

Sabrina Kelley

From: Sabrina Kelley <sabrina@pfmcdlaw.com>
Sent: Tuesday, January 2, 2018 11:21 AM
To: 'Wrinkle, Elizabeth'
Subject: RE: Clarence Winfrey 22-209963
Attachments: SCAN18010211240.pdf

No I do not. I believe he advised me that his rehab is on hold . He is having a heart procedure (I believe angiogram) on the 8th per Dr. Lide . I have attached the Orders

Thanks,

Sabrina M. Kelley, Paralegal to
Preston F. McDaniel
McDaniel Law Firm
1315 Elmwood Ave
Columbia, SC 29201
Telephone : (803) 771-7211
Fax : (803) 252-0709

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From: Wrinkle, Elizabeth [mailto:Elizabeth.Wrinkle@LibertyMutual.com]
Sent: Tuesday, January 2, 2018 11:16 AM
To: Sabrina Kelley <sabrina@pfmcdlaw.com>
Subject: FW: Clarence Winfrey 22-209963

Sabrina,

Do you have an updated transportation schedule for Mr. Winfrey?

Beth Wrinkle
Claims Specialist II
Liberty Mutual Insurance
Commercial Insurance Claims
Workers' Compensation Complex – Charlotte Regional Office
P.O. Box 49000, Charlotte, NC 28277
(P) 715-870-6974 (F) 603-430-1953
Elizabeth.Wrinkle@LibertyMutual.com

From: Ian Epping [mailto:Ian.Epping@vgm.com]
Sent: Wednesday, December 27, 2017 2:29 PM
To: Wrinkle, Elizabeth <Elizabeth.Wrinkle@LibertyMutual.com>
Subject: Clarence Winfrey 22-209963



Hello Elizabeth,

I hope all is well and you had a wonderful Christmas.

I just wanted to get in touch to see if you have more Clarence's schedule. It looks like that last trip we have is for 12/29.

I just spoke with him and he stated I should check with you about them.

Please let me know when you get a chance,

Thank you!

Ian Epping

Transportation Patient Care Coordinator

VGM Homelink | An Employee Owned Company

Direct Phone: 844.307.8635 | Fax: 855.907.3897

Email: Ian.Epping@vgm.com



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I truly value your feedback. Please let my manager know how I am doing, Ryan.Longhorn@vgm.com.

This email has been scanned for email related threats and delivered safely by Mimecast.
For more information please visit <http://www.mimecast.com>

4112

Providence Health Radiology Imaging Order Form - Page One

Return Fax: 803.256.5816

- Providence Health
2435 Forest Drive
Columbia, SC 29204
- Providence Cardiology
2001 Laurel Street
Columbia, SC 29204
- Providence Cardiology - West Columbia
3103 Sunset Blvd.
West Columbia, SC 29169

Please Check Appropriate Box

- Routine (3 full Business Days or later) but Prior to: _____
- Urgent (24-48 Hours)
Cannot schedule until authorization is obtained-
Please send w/order
- Patient Already Scheduled

DEC 27, 2017 @ 1:00 PM / Fu w/CDL

Patient Name Clarence Winfrey DOB*
 Best Contact #* 803 472 7590
 Diagnosis* CAD, CHF ICD 10 Diagnosis Code:* I25.10, I34.0, I50.22
 Insurance Provider: Liberty Mutual Ins ID # 22209963
 Authorization #

Important Information for Contrast Exams

For MRI, CT and other contrasted exams, patients 60 and older, and/or those with diabetes, liver, or renal disease are REQUIRED to have a BUN and CREATINE within 30 days prior to exam:

BUN _____ CREATINE _____ DATE OF LABS _____

*If labs are needed prior to exam, please check box:

Labs - CBC & diff/plt & BMP

Labs-BUN/CREATINE 80048

CT and MRI

- | | | | |
|---|-------|--|-------|
| <input type="checkbox"/> CT Abd & Pelvis W/Contrast | 74177 | <input type="checkbox"/> CT Upper Extremity | |
| <input type="checkbox"/> CT Abd & Pelvis W W/O Contrast | 74178 | W/O Contrast R__L__ | 73200 |
| <input type="checkbox"/> CT Abd & Pelvis W/O Contrast | 74176 | <input type="checkbox"/> CT Extremity Upper | |
| <input type="checkbox"/> CT Abd W/ Contrast | 74160 | W/ Contrast R__L__ | 73201 |
| <input type="checkbox"/> CT Abd W/O Contrast | 74150 | <input type="checkbox"/> CT Head W/ Contrast | 70460 |
| <input type="checkbox"/> CT Abd W W/O Contrast | 74170 | <input type="checkbox"/> CT Head W/O Contrast | 70450 |
| <input type="checkbox"/> CT Chest W/ Contrast | 71260 | <input type="checkbox"/> CT Head W/ W/O Contrast | 70470 |
| <input type="checkbox"/> CT Chest W/O Contrast | 71250 | <input type="checkbox"/> CT Heart (DT ONLY) | 75572 |
| <input type="checkbox"/> CT Chest W W/O Contrast | 71270 | | |
| <input type="checkbox"/> CT Extremity Lower | | MRI brain w/contrast | 70552 |
| W/ Contrast R__L__ | 73701 | MRI brain without contrast | 70551 |
| <input type="checkbox"/> CT Extremity Lower | | MRI brain with and without contrast | 70553 |
| W/O Contrast R__L__ | 73700 | | |

