCE DOB: 12/14/1972 Date: 06/04/2012

Electronically signed by Philip Hodge on 06/07/2012 at 04:24 PM EDT

Sign off status: Pending



GREENVILLE HEALTH SYSTEM

SATTERWAITE, TERRANCE

39 Y old Male, DOB: 12/14/1972
1022 WEST BUFORD ST APT 303, GAFFNEY, SC 29341
Home: 704-689-8499
Guardian: SATTERWAITE, TERRANCE
Referring: comp workers External Visit ID: 118183128
Appointment Facility: SE Neuro & Spine Institute-Upper

PCP: Herbert Frank Barnhill, MD

Progress Note: Phillip J. Hodge

07/17/2012

Current Medications

hydrochloride tablet 25 mg 1 tab(s) once a day
Advil tablet 200 mg 2 tab(s) every 4 hours
Medication list reviewed and reconciled with the patient

Past Medical History

Hypertension

Surgical History

anesthesia or sedation problems- NO
Right Knee Scope 2006
right L5-S1 hemilaminectomy and discectomy by Dr. Hodge 05/18/12

Family History

Family: hypertension, heart disease, diabetes

Social History

WORK STATUS: Unable to work.
Alcohol use 0-60 gm Assessment completed: today, Alcohol intake patient does not drink alcohol.
Smoking Status: 23 years old Are you a: Never smoker.
no Recreational drug use.

Allergies

NKDA

Hospitalization/Major Diagnostic Procedure

No hospitalization history.

Review of Systems

Musculoskeletal:

Muscle pain yes. Painful joints no. Weakness no.

Integumentary:

bruise easily no. Poor wound healing no. Skin dryness no. Edema no. Skin pigmentation changes no. Skin rash no. Sores no.

Neurological:

Change in alertness no. Change in vision no. Difficulty remembering no. Difficulty speaking no. Excessive daytime sleepiness no.

Headache no. Seizures, unknown type no. Paralysis no.

Psychological:

Feels sad more than usual no.

Endocrine:

Feels hot when others do not no. Feels cold no.

Allergic, Infectious, and Immunologic:

Food intolerance no. Seasonal rhinitis no.

Genitourinary:

Mood in urine no. Urination no problems. Frequency of urination no.

Pain or burning with urination no.

Respiratory:

Cough no. Pain or tightness in chest no. Shortness of breath or difficulty breathing no. Wheezing no.

Cardiovascular:

Chest pain no. Irregular heartbeat or feeling of fast, pounding heartbeat no. Swelling including ankles or legs no.

Constitutional Symptoms:

Change in appetite no. Fever and chills no. Night sweats no.

Unintentional weight change no.

Eyes:

Loss of vision no. Spots or specks no.

Ears, Nose, Mouth, and Throat:

Hoarseness no. Nasal congestion no.

Reason for Appointment

1. WC: SEN e/p Right L5-S1 hemilaminectomy and discectomy on 5.18.12. Patient continues to have low back and right leg pain. Patient states pain score today is a 5/10. Patient states PT is making the pain worse. Patient states he is out of work.

History of Present Illness

Follow Up After Surgery:

Surgery type: right L5-S1 hemilaminectomy and discectomy. Date of procedure: 05/13/12. Overall response to treatment: improved. Complications since surgery: none.

Vital Signs

Ht 6'5", Wt 195.58, Wt lbs 392, Wt kg 177.81, BMI 46.48, Pain score 5/10.

Examination

General Exam:

General Appearance: well groomed, well developed and well nourished, no acute distress, communicates normally. Psych: appropriate mood and affect, normal speech.

Neurological:

Gait: normal. Mental Status: Orientation normal to time, place, person, and situation, Alert & oriented x3.

Assessments

1. Examination following surgery - V67.00 (Primary)

Treatment

1. Examination following surgery

Start Lorazepam tablet, 500 mg-10 mg, 1 tab(s), orally, every 4 hours as needed for pain, 60, Refills 0

Start Prednisone tablet, 10 mg, 2 twice a day for 3 days, 1 twice a day for 3 days and 1 every morning for 3 days for

Inflammation, Oral, as directed, 21, Refills 0

Start Naproxen tablet, 500 mg, 1 tab(s), orally, 2 times a day, 30 day(s), 60, Refills 0

Mr. Satterwaite returns after his discectomy with increased back and right leg pain after at episode of PT. We will adjust his medication and reevaluate him in two weeks. I suspect this is simply nerve root irritation and we will consider work hardening PT at our next visit.

Follow Up

2 Weeks,

Electronically signed by Phillip Hodge on 07/26/2012 at 01:30 PM EDT

Sign off status: Completed

SE Neuro & Spine Institute-Upper
311 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7250
Fax: 864-797-7155

Patient: SATTERWAITE, TERRANCE DOB: 12/14/1972 Progress Note: Phillip J. Hodge 07/17/2012

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

WC 33587

Progress Note

Patient: SATTERWHITE, TERRANCE
DOB: 12/14/1972 **Age:** 39 Y **Sex:** Male
Phone: 704-689-8499
Address: 1022 WEST BUFORD ST APT 303, GAFFNEY, SC-29341
Pcp: Herbert Frank Barnhill, MD

Provider: Philip J. Hodge
Date: 08/07/2012

Subjective:**CC:**

1. s/p right L5-S1 hemilaminectomy and discectomy performed on 5.18.12. Patient states he is still having pain in low back radiating down leg. Pain score today is a 3/10..

HPI:Follow Up After Surgery:

Surgery type: right L5-S1 hemilaminectomy and discectomy. Date of procedure: 05/18/12. Overall response to treatment: improved. Complications since surgery: none.

ROS:Musculoskeletal:

Muscle pain yes. Painful joints no. Weakness no.

Integumentary:

Bruises easily no. Poor wound healing no. Skin dryness no. Skin lesions no. Skin pigmentation changes no. Skin rash no. Sores no.

Neurological:

Change in alertness no. Change in vision no. Difficulty remembering no. Difficulty speaking no. Excessive daytime sleepiness no. Headache no. Seizures, unknown type no. Paralysis no.

Psychological:

Feels sad more than usual no.

Endocrine:

Feels hot when others do not no. Feels cold no.

Allergic, Infectious, and Immunologic:

Food intolerance no. Seasonal rhinitis no.

Genitourinary:

Blood in urine no. Urination no problems. Frequency of urination no. Pain or burning with urination no.

Respiratory:

Cough no. Pain or tightness in chest no. Shortness of breath or difficulty breathing no. Wheezing no.

Cardiovascular:

Chest pain no. Irregular heartbeat or feeling of fast, pounding heartbeat no. Swelling including ankles or legs no.

Constitutional Symptoms:

Change in appetite no. Fever and chills no. Night sweats no. Unintentional weight change no.

Eyes:

Loss of vision no. Spots or specks no.

Ears, Nose, Mouth, and Throat:

Hearing loss no. Nasal congestion no.

Medical History: Hypertension.

Surgical History: anesthesia or sedation problems- NO, Right Knee Scope 2006, right L5-S1 hemilaminectomy and discectomy by Dr. Hodge 05/18/12.

Family History: Family: hypertension, heart disease, diabetes

Social History: WORK STATUS: Unable to work. Alcohol men 18-65 yrs Assessment completed: today, Alcohol intake: patient does not drink alcohol. Smoking Status > 13 years old Are you a: Never smoker. no Recreational drug use.

Medications: hydrochlorothiazide tablet 25 mg 1 tab(s) once a day, Advil tablet 200 mg 2 tab(s) every 4 hours, Lortab 10 tablet 500 mg-10 mg 1 tab(s) every 4 hours as needed for pain, Naprosyn tablet 500 mg 1

16

tab(s) 2 times a day, Medication List reviewed and reconciled with the patient

Allergies: N.K.D.A.

Objective:

Vitals: Ht 6'5", Ht Cm 195.58, Wt lbs 400, Wt kg 181.44, BMI 47.43, Pain score 3/10.

Examination:

General Exam:

General Appearance: well groomed, well developed and well nourished, no acute distress, communicates normally. Psych: appropriate mood and affect, normal speech.

Neurological:

Gait: normal. Mental Status: Orientation normal to time, place, person, and situation, Alert & oriented x 3.

Assessment:

Assessment:

1. Examination following surgery - V67.00 (Primary)
2. Back pain, low back - 724.2

Plan:

1. Examination following surgery Continue hydrochlorothiazide tablet, 25 mg, 1 tab(s), orally, once a day; Continue Advil tablet, 200 mg, 2 tab(s), orally, every 4 hours; Stop Naprosyn tablet, 500 mg, 1 tab(s), orally, 2 times a day; Stop Lortab 10 tablet, 500 mg-10 mg, 1 tab(s), orally, every 4 hours as needed for pain.

Mr. Satterwhite is doing better today. We will start work hardening and I will see him back in one month at which point I will likely release him to work in some capacity.

2. Back pain, low back

Referral To:

Reason: WC: Change to work hardening PT

Immunizations:

Labs:

Preventive:

Follow Up: 4 Weeks

Provider: Philip J. Hodge

Patient: SATTERWHITE, TERRANCE DOB: 12/14/1972 Date: 08/07/2012

Electronically signed by Philip Hodge on 08/09/2012 at 12:19 PM EDT

Sign off status: Pending



GREENVILLE
HEALTH SYSTEM

Telephone Encounter

Answered by

Thomas, Caroline

Caller Patient

Reason Message

Message HC: Patient was getting up from his chair and initially felt pain in hi low back and when he tried to walk it off he starting exper

Action Taken Thomas,Caroline 08/13/2012 04:48:51 PM EDT > Prednisone taper per Dr. Hodge. Thomas,Caroline 08/13/2012 04:51:38 PM EDT > Patient notified and eprescribed.

Refills

Start Prednisone tablet, 10 mg, Oral, 21, 2 twice a day for 3 days, 1 twice a day for 3 day



UNIVERSITY MEDICAL GROUP

WC 33587

SATTERWHITE, TERRANCE

39 Y old Male, DOB: 12/14/1972

1022 WEST BUFORD ST APT 303, GAFFNEY, SC-29341

Home: 704-689-8499

Guarantor: SATTERWHITE, TERRANCE

PCP: Herbert Frank Barnhill, MD Referring: comp

workers External Visit ID: 147104905

Appointment Facility: SE Neuro & Spine Institute-Upper

10/16/2012

Progress Note: Philip J. Hodge

Current Medications

hydrochlorothiazide tablet 25 mg 1 tab(s)
once a day
Advil tablet 200 mg 2 tab(s) every 4 hours
Lortab 10 tablet 500 mg-10 mg 1 tab(s) every
4 hours as needed for pain
Medication List reviewed and reconciled with
the patient

Past Medical History

Hypertension

Surgical History

anesthesia or sedation problems-NO
Right Knee Scope 2006
right L5-S1 hemilaminectomy and discectomy
by Dr. Hodge 05/18/12

Family History

Family: hypertension, heart disease, diabetes

Social History

WORK STATUS: Remain out of work until
rto..
Alcohol men 18-65 yrs Assessment
completed: today, Alcohol intake: patient
does not drink alcohol.
Smoking Status > 13 years old Are you a:
Never smoker.
no Recreational drug use.

Allergies

N.K.D.A.

Hospitalization/Major**Diagnostic Procedure**

No Hospitalization History.

Review of Systems**Musculoskeletal:**

Muscle pain yes. Painful joints NO.
Weakness NO.

Integumentary:

Bruises easily NO. Poor wound
healing NO. Skin dryness NO. Skin
lesions NO. Skin pigmentation changes NO.

Reason for Appointment

1. WC. Patient returns after work conditioning. Patient continues to
have low back pain. Patient states pain score today is a 3. Hx of right
L5-S1 hemilaminectomy and discectomy performed on 5.18.12.

History of Present Illness**Pain:**

Pain Screening: Any pain at this time? Yes, Pain is
chronic, Location of pain: lower, back, What, if any, medication have
you taken for this pain? Lortab, Pain Scale used: Number Scale 3, Is
your pain satisfactorily controlled now? No.

Vital Signs

Ht 6'5", Ht Cm 195.58, Wt lbs 411, Wt kg 186.43, BMI 48.73, BP
155/111, HR 85, Pain score 3.

Examination**General Exam:**

General Appearance: well groomed, well developed, no acute
distress, communicates normally. Psych: appropriate mood and affect,
normal speech.

Neurological:

Gait: normal. Mental Status: Orientation normal to time, place,
person, and situation, Alert & oriented x 3.

Assessments

1. Back pain, low back - 724.2 (Primary)

Treatment**1. Back pain, low back**

Mr. Satterwhite returns after work hardening with some progress but
he is not quite to the level needed to return to work. We will continue
work hardening for 4 more weeks and reevaluate him in 4 weeks.

Referral To:

Reason: WC: Continue work conditioning X 4 weeks

2. Others

Continue hydrochlorothiazide tablet, 25 mg, 1 tab(s), orally, once a day
Continue Advil tablet, 200 mg, 2 tab(s), orally, every 4 hours
Continue Lortab 10 tablet, 500 mg-10 mg, 1 tab(s), orally, every 4 hours
as needed for pain
Patient is to continue all medications as directed by prescribing

Patient: SATTERWHITE, TERRANCE DOB: 12/14/1972 Progress Note: Philip J. Hodge 10/16/2012

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Skin rash NO. Sores NO.

Neurological:

Change in alertness NO. Change in vision NO. Difficulty remembering NO. Difficulty speaking NO. Excessive daytime sleepiness NO. Headache NO. Seizures, unknown type NO. Paralysis NO.

Psychological:

Feels sad more than usual NO.

Endocrine:

Feels hot when others do not NO. Feels cold NO.

Allergic, Infectious, and Immunologic:

Food intolerance NO. Seasonal rhinitis NO.

Genitourinary:

Blood in urine NO. Urination NO problems. Frequency of urination NO. Pain or burning with urination NO.

Respiratory:

Cough NO. Pain or tightness in chest NO. Shortness of breath or difficulty breathing NO. Wheezing NO.

Cardiovascular:

Chest pain NO. Irregular heartbeat or feeling of fast, pounding heartbeat NO. Swelling including ankles or legs NO.

Constitutional Symptoms:

Change in appetite NO. Fever and chills NO. Night sweats NO. Unintentional weight change NO.

Eyes:

Loss of vision NO. Spots or specks NO.

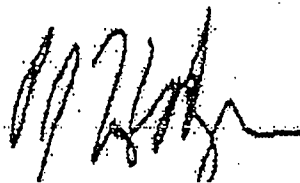
Ears, Nose, Mouth, and Throat:

Hearing loss NO. Nasal congestion NO.

physicians. Continuations on today's visit are made based on the patient's report of current medications.

Follow Up

4 Weeks



Electronically signed by Philip Hodge on 10/19/2012 at 08:20 AM EDT

Sign off status: Completed

SE Neuro & Spine Institute-Upper

111 Doctors Drive
Greenville, SC 29605

Tel: 864-797-7150

Fax: 864-797-7155

Patient: SATTERWHITE, TERRANCE DOB: 12/14/1972 Progress Note: Philip J. Hodge 10/16/2012

Note generated by eClinicaWorks EMR/PM Software (www.eClinicaWorks.com)

Oct. 18. 2012 1:21AM

SOUTHEASTERN NEUROSURGICAL

No. 8314 P. 1

864 574 7664

PHILIP J. HODGE, MD

SOUTHEASTERN NEUROSURGICAL & SPINE INSTITUTE
111 Doctor's Drive • Greenville, SC 29605 • 864-797-7150 • Fax 864-707-7155
CONSULTATION BY APPOINTMENT

PATIENT'S NAME Terrance Satterwhite D3B 12/14/22

ADDRESS _____ DATE 10-18-12

Continue work conditioning X4 weeks

☐ Unless checked label with drug name

7.24.2 Dx

No refills unless indicated
Refill _____ times

Philip J. Hodge, MD

DISPENSE AS WRITTEN

SUBSTITUTION PERMITTED

M.D.

Label ☐ Yes ☐ No

N.R. 1 2 3 4 PRN

DEA NO. BH7832442
SO NO. 023044

Patient: SATTERWHITE, TERRANCE
DOB: 12/14/1972 **Age:** 39 Y **Sex:** Male
Phone: 704-689-8499
Address: 1022 WEST BUFORD ST APT 303, GAFFNEY, SC-29341
Pcp: Herbert Frank Barnhill, MD

WC 33587

Progress Note
Provider: Philip J. Hodge
Date: 11/08/2012

Subjective:**CC:**

1. WC. Follow up on low back pain. Patient still having problems after work conditioning with bilateral thigh numbness. Pain score is 4, numbness..

HPI:Pain:

Pain Screening: Any pain at this time? Yes, Pain is chronic, Location of pain: low back, numbness in bilateral thighs, What, if any, medication have you taken for this pain? Lortab, Pain Scale used: Number Scale, Is your pain satisfactorily controlled now? No, Plan for inadequately controlled pain: Reassessment of pain at next visit.

ROS:Musculoskeletal:

Muscle pain yes. Painful joints no. Weakness no.

Integumentary:

Bruises easily no. Poor wound healing no. Skin dryness no. Skin lesions no. Skin pigmentation changes no. Skin rash no. Sores no.

Neurological:

Change in alertness no. Change in vision no. Difficulty remembering no. Difficulty speaking no. Excessive daytime sleepiness no. Headache no. Seizures, unknown type no. Paralysis no.

Psychological:

Feels sad more than usual no.

Endocrine:

Feels hot when others do not no. Feels cold no.

Allergic, Infectious, and Immunologic:

Food intolerance no. Seasonal rhinitis no.

Genitourinary:

Blood in urine no. Urination no problems. Frequency of urination no. Pain or burning with urination no.

Respiratory:

Cough no. Pain or tightness in chest no. Shortness of breath or difficulty breathing no. Wheezing no.

Cardiovascular:

Chest pain no. Irregular heartbeat or feeling of fast, pounding heartbeat no. Swelling including ankles or legs no.

Constitutional Symptoms:

Change in appetite no. Fever and chills no. Night sweats no. Unintentional weight change no.

Eyes:

Loss of vision no. Spots or specks no.

Ears, Nose, Mouth, and Throat:

Hearing loss no. Nasal congestion no.

Medical History: Hypertension.

Surgical History: anesthesia or sedation problems- NO , Right Knee Scope 2006, right L5-S1 hemilaminectomy and discectomy by Dr. Hodge 05/18/12.

Hospitalization/Major Diagnostic Procedure: Denies Past Hospitalization.

Family History: Family: hypertension, heart disease, diabetes

Social History: WORK STATUS: Remain out of work until return appointment. . Alcohol men 18-65 yrs Assessment completed: today, Alcohol intake: patient does not drink alcohol. Smoking Status > 13 years

old Are you a: Never smoker. no Recreational drug use.

Medications: Lortab 10 tablet 500 mg-10 mg 1 tab(s) every 4 hours as needed for pain, Advil tablet 200 mg 2 tab(s) every 4 hours, hydrochlorothiazide tablet 25 mg 1 tab(s) once a day, Prednisone tablet 10 mg 2 twice a day for 3 days, 1 twice a day for 3 days and 1 every morning for 3 days for Inflammation as directed, Medication List reviewed and reconciled with the patient

Allergies: N.K.D.A.

Objective:

Vitals: Ht 77, Ht Cm 195.58, Wt lbs 411.0, Wt kg 186.43, BMI 48.73, BP 148/99, HR 70, Pain score 4.

Examination:

General Exam:

General Appearance: well groomed, well developed, no acute distress, communicates normally. Psych: appropriate mood and affect, normal speech.

Neurological:

Gait: normal. Mental Status: Orientation normal to time, place, person, and situation, Alert & oriented x 3.

Assessment:

Assessment:

1. Back pain, low back - 724.2 (Primary)
2. Leg Pain - 729.5

Plan:

1. Back pain, low back Refill Lortab 10 tablet, 500 mg-10 mg, 1 tab(s), orally, every 4 hours as needed for pain, 40, Refills 0 ; Start Mobic tablet, 15 mg, 1 tab(s), orally, once a day, 30 day(s), 30, Refills 1 ; Start Flexeril tablet, 10 mg, 1 tab(s), orally, 3 times a day prn, 0, 90, Refills 1 .

Mr. Satterwhite returns with return of pain after resuming PT. I feel that we are at maximal improvement and I will get a FCE and we will have him return to discuss results and final work restrictions.

Referral To:

Reason:WC: FCE

2. Leg Pain

Referral To:

Reason:WC: FCE

Immunizations:

Labs:

Preventive:

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

MU Counseling: BMI Dietary counseling provided? Patient counselled on weight loss. ;

Follow Up: following FCE

Provider: Philip J. Hodge

Patient: SATTERWHITE, TERRANCE DOB: 12/14/1972 Date: 11/08/2012

Electronically signed by Philip Hodge on 11/08/2012 at 10:25 AM EST

Sign off status: Pending



SATTERWHITE, TERRANCE

40 Y old Male, DOB: 12/14/1972
 1022 WEST BUFO RD ST APT 303, GAFFNEY, SC 29341
 Home: 704-689-8499
 Guamator: SATTERWHITE, TERRANCE
 Referring: comp worker External Visit ID: 156180549
 Appointment Facility: SE Neuro & Spine Institute-Upper

PCP: Herbert Frank Barnhill, MD

Progress Note: Phillip J. Hodge

01/28/2013

Current Medications

Advil tablet 200 mg 1 tab(s) every 4 hours
 hydrochlorothiazide tablet 25 mg 1 tab(s) once a day
 Prednisone tablet 10 mg 2 twice a day for 3 days, 1 twice a day for 3 days and 1 every morning for 3 days for inflammation as directed
 Lorib 10 tablet 500 mg-10 mg 1 tab(s) every 4 hours as needed for pain
 Mobic tablet 15 mg 1 tab(s) once a day
 Flexril tablet 30 mg 1 tab(s) 3 times a day prn

Past Medical History

Hypertension

Surgical History

anorexia or sedation problems- NO
 Right Knee Scope 2006
 Right Leg St. Laminectomy and disectomy by Dr. Hodge 05/18/12

Family History

Family: hypertension, heart disease, diabetes

Social History

WORK STATUS: MHI has been reached. Disability rating: (% to the lumbar spine) according to AMA Guide to the Evaluation of Permanent Impairment Sixth Edition. Patient may return to work without restrictions.
 Alcohol: men 10-15 yrs Assessment completed: today, Alcohol intake: patient does not drink alcohol.
 Smoking Status: > 13 years ok. Are you a: Never smoker.
 No Recreational drug use.

Allergies

NKDA

Hospitalization/Major Diagnostic Procedure

No Hospitalization History.

Review of Systems**Musculoskeletal:**

Muscle pain yes. Painful joints no. Weakness no.

Integumentary:

Bruises easily no. Poor wound healing no. Skin dryness no. Skin lesions no. Skin pigmentation changes no. Skin rash no. Sores no.

Neurological:

Change in alertness no. Change in vision no. Difficulty remembering no. Difficulty speaking no. Excessive daytime sleepiness no. Headache no. Seizures, unknown type no. Paralysis no.

Psychological:

Feels sad more than usual no.

Endocrine:

Feels hot when others do not no. Feels cold no.

Allergic, Infectious, and Immunologic:

Food intolerance no. Seasonal allergies no.

Genitourinary:

Blood in urine no. Urination no problems. Frequency of urination no. Pain or burning with urination no.

Respiratory:

Cough no. Pain or tightness in chest no. Shortness of breath or difficulty breathing no. Wheezing no.

Cardiovascular:

Chest pain no. Irregular heartbeat or feeling of fast, pounding heartbeat no. Swelling including ankles or legs no.

Constitutional Symptoms:

Change in appetite no. Fever and chills no. Night sweats no. Unintentional weight change no.

Eyes:

Loss of vision no. Spots or specks no.

Ears, Nose, Mouth, and Throat:

Hearing loss no. Nasal congestion no.

Reason for Appointment

1. WC 1-5-12. Follow up on low back pain. Patient returns after PCB performed on 1-17-13.

History of Present Illness**Workman's Comp:**

Timing: This has been a problem 15-20.

Vital Signs

Ht 77, Ht Cm 195.58, Wt lbs 397, Wt kg 180.08, BMI 47.07, BP 154/105, HR 94, Pain score 6/10.

Examination**General Exam:**

General Appearance: well groomed, well developed, no acute distress, communicates normally. Psych: appropriate mood and affect, normal speech

Neurological:

Gait: normal. Mental Status: Orientation normal to time, place, person, and situation, Alert & oriented x3.

