

20495

THE STATE OF SOUTH CAROLINA  
In The Court Of Appeals

**ORIGINAL**

APPEAL FROM FAIRFIELD COUNTY  
Court of Common Pleas

Brooks P. Goldsmith, Circuit Court Judge

Case No. 2011-CP-20-436

Case Tracking No. 2012-212898

James Clark, Jr.,

v.

Respondent,

Pyramid Masonry Contractors, Inc., and  
Hartford Fire Insurance Company,

Appellants.

**RECORD ON APPEAL**

**VOLUME I OF II**

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## **VOLUME 1**

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**THIS OPINION HAS NO PRECEDENTIAL VALUE. IT SHOULD NOT BE CITED OR RELIED ON AS PRECEDENT IN ANY PROCEEDING EXCEPT AS PROVIDED BY RULE 268(d)(2), SCACR.**

**THE STATE OF SOUTH CAROLINA**

**In The Court of Appeals**

James Clark, Jr.,

Appellant,

v.

Pyramid Masonry Contractors,  
Inc., Employer and Hartford  
Fire Insurance Company,  
Carrier,

Respondents.

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Appeal from Fairfield County  
Brooks P. Goldsmith, Circuit Court Judge

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Unpublished Opinion No. 2010-UP-332  
Submitted June 1, 2010 - Filed June 28, 2010

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**REMANDED**

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Barry B. George, of Columbia, for Appellant.

Richard B. Kale, Jr., of Greenville, for Respondents.

**PER CURIAM:** In this workers' compensation action, James Clark appeals the denial of his claim for benefits arising out of injuries sustained in a motor vehicle accident while traveling to a job site for his employer, Pyramid Masonry Contractors (Pyramid). Here, the Workers' Compensation Commission (Commission) and the circuit court declined to address the effect of the findings and award of benefits to Clark's co-worker, Joey Horton, for injuries arising out of the same incident and under similar circumstances, reasoning that the decision in Horton's case was under appeal and was, therefore, not a final, valid judgment on the merits. Because the award of benefits to Horton was affirmed by this Court and has become a final decision, we find it appropriate to remand<sup>1</sup> the case to allow the Commission to consider Horton v. Pyramid Masonry Contractors, Inc., Op. No. 2008-UP-208 (S.C. Ct. App. filed March 27, 2008). See S.C. Code Ann. 1-23-380(5) (Supp. 2009) ("The court may affirm the decision of the agency or remand the case for further proceedings.") (emphasis added). On remand, the Commission shall also make findings of fact and conclusions of law on the issue of actual or apparent authority and the effect thereof.

**REMANDED.**

**FEW, C.J., THOMAS and PIEPER, JJ., concur.**

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<sup>1</sup> We decide this case without oral argument pursuant to Rule 215, SCACR.



DECISION AND ORDER  
OF THE  
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION  
W.C.C. FILE NO.: 0427461

JAMES CLARK, JR.,

Employee/  
Claimant,

-vs-

PYRAMID MASONRY CONTRACTORS, INC.,

Employer,

and

HARTFORD FIRE INSURANCE COMPANY,

Carrier,  
Defendants.

HEARING: Held in Columbia, South Carolina on October 25, 2010.

APPEARANCES: Claimant represented by Barry B. George, Esquire and Gary W. Popwell, Jr., Esquire of Attorneys Lee, Eadon, Isgett, Popwell and Reardon, P.A., Columbia, South Carolina. Defendants represented by Richard B. Kale, Jr., Esquire of Willson, Jones, Carter & Baxley, PA, Greenville, South Carolina.

PURPOSE OF HEARING: To determine the issues as set forth in Form 50 and Form 51, pursuant to remand of this case from the South Carolina Court of Appeals as instructed by the South Carolina Court of Appeals.

DECISION AND ORDER: G. Bryan Lyndon, Commissioner.

FILE DATE: March 7, 2011.

### STIPULATIONS

Counsel for the parties stipulated at the time of the hearing to the following:

1. That the South Carolina Workers' Compensation Commission has jurisdiction of the parties and issues involved.
2. That venue is properly placed in this case.
3. The Claimant's average weekly wage was Two Hundred Seventy-Four Dollars and Fifty Cents (\$274.50) at the time of the accident, making the compensation rate of One Hundred Eight Three Dollars and One Cent (\$183.01) applicable in this case.
4. That notice of the hearing was timely and properly served upon all parties of interest.

### APA SUBMISSIONS

Pursuant to the Administrative Procedures Act (hereinafter "APA"), the following records were submitted into evidence at the time of the hearing.

#### Claimant's Submissions

| <u>Exhibit No.</u> | <u>Description</u>                                                                                                                                        | <u>No. of Pages</u> |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| APA#1              | Record on Appeal,<br><i>Clark v. Pyramid Masonry Contractors, Inc.</i><br><i>and Hartford Fire Insurance Company</i>                                      | 154                 |
| APA#2              | The Court of Appeal Decision,<br><i>Clark v. Pyramid Masonry Contractors, Inc.</i><br><i>and Hartford Fire Insurance Company</i>                          | 3                   |
| APA #3             | Single Commissioner's Hearing Transcript,<br><i>Joey Horton v. Pyramid Masonry Contractors, Inc.</i><br><i>and Hartford Fire Insurance Company</i>        | 62                  |
| APA #4             | Decision of the South Carolina Court of Appeals,<br><i>Joey Horton v. Pyramid Masonry Contractors, Inc.</i><br><i>and Hartford Fire Insurance Company</i> | 9                   |

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| APA #5  | Careforce Records                                                                         | 13 |
| APA #6  | Palmetto Health Richland                                                                  | 24 |
| APA #7  | Anesthesiology Consultants of Columbia                                                    | 2  |
| APA #8  | Carolina Cardiac Surgery                                                                  | 14 |
| APA #9  | Palmetto Health Eye Center                                                                | 6  |
| APA #10 | University Specialty Clinics -<br>Department of Neuropsychiatry and<br>Behavioral Science | 6  |
| APA #11 | Ambulatory Services                                                                       | 10 |
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| APA #13 | Lancaster Internal Medicine                                                               | 49 |
| APA #14 | University Specialty Clinics -<br>Ophthalmology                                           | 11 |
| APA #15 | Joseph W. Story, M.D.                                                                     | 8  |
| APA #16 | Pitts Radiology (Bills)                                                                   | 4  |
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#### **Defendants' Submissions**

The Defendants did not submit additional APA Submissions for the purposes of this hearing; however did enter as exhibits their brief of respondents in the appeal of this case with the South Carolina Court of Appeals, the Order of the South Carolina Court of Appeals filed June 28, 2010, 2010-UP-332 and an additional copy of the Defendants' truck allowance policy referenced in their pre-hearing brief dated October 14, 2010.

### Statement of the Case

This case was previously heard before me at a hearing held on October 11, 2006. An Order was issued which was filed January 25, 2007 which denied compensability pursuant to §42-1-160, S.C. Code Ann. (1976) on the basis that the Claimant had not proven that his injuries resulted from an accident which both arose out of and within the course of employment on the basis that the Claimant had not proven that Defendant Pyramid provided the means of transportation for the Claimant to go to and from work and thus fell under an exception to the "going and coming" rule. The Claimant appealed that Order and it was affirmed by the Appellate Panel of the South Carolina Workers' Compensation Commission on May 18, 2007 and by the Honorable Brooks P. Goldsmith by Order dated February 22, 2008. The Claimant then appealed to the South Carolina Court of Appeals. The South Carolina Court of Appeals issued its Opinion on June 1, 2010, *Clark v. Pyramid Masonry Contractors, Inc. and Hartford Fire Insurance Company*, 2010-UP-332. The Court remanded this case to the Commission to address the effect of the finding awarding benefits to Claimant's co-worker, Joey Horton, for injuries arising out of the same accident and under similar circumstances, which had been affirmed by the South Carolina Court of Appeals. The Court of Appeals specifically instructed the Commission to consider the effect of *Horton v. Pyramid Masonry Contractors, Inc.*, Op. No. 2008-CP-208 (S.C. Ct. App. filed March 27, 2008) on this case and instructed this Commission on remand to make Findings of Fact and Conclusions of Law on the issues of actual or apparent authority and the effect thereof in the instant case.

The Claimant contends that his injuries suffered in the automobile accident which occurred on November 17, 2004 arose from a compensable accident arising out of and in the

course and scope of his employment with Defendant Pyramid as it occurred while he was being transported to work by the Defendant, through its agent and servant Mark Hinson, and thus falls under the exception to the "going and coming" rule as Mr. Hinson had actual and/or apparent authority to provide transportation to the Claimant on behalf of the Defendant, Pyramid Masonry Contractors, Inc. Claimant avers that his position is supported by *Medlin v. Upstate Plaster Service*, 329 S.C. 92, 495, S.E.2d 447 (1998); *Eadie v. H.A. Sack Company*, 322 S.C. 164, 470, S.E.2d 397 (S.C. Ct. App. 1996); and the South Carolina Court of Appeals reasoning and ruling in *Horton v. Pyramid Masonry Contractors, Inc. and Hartford Accident Insurance Company*, 2008-UP-208 (S.C. Ct. App. filed March 27, 2007).

The Defendants contend that the Commission is not collaterally estopped from denying Claimant's claim by the Court of Appeals decision in *Horton, supra* and that under the facts of this case, Mark Hinson did not have actual and/or apparent authority to offer and provide transportation to and from the job site to the Claimant, and therefore Claimant's accident does not fall within an exception to the "going and coming" rule and is therefore not compensable.

In light of the instructions on remand from the South Carolina Court of Appeals, it is unnecessary to restate all of the evidence, Findings of Fact and Conclusions of Law which were enumerated in the prior Decision and Order issued in this case which was filed on January 25, 2007. Therefore, I adopt the Summary of Evidence, Findings of Fact and Conclusions of Law which were stated and enumerated in the prior Order of January 25, 2007 except as changed, reversed and/or supplemented as set forth below.

### FINDINGS OF FACT

1. The facts and circumstances of this case, while very similar to the facts and circumstances as set forth in *Horton, supra*, are not identical as the Claimant and Horton were hired at different times for different positions and Horton had known Defendant's supervisor, Mark Hinson, for several years prior to the time Hinson hired him and the Claimant in the instant case did not know Mark Hinson prior to being hired by Hinson. Furthermore, the Claimant in this case was given a package containing a letter and job description and signed a receipt acknowledging receipt of the package. Horton never signed any document acknowledging receipt of the employment package.

2. While not identical, the relevant facts in *Horton, supra* and the instant case are very similar. Both were hired by Defendant's supervisor Mark Hinson. Hinson was the only employee of Defendant Pyramid with whom either the Claimant or Horton ever dealt concerning their hiring and employment. Neither Horton nor the Claimant in the instant case had a driver's license. Both informed Mr. Hinson of this fact. Both were told by Mr. Hinson that the company would provide transportation to and from the job site. Both were picked up for work and taken home from work by Mr. Hinson every day they worked for Pyramid Masonry Contractors, Inc. and both were severely injured when Mr. Hinson was transporting them to the job site on November 17, 2004 and had an automobile accident.

3. While the job description for a laborer contained in the employment package delivered to the Claimant states that prospective employees "must have means of transportation to and from project", the cover letter accompanying the job description states "if there is any item you do not understand, please ask the foreman or superintendent that you are making this application to for an explanation." See Defendants Exhibit #1, Hearing of October 11, 2006.

4. Mark Hinson had actual authority to offer the Claimant a wage at a negotiated rate, set his working hours and conditions and to answer any questions which the Claimant may have had concerning the job description for the job for which the Claimant was applying.

5. Defendant Pyramid Masonry Contractors, Inc. gave Mark Hinson, its supervisor, actual authority to hire masons and laborers to work on their projects and Hinson was expressly authorized to offer an hourly wage to crew members and to discuss the conditions of employment and to answer any questions prospective employees may have had concerning employment.

6. The Claimant believed that Mark Hinson had the authority to negotiate any and all terms of employment as Mark Hinson was the only employee of Defendant Pyramid with whom the Claimant dealt concerning the terms and conditions of his hiring and employment by Defendant Pyramid. Thus, Mark Hinson was placed in a position by Defendant Pyramid such that third parties such as the Claimant were reasonably led to believe that Mark Hinson had the authority to negotiate and set all of the terms of employment, including provision of transportation by the company for an employee without a driver's license such as the Claimant.

7. Mark Hinson had apparent authority to offer and provide transportation for the Claimant to and from the job sites on behalf of Defendant Pyramid.

8. To the extent that the evidence of the case and Findings of Fact cited in the prior Order state or infer that Mark Hinson did not have apparent authority to offer the Claimant transportation on behalf of Defendant Pyramid in light of all the facts and circumstances of this case, said statements and findings are reversed and/or modified and Mark Hinson did have apparent authority to offer and provide transportation on behalf of Defendant Pyramid for the Claimant to and from the job site.

### CONCLUSIONS OF LAW

1. While the facts of this case are very similar to the facts in *Horton, supra*, they are not identical and, therefore, the Defendants are not collaterally estopped from arguing that Claimant's claim does not fall within an exception to the "going and coming" rule and is therefore not compensable. *Beal v. Doe*, 281 S.C. 363, 315 S.E.2d 186 (S.C. Ct. App. 1984). Exception to the Going and Coming Rule, See *Sola v. Sunny Slope Farms*, 244 S.C.6, 135 S.E.2d 321 (1964); *Byrd v. Stackhouse Sheet Metal Works*, 317 S.C. 35, 451 S.E.2d 405 (S.C. Ct. App. 1994).

2. In light of the Court of Appeals' reasoning as set forth in *Horton, supra* and the cases cited therein and review of Defendant's Exhibit 1 which the Defendant introduced into evidence at the prior hearing which expressly authorizes Mark Hinson to answer any questions which the Claimant may have had concerning any of the terms and conditions of employment and the fact that Mark Hinson was expressly authorized to negotiate and offer other terms and conditions of employment with the Claimant, Mark Hinson had apparent authority to offer the Claimant transportation on behalf of the company in light of the fact that he was expressly authorized to offer and negotiate other terms of employment and the cover letter accompanying the job description expressly authorized Mark Hinson to answer any question which a prospective employee may have concerning the job description. Thus, Claimant reasonably believed that Mark Hinson had authority to offer transportation on behalf of Defendant Pyramid and Mark Hinson, acting with apparent authority, offered Claimant transportation on behalf of Defendant Pyramid and Claimant accepted the offer and went to work for Defendant Pyramid.

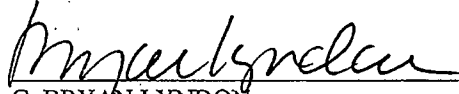


3. The Claimant's accident of November 17, 2004 while on his way to work at a job site in Columbia therefore comes within the exception to the "going and coming" rule in that the Claimant's transportation to the job site was provided by Defendant Pyramid, through its agent and servant Mark Hinson acting with apparent authority, and is therefore compensable under §42-1-160; pursuant to *Sola, supra* and *Byrd, supra*. This finding of compensability of the accident in question in light of the facts and circumstances of this case is made pursuant to the Court of Appeals' instructions on remand to "...consider *Horton v. Pyramid Masonry Contractors, Inc.*" and "on remand, the Commission shall also make Findings of Fact and Conclusions of Law on the issue of actual or apparent authority and the effect thereof." (emphasis added):

4. To the extent the Conclusions of Law in the prior Order found that the accident in question was not compensable, those Findings are reversed and I find this accident to be compensable under §42-1-160, S.C. Code Ann. (1976, as amended). As the Claimant has proven by the greater weight of the evidence that Mark Hinson, acting with apparent authority, offered transportation on behalf of Defendant Pyramid which was accepted by the Claimant, the accident in question falls under the exception of the "going and coming" rule and is therefore compensable.

Therefore, it is hereby ORDERED that the Defendants are ordered to pay the Claimant temporary total disability benefits at the stipulated compensation rate from the date of the accident through the date of this Order and continuing until terminated by Order of this Commission. It is further ORDERED that the Defendants pay all related medical expenses incurred by the Claimant in treatment of his injuries sustained in the accident in question.

AND IT IS SO ORDERED.



G. BRYAN LYNDON  
South Carolina Workers'  
Compensation Commissioner

3/7/ 2011.

CERTIFICATE OF SERVICE

This is to certify that the undersigned has this date served this order in the above entitled action upon all parties to this cause by depositing a copy hereof, postage paid, in the United States mail addressed to the attorney or attorneys for said parties.

This 7<sup>th</sup> day of March, 2011  
By Donna Thomas  
Administrative Assistant to the Commissioner

GWP, Jr.  
RBK Jr.

**APPELLATE PANEL  
DECISION AND ORDER  
OF THE  
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION  
W.C.C. FILE #0427461**

**JAMES CLARK, JR., CLAIMANT/RESPONDENT,  
V.  
PYRAMID MASONRY CONTRACTORS, INC., EMPLOYER,  
AND HARTFORD FIRE INSURANCE COMPANY, CARRIER, APPELLANTS.**

---

**FULL AFFIRMATION**

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Appellate Panel Review held in Columbia, South Carolina on June 20, 2011, per notices timely and properly served on all parties of interest.

Claimant/Respondent represented by Gary W. Popwell, Jr. and Barry B. George  
Appellants represented by Richard B. Kalc, Jr.

Appellate Panel Decision and Order filed: 10-14, 2011

**STATEMENT OF THE CASE**

This case was heard by Commissioner G. Bryan Lyndon on October 25, 2010 pursuant to remand of this case by the South Carolina Court of Appeals. The case had originally been heard by Commissioner Lyndon on October 11, 2006. After the initial hearing, the Single Commissioner issued an Order dated January 25, 2007 which denied the workers' compensation claim of the Employee/Claimant. The Claimant subsequently appealed seeking a review by the South Carolina Workers' Compensation Commission. The Appellate Panel of the South Carolina Workers' Compensation Commission issued an Order on May 18, 2007 affirming the Order of the Single Commissioner. The Claimant then appealed the Decision of the Appellate Panel of the South Carolina Workers' Compensation Commission to the Fairfield County Court of Common Pleas. After a hearing which was held on January 10, 2008 before the Honorable Brooks P. Goldsmith, the Circuit Court issued an Order dated February 22, 2008 affirming the

Appellate Panel of the South Carolina Workers' Compensation Commission. The Claimant appealed that Order to the South Carolina Court of Appeals. The Court of Appeals issued an Order remanding the case to the Commission with instructions to consider this case in light of *Horton v. Pyramid Masonry Contractors, Inc.*, Op. No. 2008-UP-208 (S.C. Ct. App. filed March 27, 2008). The Single Commissioner was specifically instructed by the Court of Appeals to consider the instant case in light of *Horton, supra* and to make Findings of Fact and Conclusions of Law on the issue of actual or apparent authority and the effect thereof.

A hearing was held before Commissioner Lyndon on October 25, 2010 pursuant to the Court of Appeals' remand of the case. Commissioner Lyndon issued an Order on March 7, 2011 reversing his prior Order and finding the Claimant's accident to be compensable. Commissioner Lyndon ordered the Appellants to pay temporary total disability benefits to the Claimant from the date of the accident through the date of the Order and continuing until terminated by further order and to pay all related medical expenses. This appeal followed.

On appeal, the Appellants respectfully submit the following:

1. The Hearing Commissioner erred in finding that the facts of the present case were very similar to the facts and circumstances of *Horton v. Pyramid Masonry Contractors, Inc.*
2. The Hearing Commissioner erred in finding that Pyramid provided Claimant transportation to and from work.
3. The Hearing Commissioner erred in finding that the Claimant is entitled to all related medical expenses and to temporary total disability benefits from November 17, 2004 to the present and continuing.

In an appellate review, the Panel shall, pursuant to S.C. Code Ann. § 42-17-50(1976, as amended), review the award, weigh the evidence as presented at the hearing and if good grounds be shown therefore, make its own Findings of Fact and reach its own Conclusions of Law consistent with or inconsistent with those of the Hearing Commissioner.

After careful review of the evidence in the instant case, reflections upon the arguments of counsel, and review of *Horton v. Pyramid Masonry Contractors, Inc.* and application of the instructions of the South Carolina Court of Appeals on remand, the Commission, by unanimous vote, has determined that all of the Hearing Commissioners' Findings of Fact and Rulings of Law are correct as stated in his Order dated March 7, 2011.

**FINDINGS OF FACT:**

Specifically, we find the following:

1. The facts and circumstances of this case, while very similar to the facts and circumstances as set forth in *Horton, supra*, are not identical. The Claimant and Horton were hired at different times for different positions and Horton had known Employer's supervisor, Mark Hinson, for several years prior to the time Hinson hired him. The Claimant in the instant case did not know Mark Hinson prior to being hired by Hinson. Furthermore, the Claimant in this case was given a package containing a letter and job description. He signed a receipt acknowledging receipt of the package. Horton never signed any document acknowledging receipt of the employment package.

2. While not identical, the relevant facts in *Horton, supra* and the instant case are very similar. Claimant and Horton both were hired by Defendant's supervisor Mark Hinson. Hinson was the only employee of Defendant Pyramid with whom either the Claimant or Horton ever dealt concerning their hiring and employment. Neither Horton nor the Claimant in the instant case had a driver's license. Both informed Mr. Hinson of this fact. Both were told by Mr. Hinson that the company would provide transportation to and from the job site. Both were picked up for work and taken home from work by Mr. Hinson every day they worked for Pyramid Masonry Contractors, Inc. and both were severely injured when Mr. Hinson was transporting them to the job site on November 17, 2004 and had an automobile accident.

3. While the job description for a laborer contained in the employment package delivered to the Claimant states that prospective employees "must have means of transportation to and from project," the cover letter accompanying the job description states "if there is any item you do not understand, please ask the foreman or superintendent that you are making this application to for an explanation." See Defendants Exhibit #1, Hearing of October 11, 2006.

4. Mark Hinson had actual authority to offer the Claimant a wage at a negotiated rate, set his working hours and conditions and to answer any questions which the Claimant may have had concerning the job description for the job for which the Claimant was applying.

5. Defendant Pyramid Masonry Contractors, Inc. gave Mark Hinson, its supervisor, actual authority to hire masons and laborers to work on their projects and Hinson was expressly authorized to offer an hourly wage to crew members and to discuss the conditions of employment and to answer any questions prospective employees may have had concerning employment.

6. The Claimant believed that Mark Hinson had the authority to negotiate any and all terms of employment, as Mark Hinson was the only employee of Defendant Pyramid with whom the Claimant dealt concerning the terms and conditions of his hiring and employment by Defendant Pyramid. Thus, Mark Hinson was placed in a position by Defendant Pyramid such that third parties such as the Claimant were reasonably led to believe that Mark Hinson had the authority to negotiate and set all of the terms of employment, including provision of transportation by the company for an employee without a driver's license such as the Claimant.

7. Mark Hinson had apparent authority to offer and provide transportation for the Claimant to and from the job sites on behalf of Defendant Pyramid.

#### CONCLUSIONS OF LAW

1. While the facts of this case are very similar to the facts in Horton, supra, they are not identical. The Defendants are not collaterally estopped from arguing that Claimant's claim

does not fall within an exception to the "going and coming" rule and is therefore not compensable. *Beal v. Doe*, 281 S.C. 363, 315 S.E.2d 186 (S.C. Ct. App. 1984). Exception to the Going and Coming Rule, See *Sola v. Sunny Slope Farms*, 244 S.C.6, 135 S.E.2d 321 (1964); *Byrd v. Stackhouse Sheet Metal Works*, 317 S.C. 35, 451 S.E.2d 405 (S.C. Ct. App. 1994).

2. Upon review, we are mindful of the Court of Appeals' reasoning as set forth in *Horton*, *supra* and the cases cited therein. Defendant's Exhibit 1 expressly authorizes Mark Hinson to answer any questions which the Claimant may have had concerning any of the terms and conditions of employment. Mark Hinson was expressly authorized to negotiate and offer other terms and conditions of employment with the Claimant. Mark Hinson had apparent authority to offer the Claimant transportation on behalf of the company in light of the fact that he was expressly authorized to offer and negotiate other terms of employment and the cover letter accompanying the job description expressly authorized Mark Hinson to answer any question which a prospective employee may have concerning the job description. Thus, Claimant reasonably believed that Mark Hinson had authority to offer transportation on behalf of Defendant Pyramid. Mark Hinson, acting with apparent authority, offered Claimant transportation on behalf of Defendant Pyramid. Claimant accepted the offer and went to work for Defendant Pyramid.

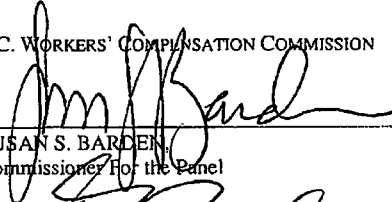
3. The Claimant's accident of November 17, 2004 while on his way to work at a job site in Columbia therefore comes within the exception to the "going and coming" rule in that the Claimant's transportation to the job site was provided by Defendant Pyramid, through its agent and servant Mark Hinson acting with apparent authority, and is therefore compensable under §42-1-160; pursuant to *Sola*, *supra* and *Byrd*, *supra*. This finding of compensability of the accident in question, in light of the facts and circumstances of this case, is made pursuant to the Court of Appeals' instructions on remand to "...consider *Horton v. Pyramid Masonry Contractors, Inc.*" and "on remand, the Commission shall also make Findings of Fact and

Conclusions of Law on the issue of actual or apparent authority and the effect thereof."  
(emphasis added).

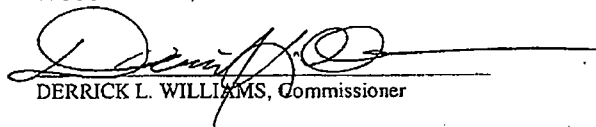
Therefore, it is hereby ORDERED that the Defendants are ordered to pay the Claimant temporary total disability benefits at the stipulated compensation rate from the date of the accident through the date of this Order and continuing until terminated by Order of this Commission. It is further ORDERED that the Defendants pay all related medical expenses incurred by the Claimant in treatment of his injuries sustained in the accident in question.

AND IT IS SO ORDERED.

S.C. WORKERS' COMPENSATION COMMISSION

  
SUSAN S. BARDEN,  
Commissioner For the Panel

  
T. SCOTT BECK, Chairman

  
DERRICK L. WILLIAMS, Commissioner

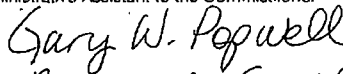
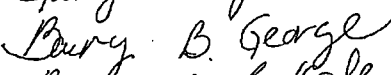
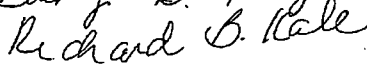
UNANIMOUSLY AFFIRMED.

CERTIFICATE OF SERVICE

This is to certify that the undersigned has this date served this order in the above entitled action upon all parties to this cause by depositing a copy hereof, postage paid, in the United States mail addressed to the attorney or attorneys for said parties.

This 14 day of October, 2011  
By Valerie D. Deller

Administrative Assistant to the Commissioner

6



STATE OF SOUTH CAROLINA

COUNTY OF FAIRFIELD

JAMES CLARK, JR.,

Claimant/Respondent,

-vs-

PYRAMID MASONRY CONTRACTORS,  
INC., Employer, and  
HARTFORD FIRE INSURANCE  
COMPANY, Carrier,

Defendants/Appellants.

IN THE COURT OF COMMON PLEAS

DOCKET NO.: 2011-CP-20-0436

2012 JUL -6 A 10:50  
FAIRFIELD COUNTY  
CLERK OF COURT  
JESSIE JO BECKHAM

**ORDER AFFIRMING  
THE S.C. WORKERS' COMPENSATION  
COMMISSION AS TO FINDING OF  
COMPENSABILITY AND REMANDING THE  
CASE FOR A SPECIFIC FINDING AS TO  
TEMPORARY TOTAL DISABILITY**

This matter was before me for hearing on June 7, 2012 pursuant to the Defendants' appeal from the S.C. Workers' Compensation Commission. All parties, through their respective counsel, were present and fully argued their positions at the hearing as well as submitting briefs.

This case is an appeal from the S.C. Workers' Compensation Commission in which the Appellate Panel of the Commission unanimously affirmed the Single Commissioner and found that the Claimant's accident of November 17, 2004 was compensable. It also unanimously affirmed the Single Commissioner in ordering the Defendant to pay temporary total disability payments and causally related medical expenses.

This case had previously been tried before a Single Commissioner and the claim was found to be not compensable. The Appellate Panel of the Workers' Compensation Commission affirmed the decision of the Single Commissioner by vote of 2 to 1. The decision of the Appellate Panel was affirmed by the Circuit Court. The Court of Appeals remanded the case to the Commission with instructions to reconsider the case in light of *Horton v. Pyramid Masonry Contractors, Inc.*, Op. No. 2008-UP-208 (S.C. Ct. App. filed March 27, 2007) and make specific findings on the issues of actual or apparent authority and the effect thereof in the instant case.

The case was remanded to the Commission. Upon reconsideration, the Single Commissioner reversed his prior decision and found that the accident involving the Claimant fell within the exception to the "going and coming rule" because transportation was being provided by the company, through its agent and servant, Mark Hinson, acting with apparent authority. The Single Commissioner's second decision was unanimously upheld by the Appellate Panel of the Full Commission and Defendant's appeal to this Court followed. After review of the arguments of counsel, the briefs submitted by the parties and the evidence in the record, I make the following Findings of Fact and Conclusions of Law.

#### **FINDINGS OF FACT**

1. There is evidence in the record that the Claimant did not have a driver's license at the time he was hired by Mark Hinson to work for Defendant Pyramid Masonry Contractors, Inc. There is evidence that Mark Hinson was the only employee of the Defendant with whom the Claimant ever dealt and that Mark Hinson was specifically authorized to negotiate wages, working hours, conditions and other terms and conditions of employment with the Claimant. There is evidence that the Defendant specifically authorized Mark Hinson to answer any questions which the Claimant may have had at the time of his hiring concerning the terms and conditions of employment contained in the employment package which Claimant was given at the time he was hired. There is evidence that Mark Hinson specifically stated that the company would provide transportation when the Claimant asked him how he was supposed to get to work since he did not have a driver's license. There is evidence that the Claimant was in fact picked up and taken to work and brought home from work by Mark Hinson every day Claimant worked for the Defendant. There is evidence that Claimant's co-worker, Joey Horton, was also told the company would provide transportation for him since he also did not have a driver's license.

Horton had been hired several months prior to the Claimant's hiring. However, he was present at the Claimant's hiring. He testified that he heard Mark Hinson tell the Claimant that the company would provide transportation. There is evidence that Mark Hinson picked up both Joey Horton and the Claimant every day they worked for the Defendant and took them to work and brought them home from work.

2. There is evidence that Claimant suffered numerous serious injuries in the automobile accident which is the subject of this action. However, the Single Commissioner and the Appellate Panel of the Full Commission did not make a finding of fact concerning his temporary total disability from the time of the accident through the date of the hearing before the Single Commissioner on remand.

#### CONCLUSIONS OF LAW

1. For purposes of judicial review of the decision of the Workers' Compensation Commission, substantial evidence on which to affirm an agency decision is not a mere scintilla of evidence, nor the evidence viewed blindly from one side of the case, but is evidence which, considering the record as a whole, would allow reasonable minds to reach a conclusion the administrative agency reached in order to justify its action. *Etheridge v. Monsanto Co.*, 349 S.C. 451, 462 S.E.2d 679 (S.C. App. 2002).

2. In viewing the record as a whole in light of the instructions on remand for the Workers' Compensation Commission to consider this case in light of the court's holding in *Horton, supra* and the cases cited therein, there is substantial evidence in the record to support the decision of the Commission that the Claimant's case fell within the exception to the "going and coming rule" in that his transportation was being provided by the company, through its agent

and servant Mark Hinson acting within the course and scope of his employment, and acting with apparent authority.

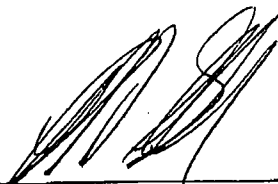
3. While there was evidence in the record that the Claimant had suffered numerous serious injuries in the accident which is the subject of this action, the Worker's Compensation Commission should have included in its order a specific finding of fact that the Claimant either was or was not temporarily totally disabled due to the injuries suffered in the accident from the time of the accident through the date of the hearing on remand before the Single Commissioner. The Claimant has been receiving temporary total disability benefits since expiration of the thirty day supersedeas from filing the appeal of the decision of the Appellate Panel of the Workers' Compensation Commission. It is unclear what the decision of the Workers' Compensation Commission will be concerning a specific finding of fact on the question of the Claimant's temporary total disability. Benefits should not cease upon remand during the pendency of the Workers' Compensation Commission's decision on the issue of temporary total disability. In the event that the Workers' Compensation Commission determines that the Claimant was not temporarily totally disabled from the date of the accident through the date of the hearing on remand, the Defendant/Appellant should be given an appropriate credit for temporary total disability payments made during a period of time in which the Commission determines the Claimant was not temporarily totally disabled, if it finds that the Claimant's temporary total disability ceased prior to the hearing.

Therefore, the order of the S.C. Workers' Compensation Commission concerning the compensability of the accident which is the subject of this case is AFFIRMED.

The order of the S.C. Workers' Compensation Commission concerning the issue of whether or not the Claimant has been temporarily totally disabled since the accident is remanded

for further findings concerning the duration and extent of the Claimant's temporary total disability. Upon remand to the Commission, a hearing shall be held and the Commission shall make specific findings concerning whether or not the Claimant is temporarily totally disabled, the duration of his temporary total disability, the body parts which were injured in the accident and entitlement to medical treatment for the injured body parts. Temporary total disability payments are to continue until such findings are made, with an appropriate credit to be given in the event that the Commission determines there has been an overpayment of temporary total disability benefits.

**AND IT IS SO ORDERED.**

---

BROOKS P. GOLDSMITH  
PRESIDING JUDGE  
FAIRFIELD COUNTY COURT OF COMMON PLEAS

Lancaster, South Carolina

July 5, 2012.

STATE OF SOUTH CAROLINA )  
 )  
COUNTY OF FAIRFIELD )

IN THE COURT OF COMMON PLEAS  
SIXTH JUDICIAL CIRCUIT

JAMES CLARK, JR., Employee, )  
 )  
Claimant/Respondent, )  
 )  
vs. )  
 )  
PYRAMID MASONRY CONTRACTORS )  
INC., Employer, and HARTFORD FIRE )  
INSURANCE COMPANY, Carrier, )  
 )  
Defendants/Appellants. )  
\_\_\_\_\_ )

CASE NO: 2011-CP-20-436

**ORDER DENYING DEFENDANTS'  
MOTION TO ALTER OR  
AMEND JUDGMENT**

This matter came before the Court on Defendants' *Motion to Alter or Amend Judgment* dated July 13, 2012, wherein Plaintiff requests that this Court reconsider its Order of July 5, 2012.

After careful consideration of said motion and memoranda submitted by the parties, the Court finds there is no basis for granting the motion and, therefore, Defendants' *Motion to Alter or Amend Judgment* dated July 13, 2012, is hereby denied.

AND IT IS ALL SO ORDERED.

August 3, 2012  
Lancaster SC

  
\_\_\_\_\_  
BROOKS P. GOLDSMITH, JUDGE  
SIXTH JUDICIAL CIRCUIT

STATE OF SOUTH CAROLINA )  
COUNTY OF FAIRFIELD )

IN THE COURT OF COMMON PLEAS  
SIXTH JUDICIAL CIRCUIT

JAMES CLARK, JR., Employee,  
Claimant/Respondent,

CASE NO: 2011-CP-20-436

vs.

PYRAMID MASONRY CONTRACTORS)  
INC., Employer, and HARTFORD FIRE )  
INSURANCE COMPANY, Carrier, )  
Defendants/Appellants. )

**ORDER DENYING DEFENDANTS'  
MOTION TO ALTER OR  
AMEND JUDGMENT**

2012 AUG - 8 P 2:09  
FAIRFIELD COUNTY  
CLERK OF COURT  
BETTY JO BECKHAW

This matter came before the Court on Defendants' *Motion to Alter or Amend Judgment* dated July 13, 2012, wherein Plaintiff requests that this Court reconsider its Order of July 5, 2012.

After careful consideration of said motion and memoranda submitted by the parties, the Court finds there is no basis for granting the motion and, therefore, Defendants' *Motion to Alter or Amend Judgment* dated July 13, 2012, is hereby denied.

AND IT IS ALL SO ORDERED.

August 3, 2012  
Lancaster SC

  
BROOKS P. GOLDSMITH, JUDGE  
SIXTH JUDICIAL CIRCUIT

BEFORE THE  
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION  
WCC FILE NO. 0427461

-----  
JAMES CLARK,

CLAIMANT,



**COPY**

-VS-

PYRAMID MASONRY CONTRACTORS,

HEARING BEFORE  
COMMISSIONER

EMPLOYER,

G. BRYAN LYNDON

AND

HARTFORD FIRE INSURANCE,

TRANSCRIPT

CARRIER,  
DEFENDANTS.  
-----

THE WORKERS' COMPENSATION HEARING, TAKEN  
BEFORE CORA ELLIS BRUTON, A NOTARY PUBLIC IN AND  
FOR THE STATE OF SOUTH CAROLINA, COMMENCING AT THE  
HOUR OF 4:45 PM, MONDAY, OCTOBER 25, 2010, SOUTH  
CAROLINA WORKERS' COMPENSATION COMMISSION, 1333  
MAIN STREET, COLUMBIA, SOUTH CAROLINA 29202.

CORA ELLIS BRUTON - COURT REPORTER  
131 BROWNING COURT  
LEXINGTON, SOUTH CAROLINA 29073  
803-397-0189



**APPEARANCES****FOR THE CLAIMANT**

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**FOR THE DEFENDANTS**

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 864-527-3272

**REPORTED BY**

CORA ELLIS BRUTON  
 COURT REPORTER  
 131 BROWNING COURT  
 LEXINGTON, SOUTH CAROLINA 29073  
 803-397-0189

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(Exhibits)

No Exhibits Proffered

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 131 BROWNING COURT  
 LEXINGTON, SOUTH CAROLINA 29073  
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1           Today's date is October the 25th, 2010. This is  
2           South Carolina Workers' Compensation Case File No.  
3           0427461. James Clark is the Claimant represented by  
4           Attorney Gary Popwell versus the Employer, Pyramid  
5           Masonry Contractors. Hartford Fire Insurance is the  
6           Carrier and Dick Kale is the Attorney for the  
7           Defendant in this case.

8           The purpose of this hearing is to determine the  
9           issues regarding Remand as set forth by the Full  
10          Commission Order and actually I believe the Court of  
11          Appeals has Remanded this case to be heard on two --  
12          my understanding, to specifically deal with the  
13          exceptions of the going and coming rule. We've had a  
14          fairly lengthy pre-hearing conference and quite a bit  
15          of material has been passed up to be made a part of  
16          the record and that has to do with -- this is a motor  
17          vehicle accident in which another person was also  
18          injured. And it's been asked that I make --  
19          transcript and everything has been passed up by Mr.  
20          Popwell, he's the Claimant's attorney, and most of the  
21          APAs in this case. I do have a Brief from Mr. Kale  
22          and also I have the appeal to the Court of Appeals.

23               Is this -- did you also turn it in?

24               MR. KALE: Yes, that's our --

25               THE COURT: Appellate Brief?

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1           MR. POPWELL: No, it's the Respondents Brief.  
2           We'll give you the Respondent.

3           THE COURT: And I've given Mr. Popwell a couple  
4           of weeks to file a reply Brief to the Brief that Mr.  
5           Kale has already passed up. That being said, the -- I  
6           don't believe I read in the record the Claimant's  
7           average weekly wage is \$274.50, comp rate is \$183.01  
8           and the date of accident was 11/17/04.

9           Are there any objections to APAs, jurisdiction,  
10          venue or any other items?

11          MR. POPWELL: None from the Claimant, Your Honor.

12          THE COURT: Without objection the Commission's  
13          file becomes a part of the record with the exception  
14          of self-serving declarations and unstipulated medical  
15          reports.

16          As I mentioned a minute ago we had a fairly  
17          extensive pre-hearing conference regarding the issues  
18          and more or less have narrowed them down to two  
19          specific issues. One has to do with the -- and there  
20          may be some disagreement on this, but one has to do  
21          with collateral estoppel and the other with the  
22          apparent authority. Those two specific areas  
23          regarding this case and I'm going to let each -- I'm  
24          asking each attorney to put their positions and this  
25          can be done in a very lengthy or detailed opening

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1 statement, even citing the case law that you have  
2 brought with you to back up your positions starting  
3 with the moving party for the Claimant, Mr. Popwell.

4 BY MR. POPWELL: Thank you, Your Honor. May it  
5 please the Commission. Your Honor, the Court of  
6 Appeals has remanded this case to allow the Commission  
7 to consider Horton v. Pyramid Masonry Contractors in  
8 which the passenger in the same car as Mr. Clark, Joey  
9 Horton, was awarded benefits and this was subsequently  
10 upheld by the South Carolina Court of Appeals who held  
11 that Eady versus H&A Sack Company was directly  
12 controlling on the issue of the exception of the going  
13 and coming rule, because the Employer had provided the  
14 means of transportation and the Employer placed Mr.  
15 Eady in a position, and I quote, "A position impliedly  
16 manifesting his authority to dictate employment  
17 terms." They also went on to say while the foreman,  
18 Mr. Eady, while his offer of transportation may have  
19 exceeded his scope of actual authority he had apparent  
20 authority. This is exactly what we have here. It's  
21 uncontested that Mark Hinson and Joey Horton went to  
22 the Claimant's house and to offer him a job and he  
23 told Mark Hinson he didn't have a driver's license or  
24 means of transportation and Mr. Hinson told him that  
25 the company would provide transportation. That's

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1 found in the transcript of the hearing before you,  
2 pages 13, 26, 41, 42, 43 and 46. Mr. Hinson took him  
3 to the jobsites every day he worked. That's in the  
4 transcript, pages 12, 14 and 15. This testimony was  
5 corroborated by Joey Horton, transcript pages 42 and  
6 43. Joey Horton was there. Testimony was also  
7 corroborated by Kimberly Ingram, transcript pages 50  
8 and 51. The authority given to Mark Hinson was not  
9 only apparent authority, it was actual authority. On  
10 page 145 of the record on appeal which I have held up  
11 -- which I have handed up, you will find the  
12 Defendants' Exhibit 1 submitted in the first hearing  
13 in front of you. The last sentence of the first  
14 paragraph states, "If there is any item you do not  
15 understand please ask the foreman or superintendent  
16 that you are making this application to for an  
17 explanation." So they give Mr. Hinson the authority,  
18 the explicit actual authority to answer any questions.  
19 Well, the question was asked and it was answered,  
20 don't worry about transportation provision, the  
21 company will provide you transportation. That  
22 sentence is not only at a bare minimum apparent  
23 authority, it is actual authority. They give the  
24 foreman authority to answer any question and he had  
25 the authority to bind them with his answer just as

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1 Eady did in Eady versus H&A Sack and just as Mark  
2 Hinson did in Horton v. Pyramid Masonry Contractors.  
3 Clearly the Court of Appeals in signaling that we --  
4 is signaling. We can't have a situation in which two  
5 workers, neither of whom have driver's licenses are  
6 hired by the same foreman, for the same company, under  
7 the same circumstances, both of them offered  
8 transportation, both of them accept. They're both  
9 taken to the jobsite every day, they get injured in  
10 the same wreck and one is compensable and one is not.  
11 And I think that's the message that the Court of  
12 Appeals is -- is sending to us; that would be a  
13 preposterous result.

14 THE COURT: All right, sir, thank you. Mr. Kale.

15 MR. KALE: Is it all right if I just sit down  
16 here?

17 THE COURT: I don't mind if you sit down. You  
18 don't have to stand up.

19 BY MR. KALE: Your Honor, basically the issue  
20 that the -- clearly that the Court is remanding is --  
21 is to the issue of whether collateral estoppel would  
22 bar a finding that was not in conformity with the  
23 Horton decision. It's not remanding it back down to  
24 find whether this case falls within exception, because  
25 your findings made a determination as to whether

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1 transportation was offered, whether it comes within  
2 the exception, so that wouldn't have to be remanded  
3 for that purpose. It was for the purpose of  
4 determining the collateral estoppel, because that was  
5 the only issue that wasn't addressed at the workers'  
6 comp level and at the Circuit Court level because at  
7 that point in time Horton was still pending. The  
8 doctrine of collateral estoppel provides that a  
9 judgment in an earlier action precludes re-litigation  
10 in a later action of those issues actually and  
11 necessarily litigated and determined in the earlier  
12 suit. In the earlier suit the issue of transportation  
13 -- the offer of transportation was with -- was found  
14 and determined as to Horton, but the Horton situation  
15 was totally different factually from the Clark case.  
16 Horton's hiring took place in January 2004 at Horton's  
17 home and in the presence of Mark Hinson, Joey Horton  
18 and Horton's mother, Laura Miller. Mr. Clark was not  
19 present, Kimberly Ingram was not present at that time.  
20 Clark's hiring took place on November 1, 2004 at  
21 Clark's house, so it's a ten months difference in the  
22 time when the offer was made to Horton and the offer  
23 was made to Clark. Now, one important fact is -- that  
24 wasn't mentioned, according to Kimberly Ingram and Mr.  
25 Clark, Mr. Hinson made two visits to the Clark

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1 residence. Horton was only present at one of those  
2 visits, so Horton cannot testify what happened at the  
3 second visit and at the second visit is when all of  
4 the documents that were signed by Mr. Clark were  
5 signed, and that included some payroll information and  
6 a job description. And most importantly in Clark, the  
7 job description down at the bottom says, "Employees  
8 must provide their own means of transportation." This  
9 was seen by Mr. Clark because he signed the statement  
10 acknowledging that he had read the document. And in  
11 Horton they didn't have a signed statement from Horton  
12 saying that he had read the job description. And in  
13 fact, Horton testified that he had never seen the job  
14 description before the day of the hearing, so here  
15 again are different facts in the Clark case versus the  
16 Horton case.

17 Page 85, there's testimony, "So he, Hinson, came  
18 back another day and he came with the paperwork and  
19 told James" -- this is by Kimberly Ingram -- "told  
20 James that the job position was available and he told  
21 him if he wanted to work he had to go ahead and fill  
22 out the paperwork." Then in Clark, Clark testified to  
23 this. It says, "Answer":, "I told him I don't have no  
24 car. I said, You'll be my transportation if I go."  
25 "Question": "What did he say?" "Answer": "He said



1 I have transportation, I'll provide transportation for  
2 you to go to work.. I said, Well, I'll take the job."  
3 That's at pages 65 through 66 of the transcript. So  
4 unlike Horton when Clark testifies he testifies that  
5 he asked Hinson to provide him transportation and not  
6 Pyramid and -- and basically these people lived  
7 together in Lancaster and would all be driving to  
8 jobsite at the same -- you know, the same route. So  
9 Hinson provided Clark transportation and that had been  
10 Clark's situation for many years; he had not had any  
11 license or a car and so he had had to depend on rides  
12 by co-workers to be able to get back and forth to  
13 work.

14 Now as to actual or apparent authority, there --  
15 there is absolutely no record -- no evidence in the  
16 record that Pyramid had given Hinson actual authority  
17 to provide transportation. In fact, the only evidence  
18 in the record is that of David Mauny that testified  
19 that Mr. Hinson did not have actual authority to offer  
20 to provide transportation on behalf of Pyramid,  
21 because Pyramid doesn't provide transportation for  
22 employees going to and from work. Further, so -- I  
23 think it's clear there's no actual authority. Now,  
24 what I heard Mr. Popwell say is that because there's a  
25 letter there that says, "If you have any questions you

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1       can ask a foreman or a superintendent" that doesn't  
2       say that if you have, you know, that that gives the  
3       superintendent or foreman authority to change company  
4       policy, it just says you can ask them questions. So I  
5       think his argument that because a letter says you can  
6       ask foremen questions that gives the foreman authority  
7       to do anything he wants to do just doesn't make any  
8       sense whatsoever, and there's certainly no evidence in  
9       the record that that is the case. It just says you  
10      can ask questions and I think that's not tantamount to  
11      saying that he has authority to offer anything he  
12      wants to offer contrary to company policy. So,  
13      clearly there's no actual authority; the question is  
14      whether there's apparent authority. We would submit,  
15      it says basically apparent -- I'm going to cite a case  
16      that's in my brief. It's R&G Construction, says,  
17      "Apparent authority of an agent results from conduct  
18      or other manifestations of the principal whereby third  
19      persons are justified in believing the agent is acting  
20      within his authority. Such authority is implied where  
21      the principal passively permits the agent to appear to  
22      a third person to have authority to act on his behalf.  
23      In this case it's clear that they did not passively  
24      allow Hinson to have the apparent authority to offer  
25      transportation because in the job description they

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1 provided to Mr. Clark it says specifically that the  
2 employee must have his own means of transportation.  
3 There's no evidence that Pyramid engaged in any  
4 conduct that would allow Clark to believe that Pyramid  
5 was going to provide transportation because, as I  
6 said, in the job description it says basically, you  
7 have to get your own ride to work, we don't provide  
8 it.

9 So we think that the evidence establishes clearly  
10 that not only that Hinson didn't have actual authority  
11 to offer transportation, he didn't have apparent  
12 authority either.

13 THE COURT: Anything else?

14 BY MR. POPWELL: Just -- are you talking to me or  
15 Mr. Kale, Your Honor?

16 MR. KALE: That's mine.

17 THE COURT: Since this is important I'm going to  
18 let Mr. -- I'll let y'all go back and forth if you'd  
19 like. Mr. Popwell.

20 BY MR. POPWELL: Thank you, Your Honor. I would  
21 just respond to say that the transcript which we've  
22 handed up speaks for itself. Mr. Clark testified on  
23 several different spots in the transcript that Mr.  
24 Hinson told him the company will provide you  
25 transportation. Now, you know, he can find one thing

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1 on cross examination he said "You", but he said in  
2 several places, and I cited them earlier, that the  
3 company will provide you transportation. Mr. Kale  
4 says, well, it's different facts and circumstances.  
5 As to esoteric things that's true, but the relevant  
6 facts and circumstances are all exactly the same. The  
7 same foreman hired Joey Horton who didn't have a  
8 driver's license and took him to work every day, every  
9 day that they worked and his case is found compensable  
10 under the doctrine of apparent authority. Then a few  
11 months later he goes and hires James Clark; Joey  
12 Horton's there, and tells him the same thing he tells  
13 Joey Horton because James Clark didn't have a driver's  
14 license. I mean this --, this company has an interest  
15 and Mr. Hinson has an interest in getting people who  
16 know the brick mason business down to jobsites and if  
17 that means picking them up then that's what they did.  
18 And they can put all the job descriptions out there  
19 that they want to, but then they give the man doing  
20 all the hiring and able to set every other term of  
21 employment; wage rate, hours, working conditions, he  
22 can set all that, but he can't say, well, if you don't  
23 have a driver's license we want you, we'll provide you  
24 transportation. That's what happened in both cases.  
25 Those are the relevant facts and they're exactly the

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1 same. Now you can say well, one was hired on Monday  
2 and one was hired on a Friday, but that -- that's  
3 neither here nor there. And I think the Court of  
4 Appeals in referring us to Horton v. Pyramid is  
5 sending us a clear signal here that, you know, Eady is  
6 the law of -- of the State in situations like this;  
7 Eady and Medlin. And take a look at this because, you  
8 know, we can't be having this preposterous result  
9 here.

10 BY MR. KALE: My simple response is --

11 THE COURT: All right.

12 BY MR. KALE: -- I need to hire Mr. Popwell to  
13 advise me because he apparently can -- can read the  
14 minds of the Court of Appeals when he says that  
15 they're sending us a message. I don't see that in the  
16 Remand Order. There's nothing -- it's an issue that  
17 was not resolved, it was Briefed to the Court of  
18 Appeals about the collateral estoppel and when they  
19 saw it in Briefs they said, well, that was never ruled  
20 upon by the lower Court so we're remanding it back  
21 down to the lower Courts to determine if collateral  
22 estoppel applies; let them determine it first and then  
23 we'll take it up on Appeal.

24 As to the transportation, you know, people get  
25 rides with people every day that just because they're

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1 giving rides to work every day to certain employees  
2 doesn't mean that the company is providing  
3 transportation. And you know, Horton is as it is, but  
4 Horton had a different set of facts because there was  
5 no way to refute what Horton said because Hinson was  
6 dead, so he could say anything he wanted with  
7 impunity. But here we have evidence that Clark was  
8 told in the job description that the company does not  
9 provide transportation and so he was on notice that  
10 the company is not providing transportation. So if --  
11 if he had no ability to rely, even if Hinson made  
12 those statements that he said Hinson made, he had no  
13 basis for relying upon that statement because clearly,  
14 not only did Hinson not have actual authority to offer  
15 transportation, he didn't even have apparent authority  
16 because Pyramid was putting the world on notice  
17 through the job description that they do not provide  
18 transportation; the employee has to provide his own  
19 means of transportation.

20 THE COURT: Are you saying in so many words that  
21 the fact that he may have carried this person to work,  
22 taken this person to work that that was not binding  
23 the company?

24 MR. KALE: Yes. Just because he gave -- people  
25 give rides to people all the time. They all lived in

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1       Lancaster, they were all driving -- in fact, Horton,  
2       in his case testified that he had been given rides by  
3       Hinson when he worked for another company. So -- so  
4       just by the fact of giving a ride doesn't create the  
5       presumption that the company was providing the  
6       transportation.

7       THE COURT: Let me just look at the Order again,  
8       the Court Order and see if I have any other questions.

9       I don't believe there's anything else I had to  
10      add. I was just reading that Order again. It seemed  
11      like there was something that stuck in my mind earlier  
12      when I looked at it.

13      I don't think there's anything else. If there's  
14      nothing else I have agreed to leave the record open  
15      for a couple of weeks for a reply Brief from Mr.  
16      Popwell and that concludes these proceedings.

17      (The hearing concluded at 5:30 p.m.)

18

19

STATE OF SOUTH CAROLINA    )  
                                   )                    CERTIFICATE  
 COUNTY OF LEXINGTON        )

BE IT KNOWN THAT I TOOK THE FOREGOING  
 WORKERS' COMPENSATION HEARING;

THAT I WAS THEN AND THERE A NOTARY PUBLIC IN  
 AND FOR THE STATE OF SOUTH CAROLINA-AT-LARGE;

THE FOREGOING TRANSCRIPT CONSISTING OF 16  
 TYPEWRITTEN PAGES REPRESENTS A TRUE, ACCURATE AND  
 COMPLETE TRANSCRIPTION OF THE TESTIMONY SO GIVEN AT  
 THE TIME AND PLACE AFORESAID TO THE BEST OF MY  
 SKILL AND ABILITY;

THAT I AM NOT RELATED TO NOR AN EMPLOYEE OF  
 ANY OF THE PARTIES HERETO, NOR A RELATIVE OR  
 EMPLOYEE OF ANY ATTORNEY OR COUNSEL EMPLOYED BY THE  
 PARTIES HERETO, NOR INTERESTED IN THE OUTCOME OF  
 THIS ACTION.

WITNESS MY HAND AND SEAL THIS 5TH DAY OF  
 NOVEMBER, 2010.

\_\_\_\_\_  
 CORA ELLIS BRUTON  
 NOTARY PUBLIC FOR SOUTH CAROLINA  
 MY COMMISSION EXPIRES JANUARY 18, 2015

CORA ELLIS BRUTON - COURT REPORTER  
 131 BROWNING COURT  
 LEXINGTON, SOUTH CAROLINA 29073  
 803-397-0189



STATE OF SOUTH CAROLINA  
WORKERS' COMPENSATION COMMISSION  
CASE NUMBER - 0427461

|                    |   |                         |
|--------------------|---|-------------------------|
| JAMES CLARK,       | ) |                         |
|                    | ) |                         |
| CLAIMANT,          | ) | FULL COMMISSION HEARING |
|                    | ) |                         |
| VS.                | ) | BEFORE                  |
|                    | ) |                         |
| PYRAMID MASONRY    | ) | PANEL B                 |
| CONTRACTORS, INC., | ) |                         |
|                    | ) |                         |
| EMPLOYER,          | ) | COMMISSIONER BARDEN     |
|                    | ) |                         |
| SEDGWICK,          | ) | COMMISSIONER WILLIAMS   |
|                    | ) |                         |
| CARRIER,           | ) | COMMISSIONER BECK       |
|                    | ) |                         |
| DEFENDANTS.        | ) |                         |
|                    | ) |                         |

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WORKERS' COMPENSATION FULL COMMISSION HEARING  
TAKEN BEFORE SARA L. QUATTLEBAUM, A NOTARY PUBLIC IN  
AND FOR THE STATE OF SOUTH CAROLINA, COMMENCING AT THE  
HOUR OF 1:28 PM ON MONDAY, JUNE 20, 2011, WORKERS'  
COMPENSATION COMMISSION, 1333 MAIN STREET, COLUMBIA,  
SOUTH CAROLINA.

QUATTLEBAUM COURT REPORTING  
148 LAKE HARBOR DRIVE  
LEXINGTON, SC 29072  
(803)447-0272

**APPEARANCES****FOR THE DEFENDANT/APPELLANT**

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WILLSON, JONES, CARTER & BAXLEY  
872 SOUTH PLEASANTBURG DRIVE  
GREENVILLE, SOUTH CAROLINA 29607

**FOR THE CLAIMANT/APPELLANT**

GARY POPWELL, ESQUIRE  
LEE EASDON ISGETT AND POPWELL  
POST OFFICE BOX 1505  
COLUMBIA, SOUTH CAROLINA 29202

SARA L. QUATTLEBAUM  
INDEPENDENT COURT REPORTER  
148 LAKE HARBOR DRIVE  
LEXINGTON, SOUTH CAROLINA 29072  
(803) 447-0272

SARA QUATTLEBAUM, Independent Court Reporter  
(803) 447-0272

1           COURT REPORTER: Today is June 20, 2011. This is  
2 South Carolina Workers' Compensation Case  
3 No. 0427461.

4           This is the case of James Clark, Claimant versus  
5 Pyramid Masonry, Employer. And Hartford is the  
6 Carrier.

7           The Appellant is the Defendant represented by  
8 Richard Kale. The Respondent is represented by Gary  
9 Popwell.

10           Each side is allowed ten minutes for oral  
11 argument and the Appellant three minutes in reply.  
12 You are requested to argue the grounds of exception  
13 and stay within the record.

14           COMMISSIONER BECK: Mr. Kale.

15           MR. KALE: May it please the panel. In the early  
16 morning hours of November 17, 2004 the Claimant, a  
17 coworker by the name of Joey Horton, and a foreman by  
18 the name of Mark Hinson were riding on Interstate I77  
19 to work. All three lived in Lancaster, South Carolina  
20 and were working for Pyramid Masonry at a jobsite in  
21 Columbia, South Carolina.

22           At the time of the accident they were riding in  
23 Mr. Hinson's wife's Honda vehicle. The Claimant had  
24 been working for Pyramid for about three weeks. Mr.  
25 Horton had been working for Pyramid for about ten

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1 months. Hinson was a foreman at Pyramid.

2 The evidence showed that they would travel  
3 together each day from Lancaster to Columbia in one of  
4 Mr. Hinson's personal cars and that they would stop  
5 for breakfast on the way into work.

6 On November 17 there was an accident. Mr.  
7 Hinson, the foreman, was killed. Mr. Clark and Mr.  
8 Horton were injured but survived the accident. Mr.  
9 Clark filed a workers' comp claim arguing that he fell  
10 within an exception to the going-and-coming rule in  
11 that he claimed that the company, Pyramid, provided  
12 transportation to and from work for him.

13 That case was heard on January 25 of 2007 by  
14 Commissioner Lyndon. And he issued an order finding  
15 that the Claimant had failed to prove by the greater  
16 weight of the evidence that Pyramid was providing  
17 transportation to and from work.

18 That was appealed to the Full Commission, and the  
19 majority of the panel affirmed Commissioner Lyndon's  
20 order. A further appeal was taken to the Court of  
21 Common Pleas in Fairfield County. Judge Goldsmith  
22 issued an order affirming the Commission's denial of  
23 the claim. Then there was a further appeal to the  
24 South Carolina Court of Appeals.

25 On June 28 of 2010 a panel of that Court issued

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1 an order remanding the case back to the Commission for  
2 two issues; one, whether collateral estoppel from a  
3 Companion case, the Joey Horton case, applied in this  
4 case so that you couldn't retry the Clark case. The  
5 second issue was they directed that the Commission  
6 make specific findings of fact and conclusions of law  
7 as to apparent authority of Mr. Hinson in this case;  
8 in other words, whether he had apparent authority to  
9 offer transportation to the employee.

10 The Court of Appeals did not remand the case.  
11 And I've submitted to you their order so you could  
12 have it right in front of you; did not remand it for a  
13 de novo hearing nor did they reverse any of the prior  
14 orders of the Commission.

15 A hearing was held before Commissioner Lyndon on  
16 remand on October 25, 2010. No additional testimony  
17 was taken at that time.

18 On March 7, 2011 Commissioner Lyndon issued an  
19 order and basically found a couple of things. One, he  
20 found that the facts of Horton and Clark were not the  
21 same, they were not identical and therefore collateral  
22 estoppel did not apply. There has been no appeal from  
23 that order, so that is the law of the case; we do not  
24 have collateral estoppel.

25 The second issue as to apparent authority,

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1 Commission Lyndon found that Hinson did have apparent  
2 authority to offer transportation on behalf of  
3 Pyramid.

4 Now, in this case there is no dispute that Hinson  
5 did not have actual authority to offer transportation  
6 because it was clear and undisputed that the policy of  
7 Pyramid was not to provide its employees  
8 transportation to and from work. And I have submitted  
9 to you a job description, which was signed and  
10 acknowledged that he read - by Mr. Clark had read the  
11 job description that says that the employee must have  
12 their own means of transportation to and from work.  
13 So the issue boils down in this case to whether there  
14 was sufficient evidence to show that Hinson had  
15 apparent authority to offer transportation.

16 I would like to just review some of the original  
17 findings of Commissioner Lyndon in his order in 2007.  
18 Finding of Fact No. 4, Claimant only rode in Mark  
19 Hinson's personal truck or car. In other words, there  
20 was never a company vehicle involved in this case.  
21 Finding of Fact No. 7, Claimant and other riders would  
22 stop for breakfast on the trip from Lancaster to  
23 Columbia. Finding of Fact No. 9, that Claimant had  
24 gotten rides to work from friends in all of his  
25 previous employments because the Claimant did not have

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1 a driver's license. So he had always had to catch  
2 rides. Finding of Fact No. 12, witness David Mauney,  
3 who was the vice president of Pyramid, testified that  
4 Hinson was not being paid to transport the Claimant.  
5 Finding of Fact No. 15, that the only testimony  
6 presented - the only testimony that Pyramid provided  
7 transportation was based on an alleged conversation  
8 that the Claimant had with Mark Hinson, who was dead  
9 from the accident, and was therefore unavailable to  
10 testify. And that Mr. Hinson had offered to provide  
11 the Claimant transportation to and from work. At that  
12 time the Commissioner allowed the testimony but said  
13 he gave it very little weight.

14 And finally, Finding of Fact No. 16, that  
15 Claimant failed to prove by the greater weight of the  
16 evidence that the employer provided transportation to  
17 and from work.

18 Four years later, without any additional  
19 testimony being presented, Commissioner Lyndon does a  
20 180-degree turn and starts sprinting off in the  
21 opposite direction. Basically, the only difference -  
22 the main difference between the Horton case and the  
23 Clark case is this: In Clark we were able to prove  
24 that the Claimant received a job description. And on  
25 that job description it indicated that the employee

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1 have his own means of transportation to and from work.  
2 In Horton the company could not find that job  
3 description that was signed by Horton. And the Court  
4 of Appeals made a big deal of that in the Horton case,  
5 that there was no evidence that he was aware of the  
6 job description, and he denied that he had ever seen  
7 it.

8 So we were able to prove in Clark that the  
9 Claimant had received a job description, was aware of  
10 it, was aware of the requirement that he had to have  
11 his own means of transportation to and from work. I,  
12 in fact, asked the Claimant on cross examination if  
13 the statement in the job description, that the  
14 employee must have their own means of transportation,  
15 was a good indication that the Employer was not going  
16 to provide transportation to employees to go to and  
17 from work, and he agreed that that was a good  
18 indication.

19 So we submit the evidence in Clark is different  
20 than the evidence - as found by Commissioner Lydon  
21 when he did not apply collateral estoppel in that the  
22 employee was on notice from the job description that  
23 he had to have his own means of transportation. The  
24 company was not going to provide it.

25 Now, I was quite surprised by Commissioner

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1 Lyndon's 2011 order because he had made a finding that  
2 he gave little weight to the testimony of the Claimant  
3 based on an alleged conversation between the Claimant  
4 and Mark Hinson. And in 2011 he does a 180 with no  
5 new testimony and apparently gives that all the weight  
6 in the world because he found that Hinson had apparent  
7 authority to offer transportation based on that  
8 conversation. And we submit that there is nothing new  
9 that changes the original finding in Commissioner  
10 Lyndon's order.

11 Another ground that we have alleged, he has  
12 ordered Defendants to pay temporary disability  
13 compensation when no testimony was presented regarding  
14 the Claimant's disability. There is no slips from any  
15 doctor taking the Claimant out of work during this  
16 time period from 2004 to present. But he has ordered  
17 us to pay temporary disability compensation from  
18 November 17, 2004 to present and continuing.

19 COMMISSIONER BECK: You will have three minutes  
20 to reply, sir.

21 Mr. Popwell?

22 MR. POPWELL: Thank you. May it please the  
23 panel.

24 Your Honors, this case was remanded to the same  
25 Commissioner considered in light of Horton v. Pyramid

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1        Masonry and to make findings on the issue of actual  
2        and apparent authority and the effects thereof.

3                The issue of collateral estoppel is a red  
4        herring. The Court of Appeals' opinion does not  
5        mention collateral estoppel. It just says "Read  
6        Horton." That is the applicable law to these facts  
7        and do what you should have done the first time, make  
8        a finding on the issue of actual and apparent  
9        authority in light of the law set forth in Horton.

10              Interestingly, Mr. Kale in his brief and the  
11        Employer's brief doesn't even mention necessarily the  
12        facts of Horton or the legal determinations made in  
13        Horton.

14              COMMISSIONER WILLIAMS: I was trying to find that  
15        actual -

16              MR. POPWELL: That's in our APA submissions, Your  
17        Honor.

18              COMMISSIONER WILLIAMS: Okay.

19              MR. POPWELL: I put a copy of Horton in there.  
20        Horton controls - there are three cases which clearly  
21        set forth the law that controls in this particular  
22        case. That is Horton v. Pyramid Masonry Contractors,  
23        Medlin v. Upstate Plaster Service Company and there is  
24        Eadie v. H. A. Sack Company.

25              Now, Mr. Kale cites a whole bunch of cases in his

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1       brief, which are general propositions of law, but  
2       they don't deal with acceptance of the going-and-  
3       coming rule when transportation is provided by the  
4       employer in a Workers' Compensation case. Those three  
5       cases explicitly deal with those exact same facts.

6               Now, let's talk about the facts. Both Horton and  
7       the Claimant in this case were hired by Mark Hinson,  
8       the Employer's foreman. Neither Horton nor the  
9       Claimant in this case had a driver's license. The  
10      Employer was involved working out of town on various  
11      jobsites. Both Horton and Clark asked Mr. Hinson how  
12      they were going to get to work at the jobsites. Both  
13      were told by Mr. Hinson the company would provide  
14      transportation. I cite all the page numbers in the  
15      APA submission in my brief, so I'm not going to  
16      reinvent the wheel here. Mr. Hinson picked up both  
17      Horton and Clark every day they worked for this  
18      Employer. They took them to the jobsites out of town  
19      and took them back home every day. Now, those were  
20      uncontested facts. Neither one of them had a driver's  
21      license, and he told them both the company would  
22      provide transportation. He picked them up every day;  
23      he took them home every day.

24              Now, Mark Hinson had the authority to negotiate  
25      the terms of employment on behalf of Pyramid. Their

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1 own witnesses testified at the hearing he could  
2 negotiate hours, wages, conditions of employment.

3 Now, Mr. Kale wants to make a big deal out of  
4 this job description. Well, I'm sure he handed up the  
5 very first page of that job description, which states,  
6 "Please read the following job description. They are  
7 the minimum standard for your accessibility as an  
8 employee of Pyramid. If there is any item you do not  
9 understand, please ask the foreman or superintendent  
10 that you are making this application to for an  
11 explanation." Horton and Clark both testified they  
12 didn't understand the job transportation stuff. How  
13 we going to get to work? We don't have a driver's  
14 license. The company will take you. I'm going to  
15 provide you transportation on behalf of the company.  
16 How else are they supposed to get to the jobsite?  
17 They don't have driver's licenses. Now, those are the  
18 exact facts that the Supreme Court was presented with  
19 in Medlin. And Justice Toal reversed the Single  
20 Commissioner, the Appellate Panel and the Court of  
21 Appeals and clearly said, look, if you hire somebody  
22 that doesn't have a driver's license and you want him  
23 to work out of town and you pick him up and take him  
24 to work every day, you're stuck with him if he gets in  
25 a wreck. She reversed everybody. Eadie clearly sets

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1       forth actual and apparent authority. And it was  
2       adopted by Judge Anderson in the Horton case.

3               So, I mean, Mr. Kale doesn't like the law, that's  
4       why he doesn't even mention the actual facts of Eadie  
5       or Medlin or Horton in his case. He just references  
6       the fact that we say they apply. Well, obviously the  
7       Court of Appeals in the Clark case think they did,  
8       too. They didn't say, is Mr. Clark estopped? They  
9       said, look at Horton. They gave Commissioner Lyndon  
10      an opportunity to apply the correct law to the facts  
11      of the case. They were trying to give him a heads-up  
12      to make the right decision.

13             The reason Mr. Kale doesn't cite those cases is  
14      because there is no getting around it. They are  
15      directly on point. Otherwise we have a situation  
16      where the same supervisor for the same company hired  
17      two men, neither of whom had a driver's license. He  
18      took them both to work every day. He told them both,  
19      the company will provide transportation for you. He  
20      picked them up every day. He took them to work every  
21      day. He's driving. He gets in a wreck. He gets  
22      killed. Both of them are horribly injured, and one of  
23      the cases is compensable and the other one isn't. So  
24      the Court of Appeals was giving Commissioner Lyndon  
25      and the Commission an opportunity to avoid a

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1 preposterous results and avoid a reversal by applying  
2 the correct law to these facts as set forth in Eadie  
3 and Horton and Midland, which were never even  
4 mentioned in any of the prior decisions of the  
5 Commission or the Circuit Court, for that matter.

6 Now, Mr. Kale references the fact that there was  
7 no additional testimony. Well, we were ready to give  
8 additional testimony. He was the one that didn't want  
9 additional testimony at the second hearing in front of  
10 Commissioner Lyndon. We submitted updated APA  
11 submissions that listed Mr. Clark's injuries in this  
12 particular case. And let's see, this only partially  
13 includes some his dozens of injuries suffered; were  
14 fractured sinuses, a fractured skull, a subdural  
15 hematoma with subarachnoid hemorrhage, C-2 fracture, a  
16 broken left femur, an aortic arch injury. He's been  
17 on seizure medication since the accident due to his  
18 complex partial seizures. And I cite all these page  
19 numbers and APA submissions in my brief. The seizures  
20 are due to the serious traumatic brain injury, which  
21 he had suffered. And his latest medical records we  
22 submitted to Commissioner Lyndon in your APA  
23 submissions was for August of 2010. Well, the hearing  
24 was in October. He had been under treatment for his  
25 brain injury and resulting seizures and on seizure

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1 medication ever since.

2 Now, would it probably be a good idea for this  
3 panel to make its own findings and make a specific  
4 finding that yes, he's been disabled because of these  
5 problems which are backed up by our APA submission of  
6 October the 6th, 2010? It probably would be a good  
7 idea. But, I mean, otherwise Mr. Kale can just appeal  
8 this thing piecemeal again, particularly on the issue  
9 of compensability with no finding of disability. And  
10 Mr. Clark, with all these serious life-threatening  
11 injuries will have to wait another three or four years  
12 to get any benefits.

