

RECEIVED

SEP 16 2015

SC Court of Appeals

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

Appellate Panel Order

WCC File No. 1222136

Otis Nero, ...Appellant,

South Carolina Department of Transportation, Employer,
and State Accident Fund, Carrier, ... Respondents.

**RECORD ON APPEAL
VOLUME II**

STEPHEN J. WUKELA
S.C. BAR NO. 68351
WUKELA LAW FIRM
ATTORNEY FOR APPELLANT
PO BOX 13057
FLORENCE SC 29504
843-669-5634

JOHN GABRIEL COGGIOLA
WILLSON JONES CARTER & BAXLEY, PA
ATTORNEY FOR RESPONDENTS
4500 FORT JACKSON BOULEVARD
COLUMBIA SC 29209
803-227-2889

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

Appellate Panel Order

WCC File No. 1222136

Otis Nero, ...Appellant,

South Carolina Department of Transportation, Employer,
and State Accident Fund, Carrier, ... Respondents.

**RECORD ON APPEAL
VOLUME II**

STEPHEN J. WUKELA
S.C. BAR NO. 68351
WUKELA LAW FIRM
ATTORNEY FOR APPELLANT
PO BOX 13057
FLORENCE SC 29504
843-669-5634

JOHN GABRIEL COGGIOLA
WILLSON JONES CARTER & BAXLEY, PA
ATTORNEY FOR RESPONDENTS
4500 FORT JACKSON BOULEVARD
COLUMBIA SC 29209
803-227-2889

INDEX

ORDERS

Order of Single Commissioner Aisha Taylor dated August 5, 2014	1
Order of the Appellate Panel dated May 29, 2015	36

TESTIMONY

Transcript of hearing of March 28, 2014 before Single Commissioner Aisha Taylor ..	58
Transcript of hearing of February 23, 2015 before the Appellate Panel	103
Defendants' Trial Exhibits G (Dep. Robert M. Richey, MD)	127
Direct examination by Stephen J. Wukela	131
Cross examination by Justin Williams	155
Re-direct examination by Stephen J. Wukela	176
Re-cross examination by Justin Williams	182
Re-direct examination by Stephen J. Wukela	183
Defendants' Trial Exhibit I (Dep. Danny Bostick)	187
Direct examination by Stephen J. Wukela	190
Cross examination by Justin Williams	216
Re-direct examination by Stephen J. Wukela	228
Re-cross examination by Justin Williams	231
Re-direct examination by Stephen J. Wukela	234
Defendants' Trial Exhibit K (Dep. Otis Nero)	241
Direct examination by Justin Williams	244
Cross examination by Stephen J. Wukela	280
Re-direct examination by Justin Williams	284

OTHER

Claimant's APA Submission 1 dated March 10, 2014 (CHS)	315
Claimant's APA Submission 2 dated March 10, 2014 (Naso)	331
Claimant's APA Submission 3 dated March 10, 2014 (Richey)	352
Claimant's Trial Exhibit 1	362

Claimant's Trial Exhibit 2	366
Claimant's Trial Exhibit 3	367
Claimant's Trial Exhibit 4	368
Claimant's Trial Exhibit 5	369

State of South Carolina
 Before the
 South Carolina Workers' Compensation Commission
 WCC File No.: 1222136

5	Otis Nero,	)	
	Employee,	)	
6	Claimant,	)	
		)	
7	vs.	)	
	South Carolina Department of	)	Deposition of
8	Transportation,	)	OTIS NERO
	Employer,	)	March 17, 2014
9	and	)	
	State Accident Fund,	)	
10	Carrier,	)	
	Defendants.	)	

COPY

Deposition on oral examination of OTIS
 NERO, reported by Janni Jardine, Court Reporter and
 Notary Public in and for the State of South Carolina;
 said deposition taken pursuant to notice of deposition
 and in accordance with the South Carolina Rules of Civil
 Procedure, at the law offices of Wukela Law Firm, 403
 Second Loop Road, Florence, South Carolina, commencing on
 Monday, March 17, 2014, at the hour of 10:07 a.m.

OTIS NERO 03-17-2014

1 APPEARANCES:

2

3 Representing the Employee/Claimant:

4 STEPHEN J. Wukela, ESQUIRE
Wukela Law Firm
5 403 Second Loop Road
Post Office Box 13057 (29504)
6 Florence, South Carolina 29505

7

8 Representing the Employer/Carrier:

9 JUSTIN T. WILLIAMS, ESQUIRE
Willson Jones Carter & Baxley, P.A.
10 4500 Fort Jackson Boulevard
Columbia, South Carolina 29209

11

12

ALSO PRESENT:

13

Betty Nero

14

15

16

17

18

19

20

21

22

23

24

25

OTIS NERO 03-17-2014

1 CONTENTS

2 (Deposition of OTIS NERO)

3

4

PAGE

5 Stipulations 4

6 Examination by Mr. Williams 4

7 Examination by Mr. Wukela 40

8 Re-Examination by Mr. Williams 44

9 Certificate of Reporter 47

10

11

12

13

* * * * *

14

EXHIBIT INDEX

15

16 Defendants'

17 1 Memorandum 28

18 2 Presentation Packet 31

19 3 June 26, 2012, Letter to Otis Nero 34

20 4 Leave of Absence Transactions 34

21 5 Certification of health Care Provider for 35
22 Employee's Serious health Condition

23 6 Accidental Injury Claim Form 38

24

25

OTIS NERO 03-17-2014

1 This deposition is taken in accordance with
2 the South Carolina Rules of Civil Procedure.

3 It is agreed and stipulated by the deponent
4 and respective counsel that the reading and signing of
5 the deposition transcript by the deponent is expressly
6 waived.

7 WHEREUPON:

8 OTIS NERO, being duly sworn and cautioned
9 to speak the truth, the whole truth and nothing but the
10 truth, testified as follows:

11 EXAMINATION

12 BY MR. WILLIAMS:

13 Q. All right. Good morning, Mr. Nero.

14 A. Good morning. How are you doing?

15 Q. Doing well.

16 My name is Justin Williams, and I represent
17 your insurance company -- or I should say your employer
18 and their insurance company in this workers' compensation
19 matter that you filed.

20 This is a deposition, and my job is just to
21 get some information from you regarding this claim, some
22 information about your work history and your health
23 history, and just other general questions.

24 If you don't understand any of my
25 questions, just let me know. If I'm going too fast, tell

1 me to slow down.

2 And since she's taking down everything that
3 we're saying here today, we're going to need for you to
4 give verbal answers so she can record your answers to my
5 questions.

6 A. Okay.

7 Q. All right. Have you ever given a
8 deposition before?

9 A. No.

10 Q. No.

11 Okay. Now, have you taken any medications
12 or are you under the influence of any substance that
13 would inhibit your ability to answer my questions here
14 today?

15 A. No.

16 Q. No.

17 How old are you, Mr. Nero?

18 A. 63.

19 Q. 63.

20 A. The [REDACTED], I'll be 64.

21 Q. Okay. All right. And where do you live?

22 A. [REDACTED]

23 Q. Okay. Could you give me your street
24 address.

25 A. [REDACTED]

OTIS NERO 03-17-2014

1 Q. [REDACTED]?

2 A. [REDACTED] Drive.

3 Q. And that's here in Florence?

4 A. Uh-huh.

5 Q. And how long have you lived there?

6 A. Twenty-five years or better.

7 Q. Okay. And what's your best phone number,
8 if we were --

9 A. [REDACTED]

10 Q. And that's an [REDACTED] area code?

11 A. Uh-huh, [REDACTED].

12 Q. Okay. Are you married?

13 A. Yes.

14 Q. How long have you been married?

15 A. Forty -- about forty-seven years.

16 Q. Okay. And what does your spouse do for a
17 living?

18 A. She's disabled.

19 Q. Okay. Has she -- do you know whether or
20 not she's ever filed a workers' compensation claim?

21 A. No.

22 Q. That's no you don't know or no she hasn't
23 filed one?

24 A. No, she hasn't filed one.

25 Q. Okay. Now, is your wife dependent upon you

1 for financial support?

2 A. No.

3 Q. Okay. Do you have any children or any
4 other relatives that are -- that are dependent upon you
5 for financial support?

6 A. No.

7 Q. Okay. All right. Have you ever filed a
8 workers' compensation claim before?

9 A. Yes.

10 Q. Okay. What body part did you injure?

11 A. My shoulder and my neck.

12 Q. And do you remember when you sustained that
13 injury?

14 A. I know it was in the summertime. I don't
15 know exactly a date.

16 Q. Okay. Did you have a lawyer for that
17 incident? Did you --

18 A. Yes.

19 Q. Okay. Who was your lawyer?

20 A. Lawyer Wukela.

21 Q. Say that again. I'm sorry.

22 A. Lawyer Wukela.

23 Q. Wukela. Okay.

24 MR. WUKELA: Justin, you might want
25 clarification. I think he may be talking about this

1 claim.

2 THE WITNESS: This claim, yeah. I ain't
3 talking about no other claim. I ain't never had no other
4 claim.

5 BY MR. WILLIAMS:

6 Q. Oh, I'm sorry. I'm talking about prior to
7 this claim.

8 A. No. No. No. No, I ain't never had no
9 workers' comp claim.

10 Q. Okay. All right. What about motor vehicle
11 accidents?

12 A. I had one long years ago, before I got
13 married.

14 Q. Okay. Were you injured?

15 A. I don't -- no, I wasn't. No, I wasn't.

16 Q. No.

17 Okay. How long did you go in school -- or
18 how far, I should say?

19 A. It was ninth grade.

20 Q. Ninth grade.

21 What did you do after that?

22 A. What did I do after that?

23 Q. Yes, sir, after you finished the ninth
24 grade.

25 A. I had to go to work.

1 Q. Work.

2 Where did you start working?

3 A. I started working on the farm.

4 Q. Okay. And after -- how long did you work
5 on the farm?

6 A. Up until I got married. My daddy was
7 disabled, so I had to do the farming to take care of the
8 rest of the family.

9 Q. Okay. And after you got married, where did
10 you go to work?

11 A. Nucor Steel, Florence.

12 Q. And what did you do for them?

13 A. I started out on the yard, loading trucks.
14 I worked my way up inside the shop to a painter, from
15 that to a rigging table.

16 Q. Okay. So after a painter you -- you
17 started doing what now?

18 A. After the -- after painting I started out
19 as a certified welder.

20 Q. Okay. And where did you receive that
21 training? Was that on-the-job training?

22 A. On-the-job.

23 Q. And how many years were you at Nucor?

24 A. Ten years.

25 Q. How many of those years were you a

1 certified welder?

2 A. Six-and-a-half.

3 Q. Okay. And why did you leave?

4 A. Disagreements.

5 Q. Disagreements?

6 A. Uh-huh.

7 Q. Who were the disagreements between?

8 A. The lead man and --

9 Q. Okay. Where did you go next?

10 A. I left there and went to work for Price
11 Aquatech Pools.

12 Q. Okay. And what did you do for them?

13 A. Machine operator.

14 Q. What type of machines did you operate?

15 A. Great haul, if you know what that is.

16 Q. No, sir.

17 A. A backhoe, track hoe.

18 Q. Got you.

19 And how long did you work for -- you said

20 Price Tools?

21 A. Price Aquatech Pools.

22 Q. Pools?

23 A. Uh-huh. Digging swimming pools.

24 Q. I got you.

25 All right. How long did you work for

1 Price?

2 A. I can't remember exactly how many years.

3 It's been quite a few.

4 Q. Was it more than five years?

5 A. Yeah.

6 Q. More than ten?

7 A. That's about eight, I imagine about.

8 Q. Eight.

9 A. Yes.

10 Q. Okay. Now, at Nucor or Price, were you
11 ever injured on the job?

12 A. At Nucor I got that finger cut off right
13 there.

14 Q. Okay. Did you ever -- did you report that
15 injury to a supervisor at Nucor?

16 A. Oh, yeah.

17 Q. Did they provide you with treatment at
18 Nucor?

19 A. Yeah, they did.

20 Q. Did you receive any compensation for loss
21 of use of your finger?

22 A. Well, they -- they sewed it back on, but I
23 believe I did get a little something. I don't know
24 exactly.

25 Q. Now, do you remember if you filed a

1 workers' compensation claim for that finger?

2 A. No, I don't remember.

3 Q. Okay. Well, where did you go after Price?

4 A. I worked for a guy named Scipio. Scipio
5 Construction.

6 Q. And what were you doing for him?

7 A. Truck driving. Excuse me. Truck driving
8 and machine operator.

9 Q. Okay. And how long did you work for
10 Scipio?

11 A. Six or seven years, somewhere like that.

12 Q. Okay. And where did you go next?

13 A. I worked for Palmetto Paving out of Conway.

14 Q. And what did you do for them?

15 A. Truck driver.

16 Q. And how long did you work for Palmetto
17 Paving?

18 A. Nine years or better.

19 Q. All right. And who was next?

20 A. That's it.

21 Q. That's it.

22 Okay. Now, would it be fair to describe
23 all those prior employment opportunities as manual labor?

24 A. Yeah.

25 Q. And but for your finger, the only injury --

1 but for that finger injury at Nucor, you didn't have any
2 other injuries on the job?

3 A. No.

4 Q. And your next employer after Palmetto
5 Paving was South Carolina Department of Transportation?

6 A. Uh-huh.

7 Q. Do you remember when they hired you?

8 A. No, I don't. No, I don't remember exactly
9 the date.

10 Q. Do you remember the year?

11 A. No.

12 Q. Okay. Do you remember how long you worked
13 for them before you stopped?

14 A. I think it was -- it was longer than three
15 years. I think it was about three-and-a-half, four
16 years.

17 Q. Okay. All right. And what did you do for
18 SCDOT?

19 A. I was a machine operator and lowboy driver.
20 That's with tractors and all that.

21 Q. Okay. Did you enjoy working there?

22 A. Yeah.

23 Q. All right. And who was your supervisor?

24 A. Danny Bostick. Excuse me.

25 Q. Okay.

OTIS NERO 03-17-2014

1 A. You said my supervisor. That was my
2 foreman's name, Danny Bostick. My supervisor's name was
3 Greg. What was Greg's last name? Greg Poston.

4 Q. Boston?

5 A. Greg Poston.

6 Q. Poston?

7 A. Uh-huh.

8 Q. Okay. And what was the average day like
9 for the South Carolina Department of Transportation?
10 What -- about what time would you get there, what would
11 you do while you were there, and about what time would
12 you knockoff?

13 A. I would get to work at 7:00 in the morning
14 and knock off at 3:30 in the afternoon.

15 Q. Okay. And from 7:00 a.m. to 3:30, what
16 would you do on an average day?

17 A. Just about anything anybody else was doing
18 unless I was on the machine.

19 Q. Okay. And could you describe to me what
20 anyone else would have been doing.

21 A. Well, it varies. You've got some holding
22 up a flag. You've got some be driving trucks, machines,
23 cleaning out ditches, hauling stuff off. I would say
24 every day I would be doing one -- either one of them.

25 Q. Okay. So you would be flagging.

OTIS NERC 03-17-2014

1 A. Flagging or driving a truck or running the
2 machine.

3 Q. Okay. All right. So could you describe to
4 me what happened on June 20, 2012.

5 A. Okay. Everybody was on the yard. We got
6 all the cement pouring. Our crew is going to do it. We
7 had a big slab of cement to pour, and that's what we was
8 doing, preparation of that, getting it graded, putting
9 down foam boards to pour that cement. We got it ready.

10 And the truck didn't come in -- the first
11 one was after -- after 12, after lunchtime, and we had
12 three trucks to pour or four, and it was coming back to
13 back, so everybody had to hustle to try to get it done by
14 knocking-off time.

15 And so that's what I was on, the squeegee
16 board, pulling it, pulling the squeegee board. Now,
17 somebody else was working it, and a few people was
18 pulling it to smooth it out.

19 Q. Okay.

20 A. So with all the stress on that, I started
21 feeling a little funny, but you still have to try to get
22 finished.

23 So from that point, when we finish up,
24 clean up, it probably been a half a block we have to walk
25 to the -- to where we just sit until the time to knock

1 off to cool off.

2 Q. Okay. And what happened next?

3 A. Well, I walked over to the -- where my
4 foreman was parked and the -- and the lead man, and on
5 the right-hand side, he had his door open, so I just
6 walked up there and was standing up, you know, beside the
7 truck right there in the doorway.

8 He had the door open, and we was just kind
9 of talking, and that's the last thing I remember. I just
10 went out.

11 Q. Do you remember what you were talking about
12 before you went out?

13 A. It was nothing -- you know, just common
14 talk, you know, to get past the day.

15 Q. And at this point was the workday completed
16 when you guys were talking?

17 A. No.

18 Q. No.

19 A. No. We was still on the clock.

20 Q. Okay. What -- what were the other tasks
21 that you guys had to do before you were clocked out?

22 A. We had to just wait until -- until 3:30 --
23 excuse me -- until 3:30.

24 Q. Okay.

25 A. It was about -- like about 15 minutes

1 before time to knock off.

2 Q. All right. Do you remember whether or not
3 you were coughing before you passed out?

4 A. No.

5 Q. You don't remember or you were not -- or
6 you --

7 A. I wasn't coughing.

8 Q. Wasn't coughing.

9 What about sneezing?

10 A. No.

11 Q. What about laughing?

12 A. I don't -- I don't remember. I know I got
13 dizzy.

14 Q. You don't remember whether or not you were
15 laughing?

16 A. I probably was.

17 Q. All right. Now, I want to go back to when
18 you were squeegeeing the cement. You said -- is it your
19 testimony that you were feeling a little funny when you
20 were squeegeeing it off?

21 A. Yeah.

22 Q. Okay.

23 A. I heard something like -- like a bone --
24 you know, like a snap or something.

25 Q. Okay. You heard a bone snap?

OTIS NERO 03-17-2014

1 A. Like -- like a bone snapped or something
2 snapped --

3 Q. Okay.

4 A. -- or popped.

5 Q. What did you hear -- where did you hear
6 that come from?

7 A. Back in my back, back in my shoulders.

8 Q. Did you tell anyone about that snap or pop?

9 A. No. I didn't thought about it.

10 MR. WUKELA: He was indicating just then --
11 would you indicate for him again -- show him exactly
12 where you were talking about. Point to where.

13 THE WITNESS: It was in the back of my
14 shoulder, my neck, all up in here (indicating).

15 BY MR. WILLIAMS:

16 Q. I'm sorry. Is it fair to say you --

17 A. Where I heard the snap.

18 Q. Okay. Is it fair to say you're -- you're
19 pointing to the back of your neck?

20 A. Yeah.

21 Q. Okay.

22 A. Yeah. Up in here, all in here
23 (indicating).

24 Q. Okay. All right. Okay. So once you --
25 once you passed out, what happened next? I guess I

1 should say, what is the next thing you remember?

2 A. Was them helping get me up off the ground.

3 Well, it was cement. It wasn't no ground. It was

4 asphalt.

5 Q. Okay. And then what happened next?

6 A. I stood up beside the truck and started to
7 get myself composed. He just said, Are you all right?

8 I said, Man, I said, I don't know.

9 He said, Boe, you just went out. He said,
10 Do you feel all right?

11 I said, Yeah, I feel -- I said, if I wasn't
12 feeling all right, I feel all right. I started working
13 my neck around.

14 And he said -- about the time we leave
15 then, he said, You sure you all right?

16 I said, Well, as far as -- so far I feel
17 all right. I said, I'm going to walk around the uniform
18 bin and get my uniform. I said, Now, I'll see you all on
19 the other side of the building. So that's what I done.

20 And from that point, going out to the gate,
21 you know, I felt like I was all right, and then I got to
22 my truck. It was real hot, so I cranked it up and let
23 it -- the air-condition cool off and got in.

24 So they was walking by. I said, Well, I'm
25 just going to make it to the house.

OTIS NERO 03-17-2014

1 So I drove off, and I just made it to the
2 house, in the driveway. My wife, she was sitting on the
3 porch. She said, Do you feel all right? And I hold back
4 in the truck, and she said I we went out again.

5 Q. Okay. So it was -- on that day, it was
6 very hot that day?

7 A. Uh-huh, soaking hot.

8 Q. Okay. Did you drink a lot of water?

9 A. Yeah. I drank where we could -- where we
10 could, yeah. We had coolers. I always kept a cooler of
11 water or Gatorade.

12 Q. Did you feel dehydrated?

13 A. No, not really.

14 Q. Were you sweating?

15 A. Uh-huh. Yeah, I was sweating. I was
16 sweating.

17 Q. All right. Okay. And did you have -- did
18 you have a broken toe at that point, on that day?

19 A. I don't -- I don't remember.

20 Q. Okay. So do you remember going to the
21 hospital?

22 A. Yeah.

23 Q. Okay. Do you remember talking with
24 Dr. Richey?

25 A. Yes.

1 Q. Okay. Do you remember anything he said to
2 you when you checked in?

3 A. He wanted to know what my problem -- I told
4 him what happened, and he ordered those tests for me to
5 go to.

6 Q. Okay. Did he say anything to you about a
7 broken toe?

8 A. Yeah. He did mention I got a broken toe --

9 Q. Do you --

10 A. -- from the x-rays.

11 Q. Do you remember how you broke your toe?

12 A. I don't -- no, I don't remember.

13 Q. Do you think you broke it that day?

14 A. It had to have been. I don't -- I can't
15 say.

16 Q. Was your toe -- was your toe hurting before
17 you passed out?

18 A. No.

19 Q. Okay. How long did you treat with
20 Dr. Richey before you saw him on that day, June 20, 2012?

21 A. It's been a while. I don't know exactly
22 how many years, but it's -- it's on record. I don't know
23 exactly how many years, but he was my family doctor.

24 Q. Okay. Do you remember why you went to go
25 see him over the course of those years?

1 A. Well, for a colonoscopy and stuff like
2 that, for a cold or flu shot and I did for blood
3 pressure.

4 Q. Were you on high blood pressure medicine?

5 A. Uh-huh.

6 Q. Yes, sir?

7 A. Yes.

8 Q. Did you ever see Dr. Richey for knee
9 problems?

10 A. Yes.

11 Q. And what was wrong with your knee?

12 A. Years ago I got it hurt. That wasn't my
13 first time. I got it hurt on the job, but it was at the
14 State then, too. I worked for the State twice.

15 Q. Okay. Tell me about the first time you
16 hurt -- you were hurt on the job with the State.

17 A. That was with the knee injury. I was
18 operating --

19 Q. Were you working for SCDOT?

20 A. SCDOT.

21 Q. Okay. Do you remember the -- so you had
22 two different tours with the State, the first time --

23 A. Yeah. The first time and this time.

24 Q. Okay. Do you remember the years you were
25 working with the State the first time? Was it during the

1 same three or four-year period or was this different?

2 A. No, this was different. It was different.

3 About ten to twelve years in between that.

4 Q. Okay. And you were working for SCDOT at
5 that time?

6 A. Uh-huh.

7 Q. Do you remember the years -- the -- like
8 the year and the month?

9 A. No. I can't remember back that far.

10 Q. Okay. Now, did you report that knee injury
11 to SCDOT?

12 A. Uh-huh.

13 Q. Okay. And what did they do for you when
14 you reported the knee injury?

15 A. I had to have knee surgery -- arthroscopic
16 knee surgery on it.

17 Q. Okay. Did you hire a lawyer for that
18 injury?

19 A. No. I can't remember. I don't think I
20 did, but I can't remember.

21 Q. So, tell me, how did you hurt your knee?

22 A. Okay. I was clearing a breezeway on the
23 side of a ditch -- ditch bank so I could get to the ditch
24 to clean it out. It was grewed up so bad with vines and
25 dead -- half-dead trees, and with me pulling the --

1 pulling the vines around from the -- from the ditch --
2 there's a whole dead tree there with a -- that broke off
3 up about halfway.

4 And when the top fell, I was running the
5 machine. It didn't have a cab around it. It just had
6 the top and the iron bars, and when that broke off, it
7 came down -- upside down and hit the ground with a spring
8 on it.

9 So the top hit the ground first, and when
10 that limb hit the ground, it sprung up, hit that iron
11 bar, and when it hit that, it just ricocheted off and hit
12 me dead in the knee, because I was sitting like that, and
13 it hit me there.

14 Q. Okay. And did someone else see that happen
15 to you?

16 A. Uh-huh.

17 Q. Okay. Who was that person?

18 A. Doug Phillips was my foreman at the time.

19 Q. Okay.

20 A. There was a couple of coworkers there, too.
21 I can't remember all them names.

22 Q. Okay. And so did Doug -- did you tell Doug
23 what happened or did -- there wasn't a need for you to
24 tell him because he saw it?