Assessments

1. Back pain, low back - 724.2 (Primary)

Treatment

1. Back pain, low back
 Stop Mobic tablet, 15 mg, 1 tab(s), orally, once a day

2. Others

Mr. Satterwhite returns after his FCE. It states that he can work in a heavy demand category although performance at this level has resulted in some increased back pain. I feel that he can return to work without restriction and that he has met MMI. I do not anticipate the need for further medical care.

Follow Up

prn

Electronically signed by Phillip Hodge on 02/04/2013 at 01:17 PM EST

Sign off status: Completed

SE Neuro & Spine Institute-Upper
 111 Doctors Drive
 Greenville, SC 29605
 Tel: 864-799-7150
 Fax: 864-797-7155

Patient: SATTERWHITE, TERRANCE DOB: 12/14/1972 Progress Note: Phillip J. Hodge 01/28/2013

Note generated by eClinicalWorks EHR/PM Software (www.eClinicalWorks.com)



____ Greenville Memorial Hospital 455-7000 FAX 455-4296
____ Palawood Memorial Hospital 797-1120 FAX 797-1129
____ Palawood Outpatient Surgery 454-2603 FAX 454-2620

Stephen R. Gardner, M.D., F.A.C.S.
John K. Johnson, M.D., F.A.C.S.
B. Christopher Troup, M.D.

Charles C. Kanos, M.D., F.A.C.S.
Alfred T. Nelson, M.D., F.A.C.S.
Philip J. Hodge, M.D., F.A.C.S.
Michael Lynn, M.D.

103 Doctor's Drive
Greenville, S.C. 29605

WC 33587

111 Doctor's Drive
Greenville, S.C. 29605

Date: January 28, 2013

Re: TERRANCE SATTERWHITE

To Whom It May Concern:

Assessment:

Back pain, low back - 724.2 (Primary)

Work Status:

- ☒ Return to regular duty as of 1-28-13.
☐ Return to modified duty
☐ Unable to work
☐ Patient is working
☐ Discharged from care
☐ Causal relationship
☐ MMI projected to be reached by the following date: ()
☐ MMI has not been reached.
☐ MMI has been reached. Effective date: _____ Disability rating: _____
according to AMA Guide to the Evaluation of Permanent Impairment, Sixth Edition.

Spine Restrictions:

Other:

☐ Sitting job only ☐ May stand/walk up to ☐ No frequent lifting over ☐ No maximum lifting over ☐ May stoop/bend/twist ☐ Alternate sitting and standing	☐ No school ☐ No gym ☐ No sports ☐ No driving if sleepy or drowsy ☐ Other restrictions or notes ☐ None
---	---



Greenville Memorial Hospital	455-7000	FAX 455-4296
Palewood Memorial Hospital	797-1120	FAX 797-1129
Palewood Outpatient Surgery	454-2603	FAX 454-2620

Sincerely,

Hodge, Philip



Physician's Statement

Claimant's Name: Terrance Satterwhite
Physician's Name: Philip Hodge, MD
Practice/Clinic: SE Neurosurgical
Preparer's Name: _____
Phone: _____

Employer's Name: _____
Insurance Carrier: _____
SCWCC File No: _____

12-14-72

The undersigned physician has been authorized by the Employer/Carrier to treat this Claimant for his or her injury by accident pursuant to §§42-15-60, 42-1-172 or 42-11-10.

Date of Injury or Illness: 1-5-12

Date of first office visit: 2/6/12 Date of last visit: 1-28-13

Diagnosis or nature of injury or illness: low back pain

Body part(s) Injured: Spine Body part(s) affected: Spine, leg

Date of Maximum Medical Improvement: 1-28-13

Based on the AMA Guidelines, the claimant has sustained a 7 % medical impairment to Lumbar Spine
Injured body part(s) and a _____ % medical impairment to _____
other affected body part(s).

☒ The claimant is able to return to work without restriction.

☐ The claimant is able to return to work with the following restrictions:

☐ The claimant is unable to return to work at his or her current employment.

As of the date I last saw this patient, it is my professional medical opinion the claimant:

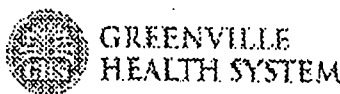
☒ will not need future medical care related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not).

☐ will need future medical care and treatment related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not) and that medical care and treatment including medication is as follows:

Treating Physician

Date

1/28/13



SATTERWHITE, TERRANCE

40 Y old Male, DOB: 12/14/1972
1022 WEST BUFORD ST APT 303, GAPPNEY, SC 29341
Home: 704-689-8499

Guardian: SATTERWHITE, TERRANCE

PCP: Herbert Frank Barnhill, MD Referring: comp workers External Visit ID: 16389542
Appointment Facility: SE Neuro & Spine Institute-Upper

Progress Note: Philip J. Hodge

04/15/2013

Current Medications

Advil tablet 200 mg 2 tab(s) every 4 hours
hydrochlorothiazide tablet 25 mg 1 tab(s) once a day
Prednisone tablet 10 mg 2 twice a day for 3 days, 1 twice a day for 3 days and 1
every morning for 3 days for inflammation as directed
Loribid 10 tablet 500 mg-10 mg 1 tab(s) every 4 hours as needed for pain
Flexeril tablet 10 mg 1 tab(s) 3 times a day prn
Medication list reviewed and reconciled with the patient

Past Medical History

Hypertension

Surgical History

aneurysm and radiation problems- NO
Right Knee Scope 2006
right L5-S1 laminectomy and discectomy by Dr. Hodge 05/18/12

Family History

Family: hypertension, heart disease, diabetes

Social History

WORK STATUS: Working full time without restriction.
Alcohol men 8-10 yrs Assessment completed today. Alcohol intake: patient
does not drink alcohol.
Smoking Status: 23 years old Are you a: Never smoker.
no Recreational drug use

Allergies

NKDA

Hospitalization/Major Diagnostic Procedure

No Hospitalization History

Review of Systems

Musculoskeletal:

Muscle pain yes. Painful joints no. Weakness no.

Integumentary:

Bruises easily no. Poor wound healing no. Skin dryness no. Skin
lesions no. Skin pigmentation changes no. Skin rash no. Scars no.

Neurological:

Change in alertness no. Change in vision no. Difficulty
remembering no. Difficulty speaking no. Excessive daytime sleepiness no.

Headache no. Seizures, unknown type no. Paralysis no.

Psychological:

Feels sad more than usual no.

Endocrine:

Feels hot when others do not no. Feels cold no.

Allergic, Infectious, and Immunologic:

Food intolerance no. Seasonal rhinitis no.

Genitourinary:

Blood in urine no. Urination no problems. Frequency of urination no.
Pain or burning with urination no.

Respiratory:

Cough no. Pain or tightness in chest no. Shortness of breath or difficulty
breathing no. Wheezing no.

Cardiovascular:

Chest pain no. Irregular heartbeat or feeling of fast, pounding
heartbeat no. Swelling including ankles or legs no.

Constitutional Symptoms:

Change in appetite no. Fever and chills no. Night sweats no.

Unintentional weight change no.

Eyes:

Loss of vision no. Spots or specks no.

Ears, Nose, Mouth, and Throat:

Hearing loss no. Nasal congestion no.

Reason for Appointment

1. WC. Follow up on low back pain. Patient states pain score today is a 5/10.

History of Present Illness

Lumbar Spine/Lower Back:

Location: Lumbar region.

Pain:

Pain Screening: Any pain at this time? Yes.

Vital Signs

Ht 77, Ht Cm 195.58, Wt lbs 386, Wt kg 176.45, BMI 46.15, BP 151/94, HR 72, Pain score 3/10.

Examination

General Exam:

General Appearance: well groomed, well developed, no acute distress, communicates normally. Psych: appropriate
mood and affect, normal speech

Neurological:

Capacity for sustained mental activity and abstract thinking within normal limits. Gait: normal. Higher Integrative
Function: Normal orientation and fund of knowledge. Immediate, recent, and remote memory seem normal. Mental
Status: Orientation normal to time, place, person, and situation, Alert & oriented x3. Mood and Affect: normal, and
appropriate to the situation. Muscle Bulk: normal for age.

Assessments

1. Back pain, low back - 724.2 (Primary)

Treatment

1. Back pain, low back

Start Naprosyn tablet, 500 mg, 1 tab(s), orally, 2 times a day, 30 day(s), 60, Refills 2

Diagnostic Imaging: Lumbar Spine, 2 or 3 views no: notability but possibly some retrolisthesis of L5 on S1, Hewell, Juli
04/15/2013 02:45:44 PM EDT >

Mr. Satterwhite returns after his discectomy with back pain related to long periods of sitting and bumpy roads while
truck driving. His flexion/extension films show no instability but possibly some retrolisthesis of L5 on S1. We will try
Naprosyn and see him back in one month.

Procedure Codes

72100 LS SPINE (2-3 VIEW) X-RAY

Follow Up

4 Weeks

Electronically signed by Philip Hodge on 04/19/2013 at 11:41 AM EDT

Sign off status: Completed

SE Neuro & Spine Institute-Upper
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7150
Fax: 864-797-7156

Patient: SATTERWHITE, TERRANCE DOB: 12/14/1972 Progress Note: Philip J. Hodge 04/15/2013

Note generated by eCw/Price/M/Info EHR/PM Software (www.eCw/Price/M/Info.com)



GREENVILLE
HEALTH SYSTEM

SATTERWHITE, TERRAJ

40 Y old Male, DOB: 12/
1022 WBST BUFORD ST APT 303, GAFFNEY, S
Home: 704-689
Provider: Hodge,

Telephone Encounter

Answered by Easley, Nancy

Date: 03/
Time: 01:

Caller patient

Reason having back issues when driving

Message Has been back on the job for 2 months and his back is hurting the whole time he is driving. Wants to be seen again. tel: (704) 689-1

Action Thomas, Caroline 03/20/2013 11:54:39 AM EDT > Ok for rx per Caroline Easley, Nancy 03/25/2013 11:34:14 AM EDT > email from Mike DeCarolis, okay to see Dr. Hodge
Taken

Patient: SATTERWHITE, TERRANCE DOB: 12/14/1972 Provider: Hodge, Philip 03/19/2013

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



SATTERWHITE, TERRANCE

40 Y old Male, DOB: 12/14/1972
1022 WEST BUFORD ST APT 303, GAFFNEY, SC 29341
Home: 704-689-8499

PCP: Herbert Frank Barnhill, MD Referring: comp workers External Visit ID: 158286481
Appointment Facility: SE Neuro & Spine Institute-Upper

05/20/2013

Progress Note: Philip J. Hodge

Current Medications

Naproxen 500 mg tablet 1 tab(s) 2 times a day
Fentanyl 10 mcg tablet 1 tab(s) 3 times a day prn
Lorazepam 1 mg tablet 1 tab(s) every 4 hours as needed for pain
Prednisone 10 mg tablet 2 times a day for 3 days, 1 twice a day for 3 days and 1 every morning for 3 days for inflammation as directed, stop date 05/20/2013
hydrochlorothiazide 25 mg tablet 1 tab(s) once a day
Advil 200 mg tablet 2 tab(s) every 4 hours
Medication list reviewed and reconciled with the patient

Past Medical History

Hypertension

Surgical History

most recent or sedation problems - NO

Right Knee Scope 2006

right L5-S1 laminectomy and discectomy by Dr. Hodge 05/18/12

Family History

Family: hypertension, heart disease, diabetes

Social History

WORK STATUS: Return to work Tuesday 5/21/13.

Alcohol: none 8-15 yrs. Assessment completed today, Alcohol intake: patient does not drink alcohol.

Smoking Status: > 25 years old. Are you a: Never smoker.

no Recreational drug use

Allergies

NKA

Hospitalization/Major Diagnostic Procedure

No Hospitalization History.

Review of Systems**Musculoskeletal:**

Muscle pain yes. Painful joints no. Weakness no.

Integumentary:

Bruises easily no. Poor wound healing no. Skin dryness no. Skin lesions no. Skin pigmentation changes no. Skin rash no. Sores no.

Neurological:

Change in alertness no. Change in vision no. Difficulty remembering no. Difficulty speaking no. Excessive daytime sleepiness no.

Headache no. Seizures, unknown type no. Paralysis no.

Psychological:

Feels sad more than usual no.

Endocrine:

Feels hot when others do not no. Feels cold no.

Allergic, Infectious, and Immunologic:

Food intolerance no. Seasonal rhinitis no.

Gastrointestinal:

Blood in urine no. Urination no problems. Frequency of urination no.

Pain or burning with urination no.

Respiratory:

Cough no. Pain or tightness in chest no. Shortness of breath or difficulty breathing no. Wheezing no.

Cardiovascular:

Chest pain no. Irregular heartbeat or feeling of fast, pounding heartbeat no. Swelling including ankles or legs no.

Constitutional Symptoms:

Change in appetite no. Fever and chills no. Night sweats no.

Unintentional weight change no.

Eyes:

Loss of vision no. Spots or specks no.

Ears, Nose, Mouth, and Throat:

Hearing loss no. Nasal congestion no.

Reason for Appointment

1. WC. Follow up on low back pain. Patient states pain score today is a 4/10.

History of Present Illness**Lumbar Spine/Lower Back:**

Location: Lumbar region. Timing: Patient is experiencing problem at this time.

Pain:

Pain Screening: Any pain at this time? Yes.

Vital Signs

Ht 77, Ht Cm 195.58, Wt lbs 406.6, Wt kg 182.74, BMI 47.50, BP 150/95, HR 92, Pain score 4/10.

Examination**General Exam:**

General Appearance: well groomed, well developed, no acute distress, communicates normally. Psych: appropriate mood and affect, normal speech

Neurological:

Capacity for sustained mental activity and abstract thinking within normal limits. Gait: normal. Higher Integrative Function: Normal orientation and fund of knowledge. Immediate, recent, and remote memory seem normal. Mental Status: Orientation normal to time, place, person, and situation, Alert & oriented x 3. Mood and Affect: normal, and appropriate to the situation. Muscle Bulk: normal for age.

Assessments

1. Back pain, low back - 7/4.2 (Primary)

Treatment

1. Back pain, low back

Mr. Satterwhite has had back pain with prolonged sitting and jarring during truck driving. He feels good after a week off of work. He will return to work and I will see him back in one month.

Follow Up

4 Weeks

Electronically signed by Philip Hodge on 05/22/2013 at 11:16 AM EDT

Sign off status: Completed

SE Neuro & Spine Institute-Upper
111 Doctors Drive
Greenville, SC 29605
Tel: 864-797-7150
Fax: 864-797-7155

Patient: SATTERWHITE, TERRANCE DOB: 12/14/1972 Progress Note: Philip J. Hodge 05/20/2013

Note generated by eOfficeWorks EMR/PM Software (www.eOfficeWorks.com)

Consultation Notes for TERRANCE SATTERWAITE on 02/24/2012

Reason for Appointment

1. L ESI- NO OV-WC APPROVED BY MIKE DECAROLIS
2. Low back, right hip and leg pain

460014853518 980065197
 SATTERWAITE, TERRANCE
 JARECKY, MD, THOMAS W
 Admit Date - 02/24/12
 MDate of Birth - 12/14/1972

History of Present Illness

HPI:

39 yo black male presents with a 2 month history of increasing low back, right hip and leg pain with weakness. Pt has been seen and thoroughly evaluated by Dr. Hodge. I did have the opportunity to review the MRI of the lumbar spine with the patient which does show evidence of disc herniations at L3-4, L4-5 and L5-S1. Pt is referred today for consideration of epidural steroid injection. The pain is increased with activity and decreased with rest, he denies bowel or bladder difficulty.

Current Medications

hydrochlorothiazide tablet 25 mg 1 tab(s) once a day
 Lortab 10 tablet 500 mg-10 mg 1 tab(s) every 4 hours as needed for pain
 Medication List reviewed and reconciled with the patient

Past Medical History

Hypertension

Surgical History

anesthesia or sedation problems- NO
 Right Knee Scope 2006

Family History

Family: hypertension, heart disease, diabetes
 Non-Contributory

Social History

WORK STATUS: Unable to work.
 no Alcohol Did you have a drink containing alcohol in the past year? No, Points 0, Interpretation Negative.
 no Smoking Are you a: never smoker.
 no Recreational drug use.

Allergies

N.K.D.A.

Hospitalization/Major Diagnostic Procedure

No Hospitalization History.

Review of Systems

CONSTITUTIONAL:

no Fever, no Weight Loss, no Weight Gain, no Fatigue, no Chills, no Night Sweats.

CARDIOVASCULAR:

no Chest Pain, no Irregular Heart Beat, no Poor Circulation, no Leg/feet swelling, no Leg/foot ulcer.

GENITOURINARY:

no Blood in urine, no Pain in urinating, no Unable to urinate, no Bladder Infection, no Frequent Urination, no Difficulty with urination.

NEUROLOGICAL:

no Paralysis, no Frequent Headaches, no Seizures, no CVA/ITA, no Syncope, no Anxiety/Depression, no Tremors, no Speech Problems, no Feeling of hopelessness, no Sleep disturbance, no Vision Changes.

RESPIRATORY:

Patient: SATTERWAITE, TERRANCE
 DOB: 12/14/1972

Provider: Jarecky, Thomas, MD
 Date: 02/24/2012

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

<http://ecw.ghs.org:8080/mobiledoc/jsp/catalog/xml/printConsultNotes.jsp?encounterID=71...> 2/24/2012

32-134-

no COPD. no Asthma. no Persistent Cough. no Shortness of Breath. no Wheezing. no Pneumonia.

Vital Signs

BP 138/81, Pain score 10/10, HR 110, RR 18, O2 Sat 99% RA, Temp (F) 98.6, Tech Initial sb@1046.

ExaminationGeneral:

General Appearance: Well and in no acute distress. Cardiovascular: Regular rhythm by palpation of distal pulse, normal color and temperature, no concerning varicosities on symptomatic side. Lungs: Breathing easily. Psychiatric: Well-oriented with a normal mood and affect. Skin skin is warm, dry, and intact with good turgor, Jarecky, Thomas, MD 02/24/2012 11:00:16 AM EST > .

Assessments

1. Herniated disc, lumbar - 722.10 (Primary)

Treatment

1. Herniated disc; lumbar

Diagnostic Imaging: FLUORO GUIDANCE FOR INJECTION (ESI, EPIDURAL STEROID INJECTION)

Preventive Medicine

PMP Education: Lumbar Video Pt viewed Lumbar education video lasting approx. 8 min.

MEDICATION RECONCILIATION: Verified today. Complete and current medication list reviewed, printed, and handed to the patient today. Advised to resume medications as prescribed.

Procedure Codes

62311 INJECT SPINE L/S (CD)
77003 FLUOROGUIDE FOR SPINE INJECT

460014853518 980065197
SATTERWAITE, TERRANCE
JARECKY, MD, THOMAS W
Admit Date - 02/24/12
MDate of Birth - 12/14/1972

Follow Up

Follow up with referring provider

Electronically signed by Thomas Jarecky MD on 02/24/2012 at 11:33 AM EST

Sign off status: Pending

Patewood Memorial Hospital
175 PATEWOOD DR
Greenville SC 29615
Tel: 864-797-1000

Patient: SATTERWAITE, TERRANCE
DOB: 12/14/1972

Provider: Jarecky, Thomas, MD
Date: 02/24/2012

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Consultation Notes for TERRANCE SATTERWAITE on 02/24/2012

Procedures

PMP Nurses Notes:

NPO liquids at 0800.
Dentures/Partials no.
Contacts/Glasses no.
Hearing Aides None.
Other Patient performed hand hygiene prior to procedure using soap and water.
Anticoagulant Use? No.
FLU Vaccine? No.

460014853518 980065197
SATTERWAITE, TERRANCE
JARECKY, MD, THOMAS W
Admit Date - 02/24/12
MDate of Birth - 12/14/1972

PMP Other:

Type of Procedure Prone trans laminar lumbar epidural steroid injection.
Consent Informed consent obtained. After reviewing the risks, benefits, likely outcomes, and potential complications of the procedure, pre-injection verbal and written consents were obtained. The procedure and post-procedure course were discussed with the patient in detail. All questions were answered.
Prep The patient was transported to the procedure room, placed in the prone position and made as comfortable as possible. Sterile prep and drape were performed.
Time Out Patient identification and correct injection site confirmation were performed using verbal and written consent, history, and physical exam.
Procedure Local anesthesia of the skin and subcutaneous tissues was accomplished utilizing a #25-gauge 1.5-inch needle injecting lidocaine 1% times 8 ml. A #20-gauge Tuohy needle was placed at the L 4-5 interspace under fluoroscopic guidance. Loss of resistance was noted. Omnipaque 300 times 1 ml showed layering in the epidural space on the right. Preservative-free betamethasone 15 mg with preservative-free normal saline times 5 ml. were injected slowly. The patient had no complaints of pain or paresthesia during the injection.
Post Procedure The patient tolerated the procedure well and was transported to the recovery room in stable condition. Post procedural education was performed in recovery area. The patient was discharged ambulating without difficulty. We will follow up with the patient via telephone within one week's time. We will be happy to see the patient again on a prn basis, Jarecky, Thomas, MD 02/24/2012 11:12:18 AM EST > .
Post procedural vital signs Moore, Tracy 02/24/2012 11:15:16 AM EST > , B/P:124/86, Pulse:101, Respiratory rate:16, O2 sat:95%RA, Pain score:8/10 Moore, Tracy 02/24/2012 11:31:16 AM EST > Respiratory rate:12 Pain score:7/10 Tolerates fluid:yes B/P:139/86 Pulse:98 O2 sat:95%RA.

Electronically signed by Thomas Jarecky MD on 02/24/2012 at 11:34 AM EST

Sign off status: Pending

Patewood Memorial Hospital
175 PATEWOOD DR
Greenville SC 29615
Tel: 864-797-1000

Patient: SATTERWAITE, TERRANCE
DOB: 12/14/1972

Provider: Jarecky, Thomas, MD
Date: 02/24/2012

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

PATEWOOD MEMORIAL HOSPITAL
PMH RADIOLOGY
GREENVILLE, SC

Patient Name: SATTERWAITE, TERRANCE

DOB: 12/14/1972

SEX: Male

Reason for Exam: 722.10 LESI, FT 11 SEC. LESI, FT 11 SEC.

Medical Record#: 980065197

Pt. NS/Room: - / -

Corp. Act. No:

Patient Type: Outpatient

Account: 46014853518

Ordering MD: THOMAS W., JARECKY, MD

200 PATEWOOD DRIVE, STE C-100
GREENVILLE, SC 29615

RX551948-FLUORO GDE SPINE INJ JARECKY 02/24/2012 11:09AM EXAM#: 12306456

RESULT: Fluoroscopy was provided. No radiologist was in
attendance.*****

TRANSCRIPTIONIST: BETTY, LOCKHART

TRANSCRIBE TIME/DATE: 2/27/2012 12:31:00 PM

READ BY: THOMAS W. JARECKY, MD,

SIGNED BY: PRELIMINARY REPORT / LOCKHART, BETTY - 2/27/2012 12:31:39
M

Pt Name:	SATTERWAITE, TERRANCE	MRN:	980065197
Pt ID:	2012007401	Acct No:	46014853518
DOB:	12/14/1972	Age/Sex:	39Y/M
Adm DTime:	02/24/2012	Attn Dr:	Jarecky, Thomas MD
Dsch DTime:	02/24/2012		
Entity:	PMH		
Dx:			

Order Type: RAD

Order Sub Type: GRD

Ord No	Str / End DTime	Order as Written	Ord Status	Signed-By / Co-Signed By
6676692	02/24/12 11:09	DX Jarecky Fluoro Gde For Inj	Complete	Rachel S Garrett
	02/24/12 11:09			

Comments: LESI, FT 11 SEC.

Pt. Name: SATTERWAITE, TERRANCE

Entity: PMH

Adm Date: 02/24/2012

MRN: 980065197

Page 1 of 1

Orders Report

ORE 0149 DSCH.rpt version v1.00

Generated By: Workflow

Generated On: 28-Feb-12 00:23

© 2003-2012 Siemens Medical Solutions USA, Inc. All rights reserved.

Crystal Reports © 2012 Business Objects SA. All rights reserved.