13 But the bottom line is is there is no escaping  
14 the legal reasoning applied to these facts in Horton  
15 or Eadie or in Medlin. That's why Mr. Kale doesn't  
16 cite them or differentiate them in any way in his  
17 brief because it can't be done.

18 COMMISSIONER BECK: Mr. Kale.

19 MR. KALE: May it please the panel.

20 For Mr. Popwell to say that collateral estoppel  
21 was not an issue is just ridiculous because Barry  
22 George, his co-counsel, raised it at every level  
23 including in his brief to the Court of Appeals. And  
24 if you look at the remand order that came down from  
25 the Court of Appeals, it specifically cites, "Here the

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1 Workers' Comp Commission and Circuit Court declined  
2 to address the effects of the findings and award of  
3 benefits to Clark, coworker Joey Horton for injuries  
4 because Horton's case was still under appeal." That  
5 is the collateral estoppel issue that they raised.

6 COMMISSIONER WILLIAMS: Why did you only hand us  
7 up the remand order, not the Horton case in full?

8 MR. KALE: Well, the only thing I was interested  
9 in, and I'll be glad to give you the Horton - I mean,  
10 I'm sure it's in there, was I wanted you to see what  
11 the Court of Appeals remanded the case to. There is  
12 no appeal on the collateral estoppel issue, so that's  
13 the law of the case.

14 Now, let me read you real quickly because my time  
15 is going, the testimony that was given in this case by  
16 Mr. Clark. And this is his attorney cross examining.

17 "And when Mark Hinson came and offered you the  
18 job, did you tell him that you didn't have a car?"

19 "I told him I didn't have no car. I said, you  
20 will be my transportation if I go."

21 "What did he say?"

22 "He said, I have transportation I will provide  
23 for you as you go to work. I said, well, I'll take  
24 the job."

25 What was happening was Mr. Hinson was offering to

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1 give them a ride because he was going the same  
2 direction and the same place they were going. So he  
3 personally offered to give them a ride. It doesn't  
4 say in here that Pyramid is offering to give it. And  
5 in fact, the evidence is clear that Pyramid does not  
6 offer employees - there is no evidence that they ever  
7 provided a car or truck. And that's different than  
8 Medlin. Let me tell you -

9 COMMISSIONER WILLIAMS: Did the court in Horton  
10 find that Hinson had actual or either -

11 MR. KALE: Found actually.

12 COMMISSIONER WILLIAMS: Okay.

13 MR. KALE: And the reason they found - excuse me.

14 COMMISSIONER WILLIAMS: How can we not reach an  
15 inconsistent conclusion if Commissioner Lyndon didn't  
16 find that Hinson had actual authority to hire these  
17 guys without having any license and therefore binding  
18 Pyramid to this accident?

19 MR. KALE: I'm sorry, I'm not sure I understood  
20 what you said.

21 COMMISSIONER WILLIAMS: If the court found and  
22 ordered that Mr. Hinson had actual authority to bind  
23 Pyramid to be the Employer for Mr. Horton, how can we  
24 cannot find that in this case?

25 MR. KALE: They didn't find actual authority.

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1 They found apparent authority. And that's the  
2 difference.

3 COMMISSIONER WILLIAMS: All right. I was asking  
4 you that. I thought you said they found actual  
5 authority.

6 MR. KALE: No, they found apparent authority.  
7 And the difference between Horton and Clark is in  
8 Horton we couldn't show that we had given that job  
9 description to Horton, that he had seen it where it  
10 says that employees have to have their own means of  
11 transportation. And that's a big difference that was  
12 noted by the Court of Appeals in Horton, but the  
13 evidence didn't prove that he ever had that job  
14 description.

15 Let me quickly mention about Medlin and Eadie.  
16 What Gary fails to say is in Medlin they were being  
17 driven in the Employer's truck. They were picking  
18 them up in the Employer's truck and taking them to  
19 work. That is not the facts of this case. In Eadie,  
20 the Employer was paying a per mile - a mileage  
21 reimbursement to Eadie for him to travel back and  
22 forth to work. So those are - and there is no  
23 evidence in this case that that - that the Employer  
24 paid Hinson to take them back and forth.

25 COMMISSIONER BECK: Thank you. That concludes

SARA QUATTLEBAUM, Independent Court Reporter  
(803)447-0272

1       this proceeding.

2               (The hearing concluded at 1:50 PM)

SARA QUATTLEBAUM, Independent Court Reporter  
(803)447-0272

STATE OF SOUTH CAROLINA    )  
                                  )            CERTIFICATE  
COUNTY OF LEXINGTON        )

BE IT KNOWN THAT I TOOK THE FOREGOING  
WORKER'S COMPENSATION HEARING;

THAT I WAS THEN AND THEE A NOTARY PUBLIC IN  
AND FOR THE STATE OF SOUTH CAROLINA-AT-LARGE;

THE FOREGOING TRANSCRIPT REPRESENTS A TRUE,  
ACCURATE AND COMPLETE TRANSCRIPTION OF THE TESTIMONY SO  
GIVEN AT THE TIME AND PLACE AFORESAID TO THE BEST OF MY  
SKILL AND ABILITY;

THAT I AM NOT RELATED TO NOR AN EMPLOYEE OF  
ANY OF THE PARTIES HERETO, NOR A RELATIVE OR EMPLOYEE OF  
ANY ATTORNEY OR COUNSEL EMPLOYED BY THE PARTIES HERETO,  
NOR INTERESTED IN THE OUTCOME OF THIS ACTION.

WITNESS MY HAND AND SEAL THIS 9TH DAY OF  
SEPTEMBER, 2012.

\_\_\_\_\_  
SARA L. QUATTLEBAUM  
NOTARY PUBLIC FOR SOUTH CAROLINA

SARA QUATTLEBAUM, Independent Court Reporter  
(803)447-0272

1 STATE OF SOUTH CAROLINA  
2 -----x  
3 JAMES CLARK,  
4 Respondent,  
5 Case No.  
6 -against- 2011-CP-20-00436  
7 Pyramid Masonry,  
8 Appellants.  
9 -----x  
10 June 7, 2012  
11 Winnsboro, S.C.  
12  
13 B E F O R E:  
14 HONORABLE BROOKS P. GOLDSMITH  
15  
16 A P P E A R A N C E S:  
17 GARY WALTON POPWELL JR, Esquire  
18 Attorney for the James Clark  
19  
20 MITCHELL K. BYRD, JR, Esquire  
21 Attorney for the Pyramid Masonry  
22  
23 Aileen Butler  
24 Official Court Reporter  
25

1 THE COURT: Clerk versus Pyramid. Is this the case  
2 that I got reversed on and everybody switched -- now  
3 switched sides as to whether they agree with --

4 MR. POPWELL: This is the one where -- this is the  
5 case where we appealed it to the Circuit Court and it  
6 was upheld by you and then we appealed it to the Court  
7 of Appeals and the Court of Appeals says well, go back  
8 and look at Horton versus Pyramid Masonry. We sent it  
9 back, take a look at and then the commission looked at  
10 it and said, yeah, and they basically reversed  
11 themselves and so now they appealed.

12 THE COURT: All right.

13 MR. BYRD: Judge, I think the benefit there, I  
14 don't think you will need much of a refresher course on  
15 the initial facts of this, so we might be able to move  
16 this along a littler faster.

17 THE COURT: Well, I did remember it, believe it or  
18 not.

19 MR. BYRD: Good. That is great judge.

20 I am Mitchell Byrd. I represent the defendants. I  
21 am here also behalf of the Dick Kale, who has handled  
22 this case throughout and I've also done a great deal of  
23 work on the case and he asked me to step in here.

24 The Briefs were served fairly late.

25 (Document handed to counsel)

1 MR. POPWELL: I have one.

2 MR. BYRD: No, this is a reply Brief.

3 MR. POPWELL: Okay.

4 MR. BYRD: I read yours yesterday and it is just a  
5 few pages and I will hand it to Your Honor, and a copy  
6 to opposing counsel.

7 He hasn't had a chance to read this, so if there is  
8 anything he wants to reply to in writing certainly we  
9 don't oppose that, but the Briefs were served obviously  
10 fairly late.

11 MR. POPWELL: I don't see any need to reply to it.  
12 Judge, I did not e-mail a signed copy of my brief and  
13 here is a signed copy. (Handed)

14 THE COURT: All right. Thank you. Well, lets  
15 see.

16 Mr. Byrd.

17 MR. BYRD: Thank you, Your Honor.

18 Your Honor, did Pyramid Masonry provide  
19 transportation to their employees to and from work and  
20 the answer is a resounding no. They did not. The main  
21 issue for you today and subject to this appeal is  
22 whether the claimant in this case was reasonably led to  
23 believe that Pyramid was going to provide him  
24 transportation to and from work and the person who  
25 allegedly told the claimant in this case that Pyramid

1 was going to provide him transportation to and from work  
2 was a man named of Mark Henson. You will hear his name  
3 a good bit here. Mark Henson. He was foreman at  
4 Pyramid Masonry and he was also killed in the car wreck,  
5 the accident that brought this claim initially.

6 The big issue here, Your Honor, is the question  
7 about the legal principal of agency. And it is not just  
8 a question about the actions of Mark Henson as the  
9 foreman, it is also a question about the actions of  
10 Pyramid Masonry itself and quite simply, what is it that  
11 Pyramid Masonry did that supposedly led this claimant to  
12 believe that Mark Henson had the authority to make an  
13 agreement with him whereby Pyramid was going to provide  
14 him, the claimant, transportation to and from work. And  
15 again Your Honor, it is not just that Mark Henson was  
16 going to give him a ride to and from work the question  
17 is, the company itself, what did they do.

18 Your Honor, our position obviously is that there  
19 not substantial evidence in the record to support the  
20 commission's finding that this claimant was reasonably  
21 led to believe that Pyramid Construction was going to  
22 provide him transportation to and from work.  
23 Everything about this case, all the evidence, shows that  
24 it would be completely unreasonable for this claimant to  
25 believe that Pyramid was going to carry him to and from



1 work. And I will just go over a few brief things.

2 We asked the claimant at the original hearing his  
3 response was that Mark Henson was going to take him to  
4 and from work. He testified that Mark Henson told him  
5 he would drive him to and from work. And that is  
6 exactly what Mark Henson did. He drove him to work in  
7 his wife's personal Honda. Not in a Pyramid car. No  
8 one else from Pyramid ever drove this claimant to and  
9 from work. If Mark Henson didn't take him to work he  
10 didn't go to work. He didn't get paid for the time he  
11 spent in the car on the way to work. His work day  
12 started and he started getting paid once he got to the  
13 job site and his work day ended and he quit getting paid  
14 whenever he left the job site.

15 There is no evidence that the claimant thought Mark  
16 Henson was getting paid to take him to and from work.  
17 Mark Henson did not drive a company vehicle. They lived  
18 in the same town in Lancaster, South Carolina and so,  
19 they would have been going the same way to work anyway.  
20 So that really supports, Your Honor, what really was  
21 going on here, which was that Mark Henson was as a  
22 personnel favor to this claimant, who didn't have a  
23 license, was giving him a ride to and from work. And  
24 most importantly, Your Honor, all of the employment  
25 paperwork that the claimant read, completed and signed

1 off on clearly stated that Pyramid Masonry was not  
2 providing transportation for their employees. The  
3 claimant signed a document acknowledging that he read  
4 this job description and as a result Your Honor, our  
5 position is that he was on actual notice that Pyramid  
6 was not providing him transportation to and from the job  
7 site.

8 Your Honor, it's unreasonable to argue otherwise  
9 and it was an error for the commission in this case to  
10 find otherwise. It is not simply Your Honor, a question  
11 about what Mark Henson said to this claimant when he  
12 hired him. This is a question about whether it was  
13 reasonable for the claimant to have thought that Mark  
14 Henson had the authority to totally regard a company --  
15 a Pyramid company policy that was clearly spelled out in  
16 writing in which the claimant read and signed off on.

17 Your Honor, as you well know, this is a case that  
18 has been going on for a long time. It has been through  
19 the old proverbial ringer and rather than rehash a lot  
20 of this stuff, Your Honor, I have been trying to find a  
21 way to think about this that would let us look at this  
22 with fresh eyes. So if you will bear with me for just a  
23 minute here, I want to give you something with a  
24 slightly different spin on the facts of this case.

25 THE COURT: All right.

1 MR. BYRD: What if Mark Henson had gone to this  
2 claimant and said, I want to hire you a brick mason.  
3 Pyramid is going to pay you \$150,000 a year and then  
4 Mark Henson gives the claimant a written job  
5 description. The job description says the brick mason  
6 job pays \$10 an hour. Cover letter that goes along with  
7 the job description says if you have any questions about  
8 what is written hear please be sure to ask the person  
9 hiring you. And the claimant says, a \$150,000 a year.  
10 I have been a brick mason a long time and this job  
11 description you just handed me says \$10 an hour. And  
12 Mark Henson looks at him and says the job pays \$150,000  
13 a year. Sign here if you want the job. The claimant  
14 says all right. Signs right there.

15 Now, Your Honor, what did Pyramid Masonry do that  
16 led that claimant to believe that he was going to get  
17 paid \$150,000 a year to do that job? The answer to that  
18 question is absolutely nothing. They did nothing that  
19 would have led that person to believe that they would  
20 get paid that money to do a \$10 an hour job. And, Your  
21 Honor, this situation that you have here before you is  
22 absolutely identical.

23 Pyramid did not do anything that would reasonably  
24 lead Mr. Clark to believe that Mark Henson had the  
25 authority to simply disregard written company policy if

1 he so choose to do so and basically do whatever he  
2 wants, provide transportation, pay \$150,000 a year. The  
3 only piece of evidence in this entire record and what  
4 the commission has hung their hat on is the existence of  
5 a document that Mr. Clark signed and it is referred to  
6 in both Briefs obviously. But it is a cover letter from  
7 the job description and it says if there is any item you  
8 do not understand please ask the foreman or  
9 superintendant that you are making this application to  
10 for an explanation. But what the job -- what that  
11 document also says, the sentence before that is, that  
12 the items in the job description are the minimum  
13 requirements for employment with Pyramid. And one of  
14 those minimum requirements was the employee must provide  
15 means of transportation. So if you take those together  
16 what you have is a document that says if you don't  
17 understand that these are the minimum requirements for  
18 you to work here then you need to ask the person who you  
19 are making this application to for an explanation.

20 Now, their entire case is based on this totally  
21 benign statement in the cover letter and the allegation  
22 is that equates to an action by the company that would  
23 lead outside third parties to think that Mark Henson,  
24 the foreman, had the authority to do anything that he  
25 wanted in contradiction of the written company policies

1           that the person signed off on.

2                     That is unreasonable interpretation of that  
3           statement. It is not -- the ultimate notion of agency  
4           here and what the commission decided is not supported by  
5           substantial evidence.

6                     I recounted effectively all the evidence for Your  
7           Honor. It has been recounted in the Briefs. That  
8           statement does not rise to substantial evidence to  
9           support the idea that Mark Henson -- that Pyramid did  
10          something that gave Henson the authority to disregard  
11          everything that Pyramid had already put in writing and  
12          that Henson himself handed to claimant and the claimant  
13          signed off on it when he hired him.

14                    I will leave you with this, Your Honor, that no  
15          reasonable person would have thought that Pyramid did  
16          something that led them to believe that they would get  
17          paid \$150,000 a year to do that job. It is the exact  
18          same situation, Your Honor. It is unreasonable for the  
19          claimant to have thought that Pyramid did something that  
20          led him to believe that he would provided, employer  
21          provide transportation to and from work when he signed a  
22          document that absolutely specified --

23                    THE COURT: How long did he get the  
24          transportation?

25                    MR. BYRD: Well, he rode to and from work with

1 Mark Henson from Lancaster. They both live in the same  
2 town.

3 THE COURT: For how long?

4 MR. BYRD: It is in the brief, Your Honor. I  
5 think it was no more than a matter of months and the  
6 other person who was in the car, Mr. Horton had been  
7 riding with Mark Henson to work for much longer period  
8 of time and the facts of those, Your Honor, as we  
9 discussed in the Briefs ad nauseam on those are  
10 different and that is why we are not here dealing with  
11 an issue of collateral estoppel. What we are here  
12 dealing is the facts surrounding how this claimant was  
13 hired as a matter of agency.

14 THE COURT: The Court of Appeals remanded and told  
15 with instructions to review at that time what was a  
16 recent case of Horton versus Pyramid.

17 MR. BYRD: Correct. Two issues. The Court of  
18 Appeals --

19 THE COURT: Wait.

20 MR. BYRD: Excuse me. I am sorry.

21 THE COURT: I am still going through your reply  
22 Brief. Do you address the issue of what were the  
23 holdings were in Horton versus Pyramid?

24 MR. BYRD: Absolutely. It is in the initial  
25 Brief. In our appeal Brief. I got an extra copy if

1 Your Honor needs it. It was e-mailed.

2 THE COURT: I got it. Go ahead.

3 MR. BYRD: Would you like an extra copy?

4 THE COURT: Sure. Thank you.

5 MR. BYRD: And I will be quiet if you have another  
6 question coming if you like.

7 THE COURT: No, that is fine.

8 THE COURT: I thought that one of the things that  
9 you would really want to know today and of course these  
10 are very well brief by the parties, but how is this  
11 Horton case different then that this case. And what  
12 happened was the Horton case was decided by the Court of  
13 Appeals and the predominant issue in the Horton case was  
14 this issue that we are dealing with today. Apparent  
15 authority and agency, and authority related to the  
16 agency issue. And the facts that led the Court of  
17 Appeals to make the decision that they made in Horton  
18 are significantly different then the facts that existed  
19 in this case. It is not a question of were they riding  
20 in different cars when the wreck came. The agency issue  
21 -- and there is no question that that's what these cases  
22 turn on, has to do with all of the facts surrounding the  
23 hiring of the individual claimant's in the case. The  
24 hiring of Mr. Horton is a totally different fact set  
25 then the hiring of Mr. Clark. And if it wasn't we would

1 be dealing with a collateral estoppel issue. And when  
2 the Court of Appeals remanded this case after Your Honor  
3 first heard it, the remand was effectively this. We  
4 just decided Horton, why don't you -- I will send it  
5 back down to the commission to consider two issues in  
6 light of our decision on Horton. Collateral estoppel  
7 and apparent authority. Not to take new evidence. Not  
8 to take new testimony. Not to make any determinations  
9 on anything else. But read Horton and see if the  
10 decision in Horton effects those two issues; collateral  
11 estoppel and apparent authority. Well, the decision was  
12 that collateral estoppel -- the Horton decision did not  
13 effect this case from a collateral estoppel standpoint  
14 because the facts are different. If the facts were the  
15 same we would be estopped. But the facts are different.

16 What the issue is before Your Honor now, the  
17 predominant issue here today is -- and not the only  
18 issue, but the big issue is a question of apparent  
19 authority. It is a question of agency. It is this  
20 legal principal of whether or not the commission's  
21 finding was legally correct. Whether there was an error  
22 of law and whether there was substantial evidence to  
23 support the decision that they did make. All the  
24 evidence in our opinion points -- and again just looking  
25 at it from a standpoint as if you never seen it before,



1 you know, their argument is that he believed based on  
2 something that Pyramid Masonry did that this guy Mark  
3 Henson had the authority to offer him Pyramid provided  
4 transportation. Employer provided transportation. And  
5 that simply is an unworkable argument given the fact  
6 that not only do you have all of these other  
7 corroborating facts, but the over arching fact that he  
8 signed off on a job distribution and signed off on a  
9 document that clearly stated employee must have means of  
10 transportation. Employee must have. And that is a  
11 significantly different factor from the Clark case to  
12 the Horton case. That document does not exist in the  
13 Horton case. And the relationship that Horton had with  
14 Henson went back I believe it was 10 to 15 years. There  
15 is a lot of history there. They worked together for  
16 years. They knew each others families. Clark didn't  
17 know Henson at all and Your Honor if I could just  
18 briefly turn my attention back, just briefly to sort of  
19 my hypothetical situation earlier, you know, the case  
20 law requires that a person dealing with an agent use due  
21 care. So in my example about the \$150,000 a year job  
22 wouldn't due care have required that person in that fact  
23 scenario to make a simple phone call to Pyramid  
24 construction and say hey, I got an offer here to work  
25 for a company as a brick mason, for \$150,000 a year but

1 all your paperwork says it pays \$10 an hour. Can you  
2 tell me what that deal is. Wouldn't that be an  
3 absolutely something reasonable due care. We don't have  
4 that in this situation. What we have is somebody that  
5 didn't exercise any due care and simply accepted  
6 something that an agent allegedly said that was in  
7 blatant contravention of the written company policy  
8 document that he read and that he signed when he took  
9 the job. So it is unreasonable, Your Honor. It is not  
10 reasonable to believe that Pyramid did something or that  
11 some action that the company took led him to believe  
12 that the company was going to drive him too and from  
13 work.

14 THE COURT: This is a guy who he did not know, who  
15 gives him a free ride for 11 months.

16 MR. BYRD: This claimant.

17 THE COURT: In this case. If they were friends I  
18 could see it the other way around. The other case you  
19 said they were friends.

20 MR. BYRD: And there are other factors. They knew  
21 each other and they had a relationship. They had worked  
22 together many years in the past and the testimony in  
23 that case was different. The evidence in that case is  
24 different.

25 In that case, I believe in the Horton case one of

1 Mr. Horton's main arguments was that I knew that Mark  
2 Henson was getting paid to take me to and from work.  
3 Now that argument in the end may not have necessary  
4 panned out as an argument about he actually was getting  
5 paid to take people to work. But it is a totally  
6 different factory. You don't have that in this case.  
7 You don't have somebody like Clark here saying well, he  
8 was getting paid to drive me to and from work. That is  
9 not true. He wasn't driving a company vehicle. What  
10 you have is Mr. Clark's own testimony at the original  
11 hearing when we asked him about that relationship and he  
12 said, yeah, Mark Henson was going to drive me to and  
13 from work and that's exactly what he did. He gave  
14 somebody a lift to work, and just because he is his  
15 supervisor does not evoke automatic liability to the  
16 company. Mark Henson had certain authority.

17 THE COURT: He is also the guy that hired him,  
18 wasn't he?

19 MR. BYRD: He had the authority to hire him. He  
20 had the authority to set his wages, but he did the not  
21 have authority to offer transportation.

22 The question is if Mr. Clark thought that Mark  
23 Henson had that kind of authority what was it that  
24 Pyramid did that led the claimant to think that. Well,  
25 it's in that Edie (phonetics) case that has been Briefed

1 you didn't have the document that you have in Clark. If  
2 that document didn't exist we might be dealing with a  
3 totally situation here. In fact in Edie that document  
4 didn't exist. In Horton that document didn't exist.  
5 But in this case the document does exist and that is a  
6 huge fact. He signed off on it. He had notice of it.  
7 He knew it. He didn't call Pyramid to say, you know,  
8 does this guy have this authority to do this. And so it  
9 leads us to where we are now. To this big legal issue  
10 about agency. And it has been well briefed and so I  
11 won't belabor it more for Your Honor, but there is  
12 another issue in the Briefs that I need to briefly put  
13 on the record here and that is the issue of whether it  
14 was erred for the commission to award benefits. Actual  
15 benefits to Mr. Clark as part of their Order, which is  
16 on appeal now.

17 When this case was tried the only issue that was  
18 litigated was compensability. There is nothing in the  
19 record that would -- there is no findings of fact.  
20 There is no conclusions of law. The issue that was  
21 litigated was compensability only. Never been any  
22 testimony about the issue of disability. What body  
23 parts had been injured and so the defendant's position  
24 is that it is a legal error to say, yes, he had apparent  
25 authority, therefore the case is compensable. We are

1 going to award you benefits, temporary total disability  
2 benefits from the date of injury forward to today, 2004  
3 to 2012.

4 There is no evidence in the record that he has been  
5 permanently disabled past the date of the original  
6 hearing. There is no new evidence in the record at all.  
7 There has never been any findings about what body parts  
8 were injured. And again, this is well Briefed, so I  
9 don't want to push it too far. But just to leave you  
10 with, Your Honor disability has never been the  
11 litigated. Body parts has never been litigated.  
12 Without that it would be impossible for the commission  
13 to make the decision that they made. And as a result  
14 the commission effectively is speculating about a matter  
15 of disability and a matter of what body parts are  
16 involved and so Your Honor we would ask that it be  
17 reversed or remanded for additional --

18 THE COURT: As to that issue you said it should be  
19 remanded?

20 MR. BYRD: Well, Your Honor, we think it is legal  
21 error because it is actually -- it is actually  
22 irrelevant if Mark Henson did not have the apparent  
23 authority, but in the event dot, dot, dot, what you have  
24 is the commission speculating that this person has been  
25 totally disabled to the present and speculating about

1 what body parts were injured such that all medical  
2 expenses need to be paid for. There has never been any  
3 findings about that. There is medical evidence in the  
4 record, but the issue of disability and again, in the  
5 Briefs you will see the commissioner and plaintiff's  
6 first attorney on the record talking about we are just  
7 litigating compensability at this time.

8 So that Your Honor, that has to be a legal error  
9 because there is nothing in the record that would show  
10 that he has been disabled past the date of the hearing  
11 because there never has been any new evidence to my  
12 knowledge.

13 THE COURT: Okay. Thank you.

14 MR. BYRD: All right. And again just for purposes  
15 of clarity and to put on the record, we absolutely  
16 object on legal, and substantial evidence grounds to all  
17 the commission's findings and conclusions of law and ask  
18 Your Honor to find that Pyramid Masonry didn't do - -  
19 there is no substantial evidence that Pyramid Masonry  
20 did something that would have reasonably led this  
21 claimant to believe that Mark Henson had the authority  
22 to go against Pyramid's written company policy.

23 THE COURT: Thank you.

24 MR. POPWELL: Very briefly, Your Honor. I am not  
25 going to rehash everything I put in my Brief, but all

1 the evidence which directly contradicts what my opposing  
2 counsel has said can be found primarily on pages three  
3 and four of my Brief outside the record. I assume the  
4 Court has the APA submission we made to Commissioner  
5 Lyndon (phonetics).

6 I understand not liking what the commission did.  
7 Horton went up and we were able to win Horton and now  
8 they are put in a position of arguing well two men,  
9 neither of whom had a driver's license. Both of them  
10 hired by the same man, for the same company. He told  
11 them both the company will provide the transportation  
12 for you and the recitation to the record is clear.  
13 First he hired Joey Horton and then Joey Horton takes  
14 them to the James Clark's house after he worked there  
15 several months. Then he hires James Clark. James Clark  
16 doesn't have a driver's license either. Well, how am I  
17 going to get to work man. Oh, the company will take  
18 you. Don't worry about it. That is testified to by  
19 Horton. It is testified to by Clark and Kimberly  
20 Ingles, (phonetics) Mr. Clark's wife. It all  
21 corroborates the whole thing. And then every day he  
22 takes him to work. Every day. The course of conduct  
23 backs up everything they say. And you know they --  
24 Pyramid -- opposing counsel know what Pyramid did.

25 They sent Mr. Henson out there. God rest his soul.

1 And he in charge for finding employees for this brick  
2 masonry company. Knowing these folks have to work out  
3 of town he needs employees. He goes and hires employees  
4 without driver's licenses. He takes them every day.

5 Now, this package, that Mr. Clark was given that  
6 they are making such a big deal out of, clearly states  
7 if there is any item that you do not understand please  
8 ask the foreman or superintendent that you are making  
9 this application to for an explanation.

10 Well, that is what James Clark did. He said, how  
11 am I going to get to work? I don't have a driver's  
12 license, and the explanation was the company will  
13 provide transportation and they did provide  
14 transportation. Every day.

15 James Clark's case is stronger than Joey Horton's  
16 because he never met Mark Henson before in his life. He  
17 didn't have a 20 year history. They weren't friends.  
18 Mark Henson needed work. Mark Henson needed work  
19 because Pyramid Masonry needed work and that's it.

20 Now, I understand being upset about it, but there  
21 is no getting around Horton, Edie and what is the other  
22 case --

23 MR. BYRD: Medlin.

24 MR. POPWELL: Medlin. I mean the facts in the  
25 Medlin case, Justice Toal reversed the Court of Appeals.



1 Well, the Court, through Justice Toal reversed the Court  
2 of Appeals and Circuit Court and the appellant panel and  
3 the single commissioner and said look, the only way the  
4 guy could get work is for him to take it so it is  
5 covered. In Edie just as in this case and references to  
6 the record are throughout my Brief, they focused in Edie  
7 on the fact that the employee of the company was the  
8 only person that the employee -- the supervisor was the  
9 only person employee ever dealt with. Well, both Joey  
10 Horton and James Clark testified both of them in their  
11 separate cases, the only person they ever dealt with  
12 from Pyramid was Mark Henson. So, I mean, there is just  
13 no getting around these cases and Court of Appeals was  
14 sending a clear signal when they sent it back down to be  
15 evaluated on the issue of apparent authority in light of  
16 Horton. And the word collateral estoppel was never  
17 mentioned by the Court of Appeals when they sent it back  
18 down. But they did make note it was very similar.

19 The other issue about compensability and temporary  
20 total benefits. Obviously medical records are evidence  
21 in front of the worker's compensation, Commissioner  
22 Lyndon and the appellant panel both had our APA  
23 submissions which revealed injuries among other things  
24 suffered by Mr. Clark.

25 THE COURT: Did they make a finding that disability

1 continues?

2 MR. POPWELL: Commission Lyndon did not make a  
3 specific finding, but he just said that it is  
4 compensable and temporary total should be paid. They  
5 could have filed a stop payment motion any time they  
6 wanted after this was done. They've been paying. They  
7 could have filed a stopped payment any time they wanted.  
8 These are the injuries revealed in these medical  
9 records. Closed head injury with left hemispheric  
10 contusions and subdermal hematoma, right eye meningitis,  
11 right maxillary sinus fracture, nasal bone fracture,  
12 right orbit fracture with emphysema, frontal bone  
13 fracture, subdermal hematoma, subarachnoid hemophage,  
14 C-2 fracture, left femur fracture, ventilator associated  
15 pneumonia, aorta arch injury, hypertension, subsequently  
16 been suffering from seizure due to traumatic brain  
17 injury. Was started on dilantin and just prior to the  
18 hearing he had followed up with treatment for his  
19 seizure disorder.

20 The last record submitted to Commissioner Lyndon,  
21 our APA submissions, was August 13, 2010 in which he was  
22 still following up for his seizure disorders and other  
23 physical problems. So there is ample medical evidence  
24 in the record for Commission Lyndon and subsequently the  
25 appellant panel to determine he is entitled to --

1 THE COURT: Refresh my memory. I hate to admit it  
2 has been too long.

3 MR. POPWELL: Yes, sir.

4 THE COURT: If they had filed a stop payment order  
5 what would have happened?

6 MR. POPWELL: Well, they would be entitled to a  
7 hearing in front of the commission on whether or not  
8 they could cut off his temporary benefits right now on  
9 the basis he is not disabled.

10 THE COURT: Okay. I mean that's what I thought.  
11 I wasn't sure.

12 MR. POPWELL: Yes, sir. Thank you, judge.

13 MR. BYRD: Judge, I don't know if that is exactly  
14 correct. This case has such an unusual posture  
15 procedural history, but I don't know that I agree that  
16 in this posture that we can file a stop pay any time we  
17 want. The Form 21 has specific grounds to file for a  
18 stop pay, and, I am not sure in this posture if the case  
19 has been found compensable and disability benefits have  
20 been awarded that we can file a stop pay at any time we  
21 want. But that's not really the point.

22 I want to turn your attention to the couple of  
23 things. One, all of that evidence that he recited would  
24 be great evidence at a hearing on disability and issues  
25 about what body parts have been injured. That has never

1        been litigated. It was never litigated in the first  
2        place and it is still to this day never been litigated.  
3        So I mean, if that is evidence that he had injuries to  
4        specific body parts up to the date of the hearing that  
5        is one thing. The hearing was in 2006. It is absolute  
6        speculation for the commission to find that he has been  
7        totally disabled and that he is entitled to costly  
8        related medical treatment all the way up to the present  
9        date when there never has been any findings about what  
10       body parts were compensable. Whether he is still  
11       currently disabled as a result of the work injury.

12                None of that has ever been litigated. We are  
13        paying the benefits. We are doing it. That is what you  
14        are suppose to do. But we are also appealing it and I  
15        don't think the issue of whether we filed the stop pay  
16        is the real issue here. The real issue here is still  
17        the legal issue that ultimately may again have to be  
18        looked at by the Court of Appeals and that is the agency  
19        issue.

20                I want to tell you one other thing. I disagree  
21        with their argument that their case is stronger because  
22        he didn't know Henson. I think it is just the opposite,  
23        Your Honor. Here is Mr. Clark's testimony at the  
24        hearing, "And when Mark Henson came and offered you the  
25        job did you tell him you didn't have a car? I told him

1 I didn't have no car. I said, you'll be my  
2 transportation if I go. And what did he say? He said I  
3 have transportation. I'll provide transportation for  
4 you to go to work. I said, well, I'll take the job."  
5 And that is Mark Henson offering to give the claimant  
6 rides to and from work. And the claimant accepting.  
7 That is not Pyramid Construction taking action to lead  
8 the claimant to believe that Mark Henson had the  
9 authority to offer employer provided transportation. It  
10 is not just Mark Henson driving him to work. It is  
11 literally Pyramid Construction being responsible for  
12 getting him to and from work. The fact that Clark had  
13 never even met Henson before it actually doesn't show  
14 that he just had any, you know -- it doesn't make their  
15 case stronger. It makes their case twice as weak  
16 because it shows that Clark used absolutely no due care  
17 at all as is required in dealing with an agent because  
18 he was dealing with somebody that he did not know at  
19 all. He didn't even lift up the phone to find out if  
20 this guy has the authority to disregard written company  
21 policy.

22 Henson handed him a paper saying employee must  
23 provide all transportation. Sign off on here. If you  
24 if you have any questions you can ask me. And he signed  
25 everything.

1           That doesn't mean that Pyramid has authorized Mark  
2           Henson to do whatever he wants. That is an reasonable  
3           interpretation of the situation. And again that  
4           document is paramount in this case. And I think I will  
5           leave it at that.

6           THE COURT: All right. All right. I find that  
7           there was a apparent authority. It did exist as argued  
8           and as set forth by the claimant in the claimant's  
9           brief.

10           However, I am going to remand for a finding as to  
11           compensability.

12           MR. POPWELL: Did you --

13           MR. BYRD: You mean remand for finding as to  
14           extent of disability. You said come compensability. I  
15           just wanted the record to be clear.

16           THE COURT: I am sorry. We are talking across  
17           each other.

18           MR. BYRD: Yes, sir.

19           MR. POPWELL: You are going to remand on the issue  
20           of disability, temporary total disability. Not  
21           compensability, but disability.

22           THE COURT: Yes, I guess that is right. Yes.

23           MR. POPWELL: All right.

24           THE COURT: All right. Who wants to volunteer?

25           MR. POPWELL: I will do it if you want me too. It

1 doesn't matter.

2 MR. BYRD: That is the predominant issue. It does  
3 sort of beg the question as to, Your Honor, if -- if it  
4 has been remanded for -- I don't know.

5 THE COURT: Is it appealable at this stage since  
6 it's been remanded.

7 MR. POPWELL: My personnel opinion, I would have  
8 to think about it, but if it is not appealable then my  
9 question then becomes if it is remanded for testimony  
10 that would -- or remanded for the issues that would give  
11 rise to payment of medical benefits and temporary total  
12 disability then at this point we ought not to be liable  
13 for either one of them until such testimony takes place.

14 THE COURT: I don't know. I don't know about  
15 that.

16 MR. POPWELL: Okay, if you reversed it and  
17 remanded it -- if you reversed it and remanded it that  
18 would be the law of case on that issue unless appealed.  
19 And I think to remand it I don't know if you would need  
20 to reverse it.

21 THE COURT: Just for additional testimony and  
22 findings.

23 MR. BYRD: But in the meantime they can't cut him  
24 off, can they?

25 THE COURT: It would not be my intention to have

1 him cut off.

2 MR. BYRD: Okay. All right. I will put that in  
3 the Order.

4 THE COURT: I don't know whether that will mean  
5 anything or not.

6 MR. POPWELL: Thank you, Your Honor.

7 MR. BOYD: Thank you.

8 \* \* \* \* \*

9 (END OF TRANSCRIPT)

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## C E R T I F I C A T E

I, the undersigned Aileen Butler, Official Court Reporter for the 16TH Judicial Circuit of the State of South Carolina, do hereby certify that the foregoing is a true, accurate, and complete transcript of record of all the proceedings in the captioned case, in the Circuit Court for Fairfield County, South Carolina, on the 7th day of June, 2012.

I do further certify that I am neither of kin, counsel, nor interest to any party hereto.

December 27, 2012

A Butler

**BEFORE THE**  
**SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION**

**W.C.C. FILE NO.: 0427461**

|                                               |   |                                 |
|-----------------------------------------------|---|---------------------------------|
| James Clark, Jr., Employee,                   | ) |                                 |
|                                               | ) |                                 |
| Claimant,                                     | ) |                                 |
|                                               | ) | <b><u>BRIEF OF CLAIMANT</u></b> |
| -v-                                           | ) |                                 |
|                                               | ) |                                 |
| Pyramid Masonry Contractors, Inc., Employer,  | ) |                                 |
| And Hartford Fire Insurance Company, Carrier, | ) |                                 |
|                                               | ) |                                 |
| <u>Defendants.</u>                            | ) |                                 |

**STATEMENT OF THE CASE**

Claimant filed a Form 50 on May 24, 2006 alleging that he was injured in a motor vehicle accident on November 17, 2004, while acting within the course and scope of his employment. Employer filed a Form 51 on June 19, 2006 denying that Claimant suffered injuries in a compensable accident and asserting affirmative defenses. A hearing was held before the Honorable. G. Bryan Lyndon, Commissioner of the South Carolina Workers' Compensation Commission on October 11, 2006 to determine the issues as set forth in the Form 50 and Form 51. After the hearing, the Single Commissioner issued an Order dated January 25, 2007 which denied the workers' compensation claim of the Claimant. Claimant filed a Form 30, Request for Commission Review, on February 5, 2007 seeking review by the South Carolina Workers' Compensation Commission. The Appellate Panel of the South Carolina Workers' Compensation Commission issued an Order on May 18, 2007 affirming the Order of the Single Commissioner denying the claim by a vote of 2 to 1. The Claimant then appealed the Decision and Order of the Appellate Panel of the South Carolina Workers' Compensation Commission to the Fairfield County Court of Common Pleas. A hearing was held on January 10, 2008 before the Honorable

Brooks P. Goldsmith at which Appellant and Respondents presented their briefs and argued their respective positions. The Circuit Court issued an Order dated February 22, 2008 and filed February 27, 2008 affirming the Appellate Panel of the South Carolina Workers' Compensation Commission. The Claimant appealed that Order to the South Carolina Court of Appeals which issued an opinion remanding the case to the Commission with instructions to consider this case in light of *Horton v. Pyramid Masonry Contractors, Inc.*, Op. No. 2008-UP-208 (S.C. Ct. App. filed March 27, 2007) and to make Findings of Fact and Conclusion of Law on the issue of actual or apparent authority and the effect thereof.

#### **STATEMENT OF THE FACTS**

The relevant facts of this case are not in dispute. It is uncontested that the Claimant was an employee of Employer Pyramid at all times material to this action. He did not have a driver's license at the time he was hired or any time thereafter. The employee supervisor of Pyramid, Mark Hinson, stated the company will provide transportation to and from work at the time of Claimant's hiring. Mark Hinson did in fact take the Claimant to and from work on every working day he worked for Pyramid. Claimant suffered multiple serious injuries as a result of a motor vehicle accident which occurred on November 17, 2004 while traveling to Pyramid's job site in Columbia, South Carolina in a vehicle driven by the supervisor who hired him, Mark Hinson, and also occupied by a co-employee, Joey Horton. The only knowledge Claimant had about transportation to and from his job sites with Pyramid and the only employee of Pyramid whoever dealt with and transacted with the Claimant about the terms and conditions of his employment was his supervisor Mark Hinson. (Decision and Order of the Single Commissioner, Findings of Fact No. 1, 3, 4, 5 and 8). Those Findings were never appealed by the Employer/Carrier.

The issues in dispute are the conclusions to be drawn from the facts and circumstances of Claimant's hiring by Mark Hinson, Mark Hinson's authority and the subsequent course of conduct of Mark Hinson as corroborated or non-corroborated by the record.

At his workers' compensation hearing before the Single Commissioner, the Claimant testified that he did not know Mark Hinson prior to being hired by Pyramid. (T.p. 17). He testified that when Mark Hinson came to his house to hire him, he told Mark Hinson he did not have a driver's license or transportation. Mark Hinson told him the company would provide transportation for him. (T.pp. 13, 26, 41, 42, 43, 46). He testified that subsequent to his hiring, Mark Hinson provided transportation to and from the job sites for him every day from the time of his hiring through the date of the accident. (T.p. 12, 14, 15).

Joey Horton, Appellant's co-employee at Pyramid, testified that Mark Hinson came to his home in Lancaster in January, 2004 and offered him a job as a brick mason despite Mr. Horton telling him that he did not own a car or have a driver's license, to which Mr. Hinson replied that Pyramid would provide transportation through Mark Hinson to and from work. (T.pp. 37-41). He testified further that he was present at Claimant's house when Mark Hinson offered Claimant a job with Pyramid despite being told by Appellant that he did not have a car or driver's license, to which Mr. Hinson replied that the company would provide transportation. (T.pp. 42-43). Mr. Horton testified that Mr. Hinson carried him to and from work every day that he was employed with Pyramid. (T.pp. 43-44).

Kimberly Ingram, the Claimant's wife, testified that she was present when Mark Hinson hired the Claimant and that she heard the Claimant ask Mark Hinson how he was supposed to get to and from work, and heard Mark Hinson reply that the Claimant was not to worry about that; the company would furnish transportation. (T.pp. 50-51). This is corroborated by Employer's

own paperwork which they introduced at the hearing which clearly authorizes Mark Hinson to answer any questions the Claimant may have concerning any item in the application. (Defendant's Exhibit 1).

David George Mauney testified for Pyramid that he was a 25 year employee of Pyramid and was its Regional Vice-President who hired Mark Hinson in January, 2004 as a foreman and paid him \$150.00 per month for the use of his vehicle during incidental trips made during the work day. (T.p. 59). He testified that it was not the employer's policy to provide transportation to its employees. (T.p. 60). He also testified that Mark Hinson was not given the form which stated the company's policy concerning \$150.00 a month reimbursement for use of his truck, and that he never told Mark Hinson that he could not offer employees whom he hired transportation and that Mark Hinson had the authority to hire employees, set their salaries, and set their job duties. (T.pp. 65-67). Mr. Mauney testified that he never told Mark Hinson that he could not offer employees transportation. (T.p. 66). He testified that he had no knowledge of the actions of Mark Hinson at Claimant's home when he hired Claimant and never discussed the terms and conditions of Claimant's hiring or Joey Horton's hiring with Mark Hinson, and had no personal knowledge of the facts and circumstances of the hiring of Claimant or Joey Horton. (T.pp. 71-72).

Donald George Williams testified for the employer that he was a foreman for the employer and received \$150.00 per month for incidental trips for gas, ice, etc., but that he never provided transportation for employees. (T.pp. 74-76). He testified that the employer did not provide transportation to and from work for its employees; however, he knew none of the facts and circumstances of the hiring of the Claimant by Mark Hinson, or the hiring of Joey Horton by Mark Hinson. (T.pp. 76-77).

## ARGUMENT

### I. THE CLAIMANT'S CLAIM IS COMPENSABLE GIVEN THE UNCONTESTED EVIDENCE IN THE RECORD AND THE CONTROLLING LAW OF SOUTH CAROLINA.

This is basically a case in which the Single Commissioner of the South Carolina Workers' Compensation Commission found all of the facts which mandate a conclusion of law that Pyramid, through its agent and servant Mark Hinson, provided transportation to the Claimant with either actual and/or apparent authority; however, the law as enunciated by our Supreme Court and the Court of Appeals was not applied.

In the testimony stated above, it is uncontested that Mark Hinson was hired by Pyramid in January, 2004 and given the authority to find brick masons and laborers so that Pyramid could carry on its business. He was given the authority to negotiate salaries, terms and conditions of employment, job duties and hours. It is uncontested that he approached Joey Horton in January, 2004 and was told that Joey Horton did not have a driver's license and did not have a car. It is uncontested that he told Joey Horton that the company would provide him with transportation. It is uncontested that he picked up Joey Horton for work and drove him to various job sites in North and South Carolina every day Joey Horton worked for Pyramid. It is uncontested that in October, 2004 Mark Hinson, accompanied by Joey Horton, went to the home of the Claimant in Lancaster, South Carolina and offered the Claimant a job. When Claimant told him he did not have a car or a driver's license, he told Claimant the same thing he told Joey Horton, that the company would provide transportation for him. This conversation was corroborated by Joey Horton and by the Claimant's wife, Kimberly Ingram. It was also corroborated by the subsequent course of conduct by Mark Hinson. He picked the Claimant up for work and drove him to job sites every day that Claimant, along with Joey Horton, worked for Pyramid. Despite

this uncontroverted evidence, the Single Commissioner did not recite a Finding of Fact that the Claimant did not even have a driver's license. Despite the uncontroverted evidence in the record, the Single Commissioner did not find that the Claimant was picked up from his home every day he worked for Pyramid by his supervisor, driven to the work site and then returned home. The Employer's own Exhibit expressly authorizes Mark Hinson to answer any question the Claimant may have concerning any item in the application package submitted to the Claimant.

At the hearing, counsel for the Claimant handed the Single Commissioner two cases which were directly on point concerning the issues involved in this case. (T.p. 5-6). Counsel for the Claimant cited and handed up *Medlin v. Upstate Plaster Service*, 329 S.C. 92, 495, S.E.2d 447 (1998) and *Eadie v. H.A. Sack Company*, 322 S.C. 164, 470, S.E.2d 397 (S.C. Ct. App.). The Single Commissioner and the Appellate Panel of the Workers' Compensation Commission were completely silent in their respective Orders as to those two cases and the clear law enunciated therein.

In *Medlin, supra*; an employee who installed stucco sidings on buildings for his employer was injured in a vehicle driven by a co-worker while returning from a job site in Rutherfordton, North Carolina. The employer, Keith Garris, had lent his personal truck to the co-worker so the co-worker could drive Medlin to Rutherfordton where the job site was located and back. At the hearing, Garris had testified that employees were responsible for getting themselves to work; however, Medlin could not provide his own transportation, so "we had to furnish him a ride". Garris stated that one of the men would take Medlin to the job sites. Medlin had testified that before he started work with the employer, he had told Garris he did not have a driver's license. The Single Commissioner concluded that Medlin did not sustain an injury arising out of and

within the course of his employment with the Employer. The Full Commission unanimously affirmed the Single Commissioner's Findings of Fact and Law. The decision was then affirmed by the Circuit Court. The matter was appealed and heard by the Court of Appeals which, in an unpublished Opinion, affirmed the Circuit Court.

The South Carolina Supreme Court reversed the Single Commissioner, the unanimous finding of the Full Commission, the Circuit Court and the Court of Appeals. In a unanimous Opinion, Justice Toal cited the standard of review in reviewing the decisions of an administrative agency. A Court may not substitute its judgment for that of an agency as to the weight of the evidence on questions of fact unless the agency's findings are clearly erroneous in view of the reliable, probative and substantial evidence on the whole record. *Medlin, supra* at p. 95. Justice Toal, writing for a unanimous Court, found the first exception to the "going and coming rule" as being the relevant exception in that particular case. The Supreme Court found, "The evidence is uncontradicted that Medlin needed transportation to work sites, and Employer had agreed to provide such transportation. Medlin testified that before starting work with Employer, he had informed Garris that he did not have a driver's license. Garris asked if Medlin could get to the office; Garris could then provide transportation from there. Garris's own testimony reveals that the employer had agreed to provide transportation. In response to the question, "But Mr. Medlin did not provide his own transportation, did he?"; Garris responded: "No. We had to furnish him a ride. One of the men would take him . . .". This admission by Garris clearly establishes that the provision of transportation to Medlin was not simply a gratuitous act by Garris, but was directly related to the work of the employer. As such, we find that Medlin clearly comes under the first exception to the "going and coming rule." *Medlin, supra* at p. 96, citing *Bailey v. Santee River Hardwood Co.*, 205 S.C. 433, 32 S.E.2d 365 (1944) (finding it easily inferable the



employees were furnished transportation to work by the company). Thus, the findings of the Single Commission, Full Commission, Circuit Court and Court of Appeals were set aside as they were unsupported by substantial evidence.

This is clear precedent, which is directly on point with the facts of this case. It is a clear statement that when an employee is hired who has no driver's license and no means of transportation to work and his employer provides him with transportation to and from job sites so the work of the employer can be completed, then that is a clear provision of transportation to the employee by the employer. Such cases clearly fall within the first exception to the "going and coming rule" as enunciated in *Sola v. Sunny Slope Farms*, 244 S.C.6, 135 S.E.2d 321 (1964). A Single Commissioner, the Appellate Panel of the Workers' Compensation Commission and the Circuit Court are not free to ignore clear precedent and cite all of the facts which mandate a finding of compensability under the first exception to the "going and coming rule" and then refuse to apply the law to such facts.

In *Eadie*, an employer appealed from an order of the Single Commissioner which was subsequently affirmed by the Workers' Compensation Commission and the Circuit Court which found that an automobile accident arose out of and within the course of the claimant's employment. Eadie was hired as a project superintendent for a construction project on Hilton Head Island. While Eadie had been provided with a company vehicle on two other occasions when he worked for the employer, on this particular project there were no company vehicles available. Therefore, the employer agreed to pay Eadie 22 cents per mile for the use of his personal vehicle in driving to and from the job site. Eadie was authorized to hire his own crew. Eadie hired two other employees and told them the company would pay the gas costs for driving to and from the work site. Eadie told the other two employees that the three of them could

alternate driving their vehicles to and from the job site and charge the gas on his personal credit card which Eadie would in turn pay with the money from the employer. While driving to the job site in one of the other employee's vehicle, Eadie and the two employees were involved in an automobile accident in which one employee was killed, and Eadie and the other employee were seriously injured. Eadie, the other injured employee and the deceased employee's estate each filed separate workers' compensation claims against the employer. The claims were consolidated for hearing before the Single Commissioner. The Single Commissioner found that the employer's payment of mileage equated to providing transportation for all three claimants to and from the job site and, therefore, qualified as exception to the "going and coming rule". The employer appealed to the Full Commission which fully affirmed and adopted the Commissioner's decision in each case. They then appealed to the Circuit Court which affirmed the decision of the Workers' Compensation Commission. While arguing whether the 22 cents per mile was deliberate and substantial enough to meet the exception, the employer also argued that the provision of transportation exception did not apply to the two other employees because Eadie lacked authority to obligate the company to pay transportation costs for his crew. The Commissioner found that Eadie had at least "assumed" authority to enter into the agreement with the two other employees. The Court of Appeals affirmed the Single Commissioner's decision on the grounds that Eadie had apparent authority. The Court stated: "The doctrine of apparent authority provides that a principal may be bound by the acts of its agent when the principal has placed the agent in a position such that third parties are reasonably led to believe the agent has certain authority and they in turn deal with the agent in reliance on this manifestation. *Eadie, supra* at p. 171, citing *Fernander v. Thigpen*, 278 S.C. 140, 293 S.E.2d 424 (1982). The Court found, "It is uncontested that Eadie was expressly authorized to hire his own crew and to offer

them hourly wages, within a reasonable range, based on Eadie's knowledge of each crew member's level of skill. Garrick admitted he never spoke with Stanley or Nix regarding what their employment arrangement was with Eadie. Because Eadie personally hired Stanley and Nix and set their wages, and because the two had no contact from any other H.A. Sack authority regarding the terms of their employment, they could have reasonably believed Eadie had complete authority to negotiate any and all employment terms including provisions for transportation. Because H.A. Sack, through Garris, placed Eadie in a position impliedly manifesting his authority to dictate the employment terms, we agree with the Commissioner that the company is estopped from denying the agency. (There is no true difference between apparent authority and agency by estoppel)." *Eadie, supra* at 171.

These are exactly the same facts we have in the instant case. The testimony of Pyramid's regional supervisor who hired Mark Hinson clearly states that Hinson was authorized to hire his own crew and offer them hourly wages, within a reasonable range, based on his knowledge of each crew member's level of skill. Mr. Mauney admitted he never spoke with Claimant or Joey Horton regarding what their employment arrangement was with Mark Hinson. Because Mark Hinson hired Claimant and Joey Horton and set their wage and working conditions, and because the two had no contact from any other Pyramid employee regarding the terms of their employment, they reasonably believed Mark Hinson had authority to negotiate any and all employment terms, including provisions for transportation. Pyramid, through Mauney, placed Mr. Hinson in a position impliedly manifesting his authority to dictate the employment terms. The cases could not be more analogous. Pyramid even expressly authorized Mark Hinson to answer any questions the Claimant had concerning any terms of employment or requirements of employment.

Upon admitted or established facts, the question of whether an accident is compensable is a question of law and review thereof is not an invasion of the fact finding field of the Commission on the part of the Court. *Jordan v. Dixie Chevrolet, Inc.*, 218 S.C. 73, 61 S.E.2d 654 (1950). The issue of whether a particular event constitutes a compensable accident is for the Court. *Sturkie v. Ballenger Corp.*, 268 S.C. 536, 235 S.E.2d 120 (S.C. 1977). If the evidence is all one way or if the findings of the Commissioner are based on surmise, speculation or conjecture, then the issue becomes one of law for the Court and not a fact for the Commission. *Herndon v. Morgan Mills, Inc.*, 246 S.C. 201, 143 S.E.2d 376 (S.C. 1965).

In the instant case, the undisputed facts fall squarely within the South Carolina Supreme Court's holding in *Medlin, supra* and the Court of Appeals' holding in *Eadie, supra*.

The case of *Horton v. Pyramid Masonry Contractors, Inc. and Hartford Accident Insurance Company* has been decided by the Court of Appeals. Unpublished Op. No. 2008-UP-208 (Ct. App. Filed March 27, 2008). The relevant facts in Horton are identical to the facts in this case and Horton testified in this case. In the Horton case, the Single Commissioner made a finding of compensability on the grounds that Horton's employer, Pyramid Masonry Contractors, Inc., provided transportation to Horton to and from work. The Commissioner found that Mark Hinson, acting with either actual and/or apparent authority, agreed to provide transportation to Horton as a condition of employment and, therefore, the claim was compensable. The Single Commissioner's decision was upheld by a vote of 2 to 1 by the Appellate Panel of the Workers' Compensation Commission. It was subsequently affirmed by the Circuit Court. The Court of Appeals affirmed the decision of the Workers' Compensation Commission and the Circuit Court in that case. It set forth the exception to the "going and coming rule" and fully set forth that *Eadie, supra* was controlling given the facts and circumstances of that case. The facts and

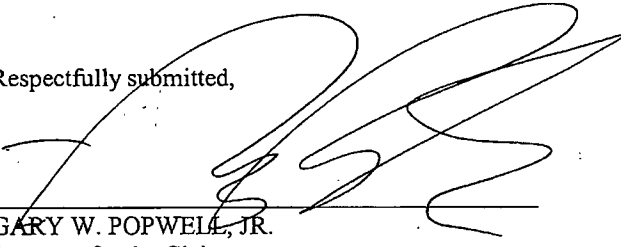
circumstances in the instant case are exactly the same as the facts and circumstances of the *Horton* case and Appellant, therefore, submits that *Eadie* and *Medlin* are clearly controlling.

The Court of Appeals in *Horton* clearly stated, "while Foreman's offer of transportation may have exceeded the scope of the actual authority Employer conferred upon him, there is sufficient evidence in the record to support Employee's belief that Foreman had apparent authority to negotiate terms of his employment, including Employer's provision of transportation. Employer is bound by Foreman's representations to Employee concerning the conditions of his employment." (*Horton, supra* at p. 6).

#### CONCLUSION

*Horton, Medlin* and *Eadie* could not be more clear and the facts of this case fall squarely within these cases. Applying binding precedent to the facts of this case mandates a find of compensability. Otherwise, these will be a preposterous result. Two employees were hired by the same man, for the same company. Neither employee had a diver's license and the hiring supervisor told both men the company will provide transportation. Both men were picked up and taken to the job site and taken home every day by the hiring supervisor. There was an accident on the way to the job site and both employees were severely injured. One employee's claim has been found to be compensable. It flies in the face of common sense and binding precedent for the other employee's claim to be found not compensable.

Respectfully submitted,



GARY W. POPWELL, JR.  
Attorney for the Claimant

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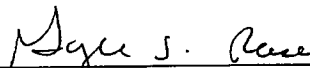
**CERTIFICATE OF SERVICE**

**Re: James Clark, Jr. -vs- Pyramid Masonry Contractors, Inc. and Hartford  
Fire Insurance Company  
W.C.C. File No.: 0427461**

I, the undersigned, do hereby certify that a copy of the *Brief of Claimant*, in the above captioned matter, has been served upon the following counsel of record for the Employer/Carrier, through the United States mail with sufficient postage affixed thereto.

**COUNSEL OF RECORD:**

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\_\_\_\_\_  
Gayle S. Reese

November \_\_, 2010.

STATE OF SOUTH CAROLINA

COUNTY OF FAIRFIELD

JAMES CLARK, JR.,

Claimant/Respondent,

-vs-

PYRAMID MASONRY CONTRACTORS,  
INC., Employer, and  
HARTFORD FIRE INSURANCE  
COMPANY, Carrier,

Defendants/Appellants.

IN THE COURT OF COMMON PLEAS

DOCKET NO.: 2011-CP-20-0436

BRIEF OF  
RESPONDENT/APPELLANTS

STATEMENT OF THE CASE

Claimant filed a Form 50 on May 24, 2006 alleging that he was injured in a motor vehicle accident on November 17, 2004, while acting within the course and scope of his employment. Employer filed a Form 51 on June 19, 2006 denying that Claimant suffered injuries in a compensable accident and asserting affirmative defenses. A hearing was held before the Honorable. G. Bryan Lyndon, Commissioner of the South Carolina Workers' Compensation Commission on October 11, 2006 to determine the issues as set forth in the Form 50 and Form 51. After the hearing, the Single Commissioner issued an Order dated January 25, 2007 which denied the workers' compensation claim of the Claimant. Claimant filed a Form 30, Request for Commission Review, on February 5, 2007 seeking review by the South Carolina Workers' Compensation Commission. The Appellate Panel of the South Carolina Workers' Compensation Commission issued an Order on May 18, 2007 affirming the Order of the Single Commissioner denying the claim by a vote of 2 to 1. The Claimant then appealed the Decision and Order of the Appellate Panel of the South Carolina Workers' Compensation Commission to the Fairfield



County Court of Common Pleas. A hearing was held on January 10, 2008 before the Honorable Brooks P. Goldsmith at which Appellant and Respondents presented their briefs and argued their respective positions. The Circuit Court issued an Order dated February 22, 2008 and filed February 27, 2008 affirming the Appellate Panel of the South Carolina Workers' Compensation Commission. The Claimant appealed that Order to the South Carolina Court of Appeals which issued an opinion remanding the case to the Commission with instructions to consider this case in light of *Horton v. Pyramid Masonry Contractors, Inc.*, Op. No. 2008-UP-208 (S.C. Ct. App. filed March 27, 2007) and to make Findings of Fact and Conclusion of Law on the issue of actual or apparent authority and the effect thereof. A hearing was held before the Honorable G. Bryan Lyndon on October 25, 2010 pursuant to the Court of Appeals remand of the case. Commissioner Lyndon issued an order on March 7, 2011 reversing his prior Order and finding the Claimant's accident to be compensable. Commissioner Lyndon ordered the Appellants to pay temporary total disability benefits to the Claimant from the date of the accident through the date of the Order and continuing until terminated by further Order and all related medical expenses. The Defendants appealed to the Appellate Panel of the South Carolina Workers' Compensation Commission. The Appellate Panel unanimously affirmed the Single Commissioner on October 14, 2011. This appeal followed.

#### **STATEMENT OF THE FACTS**

The relevant facts of this case are not in dispute. It is uncontested that the Claimant was an employee of Employer Pyramid at all times material to this action. He did not have a driver's license at the time he was hired or any time thereafter. The employee supervisor of Pyramid, Mark Hinson, stated the company will provide transportation to and from work at the time of Claimant's hiring. Mark Hinson did in fact take the Claimant to and from work on every

working day he worked for Pyramid. Claimant suffered multiple serious injuries as a result of a motor vehicle accident which occurred on November 17, 2004 while traveling to Pyramid's job site in Columbia, South Carolina in a vehicle driven by the supervisor who hired him, Mark Hinson, and also occupied by a co-employee, Joey Horton. The only knowledge Claimant had about transportation to and from his job sites with Pyramid and the only employee of Pyramid whoever dealt with and transacted with the Claimant about the terms and conditions of his employment was his supervisor Mark Hinson. (Decision and Order of the Single Commissioner, Findings of Fact No. 1, 3, 4, 5 and 8). Those Findings were never appealed by the Employer/Carrier.

The issues in dispute are the conclusions to be drawn from the facts and circumstances of Claimant's hiring by Mark Hinson, Mark Hinson's authority and the subsequent course of conduct of Mark Hinson as corroborated or non-corroborated by the record.

At his workers' compensation hearing before the Single Commissioner, the Claimant testified that he did not know Mark Hinson prior to being hired by Pyramid. (APA of Claimant, p. 52). He testified that when Mark Hinson came to his house to hire him, he told Mark Hinson he did not have a driver's license or transportation. Mark Hinson told him the company would provide transportation for him. (APA of Claimant, pp. 48, 61, 76, 77, 78, 81). He testified that subsequent to his hiring, Mark Hinson provided transportation to and from the job sites for him every day from the time of his hiring through the date of the accident. (APA of Claimant, pp. 47, 49, 50).

Joey Horton, Appellant's co-employee at Pyramid, testified that Mark Hinson came to his home in Lancaster in January, 2004 and offered him a job as a brick mason despite Mr. Horton telling him that he did not own a car or have a driver's license, to which Mr. Hinson replied that

Pyramid would provide transportation through Mark Hinson to and from work. (APA of Claimant, pp. 72-76). He testified further that he was present at Claimant's house when Mark Hinson offered Claimant a job with Pyramid despite being told by Appellant that he did not have a car or driver's license, to which Mr. Hinson replied that the company would provide transportation. (APA of Claimant, pp. 77-78). Mr. Horton testified that Mr. Hinson carried him to and from work every day that he was employed with Pyramid. (APA of Claimant, pp. 78-79).

Kimberly Ingram, the Claimant's wife, testified that she was present when Mark Hinson hired the Claimant and that she heard the Claimant ask Mark Hinson how he was supposed to get to and from work, and heard Mark Hinson reply that the Claimant was not to worry about that; the company would furnish transportation. (APA of Claimant, pp. 85-86). This is corroborated by Employer's own paperwork which they introduced at the hearing which clearly authorizes Mark Hinson to answer any questions the Claimant may have concerning any item in the application. (Defendant's Exhibit 1; Claimant's APA, p. 145).

David George Mauney testified for Pyramid that he was a 25 year employee of Pyramid and was its Regional Vice-President who hired Mark Hinson in January, 2004 as a foreman and paid him \$150.00 per month for the use of his vehicle during incidental trips made during the work day. (Claimant's APA, p. 94). He testified that it was not the employer's policy to provide transportation to its employees. (Claimant's APA, p. 95). He also testified that Mark Hinson was not given the form which stated the company's policy concerning \$150.00 a month reimbursement for use of his truck, and that he never told Mark Hinson that he could not offer employees whom he hired transportation and that Mark Hinson had the authority to hire employees, set their salaries, and set their job duties. (Claimant's APA, pp. 100-101). Mr. Mauney testified that he never told Mark Hinson that he could not offer employees

transportation. (Claimant's APA, p. 101). He testified that he had no knowledge of the actions of Mark Hinson at Claimant's home when he hired Claimant and never discussed the terms and conditions of Claimant's hiring or Joey Horton's hiring with Mark Hinson, and had no personal knowledge of the facts and circumstances of the hiring of Claimant or Joey Horton. (Claimant's APA, pp. 106-107).

Donald George Williams testified for the employer that he was a foreman for the employer and received \$150.00 per month for incidental trips for gas, ice, etc., but that he never provided transportation for employees. (Claimant's APA, pp. 109-111). He testified that the employer did not provide transportation to and from work for its employees; however, he knew none of the facts and circumstances of the hiring of the Claimant by Mark Hinson, or the hiring of Joey Horton by Mark Hinson. (Claimant's APA, pp. 111-112).

#### ARGUMENT

#### I. THE CLAIMANT'S CLAIM IS COMPENSABLE GIVEN THE UNCONTESTED EVIDENCE IN THE RECORD AND THE CONTROLLING LAW OF SOUTH CAROLINA.

This is basically a case in which the Single Commissioner initially found all of the facts which mandate a conclusion of law that Pyramid, through its agent and servant Mark Hinson, provided transportation to the Claimant with either actual and/or apparent authority; however, the law as enunciated by our Supreme Court and the Court of Appeals was not applied. He was instructed by the Court of Appeals to reconsider this case in light of *Horton v. Pyramid Masonry Contractors, Inc.*, Op. No. 2008-UP-208 (S.C. Ct. App. filed March 27, 2008) and the issues of actual or apparent authority and the effect thereof in the instant case. Upon reconsideration, he correctly reversed his prior decision.

In the testimony stated above, it is uncontested that Mark Hinson was hired by Pyramid in January, 2004 and given the authority to find brick masons and laborers so that Pyramid could carry on its business. He was given the authority to negotiate salaries, terms and conditions of employment, job duties and hours. It is uncontested that he approached Joey Horton in January, 2004 and was told that Joey Horton did not have a driver's license and did not have a car. It is uncontested that he told Joey Horton that the company would provide him with transportation. It is uncontested that he picked up Joey Horton for work and drove him to various job sites in North and South Carolina every day Joey Horton worked for Pyramid. It is uncontested that in October, 2004 Mark Hinson, accompanied by Joey Horton, went to the home of the Claimant in Lancaster, South Carolina and offered the Claimant a job. When Claimant told him he did not have a car or a driver's license, he told Claimant the same thing he told Joey Horton, that the company would provide transportation for him. This conversation was corroborated by Joey Horton and by the Claimant's wife, Kimberly Ingram. It was also corroborated by the subsequent course of conduct by Mark Hinson. He picked the Claimant up for work and drove him to job sites every day that Claimant, along with Joey Horton, worked for Pyramid. In light of this uncontroverted evidence, the Single Commissioner found that the Claimant did not have a driver's license and was picked up from his home every day he worked for Pyramid by his supervisor, driven to the work site and then returned home. The Single Commissioner noted that the Employer's own Exhibit 1 expressly authorizes Mark Hinson to answer any question the Claimant may have concerning any item in the application package submitted to the Claimant.

At the initial hearing in this case on October 11, 2006, counsel for the Claimant handed the Single Commissioner two cases which were directly on point concerning the issues involved in this case. (Claimant's APA, pp. 40-41). Counsel for the Claimant cited and handed up

*Medlin v. Upstate Plaster Service*, 329 S.C. 92, 495, S.E.2d 447 (1998) and *Eadie v. H.A. Sack Company*, 322 S.C. 164, 470, S.E.2d 397 (S.C. Ct. App.). The Single Commissioner and the Appellate Panel of the Workers' Compensation Commission were completely silent in their respective Orders as to those two cases and the law enunciated therein.

In *Medlin, supra*, an employee who installed stucco sidings on buildings for his employer was injured in a vehicle driven by a co-worker while returning from a job site in Rutherfordton, North Carolina. The employer, Keith Garris, had lent his personal truck to the co-worker so the co-worker could drive Medlin to Rutherfordton where the job site was located and back. At the hearing, Garris had testified that employees were responsible for getting themselves to work; however, Medlin could not provide his own transportation, so "we had to furnish him a ride". Garris stated that one of the men would take Medlin to the job sites. Medlin had testified that before he started work with the employer, he had told Garris he did not have a driver's license. The Single Commissioner concluded that Medlin did not sustain an injury arising out of and within the course of his employment with the Employer. The Full Commission unanimously affirmed the Single Commissioner's Findings of Fact and Law. The decision was then affirmed by the Circuit Court. The matter was appealed and heard by the Court of Appeals which, in an unpublished Opinion, affirmed the Circuit Court.

The South Carolina Supreme Court reversed the Single Commissioner, the unanimous finding of the Full Commission, the Circuit Court and the Court of Appeals. In a unanimous Opinion, Justice Toal cited the standard of review in reviewing the decisions of an administrative agency. A Court may not substitute its judgment for that of an agency as to the weight of the evidence on questions of fact unless the agency's findings are clearly erroneous in view of the reliable, probative and substantial evidence on the whole record. *Medlin, supra* at p.95. Justice

Toal, writing for a unanimous Court, found the first exception to the "going and coming rule" as being the relevant exception in that particular case. The Supreme Court found, "The evidence is uncontradicted that Medlin needed transportation to work sites, and Employer had agreed to provide such transportation. Medlin testified that before starting work with Employer, he had informed Garris that he did not have a driver's license. Garris asked if Medlin could get to the office; Garris could then provide transportation from there. Garris's own testimony reveals that the employer had agreed to provide transportation. In response to the question, "But Mr. Medlin did not provide his own transportation, did he?"; Garris responded: "No. We had to furnish him a ride. One of the men would take him . . .". This admission by Garris clearly establishes that the provision of transportation to Medlin was not simply a gratuitous act by Garris, but was directly related to the work of the employer. As such, we find that Medlin clearly comes under the first exception to the "going and coming rule." *Medlin, supra* at p. 96, citing *Bailey v. Santee River Hardwood Co.*, 205 S.C. 433, 32 S.E.2d 365 (1944) (finding it easily inferable the employees were furnished transportation to work by the company). Thus, the findings of the Single Commission, Full Commission, Circuit Court and Court of Appeals were set aside as they were unsupported by substantial evidence.

This is clear precedent, which is directly on point with the facts of this case. It is a clear statement that when an employee is hired who has no driver's license and no means of transportation to work and his employer provides him with transportation to and from job sites so the work of the employer can be completed, then that is a clear provision of transportation to the employee by the employer. Such cases clearly fall within the first exception to the "going and coming rule" as enunciated in *Sola v. Sunny Slope Farms*, 244 S.C.6, 135 S.E.2d 321 (1964). A Single Commissioner, the Appellate Panel of the Workers' Compensation Commission and the

Circuit Court are not free to ignore clear precedent and cite all of the facts which mandate a finding of compensability under the first exception to the "going and coming rule" and then refuse to apply the law to such facts.

In *Eadie*, an employer appealed from an order of the Single Commissioner which was subsequently affirmed by the Workers' Compensation Commission and the Circuit Court which found that an automobile accident arose out of and within the course of the claimant's employment. Eadie was hired as a project superintendent for a construction project on Hilton Head Island. While Eadie had been provided with a company vehicle on two other occasions when he worked for the employer, on this particular project there were no company vehicles available. Therefore, the employer agreed to pay Eadie 22 cents per mile for the use of his personal vehicle in driving to and from the job site. Eadie was authorized to hire his own crew. Eadie hired two other employees and told them the company would pay the gas costs for driving to and from the work site. Eadie told the other two employees that the three of them could alternate driving their vehicles to and from the job site and charge the gas on his personal credit card which Eadie would in turn pay with the money from the employer. While driving to the job site in one of the other employee's vehicle, Eadie and the two employees were involved in an automobile accident in which one employee was killed, and Eadie and the other employee were seriously injured. Eadie, the other injured employee and the deceased employee's estate each filed separate workers' compensation claims against the employer. The claims were consolidated for hearing before the Single Commissioner. The Single Commissioner found that the employer's payment of mileage equated to providing transportation for all three claimants to and from the job site and, therefore, qualified as exception to the "going and coming rule". The employer appealed to the Full Commission which fully affirmed and adopted the



Commissioner's decision in each case. They then appealed to the Circuit Court which affirmed the decision of the Workers' Compensation Commission. While arguing whether the 22 cents per mile was deliberate and substantial enough to meet the exception, the employer also argued that the provision of transportation exception did not apply to the two other employees because Eadie lacked authority to obligate the company to pay transportation costs for his crew. The Commissioner found that Eadie had at least "assumed" authority to enter into the agreement with the two other employees. The Court of Appeals affirmed the Single Commissioner's decision on the grounds that Eadie had apparent authority. The Court stated: "The doctrine of apparent authority provides that a principal may be bound by the acts of its agent when the principal has placed the agent in a position such that third parties are reasonably led to believe the agent has certain authority and they in turn deal with the agent in reliance on this manifestation. *Eadie*, *supra* at p. 171, citing *Fernander v. Thigpen*, 278 S.C. 140, 293 S.E.2d 424 (1982). The Court found, "It is uncontested that Eadie was expressly authorized to hire his own crew and to offer them hourly wages, within a reasonable range, based on Eadie's knowledge of each crew member's level of skill. Garrick admitted he never spoke with Stanley or Nix regarding what their employment arrangement was with Eadie. Because Eadie personally hired Stanley and Nix and set their wages, and because the two had no contact from any other H.A. Sack authority regarding the terms of their employment, they could have reasonably believed Eadie had complete authority to negotiate any and all employment terms including provisions for transportation. Because H.A. Sack, through Garris, placed Eadie in a position impliedly manifesting his authority to dictate the employment terms, we agree with the Commissioner that the company is estopped from denying the agency. (There is no true difference between apparent authority and agency by estoppel)." *Eadie*, *supra* at 171.