25 A. He saw it. Yeah, he saw it.

1 Q. He saw it.

2 A. I tried to get out and I fell. I couldn't
3 stand up. I thought I could walk, but I couldn't stand
4 up.

5 Q. Okay.

6 A. And they took me to get the paperwork and
7 then took me up to the hospital, so.

8 Q. What paperwork did they take you to get?

9 A. Whichever forms they have to go to the
10 highway department and get. I imagine a workers' comp
11 form or whichever they do. They had to get a form before
12 they took me up there.

13 Q. Okay. And were -- were you out of work at
14 all?

15 A. Oh, yeah.

16 Q. Were you receiving workers' compensation
17 checks while you were out of work?

18 A. I think so. Excuse me. Let me see.

19 Q. Okay. Did you receive any -- any form of
20 compensation for the loss of use for your knee, any type
21 of settlement?

22 A. I think what they did, they used my leave
23 time before they start my workers' comp. I think that's
24 what happened.

25 Q. Okay. And once you were healed or once

1 they couldn't do anything else for you, did you receive
2 any type of settlement or anything like that?

3 A. Yeah, I believe so.

4 Q. Do you remember if you worked with anyone
5 in the office to get all this going, your check and your
6 settlement and deciding on whether or not you were going
7 to use your leave or just start workers' comp
8 immediately? Was it like an HR person or somebody like
9 that?

10 A. No. They just -- I just go down -- got my
11 regular paychecks. I had -- nobody got that set up with
12 me, but I got my regular paychecks because I had so much
13 time built up until that time my time ran out, and then I
14 think that's when we got to get it set up at the workers'
15 comp.

16 Q. Okay. Who did you talk to, to set the
17 workers' comp up?

18 A. I can't remember.

19 Q. Did you talk to anyone to set it up?

20 A. I had to. Somebody had to talk to me.

21 Q. Okay. Did you end up going back to work or
22 stay with --

23 A. Yeah, I stayed on with them.

24 Q. Now, during this tour with SCDOT, do you
25 remember how long you were there? I know the most recent

1 tour was two or three years.

2 A. It was about -- the last time was longer
3 than that.

4 Q. The last tour was longer than that?

5 A. The first tour was longer.

6 Q. Was longer than three or four years?

7 A. Yeah.

8 Q. Okay. Okay. So what treatment did
9 Dr. Richey provide for your knee? Did he perform the
10 surgery, or how did -- explain to me how that went down.

11 A. I can't remember who did the surgery. At
12 that time Dr. Richey wasn't my doctor when my -- I don't
13 think when my -- when my -- when the knee got -- first it
14 got hurt.

15 After I went back the second time, then
16 Dr. Richey was my family doctor, so he had priority of my
17 work history, my paperwork, and he started treating me
18 for the knees.

19 Q. Now, were both of your knees hurting or was
20 it only one?

21 A. Only one.

22 Q. Only one.

23 Which one?

24 A. My right knee.

25 Q. Right knee.

1 All right. So is it fair to say that
2 Dr. Richey treated you after you already had surgery for
3 your knee?

4 A. Yeah.

5 Q. Okay. Okay. What other problems did he
6 treat you for in terms of aches and pains and joints and
7 things of that nature? Did he ever -- did he ever treat
8 you for your back?

9 A. No. No.

10 Q. All right. What about for your -- your
11 neck?

12 A. No.

13 Q. Did he ever discuss with you your neck or
14 your back or any other part of your body besides your
15 knee?

16 A. Yeah. After -- after they run the tests on
17 this.

18 Q. On this -- on this incident?

19 A. On this. Yeah, on this incident.

20 MR. WILLIAMS: Okay. Do you have any
21 markers for exhibits?

22 (DEFT. EXH. 1, Memorandum, was marked for
23 identification.)

24 MR. WILLIAMS: Mr. Nero, I'm going to show
25 something to your attorney, and then he's going to give

1 it to you to review.

2 MR. WUKELA: Thank you. Do you want to
3 clip all this together, Justin, so it doesn't get --

4 MR. WILLIAMS: Yes, sir.

5 MR. WUKELA: -- all separated? Let me get a
6 paperclip.

7 Mr. WILLIAMS: Thank you, sir.

8 BY MR. WILLIAMS:

9 Q. Mr. Nero, I'm going to show you a document
10 that has been marked as Defendants' Exhibit 1. Do you
11 recognize that document?

12 A. I can't see it very well.

13 MR. WUKELA: Let me ask a question.

14 Mr. Nero, we don't want to embarrass you, but are you
15 able to read or write very well?

16 THE WITNESS: No. My eyesight isn't that
17 good either, so.

18 MR. WUKELA: Okay.

19 BY MR. WILLIAMS:

20 Q. Okay. Mr. Nero, could you turn to Page A4,
21 the fourth page there. Actually, it may end up being the
22 third page.

23 A. It's the third page?

24 Q. One more. I guess it is the fourth one.

25 Is this your -- is that your name there?

1 A. Yes, it is.

2 Q. Okay. Do you remember signing that piece
3 of paper? And it's been a long time ago, so you may or
4 may not remember.

5 A. No, I don't remember.

6 Q. Do you remember ever attending a training
7 session on safety matters for SCDOT?

8 A. On safety matters?

9 Q. Yes, sir. On clean up, just a general
10 safety review, also how to report and when to report
11 workers' compensation injuries.

12 A. I can't remember.

13 Q. You can't remember.

14 Do you -- have you ever heard the name
15 Michael Miller before?

16 A. Uh-huh.

17 Q. Okay.

18 A. Yeah.

19 Q. Who is Mr. Miller, from your memory?

20 A. Michael Miller is the -- he is the safety
21 coordinator.

22 Q. Okay. Do you remember ever attending a
23 presentation by Michael Miller regarding safety?

24 A. Yeah, I have.

25 Q. Okay. Do you remember what he discussed in

1 that meeting?

2 A. Not any name, but I know it was about
3 safety.

4 MR. WILLIAMS: Okay.

5 (DEFT. EXH. 2, Presentation Packet, was
6 marked for identification.)

7 BY MR. WILLIAMS:

8 Q. Okay. Mr. Nero, your attorney is handing
9 you a document that has been marked Defendants' Exhibit
10 2. Could you just flip through that document for me, and
11 you can take your time.

12 Does that document at all look familiar to
13 you?

14 A. Do you mean have I ever seen this document
15 before?

16 Q. That's correct, sir.

17 A. No, I haven't. I haven't seen one like
18 this before.

19 Q. Okay. So it's your testimony today that
20 this is your first time seeing that presentation?

21 A. Uh-huh.

22 Q. Okay. Now, this sign-in sheet here, is
23 that your first time seeing that sign-in sheet?

24 A. This sign-in sheet?

25 Q. Yes, sir.

OTIS NERO 03-17-2014

1 A. No. Every time we have a meeting, I think
2 we have to sign these sheets, every time we have a safety
3 meeting.

4 Q. Okay. Has anyone else ever signed your
5 name for you?

6 A. No.

7 Q. Okay. So is it fair to say that since your
8 signature is there, you would have been present at that
9 meeting?

10 A. Yeah.

11 Q. Okay. Could you read the date on that
12 sign-in sheet.

13 A. What's this? The 4th -- the 4th -- the
14 12th.

15 MR. WUKELA: Justin, he has testified he
16 has difficulty reading and writing.

17 BY MR. WILLIAMS:

18 Q. Okay. That's enough, Mr. Nero. That's
19 fine.

20 Now, when you were injured, did you report
21 your injury to anyone?

22 A. What, this time?

23 Q. Yes, sir.

24 A. I was still -- my foreman was sitting down
25 in the truck. The lean man -- that's where I was

1 standing at. He had his door -- I was standing right at
2 his knee, really, and the foreman was sitting right there
3 at the steering wheel, so both of them had knowledge of
4 what had happened right at the -- right at that point in
5 time, you know.

6 Q. Okay. And, now, besides what they saw that
7 day, did you --

8 A. Now, after -- after I made it home and went
9 to the hospital, they admitted me. Excuse me. I want to
10 be sure of the days. I think it was three days. It was
11 right around three days. It was three days, I think,
12 they called me.

13 Q. And could you clarify who -- who do you
14 mean by "they"?

15 A. My -- my foreman.

16 Q. Okay.

17 A. Danny Bostick. And one of those -- I think
18 he asked me what -- what was -- what was the -- what was
19 wrong. I said, I'm in the hospital. I said, Ever since
20 I fell out, I said, I came to the hospital that same
21 afternoon. I said, I've been here ever since. As far as
22 I know, I think I'm having to have surgery.

23 So I hadn't heard no more from him from
24 that point. He know it happened on the job. I figured
25 he would go on and do what he -- you know, I couldn't get

1 back to the -- to the job, so I figured they would have
2 got something to me.

3 Q. Okay. So did you ever report your injury
4 to anyone at the South Carolina Department of
5 Transportation specifically? Did you ever tell anyone I
6 hurt myself while working?

7 A. I don't remember. I don't remember.

8 Q. You don't remember?

9 A. I don't remember.

10 Q. Okay. Did you ever file for leave through
11 the South Carolina Department of Transportation, any type
12 of leave?

13 A. Not to my knowledge.

14 MR. WILLIAMS: Not to your knowledge.

15 (DEFT. EXH. 3, June 26, 2012, Letter to
16 Otis Nero, was marked for identification.)

17 (DEFT. EXH. 4, Leave of Absence
18 Transactions, marked for identification.)

19 MR. WILLIAMS: Let me show you this. Your
20 attorney is going to show you a letter, and I understand
21 that you may have some difficulty with the letter. I
22 just want to know whether or not you've ever seen
23 anything like that come to the house or anyone present.
24 you with it.

25 MR. WUKELA: Your question is whether he

OTIS NERO 03-17-2014

1 got it -- ever remembers getting a letter from the DOT at
2 his home?

3 MR. WILLIAMS: Right.

4 THE WITNESS: What I -- to my knowledge,
5 what I received from DOT would have been -- I think they
6 sent me some paperwork or something about that my time
7 was running out for termination or something like that.
8 That would have been, I would imagine -- 181 days I think
9 it's automatically terminated. I think that's what it's
10 stating.

11 BY MR. WILLIAMS:

12 Q. Okay. So is it your testimony today that
13 you did or did not receive anything from the South
14 Carolina Department of Transportation regarding your
15 injury?

16 A. Like I said, I don't remember.

17 (DEFT. EXH. 5, Certification of health Care
18 Provider for Employee's Serious health Condition, was
19 marked for identification.)

20 BY MR. WILLIAMS:

21 Q. Okay. That's another document. Your
22 attorney is going to show you another document.

23 Mr. Nero, this is Defendants' Exhibit 5.
24 Is this your signature here?

25 A. Yes, it is.

1 Q. Okay. Did you ever discuss any type of
2 leave -- taking any type of leave with Dr. Richey?

3 A. Did I discuss taking any kind of leave?

4 Q. Yes, sir.

5 A. No. I can't -- no, I don't remember
6 discussing any leave.

7 Q. Sir?

8 A. I can't remember.

9 Q. You can't remember.

10 Okay. And just for a completeness purpose,
11 I'm going to show this to your attorney, just to show the
12 dates that you were out.

13 Okay. Do you remember being out on leave
14 from June 22nd to December 18th?

15 A. Was that due to my operation?

16 Q. Do you -- I'm not really sure what it was
17 due to, but that's a leave form, a leave transaction
18 slip. It says that you were out June 22nd through -- I
19 believe it says December 18th.

20 Do you remember that time period of 2012?

21 A. Yeah.

22 Q. Okay. Why were you out during that time?

23 A. Because I was unable to work.

24 Q. Okay. And did you tell anyone that you
25 were unable to work before -- when I say anyone, did you

OTIS NERC 03-17-2014

1 tell anyone at SCDOT that you were unable to work because
2 of your injury?

3 A. I -- I want to say I did, but I can't
4 remember, because somebody would have to know why I was
5 out on all that time, so I had to let somebody know
6 something.

7 Q. Okay. Do you remember ever talking to
8 someone named Cristi Junkins?

9 A. Yeah, I remember talking with Cristi.

10 Q. Okay. Do you remember what you talked with
11 Cristi about?

12 A. Most of what I was talking to Cristi
13 about, she was worrying about getting some forms filled
14 out so I could get terminated.

15 That's the last thing I remember talking to
16 Cristi about, because she started talking to me about she
17 wanted to get some paperwork from the doctors and Dr.
18 Richey and those and all -- so my -- because my 181 days
19 was getting near or was done near, and she was steady
20 calling us about getting that paperwork signed. Yeah, I
21 remember that.

22 Q. Did you ever remember talking with her
23 about something called FMLA, or the Family Medical Leave
24 Act? Did she ever say anything to you about that, that
25 you can remember?

1 A. No.

2 Q. Okay. Do you remember ever talking with
3 Dr. Richey about going to the bathroom at night and
4 kicking your toe on an iron table?

5 A. I don't remember.

6 Q. Sir?

7 A. I don't remember.

8 Q. You don't remember.

9 (DEFT. EXH. 6, Accidental Injury Claim
10 Form, was marked for identification.)

11 MR. WILLIAMS: Okay. This is the last
12 exhibit. I'm showing your attorney Exhibit -- what has
13 been marked as Defendants' Exhibit 6.

14 I would like for you use that document to
15 refresh his memory. Would you mind reading it to him.

16 MR. WUKELA: This is a document captioned
17 Accidental Injury Claim Form, Physician's Statement.
18 Failure to complete this form in its entirety may result
19 in the delay of processing this claim.

20 As it appears, there is a fraud statement.
21 I don't know if you want me -- do you want me to read it.

22 MR. WILLIAMS: I'm -- I mean --

23 MR. WUKELA: All right. I'll read it in
24 part.

25 Any person who knowingly and with intent to

OTIS NERC 03-17-2014

1 defraud any insurance company or other person -- I can't
2 read it because of the sticker.

3 MR. WILLIAMS: I'm really interested in
4 Dr. Nero's (sic) notes --

5 MR. WUKELA: Okay.

6 MR. WILLIAMS: -- but if you want to read
7 it for completeness purposes, I don't --

8 MR. WUKELA: Well, I don't care.

9 Let's see. Section B Physician's
10 Statement, Dr. Richey has his diagnosis; has a date of
11 service, July 9, 2012; diagnosis description, CX spinal
12 stenosis; date of incident, June 19, 2012.

13 Describe where and how the incident
14 occurred. Going to bathroom at night and kicked toe on
15 iron table.

16 It goes on to say, Was the patient referred
17 to you by another physician? No. Was patient
18 hospitalized as a result of this diagnosis? Yes.
19 Admission, June 20, 2012, to June 25, 2012; hospital
20 name, Carolinas Hospital System, Florence, South
21 Carolina. It has a physician's signature. I don't -- I
22 can't read that. And it's dated July 11, 2012, it looks
23 like.

24 MR. WILLIAMS: Okay. Thank you so much.

25 BY MR. WILLIAMS:

1 Q. Do you remember having that conversation
2 with Dr. Richey?

3 A. Yeah, I believe so.

4 Q. So did you --

5 A. Yes.

6 Q. Did you break your toe on June 19, 2012?

7 A. Yes.

8 Q. Did it cause you any pain on June 20, 2012?

9 A. It probably couldn't have, I mean, for the
10 work I been doing. I would have to say no.

11 Q. I'm sorry. I couldn't understand.

12 A. I said I would have to say no.

13 Q. No, it didn't cause you any pain?

14 A. Uh-huh.

15 MR. WILLIAMS: Okay. All right. Mr. Nero,
16 if I've offended you in any way, I apologize. I
17 appreciate you answering my questions.

18 No further questions.

19 MR. WUKELA: I think that's it. You know
20 what? Let me ask you a couple.

21 EXAMINATION

22 BY MR. WUKELA

23 Q. You talked about you hit your knee one time
24 in the past while on the job and had to have surgery.

25 A. Yeah. This was -- it had to have been

OTIS NERO 03-17-2014

1 12 -- anywhere from 12 to -- 12 to 15 years back.

2 Q. Okay.

3 A. For the first time I ever worked with the
4 SCDOT.

5 Q. Okay. And -- and when that occurred, you
6 said your foreman saw -- saw it happen?

7 A. Uh-huh.

8 Q. Okay. And they took you to the hospital?

9 A. To -- first they took me out to -- first
10 went to DOT and Mr. Phillips got the forms, and then he
11 took me to the hospital.

12 Q. Okay. And they paid for the medical
13 treatment?

14 A. Yes.

15 Q. And you said you --

16 A. Well --

17 Q. Go ahead.

18 A. To my knowledge, when that happened, it
19 was -- like I said, they used my -- my time, you know,
20 your time you have. They used my time until that ran
21 out. When that ran out and I started inquiring, you
22 know, why I was not getting paid under workers' comp,
23 then that's when they got everything else straight.

24 Well, I did have to get a lawyer then
25 because they wasn't paying me no more, and I still was --

OTIS NERO 03-17-2014

1 still was out. I just remembered I did have to -- I had
2 to get a lawyer to get the workers' comp done.

3 Q. Okay. And the incident where you cut your
4 finger, did they see that happen or did somebody see that
5 happen?

6 A. Yeah. I was on the rigging table on the
7 line. Yeah. You have to flip joints when you're
8 welding, flip them over so you can weld the opposite
9 side, and when we did that, it was about to fall off the
10 table, so I grabbed it to hold it, and I had to grab it
11 from the inside.

12 And another fellow was there knocking one
13 of the carts down that wasn't level, and he was spinning
14 around and knocking it, and my hand -- when I seen it
15 coming -- coming down, I had them all in there, and I was
16 able to get everything out but that one finger before he
17 hit it with the hammer, and it got cut off. Well, it was
18 cut off. There wasn't nothing holding it but a little
19 piece of skin under here, and they sewed it back on.

20 Q. Okay. And did they see it happen?

21 A. Uh-huh.

22 Q. Okay. All right. And this -- this form
23 that defense counsel showed you that's Exhibit 5, do
24 you -- it's got your signature on it.. Do you remember --
25 is that your signature there?

OTIS NERC 03-17-2014

1 A. Uh-huh.

2 Q. That's yes?

3 A. Yes.

4 Q. Okay. Do you remember them giving you this
5 form?

6 A. Well --

7 Q. Do you remember DOT giving you this form?

8 A. No. I don't remember who gave me that.

9 Q. Okay. Do you remember signing this form?

10 A. I remember signing this form.

11 Q. Okay.

12 A. That's my signature there, but --

13 Q. Okay. And do you remember -- did you give
14 it to Dr. Richey or did they give it to Dr. Richey, or do
15 you know?

16 A. I don't know.

17 Q. Okay.

18 A. But I know that's my signature, so I
19 don't --

20 Q. Okay. And somehow it presumably got to
21 Dr. Richey because there's -- it's filled out with
22 Dr. Richey's signature at the end of it here.

23 A. Uh-huh.

24 Q. And on Page 2 it reads -- the question is
25 other relevant medical facts, if any, relate to the

1 condition which the employee seeks leave, and it has, Has
2 to have neck surgery.

3 Do you remember Dr. Richey filling that
4 out, or were you a part of that at all? Do you have any
5 recollection?

6 A. No, I don't.

7 Q. Okay.

8 A. I don't recall that.

9 Q. But they were aware in July of 2012 that
10 you were having neck surgery and that you were out
11 because of that?

12 A. Uh-huh. Yeah.

13 MR. WUKELA: Okay. That's all I've got.

14 RE-EXAMINATION

15 BY MR. WILLIAMS:

16 Q. You talked about getting a lawyer for the
17 first -- for your knee injury because they were -- you
18 needed to get some workers' compensation payments.

19 A. Uh-huh.

20 Q. Did I understand you correctly on that?

21 A. Yeah, you did.

22 Q. Were you receiving any type of compensation
23 or payment while you were out during this time?

24 A. No.

25 Q. No.

OTIS NERO 03-17-2014

1 A. No.

2 Q. Any particular reason why you didn't check
3 in to why you weren't receiving such payments?

4 A. Yeah. I wondered why I wasn't receiving
5 any. I think I did talk to someone about it, but I did
6 talk to Greg Phillips about it, and he said he didn't
7 have no -- nobody -- they didn't have no paperwork the
8 way it was turned in to workers' comp, and that was --
9 like I said, that was my foreman's position after I
10 wasn't -- wasn't able to get back to do that, because
11 all -- both of them, the foreman and the lead man, was
12 right there in my face when it happened, Danny Bostick
13 and Ben Durant.

14 Q. Okay. Do you remember -- so this accident
15 happened June 20th of 2012, correct?

16 A. Uh-huh.

17 Q. Okay. When did you have that conversation
18 with -- with Greg Phillips?

19 A. This was -- to my knowledge, I think it was
20 after that, way after that.

21 Q. It was way after when?

22 A. After I had my operation.

23 Q. Okay. So would you say it was three months
24 after, two months after, one month after June 20th?

25 A. I'll say anywhere from -- I will say two or

1 three months after that.

2 Q. So it was of -- June, July, August,
3 September. Was it more like September, October, or was
4 it July or was it November of 2012?

5 A. I can't say exactly -- say when all that
6 was.

7 Q. Okay. So more like September, October or
8 in November, December?

9 A. I would say I don't know.

10 MR. WUKELA: He said he didn't know,
11 Justin.

12 THE WITNESS: I don't know.

13 MR. WILLIAMS: You don't know.

14 All right. All right. The big, bad wolf
15 is done.

16 (The deposition concluded at approximately
17 11:14 a.m.)

18

19

20

21

22

23

24

25

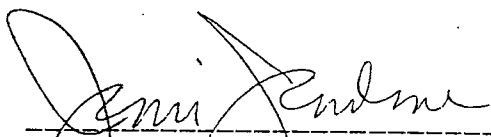
1 CERTIFICATE OF REPORTER

2
3 I, Janni Jardine, Court Reporter, and
4 Notary Public for the State of South Carolina at Large,
do hereby certify:

5 That the foregoing deposition was taken
6 before me on the date and at the time and location stated
7 on Page 1 of this transcript; that the deponent was duly
8 sworn to testify to the truth, the whole truth and
9 nothing but the truth; that the testimony of the deponent
10 and all objections made at the time of the examination
were recorded stenographically by me and were thereafter
transcribed; that the foregoing transcript as typed is a
true, accurate and complete record of the testimony of
the deponent and of all objections made at the time of
the examination to the best of my ability.

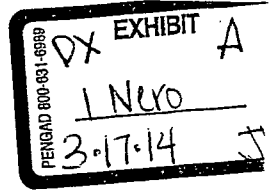
11 I further certify that I am neither related
12 to nor counsel for any party to the cause pending or
interested in the events thereof.

13 Witness my hand, I have hereunto affixed my
14 official seal this 22nd day of March, 2014, at Columbia,
Richland County, South Carolina.

15
16
17
18 
19 Janni Jardine, Court Reporter,
20 Notary Public
State of South Carolina At Large
My Commission expires:
21 September 1, 2019
22
23
24
25



South Carolina
Department of Transportation



MEMORANDUM

TO: Michael Miller, District Safety Coordinator

FROM: Eric M. Minshew, Resident Maintenance Engineer *EMM*

DATE: June 12, 2012

RE: June Safety Meeting

This is to advise that Florence Maintenance's June Safety Meeting was held on Tuesday, June 12, 2012.

Safety Coordinator Al Griggs conducted the meeting; Resident Maintenance Engineer Eric Minshew followed with personnel issues. The following subjects were discussed.

- Lock out / Tag out. Chapter 32 of the SCDOT Safety Manual.
- Backing Safety Chapter 10 of the SCDOT Safety Manual.
- E-learning course entitled *Proper Backing Techniques*.
- Accident and injury review power point.
- Good housekeeping.
- Cleaning oil spills and repairing leaking equipment is every employee's responsibility.
- Report all spills to RME or ARME. Clean up what you spill.

Employees were given the opportunity to ask questions. Attached is a roster of employees in attendance.