Report Content Represents Data Available for the specified Visit as of the Generated On Date/Time

31
-138-



7170484

Order Form for GHS Lab and Rad

Patewood Memorial Hospital
 175 PATEWOOD DR,
 Greenville, SC, 29615
 Tel: 864-797-1000 Fax:
 Facility Mnemonic Number: NONE

Thomas W. Jarecky, MD (NPI:1619957354)

Pain Management

Patient: SATTERWAITE, TERRANCE AccountNo: 980065197

Order Date: 02/24/2012 10:00 AM

DOB: 12/14/1972 Sex: Male Phone: 704-689-8499 Visit Id: 131986796

Today: 02/22/2012 01:31 PM

Address: 957 OVERBROOK DR APT B, GAFFNEY, SC 29341

Primary Insurance Name:

Insurance Address:

Subscriber Number:

Name:

Address:

DIAGNOSTIC IMAGING:

Code	Diagnostic Name	Fasting	Priority	Assessment(s)	Notes
RX498079	FLUORO GUIDANCE FOR INJECTION (ESI, EPIDURAL STEROID INJECTION)	N	Routine	722.10, Hernlated disc, lumbar	Baucom, Sabrina 02/22/2012 01:31:33 PM EST < Pt to have lumbar epidural steroid injection

Electronically Signed By: Thomas W. Jarecky, MD

Signature of Patient/Guardian (if needed)

Patient: SATTERWAITE, TERRANCE DOB: 12/14/1972

460014853518 980065197
 SATTERWAITE, TERRANCE
 JARECKY*MD, THOMAS W
 Admit Date - 02/24/12
 MDate of Birth - 12/14/1972

<http://ecw.ghs.org:8080/mobiledoc/jsp/catalog/xml/labs/printLabOrder.jsp?encounterId=7...> 2/22/2012

0009800051970R 080015208691027124%%
GREENVILLE HOSPITAL SYSTEM UNIVERSITY MEDICAL CENTER
GREENVILLE MEMORIAL HOSPITAL
MEDICAL RECORD

NAME: SATTERWAITE, TERRANCE Patient Location: 082C2326AM
PATIENT MR#: 000-980-06-5197 Billing NO: 080015208691

DATE OF PROCEDURE: 05/18/2012

PREOPERATIVE DIAGNOSIS: Right L5-S1 herniated disk.

POSTOPERATIVE DIAGNOSIS: Right L5-S1 herniated disk.

PROCEDURES:

1. Right L5-S1 hemilaminectomy and discectomy.
2. Intraoperative microscopy.

ATTENDING SURGEON: Philip Julius Hodge, MD

ASSISTANT: Julia Lee, MD

ANESTHESIA: General with endotracheal intubation.

ESTIMATED BLOOD LOSS: 50 mL.

COMPLICATIONS: None.

SPONGE AND NEEDLE COUNT: Correct times two.

DETAILS OF PROCEDURE: The patient was brought to the operating room, intubated, and lines placed per anesthesiology. He was then turned prone on the lumbar surgery frame. His back was sterilely prepped and draped in the usual fashion. A midline incision was made. The subcutaneous tissue was dissected using electrocautery. The dorsal fascia was perforated using a dilator. Sequential dilatation was done until an 8 x 18 mm working cannula could be placed and attached to the articulating arm. The soft tissue overlying the lamina was removed using pituitary rongeurs and electrocautery. The high speed drill was used to perform a hemilaminectomy at L5 on the right. The ligamentum flavum was identified. It was perforated and removed using Kerrison punches. This revealed the thecal sac. The S1 nerve root disk fragment could be palpated. The nerve root was dissected medially under the operating microscope using microdissection techniques. The epidural tissue was coagulated using electrocautery, and annulotomy was done, and disk fragments were removed using pituitary rongeurs and reverse curets. No significant disk was removed from the intervertebral space, as the endplates were spondylitic and somewhat collapsed. Hemostasis was achieved using FloSeal and electrocautery. The wound was irrigated, and the retractors were removed. The dorsal fascia was re-approximated using 2-0 Vicryl suture. The skin was closed using 3-0 Vicryl suture.

Philip Julius Hodge, MD

OPERATIVE REPORT

Page 1 of 2

38-140-

GREENVILLE HOSPITAL SYSTEM UNIVERSITY MEDICAL CENTER
MEDICAL RECORD

NAME: SATTERWAITE, TERRANCE Patient Location: 082C2326AM
PATIENT MR#: 000-980-06-5197 Billing NO: 080015208691

cc: Philip Julius Hodge, MD
Julia Lee, MD

D: 05/18/2012 04:18 P T: 05/18/2012 06:12 P zmr
DVI: 528602 C/S#: 3621890

... OPERATIVE REPORT.....

Page 2 of 2



Doctors Orders
Greenville Hospital System

Terrance Satterwaite
257-43-7967

080015208691 980065197
SATTERWAITE, TERRANCE
HODGE, MD, PHILIP JULIUS
Admit Date - 05/18/12
Date of Birth - 12/14/1972

LEVEL OF CARE AND CATEGORY ORDER

YEAR		DRUG ALLERGIES	
HEIGHT		WEIGHT	
DIAGNOSIS			
ORDERED		Clearly indicate <u>only one choice</u> of Level of Care on arrival or when necessary to upgrade the patient's condition. (Check one only)	
MONTH	DAY	TIME	Level of Care: LEVEL OF CARE MUST BE INDICATED PRIOR TO BED ASSIGNMENT
			For GMH fax order to Bed Management at 455-5085
			For Hillcrest fax order to 454-6350 For Greer Memorial fax order to 797-8504
			☐ Admit Inpatient
			• Severity of illness/intensity of service supports medical necessity for inpatient admission.
			• Admission to critical care unit.
			☒ Place on Observation
			• Severity of illness/intensity of service does not support medical necessity for inpatient admission.
			• Alternative to inpatient admission when more time is needed to evaluate a patient's condition, response to treatment, and/or to determine the need for inpatient admission.
			• Patient has documented complications following an outpatient procedure which requires evaluation and treatment (Observation services).
			☐ Outpatient - Extended Stay/Recovery
			• Patient requires longer than expected stay following an outpatient procedure. (No complications)
			Category Status: Clearly indicate appropriate Category Status: (Check one only)
			Category 1 unless otherwise indicated below
			☒ Category 1 - Full Resuscitation: In case of cardiac or respiratory arrest: Full resuscitation efforts.
			☐ Category 2 - Code without Mechanical Ventilator: In case of cardiac or respiratory arrest:
			• Resuscitate with CPR per ACLS protocol and/or with other measures
			• Do not intubate or place patient on mechanical ventilator
			• If spontaneous respirations do not return, resuscitation efforts may cease.
NURSING: INDICATE "SCANNED, DATE, TIME AND SIGNATURE" AFTER EACH ORDER			

Physician's Signature: _____

Date: _____ Time: _____

Print Name: _____

PHILIP J. HODGE, MD

Southeastern

Neurosurgical & Spine

LEVEL OF CARE AND CATEGORY ORDER

M10041 (8/11)
DOCTORS ORDERS

PAGE 1 OF 2

45-142-



Doctors Orders
Greenville Hospital System

080015208691 980065197
SATTERWAITE, TERRANCE
HODGE*MD, PHILIP JULIUS
62 05/18/12
1 BLM 39 12/14/1972
XXXXX7967

LEVEL OF CARE AND CATEGORY ORDER



YEAR			DRUG ALLERGIES		
HEIGHT			WEIGHT		DIAGNOSIS
ORDERED			Clearly indicate <u>only one choice</u> of Level of Care on arrival or when necessary to upgrade the patient's condition. (Check one only)		
MONTH	DAY	TIME			
			Level of Care: LEVEL OF CARE MUST BE INDICATED PRIOR TO BED ASSIGNMENT		
			For GMH fax order to Bed Management at 455-5085		
			For Hillcrest fax order to 454-6350 For Greer Memorial fax order to 797-8504		
			☐ Admit Inpatient		
			- Severity of illness/intensity of service supports medical necessity for inpatient admission. - Admission to critical care unit.		
			☐ Place on Observation		
			- Severity of illness/intensity of service does not support medical necessity for inpatient admission. - Alternative to inpatient admission when more time is needed to evaluate a patient's condition, response to treatment, and/or to determine the need for inpatient admission. - Patient has documented complications following an outpatient procedure which requires evaluation and treatment (Observation services).		
			☐ Outpatient - Extended Stay/Recovery		
			Patient requires longer than expected stay following an outpatient procedure. (No complications)		
			Category Status: Clearly indicate <u>appropriate</u> Category Status: (Check one only)		
			Category 1 unless otherwise indicated below		
			☐ <u>Category 1 - Full Resuscitation:</u> In case of cardiac or respiratory arrest: Full resuscitation efforts.		
			☐ <u>Category 2 - Code without Mechanical Ventilator:</u> In case of cardiac or respiratory arrest: - Resuscitate with CPR per ACLS protocol and/or with other measures <u>Do not intubate</u> or place patient on mechanical ventilator - If spontaneous respirations do not return, resuscitation efforts may cease.		
			NURSING: INDICATE "SCANNED, DATE, TIME AND SIGNATURE" AFTER EACH ORDER		

Physician's Signature: _____ Date: _____ Time: _____

Print Name: _____

LEVEL OF CARE AND CATEGORY ORDER

M10041 (8/11)
DOCTORS ORDERS

PAGE 1 OF 2

41-143-



Doctors Orders
Greenville Hospital System

080015208691 980065197
SATTERWAITE, TERRANCE
HODGE*MD, PHILIP JULIUS
62 05/18/12
1 BLM 39 12/14/1972
XXXXX7967

LEVEL OF CARE AND CATEGORY ORDER



ORDERED			Clearly indicate <u>only one choice</u> of Level of Care on arrival or when necessary to upgrade the patient's condition. (Check one only)												
MONTH	DAY	TIME													
			☐ Category 3 - Do Not Resuscitate (DNR): Appropriate therapies will be used with the exception that in the event of cardiac or respiratory arrest: • No chest compressions • No emergency defibrillation/cardioversion • No external transchest pacing • No ACLS emergency orders • No intubation or mechanical ventilation Appropriate therapies for Category 3 orders include: • Appropriate diagnostic and therapeutic measures including surgery, diagnostic procedures/tests, and critical care admission as needed • Treatment of adverse events/medical emergencies/complications as ordered including cardiac monitoring, dialysis, blood transfusion, IV fluids, antiarrhythmics, antibiotics and medicated infusions.												
			☐ Category 4 - Allow Natural Death. Do Not Attempt to Resuscitate: In case of cardiac or respiratory arrest, no resuscitative efforts. • Allow natural death. Withdrawal life support if desired by patient or legally authorized representative • Provide comfort measures and palliative care • Use oxygen, suction and manual treatment of airway obstruction as needed for comfort • Use medications to relieve pain and suffering IV FLUIDS/NUTRITION/ANTIBIOTICS FOR CATEGORY 4 <table border="1"><thead><tr><th>IV FLUIDS</th><th>NUTRITION</th><th>ANTIBIOTICS</th></tr></thead><tbody><tr><td>☐ No IV fluids</td><td>☐ No feeding tube</td><td>☐ No antibiotics</td></tr><tr><td>☐ IV fluids for a defined trial period</td><td>☐ Feeding tube for a defined trial period</td><td>☐ Determine use or limitation of antibiotics when infection occurs</td></tr><tr><td>☐ IV fluids long term if indicated</td><td>☐ Feeding tube long term</td><td>☐ Antibiotics if life can be prolonged</td></tr></tbody></table>	IV FLUIDS	NUTRITION	ANTIBIOTICS	☐ No IV fluids	☐ No feeding tube	☐ No antibiotics	☐ IV fluids for a defined trial period	☐ Feeding tube for a defined trial period	☐ Determine use or limitation of antibiotics when infection occurs	☐ IV fluids long term if indicated	☐ Feeding tube long term	☐ Antibiotics if life can be prolonged
IV FLUIDS	NUTRITION	ANTIBIOTICS													
☐ No IV fluids	☐ No feeding tube	☐ No antibiotics													
☐ IV fluids for a defined trial period	☐ Feeding tube for a defined trial period	☐ Determine use or limitation of antibiotics when infection occurs													
☐ IV fluids long term if indicated	☐ Feeding tube long term	☐ Antibiotics if life can be prolonged													
			The order checked above has been discussed with the patient and/or patient's legally authorized decision-maker. After the discussion of the patient's diagnosis and any prognosis of underlying condition(s) that may exist, the consequences of withholding life support was explained. The opportunity was given to ask questions and the patient and/or patient's legally authorized decision-maker was informed that he/she could change his/her mind and have this order amended or discontinued by notifying a member of the hospital staff or the physician in charge of the patient's care. The order checked above reflects the wishes of the patient.												
			TELEPHONE ORDERS MUST BE READ BACK AND CONFIRMED												

NURSING: INDICATE "SCANNED, DATE, TIME AND SIGNATURE" AFTER EACH ORDER

Physician's Signature: _____ Date: _____ Time: _____

Print Name: _____

LEVEL OF CARE AND CATEGORY ORDER

M10041 (8/11)
DOCTORS ORDERS

PAGE 2 OF 2

47
-144-



Doctors Orders
Greenville Hospital System

Terrance Satterwaite
257-43-7967

NEURO/ORTHO SPINE PREOPERATIVE ORDERS

080015208691 980065197
SATTERWAITE, TERRANCE
HODGE, MD, PHILIP JULIUS
Admit Date: 05/18/12
Date of Birth: 12/14/1972

YEAR 20	DRUG ALLERGIES	
HEIGHT	WEIGHT	DIAGNOSIS
ORDERED MONTH DAY TIME 5/14 0902		
NEURO/ORTHO SPINE PREOPERATIVE ORDERS		
Page 1 of 1		
All items without a box are active orders. Items with a () must be checked to become an active order.		

Service of _____

Print and place order set(s) on chart preoperatively
☒ Neuro/Ortho Postoperative Spine Orders - M10260
☐ Neuro/Ortho Postoperative Spinal Fusion Orders (Post op day 1&2) - M10281
☐ Neuro/Ortho Spine Patient Discharge Instructions - M10262

1. Labs/Tests
☒ Labs per anesthesia
☐ Labs per surgeon
☐ CBC w/o diff ☐ Pregnancy test urine morning of surgery
☐ BMP ☐ Type and Screen
☐ PT/PTT/INR ☐ Type and Cross ☐ 1 unit ☐ 2 units ☐ 4 units ☐ 8 units
☐ Urinalysis ☐ Other _____
☐ EKG for patient over 40 for male, over 50 for female, or known or suspected cardiac disease

2. Equipment/Devices
☐ Place Foley catheter ☐ In surgery
☐ Hard cervical collar to surgery with patient
☐ Graduated compression stockings (high-high TED hose)
☒ Sequential compression devices
☐ Other _____

3. Informed Consent
 Obtain permit for: Right C5-C7 hemilaminectomy and discectomy

4. Appointments
 GMH preoperative assessment date: 5-15-12 @ 12 pm Surgery date: 5-18-12
 Follow up appointment at office: 5-23-12 @ 10:20 am

5. Antibiotics
☒ Intravenous antibiotics per Preop Antibiotic Adult Preoperative Antimicrobial Prophylaxis Protocol
☐ Hold antibiotics (Must document reason in medical record)
☐ Add Gentamycin 80mg IV for _____ in surgery
☐ Vancomycin 20 mg/kg (round to nearest 250 mg) for high risk patients: Select all that apply
☐ Known colonization with MRSA
☐ Acute inpatient hospitalization within last year
☐ Residing in nursing home or extended care facility within last year, prior admission
☐ Chronic wound care or dialysis
☐ Continuous inpatient stay greater than 24 hours prior to this procedure

6. Steroids
☐ Dexamethasone 10 mg IV (in OR by anesthesia)
☐ Solumedrol protocol (30mg/kg IV bolus over 15 minutes, 5.4mg/kg/hr IV for 23 hrs beginning 45 minutes after bolus)

7. Other
☒ Patient to shower with hibiclens night before surgery and morning of surgery
☐ NPO past midnight/day prior to surgery

Physician's Signature: _____ Date: _____

Print Name: _____
 NEURO/ORTHO SPINE PREOPERATIVE ORDERS
 PHILIP J. HODGE, MD
 Southern 110591 (1/08)
 Neurosurgical & Spinal Orders

PAGE 1 OF 1

43
145

Doctors Orders

PreAssessment Home Medications

Pt Name: SATTERWAITE, TERRANCE MRN: 980065197
Pt ID: 2012007401 Acct No: 08015208691
DOB: 12/14/1972 Age/Sex: 39Y/Male
Adm Date: 05/18/2012 8:00 Attn Dr: Hodge Philip J
Nurs Sta: Rm/Bed:
Dx:
Allrg: No Known Allergies, No Known Drug Allergies, No Known Food Allergies

Home Medications

SourceDisposition of Meds

	Medication Name	Dose	Unit	Route	Frequency	Last Taken	Reason	Doctor Orders circle one C (continue) DC (discontinue) R (continue with change)		
1	HCTZ	25	mg	Oral	Daily	5/18/12	Hypertension	C	DC	R
2	Lorlab	10	mg	Oral	As Needed	PRN	back pain	C	DC	R

Physician's Signature: _____

Date/Time: _____

Print Name: _____

Pt Name: SATTERWAITE, TERRANCE

MRN: 980065197

Rm/Bed:

Page 1 of 1

ORE_Rpt(MDRMainReport.rpt; Version 1.00

FOR INFORMATION ONLY - THIS DOES NOT CONSTITUTE A PRESCRIPTION

Printed On: 15-May-2012 11:31

DOCTORS ORDERS

Printed By:



Doctors Orders
Greenville Hospital System

080015208691 980065197
SATTERWAITE, TERRANCE
HODGE*MD, PHILIP JULIUS
62 05/18/12
1 BL M 39 12/14/1972
XXXXX7967

ANESTHESIOLOGY - PREOPERATIVE ORDERS
FOR AM ADMITS AND OUTPATIENT



YEAR 2012	DRUG ALLERGIES NKA		
HEIGHT 6'5"	WEIGHT 382	DIAGNOSIS HNP	
ORDERED		ANESTHESIOLOGY - PREOPERATIVE ORDERS FOR AM ADMITS AND OUTPATIENT	
MONTH	DAY	TIME	Page 1 of 2
			All items with a (☒) are active orders. Items with a (☐) must be checked to become an active order.

Anesthesia

☒ General ☐ Spinal ☐ Epidural ☐ IV Anesthesia/MAC ☐ Intravenous Regional ☐ Other Block: _____

NPO Orders

- ☒ NPO past midnight (Including gum, candy and applesauce).
☐ No solids after midnight. Clear liquids only until 4 hours before scheduled surgery time

Laboratory

- ☒ If patient has been on warfarin pre-op, obtain PT/INR day of surgery.
☐ No labwork necessary for this patient
☒ Type and screen Specific for: AAA's/TAA, Thoracotomy, VATS, Craniotomy for Aneurysm, Pelvic Fractures, Liver Resectic
☐ Type and crossmatch _____ ☐ Platelets _____ ☐ FFP _____
☐ Potassium level, serum ☐ Potassium level - Day of Surgery ☐ CBC No Diff (Heme Prof No Diff)
☐ Basic metabolic panel ☐ Hepatic function panel (Liver Panel) ☐ Hemoglobin and hematocrit
☐ Prothrombin time (PT) and international normalized ratio (INR) ☐ PTT Partial Thromboplastin Time
☐ Quantitative HCG ☐ Pregnancy Test (HCG Scr) Urine ☐ HCG not ordered

Diagnostics

☐ 12-lead EKG ☐ Other: _____

Medications

Medications - Preprocedure

- ☒ If the Patient is taking Beta Blockers preoperatively, have them take the Beta Blocker at the regularly scheduled time with a sip of water.
☒ IF the patient had been taking Beta Blockers preoperatively and this medication was not taken the night before surgery or morning of surgery, GIVE metoprolol 25 mg PO with a sip of water preoperatively. Ensure HR is greater than 50 and BP is stable before administering metoprolol. If it is NOT possible to administer metoprolol, notify anesthesiologist.
☐ Patient is to take ONLY THE FOLLOWING regular medication with a sip of water THE MORNING OF surgery:

☐ Patient is to take their regular medication except: _____

Preoperative Medications/Preemptive Analgesia

- ☒ midazolam 1 mg IV Q 5 minutes PRN ANXIETY. Max dose 5 mg.
☐ midazolam 0.5 mg/kg PO PRN. If dose given, notify anesthesiologist.
☐ acetaminophen 1 gram PO Once pre-op
☐ OxyCONTIN _____ mg PO Once pre-op (Suggested 10, 20 mg)
☐ pregabalin 150 mg PO Once pre-op
☐ celecoxib 200 mg PO Once pre-op

Physician's Signature C. Brewer

Print Name: _____

Date: 5/15/12 Time: 12:15



Doctors Orders
Greenville Hospital System

080015208691 980065197
SATTERWAITE, TERRANCE
HODGE*MD, PHILIP JULIUS
62 05/18/12
1 BLM 39 12/14/1972
XXXXX7967

ANESTHESIOLOGY - PREOPERATIVE ORDERS
FOR AM ADMITS AND OUTPATIENT



YEAR 2012	DRUG ALLERGIES Penicillin	
HEIGHT	WEIGHT 150	DIAGNOSIS

ORDERED			ANESTHESIOLOGY - PREOPERATIVE ORDERS FOR AM ADMITS AND OUTPATIENT		Page 2 of 2
MONTH	DAY	TIME	All items with a (☒) are active orders. Items with a (☐) must be checked to become an active order.		

Medications(continued)

Antibiotic Protocol

- ☐ Antibiotic protocol ordered by surgeon
☐ Use alternative antibiotic per Antibiotic Protocol secondary to allergy

Diabetic Orders

- Hold Oral Hypoglycemic agent: ☐ the night prior to surgery ☐ the morning of surgery
☐ If patient takes Glargine (Lantus) insulin, give the dose subcutaneously as regularly administered
☐ Hold current insulin for surgery. Instead, give one half of the total morning insulin dose as NPH Insulin _____ units subcutaneously on the morning of surgery. For outpatients give on arrival to outpatient surgery.
☒ If patient has insulin pump have patient set to basal rate the night prior to surgery.
☒ If patient has an insulin pump and is having cardiac surgery, remove insulin pump and give to accompanying party.
☐ If patient is to be admitted, consult Endocrine Service
☐ Glucose, serum, random (SemiQuan) on arrival

IV Fluids

- ☒ Peripheral venous cannula insertion/management on admission 18 gauge ☐ Right Arm ☐ Left Arm ☐ Choice
☒ Lactated Ringers 125 milliliter/hour ☐ Lactated Ringers 10 milliliter/hour (KVO)
☐ Sodium Chloride 0.9% (normal saline) 125 milliliter/hour ☐ Sodium Chloride 0.9% (normal saline) 10 milliliter/hour (KVO)

General Orders

- ☒ If patient was a phone interview, call anesthesiologist on arrival.
☒ SCD's on all patients over 18 years of age unless pre-existing DVT. NO SCD's on local cataracts, Electroconvulsive Treatments and IV Anesthesia GI endoscopies.
☒ If patient uses CPAP at home, patient to bring CPAP mask on day of surgery.
☐ Oxygen 2 Liter via nasal cannula during transport to the operating room
☐ Previous medical records/old chart to the operating room with patient

Obtain copy of

- ☐ Cardiac Clearance ☐ Stress Test Results ☐ Previous EKG ☐ ECHO report ☐ Cardiac Cath Report

If patient has Automatic Internal Cardiac Defibrillator:

- ☐ Consult electrophysiologist for recommendations ☐ Basic metabolic panel ☐ Magnesium (Mg) level, serum
☐ Alert appropriate device representative that the defibrillator will need interrogation in the PACU

Subacute Bacterial Endocarditis (SBE)

- ☐ Patient is high risk for development of subacute bacterial endocarditis (SBE) and is having high risk surgery for SBE.
☐ Notify surgeon that SBE prophylaxis is recommended.

Other Medications/Orders

- ☐
☐

TELEPHONE ORDERS MUST BE READ BACK AND CONFIRMED

Physician's Signature

C. Beeson

Date: 5/15/12

Time: 12:15

Print Name:

ANESTHESIOLOGY - PREOPERATIVE ORDERS
FOR AM ADMITS AND OUTPATIENT

M10307 (12/11)
DOCTORS ORDERS

PAGE 2 OF 2

111-
-148-



Doctors Orders
Greenville Hospital System

080015208691 980065197
SATTERWAITE, TERRANCE
HODGE *MD, PHILIP JULIUS
Admit Date - 05/18/12
MDate of Birth - 12/14/1972

PHYSICIAN'S ORDERS

YEAR			DRUG ALLERGIES		
HEIGHT			WEIGHT		DIAGNOSIS
ORDERED			Level of Care: ☐ Admit Inpatient ☐ Outpatient Observation		
MONTH	DAY	TIME			

Antibiotic and DVT/VTE Prophylaxis /Physician Documentation

Prophylactic antibiotics must be discontinued within 24 hours of the end of surgical procedure.
If required, appropriate DVT/VTE prophylaxis must be given within 24 hours of the end of surgical procedure.