These are exactly the same facts we have in the instant case. The testimony of Pyramid's regional supervisor who hired Mark Hinson clearly states that Hinson was authorized to hire his own crew and offer them hourly wages, within a reasonable range, based on his knowledge of each crew member's level of skill. Mr. Mauney admitted he never spoke with Claimant or Joey Horton regarding what their employment arrangement was with Mark Hinson. Because Mark Hinson hired Claimant and Joey Horton and set their wage and working conditions, and because the two had no contact from any other Pyramid employee regarding the terms of their employment, they reasonably believed Mark Hinson had authority to negotiate any and all employment terms, including provisions for transportation. Pyramid, through Mauney, placed Mr. Hinson in a position impliedly manifesting his authority to dictate the employment terms. The cases could not be more analogous. Pyramid even expressly authorized Mark Hinson to answer any questions the Claimant had concerning any terms of employment or requirements of employment. (Defendants' Exhibit 1, p. 145 Record on Appeal, APA of Claimant).

Upon admitted or established facts, the question of whether an accident is compensable is a question of law and review thereof is not an invasion of the fact finding field of the Commission on the part of the Court. *Jordan v. Dixie Chevrolet, Inc.*, 218 S.C. 73, 61 S.E.2d 654 (1950). The issue of whether a particular event constitutes a compensable accident is for the Court. *Sturkie v. Ballenger Corp.*, 268 S.C. 536, 235 S.E.2d 120 (S.C. 1977). If the evidence is all one way or if the findings of the Commissioner are based on surmise, speculation or conjecture, then the issue becomes one of law for the Court and not a fact for the Commission. *Herndon v. Morgan Mills, Inc.*, 246 S.C. 201, 143 S.E.2d 376 (S.C. 1965).

In the instant case, the undisputed facts fall squarely within the South Carolina Supreme Court's holding in *Medlin*, *supra* and the Court of Appeals' holding in *Eadie*, *supra*.

The case of *Horton v. Pyramid Masonry Contractors, Inc. and Hartford Accident Insurance Company* has been decided by the Court of Appeals. Unpublished Op. No. 2008-UP-208 (Ct. App. Filed March 27, 2008). The relevant facts in Horton are identical to the facts in this case and Horton testified in this case. In the Horton case, the Single Commissioner made a finding of compensability on the grounds that Horton's employer, Pyramid Masonry Contractors, Inc., provided transportation to Horton to and from work. The Commissioner found that Mark Hinson, acting with either actual and/or apparent authority, agreed to provide transportation to Horton as a condition of employment and, therefore, the claim was compensable. The Single Commissioner's decision was upheld by a vote of 2 to 1 by the Appellate Panel of the Workers' Compensation Commission. It was subsequently affirmed by the Circuit Court. The Court of Appeals affirmed the decision of the Workers' Compensation Commission and the Circuit Court in that case. It set forth the exception to the "going and coming rule" and fully set forth that *Eadie, supra* was controlling given the facts and circumstances of that case. The relevant facts and circumstances in the instant case are the same as the facts and circumstances of the *Horton* case and Appellant, therefore, submits that *Horton, Eadie* and *Medlin* are clearly controlling.

The Court of Appeals in *Horton* clearly stated, "while Foreman's offer of transportation may have exceeded the scope of the actual authority Employer conferred upon him, there is sufficient evidence in the record to support Employee's belief that Foreman had apparent authority to negotiate terms of his employment, including Employer's provision of transportation. Employer is bound by Foreman's representations to Employee concerning the conditions of his employment." (*Horton, supra* at p. 6, APA of Claimant p. 228). Given the instructions of the Court of Appeals on remand, the uncontroverted facts and the applicable law,

the Single Commissioner correctly ruled that the Claimant's claim was compensable. He had no other choice.

**II. THE SINGLE COMMISSIONER CORRECTLY RULED THAT THE CLAIMANT'S CLAIM WAS COMPENSABLE AND THAT TEMPORARY TOTAL DISABILITY BENEFITS AND MEDICAL BENEFITS BE PROVIDED PURSUANT TO THE INSTRUCTIONS OF THE SOUTH CAROLINA COURT OF APPEALS ON REMAND.**

The South Carolina Court of Appeals clearly instructed the Hearing Commissioner on remand to consider *Horton, supra* and "on remand, the Commission shall also make findings of fact and conclusions of law on the issue of actual or apparent authority and the effect thereof (*emphasis added*). Indeed that is the whole point of remanding the case, to determine the issue of compensability and the issue of Claimant's entitlement to benefits contained in the Workers' Compensation Act. Otherwise, this would be a futile exercise.

The Claimant submitted voluminous medical records documenting the injuries suffered by the Claimant in the accident in question. These include only partially the following:

Closed head injury with left hemispheric contusion and subdural hematoma (Claimant's APA, p. 246), Right eye hyphema; Meningitis; Right maxillary sinus fracture; Nasal bone fracture and right orbit fracture with emphysema; Frontal bone fracture; subdural hematoma; Subarachnoid hemorrhage; C2 fracture; Left femur fracture, Ventilator associated pneumonia; Aortic arch injury; and Hypertension (Claimant's APA, pp. 247-248). He has subsequently been suffering from seizures due to his traumatic brain injury and was started on Dilantin. (Claimant's APA, Discharge Summary, p. 253). He was also found to have suffered a C2 fracture. (Claimant's APA, Discharge Summary, p. 253). He has continued to be treated for his myriad injuries as best he could in light of the Appellant's refusal to authorize medical treatment. He has had continuous headaches since the accident and been assessed as having complex partial

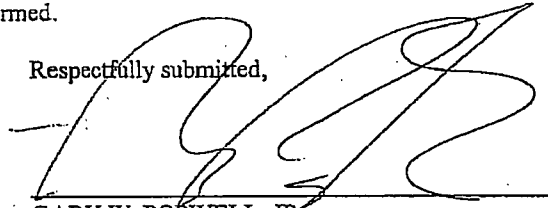
seizures with secondary generalization secondary to closed head injury. This is due to a severe closed head injury with left subdural hematoma and subarachnoid hemorrhage. (Claimant's APA, p. 339). He has continued to seek medical attention where he could for his myriad injuries and physical problems suffered as a result of the accident as shown in the voluminous medical records documenting these facts submitted by the Claimant. These include treatment and medication for his seizure disorder. (Claimant's APA, pp. 358-395). The last record submitted for treatment was a record of August 13, 2010 in which he was still following up for his seizure disorders and other physical problems. In light of the severe life threatening nature of his injuries, he has received relatively little medical follow-up since his hospitalization due to the refusal of the Appellant to authorize medical treatment. The medical records concerning the treatment which he has had speaks for themselves. In light of the nature of the Claimant's injuries and his continuing problems, it strains credibility that the Appellant would seriously argue that Claimant has not been disabled since the accident through the present date as fully documented in the medical records submitted at the hearing.

The Full Commission may make additional findings of fact in its discretion if the evidence submitted at the hearing warrants those findings of fact. If the Appellant seriously contests the Claimant's disability and desires for this Commission to make its own findings of fact concerning the nature of his injuries and whether or not he has been temporarily totally disabled since the accident then certainly this Commission may make such additional findings to supplement the Single Commissioner's Order based upon the medical records submitted at the hearing.

### CONCLUSION

*Horton, Medlin and Eadie* could not be more clear and the facts of this case fall squarely within these cases. Applying binding precedent to the facts of this case mandates a finding of compensability. Otherwise, there will be a preposterous result. Two employees were hired by the same man, for the same company. Neither employee had a driver's license and the hiring supervisor told both men the company would provide transportation. Both men were picked up and taken to the job site and taken home every day by the hiring supervisor. There was an accident on the way to the job site and both employees were severely injured. One employee's claim has been found to be compensable. It flies in the face of common sense and binding precedent for the other employee's claim to be found not compensable. The decision of the Single Commissioner and the unanimous decision of the Appellate Panel of the Workers' Compensation Commission should be affirmed.

Respectfully submitted,



GARY W. POPWELL, JR.

Attorney for Claimant/Respondent

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June 6, 2012.

**South Carolina Workers' Compensation Commission**

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

WCC File # 0427461

Carrier File # YMG-35644

Carrier Code # 322

Employer FEIN 581269808

James Clark, Jr.

Claimant's Name

P.O. Box 3011, Lancaster, SC 29720

Address City State Zip

Home Phone

Work Phone

Richard B. Kale, Jr.

Preparer's Name

Pyramid Masonry Contractors, Inc.

Employer's Name

3401 Service St., Charlotte, NC 28206

Address City State Zip

Hartford Fire Insurance Co.

Insurance Carrier

(864) 527-3272

Phone #

Request for Commission Review by ☐ claimant ☒ employer (check one)

Date of injury: 11/17/2004

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

SEE ATTACHED

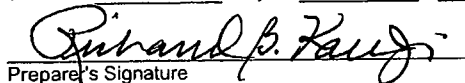
(Check one) Oral argument ☒ is ☐ is not requested. Appellant's request for oral argument is waived if not indicated on this form.

I certify that ☒ I have served this document pursuant to R.67-211 by delivering a copy to Gary W. Popwell, Esquire

Name

P O Box 1505, Columbia, SC 29202; Barry B. George, Esquire, 1419 Bull St., Columbia, SC 29201; and Virginia Crocker, Judicial Director, SC WCC, P.O. Box 1715, Columbia, SC 29202-1715

Address

on the 18th day of March, 2011 by ☒ first class mail; ☐ personal service; ☐ certified mail.

Preparer's Signature

Richard B. Kale, Jr.

Willson Jones Carter &amp; Baxley, P.A.

872 S. Pleasantburg Drive

Greenville, SC 29607

Check this box if you are not represented by an attorney. ☐

Attorney for Defendants

Title

March 18, 2011

Date

If the claimant appeals and is representing himself or herself, the Judicial Department will prepare the additional copies of this form and serve this form on the opposing party. R.67-701 B. Otherwise, file the original and 4 copies of this form with the Judicial Department. The appeal must be postmarked no later than 14 days from the date of service of the Hearing Commissioner's decision. R.67-701 and R.67-205. Attach the filing fee to this form. Attach a Form 32 if you are unable to pay the filing fee. Refer to R.67-701 through R.67-711 for additional information.

GROUND'S FOR REVIEW

1. That the Hearing Commissioner erred in finding that Pyramid Masonry Construction Co. provided transportation to the Claimant, that error being that such finding was not supported by the greater weight of the evidence.
2. That the Hearing Commissioner erred in finding that Pyramid Masonry Construction Co. provided Claimant transportation to and from work, that error being that the greater weight of the evidence clearly proved that Pyramid neither provided the vehicle or paid travel expenses to Mark Hinson to drive to and from work.
3. That the Hearing Commissioner erred in finding that the facts and circumstances of the Clark case were very similar to the facts and circumstances of Horton v. Pyramid Masonry Construction Co., that error being such finding was not supported by the greater weight of the evidence in that there were substantial differences in the facts of the two cases.
4. That the Hearing Commissioner erred in finding that Hinson told the Claimant that Pyramid Masonry Construction Co. would provide transportation to and from the jobsite, that error being that such finding was not supported by the greater weight of the evidence.
5. That the Hearing Commissioner erred in finding that the cover letter accompanying the job description in any way altered the job requirement that the employee "must have means of transportation to and from project", that error being that such finding was not supported by the greater weight of the evidence.
6. That the Hearing Commissioner erred in finding that Mark Hinson had actual authority to offer Claimant transportation to and from work, that error being that such finding was not supported by the greater weight of the evidence.
7. That the Hearing Commissioner erred in finding that Mark Hinson in discussing the conditions of employment had the actual authority to change Pyramid's policy that it does not provide transportation to employees to and from work, that error being that such finding was not supported by the greater weight of the evidence.
8. That the Hearing Commissioner erred in finding that the Claimant believed that Mark Hinson had the authority to negotiate "any and all terms of employment", that error being that such finding was not supported by the greater weight of the evidence.
9. That the Hearing Commissioner erred in finding that Mark Hinson was placed in a position by Pyramid Masonry Construction Co. such that Claimant was reasonably led to believe that Mark Hinson had authority to negotiate and set all of the terms of employment, including provision of transportation by the Co. for an employee without a driver's license, such error being that such finding was not supported by the greater weight of the evidence.
10. That the Hearing Commissioner erred in finding that Mark Hinson had apparent authority to offer and provide transportation to the Claimant to and from jobsites on behalf of Pyramid Masonry Construction Co., that error being that such finding was not supported by the greater weight of the evidence.
11. That the Hearing Commissioner erred in finding and concluding that Mark Hinson had apparent authority to provide transportation to and from work on behalf of Pyramid Masonry Construction Co., that error being that there was no conduct by Pyramid Masonry which, reasonably interpreted, caused Claimant to believe Pyramid Masonry consented to Hinson providing transportation to the Claimant.
12. That the Hearing Commissioner erred in concluding as a matter of law that the facts of the Clark case were similar to the case of Horton v. Pyramid Masonry Construction Co., that error being that such conclusion was not supported by the greater weight of the evidence.



13. That the Hearing Commissioner erred in concluding as a matter of law that Mark Hinson was expressly authorized to negotiate and offer other terms and conditions of employment including transportation, that error being that such conclusion was not supported by the greater weight of the evidence.
14. That the Hearing Commissioner erred in concluding as a matter of law that Mark Hinson had apparent authority to offer Claimant transportation on behalf of Pyramid Masonry Construction Co., that error being that such finding was not supported by the greater weight of the evidence.
15. That the Hearing Commissioner erred in concluding as a matter of law that Claimant could reasonably believe that Mark Hinson had authority to offer transportation on behalf of Pyramid Masonry Construction Co., that error being that such conclusion was not supported by the greater weight of the evidence.
16. That the Hearing Commissioner erred in concluding as a matter of law that Mark Hinson offered Claimant transportation on behalf of Pyramid Masonry Construction Co., that error being that such finding was not supported by the greater weight of the evidence.
17. That the Hearing Commissioner erred in concluding as a matter of law that Claimant's injury on November 17, 2004 while on his way to work at a jobsite in Columbia falls within exception to the "going and coming" rule in that transportation was being provided by Pyramid Masonry Construction Co., that error being that such conclusion is not supported by the greater weight of the evidence.
18. That the Hearing Commissioner erred in concluding as a matter of law that Claimant suffered a compensable injury by accident arising out of and in the course of his employment under Section 42-1-160, S.C. Code Ann. (1976), that error being that such finding was not supported by the greater weight of the evidence.
19. That the Hearing Commissioner erred in concluding as a matter of law that Claimant had proven that he fell within an exception to the "going and coming" rule and that transportation was being provided by the employer, Pyramid Masonry Construction Co., that error being that such finding was not supported by the greater weight of the evidence.
20. That the Hearing Commissioner erred in ordering Defendants to pay temporary total disability compensation from November 17, 2004 to present and continuing, that error being that Claimant did not suffer a compensable injury by accident arising out of and in the course of his employment with Pyramid Masonry Construction Co.
21. That the Hearing Commissioner erred in ordering Defendants to pay temporary total disability compensation benefits from November 17, 2004 to present and continuing, that error being that the greater weight of the evidence does not establish that Claimant has been disabled from November 17, 2004 to present and continuing.
22. That the Hearing Commissioner erred in ordering Defendants to pay temporary total disability compensation from November 17, 2004 to present and continuing, that error being that the Hearing Commissioner made no findings of fact that Claimant has been disabled for that period of time.
23. That the Hearing Commissioner erred in ordering Defendants to pay Claimant temporary total disability compensation from November 17, 2004 to present and continuing, that error being that there is no medical evidence to establish that Claimant was disabled for that period of time.
24. That the Hearing Commissioner erred in ordering Defendants to pay all related medical expenses incurred by the Claimant in treatment for injuries received in the motor vehicle accident, that error being that Claimant did not suffer a compensable injury by accident arising out of and in the course of his employment with Pyramid Masonry Construction Co.

25. That the Hearing Commissioner erred in finding and concluding that the evidence of the case and findings of fact cited in the prior Order that state or infer Mark Hinson did not have apparent authority to offer Claimant transportation are reversed and/or modified, that error being that such finding is not supported by the greater weight of the evidence in the record.

STATE OF SOUTH CAROLINA )  
COUNTY OF FAIRFIELD )  
James Clark, Jr., )  
Employee, )  
Claimant, )  
- vs - )  
Pyramid Masonry Contractors, Inc., )  
Employer, )  
and Sedgwick CMS, )  
Carrier, )  
Defendants. )

IN THE COURT OF COMMON PLEAS

C.C. P. NO. 2011-CP-20-436

W.C.C. FILE NO. 0427461

APPEAL FROM SOUTH CAROLINA  
WORKERS' COMPENSATION  
COMMISSION

NON-JURY

2011 NOV -4 A 11:10  
FAIRFIELD COUNTY  
CLERK OF COURT  
BETTY JO BECKHAM

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION,  
P.O. BOX 1715, COLUMBIA, SC 29202-1715; AND  
GARY W. POPWELL, ESQUIRE

YOU WILL PLEASE TAKE NOTICE that pursuant to the provisions of S.C. Code Ann. §42-17-60 (1976), as amended, defendants appeal from the Order of the Appellate Panel of the South Carolina Workers' Compensation Commission, filed October 14, 2011, upon the following grounds:

1. That the Commission erred in finding as a fact that Pyramid Masonry Construction Co. provided transportation to the Claimant, that error being that such finding was clearly erroneous in view of the reliable, probative and substantial evidence on the record as a whole.
2. That the Commission erred in finding that Pyramid Masonry Construction Co. provided Claimant transportation to and from work, that error being that such finding was clearly erroneous in view of the reliable, probative and substantial evidence on the record as a whole.

3. That the Commission erred in finding that the facts and circumstances of the Clark case were very similar to the facts and circumstances of Horton v. Pyramid Masonry Construction Co., that error being that such finding was clearly erroneous in view of the reliable, probative and substantial evidence on the record as a whole in that there were substantial differences in the facts of the two cases.

4. That the Commission erred in finding that Hinson told the Claimant that Pyramid Masonry Construction Co. would provide transportation to and from the jobsite, that error being that such finding was clearly erroneous in view of the reliable, probative and substantial evidence on the record as a whole.

5. That the Commission erred in finding that the cover letter accompanying the job description in any way altered the job requirement that the employee "must have means of transportation to and from project", that error being that such finding was clearly erroneous in view of the reliable, probative and substantial evidence on the record as a whole.

6. That the Commission erred in finding that Mark Hinson had actual authority to offer Claimant transportation to and from work, that error being that such finding was clearly erroneous in view of the reliable, probative and substantial evidence on the record as a whole.

7. That the Commission erred in finding that Mark Hinson in discussing the conditions of employment had the actual authority to change Pyramid's policy that it does not provide transportation to employees to and from work, that error being that such finding was clearly erroneous in view of the reliable, probative and substantial evidence on the record as a whole.

8. That the Commission erred in finding that the Claimant believed that Mark Hinson had the authority to negotiate "any and all terms of employment", that error being that such

finding was clearly erroneous in view of the reliable, probative and substantial evidence on the record as a whole.

9. That the Commission erred in finding that Mark Hinson was placed in a position by Pyramid Masonry Construction Co. such that Claimant was reasonably led to believe that Mark Hinson had authority to negotiate and set all of the terms of employment, including provision of transportation by the Co. for an employee without a driver's license, that error being that such finding was clearly erroneous in view of the reliable, probative and substantial evidence on the record as a whole.

10. That the Commission erred in finding that Mark Hinson had apparent authority to offer and provide transportation to the Claimant to and from jobsites on behalf of Pyramid Masonry Construction Co., that error being that such finding was clearly erroneous in view of the reliable, probative and substantial evidence on the record as a whole.

11. That the Commission erred in finding and concluding that Mark Hinson had apparent authority to provide transportation to and from work on behalf of Pyramid Masonry Construction Co., that error being that such finding was clearly erroneous in view of the reliable, probative and substantial evidence on the record as a whole.

12. That the Commission erred in concluding as a matter of law that the facts of the Clark case were similar to the case of Horton v. Pyramid Masonry Construction Co., that error being that such finding was clearly erroneous in view of the reliable, probative and substantial evidence on the record as a whole.

13. That the Commission erred in concluding as a matter of law that Mark Hinson was expressly authorized to negotiate and offer other terms and conditions of employment including

transportation, that error being that such finding was clearly erroneous in view of the reliable, probative and substantial evidence on the record as a whole.

14. That the Commission erred in concluding as a matter of law that Mark Hinson had apparent authority to offer Claimant transportation on behalf of Pyramid Masonry Construction Co., that error being that such finding was clearly erroneous in view of the reliable, probative and substantial evidence on the record as a whole.

15. That the Commission erred in concluding as a matter of law that Claimant could reasonably believe that Mark Hinson had authority to offer transportation on behalf of Pyramid Masonry Construction Co., that error being that such finding was clearly erroneous in view of the reliable, probative and substantial evidence on the record as a whole.

16. That the Commission erred in concluding as a matter of law that Mark Hinson offered Claimant transportation on behalf of Pyramid Masonry Construction Co., that error being that such finding was clearly erroneous in view of the reliable, probative and substantial evidence on the record as a whole.

17. That the Commission erred in concluding as a matter of law that Claimant's injury on November 17, 2004 while on his way to work at a jobsite in Columbia falls within exception to the "going and coming" rule in that transportation was being provided by Pyramid Masonry Construction Co., that error being that such finding was clearly erroneous in view of the reliable, probative and substantial evidence on the record as a whole.

18. That the Commission erred in concluding as a matter of law that Claimant suffered a compensable injury by accident arising out of and in the course of his employment under Section 42-1-160, S.C. Code Ann. (1976), that error being that such finding was clearly erroneous in view of the reliable, probative and substantial evidence on the record as a whole.

19. That the Commission erred in concluding as a matter of law that Claimant had proven that he fell within an exception to the "going and coming" rule and that transportation was being provided by the employer, Pyramid Masonry Construction Co., that error being that such finding was clearly erroneous in view of the reliable, probative and substantial evidence on the record as a whole.

20. That the Commission erred in ordering Defendants to pay temporary total disability compensation from November 17, 2004 to present and continuing, that error being that such finding was clearly erroneous in view of the reliable, probative and substantial evidence on the record as a whole.

21. That the Commission erred in ordering Defendants to pay temporary total disability compensation benefits from November 17, 2004 to present and continuing, that error being that the reliable, probative, and substantial evidence in the record does not establish that Claimant has been disabled from November 17, 2004 to present and continuing.

22. That the Commission erred in ordering Defendants to pay temporary total disability compensation from November 17, 2004 to present and continuing, that error being that the Commission made no findings of fact that Claimant has been disabled for that period of time.

23. That the Commission erred in ordering Defendants to pay Claimant temporary total disability compensation from November 17, 2004 to present and continuing, that error being that there is no medical evidence to establish that Claimant was disabled for that period of time.

24. That the Commission erred in ordering Defendants to pay all related medical expenses incurred by the Claimant in treatment for injuries received in the motor vehicle

accident, that error being that such finding was clearly erroneous in view of the reliable, probative and substantial evidence on the record as a whole.

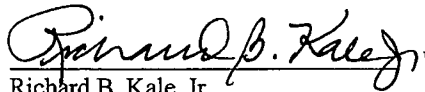
25. That the Commission erred in ordering Defendants to pay temporary disability compensation from November 17, 2004 to present, that error being that Claimant did not suffer a compensable injury by accident arising out of and in the course of his employment with Pyramid Masonry Construction Company.

26. That the Commission erred in ordering Defendants to pay all related medical expenses incurred by the Claimant in treatment for injuries received in the motor vehicle accident, that error being that Claimant did not suffer a compensable injury by accident arising out of and in the course of his employment with Pyramid Masonry Construction Co.

DATED: November 3, 2011

Respectfully submitted,

WILLSON JONES CARTER & BAXLEY, P.A.



Richard B. Kale, Jr.  
872 S. Pleasantburg Drive  
Greenville, SC 29607  
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Counsel for Defendants  
S.C. Bar #3264



STATE OF SOUTH CAROLINA

COUNTY OF FAIRFIELD

IN THE COURT OF COMMON PLEAS  
6TH JUDICIAL CIRCUIT

James Clark, Jr.

Claimant/Respondent,

vs.

Pyramid Masonry Contractors, Inc.,  
Employer, and Hartford Fire Insurance  
Company

Defendants/Appellants.

Case No.: 2011-CP-2000436

**MOTION AND ORDER INFORMATION  
FORM AND COVERSHEET**

**Plaintiff's Attorney:**

Gary Popwell, Bar No. \_\_\_\_\_

**Address:**

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1314 Lincoln St.; PO Box 1505, Columbia, SC  
29202

Phone: (803) 799-9811 Fax (803) 779-8572.

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**Defendant's Attorney:**

Mitchell K. Byrd, Jr., Bar No. 72543

**Address:**

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872 S. Pleasantburg Dr., Greenville, SC 29607

Phone: 864-527-3295 Fax 864-235-6015

E-mail: mkbyrd@wjlaw.net

- ☐ MOTION HEARING REQUESTED (attach written motion and complete SECTIONS I and III)  
☒ FORM MOTION, NO HEARING REQUESTED (complete SECTIONS II and III)  
☐ PROPOSED ORDER/CONSENT ORDER (complete SECTIONS II and III)

**SECTION I: Hearing Information**

Nature of Motion: \_\_\_\_\_

Estimated Time Needed: \_\_\_\_\_

Court Reporter Needed: ☐ YES/☐ NO

**SECTION II: Motion/Order Type**

☒ Written motion attached

☐ Form Motion/Order

I hereby move for relief or action by the court as set forth in the attached proposed order.

Signature of Attorney for ☐ Plaintiff / ☒ Defendant

07/13/2012

Date submitted

**SECTION III: Motion Fee**

☒ PAID - AMOUNT: \$ 25.00

☐ EXEMPT:

(check reason)

☐ Rule to Show Cause in Child or Spousal Support

☐ Domestic Abuse or Abuse and Neglect

☐ Indigent Status ☐ State Agency v. Indigent Party

☐ Sexually Violent Predator Act ☐ Post-Conviction Relief

☐ Motion for Stay in Bankruptcy

☐ Motion for Publication ☐ Motion for Execution (Rule 69, SCRPC)

☐ Proposed order submitted at request of the court; or,  
reduced to writing from motion made in open court per judge's instructions

Name of Court Reporter: \_\_\_\_\_

☐ Other: \_\_\_\_\_

**JUDGE'S SECTION**

☐ Motion Fee to be paid upon filing of the attached  
order.

☐ Other: \_\_\_\_\_

JUDGE CODE \_\_\_\_\_

Date: \_\_\_\_\_

**CLERK'S VERIFICATION**

Collected by: 313 Date Filed: 7/16/12

☐ MOTION FEE COLLECTED: \$ 25.00

☐ CONTESTED - AMOUNT DUE: \$ \_\_\_\_\_

STATE OF SOUTH CAROLINA  
COUNTY OF FAIRFIELD

James Clark, Jr., Employee,

Claimant-Claimant,

-vs-

Pyramid Masonry Contractors, Inc.,  
Employer, and Hartford Fire Insurance  
Company, Carrier,

Defendants-Appellants.

IN THE COURT OF COMMON PLEAS

Civil Action No. 2011-CP-2000436

**MOTION  
TO ALTER OR AMEND  
JUDGMENT  
PURSUANT TO SCRCP 59(E)**

Appellants Pyramid Masonry Contractors, Inc. and Hartford Fire Insurance Company (hereinafter "Appellants") would show unto this honorable Court that Appellants were served with a copy of the "Order Affirming the S.C. Workers' Compensation Commission As To Finding Of Compensability And Remanding The Case For A Specific Finding As To Temporary Total Disability" on July 5, 2012. Appellants respectfully request that this Court reconsider its decision to issue the aforementioned Order. Appellants offer the following in support of their request.

The compensability of this claim is unrelated to the circumstances of the accident itself. Rather, the compensability of this claim turns on the factual circumstances related to the hiring of the Claimant by Pyramid's foreman, Mark Hinson, and whether he had *actual* and/or *apparent* authority to provide Claimant with transportation to and from work on behalf of Pyramid.

Mark Hinson did not have *actual* authority to bind Pyramid in an agreement whereby Pyramid would provide transportation to the Claimant. There is no evidence that Pyramid ever gave Mr. Hinson actual authority to provide the Claimant with transportation to and from work. Defendants presented testimony from David Mauney, Regional Vice President of Pyramid, that Mr. Hinson had no authority to bind Pyramid into providing transportation for an

employee. (Tr. 64). When asked by Claimant's attorney on cross-examination whether it would be reasonable for Claimant to believe Mr. Hinson had authority to say Pyramid was going to provide him transportation, Mr. Mauney answered it would be reasonable for Hinson to have offered a ride as a personal courtesy but not in the scope of employment. (Tr. 67). In fact, Claimant's testimony indicates that Mr. Hinson provided him a ride as a personal courtesy and not on behalf of Pyramid:

Q: [Mr. George] And when Mark Hinson came and offered you the job, did you tell him you didn't have a car?

A: [Claimant] I told him I didn't have no car. I said, "you'll be my only transportation if I go."

Q: What did he say?

A: He said, "I have transportation. **I'll provide transportation** for you to go to work." I said, "well, I'll take the job."

(Tr. 30:21-31:3)(emphasis added). Claimant's own testimony indicates that Mr. Hinson would provide transportation as a personal favor. Claimant's testimony does not indicate that Mr. Hinson was providing transportation *on behalf of Pyramid*.

Moreover, Defendants introduced an exhibit titled "Labor-tender Job Description" at the hearing. (Defendants' Exhibit #1). The job description specifically provided that the employee "must have means of transportation to and from projects." (Defendants' Exhibit #1). This job description was included in the employment packet that contained the W-4 and the job safety rules and regulations. Claimant signed a statement acknowledging that he had read his job description. (Defendants' Exhibit #1).

**Furthermore, the substantial evidence in the record does not support this Court's finding that Mark Hinson, who died in the accident on November 17, 2004, had *apparent***

**authority to offer Claimant transportation to and from the job site on behalf of Pyramid.** Instead, overwhelming evidence supports a finding that Mark Hinson did **not** have apparent authority to bind Pyramid to provide transportation to Claimant and the Commission should be reversed.

Generally, agency is a question of fact. Gathers v. Harris Teeter Supermarket, 282 S.C. 220, 317 S.E.2d 748 (Ct. App. 1984). Agency may be implied or inferred and may be proved circumstantially by the conduct of the purported agent exhibiting a pretense of authority with the knowledge of the alleged principal. Fernander v. Thigpen, 278 S.C. 140, 293 S.E.2d 424 (1982). If there are any facts tending to prove the relationship of agency, it then becomes a question for the jury. A party asserting agency as a basis of liability must prove the existence of the agency, and the agency must be clearly established by the facts. Orphan Aid Society v. Jenkins, 294 S.C. 106, 109, 362 S.E.2d 885, 887 (Ct. App. 1987)(quoting McCall v. Finley, 294 S.C. 1, 362 S.E.2d 26 (Ct. App. 1987)(emphasis added). **It is the duty of one dealing with an agent to use due care to ascertain the scope of the agent's authority. (Id.)**(emphasis added)

The doctrine of apparent authority provides that the principal is bound by acts of his agent when he has placed the agent in such a position that a person of ordinary prudence, reasonably familiar with business usages and custom, is led to believe the agent has certain authority and in turn deals with the agent based on that assumption. Muller v. Myrtle Beach Golf and Yacht Club, 303 S.C. 137, 399 S.E.2d 430 (Ct. App. 1990), rev'd on other grounds, 313 S.C. 412, 438 S.E.2d 248 (1993). Apparent authority to do an act is created as to a third person by written or spoken words or any other conduct of the principal which, reasonably interpreted, causes the third person to believe the principal consents to have the act done on his behalf by the person purporting to act for him. Restatement (Second) of Agency § 27 (1958); Muller v. Myrtle Beach Golf and Yacht Club, 303 S.C. at 142, 399 S.E.2d at 433. Either the principal must intend

to cause the third person to believe that the agent is authorized to act for him, or he should realize that his conduct is likely to create such belief. (Id.) Moreover, **an agency may not be established solely by the declarations and conduct of an alleged agent.** Muller at 142-43, 399 S.E.2d at 433 (emphasis added).

To establish apparent agency, it is not enough simply to prove that the purported principal by either affirmative conduct or conscious and voluntary inaction has represented another to be his agent or servant. Watkins v. Mobil Oil Corp., 291 S.C. 62, 352 S.E.2d 284 (Ct. App. 1986). In order for a third party to recover against the principal based upon this theory, it must be shown that he reasonably relied on the indicia of authority **originated by the principal** and such reliance must have effected a change of position by the third party. Beasley v. Kerr-McGee Chem. Corp., Inc., 273 S.C. 523, 257 S.E.2d 726 (1979).

**This honorable Court should reconsider its decision in this case because there is no evidence offered to suggest that Pyramid engaged in any conduct that would lead Claimant to believe that Mark Hinson had authority, either actual or apparent, to provide transportation on behalf of the Employer.** To the contrary, Pyramid's job descriptions affirmatively indicate that the company does not provide employees with rides to work. (Defendants' Exhibit #1). The Claimant signed an acknowledgement that he had read his job description. (Defendants' Exhibit #1). Therefore, he was on notice of the company's policy.

Claimant's entire argument for compensability has been based upon the notion that he was reasonably led to believe that Mark Hinson had the power to offer and provide transportation by the company for Claimant, who had no driver's license, as part of the terms and conditions of claimant's employment. There is not one shred of credible evidence to support this position, much less "substantial evidence." In fact, the overwhelming evidence in the record

indicates that it would be absolutely unreasonable for Claimant to believe that Mark Hinson had *apparent* authority to provide transportation to Claimant on behalf of Pyramid.

When asked about the job description that indicated he must provide his own means of transportation to the jobsite, Claimant admitted that the job description was a good indication that Pyramid was not going to provide transportation:

Q: [Mr. Kale] . . . I'm saying when a company gives you a job description and you sign that you have read it and the job description says you must have the means of transportation to and from the project, that's a pretty good indication the company isn't going to provide you transportation, isn't it?

A: [Claimant] I guess.

(Tr. 23:19-24:1). It is totally unreasonable for claimant to admit this at the hearing but still maintain the position that he "reasonably" believed that Mark Hinson had the authority to offer him transportation to and from work, to be provided by Pyramid. The Claimant's own job description specifically provided that the employee "must have means of transportation to and from projects," and Claimant acknowledged in writing that he had read the job description. It is unreasonable for claimant to make such acknowledgements and then proceed forward as if those acknowledgements are meaningless. To argue otherwise is for the Claimant to argue that his own word means nothing. Claimant clearly knew that Pyramid did not provide transportation for its employees.

Furthermore, even if Mark Hinson *had* offered the Claimant employer-provided transportation, **an agency may not be established solely by the declarations and conduct of an alleged agent**. Muller at 142-43, 399 S.E.2d at 433 (emphasis added). Claimant had the burden of proving that he reasonably relied on indicia of authority **originated by Pyramid**. *See* *Beasley v. Kerr-McGee Chem. Corp., Inc.*, 273 S.C. 523, 257 S.E.2d 726 (1979). There is no

substantial evidence to support the Commission's finding, to whatever extent, that Pyramid acted in some manner that would lead Claimant to reasonably believe that that Mark Hinson had the authority to offer employer-provided transportation. In fact, there is nothing contained in the Pyramid hiring materials, which claimant acknowledged that he read, that could be reasonably interpreted as Pyramid giving authority to Mark Hinson to provide transportation to Claimant on behalf of Pyramid.

The Pyramid job description, which also includes a cover letter with language instructing Claimant to ask the foreman or superintendent for an explanation if there are items that Claimant did not understand, does not represent substantial evidence supporting the Commission's findings on *apparent* authority. This language does nothing more than to instruct a potential employee to address any questions about the terms of employment with the supervisor or foreman. It is not, in any way, in conflict with the express written provisions found in the Claimant's job description, including the portion about employees providing their own means of transportation. Defendants would submit that this language is actually intended to clear up any possible confusion over the terms and conditions of employment *prior* to the hiring of the employee. To characterize this language as "indicia of authority" that Mark Hinson had the *apparent* authority to completely disregard Pyramid's written terms and conditions of employment in favor of providing Claimant with transportation to and from work is completely unreasonable and does not represent substantial evidence.

In further support of the fact that Mr. Hinson did not have apparent authority to offer transportation to Claimant on behalf of Pyramid, David G. Mauney, Regional Vice-President for Pyramid, testified that Pyramid did not furnish its employees rides to work. Mr. Mauney testified that employees would either have to drive their own vehicle or get rides with whomever they could get a ride. It was the employee's responsibility to find his own way to work. The job

descriptions for the positions of mason and labor-tender contain a provision that the employee "must have means of transportation to and from project." He further testified that it is the employee's responsibility to find their own way to work. Additionally, Donald G. Williams, a foreman for Pyramid for 18 years, also testified that Pyramid did not provide transportation for employees to the job site. He further testified that Pyramid does not provide its foremen with company trucks to drive. Mr. Williams testified that he drives his own personal truck to work, and it is undisputed that Mark Hinson was driving his personal Honda automobile at the time of the accident that gives rise to this claim.

At the hearing, Claimant's counsel also questioned Pyramid's Vice-President, David Mauney, regarding foreman Mark Hinson's authority to hire the Claimant and to tell him the wages he would receive. Mauney testified that Hinson had authority to hire Claimant and to tell him what his hourly rate would be within the company wage guidelines (Tr. 66-67), but Hinson did not have authority to tell Claimant that Pyramid would provide him transportation. (Tr. 66-67). That would have been outside the scope of Hinson's authority. Mauney's testimony regarding the company's policy of not providing transportation was corroborated by the company's job descriptions which indicated that the employee must have his own means of transportation to the job site. Moreover, Claimant presented no evidence that Hinson had been given authority, either actual or apparent, to go against company policy. In fact, the company had not provided Hinson with a company vehicle or even agreed to pay Hinson's transportation costs (mileage) to and from work. Since Pyramid manifested its "no transportation" policy in its job descriptions and actual practice, it is clear that Pyramid had not given Hinson apparent authority to negotiate transportation with Claimant. The overwhelming evidence in the record established that Claimant had always been given rides to work by friends before his employment with Pyramid. The provision of transportation to Claimant by Mark Hinson was strictly a personal



favor by Hinson and does not equate to employer-provided transportation based on *apparent* authority to offer the same.

There is one overarching issue that should compel this Court to reconsider its decision and Order. **The Claimant in this case had actual notice, in writing, that Pyramid did not provide transportation to and from the jobsite for any of its employees.** (APA #1, p. 145) No such facts exist in the case law cited by Claimant in support of his case or in the Horton case. Pyramid did absolutely nothing that impliedly manifested to Claimant that Mark Hinson had the authority to offer him employer-provided transportation to and from work. In fact, Pyramid overtly manifested to Claimant that they would not be providing him, or any other employee, transportation to and from work. (APA #1, p. 145) **It is unreasonable for Claimant to argue that Pyramid engaged in conduct that led him to believe that Mark Hinson had the authority to offer him employer-provided transportation, when Hinson himself handed Claimant Pyramid documents, which Claimant read and signed, that clearly stated that Claimant would need his own means of transportation to and from work.**

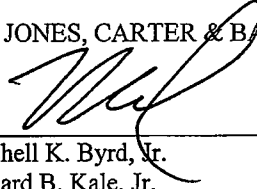
This Court should reconsider its Order because Pyramid took no action to lead Claimant to reasonably believe that Mark Hinson had the authority to completely disregard the clearly stated “minimum standards” for claimant’s acceptability as a Pyramid employee. It is not reasonable for Claimant to have believed that Mark Hinson had the authority to disregard Pyramid policy and offer him employer-provided transportation. If anything, it is a total disregard on Claimant’s part of his obligation to use due care when dealing with the agent of a third party. Orphan Aid Society v. Jenkins, 294 S.C. 106, 109, 362 S.E.2d 885, 887 (Ct. App. 1987)(quoting McCall v. Finley, 294 S.C. 1, 362 S.E.2d 26 (Ct. App. 1987).

Because of the foregoing, Appellants respectfully request that this Court reconsider its decision and alter or amend its Order to reflect the overwhelming evidence in the record that

supports a reversal of the SCWCC's Decision and Order finding that Mark Hinson was acting with apparent authority and thus an exception to the "going and coming" rule applied to the facts of this case. As such, the remaining issues related to Claimant's entitlement to temporary total disability compensation and causally related medical treatment would be rendered moot.

Respectfully submitted,

WILLSON, JONES, CARTER & BAXLEY, P.A.

BY: 

Mitchell K. Byrd, Jr.  
Richard B. Kale, Jr.  
872 S. Pleasantburg Drive  
Greenville, South Carolina 29607

Attorneys for Defendants

July 13, 2012

THE STATE OF SOUTH CAROLINA  
In The Court Of Appeals

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APPEAL FROM FAIRFIELD COUNTY  
Court of Common Pleas

Brooks P. Goldsmith, Circuit Court Judge

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Case No. 2011-CP-20-436

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James Clark, Jr., .....Plaintiff (Claimant/Respondent),  
v.  
Pyramid Masonry Contractors, Inc., and  
Hartford Accident Insurance Company,.....Defendants (Employer/Carrier/Appellants),

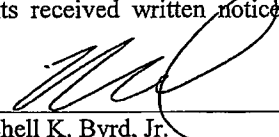
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NOTICE OF APPEAL

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Pyramid Masonry Contractors, Inc. and Hartford Accident Insurance Company appeal the Order of the Honorable Brooks P. Goldsmith, dated July 5, 2012, on the attached grounds. Appellants received written notice of entry of this Order on July 5, 2012. Defendant's Motion to Alter or Amend Judgment was denied, and Defendants received written notice of same on August 6, 2012

September 4, 2012

  
\_\_\_\_\_  
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Attorney for Appellants

Other Counsel of Record:  
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Attorney for Respondent  
(803) 799-9811

As S.C. Code Ann. §42-17-60, as amended, provides that the "[n]otice of appeal must state the grounds of the appeal or the alleged errors of law," the following is provided as an attachment to the Notice of Appeal:

1. That the Circuit Court erred in finding, concluding, and Ordering that substantial evidence in the record supported the decision of the Commission that this case fell within an exception to the "going and coming rule," that error being that such a finding was clearly erroneous in view of the reliable, probative, and substantial evidence in the record as a whole.

2. That the Circuit Court erred in finding, concluding, and Ordering that the Commission's decision regarding the compensability of the claimant's accident was supported by substantial evidence, that error being that such a finding was clearly erroneous in view of the reliable, probative, and substantial evidence in the record as a whole.

3. That the Circuit Court erred in finding, concluding, and Ordering that claimant's ongoing temporary total disability compensation should not cease during the pendency of a remand of the claim to the Commission for a determination on whether claimant is or is not temporarily totally disabled, the duration of any temporary total disability, the body parts injured in the accident, and the entitlement to medical treatment for injured body parts, that error being that such a finding was clearly erroneous in view of the reliable, probative, and substantial evidence in the record as a whole.

4. That the Commission erred in finding as a fact that Pyramid Masonry Construction Co. provided transportation to the Claimant, that error being that such finding was clearly erroneous in view of the reliable, probative and substantial evidence on the record as a whole.

5. That the Commission erred in finding that Pyramid Masonry Construction Co. provided Claimant transportation to and from work, that error being that such finding was clearly erroneous in view of the reliable, probative and substantial evidence on the record as a whole.

6. That the Commission erred in finding that the facts and circumstances of the Clark case were very similar to the facts and circumstances of Horton v. Pyramid Masonry Construction Co., that error being that such finding was clearly erroneous in view of the reliable, probative and substantial evidence on the record as a whole in that there were substantial differences in the facts of the two cases.

7. That the Commission erred in finding that Hinson told the Claimant that Pyramid Masonry Construction Co. would provide transportation to and from the jobsite, that error being that such finding was clearly erroneous in view of the reliable, probative and substantial evidence on the record as a whole.

8. That the Commission erred in finding that the cover letter accompanying the job description in any way altered the job requirement that the employee "must have means of transportation to and from project", that error being that such finding was clearly erroneous in view of the reliable, probative and substantial evidence on the record as a whole.

9. That the Commission erred in finding that Mark Hinson had actual authority to offer Claimant transportation to and from work, that error being that such finding was clearly erroneous in view of the reliable, probative and substantial evidence on the record as a whole.

10. That the Commission erred in finding that Mark Hinson in discussing the conditions of employment had the actual authority to change Pyramid's policy that it does not provide transportation to employees to and from work, that error being that such finding was clearly erroneous in view of the reliable, probative and substantial evidence on the record as a whole.

11. That the Commission erred in finding that the Claimant believed that Mark Hinson had the authority to negotiate "any and all terms of employment", that error being that such

finding was clearly erroneous in view of the reliable, probative and substantial evidence on the record as a whole.

12. That the Commission erred in finding that Mark Hinson was placed in a position by Pyramid Masonry Construction Co. such that Claimant was reasonably led to believe that Mark Hinson had authority to negotiate and set all of the terms of employment, including provision of transportation by the Co. for an employee without a driver's license, that error being that such finding was clearly erroneous in view of the reliable, probative and substantial evidence on the record as a whole.

13. That the Commission erred in finding that Mark Hinson had apparent authority to offer and provide transportation to the Claimant to and from jobsites on behalf of Pyramid Masonry Construction Co., that error being that such finding was clearly erroneous in view of the reliable, probative and substantial evidence on the record as a whole.

14. That the Commission erred in finding and concluding that Mark Hinson had apparent authority to provide transportation to and from work on behalf of Pyramid Masonry Construction Co., that error being that such finding was clearly erroneous in view of the reliable, probative and substantial evidence on the record as a whole.

15. That the Commission erred in concluding as a matter of law that the facts of the Clark case were similar to the case of Horton v. Pyramid Masonry Construction Co., that error being that such finding was clearly erroneous in view of the reliable, probative and substantial evidence on the record as a whole.

16. That the Commission erred in concluding as a matter of law that Mark Hinson was expressly authorized to negotiate and offer other terms and conditions of employment including transportation, that error being that such finding was clearly erroneous in view of the reliable, probative and substantial evidence on the record as a whole.

17. That the Commission erred in concluding as a matter of law that Mark Hinson had apparent authority to offer Claimant transportation on behalf of Pyramid Masonry Construction Co., that error being that such finding was clearly erroneous in view of the reliable, probative and substantial evidence on the record as a whole.

18. That the Commission erred in concluding as a matter of law that Claimant could reasonably believe that Mark Hinson had authority to offer transportation on behalf of Pyramid Masonry Construction Co., that error being that such finding was clearly erroneous in view of the reliable, probative and substantial evidence on the record as a whole.

19. That the Commission erred in concluding as a matter of law that Mark Hinson offered Claimant transportation on behalf of Pyramid Masonry Construction Co., that error being that such finding was clearly erroneous in view of the reliable, probative and substantial evidence on the record as a whole.

20. That the Commission erred in concluding as a matter of law that Claimant's injury on November 17, 2004 while on his way to work at a jobsite in Columbia falls within exception to the "going and coming" rule in that transportation was being provided by Pyramid Masonry Construction Co., that error being that such finding was clearly erroneous in view of the reliable, probative and substantial evidence on the record as a whole.

21. That the Commission erred in concluding as a matter of law that Claimant suffered a compensable injury by accident arising out of and in the course of his employment under Section 42-1-160, S.C. Code Ann. (1976), that error being that such finding was clearly erroneous in view of the reliable, probative and substantial evidence on the record as a whole.

22. That the Commission erred in concluding as a matter of law that Claimant had proven that he fell within an exception to the "going and coming" rule and that transportation was being provided by the employer, Pyramid Masonry Construction Co., that error being that

such finding was clearly erroneous in view of the reliable, probative and substantial evidence on the record as a whole.

23. That the Commission erred in ordering Defendants to pay temporary total disability compensation from November 17, 2004 to present and continuing, that error being that such finding was clearly erroneous in view of the reliable, probative and substantial evidence on the record as a whole.

24. That the Commission erred in ordering Defendants to pay temporary total disability compensation benefits from November 17, 2004 to present and continuing, that error being that the reliable, probative, and substantial evidence in the record does not establish that Claimant has been disabled from November 17, 2004 to present and continuing.

25. That the Commission erred in ordering Defendants to pay temporary total disability compensation from November 17, 2004 to present and continuing, that error being that the Commission made no findings of fact that Claimant has been disabled for that period of time.

26. That the Commission erred in ordering Defendants to pay Claimant temporary total disability compensation from November 17, 2004 to present and continuing, that error being that there is no medical evidence to establish that Claimant was disabled for that period of time.

27. That the Commission erred in ordering Defendants to pay all related medical expenses incurred by the Claimant in treatment for injuries received in the motor vehicle accident, that error being that such finding was clearly erroneous in view of the reliable, probative and substantial evidence on the record as a whole.

28. That the Commission erred in ordering Defendants to pay temporary disability compensation from November 17, 2004 to present, that error being that Claimant did not suffer a



compensable injury by accident arising out of and in the course of his employment with Pyramid Masonry Construction Company.

29. That the Commission erred in ordering Defendants to pay all related medical expenses incurred by the Claimant in treatment for injuries received in the motor vehicle accident, that error being that Claimant did not suffer a compensable injury by accident arising out of and in the course of his employment with Pyramid Masonry Construction Co.

**BEFORE THE SOUTH CAROLINA  
WORKERS' COMPENSATION COMMISSION**

**W.C.C. FILE NO.: 0427461**

James Clark, Jr.,  
Claimant,  
- vs -  
Pyramid Masonry Contractors, Inc.,  
Employer,  
and  
Hartford Fire Insurance Company,  
Carrier,  
Defendants.

**NOTICE OF WITNESSES AND  
MEDICAL REPORT(S) OR OTHER  
EVIDENCE TO BE INTRODUCED  
ON BEHALF OF CLAIMANT,  
JAMES CLARK**

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND RICHARD B. KALE, JR., ESQUIRE:

**YOU ARE HEREBY NOTIFIED** that the Claimant, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330 (1976) (as amended), herewith submits the following medical reports or other evidence on behalf of the Claimant, to wit:

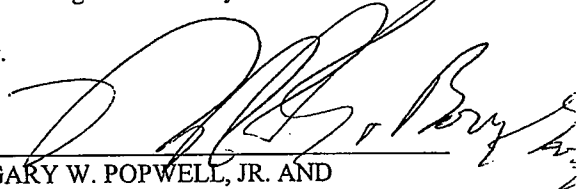
| NAME OF REPORT(S)/PHYSICIAN OR OTHER EVIDENCE                                           | DATE OF REPORTS   | NUMBER OF PAGES |
|-----------------------------------------------------------------------------------------|-------------------|-----------------|
| 1. Record on Appeal                                                                     | 1/7/09            | 1-154           |
| 2. Court of Appeals Decision                                                            | 6/28/10           | 155-157         |
| 3. Single Commissioner Hearing Transcript – Joey Horton vs. Pyramid Masonry Contractors | 3/23/06           | 158-220         |
| 4. Court of Appeals Decision – Joey Horton vs. Pyramid Masonry Contractors              | 3/27/08-4/14/08   | 221-229         |
| 5. Careforce                                                                            | 11/17/04          | 230-242         |
| 6. Palmetto Health Richland                                                             | 11/17/04-9/5/07   | 243-316         |
| 7. Anesthesiology Consultants of Columbia                                               | 11/30/04-4/12/05  | 317-318         |
| 8. Carolina Cardiac Surgery                                                             | 12/30/04-11/25/09 | 319-332         |

|                                                                                   |                  |         |
|-----------------------------------------------------------------------------------|------------------|---------|
| 9. Palmetto Health Eye Center                                                     | 1/3/05-2/4/05    | 333-338 |
| 10. University Specialty Clinics- Dept. of Neuropsychiatry and Behavioral Science | 1/19/05-8/16/05  | 339-344 |
| 11. Ambulatory Services                                                           | 1/28/05-3/22/05  | 345-354 |
| 12. Palmetto Neurosurgery and Spine                                               | 1/31/05-2/2/05   | 355-357 |
| 13. Lancaster Internal Medicine                                                   | 2/28/05-8/13/10  | 358-406 |
| 14. University Specialty Clinics - Ophthalmology                                  | 3/22/05-4/21/05  | 407-417 |
| 15. Joseph W. Story, M.D.                                                         | 11/14/05-9/30/09 | 418-425 |
| 16. Pitts Radiology bills                                                         | 1/18/06-11/25/09 | 426-429 |
| 17. I.F. Afulukwe, M.D.                                                           | 1/31/06-2/1/10   | 430-440 |
| 18. Springs Memorial Hospital                                                     | 3/10/06-5/26/06  | 441-446 |
| 19. Metrolina Neurosurgical                                                       | 3/16/06-2/7/07   | 447-459 |

**YOU ARE FURTHER HEREBY NOTIFIED** that you have the right to cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the deposition(s) of any of the physicians or other person(s), whose reports are submitted, for the purposes of cross-examination.

**YOU ARE FURTHER NOTIFIED** that the originals of the documents referred herein, or photocopies received from said doctors and/or institutions are being herewith forwarded to the South Carolina Workers' Compensation Commission, for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into evidence on behalf of the Claimant.

**YOU ARE FURTHER NOTIFIED** that the following witnesses may be called on behalf of the Claimant: Claimant, family member or co-worker.

  
 GARY W. POPWELL, JR. AND  
 BARRY B. GEORGE  
 Attorneys for Claimant  
 ATTORNEYS LEE, EADON, ISGETT,  
 POPWELL AND REARDON  
 Post Office Box 1505  
 Columbia, South Carolina 29202  
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October 6, 2010.

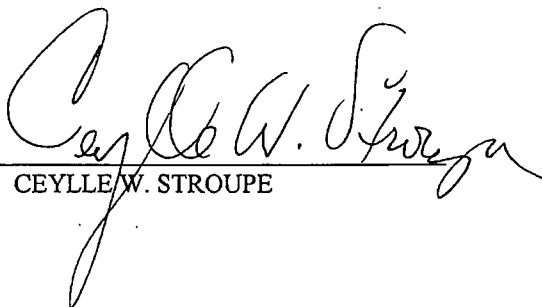
**CERTIFICATE OF SERVICE**

Re: James Clark, Jr. vs. Pyramid Masonry Contractors, Inc.  
W.C.C. File No.: 0427461

I, the undersigned, do hereby certify that a copy of *Claimant's Pre-Hearing Brief (Form 58)* and *Notice of Witnesses and Medical Reports or Other Evidence to be Introduced on Behalf of Claimant*, in the above captioned matter, have been served upon the following counsel of record for the Employer/Carrier, through the United States mail with sufficient postage affixed thereto.

**COUNSEL OF RECORD:**

Richard B. Kale, Jr., Esquire  
WILSON, JONES, CARTER & BAXLEY  
872 S. Pleasantburg Drive  
Greenville, South Carolina 29607

  
CEYLLE W. STROUPE

October 6, 2010.

Jun. 29. 2010 2:42PM

No. 2423 P. 2



## The South Carolina Court of Appeals

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June 28, 2010

Barry B. George, Esquire  
1419 Bull St.  
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Richard B. Kale, Jr., Esquire  
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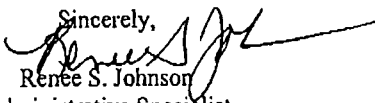
Re: Clark, James v. Pyramid Masonry

Dear Counsel:

Enclosed is the opinion of the Court of Appeals in this case.

Pursuant to Rule 221(b) of the South Carolina Appellate Court Rules, the remittitur in this case will be sent to the Clerk of Court for Fairfield County after fifteen (15) days, exclusive of the date of filing of this opinion.

No extension for a petition for rehearing will be granted except in the most extraordinary circumstances and, except in the rarest cases, with seven days' notice.

Sincerely,  
  
Renee S. Johnson  
Administrative Specialist

TAG/rj

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SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION  
CASE NUMBER 0425180

|                    |   |                     |
|--------------------|---|---------------------|
| JOEY HORTON,       | ) |                     |
| CLAIMANT,          | ) |                     |
| VS.                | ) | SINGLE COMMISSIONER |
|                    | ) | HEARING             |
| PYRAMID MASONRY    | ) |                     |
| CONTRACTORS, INC., | ) |                     |
|                    | ) |                     |
| EMPLOYER/CARRIER,  | ) |                     |
|                    | ) |                     |
| DEFENDANTS.        | ) |                     |

A HEARING WAS HELD BEFORE COMMISSIONER  
LISA C. GLOVER, THURSDAY, SEPTEMBER 8, 2005, AT THE  
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION, 1612  
MARION STREET, COLUMBIA, SOUTH CAROLINA, IN THE ABOVE-  
CAPTIONED MATTER; REPORTED BY PAULA JACKSON BLANDSHAW, A  
CERTIFIED VERBATIM REPORTER AND NOTARY PUBLIC FOR THE  
STATE OF SOUTH CAROLINA.

**COPY**

Paula Jackson Blandshaw, CVR  
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APPEARANCES

FOR THE CLAIMANT: BARRY B. GEORGE, ESQUIRE  
 ATTORNEY AT LAW  
 1419 BULL STREET  
 COLUMBIA, SOUTH CAROLINA 29201

FOR THE DEFENDANTS: RICHARD KALE, ESQUIRE  
 WILLSON JONES CARTER & BAXLEY, LLC  
 200 EAST CAMPERDOWN WAY, SUITE D  
 GREENVILLE, SOUTH CAROLINA 29601

COURT REPORTER: PAULA JACKSON BLANDSHAW, CVR  
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 COLUMBIA, SOUTH CAROLINA 29221

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1                   COMMISSIONER GLOVER: Today's date is  
2                   September 8, 2005. This is workers'  
3                   compensation claim number 0425180. Claimant  
4                   is Joey Horton, being represented by Barry  
5                   George. The employer is Pyramid Masonry  
6                   Contractors, being represented by Richard  
7                   Kale. This is a denied claim. The date of  
8                   accident is November 17, 2004; average weekly  
9                   wage \$601.67; compensation rate \$401.12.

10                  Claimant seeks a finding of  
11                  compensability for injuries suffered in a  
12                  motor vehicle accident, further medical  
13                  treatment, temporary total benefits from the  
14                  date of accident through the present and  
15                  continuing; payment of all past, present, and  
16                  future causally related medical expenses, and  
17                  claimant relies on the case of Byrd vs.  
18                  Stackhouse as an exception to the coming-and-  
19                  going rule. Is that correct, Mr. George?

20                  MR. GEORGE: That's correct, Your Honor.

21                  COMMISSIONER GLOVER: The defendants have  
22                  denied the claim on the basis of the coming-  
23                  and-going rule; that this incident did not  
24                  arise out of or within the course of his  
25                  employment, and further that the defendant

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1 takes exception to the Byrd vs. Stackhouse  
2 case in that defendant's position is that they  
3 did not provide transportation. Is that  
4 correct, Mr. Kale?

5 MR. KALE: That's correct, Your Honor.

6 COMMISSIONER GLOVER: Is there any  
7 objection to jurisdiction or venue?

8 MR. GEORGE: No, Your Honor.

9 MR. KALE: None from the defendants.

10 COMMISSIONER GLOVER: Without objection  
11 the Commission file becomes a part of the  
12 record with the exception of any self-serving  
13 declarations or unstipulated medical reports.

14 (WITNESS SWORN.)

15 COMMISSIONER GLOVER: Mr. George.

16 MR. GEORGE: Thank you, Your Honor.

17 JOEY HORTON, having been sworn or affirmed to  
18 tell the truth, testified as follows:

19 DIRECT EXAMINATION BY MR. GEORGE:

20 Q What is your full name?

21 A Joey J. Horton.

22 Q How old are you, Mr. Horton?

23 A Thirty-six.

24 Q Where do you live?

25 A Lancaster, South Carolina.

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- 1 Q And who are you employed by?
- 2 A By Pyramid.
- 3 Q Pyramid, the defendants in this? And what is your
- 4 educational background?
- 5 A Tenth grade.
- 6 Q And what is your occupation?
- 7 A Brick mason.
- 8 Q And how long have you been working for Pyramid?
- 9 A Since the beginning of last year.
- 10 Q And were you hired as a brick mason?
- 11 A Yes, sir.
- 12 Q Who hired you?
- 13 A Mark Hinson.
- 14 Q Mark Hinson?
- 15 A Yes, sir.
- 16 Q And who is Mark Hinson?
- 17 A He's -- he was the foreman.
- 18 Q And who does he work for?
- 19 A Pyramid.
- 20 Q And tell me and the commissioner and Mr. Kale about
- 21 how you were hired by Mark Hinson. Where were you
- 22 when he came to hire you?
- 23 A At my house.
- 24 Q He came to your house?
- 25 A Yes.

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1 Q And who was he working for at that time?

2 A Pyramid.

3 Q What did he hire you as?

4 A Brick mason.

5 Q And how much was he going to pay you an hour?

6 A \$18.

7 Q And what were the conditions of him hiring you?

8 MR. KALE: Your Honor, I'm going to  
9 object if he's going into anything that  
10 Mr. Hinson said as being violative of the dead  
11 man statute and hearsay rule.

12 COMMISSIONER GLOVER: Okay.

13 MR. GEORGE: Of course, the dead man  
14 statute -- Your Honor, may I reply to that?

15 COMMISSIONER GLOVER: Yes.

16 MR. GEORGE: The deadman statute doesn't  
17 apply to this case. I have cases here that  
18 for the dead man statutes to apply, Mr. Hinson  
19 would have to have some interest in the  
20 outcome of this hearing.

21 COMMISSIONER GLOVER: Let me ask this  
22 question. Is there any question about the  
23 employment relationship?

24 MR. KALE: No, Your Honor, but we were  
25 getting into some information that he's going

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1 to say Mr. Hinson told him, and the person who  
2 would benefit is Mr. Horton. Basically what  
3 he would be doing would be saying things that  
4 Mr. Hinson said that would benefit him in this  
5 case on the compensability issue. We would  
6 say the dead man statute does apply, and I  
7 would like to hand up the case of Brooks vs.  
8 Woods, it looks like, on that issue. The  
9 problem is Mr. Hinson is deceased and is not  
10 available to testify or be cross-examined, so  
11 we would object to anything that Mr. Hinson  
12 told him.

13 MR. GEORGE: Your Honor, may I reply to  
14 that?

15 COMMISSIONER GLOVER: Yes.

16 MR. GEORGE: In the case of Hanahan vs.  
17 Simpson, it deals with the dead man statute.  
18 Your Honor, and I also just call -- under the  
19 deadman statute in the code, it says "The  
20 interest must be held by the witness in his  
21 individual capacity." In other words, for the  
22 dead man statute to apply, this hearing must  
23 have some -- Mr. Hinson must be affected by  
24 it. If he's not affected by it, the dead man  
25 statute does not apply.

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1                   COMMISSIONER GLOVER: What code section  
2 are you relying on for that so I can write it  
3 down.

4                   MR. GEORGE: Yes, ma'am. The code  
5 section is 19-11-20, the deadman statute, and  
6 it has all the things which they must show for  
7 the dead man statute to apply, but the main  
8 one is that the dead man must have an interest  
9 in the outcome of this case, and the dead man  
10 has no interest. Whatever the ruling is in  
11 this case, it does not affect the dead man at  
12 all.

13                   MR. KALE: Your Honor, if you would, look  
14 on page three. The witness is Mr. Horton, and  
15 it says "No party to" -- and I'm quoting from  
16 the deadman statute. It says "No party to an  
17 actual proceeding, no person who has a legal  
18 or equitable interest which may be affected by  
19 the event of the action or proceedings shall  
20 be examined in regard to any transaction or  
21 communication between such witness and a  
22 person at the time of such examination  
23 deceased." So he is questioning Mr. Horton  
24 regarding a transaction or conversation with  
25 Mr. Hinson, who is deceased. So the witness

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1 that the statute is referring to would in this  
2 case be Mr. Horton, not Mr. Hinson.

3 MR. GEORGE: I think that's not right.

4 MR. KALE: Your Honor, I think it's very  
5 clear from the statute.

6 MR. GEORGE: Your Honor, and I also think  
7 any statement that Mr. Hinson made in this  
8 case is exception to the hearsay rule. It's a  
9 declaration against interest. If he said  
10 something against interest, that's an  
11 exception to the hearsay rule. That's a rule  
12 with that. Your Honor, I didn't ask him -- I  
13 asked him what were the conditions on which he  
14 was hired. That was the question. I  
15 didn't --

16 MR. KALE: He just testified that  
17 Mr. Hinson was the one who hired him, so if  
18 his statement is what conditions Mr. Hinson  
19 hired him, that's going into a transaction,  
20 conversations between the claimant and  
21 Mr. Hinson, and it would be clearly within the  
22 dead man statute.

23 COMMISSIONER GLOVER: Mr. Kale, I'm going  
24 to allow the testimony, and I will make a  
25 ruling on it, I guess, when I issue my order

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1 instructions as to whether or not --

2 MR. GEORGE: Thank you, Commissioner.

3 Q Joey, when you were hired by Mr. Hinson, what were  
4 the conditions on which you were hired?

5 MR. KALE: Subject to my objection, Your  
6 Honor.

7 COMMISSIONER GLOVER: Subject to your  
8 objection, Mr. Kale.

9 A He come to the house and asked me if I needed a  
10 job, and I told him I didn't have a way back and  
11 forth, and he said the company would provide  
12 transportation.

13 Q So when he hired you at your house -- do you own a  
14 car?

15 A No.

16 Q Do you have a driver's license?

17 A No, sir.

18 Q How could you get to work?

19 A I couldn't.

20 Q And he told you the company would provide you  
21 transportation?

22 A Yes, sir.

23 Q Did the company provide you transportation?

24 A Yes.

25 Q When did you first go to work with Pyramid?

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1                    MR. KALE: Your Honor, let it continue  
2                    through all this testimony, same objection.

3                    COMMISSIONER GLOVER: All right.

4 Q                When did you first go to work with Pyramid?

5 A                I believe it was January.

6 Q                And what was the first job site you worked on?

7 A                It was in Charlotte.

8 Q                And when you went to the job site in Charlotte, how  
9                    did you get there?

10 A               Mr. Hinson.

11 Q               And where did Mr. Hinson -- how did Mr. Hinson pick  
12                   -- where did he pick you up?

13 A               At my house.

14 Q               Did you ever go to work in Charlotte that you did  
15                   not go with Mr. Hinson?

16 A               No, sir.

17 Q               Was Mr. Hinson your boss?

18 A               Yes, sir.

19 Q               You worked under Mr. Hinson?

20 A               Yes, sir.

21 Q               At the job site that you had in Columbia, when did  
22                   you all start that job site?

23 A               Believe it was March.

24 Q               And where were you working in Columbia?

25 A               At the hospital.

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1 Q And you all would go from Lancaster to the job site  
2 every day?

3 A Yes, sir.

4 Q And how would you get to Columbia? Would you come  
5 down 277, 77?

6 A I think so.

7 Q Is that the route you all took every day?

8 A Yes, sir.

9 Q On this date of -- let me ask you this. Was  
10 Mr. Hinson being -- to your knowledge was  
11 Mr. Hinson being paid to take you?

12 A Yes, sir.

13 MR. KALE: Continue my objection all  
14 through this testimony, Your Honor.

15 COMMISSIONER GLOVER: So noted.

16 Q And how much was he being paid?

17 A 150. I seen a check was for 150.

18 Q He showed you the check?

19 A Yes, sir.

20 Q That he was given a check for \$150 to transport you  
21 in his car?

22 A Yes, sir.

23 Q Tell us about the accident on November 17. Who was  
24 driving the vehicle?

25 A Mr. Hinson.

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- 1 Q And what kind of vehicle was he driving?
- 2 A A Honda.
- 3 Q Was that his personal car?
- 4 A I guess.
- 5 Q And you all were going to the job site?
- 6 A Yes.
- 7 Q And how did the accident happen?
- 8 A Well, he run in back of another car.
- 9 Q And this happened in Fairfield County?
- 10 A Yes.
- 11 Q What happened to you in the accident?
- 12 A All my injuries?
- 13 Q Yes, just -- where were you seated in the car?
- 14 A In the front seat.
- 15 Q Were you thrown out of the car?
- 16 A Yes, sir.
- 17 Q And you all ran into the back of another car,
- 18 didn't you?
- 19 A Yes, sir.
- 20 Q And you were transported to Richland Memorial
- 21 Hospital?
- 22 A Yes.
- 23 Q And by -- I think that was by helicopter?
- 24 A Yes, sir.
- 25 Q And were you in intensive care there?

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- 1 A Yes, sir.
- 2 Q How long were you in intensive care?
- 3 A Three weeks.
- 4 Q Just tell us, starting with the top of your head
- 5 going to your foot, what injuries you received in
- 6 this accident.
- 7 A I got a concussion. I broke -- this bone right
- 8 here on my jaw.
- 9 Q Your jaw?
- 10 A Jaw bone, and they had to put steel in my mouth;
- 11 knocked all my teeth out. They had to take --
- 12 Q You might stand up and let the commissioner see the
- 13 scar that you have there.
- 14 A Had to take my spleen out and lacerated my arm.
- 15 They had to put steel rods in my leg.
- 16 Q You got scars on your leg there?
- 17 A Yes, sir. I got big, long scars. And I got nerve
- 18 damage in my foot. I can't move my foot up and
- 19 down.
- 20 Q What about your left leg? Can you straighten it
- 21 out?
- 22 A No, sir.
- 23 Q And your left foot, I think Dr. Carr was your
- 24 doctor?
- 25 A Yes, sir.

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- 1 Q What is the trouble you're having with your left  
2 foot now?
- 3 A I can't pick it up this way or this way. I can't  
4 get it this --
- 5 Q And you cannot -- that's why you walk with a cane?
- 6 A Yes, sir. It helps me a lot.
- 7 Q Are you able to do any kind of physical work now?
- 8 A No, I don't see how. I was having -- I was having  
9 some seizures, too.
- 10 Q What doctor are you presently under care of?
- 11 A Dr. Livingston.
- 12 Q And what is Dr. Livingston treating you for?
- 13 A For my headaches and seizures.
- 14 Q And tell me about these headaches. How do they  
15 affect you?
- 16 A It's like I'll be sitting and going into a long  
17 daze and like -- it's like a black cloud, and it be  
18 hurting the back of my head. It's like taking --  
19 it's like going in a daze.
- 20 Q And how long do those dazes last?
- 21 A They vary.
- 22 Q And you have seizures, too?
- 23 A Yes.
- 24 Q Did you ever have any of those problems before, any  
25 seizures or anything?