CTA

- | | | | |
|--|-------|--|-------|
| <input type="checkbox"/> CTA Angiogram Abdomen W/ W/O Contrast | 74175 | <input type="checkbox"/> CCTA/CTA Coronaries W/ W/O Contrast | |
| <input type="checkbox"/> CTA Angiogram Abdomen & Pelvis | | (Downtown Only) | 75574 |
| W/ W/O Contrast | 74174 | | |
| <input type="checkbox"/> CTA Angiogram Chest W W/O Contrast | 71275 | <input type="checkbox"/> CTA Angiogram Neck W/ W/O Contrast | 70498 |
| <input type="checkbox"/> CTA Angiogram Head W/ W/O Contrast | 70496 | | |

Ø CT angiogram of aortic arch & branch vessels 71275

X-RAY

- Chest PA 71010
- Chest PA & Lat 71020
- Other _____

Physician Signature*

L.D. Live

Date 12/21/17 Time 2:01 PM

L.D. Live



Providence

HEALTH

Name Clarence Winfrey Date 12/28/17
 DOB 8/19/62 Office Location Lanier St MR# 9112
 Ordering MD H. Chaney, D. Life Test Date JAN 8, 2018 Arrival Time 7:30 AM/PM
MON

HOSPITAL SCHEDULING FORM (ADMISSIONS/OUTPATIENT)

Test Location:

- *Kershaw Hosp 803-432-4311
- *Providence Hosp. 803-256-5929

- *Lexington Hosp. 803-791-2570
- West Columbia Office 803-794-3950

- Columbia Office 803-254-3278
- Camden Office 803-432-6771
- Bamberg Office 803-245-6290
- Northeast Office 803-409-7150

*** Call to preregister. Bring this order and insurance information with you.**

TEST(S)/PROCEDURE(S) Subclavian DIAGNOSIS: I87.1

Allergies: NKA stent

Report to: Providence

NOTE: Your procedure time may be changed due to patient emergencies.

Additional tests ordered prior to procedure.

- Lab: CBC, dig, BUN, Cr Place of Service: _____
- X-Ray: Chest, subclavian Place of Service: _____
- Other orders or instructions to patient: _____

INSTRUCTIONS

1. Please **DO NOT** eat or drink anything after midnight before your test. Please take your medications as scheduled the morning of the the test with a sip of water unless otherwise informed.
2. Please bring your medications **WITH YOU**.
3. Is the patient diabetic? ___yes no
4. Is patient on insulin? If yes, 1/2 dose am of study. Instructions given? ___yes no
5. Is patient on medication containing Metformin? If yes, hold day of procedure.
6. Is the patient allergic to contrast dye, iodine or shellfish? If yes, premedicate for contrast reaction/shellfish reaction. Prescription given? ___yes ___no
7. Is patient on Coumadin/Warfarin/Xarelto/Rivaroxaban, Eliquis/Apixaban, Savaysa/Exdoxaban, Pradaxa/Dabigatran? If yes, were instructions given ___yes ___no
8. Pre-PCI (Angioplasty): Is the patient currently taking Plavix/Clopidpogrel, Effient/Prasugrel, Brilinta/Ticagrelor, Aspirin? ___yes ___no

****The risks, benefits and alternatives to the procedure have been fully explained and the patient is in agreement to proceed.**

[Signature]

Patient Signature

12/28/17

Date

[Signature]

Physician Signature

White - Chart Copy

Canary - Patient Copy

SOUTH CAROLINA HEART CENTER / PROVIDENCE HOSPITAL

ESI 75 75

Billing Office: 2001 Laurel Street, Columbia, SC 29204

DR	POS	QD	Time	PCP
DOB/Ac	10/60	Arrival time		Other
Primary	HE	MD	MD	
Secondary				
Tertiary				

OFFICE VISIT	NAME	ESTAB	FEE	CONSULT	CODE	FEE	LAB	CODE	FEE
EKG		93000					Venipuncture	8610	
Problem Focused	99201	99212		Problem Focused	99241		finger stick	8616	
Expanded Focused	99202	99213		Expanded Focused	99242		Profilme	85610	
Detailed	99203	99214		Detailed	99243		Coumadin Visit	99211C	
Comprehensive/Mod	99204			Comprehensive/Mod	99244				
Comprehensive/High	99205	99215		Comprehensive/High	99245				

DEVICE CLINIC	CODE	FEE	EVENT RECORDING	CODE	FEE	TO BE SCHEDULED
PM Single w/programming	93279		Holter	93224		CBC w/PLT w/o PLT
PM Dual w/programming	93280		Event	93270		Lipids SGO FBTPN LET BPK
PM Bivect w/programming	93281		MCT	93282		Vitamin B 12 time
PM analysis in office	93286		Pulse Ox	94762		RYINR GMP SMA07 (BMP)
ICD Single w/programming	93287		BP MONITORING			Magnesium (CRP)
ICD Dual w/programming	93288		BP Monitor	93784		Thyroid Profile TSH
ICD Bivect w/programming	93289		Recording only	93785		Cardiac Rehab/PT/OT/N Consult
ICD analysis in office	93285		Interp/Report	93790		Chest x-ray
ICD w/programming	93285					Echo Stress Dobutamine TEE
ICD analysis in office	93285					Carotid LEV/DV
						LEA/LEA/LEA/EX/DEA/ABI
						Holter (24hr) Event monitor MCT
						EM check CD check II P check
						Spec Gated Pers Dabulink
						Ultrasound abdominal aorta
						Overnight pulse ox
						CTA
						CT Scan
						Contrast Y. N. Both
						24 HR monitor
						Sleep Study
						Fluorid
						Vein Mapping/Vein Clinic