Antibiotic administered: Date: 5/18/12 Time: 800
Surgery Finish: 5/18/12 856
24 hr. post Surgery Time: 5/19/12 856

DO NOT administer the prophylactic antibiotics past this time.

☐ No antibiotics ordered

RN signature: Laune Jones Print Name: Laune Jones

If antibiotics are required for greater than 24 hours; you must write the order and justification for antibiotic continuance below:

- | | |
|--|--|
| ☐ Abscess | ☐ Necrotic/ischemic/intarated bowel |
| ☐ Osteomyelitis | ☐ Bloodstream infection |
| ☐ Gangrene | ☐ Cellulitis |
| ☐ Sepsis | ☐ Pneumonia or other lung infection |
| ☐ Urinary Tract Infection | ☐ H. Pylori |
| ☐ Fecal Contamination | ☐ Surgical Site or wound infection |
| Date: _____ Time: _____ | ☐ Other: Specify infection |

Order: _____

Physician Signature: _____ Print Name: _____

ALWAYS SCAN TO PHARMACY WITH POST SURGERY ORDER SHEET

NURSING:

M10677 3/11

PHYSICIAN'S ORDERS

M10004 (5/06)
DOCTORS ORDERS

PAGE 1 OF 1

149



Doctors Orders
Greenville Hospital System

080015208691 980065197
SATTERWAITE, TERRANCE
HODGE * MD, PHILIP JULIUS
Admit Date - 05/18/12
Date of Birth - 12/14/1972

2326

NEURO/ORTHO POSTOPERATIVE SPINE ORDERS

YEAR 20		DRUG ALLERGIES	
HEIGHT		DIAGNOSIS	
WEIGHT			
ORDERED		NEURO/ORTHO POSTOPERATIVE SPINE ORDERS	
1/MONTH DAY TIME		Page 1 of 3	
5/18/02		All items without a box are active orders. Items with a () must be checked to become an active order.	
Attending Physician: <u>Stacy</u>			
1. VS and neuro assessment:		☒ Every 2 hour x 2, every 4 hour x 2, then routine if stable ☐ Every 1 hour x 2, every 2 hour x 2, every 4 hour x 6 then routine if stable ☐ Other _____	
2. Diet		☒ Advance to regular diet as tolerated ☐ Clear liquids ☐ NPO ☐ Soft diet, advance as tolerated ☐ Ice chips only ☐ Other _____ ☐ ADA ☐ Sips & Ice chips	
3. Oxygen/Respiratory		☒ O2 per nasal cannula to keep sats greater than 90%. O2 sat check every shift. ☐ Incentive spirometer every 2 hours while awake ☐ Other _____	
4. Activity		☒ Assist OOB within 2 hours, progress to walking in hall within 6 hours as tolerated ☐ Bedrest with BRP ☐ HOB to _____° max ☐ Up with corset/brace as tolerated ☐ Strict bedrest x _____ hours ☐ Log roll only ☐ May shower without corset/brace ☐ OOB with assistance ☐ Wear brace at all times ☐ Other _____	
5. Supportive devices		☐ Hard cervical collar (Miami J) or _____ ☐ Lumbar corset ☐ Soft cervical collar ☐ LSO brace ☐ Order device from orthopaedic appliance supplier ☐ TLSO brace ☐ May be OOB while awaiting brace ☐ Other _____	
6. Consults		☐ Physical Therapy consult for ambulation and strengthening ☐ Occupational Therapy consult for ADL's and assistive devices ☐ Hospitalist for _____ ☐ Other _____	
7. Discharge Planning		Hospital Case Management for discharge planning to: ☐ Rehabilitation hospital/Transitional Care ☐ Place PPD skin test ☐ Skilled Nursing Facility/Nursing Home Placement ☐ Home Health Physical Therapy ☐ Home Health Nursing ☐ Social Work Services for discharge assistance Date: <u>5/18</u> Time: <u>1310</u>	
8. Incision care		☒ May shower, no soaking or scrubbing of incision. Clean with soap and water. ☒ Cover with gauze and tape dressing while in hospital. ☐ May leave incision open to air without dressing if no drainage present. ☐ Change dressing daily with dry sterile dressing starting on post-op day 2 or discharge day if sooner. ☐ Other _____	
9. X-ray		AP/Lateral x-ray (note when films to be done) ☐ Cervical spine ☐ in PACU ☐ on _____ ☐ Upright films ☐ Thoracic spine ☐ in PACU ☐ on _____ ☐ Lumbar spine ☐ in PACU ☐ on _____	
10. Urinary		☒ If patient has not voided by <u>10pm</u> , intermittent catheterization every 6 hours prn ☐ Foley catheter ☐ Discontinue Foley catheter in am	

SCANNED

Date: 5/18 Time: 1310

Signature: _____

NEUROORTHOPEDIC POSTOPERATIVE SPINE ORDERS

M10280 (2/11)
DOCTORS ORDERS

PAGE 1 OF 3

1142
- 150 -



Doctors Orders
Greenville Hospital System

080015208691 980065197
SATTERWAITE, TERRANCE
HODGE, MD, PHILIP JULIUS
Admit Date - 05/18/12
Date of Birth - 12/14/1972

NEURO/ORTHO POSTOPERATIVE SPINE ORDERS

YEAR 20		DRUG ALLERGIES	
HEIGHT	WEIGHT	DIAGNOSIS	
ORDERED MONTH: DAY: TIME: 5/18/12 6:00		NEURO/ORTHO POSTOPERATIVE SPINE ORDERS Page 2 of 3	
All items without a box are active orders. Items with a ☐ must be checked to become an active order.			
11. Labs/ SQBS	☐ CBC w/o diff ☐ in PACU ☐ every am x 3 days ☐ PT/PTT/INR ☐ in PACU ☐ every am x 3 days ☐ BMP ☐ every am x 3 days ☐ Other _____ ☐ SQBS before meals and at bedtime; Novolog insulin and follow GHS Subcutaneous Insulin Orders: Standard Correction Scale (Regimen 1) • Follow Hypoglycemic Protocol for glucose less than 70 mg/dL		
12. IV fluids	☐ D5 1/2 NS with 20 meq potassium at _____ ml/hour ☐ _____ at _____ ml/hour ☒ May convert to saline lock once patient tolerating PO intake		
13. DVT prophylaxis	☒ Physician must complete Deep Vein Prophylaxis Order Set M10361 (bundled)		
14. Fever	☒ Tylenol (acetaminophen) 650mg PO/PR every 4 hours prn for temp greater than 101° F orally ☒ Notify physician of temp elevation greater than 101° F orally ☐ Incentive spirometer every 1 hour while awake if temp spikes greater than 100° F orally		
15. Antibiotics	☒ Cefazolin 1 gm every 8 hours x 2 doses, then discontinue (OR dose given <u>800</u>) ☐ Cefazolin 1 gm every 8 hours x _____ doses while drain in place (OR dose given _____) ☐ Vancomycin 1 gm IV x 1 dose ☐ Vancomycin 1 gm IV x _____ doses while drain in place (OR dose given _____) ☐ Clindamycin 600 mg IV every 8 hrs x 2 doses (OR dose given _____) ☐ Clindamycin 600 mg IV every 8 hrs x _____ doses while drain in place (OR dose given _____) ☐ Other _____		
16. Pain (Do not exceed 4 gm acetaminophen in any 24 hrs.)	☒ Morphine <u>2-10</u> mg IV every <u>7</u> hours prn <u>breakthrough</u> ☐ Oxycodone 5 mg 1-2 PO every 4 hours prn _____ ☒ Lortab 7.5 mg 1-2 PO every 4 hours prn _____ ☐ Oxycontin _____ mg PO every 12 hours ☐ Other _____ ☐ IV PCA per Adult IV PCA Therapy Order Sheet (physician to complete) ☐ Epidural PCA per anesthesia (No other narcotics or sedatives while on PCA unless ordered by anesthesia) ☐ Cepacol lozenges PO prn for throat discomfort		
17. Antiemetic (Dilute Phenergan in 10 ml saline)	☐ Promethazine (Phenergan) 6.25mg IV/PO prn. May repeat prn for max dose of 25mg in 6 hours ☒ Ondansetron (Zofran) 4 mg IV every 8 hours prn ☐ Other _____		

NEURO/ORTHO POSTOPERATIVE SPINE ORDERS

M10260 (2/11)
DOCTORS ORDERS

PAGE 2 OF 3

SCANNED

Date: 5/18 Time: 1310
Signature: P.D.



Doctors Orders
Greenville Hospital System

080015208691 980065197
SATTERWAITE, TERRANCE
HODGE, MD, PHILIP JULIUS
Admit Date - 05/18/12
Date of Birth - 12/14/1972

NEURO/ORTHO POSTOPERATIVE SPINE ORDERS

YEAR 20	DRUG ALLERGIES																
HEIGHT	WEIGHT	DIAGNOSIS															
<table border="1"> <thead> <tr> <th colspan="3">ORDERED</th> <th>NEURO/ORTHO POSTOPERATIVE SPINE ORDERS</th> <th>Page 3 of 3</th> </tr> <tr> <th>MONTH</th> <th>DAY</th> <th>TIME</th> <th colspan="2"></th> </tr> </thead> <tbody> <tr> <td>5</td> <td>18</td> <td>0900</td> <td colspan="2"> All items without a box are active orders. Items with a () must be checked to become an active order. 18. Sleep/Anxiety: ☒ Temazepam (Restoril) _____ mg PO bedtime prn ☒ Zolpidem (Ambien) 10 mg PO bedtime prn ☐ Lorazepam (Ativan) _____ mg PO/IV every _____ prn ☐ Other _____ 19. Muscle spasm: ☐ Skelaxin 400 mg PO 2 tabs BID prn ☒ Cyclobenzaprine (Flexeril) 10 mg PO TID prn ☐ Valium 5mg PO every 6 hours prn ☐ Other _____ 20. Bowel ☐ Bowel program: Docusate Sodium 100 mg PO BID (hold prn loose stool) Bisacodyl suppository every other day and prn Fleets enema if no stool by 4th day and prn ☐ Bowel program: Senokot 1 tablet PO BID (hold prn loose stool) Dulcolax 10 mg PO if no stool by post-op day 3 Fleets enema if no results from Dulcolax Call physician if no stool by post op day 4 ☐ Milk of Magnesia PO 15 ml every 6 hours prn or other laxative of choice ☐ Maalox Plus 30ml PO every 4 hours prn 21. Discharge ☒ Patient may be discharged home by nursing if the following criteria are met: • Temp 100 °F orally or less • Incision without excessive bleeding or drainage • Eating & drinking without nausea & vomiting • Voiding without difficulty • Using PO medication for pain control • Ambulating without difficulty • Provide incision care supplies on discharge Notify physician patient has met above criteria before discharging patient 22. Other Orders/Medications ☐ Bendaryl 25 mg po 1 tab every 6 hours as needed for itching ☐ Decadron _____ mg po/IV every _____ hours </td> </tr> </tbody> </table>			ORDERED			NEURO/ORTHO POSTOPERATIVE SPINE ORDERS	Page 3 of 3	MONTH	DAY	TIME			5	18	0900	All items without a box are active orders. Items with a () must be checked to become an active order. 18. Sleep/Anxiety: ☒ Temazepam (Restoril) _____ mg PO bedtime prn ☒ Zolpidem (Ambien) 10 mg PO bedtime prn ☐ Lorazepam (Ativan) _____ mg PO/IV every _____ prn ☐ Other _____ 19. Muscle spasm: ☐ Skelaxin 400 mg PO 2 tabs BID prn ☒ Cyclobenzaprine (Flexeril) 10 mg PO TID prn ☐ Valium 5mg PO every 6 hours prn ☐ Other _____ 20. Bowel ☐ Bowel program: Docusate Sodium 100 mg PO BID (hold prn loose stool) Bisacodyl suppository every other day and prn Fleets enema if no stool by 4th day and prn ☐ Bowel program: Senokot 1 tablet PO BID (hold prn loose stool) Dulcolax 10 mg PO if no stool by post-op day 3 Fleets enema if no results from Dulcolax Call physician if no stool by post op day 4 ☐ Milk of Magnesia PO 15 ml every 6 hours prn or other laxative of choice ☐ Maalox Plus 30ml PO every 4 hours prn 21. Discharge ☒ Patient may be discharged home by nursing if the following criteria are met: • Temp 100 °F orally or less • Incision without excessive bleeding or drainage • Eating & drinking without nausea & vomiting • Voiding without difficulty • Using PO medication for pain control • Ambulating without difficulty • Provide incision care supplies on discharge Notify physician patient has met above criteria before discharging patient 22. Other Orders/Medications ☐ Bendaryl 25 mg po 1 tab every 6 hours as needed for itching ☐ Decadron _____ mg po/IV every _____ hours	
ORDERED			NEURO/ORTHO POSTOPERATIVE SPINE ORDERS	Page 3 of 3													
MONTH	DAY	TIME															
5	18	0900	All items without a box are active orders. Items with a () must be checked to become an active order. 18. Sleep/Anxiety: ☒ Temazepam (Restoril) _____ mg PO bedtime prn ☒ Zolpidem (Ambien) 10 mg PO bedtime prn ☐ Lorazepam (Ativan) _____ mg PO/IV every _____ prn ☐ Other _____ 19. Muscle spasm: ☐ Skelaxin 400 mg PO 2 tabs BID prn ☒ Cyclobenzaprine (Flexeril) 10 mg PO TID prn ☐ Valium 5mg PO every 6 hours prn ☐ Other _____ 20. Bowel ☐ Bowel program: Docusate Sodium 100 mg PO BID (hold prn loose stool) Bisacodyl suppository every other day and prn Fleets enema if no stool by 4th day and prn ☐ Bowel program: Senokot 1 tablet PO BID (hold prn loose stool) Dulcolax 10 mg PO if no stool by post-op day 3 Fleets enema if no results from Dulcolax Call physician if no stool by post op day 4 ☐ Milk of Magnesia PO 15 ml every 6 hours prn or other laxative of choice ☐ Maalox Plus 30ml PO every 4 hours prn 21. Discharge ☒ Patient may be discharged home by nursing if the following criteria are met: • Temp 100 °F orally or less • Incision without excessive bleeding or drainage • Eating & drinking without nausea & vomiting • Voiding without difficulty • Using PO medication for pain control • Ambulating without difficulty • Provide incision care supplies on discharge Notify physician patient has met above criteria before discharging patient 22. Other Orders/Medications ☐ Bendaryl 25 mg po 1 tab every 6 hours as needed for itching ☐ Decadron _____ mg po/IV every _____ hours														

Physician's Signature:

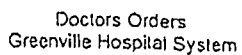
Print Name:

Date:

SCANNED

Date: 5/18/12

Signature: P. H.



080015208691 980065197

SATTERWAITE, TERRANCE

HODGE*MD, PHILIP JULIUS

62

05/18/12

1 BLM 39

12/14/1972

XXXXX7967

PHYSICIAN'S ORDERS

[illegible]

NURSING: INDICATE "SCANNED, DATE, TIME AND SIGNATURE" AFTER EACH ORDER



Doctors Orders
Greenville Hospital System

080015208691 980065197
SATTERWAITE, TERRANCE
HODGE*MD, PHILIP JULIUS
Admit Date - 05/18/12
Date of Birth - 12/14/1972

NEURO/ORTHO SPINE PATIENT DISCHARGE INSTRUCTIONS

YEAR 20		DRUG ALLERGIES	
HEIGHT		WEIGHT	DIAGNOSIS
ORDERED MONTH : DAY : TIME		NEURO/ORTHO SPINE PATIENT DISCHARGE INSTRUCTIONS	
5 / 19 / 0907		Page 1 of 1	
All items without a box are active orders. Items with a ☐ must be checked to become an active order.			
Discharge		To: <u>Home</u> ☐ By 9 am if criteria outlined on Neuro/Ortho Spine Post-op orders (M10260) have been met.	
Diet		☐ As prior to surgery ☐ Other	
Activity		☐ Unrestricted ☒ No lifting or excessive bending ☒ No strenuous activity ☐ No driving ☐ Other	
Follow up Appointment		☒ Patient has appointment, keep as scheduled. ☐ Patient needs <u>5-31-12 @ 10:29 AM</u>	
Incision Care		☒ Check incision twice a day for two weeks for signs of infection (redness to area, swelling, discharge, unexplained increase in incision pain). Do not apply ointments or creams to incision. ☒ May shower only, no soaking or scrubbing of incision. Clean with soap and water, may cover with gauze and tape dressing, may leave incision open to air without dressing if no drainage. ☐ Steri-strips: Leave strips in place until 14 days after surgery. May shower 2 days after incision drainage has stopped. ☐ Other	
Education		☐ Nurse to complete incision care/dressing change teaching ☒ Provide Micromedex discharge instructions for ☐ anterior cervical discectomy ☒ laminectomy for herniated disk ☐ lumbar interbody fusion ☐ Provide Steadman Hawkins Clinic Spine Post-Operative Instructions (accessed on Nursing webpage from GHSNet)	
Home Health		☐ Home Health Nursing for ☐ IV antibiotic for days or weeks ☐ For incision care daily for days ☐ Physical Therapy for for days or per week ☐ Occupational Therapy for for days or per week ☒ Other <u>Extra help with walking</u> (called & talked w/ on 5/19/12 @ 10:36)	
Medications		☐ See Discharge Medication Form ☐ Patient has post-op prescription for: <u>Has meds at home</u>	
Other			

Physician's Signature: [Signature]

Date: _____

Print Name: _____

NEURO/ORTHO SPINE PATIENT
DISCHARGE INSTRUCTIONSM10262 (5/07)
DOCTORS ORDERS

PAGE 1 OF 1

Doctors Orders

Admission Medications

Pt Name:	SATTERWAITE, TERRANCE	MRN:	980065197
Pt ID:	2012007401	Acct No:	08015208691
DOB:	12/14/1972	Age/Sex:	39Y/Male
Adm Date:	05/18/2012 5:39	Attn Dr:	Hodge Philip J
Nurs Sta:	GMH 2C	Rm/Bed:	2326AM
Dx:			
Allrg:	ALLERGY HX REVIEWED BY RPH, No Known Drug Allergies, No Known Food Allergies		

Home Medications

SourceDisposition of Meds

	Medication Name	Dose	Unit	Route	Frequency	Last Taken	Reason	Doctor Orders circle one C (continue) DC (discontinue) R (continue with change)		
1	HCTZ	25	mg	Oral	Daily		Hypertension	C	DC	R
2	Lortab	10	mg	Oral	As Needed		back pain	C	DC	R

Physician's Signature: _____

Date/Time: _____

Print Name: _____

Pt Name: SATTERWAITE, TERRANCE

MRN: 980065197

Rm/Bed: 2326AM

Page 1 of 1

Printed On: 19-May-2012 11:26

FOR INFORMATION ONLY - THIS DOES NOT CONSTITUTE A PRESCRIPTION
DOCTORS ORDERS

Printed By:

53
-155-

Doctors Orders

Discharge Medication Reconciliation

Pt Name:	SATTERWAITE, TERRANCE	MRN:	980065197
Pt ID:	2012007401	Acct No:	08015208691
DOB:	12/14/1972	Age/Sex:	39Y/Male
Adm Date:	05/18/2012 5:39	Attn Dr:	Hodge Philip J
Nurs Sta:	GMH 2C	Rm/Bed:	2326AM
Dx:			
Allrg:	ALLERGY HX REVIEWED BY RPH, No Known Drug Allergies, No Known Food Allergies		

Home Medications

SourceDisposition of Meds

	Medication Name	Dose	Unit	Route	Frequency	Last Taken	Reason	Doctor Orders circle one C (continue) DC (discontinue) R (continue with change)		
1	HCTZ	25	mg	Oral	Daily		Hypertension	C	DC	R
2	Lorab	10	mg	Oral	As Needed		back pain	C	DC	R

Physician's Signature: _____

Date/Time: _____

Print Name: _____

Pt Name: SATTERWAITE, TERRANCE

MRN: 980065197

Rm/Bed: 2326AM

Page 1 of 1

Printed On: 19-May-2012 11:26

FOR INFORMATION ONLY - THIS DOES NOT CONSTITUTE A PRESCRIPTION

Printed By: _____

DOCTORS ORDERS



Doctors Orders
Greenville Hospital System

080015208691 980065197
SATTERWAITE, TERRANCE
HODGE*MD, PHILIP JULIUS
62 05/18/12
1 BLM 39 12/14/1972
XXXXX7967

OUTPATIENT, PREOPERATIVE (0609)



YEAR		DRUG ALLERGIES	
HEIGHT		WEIGHT	DIAGNOSIS
ORDERED		OUTPATIENT, PREOPERATIVE (0609)	
MONTH	DAY	TIME	Page 1 of 1
All items with a (☒) are active orders. Items with a (☐) must be checked to become an active order.			