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1 A No, sir.  
2 Q Did you break the bones under your eyes?  
3 A Yes. I broke just above there.  
4 Q You haven't worked since the accident?  
5 A No, sir.  
6 Q And you have -- I think you have to go back to see  
7 Dr. Livingston at sometime?  
8 A Yes, I have because -- I had -- I had missed one.  
9 MR. GEORGE: Commissioner, I'll just  
10 point out in the medical there that Dr. --  
11 Dr. Carr referenced -- he said that he thought  
12 he'd never be able to go back to doing any  
13 kind of work again. It's in Dr. Carr's  
14 record.  
15 Q So let's just get this straight again. Have you  
16 ever had a driver's license?  
17 A Yes, sir.  
18 Q When did you lose it?  
19 A 1990 or '91.  
20 Q So you haven't had a driver's license for something  
21 like 15 years?  
22 A Yes, sir.  
23 Q Do you own a car?  
24 A No, sir.  
25 Q So your only way to get to work was with

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1 Mr. Hinson?  
2 A Yes, sir.  
3 Q Let me show you a form here that Mr. Kale showed  
4 me. Did you fill out an application when you were  
5 hired?  
6 A Yes, taxes like.  
7 Q Did you ever see anything like this? Was anything  
8 like this shown to you, the job description for a  
9 mason? Did you look at that?  
10 A No, sir, I haven't seen it.  
11 Q Did Mr. Hinson show you anything like that?  
12 A No, sir, not while he was --  
13 Q Mr. Hinson hired you?  
14 A Yes.  
15 Q Told you what your salary would be?  
16 A Yes.  
17 Q Told you where you would go to work?  
18 A Yes, sir.  
19 Q Told you what you'd be doing?  
20 A Yes, sir.  
21 Q Did you ever have any other contact with anybody  
22 else from Pyramid Masonry about your job, getting  
23 in to work or anything?  
24 A No, sir.  
25 Q Mr. Hinson was the only man?

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1                   MR. KALE: Object to the leading, Your  
2 Honor.

3                   COMMISSIONER GLOVER: Don't lead,  
4 Mr. George.

5                   MR. GEORGE: All right. I have no  
6 further questions.

7                   COMMISSIONER GLOVER: Mr. Kale.

8 CROSS-EXAMINATION BY MR. KALE:

9 Q     Mr. Horton, you have known the Hinson family for  
10 many years, have you not?

11 A     Yes, sir.

12 Q     In fact, you've actually worked with the Hinsons  
13 before, haven't you?

14 A     I worked for his daddy.

15 Q     How long did you work for his daddy?

16 A     Very -- I mean, off and on, maybe, 10, 15.

17 Q     Ten or 15 years?

18 A     Uh-huh.

19 Q     When you were working for Mark Hinson's father, how  
20 did you get back and forth to work?

21 A     He would drive, Hinson.

22 Q     Friends took you or Mr. Hinson took you?

23 A     Mr. Hinson.

24 Q     Senior or junior?

25 A     Senior.

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- 1 Q Did Mark Hinson work for his dad?
- 2 A Yes.
- 3 Q Did Mark Hinson take you to work when you were
- 4 working for his dad, too?
- 5 A Driving his daddy's truck. His daddy furnished all
- 6 vehicles, furnished all vehicles.
- 7 Q So he drove you to work then when you were working
- 8 for the Hinson family?
- 9 A Yes.
- 10 Q Did you work for Mark Hinson?
- 11 A Yes, sir.
- 12 Q And did Mr. Hinson give you a ride when he was
- 13 working with you at that time?
- 14 A His son.
- 15 Q Did Mr. Mark Hinson give you a ride when you were
- 16 working for Mark Hinson?
- 17 A When he had his own company?
- 18 Q Yes.
- 19 A Yes.
- 20 Q Did you ride to work with other employees on
- 21 occasions?
- 22 A No.
- 23 Q Never anybody other than the Hinsons?
- 24 A Just his father.
- 25 Q Pardon?

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- 1 A Just his daddy.
- 2 Q Never rode to work with any co-workers?
- 3 A No, because he picked up all of them.
- 4 Q And so you knew that you had available a ride if
- 5 you needed to ride with Mr. Hinson, correct?
- 6 A Do what now?
- 7 Q You knew if you were going to work, you could get a
- 8 ride with Mr. Hinson if you were working with him?
- 9 A Well, if he was going to work, the company was
- 10 providing --
- 11 Q I'm not saying what the company provided. Whether
- 12 the company provided it or not, you knew you could
- 13 ride with Mr. Hinson, didn't you?
- 14 A I did, yes.
- 15 Q How long had you been out of work before you
- 16 started working for Pyramid?
- 17 A Not too long.
- 18 Q And why were you out of work at that point in time?
- 19 A I can't remember.
- 20 Q Had they laid you off? Had they fired you?
- 21 A They didn't have enough work is what it was.
- 22 Q Who were you working for at that time?
- 23 A I was working for his dad.
- 24 Q Have you worked for anyone other than Hinson's
- 25 father?

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1 A Brick masonry?

2 Q Yes.

3 A (Pauses.) I worked for -- I can't remember his  
4 name. He's a Mosley. What is his name?

5 Q Somebody named Mosley? He was a brick mason, too?

6 And did you catch rides with co-workers to work for  
7 him?

8 A He furnished the ride.

9 Q He furnished you your ride?

10 A Yes.

11 Q So when Mr. Hinson came to you to ask you if you  
12 needed work --

13 MR. KALE: Your Honor, this is subject to  
14 my objections as to the admissibility of this.  
15 I don't want to waive that --

16 COMMISSIONER GLOVER: Okay.

17 MR. KALE: -- but I just -- to protect  
18 myself. I don't have I don't think have to  
19 withdraw the objection, but --

20 Q He knew you were out of work, correct?

21 A Yes.

22 Q And so he offered you a job?

23 A Well, he said he needed some brick laid.

24 Q He offered you a job, didn't he?

25 A Yes.

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1 Q It's your understanding that he was paid \$150 how  
2 often?  
3 A He didn't say how often.  
4 Q That he was paid \$150 to transport you? That was  
5 the purpose of that payment?  
6 A That's what he said.  
7 Q That was your understanding of what --  
8 A That's what I think.  
9 Q That's what you think?  
10 A That's what -- what I understood.  
11 Q Is that what Mr. Hinson said or what you think?  
12 A That's what he said.  
13 Q You have always had to depend on people, friends,  
14 whatnot to get around because you never had a  
15 driver's license, correct?  
16 A Oh, I had a driver's license.  
17 Q Pardon?  
18 A I had a driver's license.  
19 Q You have a driver's license?  
20 A I had a driver's license.  
21 Q But not since age 14?  
22 A No. I had one since 1991.  
23 Q You've had a driver's license since --  
24 A -- 1991.  
25 Q So you can drive?

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- 1 A In 1991 I had a driver's licenses.
- 2 Q But you hadn't had one since then?
- 3 A Since then.
- 4 Q Since 1991 you've had to depend upon friends to get
- 5 around, correct?
- 6 A Yes.
- 7 Q Have you worked any place other than as a brick
- 8 mason?
- 9 A No.
- 10 Q From March of 2004 to November 17, 2004, the date
- 11 of your accident, you were working in Columbia,
- 12 correct?
- 13 A Yes, sir.
- 14 Q And you were working at Richland Memorial Hospital?
- 15 A Yes, sir.
- 16 Q And basically Mr. Hinson would come by and pick you
- 17 up, and then you all would drive together down
- 18 there?
- 19 A Yes.
- 20 Q Was there anybody else riding other than the two of
- 21 you at that time in March 2004?
- 22 A No.
- 23 Q Just the two of you?
- 24 A Yes, sir.
- 25 Q On the day of the accident, you were in

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1 Mr. Hinson's personal car; is that correct?  
2 A Yes.  
3 Q It was a Honda automobile?  
4 A Yes, sir.  
5 Q And Mr. Hinson ran into the rear of another car?  
6 A Yes, sir.  
7 Q How fast was that car in front going?  
8 A They said 25.  
9 Q So it was going real slow on the interstate?  
10 A Yes, sir.  
11 Q Did you see the car before it hit?  
12 A No.  
13 Q When you go to work, you start getting paid when  
14 you get to the work site, correct?  
15 A No, sir.  
16 Q That's when you clock in?  
17 A Yes, sir.  
18 Q And when you're at work, you work from what time to  
19 what time?  
20 A 7:00 to four o'clock.  
21 Q So you had to leave at what time from Lancaster to  
22 get down there in time to clock in?  
23 A We left early -- I think about 5:00 maybe.  
24 Q And drove down and you clocked in at 7:00?  
25 A Yes, sir.

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1 Q And when did you work to?  
2 A Four o'clock.  
3 Q And basically that was true whether you were  
4 working at the job site down at Richland Memorial  
5 Hospital in Columbia or whether you were up in  
6 Charlotte, and I think you all were working on  
7 Billy Graham --  
8 A Yes.  
9 Q -- Conference Center at that time?  
10 A Yes.  
11 Q Do you remember when you were employed, you had to  
12 sign a bunch of documents for tax purposes and  
13 other things, correct?  
14 A I remember -- I remember signing a thing for taxes.  
15 Q Do you remember a packet of papers that you were  
16 given to sign?  
17 A No, sir.  
18 Q You don't remember that?  
19 A I don't remember that.  
20 Q You signed more than one thing, did you not?  
21 A I don't remember.  
22 Q You were paid hourly wages?  
23 A Yes, sir.  
24 Q Were not paid for your travel time from your home  
25 to your job site?

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- 1 A (Shakes head.)
- 2 Q If Mr. Hinson was not able to go to work, did you
- 3 go to work?
- 4 A No.
- 5 Q So the company didn't provide you with any
- 6 additional transportation; the only person you
- 7 recall riding with is Mr. Hinson?
- 8 A Yes.
- 9 Q If Mr. Hinson wasn't available, you didn't have a
- 10 way to get to work, did you?
- 11 A No.
- 12 Q You've been treated here in Richland County, I
- 13 believe, for your injuries. Is that correct?
- 14 A Yes, sir.
- 15 Q How do you get from your home down here to doctor's
- 16 appointments?
- 17 A My mother.
- 18 Q So you had your mother -- have your mother
- 19 available to drive you around?
- 20 A Yes, sir.
- 21 Q Did your mother drive you around for other
- 22 purposes, too, before this accident?
- 23 A Yes, sir. Well, I have a moped.
- 24 Q You drove a moped?
- 25 A I have one, yes.

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1 Q Other than Mr. Hinson, did you ever talk to anyone  
2 at Pyramid about them providing you with  
3 transportation to and from?

4 A No.

5 Q Only Mr. Hinson?

6 A Yes.

7 Q And he is deceased as a result of that accident?

8 A Yes.

9 Q And is not here today; is that correct?

10 A Yes, sir.

11 Q Did you ever pay Mr. Hinson gas mileage?

12 A No, sir.

13 Q You never gave him anything for his gas?

14 A None whatsoever.

15 Q Your attorney has asked you about this job

16 description. Do you see what that description is  
17 for?

18 A Looks like mason.

19 Q Can you read and write?

20 A Yes, sir.

21 Q Can you read that?

22 A (Witness views document. )

23 Q Does that describe the mason's job duties?

24 A Yes.

25 MR. KALE: Your Honor, we would like to

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1 introduce this into evidence.

2 COMMISSIONER GLOVER: Any objection,  
3 Mr. George?

4 MR. GEORGE: No objection.

5 COMMISSIONER GLOVER: Defendant's #1.

6 (DEFENDANT'S EXHIBIT #1, CONSISTING OF 1  
7 PAGE, MASON'S JOB DESCRIPTION, WAS MARKED AND  
8 MADE A PART OF THE RECORD.)

9 MR. KALE: That's all we have, Your  
10 Honor.

11 MR. GEORGE: I have just one thing.

12 REDIRECT EXAMINATION BY MR. GEORGE:

13 Q Defendant's #1 Mr. Kale showed you, had you ever  
14 seen this before?

15 A No, sir.

16 Q Did Mr. Hinson when he hired you, did he go over  
17 this with you?

18 A No, sir.

19 Q You've never seen this?

20 A No, sir.

21 MR. GEORGE: That's all I have.

22 COMMISSIONER GLOVER: Mr. George, do you  
23 have another witness?

24 MR. GEORGE: Yes, ma'am.

25 COMMISSIONER GLOVER: Okay.

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1 JAMES CLARK, having been sworn or affirmed to  
2 tell the truth, testified as follows:

3 DIRECT EXAMINATION BY MR. GEORGE:

4 Q What is your name?

5 A James Clark.

6 Q And where do you live, James?

7 A Lancaster.

8 Q And who were you employed by?

9 A Pyramid Masonry.

10 Q And what is your job with Pyramid Masonry?

11 A What's my job?

12 Q What were you hired as?

13 A Operator and laborer.

14 Q And who hired you?

15 A Joey, Joey, Pyramid Masonry.

16 Q Who was your boss?

17 A Joey.

18 Q This is Joey here. You're talking --

19 A I mean Mark.

20 Q You're talking about Mark Hinson?

21 A Right. Is that who you're talking about?

22 A Joey.

23 Q Okay. You were in this accident, right?

24 A Right.

25 Q Who was driving -- first of all, you were hurt

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1 pretty bad in this accident, right? You lost --

2 MR. KALE: Your Honor --

3 Q -- your eye and --

4 MR. GEORGE: Okay.

5 MR. KALE: -- his injuries are not  
6 relevant, really, in this proceeding.

7 MR. GEORGE: I was just trying to see why  
8 he was confused is all.

9 COMMISSIONER GLOVER: Okay.

10 Q Who was your boss at Pyramid? What was his last  
11 name?

12 A Mark Hinson.

13 Q Right. Is he was the man that hired you?

14 A Yes.

15 Q And where did he come to hire you?

16 A At my house.

17 Q What was he wanting you to do for Pyramid?

18 A Operate machines and labor.

19 Q Did you take the job?

20 A Yes.

21 Q And where did you work? Do you work in Charlotte  
22 sometimes?

23 A Yes. Most of the time I work in Charlotte, and I  
24 work in Columbia.

25 Q How were you supposed to get to work?

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1 A The company provided transportation --

2 MR. KALE: Objection, Your Honor. Again  
3 how he got to work if it's going into  
4 conversations he had with Mark Hinson, we  
5 would make the same objections under hearsay  
6 and the dead man statute.

7 COMMISSIONER GLOVER: My ruling from the  
8 previous, I guess, argument about that -- I  
9 note your objection.

10 MR. KALE: If you would just allow my --

11 COMMISSIONER GLOVER: Continuous  
12 objection.

13 MR. KALE: -- objection to continue  
14 through this --

15 COMMISSIONER GLOVER: Okay. 

16 Q How were you supposed to get to work?

17 A The company provided me transportation to work.

18 Q Is that what Mark Hinson told you?

19 A Right. Right.

20 Q And did they provide it to you?

21 A Right.

22 Q Did you have a car?

23 A No.

24 Q Do you have a driver's license?

25 A No.

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- 1 Q If they didn't provide you transportation, could  
2 you get to work?
- 3 A No.
- 4 Q On this day of November 17, 2004, you were in this  
5 accident, right?
- 6 A Right.
- 7 Q And who was driving the car?
- 8 A Mark Hinson.
- 9 Q And where did he pick you up?
- 10 A At my house.
- 11 Q Is that what he did every day?
- 12 A Every day.
- 13 Q You all coming down 277, 77, and you had a wreck?
- 14 A Right.
- 15 Q And you were hurt pretty bad in it, which we won't  
16 have to go into all that right now, but -- that's  
17 all I have.
- 18 COMMISSIONER GLOVER: Mr. Kale.
- 19 CROSS-EXAMINATION BY MR. KALE:
- 20 Q Mr. Clark, did you know Mark Hinson before you had  
21 any conversation with him about employment?
- 22 A No.
- 23 Q You never had met him before?
- 24 A Uh-uh.
- 25 Q Had you ever worked for his dad?

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1 A No.  
2 Q Had you ever met him before?  
3 A Uh-uh.  
4 Q Do you know how he found you?  
5 A Through Joey.  
6 Q Joey told him about you, and he found out --  
7 A Yes.  
8 Q And let me ask you, did you ever work in Charlotte?  
9 A I worked in Charlotte one time. We was down in  
10 Charlotte one time.  
11 Q One time. Do you remember when?  
12 A I can't remember.  
13 Q You didn't even start work until about three weeks  
14 before this accident, did you?  
15 A No, a month before that.  
16 Q You started at the very end of October, right?  
17 October 27?  
18 A Right.  
19 Q So you had only worked, as of November 17, for  
20 about three weeks, correct?  
21 A Three to four weeks.  
22 Q And when you were working, you were working down  
23 here in Columbia at Richland Memorial?  
24 A We started in Charlotte -- we worked in Charlotte  
25 one time, and then we started working in Columbia.

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- 1 Q Let me ask you this. Did Mr. Hinson get you to  
2 sign some papers?  
3 A No.  
4 Q When you were hired?  
5 A No.  
6 Q You didn't sign anything?  
7 A Uh-uh.  
8 Q You don't recall having some tax papers to sign?  
9 A I remember signing some tax papers. That's the  
10 only thing I recall signing now.  
11 Q Do you remember seeing a job description for a  
12 laborer?  
13 A No.  
14 Q Let me show you this. Do you remember seeing that?  
15 A No.  
16 Q You never seen that before?  
17 A No.  
18 Q Let me ask you this. Do you remember signing that?  
19 A (Witness views document. ) It looks like it,  
20 doesn't it?  
21 Q Is that your signature?  
22 A My signature.  
23 Q Do you remember signing that?  
24 A No, sir.  
25 Q Okay. What does that say?

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1 A (Witness views document.)

2 Q Start right here where it says "Please."

3 A "Please read the following job description. This  
4 is the" --

5 Q It says "Please read the following job  
6 descriptions. They are the minimum standards,"  
7 and you signed that?

8 A (Nods head.)

9 MR. KALE: I'd like to --

10 MR. GEORGE: Sure.

11 COMMISSIONER GLOVER: Defendant's #2 and  
12 #3.

13 (DEFENDANT'S EXHIBIT #2, CONSISTING OF 1  
14 PAGE, JOB DESCRIPTION, WAS MARKED AND  
15 MADE A PART OF THE RECORD.)

16 (DEFENDANT'S EXHIBIT #3, CONSISTING OF 1  
17 PAGE, STATEMENT OF HAVING READ JOB  
18 DESCRIPTION, WAS MARKED AND MADE A PART OF THE  
19 RECORD.)

20 MR. KALE: Again, subject to my  
21 objection, Your Honor.

22 COMMISSIONER GLOVER: Okay.

23 Q Was it your understanding that Mr. Hinson was being  
24 paid money to transport you?

25 A The company was providing me transportation because

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1 I ain't had -- I ain't had no license.

2 Q My question is, was it your understanding that the  
3 company was paying Mr. Hinson to transport you?

4 A Right.

5 Q And that was what you were told?

6 A That's what I was told.

7 Q And who told you that?

8 A Who told me? Him. Mark told me.

9 Q Okay.

10 MR. KALE: That's all I have, Your Honor.

11 MR. GEORGE: I just have one thing, Your  
12 Honor.

13 REDIRECT EXAMINATION BY MR. GEORGE:

14 Q James, did you ever see this job description  
15 before? This document right here. Did you ever  
16 see that before?

17 A No.

18 Q You had never seen that? You said no?

19 A No.

20 Q All right.

21 MR. GEORGE: That's all I have, Your  
22 Honor.

23 COMMISSIONER GLOVER: You have any other  
24 witnesses, Mr. George?

25 MR. GEORGE: I do have one in response.

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1                   COMMISSIONER GLOVER: Okay.

2 RECROSS-EXAMINATION BY MR. KALE:

3 Q     You signed a statement saying you read the job  
4       description, did you not?

5 A     Like I said, but I didn't read -- I didn't read  
6       nothing.

7 Q     So basically what you said on the statement was not  
8       the truth?

9                   MR. GEORGE: That's not what he said. He  
10       said he signed it, but he didn't read it.

11 A     I signed it. I didn't read it.

12                   MR. KALE: It's cross-examination, Your  
13       Honor.

14                   COMMISSIONER GLOVER: I know. You can go  
15       ahead, Mr. Kale.

16 Q     So you're saying when you signed the document, you  
17       weren't telling the truth that you had read the job  
18       description?

19 A     I hadn't read nothing. He just told me to sign it.

20 Q     And you weren't telling the truth when you signed  
21       it?

22 A     Yeah, I was telling the truth.

23 Q     But it says you read the job descriptions.

24 A     I didn't read nothing. I didn't read nothing.

25 Q     But you signed a statement saying you did; is that

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1 correct?

2 A Yeah.

3 FURTHER REDIRECT EXAMINATION BY MR. GEORGE:

4 Q Did you sign that because Mr. Hinson asked you to?

5 A Right.

6 Q Okay. Thank you.

7 MR. KALE: Your Honor; leading.

8 COMMISSIONER GLOVER: Okay. Don't lead.

9 Anything else of Mr. Clark?

10 MR. GEORGE: That's all we have, Your  
11 Honor.

12 COMMISSIONER GLOVER: Okay.

13 MR. GEORGE: I have one more witness.

14 LAURA NOAH, having been sworn or affirmed to  
15 tell the truth, testified as follows:

16 DIRECT EXAMINATION BY MR. GEORGE:

17 Q Would you give us your name, please.

18 A My name is Laura Noah.

19 Q Ms. Noah, what is your relationship to Mr. Joey  
20 Horton?

21 A That is my son.

22 Q Does he live with you?

23 A Yes, he does.

24 Q And where do you all live?

25 A We stay on 1442 Hillcrest Avenue in Lancaster.

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1 Q And what is his occupation?  
2 A A brick mason.  
3 Q And was he employed by Pyramid Masonry?  
4 A Yes, he was.  
5 Q And were you present when he was hired?  
6 A Yes, I was.  
7 Q And who hired him?  
8 A Mark Hinson.  
9 Q Where did this hiring take place?  
10 A In my living room.  
11 Q What were the conditions on which he was hired?  
12 A Mark came into my living room --  
13 MR. KALE: Objection, Your Honor. Again,  
14 the same basis, hearsay and the dead man  
15 statute. If you'll allow my objection to go  
16 through the testimony.  
17 COMMISSIONER GLOVER: So noted. It's a  
18 running objection.  
19 MR. GEORGE: Your Honor, of course, I was  
20 just going to --  
21 COMMISSIONER GLOVER: Okay.  
22 Q And what was the condition -- what did Mark Hinson  
23 tell Joey?  
24 A He came in and he told Joey that he'd get him a  
25 job, and I asked Mark, I said, "Mark, how is Joey

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1 going to get back and forth to Charlotte and  
2 Columbia with no car and no driver's license," and  
3 Mark stated to me that Pyramid Masonry was going to  
4 furnish transportation for Joey back and forth to  
5 work.  
6 Q Is that how he got back and forth to work?  
7 A That is exactly how he got back and forth to work.  
8 Q And does he own a car?  
9 A No, sir.  
10 Q Does he have a driver's license?  
11 A No, sir.  
12 Q Did he go to work every day? Did Mr. Hinson pick  
13 him up?  
14 A Yes, he did.  
15 Q You're familiar with this accident on November 17.  
16 You were at the -- I think he was taken to Richland  
17 Memorial Hospital?  
18 A Yes, he was. He was flew there in a helicopter.  
19 Q And did anybody from Pyramid visit him there?  
20 A Yes, they did.  
21 Q And do you know who that was?  
22 A It was Walt Johns and Arthur Daugherty -- Dodson.  
23 Q And did they talk to you?  
24 A They did.  
25 Q And what was that purpose of being there?

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1 A They came by to see how Joey was doing, and I  
2 talked to the tallest man. I -- I don't -- I can  
3 point him out, but I talked to the tallest man, and  
4 he told me to not to worry about it; that he  
5 thought that workman's comp would --

6 MR. KALE: Object, Your Honor, to the  
7 relevance of that. It doesn't make any  
8 difference if he said it or not said it.

9 COMMISSIONER GLOVER: Okay.

10 MR. KALE: It's whatever the law is.

11 COMMISSIONER GLOVER: Correct.

12 MR. KALE: And that has no relevancy  
13 whatsoever.

14 COMMISSIONER GLOVER: Mr. George, strike  
15 that portion of her testimony.

16 Q What is the -- Joey lives with you now?

17 A Yes, he does.

18 Q Is he able to do any kind of work now?

19 A No, sir.

20 Q What is the problem, the main problems, that he is  
21 having now?

22 A Joey's having seizures, he's having blackouts, and  
23 he's having trouble with his foot. He cannot pick  
24 his foot up. The doctor told him that he would  
25 never be no better than he is now --

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1                   MR. KALE: Objection, Your Honor.

2                   COMMISSIONER GLOVER: You can't testify  
3                   as to what the doctor said.

4 A           Okay.

5                   COMMISSIONER GLOVER: I have all of his  
6                   medical records.

7 A           But, anyway, he's not -- he cannot use his leg and  
8                   his back, and he's having blackout spells and  
9                   seizures.

10 Q          Dr. Livingston is --

11 A          And very bad headaches.

12 Q          Does Dr. Livingston treat him for his conditions?

13 A          Yes, he does.

14 Q          He's still under his care?

15 A          Yes, he is.

16 Q          Okay. Thank you so much.

17                   COMMISSIONER GLOVER: Mr. Kale.

18 CROSS-EXAMINATION BY MR. KALE:

19 Q          Ms. Noah --

20 A          Yes, sir.

21 Q          -- correctly -- well, let me ask you. The person  
22                   who transported him to work was Mark Hinson,  
23                   correct?

24 A          Mark Hinson did come by and pick him up.

25 Q          And Mark Hinson transported him in Mark Hinson's

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1 personal truck or personal automobile, whichever,

2 correct?

3 A I have no idea about that. Mark Hinson told Joey  
4 that the company was providing transportation.

5 Q My question to you is now -- and if you don't know,  
6 say you don't know -- you never saw Mark Hinson  
7 actually pick up your son?

8 A Yes, I have.

9 Q Did he pick him up in his personal truck or his  
10 personal automobile?

11 A He would drive a car sometime. He would drive a  
12 truck sometime..

13 Q Never had Pyramid Masonry on the side of it, did  
14 it?

15 A It was dark when Mark would pick him up early in  
16 the morning.

17 Q So you don't have any idea of whether this was Mark  
18 Hinson's personal vehicle that he was  
19 transporting --

20 A Well, I'm saying that it was.

21 Q Okay. And Mark Hinson died in the automobile  
22 accident, correct?

23 A That's exactly right.

24 Q So he's not here to testify --

25 A That's right.

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1           MR. KALE: Nothing further.

2           MR. GEORGE: I have nothing further,  
3 Commissioner.

4           COMMISSIONER GLOVER: Any other  
5 witnesses?

6           MR. GEORGE: No, ma'am.

7           COMMISSIONER GLOVER: Mr. Kale, do you  
8 have any witnesses?

9           MR. KALE: Yes, call Dave Mauney.

10           DAVID GEORGE MAUNEY, having been sworn or  
11 affirmed to tell the truth, testified as follows:

12 DIRECT EXAMINATION BY MR. KALE:

13 Q       State your full name for the record, please.

14 A       David George Mauney.

15 Q       And by whom are you employed?

16 A       Pyramid Masonry Contractors.

17 Q       And what is your position with Pyramid?

18 A       Regional vice president.

19 Q       And how long have you been with the company?

20 A       Twenty-four years.

21 Q       Did you know Mark Hinson?

22 A       Yes, I did.

23 Q       When was Mark Hinson hired by Pyramid?

24 A       Early January -- I believe it was the 6th or the  
25 7th of January of 2004.

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- 1 Q And what position was he hired for?
- 2 A He was a foreman on the job site.
- 3 Q And did you interview Mr. Hinson at the time he was
- 4 hired, prior to being hired?
- 5 A Prior to his -- his hiring, I spoke with him as did
- 6 his -- one of -- his supervisor Art Bostic, who did
- 7 interview him at our office in Charlotte.
- 8 Q Is a foreman a managerial position with the
- 9 company?
- 10 A Only to the extent of their particular job site.
- 11 Q And that basically is supervising?
- 12 A Supervising the masons and the laborers as far as
- 13 the installation of the -- the work that we do on a
- 14 construction site.
- 15 Q Mr. Hinson, what was he paid? Was he paid a salary
- 16 or was he paid wages?
- 17 A He was paid an hourly wage.
- 18 Q And do you recall how much that was?
- 19 A I believe it was \$23 an hour.
- 20 Q And was he paid anything in addition to that?
- 21 A He -- as all our foremen, received a \$150 monthly
- 22 truck allowance.
- 23 Q And what is the purpose of paying the foreman the
- 24 \$150 truck allowance?
- 25 A We don't give our foreman company vehicles, so

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1 during the course of the workday on the job site,  
2 and if they have to go pick up incidentals, such as  
3 ice or gasoline or small tools or something of that  
4 nature, we give them that in order to reimburse  
5 them for the use of their truck during the workday.

6 Q Is that \$150 intended to pay mileage to any of the  
7 foremen for them going back and forth to work?

8 A No, it's not.

9 Q Was this truck allowance made pursuant to a written  
10 policy the company had had for many years?

11 A Yes, sir.

12 Q They have been paying foremen \$150 for many years;  
13 is that correct?

14 A We had been paying a truck allowance that had gone  
15 up to \$150 some number of years ago, but it hasn't  
16 been -- it was something less than that.

17 Q Initially?

18 A In years past, that's right.

19 Q Let me hand you that document and ask if that is  
20 the truck allowance policy that is dated, I  
21 believe, January 1, 1989.

22 A Yes, sir, that's correct.

23 MR. GEORGE: Your Honor, I would have to  
24 -- my objection is that this is -- he said  
25 they hired this gentleman in 2004. If he can

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1 testify that he saw Mr. Hinson or read this  
2 document to him, that would be fine. If he  
3 didn't, it would have no relevance to this  
4 case, but we don't know whether Mr. Hinson was  
5 aware of this policy or not.

6 MR. KALE: Your Honor, it doesn't matter  
7 whether Mr. Hinson realized it or not. This  
8 is what they were being paid -- he was being  
9 paid \$150 for, and if Mr. Hinson had some  
10 mistake of fact, that's his own problem.

11 MR. GEORGE: Your Honor, it does --

12 MR. KALE: Well, let me finish.

13 MR. GEORGE: Okay.

14 COMMISSIONER GLOVER: Okay. Go ahead.

15 MR. KALE: Okay. I mean, this is what  
16 the truck allowance is being paid for, and his  
17 testimony is this has been the policy this is  
18 what it's paid for, and this is an official  
19 document of the company which he has  
20 identified, and we submit it into evidence.

21 MR. GEORGE: Your Honor, I don't think  
22 there's nothing in that document about \$150.  
23 There's not one mention in that document about  
24 \$150.

25 MR. KALE: There's been testimony that

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1 the \$150 was a truck allowance and that  
2 identifies a truck allowance and what it's  
3 being paid for.

4 COMMISSIONER GLOVER: I'll allow it,  
5 Mr. George.

6 MR. KALE: Pardon?

7 COMMISSIONER GLOVER: I said I will allow  
8 it in.

9 MR. GEORGE: Thank you, Your Honor.

10 COMMISSIONER GLOVER: This is Defendant's  
11 #4, I believe.

12 (DEFENDANT'S EXHIBIT #4, CONSISTING OF 1  
13 PAGE, TRUCK ALLOWANCE POLICY, WAS MARKED AND  
14 MADE A PART OF THE RECORD.)

15 Q Let me hand you Defendant's #4. Read the last  
16 sentence of the truck allowance policy.

17 A "This pertains only for picking up or delivering  
18 incidentals and not to be interpreted as mileage."

19 Q For example, if the company was paying Mr. Hinson  
20 for mileage to transport employees, let's just use  
21 the federal -- let me ask you this.

22 MR. GEORGE: Objection, Your Honor. This  
23 is irrelevant and hypothetical. It's nothing  
24 to do with this nothing --

25 MR. KALE: Haven't even gotten the

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1 question out.

2 MR. GEORGE: Got enough of it out to see  
3 where he's going with it.

4 COMMISSIONER GLOVER: I'll allow it,  
5 Mr. George.

6 Q How far was it from Mr. Hinson's residence to the  
7 Charlotte work site?

8 A To the Charlotte work site, I think it was --

9 Q Excuse me, to the Columbia work site.

10 A To the Columbia work site, it was about 70 miles  
11 from his home to the job site one way.

12 Q 140 round trip?

13 A Yes, sir.

14 Q And if you use 37 and a half cents per mile, how  
15 many days would \$150 pay for mileage?

16 A I'll do the math in my head. I would say three or  
17 four or five maybe.

18 Q Three, four, or five days?

19 A I would guess so, yes, sir.

20 Q Wouldn't pay him for even a week of transportation  
21 if you were paying mileage back and forth to the  
22 job site --

23 MR. GEORGE: On the record we object. It  
24 has no relevance to what we're talking about  
25 here.

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1                   COMMISSIONER GLOVER: Okay.

2                   MR. KALE: I think it does, Your Honor,  
3 because it shows this is obviously not paying  
4 him for mileage or transportation because \$150  
5 wouldn't even pay for a week of travel.

6                   COMMISSIONER GLOVER: I'll allow it,  
7 Mr. George.

8 Q Did you discuss with Mr. Hinson that he would get  
9 this truck allowance?

10 A When we interviewed Mark in my office prior to our  
11 making a formal offer of him for employment, we  
12 discussed the particulars of the job as far as the  
13 responsibilities and as far as the definition and  
14 that sort of thing, and we did discuss the truck  
15 allowance.

16 Q At the time when Mr. Hinson was hired and you  
17 discussed that he would get it -- and he would  
18 immediately start getting the trucking allowance  
19 from the day he started work, although he may be  
20 paid at the end of the month, but it would start  
21 accruing as soon as he was hired; is that correct?

22 A That's correct.

23 Q -- was Joey Horton even employed with Pyramid?

24 A No, sir, he was not.

25 Q He wasn't hired by Mr. Hinson until several weeks

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- 1 later after that?
- 2 A I believe it was just a week later that Mark hired
- 3 Joey.
- 4 Q Does Pyramid Masonry furnish rides to employees?
- 5 A No, sir, we do not.
- 6 Q And that's always been in your job descriptions,
- 7 has it not?
- 8 A Yes, sir, that's correct.
- 9 Q Let me show you the job descriptions for a mason
- 10 and a laborer. What do they provide as to
- 11 transportation?
- 12 A Item 10 on both descriptions says "Must have means
- 13 of transportation to and from project."
- 14 Q And that would be either they would provide their
- 15 -- drive their own automobiles or get rides with
- 16 whomever they could get a ride with?
- 17 A Yes, sir. It was their responsibility to find
- 18 their own way to -- to work.
- 19 MR. KALE: That's all the questions I
- 20 have.
- 21 COMMISSIONER GLOVER: Mr. George?
- 22 CROSS-EXAMINATION BY MR. GEORGE:
- 23 Q Sir, do you know Mr. Horton?
- 24 A I -- I did see Mr. Horton on one job site one day,
- 25 yes, sir. I don't know him personally, but I --

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- 1 I've seen him on the job site.
- 2 Q Defendant's #1, job description, do you know
- 3 whether or not Mr. Hinson ever showed that and went
- 4 over that with Mr. Horton?
- 5 A I believe that he did.
- 6 Q How do you know, sir? Were you there?
- 7 A I was not there.
- 8 Q When Mr. Hinson hired Mr. Horton, were you present?
- 9 A I was not.
- 10 Q Why would you say that you thought he went over
- 11 that?
- 12 A Because he -- in our employment packet is where we
- 13 had the tax form, the W-4, this information, and
- 14 out job safety rules and regulations, and it's all
- 15 in one packet, and he did return his W-4, as part
- 16 of -- it would come out of that same packet.
- 17 Q I noticed that there's a form that the lawyer
- 18 handed up by Mr. Clark about "Please read the
- 19 following job description."
- 20 A Right.
- 21 Q Do you have one of those for Mr. Horton?
- 22 A I do not.
- 23 Q So Mr. Horton never signed one of those forms
- 24 stating that he had ever read this form, did he?
- 25 A I've not seen one.

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1 Q And you were not present when Mr. Horton was --

2 A No, sir, I was not.

3 Q Did you personally go over this document that I  
4 think is #4, Defendant's #4, "This expense is paid  
5 monthly. It is intended use of reimbursement," so  
6 forth. Did you personally go over this document  
7 with Mr. Hinson?

8 A We went over the policy of that, yes, sir.

9 Q That's not what I asked you.

10 A I did not -- we did not personally go over that  
11 specific --

12 Q You do not know --

13 MR. KALE: Let him answer.

14 Q Do you know whether Mr. Hinson knew about this  
15 document or not?

16 A He knew of our policy, yes, sir.

17 Q Do you know whether he knew of this document?

18 A I do not know that.

19 Q Mr. Hinson was a foreman with your company; is that  
20 correct?

21 A That's correct.

22 Q You hired him -- you knew of his hiring?

23 A Yes, sir.

24 Q Did Mr. Hinson have authority to hire Joey Horton?

25 A Yes, sir, he did.

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1 Q And you were not present when Mr. Hinson hired Joey  
2 Horton?  
3 A No, sir, I was not.  
4 Q You do not know what condition he hired him under?  
5 A I was not present.  
6 Q You do not know what he told him?  
7 A No, I don't.  
8 Q But he had authority to hire Joey Horton?  
9 A Yes, sir, he did.  
10 Q He had authority to tell him what his hourly rate  
11 would be?  
12 A Yes, sir.  
13 Q He was his boss?  
14 A Yes, sir.  
15 Q He could have told him "We will provide you with  
16 transportation to work"?  
17 A That would have been outside the scope of his  
18 authority.  
19 Q Why would that be? You mean he'd have to -- what  
20 I'm saying, he could tell him how much he's going  
21 to make, but he can't tell him he's going to  
22 provide him with a way to get to work?  
23 A No, sir.  
24 Q The man has no car, has no driver's license. How  
25 can he hire -- how could he get to work?

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1 A I have no knowledge of --

2 Q So you don't --

3 A -- the situation.

4 Q -- in other words, he had authority to hire him --

5 COMMISSIONER GLOVER: Mr. George, let him  
6 finish answering his questions, okay?

7 MR. GEORGE: I'm sorry.

8 A I had no knowledge of the situation, if Mr. Hinson  
9 was aware of the -- our policy as far as what the  
10 truck allowance was for. If he interpreted that in  
11 any way, that was contrary to what he had been  
12 told.

13 Q You don't know how he interpreted it?

14 A I know what he was told.

15 Q We do seem to agree on one thing. He was paid \$150  
16 a month for something. 

17 A Yes, sir.

18 Q There's no question about that?

19 A No, sir.

20 Q And he had authority to hire him?

21 A Yes, sir.

22 Q He had authority to tell him how much he was going  
23 to make?

24 A Yes, sir.

25 Q He was his boss?

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1 A Yes, sir.

2 Q And he was acting on behalf of Pyramid when he did  
3 that?

4 A Yes, sir.

5 MR. GEORGE: Thank you so much.

6 REDIRECT EXAMINATION BY MR. KALE:

7 Q Do we know what the \$150 was being paid for?

8 A Yes, sir, we do.

9 Q What was it?

10 A For use on the job, the truck on the job site  
11 during the course of the business day, for running  
12 errands, picking up incidentals.

13 Q What is the company's policy regarding furnishing  
14 transportation to the employee to the job site?

15 A We do not provide transportation.

16 Q Did Mr. Hinson, and we don't know what Mr. Hinson  
17 actually said because he is now deceased and cannot  
18 testify. Did Mr. Hinson have authority to offer  
19 transportation to Mr. Horton or to Mr. Clark, if he  
20 did so?

21 A No, sir.

22 MR. KALE: That's all I have, Your Honor.

23 RECROSS-EXAMINATION BY MR. GEORGE:

24 Q When did you tell Mr. Hinson he did not have  
25 authority to offer Mr. Horton and Mr. Clark

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1 transportation? What day did you tell him that?

2 A That was never discussed.

3 Q That was never discussed?

4 MR. GEORGE: Thank you very much.

5 FURTHER REDIRECT EXAMINATION BY MR. KALE:

6 Q But the company policy was that we couldn't offer  
7 transportation?

8 A Company policy was just as I've stated. There was  
9 nothing mentioned about transportation for any  
10 employees beyond anything that we've discussed  
11 here.

12 Q Did Mr. Hinson have authority to contradict company  
13 policy?

14 A No, sir, he did not.

15 MR. KALE: That's all the questions I  
16 have.

17 COMMISSIONER GLOVER: Okay. .

18 MR. GEORGE: I have nothing further.

19 COMMISSIONER GLOVER: Okay. Do you have  
20 any other witnesses, Mr. Kale?

21 MR. KALE: Yes, one more witness.

22 DONALD GEORGE WILLIAMS, having been sworn or  
23 affirmed to tell the truth, testified as follows:

24 DIRECT EXAMINATION BY MR. KALE:

25 Q Mr. Williams, give me your full name for the

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1 record, please.

2 A Donald George Williams.

3 Q And by whom are you employed?

4 A Pyramid Masonry.

5 Q And how long have you worked for Pyramid Masonry?

6 A Eighteen years.

7 Q And what is your position with them?

8 A Foreman.

9 Q And did you know Mr. Mark Hinson?

10 A No.

11 Q Did you know he was a foreman also?

12 MR. GEORGE: Objection, Your Honor. He  
13 said he did not know Mr. Hinson. Now he is  
14 leading him, trying to lead him into an  
15 answer.

16 MR. KALE: Well, it's not. I just asked  
17 if he as aware he was employed by Pyramid --

18 COMMISSIONER GLOVER: I'll allow it,  
19 Mr. George.

20 MR. KALE: Pardon me?

21 COMMISSIONER GLOVER: I'm sorry. I'll  
22 allow it, Mr. Kale.

23 Q Were you aware he was employed by Pyramid?

24 A I heard that they had hired some new foremen.

25 Q When you go back and forth to work, what kind of

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- 1 vehicle do you use?
- 2 A I drive an S-10, my personal --
- 3 Q It's your personal car?
- 4 A Yes, it is.
- 5 Q Does Pyramid provide their foremen with trucks to
- 6 drive?
- 7 A No.
- 8 Q As a foreman do you receive any amount for a truck
- 9 allowance?
- 10 A I receive \$150 a month.
- 11 Q How long have you been getting a truck allowance,
- 12 whether it was \$100 or \$150? How long have you
- 13 been getting that?
- 14 A I been getting it for 18 years.
- 15 Q What is your understanding of what the truck
- 16 allowance is being paid for?
- 17 A When I first was hired, a truck allowance is for
- 18 miscellaneous on-the-job, getting ice or anything
- 19 pertaining to the job.
- 20 Q Does Pyramid provide transportation --
- 21 MR. GEORGE: Objection, Your Honor. He's
- 22 not -- he wouldn't know that.
- 23 COMMISSIONER GLOVER: I'll allow him to
- 24 answer the question, Mr. George.
- 25 Q Does Pyramid provide transportation to employees to

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1 the job site?

2 A No.

3 Q Have you ever taken employees in your truck to the  
4 work --

5 A No. No.

6 Q But you get the \$150?

7 A Yes, I do.

8 MR. KALE: That's all I have, Your Honor.

9 COMMISSIONER GLOVER: Okay.

10 CROSS-EXAMINATION BY MR. GEORGE:

11 Q Do you know what the conditions were under which  
12 Mark Hinson hired Joey Horton?

13 A No, I don't even know -- I haven't -- this is the  
14 first time I ever seen him.

15 Q You don't know Joey Horton?

16 A No. No, I don't.

17 Q You don't know Mark Hinson?

18 A No, I don't.

19 Q You don't know when Joey Horton was hired?

20 A No.

21 Q You don't know under what conditions Mark Hinson  
22 hired him?

23 A No, I don't.

24 Q Thank you.

25 MR. KALE: Nothing further, Your Honor.

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1                   COMMISSIONER GLOVER: Okay. Thank you.

2                   That concludes this hearing.

3                   MR. KALE: That's all we have, Your  
4                   Honor.

5                   COMMISSIONER GLOVER: Thank you. That  
6                   concludes this hearing.

7                   (WHEREUPON, THE HEARING WAS CONCLUDED AT

8                   10:08 P.M.)

9                   \*

10                  \*

11                  \*

12                  \*

13                  \*

14                  \*

15                  \*

16                  \*

17                  \*

18                  \*

19                  \*

20                  \*

21                  \*

22                  \*

23                  \*

24                  \*

25                  \*

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Post Office Box 210431 \* Columbia, SC 29221  
(803) 798-0403

BE IT KNOWN THAT I, PAULA JACKSON BLANDSHAW,  
TOOK THE FOREGOING PROCEEDINGS IN WORKERS' COMPENSATION  
CASE NUMBER 0425180 ON SEPTEMBER 8, 2005;

THAT BY VIRTUE THEREOF I WAS DULY COMMISSIONED  
AND QUALIFIED TO ADMINISTER AN OATH;

THAT ANY WITNESS WAS FIRST DULY SWORN TO  
TESTIFY THE TRUTH, THE WHOLE TRUTH, AND NOTHING BUT THE  
TRUTH, CONCERNING THE MATTER IN CONTROVERSY AFORESAID;

THE FOREGOING TRANSCRIPT OF 62 PAGES  
REPRESENTS A TRUE, ACCURATE, AND COMPLETE TRANSCRIPTION  
OF THE TESTIMONY SO GIVEN AT THE TIME AND PLACE  
AFORESAID TO THE BEST OF MY SKILL AND ABILITY:

THAT I AM NOT RELATED TO NOR AN EMPLOYEE OF ANY OF THE PARTIES HERETO, NOR A RELATIVE OR EMPLOYEE OF ANY ATTORNEY OR COUNSEL EMPLOYED BY THE PARTIES HERETO, NOR INTERESTED IN THE OUTCOME OF THIS ACTION.

WITNESS MY HAND AND SEAL THIS 23RD DAY OF  
MARCH, 2006.\*

Paula Jackson Blandshaw, CVR  
PAULA JACKSON BLANDSHAW, CVR  
CERTIFIED VERBATIM REPORTER  
A NOTARY PUBLIC IN AND FOR THE  
STATE OF SOUTH CAROLINA

MY COMMISSION EXPIRES OCTOBER 31, 2013.

\*PURSUANT TO A REQUEST FROM ATTORNEY RICHARD B. KALE, JR., VIA U.S. MAIL, ON JANUARY 4, 2006, THIS TRANSCRIPT WAS PREPARED AND WILL BE DELIVERED IN AS TIMELY A MANNER ALLOWED BY THE CONSCIENTIOUS PERFORMANCE OF MY DUTIES AND RESPONSIBILITIES AS AN OFFICER OF THE COURT TO THE BEST OF MY SKILLS AND ABILITIES.

Paula Jackson Blandshaw, CVR  
A+ Reporting  
Post Office Box 210431 \* Columbia, SC 29221  
(803) 798-0403

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## The South Carolina Court of Appeals

KENNETH A. RICHSTAD  
CLERK

V. CLAIRE ALLEN  
DEPUTY CLERK

POST OFFICE BOX 11629  
COLUMBIA, SOUTH CAROLINA 29211  
1015 SUMTER STREET  
COLUMBIA, SOUTH CAROLINA 29201  
TELEPHONE: (803) 714-1890  
FAX: (803) 734-1839  
www.sccourts.org

April 14, 2008

### REMITTITUR

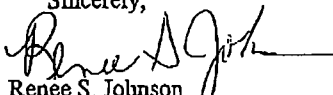
The Honorable Betty Jo Beckham  
101 South Congress St  
PO Drawer 299  
Winnsboro, SC 29180-0299

Re: Horton, Joey v. Pyramid Masonry  
2006-CP-20-00305

Dear Ms. Beckham:

The above referenced matter is hereby remitted to the lower court. A copy of the judgment of this Court is attached.

Sincerely,

  
Renee S. Johnson  
Administrative Specialist

  
KAR/rj

cc: Richard B. Kale, Jr, Esquire  
L. Brenn Watson  
Barry B. George, Esquire

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R 216



## The South Carolina Court of Appeals

KENNETH A. RICHSTAD  
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WWW.SCCOURTS.ORG

March 27, 2008

Richard B. Kale, Jr, Esquire  
L. Brenn Watson  
Willson Jones Carter & Baxley  
872 S. Pleasantburg Drive  
Greenville, SC 29607

Barry B. George, Esquire  
1419 Bull St.  
Columbia, SC 29201

Re: Horton, Joey v. Pyramid Masonry

Dear Counsel:

Pursuant to Rule 221(b) of the South Carolina Appellate Court Rules, the remittitur in this case will be sent to the Clerk of Court for Fairfield County after fifteen (15) days, exclusive of the date of filing of this opinion.

Sincerely,

A handwritten signature in cursive script, appearing to read "Renee S. Johnson".

Renee S. Johnson  
Administrative Specialist

KAR/rj

**THIS OPINION HAS NO PRECEDENTIAL VALUE. IT SHOULD NOT BE CITED OR RELIED ON AS PRECEDENT IN ANY PROCEEDING EXCEPT AS PROVIDED BY RULE 239(d)(2), SCACR.**

**THE STATE OF SOUTH CAROLINA  
In The Court of Appeals**

Joey D. Horton,

Respondent

v.

Pyramid Masonry Contractors,  
Inc. and Hartford Accident  
Insurance Company,

Appellants.

---

Appeal From Fairfield County

Kenneth G. Goode, Circuit Court Judge

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Unpublished Opinion No. 2008-UP-205

Submitted February 1, 2008 – Filed March 27, 2008

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**AFFIRMED**

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Richard B. Kale, Jr. and L. Brenn Watson, both of  
Greenville, for Appellants.

Barry B. George, of Columbia, for Respondent.

After Employee started working for Employer, Foreman and Employee always traveled together in Foreman's personal vehicle to and from their homes in Lancaster to job sites in Charlotte and Columbia. Employee testified he worked for Employer only on the days he rode to job sites with Foreman. In November 2004, upon Employee's recommendation, Foreman hired another Lancaster man, James Clark, to work as a laborer for Employer. Clark testified he also worked for Employer only on days he rode to Employer's job sites with Foreman.

On the morning of November 17, 2004, Employee, Clark, and Foreman were traveling in Foreman's vehicle from Lancaster to a job site in Columbia. While driving on Interstate 77 in Fairfield County, Foreman's car slammed into the rear of a vehicle moving approximately twenty-five miles per hour. The impact threw Employee from the car; a helicopter transported him to Richland Memorial Hospital where he recovered until his release on December 10, 2004.<sup>4</sup> As a result of the accident, Employee sustained injuries to his head, back, heart, spleen, pelvis, left leg, left hip, appendix, and teeth. Employee now walks with a cane and is under the continuing care of a physician for injuries sustained in the accident, including headaches, seizures, and an inability to control his left foot. Employee has not worked since the accident, and his physician indicates Employee's physical limitations will prevent him from working as a brick mason in the future.

### PROCEDURAL HISTORY

In May 2005, Employee filed a Form 50 claiming entitlement to workers' compensation benefits for injuries he sustained in the November 17, 2004 accident. Employee alleges his injuries are compensable because he "was performing services arising out of and in the course of employment at the time of the accident." Employer filed a Form 51 denying Employee's injuries were compensable.

On September 8, 2005, a single commissioner conducted a hearing. The commissioner found "[t]he provision of transportation to and from work

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<sup>4</sup> Foreman died from the injuries he sustained in the accident.



testifying against a survivor of the now-deceased Foreman. The Panel also (1) ruled Foreman had "either actual authority or apparent authority to both hire [Employee] and provide transportation" and (2) overruled Employer's hearsay objections under Rule 801(d)(2) of the South Carolina Rules of Evidence.

Following a hearing on January 4, 2007, the circuit court, applying the substantial evidence standard of review, found the Panel did not err in finding Employee's case fell within an exception to the going and coming rule because testimony in the record could "reasonably be viewed as establishing [Employee] had been hired by a supervisor [Hinson] who was driving the automobile in which [Employee] was injured at the time of the accident when [Foreman] had actual and/or apparent authority to hire [Employee] and negotiate the terms of his employment, including the provision of transportation to and from the job site, especially in light of the fact that [Employee] did not have a driver's license." Additionally, the circuit court affirmed the Panel's conclusion that testimony regarding Foreman's statements to Employee was properly admitted because the statements were neither hearsay nor barred by the Dead Man's Statute. The circuit court affirmed the Panel's order in its entirety. This appeal followed.

### STANDARD OF REVIEW

The Administrative Procedures Act governs judicial review of all non-jurisdictional decisions of the workers' compensation commission. Gray v. Club Group, Ltd., 339 S.C. 173, 182, 528 S.E.2d 435, 440 (Ct. App. 2000). "The [reviewing] court may not substitute its judgment for the judgment of the agency as to the weight of the evidence on questions of fact. The court may affirm the decision of the agency or remand the case for further proceedings." S.C. Code Ann. § 1-23-380(A)(5) (Supp. 2006). However, the reviewing court

may reverse or modify the decision if substantial rights of the appellant have been prejudiced because the administrative findings, inferences, conclusions, or decisions are: (a) in violation of constitutional or

sustains while traveling to and from the workplace are not compensable. Eadie v. H.A. Sack Co., 322 S.C. 164, 168, 470 S.E.2d 397, 399 (Ct. App. 1996); see also Gray v. Club Group, Ltd., 339 S.C. 173, 188, 528 S.E.2d 435, 443 (Ct. App. 2000) (“As a general rule, an employee going to or coming from the place where his work is to be performed is not engaged in performing any service growing out of and incidental to his employment, and, therefore, an injury sustained by accident at such time does not arise out of and in the course of his employment.”).

South Carolina recognizes five exceptions to the going and coming rule: 1) the employer provides the means of transportation or pays travel time; 2) the employee performs duties during his commute; 3) the route used is inherently dangerous; 4) the place where the injury occurs is in such close proximity to the workplace that it is brought within the scope of employment; and 5) the injury occurs while the employee is on a special errand for the employer. Eadie, 322 S.C. at 168-69, 470 S.E.2d at 400.

Here, Employee’s injuries are compensable, under an exception to the going and coming rule, only if substantial evidence supports the Panel’s finding that Employer either (1) provided the means of Employee’s transportation, or (2) paid Employee for his travel time to and from work. Employee’s own testimony confirmed Employer did not pay for his travel time to and from the job site. Accordingly, Employee’s injuries will be compensable only if substantial evidence supports the Panel’s finding that Employer, *through its agent, Foreman*, provided the means of Employee’s transportation to work.

An agency relationship may be established by evidence of actual or apparent authority. R & G Const., Inc. v. Lowcountry Reg’l Transp. Auth., 343 S.C. 424, 432, 540 S.E.2d 113, 117 (Ct. App. 2000). In a principal - agent relationship, “apparent authority is considered to be a power which a principal holds his agent out as possessing or permits him to exercise under such circumstances as to preclude a denial of its existence.” Id. at 433, 540 S.E.2d at 118.

provided transportation for Eadie; however, H.A. Sack alleged Stanley's and Nix's injuries were not compensable because "Eadie lacked authority to obligate the company to pay transportation costs for his crew." *Id.* at 170, 470 S.E.2d at 400. Our court affirmed the Panel, finding Eadie had apparent authority to offer transportation to Stanley and Nix on behalf of H.A. Sack and this authority was binding upon H.A. Sack. *Id.* at 171, 470 S.E.2d at 401.

Here, as in Eadie, Employee testified regarding the circumstances under which he was hired: "[Foreman] c[a]me to the house and asked me if I needed a job, and I told him I didn't have a way back and forth, and [Foreman] said the company would provide transportation." Employee stated Foreman picked him up at home and drove him to and from job sites in Charlotte and Columbia. Employee testified he only went to work when Foreman went to work and if Foreman had to stay home, Employee stayed home as well. Employee also testified Foreman showed him a check for \$150 that Foreman said Employer was paying him to transport Employee to work in Foreman's personal vehicle.

Laura Noah, Employee's mother, testified to being present when Foreman offered a job to Employee. She testified she asked Foreman: "[h]ow is [Employee] going to get back and forth to Charlotte and Columbia with no car and no driver's license?" She also testified Foreman answered: "Pyramid Masonry was going to furnish transportation for [Employee] back and forth to work."

David Mauney, a regional vice president with Employer for twenty-four years, testified Employer does not provide transportation to its employees and that it is the employee's "responsibility to find [his] own way to work." He stated Employer's job description for a mason specifically states the employee "must have means of transportation to and from project." However, Employee testified he had not seen the job description prior to the hearing. When asked whether Foreman could have told Employee that Employer would provide his transportation to work, Mauney responded: "That would have been outside the scope of his authority."

Employer argues the facts in Eadie distinguish it from the facts of this case because in Eadie, the employer paid Eadie a mileage allowance for his travel to and from work. We find this distinction to be unpersuasive. The Eadie court affirmed that Stanley's and Nix's injuries were compensable because substantial evidence in the record supported its finding that H.A. Sack had "placed Eadie in a position impliedly manifesting his authority to dictate the employment terms" to the crew members he hired. The court's decision turned on its finding that Eadie acted with actual or apparent authority when he offered crew members transportation to and from work. That authority bound H.A. Sack to the terms Eadie negotiated with the crew members.

Here, there is evidence to support the Commission's decision that Employer's agent, Foreman, acting with actual or apparent authority, told Employee that Employer would provide transportation as a condition of his employment. While Foreman's offer of transportation may have exceeded the scope of the actual authority Employer conferred upon him, there is sufficient evidence in the record to support Employee's belief that Foreman had apparent authority to negotiate the terms of his employment, including Employer's provision of transportation. Employer is bound by Foreman's representations to Employee concerning the conditions of his employment. Accordingly, the Commission's decision that Employee's injuries are compensable because they fall within an established exception to the going and coming rule is supported by substantial evidence and is therefore affirmed.

## II. Admission By Party Opponent

Employer additionally argues testimony regarding Foreman's alleged statements to Employee concerning the conditions of his employment offer constituted inadmissible hearsay. We disagree.

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may exceed his authority." Crittenden v. Thompson-Walker Co., Inc., 288 S.C. 112, 116, 341 S.E.2d 385, 388 (Ct. App. 1986).

**CONCLUSION**

For the foregoing reasons, the decision of the circuit court is

**AFFIRMED.**

**HEARN, C.J., PIEPER, J., and CURETON, A.J., concur.**

Careforce Communications  
Five Richland Medical Park Dr.  
Columbia, SC 29203  
(803) 434-2264

Transport Request: Division: Careforce

Request #: 0411-2357-A  
Priority: Emergent  
Aircraft: N911RC  
Type: Scene  
Location: FAIRFIELD COUNTY  
Ridgeway, SC 29130  
Disposition: Patient Transported  
Ref Agency: Fairfield Co Ems  
Requestor: Fairfield County  
Callback: (803)635-5511/  
Call Rcvd: 11/17/04 @ 06:14  
Notify Plt: 11/17/04 @ 06:15  
Wx Confirm: 06:15  
Dispatch: 06:15  
Liftoff: 06:21 HOSP  
Arrive 1: 06:31 SCENE  
\* Depart 1: 06:52 SCENE  
\* Arrive 2: 07:06 HOSP

Req Unit:  
Units at Scene: UNIT 2/3

Rec Agency: Richland Mem Hspt  
Columbia, SC 29203  
Rec MD: Raymond Bynoe  
Rec MD Tel: (803)765-7000/  
Rec Unit:  
Rec U Tel: (803)434-7000/

Crew 1: Bell, Kirsten  
Crew 2: Stonehill, Paul  
Crew 3: Carson, Tammy

Pilot 1: Twomey, Micheal

Comm 1: Hanson A, Peggie

In Service: 07:06  
Completed: 07:06 11/17/04

Ar Bedside:  
Dp Bedside:  
Total Miles: 46 sm  
Loaded Miles: 23 sm

Weather: VFR, Day

Patient Information

Patient 1: History: 29130

Name: ,  
Address: ,

Next of Kin:  
Contact:  
Pers. MD:

Med. Info:

Account: 5879

DOB: / / Age: Race:  
Sex: Wgt: SS: - -  
Cat: Trauma (Adult)  
Dx: Multiple Trauma

TRAUMA, MD41047  
523-1

### Patient Consent Form

Patient: Clark, James Jr. Flight Number: 5879 Date: 11-19-04

I, the undersigned, have been advised of and consented to all treatment and transport rendered to me or my dependents by Careforce air medical service.

I hereby assign to Careforce all of my rights and benefits for ambulance transport and treatment provided by any and all of my insurers, Medicare, and third party agencies. I further authorize Medicare, my insurers, and any third party agencies to pay directly to Careforce air medical service whatever benefits or payments may be available for services rendered to me or my dependents by Careforce. These shall not exceed the regular charges of Careforce for services provided.

I hereby authorize any holder of such medical, hospital, or other records or information about me or my dependents to release now or in the future to the Health Care Financing Administration, its intermediaries, other carriers, as well as to Careforce, any such information needed to determine insurance and other third party benefits payable for any services as provided to me or my dependents by Careforce.

I give permission for Careforce and its agents to disclose to any appropriate insurance company and its contracted review organization, and to other persons who may become legally obligated to pay all or part of my treatment and transportation bill any information to allow them to pay for that part of my treatment for which they are obligated. My consent to this disclosure with respect to each payer will only expire upon final settlement of the amount due. I also give permission to release any information to other healthcare providers involved in my care such as referring physicians, EMS agencies, trauma registries, and hospitals.

In addition to any expiration of permission to give out information stated above, permission will automatically expire in 30 months. To the extent information has not been already released, I can revoke all or part of this consent by giving Careforce a written instruction signed and dated by me.

I understand that any refusal to release information or revocation of this consent may result in improper diagnosis or treatment, denial of health insurance or other benefits, or other adverse consequences.

I permit a copy of this authorization to be used in place of the original.

Signed: pt. unable to sign -  
φ family present  
per crew. Date: \_\_\_\_\_

| INSURANCE INFORMATION |                            |                            |                                      |
|-----------------------|----------------------------|----------------------------|--------------------------------------|
| MEDICARE #            |                            | MEDICAID #                 |                                      |
| Primary Insurance     | Name:                      | Policy #                   | Group #                              |
|                       | Address:                   |                            |                                      |
|                       | Telephone:                 |                            |                                      |
| Secondary Insurance   | Name:                      | Policy #                   | Group #                              |
|                       | Address:                   |                            |                                      |
|                       | Telephone:                 |                            |                                      |
| EMPLOYMENT RELATED    |                            | AUTO ACCIDENT INFORMATION  |                                      |
| Employer              | <u>claim: 0400584276</u>   | Owner's Name               | <u>Martin and Marissa Hinson</u>     |
| Address               | <u>Ady: Barry Horn</u>     | Auto Insurance Company     | <u>Ally Auto Insurance</u>           |
| City                  | <u>Phone: 407-829-7576</u> | Agent                      | <u>Policy # 6513450 Comp # 32220</u> |
| Occupation            | <u>Coverage:</u>           | Agent Address or Telephone | <u>1-800-433-0880</u>                |
| Contact               | <u>Fax:</u>                | Investigating Police Dept. | <u>One Ally Center P.O. Box 1520</u> |
| Telephone             |                            | <u>SCHP-Trooper Lamb</u>   | <u>Wilmington, DE 19850-5510</u>     |

Vehicle: 2000 Honda

231



TM 041047

ADDRESS:

PO BOX 3011

TELEPHONE (803) 283-3991

INSURANCE: Self pay

Age: 32 DOB: 12/12/71

DATE:

Weight ~ 220 lbs / 100 kg

SSN 251-45-4421

232



TM 041047

partial evulsion  
scalp

deformity

The image contains two hand-drawn sketches of a human figure, one from the front and one from the back. The front view shows a head with a bandage, a torso with a horizontal line, and legs. The back view shows a head and a torso with a vertical line, and legs. Handwritten text 'partial evulsion scalp' is near the head, and 'deformity' is near the torso.

0637) Pt. still  $\bar{s}$  effect of Etomidate. Extremely combative. (+) 0638) Sux 200mg IV given. (+) 0641) No effect  $\bar{c}$  Sux dosage. Pt. still extremely combative (+) 0645) 2nd IV site initiated - (L) AC 11eg. (+) 0646) Given Nordron 10mg IV (+) 0648) Pt. orally intubated  $\bar{c}$  8.0 cm, 1st attempt by P. Stonehill. (+) Visualization of cords, (+) condensation in tube, (BBS) present & auscultated in epigastric area. Tube secured. Ventilation easy, assisted  $\bar{c}$  20-24 bpm. Spinal precautions taken & pt. being secured to long spine board. (+) 0652) Pt. secured in aircraft; monitor - SR, sats 100% - pt. finally paralyzed chemically. ETT @ 30's. IV's intact. Comm. center alerted Trauma 911. (+) 0653) Fluids warmed, A/C warmed blankets on pt. Pupils fixed - (R) 7 (L) 2. Chest's deformity. Arms  $\bar{s}$  deformity. Belly soft, obese. (L) hip unstable? (L) femur largely deformed. (L) pedal pulses. Forehead from medial aspect of OS to lateral aspect of OS lacerated  $\bar{c}$  large amt of bleeding; dry drsg applied. Partial scalp avulsion. Crepitus of skull palpated. (+) 0659) Snd'd ETT for small amt bloody frothy secretions. Pt. still paralyzed <sup>chemically</sup> - no sig  $\Delta$  in VS or condition - sats remain 100%. (+) 0710) Pt. to TRI report to team. No  $\Delta$  in assessment. ETT remains secured. VS's sig  $\Delta$ . IV's intact. T. Larson, EN.

Trauma, MOH047

## DHEC PATIENT CARE FORM

O.A. NO.