EMM: atg
Attachment
File: EMM/atg
205.21.00

SCDOT OSH CLASS ATTENDANCE ROSTER

(Rev. 1/98)

Class ID# _____

Date Posted to Mainframe _____

Lock out Tag out - Backing
COURSE TITLE & NUMBER

6/12/12
DATE

A.T. Griggs 5
INSTRUCTOR & DISTRICT

Florida
LOCATION

NAME (PLEASE PRINT)

EMPLOYEE #

SOCIAL SECURITY #

WORK UNIT/ORG #

1. KIRK S MCCLAY	10053064		52101
2. PAMELA JOHNSON	10053580		52101
3. GEORGE ALFORD	10054386		521.01
4. DANNY WHITEHEAD	10056107		521.01
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			

SCDOT OSH CLASS ATTENDANCE ROSTER

(Rev. 1/98)

Class ID#

Date Posted to Mainframe

Lock out Tag out Backing
COURSE TITLE & NUMBER

6/12/12

DATE

A. T. Gigg
INSTRUCTOR & DISTRICT

Florene

LOCATION

NAME (PLEASE PRINT)

EMPLOYEE #

SOCIAL SECURITY #

WORK UNIT/ORG #

1. E.M. Elmore	100 53156		521-01
2. J.W. FLING			5-21
3. Preston Cooper	100 56098		521-01
4. MATTHEW E. Cade	100 53269		521.01
5. Elise Rouse	100 56035		521.01
6. Demetrius Blankens	1005		52101
7. FRANKIE CARTER	100 52690		52101
8. DEVELL EDDY	100 56927		52101
9. Benjamin L. Duran	100 52748		52101
10. Eddie Thomas	100 56779		521.01
11. Danny Bostick	100 54445		521.01
12. Joe Turner	100 57386		521.01
13. Lee Roy Elmore	100 55199		521.01
14. Daniel Miller	100 56416		521.01
15. Kevin Poston	100 54460		521.01
16. KENNETH EDDY	100 56108		521-01
17. Cory Renyard	100 67089		521-01
18. Joe Ham	100 57028		521-01
19. Sackie Timmon	100 54449		521-01
20. Willie J. Davis	100 54522		521-01
21. Chuckley Gurley	100 52967		521-01
22. Jonas Brooks	100 56145		521-01
23. Anton Farr	100 55417		521-01
24. Curtis Gaysun	100 53119		521-01
25. Tyrone Rich	100-52680		5-21-01

Griggs1

AS

SCDOT OSH CLASS ATTENDANCE ROSTER

(Rev. 1/98)

Class ID# _____
Date Posted to Mainframe _____

Lock out Tag out - Backing
COURSE TITLE & NUMBER

6/12/12
DATE

A.T. Griggs 5
INSTRUCTOR & DISTRICT

Flower
LOCATION

NAME (PLEASE PRINT)

EMPLOYEE #

SOCIAL SECURITY #

WORK UNIT/ORG #

1. Greg Pastor	10056559		
2. Robert J Bean Jr	10056983		521.01
3. Eric M. Shew	10056671		521.01
4. DOLORES "Doe" MATTHEWS	10054339		521.01
5. Frederick Brown	10052685		521.01
6. Betty C. TO	10053744		521.01
7. BOBBY SMALL	10053501		521.01
8. Tammy W. McKnight	10052885		521.01
9. Billy R. Ghere	10054447		521.01
10. Ronald McCullough	10056474		521.01
11. Amy Bradford	10056866		521.01
12. Juan Rosado	10057409		521.01
13. Charles Commander	10053720		521.01
14. Archie Ford	54316		521.01
15. Randell N Grove	10056987		521.00
16. Matthew Scott	10050724		521.01
17. Allen N. Harrison	00903652		2122
18. Terry Singletary	10056504		521.01
19. Richard Robinson	10054311		521.01
20. Jason Hickman	10065382		521.01
21. WALTER FOWLER	10056021		521.01
22. JOEY SIMS	10053292		521.01
23. Jason Kirby	10056322		521.01
24. DONALD ROSS	10056250		521.01
25. William B. Burgess	10054747		521.01

Griggs1

A3

SCDOT OSH CLASS ATTENDANCE ROSTER

(Rev. 1/98)

Class ID# _____
Date Posted to Mainframe _____

Lock out Tag out - Docking
COURSE TITLE & NUMBER

6/12/12
DATE

A.T. Griggs 5
INSTRUCTOR & DISTRICT

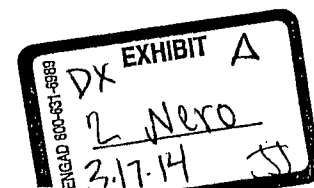
Florence
LOCATION

NAME (PLEASE PRINT) EMPLOYEE # SOCIAL SECURITY # WORK UNIT/ORG #

Bradley Sellers	1005-7014		52101
2. Henry Adams	10056348		52101
3. Rodney P Cameron	10056398		52101
4. Earl McFadden	10056040		52101
5. Anthony Goodman	10065107		"
6. Frederick Mullins	10056018		5-2101
7. Justin W Galloway	10056015		5-2101
8. Justin Braveboy	10052743		5-2101
9. Justin Powell	10052860		5-2101
10. Patrick Gunn	10056129		5-21-01
11. Drew Powell	10053371		521.01
12. OTIS Mero	10056837		521-10
13. Ivory Eaddy	10056320		521-01
14. Clayton McKnight	10055922		521-01
15. Anthony McAllister	10055416		521-01
16. James C. Mc Dowell	10056042		521-01
17. James A Smith	10052866		521-01
18. Harvey Sanders	10099529		521-01
19. Dianne Burdwright	10056476		52101
20. Robert Scott	10054518		52101
21. Paul Kennedy	10056436		52101
22. Leigle Brown	10054746		52101
23. Jacqueline G. McAllister	10053807		52101
24. John Davis	100-52749		52101
25. Johnny McDowell	10052945		521-01

GOOD MORNING!

81





DISTRICT 5 GOAL:
NO INJURIES OR
ACCIDENTS TO ANY
EMPLOYEE!



INJURY REVIEW

- January- April Injury Review
INJURIES TO DISTRICT 5 EMPLOYEES

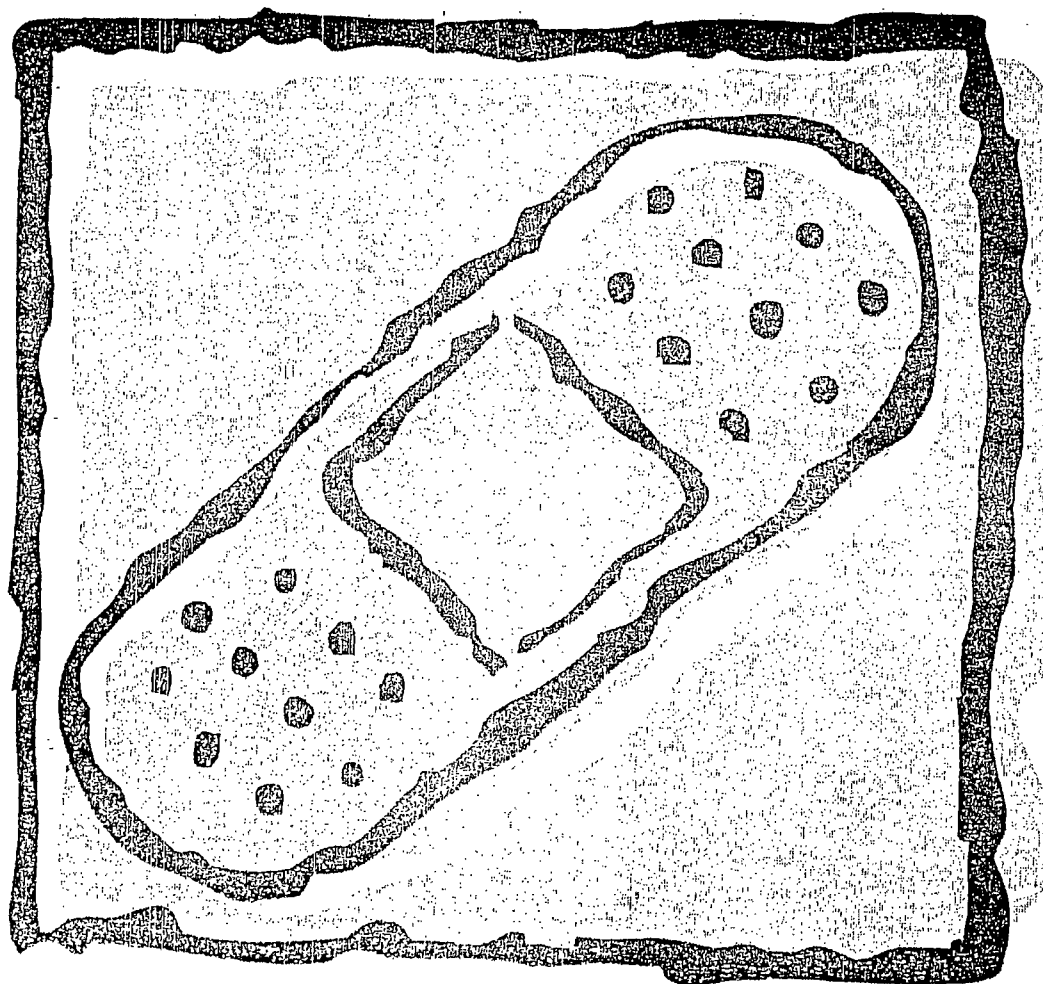
LOST TIME INJURIES

LOST TIME DAYS (to date)

B4

296

D5 INJURIES— APRIL



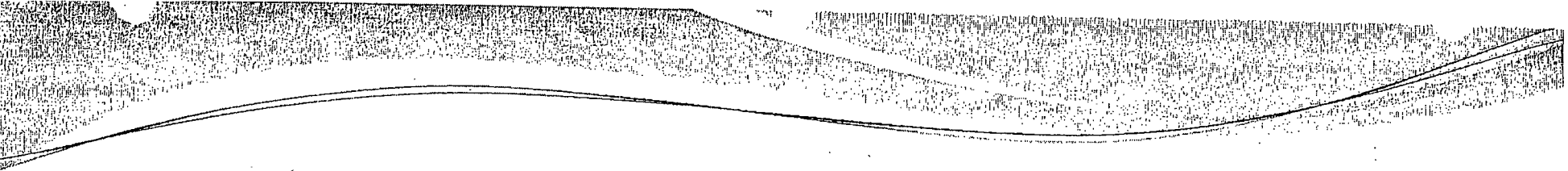


APRIL INJURIES TO D5 EMPLOYEES



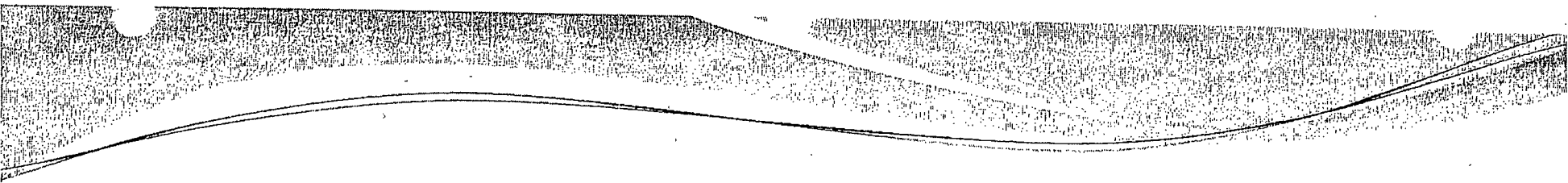
IF YOU ARE INJURED

- REMEMBER TO REPORT ALL INJURIES TO YOUR SUPERVISOR IMMEDIATELY.
- WHEN AN INJURY IS REPORTED, UNLESS IMMEDIATE MEDICAL ATTENTION IS NEEDED, THE 12A-12d FORMS SHOULD BE FILLED OUT. IF MEDICAL ASSISTANCE IS NEEDED, COMPENDIUM SHOULD BE CALLED AND A DOCTOR'S APPOINTMENT WILL BE SCHEDULED.
- EMPLOYEES ARE REQUIRED TO BRING IN A VALID DOCTOR'S NOTE AND/OR RETURN TO WORK ASSESSMENT WITHIN 24 HOURS OF ANY DOCTOR'S VISIT. IF YOU DO NOT, YOU WILL BE SENT BACK HOME UNTIL YOU PROVIDE THE STATEMENT. THIS STATEMENT MUST BE APPROVED BEFORE YOU RETURN TO WORK.

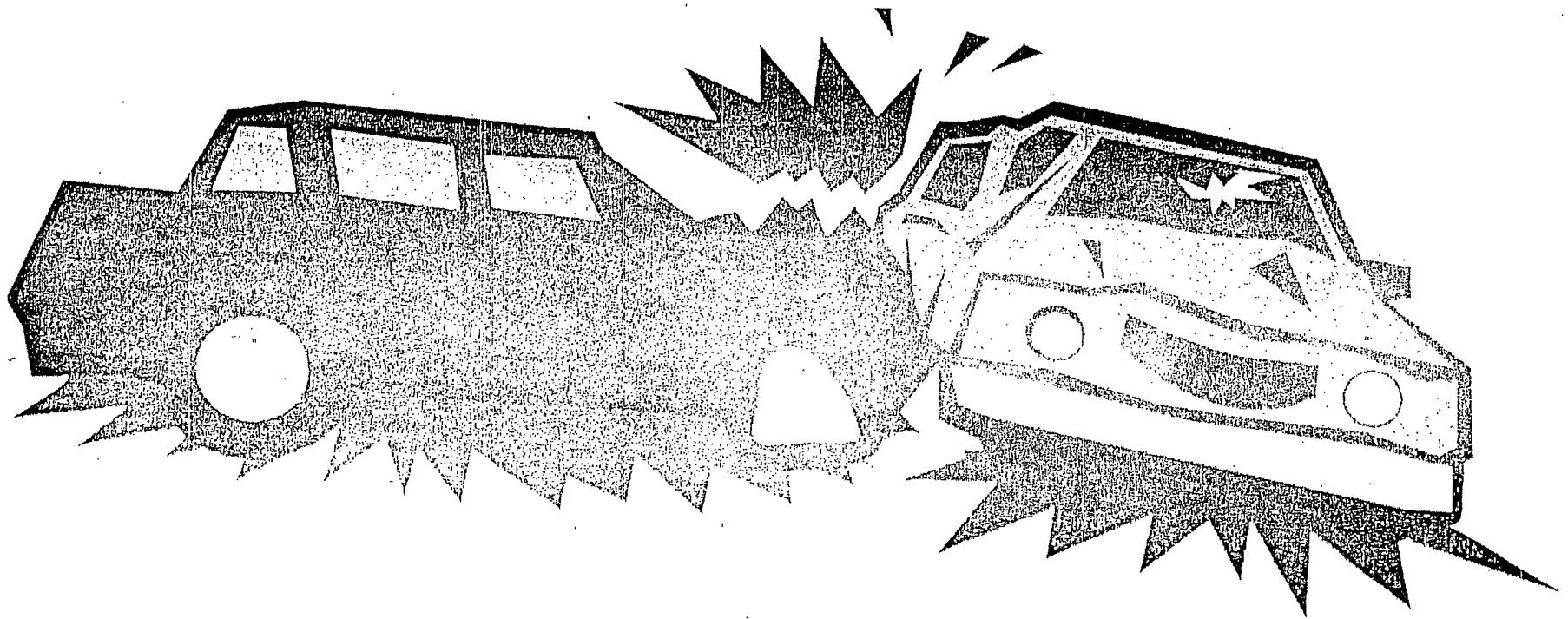


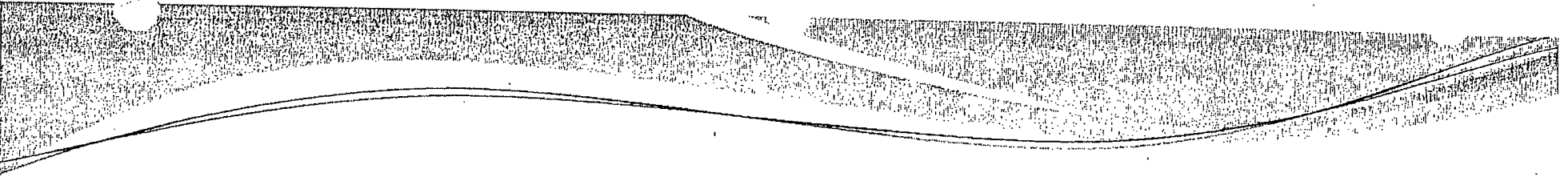
IF YOU ARE INJURED

- FAILURE TO ANY OF THE ABOVE MAY RESULT IN THE FOLLOWING:
 - Your medical treatment may be delayed until the issue is resolved.
 - You may have to pay for unauthorized medical treatment.
 - You may not be able to return to work until a valid statement is given to the DOT.
 - Your injury claim may be denied if you fail to report the injury in a timely manner.



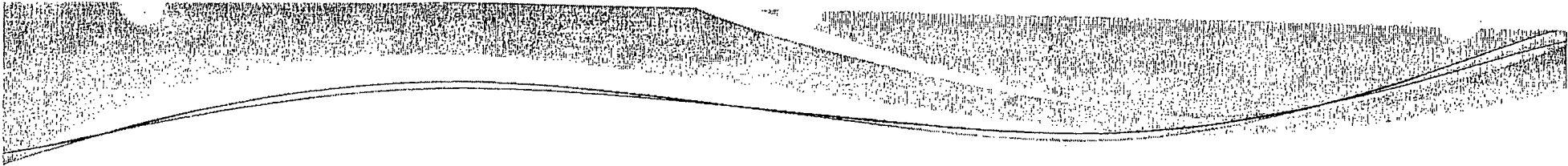
VEHICLE ACCIDENTS





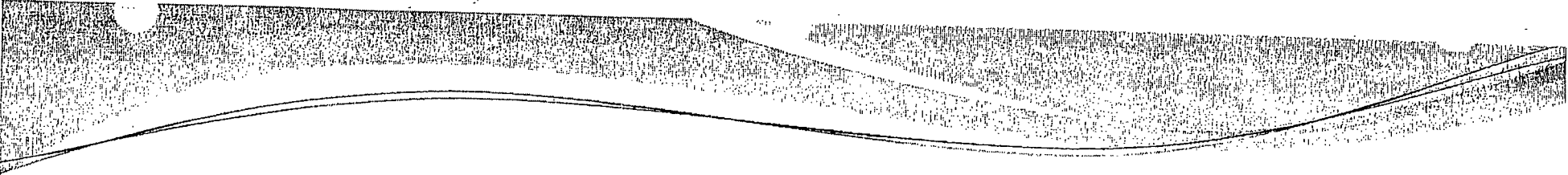
VEHICLE ACCIDENTS

- In April we had vehicle collisions.



THE SAFETY OFFICERS WILL BE CONDUCTING
RANDOM WORK ZONE INSPECTIONS
THROUGHOUT THE YEAR IN EVERY COUNTY.

MAKE SURE YOU HAVE THE APPROPRIATE
EQUIPMENT TO SET UP YOUR WORK ZONES.



WORK ZONE INSPECTIONS

- RESULTS OF WORK ZONE INSPECTIONS
THROUGH April 30:

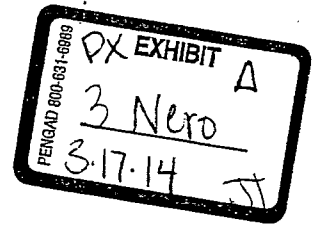


ANY QUESTIONS????



South Carolina
Department of Transportation

June 26, 2012



Otis Nero


Dear Mr. Nero,

This letter is to provide information on available benefits and insurance obligations during your approved leave of absence from work. Included with this letter is information pertaining to your eligible benefits. Please read information carefully and contact the Benefits Office at 803-737-1729 to discuss any questions.

Basic Long Term Disability is available as long as you are covered under a health plan at the time of leave of absence from work. The Supplemental Long Term Disability is an optional coverage that does not require being covered on a health plan. These plans have a minimum 90-day waiting period before approved benefits may be paid. If you are unable to return to work, you may be eligible for disability retirement. If you meet the service retirement criteria and you are unable to return to work, apply for service retirement benefit while waiting for notification of disability retirement. We encourage employees to apply for eligible benefits as soon as a physician advises of the need to be out of work for thirty (30) days or more. If you are able to return to work, the process to obtaining these benefits can be stopped.

If you are on a leave with pay absence, insurance premiums will continue to be payroll deducted. In the event that you are on an unpaid leave of absence, you are eligible to continue insurance coverage by submitting appropriate premiums to the Payroll Office. If out of work for a full calendar month and does not use sick or annual leave or has not declared FMLA-Family Medical Leave Act (which provides 12-weeks employer insurance portion protection), you will be charged the full cost of insurance plans. Failure to pay owed premiums within 25-days will result in termination of insurance coverage. In order to reinstate insurance coverage, all premiums must be paid current within 31-days of coverage termination. If insurance coverage is not reinstated within 31-days of termination for non-payment, you cannot re-enroll until returns to work or the next open enrollment period.



Enclosed is the Employee Insurance Program's Leave Without Pay Notice (LWOP). Please read and completed LWOP form as instructed and return to the Human Resource Office. If you have completed the LWOP form, please disregard request to complete form. Contact the Payroll Office at 803-737-1222 in regards to amounts owed for insurance premiums.

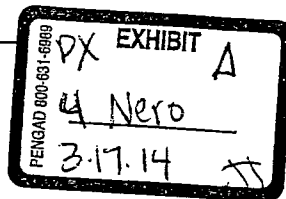
Sincerely,

Jennifer Brown

Jennifer Brown
Benefits Counselor

Enclosure: Leave without pay form (LWOP)
 2012 Monthly Insurance Premiums for Active Employees
 The Standard
 Basic Long Term Disability Benefit Plan
 Extended Disability Leave
 Leave Pool Program Policy

C2



SOUTH CAROLINA DEPARTMENT OF TRANSPORTATION
LEAVE OF ABSENCE TRANSACTIONS

Term 12-18-12

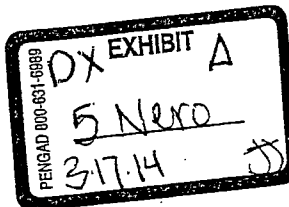
SECTION 1		
Name and Address Otis Nero [REDACTED]		Org. Code/Name 52101 - Florence Maintenance
Last 4 of SSN [REDACTED]		Employment Status ☒ PE ☐ TG ☐ RE ☐ PT
Position Title Trade Specialist III		SCEIS Personnel No. 10056837
Annual Salary \$ 25468		Work Hours 40 Hours - 5 Days
SECTION 2		
☒ Leave of Absence		
Dates With Pay: Beginning Date: Jun 22, 2012 End Date: Jul 23, 2012		
Dates Without Pay: Beginning Date: Jul 24, 2012 End Date: Dec 18, 2012		
EIP-LWOP FORM: ☐ Yes ☐ No		
TYPE: Extended Illness		
ATTACHMENT: Doctor Statement		
SECTION 3		
☐ Return to Work		
EFFECTIVE DATE: _____		
EIP-LWOP FORM: ☐ Yes ☐ No		
ATTACHMENT: _____		
WORK SCHEDULE: _____		
COMMENTS		
See attached dr statement		
[REDACTED]		
Completed By: Crista Junkins [Signature]		
Reviewed by HRC/HR Liaison: Janet Miller [Signature]		
Phone: 843-661-4715		
Phone: 843-661-4710		
Date: Dec 10, 2012		
Date: 12/11/12		

Form HR-4 Revised Nov 2012

HQ [Signature]

12-19-12

DI



**Certification of Health Care Provider for
Employee's Serious Health Condition
(Family and Medical Leave Act)**

U.S. Department of Labor
Wage and Hour Division



OMB Control Number: 1235-0003
Expires 2/28/2014

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.

Employer name and contact: _____

Employee's job title: _____ Regular work schedule: _____

Employee's essential job functions: _____

Check if job description is attached: _____

INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 29 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form. 29 C.F.R. § 825.305(b).

Your name: Otis NERO 7/9/12
First Middle Last

INSTRUCTIONS to the HEALTH CARE PROVIDER: Your patient has requested leave under the FMLA. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave. Please be sure to sign the form on the last page.

Provider's name and business address: Dr Robert Richey

Type of practice / Medical specialty: Internal Medicine

Telephone: (843) 679-4019 Fax: (843) 679-4022

5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? No Yes.

If so, estimate the beginning and ending dates for the period of incapacity: 6/20/12 -> 1/20/13

6. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition? No Yes.

If so, are the treatments or the reduced number of hours of work medically necessary?
No Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

Estimate the part-time or reduced work schedule the employee needs, if any:

_____ hour(s) per day; _____ days per week from _____ through _____

7. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions? No Yes.