General Orders

- ☒ Schedule for the services of Dr _____
☒ Consent for _____

☒ Anesthesia to Pre Op. Type of Anesthesia: ☐ General ☐ Regional ☐ IV Anesthesia ☐ Choice

Labs

- ☐ Labs per Anesthesia
☐ Complete blood cell count with automated white blood cell differential
☐ Complete blood cell count without white blood cell differential
☐ Type and screen
☐ Type and cross match for _____ units packed red blood cells
☐ Comprehensive metabolic panel
☐ Basic metabolic panel
☐ PT/PTT Indication: _____
☐ Urinalysis: ☐ Voided ☐ Clean Catch ☐ Catheterized
☐ Serum hCG pregnancy test at Pre-Assessment visit
☐ Other labs _____

Diagnostic Tests

- ☐ Chest X Ray PA and Lateral Indication: _____
☐ EKG per Anesthesia Guidelines (within 6 months) Indication: _____

History and Physical

- ☐ Sent with patient
☐ Faxed to _____ (phone number)
☐ Dictated on hospital system line on _____ (date)

Diet

- ☐ Nothing by mouth after midnight
☐ Other _____

Day of Surgery Preoperative Orders

- ☒ SCDS per Anesthesia guidelines
☐ No Antibiotics
☐ Antibiotics per appropriate Antimicrobial Prophylaxis: ☐ Adult ☐ Pediatric
☐ Urine hCG day of surgery

TELEPHONE ORDERS MUST BE READ BACK AND CONFIRMED

Physician's Signature _____ Date: _____ Time: _____

Print Name: _____

OUTPATIENT, PREOPERATIVE (0609)

M10873 (7/09)
DOCTORS ORDERS

PAGE 1 OF 1

55
-157-



Doctors Orders
Greenville Hospital System

080015208691 980065197

SATTERWAITE, TERRANCE

HODGE*MD, PHILIP JULIUS

62

05/18/12

1 BLM 39 12/14/1972

XXXXX7967

(PreOp Antibiotic) ADULT PREOPERATIVE ANTIMICROBIAL
PROPHYLAXIS PROTOCOL FORM



Type of Operation / Procedure	1st Line Preoperative Agents	Alternative Agents due to allergy to 1st line agent
Neurosurgery/Spinal Surgery Craniotomy, shunts, laminectomies and spinal fusion (prosthetic material)	Cefazolin 1 gm IV x 1 dose if less than 80 kg (176 lb.) Cefazolin 2 gm IV x 1 dose if equal to or greater than 80 kg	Vancomycin 20 mg/kg (rounded to nearest 250 mg, max 2 grams) IV x 1 dose
Cardiothoracic Coronary artery bypass graft (CABG), CABG with valve implant, pacemaker and other implants, thoracic surgery (lobectomy, pneumonectomy)	Cefazolin 1 gm IV x 1 dose if less than 80 kg (176 lb.) Cefazolin 2 gm IV x 1 dose if equal to or greater than 80 kg	Vancomycin 20 mg/kg (rounded to nearest 250 mg, max 2 grams) IV x 1 dose
Vascular / General Surgery / Bariatrics Amputation, arterial surgery, vascular access devices, implants, mesh, repair, plastics, bariatrics	Cefazolin 1 gm IV x 1 dose if less than 80 kg (176 lb.) Cefazolin 2 gm IV x 1 dose if equal to or greater than 80 kg	Clindamycin 600 mg IV x 1 dose Gentamicin 80 mg IV x 1 dose
Orthopedic/Podiatry Hand, joint replacement (hip and knee), internal fixation of fracture, any implanted foreign body	Cefazolin 1 gm IV x 1 dose if less than 80 kg (176 lb.) Cefazolin 2 gm IV x 1 dose if equal to or greater than 80 kg	Clindamycin 600 mg IV x 1 dose + Gentamicin 80 mg IV x 1 dose
Gynecologic Vaginal or abdominal hysterectomy, gynecologic/urologic procedures (pubovaginal sling)	Cefazolin 1 gm IV x 1 dose if less than 80 kg (176 lb.) Cefazolin 2 gm IV x 1 dose if equal to or greater than 80 kg	Clindamycin 600 mg IV + Gentamicin 80 mg IV x 1 dose
Obstetric Cesarean section	Cefazolin 1 gm IV x 1 dose if less than 80 kg (176 lb.) Cefazolin 2 gm IV x 1 dose if equal to or greater than 80 kg	Clindamycin 900 mg IV + Gentamicin 80 mg IV x 1 dose
Head and Neck / ENT Incisions through oral or pharyngeal mucosa	Cefazolin 1 gm IV x 1 dose if less than 80 kg (176 lb.) Cefazolin 2 gm IV x 1 dose if equal to or greater than 80 kg	Clindamycin 600 mg IV + Gentamicin 80 mg IV x 1 dose
Colorectal Surgery Any type	Cefotetan* 1 gm IV x 1 dose if less than 80 kg (176 lb.) Cefotetan* 2 gm IV x 1 dose if equal to or greater than 80 kg	Clindamycin 600 mg IV + Gentamicin 80 mg IV x 1 dose
Abdominal Appendectomy (non-perforated), biliary, gastroduodenal or small bowel surgery	Cefotetan* 1 gm IV x 1 dose if less than 80 kg (176 lb.) Cefotetan* 2 gm IV x 1 dose if equal to or greater than 80 kg	Clindamycin 600 mg IV + Gentamicin 80 mg IV x 1 dose
PEG placement, PEG revision	Cefazolin 1 gm IV x 1 dose if less than 80 kg (176 lb.) Cefazolin 2 gm IV x 1 dose if equal to or greater than 80 kg	Clindamycin 600 mg IV + Gentamicin 80 mg IV x 1 dose
Genitourinary (HIGH risk only), otherwise **indicated only for patients with known bacteriuria**	Cefazolin 1 gm IV x 1 dose if less than 80 kg (176 lb.) Cefazolin 2 gm IV x 1 dose if equal to or greater than 80 kg	Ciprofloxacin 400 mg IV x 1 dose
Penile prosthesis insertion, removal, or revision	Piperacillin/Tazobactam 4.5 gm IV x 1 dose	Vancomycin 20 mg/kg (rounded to nearest 250 mg, max 2 grams) IV x 1 dose + Gentamicin 80 mg IV x 1 dose
Transrectal prostate biopsy	Ciprofloxacin 400 mg IV x 1 dose	Clindamycin 600 mg IV + Gentamicin 80 mg IV x 1 dose

*In the event of a cefotetan shortage, use cefazolin 1 or 2 Gm (based on patient weight) and metronidazole 500 mg IV x 1 dose infused over 15 minutes. These are Y-site compatible. If vancomycin is used as prophylaxis; physician MUST document reason / clinical rationale in the patient record.

Rates of Administration and Re-Dosing of Prophylactic Antimicrobials:

Antimicrobial	Dose	IV Infusion Rate	IV Push	Re-Dosing Interval
Cefazolin	1-2 grams	20-30 minutes	3-5 minutes	3 hours
Cefotetan	1-2 grams	20-30 minutes	3-5 minutes	6 hours
Ciprofloxacin	400 mg	60 minutes	Not recommended	6 hours
Clindamycin	600 mg or 900 mg	20 minutes	Not recommended	5 hours
Gentamicin	80 mg	30 minutes	Not recommended	5 hours (8 hours if age > 65 or SCr > 2.0)
Metronidazole	500 mg	15 minutes	Not recommended	8 hours
Piperacillin/Tazobactam	4.5 grams	30 minutes	Not recommended	5 hours
Vancomycin	1 gram 1.5 grams 2 grams	60 minutes 90 minutes 120 minutes	Not recommended	8 hours (12 hours if age > 65 or SCr > 2.0)

Reference Guide - located in Policy
(PreOp Antibiotics) ADULT PREOPERATIVE ANTIMICROBIAL
PROPHYLAXIS PROTOCOL FORM

M10627 (12/09)
DOCTORS ORDERS

PAGE 1 OF 1

-158-



A. L. Phelps
Driver Services, Deputy Director

OFFICIAL 10 YEAR DRIVER RECORD

Customer No: 31837443 Driver License No: 101825365
Name: SATTERWHITE, TERRANCE JERMAINE
Address: 1022 W BUFORD ST APT 303
City: GAFFNEY State: SC Zip: 293411300
County: CHEROKEE
DOB: 12/14/1972 Sex: M Driver Training: N
Status - DL: NO SUSPENSION CDL: NO DISQUALIFICATION MED: CERTIFIED

License Information

Type	Class	Function	Issued	Expires	First Issued	Rest.	Endor.
Current							
CDL	A	Re-exam	09/29/2011	12/14/2016	10/12/2010	Y	Y
Prior							
CDL	A	BP to DL	10/12/2010	12/14/2015	10/12/2010	Y	N
CBP	A	Returned	09/08/2010	03/08/2011	09/08/2010	Y	N
CBP	A	Original	09/08/2010	03/08/2011	09/08/2010	Y	N
DL	D	Returned	05/22/2008	12/14/2018	05/22/2008	Y	N
DL	D	Original	05/22/2008	12/14/2018	05/22/2008	Y	N

Current

Restrictions: A Corrective Lens
Endorsements: X Hazmat and Tank Combo

Self Certification: NON-EXCEPTED INTERSTATE Medical Certificate Status: CERTIFIED

Issue Date: 01/28/2013

Expiration Date: 01/28/2014

Medical Examiner Information

MD License No : 11909
Last Name : MORRISON
First Name : J
Middle Name : JEFFREY
Suffix :
Telephone No : 864-294-1392

Juris: SC

Specialty: MEDICAL DOCTOR

Medical Restrictions

CORRECTIVE LENSES

Address Change -

Address: 953A OVERBROOK DR
City: GAFFNEY

State: SC

Zip: 293411018

Date Changed: 09/01/2010

Address Change -

Address: 957 OVERBROOK DR APT B
City: GAFFNEY

State: SC

Zip: 293411058

Date Changed: 04/25/2012

Point Summary

Total Current Points: 0
Driver Credit: -0
Adjusted Current Points: 0

OFFICIAL 10 YEAR DRIVER RECORD

Customer No: 31837443

Driver License No: 101825365

Name: SATTERWHITE, TERRANCE JERMAINE

SC Driver License Surrendered

License Type: CBP

Class: A

Function: Original

Posted: 09/29/2011

Issued: 09/08/2010

Date Surrendered: 09/29/2011

Reason for Return: ANOTHER SC LICENSE ISSUED

Returning State: SC

VIOL: 447 - Turning unlawfully

Violation: 07/12/2011 Conviction: 09/19/2011

Operating Commercial Motor Vehicle: Y

ACD: N50 Conviction Loc Ref: KY0631AZ5283911

Conviction State: KY

Ticket#:

Recd: 09/21/2011

Post: 09/19/2011

Transporting Hazardous Materials: N

Conviction Reference: 014

Court Type: UNKNOWN

Violation Points: 4 Current Points: 0

VIOL: 560 - Failure to Pay Traffic Ticket or Appear

Violation: 07/12/2011 Conviction: 08/12/2011

ACD: D56 Conviction Loc Ref: 547

Conviction State: KY

Ticket#: 11T03913

Recd: 09/09/2011 Post: 09/09/2011

Conviction Reference:

Court Type: UNKNOWN

SUSP: 097 - Failure to Pay Traffic Ticket

Suspension Beg: 09/29/2011

Causal: 07/12/2011

Ticket Paid: 09/19/2011

ACD: D56 Court Name: LAUREL DIST COURT

Court Address: 103 S BROAD ST PO BX 1798

City: LONDON

State: KY

Zip: 40743

Phone No: 606-330-2055

Ticket#: 11T03913

Suspension End: 09/29/2011

Post: 09/09/2011

Compliance Received: 09/29/2011

OOS Driver License Surrendered

OOS License No: 8285529

Date Surrendered: 05/22/2008

Reason for Return: OOS LICENSE EXCHANGE FOR SC LICENSE

OOS Jurisdiction: NC Issued: 03/27/2006

SUSP: B26 - Driving while license suspended

Suspension Beg: 03/03/2003

Withdrawal Loc Ref: NC DMV000008285529

Withdrawal State: NC

Status: ACT

Ticket:

Suspension End: 03/24/2006

Withdrawal Reason Ref: R0000802

HISTORY ONLY

Last Change: 09/24/2010

SUSP: D45 - Failure to appear for trial/court appearance

Suspension Beg: 10/03/1999

Withdrawal Loc Ref: NC DMV000008285529

Withdrawal State: NC

Status: ACT

Ticket:

Suspension End: 12/09/2005

Withdrawal Reason Ref: R0000101

HISTORY ONLY

Last Change: 09/24/2010

VIOL: B51 - Expired or no driver license

Citation: 06/05/1999

Conviction Loc Ref: 1999CR 019148

Conviction State: NC

Status: ACT

Ticket#:

Conviction: 12/09/2005

Conviction Reference: 302

Court Type:

Last Change: 09/24/2010

HISTORY ONLY

SUSP: D56 - Failure to answer a citation/pay fines, costs...

Suspension Beg: 10/18/1999

Withdrawal Loc Ref: NC DMV000008285529

Withdrawal State: NC

Status: ACT

Ticket:

Suspension End: 12/07/2005

Withdrawal Reason Ref: R0003701

HISTORY ONLY

Last Change: 09/24/2010

verified to be a true and correct
copy of the original document on file
with the South Carolina Department of
Motor Vehicles.

[Signature]
Driver Services, Deputy Director

OFFICIAL 10 YEAR DRIVER RECORD

Customer No: 31837443

Driver License No: 101825365

Name: SATTERWHITE, TERRANCE JERMAINE

SUSP: D45 - Failure to appear for trial/court appearance

Ticket:

Suspension Beg: 04/20/1999

Suspension End: 11/23/2005

Withdrawal Loc Ref: NC DMV000008285529

Withdrawal Reason Ref: R0000101

Withdrawal State: NC

HISTORY ONLY

Status: ACT

Last Change: 09/24/2010

VIOL: B51 - Expired or no driver license

Ticket#:

Citation: 11/21/1998

Conviction: 11/23/2005

Conviction Loc Ref: 98CR 013791

Conviction Reference: 302

Conviction State: NC

Court Type:

Status: ACT

Last Change: 09/24/2010

HISTORY ONLY

SUSP: B26 - Driving while license suspended

Ticket:

Suspension Beg: 12/21/2002

Suspension End: 12/21/2004

Withdrawal Loc Ref: NC DMV000008285529

Withdrawal Reason Ref: R0000701

Withdrawal State: NC

HISTORY ONLY

Status: ACT

Last Change: 09/24/2010

VIOL: 496 - Driving Under Suspension

Violation: 06/18/2004 **Conviction:** 11/09/2004

Recd: 09/24/2010 **Post:** 11/09/2004

ACD: B25 **Conviction Loc Ref:** 04CR 227415

Conviction Reference: 606

Conviction State: NC

Court Type: DISTRICT COURT

HISTORY

End of Report

Certified to be a true and correct
copy of the original document on file
with the South Carolina Department of
Motor Vehicles.

D. L. Phelps
Driver Services, Deputy Director

Palmetto State Transportation Date: 02/15/13

No: 170135

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****

Description	Current
Loaded Pay 3239	1,365.00
drop/pickup pay 8	160.00
regular 9.5	133.00
scales and tolls 2	116.00
Deadhead Pay 168	70.65

-----Taxes AND Deductions-----

Description	Current	YTD
Federal W/H	155.79	155.79
FICA	107.18	107.18
Medicare	25.07	25.07
SC W/H	92.49	92.49
comdata cash 2	200.00	

YTD Taxable	This Taxable	Pay	NonTaxable
1,728.65	Check:	1,728.65	116.00

Taxes	Deductions	Net Pay
380.53	200.00	1,264.12

This is not a check

170135

this amount has
been direct deposited
to your account on the

"NON-NEGOTIABLE"

*** 1,264 Dollars and 12 Cents

02/15/13

\$1,264.12

Terrance Satterwhite
1022 W. Buford St.
Apt. 303
Gaffney, SC 29341

Palmetto State Transportation Date: 02/15/13

No: 170135

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****

Description	Current
Loaded Pay 3239	1,365.00
drop/pickup pay 8	160.00
regular 9.5	133.00
scales and tolls 2	116.00
Deadhead Pay 168	70.65

-----Taxes AND Deductions-----

Description	Current	YTD
Federal W/H	155.79	155.79
FICA	107.18	107.18
Medicare	25.07	25.07
SC W/H	92.49	92.49
comdata cash 2	200.00	

YTD Taxable	This Taxable	Pay	NonTaxable
1,728.65	Check:	1,728.65	116.00

Taxes	Deductions	Net Pay
380.53	200.00	1,264.12

66

Palmetto State Transportation Date: 02/22/13

No: 170278

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****
Description Current
Loaded Pay 1354 541.60
Deadhead Pay 59 23.60

-----Taxes AND Deductions-----
Description Current YTD
Federal W/H .00 155.79
FICA 35.04 142.22
Medicare 8.20 33.27
SC W/H 11.04 103.53
comdata cash 1 100.00

YTD Taxable	This Taxable Pay	NonTaxable	Taxes Deductions	Net Pay
2,293.85	Check: 565.20	.00	54.28 100.00	410.92

This is not a check

170278
this amount has
been direct deposited
to your account on the

"NON-NEGOTIABLE"

Four Hundred Ten and 92/100

02/22/13 \$410.92

Terrance Satterwhite
1022 W. Buford St.
Apt. 303
Gaffney, SC 29341

Palmetto State Transportation Date: 02/22/13

No: 170278

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****
Description Current
Loaded Pay 1354 541.60
Deadhead Pay 59 23.60

-----Taxes AND Deductions-----
Description Current YTD
Federal W/H .00 155.79
FICA 35.04 142.22
Medicare 8.20 33.27
SC W/H 11.04 103.53
comdata cash 1 100.00

YTD Taxable	This Taxable Pay	NonTaxable	Taxes Deductions	Net Pay
2,293.85	Check: 565.20	.00	54.28 100.00	410.92

Palmetto State Transportation Date: 03/01/13

No: 170426

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****
Description Current
Loaded Pay 1919 863.55
drop/pickup pay 5 100.00
scales and tolls 1 13.60
Deadhead Pay 26 11.70

-----Taxes AND Deductions-----
Description Current YTD
Federal W/H 18.86 174.65
FICA 60.47 202.69
Medicare 14.14 47.41
SC W/H 39.75 143.28
comdata cash 1 100.00

YTD Taxable	This Taxable	Pay NonTaxable	Taxes	Deductions	Net Pay
3,269.10	Check:	975.25	13.60	133.22 100.00	755.63

This is not a check

170426
this amount has
been direct deposited
to your account on the

"NON-NEGOTIABLE"

*** 755 Dollars and 63 Cents

03/01/13 \$755.63

Terrance Satterwhite
1022 W. Buford St.
Apt. 303
Gaffney, SC 29341

Palmetto State Transportation Date: 03/01/13

No: 170426

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****
Description Current
Loaded Pay 1919 863.55
drop/pickup pay 5 100.00
scales and tolls 1 13.60
Deadhead Pay 26 11.70

-----Taxes AND Deductions-----
Description Current YTD
Federal W/H 18.86 174.65
FICA 60.47 202.69
Medicare 14.14 47.41
SC W/H 39.75 143.28
comdata cash 1 100.00

YTD Taxable	This Taxable	Pay NonTaxable	Taxes	Deductions	Net Pay
3,269.10	Check:	975.25	13.60	133.22 100.00	755.63

62

Palmetto State Transportation Date: 03/08/13

No: 170583

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****

Description	Current
Loaded Pay 2673	1,069.20
Deadhead Pay 429	171.60
drop/pickup pay 6	120.00

-----Taxes AND Deductions-----

Description	Current	YTD
Federal W/H	76.69	251.34
FICA	84.37	287.06
Medicare	19.73	67.14
SC W/H	66.74	210.02
comdata cash 1	102.00	

YTD Taxable	This Taxable	Pay	NonTaxable
4,629.90	Check:	1,360.80	.00

Taxes	Deductions	Net Pay
247.53	102.00	1,011.27

This is not a check

170583
this amount has
been direct deposited
to your account on the

"NON-NEGOTIABLE"

*** 1,011 Dollars and 27 Cents

03/08/13

\$1,011.27

Terrance Satterwhite
1022 W. Buford St.
Apt. 303
Gaffney, SC 29341

Palmetto State Transportation Date: 03/08/13

No: 170583

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****

Description	Current
Loaded Pay 2673	1,069.20
Deadhead Pay 429	171.60
drop/pickup pay 6	120.00

-----Taxes AND Deductions-----

Description	Current	YTD
Federal W/H	76.69	251.34
FICA	84.37	287.06
Medicare	19.73	67.14
SC W/H	66.74	210.02
comdata cash 1	102.00	

YTD Taxable	This Taxable	Pay	NonTaxable
4,629.90	Check:	1,360.80	.00

Taxes	Deductions	Net Pay
247.53	102.00	1,011.27

63

Palmetto State Transportation Date: 03/15/13

No: 170729

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****
Description Current
Loaded Pay 2528 1,011.20
drop/pickup pay 5 100.00
Deadhead Pay 149 59.60
scales and tolls 1 12.00

-----Taxes AND Deductions-----
Description Current YTD
Federal W/H 48.19 299.53
FICA 72.59 359.65
Medicare 16.98 84.12
SC W/H 53.44 263.46

YTD Taxable	This Taxable	Pay	NonTaxable	Taxes	Deductions	Net Pay
5,800.70	Check:	1,170.80	12.00	191.20	.00	991.60

This is not a check

170729
this amount has
been direct deposited
to your account on the

"NON-NEGOTIABLE"

*** 991 Dollars and 60 Cents

03/15/13 \$991.60

Terrance Satterwhite
1022 W. Buford St.
Apt. 303
Gaffney, SC 29341

Palmetto State Transportation Date: 03/15/13

No: 170729

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****
Description Current
Loaded Pay 2528 1,011.20
drop/pickup pay 5 100.00
Deadhead Pay 149 59.60
scales and tolls 1 12.00

-----Taxes AND Deductions-----
Description Current YTD
Federal W/H 48.19 299.53
FICA 72.59 359.65
Medicare 16.98 84.12
SC W/H 53.44 263.46

YTD Taxable	This Taxable	Pay	NonTaxable	Taxes	Deductions	Net Pay
5,800.70	Check:	1,170.80	12.00	191.20	.00	991.60

64

Palmetto State Transportation Date: 03/22/13

Terrance Satterwhite

Balance Sheet Accounts

No: 170875

Employee: satt7967

*****Payments*****

Description	Current
Loaded Pay 2122	848.80
regular 13.57	196.77
drop/pickup pay 6	120.00
Deadhead Pay 78	31.20

-----Taxes AND Deductions-----

Description	Current	YTD
Federal W/H	52.09	351.62
FICA	74.20	433.85
Medicare	17.35	101.47
SC W/H	55.25	318.71
comdata cash 1	100.00	

YTD Taxable This Taxable Pay NonTaxable
6,997.47 Check: 1,196.77 .00

Taxes Deductions Net Pay
198.89 100.00 897.88

This is not a check

170875

this amount has
been direct deposited
to your account on the

*** 897 Dollars and 88 Cents

"NON-NEGOTIABLE"

03/22/13

\$897.88

Terrance Satterwhite

1022 W. Buford St.

Apt. 303

Gaffney, SC 29341

Palmetto State Transportation Date: 03/22/13

Terrance Satterwhite

Balance Sheet Accounts

No: 170875

Employee: satt7967

*****Payments*****

Description	Current
Loaded Pay 2122	848.80
regular 13.57	196.77
drop/pickup pay 6	120.00
Deadhead Pay 78	31.20

-----Taxes AND Deductions-----

Description	Current	YTD
Federal W/H	52.09	351.62
FICA	74.20	433.85
Medicare	17.35	101.47
SC W/H	55.25	318.71
comdata cash 1	100.00	

YTD Taxable This Taxable Pay NonTaxable
6,997.47 Check: 1,196.77 .00

Taxes Deductions Net Pay
198.89 100.00 897.88

65

Palmetto State Transportation Date: 03/29/13

No: 171022

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****
Description Current
Loaded Pay 2229 1,003.05
drop/pickup pay 9 180.00
scales and tolls 1 173.75
Deadhead Pay 112 50.40

-----Taxes AND Deductions-----
Description Current YTD
Federal W/H 57.59 409.21
FICA 76.47 510.32
Medicare 17.89 119.36
SC W/H 57.82 376.53
comdata cash 1 100.00

YTD Taxable	This Taxable	Pay NonTaxable	Taxes	Deductions	Net Pay
8,230.92	Check:	1,233.45	173.75	209.77 100.00	1,097.43

This is not a check

171022
this amount has
been direct deposited
to your account on the

"NON-NEGOTIABLE"

*** 1,097 Dollars and 43 Cents

03/29/13 \$1,097.43

Terrance Satterwhite
1022 W. Buford St.
Apt. 303
Gaffney, SC 29341

Palmetto State Transportation Date: 03/29/13

No: 171022

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****
Description Current
Loaded Pay 2229 1,003.05
drop/pickup pay 9 180.00
scales and tolls 1 173.75
Deadhead Pay 112 50.40

-----Taxes AND Deductions-----
Description Current YTD
Federal W/H 57.59 409.21
FICA 76.47 510.32
Medicare 17.89 119.36
SC W/H 57.82 376.53
comdata cash 1 100.00

YTD Taxable	This Taxable	Pay NonTaxable	Taxes	Deductions	Net Pay
8,230.92	Check:	1,233.45	173.75	209.77 100.00	1,097.43

Palmetto State Transportation Date: 04/05/13

No: 171168

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****
Description Current
Loaded Pay 1408 563.20
employee load/unload 200.00
layover pay 2 100.00
scales and tolls 1 29.00
Deadhead Pay 33 13.20

-----Taxes AND Deductions-----
Description Current YTD
Federal W/H 8.41 417.62
FICA 54.34 564.66
Medicare 12.71 132.07
SC W/H 32.83 409.36

YTD Taxable	This Taxable	Pay	NonTaxable	Taxes	Deductions	Net Pay
9,107.32	Check:	876.40	29.00	108.29	.00	797.11

This is not a check

171168

this amount has
been direct deposited
to your account on the

"NON-NEGOTIABLE"

*** 797 Dollars and 11 Cents

04/05/13 \$797.11

Terrance Satterwhite
1022 W. Buford St.
Apt. 303
Gaffney, SC 29341

Palmetto State Transportation Date: 04/05/13

No: 171168

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****
Description Current
Loaded Pay 1408 563.20
employee load/unload 200.00
layover pay 2 100.00
scales and tolls 1 29.00
Deadhead Pay 33 13.20

-----Taxes AND Deductions-----
Description Current YTD
Federal W/H 8.41 417.62
FICA 54.34 564.66
Medicare 12.71 132.07
SC W/H 32.83 409.36

YTD Taxable	This Taxable	Pay	NonTaxable	Taxes	Deductions	Net Pay
9,107.32	Check:	876.40	29.00	108.29	.00	797.11

67

Palmetto State Transportation Date: 04/12/13

Terrance Satterwhite

Balance Sheet Accounts

No: 171317

Employee: satt7967

*****Payments*****
Description Current
Loaded Pay 1948 779.20
Deadhead Pay 121 48.40
scales and tolls 1 9.25

-----Taxes AND Deductions-----
Description Current YTD
Federal W/H 3.53 421.15
FICA 51.31 615.97
Medicare 12.00 144.07
SC W/H 29.41 438.77