TRIP NO. 5879

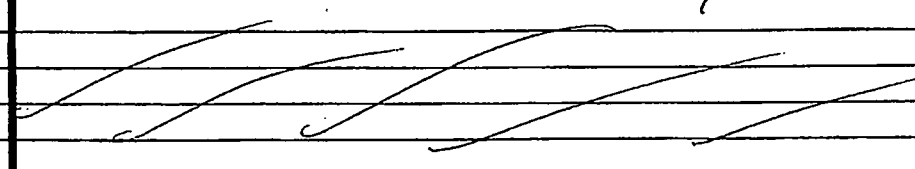
| PATIENT IDENTIFICATION (Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                          |                      | DISPOSITION (110-111)                                                                                                                                                                                                                                                                                                                                                                                    |                                          | TYPE OF INCIDENT                                                                                                                                                                                                                                                                                |                                               | CALL TYPE                                                                                                                                                                                                                                                                                                       |                                          | PATIENT STATUS                                                                                                                                                                                                                                                              |                                         |                                                |                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------------------|-----------------------------------------------------|
| LAST NAME (10-29)<br><b>Clark, James</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | FIRST NAME (30-45)<br><b>PO BOX 3011</b> | MI (46)<br><b>LA</b> | 01 <input type="checkbox"/> TREAT/NO TRANS.                                                                                                                                                                                                                                                                                                                                                              | 02 <input type="checkbox"/> DOA AT SCENE | 03 <input checked="" type="checkbox"/> HOSPITAL ER                                                                                                                                                                                                                                              | 04 <input type="checkbox"/> HOSP. DIR. ADMIT. | 05 <input type="checkbox"/> PATIENT'S HOME                                                                                                                                                                                                                                                                      | 06 <input type="checkbox"/> NURSING HOME | 07 <input type="checkbox"/> DR.'S OFFICE                                                                                                                                                                                                                                    | 08 <input type="checkbox"/> OUTPATIENT  | 09 <input type="checkbox"/> PT. REFUSED TREAT. | 10 <input checked="" type="checkbox"/> EMS TRANSFER |
| CITY (72-87)<br><b>Lancaster</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                          |                      | STATE (88-89)<br><b>SC</b>                                                                                                                                                                                                                                                                                                                                                                               |                                          | ZIP CODE (90-94)<br><b>29721</b>                                                                                                                                                                                                                                                                |                                               | TRAUMA (112) MEDICAL (113)                                                                                                                                                                                                                                                                                      |                                          | TO SCENE (114) ON SCENE (115) FROM SCENE (116)                                                                                                                                                                                                                              |                                         |                                                |                                                     |
| SSN (95-103)<br><b>151 454421</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |                      | SEX (104)<br><b>Male</b>                                                                                                                                                                                                                                                                                                                                                                                 |                                          | RACE (105)<br><b>White</b>                                                                                                                                                                                                                                                                      |                                               | AGE (106-109)<br><b>33 YRS.</b>                                                                                                                                                                                                                                                                                 |                                          | 1 <input checked="" type="checkbox"/> EMERGENCY 2 <input type="checkbox"/> NON-EMERGENCY                                                                                                                                                                                    |                                         |                                                |                                                     |
| 1 <input checked="" type="checkbox"/> Male 2 <input type="checkbox"/> Female 3 <input type="checkbox"/> Undetermined                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                          |                      | 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Am. Indian 4 <input type="checkbox"/> Hispanic 5 <input type="checkbox"/> Asian 6 <input type="checkbox"/> Other                                                                                                                                                                                            |                                          | 1 <input type="checkbox"/> YRS. 2 <input type="checkbox"/> MOS. 3 <input type="checkbox"/> DAYS                                                                                                                                                                                                 |                                               | 1 <input checked="" type="checkbox"/> MVA 2 <input type="checkbox"/> MC 3 <input type="checkbox"/> BIKES 4 <input type="checkbox"/> PED 5 <input type="checkbox"/> ASSAULT 6 <input type="checkbox"/> FALL 7 <input type="checkbox"/> FIRE 8 <input type="checkbox"/> INTERFAC 9 <input type="checkbox"/> OTHER |                                          | 1 <input type="checkbox"/> URGENT 2 <input type="checkbox"/> NON URGENT 3 <input type="checkbox"/> NON URGENT                                                                                                                                                               |                                         |                                                |                                                     |
| INCIDENT LOCATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |                      | ST. OR HWY. NAME OR NO.<br><b>I-77-5</b>                                                                                                                                                                                                                                                                                                                                                                 |                                          | CITY<br><b>Ridgeway, SC</b>                                                                                                                                                                                                                                                                     |                                               | COUNTY (117-118)<br><b>20</b>                                                                                                                                                                                                                                                                                   |                                          | ZIP CODE (119-123)<br><b>29721</b>                                                                                                                                                                                                                                          |                                         |                                                |                                                     |
| SAFETY EQP (124)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                          |                      | SITE OF INCIDENT (125)                                                                                                                                                                                                                                                                                                                                                                                   |                                          | TREATMENT PROCEDURES (141-174)                                                                                                                                                                                                                                                                  |                                               | DRUGS USED (226-241)                                                                                                                                                                                                                                                                                            |                                          | REVISED TRAUMA SCORE                                                                                                                                                                                                                                                        |                                         |                                                |                                                     |
| 1 <input type="checkbox"/> Seatbelts 2 <input type="checkbox"/> Helmets 3 <input type="checkbox"/> Airbags 4 <input type="checkbox"/> Child Seat 5 <input type="checkbox"/> None 6 <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                            |                                          |                      | 1 <input type="checkbox"/> ROADWAY 2 <input type="checkbox"/> RESIDENCE 3 <input type="checkbox"/> INDUSTRIAL 4 <input type="checkbox"/> RECREATIONAL 5 <input type="checkbox"/> AGRICULTURAL 6 <input type="checkbox"/> OTHER                                                                                                                                                                           |                                          | 01 <input type="checkbox"/> Dressing Applied 02 <input type="checkbox"/> Limb Splinted 03 <input type="checkbox"/> Spine Immobilized 04 <input type="checkbox"/> Neck Immobilized 05 <input type="checkbox"/> CB Assistance 06 <input type="checkbox"/> Oral Airway Used                        |                                               | 07 <input type="checkbox"/> Oxygen Given 08 <input type="checkbox"/> Suction Used 09 <input type="checkbox"/> Antishock Trousers 10 <input type="checkbox"/> Airway Maintained 11 <input type="checkbox"/> Antishock Treatment 12 <input type="checkbox"/> Artificial Resp.                                     |                                          | GCS: (242) EYES 2 (243) VERBAL 3 (244) MOTOR 5<br>GLASGOW 10-3 (253) ANATOMICAL INJ. YES NO                                                                                                                                                                                 |                                         |                                                |                                                     |
| PRELIMINARY IMPRESSIONS (MARK NO MORE THAN 4) (126-137)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                          |                      | PRIMARY IMPRESSION (138-140)                                                                                                                                                                                                                                                                                                                                                                             |                                          | TREATMENT PROCEDURES (141-174)                                                                                                                                                                                                                                                                  |                                               | DRUGS USED (226-241)                                                                                                                                                                                                                                                                                            |                                          | REVISED TRAUMA SCORE                                                                                                                                                                                                                                                        |                                         |                                                |                                                     |
| 003 <input type="checkbox"/> Seizure 004 <input type="checkbox"/> Diabetic 011 <input type="checkbox"/> Abrasion/Contusions 013 <input type="checkbox"/> Laceration 023 <input type="checkbox"/> Fracture                                                                                                                                                                                                                                                                                                                                                                                      |                                          |                      | 024 <input checked="" type="checkbox"/> Multitrauma/Shock 030 <input checked="" type="checkbox"/> Head Injury 032 <input type="checkbox"/> Spinal Injury 064 <input type="checkbox"/> Stroke 051 <input type="checkbox"/> G.I. Problems                                                                                                                                                                  |                                          | 074 <input type="checkbox"/> Respiratory Distress 080 <input type="checkbox"/> Coronary Problems 083 <input type="checkbox"/> Cardiac Arrest                                                                                                                                                    |                                               | 01 <input type="checkbox"/> Dressing Applied 02 <input type="checkbox"/> Limb Splinted 03 <input type="checkbox"/> Spine Immobilized 04 <input type="checkbox"/> Neck Immobilized 05 <input type="checkbox"/> CB Assistance 06 <input type="checkbox"/> Oral Airway Used                                        |                                          | 07 <input type="checkbox"/> Oxygen Given 08 <input type="checkbox"/> Suction Used 09 <input type="checkbox"/> Antishock Trousers 10 <input type="checkbox"/> Airway Maintained 11 <input type="checkbox"/> Antishock Treatment 12 <input type="checkbox"/> Artificial Resp. |                                         |                                                |                                                     |
| HCFA CODES (175-180)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                          |                      | ADVANCED PROCEDURES (180-223)                                                                                                                                                                                                                                                                                                                                                                            |                                          | DRUGS USED (226-241)                                                                                                                                                                                                                                                                            |                                               | REVISED TRAUMA SCORE                                                                                                                                                                                                                                                                                            |                                          | VITAL SIGNS                                                                                                                                                                                                                                                                 |                                         |                                                |                                                     |
| 1 <input type="checkbox"/> Head 2 <input type="checkbox"/> Face 3 <input type="checkbox"/> Neck 4 <input type="checkbox"/> Chest 5 <input type="checkbox"/> Abdomen 6 <input type="checkbox"/> Hip/Pelvis 7 <input type="checkbox"/> Upper Ext. 8 <input type="checkbox"/> Lower Ext. 9 <input type="checkbox"/> Back                                                                                                                                                                                                                                                                          |                                          |                      | 1 <input type="checkbox"/> External FACING 2 <input type="checkbox"/> Blood Drainage 3 <input type="checkbox"/> IV Started Gauge 4 <input type="checkbox"/> IV Started Gauge 5 <input type="checkbox"/> IV Started Gauge 6 <input type="checkbox"/> IV Started Gauge 7 <input type="checkbox"/> IV Started Gauge 8 <input type="checkbox"/> IV Started Gauge 9 <input type="checkbox"/> IV Started Gauge |                                          | 1 <input type="checkbox"/> REG. 2 <input type="checkbox"/> REG. 3 <input type="checkbox"/> REG. 4 <input type="checkbox"/> REG. 5 <input type="checkbox"/> REG. 6 <input type="checkbox"/> REG. 7 <input type="checkbox"/> REG. 8 <input type="checkbox"/> REG. 9 <input type="checkbox"/> REG. |                                               | 1 <input type="checkbox"/> REG. 2 <input type="checkbox"/> REG. 3 <input type="checkbox"/> REG. 4 <input type="checkbox"/> REG. 5 <input type="checkbox"/> REG. 6 <input type="checkbox"/> REG. 7 <input type="checkbox"/> REG. 8 <input type="checkbox"/> REG. 9 <input type="checkbox"/> REG.                 |                                          | BP 117/75 PULSE 91 RESPIRATIONS 20 PUPIL 4 LEVEL OF CONSC. U TIME 0640                                                                                                                                                                                                      |                                         |                                                |                                                     |
| EXPOSURE TO PT'S BODY FLUIDS (258)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                          |                      | 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO                                                                                                                                                                                                                                                                                                                                             |                                          | 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO                                                                                                                                                                                                                                    |                                               | 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO                                                                                                                                                                                                                                                    |                                          | 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO                                                                                                                                                                                                                |                                         |                                                |                                                     |
| 1st Responder (257) 1 <input checked="" type="checkbox"/> YES Name <b>Fairfield Co EMS</b> 2 <input type="checkbox"/> NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          |                      | COMMENTS (INCLUDE CHIEF COMPLAINTS, OBSERVATIONS AT SCENE, RESPONSE TO STIMULI)                                                                                                                                                                                                                                                                                                                          |                                          | COMMENTS (INCLUDE CHIEF COMPLAINTS, OBSERVATIONS AT SCENE, RESPONSE TO STIMULI)                                                                                                                                                                                                                 |                                               | COMMENTS (INCLUDE CHIEF COMPLAINTS, OBSERVATIONS AT SCENE, RESPONSE TO STIMULI)                                                                                                                                                                                                                                 |                                          | COMMENTS (INCLUDE CHIEF COMPLAINTS, OBSERVATIONS AT SCENE, RESPONSE TO STIMULI)                                                                                                                                                                                             |                                         |                                                |                                                     |
| It found supine on spine board being restrained by several EMS & Fire Personnel - R is extremely combative. Responds to pain & extremity withdrawal, inappropriate verbal & opens eyes to pain. GCS 10. Per EMS, pt was rear seat pass of small veh traveling @ high rate of speed. Pt was thrown from rear seat to front striking windshield & was entrapped. Skin - Cold & dry. Unable to assess pupils or breath sounds at this time due to combativeness. Pt spontaneously moves all extremities. Unable to complete pt assessment @ this time due to uncontrollable pt. With help of many |                                          |                      | Patient Care Form Left In (258): 1 <input type="checkbox"/> ED 2 <input type="checkbox"/> ICU 3 <input type="checkbox"/> OTHER <b>EMS personnel, 12911 LR to RAC</b>                                                                                                                                                                                                                                     |                                          | Patient Care Form Left In (258): 1 <input type="checkbox"/> ED 2 <input type="checkbox"/> ICU 3 <input type="checkbox"/> OTHER <b>EMS personnel, 12911 LR to RAC</b>                                                                                                                            |                                               | Patient Care Form Left In (258): 1 <input type="checkbox"/> ED 2 <input type="checkbox"/> ICU 3 <input type="checkbox"/> OTHER <b>EMS personnel, 12911 LR to RAC</b>                                                                                                                                            |                                          | Patient Care Form Left In (258): 1 <input type="checkbox"/> ED 2 <input type="checkbox"/> ICU 3 <input type="checkbox"/> OTHER <b>EMS personnel, 12911 LR to RAC</b>                                                                                                        |                                         |                                                |                                                     |
| TIME RECORD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |                      | DHEC PERMIT NO. (291-295)                                                                                                                                                                                                                                                                                                                                                                                |                                          | ATTENDANT'S SIGNATURE & CERTIFICATION NO.                                                                                                                                                                                                                                                       |                                               | TIME RECORD                                                                                                                                                                                                                                                                                                     |                                          | DHEC PERMIT NO. (291-295)                                                                                                                                                                                                                                                   |                                         |                                                |                                                     |
| RUN DATE (259-266)<br>MONTH <b>12</b> DAY <b>2</b> YEAR <b>2014</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          |                      | 79507                                                                                                                                                                                                                                                                                                                                                                                                    |                                          | T. Larson                                                                                                                                                                                                                                                                                       |                                               | Call Received: (270-274)<br>0615                                                                                                                                                                                                                                                                                |                                          |                                                                                                                                                                                                                                                                             | 79507                                   |                                                |                                                     |
| Call Dispatched: (271-274)<br>0615                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                          |                      | RECEIVING AGENCY (296-299)<br>2015                                                                                                                                                                                                                                                                                                                                                                       |                                          | 2ND ATTENDANT/DRIVER (303-313)<br>M. Muen                                                                                                                                                                                                                                                       |                                               | Dispatched: (275-278)<br>0631                                                                                                                                                                                                                                                                                   |                                          |                                                                                                                                                                                                                                                                             | SENDING AGENCY (300-303)<br>0631        |                                                |                                                     |
| Arrive Scene: (279-282)<br>0631                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                      | PROVIDER TIME (OPTIONAL)<br>0631                                                                                                                                                                                                                                                                                                                                                                         |                                          | 3RD ATTENDANT/DRIVER (314-318)<br>-                                                                                                                                                                                                                                                             |                                               | Arrive Destination: (287-290)<br>0706                                                                                                                                                                                                                                                                           |                                          |                                                                                                                                                                                                                                                                             | RECEIVING NURSE OR PHYSICIAN<br>J. Muen |                                                |                                                     |
| CAUSE OF DELAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                          |                                          |                                                                                                                                                                                                                                                                                                 |                                               |                                                                                                                                                                                                                                                                                                                 |                                          |                                                                                                                                                                                                                                                                             |                                         |                                                |                                                     |

DHEC 1050 REV. (01/2004)

EMS PROVIDER COPY

REPORT NO. (1-9) 785897

Trauma, MOA1047

|                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                          | <b>South Carolina Patient Care Report<br/>Supplemental Form<br/>Division of Emergency Medical Services</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Report Number: <u>285827</u> Provider Number: <u>14501</u> Trip Number: <u>5879</u> Date: <u>11/17/04</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Patient Name: _____                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Address: _____                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Time                                                                                                      | Notes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                           | WD rate. CF crew elected to utilize RSI Protocol prior to Placement into helo. Pt is approx 100 kg. Pt given 30 mg Etomidate IV for induction. Effect p 3 min. Pt given 200 mg Anectine IV for Temp. Paralysis. Effect p 3-5 min. 2nd v-lb given (C)AC & help of Personnel. Pt given 10mg Narcuron for paralysis. Pt finally completely relaxed. Pt orally intubated on 1st attempt by P Stonehill EMT P 6 tube (8.0) visualized passing through vocal cords. Good bbs. Condensation in tube. & gastric sounds. Tube inflated, Secured w/ 2 teeth & Thomas holder. Head's Pt moved to helo. 100% SpO2 on 100% O2 via bvm. Sr. on Monitor. IV fluids A'd to warmed cr d. gns. Head/Face Stable. Partial degloving int. to scalp & multiple lacerations & abrasions to face. Pupils un- (R) Pupil 7mm & non react (L) Pupil 2mm & non react. (C) Jvd. Trachea midline. Chest Stable & Symmetrical. Abd Soft. Poss Pelvic/Hip Fx (L) Ext shortened & externally rotated. (C) Femur Fx. All other extremities Stable. Strong per pulses to all. Pt transported to Partner's further A's. Breath sounds re confirmed upon Placement to EV Stretcher. Taken to TR #1 & oral report to Trauma Team. ET Confirmed By Dr. |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Signatures & Numbers                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Attendant A: <u>[Signature]</u> <u>81961</u><br><small>Name No.</small>                                   | Attendant B: <u>T. Larson, RN</u> <u>X</u><br><small>Name No.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

DHEC 1060 (01/1/998)

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Patient Id La

TRAUMA, M041047  
0432200255  
MR 012373576 EMS, EMS  
08/08/80 24Y M  
0000000000000000

## CAREFORCE

### Medical Necessity Form

Date: 11/17/04 Patient Name: Clark, James Flight # 5879  
From: Fairfield Co EMS To: PRMH  
Requested by (name): Fairfield Co EMS DHEC # \_\_\_\_\_ Initials FN/FM: \_\_\_\_\_

#### Complete For All Patients

##### General Criteria for Air Transport:

- ☐ Required therapeutic regimen must be initiated within limited time frame.
- ☐ Safe and legal transfer requires nurse and/or paramedic, at minimum.
- ☐ Land transport would be hazardous and delayed due to road and/or traffic conditions.
- ☒ Critical care/ALS environment required during transfer.
- ☐ Time of transfer between critical care units must be minimized.
- ☐ Complicated medical history required transfer to patient's primary physician.
- ☐ Equipment and/or personnel to care for injury/illness not available.
- ☐ Patient required specialized interventions/tests not available at referring facility.
- ☐ Disaster/Triage decision.
- ☐ No other mode of transportation available.
- ☐ Other: \_\_\_\_\_

##### Adult Medical Criteria

- ☐ Acute poisoning: ☐ Carbon Monoxide  
☐ Other: \_\_\_\_\_
- ☐ Cardiopulmonary arrest and cardiopulmonary cerebral resuscitation
- ☐ Cardiac Failure
  - ☐ Acute MI
  - ☐ Anticoagulation/TPA
  - ☐ Balloon pump
  - ☐ Dysrhythmias not responsive to standard therapies
  - ☐ Open heart surgery/PTCA
  - ☐ Unstable angina
- ☐ Central Nervous System illness, requires intracranial pressure monitor
- ☐ Hematologic Condition: ☐ D/C  
☐ Other: \_\_\_\_\_
- ☐ Infectious Disease: \_\_\_\_\_
- ☐ Metabolic or Fluid and Electrolyte Imbalance:
  - ☐ Diabetic Ketoacidosis
  - ☐ Refractory Acidosis
  - ☐ Renal failure
- ☐ Multi-System failure:
  - ☐ Near Drowning
  - ☐ Septic Shock
- ☐ Respiratory failure, Pulmonary complications:
  - ☐ ARDS ☐ Edema
  - ☐ COPD ☐ Pulmonary emboli
- ☐ Other: \_\_\_\_\_

##### Adult Surgical Criteria

- ☐ Neurosurgical: space-occupying lesion
  - ☐ Diffuse cerebral edema
  - ☐ Surgery urgently required
- ☐ Replantation/Microsurgery
- ☐ Thoracic/abdominal aneurysm requiring repair
- ☐ Transplantation
- ☐ Other: \_\_\_\_\_

##### Perinatal Criteria

##### Maternal: Obstetrical

- ☐ Condition resulting in probable birthweight less than 2000 gm or gestation less than 34 weeks
  - ☐ Intrauterine growth retardation
  - ☐ Multiple gestation
  - ☐ Premature dilation of cervix
  - ☐ Rh iso-immunization
  - ☐ Severe pre-eclampsia
  - ☐ Other hypertensive complication
  - ☐ 3rd trimester bleeding
  - ☐ Other: \_\_\_\_\_
- ☐ Premature labor (expected birthweight less than 2000 gm or gestation less than 34 weeks)
- ☐ Premature rupture of membranes (as above)

(next page for Maternal Medical, Surgical, Neonatal, Pediatric, Trauma and Signature)

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Clark, James  
Trauma, M041047

**Perinatal (continued)**

**Maternal: Medical**

- ☐ Diabetes mellitus, poorly controlled
- ☐ Drug Overdose
- ☐ Infection that may cause premature birth:
  - ☐ Hepatitis
  - ☐ Influenza
  - ☐ Other: \_\_\_\_\_
- ☐ Pneumonia
- ☐ Pyelonephritis

**Maternal: Surgical**

- ☐ Acute abdominal injury, gestation less than 34 weeks, fetus less than 2000 gms
- ☐ Thoracic emergency. Intensive care or surgery required.
- ☐ Trauma:
  - ☐ May cause premature onset of labor
  - ☐ Personnel/equipment not available locally

**Neonatal Clinical Criteria**

- ☐ Congenital malformation(s) requiring surgery or observation
- ☐ Gestation less than 34 weeks or weight less than 2000 gms
- ☐ Hemolytic disease
- ☐ Hypoglycemia
- ☐ Mother is: ☐ Diabetic ☐ Taking dangerous drugs
- ☐ Neonatal blood loss
- ☐ Neonatal cardiac disorder with persisting cyanosis
- ☐ Progressive respiratory distress syndrome
- ☐ Respiratory distress or metabolic acidosis persisting 2 hours after birth
- ☐ Seizures
- ☐ Sepsis, infection or meningitis
- ☐ Shock or asphyxia persisting beyond 2 hours
- ☐ Ventilatory support required more than 1 hour
- ☐ Other condition requiring more than routine care: \_\_\_\_\_

**Pediatric Clinical Criteria**

- ☐ Cardiopulmonary arrest and cardiopulmonary cerebral resuscitation
- ☐ Cardiovascular System: ☐ CHF
  - ☐ Shock
  - ☐ Other: \_\_\_\_\_
- ☐ Central Nervous System
  - ☐ Increased Intracranial Pressure
  - ☐ Meningitis
  - ☐ Status Epilepticus
  - ☐ Reyes Syndrome
  - ☐ Unconsciousness
- ☐ Hematologic Condition ☐ D/C
- ☐ Other: \_\_\_\_\_

Comments: \_\_\_\_\_

In my opinion, air transport is required for this patient for the reasons indicated above.

Date

11/17/04

Physician Signature

Print Full Name

\_\_\_\_\_

- ☐ Metabolic and Electrolyte Disturbances:
  - ☐ Dehydration
  - ☐ Glucose, Ca++, K+, Na++, Mg+++ derangement
- ☐ Multi-System Complication:
  - ☐ Acute poisoning
  - ☐ Asphyxia
  - ☐ Diabetic ketoacidosis
  - ☐ Near drowning
- ☐ Pediatric team and/or specialized equipment required
- ☐ Respiratory failure or other respiratory condition:
  - ☐ Alveolar/Interstitial Disease
  - ☐ Lower Airway Obstruction
  - ☐ Upper Airway Obstruction
- ☐ Trauma, less than 14 years old (see trauma checklist)
- ☐ Condition complicated by congenital anomalies and/or chronic illness
- ☐ Other: \_\_\_\_\_

**Trauma Clinical Criteria**

- ☐ Age less than 14 or greater than 55 years
- ☐ Amputation or near amputation; requires rapid transport for replantation
- ☐ Blunt thoracic or abdominal injury with respiratory compromise or hemodynamic instability
- ☐ Burns:
  - ☐ More than 25% of body surface area
  - ☐ Major burns of face, hands, feet, or perineum
- ☐ Fall from height greater than 20 feet
- ☒ M.V.A.:
  - ☐ Associated fatalities
  - ☒ Patient ejected from vehicle
  - ☐ Extrication time greater than 15 minutes
  - ☒ Speed greater than 55 m.p.h.
  - ☐ Structural intrusion into victim's space
- ☐ Multiple orthopedic injuries
- ☒ Orofacial trauma requiring placement of airway
- ☐ Paralysis of extremities
- ☐ Pedestrian, struck by vehicle and thrown more than 15 feet
- ☐ Penetration injury, any part of body between mid-thigh and head
- ☒ Scalping or "degloving" injury
- ☐ Spinal immobilization and rapid, smooth transport necessary due to worsening motor sensory status
- ☒ Time by land to Trauma Center greater than 15 minutes
- ☐ Champion Trauma Score of 12 or less
- ☒ Glasgow Coma Score of 10 or less
- ☐ Other Serious Risk factor(s): \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

TRAUMA M041047  
0432200255  
MR 012373576 247  
09/08/80  
EMS/EMS

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**MedServ AMT  
Charge Sheet**

Patient Name: Clark, James

Address: \_\_\_\_\_

Date of Service: \_\_\_\_\_ Flight # 5079

| Description                                                                 | Quantity         |
|-----------------------------------------------------------------------------|------------------|
| Base Lift Off Fee                                                           | ✓                |
| Loaded Mileage Fee (statute miles = nautical miles X 1.15)                  | 23 statute miles |
| Waiting Time (per 1/2 hour after first 1/2 hour)                            |                  |
| Pharmaceuticals (put check under Quantity and attach Pharmacy Charge Sheet) | ✓                |
| IV Start                                                                    | ✓                |
| IV Pump Cassette                                                            |                  |
| Intraosseous                                                                |                  |
| Ambu Bags                                                                   | ✓                |
| Intubation Supplies                                                         | ✓                |
| Ventilator Supplies                                                         |                  |
| Ventilator                                                                  |                  |
| ETCO2 Probe                                                                 | ✓                |
| Oxygen                                                                      | ✓                |
| O <sub>2</sub> Mask                                                         |                  |
| Suction Supplies                                                            | ✓                |
| Protective Gear/Universal Precautions                                       |                  |
| Cardiac Monitor Supplies                                                    | ✓                |
| Pacing Pads                                                                 |                  |
| O2 Saturation Probe                                                         | ✓                |

Completed by: T. Carson, Jr.

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**MedServ Air Medical Transport  
Pharmacy Charge Sheet**

Patient Name: Clark, James

Date of Service: \_\_\_\_\_ Flight # 5879

| Description                                     | Concentration        | Quantity |
|-------------------------------------------------|----------------------|----------|
| Adenosine                                       | 3mg/ml (2ml)         |          |
| Albuterol Sulfate Sol.                          | 2.5mg/3ml            |          |
| Amiodarone Vial                                 | 150mg/3ml            |          |
| Atropine Abboject                               | 1mg/10ml             |          |
| Brethium Tosylate Vial                          | 500mg/10ml           |          |
| Calcium Chloride Vial 10%                       | 1gm/10ml             |          |
| DSW-1/4 NS Bag                                  | 500 ml               |          |
| Dextrose Bag 5%                                 | 250ml                |          |
| Epinephrine 1:1,000                             | 30ml                 |          |
| Epinephrine Abboject 1:10,000                   | 1mg/10ml             |          |
| Etonidate                                       | 40mg/20ml            | ①        |
| Fentanyl Amp                                    | 100mcg/2ml           |          |
| Fentanyl                                        | 250mcg/5ml           |          |
| Flumazenil Vial (Romazicon)                     | 0.5mg/5ml            |          |
| Furosemide Vial (Lasix)                         | 10mg/ml (10ml)       |          |
| Haldol Amp                                      | 5mg                  |          |
| Heparin Vial                                    | 10,000units/ml (4ml) |          |
| Ketamine                                        | 10mg/ml              |          |
| Lactated Ringers                                | 1000ml               | ①        |
| Lidocaine Abboject 2%                           | 100mg/5ml            |          |
| Lidocaine Premix Bag                            | 1gm/250ml            |          |
| Lorazepam Vial                                  | 2mg/ml-10ml          |          |
| Magnesium Sulfate Vial                          | 5gm/10ml             |          |
| Mannitol Vial 25%                               | 50ml                 |          |
| Meperidine Inj (Demerol)                        | 50mg/ml              |          |
| Methylprednisolone Vial (Solu-Medrol)           | 2gm                  |          |
| Midazolam Vial (Versed)                         | 10mg/2ml             |          |
| Midazolam Vial                                  | 1mg/ml-10ml          |          |
| Mivacurium Vial (Mivacron)                      | 40mg/20ml            |          |
| Morphine Sulfate Vial                           | 10mg/ml              |          |
| Naloxone Vial (Narcan)                          | 10mg/10ml            |          |
| Nitroglycerine Vial (Pro-mix)                   | 50mg/10ml            |          |
| Phenobarbital                                   | 130mg/1ml            |          |
| Phenobarbital                                   | 65mg/ml              |          |
| Procainamide Vial                               | 1gm/10ml             |          |
| Promethazine Amp                                | 25mg/ml              |          |
| Racopinephrine Sol.                             | 2.25% (1.5ml)        |          |
| Sodium Nitroprusside Vial (Nitropruss, Nipride) | 50mg/2ml             |          |
| Sodium Bicarbonate Abboject (8.4%)              | 1mEq/ml (50ml)       | ①        |
| Succinylcholine Vial (Anectine)                 | 20mg/ml (10ml)       | ①        |
| 0.9% NaCl (Sodium Chloride) for Inj             | 50ml                 | ①        |
| 0.9% NaCl Bag (Sodium Chloride) for Inj         | 1000ml               |          |
| 0.9% NaCl Bag (Sodium Chloride) for Inj         | 250ml                |          |
| 0.9% NaCl (Sodium Chloride) for Inhalation      | 15ml                 |          |
| 3% NaCl Bag                                     | 500 ml               |          |
| Sterile Water                                   | 20ml                 |          |
| Vecuronium Vial                                 | 10mg/10ml            | ①        |

**Pediatric Transport Medication List**

| Description                                  | Concentration | Quantity |
|----------------------------------------------|---------------|----------|
| Adenosine                                    | 6mg/2ml       |          |
| Amiodarone                                   | 150mg/3ml     |          |
| Ampicillin                                   | 1gm           |          |
| Atropine Abboject                            | 1mg/10ml      |          |
| Calcium Chloride 10% Abboject                |               |          |
| Cefotaxime                                   | 1gm           |          |
| Dexamethasone                                | 4mg/ml-5ml    |          |
| Dextrose 50% Abboject                        |               |          |
| Furosemide                                   | 20mg/2ml      |          |
| Inulin, Regular                              | 1000ml-10ml   |          |
| Magnesium Sulfate 50%                        | 2ml           |          |
| Mannitol (with filter needle) Vial           | 12.5gm/50ml   |          |
| Methylprednisolone                           | 125mg/2ml     |          |
| Naloxone Adult                               | 2mg/2ml       |          |
| Phenytoin                                    | 100mg/2ml     |          |
| Phytonadione Fed                             | 1mg/0.5ml     |          |
| Sodium Bicarbonate Pediatric (4.2%) Abboject |               |          |
| Tylenol Suppository                          | 650mg         |          |
| Tylenol Suppository                          | 120mg         |          |

Careforce Communications  
Five Richland Medical Park Dr.  
Columbia, SC 29203  
(803) 434-2264

Activity Log for Request # 0411-2357-A

Print Date: 11/17/04

Page 3

11/17/04

06:14 New request from Fairfield Co Ems  
06:15 N911RC: Plt Notified : FAIRFIELD COUNTY  
06:15 N911RC: Wx Confirmed  
06:15 Queued Page Aall Call E-Mail: CAREFORCE RESPOND N911RC 6DG 17nm Scene Fairfield Co Ems  
Winnsboro, SC LAT: 34-18.47'N LON: 081-00.00'W FLIGHT # 5879  
06:15 N911RC: Dispatched from Richland Mem Hspt  
06:21 Depart: 34°01.67'N 081°01.99'W ETE: :12 Fuel:2:10 Souls: 4  
06:31 Arrive: 34°21.52'N 080°59.84'W FAIRFIELD COUNTY  
06:52 Depart: 34°21.52'N 080°59.84'W ETE: :10 Fuel:1:20 Souls: 5  
07:06 Arrive: 34°01.67'N 081°01.99'W Richland Mem Hspt  
07:06 Request Completed



**CAREFORCE**

303 MARSHALL ROAD, BOX 170  
PLATTE CITY, MO 64079  
(866) 271-4100

Patient name: CLARK, JAMES

Run number: 04-20094  
Date of call: 11/17/2004  
Incident Number: 737-045879

JAMES CLARK  
PO BOX 3011 - 1603 RUTH STREET  
LANCASTER, SC 29721

From: SCENE  
To: Palmetto Richland Memorial Hospital

Primary payor: AIG  
CLM # 0400584276  
Secondary payor: Private Payment

| Description               | Check # | Quantity | Unit price | Payment date | Amount   |
|---------------------------|---------|----------|------------|--------------|----------|
| Base Lift Fee             |         | 1        | 5,500.00   |              | 5,500.00 |
| Statute Mileage           |         | 23       | 65.00      |              | 1,495.00 |
| Oxygen                    |         | 1        | 35.00      |              | 35.00    |
| Ambu Bags                 |         | 1        | 40.00      |              | 40.00    |
| Suction                   |         | 1        | 25.00      |              | 25.00    |
| O2 Sat. Probe             |         | 1        | 30.00      |              | 30.00    |
| Cardiac Monitor           |         | 1        | 45.00      |              | 45.00    |
| Normal Saline 0.9% 1000ml |         | 1        | 5.00       |              | 5.00     |
| Succinylcholine 20mg/ml   |         | 1        | 5.00       |              | 5.00     |
| Vecuronium Vial 10mg      |         | 1        | 19.00      |              | 19.00    |
| Etomidate 40mg/vial       |         | 1        | 180.00     |              | 180.00   |
| IV Start                  |         | 1        | 40.00      |              | 40.00    |
| Lactated Ringers Bag      |         | 1        | 5.00       |              | 5.00     |
| Intubation                |         | 1        | 25.00      |              | 25.00    |
| ETC02 Probe               |         | 1        | 40.00      |              | 40.00    |

PLEASE PAY THIS AMOUNT: **\$7,489.00**

DETACH ALONG ABOVE LINE AND RETURN STUB WITH YOUR PAYMENT. THANK YOU.

Patient name: CLARK, JAMES

Run number: 04-20094  
Current date: 09/16/2005  
Incident Number: 737-045879

Amount enclosed: \$   
Due on: 9/26/2005

Remit to: **CAREFORCE**  
303 MARSHALL ROAD  
BOX 170  
PLATTE CITY, MO 64079

T.I.N.: 43-1853924

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R 236

# CareForce Intubation Documentation

(Patient Identification Sticker / Stamp Pad)

TRM 041047

Date: 11/17/04

Intubated By: P Stonehill

Intubated due to:

- ☐ Respiratory Distress
- ☒ Combativeness
- ☐ Glasgow Coma Scale 8 or less
- ☒ Other: Multi System Trauma

Intubation:

- ☒ Proper Placement
- ☐ Right Mainstem
- ☐ Left Mainstem
- ☐ Esophageal Intubation
- ☐ Comments:

Tube Placement Confirmed By:

(Name—Please Print)

(Signature)

Pamh  
(Facility)



## OUTPATIENT REGISTRATION

|                                                                                      |          |                                       |          |                                         |                                                  |                       |            |             |           |                |             |                                 |
|--------------------------------------------------------------------------------------|----------|---------------------------------------|----------|-----------------------------------------|--------------------------------------------------|-----------------------|------------|-------------|-----------|----------------|-------------|---------------------------------|
| PATIENT ACCOUNT NO.<br>0432200255                                                    |          | SERVICE DATE & TIME<br>11/17/04 09:08 |          | DISCHARGE DATE & TIME                   |                                                  | REG. BY<br>KCT        | PRG<br>IPR | AGE<br>SUR7 | DOB<br>01 | STATION<br>STU | ROOM<br>BED | MEDICAL RECORD NO.<br>012373578 |
| DATE OF BIRTH<br>12/12/71                                                            | SEX<br>M | RACE<br>B1                            | AGE<br>M | 32Y                                     | PREV. ADMIT                                      | PREV. ADMIT DATE      |            |             |           |                |             |                                 |
| NAME AND ADDRESS<br>CLARK, JAMES<br>P.O BOX 3011<br>LANCASTER SC 29721               |          | SOCIAL SECURITY NUMBER<br>251-45-4421 |          | COUNTY EMPLOYER<br>LANCASTER<br>PYRAMID |                                                  |                       |            |             |           |                |             |                                 |
| DENOMINATION                                                                         |          | CHURCH                                |          | ADVANCE DIRECTIVE                       |                                                  | DISCHARGE DATE & TIME |            |             |           |                |             |                                 |
| NAME AND ADDRESS<br>CLARK, JAMES<br>P.O BOX 3011<br>LANCASTER SC 29721               |          | SOCIAL SECURITY NUMBER<br>251-45-4421 |          | REL<br>Q                                | EMPLOYER<br>PYRAMID                              |                       |            |             |           |                |             |                                 |
|                                                                                      |          | PHONE<br>(803)283-3991                |          | PHONE                                   |                                                  |                       |            |             |           |                |             |                                 |
| NOTIFY IN CASE OF EMERGENCY<br>CLARK, KIMBERLY<br>P.O BOX 3011<br>LANCASTER SC 29721 |          | SPOUSE                                |          | REL                                     | NEXT OF KIN                                      |                       |            |             |           |                |             |                                 |
|                                                                                      |          | PHONE<br>(803)263-3981                |          | PHONE                                   |                                                  |                       |            |             |           |                |             |                                 |
| SELF-PAY<br>TRAUMA, M041047                                                          |          | 3rd IN5                               |          |                                         |                                                  |                       |            |             |           |                |             |                                 |
| ADMITTING DIAGNOSIS/REF COMPLAINT<br>TRAUMA MVC/911                                  |          |                                       |          |                                         | PHYSICIAN<br>MORRISON, JAMES E SUR (803)256-2657 |                       |            |             |           |                |             |                                 |
|                                                                                      |          |                                       |          |                                         | REFERRING PHYSICIAN                              |                       |            |             |           |                |             |                                 |

**INPATIENT  
ADMISSION FORM**

CHART COPY

|                                                                                      |  |                                        |  |                                   |  |                     |  |                               |  |                                                  |  |                                |  |                                 |  |                     |  |               |  |
|--------------------------------------------------------------------------------------|--|----------------------------------------|--|-----------------------------------|--|---------------------|--|-------------------------------|--|--------------------------------------------------|--|--------------------------------|--|---------------------------------|--|---------------------|--|---------------|--|
| PATIENT ACCOUNT NO.<br>0432200255                                                    |  | SERVICE DATE & TIME<br>11/17/04 09:06  |  | DISCHARGE DATE & TIME<br>11-17-04 |  | REG. BY<br>KCT      |  | PT TYPE<br>IPR                |  | AC SV CODE<br>P SUR 7. 1 N 26                    |  | STATION ROOM BED<br>7E 0748-01 |  | MEDICAL RECORD NO.<br>012373576 |  |                     |  |               |  |
| ACCIDENT TYPE<br>YES 1                                                               |  | ACCIDENT DATE & TIME<br>11/17/04 06:12 |  | DENOMINATION                      |  | CHURCH              |  | PUBLICITY - LIVING WILL<br>NO |  |                                                  |  |                                |  |                                 |  |                     |  |               |  |
| NAME AND ADDRESS<br>CLARK, JAMES<br>PO BOX 3011<br>LANCASTER SC 29721                |  | SOCIAL SECURITY NUMBER<br>251-45-4421  |  | COUNTY<br>LANCASTER               |  | EMPLOYER<br>PYRAMID |  | OCCUPATION                    |  | STATUS                                           |  | PHONE                          |  |                                 |  |                     |  |               |  |
| MOTHER'S NAME<br>LANCASTER                                                           |  | PLACE OF BIRTH<br>LANCASTER            |  | SEX<br>M                          |  | RACE<br>81          |  | MS<br>M                       |  | DATE OF BIRTH<br>12/12/71                        |  | AGE<br>33Y                     |  | PREVIOUS ADMIT<br>Unk           |  | PREVIOUS ADMIT DATE |  | PREVIOUS NAME |  |
| NAME AND ADDRESS<br>CLARK, JAMES<br>PO BOX 3011<br>LANCASTER SC 29721                |  | SOCIAL SECURITY NUMBER<br>251-45-4421  |  | REL<br>Q                          |  | EMPLOYER<br>PYRAMID |  | OCCUPATION                    |  | STATUS                                           |  | PHONE<br>(803)283-3991         |  |                                 |  |                     |  |               |  |
| NOTIFY IN CASE OF EMERGENCY<br>CLARK, KIMBERLY<br>PO BOX 3011<br>LANCASTER SC 29721  |  | REL<br>SPOUSE                          |  | NEXT OF KIN                       |  | REL                 |  | PHONE<br>(803)283-3991        |  |                                                  |  |                                |  |                                 |  |                     |  |               |  |
| DSS/MIAP<br>CLARK, JAMES<br>PENDING<br>FIVE RICHLAND MEDICAL PK<br>COLUMBIA SC 29203 |  |                                        |  |                                   |  |                     |  |                               |  |                                                  |  |                                |  |                                 |  |                     |  |               |  |
| ADMITTING DIAGNOSIS/CHIEF COMPLAINT<br>TRAUMA MVC/911                                |  |                                        |  |                                   |  |                     |  |                               |  | PHYSICIAN<br>MORRISON, JAMES E SUR (803)256-2657 |  |                                |  |                                 |  |                     |  |               |  |
| COMMENT                                                                              |  |                                        |  |                                   |  |                     |  |                               |  | REFERRING PHYSICIAN                              |  |                                |  |                                 |  |                     |  |               |  |

**THIS SECTION FOR INPATIENT USE (ER/OUTPATIENT OPTIONAL)**

**DRG DATA**

|                                                                                                              |  |                                                                     |  |                                                                                                                                                                              |  |                     |  |                                          |  |
|--------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------|--|------------------------------------------|--|
| HX OF RESISTANT ORG                                                                                          |  | GENERAL CONSENT SIGNED                                              |  | ORGAN DONOR                                                                                                                                                                  |  | CODE NUMBER         |  | PROVISIONAL DRG:                         |  |
| FINAL DIAGNOSIS                                                                                              |  |                                                                     |  |                                                                                                                                                                              |  |                     |  | ALOS:                                    |  |
|                                                                                                              |  |                                                                     |  |                                                                                                                                                                              |  |                     |  | DATE ASSIGNED                            |  |
|                                                                                                              |  |                                                                     |  |                                                                                                                                                                              |  |                     |  | FINAL DRG:                               |  |
|                                                                                                              |  |                                                                     |  |                                                                                                                                                                              |  |                     |  | DISCHARGE STATUS:                        |  |
|                                                                                                              |  |                                                                     |  |                                                                                                                                                                              |  |                     |  | PROJECTED                                |  |
|                                                                                                              |  |                                                                     |  |                                                                                                                                                                              |  |                     |  | 1. HOME/SELF CARE (ROUTINE)              |  |
|                                                                                                              |  |                                                                     |  |                                                                                                                                                                              |  |                     |  | 2. ANOTHER SHORT TERM GENERAL HOSPITAL   |  |
|                                                                                                              |  |                                                                     |  |                                                                                                                                                                              |  |                     |  | 3. SNF                                   |  |
|                                                                                                              |  |                                                                     |  |                                                                                                                                                                              |  |                     |  | 4. CHF                                   |  |
|                                                                                                              |  |                                                                     |  |                                                                                                                                                                              |  |                     |  | 5. HOSPITAL OTHER THAN SHORT TERM        |  |
|                                                                                                              |  |                                                                     |  |                                                                                                                                                                              |  |                     |  | 6. HOME WITH HOME HEALTH CARE SERVICE AD |  |
|                                                                                                              |  |                                                                     |  |                                                                                                                                                                              |  |                     |  | FINAL                                    |  |
|                                                                                                              |  |                                                                     |  |                                                                                                                                                                              |  |                     |  | 1. HOME/SELF CARE (ROUTINE)              |  |
|                                                                                                              |  |                                                                     |  |                                                                                                                                                                              |  |                     |  | 2. ANOTHER SHORT TERM GENERAL HOSPITAL   |  |
|                                                                                                              |  |                                                                     |  |                                                                                                                                                                              |  |                     |  | 3. SNF                                   |  |
|                                                                                                              |  |                                                                     |  |                                                                                                                                                                              |  |                     |  | 4. CHF                                   |  |
|                                                                                                              |  |                                                                     |  |                                                                                                                                                                              |  |                     |  | 5. HOSPITAL OTHER THAN SHORT TERM        |  |
|                                                                                                              |  |                                                                     |  |                                                                                                                                                                              |  |                     |  | 6. HOME WITH HOME HEALTH CARE SERVICE AD |  |
|                                                                                                              |  |                                                                     |  |                                                                                                                                                                              |  |                     |  | 7. LEFT AMA                              |  |
|                                                                                                              |  |                                                                     |  |                                                                                                                                                                              |  |                     |  | 20. EXPIRED                              |  |
|                                                                                                              |  |                                                                     |  |                                                                                                                                                                              |  |                     |  | A - AUTOPSY                              |  |
|                                                                                                              |  |                                                                     |  |                                                                                                                                                                              |  |                     |  | B - IN OP. ROOM                          |  |
|                                                                                                              |  |                                                                     |  |                                                                                                                                                                              |  |                     |  | C - ANESTHESIA                           |  |
|                                                                                                              |  |                                                                     |  |                                                                                                                                                                              |  |                     |  | D - CORONARY CASE                        |  |
|                                                                                                              |  |                                                                     |  |                                                                                                                                                                              |  |                     |  | E - POST OP.                             |  |
| RESULTS<br>OVERLOOKED<br>NOT TREATED<br>DIED UNDER 48 HOURS<br>DIED OVER 48 HOURS<br>NOT IMPROVED<br>AUTOPSY |  | INFECTIONS<br>ONOSOCOMIAL<br>POST-OP<br>OTHER<br>COMMUNITY ACQUIRED |  | I certify that the narrative descriptions of the principal and secondary diagnoses and the major procedures performed are accurate and complete to the best of my knowledge. |  |                     |  |                                          |  |
|                                                                                                              |  |                                                                     |  | DATE                                                                                                                                                                         |  | ATTENDING PHYSICIAN |  | 244                                      |  |

Consultation Report

57770  
CLARK JR, JAMES - R012373576

Result Type: Consultation Report  
Result Date: Thursday, November 18, 2004 3:11 PM  
Result Status: Auth (Verified)  
Encounter info: R0432200255, Richland, IPR-Inpatient, 11/17/2004 - 12/17/2004

**\* Final Report \***

**Transcription**

DATE OF CONSULTATION: 11/17/2004  
REASON FOR CONSULTATION: Head injury.

HISTORY OF PRESENT ILLNESS: This young black male who is status post MVC ejection. Apparently, he was combative at the scene fighting with officers and paramedics. He was intubated prior to arrival. Reported best GCS score as 10. Since arrival to Richland Memorial Hospital he has been chemically paralyzed for radiographic workup and stabilization.

CT scan of the brain shows substantial left to right shift with a thin layer of subdural blood and possible cortical contusions underlying subdural hematoma. ( ) midline shift effacement greatly exceed what is expected from the subdural collection which is approximately 3 mm thick in most regions in the left temporal and frontal lobes.

Past medical history, allergies, and review of systems are all unobtainable.

**PHYSICAL EXAMINATION:**

GENERAL: Black male who appears to be in his mid 20s, lying supine on the ICU bed attached to mechanical ventilator.

HEENT: He has a right lid lag which penetrates down to the upper ridge of the orbit. He has a right hyphema. He also has significant scalp laceration with blood covering the bulk of his frontal area.

NECK: Cervical collar is in place.

HEART: Tachycardiac.

PULMONARY: Rhonchi bilaterally.

ABDOMEN: Flat and soft.

EXTREMITIES: Shows a left tibia traction.

NEUROLOGIC: Comatose on ventilator support. He had received 5 mg IV morphine shortly before attending exam. Moves 4 limbs to sternal rub. He flexes arms. He is not opening his eyes. Pupillary exam: Left pupil is 2 mm, hard to discern any reaction. He has injury to the right eye. The patient blinks and tries to close his left eye.

LABORATORY DATA: CT scan of the cervical spine appears to be negative by our interpretation. Also there is a left femur fracture and aortic injury.

PT 15, sodium 139, blood sugar 211, hemoglobin 12.6.

IMPRESSION: Closed head injury with left hemispheric contusion; subdural hematoma appears too small to warrant surgery at this time.

Printed by: Chaffins, Connie L  
Printed on: 12/21/2004 11:03 AM

Page 1 of 2  
(Continued)

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## Consultation Report

CLARK JR, JAMES - R012373576

RECOMMENDATIONS: We will attempt to place ventricular drain for ICP monitoring, and place on mannitol.

Russell McMurry, MD

Dictated by: Russell D.  
McMurry, ACNP

RM:hs

D: 11/17/2004 5:25 P T: 11/18/2004 3:11 P

Job #: 000687437 T Job #: 457402 Doc #: 607626

cc: Raymond P Bynoe, MD  
Russell D. McMurry, ACNP  
James E Morrison, MD

### Completed Action List:

Printed by: Chaffins, Connie L  
Printed on: 12/21/2004 11:03 AM

Page 2 of 2  
(End of Report)

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R 241

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**PALMETTO HEALTH RICHLAND**  
5 Richland Medical Park Drive  
Columbia, SC 29203  
(803)434-7000

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**TRANSFER SUMMARY**

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|             |                  |         |                  |
|-------------|------------------|---------|------------------|
| PATIENT:    | Clark, James, Jr | DICT:   | Gregory Barefoot |
| MR #:       | 01-23-73-57-6    | DOB:    | 12/12/1971       |
| ADMITTED:   | 11/17/2004       | PT.LOC: | PC2062501        |
| DISCHARGED: | 12/09/2004       |         |                  |

**ADMISSION DIAGNOSES:**

1. Head injury, status post motor vehicle collision.
2. Aortic injury.
3. Left femur fracture.
4. C2 fracture.
5. Hyphema lid injury to the right eye.
6. Left pulmonary contusion.

**TRANSFER DIAGNOSES:**

1. Status post motor vehicle collision with rollover and ejection.
2. Right eye hyphema.
3. Anemia secondary to blood loss.
4. Thrombocytopenia.
5. Hypernatremia.
6. Increased blood urea nitrogen.
7. Hypocalcemia.
8. Increased total bilirubin.
9. Increased alkaline phosphatase.
10. Increased aspartate aminotransferase/alanine aminotransferase.
11. Hypomagnesemia.
12. Meningitis.
13. Hypocalcemia.
14. Protein energy malnutrition.
15. Thyroid dysfunction.
16. Right maxillary sinus fracture.
17. Nasal bone fracture and right orbit fracture with emphysema.
18. Frontal bone fracture.
19. Hyperglycemia.
20. Subdural hematoma.
21. Subarachnoid hemorrhage.
22. C2 fracture.
23. Left femur fracture.

PATIENT: Clark, James, Jr  
MR #: 01-23-73-57-6  
Patient Type: IPR

**TRANSFER SUMMARY**  
Page 1 of 5

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**PALMETTO HEALTH RICHLAND**  
5 Richland Medical Park Drive  
Columbia, SC 29203  
(803)434-7000

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24. Bibasilar atelectasis.
25. Ventilator-associated pneumonia.
26. Respiratory failure.
27. Aortic arch injury.
28. Hypertension.
29. Agitation.

ATTENDINGS: Dr. James Morrison and Dr. Raymond Bynoe.

CONSULTANTS:

1. Neurosurgery, Dr. Narayan.
2. Ophthalmology, USC Consultants.
3. Orthopedics, Dr. Koon.
4. Cardiothoracic surgery, Dr. Petit.
5. Plastics, Dr. Wassermann.

PROCEDURES:

1. Interventricular drain placement, November 17, 2004.
2. Tracheostomy, November 24, 2004.
3. Tibial traction, November 22, 2004.
4. Fiberoptic bronchoscopy, November 25, 2004.
5. Left subclavian vein central line placement, November 28, 2004.
6. Small bowel feeding tube placement, November 29, 2004.
7. Left femur IM nail placement, November 30, 2004.
8. Decannulation of a tracheostomy tube, December 8, 2004.

PHYSICAL EXAMINATION:

VITAL SIGNS: Blood pressure 111/60, pulse 93 and regular, respirations 20 and unlabored, O2 saturation 97%.

NEUROLOGIC: The patient was awake and alert. He was oriented to person only. Conversation was appropriate otherwise. C-collar was in place.

LUNGS: Clear to auscultation bilaterally without any wheezes, rales, or rhonchi. He was on room air.

CARDIOVASCULAR: S1, S2, a regular rhythm and rate without any murmurs, rubs, or gallops. Normal sinus rhythm on monitor.

ABDOMEN: Soft, nontender, nondistended with normoactive bowel sounds.

EXTREMITIES: Without edema, cyanosis, or clubbing.

GENTOURINARY: Condom cath to bedside drainage with good urinary output was noted.

MUSCULOSKELETAL: Moved all extremities equally except for left leg secondary to guarding.

HOSPITAL COURSE: The patient is a 45-year-old African American male involved in an MVC on the interstate with rollover and ejection. In the field, his GCS was 10. He was agitated. He was intubated via rapid

PATIENT: Clark, James, Jr  
MR #: 01-23-73-57-6

TRANSFER SUMMARY  
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sequence intubation with Norcuron. He was then brought in as a trauma alert 911 on November 17, 2004 to Palmetto Richland Emergency Department. Condition on arrival here: His blood pressure was 189/121. Pulse was 127. O2 saturations were 100% on 100% FIO2. GCS was 3, intubated. Primary survey airway. The patient was intubated. There was no C-collar in place.

Breathing was equal bilaterally. Circulation: There was palpable pulses in all extremities. There was positive bleeding noted from the facial injuries. Disability GCS: The patient was 3T. Pupils were fixed bilaterally. The patient was chemically paralyzed. He did move all 4 extremities in CT scan. The patient received 3 liters normal saline via peripheral access.

Rectal tone was not present. There was no gross blood noted in the rectal vault. There was no blood noted at the urinary meatus and the prostate was at normal station. A Foley was placed in the trauma bay. There was good urine return, which was clear to yellow with no obvious blood noted. In the CT scanner, the patient's blood pressure was 126/44. Otherwise, the patient was hemodynamically acceptable throughout the entire survey.

Secondary survey: HEENT: There was obvious facial trauma as well as lacerations. Pupils were 4 mm and fixed bilaterally. There was a 90% hyphema of the right eye. Maxillofacial large complex laceration/evulsion of right eyelid as well as the bridge of the nose. Neck: C-collar was placed. Trachea was midline. There was no JVD. No thyromegaly noted. Chest and lungs: Breath sounds were equal bilaterally. There was no obvious chest trauma. Heart: Sinus tachycardia. S1, S2 were present. Cardiovascular: Palpable distal pulses x4, only obvious bleeding from facial injuries. The abdomen was soft and nondistended with normoactive bowel sounds. Pelvis was stable to compression, AP as well as laterally.

Back: There were no wounds. No crepitation to palpation. There were no step-off deformities noted. Extremities: There was obvious deformity to the left femur. It was short and externally rotated with palpable crepitation noted. Left shoulder was also somewhat deformed with a questionable dislocation. There were abrasions noted bilateral anterior tibias. Neurologic: The patient was GCS 3T. Pupils were fixed bilaterally. The patient did move all 4 extremities in the CT scanner.

Secondary data that was gathered included a chest/pelvis as well as upper extremity, left shoulder, left humerus, left hip, left femur, left knee, and left tib-fib as well as CAT scans of the head, chest, abdomen, pelvis, and C-spine as well as a FAST exam. The FAST exam was negative. A CT scan of the head showed left subdural and left subarachnoid hemorrhage with left to right midline shift with numerous facial fractures. Abdomen and pelvis was grossly negative. C-spine: There was a T2 teardrop fracture anteriorly. Chest: There was injury to the thoracic aortic arch as well as left pulmonary contusion. An angiogram was performed and there was an obvious aortic tear at the ligamentum arteriosum. The patient was transferred to the surgical trauma ICU for further evaluation and management and the aforementioned consultants were paged.

Cardiothoracic surgery service under Dr. Petit saw the patient initially and felt that the blood pressure should ideally be kept with systolic less than 120. However, due to the fact that the patient had an obvious head injury and mean arterial pressure needed to be higher, he stated that it was okay to allow a systolic blood pressure of 140s to 150s. Also, at that time he was felt to have a C2 fracture and he was placed in an Aspen collar. The patient was also given Mannitol to decrease the ICPs.

PATIENT: Clark, James, Jr  
MR #: 01-23-73-57-6

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Upon November 17, 2004, the patient was put in tibial traction with 20 pounds of traction by Dr. Koon and his residents. Also, on November 17, 2004, ophthalmology evaluated the patient, repaired right lid laceration as well as evaluated the hyphema. They also felt that he had commotio retinae of the right eye and gave him eyedrops for this. A CT was ordered to rule out expansion of the subdural hematoma and a ventricular drain was placed and a facial laceration was closed by the trauma service.

On November 19, 2004, the patient's ICPs came under better control. The patient did develop respiratory failure as well as multiple electrolyte abnormalities, which were addressed with ventilator management as well as replacement respectively. On November 20, 2004, the head CT was obviously better as per neurosurgical service and the patient started being titrated off paralytics as well as sedatives such as the Ativan, morphine, and the Norcuron.

On November 24, 2004, due to the patient's respiratory failure, the patient underwent a tracheostomy and a #8 Shiley was placed. On November 25, 2004, the patient did develop a febrile illness and to help shed light on the situation, a fiberoptic bronchoscopy was performed. Also, prior to this, the patient had a CSF culture performed for the febrile illness, which did come back as strep pneumoniae. He was empirically started on Rocephin for this as well as possible earlier ventilator-associated pneumonia.

On November 28, 2004, for hemodynamic compromise, the patient underwent a left subclavian vein central line as well as his ventricular drain was pulled. On November 30, 2004, the patient underwent a left femur IM nail with orthopedics. Also, during this timeframe he continued to improve as far as his respiratory function and on November 7, 2004, the patient was placed on a trach collar and transferred to PCU2 for some agitation that had developed.

On December 8, 2004, the patient's tracheostomy tube was decannulated and the patient's diet was advanced from tube feedings to a pureed diet with thickened liquids. Today, the patient is to be transferred to 7 East. He still remains agitated. His blood pressure has been optimized with his current regimen. His Aspen collar remains in place and he still has a condom catheter. Staples of his left hip are clean, dry, and intact, although he complains of pain in this area. He is currently still on D5-1/2 normal saline at 100 mL per hour.

Also of particular note, the patient's facial fractures have not been addressed up until this point. It may behoove the trauma service to contact Dr. Wassermann who was originally consulted for this for reconsultation or an appropriate oromaxillofacial surgeon otherwise.

CONDITION AT TRANSFER: Stable, but agitated. The patient would require a sitter.

DISPOSITION: The patient is to be transferred to 7 East.

TRANSFER MEDICATIONS: Rocephin 2 mg IV q.12h. Last dose to be given this p.m. at 2100 hours. Colace 100 mg p.o. 2 times daily, Dulcolax 1 PR q.48h. p.r.n., Catapres patches 0.2 mg topically q.week, Maxitrol ophthalmic drops to be applied to the right eye t.i.d. and nightly, Lopressor 10 mg IV q.6h., Apresoline 10 mg IV q.6h. p.r.n., and Valium 5 mg IV q.4h. p.r.n. He is also on p.r.n. morphine 2 mg IV push q.2h. p.r.n.

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mild pain and Lortab elixir 15-30 mL q.4h. p.r.n. pain. He also has a p.r.n. order for Tylenol 650 mg p.o. q.4h. p.r.n.

---

Raymond P Bynoe, MD

Dictated by: Gregory Barefoot

GB:hs

D: 12/09/2004 4:36 P T: 12/09/2004 5:14 P

Job #: 000708157 T Job #: 977278 Doc #: 615388

cc:: Gregory Barefoot  
Raymond P Bynoe, MD  
James E Morrison, MD

PATIENT: Clark, James, Jr  
MR #: 01-23-73-57-6

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**DISCHARGE SUMMARY**

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|             |                  |         |                        |
|-------------|------------------|---------|------------------------|
| PATIENT:    | Clark, James, Jr | DICT:   | Francesco Standoli, MD |
| MR #:       | 01-23-73-57-6    |         |                        |
| ADMITTED:   | 11/17/2004       | DOB:    | 12/12/1971             |
| DISCHARGED: | 12/17/2004       | PT.LOC: |                        |

**ADMISSION DIAGNOSES:**

1. Head injury, status post motor vehicle collision.
2. Aortic injury.
3. Left femur fracture.
4. C2 fracture.
5. Hyphema injury, right eye.
6. Left pulmonary contusion.

**DISCHARGE DIAGNOSES:**

1. Status post motor vehicle collision with rollover ejection.
2. Aortic injury.
3. Status post fixation of left femur fracture.
4. C2 fracture.
5. Hyphemia with injury, right eye.
6. Hypertension.
7. Seizure.

**PROCEDURES PERFORMED:**

1. Intraventricular drain placement, November 17, 2004.
2. Tracheostomy, November 24, 2004.
3. Tibial traction, November 22, 2004.
4. Fiberoptic bronchoscopy, November 25, 2004.
5. Left subclavian vein central line placement, November 28, 2004.
6. Small bowel feeding tube placement, November 20, 2004.
7. Left femur nail placement, November 30, 2004.
8. Placement of tracheostomy tube, December 8, 2004.

**SERVICE:** The patient was admitted to the trauma service, attendings Dr. Morrison and Dr. Bynoe.

**CONSULTANTS:**

1. Neurosurgery, Dr. Narayan.
- PATIENT: Clark, James, Jr  
MR #: 01-23-73-57-6  
Patient Type: IFR

**DISCHARGE SUMMARY**  
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2. Ophthalmology, USC consultants.
3. Orthopedics, Dr. Carr.
4. Thoracic surgery, Dr. Petit.
5. Plastics, Dr. Wassermann.

**HISTORY OF PRESENT ILLNESS:** The patient is a 45-year-old African-American male involved in an MVC with rollover and ejection. In the field, Glasgow Coma Scale was 10. The patient was agitated and was consequently intubated with Norcuron. He was brought in as trauma alert 911. Blood pressure on arrival was 189/121, pulse 127, O2 saturation 100% on 100% FIO2. Glasgow Coma Scale was 3 intubated.

Primary survey, and secondary survey were performed, and patient was taken to the STU for further care.

**HOSPITAL COURSE:** Please refer to the transfer summary December 9, 2004, for the events during his stay in the STU.

The patient was transferred during the day to a regular floor. During his stay the patient remained in an Aspen collar for a C2 fracture. He was started on regular nutrition, which he tolerated well. He also had a course of Rocephin for ( ) cultures. He was also found to have four episodes of seizures, for which neurology, Dr. Hwang, was consulted, and patient was started on Dilantin in that regard. EEG was performed, results pending at the time of dictation. The patient has also been followed for his aortic injury by Dr. Petit, for which blood pressure has been managed medically. USC Ophthalmology has been following the lesions on the left eye.

The patient is discharged on December 16, 2004, in good stable condition.

**FOLLOWUP:** He is to follow up with neurology, Dr. Hwang, on January 19, 2005. Phone number 434-4260, for followup of seizure disorder. Patient please obtain Dilantin level prior to appointment. Patient also is to follow up with Dr. Tribble of cardiovascular on December 30, 2004, 3:20 in the afternoon. Phone number 765-0871. Patient as well needs to follow up on January 3, 2005, at 9 a.m. ophthalmology, 434-7919. Orthopedics will call patient for followup on December 21, 2004.

**ACTIVITY:** As tolerated. Return to school or to work will be determined on the followup appointments.

**DIET:** Mechanical soft.

**MEDICATIONS:**

1. Dilantin 100 mg tablet one tab by mouth three times a day.
2. Lopressor 100 mg every 12 hours.
3. Clonidine patch, one patch every week.
4. Lortab 1 to 2 tabs every 6 hours as needed for pain.

PATIENT: Clark, James, Jr  
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**DISCHARGE INSTRUCTIONS:** Other instructions: For any questions or concerns, please call the trauma resident on-call, 434-6000. Absolutely no drinking alcohol or using street drugs, as well as driving.

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James E. Morrison, MD

Dictated by: Francesco Standoli, MD

FS:hs

D: 12/16/2004 2:07 P T: 12/17/2004 1:31 P

Job #: 000715010 T Job #: 248577 Doc #: 618761

cc: James E Morrison, MD  
Francesco Standoli, MD

**PATIENT:** Clark, James, Jr  
**MR #:** 01-23-73-57-6

**DISCHARGE SUMMARY**  
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## Trauma History &amp; Physical

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TRAUMA, M041047  
0432200255  
MR 012373576 EMS, EMS  
08/08/80 24Y M.  
[Barcode]

Date: 11/17/09Time: 0720

Trauma M F #: \_\_\_\_\_

Name: \_\_\_\_\_

- ☒ Trauma Alert (911)  
☐ Pediatric Trauma Alert (711)  
☐ Trauma Notification (811)  
☐ Pediatric Trauma Notification (611)  
☐ Consult  
☐ Transfer: Referring MD/Hospital

☐ Other: \_\_\_\_\_

ADDRESSOGRAPH

## Team

Attending: Morrison

Fellow: \_\_\_\_\_

Senior Resident: ReightConsultants ☒ Ophthalmology

- ☒ Neurosurgery Dubuisson  
☒ Orthopaedics Watford  
☐ Plastics

- ☒ Facial Trauma Warren  
☐ Pediatric Surgery

☒ Other: CT Surgery (Petit)

## I. PRE-HOSPITAL (MECHANISM OF INJURY, RESTRAINTS, AIRBAG, HELMET, MODE OF TRANSPORTATION, RTS, GCS, VITAL SIGNS, TREATMENT)

45 y.o. ♂ involved in MVC on interstate, @ rollover @ ejection  
GCS-10 in field, agitated, RTD in field, paralyzed & Nonverbal

## II. CONDITION ON ARRIVAL (VITAL SIGNS, RTS, GCS)

189/121, P-127, Sat-100% on 100% FiO<sub>2</sub>, GCS-3T

## III. COMORBID FACTORS

ALLERGIES: ☐ NKDA UnknownMEDICATIONS: ☐ NONE UnknownPAST MEDICAL / SURGICAL HISTORY: Unknown

## IV. PRIMARY SURVEY

## A. AIRWAY: (C-SPINE PROTECTION)

intubated, no C-collar in place

## B. BREATHING: (BREATH SOUNDS/RESPIRATORY EFFORT)

Equal bilaterally

## C. CIRCULATION: (DISTAL PULSES, HEMORRHAGE CONTROL)

Palpable pulses in all extremities (Radial, PT, radial), @ bleeding from facial

## D. DISABILITY: (GCS, PUPIL RESPONSE, MOVEMENT OF EXTREMITY)

GCS-3T, Pupils fixed bilaterally, chemically paralyzed, did move all 4 extremities in

## E. EXPOSE: (ENVIRONMENTAL CONTROL)

Clothing removed, warm blankets applied CT scan

## V. RESUSCITATION PHASE

A. O<sub>2</sub> / PULSE OXIMETRY/INTUBATION:

O<sub>2</sub> @ 100% via ambu-bag / vent.

## B. IV ACCESS / FLUIDS

☒ PERIPHERAL ☐ SUBCLAVIAN ☐ FEMORAL ☐ IJ

☒ CRYSTALLOID (TYPE & VOLUME) 2L NS ☐ PACKED CELLS: TYPE SPECIFIC ☐ (VOLUME) \_\_\_\_\_

UNIVERSAL ☐ (VOLUME) \_\_\_\_\_

☐ FFP (VOLUME) \_\_\_\_\_

☐ PLATELETS (VOLUME) \_\_\_\_\_

76018888 (3/99)

11/17/09 0740  
DATE & TIME

Chris Cameron MD  
RESIDENT SIGNATURE

[Signature]  
ATTENDING SIGNATURE

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|                                       |                      |                                                |                                     |
|---------------------------------------|----------------------|------------------------------------------------|-------------------------------------|
| Date: 12/18/04                        | Name CLARK, JAMES    | Acct. # 0432200255                             | Financial Class 26 - PENDING MEDICA |
| Sex                                   | Birth Date: 12/12/71 | Age 32Y                                        | Adm Date 11/17/04                   |
|                                       |                      |                                                | Dsch Date 12/17/04                  |
|                                       |                      |                                                | LOS 30                              |
| Attending Physician MORRISON, JAMES E |                      | Discharge Status 01 - 01-DIS HOME OR SELF CARE |                                     |
| Coder: WL                             |                      |                                                |                                     |

DC: 17 MYELOPROLIFERATIVE DISEASES & POORLY DIFFERENTIATED NEOPLASMS  
ORG: 541 TRACH MV96+/EXC FACE W/MJ

OUTLIER STATUS: N/A

| DIAGNOSIS     | DESCRIPTION              | DIAGNOSIS  | DESCRIPTION              |
|---------------|--------------------------|------------|--------------------------|
| 1. (P) 801.21 | CL SKUL BASE FX W/O COMA | 9. 285.1   | AC POSTHEMORRHAG ANEMIA  |
| 2. 821.01     | FX FEMUR SHAFT-CLOSED    | 10. 263.9  | PROTEIN-CAL MALNUTR NOS  |
| 3. 805.02     | FX C2 VERTEBRA-CLOSED    | 11. 486    | PNEUMONIA, ORGANISM NOS  |
| 4. 780.39     | CONVULSIONS NEC          | 12. 320.2  | STREPTOCOCCAL MENINGITIS |
| 5. 901.0      | INJURY THORACIC AORTA    | 13. 802.6  | FX ORBITAL FLOOR-CLOSED  |
| 6. 518.5      | POST TRAUM PULM INSUFFIC | 14. 800.01 | CL SKULL VLT FX W/O COMA |
| 7. E849.5     | ACCID ON STREET/HIGHWAY  | 15. 861.21 | LUNG CONTUSION-CLOSED    |
| 8. E819.9     | TRAFFIC ACC NOS-PERS NOS |            |                          |

| PROCEDURE    | DESCRIPTION              | DATE     | SURGEON NAME      |
|--------------|--------------------------|----------|-------------------|
| 1. (P) 79.15 | CLOSED RED-INT FIX FEMUR | 11/30/04 | KOON, DAVID E JR  |
| 2. 31.1      | TEMPORARY TRACHEOSTOMY   | 11/24/04 | BYNOE, RAYMOND P  |
| 3. 01.18     | OTHER BRAIN DX PROCEDURE | 11/17/04 | DUBUISSON, DAVID  |
| 4. 33.21     | BRONCHOSCOPY THRU STOMA  | 11/25/04 | MORRISON, JAMES E |
| 5. 38.93     | VENOUS CATH NEC          | 11/28/04 | BYNOE, RAYMOND P  |
| 6. 96.6      | ENTRAL INFUS NUTRIT SUB  | 11/18/04 | BYNOE, RAYMOND P  |
| 7. 96.04     | INSERT ENDOTRACHEAL TUBE | 11/17/04 | BYNOE, RAYMOND P  |
| 8. 96.72     | CONT MECH VENT 96+ HRS   | 11/17/04 | BYNOE, RAYMOND P  |
| 9. 03.31     | SPINAL TAP               | 11/23/04 | BYNOE, RAYMOND P  |
| 10. 99.07    | SERUM TRANSFUSION NEC    | 11/17/04 | BYNOE, RAYMOND P  |
| 11. 99.15    | PARENT INFUS NUTRIT SUB  | 11/20/04 | BYNOE, RAYMOND P  |
| 12. 99.04    | PACKED CELL TRANSFUSION  | 11/20/04 | BYNOE, RAYMOND P  |

CLARK, JAMES  
012373576 01328379  
12/18/04

ATTESTATION FORM

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Trauma History & Physical  
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TRAUMA M F #: \_\_\_\_\_

## ADDRESSOGRAPH

C. CARDIAC MONITOR/EKG:

D. GASTRIC DECOMPRESSION ☐ NG ☐ OG

E. RECTAL / URINARY MEATUS:  
Rectal -  $\phi$  tone,  $\phi$  gross blood, normal prostate,  $\phi$  blood @ meatus

F. CHEST TUBE:

G. FOLEY - placed in bag, @ urine return, clear yellow  
 $\phi$  blood

H. PATIENT'S RESPONSE TO RESUSCITATION:  
In CT scan, OP - 126/44, P-101

VI. SECONDARY SURVEY

A. HEENT: @ obvious facial trauma, lacerations, pupils 4mm fixed PL,  
90% hyphema @ eye

B. MAXILLOFACIAL: Large complex laceration/avulsion @ eyelid and  
bridge of nose

C. NECK: C-collar placed, trachea midline,  $\phi$  JVD,  $\phi$  thyromegaly

D. CHEST / LUNGS:  
Breath sounds equal bilaterally,  $\phi$  obvious chest trauma  
Heart - sinus tach 5.5

E. CARDIOVASCULAR: Palpable distal pulses x 4, only obvious bleeding  
from facial injuries

F. ABDOMEN: soft, nondistended, @ RT  
Pelvis stable to compression AP/lateral

G. BACK:  $\phi$  wounds,  $\phi$  crepitus & palpation,  $\phi$  step-off noted

H. EXTREMITIES: @ obvious deformity, (2) femur (shortened, ext. rotated,  
@ palpable crepitus), @ shoulder dislocation?  
abrasions @ l. anterior @ tibial

I. NEUROLOGIC: GCS-3T, pupils fixed-bilaterally, pt. did move  
all four in CT

J. SKIN:

11/17/04

DATE &amp; TIME

Chas Cannonville, MD

RESIDENT SIGNATURE

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ATTENDING SIGNATURE

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Trauma History & Physical  
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TRAUMA M F #:

ADDRESSOGRAPH

|                                                                                     |                                                                  |                                                                                                                                                                                                                                               |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| K. GU:                                                                              |                                                                  | <b>INJURIES:</b><br><br><b>LEGEND</b><br>1. ABRASION<br>2. AMPUTATION<br>3. BLEEDING<br>4. BURN<br>5. FRACTURE<br>6. GUNSHOT<br>7. INTERNAL INJURY<br>8. LACERATION<br>9. PAIN<br>10. PARALYSIS<br>11. PENETRATING WOUND<br>12. SPRAIN<br>13. |
| <b>VII. SECONDARY DATA (RECORD RESULTS)</b>                                         |                                                                  |                                                                                                                                                                                                                                               |
| A. X-RAYS:                                                                          | B. CAT SCAN                                                      |                                                                                                                                                                                                                                               |
| 1. SPINE                                                                            | 1. HEAD: <u>subdural / subarachnoid</u>                          |                                                                                                                                                                                                                                               |
| A. CERVICAL:                                                                        | 2. ABDOMEN / PELVIS: <u>blood, L to R medial shift; Numbness</u> |                                                                                                                                                                                                                                               |
| B. DORSAL:                                                                          | 3. SPINE: <u>grossly negative</u>                                |                                                                                                                                                                                                                                               |
| C. LUMBAR:                                                                          | A. CERVICAL: <u>T2 tearing fr anterior</u>                       |                                                                                                                                                                                                                                               |
| 4. CHEST:                                                                           | B. DORSAL:                                                       |                                                                                                                                                                                                                                               |
| 5. PELVIS:                                                                          | C. LUMBAR:                                                       |                                                                                                                                                                                                                                               |
| 6. RADIOLOGY (OTHER):                                                               | 4. CHEST: <u>thoracic aortic arch injury, 2 pulm. contusions</u> |                                                                                                                                                                                                                                               |
| 5. ULTRASOUND:                                                                      |                                                                  |                                                                                                                                                                                                                                               |
| <input checked="" type="checkbox"/> NO FLUID <input type="checkbox"/> FLUID         |                                                                  |                                                                                                                                                                                                                                               |
| 7. EXTREMITIES:                                                                     | LOCATION                                                         |                                                                                                                                                                                                                                               |
| A. UPPER EXTREMITY:                                                                 | <input type="checkbox"/> PERICARDIUM                             |                                                                                                                                                                                                                                               |
| <u>2 shoulder, 2 humerus</u>                                                        | <input type="checkbox"/> MORRISON'S POUCH                        |                                                                                                                                                                                                                                               |
| B. LOWER EXTREMITY:                                                                 | <input type="checkbox"/> SPLENORENAL RECESS                      |                                                                                                                                                                                                                                               |
| <u>2 hip, 2 femur, 2 knee, 2 tibia/fib</u>                                          | <input type="checkbox"/> PELVIS                                  |                                                                                                                                                                                                                                               |
| C. LABORATORY DATA: <u>ABG - 7.34/41.7/568.1/22.0/-3.1/99%</u>                      |                                                                  |                                                                                                                                                                                                                                               |
| <u>Angiogram (Aorta/cacitids): 2 aortic tear @ ligamentum arteriosum</u>            |                                                                  |                                                                                                                                                                                                                                               |
| <b>VIII. PROBLEM LIST AND MANAGEMENT PLAN</b>                                       |                                                                  |                                                                                                                                                                                                                                               |
| 1. Head injury - subdural / subarachnoid hemorrhage, NSG4 aware - burn hole?        |                                                                  |                                                                                                                                                                                                                                               |
| 2. Aortic injury - angiogram done, monitor BP (SBP < 140)                           |                                                                  |                                                                                                                                                                                                                                               |
| 3. 2 femur fx - hard traction in place, ortho called, likely need skeletal traction |                                                                  |                                                                                                                                                                                                                                               |
| 4. C2 fx - C-collar on, NSG4 aware                                                  |                                                                  |                                                                                                                                                                                                                                               |
| 5. hyperemia / lid injury - ophtho called, primarily closed                         |                                                                  |                                                                                                                                                                                                                                               |
| 6. 2 pulm. contusion - keep paralyzed / sedated on vent                             |                                                                  |                                                                                                                                                                                                                                               |

11/17/04

DATE & TIME

*Chad Cunningham MD*

RESIDENT SIGNATURE

ATTENDING SIGNATURE

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Trauma History & Physical  
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TRAUMA M F #: \_\_\_\_\_

ADDRESSOGRAPH

VII. Attending Physician Statement

I was present during this Evaluation and directed the decision making: (Y) N

Review of above Resident note: Lamoreaux Critical Care Time: In \_\_\_\_\_ Out \_\_\_\_\_

History: I was on sip me, eyelids, no blood.  
very combative - EMT & police, intubate  
BIB CR 6/11/03

Past Medical History:

Review of Systems:

Allergies:

Social History:

Family History:

Examination: h/t - 170 lbs, mult. (N) lacerations h/o rx  
mult. lacerations hypertension reluctant  
040 6/11/03  
no hx of dx no (N) from dx  
no m 6/11/03  
no B/C

Laboratory Values/Diagnostic Studies:

CT H&T, STAT, done  
control - not on

Plan of Care reviewed with the resident. Confirm or revise the resident's diagnosis/plan of care.