Is it medically necessary for the employee to be absent from work during the flare-ups?
No Yes. If so, explain:

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency : _____ times per _____ week(s) _____ month(s)

Duration: _____ hours or _____ day(s) per episode

Summ Wk Cap

ESTIMATE 7/12

For now he
is out -
After surgery
we can
estimate
this
7/12/12

1. Approximate date condition commenced:

Summer 7 years - neck

Probable duration of condition:

8 5 years

Mark below as applicable:

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?

No Yes. If so, dates of admission:

6/20/12

Date(s) you treated the patient for condition:

7/9/12 & 11/5/12

Will the patient need to have treatment visits at least twice per year due to the condition? No Yes

Was medication, other than over-the-counter medication, prescribed? No Yes

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)? No Yes. If so, state the nature of such treatments and expected duration of treatment:

2. Is the medical condition pregnancy? No Yes. If so, expected delivery date:

3. Use the information provided by the employer in Section I to answer this question. If the employer fails to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his/her job functions.

Is the employee unable to perform any of his/her job functions due to the condition? No Yes

If so, identify the job functions the employee is unable to perform:

4. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

Has to have
neck surgery
11/12/12
AS

[The main body of the form consists of 20 horizontal lines. A large, diagonal handwritten 'X' is drawn across the entire section, from the top left to the bottom right.]

Signature of Health Care Provider

[Handwritten signature]

Date

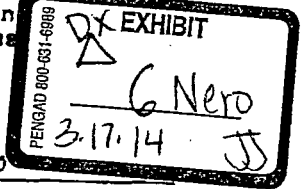
7/9/12

If you have questions, please contact Marcy Strother at (803) 737-4668, fax (803) 737-4846, E-mail Strothermw@scdot.org

ACCIDENTAL INJURY CLAIM FORM – PHYSICIAN'S STATEMENT

Failure to complete this form in its entirety may result in a delay in processing this claim.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act which is a crime, and subjects such person to criminal and civil penalties.



Policy Number: PT 812 767 Policyholder Name: OTIS NERO
 Patient Name: OTIS NERO Date of Birth: 3/23/50

SECTION B: PHYSICIAN'S STATEMENT Please answer each question COMPLETELY.

Physician's Name <u>DR. ROBERT RICHY</u>		Phone Number (843) <u>679-4019</u>	Fax Number (843) <u>679-4022</u>
Mailing Address <u>805 Pamlico Hwy</u>		City <u>Florence</u>	State <u>S.C.</u> ZIP <u>29505</u>

DATE OF SERVICE	DIAGNOSIS CODE ICD	DIAGNOSIS DESCRIPTION	PROCEDURE CODE	PROCEDURE DESCRIPTION
<u>7/9/12</u>		<u>CX Spinal Stenosis</u>		

Date of Incident: 6/19/12 Describe where and how the incident occurred: Going to bathroom AT Night, AND KICKED TOE ON IRON table.

Was the patient referred to you by another physician? ☐ Yes ☒ No

If yes, physician's name: _____

Referring physician's address: _____ Phone number: _____

Was patient hospitalized as a result of this diagnosis? ☒ Yes ☐ No

Admission: 6/20/12 Discharge: 6/25/12

Hospital Name: CAROLINA'S Hospital system

City: Florence State: S.C.

PHYSICIAN'S SIGNATURE

DATE

TAX ID NUMBER

American Family Life Assurance Company of Columbus (Aflac)
 Attention: Claims Department • Worldwide Headquarters • 1932 Wynnion Road • Columbus, GA 31909
 For information or help filing your claim, please call toll-free 1-800-89-AFLAC (1-800-892-3522) or visit our Web site at aflac.com.
 Toll-free fax number: 1-877-44-AFLAC (1-877-442-3522)

Carolinas Hospital System

805 Pamlico Highway
Florence, SC 29505
843 674 5000

HISTORY AND PHYSICAL

Name: NERO, OTIS

MRN:	448860	Room#:	832	DOB:	[REDACTED]
Account #:	[REDACTED]	Bed#:	1	Age:	[REDACTED] Y
Service Code:	MIP			Sex:	M
ADM DATE:	06/20/2012				

Dictated By: ROBERT M RICHEY, MD
Attending Physician: ROBERT RICHEY
Primary Care Physician: ROBERT RICHEY

CHIEF COMPLAINT: "I passed out talking to my boss."

HISTORY OF PRESENT ILLNESS: The patient is a 62-year-old male who works for the highway department. He was talking to his boss when he experienced a short spell of syncope where it appears to be more or less went down slowly to the ground and then awakened without significant trauma, but has a recent fracture of the left foot. We were thinking that the patient might have had an acute GI bleed secondary to nonsteroidal intake. He is admitted to the floor. There is a drop in his hemoglobin. He had no chest pain. There was no prodrome. So he was admitted for monitoring. We will try to figure out what happened to him. It has been my understanding that he has quit smoking, which was good for him. He also has severe degenerative arthritis of the knees. He has had a little bit of BPH symptoms. He has been on Cardura, etodolac, Klonopin, Ambien, occasional Vicodin or Percocet for his pain, occasional cortisone injections, and he takes glucosamine.

ALLERGIES: NONE.

FAMILY HISTORY: Not noted on his intake form.

SOCIAL HISTORY: Married. He does drink and he has previously quit smoking. Works for the highway department.

REVIEW OF SYSTEMS: He denied hematemesis, hematochezia, or melena. He has had headaches, stiffness, joint pain, back pain, and occasional cystic acne. He had no hematuria. He has a remote history of hemoptysis that was worked up.

At the present time, he has no orthostatic change.

PHYSICAL EXAMINATION:

Vital Signs: His vital signs are stable. He is actually hypertensive at 150/80, afebrile, and pulse in the mid 80s.

General: He is in no apparent distress. There is no sign of any trauma that I can see. Please see the ER note, Dr. Weinstein went over him well.

HEENT: Pupils equal, round, react to light. Extraocular muscles are intact. Sclerae not icteric. He has a clear throat. Conjunctivae still pink. Vision is clear.

Heart: Regular rate and rhythm. No significant murmurs, gallops, or rubs. S1 is well heard.

Lungs: Clear.

Breasts: Nontender. Axilla negative. Breasts negative.

Neck: Carotids negative.

Prelim Chart Copy

Page 1 of 2

HISTORY AND PHYSICAL

Name: NERO, OTIS

MRN: 448860

DOB: [REDACTED]

Account #: [REDACTED]

ADM DATE: 06/20/2012

Abdomen: Soft, nontender, with good abdominal muscle tone.

Extremities: Without clubbing, cyanosis, or edema. He has medial joint tenderness in the knees bilaterally.

Skin: Without bruise. No palpable nodes.

Neurological: Nonfocal.

Extremities: The foot is tender.

IMPRESSION: Syncope. Additionally, there is an oblique fracture involving the proximal aspect of the proximal phalanx of the fourth toe which is nondisplaced. Head CT, for what reason I am really not sure, was done other than that he was in the emergency room, was read as negative. Sinuses are read as clear. A 12-lead EKG showed a normal sinus rhythm with PACs. They noted voltage criteria compatible with left ventricular hypertrophy. His intervals appeared normal, and there is no doubt that there are 2 P wave morphologies. The patient admitted to the hospital with anemia, possible cardiac arrhythmia. He will have a cardiac workup including a tilt-table. He will have a gastrointestinal workup to include an esophagogastroduodenoscopy and he will be monitored. We will see if we can find out any cause for this "spell." He did not have a seizure.

Robert M. Richey, MD

Disclaimer: PRELIMINARY UNTIL AUTHENTICATED

Print CC:

Fax CC:

D Date/Time: 06/22/2012 08:58 PM ET

T Date/Time: 06/22/2012 10:57 PM ET

R Date/Time:

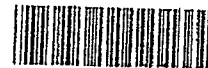
S Job #: CARHS57356804

D Job #: 271637

MT: 1100282 /111269

Prelim Chart Copy

Page 2 of 2



"1EDREC"

Name: _____ Age: _____ MR#: _____

Attending Physician: _____

Chief Complaint: 8 pain on STAIR

Present Illness: NSAM

Past Medical History: OA Knees fx @ 4th toe

Allergies: _____

Social/Family History: Ex Smoker

Review of Systems: (+)

Current Medications: _____

PHYSICAL EXAMINATION

Vital Signs: T: NIL P: 70 R: 12 B/P: _____ WT: _____

General: Alert, NAD

Heart: RR 1 (u)

HEENT: CL

Chest/Lungs/Breasts: CL

Abdomen: NAD

Genitalia/Rectal: N/A

Extremities: 0 CC

Neuro: ANDS STW

Impression: ? Gt Hum - SLWR
TUG IF NPZ ELW

Plan: ADWD

Physician's Signature _____ Date _____ Time _____

History and Physical

1595-FC-012496HMS 02/98

(Rev. 04/10)

Page 1 of 1

Patient Label

CARDINAS HOSPITAL SYSTEM

NERO OTIS 618-1

DOB: _____ M 6C

ROBERT RICHEY

MR#: 448860

DOS: 2012-06-20



Patient Account #: _____

Printed on 6/20/12 at 21:37

Carolinas Hospital System
805 Pamplico Highway Florence, SC 29505

MEDICAL IMAGING REPORT
Report Status: FINAL

Name: NERO, OTIS

MRN: 448860

Accession #: 2206984

Acct #: [REDACTED]

Patient Type: INPATIENT

Order #: 25148789

Room #: 832

Bed #: 1

Exam Date/Time: 6/20/2012 8:42:15PM

Exam Description: CT-HEAD WO CONTRAST

Admitting Diagnosis(es): syncope, dizziness

DOB: [REDACTED]

Age: [REDACTED]

Sex: M

Dictating Physician: CREEDMAN, STEVEN

Ordering Physician: WEINSTEIN, ERIC S

Attending Physician:

Primary Care Physician: WEINSTEIN, ERIC S

CT BRAIN WITHOUT CONTRAST, 06/20/2012

HISTORY:

Syncope, dizziness.

Brain volume is normal. No abnormal extracerebral fluid collection. No hemorrhage or hypodense lesion. Normal ventricles. No abnormal calcification. No bone abnormality. Clear sinuses.

IMPRESSION:

NEGATIVE NONCONTRAST BRAIN CT.

STEVEN CREEDMAN, MD

Print CC:

Fax CC:

Eric S. Weinstein, MD

Robert M. Richey, MD

D Date / Time: 06/21/2012 11:29 AM ET

T Date / Time: 06/21/2012 12:14 PM ET

R Date / Time:

S Job #: CARHS57308313

D Job #: 7751

MT: 28836

Authenticated By: CREEDMAN, STEVEN, 06/22/2012 12:47 AM

Carolinas Hospital System
805 Pamplico Highway Florence, SC 29505

MEDICAL IMAGING REPORT

Report Status: FINAL

Name: NERO, OTIS

MRN: 448860

Accession #: 2206971

Acct #: [REDACTED]

Patient Type: INPATIENT

Order #: 25148200

Room #: 618

Bed #: 1

Exam Date/Time: 6/20/2012 6:54:22PM

Exam Description: LE-TOE RT 4 DIGIT

Admitting Diagnosis(es): injured RT FOOT/ 4TH DIGIT

DOB: [REDACTED]

Age: [REDACTED]

Sex: M

Dictating Physician: HINDMAN, CAREY

Ordering Physician: BURNS, KENNETH SCOTT JR

Attending Physician:

Primary Care Physician: BURNS, KENNETH SCOTT JR

RIGHT FOOT WITH ATTENTION TO RIGHT 4TH DIGIT - 06/20/2012

HISTORY:

Trauma.

Three views of the right foot are submitted. There is an oblique fracture involving the proximal aspect of the proximal phalanx of the 4th toe, which is nondisplaced.

IMPRESSION: RIGHT FOOT AS DESCRIBED.

CAREY HINDMAN, MD

Print CC:

Fax CC:

K. Scott Burns, MD

D Date / Time: 06/21/2012 08:41 AM ET

T Date / Time: 06/21/2012 09:05 AM ET

R Date / Time:

S Job #: CARHS57301779

D Job #: 271083

MT: 27908

Authenticated By: HINDMAN, CAREY, 06/21/2012 10:01 AM

Carolinas Hospital System
805 Pamplico Highway Florence, SC 29505

MEDICAL IMAGING REPORT
Report Status: FINAL

Name: NERO, OTIS

MRN: 448860

Accession #: 2206970

Acct #: [REDACTED]

Patient Type: INPATIENT

Order #: 25148198

Room #: 618

Bed #: 1

Exam Date/Time: 6/20/2012 6:53:24PM

Exam Description: CH-CHEST 2V

Admitting Diagnosis(es): synCope

DOB: [REDACTED]

Age: [REDACTED]

Sex: M

Dictating Physician: HINDMAN, CAREY

Ordering Physician: BURNS, KENNETH SCOTT JR

Attending Physician:

Primary Care Physician: BURNS, KENNETH SCOTT JR

CHEST, 06/20/2012

HISTORY:

Syncope.

Frontal and lateral views of the chest reveal the cardiac silhouette and pulmonary vascularity to be unremarkable. Lung fields are free of active disease.

IMPRESSION:

NEGATIVE STUDY.

CAREY HINDMAN, MD

Print CC:

Fax CC:

K. Scott Burns, MD

D Date / Time: 06/21/2012 08:40 AM ET

T Date / Time: 06/21/2012 09:13 AM ET

R Date / Time:

S Job #: CARHS57301745

D Job #: 271082

MT: 26724

Authenticated By: HINDMAN, CAREY, 06/21/2012 10:01 AM

Carolinas Hospital System
805 Pamplico Highway
Florence, SC 29505
843 674 5000

STRESS TEST

Name: NERO, OTIS

MRN:	448860	Room#:	832	DOB:	[REDACTED]
Account #:	[REDACTED]	Bed#:	1	Age:	[REDACTED]
Service Code:	MIP			Sex:	M
ADM DATE:	06/20/2012			DOS:	06/23/2012

Dictated By: NICOLETTE B NASO, MD. FACC
Attending Physician: ROBERT RICHEY
Primary Care Physician: ROBERT RICHEY

INDICATION: Syncope.

REFERRING PHYSICIAN: Robert M Richey, MD

TECHNIQUE: The patient was injected with 10.7 mCi of technetium-99 Myoview and rest images were obtained.

Next, he underwent a stress test receiving 0.4 mg of Lexiscan. At peak stress, he was injected with 25.8 mCi of technetium-99 Myoview. Repeat images were obtained.

FINDINGS:

1. During the Lexiscan infusion, the patient's heart rate varied from 61 to 81, blood pressure varied from 102/67 to 187/100. There were no complaints recorded. PACs were noted during the procedure. No ST-segment changes were seen.
2. Nuclear images showed a fixed inferior defect, which may be artifactual versus an inferior scar. No significant reversible ischemia seen.
3. Gated images show calculated ejection fraction of 40% with probable mild inferior hypokinesis.

CONCLUSION: Lexiscan scan Myoview study showing a fixed inferior defect, likely representing a small inferior scar versus artifact. No clear ischemia. Probable mild inferior hypokinesis.

Nicolette B. Naso, MD. FACC

Disclaimer: PRELIMINARY UNTIL AUTHENTICATED

Print CC:

Fax CC: Robert M. Richey, MD 8436794022

D Date/Time: 06/23/2012 01:55 PM ET

T Date/Time: 06/23/2012 03:36 PM ET

R Date/Time:

S Job #: CARHS57364723

D Job #: 271806

MT: 826706

Prelim Chart Copy

Page 1 of 1

MEDICAL IMAGING REPORT

Report Status: FINAL

Name: NERO, OTIS

MRN:	448860	Room #:	DISC	DOB:	[REDACTED]
Accession #:	2207746	Bed #:	DISC	Age:	[REDACTED]
Acct #:	[REDACTED]	Exam Date/Time:	6/24/2012 11:46:50AM	Sex:	M
Patient Type:	INPATIENT	Exam Description:	MR-CERV SPINE WO CON		
Order #: 054530		Admitting Diagnosis(es)	DX;BIL HANDS/ARM NUMBNESS AND SYNCOPE		

Dictating Physician: HINDMAN, CAREY
Ordering Physician: RICHEY, ROBERT MCINTYRE
Attending Physician:
Primary Care Physician: RICHEY, ROBERT MCINTYRE

MRI OF CERVICAL SPINE - 06/24/2012

HISTORY:

Bilateral cervical radiculopathy.

Routine imaging sequences were obtained without contrast. There is moderate narrowing of C6-7 and C7-T1 disc spaces. The cervical cord is normal. On the axial images, C2-3 is unremarkable. At C3-4 there is mild spinal stenosis with the AP diameter of the canal measuring 9.5 mm. There is moderate narrowing of the right foramen and mild narrowing of the left foramen due to a diffuse disc bulge. At C4-5 there is moderate narrowing of both foramen and mild spinal stenosis due to a diffuse disc bulge. AP diameter of the canal is 1 cm.

At C5-6 there is mild narrowing of the right foramen. The left foramen is spinal stenosis secondary to diffuse disc bulge. AP diameter of the canal is 9.5 mm.

At C6-7 there is moderate narrowing of both foramen with spinal stenosis. AP diameter of the canal measures 9.5 mm.

At C7-T1 there is moderate spinal stenosis with the AP diameter of the canal measuring 8 mm. There is moderate narrowing of both neural foramen due to a diffuse disc bulge.

IMPRESSION:

ABNORMALITY AT MULTIPLE LEVELS. MOST SEVERELY INVOLVED IS C7-T1.
CLINICAL CORRELATION RECOMMENDED.

CAREY HINDMAN, MD

Print CC:

IMAGING REPORT

Name: NERO, OTIS

MRN: 448860

Acct #: [REDACTED]

Order #: 054530

DOB: [REDACTED]

Exam Date/Time: 6/24/2012 11:46:50AM

Accession #: 2207746

Exam Description: MR-CERV SPINE WO CON

Admitting Diagnosis(es): DX;BIL HANDS/ARM NUMBNESS AND SYNCOPE

Fax CC:

Robert M. Richey, MD

D Date / Time: 06/24/2012 11:50 AM ET

T Date / Time: 06/24/2012 1:59 PM ET

R Date / Time:

S Job #: CARHSS7374056

D Job #: 271996

MT: 28650

Authenticated By: HINDMAN, CAREY, 06/25/2012 1:18 PM

Carolinas Hospital System

805 Pamplico Highway
Florence, SC 29505
843 674 5000

CONSULTATION

Name: NERO, OTIS

MRN:	448860	Room#:	832	DOB:	[REDACTED]
Account #:	[REDACTED]	Bed#:	1	Age:	[REDACTED]
Service Code:	MIP			Sex:	M
ADM DATE:	06/20/2012			DOS:	06/24/2012

Dictated By: WILLIAM B NASO, MD
Attending Physician: ROBERT RICHEY
Primary Care Physician: ROBERT RICHEY

CHIEF COMPLAINT: Neck pain.

HISTORY: The patient is a 62-year-old black male who was admitted with syncope but who also has been having neck pain and pain into both arms, predominantly in the right upper extremity with pain radiating to the right shoulder and arm into the middle and ulnar hand. He complains of numbness and weakness in both hands. He has been treated conservatively with nonsteroidals and various medications. He underwent a cervical MRI, and I was asked to see the patient in neurosurgical consultation by Dr. Richey.

PAST MEDICAL HISTORY: Hypertension.

PAST SURGICAL HISTORY: Includes knee surgery.

REVIEW OF SYSTEMS: He denies chest pain or shortness of breath. All other systems are otherwise unremarkable.

FAMILY HISTORY: Noncontributory.

ALLERGIES: NONE KNOWN.

SOCIAL HISTORY: He is married. He lives in Florence. He works for the highway department. He quit smoking cigarettes about 3 years ago. He drinks a moderate amount of alcohol but can go easily several weeks without drinking he says. He denies illicit drug use.

PHYSICAL EXAMINATION:

Vital Signs: His temperature is 97.4, his heart rate is 57, his blood pressure 153/60. His weight is given at 84 kg, and his height is 6 feet 2 inches.

General: He is a well-developed, well-nourished, 62-year-old, black male. He is awake, alert, conversant, fluent speech, normal affect, fully oriented. His pupils are 2 mm and reactive. His extraocular movements are intact. His face is symmetric. His tongue is midline. His uvula and palate elevate normally. Shoulder shrug is 5/5 both upper and lower extremities, have normal bulk and tone. Strength 5/5 strength including both grips, biceps, triceps, deltoids, iliopsoas, quadriceps, hamstring, gastroc, anterior tibialis motor groups. He may have some slight weakness in his grips but this is subtle. Deep tendon reflexes are 1+ over 4 in both biceps, triceps, knee jerks, and 0 for both ankle jerks. He has no clonus. His toes are downgoing. He has no Hoffmann sign.

CONSULTATION

Name: NERO, OTIS

MRN: 448860

DOB: [REDACTED]

Account #: [REDACTED]

ADM DATE: 06/20/2012

Neck: No carotid bruits.

Chest: Has coarse but clear breath sounds with no wheezes. There are some upper airway noises when he breathes.

Heart: Regular.

Abdomen: Soft.

IMAGING PROCEDURE: A CT scan of the cervical spine is available for review. There is multilevel degenerative disk disease and spondylosis. There is moderate central and bilateral foraminal stenosis at C7-T1. Some slight ligamentous hypertrophy posteriorly as well. At C6-7, there is moderate foraminal stenosis on the right side.

ASSESSMENT:

1. C6-7 and C7-T1 spondylotic stenosis as described, worse at C7-T1.
2. Cervical radiculopathy.
3. Chronic back pain.

COMMENT: I would recommend to continue conservative measures to include a _____ series of cervical epidural steroid injections. I think he would also benefit from outpatient physical therapy. I do not think his syncope is related to cervical spine pathology. We will arrange for these conservative measures to be initiated as an outpatient. The patient is scheduled for discharge to home today. He will otherwise follow up in my office in 6-8 weeks. I have discussed in detail with the patient and his wife my recommendations, and they wish to proceed with an injection and therapy.

William B. Naso, MD

Disclaimer: PRELIMINARY UNTIL AUTHENTICATED

Print CC:

Fax CC: Robert M. Richey, MD 8436794022

D Date/Time: 06/24/2012 03:16 PM ET

T Date/Time: 06/24/2012 10:42 PM ET

R Date/Time:

S Job #: CARHS57377406

D Job #: 272024

MT: 191168 /148577

Carolinas Hospital System
805 Pamlico Highway
Florence, SC 29505
843 674 5000

DISCHARGE SUMMARY

Name: NERO, OTIS

MRN:	448860	Room#:	832	DOB:	[REDACTED]
Account #:	[REDACTED]	Bed#:	1	Age:	[REDACTED]
Service Code:	MIP			Sex:	M
ADM DATE:	06/20/2012			DIS DATE:	06/24/2012

Dictated By: ROBERT M RICHEY, MD
Attending Physician: ROBERT RICHEY
Primary Care Physician: ROBERT RICHEY

DISCHARGE DIAGNOSES:

1. Syncope.
2. Gastroesophageal reflux disease.
3. Severe cervical spinal stenosis, which I think had something to do with his syncopal episode

The patient passed out at work. He came in, where we thought he might have had a gastrointestinal bleed and scoped him, and it was negative. He was placed on a clear liquid diet. Given orthostatic vitals. When the esophagogastroduodenoscopy was negative, we had to deal with his pain. We had a tilt-table test. We also had to treat some hypertension on him. When the MRI was completed, it was apparent that he had severe spinal stenosis, and consultation was made. He will be followed up on this and more than likely operated on.

The cause of the syncope I think has something to do with his spinal stenosis and a reflex mechanism. We really cannot prove it, but from a monitoring standpoint, we found no problems. Cardiology consultation was also made.

He is discharged in improved condition and will be disabled until he has followed up and probably operated on. Afterwards, his recovery will depend on multiple problems as he also has severe osteoarthritis.