RETURN: Days _____ Weeks _____ Months _____ Year _____ TR _____ PRN _____

Schedule initials: _____

ADDITIONAL NOTES: *Handwritten notes and signatures*

PROVIDENCE HOSPITAL OUTPATIENT BILLING

NUCLEAR STUDIES	CODE	FEE	ECHOCARDIOGRAPHY	CODE	FEE	PROCEDURES
Myocardial perfusion	7852		Complete echo	93305		LD/FLO/RH
Treadmill supervisions	93016		Stress echo	93351		Grafts
Treadmill interpretation	93019		2D echo only	93307		PTCA/Atherectomy/Stent
			Limited echo	93308		Aortogram
VASCULAR STUDIES	CODE	FEE	Limited Doppler	93320		Renal Angiogram/Intervention
ABI	93922		Color flow	93325		ABD Aorta w/runoff
U/LEA (rest)	93923					Carotid Angiography/Intervention
ABI w/exercise	93924					Iliac Angiography/Intervention
LEA/bilateral	93925		MISCELLANEOUS	CODE	FEE	Lower extremity angiography
LEA/unilateral	93926		Chest x-ray	71020		Lower extremity intervention
UEA/bilateral	93930					EPS/Ablation (PVI/SVT/VT)
UEA/unilateral	93931					INTAHUNT
LEV/bilateral	93970		Please note: You will receive an additional bill from Providence Hospital for all outpatient procedures performed in these departments.			Device pocket revision
LEV/unilateral	93971					Pacemaker/ICD Implant
Carotid	93880					TAVR
						OTHER

NOTES: *Handwritten notes*

Ins. Payer: _____ Unco/affiliated: _____ Personal Ref: _____ Coverage: _____ Amount Paid: _____ Checks in Total: _____

Sabrina Kelley

From: Sabrina Kelley <sabrina@pfmcdlaw.com>
Sent: Thursday, January 4, 2018 9:45 AM
To: 'Wrinkle, Elizabeth'
Subject: RE: Clarence Winfrey 22-209963

Clarence just gave this # 803-256-5300.

Thanks,

Kirona in Admissions

Sabrina M. Kelley, Paralegal to
Preston F. McDaniel
McDaniel Law Firm
1315 Elmwood Ave
Columbia, SC 29201
Telephone : (803) 771-7211
Fax : (803) 252-0709

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From: Wrinkle, Elizabeth [mailto:Elizabeth.Wrinkle@LibertyMutual.com]
Sent: Thursday, January 4, 2018 9:38 AM
To: Sabrina Kelley <sabrina@pfmcdlaw.com>
Subject: RE: Clarence Winfrey 22-209963

I have not heard from anyone, do you have a phone # for them?

Beth Wrinkle
Claims Specialist II
Liberty Mutual Insurance
Commercial Insurance Claims
Workers' Compensation Complex – Charlotte Regional Office
P.O. Box 49000, Charlotte, NC 28277
(P) 715-870-6974 (F) 603-430-1953
Elizabeth.Wrinkle@LibertyMutual.com

From: Sabrina Kelley [mailto:sabrina@pfmcdlaw.com]
Sent: Thursday, January 04, 2018 8:33 AM
To: Wrinkle, Elizabeth <Elizabeth.Wrinkle@LibertyMutual.com>
Subject: FW: Clarence Winfrey 22-209963

Beth:

Preston is not in the office yet but Clarence is telling me that Providence Hospital Admissions is requesting approval from WC for this procedure. Can you reach out their admissions dept?

Thanks,

Sabrina M. Kelley, Paralegal to
Preston F. McDaniel
McDaniel Law Firm
1315 Elmwood Ave
Columbia, SC 29201
Telephone : (803) 771-7211
Fax : (803) 252-0709

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To: 'Wrinkle, Elizabeth' <Elizabeth.Wrinkle@LibertyMutual.com>
Subject: RE: Clarence Winfrey 22-209963

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Thanks,

Sabrina M. Kelley, Paralegal to
Preston F. McDaniel
McDaniel Law Firm
1315 Elmwood Ave
Columbia, SC 29201
Telephone : (803) 771-7211
Fax : (803) 252-0709

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Sent: Tuesday, January 2, 2018 11:16 AM
To: Sabrina Kelley <sabrina@pfmcdlaw.com>
Subject: FW: Clarence Winfrey 22-209963

Sabrina,

Do you have an updated transportation schedule for Mr. Winfrey?

Beth Wrinkle
Claims Specialist II
Liberty Mutual Insurance
Commercial Insurance Claims
Workers' Compensation Complex – Charlotte Regional Office
P.O. Box 49000, Charlotte, NC 28277
(P) 715-870-6974 (F) 603-430-1953
Elizabeth.Wrinkle@LibertyMutual.com

From: Ian Epping [<mailto:Ian.Epping@vgm.com>]
Sent: Wednesday, December 27, 2017 2:29 PM
To: Wrinkle, Elizabeth <Elizabeth.Wrinkle@LibertyMutual.com>
Subject: Clarence Winfrey 22-209963

Hello Elizabeth,

I hope all is well and you had a wonderful Christmas.

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I just spoke with him and he stated I should check with you about them.