- 1) TBI - N/A and
- 2) Reluctant MR from wound
- 3) lacerations / hypotension & unstable
- 4) ortho and/or CT scan
- 5) Plan Re T and wound
- 6) Reluctant patient - not on

Discharge Admit to: Trauma Ortho Neuro Other

Disposition: OR ICU PICU Floor Death HOME TRANSFER TO:

|          |          |          |          |          |          |          |           |            |          |
|----------|----------|----------|----------|----------|----------|----------|-----------|------------|----------|
| Adkins   | Bell     | Brown    | Bynoe    | Glasser  | Kerwin   | Krantz   | Manktelow | Nottingham | Reddy    |
| 252-1009 | 954-1590 | 954-1733 | 954-1541 | 252-1009 | 698-7157 | 954-7171 | 252-1009  | 698-7156   | 252-1009 |

11/11/03  
DATE & TIME

J. J. Morris 259  
ATTENDING PHYSICIAN SIGNATURE

R 254

# PALMETTO HEALTH RICHLAND

CLARK, JAMES JR  
0432200255  
MR 012373576 MORRISON, JAMES E  
12/12/71 33Y M

ESOGGRAPH

Discharge Date: \_\_\_\_\_

Discharge Diagnosis: \_\_\_\_\_

## REFERRAL/FOLLOW-UP APPOINTMENTS:

| MD                                                                           | DATE/TIME       | PHONE NUMBER |
|------------------------------------------------------------------------------|-----------------|--------------|
| Neurology - Dr. Suong - January 19 <sup>th</sup> 10am                        | 1/19/05 10am    | 434-4260     |
| ↳ Please obtain Dilantin level prior to appointment                          |                 |              |
| Cardiothoracic - Dr. Trindle - December 30 <sup>th</sup> 3:20pm              | 12/30/04 3:20pm | 765-0871     |
| Ophthalmology - Jan 3 <sup>rd</sup> 9am                                      | 1/3/05 9am      | 434-7919     |
| HOME HEALTH OR HOSPICE                                                       |                 |              |
| OTHER                                                                        |                 |              |
| Orthopedics will call patient with time of follow up on Dec 21 <sup>st</sup> |                 | 434-4100     |

## DISCHARGE INSTRUCTIONS:

ACTIVITY: *as tolerated*

RETURN TO WORK/SCHOOL: *to be determined @ follow up appts.*

DIET: *mechanical soft*

MEDICATIONS: (Physician: This does not constitute a valid prescription.)

- 1) Dilantin 100 mg tabs - one tab by mouth 3x/day.
- 2) *Lopressor 100mg every 12 hrs.*
- 3) *Clonidine patch - apply 1 patch weekly*
- 4) *Lortab 1-2 tabs every 6 hrs. as needed for pain*

OTHER INSTRUCTIONS: (Wound/dressing care, appliances/durable medical equipment)

- 1) *For any questions/concerns - call Trauma Resident or call 434-6000*
- 2) *absolutely NO drinking alcohol, using "street drugs", or DRIVING*

Physician's Signature: \_\_\_\_\_

Nurse's Signature: \_\_\_\_\_

Patient/Care Giver: \_\_\_\_\_

Verbalizes Understanding:

☒ Yes ☐ No

Patient/Care Giver Signature: \_\_\_\_\_

Demonstrates Understanding:

☒ Yes ☐ No ☐ N/A

Relationship to Patient: \_\_\_\_\_

---

**PALMETTO HEALTH RICHLAND**  
5 Richland Medical Park Drive  
Columbia, SC 29203  
(803)434-7000

---

**OPERATIVE REPORT**

---

|           |                  |         |                       |
|-----------|------------------|---------|-----------------------|
| PATIENT:  | Clark, James, Jr | DICT:   | Faranak Vossoughi, MD |
| MR #:     | 01-23-73-57-6    | DOB:    | 12/12/1971            |
| ADMITTED: | 11/17/2004       | PT.LOC: | STU052301             |

DATE OF OPERATION: 11/24/2004

**PREOPERATIVE DIAGNOSES:**

1. Closed head injury.
2. Respiratory failure.

**POSTOPERATIVE DIAGNOSES:**

1. Closed head injury.
2. Respiratory failure.

**OPERATIVE PROCEDURE:** Tracheostomy, #8 Shiley.

**ATTENDING:** Raymond P. Bynoe, MD (present)

**RESIDENT SURGEON:** Faranak Vossoughi, MD, Roland Craft, MD

**ANESTHESIA:** General.

**COMPLICATIONS:** None.

**INDICATIONS:** The patient has severe closed head injury, C2 fracture. He has respiratory failure and has been on vent for 8 days. There is indication for a tracheostomy.

**DESCRIPTION OF OPERATION:** The area of the neck and upper chest were prepped and draped in a sterile manner. A transverse skin incision was placed about 2 fingers above the supraclavicular notch on the second tracheal ring. The subcutaneous tissue was dissected sharply with Bovie. The jugular vein was dissected and was ligated. The strap muscles raphe was dissected in the midline. The tracheal rings were visualized. The second tracheal ring was dissected free from the tissue that was covering it. Two stay sutures with Ethibond were placed on each side of the ring. A small box of cartilage tissue was removed on the second tracheal ring with the knife. At this time the endotracheal tube was removed slowly, and after suction was applied, a trach tube was placed immediately. A change of CO2 color was visualized. The trach was connected to a vent immediately. We made sure again that there was no bleeding and no ongoing hemorrhage. The trach was

**PATIENT:** Clark, James, Jr  
**MR #:** 01-23-73-57-6  
**Patient Type:** IPR

**OPERATIVE REPORT**  
Page 1 of 2

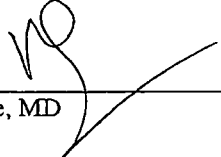
261

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PALMETTO RICHLAND MEMORIAL HOSPITAL  
5 Richland Medical Park Drive  
Columbia, SC 29203  
(803)434-7000

---

secured towards the skin with 2 sutures on each side. The patient tolerated the procedure well and maintained oxygen saturation above 98% at all times.

  
\_\_\_\_\_  
Raymond P Bynoe, MD

Dictated by: Faranak Vossoughi, MD

FV:hs

D: 11/24/2004 3:21 P T: 11/24/2004 8:41 P

Job #: 000694319 T Job #: 631345 Doc #: 610043

cc:: Raymond P Bynoe, MD

James E Morrison, MD

Faranak Vossoughi, MD

PATIENT: Clark, James, Jr  
MR #: 01-23-73-57-6

OPERATIVE REPORT  
Page 2 of 2

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R 257



Palmetto Health Richland  
5 Richland Medical Park  
Columbia, SC 29203

Patient Name: TRAUMA, M041047  
Patient Address: XXXX  
COLUMBIA, SOUTH CAROLINA 29202  
Patient Telephone:

Morrison MD, James E  
2 RICHLAND MEDICAL PARK  
SUITE 300  
COLUMBIA, SC 29203

Date of Birth: 8/8/1980  
SSN:  
Medical Record Number: R012373576  
Account Number: R0432200255  
Location: R STU, Patient Type: IPR-Inpatient  
Room Number: 0523  
Ordering Physician: Morrison MD, James E  
CC:

## RADIOLOGY SERVICES

**Exam:**  
CT Chest Abdomen Pelvis W/ Contrast

**Exam Date/Time:**  
11/17/2004 8:10:00

**Accession Number:**  
CT-04-084202

**Ordering Physician:**  
Morrison MD, James E

### Reason for Exam:

trauma mvc

### Findings:

CT OF THE CHEST, ABDOMEN, AND PELVIS WITH CONTRAST:

#### CLINICAL HISTORY:

Trauma male with ejection during MVC.

Contrast-enhanced CT of the chest, abdomen, and pelvis was performed, using 5x5-mm thin contiguous axial sections.

#### FINDINGS:

CT of the thorax shows an endotracheal tube above the carina. There is no pneumothorax. There is minimal subpleural fluid noted in the left posterior inferior pleura area, associated with probable contusion of the left mid posterior lung. There is gross patency of the main and proximal pulmonary arteries. A descending thoracic aortic arch subintimal tear of the descending thoracic aorta, beyond the left subclavian artery and in the mid-to-proximal left descending thoracic aorta. There is adjacent adventitial hematoma noted. There is preserved antegrade flow in the thoracic arch area. Subclavian vertebral arteries are grossly patent. The subclavian, left carotid and right carotid arteries are patent. Images of the thyroid appear normal. Trachea mainstem bronchi are patent. There is no pericardial effusion.

#### IMPRESSION:

Patient Name : TRAUMA, M041047  
Chart ID: 1647646

Page 1 of 2

PHR IP Distribution-RAD  
Print Date/Time: 11/17/2004 8:07 PM

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R 258

Patient Name: TRAUMA, M041047  
Medical Record Number: R012373576

Ordering Physician: Morrison MD, James E

## RADIOLOGY SERVICES

Exam:  
CT Chest Abdomen Pelvis W/ Contrast

Exam Date/Time:  
11/17/2004 8:10:00

Accession Number:  
CT-04-084202

Ordering Physician:  
Morrison MD, James E

AORTIC SUBINTIMAL LACERATION, CONFIRMED ON CORONAL AND SAGITTAL RECONSTRUCTIVE IMAGES. SMALL, FOCAL, CONTAINED, ADVENTITIAL HEMATOMA AT THE SITE OF SUBINTIMAL TEAR, IN THE MID-TO-PROXIMAL DESCENDING THORACIC ARCH.

### CT OF THE ABDOMEN:

CT of the abdomen showed homogeneous liver and spleen, without laceration. Gallbladder is present, without obvious cholelithiasis. Images of the pancreas appear normal. No adrenal or renal lacerations or masses are seen. There is no abdominal aortic injury. There is gross patency of the celiac and superior mesenteric arteries. There is no free fluid within the abdominal cavity.

### CT OF THE PELVIS:

CT of the pelvis shows no free fluid within the pelvis. Normal-appearing bladder that is intact. There is an indwelling Foley catheter. There is minimal bilateral inguinal lymphadenopathy, slightly worse on the left side. Delayed images show excretion of contrast into the collecting system and into the bladder, without extravasation.

### IMPRESSION:

CT OF THE ABDOMEN AND PELVIS SHOWS NO EVIDENCE OF ACUTE INJURY. INCIDENTAL NOTE IS MADE OF BONE MARROW CALCIFICATIONS IN THE AREA OF THE LEFT ILIAC BONE, NONSPECIFIC AND OF UNKNOWN CLINICAL SIGNIFICANCE.

\*\*\* Final \*\*\*

Read by: Dejesus MD, Dennis  
Released By: Dennis Dejesus  
on: 11/17/2004 17:42

Transcriptionist: PLS  
Trans Date/Time: 11/17/2004 08:59  
Technologist: Brown, Steven





Palmetto Health Richland  
5 Richland Medical Park  
Columbia, SC 29203

Patient Name: CLARK JR, JAMES  
Patient Address: PO BOX 3011  
LANCASTER, SOUTH CAROLINA 29721  
Patient Telephone: (803) 283-3991

Bynoe MD, Raymond P  
2 RICHLAND MEDICAL PARK  
SUITE 400  
COLUMBIA, SC 29203

Date of Birth: 12/12/1971  
SSN: 251-45-4421  
Medical Record Number: R012373576  
Account Number: R0432200255  
Location: R STU, Patient Type: IPR-Inpatient  
Room Number: 0510  
Ordering Physician: Bynoe MD, Raymond P  
CC:

### RADIOLOGY SERVICES

Exam:  
CR Chest 1 View PA/AP

Exam Date/Time:  
11/29/2004 5:49:27

Accession Number:  
CR-04-166049

Ordering Physician:  
Bynoe MD, Raymond P

#### Reason for Exam:

follow-up

#### Findings:

CHEST, PORTABLE:

There is a small irregular hazy opacity in both lower lungs with increased markings. Heart size is normal. Tracheal-stomach tube is in good position. CVP catheter is in the superior vena cava. There is no evidence of any effusion or pneumothorax. Ribs are partially seen.

#### IMPRESSION:

FINDINGS SUGGESTIVE OF PNEUMONIA AND ATELECTASIS IN THE LOWER LOBE. THIS COULD REPRESENT SOME LUNG CONTUSION. COMPARED TO PREVIOUS STUDY DONE ON 11/28/04, THERE IS NO APPARENT CHANGE.

\*\*\* Final \*\*\*

Read by: Shah MD, Paresh P  
Released By: Paresh P. Shah  
on: 12/02/04

Transcriptionist: CMS  
Trans Date/Time: 11/29/04  
Technologist: Spreeuwiers, Jennifer E

Patient Name : CLARK JR, JAMES  
Chart ID: 1678463

Page 1 of 1

PHR IP Distribution-RAD  
Print Date/Time: 12/3/2004 9:23 AM

265

R 260



Palmetto Health Richland  
5 Richland Medical Park  
Columbia, SC 29203

Patient Name: CLARK JR, JAMES  
Patient Address: PO BOX 3011  
LANCASTER, SOUTH CAROLINA 29721  
Patient Telephone: (803) 283-3991

Vossoughi MD, Faranak

Date of Birth: 12/12/1971  
SSN: 251-45-4421  
Medical Record Number: R012373576  
Account Number: R0432200255  
Location: R STU, Patient Type: IPR-Inpatient  
Room Number: 0510  
Ordering Physician: Vossoughi MD, Faranak  
CC:

### RADIOLOGY SERVICES

Exam:  
CR Chest 1 View PA/AP

Exam Date/Time:  
11/28/2004 10:14:27

Accession Number:  
CR-04-166076

Ordering Physician:  
Vossoughi MD, Faranak

#### Reason for Exam:

line placement

#### Findings:

CHEST, PORTABLE:

Lungs are grossly clear. Heart size is normal. Tracheal-stomach tube is in good position. CVP catheter is in the superior vena cava from the left side. From the right side, it is in the left jugular vein. There is no evidence of any effusion or pneumothorax. Ribs are partially seen.

#### IMPRESSION:

NO EVIDENCE OF ANY ACUTE LUNG DISEASE. THERE IS NO OBVIOUS EVIDENCE OF ANY TRAUMA TO THE CHEST.

\*\*\* Final \*\*\*

Read by: Shah MD, Paresh P  
Released By: Paresh P. Shah  
on: 12/02/2004 13:35

Transcriptionist: CMS  
Trans Date/Time: 11/28/2004 12:28  
Technologist: Vitali, Christina L

Patient Name : CLARK JR, JAMES  
Chart ID: 1676132

Page 1 of 1

PHR IP Distribution-RAD  
Print Date/Time: 12/27/2004 3:08 PM

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R 261



Palmetto Health Richland  
5 Richland Medical Park  
Columbia, SC 29203

Patient Name: CLARK JR, JAMES  
Patient Address: PO BOX 3011  
LANCASTER, SOUTH CAROLINA 29721  
Patient Telephone: (803) 283-3991

Morrison MD, James E  
2 RICHLAND MEDICAL PARK  
SUITE 300  
COLUMBIA, SC 29203

Date of Birth: 12/12/1971  
SSN: 251-45-4421  
Medical Record Number: R012373576  
Account Number: R0432200255  
Location: R STU, Patient Type: IPR-Inpatient  
Room Number: 0523  
Ordering Physician: Morrison MD, James E  
CC:

### RADIOLOGY SERVICES

**Exam:**  
CR Chest 1 View PA/AP

**Exam Date/Time:**  
11/24/2004 3:58:00

**Accession Number:**  
CR-04-164736

**Ordering Physician:**  
Morrison MD, James E

#### Reason for Exam:

dx

#### Findings:

CHEST, PORTABLE:

There is some increased perihilar markings. There is a small opacity in the left lower chest. Heart size is normal. Tracheostomy tube in good position. CP catheter in the left innominate vein. There is no pleural effusion or pneumothorax. The ribs are partially seen.

#### IMPRESSION:

SMALL OPACITY IN THE LEFT LOWER CHEST COMPATIBLE WITH ATELECTASIS OR PNEUMONIA.

\*\*\* Final \*\*\*

Read by: Shah MD, Paresh P

267

R 262



Palmetto Health Richland  
5 Richland Medical Park  
Columbia, SC 29203

Patient Name: TRAUMA, M041047  
Patient Address: XXXX  
COLUMBIA, SOUTH CAROLINA 29202  
Patient Telephone:

Morrison MD, James E  
2 RICHLAND MEDICAL PARK  
SUITE 300  
COLUMBIA, SC 29203

Date of Birth: 12/12/1970

SSN:

Medical Record Number: R012373576

Account Number: R0432200255

Location: R STU, Patient Type: IPR-Inpatient

Room Number: 0523

Ordering Physician: Morrison MD, James E

CC:

### RADIOLOGY SERVICES

Exam:  
CR Chest 1 View PA/AP

Exam Date/Time:  
11/21/2004 3:05:32

Accession Number:  
CR-04-162458

Ordering Physician:  
Morrison MD, James E

#### Reason for Exam:

dx

#### Findings:

CHEST, ONE VIEW - 11/21/04 @ 03:06 HOURS:

CLINICAL HISTORY: Blunt trauma, respiratory insufficiency.

Comparison is made with 11/20/04.

There is no change in position of tubes or lines. Changes of pulmonary venous congestion are present which is somewhat increased since the last study. Increase in bibasilar pulmonary opacities are identified consistent with atelectasis.

#### IMPRESSION:

1. MILD INCREASE IN BIBASILAR ATELECTASIS.

Patient Name: TRAUMA, M041047  
Medical Record Number: R012373576

Ordering Physician: Morrison MD, James E

**R A D I O L O G Y   S E R V I C E S**

Exam:  
CR Chest 1 View PA/AP

Exam Date/Time:  
11/21/2004 3:05:32

Accession Number:  
CR-04-162458

Ordering Physician:  
Morrison MD, James E

**2. MILD PULMONARY VENOUS CONGESTION.**

\*\*\* Final \*\*\*

Read by: Bayard MD, Walter J  
Released By: Walter J. Bayard  
on: 11/21/2004 16:16

Transcriptionist: AJC  
Trans Date/Time: 11/21/2004 15:19  
Technologist: Smith, Michael A

CLARK, JAMES JR  
0432200255  
MR 012373576 MORRISON, JAMES E  
12/12/71 32Y M

PALMETTO HEALTH RICHLAND

(ADDRESSOGRAPH)

| DATE     | NOTES SHOULD BE SIGNED BY PHYSICIAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 11/24/74 | <p>OSW @ ICP elevations into the 40's through the night. - requiring freq. CSF drainage (+) T mannitol</p> <p>@ Tm 100.6 Ta 97.9 P 120 R 10 BP 130/70</p> <p>SpO<sub>2</sub> 100%</p> <p>* ICP 30's - 40's &amp; CPP 40's - 40's mainly.</p> <p>IV gtt MSO<sub>4</sub>, vand, Norcuron, mannitol.</p> <p>- CSF drainage: 24, 25, 29 cc</p> <p>- Exam:</p> <p>Sedated &amp; paralyzed.</p> <p>@ pupil is 2.5 mm &amp; brisk.</p> <p>@ pupil is 4 mm &amp; NR</p> <p>No exam otherwise.</p> <p>- (s/p) @ Severe TBI - &amp; ICP - #5 are sustaining in the 30's &amp; sometimes 40's &amp; consequent CPP &lt; 60 mmHg must be lower for acute injury) - despite our efforts.</p> <p>Prognosis is very poor.</p> <p>Cont. current Rx - we probably need to meet w family.</p> <p>Agree to above.</p> <p><i>[Signature]</i></p> |

PROGRESS NOTE

10160mr R 7/03

270

R 265

# PALMETTO HEALTH RICHLAND

CLARK, JAMES JR  
0432200255  
MR 012373576 MORRISON, JAMES E  
12/12/71 32Y M

(ADDRESSOGRAPH)

| DATE             | NOTES SHOULD BE SIGNED BY PHYSICIAN                                                                                                                                                                                                                                                                                                 |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 11/24/04<br>0609 | Ortho<br>no new ortho issues. intubated / sedated<br>98% 125 126/98<br>pin sites clean<br>superficial lacer over anterior tibia - stable<br>traction - low well elevated off leg<br>ch peaks distally<br>A/C cont traction - plan use of C<br>padding when stable from trauma<br>standoff - was early next week.<br><br>J. Phillips |
| 11/24<br>915     | N3<br>a / I met 2 family @ bed side<br>I told them he had a very<br>severe injury and was<br>not likely to survive.<br><br>K                                                                                                                                                                                                        |



Clark, James  
5230

# TRAUMA STAFF ICU FOLLOW-UP

Stamp with addressograph

| Date     | Notes should be signed by Physician                                                       |
|----------|-------------------------------------------------------------------------------------------|
| 11/24/04 | Pt seen and examined, plan discussed with trauma team. See resident/fellow documentation. |
|          | C.C.: <i>low dph - // t45</i>                                                             |
|          | 24-Hr Course: <i>und</i>                                                                  |
|          | Interval PMH/PSH/FH/SH: <input checked="" type="checkbox"/> No change from yesterday      |
|          | Interval ROS: <input checked="" type="checkbox"/> No change from yesterday                |
| P.E.:    | VS: Tmax: <i>100</i> HR: <i>80-90</i> BP: <i>111/58</i> RR: <i>und</i>                    |
|          | HEART: <i>in 3 @ in distal system Inten down 2g (arter)</i>                               |
|          | PA CATH: <i>2</i> CVP: <i>10</i> <i>in right (lumen)</i>                                  |
|          | LUNG: <i>right 2/3</i>                                                                    |
|          | VENT SETTINGS: <i>APRV - 32/0 / 5/0.8 / 40%</i>                                           |
|          | ABG: <i>7.50</i> pH <i>7.35</i> PCO2 <i>33</i> <i>161</i> SAT <i>88</i> ETCO2             |
|          | ABDOMEN: <i>soft bog</i>                                                                  |
|          | EXTREMITIES: <i>und</i> LABS                                                              |
|          | NEURO/GCS SCORE: <i>(15-20-40) chunky analyzed / Salt /</i>                               |
|          | <i>3 IP in (catheter right arm)</i>                                                       |
| A/P:     | 1. <i>TPH- ICH / SDH - SAH - ICH - (CSF culture - neg)</i>                                |
|          | 2. <i>hypodense - ventricle - pressure</i>                                                |
|          | 3. <i>multifocal TPA</i>                                                                  |
|          | 4. <i>thick</i>                                                                           |
|          | 5. <i>hypertension</i>                                                                    |
|          | <i>Raymond P. Bynoe, M.D.</i>                                                             |
|          | <i>James E. Morrison, MD</i>                                                              |
|          | Pg 5-1048 Pg 5-4762 272                                                                   |

7500000

PROGRESS NOTE



# PALMETTO HEALTH RICHLAND

CLARK, JAMES JR  
0432200255  
MR 012373576 MORRISON, JAMES E  
12/12/71 32Y M  
[Barcode]

(ADDRESSOGRAPH)

| DATE     | NOTES SHOULD BE SIGNED BY PHYSICIAN                                     |
|----------|-------------------------------------------------------------------------|
| 11/24/04 | Trauma                                                                  |
| 11/24/04 | No new issues last night                                                |
| 11/24/04 | Trauma today: 101 HP: 110-120                                           |
|          | RD: 110-120/60s ICD: 2-40s                                              |
|          | CPD: 40-50s                                                             |
|          | CU: RAR                                                                 |
|          | Ramp Rader on (R), ABG: 7.48/30.2/20.2/24.2<br>APRV: 34/0, 5.0/0.8, 40% |
|          | Arterial: 80 St, ND.                                                    |
|          | Medes: Nipride, Versed, MSO4, Norcuron                                  |
|          | FEAT IPN, SBT not in correct place yet.                                 |
|          | Lab: Osmid: 313, S-Na: 139, CBC: (P)                                    |
|          | Impr: TBS                                                               |
|          | Aortic arch tear                                                        |
|          | High ICD and low CPDs - No great hope for survival per NS.              |
|          | Plan: 1) V CBC                                                          |
|          | 2) Cultures                                                             |
|          | 3) Trache                                                               |
|          | 4) ↓ pH to 32                                                           |
| 11/24/04 | Trauma Brief op note                                                    |
| 11/24/04 | Preop dx: CHT, Resp failure                                             |
| 11/24/04 | Postop dx: Same                                                         |
|          | Proc: Tracheotomy, Scler #8                                             |
|          | Act: Dr. Byrnes (Present)                                               |
|          | Res: Versafl / Craft                                                    |
|          | Anesthesia: General                                                     |
|          | Complications: None                                                     |

PROGRESS NOTE

10160mr R 7/03

273

R 268

# PALMETTO HEALTH RICHLAND

CLARK, JAMES JR  
0432200255  
MR 012373576 MORRISON, JAMES E  
12/12/71 32Y M  
[Barcode]

(ADDRESSOGRAPH)

| DATE             | NOTES SHOULD BE SIGNED BY PHYSICIAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 11-28-04<br>1640 | NSS Note: Am. abd xray shows feeding tube remains in stomach. Repositioned - repeat xray shows tube remains unchanged. will obtain xray to Am<br>Shirley A. Myers RN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 11/28/04<br>0530 | ① Prior Nats Permed<br>② T 100.6 P 80 R 10 AP B 1/20 CUP 20<br>S-Dated / Paralyzed - limited exam Lt foot reactive Pop even<br>Abd soft C-collum Intubated <del>scattered</del> Just pink LLF in Traction<br>Temp low 72.5. Spikes to stimulation. Respiratory Regard<br>Drainage to maintain lung pressure, Thresh not small<br>amount obtained at a time CPP 72.5 mm Hg<br>50-70. - On Meds, Vased. Narcan etc. moved at<br>Lab: 19.2 / 10.0 (320 Osmol 318 $\frac{140}{111} \frac{108}{21} \frac{34}{10} \frac{174}{9.2}$ )<br>Medx Permed. Reslin. Lopressor added over 20 L's<br>① NOX 9 mls of Mt ② Some CHE/TBE - slo FNA<br>③ Intracranial H/W ④ chest Trauma / aortic Tear ⑤ Facial /<br>Rt eye Trauma ⑥ Lt Fem Fr in Traction ⑦ Pop. Failure last<br>⑧ Fibrile illness |

PROGRESS NOTE

10160mr R 7/03

274

# PALMETTO HEALTH RICHLAND

CLARK, JAMES JR  
0432200255  
MR 012373576 MORRISON, JAMES E  
12/12/71 32Y M  
[Barcode]

(ADDRESSOGRAPH)

| DATE     | NOTES SHOULD BE SIGNED BY PHYSICIAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 11/26/01 | p Reglan 10mg given IVP, Corpak feeding tube repositioned. Abd film: Corpak tube near ligament of Treitz. 23 cm exposed. Tube ready for use. Thank you. JMSmith RT 1843                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 26 Nov   | The pathologic process in this pt's course is unclear to me. He has been in hosp x 10 d. His ICP has been elevated this entire time despite a ventricular drain & standard medical treatment. His head scan is from the 20 <sup>th</sup> . It doesn't look like the ICP would be 40. I will get a new CT.<br>I think that he has post traumatic hydrocephalus or the ventricles are pressing in wrong. I <del>do not</del> A CT might show an infarction or another mass lesion.<br>I do not think that he can <del>have</del> still have diffuse cerebral edema this far out.<br>I will stop his n-muscular blockade. I expect that it will take a while for the Rx to be metabolized. |
|          | LPSmith                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

PROGRESS NOTE

275

CLARK, JAMES JR  
0432200255  
MR 012373576 MORRISON, JAMES E  
12/12/71 32Y M  
[Barcode]

(ADDRESSOGRAPH)

| DATE                | NOTES SHOULD BE SIGNED BY PHYSICIAN                                                                                                                              |
|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 11/26/04<br>9:50 pm | N3-<br>CST head today sl in pmt 2 vent size sl +.<br>ICP remains elevated 2.08mo 3005-3205. PE stable.<br>no wound gtt. resting quietly. <i>Amishan Zila SAT</i> |

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|                                                                               |  |  |  |                                                         |  |       |  |                                      |  |          |  |                                |  |           |  |                           |  |            |  |                                 |  |    |  |                        |  |    |  |                        |  |    |  |                   |  |    |  |                            |  |  |  |                       |  |  |  |           |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |
|-------------------------------------------------------------------------------|--|--|--|---------------------------------------------------------|--|-------|--|--------------------------------------|--|----------|--|--------------------------------|--|-----------|--|---------------------------|--|------------|--|---------------------------------|--|----|--|------------------------|--|----|--|------------------------|--|----|--|-------------------|--|----|--|----------------------------|--|--|--|-----------------------|--|--|--|-----------|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|
| PALMETTO RICHLAND<br>PO BOX 402121<br>ATLANTA GA 30384-2121<br>(803) 296-5098 |  |  |  | 2 IPR<br>251454421                                      |  |       |  | 3 PATIENT CONTROL NO.<br>R0432200255 |  |          |  | 1111                           |  |           |  |                           |  |            |  |                                 |  |    |  |                        |  |    |  |                        |  |    |  |                   |  |    |  |                            |  |  |  |                       |  |  |  |           |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |
| 5 FED. TAX NO. 001                                                            |  |  |  | 6 STATEMENT COVERS PERIOD<br>FROM 111704 THROUGH 121704 |  |       |  | 7 COVD. 30                           |  | 8 N-C.D. |  | 9 C.D.                         |  | 10 L.R.D. |  | 11 541                    |  |            |  |                                 |  |    |  |                        |  |    |  |                        |  |    |  |                   |  |    |  |                            |  |  |  |                       |  |  |  |           |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |
| 12 PATIENT NAME<br>CLARK, JAMES                                               |  |  |  | 13 PATIENT ADDRESS<br>PO BOX 3011                       |  |       |  | LANCASTER SC 29721                   |  |          |  |                                |  |           |  |                           |  |            |  |                                 |  |    |  |                        |  |    |  |                        |  |    |  |                   |  |    |  |                            |  |  |  |                       |  |  |  |           |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |
| 14 BIRTHDATE 12121971                                                         |  |  |  | 15 SEX M                                                |  | 16 MS |  | 17 DATE 111704                       |  | 18 HR 03 |  | 19 TYPE 1                      |  | 20 SRC 04 |  | 21 D HR 01                |  | 22 STAT 01 |  | 23 MEDICAL RECORD NO. 012373576 |  | 24 |  | 25                     |  | 26 |  | 27                     |  | 28 |  | 29                |  | 30 |  | 31                         |  |  |  |                       |  |  |  |           |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |
| 2 OCCURRENCE DATE 01 111704                                                   |  |  |  | 34 OCCURRENCE DATE 42 121704                            |  |       |  | 35 CODE A1                           |  |          |  | 36 OCCURRENCE SPAN FROM 121271 |  |           |  | 37                        |  |            |  | 38                              |  |    |  | 39                     |  |    |  | 40                     |  |    |  | 41                |  |    |  | 42                         |  |  |  | 43                    |  |  |  | 44        |  |  |  | 45 |  |  |  | 46 |  |  |  | 47 |  |  |  | 48 |  |  |  | 49 |  |  |  |
| PALMETTO HEALTH RICHLAND<br>FIVE RICHLAND MEDICAL PK<br><br>COLUMBIA SC 29203 |  |  |  | 39 CODE a 01                                            |  |       |  | 40 VALUE CODES AMOUNT 52500          |  |          |  | 41 CODE b 45                   |  |           |  | 42 VALUE CODES AMOUNT 600 |  |            |  | 43                              |  |    |  | 44                     |  |    |  | 45                     |  |    |  | 46                |  |    |  | 47                         |  |  |  | 48                    |  |  |  | 49        |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |
| 12 REV. CD.                                                                   |  |  |  | 43 DESCRIPTION                                          |  |       |  | 44 HCPCS/RATES                       |  |          |  | 45 SERV. DATE                  |  |           |  | 46 SERV. UNITS            |  |            |  | 47 TOTAL CHARGES                |  |    |  | 48 NON-COVERED CHARGES |  |    |  | 49                     |  |    |  |                   |  |    |  |                            |  |  |  |                       |  |  |  |           |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |
| 0110                                                                          |  |  |  | ROOM AND BOARD                                          |  |       |  | 530.00                               |  |          |  |                                |  |           |  |                           |  |            |  | 371000                          |  |    |  |                        |  |    |  |                        |  |    |  |                   |  |    |  |                            |  |  |  |                       |  |  |  |           |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |
| 0200                                                                          |  |  |  | INTENSIVE CARE                                          |  |       |  | 1740.00                              |  |          |  |                                |  |           |  |                           |  |            |  | 3480000                         |  |    |  |                        |  |    |  |                        |  |    |  |                   |  |    |  |                            |  |  |  |                       |  |  |  |           |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |
| 0206                                                                          |  |  |  | INTENSIVE CARE/POST ICU                                 |  |       |  | 1220.00                              |  |          |  |                                |  |           |  |                           |  |            |  | 366000                          |  |    |  |                        |  |    |  |                        |  |    |  |                   |  |    |  |                            |  |  |  |                       |  |  |  |           |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |
| 0250                                                                          |  |  |  | PHARMACY/GENERAL                                        |  |       |  |                                      |  |          |  |                                |  |           |  |                           |  |            |  | 11527000                        |  |    |  |                        |  |    |  |                        |  |    |  |                   |  |    |  |                            |  |  |  |                       |  |  |  |           |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |
| 0255                                                                          |  |  |  | DRUGS/INCIDENT/RAD                                      |  |       |  |                                      |  |          |  |                                |  |           |  |                           |  |            |  | 127800                          |  |    |  |                        |  |    |  |                        |  |    |  |                   |  |    |  |                            |  |  |  |                       |  |  |  |           |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |
| 0270                                                                          |  |  |  | MED/SUR SUPPLIES                                        |  |       |  |                                      |  |          |  |                                |  |           |  |                           |  |            |  | 650100                          |  |    |  |                        |  |    |  |                        |  |    |  |                   |  |    |  |                            |  |  |  |                       |  |  |  |           |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |
| 0272                                                                          |  |  |  | STERILE SUPPLY                                          |  |       |  |                                      |  |          |  |                                |  |           |  |                           |  |            |  | 248200                          |  |    |  |                        |  |    |  |                        |  |    |  |                   |  |    |  |                            |  |  |  |                       |  |  |  |           |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |
| 0278                                                                          |  |  |  | SUPPLY IMPLANTS                                         |  |       |  |                                      |  |          |  |                                |  |           |  |                           |  |            |  | 419126                          |  |    |  |                        |  |    |  |                        |  |    |  |                   |  |    |  |                            |  |  |  |                       |  |  |  |           |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |
| 0300                                                                          |  |  |  | LABORATORY                                              |  |       |  |                                      |  |          |  |                                |  |           |  |                           |  |            |  | 54900                           |  |    |  |                        |  |    |  |                        |  |    |  |                   |  |    |  |                            |  |  |  |                       |  |  |  |           |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |
| 0301                                                                          |  |  |  | LAB/CHEMISTRY                                           |  |       |  |                                      |  |          |  |                                |  |           |  |                           |  |            |  | 1913100                         |  |    |  |                        |  |    |  |                        |  |    |  |                   |  |    |  |                            |  |  |  |                       |  |  |  |           |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |
| 0302                                                                          |  |  |  | LAB/IMMUNOLOGY                                          |  |       |  |                                      |  |          |  |                                |  |           |  |                           |  |            |  | 247200                          |  |    |  |                        |  |    |  |                        |  |    |  |                   |  |    |  |                            |  |  |  |                       |  |  |  |           |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |
| 0305                                                                          |  |  |  | LAB/HEMATOLOGY                                          |  |       |  |                                      |  |          |  |                                |  |           |  |                           |  |            |  | 520400                          |  |    |  |                        |  |    |  |                        |  |    |  |                   |  |    |  |                            |  |  |  |                       |  |  |  |           |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |
| 0306                                                                          |  |  |  | LAB/BACT-MICRO                                          |  |       |  |                                      |  |          |  |                                |  |           |  |                           |  |            |  | 118900                          |  |    |  |                        |  |    |  |                        |  |    |  |                   |  |    |  |                            |  |  |  |                       |  |  |  |           |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |
| 0320                                                                          |  |  |  | DX X-RAY                                                |  |       |  |                                      |  |          |  |                                |  |           |  |                           |  |            |  | 516500                          |  |    |  |                        |  |    |  |                        |  |    |  |                   |  |    |  |                            |  |  |  |                       |  |  |  |           |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |
| 0328                                                                          |  |  |  | DX X-RAY/ARTER                                          |  |       |  |                                      |  |          |  |                                |  |           |  |                           |  |            |  | 180400                          |  |    |  |                        |  |    |  |                        |  |    |  |                   |  |    |  |                            |  |  |  |                       |  |  |  |           |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |
| 0324                                                                          |  |  |  | DX X-RAY/CHEST                                          |  |       |  |                                      |  |          |  |                                |  |           |  |                           |  |            |  | 232800                          |  |    |  |                        |  |    |  |                        |  |    |  |                   |  |    |  |                            |  |  |  |                       |  |  |  |           |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |
| 0351                                                                          |  |  |  | CT SCAN/HEAD                                            |  |       |  |                                      |  |          |  |                                |  |           |  |                           |  |            |  | 602700                          |  |    |  |                        |  |    |  |                        |  |    |  |                   |  |    |  |                            |  |  |  |                       |  |  |  |           |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |
| 0352                                                                          |  |  |  | CT SCAN/BODY                                            |  |       |  |                                      |  |          |  |                                |  |           |  |                           |  |            |  | 528800                          |  |    |  |                        |  |    |  |                        |  |    |  |                   |  |    |  |                            |  |  |  |                       |  |  |  |           |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |
| 0353                                                                          |  |  |  | CT SCAN/OTHER                                           |  |       |  |                                      |  |          |  |                                |  |           |  |                           |  |            |  | 109800                          |  |    |  |                        |  |    |  |                        |  |    |  |                   |  |    |  |                            |  |  |  |                       |  |  |  |           |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |
| 0360                                                                          |  |  |  | OR SERVICES                                             |  |       |  |                                      |  |          |  |                                |  |           |  |                           |  |            |  | 775900                          |  |    |  |                        |  |    |  |                        |  |    |  |                   |  |    |  |                            |  |  |  |                       |  |  |  |           |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |
| 0361                                                                          |  |  |  | OR SERVICES/MINOR                                       |  |       |  |                                      |  |          |  |                                |  |           |  |                           |  |            |  | 177000                          |  |    |  |                        |  |    |  |                        |  |    |  |                   |  |    |  |                            |  |  |  |                       |  |  |  |           |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |
| 0390                                                                          |  |  |  | BLOOD/STOR-PROC                                         |  |       |  |                                      |  |          |  |                                |  |           |  |                           |  |            |  | 347800                          |  |    |  |                        |  |    |  |                        |  |    |  |                   |  |    |  |                            |  |  |  |                       |  |  |  |           |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |
|                                                                               |  |  |  | (PAGE 1 OF 2)                                           |  |       |  |                                      |  |          |  |                                |  |           |  |                           |  |            |  |                                 |  |    |  |                        |  |    |  |                        |  |    |  |                   |  |    |  |                            |  |  |  |                       |  |  |  |           |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |
| 50 PAYER<br>603 DSS/MIAP                                                      |  |  |  | 51 PROVIDER NO.<br>582296052001                         |  |       |  | 52 REL. 53 ASG<br>INFO BEN           |  |          |  | 54 PRIOR PAYMENTS              |  |           |  | 55 EST. AMOUNT DUE        |  |            |  | 56                              |  |    |  |                        |  |    |  |                        |  |    |  |                   |  |    |  |                            |  |  |  |                       |  |  |  |           |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |
| 57                                                                            |  |  |  | DUE FROM PATIENT                                        |  |       |  |                                      |  |          |  |                                |  |           |  |                           |  |            |  |                                 |  |    |  |                        |  |    |  |                        |  |    |  |                   |  |    |  |                            |  |  |  |                       |  |  |  |           |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |
| 58 INSURED'S NAME<br>CLARK, JAMES                                             |  |  |  | 59 P. REL. 60 CERT. - SSN - HIC - ID NO.<br>01 PENDING  |  |       |  | 61 GROUP NAME                        |  |          |  | 62 INSURANCE GROUP NO.         |  |           |  |                           |  |            |  |                                 |  |    |  |                        |  |    |  |                        |  |    |  |                   |  |    |  |                            |  |  |  |                       |  |  |  |           |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |
| 63 TREATMENT AUTHORIZATION CODES                                              |  |  |  | 64 ESC 65 EMPLOYER NAME<br>PYRAMID                      |  |       |  | 66 EMPLOYER LOCATION                 |  |          |  |                                |  |           |  |                           |  |            |  |                                 |  |    |  |                        |  |    |  |                        |  |    |  |                   |  |    |  |                            |  |  |  |                       |  |  |  |           |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |
| 67 PRIN. DIAG. CD.<br>80121                                                   |  |  |  | 68 CODE<br>82101                                        |  |       |  | 69 CODE<br>80502                     |  |          |  | 70 CODE<br>78039               |  |           |  | 71 CODE<br>9010           |  |            |  | 72 CODE<br>5185                 |  |    |  | 73 CODE<br>E8199       |  |    |  | 74 CODE<br>2851        |  |    |  | 75 CODE<br>2639   |  |    |  | 76 ADM. DIAG. CD.<br>80121 |  |  |  | 77 E-CODE<br>E8495    |  |  |  | 78<br>29  |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |
| 79 P.C. 80<br>7915                                                            |  |  |  | 81 PRINCIPAL PROCEDURE<br>DATE 113004                   |  |       |  | 82 CODE<br>311                       |  |          |  | 83 DATE<br>112404              |  |           |  | 84 CODE<br>0118           |  |            |  | 85 DATE<br>111704               |  |    |  | 86<br>F92320           |  |    |  | 87<br>MORRISON JAMES E |  |    |  | 88<br>251-39-4655 |  |    |  | 89<br>D05532               |  |  |  | 90<br>KOON DAVID E JR |  |  |  | 91<br>277 |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |
| 84 REMARKS<br>486 3202 8026 80001<br>9604 1117 9672 1117 0331 1123            |  |  |  | 85<br>OTHER PHYS. ID<br>- 277                           |  |       |  | 86<br>DATE<br>06/15/05               |  |          |  | 87<br>X VINSON KENNETH C       |  |           |  | 88<br>122204              |  |            |  |                                 |  |    |  |                        |  |    |  |                        |  |    |  |                   |  |    |  |                            |  |  |  |                       |  |  |  |           |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |    |  |  |  |

|                                                                                                                       |  |                                |  |                                                      |  |                   |  |                                          |  |                 |  |                                                              |  |                  |  |                        |  |                                    |  |                    |  |                       |  |    |  |    |  |    |  |    |  |    |  |    |  |
|-----------------------------------------------------------------------------------------------------------------------|--|--------------------------------|--|------------------------------------------------------|--|-------------------|--|------------------------------------------|--|-----------------|--|--------------------------------------------------------------|--|------------------|--|------------------------|--|------------------------------------|--|--------------------|--|-----------------------|--|----|--|----|--|----|--|----|--|----|--|----|--|
| PALMETTO RICHLAND<br>PO BOX 402121<br>ATLANTA GA 30384-2121<br>(803) 296-5098                                         |  |                                |  | 2 IPR<br>251454421                                   |  |                   |  | 3 PATIENT CONTROL NO.<br>R0432200255     |  |                 |  | 111                                                          |  |                  |  |                        |  |                                    |  |                    |  |                       |  |    |  |    |  |    |  |    |  |    |  |    |  |
| 5 FED. TAX NO. 001                                                                                                    |  |                                |  | 6 STATEMENT COVERS PERIOD FROM 111704 THROUGH 121704 |  |                   |  | 7 COV D. 30                              |  | 8 N-C.D.        |  | 9 C-I.D.                                                     |  | 10 L-R.D.        |  | 11 541                 |  |                                    |  |                    |  |                       |  |    |  |    |  |    |  |    |  |    |  |    |  |
| 12 PATIENT NAME<br>CLARK, JAMES                                                                                       |  |                                |  | 13 PATIENT ADDRESS<br>PO BOX 3011 LANCASTER SC 29721 |  |                   |  |                                          |  |                 |  |                                                              |  |                  |  |                        |  |                                    |  |                    |  |                       |  |    |  |    |  |    |  |    |  |    |  |    |  |
| 14 BIRTHDATE<br>1212197                                                                                               |  | 15 SEX<br>M                    |  | 16 MS<br>H                                           |  | 17 DATE<br>111704 |  | 18 HR<br>09                              |  | 19 TYPE<br>1    |  | 20 SRC<br>7                                                  |  | 21 D HR<br>04    |  | 22 STAT<br>01          |  | 23 MEDICAL RECORD NO.<br>012373576 |  | 24                 |  | 25                    |  | 26 |  | 27 |  | 28 |  | 29 |  | 30 |  | 31 |  |
| 32 OCCURRENCE DATE<br>01-111704                                                                                       |  | 33                             |  | 34                                                   |  | 35                |  | 36                                       |  | 37              |  | 38                                                           |  | 39               |  | 40                     |  | 41                                 |  | 42                 |  | 43                    |  | 44 |  | 45 |  | 46 |  | 47 |  | 48 |  | 49 |  |
| 01-111704                                                                                                             |  | 11                             |  | 111704                                               |  | 42                |  | 121704                                   |  | A1-121271       |  |                                                              |  |                  |  |                        |  |                                    |  |                    |  |                       |  |    |  |    |  |    |  |    |  |    |  |    |  |
| PALMETTO HEALTH RICHLAND<br>FIVE RICHLAND MEDICAL PK<br><br>COLUMBIA SC 29203                                         |  |                                |  |                                                      |  |                   |  |                                          |  |                 |  | 39 VALUE CODES AMOUNT<br>a 01 52500 45 600<br>b<br>c<br>d    |  |                  |  |                        |  |                                    |  |                    |  |                       |  |    |  |    |  |    |  |    |  |    |  |    |  |
| 40 REV. CD.                                                                                                           |  | 43 DESCRIPTION                 |  |                                                      |  | 44 HCPCS / RATES  |  |                                          |  | 45 SERV. DATE   |  | 46 SERV. UNITS                                               |  | 47 TOTAL CHARGES |  | 48 NON-COVERED CHARGES |  | 49                                 |  |                    |  |                       |  |    |  |    |  |    |  |    |  |    |  |    |  |
| 0410                                                                                                                  |  | RESPIRATORY SVC                |  |                                                      |  |                   |  |                                          |  |                 |  |                                                              |  | 1047900          |  |                        |  |                                    |  |                    |  |                       |  |    |  |    |  |    |  |    |  |    |  |    |  |
| 0420                                                                                                                  |  | PHYSICAL THERAPY               |  |                                                      |  |                   |  |                                          |  |                 |  |                                                              |  | 65500            |  |                        |  |                                    |  |                    |  |                       |  |    |  |    |  |    |  |    |  |    |  |    |  |
| 0420                                                                                                                  |  | PHYS THERAPY/EVALUATION        |  |                                                      |  |                   |  |                                          |  |                 |  |                                                              |  | 29200            |  |                        |  |                                    |  |                    |  |                       |  |    |  |    |  |    |  |    |  |    |  |    |  |
| 0430                                                                                                                  |  | OCCUPATIONAL THERAPY           |  |                                                      |  |                   |  |                                          |  |                 |  |                                                              |  | 54700            |  |                        |  |                                    |  |                    |  |                       |  |    |  |    |  |    |  |    |  |    |  |    |  |
| 0430                                                                                                                  |  | OCCUPATIONAL THERAPY EVA       |  |                                                      |  |                   |  |                                          |  |                 |  |                                                              |  | 29200            |  |                        |  |                                    |  |                    |  |                       |  |    |  |    |  |    |  |    |  |    |  |    |  |
| 0440                                                                                                                  |  | SPEECH PATHOLOGY               |  |                                                      |  |                   |  |                                          |  |                 |  |                                                              |  | 60900            |  |                        |  |                                    |  |                    |  |                       |  |    |  |    |  |    |  |    |  |    |  |    |  |
| 0440                                                                                                                  |  | SPEECH PATHOLOGY EVALUAT       |  |                                                      |  |                   |  |                                          |  |                 |  |                                                              |  | 117900           |  |                        |  |                                    |  |                    |  |                       |  |    |  |    |  |    |  |    |  |    |  |    |  |
| 0460                                                                                                                  |  | PULMONARY FUNCTIONS-DIAG       |  |                                                      |  |                   |  |                                          |  |                 |  |                                                              |  | 561600           |  |                        |  |                                    |  |                    |  |                       |  |    |  |    |  |    |  |    |  |    |  |    |  |
| 0700                                                                                                                  |  | CAST ROOM                      |  |                                                      |  |                   |  |                                          |  |                 |  |                                                              |  | 17800            |  |                        |  |                                    |  |                    |  |                       |  |    |  |    |  |    |  |    |  |    |  |    |  |
| 0740                                                                                                                  |  | EEG                            |  |                                                      |  |                   |  |                                          |  |                 |  |                                                              |  | 159000           |  |                        |  |                                    |  |                    |  |                       |  |    |  |    |  |    |  |    |  |    |  |    |  |
| 0940                                                                                                                  |  | COMPLEX MEDICAL EQUIP/AN       |  |                                                      |  |                   |  |                                          |  |                 |  |                                                              |  | 42200            |  |                        |  |                                    |  |                    |  |                       |  |    |  |    |  |    |  |    |  |    |  |    |  |
| HOSPITAL BENEFITS ASSIGNED TO<br>RICHLAND MEMORIAL HOSPITAL<br>PLEASE SHOW ACCOUNT HISTORY<br>NO. ON REMITTANCE CHECK |  |                                |  |                                                      |  |                   |  |                                          |  |                 |  |                                                              |  |                  |  |                        |  |                                    |  |                    |  |                       |  |    |  |    |  |    |  |    |  |    |  |    |  |
| 001                                                                                                                   |  | (PAGE 2 OF 2)<br>TOTAL CHARGES |  |                                                      |  |                   |  |                                          |  |                 |  |                                                              |  | 25701326         |  |                        |  |                                    |  |                    |  |                       |  |    |  |    |  |    |  |    |  |    |  |    |  |
| 50 PAYER<br>603 DSS/MIAF                                                                                              |  |                                |  | 51 PROVIDER NO.<br>582296052001                      |  |                   |  | 52 REL. & 53 ASS. INFO                   |  |                 |  | 54 PRIOR PAYMENTS                                            |  |                  |  | 55 EST. AMOUNT DUE     |  |                                    |  | 56                 |  |                       |  |    |  |    |  |    |  |    |  |    |  |    |  |
| 57                                                                                                                    |  |                                |  | DUE FROM PATIENT                                     |  |                   |  |                                          |  |                 |  |                                                              |  |                  |  |                        |  |                                    |  |                    |  |                       |  |    |  |    |  |    |  |    |  |    |  |    |  |
| 58 INSURED'S NAME<br>CLARK, JAMES                                                                                     |  |                                |  | 59 P. REL.<br>01                                     |  |                   |  | 60 CERT. - SSN - NIC - ID NO.<br>PENDING |  |                 |  | 61 GROUP NAME                                                |  |                  |  | 62 INSURANCE GROUP NO. |  |                                    |  |                    |  |                       |  |    |  |    |  |    |  |    |  |    |  |    |  |
| 63 TREATMENT AUTHORIZATION CODES                                                                                      |  |                                |  | 64 ESC<br>1                                          |  |                   |  | 65 EMPLOYER NAME<br>PYRAMID              |  |                 |  | 66 EMPLOYER LOCATION                                         |  |                  |  |                        |  |                                    |  |                    |  |                       |  |    |  |    |  |    |  |    |  |    |  |    |  |
| 67 PRIN. DIAG. CD.<br>80121                                                                                           |  | 68 CODE<br>82101               |  | 69 CODE<br>80502                                     |  | 70 CODE<br>78039  |  | 71 CODE<br>9010                          |  | 72 CODE<br>5185 |  | 73 CODE<br>E8199                                             |  | 74 CODE<br>2851  |  | 75 CODE<br>2639        |  | 76 ADM. DIAG. CD.<br>80121         |  | 77 E-CODE<br>E8495 |  | 78<br>29              |  |    |  |    |  |    |  |    |  |    |  |    |  |
| 79 PC<br>P                                                                                                            |  | 80<br>7915                     |  | 81<br>11300                                          |  | 82<br>311         |  | 83<br>112404                             |  | 84<br>0118      |  | 85<br>111704                                                 |  | 86<br>F92320     |  | 87<br>MURRISON JAMES E |  | 88<br>251-39-4655                  |  | 89<br>DO5532       |  | 90<br>KOUN DAVID E JR |  |    |  |    |  |    |  |    |  |    |  |    |  |
| 89                                                                                                                    |  | 90                             |  | 91                                                   |  | 92                |  | 93                                       |  | 94              |  | 95                                                           |  | 96               |  | 97                     |  | 98                                 |  | 99                 |  | 100                   |  |    |  |    |  |    |  |    |  |    |  |    |  |
| 9604                                                                                                                  |  | 1117                           |  | 9672                                                 |  | 1117              |  | 0331                                     |  | 1123            |  |                                                              |  |                  |  |                        |  |                                    |  |                    |  |                       |  |    |  |    |  |    |  |    |  |    |  |    |  |
| 84 REMARKS<br>486 3101 8026 80001<br>9604 1117 9672 1117 0331 1123                                                    |  |                                |  |                                                      |  |                   |  |                                          |  |                 |  | 85 PROVIDER SIGNATURE<br>X VINSON, KENNETH C 04/06/05 125204 |  |                  |  |                        |  |                                    |  |                    |  |                       |  |    |  |    |  |    |  |    |  |    |  |    |  |

JB-92 CMS-1450

OCR/ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

R 273



Client Name: Palmetto Health Richland

Client Address: 5 Richland Medical Park

Columbia, SC 29203

Admitting Physician: Voss MD, Frank R

Attending Physician: Voss MD, Frank R

Patient Name: CLARK, JAMES

Patient Address: PO BOX 3011

LANCASTER, SOUTH CAROLINA 29721

Age: 34 years

Date of Birth: 12/12/1970

MRN: R012373576

FIN: R0436300320

Financial Class: Medicaid

Admit Date: 12/28/2004

Admit Time: 8:18:00 AM

Discharge Date: 12/28/2004

Discharge Time: 11:59:00 PM

### **A l l e r g i e s**

|                                           |                                                                 |
|-------------------------------------------|-----------------------------------------------------------------|
| Substance: aspirin                        |                                                                 |
| Update Dt Tm Updated By                   |                                                                 |
| 11/26/2004 1:21:12 AM Worley, Katherine E | Reaction Status: Active; Type: Allergy; Category: Drug Allergy; |
| 11/26/2004 3:01:05 AM Worley, Katherine E | Reaction Status: Canceled;                                      |

|                                            |                                                                 |
|--------------------------------------------|-----------------------------------------------------------------|
| Substance: NKA                             |                                                                 |
| Update Dt Tm Updated By                    |                                                                 |
| 11/17/2004 6:24:35 PM Basily RN, Russell T | Reaction Status: Active; Type: Allergy; Category: Drug Allergy; |
| 11/26/2004 1:21:12 AM Basily RN, Russell T | Reaction Status: Canceled;                                      |
| 11/26/2004 3:01:48 AM Worley, Katherine E  | Reaction Status: Active;                                        |



Client Name: Palmetto Health Richland  
Client Address: 5 Richland Medical Park  
Columbia, SC 29203

Admitting Physician: Voss MD, Frank R  
Attending Physician: Voss MD, Frank R

Patient Name: CLARK, JAMES  
Patient Address: PO BOX 3011  
LANCASTER, SOUTH CAROLINA 29721  
Age: 34 years  
Date of Birth: 12/12/1970

MRN: R012373576  
FIN: R0436300320  
Financial Class: Medicaid  
Admit Date: 12/28/2004  
Admit Time: 8:18:00 AM  
Discharge Date: 12/28/2004  
Discharge Time: 11:59:00 PM

# Order Details

|                                                                                                                                                              |                       |                    |                   |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------|-------------------|------------------------|
| Order Date/Time:                                                                                                                                             | 12/28/2004 8:44:00 AM |                    |                   |                        |
| Mnemonic:                                                                                                                                                    | CR Femur Left         |                    |                   |                        |
| Department Status:                                                                                                                                           | Type of Order:        | Order Status:      |                   |                        |
| Completed                                                                                                                                                    | Radiology             | Completed          |                   |                        |
| Action Date/Time                                                                                                                                             | Action                | Ordering Physician | Action Personnel  | Communication Type     |
| 12/29/2004 8:57:26 AM                                                                                                                                        | Complete              | Voss MD, Frank R   | Deuskar MD, Sudan | N/A                    |
| 12/28/2004 8:58:20 AM                                                                                                                                        | Status Change         | Voss MD, Frank R   | Robinton, Lynn E  | N/A                    |
| 12/28/2004 8:54:01 AM                                                                                                                                        | Status Change         | Voss MD, Frank R   | Robinton, Lynn E  | N/A                    |
| 12/28/2004 8:46:07 AM                                                                                                                                        | Order                 | Voss MD, Frank R   | Mayo, Janet T     | Written (includes fax) |
| Review Information: N/A                                                                                                                                      |                       |                    |                   |                        |
| Order Details: 12/28/04 08:44:00, Reason: injury, Transport: Walk, R Ortho Clinic, OTHER AND UNSPECIFIED INJURY TO OTHER SPECIFIED SITES, INCLUDING MULTIPLE |                       |                    |                   |                        |

Patient Name: CLARK, JAMES  
MRN: R012373576

Page 2 of 4

Print Date/Time 5/14/2008 9:10 AM

281

R 276

Client Name: Palmetto Health Richland  
Client Address: 5 Richland Medical Park  
Columbia, SC 29203

Admitting Physician: Voss MD, Frank R  
Attending Physician: Voss MD, Frank R

Patient Name: CLARK, JAMES  
Patient Address: PO BOX 3011  
LANCASTER, SOUTH CAROLINA 29721  
Age: 34 years  
Date of Birth: 12/12/1970

MRN: R012373576  
FIN: R0436300320  
Financial Class: Medicaid  
Admit Date: 12/28/2004  
Admit Time: 8:18:00 AM  
Discharge Date: 12/28/2004  
Discharge Time: 11:59:00 PM

# **o r d e r s**

Order Date/Time 12/28/2004 8:46:07 AM

|                                                                                                                                                                |                 |                                  |                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------|----------------------------|
| Mnemonic<br><b>CR Femur Left</b>                                                                                                                               | Action<br>Order | Order Status<br>Completed        | Type of Order<br>Radiology |
| Ordering Physician<br>Voss MD, Frank R                                                                                                                         |                 | Order Placed By<br>Mayo, Janet T |                            |
| Review Information N/A                                                                                                                                         |                 |                                  |                            |
| Order Details<br>12/28/04 08:44:00, Reason: injury, Transport: Walk, R Ortho Clinic, OTHER AND UNSPECIFIED INJURY TO OTHER SPECIFIED SITES, INCLUDING MULTIPLE |                 |                                  |                            |

Client Name: Palmetto Health Richland

Client Address: 5 Richland Medical Park

Columbia, SC 29203

Admitting Physician: Voss MD, Frank R

Attending Physician: Voss MD, Frank R

Patient Name: CLARK, JAMES

Patient Address: PO BOX 3011

LANCASTER, SOUTH CAROLINA 29721

Age: 34 years

Date of Birth: 12/12/1970

MRN: R012373576

FIN: R0436300320

Financial Class: Medicaid

Admit Date: 12/28/2004

Admit Time: 8:18:00 AM

Discharge Date: 12/28/2004

Discharge Time: 11:59:00 PM

## R a d i o l o g y R e p o r t s

Ordering Provider:

Voss MD, Frank R

Ordered Test Name:

CR Femur Left

Accession Number:

CR-04-181003

Exam Date/Time:

12/28/2004 8:57:28 AM

injury

### Findings:

LEFT FEMUR, TWO VIEWS - 12/28/04:

HISTORY: Injury.

Callus formation indicates progressive healing without significant change in alignment of fracture fragments of shaft of femur compared to 11/30/04. Intramedullary rod remains in place.

IMPRESSION:

HEALING FRACTURE OF FEMORAL SHAFT WITH CONTINUED SATISFACTORY ALIGNMENT.

\*\*\* Final \*\*\*

Read by: Deuskar MD, Sudan

Released By: Sudan Deuskar

on: 12/29/2004 08:54

Transcriptionist: AJC

Trans Date/Time: 12/28/2004 17:49

Technologist: Robinton, Lynn E

Patient Name: CLARK, JAMES  
MRN: R012373576

Page 4 of 4

Print Date/Time 5/14/2008 9:10 AM

283

R 278

UB-92 CMS-1450

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

**ITEMIZED STATEMENT  
OF CHARGES**

| TYPE OF BILL | DATE OF BILL | PAGE NO. |
|--------------|--------------|----------|
| D1-CLN       | 01/04/05     | 1        |

| PATIENT NAME           | PATIENT NUMBER | SEX           | AGE                                  | ADMISSION DATE | DISCHARGE DATE | DAYS |
|------------------------|----------------|---------------|--------------------------------------|----------------|----------------|------|
| JAMES CLARK JR         | 0436300320     | M             | 33Y                                  | 12/28/04       | 12/28/04       |      |
| INSURANCE COMPANY NAME | GROUP NUMBER   | POLICY NUMBER | PLEASE RETAIN<br>FOR YOUR<br>RECORDS |                |                |      |
| 190619 MEDICAID        |                | 2780397510    |                                      |                |                |      |
| 190660 1500 MEDICAID   |                | 2780397510    |                                      |                |                |      |
| 010600 SELF-PAY        |                | 251454421     |                                      |                |                |      |

| GUARANTOR<br>NAME<br>AND<br>ADDRESS | JAMES CLARK JR<br>PO BOX 3011<br>LANCASTER SC<br>29721 | FOR PATIENT INFORMATION ONLY.<br>ALL BENEFITS ASSIGNED TO<br>RICHLAND MEMORIAL HOSPITAL<br>FOR QUESTIONS CALL (803) 434-2900<br>or 1-800-499-5962 |
|-------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
|-------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

| DATE     | ITEM NO. | DESCRIPTION                         | CLM.<br>CODE | ORDER<br>NO. | QTY. | UNIT PRICE | TOTAL CHARGES      |
|----------|----------|-------------------------------------|--------------|--------------|------|------------|--------------------|
| 12/28/04 | 765      | CR FEMUR LEFT<br>TOTAL DX X-RAY     | 0520         |              | 1    | 245.00     | 245.00<br>\$245.00 |
| 12/28/04 | 23342    | NEW PATIENT LEVEL 1<br>TOTAL CLINIC | 0510         |              | 2    | 76.00      | 76.00<br>\$76.00   |
|          |          | TOTAL CHARGES                       |              |              |      |            | \$321.00           |
|          |          | TOTAL PAYMENTS/ADJUSTMENTS          |              |              |      |            | 0.00               |
|          |          |                                     |              |              |      |            | 285                |

**PATIENT NUMBER**  
0436300320

PLEASE REFER TO PATIENT  
NUMBER ON ALL INQUIRIES  
AND CORRESPONDENCE.

ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR  
ANY CHARGES NOT POSTED WHEN THIS BILL IS PRE-  
PARED, OR IF ANY INSURANCE CARRIERS DO NOT PAY  
ANY AMOUNT OF THE AMOUNTS SHOWN.

**TOTAL AMOUNT  
DUE** \$321.00

CT Head Without Contrast

CLARK, JAMES - R012373576

\* Final Report \*

Result type: CT Head Without Contrast  
Result date: 02 February 2005 13:50  
Result status: Auth (Verified)  
Verified by: Hudson MD, Edwin R on 05 February 2005 17:03  
Encounter info: R0503300834, Richland, 3MP-Op Registration, 2/2/2005 - 2/2/2005

\* Final Report \*

Reason For Exam  
F/U Head Injury

Finding:  
CT BRAIN, 2/2/05:

CLINICAL HISTORY: 33-YEAR-OLD MALE WITH HISTORY OF HEAD INJURY. STUDY REQUESTED IN FOLLOWUP.

TECHNIQUE: 5 MM CONTIGUOUS AXIAL IMAGING OF THE BRAIN WAS PERFORMED FROM THE BASE OF THE SKULL TO THE VERTEX. BRAIN AND BONE WINDOWED IMAGES ARE REVIEWED.

FINDINGS:

Correlation is made with the previous study performed 12/11/04. Acute hemorrhage is not identified. Small left parietal temporal subdural collection was reported on the previous study. This has essentially resolved on the current exam.

Ventricular system is within normal limits in size for age and stable. No shift of midline. Basilar cisterns remain defined.

Review of the bone windows show further opacification of the right maxillary sinus. Right orbital floor and medial wall fracture is again identified. Distortion of the nasal bone is again seen.

IMPRESSION:

1. NO ACUTE HEMORRHAGE OR INTRACRANIAL EVENT.
2. RESOLUTION OF VERY SMALL LOW DENSITY SUBDURAL COLLECTION NOTED ON THE PREVIOUS STUDY.
3. RIGHT ORBITAL/NASAL BONE FRACTURES AS PREVIOUSLY DOCUMENTED.

Printed by: Mabus, Adrian L  
Printed on: 5/14/2008 8:59

Page 1 of 2  
(Continued)

286

CT Head Without Contrast

CLARK, JAMES - R012373576

\* Final Report \*

**Signature Line**

\*\*\* Final \*\*\*

Read by: Hudson MD, Edwin R

Released By: Edwin R. Hudson

on: 02/05/2005 17:03

Transcriptionist: KML

Trans Date/Time: 02/02/2005 15:03

Technologist: Alcorn, Erin K, Motorwalla, Shirin R, Butler, Pamela

**Completed Action List:**

- \* Perform by Hudson MD, Edwin R on 02 February 2005 13:50
- \* Assist by Marchand MD, Arturo E on 02 February 2005 13:50
- \* Assist by Alcorn, Erin K on 02 February 2005 13:50
- \* Assist by Motorwalla, Shirin R on 02 February 2005 13:50
- \* Assist by Butler, Pamela R on 02 February 2005 13:50
- \* VERIFY by Hudson MD, Edwin R on 05 February 2005 17:03

Printed by: Mabus, Adrian L  
Printed on: 5/14/2008 8:59

Page 2 of 2  
(End of Report)

287

R 282

CR Cervical Spine 2 Views Flex+Ext Only

CLARK, JAMES - R012373576

\* Final Report \*

Result type: CR Cervical Spine 2 Views Flex+Ext Only  
Result date: 02 February 2005 13:47  
Result status: Auth (Verified)  
Verified by: Kantsiper MD, Alan B on 02 February 2005 18:29  
Encounter info: R0503300834, Richland, 3MP-Op Registration, 2/2/2005 - 2/2/2005

**\* Final Report \***

**Reason For Exam**  
c2 fx

**Finding:**  
CERVICAL SPINE, FLEXION AND EXTENSION:

**HISTORY:** Follow-up C2 fracture.

Lateral views were obtained demonstrating the spine in neutral, flexion and extension.

Neutral demonstrates the spine down to C7 with a prominent anterior osteophytic spur on the anterior inferior aspect of C2. Flexion visualizes the spine down to C6-7, as well. Extension visualizes the spine down to the upper border of C7. No evidence of subluxation is demonstrated. Prevertebral space is normal. No obvious fracture sites are identified.

**CONCLUSION:**

PROMINENT SPUR-LIKE AREA NOTED FROM THE ANTERIOR INFERIOR ASPECT OF C2. NO SUBLUXATION IS DEMONSTRATED. THERE APPEARS TO BE WIDENING AT THE C2-3 DISC SPACE ON EXTENSION AND FLEXION, ANTERIORLY. WIDENING OF DISC SPACE APPEARS TO INCREASE SOMEWHAT IN EXTENSION.

**Signature Line**

\*\*\* Final \*\*\*

Read by: Kantsiper MD, Alan B  
Released By: Alan B. Kantsiper  
on: 02/02/2005 18:29

Printed by: Mabus, Adrian L  
Printed on: 5/14/2008 8:59

Page 1 of 2  
(Continued)

288



CR Cervical Spine 2 Views Flex+Ext Only

CLARK, JAMES - R012373576

\* Final Report \*

Transcriptionist: SEE

Trans Date/Time: 02/02/2005 16:32

Technologist: Alcorn, Erin K, Motorwalla, Shirin R

**Completed Action List:**

- \* Perform by Alcorn, Erin K on 02 February 2005 13:47
- \* Assist by Motorwalla, Shirin R on 02 February 2005 13:47
- \* VERIFY by Kantsiper MD, Alan B on 02 February 2005 18:29

Printed by: Mabus, Adrian L  
Printed on: 5/14/2008 8:59

Page 2 of 2  
(End of Report)

— 289

**R 284**

CT Chest W/ Contrast

CLARK, JAMES - R012373576

\* Final Report \*

Result type: CT Chest W/ Contrast  
Result date: 02 February 2005 13:50  
Result status: Auth (Verified)  
Verified by: Marchand MD, Arturo E on 03 February 2005 11:46  
Encounter info: R0503300834, Richland, 3MP-Op Registration, 2/2/2005 - 2/2/2005

\* Final Report \*

Reason For Exam  
aortic tear

Finding:  
HISTORY: Status post aortic injury.

CT OF CHEST:

TECHNIQUE: Consecutive sections were obtained from lung apices through the upper abdomen during intravenous injection of 100 cc of Optiray 320 contrast material.

FINDINGS:  
The previously described, traumatic dissection of the descending aorta at the insertion of the ligamentum arteriosum is less apparent in the present examination. There is no evidence of extravasation of contrast material. The aorta is otherwise unremarkable and unchanged since the previous examination. No infiltrates or pleural effusions are present. Vascularity is within normal limits. The heart is normal in size.

IMPRESSION:

INTERVAL HEALING OF THE PREVIOUSLY DESCRIBED TRAUMATIC DISSECTION OF THE AORTA SINCE 11/17/04. MINIMAL IRREGULARITY OF CONTOUR STILL REMAINS. NO OTHER CHANGE. NO OTHER SIGNIFICANT ABNORMALITY PRESENT.