Robert M. Richey, MD

This job has been electronically signed by: Robert M Richey MD on 12/08/2012 at 6:37:00 PM (EST)
Verification: 6056261920121208183700 D

Print CC:

Fax CC:

D Date/Time: 11/04/2012 05:32 PM ET

T Date/Time: 11/04/2012 06:46 PM ET

R Date/Time:

S Job #: CARHS60562619

D Job #: 296801

MT: 148577

Final Chart Copy

Page 1 of 1

Carolinas Hospital System

805 Pamplico Highway

Florence, SC 29505

843 674 5000

OPERATIVE REPORT

Name: NERO, OTIS

MRN:	448860	Room#:	726	DOB:	
Account #:		Bed#:	1	Age:	
Service Code:	SIP			Sex:	M
ADM DATE:	08/28/2012			DOS:	08/28/2012

Dictated By: WILLIAM B NASO, MD

Attending Physician: WILLIAM NASO

Primary Care Physician: ROBERT RICHEY

PREOPERATIVE DIAGNOSIS: Cervical stenosis.

POSTOPERATIVE DIAGNOSIS: Cervical stenosis.

NAME OF PROCEDURE: C6-C7, C7-T1 anterior cervical discectomy with allograft fusion with C6-T1 Alphatec anterior plate and screw stabilization.

SURGEON: William Naso, MD

INDICATIONS: The patient is a 62-year-old black male, who presents with signs and symptoms of cervical stenosis.

DESCRIPTION: The patient was taken to the operative room and placed under general anesthesia, supine, with head and neck in neutral position in Mayfield horseshoe. The neck was prepped and draped in the usual sterile fashion. A 4 cm incision was made transversely on the left side of the C7 vertebral body. The platysma was divided longitudinally. Fascial plane between the sternocleidomastoid and common carotid laterally, and trachea and esophagus medially was developed, and anterior cervical spine was identified. Intraoperative fluoroscopy confirmed the appropriate level. Longus coli was dissected off on either side of the interspace, and self-retaining retractors were placed. There was a large bridging osteophyte at C6-7, and a small one at C7-T1. These were drilled off. The disk space were incised at both levels, and superficial disk was able to be drilled some and then curetted and removed with the pituitary forceps and punch Kerrison. Caspar distraction posts were placed, and the operating microscope was brought into the field.

C7-T1 interspace was distracted. We then drilled down under the microscope using microsurgical technique until the posterior longitudinal ligament was identified. There was a large osteophyte at this level, particularly in the foramen on the right side. The bone was able to be completely removed. The ligament was probed, open, and resected widely. By the end of the resection of the ligament, there appeared to be no further compressive pathology. The endplates have been prepared for fusion using the drill, and then a 7 mm allograft wedge was tamped into place under distraction, and distraction released. The wedge seemed to be solidly in place. Next, the C6-7 interspace was distracted. It was drilled down until the posterior longitudinal ligament was identified. There was moderate spondylotic stenosis at this level as well. Ligament was probed and open resected widely patent. By the end of decompression, there appeared to be no further compressive pathology in place. For fusion using the drill, and a 6 mm allograft wedge was tamped into place under distraction. Distraction released. Both wedges seemed to be solidly in place. At this point, the operating microscope was taken out of the field, and the rest of the operation was done under loop magnification.

Final Chart Copy

Page 1 of 2

OPERATIVE REPORT

Name: NERO, OTIS

MRN: 448860

Account #:

DOB:

ADM DATE:

08/28/2012

Anterior body has already been flattened and prepared for the plate, and 28 mm Alphatec plate was chosen, and two 4.0, unicortical screws were placed each in the body of C6, C7, and T1. We placed 16 mm screws into C6 and 14 mm screws into C7 and T1; placed fixed screws into C6 and variable screws in C7 and T1. The locking nuts were engaged as the screws were placed. Final fluoroscopic image showed good placement of the construct. The wound was copiously irrigated out with antibiotic solution. There was good hemostasis. Platysma was closed with running 3-0 Vicryl. Subcuticular layer was closed with 3-0 Vicryl. Skin edges were reapproximated with Dermabond. Sterile dressing was applied. All needle and sponge counts correct. There were no apparent complications. The instrumentation was performed under fluoroscopic guidance.

William B. Naso, MD

This job has been electronically signed by. William B Naso MD on 09/01/2012 at 8:59:00 AM (EST)
Verification: 5896045120120901085900 D

Print CC:

Fax CC:

D Date/Time: 08/29/2012 08:04 AM ET

T Date/Time: 08/29/2012 07:18 PM ET

R Date/Time:

S Job #: CARHS58960451

D Job #: 285463

MT: 1099803 /100693

Final Chart Copy

Page 2 of 2

MEDICAL IMAGING REPORT

Report Status: FINAL

Name: NERO, OTIS

MRN: 448860

Room #: DISC

DOB: [REDACTED]

Accession #: 2224764

Bed #: DISC

Age: [REDACTED]

Acct #: [REDACTED]

Exam Date/Time: 8/28/2012 4:13:57PM

Sex: M

Patient Type: INPATIENT

Exam Description: FL-FLUORO 1+ HOUR

Order #: 059253

Admitting Diagnosis(es) acdf, c6-c7, c7-t1, pain on right

Dictating Physician: HINDMAN, CAREY

Ordering Physician: NASO, WILLIAM B

Attending Physician: NASO, WILLIAM B

Primary Care Physician: NASO, WILLIAM B

CERVICAL SPINE - 08/28/2012

HISTORY:

Cervical radiculopathy.

AP and lateral views of the cervical spine were obtained. Initial localization images were obtained. Tip of the metallic pointer is anterior to the C6-7 interspace. Subsequently, multilevel anterior discectomy was performed at C6-7 and C7-T1. Bone grafts are noted in the disc spaces.

IMPRESSION:

TWO LEVEL ANTERIOR DISCECTOMY AS DESCRIBED ABOVE.

CAREY HINDMAN, MD

Print CC:

Fax CC:

William B. Naso, MD

D Date / Time: 08/28/2012 3:28 PM ET

T Date / Time: 08/28/2012 3:55 PM ET

R Date / Time:

S Job #: CARHS58947613

D Job #: 19036

MT: 28874

Authenticated By: HINDMAN, CAREY, 08/29/2012 8:31 AM

Carolinas Hospital System

805 Pamlico Highway
Florence, SC 29505
843 674 5000

DISCHARGE SUMMARY

Name: NERO, OTIS

MRN.	448860	Room#:	726	DOB:	[REDACTED]
Account #:	[REDACTED]	Bed#:	1	Age:	[REDACTED]
Service Code:	SIP			Sex:	M
ADM DATE:	08/28/2012			DIS DATE:	08/29/2012

Dictated By: WILLIAM B NASO, MD
Attending Physician: WILLIAM NASO
Primary Care Physician: ROBERT RICHEY

FINAL DIAGNOSES:

1. Cervical stenosis.
2. Resolving cervical radiculopathy.

PROCEDURE: C6-7 and C7-T1 anterior cervical discectomy and fusion.

HISTORY: The patient is a 62-year-old black male who presents with signs and symptoms of cervical stenosis. Please see my H and P for full details.

HOSPITAL COURSE: The patient was admitted and underwent the above procedure without complication. On postop day #1, he was doing well. He had good strength. His voice was fine. He had appropriate discomfort. The incision looked fine. He was ambulatory. He was voiding spontaneously. He was felt stable for discharge. I gave him prescription of Percocet and Flexeril to use as needed. He has been given detailed discharge instructions. He will see me back in the office in 7 to 10 days.

William B. Naso, MD

This job has been electronically signed by: William B Naso MD on 09/01/2012 at 9:00:00 AM (EST)

Verification: 5896039220120901090000 D

Print CC:

Fax CC:

D Date/Time: 08/29/2012 08:00 AM ET

T Date/Time: 08/30/2012 04:05 AM ET

R Date/Time:

S Job #: CARHS58960392

D Job #: 285462

MT: 186425

Final Chart Copy

Page 1 of 1

Date of Visit 6/28/12

Florence Neurosurgery and Spine

Patient Health History Questionnaire

The following information is very important to your health. Please take time to fully and completely fill out this important information. We are counting on you.

Patient Name OTIS NERO Phone # (843) 662-8241
 Date of Birth [REDACTED] Age 61 Work # (843) 661-4715
 Residence [REDACTED] S.C. 29505
 Handedness: R ☒ L ☐ Height: 6'0" Weight: 185 lbs
 HR BP 120/70 R ☐ T ☐ male/female race
 Who sent you to us? DR. Robert Richey Family Physician? DR. Robert Richey
 Chief Complaint (What is the reason for your visit?) WAS SEEN IN HOSPITAL
X-RAYS + MRI

Date of onset: 6/20/12

Therapy to date:

☐ ESI ☐ Oral steroids ☒ Pain medication ☐ Non-steroids
☐ Physical therapy ☐ Chiropractor ☐ Brace / collar ☐ Muscle relaxer
☐ Other: _____

Past Medical History	Yes	No		Yes	No
High Blood Pressure	☒	☐	Cancer	☐	☒
Diabetes	☐	☒	Stomach ulcers	☐	☒
Asthma	☒	☐	Bleeding disorder	☐	☒
Heart Disease	☐	☒	Alcoholism	☐	☒
Heart Attack	☐	☒	Liver disease	☐	☒
Other: _____					

Past Surgical History: Knee Surgery

Medications (include dosage) Knee DOXAZOSIN 4mg DAILY
VICODIN 5-500 mg + EVERY 4 HRS FOR PAIN

Allergies NKASocial History: Single ☐ Married ☒ Divorced ☐ Widowed ☐Children? YES How Many? 4Occupation: MACHINE OPERATOR Last worked: 6/20/12Do you smoke? Yes ☐ No ☒ How much? _____ How many years? _____Did you previously smoke? Yes ☐ No ☐ How much? _____ Years? _____Do you drink alcohol? Yes ☐ No ☐ How much? Social DRINKDid you previously drink alcohol? Yes ☒ No ☐ How much? _____

Family Hx _____

Complaint Related to an injury? NO Workman's compensation? NOOther physicians seen for this problem? YES If so, Who? DR. Robert RicheyPatient's Signature OTIS NERO

The above is true and correct to the best of my belief.

Patient Review of Systems Questionnaire

Constitutional Symptoms

fever
weight loss
night sweats
chills

Yes No
____ ☒
____ ☒
____ ☒
____ ☒

Genitourinary

blood in urine
pain with urination
involuntary loss of urine

Yes No
____ ☒
____ ☒
____ ☒

Eyes

recent visual loss
double vision
blind spots
tunnel vision
trauma

Yes No
____ ☒
____ ☒
____ ☒
____ ☒
____ ☒

Gastrointestinal

abdominal pain
vomiting
dark or bloody stools
diarrhea
involuntary loss of stools

Yes No
____ ☒
____ ☒
____ ☒
____ ☒
____ ☒

Ears, Nose, Mouth, Throat

recent hearing loss
ear pain
nose bleeds
sore throat

Yes No
____ ☒
____ ☒
____ ☒
____ ☒

Musculoskeletal

joint pain
which?
joint swelling
which?
inflammation / redness joints

Yes No
☒ Arm / Leg

Cardiac / Circulatory

chest pain
swelling of feet / ankles
pain in lower legs when walking
abnormal heart rhythm

Yes No
____ ☒
____ ☒
____ ☒
____ ☒

Endocrine

breast discharge
irregular / absent menstrual cycle
heat / cold intolerance
recent severe weight gain
possible pregnancy

Yes No
____ ☒
____ ☒
____ ☒
____ ☒
____ ☒

Hematologic

bleeding problems
frequent / recurrent infections
previous bleeding problems w / surgery

Yes No
____ ☒
____ ☒
____ ☒

Respiratory

shortness of breath
cough
cough with bleeding

Yes No
____ ☒
____ ☒
____ ☒

Patient Signature

Date

OTIS NERO

6/28/12

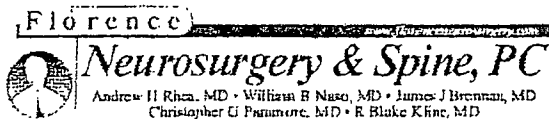
Physician Signature

R. H. H. H. H.

Date

6-28-12

The above is true and correct
to the best of my belief.



1204 E. Cheves Street
Florence, SC 29506
phone: (843) 673-0122
fax: (843) 673-0227

Patient Name: OTIS NERO (REDACTED)
DOB: (REDACTED)
Date of Service: 06/28/2012

History of Present Illness

The patient is a 62 year old male who presents with neck pain and bilateral arm pain. patient presents for epidural steroid injection #1

History

Allergy

No Known Drug Allergies (06/28/2012)

Past Medical

High blood pressure
Asthma

Social

Married, living with spouse
Dependants 4
Machine Operator
Alcohol use
Tobacco use

Medications

Doxazosin Mesylate (4MG Tablet Oral) Active - Hx Entry.
Vicodin (5-500MG Tablet Oral) Active - Hx Entry.

Family

No significant familial diseases

Past Surgical

Knee Surgery

Review of Systems

HEENT: Present- Double Vision, Ear Pain, Nose Bleed and Sore Throat.

Respiratory: Not Present- Shortness of Breath.

Cardiovascular: Present- Chest Pain, Swelling of Extremities and Pain in lower legs when walking.

Musculoskeletal: Present- Joint Pain (Arm, Leg).

Please see the health history questionnaire for full details of the patient's review of systems, past medical history, and family and social history. The patient is to follow-up with their family physician for any positive review of systems.

Vitals

06/28/2012 02:00 PM

Weight: 185 lb **Height:** 72 in

Body Surface Area: 2.06 m² **Body Mass Index:** 25.09 kg/m²

Pain level: 7/10

Temp.: 97.4 °F **Pulse:** 68 (Regular) **Resp.:** 16 (Unlabored)

BP: 106/57 Manual (Sitting, Left Arm, Standard)

Assessment & Plan

CERVICAL RADICULOPATHY (723.4)

Current Plans:

Procedure: Cervical Epidural steroid injection

OTIS NERO

Patient #: (REDACTED)

DOB: (REDACTED)

Thursday, June 20, 2013

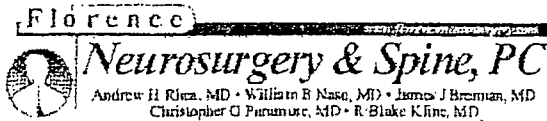
Page 1 / 2

Patient was informed of the potential risks and benefits of undergoing a cervical epidural steroid injection and informed consent was obtained. Patient was placed in a prone position. Sterile prep and drape. 1% lidocaine local anesthetic. Positive loss of resistance technique at C7 T1 interspace with 18-gauge Touhy. Positive confirmation of correct needle placement with fluoroscopy in the AP position and 1 cc of Omnipaque 180. Then then 80 mg of Depo-Medrol and 5 cc sterile saline injected without difficulty. Patient tolerated procedure well. There were no complications.

The patient will be scheduled for a repeat cervical epidural steroid injection in 2-3 weeks.

The patient will followup with Dr. Naso as needed

Electronically signed by RICHARD B KLINE MD 06/28/2012



1204 E. Cheves Street
Florence, SC 29506
phone: (843) 673-0122
fax: (843) 673-0227

Patient Name: OTIS NERO ()
DOB: ()
Date of Service: 07/12/2012

History of Present Illness

The patient is a 62 year old male who presents with neck pain and right arm pain. The patient presented epidural steroid injection #2

History

Allergy

No Known Drug Allergies (06/28/2012)

Past Medical

High blood pressure

Asthma

Other Medical History

CERVICAL RADICULOPATHY (723.4)

Social

Tobacco use

Alcohol use

Married, living with spouse

Machine Operator

Dependants 4

Medications

Doxazosin Mesylate (4MG Tablet Oral) Active - Hx Entry.

Vicodin (5-500MG Tablet Oral) Active - Hx Entry.

Family

No significant familial diseases

Past Surgical

Knee Surgery

Review of Systems

Respiratory: Not Present- Shortness of Breath.

Cardiovascular: Not Present- Chest Pain.

Neurological: Not Present- Incontinence Stool and Incontinence Urine.

Please see the health history questionnaire for full details of the patient's review of systems, past medical history, and family and social history. The patient is to follow-up with their family physician for any positive review of systems.

Vitals

07/12/2012 10:20 AM

Pain level: 6/10

Temp.: 97.2 °F Pulse: 48 (Regular) Resp.: 18 (Unlabored)

BP: 166/93 Manual (Sitting, Left Arm, Standard)

Assessment & Plan**CERVICAL RADICULOPATHY (723.4)**Current Plans:**CERVICO-OCCIPITAL NEURALGIA (723.8)**Current Plans:

Procedure: Cervical Epidural steroid injection

Patient was informed of the potential risks and benefits of undergoing a cervical epidural steroid injection and informed consent was obtained. Patient was placed in a prone position. Sterile prep and drape. 1% lidocaine local anesthetic. Positive loss of resistance technique at C7 T1 interspace with 18-gauge Touhy. Positive confirmation of correct needle placement with fluoroscopy in the AP position and 1 cc of Omnipaque 180. Then then 80 mg of Depo-Medrol and 5 cc sterile saline injected without difficulty. Patient tolerated procedure well. There were no complications.

The patient will be scheduled for a repeat cervical epidural steroid injection in 4 weeks.

The patient will followup with pain management in 2 weeks for potential occipital nerve block.

He will follow up with Dr. Naso as needed

Electronically signed by RICHARD B KLINE MD 07/13/2012

49298E

RETURN TO WORK OR SCHOOL
FLORENCE NEUROSURGERY AND SPINE, PC

ANDREW H. RHEA, M.D. • WILLIAM B. NASO, M.D.
JAMES J. BRENNAN, M.D. • CHRISTOPHER G. PARAMORE, M.D.
R. BLAKE KLINE, M.D.

1204 E. Cheves Street • Florence, South Carolina 29508
(843) 673-0122 • FAX: (843) 673-0227

Date

7/12/12

This is to certify that

Otis Nero

has been under my care for the following:

Cervical Radiculopathy

unable
and is ~~not~~ to return to

work

school

until After

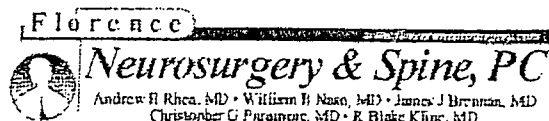
on Aug. 22, 2012

Remarks

R. Blake Kline, M.D.

(Signature)

SS Form 0704



1204 E. Cheves Street
Florence, SC 29506
phone: (843) 673-0122
fax: (843) 673-0227

Patient Name: OTIS NERO ([REDACTED])
DOB: [REDACTED]
Date of Service: 07/25/2012

History of Present Illness

The patient is a 62 year old male who is returning for follow up. Patient presents in followup for evaluation of right-sided headaches.

History

Allergy

No Known Drug Allergies (06/28/2012)

Past Medical

High blood pressure
Asthma

Other Medical History

CERVICAL RADICULOPATHY (723.4)
CERVICO-OCCIPITAL NEURALGIA (723.8)

Social

Machine Operator
Married, living with spouse
Dependents 4
Tobacco use
Alcohol use

Medications

Doxazosin Mesylate (4MG Tablet Oral) Active - Hx Entry.
Vicodin (5-500MG Tablet Oral) Active - Hx Entry.

Family

No significant familial diseases

Past Surgical

Knee Surgery

History Note: Patient states that he has had some improvement of his radicular symptoms, however, he has had some periodic weakness in both arms. He states the headaches have improved substantially from the epidural steroid injections.

Review of Systems

Respiratory: Not Present- Shortness of Breath.

Cardiovascular: Not Present- Chest Pain.

Neurological: Not Present- Incontinence Stool and Incontinence Urine.

Please see the health history questionnaire for full details of the patient's review of systems, past medical history, and family and social history. The patient is to follow-up with their family physician for any positive review of systems.

Vitals

07/25/2012 09:35 AM

Pain level: 5/10

Temp.: 97.8 °F Pulse: 50 (Regular) Resp.: 18 (Unlabored)

BP: 156/73 Manual (Sitting, Left Arm, Standard)

OTIS NERO

Patient #: [REDACTED]

DOB: [REDACTED] (8 years)

Thursday, June 20, 2013

Page 1 / 2

Assessment & Plan

CERVICAL RADICULOPATHY (723.4)

Current Plans:

CERVICO-OCCIPITAL NEURALGIA (723.8)

Current Plans:

Patient will followup in 2 weeks for third epidural steroid injection. Purée has an appointment to follow up with Dr. Naso

Electronically signed by RICHARD B KLINE MD 07/25/2012

Florence

Neurosurgery & Spine

Andrew H. Rhea, MD
William B. Nass, MD
James J. Brennan, MD

Christopher G. Paramore, MD
R. Blake Kline, MD

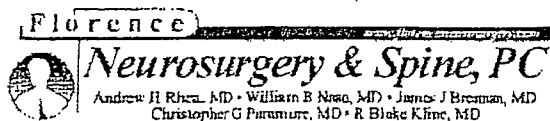
7/31/12

Otis Nero is under the care
of Dr. R. Blake Kline. Cannot return
to work until after 8/28/12.

Thank you.

R. Blake Kline MD

1204 East Cheves Street • Florence, South Carolina 29506 • www.florence-neurosurgery.com
phone: 843 673 0122 • fax: 843 673 0227 • fax: 843 661 6400



1204 E. Cheves Street
Florence, SC 29506
phone: (843) 673-0122
fax: (843) 673-0227

Patient Name: OTIS NERO (████████)

DOB: ██████████

Date of Service: 08/13/2012

History of Present Illness

The patient is a 62 year old male who presents with neck pain and left arm pain. Patient presents for epidural steroid injection #3

History

Allergy

No Known Drug Allergies (06/28/2012)

Past Medical

High blood pressure

Asthma

Other Medical History

CERVICAL RADICULOPATHY (723.4)

CERVICO-OCCIPITAL NEURALGIA (723.8)

Social

Alcohol use

Machine Operator

Married, living with spouse

Tobacco use

Dependents 4

Medications

Doxazosin Mesylate (4MG Tablet Oral) Active - Hx Entry.

Vicodin (5-500MG Tablet Oral) Active - Hx Entry.

Family

No significant familial diseases

Past Surgical

Knee Surgery

Review of Systems

Respiratory: Not Present- Shortness of Breath.

Cardiovascular: Not Present- Chest Pain.

Neurological: Not Present- Incontinence Stool and Incontinence Urine.

Please see the health history questionnaire for full details of the patient's review of systems, past medical history, and family and social history. The patient is to follow-up with their family physician for any positive review of systems.

Vitals

08/13/2012 08:26 AM

Pain level: 3/10

Temp.: 97.8 °F Pulse: 60 (Regular) Resp.: 16 (Unlabored)

BP: 161/78 Manual (Sitting, Left Arm, Standard)

Assessment & Plan**CERVICAL RADICULOPATHY (723.4)**Current Plans:**CERVICO-OCCIPITAL NEURALGIA (723.8)**Current Plans:*Procedure: Cervical Epidural steroid injection*

Patient was informed of the potential risks and benefits of undergoing a cervical epidural steroid injection and informed consent was obtained. Patient was placed in a prone position. Sterile prep and drape. 1% lidocaine local anesthetic. Positive loss of resistance technique at C7 T1 interspace with 18-gauge Touhy. Positive confirmation of correct needle placement with fluoroscopy in the AP position and 1 cc of Omnipaque 180. Then then 80 mg of Depo-Medrol and 5 cc sterile saline injected without difficulty. Patient tolerated procedure well. There were no complications.

*The patient will followup with Dr. Naso**If no surgical intervention is required, we will see patient back in followup to discuss further pain management plans**Electronically signed by RICHARD B KLINE MD 08/14/2012*

Date of Visit 8/22/12

Florence Neurosurgery and Spine

Patient Health History Questionnaire

The following information is very important to your health. Please take time to fully and completely fill out this important information. We are counting on you.

Patient Name OTIS NERO Phone # ()
 Date of Birth Age Work #
 Residence Florence, Sic. 29505
 Handedness: R ☒ L ☐ Height: 6 Ft. 2 in. Weight: 185 lbs
 HR BP R T Male/female race Black
 Who sent you to us? Dr. Robert Richey Family Physician? Dr. Robert Richey
 Chief Complaint (What is the reason for your visit?) Pain in Shoulder + Down both Arms, Down Right Side And Center Back

Date of onset: 6/10/12

Therapy to date:

☐ ESI ☐ Oral steroids ☒ Pain medication ☐ Non-steroids
☒ Physical therapy ☐ Chiropractor ☐ Brace / collar ☒ Muscle relaxer
☐ Other:

Past Medical History	Yes	No		Yes	No
High Blood Pressure	☒	☐	Cancer	☐	☒
Diabetes	☐	☒	Stomach ulcers	☐	☒
Asthma	☒	☐	Bleeding disorders	☐	☒
Heart Disease	☐	☒	Alcoholism	☐	☒
Heart Attack	☐	☒	Liver disease	☐	☒
Other	☐	☐			

Past Surgical History: Knee Surgery

Medications (include dosage) Percocet 5-325 mg 1 tab q 4hrs AS Needed for pain, Valium 2mg 1 tab 3x day, Clonazepam 1mg bedtime, Doxazosin 4mg daily

Allergies NoneSocial History: Single ☐ Married ☒ Divorced ☐ Widowed ☐Children? YES How Many? 4Occupation: Machine operator Last worked: 6/10/12Do you smoke? Yes ☐ No ☒ How much? How many years? Did you previously smoke? Yes ☒ No ☐ How much? Years? Do you drink alcohol? Yes ☒ No ☐ How much? Moderate AmountDid you previously drink alcohol? Yes ☒ No ☐ How much? Family Hx Diabetes, HBPComplaint Related to an injury? Workman's compensation? Other physicians seen for this problem? Yes If so, Who? Dr. Robert RicheyPatient's Signature OTIS NERO

The above is true and correct to the best of my belief.