YTD Taxable	This Taxable Pay	NonTaxable	Taxes Deductions	Net Pay
9,934.92	Check: 827.60	9.25	96.25 .00	740.60

This is not a check

171317
this amount has
been direct deposited
to your account on the

"NON-NEGOTIABLE"

Seven Hundred Forty and 60/100

04/12/13 \$740.60

Terrance Satterwhite
1022 W. Buford St.
Apt. 303
Gaffney, SC 29341

Palmetto State Transportation Date: 04/12/13

Terrance Satterwhite

Balance Sheet Accounts

No: 171317

Employee: satt7967

*****Payments*****
Description Current
Loaded Pay 1948 779.20
Deadhead Pay 121 48.40
scales and tolls 1 9.25

-----Taxes AND Deductions-----
Description Current YTD
Federal W/H 3.53 421.15
FICA 51.31 615.97
Medicare 12.00 144.07
SC W/H 29.41 438.77

YTD Taxable	This Taxable Pay	NonTaxable	Taxes Deductions	Net Pay
9,934.92	Check: 827.60	9.25	96.25 .00	740.60

68

Palmetto State Transportation Date: 04/19/13

No: 171462

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****

Description	Current
Loaded Pay 2509	1,003.60
drop/pickup pay 10	200.00

-----Taxes AND Deductions-----

Description	Current	YTD
Federal W/H	53.11	474.26
FICA	74.62	690.59
Medicare	17.45	161.52
SC W/H	55.73	494.50

YTD Taxable	This Taxable Pay	NonTaxable	Taxes	Deductions	Net Pay
11,138.52	Check: 1,203.60	.00	200.91	.00	1,002.69

This is not a check

171462
this amount has
been direct deposited
to your account on the

"NON-NEGOTIABLE"

One Thousand Two and 69/100

04/19/13

\$1,002.69

Terrance Satterwhite
1022 W. Buford St.
Apt. 303
Gaffney, SC 29341

Palmetto State Transportation Date: 04/19/13

No: 171462

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****

Description	Current
Loaded Pay 2509	1,003.60
drop/pickup pay 10	200.00

-----Taxes AND Deductions-----

Description	Current	YTD
Federal W/H	53.11	474.26
FICA	74.62	690.59
Medicare	17.45	161.52
SC W/H	55.73	494.50

YTD Taxable	This Taxable Pay	NonTaxable	Taxes	Deductions	Net Pay
11,138.52	Check: 1,203.60	.00	200.91	.00	1,002.69

69

Palmetto State Transportation Date: 04/26/13

No: 171608

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****
Description Current
Loaded Pay 1701 680.40
drop/pickup pay 4 80.00
Deadhead Pay 81 32.40

-----Taxes AND Deductions-----
Description Current YTD
Federal W/H .05 474.31
FICA 49.15 739.74
Medicare 11.50 173.02
SC W/H 26.98 521.48

YTD Taxable This Taxable Pay NonTaxable
11,931.32 Check: 792.80 .00

Taxes Deductions Net Pay
87.68 .00 705.12

This is not a check

171608
this amount has
been direct deposited
to your account on the

"NON-NEGOTIABLE"

Seven Hundred Five and 12/100

04/26/13 \$705.12

Terrance Satterwhite
1022 W. Buford St.
Apt. 303
Gaffney, SC 29341

Palmetto State Transportation Date: 04/26/13

No: 171608

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****
Description Current
Loaded Pay 1701 680.40
drop/pickup pay 4 80.00
Deadhead Pay 81 32.40

-----Taxes AND Deductions-----
Description Current YTD
Federal W/H .05 474.31
FICA 49.15 739.74
Medicare 11.50 173.02
SC W/H 26.98 521.48

YTD Taxable This Taxable Pay NonTaxable
11,931.32 Check: 792.80 .00

Taxes Deductions Net Pay
87.68 .00 705.12

70

Palmetto State Transportation Date: 05/03/13

Terrance Satterwhite

Balance Sheet Accounts

No: 171749

Employee: satt7967

*****Payments*****

Description	Current
Loaded Pay 1761	704.40
drop/pickup pay 5	100.00
scales and tolls 1	35.50
Deadhead Pay 27	10.80

-----Taxes AND Deductions-----

Description	Current	YTD
Federal W/H	2.29	476.60
FICA	50.54	790.28
Medicare	11.82	184.84
SC W/H	28.54	550.02

YTD Taxable	This Taxable	Pay	NonTaxable
12,746.52	Check:	815.20	35.50

Taxes	Deductions	Net Pay
93.19	.00	757.51

This is not a check

171749
this amount has
been direct deposited
to your account on the

"NON-NEGOTIABLE"

*** 757 Dollars and 51 Cents

05/03/13 \$757.51

Terrance Satterwhite
1022 W. Buford St.
Apt. 303
Gaffney, SC 29341

Palmetto State Transportation Date: 05/03/13

Terrance Satterwhite

Balance Sheet Accounts

No: 171749

Employee: satt7967

*****Payments*****

Description	Current
Loaded Pay 1761	704.40
drop/pickup pay 5	100.00
scales and tolls 1	35.50
Deadhead Pay 27	10.80

-----Taxes AND Deductions-----

Description	Current	YTD
Federal W/H	2.29	476.60
FICA	50.54	790.28
Medicare	11.82	184.84
SC W/H	28.54	550.02

YTD Taxable	This Taxable	Pay	NonTaxable
12,746.52	Check:	815.20	35.50

Taxes	Deductions	Net Pay
93.19	.00	757.51

71

Palmetto State Transportation Date: 05/10/13

No: 171900

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****
Description Current
Loaded Pay 1554 621.60
drop/pickup pay 5 100.00
Deadhead Pay 204 81.60

-----Taxes AND Deductions-----
Description Current YTD
Federal W/H 1.09 477.69
FICA 49.80 840.08
Medicare 11.65 196.49
SC W/H 27.70 577.72

YTD Taxable This Taxable Pay NonTaxable
13,549.72 Check: 803.20 .00

Taxes Deductions Net Pay
90.24 .00 712.96

This is not a check

171900
this amount has
been direct deposited
to your account on the

"NON-NEGOTIABLE"

*** 712 Dollars and 96 Cents

05/10/13 \$712.96

Terrance Satterwhite
1022 W. Buford St.
Apt. 303
Gaffney, SC 29341

Palmetto State Transportation Date: 05/10/13

No: 171900

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****
Description Current
Loaded Pay 1554 621.60
drop/pickup pay 5 100.00
Deadhead Pay 204 81.60

-----Taxes AND Deductions-----
Description Current YTD
Federal W/H 1.09 477.69
FICA 49.80 840.08
Medicare 11.65 196.49
SC W/H 27.70 577.72

YTD Taxable This Taxable Pay NonTaxable
13,549.72 Check: 803.20 .00

Taxes Deductions Net Pay
90.24 .00 712.96

72

Palmetto State Transportation Date: 05/17/13

No: 172052

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****

Description	Current
Loaded Pay 2078	831.20
drop/pickup pay 4	80.00
Deadhead Pay 143	57.20
scales and tolls 1	10.00

-----Taxes AND Deductions-----

Description	Current	YTD
Federal W/H	17.83	495.52
FICA	60.04	900.12
Medicare	14.04	210.53
SC W/H	39.27	616.99

YTD Taxable	This Taxable	Pay	NonTaxable
14,518.12	Check:	968.40	10.00

Taxes	Deductions	Net Pay
131.18	.00	847.22

This is not a check

this amount has
been direct deposited
to your account on the

172052

"NON-NEGOTIABLE"

*** 847 Dollars and 22 Cents

05/17/13

\$847.22

Terrance Satterwhite
1022 W. Buford St.
Apt. 303
Gaffney, SC 29341

Palmetto State Transportation Date: 05/17/13

No: 172052

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****

Description	Current
Loaded Pay 2078	831.20
drop/pickup pay 4	80.00
Deadhead Pay 143	57.20
scales and tolls 1	10.00

-----Taxes AND Deductions-----

Description	Current	YTD
Federal W/H	17.83	495.52
FICA	60.04	900.12
Medicare	14.04	210.53
SC W/H	39.27	616.99

YTD Taxable	This Taxable	Pay	NonTaxable
14,518.12	Check:	968.40	10.00

Taxes	Deductions	Net Pay
131.18	.00	847.22

73

Palmetto State Transportation Date: 05/31/13

No: 172330

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****

Description	Current
Loaded Pay 1822	819.90
regular 2	23.00
Deadhead Pay 50	22.50
drop/pickup pay 1	20.00
scales and tolls 1	11.70

-----Taxes AND Deductions-----

Description	Current	YTD
Federal W/H	9.31	524.97
FICA	54.89	1,016.01
Medicare	12.84	237.64
SC W/H	33.46	690.80
citations 1	25.00	

YTD Taxable	This Taxable	Pay	NonTaxable	Taxes	Deductions	Net Pay
16,387.33	Check:	885.40	11.70	110.50	25.00	761.60

This is not a check

this amount has
been direct deposited
to your account on the

172330

"NON-NEGOTIABLE"

*** 761 Dollars and 60 Cents

05/31/13 \$761.60

Terrance Satterwhite
1022 W. Buford St.
Apt. 303
Gaffney, SC 29341

Palmetto State Transportation Date: 05/31/13

No: 172330

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****

Description	Current
Loaded Pay 1822	819.90
regular 2	23.00
Deadhead Pay 50	22.50
drop/pickup pay 1	20.00
scales and tolls 1	11.70

-----Taxes AND Deductions-----

Description	Current	YTD
Federal W/H	9.31	524.97
FICA	54.89	1,016.01
Medicare	12.84	237.64
SC W/H	33.46	690.80
citations 1	25.00	

YTD Taxable	This Taxable	Pay	NonTaxable	Taxes	Deductions	Net Pay
16,387.33	Check:	885.40	11.70	110.50	25.00	761.60

24

Palmetto State Transportation Date: 05/31/13

No: 172330

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****

Description	Current
Loaded Pay 1822	819.90
regular 2	23.00
Deadhead Pay 50	22.50
drop/pickup pay 1	20.00
scales and tolls 1	11.70

-----Taxes AND Deductions-----

Description	Current	YTD
Federal W/H	9.31	524.97
FICA	54.89	1,016.01
Medicare	12.84	237.64
SC W/H	33.46	690.80
citations 1	25.00	

YTD Taxable	This Taxable	Pay	NonTaxable
16,387.33	Check:	885.40	11.70

Taxes	Deductions	Net Pay
110.50	25.00	761.60

This is not a check

172330
this amount has
been direct deposited
to your account on the

"NON-NEGOTIABLE"

*** 761 Dollars and 60 Cents

05/31/13

\$761.60

Terrance Satterwhite
1022 W. Buford St.
Apt. 303
Gaffney, SC 29341

Palmetto State Transportation Date: 05/31/13

No: 172330

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****

Description	Current
Loaded Pay 1822	819.90
regular 2	23.00
Deadhead Pay 50	22.50
drop/pickup pay 1	20.00
scales and tolls 1	11.70

-----Taxes AND Deductions-----

Description	Current	YTD
Federal W/H	9.31	524.97
FICA	54.89	1,016.01
Medicare	12.84	237.64
SC W/H	33.46	690.80
citations 1	25.00	

YTD Taxable	This Taxable	Pay	NonTaxable
16,387.33	Check:	885.40	11.70

Taxes	Deductions	Net Pay
110.50	25.00	761.60

75

Palmetto State Transportation Date: 06/07/13

No: 172466

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****

Description	Current
Loaded Pay 4266	1,706.40
drop/pickup pay 6	120.00
holiday pay 8	94.00
Deadhead Pay 204	81.60
scales and tolls 1	6.75

-----Taxes AND Deductions-----

Description	Current	YTD
Federal W/H	208.61	733.58
FICA	120.28	1,136.29
Medicare	28.13	265.77
SC W/H	107.28	798.08
health insur 1	55.76	
citations 1	25.00	
dental insur 1	6.32	

YTD Taxable	This Taxable Pay	NonTaxable	Taxes Deductions	Net Pay
18,327.25	Check: 1,939.92	68.83	464.30 87.08	1,457.37

This is not a check

172466

this amount has
been direct deposited
to your account on the

"NON-NEGOTIABLE"

*** 1,457 Dollars and 37 Cents

06/07/13 \$1,457.37

Terrance Satterwhite
1022 W. Buford St.
Apt. 303
Gaffney, SC 29341

Palmetto State Transportation Date: 06/07/13

No: 172466

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****

Description	Current
Loaded Pay 4266	1,706.40
drop/pickup pay 6	120.00
holiday pay 8	94.00
Deadhead Pay 204	81.60
scales and tolls 1	6.75

-----Taxes AND Deductions-----

Description	Current	YTD
Federal W/H	208.61	733.58
FICA	120.28	1,136.29
Medicare	28.13	265.77
SC W/H	107.28	798.08
health insur 1	55.76	
citations 1	25.00	
dental insur 1	6.32	

YTD Taxable	This Taxable Pay	NonTaxable	Taxes Deductions	Net Pay
18,327.25	Check: 1,939.92	68.83	464.30 87.08	1,457.37

76

Palmetto State Transportation Date: 06/14/13

No: 172617

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****

Description	Current
Loaded Pay 2835	1,134.00
drop/pickup pay 4	80.00
Deadhead Pay 105	42.00
scales and tolls 1	10.00

-----Taxes AND Deductions-----

Description	Current	YTD
Federal W/H	51.66	785.24
FICA	74.02	1,210.31
Medicare	17.31	283.08
SC W/H	55.06	853.14
health insur 1	55.76	
dental insur 1	6.32	

YTD Taxable	This Taxable	Pay	NonTaxable
19,521.17	Check:	1,193.92	72.08

Taxes	Deductions	Net Pay
198.05	62.08	1,005.87

This is not a check

172617
this amount has
been direct deposited
to your account on the

One Thousand Five and 87/100

"NON-NEGOTIABLE"

06/14/13

\$1,005.87

Terrance Satterwhite

1022 W. Buford St.

Apt. 303

Gaffney, SC 29341

Palmetto State Transportation Date: 06/14/13

No: 172617

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****

Description	Current
Loaded Pay 2835	1,134.00
drop/pickup pay 4	80.00
Deadhead Pay 105	42.00
scales and tolls 1	10.00

-----Taxes AND Deductions-----

Description	Current	YTD
Federal W/H	51.66	785.24
FICA	74.02	1,210.31
Medicare	17.31	283.08
SC W/H	55.06	853.14
health insur 1	55.76	
dental insur 1	6.32	

YTD Taxable	This Taxable	Pay	NonTaxable
19,521.17	Check:	1,193.92	72.08

Taxes	Deductions	Net Pay
198.05	62.08	1,005.87

27

Palmetto State Transportation Date: 06/28/13

No: 172896

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****

Description	Current
Loaded Pay 2475	990.00
drop/pickup pay 8	160.00
Deadhead Pay 130	52.00
scales and tolls 1	43.00
regular 1.45	16.68

-----Taxes AND Deductions-----

Description	Current	YTD
Federal W/H	36.75	821.99
FICA	67.86	1,278.17
Medicare	15.87	298.95
SC W/H	48.10	901.24
health insur 2	111.52	
comdata cash 1	100.00	
dental insur 2	12.64	

YTD Taxable	This Taxable	Pay NonTaxable	Taxes	Deductions	Net Pay
20,615.69	Check: 1,094.52	167.16	168.58	224.16	868.94

This is not a check

this amount has
been direct deposited
to your account on the

172896

"NON-NEGOTIABLE"

*** 868 Dollars and 94 Cents

06/28/13

\$868.94

Terrance Satterwhite
1022 W. Buford St.
Apt. 303
Gaffney, SC 29341

Palmetto State Transportation Date: 06/28/13

No: 172896

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****

Description	Current
Loaded Pay 2475	990.00
drop/pickup pay 8	160.00
Deadhead Pay 130	52.00
scales and tolls 1	43.00
regular 1.45	16.68

-----Taxes AND Deductions-----

Description	Current	YTD
Federal W/H	36.75	821.99
FICA	67.86	1,278.17
Medicare	15.87	298.95
SC W/H	48.10	901.24
health insur 2	111.52	
comdata cash 1	100.00	
dental insur 2	12.64	

YTD Taxable	This Taxable	Pay NonTaxable	Taxes	Deductions	Net Pay
20,615.69	Check: 1,094.52	167.16	168.58	224.16	868.94

78

Palmetto State Transportation Date: 07/05/13

No: 173027

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****

Description	Current
Loaded Pay 4123	1,649.20
Deadhead Pay 168	67.20
layover pay 1	50.00
scales and tolls 1	10.00

-----Taxes AND Deductions-----

Description	Current	YTD
Federal W/H	149.71	971.70
FICA	105.67	1,383.84
Medicare	24.71	323.66
SC W/H	90.78	992.02
health insur 1	55.76	
dental insur 1	6.32	

YTD Taxable	This Taxable Pay	NonTaxable
22,320.01	Check: 1,704.32	72.08

Taxes	Deductions	Net Pay
370.87	62.08	1,343.45

This is not a check

173027

this amount has
been direct deposited
to your account on the

"NON-NEGOTIABLE"

*** 1,343 Dollars and 45 Cents

07/05/13

\$1,343.45

Terrance Satterwhite
1022 W. Buford St.
Apt. 303
Gaffney, SC 29341

Palmetto State Transportation Date: 07/05/13

No: 173027

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****

Description	Current
Loaded Pay 4123	1,649.20
Deadhead Pay 168	67.20
layover pay 1	50.00
scales and tolls 1	10.00

-----Taxes AND Deductions-----

Description	Current	YTD
Federal W/H	149.71	971.70
FICA	105.67	1,383.84
Medicare	24.71	323.66
SC W/H	90.78	992.02
health insur 1	55.76	
dental insur 1	6.32	

YTD Taxable	This Taxable Pay	NonTaxable
22,320.01	Check: 1,704.32	72.08

Taxes	Deductions	Net Pay
370.87	62.08	1,343.45

29

Palmetto State Transportation Date: 07/12/13

Terrance Satterwhite

Balance Sheet Accounts

No: 173163

Employee: satt7967

*****Payments*****

Description	Current
Loaded Pay 2067	826.80
drop/pickup pay 7	140.00
scales and tolls 1	20.10

-----Taxes AND Deductions-----

Description	Current	YTD
Federal W/H	11.24	982.94
FICA	56.09	1,439.93
Medicare	13.12	336.78
SC W/H	34.81	1,026.83
comdata cash 1	100.00	
health insur 1	55.76	
dental insur 1	6.32	

YTD Taxable	This Taxable	Pay	NonTaxable	Taxes	Deductions	Net Pay
23,224.73	Check:	904.72	82.18	115.26	162.08	709.56

This is not a check

173163

this amount has
been direct deposited
to your account on the

"NON-NEGOTIABLE"

Seven Hundred Nine and 56/100

07/12/13 \$709.56

Terrance Satterwhite
1022 W. Buford St.
Apt. 303
Gaffney, SC 29341

Palmetto State Transportation Date: 07/12/13

Terrance Satterwhite

Balance Sheet Accounts

No: 173163

Employee: satt7967

*****Payments*****

Description	Current
Loaded Pay 2067	826.80
drop/pickup pay 7	140.00
scales and tolls 1	20.10

-----Taxes AND Deductions-----

Description	Current	YTD
Federal W/H	11.24	982.94
FICA	56.09	1,439.93
Medicare	13.12	336.78
SC W/H	34.81	1,026.83
comdata cash 1	100.00	
health insur 1	55.76	
dental insur 1	6.32	

YTD Taxable	This Taxable	Pay	NonTaxable	Taxes	Deductions	Net Pay
23,224.73	Check:	904.72	82.18	115.26	162.08	709.56

80

Palmetto State Transportation Date: 07/19/13

No: 173301

Terrance Satterwhite
Balance Sheet Accounts

Employee: satt7967

*****Payments*****
Description Current
Loaded Pay 2062 824.80
drop/pickup pay 3 60.00
holiday pay 4 47.00
Deadhead Pay 44 17.60

-----Taxes AND Deductions-----
Description Current YTD
Federal W/H 9.50 992.44
FICA 55.01 1,494.94
Medicare 12.87 349.65
SC W/H 33.59 1,060.42
health insur 1 55.76
dental insur 1 6.32

YTD Taxable	This Taxable Pay	NonTaxable	Taxes	Deductions	Net Pay
24,112.05	Check: 887.32	62.08	110.97	62.08	776.35

This is not a check

173301

this amount has
been direct deposited
to your account on the

*** 776 Dollars and 35 Cents

"NON-NEGOTIABLE"

07/19/13

\$776.35

Terrance Satterwhite
1022 W. Buford St.
Apt. 303
Gaffney, SC 29341

Palmetto State Transportation Date: 07/19/13

No: 173301

Terrance Satterwhite
Balance Sheet Accounts

Employee: satt7967

*****Payments*****
Description Current
Loaded Pay 2062 824.80
drop/pickup pay 3 60.00
holiday pay 4 47.00
Deadhead Pay 44 17.60

-----Taxes AND Deductions-----
Description Current YTD
Federal W/H 9.50 992.44
FICA 55.01 1,494.94
Medicare 12.87 349.65
SC W/H 33.59 1,060.42
health insur 1 55.76
dental insur 1 6.32

YTD Taxable	This Taxable Pay	NonTaxable	Taxes	Deductions	Net Pay
24,112.05	Check: 887.32	62.08	110.97	62.08	776.35

81

Palmetto State Transportation Date: 07/26/13

No: 173442

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****
Description Current
Loaded Pay 2454 981.60
drop/pickup pay 6 120.00
scales and tolls 1 10.00

-----Taxes AND Deductions-----
Description Current YTD
Federal W/H 28.50 1,020.94
FICA 64.45 1,559.39
Medicare 15.07 364.72
SC W/H 44.25 1,104.67
health insur 1 55.76
dental insur 1 6.32

YTD Taxable	This Taxable	Pay	NonTaxable	Taxes	Deductions	Net Pay
25,151.57	Check:	1,039.52	72.08	152.27	62.08	897.25

This is not a check

173442
this amount has
been direct deposited
to your account on the

"NON-NEGOTIABLE"

*** 897 Dollars and 25 Cents

07/26/13 \$897.25

Terrance Satterwhite
1022 W. Buford St.
Apt. 303
Gaffney, SC 29341

Palmetto State Transportation Date: 07/26/13

No: 173442

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****
Description Current
Loaded Pay 2454 981.60
drop/pickup pay 6 120.00
scales and tolls 1 10.00

-----Taxes AND Deductions-----
Description Current YTD
Federal W/H 28.50 1,020.94
FICA 64.45 1,559.39
Medicare 15.07 364.72
SC W/H 44.25 1,104.67
health insur 1 55.76
dental insur 1 6.32

YTD Taxable	This Taxable	Pay	NonTaxable	Taxes	Deductions	Net Pay
25,151.57	Check:	1,039.52	72.08	152.27	62.08	897.25

82

Palmetto State Transportation Date: 08/02/13

No: 173587

Terrance Satterwhite
Balance Sheet Accounts

Employee: satt7967

*****Payments*****

Description	Current
Loaded Pay 2180	872.00
Deadhead Pay 200	80.00
bonus pay 1	72.17
drop/pickup pay 3	60.00
scales and tolls 1	41.50

-----Taxes AND Deductions-----

Description	Current	YTD
Federal W/H	25.89	1,046.83
FICA	63.37	1,622.76
Medicare	14.82	379.54
SC W/H	43.03	1,147.70
comdata cash 1	100.00	
health insur 1	55.76	
dental insur 1	6.32	

YTD Taxable	This Taxable	Pay NonTaxable	Taxes	Deductions	Net Pay
26,173.66	Check: 1,022.09	103.58	147.11	162.08	816.48

This is not a check

this amount has
been direct deposited
to your account on the

173587

"NON-NEGOTIABLE"

*** 816 Dollars and 48 Cents

08/02/13 \$816.48

Terrance Satterwhite
1022 W. Buford St.
Apt. 303
Gaffney, SC 29341

Palmetto State Transportation Date: 08/02/13

No: 173587

Terrance Satterwhite
Balance Sheet Accounts

Employee: satt7967

*****Payments*****

Description	Current
Loaded Pay 2180	872.00
Deadhead Pay 200	80.00
bonus pay 1	72.17
drop/pickup pay 3	60.00
scales and tolls 1	41.50