Signature Line  
\*\*\* Final \*\*\*  
Read by: Marchand MD, Arturo E  
Released By: Arturo E. Marchand

Printed by: Mabus, Adrian L  
Printed on: 5/14/2008 8:59

Page 1 of 2  
(Continued)

290

R 285

CT Chest W/ Contrast

CLARK, JAMES - R012373576

\* Final Report \*

on: 02/03/2005 11:46

Transcriptionist: SEE

Trans Date/Time: 02/02/2005 20:33

Technologist: Alcorn, Erin K, Motorwalla, Shirin R, Butler, Pamela

**Completed Action List:**

- \* Perform by Hudson MD, Edwin R on 02 February 2005 13:50
- \* Assist by Marchand MD, Arturo E on 02 February 2005 13:50
- \* Assist by Alcorn, Erin K on 02 February 2005 13:50
- \* Assist by Motorwalla, Shirin R on 02 February 2005 13:50
- \* Assist by Butler, Pamela R on 02 February 2005 13:50
- \* VERIFY by Marchand MD, Arturo E on 03 February 2005 11:46

Printed by: Mabus, Adrian L  
Printed on: 5/14/2008 8:59

Page 2 of 2  
(End of Report)

— 291

R 286

Oct-09-09 04:40pm From-

T-710 P.004/012 F-972

**PALMETTO HEALTH**  
RICHLAND293 Graystone Blvd.  
Columbia, SC 29210STATEMENT  
OF CHARGES

| PATIENT NAME                            | PATIENT NUMBER                                   | SEX                      | AGE                                                                                                                                             | ADMISSION DATE                 | DISCHARGE DATE | DAY |
|-----------------------------------------|--------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------|-----|
| JAMES CLARK                             | 0503300834                                       | M                        | 30Y                                                                                                                                             | 02/02/05                       | 02/02/05       |     |
| INSURANCE COMPANY NAME                  | GROUP NUMBER                                     | POLICY NUMBER            |                                                                                                                                                 | PLEASE RETAIN FOR YOUR RECORDS |                |     |
| 190619 MEDICAID<br>190660 1500 MEDICAID |                                                  | 2780397510<br>2780397510 |                                                                                                                                                 |                                |                |     |
| JARANTOR NAME AND ADDRESS               | JAMES CLARK<br>PO BOX 3011<br>LANCASTER SC 29721 |                          | FOR PATIENT INFORMATION ONLY.<br>ALL BENEFITS ASSIGNED TO<br>PALMETTO HEALTH RICHLAND<br>FOR QUESTIONS CALL (803) 296-5098<br>or 1-800-243-7711 |                                |                |     |

| DATE     | ITEM NO. | DESCRIPTION                   | CLM CODE | ORDER NO. | QTY. | UNIT PRICE | TOTAL CHARGE |
|----------|----------|-------------------------------|----------|-----------|------|------------|--------------|
|          |          | 0255 DRUGS/INCIDENT/RAD       |          |           |      |            | 270.00       |
|          |          | 0320 DX X-RAY                 |          |           |      |            | 247.00       |
|          |          | 0351 CT SCAN/HEAD             |          |           |      |            | 1083.00      |
|          |          | 0352 CT SCAN/BODY             |          |           |      |            | 1561.00      |
|          |          | TOTAL CHARGES                 |          |           |      |            | 3161.00      |
| 02/02/05 | P0002    | 225 PERSONAL PAYMENT-CASH     |          |           |      |            | -3.00        |
| 02/22/05 | I2302    | 205 MEDICAID PAYMENT          |          |           |      |            | -272.90      |
| 02/22/05 | A2306    | 205 MEDICAID ADJ              |          |           |      |            | -2888.10     |
| 03/15/05 | A2700    | 0 SMALL BALANCE WRITE OFF ADJ |          |           |      |            | 3.00         |
|          |          | TOTAL PAYMENTS/ADJUSTMENTS    |          |           |      |            | -3161.00     |

HOSPITAL BENEFITS ASSIGNED TO  
PALMETTO HEALTH  
PLEASE SHOW ACCOUNT HISTORY  
NO. ON REMITTANCE CHECK

PATIENT NUMBER

0503300834

PLEASE REFER TO PATIENT  
NUMBER ON ALL INQUIRIES  
AND CORRESPONDENCE.ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR  
ANY CHARGES NOT POSTED WHEN THIS BILL IS PRE-  
PARED, OR IF ANY INSURANCE CARRIERS DO NOT PAY  
ANY AMOUNT OF THE AMOUNTS SHOWN.TOTAL AMOUNT  
DUE

0.00

PLEASE RETAIN FOR YOUR RECORDS

292

75018406

R 287

Client Name: Palmetto Health Richland  
Client Address: 5 Richland Medical Park  
Columbia, SC 29203

Admitting Physician: Koon MD, David E  
Attending Physician: Koon MD, David E

Patient Name: CLARK, JAMES  
Patient Address: PO BOX 3011  
LANCASTER, SOUTH CAROLINA 29721  
Age: 34 years  
Date of Birth: 12/12/1970

MRN: R012373576  
FIN: R0503900473  
Financial Class: Medicaid  
Admit Date: 2/8/2005  
Admit Time: 9:46:00 AM  
Discharge Date: 2/8/2005  
Discharge Time: 11:59:00 PM

### **A l l e r g i e s**

|                                           |                                                                 |
|-------------------------------------------|-----------------------------------------------------------------|
| Substance: aspirin                        |                                                                 |
| Update Dt Tm Updated By                   |                                                                 |
| 11/26/2004 1:21:12 AM Worley, Katherine E | Reaction Status: Active; Type: Allergy; Category: Drug Allergy; |
| 11/26/2004 3:01:05 AM Worley, Katherine E | Reaction Status: Canceled;                                      |

|                                            |                                                                 |
|--------------------------------------------|-----------------------------------------------------------------|
| Substance: NKA                             |                                                                 |
| Update Dt Tm Updated By                    |                                                                 |
| 11/17/2004 6:24:35 PM Basily RN, Russell T | Reaction Status: Active; Type: Allergy; Category: Drug Allergy; |
| 11/26/2004 1:21:12 AM Basily RN, Russell T | Reaction Status: Canceled;                                      |
| 11/26/2004 3:01:48 AM Worley, Katherine E  | Reaction Status: Active;                                        |

Client Name: Palmetto Health Richland

Client Address: 5 Richland Medical Park

Columbia, SC 29203

Admitting Physician: Koon MD, David E

Attending Physician: Koon MD, David E

Patient Name: CLARK, JAMES

Patient Address: PO BOX 3011

LANCASTER, SOUTH CAROLINA 29721

Age: 34 years

Date of Birth: 12/12/1970

MRN: R012373576

FIN: R0503900473

Financial Class: Medicaid

Admit Date: 2/8/2005

Admit Time: 9:46:00 AM

Discharge Date: 2/8/2005

Discharge Time: 11:59:00 PM

### Order Details

|                                                                                                                                                               |                      |                    |                             |                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------|-----------------------------|---------------------------|
| Order Date/Time:                                                                                                                                              | 2/8/2005 11:03:00 AM |                    |                             |                           |
| Mnemonic:                                                                                                                                                     | CR Femur Left        |                    |                             |                           |
| Department Status:                                                                                                                                            | Type of Order:       | Order Status:      |                             |                           |
| Completed                                                                                                                                                     | Radiology            | Completed          |                             |                           |
| Action Date/Time                                                                                                                                              | Action               | Ordering Physician | Action Personnel            | Communication Type        |
| 2/9/2005 10:53:42 AM                                                                                                                                          | Complete             | Koon MD, David E   | Shah MD, Paresb P           | N/A                       |
| 2/8/2005 11:55:46 AM                                                                                                                                          | Status Change        | Koon MD, David E   | Robinton, Lynn E            | N/A                       |
| 2/8/2005 11:54:43 AM                                                                                                                                          | Status Change        | Koon MD, David E   | Robinton, Lynn E            | N/A                       |
| 2/8/2005 11:04:22 AM                                                                                                                                          | Order                | Koon MD, David E   | Pearson RN,<br>Jacqueline K | Written (includes<br>fax) |
| Review Information: N/A                                                                                                                                       |                      |                    |                             |                           |
| Order Details: 02/08/05 11:03:00, Reason: PAIN, Transport: Walk, R Ortho Clinic, OTHER<br>AND UNSPECIFIED INJURY TO OTHER SPECIFIED SITES, INCLUDING MULTIPLE |                      |                    |                             |                           |

Patient Name: CLARK, JAMES  
MRN: R012373576

Page 2 of 4

Print Date/Time 5/14/2008 9:08 AM

294

R 289

Client Name: Palmetto Health: Richland  
Client Address: 5 Richland Medical Park  
Columbia, SC 29203

Admitting Physician: Koon MD, David E  
Attending Physician: Koon MD, David E

Patient Name: CLARK, JAMES  
Patient Address: PO BOX 3011  
LANCASTER, SOUTH CAROLINA 29721  
Age: 34 years  
Date of Birth: 12/12/1970

MRN: R012373576  
FIN: R0503900473  
Financial Class: Medicaid  
Admit Date: 2/8/2005  
Admit Time: 9:46:00 AM  
Discharge Date: 2/8/2005  
Discharge Time: 11:59:00 PM

### Orders

Order Date/Time 2/8/2005 11:04:22 AM

|                                                                                                                                                              |                 |                                             |                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------|----------------------------|
| Order Date/Time 2/8/2005 11:04:22 AM                                                                                                                         |                 |                                             |                            |
| Mnemonic<br>CR Femur Left                                                                                                                                    | Action<br>Order | Order Status<br>Completed                   | Type of Order<br>Radiology |
| Ordering Physician<br>Koon MD, David E                                                                                                                       |                 | Order Placed By<br>Pearson RN, Jacqueline K |                            |
| Review Information N/A                                                                                                                                       |                 |                                             |                            |
| Order Details<br>02/08/05 11:03:00, Reason: PAIN, Transport: Walk, R Ortho Clinic, OTHER AND UNSPECIFIED INJURY TO OTHER SPECIFIED SITES, INCLUDING MULTIPLE |                 |                                             |                            |

Client Name: Palmetto Health Richland  
Client Address: 5 Richland Medical Park  
Columbia, SC 29203

Admitting Physician: Koon MD, David E  
Attending Physician: Koon MD, David E

Patient Name: CLARK, JAMES  
Patient Address: PO BOX 3011  
LANCASTER, SOUTH CAROLINA 29721  
Age: 34 years  
Date of Birth: 12/12/1970

MRN: R012373576  
FIN: R0503900473  
Financial Class: Medicaid  
Admit Date: 2/8/2005  
Admit Time: 9:46:00 AM  
Discharge Date: 2/8/2005  
Discharge Time: 11:59:00 PM

### **R a d i o l o g y R e p o r t s**

Ordering Provider:  
Koon MD, David E

Ordered Test Name:  
CR Femur Left

Accession Number:  
CR-05-019794

Exam Date/Time:  
2/8/2005 11:55:29 AM

PAIN

### **Findings:**

#### **LEFT FEMUR:**

The patient has an old healing fracture of the lower and mid shaft of the left femur. This fracture has been immobilized with intramedullary rod. There is exuberant callus formation present. Left hip joint and knee joints are grossly normal. Compared to previous study, there is much more callus formation.

\*\*\* Final \*\*\*

Read by: Shah MD, Paresh P  
Released By: Paresh P. Shah  
on: 02/09/2005 10:50

Transcriptionist: CMS  
Trans Date/Time: 02/09/2005 08:27  
Technologist: Robinton, Lynn E



CT Orbits W/O Contrast

CLARK, JAMES - R012373576

\* Final Report \*

Result type: CT Orbits W/O Contrast  
Result date: 24 March 2005 12:49  
Result status: Auth (Verified)  
Verified by: Richmond MD, G Eddie on 25 March 2005 11:10  
Encounter info: R0508300777, Richland, 3MP-Op Registration, 3/24/2005 - 3/24/2005

**\* Final Report \***

**Reason For Exam**  
orbital fx

**Finding:**

CLINICAL INFORMATION: Facial fracture follow up.

CT scan of the orbits were done with 2.5 mm axial and coronal images through the orbits and images reviewed in bone and soft tissue windows.

There is a "trap door" type fracture of the floor of the right orbit. The inferior rectus muscle is displaced inferiorly but no below the fracture. There is mucoperiosteal thickening in the right maxillary sinus compatible with chronic sinusitis. Fracture appears to be old. There also is a medial compressed fracture of the medial wall of the right orbit, this is probably also old. Left orbit is intact and the left maxillary sinus is clear. There is deviation of the nasal septum to the left.

IMPRESSION: OLD TRAP DOOR TYPE FRACTURE OF THE FLOOR OF THE RIGHT ORBIT  
WITHOUT MUSCLE ENTRAPMENT. CHRONIC RIGHT MAXILLARY SINUSITIS.

**Signature Line**

\*\*\* Final \*\*\*

Read by: Richmond MD, G Eddie  
Released By: G E. Richmond  
on: 03/25/2005 11:10

Transcriptionist: KWB  
Trans Date/Time: 03/25/2005 10:24  
Technologist: Butler, Pamela R

Printed by: Mabus, Adrian L  
Printed on: 5/14/2008 8:58

Page 1 of 2  
(Continued)

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R 292

CT Orbits W/O Contrast

CLARK, JAMES - R012373576

\* Final Report \*

**Completed Action List:**

- \* Perform by Richmond MD, G Eddie on 24 March 2005 12:49
- \* Assist by Butler, Pamela R on 24 March 2005 12:49
- \* VERIFY by Richmond MD, G Eddie on 25 March 2005 11:10

Printed by: Mabus, Adrian L  
Printed on: 5/14/2008 8:58

Page 2 of 2  
(End of Report)

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R 293

Oct-08-09 04:40pm From-

T-710 P.005/012 F-872

**PALMETTO HEALTH RICHLAND**

293 Graystone Blvd.  
Columbia, SC 29210

**ITEMIZED STATEMENT  
OF CHARGES**

| PATIENT NAME                            | PATIENT NUMBER | SEX                      | AGE | ADMISSION DATE                 | DISCHARGE DATE | DAYS |
|-----------------------------------------|----------------|--------------------------|-----|--------------------------------|----------------|------|
| JAMES CLARK                             | 0508300777     | M                        | 28Y | 03/24/05                       | 03/24/05       |      |
| INSURANCE COMPANY NAME                  | GROUP NUMBER   | POLICY NUMBER            |     | PLEASE RETAIN FOR YOUR RECORDS |                |      |
| 190619 MEDICAID<br>190660 1500 MEDICAID |                | 2780397510<br>2780397510 |     |                                |                |      |

| JARANTOR NAME AND ADDRESS | JAMES CLARK<br>PO BOX 3011<br>LANCASTER SC | 29721 | FOR PATIENT INFORMATION ONLY.<br>ALL BENEFITS ASSIGNED TO<br>PALMETTO HEALTH RICHLAND<br>FOR QUESTIONS CALL (803) 296-5098<br>or 1-800-243-7711 |
|---------------------------|--------------------------------------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------|
|---------------------------|--------------------------------------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------|

| DATE     | ITEM NO. | DESCRIPTION                | CUM. CODE | ORDER NO. | QTY. | UNIT PRICE | TOTAL CHARGE |
|----------|----------|----------------------------|-----------|-----------|------|------------|--------------|
|          |          | 0351 CT SCAN/HEAD          |           |           |      |            | 2258.00      |
|          |          | TOTAL CHARGES              |           |           |      |            | 2258.00      |
| 04/12/05 | I2302    | 958 MEDICAID PAYMENT       |           |           |      |            | -180.78      |
| 04/12/05 | A2306    | 958 MEDICAID ADJ           |           |           |      |            | -2077.22     |
|          |          | TOTAL PAYMENTS/ADJUSTMENTS |           |           |      |            | -2258.00     |

HOSPITAL BENEFITS ASSIGNED TO  
PALMETTO HEALTH  
PLEASE SHOW ACCOUNT HISTORY  
NO. ON REMITTANCE CHECK

PATIENT NUMBER  
0508300777

PLEASE REFER TO PATIENT  
NUMBER ON ALL INQUIRIES  
AND CORRESPONDENCE.

ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR  
ANY CHARGES NOT POSTED WHEN THIS BILL IS PRE-  
PARED, OR IF ANY INSURANCE CARRIERS DO NOT PAY  
ANY AMOUNT OF THE AMOUNTS SHOWN.

TOTAL AMOUNT DUE 0.00

PLEASE RETAIN FOR YOUR RECORDS

299

78018406

## Operative Report

CLARK, JAMES - R012373576

Result type: Operative Report  
Result date: 12 April 2005 18:20  
Result status: Auth (Verified)  
Result title: 4  
Encounter info: R0510000292, Richland, OSR-Outpatient Surgery, 4/12/2005 - 4/12/2005

### Transcription

DATE OF OPERATION: 04/12/2005

PREOPERATIVE DIAGNOSIS: Right orbital floor and medial wall fracture.

POSTOPERATIVE DIAGNOSIS: Right orbital floor and medial wall fracture.

OPERATIVE PROCEDURE: Repair of right orbital floor fracture, and medial wall fracture with orbital implant.

SURGEON: Dr. Josh Frankel, who was present during the entire procedure.

RESIDENT SURGEON: Dr. Jeremiah Tao and Dr. Kris Pugh.

ANESTHESIA: General endotracheal and local.

COMPLICATIONS: None.

ESTIMATED BLOOD LOSS: 300 cc.

INDICATIONS: This is a 34-year-old African-American male who is approximately 1 month status post facial lacerations and injury. A CT scan did reveal a large medial floor fracture and medial wall fracture.

DESCRIPTION OF OPERATION: The patient was brought to the operative suite location where he was placed under general anesthesia. Lidocaine 1% with 1:100,000 epinephrine was injected into the inferior papilla conjunctival space and the lateral canthal region. The right eye was prepped and draped in the usual standard sterile fashion, and then a No. 11 blade was used to initiate a lateral canthotomy. Inferior cantholysis was achieved using a tenotomy scissor and the conjunctivae was dissected off the inferior tarsal border. Next the conjunctivae was incised at the inferior tarsal border and dissection was carried down to periosteum. The periosteum was incised with a No. 15 Bard-Parker blade and then reflected anteriorly with a periosteal elevator. The periosteum was then reflected into the orbit until the large medial floor fracture was identified. Tissue was extracted from the fracture site in a hand over hand technique. Next a Lorenz lactosorb right orbital implant was introduced over the defect. The implant was trimmed slightly on the lateral aspect. Two Lorenz lactosorb push screws were used to secure the orbital implant with

Printed by: Mabus, Adrian L  
Printed on: 5/14/2008 8:58

Page 1 of 2  
(Continued)

300

R 295

## Operative Report

CLARK, JAMES - R012373576

holes drilled previously. During this drilling process one of the bits did break off of the screw and was lodged into the inferior orbital rim. This was secured and left in place. Next the overlying conjunctivae was closed using 3 buried 7-0 Chromic gut sutures. A lateral tarsal strip was fashioned and then the tarsus was secured to the inner aspect of the lateral orbital periosteum using a single 5-0 Vicryl suture. The upper and lower gray line were approximated at the lateral canthus using a 5-0 Vicryl suture. Then a single 5-0 Vicryl was used to close the deep tissue lateral to the canthus. The overlying skin was closed using a running 6-0 nylon suture. The wounds were dressed with Maxitrol ointment and an eye patch was placed. The patient was awakened from general anesthesia in stable condition, and taken to recovery. He tolerated this procedure well and there were no complications.

Joshua Frankel, MD

Dictated by: Jeremiah P. Tao,  
MD

JT:hs

D: 04/12/2005 10:08 A T: 04/12/2005 6:20 P

Job #: 000831094 T Job #: 527436 Doc #: 668983

cc:: Joshua Frankel, MD  
Jeremiah P. Tao, MD

Printed by: Mabus, Adrian L  
Printed on: 5/14/2008 8:58

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(End of Report)

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R 296

## Operative Report

CLARK, JAMES - R012373576

Result type: Operative Report  
Result date: 19 May 2005 15:36  
Result status: Auth (Verified)  
Result title: 4  
Encounter info: R0510000292, Richland, OSR-Outpatient Surgery, 4/12/2005 - 4/12/2005

### Transcription

DATE OF OPERATION: 04/12/2005

PREOPERATIVE DIAGNOSIS: Orbital fracture of the floor and entrapped right inferior rectus muscle, right side.

POSTOPERATIVE DIAGNOSIS: Orbital fracture of the floor and entrapped right inferior rectus muscle, right side.

### OPERATIVE PROCEDURE:

1. Repair of right orbital floor fracture with implantation of plate.
2. Reconstruction and freeing of right inferior rectus muscle trapped in the fracture.

SURGEON: Dr. J. Frankel

ASSISTANT: Dr. J. Tao

ANESTHESIA: General.

DESCRIPTION OF OPERATION: The patient was brought to the operating room and general anesthesia was administered. After the patient was fully asleep, the right periorbit was prepped and draped in the sterile manner. A ( ) wire lid speculum was temporarily placed between the lid margins of the right eye and a forced duction test was then performed, providing a positive forced duction test to elevation, which was limited due to the entrapped right inferior rectus muscle. The speculum was removed and the lids were closed. Subconjunctival injection of Xylocaine with epinephrine then ensued in the lower lid and right lateral canthus. A right lateral cantholysis and canthotomy was then performed with scissors separation of the inferior conjunctiva from the overlying right lower lid down to approximately the orbital margin. Where then tunneling into the right lower lid and reaching the anterior aspect of the right maxillary area and the right inferior lid was done. Using a #15 Bard Parker knife, an incision was made down through the periosteum of the right lower lid margin onto the bony margin. This was elevated using both Cottle and Freer periosteal elevators, first inferiorly and then superiorly, gradually raising the entire orbital periosteal substance off of the bony floor. The orbit was then entered under the periosteum and it was noted that the entrapped area and the fracture was present medially.

Printed by: Mabus, Adrian L  
Printed on: 5/14/2008 8:58

Page 1 of 2  
(Continued)

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## Operative Report

CLARK, JAMES - R012373576

This tissue was gradually freed using hand over hand movements and separation and removing the entrapped inferior muscle periorbita from the fracture. This fracture area was then stented using the absorbable plate, which was laid over the area and trimmed so as to encompass the entire fractured area and it was satisfactorily found to have a much improved forced duction test when this was then performed after the placement of the plate. The periorbita were then repositioned. The periosteum was repositioned. The conjunctiva was closed using multiple interrupted 6-0 Vicryl and 5-0 Vicryl sutures. The lateral canthotomy was repaired using a nylon suture and Vicryl sutures laterally. The eye was watched throughout the procedure and the pupil was noted to be steady with no pupillary dilatation. At the end of the procedure, a small Telfa pad underlain by erythromycin ointment was placed laterally. The patient tolerated the procedure well and was awakened from general anesthesia and moved from the operating room in good condition.

Joshua Frankel, MD

JF:hs

D: 05/19/2005 1:28 P T: 05/19/2005 3:36 P

Job #: 000871839 T Job #: 655344 Doc #: 685777

cc:: Joshua Frankel, MD

Printed by: Mabus, Adrian L  
Printed on: 5/14/2008 8:58

Page 2 of 2  
(End of Report)

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R 298

Oct-09-09 04:41pm From-

T-710 P.006/012 F-872

**PALMETTO HEALTH  
RICHLAND**293 Greystone Blvd.  
Columbia, SC 29210**OF CHARGES**

| PATIENT NAME                                                                                                                                    | PATIENT NUMBER                             | SEX                      | AGE   | ADMISSION DATE                       | DISCHARGE DATE | DAYS |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------|-------|--------------------------------------|----------------|------|
| JAMES CLARK                                                                                                                                     | 0510000292                                 | M                        | 38Y   | 04/12/05                             | 04/12/05       |      |
| INSURANCE COMPANY NAME                                                                                                                          | GROUP NUMBER                               | POLICY NUMBER            |       | PLEASE RETAIN<br>FOR YOUR<br>RECORDS |                |      |
| 190619 MEDICAID<br>190660 1500 MEDICAID                                                                                                         |                                            | 2780397510<br>2780397510 |       |                                      |                |      |
| PARANTOR<br>NAME<br>AND<br>ADDRESS                                                                                                              | JAMES CLARK<br>PO BOX 3011<br>LANCASTER SC |                          | 29721 |                                      |                |      |
| FOR PATIENT INFORMATION ONLY.<br>ALL BENEFITS ASSIGNED TO<br>PALMETTO HEALTH RICHLAND<br>FOR QUESTIONS CALL (803) 296-5098<br>or 1-800-243-7711 |                                            |                          |       |                                      |                |      |

| DATE     | ITEM NO. | DESCRIPTION                       | CLM<br>CODE | ORDER<br>NO. | QTY. | UNIT PRICE | TOTAL CHARGE |
|----------|----------|-----------------------------------|-------------|--------------|------|------------|--------------|
|          |          | 0250 PHARMACY/GENERAL             |             |              |      |            | 1809.00      |
|          |          | 0270 MED/SUR SUPPLIES             |             |              |      |            | 307.51       |
|          |          | 0272 STERILE SUPPLY               |             |              |      |            | 102.00       |
|          |          | 0278 SUPPLY IMPLANTS              |             |              |      |            | 1725.00      |
|          |          | 0301 LAB/CHEMISTRY                |             |              |      |            | 61.00        |
|          |          | 0305 LAB/HEMATOLOGY               |             |              |      |            | 110.00       |
|          |          | 0360 OR SERVICES                  |             |              |      |            | 7759.00      |
|          |          | 0370 ANESTHESIA                   |             |              |      |            | 1765.00      |
|          |          | 0636 EPO/DRUGS REQUIRING DET CODE |             |              |      |            | 63.00        |
|          |          | 0637 SELF ADMINISTERED DRUGS      |             |              |      |            | 131.00       |
|          |          | 0710 RECOVERY ROOM                |             |              |      |            | 1045.00      |
|          |          | 0964 PRO FEE/ANES RN              |             |              |      |            | 1386.00      |
|          |          | TOTAL CHARGES                     |             |              |      |            | 16263.51     |
| 05/30/05 | I2302    | 551 MEDICAID PAYMENT              |             |              |      |            | -570.00      |
| 06/22/05 | I2300    | 822 MEDICAID PRO FEE PAYMENT      |             |              |      |            | -80.40       |
| 05/30/05 | A2306    | 551 MEDICAID ADJ                  |             |              |      |            | -7189.00     |
| 06/13/05 | A2306    | 917 MEDICAID ADJ                  |             |              |      |            | -7118.51     |
| 06/22/05 | A2300    | 822 MEDICAID PRO FEE ADJ          |             |              |      |            | -1305.60     |
|          |          | TOTAL PAYMENTS/ADJUSTMENTS        |             |              |      |            | -16263.51    |

HOSPITAL BENEFITS ASSIGNED TO  
PALMETTO HEALTH  
PLEASE SHOW ACCOUNT HISTORY  
NO. ON REMITTANCE CHECK

PATIENT NUMBER

0510000292

PLEASE REFER TO PATIENT  
NUMBER ON ALL INQUIRIES  
AND CORRESPONDENCE.ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR  
ANY CHARGES NOT POSTED WHEN THIS BILL IS PRE-  
PAID, OR IF ANY INSURANCE CARRIERS DO NOT PAY  
ANY AMOUNT OF THE AMOUNTS SHOWN.TOTAL AMOUNT  
DUE

0.00

PLEASE RETAIN FOR YOUR RECORDS

304

76018406



CT Chest W/ Contrast

CLARK, JAMES - R012373576

\* Final Report \*

Result type: CT Chest W/ Contrast  
Result date: 11 May 2005 11:00  
Result status: Auth (Verified)  
Verified by: Caldwell MD, Jacquette L on 11 May 2005 14:52  
Encounter info: R0513100466, Richland, 3MP-Op Registration, 5/11/2005 - 5/11/2005

**\* Final Report \***

**Reason For Exam**  
thoracic annurysm

**Finding:**  
CT CHEST

**TECHNIQUE:** Axial images from thoracic inlet through upper abdomen with the use of 100 cc's Optiray 320.

There are no enlarged hilar or mediastinal axillary lymph nodes. There are no focal intraparenchymal pulmonary opacities or nodules. There is no pleural or pericardial effusion. There has been interval decrease in size of the descending thoracic aorta just distal to the aortic arch (image 20) compatible with previous subintimal tear. There is no extravasation of contrast or mediastinal hematoma.

**IMPRESSION:**

DECREASE IN LINEAR HYPODENSITY OF THE DESCENDING THORACIC AORTA  
COMPATIBLE WITH SUBINTIMAL TEAR SINCE LAST EXAMINATION OF 11/17/04.

THIS EXAMINATION HAS BEEN COMPARED WITH PRIOR EXAMINATION IF AVAILABLE.

**Signature Line**

\*\*\* Final \*\*\*

Read by: Caldwell MD, Jacquette L  
Released By: Jacquette L. Caldwell  
on: 05/11/2005 14:52

Printed by: Mabus, Adrian L  
Printed on: 5/14/2008 8:58

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(Continued)

305

**R 300**

CT Chest W/ Contrast

CLARK, JAMES - R012373576

\* Final Report \*

Transcriptionist: KWB

Trans Date/Time: 05/11/2005 13:40

\*\*\*

**Completed Action List:**

- \* Order by Petit MD, Scott J on 04 May 2005 11:53
- \* Perform by Kantsiper MD, Alan B on 11 May 2005 11:00
- \* Assist by Butler, Pamela R on 11 May 2005 11:00
- \* VERIFY by Caldwell MD, Jacquette L on 11 May 2005 14:52

Printed by: Mabus, Adrian L  
Printed on: 5/14/2008 8:58

Page 2 of 2  
(End of Report)

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**R 301**

Oct-09-09 04:41pm From-

T-710 P.008/012 F-972

**PALMETTO HEALTH RICHLAND**

293 Greystone Blvd.  
Columbia, SC 29210

**OF CHARGES**

| PATIENT NAME                            | PATIENT NUMBER | SEX                      | AGE | ADMISSION DATE                 | DISCHARGE DATE | DAYS |
|-----------------------------------------|----------------|--------------------------|-----|--------------------------------|----------------|------|
| JAMES CLARK                             | 0513100466     | M                        | 30Y | 05/11/05                       | 05/11/05       |      |
| INSURANCE COMPANY NAME                  | GROUP NUMBER   | POLICY NUMBER            |     | PLEASE RETAIN FOR YOUR RECORDS |                |      |
| 190619 MEDICAID<br>190660 1500 MEDICAID |                | 2780397510<br>2780397510 |     |                                |                |      |

| INSURANT NAME AND ADDRESS | JAMES CLARK<br>PO BOX 3011<br>LANCASTER SC 29721 | FOR PATIENT INFORMATION ONLY.<br>ALL BENEFITS ASSIGNED TO<br>PALMETTO HEALTH RICHLAND<br>FOR QUESTIONS CALL (803) 296-5098<br>or 1-800-243-7711 |
|---------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
|---------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|

| DATE     | ITEM NO. | DESCRIPTION                | CLM. CODE | ORDER NO. | QTY. | UNIT PRICE | TOTAL CHARGES |
|----------|----------|----------------------------|-----------|-----------|------|------------|---------------|
|          |          | 0255 DRUGS/INCIDENT/RAD    |           |           |      |            | 273.00        |
|          |          | 0352 CT SCAN/BODY          |           |           |      |            | 1577.00       |
|          |          | TOTAL CHARGES              |           |           |      |            | 1850.00       |
| 05/30/05 | I2302    | 551 MEDICAID PAYMENT       |           |           |      |            | -154.42       |
| 05/30/05 | A2306    | 551 MEDICAID ADJ           |           |           |      |            | -1695.58      |
|          |          | TOTAL PAYMENTS/ADJUSTMENTS |           |           |      |            | -1850.00      |

HOSPITAL BENEFITS ASSIGNED TO  
PALMETTO HEALTH  
PLEASE SHOW ACCOUNT HISTORY  
NO. ON REMITTANCE CHECK

| PATIENT NUMBER | PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE. | ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS BILL IS PREPARED, OR IF ANY INSURANCE CARRIERS DO NOT PAY ANY AMOUNT OF THE AMOUNTS SHOWN. | TOTAL AMOUNT DUE |
|----------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| 0513100466     |                                                                     |                                                                                                                                                                             | 0.00             |

PLEASE RETAIN FOR YOUR RECORDS

307

78018408

CT Chest W/ Contrast

CLARK, JAMES - R012373576

\* Final Report \*

Result type: CT Chest W/ Contrast  
Result date: 18 January 2006 14:16  
Result status: Auth (Verified)  
Verified by: Cort Jr MD, Samuel F on 19 January 2006 9:07  
Encounter info: R0601801514, Richland, 3MP-Op Registration, 1/18/2006 - 1/18/2006

**\* Final Report \***

**Reason For Exam**  
aortic tear

**Finding:**  
CT OF THE CHEST WITH CONTRAST PERFORMED ON 1/18/06:

Compared to 5/11/05 and 11/17/04.

**TECHNICAL FACTORS:**

5 mm axial images were taken from the lung apices through the adrenal glands after the administration of intravenous contrast.

**FINDINGS:**

Review of the mediastinal windows again demonstrates a small aortic tear. It is less pronounced than on the prior study. There is no significant hilar, mediastinal, or axillary lymphadenopathy noted.

Review of the lung windows is unremarkable. The airways are patent.

Limited axial imaging through the upper abdomen demonstrates focal fatty infiltration adjacent to the falciform ligament.

**IMPRESSION:**

STABLE-TO-MILDLY DECREASED INTIMAL TEAR INVOLVING THE PROXIMAL DESCENDING THORACIC AORTA.

**Signature Line**

\*\*\* Final \*\*\*

Trans On: 01/18/2006 18:1by: JAH

Printed by: Mabus, Adrian L  
Printed on: 5/14/2008 8:57

Page 1 of 2  
(Continued)

308

**R 303**

CT Chest W/ Contrast

CLARK, JAMES - R012373576

\* Final Report \*

Read by: Cort Jr MD, Samuel F

Released By: Samuel F. Cort

Released on: 01/19/2006 09:07

\*\*\*

**Completed Action List:**

- \* Order by Petit MD, Scott J on 18 January 2006 13:47
- \* Perform by Motorwalla, Shirin R on 18 January 2006 14:16
- \* Assist by Javers, Traci T on 18 January 2006 14:16
- \* VERIFY by Cort Jr MD, Samuel F on 19 January 2006 9:07

Printed by: Mabus, Adrian L  
Printed on: 5/14/2008 8:57

Page 2 of 2  
(End of Report)

— 309

**R 304**

Oct-09-09 04:41pm From-

T-710 P.008/012 F-872

**PALMETTO HEALTH**  
RICHLAND

293 Graystone Blvd.  
Columbia, SC 29210

**OF CHARGES**

| PATIENT NAME           | PATIENT NUMBER | SEX           | AGE | ADMISSION DATE                 | DISCHARGE DATE | DAYS |
|------------------------|----------------|---------------|-----|--------------------------------|----------------|------|
| JAMES CLARK            | 0601801514     |               | 28  | 01/18/06                       | 01/18/06       |      |
| INSURANCE COMPANY NAME | GROUP NUMBER   | POLICY NUMBER |     | PLEASE RETAIN FOR YOUR RECORDS |                |      |
| L90619 MEDICAID        |                | 2780397510    |     |                                |                |      |
| L90660 1500 MEDICAID   |                | 2780397510    |     |                                |                |      |

ARANTOR  
NAME  
AND  
ADDRESS

JAMES CLARK  
PO BOX 3011  
LANCASTER SC

29721

FOR PATIENT INFORMATION ONLY.  
ALL BENEFITS ASSIGNED TO  
PALMETTO HEALTH RICHLAND  
FOR QUESTIONS CALL (803) 296-5098  
or 1-800-243-7711

| DATE     | ITEM NO. | DESCRIPTION                   | SLM CODE | ORDER NO. | QTY. | UNIT PRICE | TOTAL CHARGES |
|----------|----------|-------------------------------|----------|-----------|------|------------|---------------|
|          |          | 0255 DRUGS/INCIDENT/RAD       |          |           |      |            | 298.00        |
|          |          | 0352 CT SCAN/BODY             |          |           |      |            | 1719.00       |
|          |          | TOTAL CHARGES                 |          |           |      |            | 2017.00       |
| 01/30/06 | I2302    | 777 MEDICAID PAYMENT          |          |           |      |            | -154.42       |
| 01/30/06 | A2306    | 777 MEDICAID ADJ              |          |           |      |            | -1859.58      |
| 02/27/06 | A2700    | 0 SMALL BALANCE WRITE OFF ADJ |          |           |      |            | -3.00         |
|          |          | TOTAL PAYMENTS/ADJUSTMENTS    |          |           |      |            | -2017.00      |

HOSPITAL BENEFITS ASSIGNED  
PALMETTO HEALTH  
PLEASE SHOW ACCOUNT HISTORY  
NO. ON REMITTANCE CHECK

PATIENT NUMBER

0601801514

PLEASE REFER TO PATIENT  
NUMBER ON ALL INQUIRIES  
AND CORRESPONDENCE.

ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR  
ANY CHARGES NOT POSTED WHEN THIS BILL IS PRE-  
PARED, OR IF ANY INSURANCE CARRIERS DO NOT PAY  
ANY AMOUNT OF THE AMOUNTS SHOWN.

TOTAL AMOUNT  
DUE

0.00

PLEASE RETAIN FOR YOUR RECORDS

310

76010406

CT Chest W/ Contrast

CLARK, JAMES - R012373576

\* Final Report \*

Result type: CT Chest W/ Contrast  
Result date: 30 August 2006 12:25  
Result status: Auth (Verified)  
Verified by: Jakes MD, Derek P on 31 August 2006 17:20  
Encounter info: R0624201301, Richland, 3MP-Op Registration, 8/30/2006 - 8/30/2006

**\* Final Report \***

**Reason For Exam**  
thoracic aneurysm

**Finding:**  
CT OF THE CHEST WITH CONTRAST DATED 8/30/06:

**CLINICAL INDICATION:**  
Thoracic aneurysm.

**FINDINGS:**  
Heart, mediastinum and aorta are normal. There is no evidence of thoracic aneurysm or dissection. Lungs are clear without infiltrates or effusions. Bony thorax is normal. Mild gynecomastia seen bilaterally. Superficial soft tissues otherwise unremarkable. Visualized upper abdomen normal.

**IMPRESSION:**

MILD GYNECOMASTIA. NO THORACIC ANEURYSM.

**Signature Line**

\*\*\* Final \*\*\*

Trans On: 08/31/2006 08:1by: JAH

Read by: Jakes MD, Derek P

Released By: Jakes MD, Derek P

Released on: 08/31/2006 17:20

Technologist: Javers, Traci T

**Completed Action List:**

\* Order by Petit MD, Scott J on 16 August 2006 12:09

Printed by: Mabus, Adrian L  
Printed on: 5/14/2008 8:57

Page 1 of 2  
(Continued)

311

R 306

CT Chest W/ Contrast

CLARK, JAMES - R012373576

\* Final Report \*

\* Perform by Javers, Traci T on 30 August 2006 12:25

\* VERIFY by Jakes MD, Derek P on 31 August 2006 17:20

Printed by: Mabus, Adrian L  
Printed on: 5/14/2008 8:57

Page 2 of 2  
(End of Report)

312

R 307



Oct-09-09 04:41pm From-

T-710 P.010/012 F-972

**PALMETTO HEALTH**  
RICHLAND

**OF CHARGES**

293 Greystone Blvd.  
Columbia, SC 29210

| PATIENT NAME           | PATIENT NUMBER | SEX           | AGE | ADMISSION DATE | DISCHARGE DATE | DAYS |
|------------------------|----------------|---------------|-----|----------------|----------------|------|
| JAMES CLARK            | 0624201301     | M             | 38Y | 08/30/06       | 08/30/06       |      |
| INSURANCE COMPANY NAME | GROUP NUMBER   | POLICY NUMBER |     |                |                |      |
| 190619 MEDICAID        |                | 2780397510    |     |                |                |      |
| 190660 1500 MEDICAID   |                | 2780397510    |     |                |                |      |

PLEASE RETAIN  
FOR YOUR  
RECORDS

| JARANTOR<br>NAME<br>AND<br>ADDRESS | JAMES CLARK<br>PO BOX 3011<br>LANCASTER SC 29721 | FOR PATIENT INFORMATION ONLY.<br>ALL BENEFITS ASSIGNED TO<br>PALMETTO HEALTH RICHLAND<br>FOR QUESTIONS CALL (803) 296-5098<br>or 1-800-243-7711 |
|------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
|------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|

| DATE     | ITEM NO. | DESCRIPTION                       | CLM<br>CODE | ORDER<br>NO. | QTY. | UNIT PRICE | TOTAL CHARGE |
|----------|----------|-----------------------------------|-------------|--------------|------|------------|--------------|
|          |          | 0352 CT SCAN/BODY                 |             |              |      |            | 1719.00      |
|          |          | 0636 EPO/DRUGS REQUIRING DET CODE |             |              |      |            | 500.00       |
|          |          | TOTAL CHARGES                     |             |              |      |            | 2219.00      |
| 08/30/06 | P0002    | 456 PERSONAL PAYMENT-CASH         |             |              |      |            | -3.00        |
| 09/26/06 | I2302    | 28 MEDICAID PAYMENT               |             |              |      |            | -154.42      |
| 09/26/06 | A2306    | 28 MEDICAID ADJ                   |             |              |      |            | -2061.58     |
|          |          | TOTAL PAYMENTS/ADJUSTMENTS        |             |              |      |            | -2219.00     |

HOSPITAL BENEFITS ASSIGNED TO  
PALMETTO HEALTH  
PLEASE SHOW ACCOUNT HISTORY  
NO. ON REMITTANCE CHECK

| PATIENT NUMBER | PLEASE REFER TO PATIENT<br>NUMBER ON ALL INQUIRIES<br>AND CORRESPONDENCE. | ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR<br>ANY CHARGES NOT POSTED WHEN THIS BILL IS PRE-<br>PAID, OR IF ANY INSURANCE CARRIERS DO NOT PAY<br>ANY AMOUNT OF THE AMOUNTS SHOWN. | TOTAL AMOUNT<br>DUE | 0.00 |
|----------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------|
| 0624201301     |                                                                           |                                                                                                                                                                                       |                     |      |

PLEASE RETAIN FOR YOUR RECORDS

313

78015406

R 308

CT Chest W/ Contrast

CLARK, JAMES - R012373576

\* Final Report \*

Result type: CT Chest W/ Contrast  
Result date: 05 September 2007 14:15  
Result status: Auth (Verified)  
Verified by: McConnell MD, Douglas M on 05 September 2007 23:10  
Encounter info: R0724801344, Richland, 3MP-Op Registration, 9/5/2007 - 9/5/2007

\* Final Report \*

Reason For Exam  
thoracic aneurysm

Finding:  
CT OF THE CHEST WITH CONTRAST, 9/5/07:

INDICATION: Thoracic aortic aneurysm.

TECHNIQUE: Axial imaging was performed from the thoracic inlet through the upper abdomen following administration of IV contrast. Multiplanar reconstructions were also viewed on the work station.

COMPARISON: 8/30/06.

FINDINGS:

A small outpouching is again demonstrated from the anterolateral aspect of the proximal descending thoracic aorta. This has a maximal thickness of approximately 1 cm. This is stable since the prior study. No intraluminal filling defect is seen. The aorta is otherwise normal in caliber. The heart and great vessels are otherwise unremarkable. Some mild mediastinal and right hilar calcifications are stable.

No abnormal opacity is seen throughout the lungs. The included chest wall, osseous structures, and upper abdominal structures are within normal limits.

IMPRESSION:

THERE IS A STABLE APPEARANCE OF A SMALL DESCENDING THORACIC AORTIC ANEURYSM WITH SMALL OUTPOUCHING OF CONTRAST EXTENDING BEYOND THE NORMAL CONTOUR OF THE AORTA, BEST SEEN ON AXIAL IMAGE #20. THIS IS ALSO MORE CLEARLY DEMONSTRATED ON MULTIPLANAR RECONSTRUCTED IMAGES.

Printed by: Mabus, Adrian L  
Printed on: 5/14/2008 8:57

Page 1 of 2  
(Continued)

314

R 309

CT Chest W/ Contrast

CLARK, JAMES - R012373576

\* Final Report \*

**Signature Line**

\*\*\* Final \*\*\*

Trans On: 09/05/2007 15:1by: SEE

Read by: Douglas M McConnell, MD

Released By: Douglas M McConnell, MD

Released on: 09/05/2007 23:10

Technologist: Shirin M Hook, Traci T Javers

**Completed Action List:**

- \* Order by Petit MD, Scott J on 30 August 2006 13:49
- \* Perform by Shirin M Hook on 05 September 2007 14:15
- \* Assist by Traci T Javers on 05 September 2007 14:15
- \* VERIFY by McConnell MD, Douglas M on 05 September 2007 23:10

Printed by: Mabus, Adrian L  
Printed on: 5/14/2008 8:57

Page 2 of 2  
(End of Report)

315

R 310

Oct-08-08 04:41pm From-

T-710 P.011/012 F-872

**PALMETTO HEALTH**  
RICHLAND

## OF CHARGES

283 Greystone Blvd.  
Columbia, SC 29210

| PATIENT NAME                                 | PATIENT NUMBER | SEX                      | AGE | ADMISSION DATE                 | DISCHARGE DATE | DAYS |
|----------------------------------------------|----------------|--------------------------|-----|--------------------------------|----------------|------|
| JAMES CLARK                                  | 0724801344     | M                        | 38Y | 09/05/07                       | 09/05/07       |      |
| INSURANCE COMPANY NAME                       | GROUP NUMBER   | POLICY NUMBER            |     | PLEASE RETAIN FOR YOUR RECORDS |                |      |
| 80618 MEDICARE PART A<br>80650 1500 MEDICARE |                | 251454421A<br>251454421A |     |                                |                |      |

| ARANTOR NAME AND ADDRESS                         | PATIENT INFORMATION                                                                                                                             |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| JAMES CLARK<br>PO BOX 3011<br>LANCASTER SC 29721 | FOR PATIENT INFORMATION ONLY.<br>ALL BENEFITS ASSIGNED TO<br>PALMETTO HEALTH RICHLAND<br>FOR QUESTIONS CALL (803) 296-5098<br>or 1-800-243-7711 |

| DATE     | ITEM NO. | DESCRIPTION                       | CLM CODE | ORDER NO. | QTY. | UNIT PRICE | TOTAL CHARGES |
|----------|----------|-----------------------------------|----------|-----------|------|------------|---------------|
|          |          | 0352 CT SCAN/BODY                 |          |           |      |            | 2115.00       |
|          |          | 0636 EPO/DRUGS REQUIRING DET CODE |          |           |      |            | 500.00        |
|          |          | TOTAL CHARGES                     |          |           |      |            | 2615.00       |
| 09/25/07 | I2002    | 835 MEDICARE PART A PAYMENT       |          |           |      |            | -92.81        |
| 09/10/07 | A2002    | 376 MEDICARE PART A ADJ           |          |           |      |            | -2334.63      |
| 09/25/07 | A2002    | 835 MEDICARE PART A ADJ           |          |           |      |            | -7.36         |
|          |          | TOTAL PAYMENTS/ADJUSTMENTS        |          |           |      |            | -2434.80      |

HOSPITAL BENEFITS ASSIGNED TO  
PALMETTO HEALTH  
PLEASE SHOW ACCOUNT HISTORY  
NO. ON REMITTANCE CHECK.

PATIENT NUMBER  
0724801344

PLEASE REFER TO PATIENT  
NUMBER ON ALL INQUIRIES  
AND CORRESPONDENCE.

ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR  
ANY CHARGES NOT POSTED WHEN THIS BILL IS PRE-  
PARED, OR IF ANY INSURANCE CARRIERS DO NOT PAY  
ANY AMOUNT OF THE AMOUNTS SHOWN.

TOTAL AMOUNT DUE 180.20

PLEASE RETAIN FOR YOUR RECORDS

76010408

316

R 311

MAY-06-2008 08:13

Resource One

8037651732 P.02

\*\*\*\*\* INSTANT BILL \*\*\*\*\*

ACCT: 188692 DATE: 05/06/08

ANESTHESIOLOGY CONSULT OF COLA  
POST OFFICE BOX 60314  
CHARLOTTE, NC 28260-0314

LAST PAYMENT YTD PAY  
-----  
\$0.00 \$0.00

OFFICE PH:8037792133

HOME PH:803-283-3991 BUSINESS PH:

EXT:

JAMES CLARK  
PO BOX 3011  
LANCASTER, SC 29721

PAT NAME  
-----

JC JAMES CLARK

APPOINTMENT  
-----

DIAGNOSIS  
-----

1-821.00

NUM DOCTOR  
-----

TAX ID  
-----

66 CHRIS A YEAKEL,MD

57-0910405

| DATE                  | DR | PAT | DIAG | TCODE | MOD  | DESCRIPTION                    | CHARGE  | CREDIT  | BALANCE |
|-----------------------|----|-----|------|-------|------|--------------------------------|---------|---------|---------|
| ----                  | -- | --- | ---  | ----- | ---  | -----                          | -----   | -----   | -----   |
| 11/30/04              | 66 | JC  | 1    | 01230 | QKP4 | SERVICES<br>(DAYS/UNITS = 13 ) | 1260.00 |         | 1260.00 |
| 04/26/05-<br>11/30/04 | 66 | JC  |      | 900C  |      | CAB CREDIT ADJ.                |         | 1260.00 | 0.00    |

MESSAGES REF PHYS : KOON, DAVID E.  
REF STATE: NC

TAX ID:  
LIC # :

TOTAL: -----  
\$0.00

-- 317

R 312

MAY-06-2008 08:13

Resource One

8037651732 P.03

\*\*\*\*\* INSTANT BILL \*\*\*\*\*

ACCT: 197243 DATE: 05/06/08

ANESTHESIOLOGY CONSULT OF COLA  
POST OFFICE BOX 60314  
CHARLOTTE, NC 28260-0314

| LAST PAYMENT | YTD PAY |
|--------------|---------|
| 05/02/05     | \$83.19 |
|              | \$0.00  |

OFFICE PH:8037792133

HOME PH:8032852620

BUSINESS PH:

EXT:

PAT NAME

APPOINTMENT

JAMES CLARK  
613 HAMPTON ROAD  
POB 3011  
LANCASTER, SC 29721

JC JAMES CLARK

DIAGNOSIS

1-802.B

NUM DOCTOR

TAX ID

70 DR.JOHN A.ZELISKO,MD 57-0910405

| DATE                                            | DR | PAT | DIAG | TCODE | MOD | DESCRIPTION                    | CHARGE  | CREDIT  | BALANCE |
|-------------------------------------------------|----|-----|------|-------|-----|--------------------------------|---------|---------|---------|
| 04/12/05                                        | 70 | JC  | 1    | 00190 | QK  | SERVICES<br>(DAYS/UNITS = 14 ) | 1140.00 |         | 1140.00 |
| ** INS. FILED:04/21/05                          |    |     |      |       |     |                                |         |         |         |
| 05/02/05                                        | 70 | JC  |      | 23    |     | MEDICAID (XMIT)                |         | 83.19   | 1056.81 |
| ** APPLIES TO CHARGES ON: 04/12/05 CHK#:4467805 |    |     |      |       |     |                                |         |         |         |
| 05/02/05-                                       | 70 | JC  |      | 506   |     | MEDICAID WRITEOFF              |         | 1056.81 | 0.00    |
| 04/12/05                                        |    |     |      |       |     |                                |         |         |         |

MESSAGES

TOTAL: \$0.00

318

TOTAL P.03

R 313

15998

CAROLINA CARDIAC SURGERY

12/30/04

JAMES CLARKE

**INTERVAL HISTORY:** James Clarke, Jr. returns to the office today for follow-up of his torn aorta. He was seen by Dr. Petit while in the hospital. He had a head injury, aortic injury, left femur fracture, C2 neck fracture, eyelid injury to the right eye, and pulmonary contusion. He had a list of 29 discharge diagnoses on his transfer summary when he left the hospital. He is ambulatory now. He is at home. He is still wearing a rigid neck collar. He has a patch over his right eye.

**PHYSICAL EXAMINATION:** His blood pressure is 104/70. Heart rate is 72. Chest is clear. There are no murmurs. His general appearance is described above.

**IMPRESSION:** A 33-year-old man with an aortic tear. He needs follow-up with a CT scan.

**PLAN:** Return in three weeks with CT scan of the chest.

  
Reid W. Tribble, M.D.

TrUSA0222-162984

cc: Dr. Raymond Bynoe  
Dr. Scott Petit

319

P. 09

MAY-09-2008 FRI 03:03 PM Carolina Cardiac Surgery FAX NO. 8037659215

R 314

CAROLINA CARDIAC SURGERY

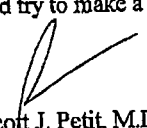
15998

02/02/05

JAMES CLARK

**HISTORY OF PRESENT ILLNESS:** Mr. Clark is patient who was in multiple trauma, having aortic injury last fall. He comes back today. His rigid collar is off. He seems to be doing pretty well. He is ambulatory. He is oriented. There was a repeat CT scan done today. The CT scan shows in one slice a small pseudo aneurysm for his aortic tear that is, if anything, smaller from his last CT.

**PLAN:** We will plan to bring him back in three months and repeat a CT scan to try and follow this and try to make a decision about the best disposition for this gentleman.

  
Scott J. Petit, M.D.

TrUSA0217

cc: Dr. Raymond Bynoe

320



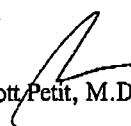
15998

CAROLINA CARDIAC SURGERY

05/11/05

JAMES J. CLARK

**HISTORY OF PRESENT ILLNESS:** Mr. Clark is a patient who has an aortic injury, a small pseudoaneurysm at the isthmus of the aorta. He is asymptomatic and progressing. He still needs one eye operation. Given Mr. Clark's age and otherwise good health and recovery from this injury, I think he will best be served by operative repair of the pseudoaneurysm. I have discussed this with him. He seems to understand. We will plan to bring him back in July to schedule him for surgery.

  
Scott Petit, M.D.

TrUSA0222

cc: Raymond Bynoe, M.D., 2 Medical Park Road, #402, Columbia, SC 29203-6874

- 321

15998

CAROLINA CARDIAC SURGERY

07/20/05

JAMES J. CLARK

**INTERVAL HISTORY:** The patient has aortic injury at the isthmus and the aorta that is either a small pseudoaneurysm or an intimal tear. He has been stable on previous CAT scans. I originally thought that we would be operating, but it looks like it had decreased when comparing two previous scans.

**PLAN:** I think for now, we are going to wait, repeat the scan and see what it looks like in six months. I have talked with Mr. Clark at length. I think he is at low risk for any significant complication from this right now.

Scott J. Petit, M.D.

SJP/TrUSA0086

322

P. 06

MAY-09-2008 FRI 03:03 PM Carolina Cardiac Surgery FAX NO. 8037659215

R 317

CAROLINA CARDIAC SURGERY

15998

01/18/06

JAMES J. CLARK

**INTERVAL HISTORY:** Mr. Clark is a patient who suffered an injury at the isthmus of his aorta that looks to be a small intimal tear. We brought him back for a repeat CT scan today and again it looks somewhat smaller than previous and quite unimpressive. He is doing well overall. I think we will just continue to watch this.

**PLAN:** I am going to check him again six months and then possibly stretch him out to a yearly scan.



Scott J. Petit, M.D.

SJP/TrUSA0211-193716

323

P. 05

MAY-09-2008 FRI 03:03 PM Carolina Cardiac Surgery FAX NO. 8037659215

**R 318**

CAROLINA CARDIAC SURGERY

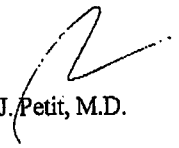
15998

08/30/06

JAMES J. CLARK

**INTERVAL HISTORY:** Mr. Clark is a young man who suffered trauma last year with a small questionable internal defect, which we have been followed. He has been stable since his original injury which I believe was in the latter part of 2004. CT scan appears unchanged today.

**PLAN:** We will continue to follow him. We will see him back in a year for repeat CT.

  
Scott J. Petit, M.D.

SJP/TrUSA0019

cc: Raymond P. Bynoe, M.D.

324

MAY-09-2008 FRI 03:03 PM Carolina Cardiac Surgery FAX NO. 8037659215 P. 04

R 319

CAROLINA CARDIAC SURGERY

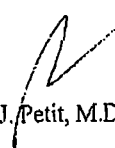
15998

09/05/07

JAMES J. CLARK

**INTERVAL HISTORY:** Mr. Clark is a patient who has a small intimal defect from trauma that has been stable since 2004. We are following him on a yearly basis. CT scan today shows that it continues to be stable. He is asymptomatic.

**PLAN:** To follow him next year with a MRI would decrease his radiation dose. I suspect we will follow him for about five years and if it is stable then we will probably stop following him.

  
Scott J. Petit, M.D.

SJP/TrUSA0071

cc: Raymond Bynoe, M.D.

325

MAY-09-2008 FRI 03:03 PM Carolina Cardiac Surgery FAX NO. 8037659215 P. 03

**R 320**

CAROLINA CARDIAC SURGERY

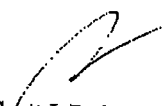
11/06/08

JAMES J. CLARK

15998

**INTERVAL HISTORY:** Mr. Clark is a patient who has had a traumatic aortic injury several years ago now that we have been following. It is a small pseudoaneurysm vs. intimal flap at the isthmus of the aorta, suffered in November of 2004. It does not appear to have changed any.

**PLAN:** This year an MRI was asymptomatic. We will check it again in a year and likely release him from followup at that point.

  
Scott J. Petit, M.D.

SJP/TrUSA0366

cc: Raymond P. Bynoe, M.D.

326

R 321

CAROLINA CARDIAC SURGERY

15998

11/25/09

JAMES J. CLARK

**INTERVAL HISTORY:** Mr. Clark is a patient who had a small intimal injury in November of 2004 after trauma. We have been following him. This is a repeat MRI done today. It does not show any change in the injury. It appears extremely stable. I think the likelihood of this bothering Mr. Clark in the future is very small.

**PLAN:** We will plan to keep following him. We will see him in two years with a repeat MRI.

  
Scott J. Petit, M.D.

SJP/TrUSA0071-298138

cc: Raymond P. Bynoe, M.D.

- 327

R 322

192

\*\*\*\*\* INSTANT BILL \*\*\*\*\*

ADCT: 15998

DATE: 05/26/08

CAROLINA CARDIAC SURGERY ASSOC  
EIGHT MEDICAL PARK, 400  
COLUMBIA, SC 29203

LAST PAYMENT

YTD PAY

07/21/05 \$2.00 \$0.00

OFFICE PH:803-765-0671

HOME PH:804-5768

BUSINESS PH:

EXT:

PAT NAME

APPOINTMENT

MR. JAMES J. CLARK  
P O BOX 3011  
LANCASTER, SC 29721

JC JAMES J. CLARK

## DIAGNOSIS

1-901.0 AORTA, THORACIC INJURY  
2-441.2 THORACIC ANEURYSM  
3-442.3 ANEURYSM, LOWER EXTREMITY

| NUM DOCTOR               | SSN#      | TAX ID    | MEDICAID | PROVIDER  |
|--------------------------|-----------|-----------|----------|-----------|
| 6 REID W. TRIBBLE, M.D.  | 247192202 | 570786867 | 177686   | 570786867 |
| 15 SCOTT J. PETIT, M. D. | 435455536 | 570786867 | 224242   | 570786867 |

| DATE                                          | DR | PAT | DIAG | TCODE | MOD | DESCRIPTION        | CHARGE | CREDIT | BALANCE |
|-----------------------------------------------|----|-----|------|-------|-----|--------------------|--------|--------|---------|
| 12/30/04                                      | 6  | JC  | 1    | 99211 |     | *OFFICE VISIT-LEV  | 39.00  |        | 39.00   |
| ** INS. FILED:02/09/05                        |    |     |      |       |     |                    |        |        |         |
| 01/31/05                                      | 6  | JC  | 1    | MED R |     | *CHARGE FOR MEDICA | 15.00  |        | 54.00   |
| 01/31/05                                      | 6  | JC  |      | 9     |     | *PRIVATE INSURANCE |        | 15.00  | 39.00   |
| ** APPLIES TO CHARGES ON: 01/31/05 CHK#:45962 |    |     |      |       |     |                    |        |        |         |
| 02/02/05                                      | 15 | JC  | 2    | 99214 |     | *OV, LEVEL 4       | 100.00 |        | 139.00  |
| ** INS. FILED:02/02/05                        |    |     |      |       |     |                    |        |        |         |
| 02/14/05                                      | 15 | JC  |      | 6     |     | *MEDICAID PAYMEN   |        | 52.92  | 86.08   |
| ** APPLIES TO CHARGES ON: 02/02/05            |    |     |      |       |     |                    |        |        |         |
| 02/14/05-                                     | 15 | JC  |      | 6C    |     | *MEDICAID WRITE-OF |        | 45.08  | 41.00   |
| 02/02/05                                      |    |     |      |       |     |                    |        |        |         |
| 02/21/05-                                     | 6  | JC  |      | 6C    |     | *MEDICAID WRITE-OF |        | 25.00  | 16.00   |
| 12/30/04                                      |    |     |      |       |     |                    |        |        |         |
| 02/21/05-                                     | 6  | JC  |      | 626C  |     | *MEDICAID OFFSET   |        | 14.00  | 2.00    |
| 12/30/04                                      |    |     |      |       |     |                    |        |        |         |
| 05/04/05                                      | 15 | JC  | 12   | RESCH |     | *PT RESCHEDULED OV | 0.00   |        | 2.00    |
| 05/11/05                                      | 15 | JC  | 3    | 99213 |     | *ESTABLISHED OFFIC | 72.00  |        | 74.00   |
| ** INS. FILED:05/11/05                        |    |     |      |       |     |                    |        |        |         |
| 05/25/05-                                     | 15 | JC  |      | 6C    |     | *MEDICAID WRITE-OF |        | 72.00  | 2.00    |
| 05/11/05                                      |    |     |      |       |     |                    |        |        |         |
| 05/11/05                                      | 15 | JC  | 23   | 99211 |     | *OFFICE VISIT-LEV  | 39.00  |        | 41.00   |
| ** INS. FILED:06/03/05                        |    |     |      |       |     |                    |        |        |         |
| 06/13/05                                      | 15 | JC  |      | 6     |     | *MEDICAID PAYMEN   |        | 14.00  | 27.00   |

328

CONTINUED ON NEXT FORM

R 323



\*\*\*\*\* INSTANT BILL \*\*\*\*\*

ACCT: 15998 DATE: 05/26/08

CAROLINA CARDIAC SURGERY ASSOC  
EIGHT MEDICAL PARK, 400  
COLUMBIA, SC 29203

| LAST PAYMENT    | YTD PAY |
|-----------------|---------|
| 07/21/05 \$2.00 | \$0.00  |

OFFICE PH:803-765-0871

HOME PH:804-5768

BUSINESS PH:

EXT:

PAT NAME

APPOINTMENT

MR. JAMES J. CLARK  
P O BOX 3011  
LANCASTER, SC 29721

JC JAMES J. CLARK

DIAGNOSIS

| NUM DOCTOR               | SSN#      | TAX ID    | MEDICAID | PROVIDER  |
|--------------------------|-----------|-----------|----------|-----------|
| 15 SCOTT J. PETIT, M. D. | 435455536 | 570786867 | 224242   | 570786867 |

| DATE                               | DR | PAT | DIAG | TCODE | MOD | DESCRIPTION        | CHARGE | CREDIT | BALANCE |
|------------------------------------|----|-----|------|-------|-----|--------------------|--------|--------|---------|
| ** APPLIES TO CHARGES ON: 05/11/05 |    |     |      |       |     |                    |        |        |         |
| 06/13/05                           | 15 | JC  |      | 6C    |     | *MEDICAID WRITE-OF |        | 25.00  | 2.00    |
| 05/11/05                           |    |     |      |       |     |                    |        |        |         |
| 07/21/05                           | 15 | JC  |      | 1     |     | *CASH PAYMENT      |        | 2.00   | 0.00    |
| ** APPLIES TO CHARGES ON: 02/02/05 |    |     |      |       |     |                    |        |        |         |

REF PHYS : SELF REFERRAL  
MESSAGES REF STATE: SCTAX ID:  
LIC # :

TOTAL: \$0.00

329

R 324

SEP-16-2009 WED 09:42 AM Carolina Cardiac Surgery FAX NO. 8037659215  
\*\*\*\*\* INSTANT BILL \*\*\*\*\*

P. 04/10

ACCT:15998

DATE:09/16/09

PAGE 1 OF

CAROLINA CARDIAC SURGERY ASSOC  
8 RICHLAND MEDICAL PARK #400  
COLUMBIA, SC 29203

LAST PAYMENT

YTD PAY

OFFICE PH:803-765-0871

HOME PH:803-285-1073

BUSINESS PH:

\$15.00

\$15.00

MR. JAMES J. CLARK  
P O BOX 3011  
LANCASTER, SC 29721

PAT NAME

JC JAMES J. CLARK

EXT:

APPOINTMENT

11/11/09 1:00P

DIAGNOSIS

441.2 THORACIC ANEURYSM  
901.0 AORTA, THORACIC INJURY  
442.3 ANEURYSM, LOWER EXTREMITY

NUM DOCTOR

DR. SCOTT PETIT

SSN#

435455536

TAX ID

582296052

MEDICAID

224242

PROVIDER

582296052074

| DATE                              | DR | PAT | DIAG | TCODE | MOD | DESCRIPTION        | CHARGE | CREDIT | BALANCE |
|-----------------------------------|----|-----|------|-------|-----|--------------------|--------|--------|---------|
| 07/20/05                          | 15 | JC  | 1    | 99213 |     | ESTABLISHED OFFICE | 72.00  |        | 72.00   |
| * INS. FILED:07/21/05             |    |     |      |       |     |                    |        |        |         |
| 08/01/05                          | 15 | JC  | 6    |       |     | MEDICAID PAYMENT   |        | 37.46  | 34.54   |
| * APPLIES TO CHARGES ON: 07/20/05 |    |     |      |       |     |                    |        |        |         |
| 08/01/05                          | 15 | JC  | 6C   |       |     | MEDICAID WRITE-OFF |        | 32.54  | 2.00    |
| 09/26/05                          | 15 | JC  | 2    | MED R |     | CHARGE FOR MEDICAL | 15.00  |        | 17.00   |
| * APPLIES TO CHARGES ON: 09/26/05 |    |     |      |       |     | PRIVATE INSURANCE  |        | 15.00  | 2.00    |
| 01/18/06                          | 15 | JC  | 1    | 99213 |     | ESTABLISHED OFFICE | 72.00  |        | 74.00   |
| * INS. FILED:01/19/06             |    |     |      |       |     |                    |        |        |         |
| 01/11/06                          | 15 | JC  | 6    |       |     | MEDICAID PAYMENT   |        | 37.46  | 36.54   |
| * APPLIES TO CHARGES ON: 01/18/06 |    |     |      |       |     |                    |        |        |         |
| 01/11/06                          | 15 | JC  | 6C   |       |     | MEDICAID WRITE-OFF |        | 32.54  | 4.00    |
| 04/19/06                          | 15 | JC  | 213  | MED R |     | CHARGE FOR MEDICAL | 15.00  |        | 19.00   |
| * INS. FILED:04/19/06             |    |     |      |       |     |                    |        |        |         |
| 06/20/06                          | 15 | JC  | 27   |       |     | VOC REHAB PAYMENT  |        | 15.00  | 4.00    |
| * APPLIES TO CHARGES ON: 04/19/06 |    |     |      |       |     |                    |        |        |         |
| 08/30/06                          | 15 | JC  | 1    | 99213 |     | ESTABLISHED OFFICE | 72.00  |        | 76.00   |
| * INS. FILED:08/30/06             |    |     |      |       |     |                    |        |        |         |
| 08/30/06                          | 15 | JC  | 1    |       |     | CASH PAYMENT       |        | 6.00   | 70.00   |
| * APPLIES TO CHARGES ON: 08/30/06 |    |     |      |       |     |                    |        |        |         |

CONTINUED ON NEXT FORM

330

R 325

SEP-16-2009 WED 09:42 AM Carolina Cardiac Surgery FAX NO. 8037859215

P. 05/10

INSTANT BILL \*\*\*\*\*  
CAROLINA CARDIAC SURGERY ASSOC  
8 RICHLAND MEDICAL PARK #400  
COLUMBIA, SC 29203

ACCT:15998

DATE:09/16/09

PAGE 2 OF

LAST PAYMENT

YTD PAY

09/15/09 \$15.00

\$15.00

OFFICE PH:803-765-0871

HOME PH:803-285-1073

BUSINESS PH:

PAT NAME

EXT:

APPOINTMENT

JC JAMES J. CLARK

11/11/09 1:00P

MR. JAMES J. CLARK  
P O BOX 3011  
LANCASTER, SC 29721

# DIAGNOSIS

1-441.2 THORACIC ANEURYSM  
2-442.3 ANEURYSM, LOWER EXTREMITY

## NUM DOCTOR

SSN#

TAX ID

MEDICAID

PROVIDER

15 DR. SCOTT PETIT

435455536

582296052

224242

582296052074

| DATE     | DR | PAT | DIAG | TCODE | MOD   | DESCRIPTION        | CHARGE | CREDIT | BALANCE |
|----------|----|-----|------|-------|-------|--------------------|--------|--------|---------|
| 09/12/06 | 15 | JC  |      | 6     |       | MEDICAID PAYMENT   |        | 37.46  | 32.54   |
| 09/12/06 | 15 | JC  |      | 6C    |       | MEDICAID WRITE-OFF |        |        |         |
| 09/27/06 | 15 | JC  | 12   |       | MED R | *CHARGE FOR MEDICA | 15.00  | 32.54  | 0.00    |
| 09/27/06 | 15 | JC  |      | 25    |       | *PAYMENT BY CREDIT |        |        |         |
| 10/06/06 | 15 | JC  | 1    |       | MED R | *CHARGE FOR MEDICA | 15.00  | 15.00  | 0.00    |
| 10/06/06 | 15 | JC  |      | 11    |       | *PAYMENT BY CHECK# |        |        |         |
| 09/05/07 | 15 | JC  | 12   |       | 99213 | CHK#:48863         | 15.00  | 15.00  | 0.00    |
| 09/05/07 | 15 | JC  |      | 1     |       | ESTABLISHED OFFICE | 72.00  |        |         |
| 09/05/07 | 15 | JC  |      | 1     |       | CASH PAYMENT       |        |        |         |
| 11/06/07 | 15 | JC  |      | 4     |       | MEDICARE PAYMENT   |        | 2.00   | 70.00   |
| 11/06/07 | 15 | JC  |      | 4C    |       | CHK#:880228530     | 44.76  |        | 25.24   |
| 09/05/07 | 15 | JC  |      | 6C    |       | MEDICARE WRITE-OFF |        | 16.05  | 9.19    |
| 09/05/07 | 15 | JC  |      | 9     |       | MEDICAID WRITE-OFF |        | 9.19   | 0.00    |
| 05/09/08 | 15 | JC  | 1    |       | MED R | CHARGE FOR MEDICAL | 15.00  | 15.00  | 0.00    |
| 05/09/08 | 15 | JC  |      | 9     |       | PRIVATE INSURANCE  |        | 15.00  | 0.00    |

CONTINUED ON NEXT FORM

331

SEP-16-2009 WED 09:43 AM Carolina Cardiac Surgery FAX NO. 8037659215

P. 06/10

\*\*\*\*\* INSTANT BILL \*\*\*\*\*

ACCT:15998

DATE:09/16/09

PAGE 3 OF 3

CAROLINA CARDIAC SURGERY ASSOC  
8 RICHLAND MEDICAL PARK #400  
COLUMBIA, SC 29203

LAST PAYMENT  
09/15/09 \$15.00

YTD PAY  
\$15.00

OFFICE PH:803-765-0871

HOME PH:803-285-1073

BUSINESS PH:

MR. JAMES J. CLARK  
P O BOX 3011  
LANCASTER, SC 29721

PAT NAME  
JC JAMES J. CLARK

EXT:  
APPOINTMENT  
11/11/09 1:00PM

DIAGNOSIS

-441.2 THORACIC ANEURYSM

PHYSICIAN

15 DR. SCOTT PETIT

SSN#  
435455536

TAX ID  
582296052

MEDICAID  
224242

PROVIDER  
582296052074

| DATE                               | DR | PAT | DIAG | TCODE | MOD | DESCRIPTION        | CHARGE | CREDIT | BALANCE |
|------------------------------------|----|-----|------|-------|-----|--------------------|--------|--------|---------|
| 10/08/08                           | 15 | JC  | 1    | NO SH |     |                    |        |        |         |
| 11/05/08                           | 15 | JC  | 1    | 99213 |     | *NO SHOW FOR APPOI | 0.00   |        | 0.00    |
| ** INS. FILED:11/05/08             |    |     |      |       |     | ESTABLISHED OFFICE | 95.00  |        | 95.00   |
| 11/05/08                           | 15 | JC  | 1    |       |     | CASH PAYMENT       |        |        |         |
| ** APPLIES TO CHARGES ON: 11/05/08 |    |     |      |       |     |                    |        | 2.00   | 93.00   |
| 11/26/08                           | 15 | JC  | 4    |       |     | MEDICARE PAYMENT   |        |        |         |
| ** APPLIES TO CHARGES ON: 11/05/08 |    |     |      |       |     | CHK#:880434057     | 45.06  |        | 47.94   |
| 11/26/08                           | 15 | JC  | 4C   |       |     | MEDICARE WRITE-OFF |        |        |         |
| 11/05/08                           |    |     |      |       |     |                    | 38.68  |        | 9.26    |
| 12/10/08                           | 15 | JC  |      | 626C  |     | MEDICAID OFFSET    |        | 0.25   | 9.01    |
| 11/05/08                           | 15 | JC  |      | 6C    |     | MEDICAID WRITE-OFF |        | 9.01   | 0.00    |
| 09/15/09                           | 15 | JC  | 1    | MED R |     | CHARGE FOR MEDICAL | 15.00  |        | 15.00   |
| ** INS. FILED:09/15/09             |    |     |      |       |     | PRIVATE INSURANCE  |        |        |         |
| 09/15/09                           | 15 | JC  | 9    |       |     | CHK#:46614         | 15.00  |        | 0.00    |
| ** APPLIES TO CHARGES ON: 09/15/09 |    |     |      |       |     |                    |        |        |         |

MESSAGES

REF PHYS : BYNOE, RAYMOND P.  
REF STATE: SC

TAX ID: 570686289  
LIC # : 9985

TOTAL: \$0.00

332

Family Member verbalized  
patient name and DOB

Unk record number and DOB  
verified on ID bracelet and chart

## Palmetto Health Eye Center

CLARK, JAMES

O 00482

M 2373576 BOYD, WILLIE LEWIS

12/12/71

33Y M

CC: 33 yo AAM s/p MVC 11/17/04

HPI: was discharged on 12/16/04 from Palmetto Hosp.

but Pt last seen by Dphth on 12/13/04. Wearing patch since

Pain Complains No Yes clo (+) FBS, photophobia, ↓ vision → OD.