Patient Review of Systems Questionnaire

Constitutional Symptoms

	Yes	No
fever	_____	☒
weight loss	_____	☒
night sweats	_____	☒
chills	_____	☒

Eyes

	Yes	No
recent visual loss	_____	☒
double vision	_____	☒
blind spots	_____	☒
tunnel vision	_____	☒
trauma	_____	☒

Ears, Nose, Mouth, Throat

	Yes	No
recent hearing loss	_____	☒
ear pain	_____	☒
nose bleeds	_____	☒
sore throat	_____	☒

Cardiac / Circulatory

	Yes	No
chest pain	_____	☒
swelling of feet / ankles	_____	☒
pain in lower legs when walking	_____	☒
abnormal heart rhythm	_____	☒

Hematologic

	Yes	No
bleeding problems	_____	☒
frequent / recurrent infections	_____	☒
previous bleeding problems w / surgery	_____	☒

Patient Signature

Date

J. Stein, M.D.

The above is true and correct
to the best of my belief.

Genitourinary

	Yes	No
blood in urine	_____	☒
pain with urination	_____	☒
involuntary loss of urine	_____	☒

Gastrointestinal

	Yes	No
abdominal pain	_____	☒
vomiting	_____	☒
dark or bloody stools	_____	☒
diarrhea	_____	☒
involuntary loss of stools	_____	☒

Musculoskeletal

	Yes	No
joint pain	☒	_____
which?	<u>Neck, Knee</u>	_____
joint swelling	_____	☒
which?	_____	_____
inflammation / redness joints	_____	☒

Endocrine

	Yes	No
breast discharge	_____	☒
irregular / absent menstrual cycle	_____	☒
heat / cold intolerance	_____	☒
recent severe weight gain	_____	☒
possible pregnancy	_____	☒

Respiratory

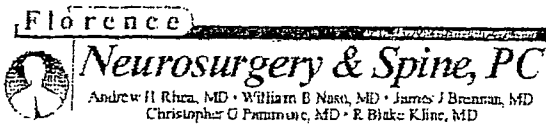
	Yes	No
shortness of breath	_____	☒
cough	_____	☒
cough with bleeding	_____	☒

Physician Signature

Date

J. Stein, M.D.

8/20/12



1204 E. Cheves Street
Florence, SC 29506
phone: (843) 673-0122
fax: (843) 673-0227

Patient Name: OTIS NERO (REDACTED)
DOB: (REDACTED)
Date of Service: 08/22/2012

History of Present Illness

The patient is a 62 year old male who presents with neck pain. I had seen him in the hospital with cervical stenosis. An MRI that time showed stenosis and foraminal stenosis at C6-7 and C7-T1. He has been treated conservatively with nonsteroidals, analgesics, muscle relaxants, physical therapy, and cervical epidural steroid injections. He is currently taking Valium and Percocet. He is unable to sleep at night. He complains of neck pain with pain radiating down both arms with numbness in his middle right and ulnar hand. His right arm does seem to be worse than his left arm.

History

Allergy

No Known Drug Allergies (06/28/2012)

Past Medical

High blood pressure
Asthma

Other Medical History

CERVICAL RADICULOPATHY (723.4)
CERVICO-OCCIPITAL NEURALGIA (723.8)

Social

Tobacco use
Alcohol use
Previous employment machine operator
Marital status

Medications

Percocet (5-325MG Tablet Oral as needed) Active - Hx Entry.
Valium (2MG Tablet Oral three times daily) Active - Hx Entry.
Clonazepam (1MG Tablet Disperse Oral at bedtime) Active - Hx Entry.
Doxazosin Mesylate (4MG Tablet Oral daily) Active - Hx Entry.

Family

No significant familial diseases
Diabetes Mellitus
Hypertension

Past Surgical

Knee Surgery

Diagnostic Studies

I reviewed his cervical MRI. I reviewed the cervical MRI dated June 24, 2012. Her significant degenerative disc disease at C6-7 and C7-T1 with moderately severe bilateral foraminal stenosis at C6-7 and C7-T1 with stenosis at C7-T1. The most significant level is the C7-T1 level.

Review of Systems

Respiratory: Not Present- Shortness of Breath.

Cardiovascular: Not Present- Chest Pain.

Neurological: Not Present- Incontinence Stool and Incontinence Urine.

Please see the health history questionnaire for full details of the patient's review of systems, past medical history, and family and social history. The patient is to follow-up with their family physician for any positive review of systems.

Vitals

08/22/2012 12:26 PM

Temp.: 96.5 °F Pulse: 51 (Regular)

BP: 147/72 Manual (Sitting, Left Arm, Standard)

OTIS NERO

Patient #: (REDACTED)

Thursday, June 20, 2013

Page 1 / 2

Physical Exam

General: Well-developed, well-nourished 62-year-old black male who appears uncomfortable

Neck: Supple with no carotid bruits.

Chest: Clear to auscultation.

CV: The heart has a regular rate and rhythm.

NEURO/MUSCULOSKELETAL EXAM

Cognitive: The patient is awake alert and conversant, with fluent speech, normal affect, and fully oriented.

Motor exam: Both upper and lower extremities have normal bulk and normal tone with 4+/5 strength throughout, including both grips, biceps, triceps, deltoids, iliopsoas, quadriceps, hamstrings, gastrocnemius, and anterior tibialis motor groups with good range of motion throughout. I think his grips are probably weak but some of this may be related to pain.

Deep tendon reflexes: 1/4 both biceps, triceps, and knee jerks.

Pathological reflexes: There are no Hoffman signs.

Gait: No ataxia.

Assessment & Plan**CERVICAL SPINAL STENOSIS (723.0)**Current Plans:

- ANTERIOR CERVICAL DISCECTOMY AND FUSION C6-7, C7-T1 Routine
- The risks of surgery were discussed with the patient, including the risks of infection, bleeding, neurologic injury, weakness, paralysis, or bowel or bladder incontinence. The risks of tracheal or esophageal injury as well as recurrent laryngeal nerve injury were also discussed. The risk of failed fusion or hardware failure in the future were also discussed. The risks of medical complications including cardiac and pulmonary, as well as unforeseen complications, even death, were also discussed. Allograft versus autologous fusion was also discussed. The patient clearly understood and wished to proceed.

CERVICAL RADICULOPATHY (723.4)Current Plans:

- CERVICAL SPINE 4 VIEW Routine

AP, lateral, flexion and extension cervical spine x-rays were obtained. There is significant degenerative disease at C6-7 with both posterior and anterior spurring. There is some angulation at C5-6. There is no gross instability with flexion and extension. There is degenerative disc disease at

Comments C7-T1 as well.

I suspect the patient is symptomatic from pathology at C6-7 and C7-T1. At this point, he does seem to have failed conservative care. He is on multiple medications. It would be reasonable to consider anterior cervical diskectomy and fusion at C6-7 and C7-T1. I discussed his diagnosis, prognosis, and treatment options at length. He wishes to proceed with surgery. He understands the risk involved as outlined above.

W.B. Naso

Electronically signed by WILLIAM B NASO MD 08/22/2012

RETURN TO WORK OR SCHOOL
FLORENCE NEUROSURGERY AND SPINE, PC

ANDREW H. RHEA, M.D. • WILLIAM B. NASO, M.D.
JAMES J. BRENNAN, M.D. • CHRISTOPHER G. PARAMORE, M.D.
ELIZABETH A. SNODDERLY, D.O. • CHANNING D. WILLOUGHBY, M.D.

1204 E. Cheves Street • Florence, South Carolina 29506
(843) 673-0122 • FAX: (843) 673-0227

Date 07-04-2012

This is to certify that

OTIS NERO

has been under my care for the following:

CERVICAL STENOSIS

and is able to return to

work
school

on November 23 2012

Remarks

PT HAS BEEN UNDER

DR NERO'S CARE.

SINCE AUGUST 23 2012

[Signature]
(Signature)

66 Fern 0704

RETURN TO WORK OR SCHOOL
FLORENCE NEUROSURGERY AND SPINE, PC

ANDREW H. FHEA, M.D. • WILLIAM B. NASO, M.D.
JAMES J. BRENNAN, M.D. • CHRISTOPHER G. PARAMORE, M.D.
ELIZABETH A. SNODERLY, D.O. • CHANNING D. WILLOUGHBY, M.D.

1204 E. Cheves Street • Florence, South Carolina 29506
(843) 673-0122 • FAX: (843) 673-0227

Date April 2nd

This is to certify that

OTIS NERO
has been under my care for the following:

Chronic Genuosis

and is able to return to work on November 27 2nd
school

Remarks

PT HAS BEEN UNDER

DR NERO'S CARE

SINCE APR. 23, 2nd

DR NERO / [Signature]
(Signature)

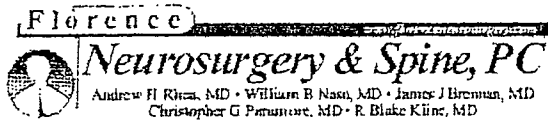
SS Form 0704

ATTN: CHRISTI

Fax To 601-4779

ATTN: CHRISTI

8-23-2-12



1204 E. Chaves Street
Florence, SC 29506
phone: (843) 673-0122
fax: (843) 673-0227

Patient Name: OTIS NERO (REDACTED)

DOB: (REDACTED)

Date of Service: 09/11/2012

History of Present Illness

The patient is a 62 year old male who is returning for a post-operative visit. He seems to be doing fairly well. His right upper extremity radicular symptoms are somewhat improved. He is having some generalized neck soreness.

History

Allergy

No Known Drug Allergies (09/11/2012)

Past Medical

Asthma

High blood pressure

Other Medical History

CERVICO-OCCIPITAL NEURALGIA (723.8)

CERVICAL SPINAL STENOSIS (723.0)

CERVICAL RADICULOPATHY (723.4)

Social

Marital status: Married

Previous employment machine operator

Alcohol use: Occasional alcohol use

Tobacco use: Never smoker

Medications

Percocet (5-325MG Tablet Oral as needed) Active - Hx Entry.

Clonazepam (1MG Tablet Disperse Oral at bedtime) Active.

Doxazosin Mesylate (4MG Tablet Oral daily) Active.

Flexeril (10MG Tablet Oral as needed) Active - Hx Entry.

Family

Hypertension

Diabetes Mellitus

Past Surgical

Knee Surgery

NEUROSURGERY PROCEDURES C6-7, C7-T1 ACDF 8/28/12

Review of Systems

Respiratory: Not Present- Shortness of Breath.

Cardiovascular: Not Present- Chest Pain.

Neurological: Not Present- Incontinence Stool and Incontinence Urine.

Please see the health history questionnaire for full details of the patient's review of systems, past medical history, and family and social history. The patient is to follow-up with their family physician for any positive review of systems.

Vitals

09/11/2012 02:50 PM

Temp.: 97 °F Pulse: 67 (Regular)

BP: 157/99 Manual (Sitting, Left Arm, Standard)

Physical Exam

The patient is awake, alert, in no distress. The face is symmetric. The tongue is midline. Speech is clear. The patient seems to have good strength in both upper and lower extremities. Gait is steady. His incision looks fine.

OTIS NERO

Patient #: (REDACTED)

(REDACTED) (ars)

Thursday, June 20, 2013

Page 1 / 2

Assessment & Plan**STATUS POST CERVICAL ARTHRODESIS (V45.4)**Current Plans:

- CERVICAL SPINE AP/LAT Routine

AP and lateral cervical spine x-rays were obtained. There is interbody fusion at C6-7 and C7-T1.

There is multilevel degenerative disease otherwise. There is an anterior plate and screw construct.

Comments There is no evidence for hardware failure.

Overall he seems to be doing fairly well. We will initiate physical therapy. I discussed his activities with him. We will otherwise see him back in the office in 4 to 6 weeks.

W.B. Naso

Electronically signed by WILLIAM B NASO MD 09/19/2012

RETURN TO WORK OR SCHOOL
FLORENCE NEUROSURGERY AND SPINE, PC

ANDREW H. RHEA, M.D. • WILLIAM B. NASO, M.D.
JAMES J. BRENNAN, M.D. • CHRISTOPHER G. PARAMORE, M.D.
ELIZABETH A. SNODERLY, D.O. • CHANNING D. WILLOUGHBY, M.D.

1204 E. Cheves Street • Florence, South Carolina 29506
(843) 678-0122 • FAX: (843) 678-0227

Date 11-23-12

This is to certify that

Otis Nero

has been under my care for the following:

Cervical Stenosis

and is able to return to work on school

Remarks

Pt. had appt. today
but physician had an
emergency. Pt. saw the
nurse & was rescheduled
for 1/16/13.

Chris Jones, MD
(Signature)

SS Form 0704

AN AFFILIATE OF
CAROLINAS
MEDICAL ALLIANCE

ROBERT M. RICHEY INTERNAL MEDICINE

Robert M. Richey, M.D.

805 PAMPLICO HWY
SUITE B-230
FLORENCE, S.C. 29505
843-679-4019
FAX 843-679-4022
TAX ID #62-1671678

CPT	LEVEL OF SERVICE	FEE	CPT	LEVEL OF SERVICE	FEE	CPT	DIAGNOSIS	FEE	CPT	DIAGNOSIS	FEE	CPT	DIAGNOSIS	FEE
New Patient			49080	Paracentesis	692.3	10020	Contact Rash	473.9	86020	Sinusitis C				
9201	Problem Focused		99195	Phlebo Therapeutic	496	10020	COPD	780.2	86020	Syncope				
9202	Expanded		46500	Hem. ini.	491.21	10020	COPD Exac	785.0	86020	Tachycardia				
9203	Detailed		46221	Hem ind.	428.20	10020	CHFS	435.9	86020	TIA				
9204	Comprehensive		46083	Throm Ex Hem	428.30	10020	CHFD	599.0	86020	UTI				
9205	Complex			Podiatry	585.9	10020	CRJ	780.4	86020	Vertigo				
Established Patient			11719	Nail Trim	272.8	10020	Dercum's	780.4	86020	B12 Injection				
9211	Minimal		11720	Debridement 1-5	294.8	10020	Dementia	780.4	86020	Benadryl				
9212	Problem Focused		11721	Debridement 6-10	767.20	10020	Dysphagia	780.4	86020	Depo Medrol				
9213	Expanded		11785	Wedge Res	787.29	10020	Other	780.4	86020	Flu Shot				
9214	Detailed		11730	Auision	782.3	10020	Edema	780.4	86020					
9215	Comprehensive		93922	ABI	728.1	10020	Fibromyalgia	780.4	86020					
Wellness Exam				Nerve Blocks	487.1	10020	Flu	780.4	86020					
93	New Pt. Age		64405	Occ. Nerve R/L	791.5	10020	Glycosuria	780.4	86020					
	Est. Pt. Age		64400	Trio Nerve	530.81	10020	GERD	780.4	86020					
Office Consults			64420	Int N Block - 1	274.9	10020	GOUT	780.4	86020					
243	Detailed		64421	Int N Block - >1	784.0	10020	Headache	780.4	86020					
244	Comprehensive		64505	SPGNB	782.3	10020	Hio Pain	780.4	86020					
Orthopedics				ENT/OPTH	272.0	10020	Hypercholesterol	780.4	86020					
510	Arthro Mid. Joint		99173	Eve Chart	790.29	10020	Hypertension	780.4	86020					
505	Arthro Med. Joint		92551	Hearing	401.1	10020	Hypothyroidism	780.4	86020					
500	Arthro Small Joint		92567	Tympan	244.9	10020	Insomnia	780.4	86020					
550	Tendon Injection		92511	Nasopharynx	780.52	10020	Joint Pain	780.4	86020					
552	Trio Pt. Ini. 1-2		69210	Cerumen Impaction	719.40	10020	Low Back Pain	780.4	86020					
553	Trio Pt. Ini. >3		69420	Mvrioot	724.2	10020	Malaise/Fatigue	780.4	86020					
525	Jones SCS		69200	FB Removal	780.79	10020	Migraine	780.4	86020					
40	Man Tx			Lab	346.90	10020	Mixed Lipid	780.4	86020					
Cardio Pulmonary			35415	Venipuncture	272.4	10020	Mixed Lipid	780.4	86020					
00	EKG		81003	U/A without micro auto	729.1	10020	Mixed Lipid	780.4	86020					
40	Rhythm				787.01	10020	Mixed Lipid	780.4	86020					
10	PFT Plain		81002	U/A Dip	715.96	10020	Mixed Lipid	780.4	86020					
60	PFT with/without		83035	HqA1C	278.00	10020	Mixed Lipid	780.4	86020					
40	Nebulizer		82962	Glucose	112.59	10020	Mixed Lipid	780.4	86020					
57	CPT		82270	Occult Blood	703.0	10020	Mixed Lipid	780.4	86020					
34	Demo		99000	Pap Coll	110.1	10020	Mixed Lipid	780.4	86020					
15	Stress Test		82950	PPG (glu)	715.00	10020	Mixed Lipid	780.4	86020					
20	Six Min Walk		85610	PT/INR (CLIA Waived)	733.00	10020	Mixed Lipid	780.4	86020					
Surgical Codes			789.07	Abd Pain. gen	785.1	10020	Mixed Lipid	780.4	86020					
00	Actinic Keratosis		789.06	Epioclastic	300.01	10020	Mixed Lipid	780.4	86020					
03	2 to 15		789.01	RUQ	356.9	10020	Mixed Lipid	780.4	86020					
0	Benign Lesions		789.04	LLO	443.9	10020	Mixed Lipid	780.4	86020					
01	Skin Tag		285.9	Anemia	353.6	10020	Mixed Lipid	780.4	86020					
0	Biopsy Cm		250.00	AODM	783.21	10020	Mixed Lipid	780.4	86020					
0	Biopsy Cm		250.40	AODM with renal	791.0	10020	Mixed Lipid	780.4	86020					
01	Shave Biopsy 0.5 cm		250.60	AODM with nerve	462	10020	Mixed Lipid	780.4	86020					
1	Shave Biopsy 0.6-1 cm		427.31	Atrial Fibrillation	782.1	10020	Mixed Lipid	780.4	86020					
0	Abscess Simple		427.89	Bradycardia	569.3	10020	Mixed Lipid	780.4	86020					
1	Complicated		493.90	Asthma	714.0	10020	Mixed Lipid	780.4	86020					
0	Foreign Body		490	Bronchitis	726.10	10020	Mixed Lipid	780.4	86020					
Gastroenterology			414.00	CAD	724.6	10020	Mixed Lipid	780.4	86020					
0	Gastro Tube Change		354.0	Carpal Tunnel Syndrome	702.19	10020	Mixed Lipid	780.4	86020					
2	Anoscopy		338.4	Chronic Pain w/Psych	427.81	10020	Mixed Lipid	780.4	86020					
4	with Dilation		338.29	Chronic Pain. Otherwise	719.41	10020	Mixed Lipid	780.4	86020					
4	with Bleeding Control		460	Co Cold	461.9	10020	Mixed Lipid	780.4	86020					

Cx Spina Stenosis
Syncope
7/15/96
written CUBK

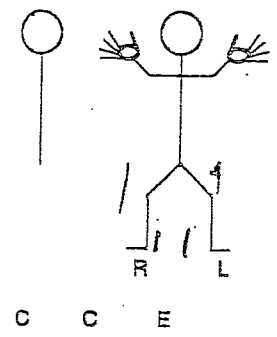
PATIENT INFORMATION

1	NOT REQUIRED	100611
780.2	SYNCOPE AND COLLAPSE	062112
715.96	OSTEOARTHRITIS NOS, LOWER LEG	080811
682.2	CELLULITIS/ABSCCESS, TRUNK	020212
719.47	PAIN IN JOINT, ANKLE/FOOT	102411
719.42	PAIN IN JOINT, UPPER ARM	102411
704.81	VACCINE AGAINST INFLUENZA	102411
726.32	EPICONDYLITIS, LATERAL	102411
723.1	CERVICALGIA	091511
789.00	PAIN, ABDOMINAL, UNSPECIFIED S	090211
680.0	CARBUNCLE/FURUNCLE, FACE	090211
782.1	RASH, OTH NONSPECIFIC SKIN ERU	090211
729.5	PAIN IN LIMB	090211
682.1	CELLULITIS/ABSCCESS, NECK	080811

TIME		PATIENT		REASON		PRIOR BALANCE		PAT 257.00		INS 307.00		Additional Diagnosis:	
7/09/2012		845		OTIS NERO									
CET NO.		DR#		DOCTOR		LOCATION		D.O.B.		TODAY'S CHARGE		HIPPA Auth: AUTHORIZATION SIGNED	
82004		2005		RICHEY SR		CIN OF FLORENCE				62			
TENT NO.		RESPONSIBLE PARTY		PH#		REFERRING DR.		ADJUSTMENTS					
845708		OTIS NERO				RICHEY MD							
M		F		ADDRESS		CITY/STATE		ZIP CODE					
								SC 29505					
OVER 90		OVER 60		OVER 30		CURRENT TOTAL DUE		PT		BC		CS	
160.48		.00		.00		404.40		564.88		005		1 0	
ORANCE COMPANY		BA		SCT		POLICY I.D.		RELATIONSHIP		TO INSURED		TODAY'S PAYMENT	
ECBS SC STATE E400						Y I 2C932785652		S		S		C	
SSN#		1		NOT REQUIRED				E		L		O	
								F		U		T	
								S		H		I	
								E		L		E	
								R		D		R	
								B		A		L	
								A		N		C	
								N		E		S	
								C		O		N	
								O		F		I	
								F		U		S	
								U		S		E	
								S		E		R	
								E		R		E	
								R		E		R	
								E		R		E	
								R		E		R	
								E		R		E	
								R		E		R	
								E		R		E	
								R		E		R	
								E		R		E	
								R		E		R	
								E		R		E	
								R		E		R	
								E		R		E	
								R		E		R	
								E		R		E	
								R		E		R	
								E		R		E	
								R		E		R	
								E		R		E	
								R		E		R	
								E		R		E	
								R		E		R	
								E		R		E	
								R		E		R	
								E		R		E	
								R		E		R	
								E		R		E	
								R		E		R	
								E		R		E	
								R		E		R	
								E		R		E	
								R		E		R	
								E		R		E	
								R		E		R	
								E		R		E	
								R		E		R	
								E		R		E	
								R		E		R	
								E		R		E	
								R		E		R	
								E		R		E	
								R		E		R	
								E		R		E	
								R		E		R	
								E		R			

Date: 8/1/12		Name: OTIS Nero	
HT: 184	TEMP: 98	P: 84	BP: 142/76
CC: joint pain - Neck-shoulder pain			
HPI:		ROS:	
Location	Gen	Wt. Loss	~~FX~~ ~~N/S~~
Quality	GI	HHM	~~Dysphagia~~ ~~PUS~~
Severity	GU	Dysuria	~~Hematuria~~ ~~Stones~~
Timing	CV	CP	~~Edema~~ ~~PND~~
Duration	PUL	~~Cough~~ ~~Asthma~~	~~SOB~~
Assoc S & S	NEURO	~~Syncope~~ ~~HA~~	~~Fatigue~~
PMH:	Social History:	Family History:	MS
			~~Stiffness~~ ~~Joint Pain~~ ~~Back Pain~~
			ENT
			~~Ear Pain~~ ~~Sore Throat~~ ~~Sinus Problems~~
			EYES
			~~Blurred Vision~~ ~~Eye Pain~~ ~~Cataracts~~
			SKIN
			~~Rash~~ ~~Boils~~ ~~Itch~~
			PSYCH
			~~Depression~~ ~~Anxiety~~ ~~Suicidal ideation~~

Exam:	Gen	WD	WN	NAD	OBESE	CACHEXIA
	GEN	PERRL	EOMI	NI	FUNDI	A/C FIELD
	ENT	CLEAR	N/D	PLATE	TMRL	THRUSH
	CV	RRR	NPSS	M S/D	R G	JVD
	RESP	CLEAR	BRONCHIAL		L	R
	GI	SCARS	L/S	BS	SPLASH	TENDER
	GU	PROSTATE	CIRC			
	MS	NECK	ROM	SLR		
	SKIN	WD	RASH			
	NEURO	3/3	RECALL	1 3 5 mins		
	PSYCH	3	3	S		
	ENDO	THYROID				
	HEME	BRUISE		GUMS		CONJ PINK
	ONC	NODES	GROIN	AX	NECK	
	BRUIT	CAROTID	ABD	GROIN		
	BREAST					
	GYN					
	GUAG + -					



MR Reviewed: Y or N	MR Requested: Y or N
Assessment/Plan:	
Risks:	- Pain - N/A
Low	
Medium	
High	
	- 62 Y/O
	- Diabetic @ MOMENT

FEET:	R	L
VIB		
PULSE		
CAPILLARY		
HAIR		
N FUNGUS		
TENDER		
CLONUS		

Labs @ Next Visit	

Next Visit	Date of Last:	New Prescriptions
	Mammo	
	Colon	
	A1C	
	PAP	
	LDL	
	PSA	
	Eye	
	PPD	

Referred To:

AFFILIATE OF
ROLINAS
ICAL ALLIANCE

ROBERT M. RICHEY INTERNAL MEDICINE

Robert M. Richey, M.D.