Please let me know when you get a chance,

Thank you!

Ian Epping

Transportation Patient Care Coordinator
VGM Homelink | *An Employee Owned Company*
Direct Phone: 844.307.8635 | Fax: 855.907.3897
Email: Ian.Epping@vgm.com



NEW TO HOMELINK



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IN DENTAL CLAIM MANAGEMENT**

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I truly value your feedback. Please let my manager know how I am doing, Ryan.Longhorn@vgm.com.

This email has been scanned for email related threats and delivered safely by Mimecast.
For more information please visit <http://www.mimecast.com>

Sabrina Kelley

From: Sabrina Kelley <sabrina@pfmcdlaw.com>
Sent: Thursday, January 4, 2018 2:38 PM
To: 'Wrinkle, Elizabeth'
Cc: 'brett.bayne@mgclaw.com'
Subject: Clarence Winfrey
Attachments: SCAN18010414230.pdf

Beth:

I believe Sabrina in my office sent you this already, but I have attached the scheduling information. Clarence is scheduled for a stent procedure on Monday January 8th. Accordingly to the records and from Clarence, he went to Rehab and his vital signs were found to be off so he was instructed to go see Dr. Lide , whom he saw on Dec. 27th. Tests showed 90% blockage on Dec. 28th and he saw Dr. Lide who immediately went ahead and scheduled the procedure for Jan. 8th (which I also believe Sabrina gave you the Hospital's admission phone number today)

Clarence advised me today that his son will provide transportation and will stay with him during the procedure so transportation will not be an issue.

I assume that subsequent to this stent, he will need more intensive rehabilitation and home health care assistance. I don't know if you want to get somebody on the ground to help coordinate that, or if there is anything we can do to help coordinate that.

By the copy of this email, I am notifying Brett Bayne of this communication. If you need any additional information or if we can be of any further assistance, please contact Sabrina in my office.

Thanks,

Preston F. McDaniel
McDaniel Law Firm
1315 Elmwood Ave
Columbia, SC 29201
Telephone : (803) 771-7211
Fax : (803) 252-0709

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4112

Providence Health Radiology Imaging Order Form - Page One

Return Fax: 803.256.5816

- Providence Health
2435 Forest Drive
Columbia, SC 29204
- Providence Cardiology
2001 Laurel Street
Columbia, SC 29204
- Providence Cardiology - West Columbia
3103 Sunset Blvd.
West Columbia, SC 29169

Please Check Appropriate Box

- Routine (3 full Business Days or later) but Prior to: _____
- Urgent (24-48 Hours)
Cannot schedule until authorization is obtained-
Please send w/order
- Patient Already Scheduled

Dec 27, 2017 @ 1:00 PM / Fu w/CDL

Patient Name Clarence Wintrey DOB* _____
 Best Contact #: 803 420 7590
 Diagnosis* CAD, CHE ICD 10 Diagnosis Code: I25.10, I34.0, I50.22
 Insurance Provider: Liberty Mutual Ins ID #: 22209963
 Authorization # _____

Important Information for Contrast Exams

For MRI, CT and other contrasted exams, patients 60 and older, and/or those with diabetes, liver, or renal disease are REQUIRED to have a BUN and CREATINE within 30 days prior to exam:

BUN _____ CREATINE _____ DATE OF LABS _____

*If labs are needed prior to exam, please check box:
 Labs-BUN/CREATINE 80048

Labs - CBC \bar{c} diff/plt & BMP

CT and MRI

- | | | | |
|---|-------|--|-------|
| <input type="checkbox"/> CT Abd & Pelvis W/Contrast | 74177 | <input type="checkbox"/> CT Upper Extremity | |
| <input type="checkbox"/> CT Abd & Pelvis W W/O Contrast | 74178 | W/O Contrast R__L__ | 73200 |
| <input type="checkbox"/> CT Abd & Pelvis W/O Contrast | 74176 | <input type="checkbox"/> CT Extremity Upper | |
| <input type="checkbox"/> CT Abd W/ Contrast | 74160 | W/ Contrast R__L__ | 73201 |
| <input type="checkbox"/> CT Abd W/O Contrast | 74150 | <input type="checkbox"/> CT Head W/ Contrast | 70460 |
| <input type="checkbox"/> CT Abd W W/O Contrast | 74170 | <input type="checkbox"/> CT Head W/O Contrast | 70450 |
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| <input type="checkbox"/> CT Chest W W/O Contrast | 71270 | | |
| <input type="checkbox"/> CT Extremity Lower | | MRI brain w/contrast | 70552 |
| W/ Contrast R__L__ | 73701 | MRI brain without contrast | 70551 |
| <input type="checkbox"/> CT Extremity Lower | | MRI brain with and without contrast | 70553 |
| W/O Contrast R__L__ | 73700 | | |

CTA

- | | | | |
|---|-------|--|-------|
| <input type="checkbox"/> CT Angiogram Abdomen W/ W/O Contrast | 74175 | <input type="checkbox"/> CCTA/CTA Coronaries W/ W/O Contrast | |
| <input type="checkbox"/> CT Angiogram Abdomen & Pelvis | | (Downtown Only) | 75574 |
| W/ W/O Contrast | 74174 | | |
| <input type="checkbox"/> CT Angiogram Chest W W/O Contrast | 71275 | <input type="checkbox"/> CT Angiogram Neck W/ W/O Contrast | 70498 |
| <input type="checkbox"/> CT Angiogram Head W/ W/O Contrast | 70496 | ϕ CT angiogram of aortic arch & branch vessels | 71275 |