-----Taxes AND Deductions-----

Description	Current	YTD
Federal W/H	25.89	1,046.83
FICA	63.37	1,622.76
Medicare	14.82	379.54
SC W/H	43.03	1,147.70
comdata cash 1	100.00	
health insur 1	55.76	
dental insur 1	6.32	

YTD Taxable	This Taxable	Pay NonTaxable	Taxes	Deductions	Net Pay
26,173.66	Check: 1,022.09	103.58	147.11	162.08	816.48

83

Palmetto State Transportation Date: 08/16/13

No: 173872

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****

Description	Current
Loaded Pay 1660	747.00
scales and tolls 1	241.90
drop/pickup pay 6	120.00
Deadhead Pay 112	50.40

-----Taxes AND Deductions-----

Description	Current	YTD
Federal W/H	.09	1,046.92
FICA	49.18	1,671.94
Medicare	11.50	391.04
SC W/H	27.01	1,174.71
health insur 2	111.52	
comdata cash 1	100.00	
citations 2	30.00	
dental insur 2	12.64	

YTD Taxable	This Taxable	Pay	NonTaxable	Taxes	Deductions	Net Pay
26,966.90	Check:	793.24	366.06	87.78	254.16	817.36

This is not a check

this amount has
been direct deposited
to your account on the

173872

"NON-NEGOTIABLE"

*** 817 Dollars and 36 Cents

08/16/13 \$817.36

Terrance Satterwhite
1022 W. Buford St.
Apt. 303
Gaffney, SC 29341

Palmetto State Transportation Date: 08/16/13

No: 173872

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****

Description	Current
Loaded Pay 1660	747.00
scales and tolls 1	241.90
drop/pickup pay 6	120.00
Deadhead Pay 112	50.40

-----Taxes AND Deductions-----

Description	Current	YTD
Federal W/H	.09	1,046.92
FICA	49.18	1,671.94
Medicare	11.50	391.04
SC W/H	27.01	1,174.71
health insur 2	111.52	
comdata cash 1	100.00	
citations 2	30.00	
dental insur 2	12.64	

YTD Taxable	This Taxable	Pay	NonTaxable	Taxes	Deductions	Net Pay
26,966.90	Check:	793.24	366.06	87.78	254.16	817.36

84

Palmetto State Transportation Date: 08/23/13

No: 174006

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****

Description	Current
Loaded Pay 2392	956.80
Deadhead Pay 1131	452.40
drop/pickup pay 4	80.00
scales and tolls 1	25.00

-----Taxes AND Deductions-----

Description	Current	YTD
Federal W/H	86.64	1,133.56
FICA	88.48	1,760.42
Medicare	20.69	411.73
SC W/H	71.38	1,246.09
comdata cash 1	100.00	
health insur 1	55.76	
citations 1	25.00	
dental insur 1	6.32	

YTD Taxable	This Taxable	Pay NonTaxable	Taxes Deductions	Net Pay
28,394.02	Check: 1,427.12	87.08	267.19 187.08	1,059.93

This is not a check

this amount has
been direct deposited
to your account on the

174006

"NON-NEGOTIABLE"

*** 1,059 Dollars and 93 Cents

08/23/13

\$1,059.93

Terrance Satterwhite
1022 W. Buford St.
Apt. 303
Gaffney, SC 29341

Palmetto State Transportation Date: 08/23/13

No: 174006

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****

Description	Current
Loaded Pay 2392	956.80
Deadhead Pay 1131	452.40
drop/pickup pay 4	80.00
scales and tolls 1	25.00

-----Taxes AND Deductions-----

Description	Current	YTD
Federal W/H	86.64	1,133.56
FICA	88.48	1,760.42
Medicare	20.69	411.73
SC W/H	71.38	1,246.09
comdata cash 1	100.00	
health insur 1	55.76	
citations 1	25.00	
dental insur 1	6.32	

YTD Taxable	This Taxable	Pay NonTaxable	Taxes Deductions	Net Pay
28,394.02	Check: 1,427.12	87.08	267.19 187.08	1,059.93

85

Palmetto State Transportation Date: 08/30/13

No: 174139

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****

Description	Current
Loaded Pay 2543	1,017.20
drop/pickup pay 7	140.00
travel expenses 1	62.47
Deadhead Pay 120	48.00
scales and tolls 1	21.25

-----Taxes AND Deductions-----

Description	Current	YTD
Federal W/H	44.04	1,177.60
FICA	70.87	1,831.29
Medicare	16.58	428.31
SC W/H	51.50	1,297.59
health insur 1	55.76	
dental insur 1	6.32	

YTD Taxable	This Taxable	Pay	NonTaxable	Taxes	Deductions	Net Pay
29,537.14	Check:	1,143.12	145.80	182.99	62.08	1,043.85

This is not a check

174139

this amount has
been direct deposited
to your account on the

"NON-NEGOTIABLE"

*** 1,043 Dollars and 85 Cents

08/30/13

\$1,043.85

Terrance Satterwhite
1022 W. Buford St.
Apt. 303
Gaffney, SC 29341

Palmetto State Transportation Date: 08/30/13

No: 174139

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****

Description	Current
Loaded Pay 2543	1,017.20
drop/pickup pay 7	140.00
travel expenses 1	62.47
Deadhead Pay 120	48.00
scales and tolls 1	21.25

-----Taxes AND Deductions-----

Description	Current	YTD
Federal W/H	44.04	1,177.60
FICA	70.87	1,831.29
Medicare	16.58	428.31
SC W/H	51.50	1,297.59
health insur 1	55.76	
dental insur 1	6.32	

YTD Taxable	This Taxable	Pay	NonTaxable	Taxes	Deductions	Net Pay
29,537.14	Check:	1,143.12	145.80	182.99	62.08	1,043.85

86

Palmetto State Transportation Date: 09/06/13

No: 174271

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****

Description	Current
Loaded Pay 1905	762.00
travel expenses 1	30.00
drop/pickup pay 1	20.00
scales and tolls 1	12.00

-----Taxes AND Deductions-----

Description	Current	YTD
Federal W/H	.00	1,177.60
FICA	44.64	1,875.93
Medicare	10.44	438.75
SC W/H	21.88	1,319.47
comdata cash 1	100.00	
health insur 1	55.76	
dental insur 1	6.32	

YTD Taxable	This Taxable	Pay	NonTaxable	Taxes	Deductions	Net Pay
30,257.06	Check:	719.92	104.08	76.96	162.08	584.96

This is not a check

this amount has
been direct deposited
to your account on the

174271

"NON-NEGOTIABLE"

*** 584 Dollars and 96 Cents

09/06/13

\$584.96

Terrance Satterwhite
1022 W. Buford St.
Apt. 303
Gaffney, SC 29341

Palmetto State Transportation Date: 09/06/13

No: 174271

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****

Description	Current
Loaded Pay 1905	762.00
travel expenses 1	30.00
drop/pickup pay 1	20.00
scales and tolls 1	12.00

-----Taxes AND Deductions-----

Description	Current	YTD
Federal W/H	.00	1,177.60
FICA	44.64	1,875.93
Medicare	10.44	438.75
SC W/H	21.88	1,319.47
comdata cash 1	100.00	
health insur 1	55.76	
dental insur 1	6.32	

YTD Taxable	This Taxable	Pay	NonTaxable	Taxes	Deductions	Net Pay
30,257.06	Check:	719.92	104.08	76.96	162.08	584.96

87

Palmetto State Transportation Date: 09/13/13
Terrance Satterwhite
Balance Sheet Accounts

No: 174405
Employee: satt7967

*****Payments*****
Description Current
Loaded Pay 1553 621.20
drop/pickup pay 5 100.00
Deadhead Pay 35 14.00
scales and tolls 1 6.75

-----Taxes AND Deductions-----
Description Current YTD
Federal W/H .00 1,177.60
FICA 41.73 1,917.66
Medicare 9.76 448.51
SC W/H 18.60 1,338.07
comdata cash 1 100.00
health insur 1 55.76
dental insur 1 6.32

YTD Taxable	This Taxable	Pay NonTaxable	Taxes	Deductions	Net Pay
30,930.18	Check:	673.12	68.83	70.09 162.08	509.78

This is not a check

174405
this amount has
been direct deposited
to your account on the

"NON-NEGOTIABLE"

Five Hundred Nine and 78/100

09/13/13 \$509.78

Terrance Satterwhite
1022 W. Buford St.
Apt. 303
Gaffney, SC 29341

Palmetto State Transportation Date: 09/13/13
Terrance Satterwhite
Balance Sheet Accounts

No: 174405
Employee: satt7967

*****Payments*****
Description Current
Loaded Pay 1553 621.20
drop/pickup pay 5 100.00
Deadhead Pay 35 14.00
scales and tolls 1 6.75

-----Taxes AND Deductions-----
Description Current YTD
Federal W/H .00 1,177.60
FICA 41.73 1,917.66
Medicare 9.76 448.51
SC W/H 18.60 1,338.07
comdata cash 1 100.00
health insur 1 55.76
dental insur 1 6.32

YTD Taxable	This Taxable	Pay NonTaxable	Taxes	Deductions	Net Pay
30,930.18	Check:	673.12	68.83	70.09 162.08	509.78

88

Palmetto State Transportation Date: 09/20/13

No: 174539

Terrance Satterwhite
Balance Sheet Accounts

Employee: satt7967

+++++Payments+++++
Description Current
Loaded Pay 2387 954.80
drop/pickup pay 6 120.00
holiday pay 8 94.00
regular 4.22 61.19
Deadhead Pay 132 52.80
scales and tolls 1 38.00

-----Taxes AND Deductions-----
Description Current YTD
Federal W/H 55.68 1,233.28
FICA 75.68 1,993.34
Medicare 17.70 466.21
SC W/H 56.93 1,395.00
comdata cash 1 100.00
health insur 1 55.76
dental insur 1 6.32

YTD Taxable	This Taxable	Pay NonTaxable	Taxes	Deductions	Net Pay
32,150.89	Check: 1,220.71	100.08	205.99	162.08	952.72

This is not a check

174539

this amount has
been direct deposited
to your account on the

"NON-NEGOTIABLE"

*** 952 Dollars and 72 Cents

09/20/13 \$952.72

Terrance Satterwhite
1022 W. Buford St.
Apt. 303
Gaffney, SC 29341

Palmetto State Transportation Date: 09/20/13

No: 174539

Terrance Satterwhite
Balance Sheet Accounts

Employee: satt7967

+++++Payments+++++
Description Current
Loaded Pay 2387 954.80
drop/pickup pay 6 120.00
holiday pay 8 94.00
regular 4.22 61.19
Deadhead Pay 132 52.80
scales and tolls 1 38.00

-----Taxes AND Deductions-----
Description Current YTD
Federal W/H 55.68 1,233.28
FICA 75.68 1,993.34
Medicare 17.70 466.21
SC W/H 56.93 1,395.00
comdata cash 1 100.00
health insur 1 55.76
dental insur 1 6.32

YTD Taxable	This Taxable	Pay NonTaxable	Taxes	Deductions	Net Pay
32,150.89	Check: 1,220.71	100.08	205.99	162.08	952.72

89

Palmetto State Transportation Date: 09/27/13

No: 174678

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****

Description	Current
Loaded Pay 2158	863.20
employee load/unload	100.00
Deadhead Pay 247	98.80
drop/pickup pay 4	80.00
scales and tolls 1	39.05

-----Taxes AND Deductions-----

Description	Current	YTD
Federal W/H	34.56	1,267.84
FICA	66.96	2,060.30
Medicare	15.66	481.87
SC W/H	47.08	1,442.08
comdata cash 1	100.00	
health insur 1	55.76	
dental insur 1	6.32	

YTD Taxable	This Taxable	Pay	NonTaxable	Taxes	Deductions	Net Pay
33,230.81	Check:	1,079.92	101.13	164.26	162.08	854.71

This is not a check

174678

this amount has
been direct deposited
to your account on the

"NON-NEGOTIABLE"

*** 854 Dollars and 71 Cents

09/27/13 \$854.71

Terrance Satterwhite
1022 W. Buford St.
Apt. 303
Gaffney, SC 29341

Palmetto State Transportation Date: 09/27/13

No: 174678

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****

Description	Current
Loaded Pay 2158	863.20
employee load/unload	100.00
Deadhead Pay 247	98.80
drop/pickup pay 4	80.00
scales and tolls 1	39.05

-----Taxes AND Deductions-----

Description	Current	YTD
Federal W/H	34.56	1,267.84
FICA	66.96	2,060.30
Medicare	15.66	481.87
SC W/H	47.08	1,442.08
comdata cash 1	100.00	
health insur 1	55.76	
dental insur 1	6.32	

YTD Taxable	This Taxable	Pay	NonTaxable	Taxes	Deductions	Net Pay
33,230.81	Check:	1,079.92	101.13	164.26	162.08	854.71

90

Palmetto State Transportation Date: 10/04/13

Terrance Satterwhite

Balance Sheet Accounts

No: 174816

Employee: satt7967

*****Payments*****

Description	Current
Loaded Pay 1433	573.20
drop/pickup pay 3	60.00
Deadhead Pay 56	22.40
scales and tolls 1	10.00

-----Taxes AND Deductions-----

Description	Current	YTD
Federal W/H	.00	1,267.84
FICA	36.80	2,097.10
Medicare	8.61	490.48
SC W/H	13.03	1,455.11
child suppor 2	109.23	
health insur 1	55.76	
dental insur 1	6.32	

YTD Taxable	This Taxable Pay	NonTaxable
33,824.33	Check: 593.52	72.08

Taxes	Deductions	Net Pay
58.44	171.31	435.85

This is not a check

this amount has
been direct deposited
to your account on the

174816

"NON-NEGOTIABLE"

*** 435 Dollars and 85 Cents

10/04/13

\$435.85

Terrance Satterwhite
1022 W. Buford St.
Apt. 303
Gaffney, SC 29341

Palmetto State Transportation Date: 10/04/13

Terrance Satterwhite

Balance Sheet Accounts

No: 174816

Employee: satt7967

*****Payments*****

Description	Current
Loaded Pay 1433	573.20
drop/pickup pay 3	60.00
Deadhead Pay 56	22.40
scales and tolls 1	10.00

-----Taxes AND Deductions-----

Description	Current	YTD
Federal W/H	.00	1,267.84
FICA	36.80	2,097.10
Medicare	8.61	490.48
SC W/H	13.03	1,455.11
child suppor 2	109.23	
health insur 1	55.76	
dental insur 1	6.32	

YTD Taxable	This Taxable Pay	NonTaxable
33,824.33	Check: 593.52	72.08

Taxes	Deductions	Net Pay
58.44	171.31	435.85

91

Palmetto State Transportation Date: 10/11/13

No: 174954

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****

Description	Current
Loaded Pay 4352	1,740.80
drop/pickup pay 12	240.00
scales and tolls 2	38.60
Deadhead Pay 31	12.40

-----Taxes AND Deductions-----

Description	Current	YTD
Federal W/H	206.41	1,474.25
FICA	119.73	2,216.83
Medicare	28.00	518.48
SC W/H	106.66	1,561.77
child suppor 3	170.85	
comdata cash 1	100.00	
health insur 1	55.76	
dental insur 1	6.32	

YTD Taxable	This Taxable	Pay	NonTaxable	Taxes	Deductions	Net Pay
35,755.45	Check:	1,931.12	100.68	460.80	332.93	1,238.07

This is not a check

this amount has
been direct deposited
to your account on the

174954

"NON-NEGOTIABLE"

*** 1,238 Dollars and 07 Cents

10/11/13

\$1,238.07

Terrance Satterwhite
1022 W. Buford St.
Apt. 303
Gaffney, SC 29341

Palmetto State Transportation Date: 10/11/13

No: 174954

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****

Description	Current
Loaded Pay 4352	1,740.80
drop/pickup pay 12	240.00
scales and tolls 2	38.60
Deadhead Pay 31	12.40

-----Taxes AND Deductions-----

Description	Current	YTD
Federal W/H	206.41	1,474.25
FICA	119.73	2,216.83
Medicare	28.00	518.48
SC W/H	106.66	1,561.77
child suppor 3	170.85	
comdata cash 1	100.00	
health insur 1	55.76	
dental insur 1	6.32	

YTD Taxable	This Taxable	Pay	NonTaxable	Taxes	Deductions	Net Pay
35,755.45	Check:	1,931.12	100.68	460.80	332.93	1,238.07

92

Palmetto State Transportation Date: 10/18/13

No: 175065

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****
Description Current
Loaded Pay 4236 1,694.40
Deadhead Pay 258 103.20
drop/pickup pay 4 80.00
employee load/unload 67.50
scales and tolls 1 19.25

-----Taxes AND Deductions-----
Description Current YTD
Federal W/H 194.38 1,668.63
FICA 116.75 2,333.58
Medicare 27.30 545.78
SC W/H 103.29 1,665.06
comdata cash 2 200.00
child suppor 3 170.85
health insur 1 55.76
dental insur 1 6.32

YTD Taxable	This Taxable	Pay NonTaxable	Taxes	Deductions	Net Pay
37,638.47	Check:	1,883.02	81.33	441.72 432.93	1,089.70

This is not a check

175065

this amount has
been direct deposited
to your account on the

"NON-NEGOTIABLE"

*** 1,089 Dollars and 70 Cents

10/18/13

\$1,089.70

Terrance Satterwhite
1022 W. Buford St.
Apt. 303
Gaffney, SC 29341

Palmetto State Transportation Date: 10/18/13

No: 175065

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****
Description Current
Loaded Pay 4236 1,694.40
Deadhead Pay 258 103.20
drop/pickup pay 4 80.00
employee load/unload 67.50
scales and tolls 1 19.25

-----Taxes AND Deductions-----
Description Current YTD
Federal W/H 194.38 1,668.63
FICA 116.75 2,333.58
Medicare 27.30 545.78
SC W/H 103.29 1,665.06
comdata cash 2 200.00
child suppor 3 170.85
health insur 1 55.76
dental insur 1 6.32

YTD Taxable	This Taxable	Pay NonTaxable	Taxes	Deductions	Net Pay
37,638.47	Check:	1,883.02	81.33	441.72 432.93	1,089.70

93

Palmetto State Transportation Date: 10/25/13

No: 175201

Terrance Satterwhite
Balance Sheet Accounts

Employee: satt7967

*****Payments*****
Description Current
Loaded Pay 1982 792.80
drop/pickup pay 2 40.00
Deadhead Pay 52 20.80

-----Taxes AND Deductions-----
Description Current YTD
Federal W/H .00 1,668.63
FICA 49.07 2,382.65
Medicare 11.48 557.26
SC W/H 26.89 1,691.95
child suppor 3 170.85
health insur 1 55.76
dental insur 1 6.32

YTD Taxable	This Taxable Pay	NonTaxable	Taxes	Deductions	Net Pay
38,429.99	Check: 791.52	62.08	87.44	232.93	533.23

This is not a check

175201
this amount has
been direct deposited
to your account on the

"NON-NEGOTIABLE"

*** 533 Dollars and 23 Cents

10/25/13 \$533.23

Terrance Satterwhite
1022 W. Buford St.
Apt. 303
Gaffney, SC 29341

Palmetto State Transportation Date: 10/25/13

No: 175201

Terrance Satterwhite
Balance Sheet Accounts

Employee: satt7967

*****Payments*****
Description Current
Loaded Pay 1982 792.80
drop/pickup pay 2 40.00
Deadhead Pay 52 20.80

-----Taxes AND Deductions-----
Description Current YTD
Federal W/H .00 1,668.63
FICA 49.07 2,382.65
Medicare 11.48 557.26
SC W/H 26.89 1,691.95
child suppor 3 170.85
health insur 1 55.76
dental insur 1 6.32

YTD Taxable	This Taxable Pay	NonTaxable	Taxes	Deductions	Net Pay
38,429.99	Check: 791.52	62.08	87.44	232.93	533.23

94

Palmetto State Transportation Date: 11/01/13

No: 175337

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****
Description Current
Loaded Pay 3798 1,614.65
drop/pickup pay 11 220.00
Deadhead Pay 298 125.40
scales and tolls 2 88.90
bonus pay 1 69.25

-----Taxes AND Deductions-----
Description Current YTD
Federal W/H 215.43 1,884.06
FICA 121.97 2,504.62
Medicare 28.52 585.78
SC W/H 109.19 1,801.14
child suppor 3 170.85
comdata cash 1 100.00
health insur 1 55.76
citations 1 40.00

YTD Taxable	This Taxable	Pay	NonTaxable	Taxes	Deductions	Net Pay
40,397.21	Check:	1,967.22	150.98	475.11	372.93	1,270.16

This is not a check

175337
this amount has
been direct deposited
to your account on the

"NON-NEGOTIABLE"

*** 1,270 Dollars and 16 Cents

11/01/13

\$1,270.16

Terrance Satterwhite
1022 W. Buford St.
Apt. 303
Gaffney, SC 29341

Palmetto State Transportation Date: 11/01/13

No: 175337

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****
Description Current
Loaded Pay 3798 1,614.65
drop/pickup pay 11 220.00
Deadhead Pay 298 125.40
scales and tolls 2 88.90
bonus pay 1 69.25

-----Taxes AND Deductions-----
Description Current YTD
Federal W/H 215.43 1,884.06
FICA 121.97 2,504.62
Medicare 28.52 585.78
SC W/H 109.19 1,801.14
child suppor 3 170.85
comdata cash 1 100.00
health insur 1 55.76
citations 1 40.00

YTD Taxable	This Taxable	Pay	NonTaxable	Taxes	Deductions	Net Pay
40,397.21	Check:	1,967.22	150.98	475.11	372.93	1,270.16

95

Palmetto State Transportation Date: 11/08/13

No: 175477

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****

Description	Current
Loaded Pay 2385	1,002.25
scales and tolls 1	72.70
Deadhead Pay 155	62.00
drop/pickup pay 2	40.00

-----Taxes AND Deductions-----

Description	Current	YTD
Federal W/H	28.90	1,912.96
FICA	64.61	2,569.23
Medicare	15.11	600.89
SC W/H	44.43	1,845.57
child suppor 3	138.54	
comdata cash 1	100.00	
health insur 1	55.76	
dental insur 1	6.32	

YTD Taxable	This Taxable	Pay NonTaxable	Taxes	Deductions	Net Pay
41,439.38	Check: 1,042.17	134.78	153.05	300.62	723.28

This is not a check

175477
this amount has
been direct deposited
to your account on the

"NON-NEGOTIABLE"

*** 723 Dollars and 28 Cents

11/08/13 \$723.28

Terrance Satterwhite
1022 W. Buford St.
Apt. 303
Gaffney, SC 29341

Palmetto State Transportation Date: 11/08/13

No: 175477

Terrance Satterwhite

Employee: satt7967

Balance Sheet Accounts

*****Payments*****

Description	Current
Loaded Pay 2385	1,002.25
scales and tolls 1	72.70
Deadhead Pay 155	62.00
drop/pickup pay 2	40.00

-----Taxes AND Deductions-----

Description	Current	YTD
Federal W/H	28.90	1,912.96
FICA	64.61	2,569.23
Medicare	15.11	600.89
SC W/H	44.43	1,845.57
child suppor 3	138.54	
comdata cash 1	100.00	
health insur 1	55.76	
dental insur 1	6.32	

YTD Taxable	This Taxable	Pay NonTaxable	Taxes	Deductions	Net Pay
41,439.38	Check: 1,042.17	134.78	153.05	300.62	723.28

96

Palmetto State Transportation Date: 11/15/13

Terrance Satterwhite

Balance Sheet Accounts

No: 175627

Employee: satt7967

+++++Payments+++++

Description	Current
Loaded Pay 2050	820.00
Deadhead Pay 150	60.00
drop/pickup pay 3	60.00

-----Taxes AND Deductions-----

Description	Current	YTD
Federal W/H	8.56	1,921.52
FICA	54.43	2,623.66
Medicare	12.73	613.62
SC W/H	32.94	1,878.51
child suppor 2	130.85	
health insur 1	55.76	
dental insur 1	6.32	

YTD Taxable	This Taxable	Pay	NonTaxable	Taxes	Deductions	Net Pay
42,317.30	Check:	877.92	62.08	108.66	192.93	638.41

This is not a check

this amount has
been direct deposited
to your account on the

175627

"NON-NEGOTIABLE"

*** 638 Dollars and 41 Cents

11/15/13 \$638.41

Terrance Satterwhite
1022 W. Buford St.
Apt. 303
Gaffney, SC 29341

Palmetto State Transportation Date: 11/15/13

Terrance Satterwhite

Balance Sheet Accounts

No: 175627

Employee: satt7967

+++++Payments+++++

Description	Current
Loaded Pay 2050	820.00
Deadhead Pay 150	60.00
drop/pickup pay 3	60.00

-----Taxes AND Deductions-----

Description	Current	YTD
Federal W/H	8.56	1,921.52
FICA	54.43	2,623.66
Medicare	12.73	613.62
SC W/H	32.94	1,878.51
child suppor 2	130.85	
health insur 1	55.76	
dental insur 1	6.32	

YTD Taxable	This Taxable	Pay	NonTaxable	Taxes	Deductions	Net Pay
42,317.30	Check:	877.92	62.08	108.66	192.93	638.41

97

Palmetto State Transportation Date: 11/22/13

No: 175770

Terrance Satterwhite
Balance Sheet Accounts

Employee: satt7967

*****Payments*****

Description	Current
Loaded Pay 4238	1,695.20
Deadhead Pay 265	106.00
drop/pickup pay 4	80.00
regular 2.5	28.75
scales and tolls 1	26.90

-----Taxes AND Deductions-----

Description	Current	YTD
Federal W/H	185.60	2,107.12
FICA	114.57	2,738.23
Medicare	26.79	640.41
SC W/H	100.83	1,979.34
child suppor 2	130.85	
comdata cash 1	100.00	
health insur 1	55.76	
dental insur 1	6.32	

YTD Taxable	This Taxable	Pay NonTaxable	Taxes Deductions	Net Pay
44,165.17	Check: 1,847.87	88.98	427.79 292.93	1,216.13

This is not a check

175770
this amount has
been direct deposited
to your account on the

"NON-NEGOTIABLE"

*** 1,216 Dollars and 13 Cents

11/22/13

\$1,216.13

Terrance Satterwhite
1022 W. Buford St.
Apt. 303
Gaffney, SC 29341

Palmetto State Transportation Date: 11/22/13

No: 175770

Terrance Satterwhite
Balance Sheet Accounts

Employee: satt7967

*****Payments*****

Description	Current
Loaded Pay 4238	1,695.20
Deadhead Pay 265	106.00
drop/pickup pay 4	80.00
regular 2.5	28.75
scales and tolls 1	26.90

-----Taxes AND Deductions-----

Description	Current	YTD
Federal W/H	185.60	2,107.12
FICA	114.57	2,738.23
Medicare	26.79	640.41
SC W/H	100.83	1,979.34
child suppor 2	130.85	
comdata cash 1	100.00	
health insur 1	55.76	
dental insur 1	6.32	

YTD Taxable	This Taxable	Pay NonTaxable	Taxes Deductions	Net Pay
44,165.17	Check: 1,847.87	88.98	427.79 292.93	1,216.13

98

South Carolina Workers' Compensation Commission

P.O. Box 1715 • 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File # 1200195

Carrier File # WC33587

Carrier Code # 1101

Employer FEIN

Terrance Satterwhite 257-43-7967

Claimant's Name SSN

1022 West Buford St. Gaffney SC 29341

Address City State Zip

(704)689-8499

Home Phone

()

Work Phone

Palmetto State Transportation

Employer's Name

1050 Parkwest Blvd.

Greenville

SC

29611

Address

City

State

Zip

Cherokee Insurance Company

Insurance Carrier

M. Stephen Stublely

Preparer's Name

(803)256-4645

Phone #

Date of injury: 1/5/2012

month day year

1. Temporary Compensation Paid:

Number of Weeks

From

To

Amount

76

1/11/2012

6/25/2013

\$ 55,135.72

\$

\$

\$

\$

2. The claimant returned to work on

month day year

- ☐ With restrictions but at a salary not less than before the injury.
☒ Without restrictions.