805 PAMPLICO HWY
SUITE B-230
FLORENCE, S.C. 29502
843-679-4011
FAX 843-679-4022
TAX ID #62-1671676

LEVEL OF SERVICE	FEE	CPT	LEVEL OF SERVICE	FEE	CPT	DIAGNOSIS	FEE	CPT	DIAGNOSIS	FEE	CPT	DIAGNOSIS	FEE
New Patient		49080	Paracentesis		692.3	Contact Rash		473.9	Sinusitis C			Ketorolac	
Problem Focused		99195	Phlebo Therapeutic		496	COPD		780.2	Syncope			Lasix	
Expanded		46500	Hem. Ini.		491.21	COPD Exac		785.0	Tachycardia			Nubain	
Detailed		46221	Hem. Inc.		428.20	CHF		435.9	TIA			Phenergan	
Comprehensive		46083	Throm Ex Hem		425.30	CHF		599.0	UTI		90732	Pneumovax	
Complex			Podiatry		585.9	CR		780.4	Vertigo			PPD	
Established Patient		11719	Nail Trim		272.8	Dercum's		J3420	B12 Injection		86580	Shingles	
Minimal		11720	Debridement 1-5		294.8	Dementia			Benadryl		90714	Tetanus	
Problem Focused		11721	Debridement 6-10		767.20	Dysphagia		J1030	Depo Medrol			Zofran	
Expanded		11755	Wedge Res		787.29	Other			Flu Shot		29580	Una Boot Application	
Detailed		11730	Avulsion		782.3	Edema							
Comprehensive		93922	ABI		729.1	Fibromyalgia							
Wellness Exam			Nerve Blocks		487.1	Flu							
New Pt. Age		64405	Occ. Nerve R/L		791.5	Glucosuria							
Est. Pt. Age		64400	Trio Nerve		530.81	GERD							
Office Consults		64420	Int. N Block - 1		274.9	GOUT							
Detailed		64421	Int. N Block - >1		784.0	Headache							
Comprehensive		64505	SPGNB			Hip Pain							
Orthopedics			ENT/OPTH		272.0	Hypercholesterol							
Arthro Maj. Joint		99173	Eve Chart		790.29	Hyperglycemia							
Arthro Med. Joint		92551	Hearing		401.1	Hypertension							
Arthro Small Joint		92567	Tympan		244.9	Hypothyroidism							
Tendon Injection		92511	Nasopharynx		780.52	Insomnia							
Trio Pt. Ini. 1-2		69210	Cerumen Impaction		719.40	Joint Pain							
Trio Pt. Ini. >3		69420	Myringot		724.2	Low Back Pain							
Jones SCS		69200	FB Removal		780.79	Malaise/Fatigue							
Man Tx			Lab		346.90	Migraine							
Cardio Pulmonary		36415	Venipuncture		272.4	Mixed Lipid							
EKG		81003	U/A without micro auto		729.1	Myofascial Pain Syn							
Rhythm					787.01	NV							
PFT Plain		81002	U/A Dip		715.96	OA of the Knee							
PFT with/without		83036	HoA1C		278.00	Obesity							
Nebulizer		82962	Glucose		712.59	Old CVA							
CPT		82270	Occult Blood		703.0	Oncocryptosis							
Demo		99000	Pap Coll		110.1	Oncocryptosis							
Stress Test		82950	PPG (dlu)		715.00	Osteoarthritis							
Six Min Walk		85610	PT/INR (CLIA Waived)		733.00	Osteoporosis							
Surgical Codes		789.07	Abd Pain. gen		785.1	Pabitations							
Actinic Keratosis		789.06	Epigastric		300.01	Panic Attack							
2 to 15		789.01	RUQ		356.9	Peripheral Neuropathy							
Benign Lesions		789.04	LLQ		443.9	Peripheral Vascular Disease							
Skin Tag		285.9	Anemia		353.6	Phantom Pain							
Biopsy Cm		250.00	AODM		783.21	Weight Loss							
Biopsy Cm		250.40	AODM with renal		791.0	Proteinuria							
Shave Biopsy 0.5 cm		250.50	AODM with nerve		462	Pharyngitis							
Shave Biopsy 0.6-1 cm		427.31	Atrial Fibrillation		782.1	Rash, not otherwise specified							
Abscess Simple		427.89	Bradycardia		569.3	Rectal Bleeding							
Complicated		493.90	Asthma		714.0	Rheumatoid Arthritis							
Foreign Body		490	Bronchitis		726.10	Rotator Cuff Syndrome							
Gastroenterology		414.00	CAD		724.5	Sacroiliac Pain							
Gastro Tube Change		354.0	Carpal Tunnel Syndrome		702.19	Seborrheic Keratosis							
Anoscopy		338.4	Chronic Pain w/Psych		427.81	Sick Sinus							
with Dilatation		338.29	Chronic Pain. Otherwise		719.41	Shoulder Pain							
with Bleeding Control		460	Co Cold		461.9	Sinusitis A							

NEW PAT

KNEE PAT

PATIENT INFORMATION

715.96 OSTEOARTHRITIS NOS, LOWER LEG 080811
780.2 SYNOPE AND COLLAPSE 062112
723.0 STENOSIS, CERVICAL SPINAL 070912
726.10 SYNDROME, ROTATOR CUFF NOS 070912
1 NOT REQUIRED 100611
682.2 CELLULITIS/ABSCESS, TRUNK 020212
719.47 PAIN IN JOINT, ANKLE/FOOT 102411
719.42 PAIN IN JOINT, UPPER ARM 102411
V04.81 VACCINE AGAINST INFLUENZA 102411
726.32 EPICONDYLITIS, LATERAL 102411
723.1 CERVICALGIA 091511
789.00 PAIN, ABDOMINAL, UNSPECIFIED S 090211
680.0 CARBUNCLE/FURUNCLE, FACE 090211
782.1 RASH, OTH NONSPECIFIC SKIN ERU 090211
729.5 PAIN IN LIMB 090211
682.1 CELLULITIS/ABSCESS, NECK 080811

TIME		PATIENT		REASON		PRIOR BALANCE	
8/01/2012		400D OTIS NERO				PAT 141.86	
SET NO.		DR.# DOCTOR		LOCATION		D.O.B.	
76421		2006 RICHEY SR		CIM OF FLORENCE			
IENT NO.		RESPONSIBLE PARTY		PH#		REFERRING DR.	
RR46708		OTIS NERO		84 362 8241		RICHEY MD	
M	F	ADDRESS		CITY/STATE		ZIP CODE	
				SC 29505			
OVER 90		OVER 60		OVER 30		CURRENT TOTAL DUE	
.00		.00		121.00		20.30 141.30 005 1 0	
INSURANCE COMPANY		BA		SCT		POLICY I.D.	
BCBS SC STATE E400						Y I 2CS32785652	
SSN#				723.0		STENOSIS, CERVICAL SPINAL	
RELATIONSHIP TO INSURED		S		S		C	
		E		P		H	
		L		O		I	
		F		U		L	
		E		H		E	

Additional Diagnosis:

HIPPA Auth: AUTHORIZATION SIGNED

Physician Signature

7000

BALANCE DUE

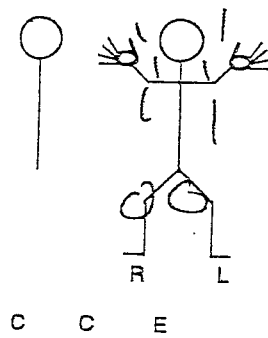
I hereby authorize my insurance benefits to be paid directly to the above signed physician, realizing I am responsible to pay non-covered services and I hereby authorize the release of pertinent medical information to insurance carriers.

Patient Signature

APPOINTMENT DAYS WEEKS MONTHS

Date: 8/9/12	Name: OHS Niro #
WT: 190	HT: TEMP: 97.9 P: 76 BP: 142/80
Problems:	CC: pain in head - dizzy @ times
HPI:	RDS:
Location: PMH	Gen: Wt Loss F/C N/S
Quality: N/A	GI: HBM Dysphagia PUD
Severity: N/A	GU: Dysuria Hematuria Stones
Timing: N/A	CV: SP Edema PND
Duration: N/A	PUL: Cough Asthma SOB
Assoc S & S:	NEURO: Syncope HA Fatigue
PMH:	MS: Stiffness Joint Pain Back Pain
Social History: 8/1	ENT: Ear Pain Sore Throat Sinus Problems
Family History:	EYES: Blurred Vision Eye Pain Cataracts
	SKIN: Rash Boils Itch
	PSYCH: Depression Anxiety Suicidal Ideation

Exam:	Gen	WD	WN	N/D	OBSE	CACHEXIA
	GEN	PERRL	EOM	N/I	FUNDI	A/C FIELD
	ENT	CLEAR	N/D	PLATE	TMRL	THRUSH
	CV	RRR	NPSS	M S/D	R G	JVD
	RESP	CLEAR	BRONCHIAL		L	R
	GI	SCARS	L/S	BS	SPLASH	TENDER
	GU	PROSTATE	CIRC			
	MS	NECK	ROM	N	SLR	
	SKIN	W/D	RASH			
	NEURO	ASD/S	RECALL	1 3 5 mins		
	PSYCH	😊	☹	S		
	ENDO	THYROID				
	HEME	BRUISE		GUMS		CONJ PINK
	ONC	NODES	GROIN	AX	NECK	
	BRUIT	CAROTID	ABD	GROIN		
	BREAST					
	GYN					
	GUAG + -					



MR Reviewed: Y or N	MR Requested: Y or N
Assessment/Plan:	
Risks:	for Camps work
Low	N/A
Medium	8/24
High	Camp work
	work
	work

FEET:	R	L
VIB		
PULSE		
CAPILLARY		
HAIR		
N FUNGUS		
TENDER		
CLONUS		

Labs @ Next Visit

Next Visit	Date of Last:	New Prescriptions
Ann Wm in T12	Mammo	
	Colon	
	A1C	
	PAP	
	LDL	
	PSA	
	Eye	
	PPD	

Referred To:

AN AFFILIATE OF
CAROLINAS
MEDICAL ALLIANCE

ROBERT M. RICHEY INTERNAL MED. NE

Robert M. Richey, M.D.

805 PAMPLICO HWY
SUITE B-231
FLORENCE, S.C. 29501
843-679-4011
FAX 843-679-4027
TAX ID #62-1671671

CPT	LEVEL OF SERVICE	FEE	CPT	LEVEL OF SERVICE	FEE	CPT	DIAGNOSIS	FEE	CPT	DIAGNOSIS	FEE	CPT	DIAGNOSIS	FEE
9201	New Patient		49080	Paracentesis		692.3	Contact Rash		473.9	Sinusitis C				
9202	Expanded		99185	Phlebotomy		496	COPD		780.2	Syncope				
9203	Detailed		46500	Hem. Inj.		491.21	COPD Exac		785.0	Tachycardia				
9204	Comprehensive		46221	Hem Inq.		428.20	CHFS		435.9	TIA				
9205	Complex		45083	Throm Ex Hem		428.30	CHFD		599.0	UTI				
	Established Patient			Podiatry		585.9	CRJ		780.4	Vertigo				
9211	Minimal		11719	Nail Trim		272.8	Dermum's		J3420	B12 injection				
9212	Problem Focused		11720	Debridement 1-5		294.8	Dementia			Benadryl				
9213	Expanded		11721	Debridement 6-10		787.20	Dysphagia		J1030	Depo Medrol				
9214	Detailed		11765	Wedge Res		787.29	Other			Flu Shot				
9215	Comprehensive		11730	Avulsion		782.3	Edema							
	Wellness Exam		93922	ABI		729.1	Fibromyalgia							
	New Pt. Age		64405	Occ Nerve R L		791.5	Glycosuria							
	Est Pt. Age		64400	Trio Nerve		530.81	GERD							
	Office Consults		64420	Int N Block - 1		274.9	GOOUT							
9243	Detailed		64421	Int N Block - >1		784.0	Headache							
9244	Comprehensive		64505	SPGN3			Hip Pain							
	Orthopedics			ENT/OPTH		272.0	Hypercholesterol							
910	Arthro Med. Joint		99173	Eve Chart		790.29	Hyperglycemia							
905	Arthro Med. Joint		92551	Hearing		401.1	Hypertension							
900	Arthro Small Joint		92557	Tympan		244.9	Hypothyroidism							
550	Tendon Injection		92511	Nasopharynx		780.52	Insomnia							
552	Trio Pt. Inj. 1-2		69210	Cerumen Impaction		719.40	Joint Pain							
553	Trio Pt. Inj. >3		69420	Myrinot		724.2	Low Back Pain							
925	Jones SCS		69200	FB Removal		780.79	Maleize/Fatigue							
140	Man Tx			Lab		348.90	Mioraine							
	Cardio Pulmonary		36415	Venipuncture		272.4	Mixed Lipid							
900	EKG		81003	U/A without micro auto		729.1	Myofascial Pain Syn							
940	Rhythm					787.01	NV							
910	PFT Plain		81002	U/A Dip		715.96	OA of the Knee							
950	PFT with/without		83035	HoA1C		278.00	Obesity							
940	Nebulizer		82962	Glucose		712.59	Old CVA							
967	CPT		82270	Occult Blood		703.0	Onychocryptosis							
964	Demo		99000	Pap Coll		110.1	Onychomycosis							
915	Stress Test		82950	PPG (olu)		715.00	Osteoarthritis							
920	Six Min Walk		85610	PT/INR (CLIA Waived)		733.00	Osteoporosis							
	Surgical Codes		789.07	Abd Pain, oen		785.1	Palpitations							
900	Actinic Keratosis		789.08	Epigastric		300.01	Panic Attack							
903	2 to 15		789.01	RUQ		356.9	Peripheral Neuropathy							
910	Benign Lesions		789.04	LLO		443.9	Peripheral Vascular Disease							
900	Skin Tag		285.9	Anemia		353.6	Phantom Pain							
910	Shave Biopsy Cm		250.00	AODM		783.21	Weight Loss							
910	Shave Biopsy Cm		250.40	AODM with renal		791.0	Proteinuria							
910	Shave Biopsy 0.5 cm		250.60	AODM with nerve		482	Pharyngitis							
911	Shave Biopsy 0.6-1 cm		427.31	Atrial Fibrillation		782.1	Rash, not otherwise specified							
910	Abscess Simple		427.89	Bradycardia		569.3	Rectal Bleeding							
911	Complicated		493.90	Asthma		714.0	Rheumatoid Arthritis							
910	Foreign Body		490	Bronchitis		726.10	Rotator Cuff Syndrome							
	Gastroenterology		414.00	CAD		724.6	Sacroiliac Pain							
910	Gastro Tube Change		354.0	Cerebral Tumor Syndrome		702.19	Seborrheic Keratosis							
910	Anoscopy		338.4	Chronic Pain w/Psych		427.81	Sick Sinus							
910	with Dilation		338.29	Chronic Pain, Otherwise		719.41	Shoulder Pain							
910	with Bleeding Control		460	Co Cold		461.9	Sinusitis A							

Handwritten:
C SPINA JTW
NEW SPIN
401-1

PATIENT INFORMATION

723.1	CERVICALGIA	091511
719.46	PAIN IN JOINT, LOWER LEG	080112
715.96	OSTEOARTHRITIS NOS, LOWER LEG	080811
780.2	SYNCOPE AND COLLAPSE	062112
723.0	STENOSIS, CERVICAL SPINAL	070912
726.10	SYNDROME, ROTATOR CUFF NOS	070912
1	NOT REQUIRED	100611
682.2	CELLULITIS/ABSCESS, TRUNK	020212
719.47	PAIN IN JOINT, ANKLE/FOOT	102411
719.42	PAIN IN JOINT, UPPER ARM	102411
704.81	VACCINE AGAINST INFLUENZA	102411
726.32	EPICONDYLITIS, LATERAL	102411
789.00	PAIN, ABDOMINAL, UNSPECIFIED S	090211
680.0	CARBUNCLE/FURUNCLE, FACE	090211
782.1	RASH, OTH NONSPECIFIC SKIN ERU	090211
729.5	PAIN IN LIMB	090211
682.1	CELLULITIS/ABSCESS, NECK	080811

TE TIME PATIENT REASON

8/09/2012 845 OTIS NERO

KET NO. DR.# DOCTOR LOCATION D.O.B.

83287 2006 RICHEY SR CIN OF FLORENCE

PAT NO. RESPONSIBLE PARTY PH# REFERRING DR.

846708 OTIS NERO 84 362 8241 RICHEY MD

M F ADDRESS CITY/STATE ZIP CODE

SC 29505

OVER 90 OVER 60 OVER 30 CURRENT TOTAL DUE PT BC CS

.00 .00 71.00 20.60 91.60 005 1 0

TODAY'S PAYMENT

20.00

URANCE COMPANY BA SCT POLICY I.D. RELATIONSHIP TO INSURED

BCBS SC STATE E400 Y I ZCS32785652

SSN# 723.1 CERVICALGIA

SEL F OUSE

PRIOR BALANCE

PAT 91.60

INS 0.00

Additional Diagnosis:

HIPPA Auth: AUTHORIZATION SIGNED

ADJUSTMENTS

TODAY'S PAYMENT

20.00

Physician Signature

C.C.

I hereby authorize my insurance benefits to be paid directly to the above signed physician, realizing I am responsible to pay non-covered services and I hereby authorize the release of pertinent medical information to insurance carriers.

Handwritten: X C. C. Richey

Patient Signature

APPOINTMENT DAYS WEEKS MONTHS

Date: 9/1/12 Name: DTD Nero

WT: 185 HT: TEMP: 98 P: 100 BP: 170/90

Problems: cc: Hallucinating - jumping - Chest pain

HPI: Location: (M) Stomach

Quality: (M) Sharp

Severity: (M) 10/10

Timing: (M) After O Tral

Duration: (M) 10 min

Assoc S & S: (M) Nausea

PMH: Social History: Family History:

MS: (M) Stiffness

ENT: (M) Ear Pain

EYES: (M) Blurred Vision

SKIN: (M) Rash

PSYCH: (M) Depression

Gen: (M) Wt Loss

GI: (M) HHM

GU: (M) Dysuria

CV: (M) CP

PUL: (M) Cough

NEURO: (M) Spasms

MS: (M) Stiffness

ENT: (M) Ear Pain

EYES: (M) Blurred Vision

SKIN: (M) Rash

PSYCH: (M) Depression

Gen: (M) Wt Loss

GI: (M) HHM

GU: (M) Dysuria

CV: (M) CP

PUL: (M) Cough

NEURO: (M) Spasms

MS: (M) Stiffness

ENT: (M) Ear Pain

EYES: (M) Blurred Vision

SKIN: (M) Rash

PSYCH: (M) Depression

Exam: CX Colon

Gen: (M) WD

GEN: (M) PERRL

ENT: (M) CLEAR

CV: (M) RRS

RESP: (M) CLEAR

GI: (M) SCARS

GU: (M) PROSTATE

MS: (M) NECK

SKIN: (M) W/D

NEURO: (M) AEDS

PSYCH: (M) 0

ENDO: (M) THYROID

HEME: (M) BRUISE

ONC: (M) NODES

BRUIT: (M) CAROTID

BREAST: (M) GUMS

GYN: (M) AX

GUAG +:

PERRL: (M) EOMI

N/D: (M) PLATE

NPSS: (M) M S/D

BRONCHIAL: (M) L

L/S: (M) BS

CIRC: (M) SLR

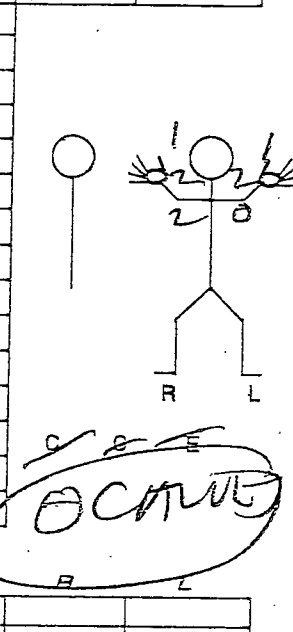
RASH: (M) S

RECALL: (M) 1 3 5 mins

GUMS: (M) CONJ PINK

AX: (M) NECK

GROIN: (M) GUMS



MR Reviewed: Y or N MR Requested: Y or N

Assessment/Plan: (M) Fucium + Pen 10

Risks: (M) Fucium + Pen 10

Low: (M) Fucium + Pen 10

Medium: (M) Fucium + Pen 10

High: (M) Fucium + Pen 10

Next Visit: (M) CH 5-6

Test Scheduled: (M) CH 5-6

Referred To: (M) CH 5-6

Date of Last: (M) CH 5-6

New Prescriptions: (M) CH 5-6

LABS @ Next Visit: (M) CH 5-6

AN AFFILIATE OF
CAROLINAS
MEDICAL ALLIANCE

ROBERT M. RICHEY INTERNAL MEDICINE

Robert M. Richey, M.D.