X-RAY

- Chest PA 71010
- Chest PA & Lat 71020

Other _____

Physician Signature* L.D. Lide

Date 12/26/17 Time 2:01 PM

L.D. Lide



Providence

HEALTH

Name Clarence Wintrey Date 12/28/17
 DOB 8/19/62 Office Location Laurel MR# 9112
 Ordering MD Dr. D. Life Test Date JAN 8, 2018 Arrival Time 7:30 AM/PM
MON

HOSPITAL SCHEDULING FORM (ADMISSIONS/OUTPATIENT)

Test Location:

- | | | |
|---|--|--|
| <input type="checkbox"/> *Kershaw Hosp 803-432-4311 | <input type="checkbox"/> *Lexington Hosp. 803-791-2570 | <input type="checkbox"/> Columbia Office 803-254-3278 |
| <input type="checkbox"/> *Providence Hosp. 803-256-5929 | <input type="checkbox"/> West Columbia Office 803-794-3950 | <input type="checkbox"/> Camden Office 803-432-6771 |
| | | <input type="checkbox"/> Bamberg Office 803-245-6290 |
| | | <input type="checkbox"/> Northeast Office 803-409-7150 |

*** Call to preregister. Bring this order and insurance information with you.**

TEST(S)/PROCEDURE(S) Douglas DIAGNOSIS: I87.1
 Allergies: None

Report to: Providence

NOTE: Your procedure time may be changed due to patient emergencies.

Additional tests ordered prior to procedure.

- Lab: CBC, CMP, BUN, Cr Place of Service: _____
 X-Ray: Chest, abdomen Place of Service: _____
 Other orders or instructions to patient: _____

INSTRUCTIONS

1. Please **DO NOT** eat or drink anything after midnight before your test. Please take your medications as scheduled the morning of the the test with a sip of water unless otherwise informed.
2. Please bring your medications **WITH YOU**.
3. Is the patient diabetic? ___yes no
4. Is patient on insulin? If yes, 1/2 dose am of study. Instructions given? ___yes no
5. Is patient on medication containing Metformin? If yes, hold day of procedure.
6. Is the patient allergic to contrast dye, iodine or shellfish? If yes, premedicate for contrast reaction/shellfish reaction. Prescription given? ___yes ___no
7. Is patient on Coumadin/Warfarin/Xarelto/Rivaroxaban, Eliquis/Apixaban, Savaysa/Exdoxaban, Pradaxa/Dabigatran? If yes, were instructions given ___yes ___no
8. Pre-PCI (Angioplasty): Is the patient currently taking Plavix/Clopidogrel, Effient/Prasugrel, Brilinta/Ticagrelor, Aspirin? ___yes ___no

****The risks, benefits and alternatives to the procedure have been fully explained and the patient is in agreement to proceed.**

[Signature] 12/28/17 [Signature]
 Patient Signature Date Clinician Signature

White - Chart Copy

Canary - Patient Copy

SOUTH CAROLINA HEART CENTER/PROVIDENCE HOSPITAL

15/20

TEST RESULTS

Billing Office: 2001 Laurel Street, Columbia, SC 29204

UNRE: 153 ART COURT	CLARENCE	DOB/Age: 08/19/62	ARRIVAL TIME: 1:45	DATE: 12/28/06	PCP: (R) PEPLE, REFERRED
CD NUMBER: 302532		Primary: LIBERT, MUTUA	Copy: 00		Other: ARR: (LINE)

OFFICE VISIT	NEW	ESTAB	FEE	CONSULT	CODE	FEE	LAB	CODE	FEE
EKG		93000					Venipuncture	36415	
Problem Focused	99201	99212		Problem Focused	99241		Finger Stick	36416	
Expanded Focused	99202	99213		Expanded Focused	99242		Protime	85610	
Detailed	99203	99214		Detailed	99243		Coumadin Visit	99211C	
Comprehensive/Mod	99204	99215		Comprehensive/Mod	99244				
Comprehensive/High	99205	99215		Comprehensive/High	99245				

DEVICE CLINIC	CODE	FEE	EVENT RECORDING	CODE	FEE	TO BE SCHEDULED	Days/Wks/Mos
PM Single w/programming	93279		Hoiter	93224		CBC w/PLT w/OPIIT	
PM Dual w/programming	93280		Event	93270		Lipids SCOT/BNP/PLT/CPK	
PM Bivent w/programming	93281		MCII	93228		Vitamin D, S-Dimer	
PM analysis in office	93288		Pulse Ox	94762		PT/INR/CMP/SMACZ/BMF	
ICD Single w/programming	93282		BP MONITORING			Magnesium/CRP	
ICD Dual w/programming	93283		BP Monitor	93784		Thyroid Profile TSH	
ICD Bivent w/programming	93284		Recording only	93786		Cardiac Rehab III/IV consult	
ICD analysis in office	93289		Interp/Report	93790		Chest X-ray	
ILR w/programming	93285					Echo Stress Dobutamine/EF	
ILR analysis in office	93291					Carotid LEV/VEV	