3. The claimant agrees he or she was able to return to work on

1/28/2013

month day year

I agree that I was disabled for the period(s) indicated and I was paid compensation as shown above. I UNDERSTAND THAT MY WEEKLY TEMPORARY COMPENSATION CHECKS WILL STOP; HOWEVER, I GIVE UP NO RIGHTS TO COMPENSATION FOR FUTURE DISABILITY, FOR PERMANENT DISABILITY, DISFIGUREMENT, OR MEDICAL CARE. The effect of this form has been fully explained to me, and I have received a copy of it. I understand that I should not sign this form until 15 days after I have returned to work or agree I was able to return to work.

Claimant's Signature

Employer's Representative Signature

(Check one) ☐ Witness ☐ Claimant's Attorney

Date Agreement Signed

File this form with the Claims Department no later than 31 days from the date the claimant returned to work to terminate temporary compensation after the first 150 days after employer's notice of the injury according to R.67-505. Within the 150 day period, obtain a Form 17 to document that claimant agrees he or she is able to return to work.

<u>Check #</u>	<u>From</u>	<u>To</u>	<u>Amount</u>
379199	1/11/2012	1/17/2012	\$725.47
379199	1/18/2012	1/24/2012	\$725.47
379243	1/25/2012	1/31/2012	\$725.47
380483	2/1/2012	2/7/2012	\$725.47
381093	2/8/2012	2/14/2012	\$725.47
381373	2/15/2012	2/21/2012	\$725.47
381675	2/22/2012	2/28/2012	\$725.47
382868	2/29/2012	3/6/2012	\$725.47
383149	3/7/2012	3/13/2012	\$725.47
383428	3/14/2012	3/20/2012	\$725.47
384292	3/21/2012	3/27/2012	\$725.47
384839	3/28/2012	4/3/2012	\$725.47
385129	4/4/2012	4/10/2012	\$725.47
385406	4/11/2012	4/17/2012	\$725.47
385690	4/18/2012	4/24/2012	\$725.47
386695	4/25/2012	5/1/2012	\$725.47
387041	5/2/2012	5/8/2012	\$725.47
387313	5/9/2012	5/15/2012	\$725.47
387591	5/16/2012	5/22/2012	\$725.47
387766	5/23/2012	5/29/2012	\$725.47
388988	5/30/2012	6/5/2012	\$725.47
389290	6/6/2012	6/12/2012	\$725.47
389547	6/13/2012	6/19/2012	\$725.47
389845	6/20/2012	6/26/2012	\$725.47
390957	6/27/2012	7/3/2012	\$725.47
391185	7/4/2012	7/10/2012	\$725.47
391512	7/11/2012	7/17/2012	\$725.47
391783	7/18/2012	7/24/2012	\$725.47
392048	7/25/2012	7/31/2012	\$725.47
393199	8/1/2012	8/7/2012	\$725.47
393488	8/8/2012	8/14/2012	\$725.47
393821	8/15/2012	8/21/2012	\$725.47
394151	8/22/2012	8/28/2012	\$725.47
394151	8/29/2012	9/4/2012	\$725.47
395369	9/5/2012	9/11/2012	\$725.47
395837	9/12/2012	9/18/2012	\$725.47
396103	9/19/2012	9/25/2012	\$725.47
397188	9/26/2012	10/2/2012	\$725.47
397479	10/3/2012	10/9/2012	\$725.47
397746	10/10/2012	10/16/2012	\$725.47
398008	10/17/2012	10/23/2012	\$725.47
398276	10/24/2012	10/30/2012	\$725.47
399474	10/31/2012	11/6/2012	\$725.47
399771	11/7/2012	11/13/2012	\$725.47
400092	11/14/2012	11/20/2012	\$725.47
400344	11/21/2012	11/27/2012	\$725.47
401479	11/28/2012	12/4/2012	\$725.47
401755	12/5/2012	12/11/2012	\$725.47
402057	12/12/2012	12/18/2012	\$725.47
402302	12/19/2012	12/25/2012	\$725.47
402492	12/26/2012	1/1/2013	\$725.47

403565	1/2/2013	1/8/2013	\$725.47
403880	1/9/2013	1/15/2013	\$725.47
404163	1/16/2013	1/22/2013	\$725.47
404457	1/23/2013	1/29/2013	\$725.47
405689	1/30/2013	2/5/2013	\$725.47
406015	2/6/2013	2/12/2013	\$725.47
406359	2/13/2013	2/19/2013	\$725.47
406643	2/20/2013	2/26/2013	\$725.47
407789	2/27/2013	3/5/2013	\$725.47
408114	3/6/2013	3/12/2013	\$725.47
408467	3/13/2013	3/19/2013	\$725.47
408776	3/20/2013	3/26/2013	\$725.47
409980	3/27/2013	4/2/2013	\$725.47
410288	4/3/2013	4/9/2013	\$725.47
410660	4/10/2013	4/16/2013	\$725.47
410968	4/17/2013	4/23/2013	\$725.47
411314	4/24/2013	4/30/2013	\$725.47
412675	5/1/2013	5/7/2013	\$725.47
412996	5/8/2013	5/14/2013	\$725.47
413332	5/15/2013	5/21/2013	\$725.47
413501	5/22/2013	5/28/2013	\$725.47
414917	5/29/2013	6/4/2013	\$725.47
415240	6/5/2013	6/11/2013	\$725.47
415557	6/12/2013	6/18/2013	\$725.47
415884	6/19/2013	6/25/2013	\$725.47
415955	6/26/2013	7/2/2013	\$725.47
417341	7/3/2013	7/9/2013	\$725.47
417640	7/10/2013	7/16/2013	\$725.47
417961	7/17/2013	7/23/2013	\$725.47
418303	7/24/2013	7/30/2013	\$725.47
419664	7/31/2013	8/6/2013	\$725.47
419971	8/7/2013	8/13/2013	\$725.47
420275	8/14/2013	8/20/2013	\$725.47
420588	8/21/2013	8/27/2013	\$725.47
421788	8/28/2013	9/3/2013	\$725.47
422145	9/4/2013	9/10/2013	\$725.47

Check No	Date	Status	Check Type	Claim No	Pay To/Received From	Amount	Net Amount	Pay Account
379199	01/30/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47	002-TTD
379199	01/30/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47	002-TTD
379243	01/31/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47	002-TTD
380483	02/07/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47	002-TTD
381093	02/15/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47	002-TTD
381373	02/21/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47	002-TTD
0	02/28/12	Issued	Recovery	WC33587	Palmetto State Transportation Co., Inc.	2,176.41	2,176.41	084-Third Party Dec
381675	02/28/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47	002-TTD
382063	02/29/12	Cleared	Vendor Check	WC33587	Westside Medical Center	142.00	142.00	026-Treating Physic
382115	02/29/12	Cleared	Vendor Check	WC33587	GHS PIH DBA UMG	139.16	139.16	026-Treating Physic
382859	03/05/12	Cleared	Vendor Check	WC33587	Ebix, Inc.	3.18	3.18	061-Misc All Other
382868	03/06/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47	002-TTD
383149	03/13/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47	002-TTD
383428	03/21/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47	002-TTD
383537	03/22/12	Cleared	Vendor Check	WC33587	Coventry Health Care Workers' Compensat	12.82	12.82	069-Medical Cost C
0	03/23/12	Issued	Recovery	WC33587	Palmetto State Transportation Co., Inc.	323.59	323.59	084-Third Party Dec
384292	03/27/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47	002-TTD
384839	04/03/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47	002-TTD
385129	04/10/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47	002-TTD
385406	04/17/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47	002-TTD
385690	04/24/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47	002-TTD
385714	04/24/12	Cleared	Vendor Check	WC33587	Coventry Health Care Workers' Compensat	9.19	9.19	069-Medical Cost C
386193	04/30/12	Cleared	Vendor Check	WC33587	GHS PIH DBA UMG	138.18	138.18	026-Treating Physic
386393	04/30/12	Cleared	Vendor Check	WC33587	HealthPort	19.35	19.35	049-Misc Medical(V
386681	04/30/12	Cleared	Vendor Check	WC33587	Greenville Hospital System	688.54	688.54	026-Treating Physic
386695	04/30/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47	002-TTD
387041	05/08/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47	002-TTD
387313	05/15/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47	002-TTD
387571	05/21/12	Cleared	Vendor Check	WC33587	Coventry Health Care Workers' Compensat	6.72	6.72	069-Medical Cost C
387591	05/22/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47	002-TTD
387766	05/25/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47	002-TTD
388988	06/05/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47	002-TTD
389290	06/12/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47	002-TTD
389547	06/19/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47	002-TTD
389845	06/26/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47	002-TTD

Check Log
Checks for Claim WC33587

Check No	Date	Status	Check Type	Claim No	Pay To/Received From	Amount	Net Amount	Pay Account
390365	06/29/12	Cleared	Vendor Check	WC33587	GHS PIH DBA UMG	1,275.96	1,275.96-	026-Treating Physic
390795	06/29/12	Cleared	Vendor Check	WC33587	Greenville Anesthesiology	225.00	225.00-	026-Treating Physic
390957	07/03/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47-	002-TTD
391185	07/10/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47-	002-TTD
391512	07/17/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47-	002-TTD
391736	07/23/12	Cleared	Vendor Check	WC33587	Coventry Health Care Workers' Compensat	17.93	17.93-	069-Medical Cost C
391783	07/24/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47-	002-TTD
392048	07/31/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47-	002-TTD
392350	07/31/12	Cleared	Vendor Check	WC33587	Greenville Proaxis	204.82	204.82-	026-Treating Physic
392350	07/31/12	Cleared	Vendor Check	WC33587	Greenville Proaxis	204.82	204.82-	026-Treating Physic
392350	07/31/12	Cleared	Vendor Check	WC33587	Greenville Proaxis	160.72	160.72-	026-Treating Physic
392350	07/31/12	Cleared	Vendor Check	WC33587	Greenville Proaxis	160.72	160.72-	026-Treating Physic
392350	07/31/12	Cleared	Vendor Check	WC33587	Greenville Proaxis	167.58	167.58-	026-Treating Physic
392350	07/31/12	Cleared	Vendor Check	WC33587	Greenville Proaxis	167.58	167.58-	026-Treating Physic
392350	07/31/12	Cleared	Vendor Check	WC33587	Greenville Proaxis	167.58	167.58-	026-Treating Physic
392530	07/31/12	Cleared	Vendor Check	WC33587	Greenville Hospital System	15,800.00	15,800.00-	026-Treating Physic
392791	07/31/12	Cleared	Vendor Check	WC33587	GHC/Equipped For Life	95.59	95.59-	026-Treating Physic
392810	07/31/12	Cleared	Vendor Check	WC33587	Greenville Proaxis Therapy	296.94	296.94-	026-Treating Physic
393199	08/07/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47-	002-TTD
393348	08/09/12	Cleared	Vendor Check	WC33587	Coventry Health Care Workers' Compensat	61.75	61.75-	069-Medical Cost C
393488	08/14/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47-	002-TTD
393821	08/21/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47-	002-TTD
394151	08/28/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47-	002-TTD
394151	08/28/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47-	002-TTD
395017	08/31/12	Cleared	Vendor Check	WC33587	Greenville Proaxis	167.58	167.58-	026-Treating Physic
395369	09/05/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47-	002-TTD
395581	09/11/12	Cleared	Vendor Check	WC33587	Coventry Health Care Workers' Compensat	6.85	6.85-	069-Medical Cost C
395837	09/18/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47-	002-TTD
396103	09/25/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47-	002-TTD
397188	10/02/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47-	002-TTD
397479	10/09/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47-	002-TTD
397746	10/16/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47-	002-TTD
398008	10/23/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47-	002-TTD
398276	10/30/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47-	002-TTD
398477	10/31/12	Cleared	Vendor Check	WC33587	Advanced Therapy Solutions	166.50	166.50-	026-Treating Physic

Check No	Date	Status	Check Type	Claim No	Pay To/Received From	Amount	Net Amount	Pay Account
398477	10/31/12	Cleared	Vendor Check	WC33587	Advanced Therapy Solutions	97.20	97.20	026-Treating Physic
398477	10/31/12	Cleared	Vendor Check	WC33587	Advanced Therapy Solutions	97.20	97.20	026-Treating Physic
398477	10/31/12	Cleared	Vendor Check	WC33587	Advanced Therapy Solutions	194.40	194.40	026-Treating Physic
398477	10/31/12	Cleared	Vendor Check	WC33587	Advanced Therapy Solutions	97.20	97.20	026-Treating Physic
398477	10/31/12	Cleared	Vendor Check	WC33587	Advanced Therapy Solutions	194.40	194.40	026-Treating Physic
399474	11/06/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47	002-TTD
399771	11/13/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47	002-TTD
399787	11/13/12	Cleared	Vendor Check	WC33587	Coventry Health Care Workers' Compensat	89.29	89.29	069-Medical Cost C
400092	11/20/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47	002-TTD
400344	11/27/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47	002-TTD
400706	11/30/12	Cleared	Vendor Check	WC33587	Advanced Therapy Solutions	194.40	194.40	026-Treating Physic
400706	11/30/12	Cleared	Vendor Check	WC33587	Advanced Therapy Solutions	97.20	97.20	026-Treating Physic
400706	11/30/12	Cleared	Vendor Check	WC33587	Advanced Therapy Solutions	97.20	97.20	026-Treating Physic
400706	11/30/12	Cleared	Vendor Check	WC33587	Advanced Therapy Solutions	97.20	97.20	026-Treating Physic
400706	11/30/12	Cleared	Vendor Check	WC33587	Advanced Therapy Solutions	97.20	97.20	026-Treating Physic
400706	11/30/12	Cleared	Vendor Check	WC33587	Advanced Therapy Solutions	97.20	97.20	026-Treating Physic
400706	11/30/12	Cleared	Vendor Check	WC33587	Advanced Therapy Solutions	97.20	97.20	026-Treating Physic
400706	11/30/12	Cleared	Vendor Check	WC33587	Advanced Therapy Solutions	97.20	97.20	026-Treating Physic
400815	11/30/12	Cleared	Vendor Check	WC33587	GHS PIH DBA UMG	93.10	93.10	026-Treating Physic
401479	12/04/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47	002-TTD
401755	12/11/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47	002-TTD
401955	12/14/12	Cleared	Vendor Check	WC33587	Coventry Health Care Workers' Compensat	44.78	44.78	069-Medical Cost C
402057	12/18/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47	002-TTD
402302	12/21/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47	002-TTD
402492	12/28/12	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47	002-TTD
402770	12/31/12	Cleared	Vendor Check	WC33587	GHS PIH DBA UMG	93.10	93.10	026-Treating Physic
403151	12/31/12	Cleared	Vendor Check	WC33587	Advanced Therapy Solutions	97.20	97.20	026-Treating Physic
403565	01/08/13	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47	002-TTD
403838	01/14/13	Cleared	Vendor Check	WC33587	Coventry Health Care Workers' Compensat	6.52	6.52	069-Medical Cost C
403880	01/15/13	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47	002-TTD
404163	01/22/13	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47	002-TTD
404457	01/29/13	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47	002-TTD
405689	02/05/13	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47	002-TTD
406015	02/12/13	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47	002-TTD
406359	02/19/13	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47	002-TTD
406643	02/26/13	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47	002-TTD

Check Log
Checks for Claim WC33587

Tue, Feb 11, 2014 10:27 /
Page

Check No	Date	Status	Check Type	Claim No	Pay To/Received From	Amount	Net Amount	Pay Account
407009	02/28/13	Cleared	Vendor Check	WC33587	GHS PIH DBA UMG	93.10	93.10-	026-Treating Physic
407789	03/05/13	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47-	002-TTD
408114	03/12/13	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47-	002-TTD
408387	03/15/13	Cleared	Vendor Check	WC33587	Coventry Health Care Workers' Compensat	6.52	6.52-	069-Medical Cost C
408467	03/19/13	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47-	002-TTD
408776	03/26/13	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47-	002-TTD
409673	03/29/13	Cleared	Vendor Check	WC33587	Greenville Proaxis Therapy	379.26	379.26-	026-Treating Physic
409980	04/02/13	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47-	002-TTD
410288	04/09/13	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47-	002-TTD
410367	04/10/13	Cleared	Vendor Check	WC33587	Coventry Health Care Workers' Compensat	7.81	7.81-	069-Medical Cost C
410660	04/16/13	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47-	002-TTD
410968	04/23/13	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47-	002-TTD
411314	04/30/13	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47-	002-TTD
412675	05/07/13	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47-	002-TTD
412996	05/14/13	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47-	002-TTD
413287	05/20/13	Cleared	Vendor Check	WC33587	Coventry Health Care Workers' Compensat	6.75	6.75-	069-Medical Cost C
413332	05/21/13	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47-	002-TTD
413501	05/23/13	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47-	002-TTD
414123	05/31/13	Cleared	Vendor Check	WC33587	GHS PIH DBA UMG	144.06	144.06-	026-Treating Physic
414917	06/04/13	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47-	002-TTD
415240	06/11/13	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47-	002-TTD
415557	06/18/13	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47-	002-TTD
415884	06/25/13	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47-	002-TTD
415955	06/26/13	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47-	002-TTD
416388	06/28/13	Cleared	Vendor Check	WC33587	GHS PIH DBA UMG	93.10	93.10-	026-Treating Physic
417341	07/09/13	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47-	002-TTD
417640	07/16/13	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47-	002-TTD
417667	07/16/13	Cleared	Vendor Check	WC33587	Coventry Health Care Workers' Compensat	6.52	6.52-	069-Medical Cost C
417961	07/23/13	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47-	002-TTD
418303	07/30/13	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47-	002-TTD

Check No	Date	Status	Check Type	Claim No	Pay To/Received From	Amount	Net Amount	Pay Account
419664	08/06/13	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47	002-TTD
419971	08/13/13	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47	002-TTD
420275	08/20/13	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47	002-TTD
420588	08/27/13	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47	002-TTD
421788	08/30/13	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47	002-TTD
422145	09/10/13	Cleared	Claimant Check	WC33587	Terrance Satterwhite	725.47	725.47	002-TTD

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE
SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION
Appellate Panel

Aisha Taylor, Chair

Case No.: 2015-000691

RECEIVED
SEP 23 2015
SC Court of Appeals

Terrance Satterwhite,

Respondent.

v.

Palmetto State Transportation, Employer,
Cherokee Insurance Company, Carrier,

Appellants.

CERTIFICATE OF COUNSEL

The undersigned hereby certifies that this Record on Appeal contains all material proposed to be included by any of the parties and not any other material.



David M. Bornemann
Peter P. Leventis, IV
Post Office Box 7212
Columbia, South Carolina 29202
(803) 256-4645
Attorneys for Appellants

September 14, 2015

RECEIVED

SEP 23 2015

SC Court of Appeals

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE
SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION
Appellate Panel

Aisha Taylor, Chair

Case No.: 2015-000691

Terrance Satterwhite,

Respondent.

v.

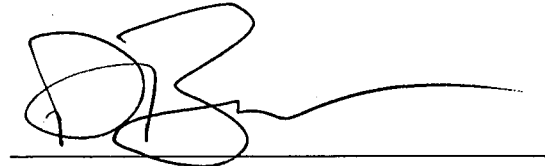
Palmetto State Transportation, Employer,
Cherokee Insurance Company, Carrier,

Appellants.

PROOF OF SERVICE

I certify that I have served the **Record on Appeal** on the *Pro Se* Respondent, **Terrance Satterwhite**, via Certified U.S. Mail Return Receipt Requested on **September 14, 2015**, addressed as follows:

Terrance Satterwhite
270 Chateau St.
Boiling Springs, SC 29316



David M. Bornemann
Peter P. Leventis, IV
Post Office Box 7212
Columbia, South Carolina 29202
(803) 256-4645
Attorneys for Appellants

September 14, 2015

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE
SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION
Appellate Panel

Aisha Taylor, Chair

Case No.: 2015-000691

RECEIVED
SEP 23 2015
SC Court of Appeals

Terrance Satterwhite,

Respondent.

v.

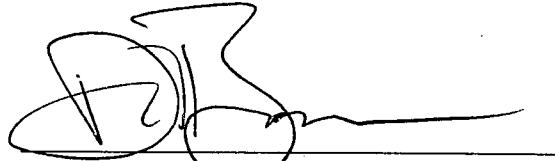
Palmetto State Transportation, Employer,
Cherokee Insurance Company, Carrier,

Appellants.

PROOF OF SERVICE

I certify that I have served the **Record on Appeal** on the *Pro Se* Respondent, **Terrance Satterwhite**, via Certified U.S. Mail Return Receipt Requested on **September 23, 2015**, addressed as follows:

Terrance Satterwhite
270 Chateau St.
Boiling Springs, SC 29316



David M. Bornemann
Peter P. Leventis, IV
Post Office Box 7212
Columbia, South Carolina 29202
(803) 256-4645
Attorneys for Appellants

September 23, 2015