805 PAMPLICO HWY
SUITE B-230
FLORENCE, S.C. 29505
843-679-4019
FAX 843-679-4022
TAX ID #62-1671678

CPT	LEVEL OF SERVICE	FEE	CPT	LEVEL OF SERVICE	FEE	CPT	DIAGNOSIS	FEE	CPT	DIAGNOSIS	FEE	CPT	DIAGNOSIS	FEE
New Patient			49080	Paracentesis		692.3	Contact Rash		473.9	Sinusitis C			Ketorolac	
9201	Problem Focused		99195	Phlebo Therapeutic		496	COPD		780.2	Syncope			Lasix	
9202	Expanded		48500	Hem. Inl.		491.21	COPD Exac		785.0	Tachycardia			Nubain	
9203	Detailed		46221	Hem Inq.		428.20	CHFS		435.9	TIA			Phenergan	
9204	Comprehensive		46083	Throm Ex Hem		428.30	CHFD		599.0	UTI		90732	Pneumovax	
9205	Complex			Podiatry		585.9	CRI		780.4	Vertigo		86580	PPD	
Established Patient			11719	Nail Trim		272.8	Dercum's		J3420	B12 Injection			Shingles	
9211	Minimal		11720	Debridement 1-5		294.8	Dementia			Benadryl		90714	Tetanus	
9212	Problem Focused		11721	Debridement 6-10		787.20	Dysphagia		J1030	Depo Medrol			Zofran	
9213	Expanded		11765	Wedge Res		787.29	Other			Flu Shot		29580	Una Boot Application	
9214	Detailed		11730	Avulsion		782.3	Edema							
9215	Comprehensive		93922	ABI		729.1	Fibromyalgia							
Wellness Exam				Nerve Blocks		487.1	Flu							
New Pt. Age			64405	Occ Nerve R/L		791.5	Glycosuria							
Est Pt. Age			64400	Tric Nerve		530.81	GERD							
Office Consults			64420	Int N Block - 1		274.9	GOUT							
243	Detailed		64421	Int N Block - >1		784.0	Headache							
244	Comprehensive		64505	SPGNB			Hip Pain							
Orthopedics				ENT/OPHTH		272.0	Hypercholesterol							
610	Arthro Mai. Joint		99173	Eye Chart		790.29	Hyperglycemia							
605	Arthro Med. Joint		92551	Hearing		401.1	Hypertension							
600	Arthro Small Joint		92557	Tympan		244.9	Hypothyroidism							
550	Tendon Injection		92511	Nasopharynx		780.52	Insomnia							
552	Trig Pt. Inl. 1-2		69210	Cerumen Impaction		719.40	Joint Pain							
553	Trig Pt. Inl. >3		69420	Myringot		724.2	Low Back Pain							
625	Jones SCS		69205	FB Removal		780.79	Malaise/Fatigue							
640	Man Tx			Lab		346.90	Migraine							
Cardio Pulmonary			36415	Venipuncture		272.4	Mixed Lipid							
900	EKG		81003	U/A without micro auto		729.1	Myofascial Pain Syn							
400	Rhythm					787.01	N/V							
910	PFT Plain		81002	U/A Dio		715.96	OA of the Knee							
960	PFT with/without		83036	HaA1C		278.00	Obesity							
400	Nebulizer		82962	Glucose		712.59	Old CVA							
670	CPT		82270	Occult Blood		703.0	Onychocryptosis							
640	Demo		99000	Pap Coll		110.1	Onychomycosis							
150	Stress Test		82950	PPG (glu)		715.00	Osteoarthritis							
200	Six Min Walk		85610	PT/INR (CLIA Waived)		733.00	Osteoporosis							
Surgical Codes			789.07	Abd Pain, oen		785.1	Pelofations							
200	Actinic Keratosis		789.06	Epigastric		300.01	Panic Attack							
230	2 to 15		789.01	RUQ		356.9	Peripheral Neuropathy							
100	Benign Lesions		789.04	LLQ		443.9	Peripheral Vascular Disease							
200	Skin Tag		285.9	Anemia		353.6	Phantom Pain							
100	Biopsy Cm.		250.00	AODM		783.21	Weight Loss							
100	Biopsy Cm.		250.40	AODM with renal		791.0	Proteinuria							
100	Shave Biopsy 0.5 cm		250.60	AODM with nerve		462	Pharyngitis							
100	Shave Biopsy 0.6-1 cm		427.31	Atrial Fibrillation		782.1	Rash, not otherwise specified							
100	Abscess Simple		427.89	Bradycardia		569.3	Rectal Bleeding							
100	Complicated		493.90	Asthma		714.0	Rheumatoid Arthritis							
100	Foreign Body		490	Bronchitis		726.10	Rotator Cuff Syndrome							
Gastroenterology			414.00	CAD		724.6	Sacroiliac Pain							
100	Gastro Tube Change		354.0	Carpal Tunnel Syndrome		702.19	Seborrheic Keratosis							
100	Anoscopy		338.4	Chronic Pain w/Psych		427.81	Sick Sinus							
100	with Dilation		338.29	Chronic Pain, Otherwise		719.41	Shoulder Pain							
100	with Bleeding Control		460	Co Cold		461.9	Sinusitis A							

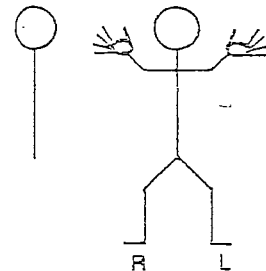
PATIENT INFORMATION

723.1 CERVICALGIA 091511
728.85 SPASM, MUSCLE 060912
401.1 HYPERTENSION, BENIGN ESSENTIAL 080912
719.46 PAIN IN JOINT, LOWER LEG 080112
715.96 OSTEOARTHRITIS NOS, LOWER LEG 080811
780.2 SYNCOPES AND COLLAPSE 062112
723.0 STENOSIS, CERVICAL SPINAL 070912
726.10 SYNDROME, ROTATOR CUFF NOS 070912
1 NOT REQUIRED 100611
682.2 CELLULITIS/ABSCESS, TRUNK 020212
719.47 PAIN IN JOINT, ANKLE/FOOT 102411
719.42 PAIN IN JOINT, UPPER ARM 102411
V04.81 VACCINE AGAINST INFLUENZA 102411
726.32 EPICONDYLITIS, LATERAL 102411
789.00 PAIN, ABDOMINAL, UNSPECIFIED S 090211
680.0 CARBUNCLE/FURUNCLE, FACE 090211
782.1 RASH, OTH NONSPECIFIC SKIN ERU 090211

PATIENT		REASON		PRIOR BALANCE	
9/07/2012 1015 OTIS NERO		WI		PAT 91.5 INS 0.00	
KET NO. DR.# DOCTOR		LOCATION D.O.B.		TODAY'S CHARGE	
84180 2006 RICHEY SR		CIN OF FLORENCE		62	
PAT NO. RESPONSIBLE PARTY		PH# REFERRING DR.		ADJUSTMENTS	
RR46708 OTIS NERO		84 362 8241 RICHEY MD			
M	F	ADDRESS CITY/STATE ZIP CODE		TODAY'S PAYMENT	
		SC 29505		CASH 4000	
OVER 90 OVER 60 OVER 30 CURRENT TOTAL DUE		PT BC CS		BALANCE DUE	
.00 71.00 20.50 .30 91.80		005 1 0		0.00	
INSURANCE COMPANY BA SCT POLICY I.D.		RELATIONSHIP TO INSURED		I hereby authorize my insurance benefits to be paid directly to the above signed physician, realizing I am responsible to pay non-covered services and I hereby authorize the release of pertinent medical information to insurance carriers.	
BCBS SC STATE E400 Y I ZCS32785652		SELF SPOUSE OTHER		X Otis NERO Patient Signature	
SSN#		723.1 CERVICALGIA			

T APPOINTMENT DAYS WEEKS MONTHS

Date: 12/13/12	Name: Chris Nero	WT: 190	HT: 76	TEMP: 98	P: 76	BP: 148/80
Problems:	cc: Need form filled out - Acid reflux					
HPI:	DA			ROS:		
Location:				Gen	Wt. Loss	F/C N/S
Quality:	N/A			GI	HRM	Dysphagia PUD
Severity:	Onset - 1st time			GU	Dysuria	Hamaturia Stones
Timing:	Onset - 1st time			CV	CP	Edema PND
Duration:	Onset - 1st time			PUL	Cough	Asthma SOB
Assoc S & S:	On the job by definition			NEURO	Syncopa	RA Fatigue
PMH:	Social History:	Family History:	MS	Stiffness	Joint Pain	Back Pain
			ENT	Ear Pain	Sore Throat	Sinus Problems
			EYES	Blurred vision	Eye Pain	Cataracts
			SKIN	Rash	Boils	Itch
			PSYCH	Depression	Anxiety	Suicidal Ideation
Exam:	Gen	WD	WN	NAD	OBESITY	CACHEXIA
	GEN	PERF	EOMI	NI	FUNDI	A/C FIELD
	ENT	CLEAR	N/D	PLATE	TMRL	THRUSH
	CV	RRR	NPSS	M/S/D	R/G	JVD
	RESP	CLEAR	BRONCHIAL		L	R
	GI	SCARS	L/S	BS	SPLASH	TENDER
	GU	PROSTATE	CIRC			
	MS	NECK	ROM	SLR		
	SKIN	W/D	RASH			
	NEURO	ADDS	RECALL	1 • 3 5 mins		
	PSYCH	SM	⊗	S		
	ENDO	THYROID				
	HEME	BRUISE		GUMS	CONJ PINK	
	ONC	NODES	GROIN	AX	NECK	
	BRUIT	CAROTID	ABD	GROIN		
	BREAST					
	GYN					
	GUAG + -					



FEET: R L

FEET:	R	L
VIB		
PULSE		
CAPILLARY		
HAIR		
N FUNGUS		
TENDER		
CLONUS		

Labs @ Next Visit

MR Reviewed: Y or N MR Requested: Y or N
Assessment/Plan:

Risks: ① Wound form
Low
Medium
High ② LMA Annual PM of
③ Dn ADD 1/16/13

Stomach, NIBU, NIBU - 1 PM?

Next Visit: 1/16/13	Date of Last:	New Prescriptions:
Test Scheduled:	Mammo	
	Colon	
	A1C	
	PAP	
	PSA	
	Eye	
	PPD	

Referred To: NO NAME - RSK Anne

AN AFFILIATE OF
CAROLINAS
MEDICAL ALLIANCE

ROBERT M. RICHEY INTERNAL MEDICINE

Robert M. Richey, M.D.

805 PAMPLICO HWY
SUITE B-230
FLORENCE, S.C. 29505
843-679-4019
FAX 843-679-4022
TAX ID #62-1671678

LEVEL OF SERVICE	FEE	CPT	DIAGNOSIS	FEE	CPT	DIAGNOSIS	FEE	CPT	DIAGNOSIS	FEE	CPT	DIAGNOSIS	FEE
New Patient	470.80	99200	Paracetamol	692.3	473.9	Sinusitis C						Ketorolac	
1 Problem Focused	491.85	99195	Phlebotomy Therapeutic	496	780.2	Syncope						Lasix	
2 Expanded	465.00	99191	Hem. Inj.	491.21	785.0	Tachycardia						Nubain	
3 Detailed	462.21	99187	Hem. Inj.	428.20	435.9	TIA						Phenergan	
4 Comprehensive	460.29	99183	Thromb Ex Hem	428.30	599.0	UTI						Pneumovax	
5 Complex			Podiatry	585.9	780.4	Vertigo						PPD	
Established Patient	117.19	99219	Nail Trim	272.8	J3420	B12 Injection					90732	Shinolox	
1 Minimal	117.20	99218	Debridement 1-5	294.8		Benadryl					90714	Tetanus	
2 Problem Focused	117.21	99217	Debridement 6-10	787.20	J1030	Depo Medrol						Zofran	
3 Expanded	117.65	99216	Wedge Res	787.29		Flu Shot					29580	Una Boot Application	
4 Detailed	117.30	99215	Avulsion	782.3									
5 Comprehensive	935.22	99214	ABI	729.1									
Wellness Exam			Nerve Blocks	487.1									
New Pt. Age	644.05	99120	Occ. Nerve R/L	791.5		Glycosuria							
Est. Pt. Age	644.00	99121	Trig Nerve	530.81		GERD							
Office Consults	644.20	99122	Int N Block - 1	274.5		GOUT							
1 Detailed	644.21	99123	Int N Block - >1	784.0		Headache							
2 Comprehensive	645.05	99124	SPGNB			Hip Pain							
Orthopedics			ENT/OPHTH	272.0		Hypercholesterol							
0 Arthro Mail Joint	99173	99173	Eye Chart	790.29		Hyperglycemia							
1 Arthro Med. Joint	92551	92551	Hearing	401.1		Hypertension							
2 Arthro Small Joint	92567	92567	Tympan	244.9		Hypothyroidism							
3 Tendon Injection	92511	92511	Nasopharynx	780.52		Insomnia							
4 Trio Pt. Inj. 1-2	69219	69219	Cerumen Impaction	719.40		Joint Pain							
5 Trio Pt. Inj. >3	69425	69425	Myringot	724.2		Low Back Pain							
6 Jones SCS	69200	69200	FB Removal	780.79		Malaise/Fatigue							
7 Man Tx			Lab	346.90		Migraine							
Cardio Pulmonary	36415	36415	Venipuncture	272.4		Mixed Lipid							
0 EKG	81903	81903	U/A without micro auto	729.1		Myofascial Pain Syn							
1 Rhythm				787.01		NV							
2 PFT Plain	81022	81022	U/A Dip	715.95		OA of the Knee							
3 PFT with/without	83025	83025	HgA1C	276.00		Obesity							
4 Nebulizer	82862	82862	Glucose	V12.59		Old CVA							
5 CPT	82270	82270	Occult Blood	703.0		Onychocryptosis							
6 Demo	99300	99300	Pap Coll	110.1		Onychomycosis							
7 Stress Test	82950	82950	PPG (alt)	715.00		Osteoarthritis							
8 Six Min Walk	85510	85510	PT/INR (CLIA Waived)	733.00		Osteoporosis							
Surgical Codes			Abd Pain, gen	785.1		Palpitations							
0 Actinic Keratosis	789.05	789.05	Epigastric	300.01		Panic Attack							
1 2 to 15	789.01	789.01	RUQ	355.9		Peripheral Neuropathy							
2 Benign Lesions	789.04	789.04	LLQ	443.9		Peripheral Vascular Disease							
3 Skin Tag	255.9	255.9	Anemia	353.6		Phantom Pain							
4 Biopsy Cm.	250.00	250.00	AODM	783.21		Weight Loss							
5 Biopsy Cm.	250.40	250.40	AODM with renal	791.0		Proteinuria							
6 Shave Biopsy 0.5 cm	250.50	250.50	AODM with nerve	462		Pharyngitis							
7 Shave Biopsy 0.6-1 cm	427.31	427.31	Atrial Fibrillation	782.1		Rash, not otherwise specified							
8 Abscess Simple	427.89	427.89	Bradycardia	589.3		Rectal Bleeding							
9 Complicated	429.90	429.90	Asthma	714.0		Rheumatoid Arthritis							
0 Foreign Body	490	490	Branchitis	725.10		Rotator Cuff Syndrome							
1 Gastroenterology	414.00	414.00	CAD	724.5		Sacroiliac Pain							
2 Gastro Tube Changes	334.0	334.0	Carpal Tunnel Syndrome	702.19		Seborrheic Keratosis							
3 Anoscopy	332.4	332.4	Chronic Pain w/Psych	427.81		Sick Sinus							
4 with Dilatation	338.29	338.29	Chronic Pain, Otherwise	719.41		Shoulder Pain							
5 with Bleeding Control	460	460	Co Cold	461.9		Sinusitis A							

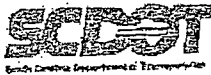
Cx Spine P/L
FIR SL
ID SIKHUN P/L

PATIENT INFORMATION

715.96 OSTEOARTHRITIS NOS, LOWER LEG 080811
292.12 HALLUCINOSIS, DRUG-INDUCED 090712
723.1 CERVICALGIA 091511
728.85 SPASH, MUSCLE 080912
401.1 HYPERTENSION, BENIGN ESSENTIAL 080912
719.46 PAIN IN JOINT, LOWER LEG 080112
780.2 SYNCOPE AND COLLAPSE 062112
723.0 STENOSIS, CERVICAL SPINAL 070912
726.10 SYNDROME, ROTATOR CUFF NOS 070912
1 NOT REQUIRED 100611
682.2 CELLULITIS/ABSCCESS, TRUNK 020212
719.47 PAIN IN JOINT, ANKLE/FOOT 102411
719.42 PAIN IN JOINT, UPPER ARM 102411
V04.81 VACCINE AGAINST INFLUENZA 102411
726.32 EPICONDYLITIS, LATERAL 102411
789.00 PAIN, ABDOMINAL, UNSPECIFIED S 090211
680.0 CARBUNCLE/FURUNCLE, FACE 090211

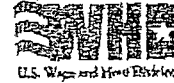
E		TIME PATIENT		REASON		PRIOR BALANCE	
** REPRINT **		REPRINT **				PAT 61.50	
12/13/2012		815		OTIS NERO		INS .00	
PAT NO.		DR.# DOCTOR		LOCATION		D.O.B.	
87281		2006 RICHEY SR		CAROLINAS INTERNAL ME			
PAT NO.		RESPONSIBLE PARTY		PH#		REFERRING DR.	
RR46708		OTIS NERO		84 362 8241		RICHEY MD	
M		F		ADDRESS		CITY/STATE	
						SC 29505	
OVER 90		OVER 60		OVER 30		CURRENT TOTAL DUE	
61.90		.00		.00		61.90 095 1 3	
INSURANCE COMPANY		POLICY I.D.		RELATIONSHIP		TO INSURED	
BCBS SC STATE E400		Y I E3532785652		10 + 20% + 10% Extra		S E P O H O T H E	
SSN#		292.12		HALLUCINOSIS, DRUG-INDUCED			
TODAY'S CHARGE		ADJUSTMENTS		TODAY'S PAYMENT		Physician Signature	
62							
HIPPA Auth: AUTHORIZATION SIGNED							
I hereby authorize my insurance benefits to be paid directly to the above signed physician, realizing I am responsible to pay non-covered services and I hereby authorize the release of pertinent medical information to insurance carriers.							
Patient Signature							

APPOINTMENT DAYS WEEKS MONTHS



**Certification of Health Care Provider for
Employee's Serious Health Condition
(Family and Medical Leave Act)**

U.S. Department of Labor
Wage and Hour Division



OMB Control Number: 1235-0003
Expires: 2/25/2011

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.

Employer name and contact: _____

Employee's job title: _____ Regular work schedule: _____

Employee's essential job functions: _____

Check if job description is attached: _____

INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 29 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form. 29 C.F.R. § 825.305(b).

Your name: Otis Nene 7/9/12
First Middle Last

INSTRUCTIONS to the HEALTH CARE PROVIDER: Your patient has requested leave under the FMLA. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave. Please be sure to sign the form on the last page.

Provider's name and business address: Dr Robert Achey

Type of practice / Medical specialty: Internal Medicine

Telephone: (813) 679-4019 Fax: (813) 679-4022

1. Approximate date condition commenced: Spring Term - MK

Probable duration of condition: 1 year

Mark below as applicable:

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?
☐ No ☒ Yes. If so, dates of admission:

Date(s) you treated the patient for condition:

7/9/12 & before

Will the patient need to have treatment visits at least twice per year due to the condition? ☐ No ☒ Yes.

Was medication, other than over-the-counter medication, prescribed? ☐ No ☒ Yes.

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?
☐ No ☒ Yes. If so, state the nature of such treatments and expected duration of treatment:

2. Is the medical condition pregnancy? ☒ No ☐ Yes. If so, expected delivery date:

3. Use the information provided by the employer in Section I to answer this question. If the employer fails to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his/her job functions.

Is the employee unable to perform any of his/her job functions due to the condition? ☐ No ☒ Yes.

If so, identify the job functions the employee is unable to perform:

4. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

Has to have

new surgery -

5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? ☐ No ☒ Yes.

If so, estimate the beginning and ending dates for the period of incapacity: 06/20/12 → 11/06/12

6. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition? ☐ No ☒ Yes.

If so, are the treatments or the reduced number of hours of work medically necessary?
☐ No ☒ Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

Estimate the part-time or reduced work schedule the employee needs, if any:

_____ hour(s) per day; _____ days per week from _____ through _____

7. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions? ☐ No ☒ Yes.

Is it medically necessary for the employee to be absent from work during the flare-ups?
☐ No ☒ Yes. If so, explain:

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency

: _____ times per _____ week(s) _____ month(s)

Duration: _____ hours or _____ day(s) per episode

Approx 1 time per week

1-2 days

ESTIMATE THIS

[Lined area with a large diagonal line drawn across it, likely indicating a signature or date field.]

Signature of Health Care Provider

Date

7/9/12

If you have questions, please contact Marcy Strother at (803) 737-4668, fax (803) 737-4846,
E-mail Strothermw@scdot.org

RETURN TO WORK OR SCHOOL
FLORENCE NEUROSURGERY AND SPINE, PC

ANDREW H. RHEA, M.D. • WILLIAM E. NASO, M.D.
JAMES J. BRENNAN, M.D. • CHRISTOPHER G. PARAMORE, M.D.
R. BLAKE KLINE, M.D.

1204 E. Cheves Street • Florence, South Carolina 29508
(843) 673-0122 • FAX: (843) 673-0227

Date 7/12/12

This is to certify that

Otis Nero

has been under my care for the following:

Cervical Radiculopathy

unable and is ~~not~~ to return to work until After
school or Aug. 27-2012

Remarks

R. Blake Kline, M.D.

(Signature)

SS Form 0704



Robert M. Richey Internal Medicine

Robert M. Richey, M.D.
Internal Medicine, Gastroenterology, Wellness

07/13/12

To whom it may concern,

Otis Nero has been under my care from 06/20/2012 and will continue to be until 08/01/2012. During this time, he will not be able to work.

Sincerely,

Robert M. Richey, MD

RETURN TO WORK OR SCHOOL
FLORENCE NEUROSURGERY AND SPINE, PC

ANDREW H. RHEA, M.D. • WILLIAM B. NASO, M.D.
JAMES J. BRENNAN, M.D. • CHRISTOPHER G. PARAMORE, M.D.
ELIZABETH A. SNODERLY, D.O. • CHANNING D. WILLOUGHBY, M.D.

1204 E. Cheves Street • Florence, South Carolina 29506
(843) 673-0122 • FAX: (843) 673-0227

Date 11-23-12

This is to certify that

OTIS NERO

has been under my care for the following:

Cervical Stenosis

and is able to return to work on school

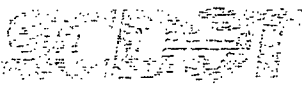
Remarks

Pt. had appt. today
but physician had an
emergency. Pt. saw the
nurse & was rescheduled
for 1/16/13.

Chris Jones MD

(Signature)

SS Form 0704



Florence County
Department of Transportation

November 27, 2012

Dr. William B. Naso, M.D.
Florence Neurosurgery and Spine, PC
1204 East Cheves Street
Florence, SC 29506

RE: Otis Nero

Dear Dr. Naso:

Mr. Nero has provided us with a statement from you indicating that he has been under your care and cannot return to work until at least November 23, 2012. In an effort to determine if he can perform the essential duties of his position and/or whether it would be appropriate to return him to work, the following information is being provided along with a request for an updated doctor's statement.

Please note that Mr. Nero's position with SCDOT is a Trades Specialist III. In the performance of his essential duties, Mr. Nero must be able to sit, bend, walk, stand, lift, and drive for extended periods of time.

The attached position description and Return to Work form has been provided for your review and assessment. Based on the "essential duties" and the aforementioned information, please determine if Mr. Nero will be able to return to work and if there will be any work restrictions. If there are restrictions, will these restrictions be permanent or temporary? If temporary, for what period of time? Please be advised that we have requested that Mr. Nero provide this information to us within fifteen (15) calendar days from the date that he received the request.

If you have any questions regarding this request, please contact me at (843) 661-4715. Thanking you in advance for your cooperation in this matter.

Sincerely,

Eric M. Minshew
Resident Maintenance Engineer

Enclosures

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

WCC File No. 1222136

Otis Nero, ... Appellant,

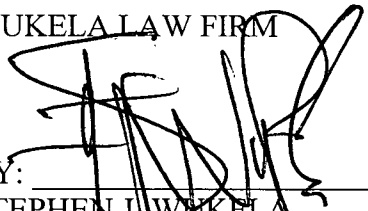
vs.

SC Department of Transportation, Employer,
and State Accident Fund, Carrier, ... Respondents.

CERTIFICATE OF COMPLIANCE

The undersigned certifies that the Record on Appeal complies with the Supreme Court Order of August 13, 2007, in that there are no personal data identifiers included in the Appellant's Record on Appeal, or they have been redacted where necessary.

WUKELA LAW FIRM

BY: 

STEPHEN J. WUKELA

S.C. BAR NO. 68351

ATTORNEY FOR APPELLANT

PO BOX 13057

FLORENCE SC 29504

843-669-5634

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

RECEIVED

SEP 16 2015

APPEAL FROM THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

SC Court of Appeals

WCC File No. 1222136

Otis Nero, ... Appellant,

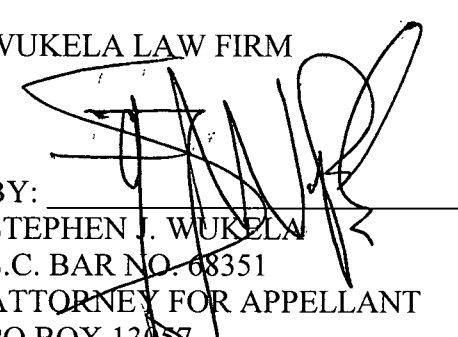
vs.

SC Department of Transportation, Employer,
and State Accident Fund, Carrier, ... Respondents.

CERTIFICATE OF COUNSEL

The undersigned hereby certifies that the Record on Appeal contains all material proposed to be included by any of the parties and not any other material.

WUKELA LAW FIRM

BY: 
STEPHEN J. WUKELA
S.C. BAR NO. 68351
ATTORNEY FOR APPELLANT
PO BOX 13057
FLORENCE SC 29504
843-669-5634

September 11, 2015