RETURN: Days Weeks Months Year TR PRN

Schedulers Initials: *[Handwritten]*

ADDITIONAL NOTES: *[Handwritten notes: "Abductor (C) ...", "D. ...", "W. ..."]*

PROVIDENCE HOSPITAL OUTPATIENT BILLING

NUCLEAR STUDIES	CODE	FEE	ECHOCARDIOGRAPHY	CODE	FEE	PROCEDURES
Myocardial Perfusion	78452		Complete echo	93306		ILC/RUC/RH
Treadmill/ supervision	93016		Stress echo	93351		Grafts
Treadmill/ interpretation	93018		2D echo only	93307		PTCA/Atherectomy/Stent
			Limited echo	93308		Aortogram
VASCULAR STUDIES	CODE	FEE	Limited Doppler	93320		Renal Angiogram/Intervention
ABI	93922		Color flow	93325		ABD Aorta w/runoff
U/LEA (rest)	93923					Carotid Angiography/Intervention
ABI w/exercise	93924					Iliac Angiography/Intervention
LEA /bilateral	93925		MISCELLANEOUS	CODE	FEE	Lower extremity angiography
LEA /unilateral	93926		Chest x-ray	71020		Lower extremity intervention
UEA /bilateral	93930					EPS/Ablation (PVI/SVI/VLI)
UEA /unilateral	93931					IRTHUTRI
LEV /bilateral	93970					Device pocket revision
LEV /unilateral	93971					Pacemaker/ICD Implant
Carotid	93880					TAVR
						OTHER

NOTES: 12-2016 SCHEDULED WORKERS COMP INFO UNDER INSURANCE CHARGE

Ins Pending	Uncollected	Personal Bal	Cash	Check #	Charge	Amount Paid	Checkout Initials
-------------	-------------	--------------	------	---------	--------	-------------	-------------------

PATIENT COPY

Sabrina Kelley

From: Sabrina Kelley <sabrina@pfmcdlaw.com>
Sent: Friday, January 5, 2018 3:15 PM
To: 'Wrinkle, Elizabeth'
Cc: 'brett.bayne@mgclaw.com'
Subject: Clarence Winfrey

Beth:

I just got a call from Clarence stating that the hospital informed him that you refused to authorize his procedure for Monday. He has a 90 % blockage and its scheduled for Monday, what is going on? What is the basis of the denial??

Thanks,

Sabrina M. Kelley, Paralegal to
Preston F. McDaniel
McDaniel Law Firm
1315 Elmwood Ave
Columbia, SC 29201
Telephone : (803) 771-7211
Fax : (803) 252-0709

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Sabrina Kelley

From: Sabrina Kelley <sabrina@pfmcdlaw.com>
Sent: Friday, January 5, 2018 4:45 PM
To: 'Wrinkle, Elizabeth'
Cc: 'brett.bayne@mgclaw.com'
Subject: Clarence Winfrey
Attachments: SCAN18010516430.pdf

Dear Beth:

I am following up on the medical care denial for Monday. Please provide us with the basis for that denial.

For your notification, I have attached a copy of a statement issued by Dr. Lide on July 2, 2015, of which your counsel has had a copy since that date, confirming that all medical care in reference to Clarence's heart as ordered by Dr. Lide is casually related to the work related accident.

In addition and more importantly, we requested that Dr. Lide confirm in writing that he understood and knew that if any medical care that he was ordering was not related to the work accident he was to specifically set that out in his notes and tell Clarence.

I look forward to hearing from you as to the basis for the denial.

By copy of this email, I am notifying Brett Bayne of this communication and to confirm communication concerning this claims administration issue.

Thanks,
Preston F. McDaniel
McDaniel Law Firm
1315 Elmwood Ave
Columbia, SC 29201
Telephone : (803) 771-7211
Fax : (803) 252-0709

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TO WHOM IT MAY CONCERN:

RE: Clarence B. Winfrey, Jr.
Date of Birth: 08/19/1962
Date of Accident: 05/22/2013 (electrocution injury)
SC Heart Center Chart #: 000009112

I am the authorized treating cardiologist for Mr. Clarence Winfrey as a result of his injuries and conditions caused by and/or related to his work-related accident which occurred on May 22, 2013. I became involved in Mr. Winfrey's care as one of his treating physicians on May 28, 2013. This will confirm that all medical care as ordered or recommended by me, since my involvement in Mr. Winfrey's care through the present time, in my opinion is causally related to and was necessitated by his work-related electrocution injury.

This will further confirm that unless otherwise stated in any report, treatment notes or medical records all such medical care, evaluations, testing, treatment, medications, whatsoever is necessitated by and is causally related to his original work-related injury and the medical conditions and problems he developed as a result of that work-related accident. My opinions and orders for medical care for Mr. Winfrey for all medical care, past, present and future, and my opinions concerning the necessity of such treatment are all stated to a reasonable degree of medical certainty.

As an authorized treating physician for Mr. Clarence Winfrey, I fully understand that I am not authorized to make any medical referrals for any treatment or for any conditions that in my opinion are not related to his medical problems and conditions stemming from the work-related injury. It is my understanding that under the South Carolina Law, that any condition that is either directly or indirectly related to the work-related accident and/or the treatment necessary to treat the injuries stemming from that accident and any pre-existing or asymptomatic condition that has been aggravated, accelerated or caused to become symptomatic by the injury and/or its aftermath including the treatment necessary to treat that injury is compensable under the SC Workers' Compensation Act. I further fully understand that should I determine that Mr. Winfrey needs medical care that is not related to his work-related accident under South Carolina Law that I should clearly state that it is not related and should advise Mr. Winfrey of that opinion.

All opinions and statements made as set forth hereinabove are stated to a reasonable degree of medical certainty as Mr. Clarence Winfrey's treating medical doctor.



Dr. Lanneau D. Lioe

7-2-15

Dated:

McDANIEL LAW FIRM
ATTORNEYS AND COUNSELORS AT LAW
1315 ELMWOOD AVENUE
COLUMBIA, SOUTH CAROLINA 29201

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for over 30 years

Preston F. McDaniel

Telephone (803) 771-7211

Matthew Robertson

Facsimile (803) 252-0709

January 11, 2018

VIA EMAIL ONLY - Elizabeth.Wrinkle@libertyMutual.com
Elizabeth Wrinkle
Senior Claims Specialist II
Liberty Mutual Insurance
PO Box 515099
Los Angeles, CA 90051-9820

RE: CLARENCE B. WINFREY v. ARCHWAY SERVICES
WCC File No. 1306305
Claim No. 22209963

Dear Beth:

We were just forwarded a copy of the signed statement from Dr. Lide that you sent him confirming that this was causally related to the work-related accident. Sabrina is out of the office sick today so I cannot check with her but I see where you sent us that on Thursday of last week which I did not know about until today. All I knew Thursday is that we had forwarded you the procedure referral/paperwork and the billing information from Providence so that you could provide authorization.

The next thing I knew was on Friday, Clarence called and advised that Providence had called and advised him that you had denied the procedure.

I do not know when you and why you needed this statement but I assume that is the explanation for the original denial. Had I known there was a question on Thursday, I would have made sure that we got that question answered for you. I apologize for that oversight as on Thursday, again as far as I knew, there was no problem and so on Friday when Clarence contacted us, I advised him to go ahead and file it on his Medicare which he did.

Elizabeth Wrinkle
January 11, 2018
Page 2

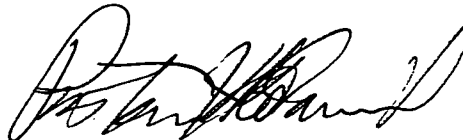
On Friday, the only possible explanation I could think of for the denial was that (I had just checked with Brett on this) Brett had finally obtained authorization which we have been waiting on for well over a year from Liberty to resolve the case on the basis of our acceptance of the settlement proposal from Liberty which I had previously advised Brett we would do that we were accepting the settlement offer based on paying all past medical costs, funding the MSA and for the amount that Liberty reported to CMS as the settlement amount.

I mention this only because, with the denial on Friday and continuing at this point and with Clarence filing this on his Medicare, I look forward to either hearing from you that you have notified the providers that this care is authorized or from Brett as to where we stand concerning resolution through settlement.

We really need to find out one way or the other by no later than Monday as Clarence is going to need extensive rehabilitation from this latest procedure and now that Howard is back on board, we need to move forward with getting everything else in place, including transportation, home care assistance, upfitting, MRI and neurological follow-up for the stroke and left -sided problems, a rehabilitation specialist evaluation, etc. Clarence's son has a job and while he took off the other day, he will not be able to do that for the doctors' appointments and therapy appointments coming up.

I look forward to hearing from one or both of you. By copy of this email, I am, of course, notifying Brett of this communication and to hearing as to where we stand on this claims administration issue and/or resolution of the case.

Sincerely yours,



Preston F. McDaniel

PFM/abh

cc: Brett Bayne, Esquire (via email brett.bayne@mgclaw.com)

Andrea Ham

From: Andrea Ham <aham@pfmcdlaw.com>
Sent: Thursday, January 11, 2018 3:16 PM
To: 'Elizabeth.Wrinkle@LibertyMutual.com'
Cc: 'Brett Bayne'; 'sabrina@pfmcdlaw.com'
Subject: Re: Clarence B. Winfrey v. Archway Services
Attachments: SCAN18011115180.pdf

The following email is being sent at the request of Preston F. McDaniel.

Thank you,
Andrea Ham
Legal Assistant
McDaniel Law Firm
(803)771-7211
(803)252-0709

 *Please consider the environment before printing this email.*

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COLUMBIA, SOUTH CAROLINA 29201

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Preston F. McDaniel

Telephone (803) 771-7211

Matthew Robertson

Facsimile (803) 252-0709

January 19, 2018

VIA EMAIL ONLY - Elizabeth.Wrinkle@libertyMutual.com

Elizabeth Wrinkle
Senior Claims Specialist II
Liberty Mutual Insurance
PO Box 515099
Los Angeles, CA 90051-9820

RE: CLARENCE B. WINFREY v. ARCHWAY SERVICES
WCC File No. 1306305
Claim No. 22209963

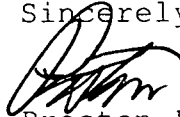
Dear Beth:

We received a call from Clarence yesterday stating that he received a call from Providence, wherein Liberty Mutual had called requesting a form from Dr. Lide. Clarence called us and I assume the form is the letter you sent to Dr. Lide on January 4th which I thought you already had a copy of.

In any event please find enclosed another copy of your letter that you had Dr. Lide complete, which he completed and I assumed he had returned to you.

If there is something else you need, please let me know immediately and we will be glad to try to help you get it. I notice that you are communicating with Brenda Kelley at Providence, so I am sending a copy of this email to her since they are the ones that initiated the call to Clarence.

Sincerely yours,



Preston F. McDaniel

PFM/rmt

cc: Brett Bayne, Esquire (via email brett.bayne@mgclaw.com)
Brenda Kelley (via email Brenda.Kelley@providencehospitals.com)



Liberty Mutual Insurance

Workers' Compensation Claims
PO 49000
Charlotte, NC 28277
(866) 539-6449, ex 48974
(715) 870-6974, direct
(603) 430-1953, fax

January 4, 2018

Dr Lanneau D. Lide
Sent via email to Brenda.Kelley@providencehospitals.com

RE: 22-209963
INSURED: Archway Services Inc.
CLAIMANT: Clarence Winfrey
DATE OF LOSS: 5/22/2013

Dear Dr. Lide,

Based on your examination of Mr. Winfrey at the end of December, you have recommended that he undergo a left subclavian stent and further workup of his left upper lobe where abnormalities were identified by the recent CTA.

- 1.) Is the need for the stent related to the work injury/electrocution of May 22, 2013? Yes No
- 2.) Is the need for further work up on the left upper lobe related to the work injury/electrocution of May 22, 2013? Yes No

Thank you for your anticipated cooperation in this matter.

Beth Wrinkle
Technical Claims Specialist II

Cc: Preston McDaniel
Attorney at Law
Sent via email to sabrina@pfmcdlaw.com

Liberty Mutual Insurance / Commercial Insurance Claims
P.O. Box 49000
Charlotte, NC 28277
866-539-6449, ex 48974, 715-870-6974
603-430-1953 Fax
Elizabeth.Wrinkle@LibertyMutual.com

Rose Thielke

From: Rose Thielke <rose@pfmcdlaw.com>
Sent: Friday, January 19, 2018 12:58 PM
To: Elizabeth.wrinkle@libertymutual.com
Cc: brett.bayne@mgclaw.com; 'Brenda.Kelley@providencehospitals.com'
Subject: Clarence Winfrey v Archway Services
Attachments: SCAN18011912590.pdf

The attached letter is being sent at the request of Preston McDaniel.

Rose Thielke
McDaniel Law Firm

Sabrina Kelley

From: Sabrina Kelley <sabrina@pfmcdlaw.com>
Sent: Wednesday, January 24, 2018 10:10 AM
To: 'Wrinkle, Elizabeth'
Cc: 'brett.bayne@mgclaw.com'
Subject: Clarence Winfrey

Beth:

I just received a call from Clarence and I assume that you are aware that his medical care has been transferred from Dr. Lide to Dr. Lone, as Dr. Lide is in the process of retiring. Dr. Lone has ordered a new medication and will do a further test of some type in 3 months and if Clarence's condition does not change, it is my understanding that they plan to implant a pacemaker at that time.

I assume that you have everything that you need in reference to the previous stent procedure. As you will recall to make sure there was no delay in that procedure, Clarence filed that under his Medicare. Columbia Heart is putting all of this on Workers Comp and it may not be too late to authorize the stent under WC and avoid all the headache for you for Medicare reimbursement. If you need anything further, let me know. As far as I know we have not received any questions from Medicare.

By copy of this email, I am notifying Brett Bayne of this communication

Thanks,

Sabrina M. Kelley, Paralegal to
Preston F. McDaniel
McDaniel Law Firm
1315 Elmwood Ave
Columbia, SC 29201
Telephone : (803) 771-7211
Fax : (803) 252-0709

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Sabrina Kelley

From: Sabrina Kelley <sabrina@pfmcdlaw.com>
Sent: Monday, February 19, 2018 2:35 PM
To: 'brett.bayne@mgclaw.com'
Cc: 'Wrinkle, Elizabeth'
Subject: Clarence Winfrey -Immediate Attention Requested-

Importance: High

Dear Brett:

I have not heard from either of you or Beth on this and so while this mainly concerns claims administration issues, I decided to send this to you with a copy to Beth instead of the other way around. As you know, the recent heart hospitalization and catherization/heart procedure were not immediately approved and so Clarence filed it under Medicare. Almost immediately, Dr. Lide and SC Heart Center replied to Beth's questionnaire. We requested records and obtained a copy of the completed questionnaire which I then again, sent it to Beth/you. I requested confirmation that both you and Beth were in receipt of it and that Beth had notified SC Heart Center that the treatment procedure was authorized and had notified all providers to send billing to Beth for payment.

Clarence is now receiving bills requesting he pay balances from the Heart Center, which state that they billed Medicare.

Let me apologize, and I do mean to be contentious, but I have to make sure this situation has been corrected, and if I haven't received confirmation from you/Beth/Liberty Mutual that all these providers have been contacted and this care authorized, I will have no choice but I guess to file a Motion in the Supreme Court to have medical care Ordered and provided. Like I said, I just have to get something done in that regard.

Finally let me mention, Brett we have had settlement pending for a long time and I thought that as I initially conveyed to you/Beth, maybe with this additional procedure that the reason for denial was the decision by Liberty to fund the Medicare set Aside and settle for the amount that we previously agreed to accept as was represented to Medicare.

Please let me know one way or the other by Friday; Again I am not trying to put any deadlines on anybody but I must get this resolved. From our side outside of the stress on Clarence every time there is a question about anything, it is a tremendous amount of work for my staff and I just have to address this in as efficient and prompt manner as I can for my client and my office.

I look forward to hearing from y'all one way or the other by Friday.

Thanks,

Sabrina M. Kelley, Paralegal to
Preston F. McDaniel
McDaniel Law Firm
1315 Elmwood Ave
Columbia, SC 29201
Telephone : (803) 771-7211
Fax : (803) 252-0709