Date 1/10/05

EYE: Eye continues

VA cc 20/20 PH 20/ W + X Add N + Y

MR 20/20 PH 20/ CMR + X 20/ T 14 mmHg

VA 20/20 PH 20/ CMR + X 20/ T 17 mmHg

Right Eye: hot, lacr, - headed; sutures out. Left Eye: still swollen

Ext/Adnexa Exam: Nml Y N Pt. phthos 15 Nml Y N

L/LA: Phthos injury op. phthos

C/S: Scar, punctate MCE

K: Scar, punctate

A/C: Fixed, NR

Iris: ? Cataract

Lens: ? Cataract

Difficult to assess entire cornea hazy

Lab &amp; Special Studies Results:

\* B-scan - OD retina attached

Last: (today in clinic)

Dil. VF

Gonio

Photo

↓ vision 20/400 = OD

A/P

① Corneal surface ds of stromal scarring &amp; edema

② RUL ptosis - from patching for 3 weeks?

③ RUL laceration s/p repair - contributing to #2 possib

④ Traumatic mydriasis suspected OD

Others: Plan: stop patching &amp; continue erythromycin

intra-aq OHS, will likely need PR OD in future.

Rx: Treat inflammation - Cyclopentolate

M - Mydrilacyl 1% S - Scopolamine 0.25% FF

N - Neosynephrine 2.5% N10 - Neosynephrine 10%

C - Cyclogel 1% CM - Cyclopentolate

M N C S CM N10 one gtt 45 min x 2 Date

Right Eye Left Eye Both Eyes

Time am / pm

Initials

Studies:

Return: T D W M Y PRN

Attending Addendum:

① Atropine B.D. OD

② Erythromycin oint. TID OD. S/p MVA 11/17/04 multiple

③ Cyclopentolate BID OD

SH consent Abandonment Right. On exam. Traumatic

phthos &amp; vision Right. On exam. Traumatic

ptosis Right. On exam. Traumatic

Staring defect v2. Traumatic

Epithelial edema &amp; structural edema. No new

OPAC on fundus. Discussed &amp; Resident

agree to assessment &amp; Rx

Signature: Kari Rugh MD, Resident

Signature: W. Boyd MD, Attending

**ITEMIZED STATEMENT  
OF CHARGES**

| TYPE OF BILL | DATE OF BILL | PAGE NO. |
|--------------|--------------|----------|
| D1-CLN       | 01/12/05     | 1        |

| PATIENT NAME                            | PATIENT NUMBER | SEX                      | AGE                                  | ADMISSION DATE | DISCHARGE DATE | DAYS |
|-----------------------------------------|----------------|--------------------------|--------------------------------------|----------------|----------------|------|
| JAMES CLARK JR                          | 0500300492     | M                        | 33Y                                  | 01/03/05       | 01/03/05       |      |
| INSURANCE COMPANY NAME                  | GROUP NUMBER   | POLICY NUMBER            | PLEASE RETAIN<br>FOR YOUR<br>RECORDS |                |                |      |
| 190619 MEDICAID<br>190660 1500 MEDICAID |                | 2780397510<br>2780397510 |                                      |                |                |      |

| INSURANT<br>NAME<br>AND<br>ADDRESS                  | PATIENT INFORMATION ONLY                                                                                         |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| JAMES CLARK JR<br>PO BOX 3011<br>LANCASTER SC 29721 | ALL BENEFITS ASSIGNED TO<br>RICHLAND MEMORIAL HOSPITAL<br>FOR QUESTIONS CALL (803) 434-2900<br>or 1-800-499-5962 |

| DATE                                                                                                                  | ITEM NO. | DESCRIPTION                                    | CLM<br>CODE | ORDER<br>NO. | QTY. | UNIT PRICE | TOTAL CHARGES      |
|-----------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------------|-------------|--------------|------|------------|--------------------|
| 01/03/05                                                                                                              | 22079    | OPHTHAMATIC B-SCAN                             | 0510        | 4            | 1    | 101.00     | 101.00             |
| 01/03/05                                                                                                              | 22250    | NEW PATIENT LEVEL 1<br>TOTAL CLINIC            | 0510        | 3            | 1    | 76.00      | 76.00<br>\$177.00  |
| 01/03/05                                                                                                              | 22124    | CONTACT B-SCAN PF<br>TOTAL PRO FEE             | 0960        | 2            | 1    | 101.00     | 101.00<br>\$101.00 |
| 01/03/05                                                                                                              | 99204    | OPH LEVEL 4 NEW PT PRO<br>TOTAL PRO FEE/CLINIC | 0983        | 1            | 1    | 279.00     | 279.00<br>\$279.00 |
|                                                                                                                       |          | TOTAL CHARGES                                  |             |              |      |            | \$557.00           |
|                                                                                                                       |          | TOTAL PAYMENTS/ADJUSTMENTS                     |             |              |      |            | 0.00               |
| HOSPITAL BENEFITS ASSIGNED TO<br>RICHLAND MEMORIAL HOSPITAL<br>PLEASE SHOW ACCOUNT HISTORY<br>NO. ON REMITTANCE CHECK |          |                                                |             |              |      |            |                    |

| PATIENT NUMBER | PLEASE REFER TO PATIENT<br>NUMBER ON ALL INQUIRIES<br>AND CORRESPONDENCE. | ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR<br>ANY CHARGES NOT POSTED WHEN THIS BILL IS PRE-<br>PAID, OR IF ANY INSURANCE CARRIERS DO NOT PAY<br>ANY AMOUNT OF THE AMOUNTS SHOWN. | TOTAL AMOUNT<br>DUE | \$557.00 |
|----------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------|
| 0500300492     |                                                                           |                                                                                                                                                                                       |                     |          |

334

Patient/Family Member verbalizes  
patient name and DOBUnit record number and DOB  
verified on ID bracelet and chart

Palmetto Health Eye Center

CLARK, JAMES

01052

2373578 BOYD, WILLIE LEWIS

12/18/71 33Y M

Asthma ☒ N

History Reviewed

☒ N ☒ New

CC:

HPI:

Pain Complaint: ☒ No☒ Yes

20/200 PM HT

Date: 1/10/05

EYE: Atrypine

VA cc 20/400

PH 20/175

W

+

X

Add+

N/Ψ

MR. + X 20/

CMR. + X 20/

W

+

X

20/

20/

Mood Appropriate ☒ N

T 16

P 15 mmHg

APD

Other Meds:

ExuAdnexa Exam:

Nml. Y N

L.A. ☒ PhosC.S. ☒K ☒A.C. ☒ QuirtIris ☒ DilatdLens ☒

Right Eye

Left Eye

Pupils

00' 3-2

CVF: ☒BOM: ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒Full ☒

Lab &amp; Special Studies Results:

Last:

Dil:

VF:

Gonio:

Photo:

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|--------------|--------------|----------|
| TYPE OF BILL | DATE OF BILL | PAGE NO. |
| D1-CLN       | 01/12/05     | 1        |

|                                   |                                               |                |  |                |                                                                                                                                                   |                                      |                |                |      |
|-----------------------------------|-----------------------------------------------|----------------|--|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------|----------------|------|
| COLUMBIA, SC 29203                |                                               | PATIENT NAME   |  | PATIENT NUMBER | SEX                                                                                                                                               | AGE                                  | ADMISSION DATE | DISCHARGE DATE | DAYS |
|                                   |                                               | JAMES CLARK JR |  | 0501001052     | M                                                                                                                                                 | 33Y                                  | 01/10/05       | 01/10/05       |      |
| INSURANCE COMPANY NAME            |                                               | GROUP NUMBER   |  | POLICY NUMBER  |                                                                                                                                                   | PLEASE RETAIN<br>FOR YOUR<br>RECORDS |                |                |      |
| 190619 MEDICAID                   |                                               |                |  | 2780397510     |                                                                                                                                                   |                                      |                |                |      |
| 190660 1500 MEDICAID              |                                               |                |  | 2780397510     |                                                                                                                                                   |                                      |                |                |      |
| GRANTOR<br>NAME<br>AND<br>ADDRESS | JAMES CLARK JR<br>PO BOX 3011<br>LANCASTER SC |                |  | 29721          | FOR PATIENT INFORMATION ONLY.<br>ALL BENEFITS ASSIGNED TO<br>RICHLAND MEMORIAL HOSPITAL<br>FOR QUESTIONS CALL (803) 434-2900<br>or 1-800-499-5962 |                                      |                |                |      |

| DATE                                | ITEM NO. | DESCRIPTION                                                                                                           | CLM. CODE | ORDER NO. | QTY. | UNIT PRICE              | TOTAL CHARGES   |
|-------------------------------------|----------|-----------------------------------------------------------------------------------------------------------------------|-----------|-----------|------|-------------------------|-----------------|
| 01/10/05                            | 22252    | ESTABLISHED PATIENT LEVEL 1                                                                                           | 0510      |           | 2 1  | 71.00                   | 71.00           |
|                                     |          | TOTAL CLINIC                                                                                                          |           |           |      |                         | \$71.00         |
| 01/10/05                            | 99211    | OPH LEVEL 1 EST PT PRO                                                                                                | 0983      |           | 3 1  | 55.00                   | 55.00           |
| 01/10/05                            | 99213    | OPH LEVEL 3 EST PT PRO                                                                                                | 0983      |           | 1 1  | 113.00                  | 113.00          |
|                                     |          | TOTAL PRO FEE/CLINIC                                                                                                  |           |           |      |                         | \$168.00        |
|                                     |          | TOTAL CHARGES                                                                                                         |           |           |      |                         | \$239.00        |
|                                     |          | TOTAL PAYMENTS/ADJUSTMENTS                                                                                            |           |           |      |                         | 0.00            |
|                                     |          | HOSPITAL BENEFITS ASSIGNED TO<br>RICHLAND MEMORIAL HOSPITAL<br>PLEASE SHOW ACCOUNT HISTORY<br>NO. ON REMITTANCE CHECK |           |           |      |                         |                 |
|                                     |          |                                                                                                                       |           |           |      |                         | 336             |
| <b>PATIENT NUMBER</b><br>0501001052 |          |                                                                                                                       |           |           |      | <b>TOTAL AMOUNT DUE</b> | <b>\$239.00</b> |



**ITEMIZED STATEMENT  
OF CHARGES**

|              |              |          |
|--------------|--------------|----------|
| TYPE OF BILL | DATE OF BILL | PAGE NO. |
| D1-OPR       | 01/12/05     | 1        |

|                        |                |               |                                      |                |                |      |
|------------------------|----------------|---------------|--------------------------------------|----------------|----------------|------|
| PATIENT NAME           | PATIENT NUMBER | SEX           | AGE                                  | ADMISSION DATE | DISCHARGE DATE | DAYS |
| JAMES CLARK JR         | 0501001252     | M             | 33Y                                  | 01/10/05       | 01/10/05       | 5    |
| INSURANCE COMPANY NAME | GROUP NUMBER   | POLICY NUMBER | PLEASE RETAIN<br>FOR YOUR<br>RECORDS |                |                |      |
| 190619 MEDICAID        |                | 2780397510    |                                      |                |                |      |
| 190660 1500 MEDICAID   |                | 2780397510    |                                      |                |                |      |

|                                                                                        |                                                                                                                                                          |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PATIENT NAME AND ADDRESS</b><br>JAMES CLARK JR<br>PO BOX 3011<br>LANCASTER SC 29721 | <b>FOR PATIENT INFORMATION ONLY.</b><br>ALL BENEFITS ASSIGNED TO<br>RICHLAND MEMORIAL HOSPITAL<br>FOR QUESTIONS CALL (803) 434-2900<br>or 1-800-499-5962 |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|

| DATE     | ITEM NO. | DESCRIPTION                                                                                                           | CLM. CODE | ORDER NO. | QTY. | UNIT PRICE | TOTAL CHARGES |
|----------|----------|-----------------------------------------------------------------------------------------------------------------------|-----------|-----------|------|------------|---------------|
| 01/10/05 | 11410    | DILANTIN/PHENYTOIN                                                                                                    | 0501      | 1         | 1    | 77.00      | 77.00         |
|          |          | TOTAL LAB/CHEMISTRY                                                                                                   |           |           |      |            | \$77.00       |
|          |          | TOTAL CHARGES                                                                                                         |           |           |      |            | \$77.00       |
| 01/10/05 | P0002    | 891 PERSONAL PAYMENT-CASH                                                                                             |           |           |      |            | -3.00         |
|          |          | TOTAL PAYMENTS/ADJUSTMENTS                                                                                            |           |           |      |            | -3.00         |
|          |          | HOSPITAL BENEFITS ASSIGNED TO<br>RICHLAND MEMORIAL HOSPITAL<br>PLEASE SHOW ACCOUNT HISTORY<br>NO. ON REMITTANCE CHECK |           |           |      |            |               |
|          |          |                                                                                                                       |           |           |      |            | 337           |

|                                     |                                                                           |                                                                                                                                                                                        |                                    |
|-------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>PATIENT NUMBER</b><br>0501001252 | PLEASE REFER TO PATIENT<br>NUMBER ON ALL INQUIRIES<br>AND CORRESPONDENCE. | ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR<br>ANY CHARGES NOT POSTED WHEN THIS BILL IS PRE-<br>PARED, OR IF ANY INSURANCE CARRIERS DO NOT PAY<br>ANY AMOUNT OF THE AMOUNTS SHOWN. | <b>TOTAL AMOUNT DUE</b><br>\$74.00 |
|-------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|

Unit record number and DOB verified on ID bracket and chart

# Palmetto Health Eye Center

Allergies:

MR. JAMES

0503500502

MR 012373576

12/12/71

33Y M

History

Y H New

BOYD, WILLIE LEWIS

CC: blurry vision

asthma

HPI: 73 yrs BM in MCC had eye

Pain Complaints

No

Date 2/10/05

EYE:

VA cc 20/20-1 PH 20/20 W + X Add + N/Ψ  
MR + X 20/20 CMR + X 20/20 T A 21 P 16 mmHg  
Right Eye Left Eye Pupils 4/2 4/2

Ext. Adnexa Exam:

| Nml    | Y | N | Nml                 | Y | N |
|--------|---|---|---------------------|---|---|
| L.L.A. |   |   | 3ptosis/scarring    |   |   |
| C.S.   |   |   | scarring            |   |   |
| K      |   |   |                     |   |   |
| A.C.   |   |   |                     |   |   |
| Iris   |   |   |                     |   |   |
| Lens   |   |   | ant. capsule defect |   |   |

Other Meds:

Bp pill

Dr. Bradley M. Signature

## Lab & Special Studies Results:

Last: \_\_\_\_\_  
Dil: \_\_\_\_\_  
VF: \_\_\_\_\_  
Gonio: \_\_\_\_\_  
Photo: \_\_\_\_\_

A/P:

1. ptosis 2° scarring OD - refer for surgery
2. corneal scarring OD - PK eventually
3. epib. defect - healed, d/c cidoxolol/tropicamide
4. \_\_\_\_\_

Others:

Rx: Referral to Dr. Fink for ptosis

M - Mydracyl 1% S - Scopolamine 0.25%  
N - Neosynephrine 2.5% N10 - Neosynephrine 10%  
C - Cyclogel 1% CM - Cyclopentolate

| M         | N        | C         | S | CM | N10 | one gtt | q5 min x 3 | Date |
|-----------|----------|-----------|---|----|-----|---------|------------|------|
| Right Eye | Left Eye | Both Eyes |   |    |     |         |            |      |
| Time      |          |           |   |    |     |         |            |      |
| Initials  |          |           |   |    |     |         |            |      |

Return: D W M Y PRN

O.N:

Fundus:

Vit 33y o HAM seen in FLO. R.  
Mac. epib. of Cretaceous stages  
Vels right and corneal scarring  
Peri. of EXAM. Anterior  
Ptosis right. Strabismic Edema.

Attending Addendum:

March 2 9:30 AM  
info given to Dr. Bradley M.  
referred male  
discussed to resident & agree to  
assessment & rx. will refer for  
excision & management  
of lid & corner.

Signature: \_\_\_\_\_ Resident \_\_\_\_\_ Attending \_\_\_\_\_

JAMES CLARK

Date of Service: 1/19/05

Mr. Clark is a 32-year-old African-American male who was admitted to Richland Memorial Hospital from 11/17/04 through 12/16/04 after a motor vehicle collision. Apparently, he suffered from a severe closed head injury with a left subdural hematoma and subarachnoid hemorrhage. His initial Glasgow coma scale was 10 and he was intubated. During the hospitalization, he developed four seizures. The seizure was described as a profuse sweating, loss of consciousness, staring of both eyes, tongue-biting, and urinary incontinence lasting for approximately one minute followed by tiredness and confusion. He was treated with Dilantin 300 mg q.d. He has not had any recurrent seizure. However, patient told me that he was taking two pills every day and ran out of the medicine a week ago. The Dilantin level from January 10, 2005 was 2.7 (too low). Patient is returned here for follow-up of complex partial seizure.

Patient also complains of headache ever since the accident. The headache was described as a throbbing pain, mainly involving the occipital area, made worse by noise. Denied photophobia, nausea and vomiting associated with a headache.

His wife also mentioned that he has been talking nonsense from time to time. At times he was talking about something that did not exist.

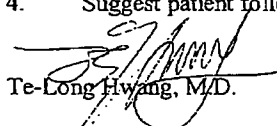
**EXAMINATION:** At this time patient was alert and oriented and communicated well. Right ptosis was noted. No other cranial nerve abnormality. No focal weakness or sensory change. No evidence of cerebellar ataxia. His gait was normal. Cervical collar in place.

**ASSESSMENT:**

1. Complex partial seizure with secondary generalization secondary to closed head injury.
2. Severe closed head injury with left subdural hematoma and subarachnoid hemorrhage.

**RECOMMENDATIONS:**

1. Trileptal 150 mg b.i.d. for nine days, then increase to 300 mg b.i.d.
2. Follow up in five weeks.
3. Discontinue Dilantin.
4. Suggest patient follow up with his primary physician.

  
Te-Long Hwang, M.D.

TLH/dmc

D&T: 1/19/05

JAMES CLARK

Date of Service: 3/24/05

Mr. Clark was brought in by his uncle. His uncle said that he has been sleeping too much ever since the head injury. He goes to bed at 10:00 PM and sleeps until 1:00 PM in the early afternoon. He has been like that even when he started Trileptal. His memory has been poor and family has been helping him with his medication (giving him medication). He has not had any recurrent seizures. He has not had headache after taking Trileptal.

REVIEW OF SYSTEMS: From time to time he will talk nonsense. His memory has been poor. There has been no fever, loss of consciousness, jerking activity, hearing loss, infection, chest pain, breathing problem, nausea, vomiting, walking difficulty, loss of bowel or bladder control since last visit.

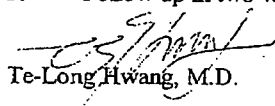
EXAMINATION: The examination today revealed patient was alert but disoriented to time and place. Mini Mental Status Exam score was 9/30 (see the separate Mini Mental Status Exam report). There was no cranial nerve abnormality, no focal weakness or sensory change. No evidence of cerebellar ataxia. His gait was normal. No carotid bruit. Heartbeat was regular without murmur or gallop. Lungs were clear to auscultation.

ASSESSMENT:

1. Complex partial seizure with secondary generalization secondary to closed head injury.
2. Severe closed head injury with left subdural hematoma and subarachnoid hemorrhage.
3. Probable depression.

RECOMMENDATIONS:

1. EEG to rule out recurrent complex partial seizure with staring spell.
2. Psychiatry consultation.
3. Continue Trileptal 300 mg b.i.d.
4. Try Zoloft 50 mg q. AM for depression.
5. Follow up in two weeks.

  
Te-Long Hwang, M.D.

TLH/dmc

TLH:TrUSA186

D&T: 3/24/05



Patient: Clark, James  
Date: April 11, 2005

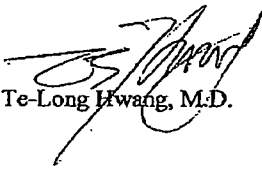
DEPARTMENT OF NEUROPSYCHIATRY AND  
BEHAVIORAL SCIENCE  
SCHOOL OF MEDICINE

Patient has a history of complex partial seizure with secondary generalization. This is EEG is to assess the possibility of recurrent seizure with staring spells.

This is a 16-channel EEG recording using the XL-Tek machine, using both bipolar and referential montages. The electrode placement is in accordance with the standard international 10-20 system.

While patient is awake, the background activity is relatively well organized with dominant posterior frequency of 9 Hz. The voltage of the dominant frequency is relative low but still within normal range. Photic stimulation shows no significant abnormality. Some movement artifacts are noted. Eye opening attenuates the dominant frequency. There is no evidence of epileptiform activity or focal slowing.

Impression:  
This EEG shows no evidence of epileptiform activity.

  
Te-Long Hwang, M.D.

JAMES CLARK, JR.

Date of Service: 8/16/05

Mr. Clark has been stable since his last visit. His fiancée came in with him today and she stated that he often talks out of his mind. At times he also sees dogs and cats that are not there. Currently, he is taking Trileptal 300 mg b.i.d. and Zoloft 50 mg q. AM. He has not had any recurrent seizure.

**REVIEW OF SYSTEMS:** His memory has been poor. Frequently he talks nonsense and out of his mind. He has not had any agitation or violent behavior. There has been no fever, no jerking activity, no hearing loss, no chest pain, no breathing problem or difficulty walking. His bowel and bladder control has been normal.

**EXAMINATION:** The examination today revealed that patient was alert but disoriented to time and place. He was able to answer simple questions, but his memory and cognitive function are impaired. His right palpebral fissure appears to be smaller than that on the left. Extraocular muscle movement was intact. No nystagmus. No facial weakness or facial sensory impairment. There was no focal weakness or sensory impairment of extremities. No evidence of cerebellar ataxia. His gait was normal. No carotid bruit. Heartbeat was regular without murmur. Lungs were clear to auscultation. Blood pressure 136/80 mmHg, pulse rate 69/min.

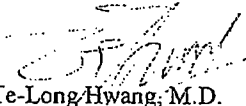
**EEG:** An EEG was done on April 11, 2005 and showed no evidence of epileptiform discharge.

**ASSESSMENT:**

1. Complex partial seizure with secondary generalization secondary to closed head injury, no recurrent seizure.
2. Severe closed head injury with left subdural hematoma and subarachnoid hemorrhage.
3. Psychotic behavior secondary to #2.
4. Depression.

**RECOMMENDATIONS:**

1. Psychiatry consultation for psychotic behavior.
2. Increase Trileptal to 600 mg b.i.d.
3. Continue Zoloft 50 mg q. AM.
4. Continue Catapres for high blood pressure.
5. Neurology follow-up in three months.

  
Te-Long Hwang, M.D.

TLH/dmc

D. 8/16/05

T. 8/17/05

05/21/2008 14:56 8034343792

USC NEUROLOGY

PAGE 03/04

Department of Neuropsychiatry and Behavioral Science  
 University Specialty Clinics  
 15 Medical Park Drive, Suite 300  
 Columbia, SC 29203-6845  
 803-255-3400

LOCATION: DEPT OF NEUROPSYCHIATRY PT-0066 PAGE: 1

JAMES CLARK JR  
 PO BOX 3011  
 LANCASTER SC 29721

BILLING DATE: 05/21/08

AMOUNT DUE : 0.00

DISCHARGE DATE: 12/17/04

BILL TO: CLARK JR JAMES CHART #: 52677

| DATE     | POS   | PROC | DESCRIPTION                                                        | CHARGES | CREDITS | BALANCE |
|----------|-------|------|--------------------------------------------------------------------|---------|---------|---------|
| 12/15/04 | 95819 |      | J CLARK JR<br>TE LONG HWANG MD<br>ELECTROENCEPHALOGRAPH (EEG), AWA | 185.00  |         | 185.00  |
| 02/07/05 |       |      | MEDICAID OF SC # 176781 Filed<br>J CLARK JR<br>TE LONG HWANG MD    |         |         |         |
| 01/19/05 | 99212 |      | OFFICE/OUTPATIENT VISIT, EST, B                                    | 55.00   |         | 240.00  |
| 02/08/05 |       |      | MEDICAID OF SC # 178351 Filed<br>J CLARK JR<br>TE LONG HWANG MD    |         |         |         |
| 12/13/04 | 99253 |      | INITIAL INPATIENT CONSULT, INTE                                    | 150.00  |         | 390.00  |
| 12/14/04 | THRU  |      |                                                                    |         |         |         |
| 12/15/04 | 99261 |      | FOLLOWUP INPATIENT CONSULT, BRI                                    | 110.00  |         | 500.00  |
| 02/11/05 |       |      | MEDICAID OF SC # 181671 Filed<br>J CLARK JR<br>TE LONG HWANG MD    |         |         |         |
| 11/22/04 | 95819 |      | ELECTROENCEPHALOGRAPH (EEG), AWA                                   | 185.00  |         | 685.00  |
| 02/26/05 |       |      | MEDICAID OF SC # 188861 Filed                                      |         |         |         |
| 03/16/05 |       |      | PMT MEDICAID OF SC c# 176781                                       |         | 38.71-  | 646.29  |
| 03/16/05 |       |      | W/O MEDICAID OF SC c# 176781                                       |         | 146.29- | 500.00  |
| 03/16/05 |       |      | PMT MEDICAID OF SC c# 178351                                       |         | 24.00-  | 476.00  |
| 03/16/05 |       |      | W/O MEDICAID OF SC c# 178351                                       |         | 31.00-  | 445.00  |
| 03/16/05 |       |      | PMT MEDICAID OF SC c# 181671                                       |         | 71.00-  | 374.00  |
| 03/16/05 |       |      | W/O MEDICAID OF SC c# 181671                                       |         | 79.00-  | 295.00  |
|          |       |      | J CLARK JR                                                         |         |         |         |

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05/21/2008 14:56 8034343792

USC NEUROLOGY

PAGE 04/04

Department of Neuropsychiatry and Behavioral Science  
 University Specialty Clinics  
 15 Medical Park Drive, Suite 300  
 Columbia, SC 29203-6845  
 803-255-3400

LOCATION: DEPT OF NEUROPSYCHIATRY PT-0066 PAGE: 2

JAMES CLARK JR  
 PO BOX 3011  
 LANCASTER SC 29721

BILLING DATE: 05/21/08

AMOUNT DUE : 0.00

DISCHARGE DATE: 12/17/04

BILL TO: CLARK JR JAMES CHART #: 52677

| DATE     | POS   | PROC | DESCRIPTION                                                     | CHARGES | CREDITS | BALANCE |
|----------|-------|------|-----------------------------------------------------------------|---------|---------|---------|
| 03/24/05 | 99213 |      | TE LONG HWANG MD<br>OFFICE/OUTPATIENT VISIT, EST, I             | 65.00   |         | 360.00  |
| 04/08/05 |       |      | MEDICAID OF SC # 207781 Filed<br>J CLARK JR<br>TE LONG HWANG MD |         |         |         |
| 04/11/05 | 95819 |      | ELECTROENCEPHALOGRAM (EEG), AWA                                 | 380.00  |         | 740.00  |
| 04/11/05 | 95957 |      | EEG DIGITAL ANALYSIS                                            | 350.00  |         | 1090.00 |
| 04/30/05 |       |      | MEDICAID OF SC # 218251 Filed                                   |         |         |         |
| 05/03/05 |       |      | PMT MEDICAID OF SC c# 207781                                    |         | 32.88-  | 1057.12 |
| 05/03/05 |       |      | W/O MEDICAID OF SC c# 207781                                    |         | 32.12-  | 1025.00 |
| 05/23/05 |       |      | PMT MEDICAID OF SC c# 218251                                    |         | 102.93- | 922.07  |
| 05/23/05 |       |      | W/O MEDICAID OF SC c# 218251                                    |         | 627.07- | 295.00  |
|          |       |      | J CLARK JR<br>TE LONG HWANG MD                                  |         |         |         |
| 08/16/05 | 99213 |      | OFFICE/OUTPATIENT VISIT, EST, I                                 | 76.00   |         | 371.00  |
| 08/26/05 |       |      | MEDICAID OF SC # 268001 Filed                                   |         |         |         |
| 09/09/05 |       |      | *PMT MEDICAID OF SC c# 268001                                   |         | 37.46-  | 333.54  |
| 09/09/05 |       |      | *W/O MEDICAID OF SC c# 268001                                   |         | 36.54-  | 297.00  |
| 01/10/06 |       |      | DENIED MEDICAID OF SC c# 188861                                 |         | 0.00    | 297.00  |

| CURRENT/30-60 DAYS/60-90 DAYS/ | >90 DAYS/ | TOTAL | INS PENDING | TOTAL DUE |
|--------------------------------|-----------|-------|-------------|-----------|
| 0.00                           | 0.00      | 0.00  | 0.00        | 0.00      |

NEUROPSYCHIATRY & BEHAVIORAL S  
 15 MEDICAL PK DR 300  
 COLUMBIA SC 29203

LOCATION : DEPT OF NEUROPSY

\*PHONE : 803 255 3400

REFERRING DOCTOR : BYNOE

344

R 339



**Ambulatory Services**

1801 Sunset Drive Columbia, SC 29203  
803-434-2173 Fax: 803

May 14, 2008

Page 1

Chart Document

**JAMES CLARK JR** Home: (803)285-2620 Office: 803-  
Male DOB: 12/12/1974 R012373576 Ins: MEDICAID (0619)

01/28/2005 - Office Visit: New Pt. Follow Up Hospital Discharge

Provider: Francesco Standoli, MD

Location of Care: Palmetto Health Richland Family Medicine Center

**Nursing Intake****Vital Signs**

Ht: 66 in. Wt: 165 lbs. T: 97.7 Deg F. T site: oral P: 55 BP: 99/61

Above BP taken with L Adult cuff

**Body Mass Index in-lb**

Height (in): 66

Weight (lb): 165

BMI (in-lb) 26.73

Patient is here to day for a F/U

Comments: New Pt. Follow Up Hospital Discharge

Continuity Provider is: Francesco Standoli

Team: Green

Are you experiencing any pain or discomfort? Yes

Latex Risk: No

Ethnicity: Not Hispanic or Latino

Race: Black

Patient has completed some college

**Risk Factors**

Tobacco use: never

Passive smoke exposure: yes

Alcohol use: no

Drug use: No

HIV high risk behavior: no

Caffeine use (drinks/day): 1

Exercise (times/week): 0

Seatbelt use: 100 %

Sun exposure: occasionally

**Latex Screening Tool**

1. Do you have or think you have an allergy to natural rubber latex?

(Examples: balloons, condoms, pacifiers) No

2. Do you have spina bifida\* or bowel/bladder problems that have required you to have any surgeries or procedures? No

3. If your work requires you to wear rubber gloves or to handle rubber products, have you had any problems? No

4. Did you have more than 3 operations or medical procedures before you were 1 year old? No

5. Have you ever had an allergic reaction during a medical or dental procedure? No

6. Do you have an allergic reaction to any of the following foods: Avocado, banana, potato, peach, kiwi, chestnut, or tomato? No

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**Ambulatory Services**

1801 Sunset Drive Columbia, SC 29203  
803-434-2173 Fax: 803

May 14, 2008

Page 2

Chart Document

**JAMES CLARK, JR**

Male DOB 12/12/1971

R012373576

Home: (803)285-2620 Office: 803

Ins: MEDICAID (0619)

**Pain Assessment****Are you experiencing pain:**

Yes

Location: Neck, Shoulders

**Pain Scale Used:**

Wong Baker

Intensity: 1

**Description:**

Subjective Aching, Constant

Non-Verbal Cues Guarding, Facial Expressions

Duration of pain: 1 Month

What relieves your pain? Just Tolerating

Are you taking pain medications? No

Nursing Intervention: MD notified

.....Sandra D McLean LPN January 28, 2005 10:32 AM

**Attending Participation:** Present and Discussed

Dr Jason Stacy discussed the patient with me and was present while the patient was in clinic.

**History of Present Illness:**

Visit Type: New H&P

Chief Complaint: Hospital F/U and gynecomastia.

PCP: Francesco Standoli

**General History:**

Pt is a 33 yo AAM here for Hospital F/U. Was admitted in December 04 for MVC. Had C2 fracture, thoracic aortic tear, multiple LL fractures and new onset of seizures. States that since home have noticed a painful Lt Breast lump on the medial side of his areola. Also states decline in his libido. For his multiple medical problems, currently followed by Orthopaedics, Neurosurgery, Neurology and Cardio thoracic surgery.

**Past Medical History:**

Hx of seizure disorder

**Family History:**

Reviewed and no changes required:

FH of Hypertension:

**Social History:**

Reviewed and no changes required:

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R 341

**Ambulatory Services**

1801 Sunset Drive Columbia, SC 29203  
803-434-2173 Fax: 803

May 14, 2008

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Chart Document

**JAMES CLARK JR**

Male DOB: 12/12/1971

Home: (803) 285-2620 Office: 803

MR012373576

Ins: MEDICAID(0619)

Lives with girl frined; 2 daughters  
Denies tobacco, etoh or illicit drugs

**Review of Systems****General**

Denies fever, chills, fatigue, weakness, weight loss, and sleep disorder.

**Eyes**

Denies blurring, diplopia, and eye pain.

**ENT**

Denies earache and tinnitus.

**CV**

Denies chest pains and syncope.

**Resp**

Denies cough and excessive sputum.

**GI**

Denies nausea, vomiting, and constipation.

**GU**

Denies dysuria and hematuria.

**General Medical Physical Exam:****General Appearance:**

Well developed, well nourished, in no acute distress

**Head:**

Inspection: normocephalic without-obvious abnormalities  
Other: Multiple healed scars over forehead

**Eyes:**

Pupils: equal, round, and reactive to light and accommodation  
Fundus: discs sharp and flat; no a/v nicking, hemorrhages, or exudates

**Ears, Nose, Throat:**

Otoscopic: canals clear; tympanic membranes intact with normal light reflex  
Nasal: mucosa, septum, and turbinates normal  
Dental: good dentition  
Pharynx: tongue normal; posterior pharynx without erythema or exudate

**Neck:**

Pt in an Aspen Collar

**Respiratory:**

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R 342

**Ambulatory Services**

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803-434-2173 Fax: 803

May 14, 2008  
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Chart Document

**JAMES CLARK, JR** Home: (803) 285-2620 Office: 803-  
Male DOB: 12/12/1971 R012373576 Ins: MEDICAID (0619)

Percussion: no dullness  
Auscultation: no rales, rhonchi, or wheezes

**Chest Wall:**

Chest wall: gynecomastia L > R  
Axilla: no axillary adenopathy

**Cardiovascular:**

Palpation: no thrill or displacement of PMI  
Auscultation: normal S1 and S2; no murmur, rub, or gallop  
Peripheral circ: no cyanosis, clubbing, or edema

**Gastrointestinal:**

Abdomen: soft and non-tender with normal bowel sounds; no masses  
Liver/spleen: normal to percussion; no enlargement or nodularity

**Musculoskeletal:**

Gait/station: normal gait; no ataxia  
Head/neck: unable to assess for Aspen Collar  
RUE: normal range of motion and strength  
RLE: normal range of motion and strength  
LUE: normal range of motion and strength  
LLE: normal range of motion and strength

**Lymphatic:**

Neck: no cervical adenopathy  
Axilla: no axillary adenopathy

**Skin:**

Healed scars forehead

**Neurological:**

Cranial N: II - XII grossly intact  
Reflexes: 2+ and symmetric with no pathological reflexes  
Sensory: intact to touch

**Assessment & Plan:**

**Problem:** BREAST HYPERTROPHY (ICD-611.1)

**Assessment:** Unsure about etiology at this point. Will draw HCG, LH, Estradiol, Prolactin levels today

**Problem:** SEIZURE DISORDER (ICD-780.39)

**Assessment:** Stable. Currently followed by Dr Wahun

The patient was started on the following medications:

Trileptal 300 Mg/5ml Susp (Oxcarbazepine) ..... 1 tab twice a day

**Problem:** MOTOR VEHICLE ACCIDENT, HX OF (ICD-V15.9)

**Assessment:** Recovering well. Will schedule PT per orthopaedics recommendations.

**Ambulatory Services**

1801 Sunset Drive Columbia, SC 29203  
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May 14, 2008  
Page 5  
Chart Document

**JAMES CLARK JR** Home: (803)285-2620 Office: 803  
Male DOB: 12/12/1971 R012373576 Ins: MEDICAID (0619)

**Problem:** INJURY, THORACIC AORTA (ICD-901.0)

**Assessment:** Managed medically. BP well controlled. Followed by Dr Petit.

.....Francesco Standoli, MD January 28, 2005 1:59 PM

Signed by Jason J Stacy MD on 01/31/2005 at 9:56 AM

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**R 344**

**Ambulatory Services**

1801 Sunset Drive Columbia, SC 29203  
803-434-2173 Fax: 803

May 14, 2008

Page 1

Chart Document

**JAMES CLARK JR** Home: (803) 285-2620 Office: 803  
Male DOB: 12/12/1971 R012378576 Ins: MEDICAID (0619)

02/18/2005 - Office Visit

Provider: Francesco Standoli, MD

Location of Care: Palmetto Health Richland Family Medicine Center

**Nursing Intake****Vital Signs**

Ht: 66 in. Wt: 175 lbs. P: 69 BP: 132/71

Above BP taken with M Adult cuff

**Body Mass Index in-lb**

Height (in): 66

Weight (lb): 175

BMI (in-lb) 28.35

Patient is here to day for a F/U

Continuity Provider is: Francesco Standoli

Team: Green

Latex Risk: No (01/28/2005 10:28:40 AM)

Ethnicity: Not Hispanic or Latino (01/28/2005 10:28:40 AM)

Race: Black

Patient has completed some college

.....Dale L Reaves LPN February 18, 2005 9:41 AM

**Risk Factors**

Seatbelt use: 100 %

Attending Participation: Present and Available

Dr Rachel Hall was present and available for consultation while the patient was in the clinic.

**History of Present Illness:**

Visit Type: New pt.--problem only

Chief Complaint: confusion.

PCP: Francesco Standoli

**General History:**

Pt is a 33 yo AAM here for f/u. S/p MVC with intracranial injury and aortic tear, and new onset of seizures, currently followed by Dr Petit (Cardiothoracic S), Dr. Narayan (Neuro S) and Dr. Wahun (neurology). Wife staets pt with no seizures, but still acting confused most of the day, disoriented at times and making up facts in regards of the accident. Pt denies HA, blurred vision, CP, diaphoresis, SOB, cough, difficulty walking.

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R 345

**Ambulatory Services**

1801 Sunset Drive Columbia, SC 29203  
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May 14, 2008

Page 2

Chart Document

**JAMES CLARK, JR** Home: (803)285-2620 Office: 803  
Male DOB: 12/12/1971 R012373576 Ins: MEDICAID (0619)

**Review of Systems**

See HPI

**General Medical Physical Exam:****General Appearance:**

Well developed, well nourished, in no acute distress

**Eyes:**

Fundus: discs sharp and flat; no a/v nicking, hemorrhages, or exudates

**Respiratory:**

Auscultation: no rales, rhonchi, or wheezes

**Cardiovascular:**

Auscultation: normal S1 and S2; no murmur, rub, or gallop  
Peripheral circ: no cyanosis, clubbing, or edema

**Gastrointestinal:**

Abdomen: soft and non-tender with normal bowel sounds; no masses

**Musculoskeletal:**

Gait/station: normal gait; no ataxia  
Head/neck: normal alignment and mobility  
Trunk: normal alignment and mobility; no deformity  
RUE: normal range of motion and strength  
RLE: normal range of motion and strength  
LUE: normal range of motion and strength  
LLE: normal range of motion and strength

**Neurological:**

Cranial N: II - XII grossly intact  
Reflexes: 2+ and symmetric with no pathological reflexes  
Sensory: intact to touch

**Psychiatric:**

Judgement: intact  
Orientation: oriented to time, place, and person  
Memory: intact for recent and remote events  
Mood/affect: no appearance of anxiety, depression, or agitation

**Assessment & Plan:**

**Problem:** Minor dx of MENTAL CONFUSION (ICD-298.9)

**Assessment:** Not sure about exact etiology at this point. Repeat Head Ct scan on Feb 05 showed no acute events and resolution of small dura hematoma. Followed by neurosurgery and cleared from their standpoint. Will follow expcantly for now. F/U in one month; Although symptoms started after MVC, if symptoms unchanged, may considerwork up to r/o organic cause at next visit.

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**Ambulatory Services**

1801 Sunset Drive Columbia, SC 29203  
803-434-2173 Fax: 803

May 14, 2008

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Chart Document

**JAMES CLARK JR**

Male DOB 12/12/1971

R012373576

Home (803) 285-2620 Office 803

Ins: MEDICAID (0619)

**Problem:** INJURY, THORACIC AORTA (ICD-901.0)

**Assessment:** Stable - BP adequately controlled - Followed by Dr Petit.

**Problem:** SEIZURE DISORDER (ICD-780.39)

**Assessment:** Stable - Followed by Dr. Waheed

His updated medication list for this problem includes:

Trileptal 300 Mg/5ml Susp (Oxcarbazepine) ..... 1 tab twice a day

.....Francesco Standoli, MD February 18, 2005 1:08 PM

Signed by Rachel E Hall MD on 02/18/2005 at 1:32 PM

---

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R 347



**Ambulatory Services**

1801 Sunset Drive Columbia, SC 29203  
803-434-2173 Fax: 803

May 14, 2008

Page 1

Chart Document

**JAMES CLARK JR**

Male DOB: 12/12/1971

RU12373576

Home: (803)285-2620 Office: 803

Ins: MEDICAID(0619)

03/22/2005 - Office Visit

Provider: Francesco Standoli, MD

Location of Care: Palmetto Health Richland Family Medicine Center

**Nursing Intake****Vital Signs**

Ht: 66 in. Wt: 176 lbs. P: 72 Rhythm: regular BP: 110/70

**Body Mass Index in-lb**

Height (in): 66

Weight (lb): 176

BMI (in-lb) 28.51

Patient is here to day for a F/U

Continuity Provider is: Francesco Standoli

Team: Green

Latex Risk: No (01/28/2005 10:28:40 AM)

Ethnicity: Not Hispanic or Latino (01/28/2005 10:28:40 AM)

Race: Black

Patient has completed some college

.....Linda D Searles PCA March 22, 2005 1:55 PM

**Risk Factors**

Seatbelt use: 100 %

Attending Participation: Present and Discussed

Dr Patricia Witherspoon discussed the patient with me and was present while the patient was in clinic.

**History of Present Illness:**

Visit Type: Est. pt.--problem only

Chief Complaint: confusion.

PCP: Francesco Standoli

**General History:**

Pt s/p MVC here for f/u. Caregiver states no changes , still with confusion most of the time during the day. Denies any particular pattern, or relation with stress. Also states that now pt gets easily tired. Pt admits occasional HA, but no changes from before, no blurred vision, no CP, SOB ,cough Abd pain, dyspnea, change in bm or change in appetite.

**Review of Systems**

See HPI

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R 348

**Ambulatory Services**

1801 Sunset Drive Columbia, SC 29203  
803-434-2173 Fax: 803

May 14, 2008

Page 2  
Chart Document

**JAMES CLARK JR**

Male DOB: 12/12/1971

R012373576

Home: (803) 285-2620 Office: 803

Ins: MEDICAID (0619)

**General Medical Physical Exam:****General Appearance:**

Well developed, well nourished, in no acute distress

**Eyes:**

Pupils: equal, round, and reactive to light and accommodation  
Fundus: discs sharp and flat; no a/v nicking, hemorrhages, or exudates

**Neck:**

Neck: supple; no masses; trachea midline

**Respiratory:**

Auscultation: no rales, rhonchi, or wheezes

**Cardiovascular:**

Auscultation: normal S1 and S2; no murmur, rub, or gallop

**Gastrointestinal:**

Abdomen: soft and non-tender with normal bowel sounds; no masses  
Liver/spleen: normal to percussion; no enlargement or nodularity

**Assessment & Plan:**

**Problem:** CONFUSION (ICD-298.9)

**Assessment:** Most likely form MVC, CT scan normal; watchful wait.

**Problem:** SEIZURE DISORDER (ICD-780.39)

**Assessment:** Stable. Followed by Dr Wuhan

His updated medication list for this problem includes:

Trileptal 300 Mg/5ml Susp (Oxcarbazepine) ..... 1 tab twice a day

**Problem:** INJURY, THORACIC AORTA (ICD-901.0)

**Assessment:** Stable. BP under good control. Followed By Dr Petit.

..... Francesco Standoli, MD March 23, 2005 7:31 AM

Signed by Patricia W Witherspoon MD on 03/23/2005 at 1:12 PM

354

R 349

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**PALMETTO NEUROSURGERY AND SPINE**  
**3 Richland Medical Park Drive, Suite 320**  
**Columbia, SC 29203**  
**(803)434-8323**  
**Fax (803) 434-8326**  
**PROGRESS NOTE**

---

PATIENT: Clark, James  
VISIT DATE 01/31/2005

Chart #57770.

Mr. Clark is a 45-year-old male who was admitted to the hospital between November 17, 2004, and December 17, 2004, with multiple injuries. From a neurosurgical standpoint, he had a C2 fracture and a severe closed-head injury.

He is also light perception only in his right eye where he has a fixed and dilated pupil.

His neurological exam is otherwise unremarkable.

I discontinued use of his cervical collar and have sent him for flexion/extension x-rays of his cervical spine, as well as noncontrast CT of his brain. He will drop these off and I will call him if there is a problem.

  
Kailash Kumar Narayan, MD

KKN:hs  
D: 01/31/2005 3:46 P T: 02/01/2005 2:15 P  
Job #: 000757750 T Job #: 419622 Doc #: 636695  
cc: Kailash Kumar Narayan, MD

CC: Kailash Kumar Narayan, MD

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R 350

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**PALMETTO NEUROSURGERY AND SPINE**  
**3 Richland Medical Park Drive, Suite 320**  
**Columbia, SC 29203**  
**(803)434-8323**  
**Fax (803) 434-8326**  
**PROGRESS NOTE**

---

**PATIENT:** Clark, James  
**VISIT DATE:** 02/02/2005

Chart #57770.

Mr. Clark dropped off his CT scan of the brain and flexion/extension x-ray of his cervical spine. The CT scan of his brain is normal and the flexion/extension x-ray of the cervical spine show no instability. He has an anterior osteophyte at C2 which is of incidental note. He needs no further followup as far as neurosurgery is concerned.

*Kailash*  
\_\_\_\_\_  
Kailash Kumar Narayan, MD

KKN:hs  
D: 02/02/2005 4:41 P T: 02/03/2005 2:57 P  
Job #: 000760258 T Job #: 486454 Doc #: 637785  
cc: Kailash Kumar Narayan, MD

CC: Kailash Kumar Narayan, MD

356

R 351

Feb-10-05 15:17 From-Neuro Surgery and Spine

803-434-8326

T-608 P.002/002 F-355

\*\*\*\*\* INSTANT BILL \*\*\*\*\*  
PALMETTO NEUROSURGERY & SPINE  
P O BOX 751176  
CHARLOTTE, NC 28275-1176

ACCT: 12570  
Last Pmt

Date: 02/10/05

01/31/05 \$2

Office PH: (803) 434-8383 Home Ph: (803) 283-3991

PAT NAME

57770

JAMES CLARK JR.  
PO BOX 3011

0 JAMES

LANCASTER, SC 29721

DIAGNOSIS CODES

1 - 854.00

DOCTORS

1 - DAVID DUBUISSON, MD  
2 - BURKE DIAL, MD  
3 - KAILASH NARAYAN, MD  
4 - LENWOOD SMITH JR, MD

SSN

44388874  
250869746  
217043703  
242066215

STATE ID

LL4225  
8345  
21262  
15420

EMPL ID

5822960523011067  
5822960523010067  
5822960523015067  
5822960523017067

| SERVICE<br>DATE | DATE<br>POSTED | PAT D<br>NUM R | D<br>G | PROC | MOD      | DESCRIPTION               | CHG/PMT |
|-----------------|----------------|----------------|--------|------|----------|---------------------------|---------|
| 11/17/04        | 12/30/04       | 0              | 1      | 1    | 99254 57 | INIT INPT CONS NEW/EST MO | 315.95  |
| 11/17/04        | 12/30/04       | 0              | 1      | 1    | 61107    | TWIST DRILL HOLE; IMPLNT  | 1455.44 |
| 11/18/04        | 12/30/04       | 0              | 1      | 1    | 99233    | SUBSQT HOSP-DA E&M SIG CO | 173.00  |
| 11/19/04        | 12/30/04       | 0              | 2      | 1    | 99233    | SUBSQT HOSP-DA E&M SIG CO | 519.00  |
| 11/22/04        | 12/30/04       | 0              | 3      | 1    | 99233    | SUBSQT HOSP-DA E&M SIG CO | 692.00  |
| 11/26/04        | 12/30/04       | 0              | 4      | 1    | 99232    | SUBSQT HOSP-DA E&M MINR C | 369.81  |
| 11/29/04        | 12/30/04       | 0              | 2      | 1    | 99232    | SUBSQT HOSP-DA E&M MINR C | 246.54  |
| 01/31/05        | 01/31/05       | 0              | 3      | 1    | 99213    | OFFIC/OUTPT E&M ESTAB LOW | 93.47   |
| 01/31/05        | 01/31/05       |                |        |      | PMT      | Cash from Patien-14949    | -2.00   |

Total \$3,863.21

REF PHYS : MORRISON, JAMES E  
REF STATE: SC

TAX ID:  
LIC # :

MESSAGE:

357

Received Time Feb. 10. 4:30PM

R 352

**Patient Name:** Clark, James  
**Patient #:** 590  
**Date of Service:** 02/28/2005  
**Date of Birth:** 12/12/1971

**HISTORY OF PRESENT ILLNESS:** Mr. Clark is a 33-year-old male with history of hypertension, seizure disorder, status post MVA November 2004 at which time he suffered multiple injuries including brain injury, tear of the aorta, fractured neck, facial bones, broken femur, and damage to his right eye and at which time he was hospitalized for one month. The patient presents for evaluation and treatment and to establish with MD.

**REVIEW OF SYSTEMS:** The patient denies chest pains or shortness of breath. No fever, chills or upper respiratory symptoms. No weakness but complaints of occasional numbness in the left lower extremity. He does complain of neck and shoulder pain along with headaches but no dizziness. No recent seizures. Denies nausea, vomiting, diarrhea or abdominal pain. No hematuria. No hematemesis or hematochezia.

**PAST MEDICAL HISTORY:** Hypertension, seizure disorder, and status post MVA.

**PAST SURGICAL HISTORY:** He is status post surgery, status post MVA for neck injury, and also broken femur in the left knee.

**FAMILY HISTORY:** Hypertension.

**SOCIAL HISTORY:** Denies smoking or alcohol use. Single and has three children.

**MEDICATIONS:** Metoprolol 100 mg p.o. b.i.d., Trileptal 300 mg p.o. b.i.d., Catapres patch once weekly, and Lortab p.r.n.

**ALLERGIES:** No known drug allergies.

**PHYSICAL EXAMINATION:**

**General:**

**Vital signs:** Blood pressure 128/82, heart rate 72, temperature 97.5 degrees, and weight 175 lbs.

**HEENT:** Normocephalic. Right pupil is dilated 4 to 5 mm, sluggish. Left pupil normal and reactive to light. There is no ear, nose or throat discharge. Oral mucosa is moist. He does have sunken right orbit.

**NECK:** Supple. No jugular venous distention. No lymphadenopathy. No thyroid enlargement. No carotid bruits.

**Cardiovascular system:** S1, S2 present. Regular rate and rhythm. No murmur or gallops.

**Respiratory system:** Lungs – bilateral air entry present. No rales or rhonchi.

**Abdomen:** Soft. Bowel sounds present. Nontender.

**Central nervous system:** The patient is awake, alert, and oriented to person and place; with regards to time he knows the year but not the month. No obvious focal deficits. Power 5/5 times four extremities.

**Extremities:** Peripheral pulses present bilaterally. No edema.

**ASSESSMENT AND PLAN:**

**DIAGNOSES AND PLAN:**

1. Pain, localized to the neck and shoulder: The patient is status post motor vehicle accident. Will continue pain medications p.r.n. and obtain records from Palmetto Richland County Hospital.
2. Headaches: Advised Tylenol p.r.n.
3. Hypertension: The patient is on metoprolol.
4. Seizure disorder: No recent episodes. The patient is to continue Trileptal.
5. Decreased vision right eye: The patient is scheduled for surgery. We will follow up.
6. Family history of hypertension:
7. Followup: Further plan is to refill medications and followup in three weeks.

  
Deovyaas Sharma, M.D.

D: 06/18/05 T: 06/19/05  
mt/msb

(33)

Name James Clark Jr Chart # 590  
Date 2/28/05 DOB 12/13/71

40 New patient. to get established.  
MVA on November 17th 2004  
serious concussions. Pt also request  
pain med  
OB: ☒  
TCH: ☒  
JB: ☒

- |                          |                      |              |        |
|--------------------------|----------------------|--------------|--------|
| <input type="checkbox"/> | 322758 BMP           | HT           |        |
| <input type="checkbox"/> | 322000 CMP           | WT           | 175    |
| <input type="checkbox"/> | 322755 LFT's         | BP           | 128/82 |
| <input type="checkbox"/> | 235010 LIP PANEL     | TEMP         | 97.9   |
| <input type="checkbox"/> | 005009 CBC           | PULSE        | 72     |
| <input type="checkbox"/> | 000810 B12/FOLATE    | FSBS         |        |
| <input type="checkbox"/> | 001453 HGBA1C        | O2 Sat       |        |
| <input type="checkbox"/> | 001321 IRON/IBC      | URINE        |        |
| <input type="checkbox"/> | 010322 PSA           | SPEC. Grav   |        |
| <input type="checkbox"/> | 005199 PT            | PH           |        |
| <input type="checkbox"/> | 005215 SED RATE      | Leukocytes   |        |
| <input type="checkbox"/> | 001149 T4            | Nitrates     |        |
| <input type="checkbox"/> | 001156 T3 UPTAKE     | Protein      |        |
| <input type="checkbox"/> | 004259 TSH           | Glucose      |        |
| <input type="checkbox"/> | 000620 THYROID PANEL | Ketones      |        |
| <input type="checkbox"/> | 162289 H-PYLORI      | Urobilinogen |        |
| <input type="checkbox"/> | 007401 DILANTIN      | Bilirubin    |        |
| <input type="checkbox"/> | 001180 K+            | Blood        |        |
|                          |                      | HGB          |        |

CC: MVA. Nov 2004 - suffered  
multiple injuries. Brain injury, aortic tear  
broken femur, fractured neck, broken facial  
bones, Damage to eye - hospitalized with  
Currently is Neck and shoulder pain  
Headaches, p.d. 3 times.  
No recent injuries  
p CP, p SOB, p fever of chills,  
p weakness, no numbness or tingling  
p NIV p tracheal pain

Med Hx: HTN, Seizure disorder  
(after MVA)

Medx - Metoprolol 100mg po BID  
Trileptal 300mg po BID  
Catapres Patch q week.

All. NKA

Soc Hx - 1 smoke, 1 pet cat, single, 3 kids  
Surg Hx - ? sk surgery for neck 1 knee  
Fam Hx - HTN (M) (Broken femur)

PHENT - (P) Pupil Dilated w/ some sluggish  
(P) Pupil Normal reaction  
Smoker (P) (NKA)  
CNS - 1st sk  
Went - 1st sk  
ADN - 1st sk  
CNS - 1st sk

Dr. D Pain - neck/shoulder

- (2) Headaches
- (3) HTN med
- (4) seizure disorder
- (5) 1st sk eye - for surgery

- Refill Meds  
- Release of records  
from Palmetto Richland Hosp  
- Fill 3 wks

359

**Patient Name:** Clark Jr., James  
**Patient#:** 590  
**Age of the patient:** 33 years  
**DOB:** 12/12/71  
**DOS:** 03/21/05

**HISTORY OF PRESENT ILLNESS:** The patient is a 33-year-old male patient with a past medical history of hypertension, seizure disorder, on medications following up with Dr. Sharma. He came today for a followup visit and also for refills of his medication. He denies any complaint. No history of recent seizures. No history of headache or dizziness. No history of chest pain or shortness of breath.

**PHYSICAL EXAMINATION:**

**Vital Signs:** Blood pressure is 120/88. Temperature is 97.9. Pulse is 84. Weight is 175 pounds.

**Cardiovascular System:** S1, S2 present. Regular.

**Respiratory System:** Lungs clear bilaterally.

**Abdomen:** Soft. Bowel sounds are present. Nontender.

**Extremities:** No edema.

**ASSESSMENT/PLAN:**

1. Hypertension stable. Continue current medications. Refills being given.
2. History of seizure disorder, on medication, stable. No history of recent seizures.
3. Status post MVA, stable. We will continue current medications. Refills being given for blood pressure medications. Fasting labs before the next visit and follow up with Dr. Sharma in two months.

Q P  
Kumari Ramesh, M.D.

D: 04/18/05 T: 04/20/05





**Patient Name:** Clark, James  
**Patient #:** 590  
**Date of Service:** 05/12/2005  
**Date of Birth:** 12/12/1971

**CHIEF COMPLAINT:** Followup visit.

**HISTORY OF PRESENT ILLNESS:** Mr. Clark presents complaining of feeling depressed. He states he is having problems with his sex thrive. Denies any recent seizure episodes. No syncope, headaches or dizziness. Denies chest pain or shortness of breath. No nausea, vomiting, diarrhea or abdominal pain. No dysuria. No upper respiratory symptoms. Denies other complaints.

**PHYSICAL EXAMINATION:**

**General:**

**Vital signs:** Blood pressure 116/82, heart rate 90, and weight 184 lbs.

**HEENT:** Right pupil dilated. Left pupil normal.

**Cardiovascular system:** S1, S2 present. Regular rate and rhythm. No murmur.

**Respiratory system:** Lungs – clear to auscultation bilaterally.

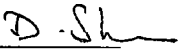
**Abdomen:** Soft. Bowel sounds present. Nontender.

**Central nervous system:** The patient is awake, alert, and oriented times three. No focal deficits.

**ASSESSMENT AND PLAN:**

**DIAGNOSES AND PLAN:**

1. **Depression:** He has been started on Zoloft. We will continue Zoloft. Titrate dose as needed.
2. **Erectile dysfunction:** We gave him trial of Viagra.
3. **Hypertension:** Blood pressure stable; continue medications.
4. **Seizure disorder:** No recent episodes. The patient is to continue Trileptal.
5. **Followup:** We will follow up in two months.

  
Deovyaas Sharma, M.D.

D: 06/18/05      T: 06/19/05  
mt/msb

Name James Clark Chart # 590

Date 5/12/03 DOB 12/12/71

CC: Flu Vial

Tsb -  $\phi$

EToH -  $\phi$

Job -  $\phi$

CC: c/o feeling depressed

- started on Zolof

- states problems & sex drive

denies recent seizure episode

$\phi$  Syncope,  $\phi$  HA,  $\phi$  dizziness

$\phi$  CP,  $\phi$  SOB,  $\phi$  n/v/d & Abd Pain

$\phi$  dyspnea,  $\phi$  Hematemesis,  $\phi$  Hematochezia

$\phi$  fever & chills

PE

② Pupils Dilated

③ Pupils Normal

CNS - S/D/E

Cardio - B/L A/C

ABO - B/C Soft

CNS - AAOX3

Dx ① Depression - Cont Zolof

② Erectile Dysfunction - Trial

③ HTN - Stable - met of Vigna

④ Seizure Disorder - Tr. up list

|                          |                        |
|--------------------------|------------------------|
| <input type="checkbox"/> | HT                     |
| <input type="checkbox"/> | 322758 BMP             |
| <input type="checkbox"/> | 322000 CMP             |
| <input type="checkbox"/> | 322755 LFT's           |
| <input type="checkbox"/> | 235010 LIP PANEL       |
| <input type="checkbox"/> | 005009 CBC             |
| <input type="checkbox"/> | 000810 B12/FOLATE      |
| <input type="checkbox"/> | 001453 HGBA1C          |
| <input type="checkbox"/> | 001321 IRON/IBC        |
| <input type="checkbox"/> | 010322 PSA             |
| <input type="checkbox"/> | 005199 PT              |
| <input type="checkbox"/> | 005215 SED RATE        |
| <input type="checkbox"/> | 001149 T4              |
| <input type="checkbox"/> | 001156 T3 UPTAKE       |
| <input type="checkbox"/> | 004259 TSH             |
| <input type="checkbox"/> | 000620 THYROID PANEL   |
| <input type="checkbox"/> | 162289 H-PYLORI        |
| <input type="checkbox"/> | 007401 DILANTIN        |
| <input type="checkbox"/> | 001180 K+              |
|                          | WT <u>184</u>          |
|                          | BP <u>116/82</u>       |
|                          | TEMP <u>90</u>         |
|                          | PULSE <u>90</u>        |
|                          | FSBS <u>90</u>         |
|                          | O2 Sat <u>90</u>       |
|                          | URINE                  |
|                          | SPEC.Grav <u>1.020</u> |
|                          | PH <u>7.0</u>          |
|                          | Leukocytes <u>0</u>    |
|                          | Nitrates <u>0</u>      |
|                          | Protein <u>0</u>       |
|                          | Glucose <u>0</u>       |
|                          | Ketones <u>0</u>       |
|                          | Urobilinogen <u>0</u>  |
|                          | Bilirubin <u>0</u>     |
|                          | Blood <u>0</u>         |
|                          | HGB <u>0</u>           |

Refel Cataplexy, TTS-2 i q wk

- Viagra 50mg i Po PAN  
(Sample used given) #15

- Continue other meds

- Flu 2 wks

(July 8th 10:00 am)

- 363

AMERICAN SYSTEMS 1-800-845-9895

Name James Clark Chart # 590

Date 7-19-05 DOB 12/12/71

4/4/05: 40 lbs  
sometimes  
has not been taking  
BP meds.

TOB:  $\phi$   
ETOH:  $\phi$

Refills  
Catapres  
Patch

|                          |                      |              |                   |
|--------------------------|----------------------|--------------|-------------------|
| <input type="checkbox"/> | 322758 BMP           | HT           |                   |
| <input type="checkbox"/> | 322000 CMP           | WT           | <u>187</u>        |
| <input type="checkbox"/> | 322755 LFT's         | BP           | <u>126/78 (R)</u> |
| <input type="checkbox"/> | 235010 LIP PANEL     | TEMP         |                   |
| <input type="checkbox"/> | 005009 CBC           | PULSE        | <u>64</u>         |
| <input type="checkbox"/> | 000810 B12/FOLATE    | FSBS         |                   |
| <input type="checkbox"/> | 001453 HGBA1C        | O2 Sat       |                   |
| <input type="checkbox"/> | 001321 IRON/IBC      | URINE        |                   |
| <input type="checkbox"/> | 010322 PSA           | SPEC.Grav    |                   |
| <input type="checkbox"/> | 005199 PT            | PH           |                   |
| <input type="checkbox"/> | 005215 SED RATE      | Leukocytes   |                   |
| <input type="checkbox"/> | 001149 T4            | Nitrates     |                   |
| <input type="checkbox"/> | 001156 T3 UPTAKE     | Protein      |                   |
| <input type="checkbox"/> | 004259 TSH           | Glucose      |                   |
| <input type="checkbox"/> | 000620 THYROID PANEL | Ketones      |                   |
| <input type="checkbox"/> | 162289 H-PYLORI      | Urobilinogen |                   |
| <input type="checkbox"/> | 007401 DILANTIN      | Bilirubin    |                   |
| <input type="checkbox"/> | 001180 K+            | Blood        |                   |
|                          |                      | HGB          |                   |

cc c/o Headaches, occ Dizziness  
c/o Posterior Neck Pain  
+ fever & chills  
+ CP, + SOB  
+ Dyspnea + Hematuria  
+ Blood  
c/o Fatigue, Tires easily  
denies SR Complaints

PE  $\odot$

AMP D Fatigue - CBC, TSH

- (2) HTN
- (3) Headache
- (4) Neck Pain
- (5) Erectile Dysfunction - Dic Ret Blocker
- (6) Hx Insane disease
- (7) Depression

- Refill Catapres  
- Dic Metoprolol  
- Norvasc 1mg qd  
- Cialis 10mg po (Sample given)  
- ✓ CBC, TSH Today

- Tylenol 1 Adult po q 4h

- For Flu & Infection in  
Columbus for repair of  
Toen in Anso

✓ Flu 6 wks

364

AMERICAN SYSTEMS 1-800-845-9895

Name James Clark Jr. Chart # 590  
Date 8-30-05 DOB 12-12-71 (33)

gluc ✓ denies complaints

TOB ✓  
ETOH ✓

Refill  
captopress  
patch

|                                                          |                             |
|----------------------------------------------------------|-----------------------------|
| <input type="checkbox"/> 322758 BMP                      | WT <u>190</u>               |
| <input type="checkbox"/> 322000 CMP                      | BP <u>126/78</u> <u>(C)</u> |
| <input type="checkbox"/> 322755 LFT's                    | TEMP _____                  |
| <input type="checkbox"/> 235010 LIP PANEL                | PULSE <u>64</u>             |
| <input type="checkbox"/> 005009 CBC                      | FSBS _____                  |
| <input type="checkbox"/> 000810 B12/FOLATE               | O2 Sat _____                |
| <input type="checkbox"/> 001453 HGBA1C                   | URINE _____                 |
| <input type="checkbox"/> 001321 IRON/IBC                 | SPEC. Grav <u>1.025</u>     |
| <input type="checkbox"/> 010322 PSA                      | PH <u>5</u>                 |
| <input type="checkbox"/> 005199 PT                       | Leukocytes _____            |
| <input type="checkbox"/> 005215 SED RATE                 | Nitrates _____              |
| <input type="checkbox"/> 001149 T4                       | Protein _____               |
| <input type="checkbox"/> 001156 T3 UPTAKE                | Glucose _____               |
| <input type="checkbox"/> 004259 TSH                      | Ketones _____               |
| <input checked="" type="checkbox"/> 000620 THYROID PANEL | Urobilinogen _____          |
| <input type="checkbox"/> 162289 H-PYLORI                 | Bilirubin _____             |
| <input type="checkbox"/> 007401 DILANTIN                 | Blood _____                 |
| <input type="checkbox"/> 001180 K+                       | HGB _____                   |

CC: States doing okay.  
denies CP, SOB

States saw surgeon re. repair  
of tear in Aorta - no surgery  
at this time.

no OCHA, no dizziness  
denies seizures  
Denies other complaints

PE (=)

- AIP
- 1 HTN - stable
  - 2 Headache
  - 3 ED
  - 4 Depression
  - 5 No Seizure Disorder

- Captopress Patch TTS-2  
- Captopress Patch  
- Tylenol prn  
- Tri-Lip-Tax 300 mg po BID  
- U/A today  
✓ F1 - 2 mtr.  
10-25 130 MR

- 365

Name James Chrck JR. Chart # 590

Date 10-25-05 DOB 12-12-71 (33)

Sup v: Clo mid,  
back pain -  
hard to sleep  
@ HS

|                                               |                             |
|-----------------------------------------------|-----------------------------|
| <input type="checkbox"/> 322758 BMP           | WT <u>198</u>               |
| <input type="checkbox"/> 322000 CMP           | BP <u>104/74</u> <u>(L)</u> |
| <input type="checkbox"/> 322755 LFT's         | TEMP <u>      </u>          |
| <input type="checkbox"/> 235010 LIP PANEL     | PULSE <u>      </u>         |
| <input type="checkbox"/> 005009 CBC           | FSBS <u>      </u>          |
| <input type="checkbox"/> 000810 B12/FOLATE    | O2 Sat <u>      </u>        |
| <input type="checkbox"/> 001453 HGBA1C        | URINE <u>      </u>         |
| <input type="checkbox"/> 001321 IRON/IBC      | SPEC. Grav <u>      </u>    |
| <input type="checkbox"/> 010322 PSA           | PH <u>      </u>            |
| <input type="checkbox"/> 005199 PT            | Leukocytes <u>      </u>    |
| <input type="checkbox"/> 005215 SED RATE      | Nitrates <u>      </u>      |
| <input type="checkbox"/> 001149 T4            | Protein <u>      </u>       |
| <input type="checkbox"/> 001156 T3 UPTAKE     | Glucose <u>      </u>       |
| <input type="checkbox"/> 004259 TSH           | Ketones <u>      </u>       |
| <input type="checkbox"/> 000620 THYROID PANEL | Urobilinogen <u>      </u>  |
| <input type="checkbox"/> 162289 H-PYLORI      | Bilirubin <u>      </u>     |
| <input type="checkbox"/> 007401 DILANTIN      | Blood <u>      </u>         |
| <input type="checkbox"/> 001180 K+            | HGB <u>      </u>           |

TOB:  $\phi$   
ETOH:  $\phi$

\* girl friend called  
wants the doctor  
to know!  
He was in car accident  
+ head trauma -  
he forgets alot  
& he gets SOB @  
times & "can't catch  
his breath"

Cc. Doing Okay but  
clo Back Pain (Lower)  
+ Dysrhythmia + Hematemesis  
+ Blood in stool  
clo Problem sleeping  
clo occ SOB, dcp  
+ mild + Abd Pain  
+ yr symptoms + few changes

PE  
WS - 2/20  
Lungs - 3/4 clear, clear  
ABD - 3/4 soft NT  
CVS - Aortic & Mitral

ADT 1) Lower Back Pain - Local  
2) Insomnia - Low  
3) SOB - Low  
4) ...

- Lorazepam (5/1500)  
- 10/1/20 (4/30)  
- Lorazepam 2mg qd  
- Albuterol MDI

☒ CXR  
re: SOB  
SIC Trach

☒ Fric 6 wks  
12/6/05 1:30

366

5) Depression  
6) No Depression  
7) ED

Name James C. ClarkChart # 590Date 12-13-05DOB 12-12-71

follow up visit  
 7 complaints  
 refill on pain  
 meds!

|                                               |                            |
|-----------------------------------------------|----------------------------|
| <input type="checkbox"/> 322758 BMP           | WT <u>201</u>              |
| <input type="checkbox"/> 322000 CMP           | BP <u>114/68</u>           |
| <input type="checkbox"/> 322755 LFT's         | TEMP <u>      </u>         |
| <input type="checkbox"/> 235010 LIP PANEL     | PULSE <u>72</u>            |
| <input type="checkbox"/> 005009 CBC           | FSBS <u>      </u>         |
| <input type="checkbox"/> 000810 B12/FOLATE    | O2 Sat <u>      </u>       |
| <input type="checkbox"/> 001453 HGBA1C        | URINE <u>      </u>        |
| <input type="checkbox"/> 001321 IRON/IBC      | SPEC. Grav <u>      </u>   |
| <input type="checkbox"/> 010322 PSA           | PH <u>      </u>           |
| <input type="checkbox"/> 005199 PT            | Leukocytes <u>      </u>   |
| <input type="checkbox"/> 005215 SED RATE      | Nitrates <u>      </u>     |
| <input type="checkbox"/> 001149 T4            | Protein <u>      </u>      |
| <input type="checkbox"/> 001156 T3 UPTAKE     | Glucose <u>      </u>      |
| <input type="checkbox"/> 004259 TSH           | Ketones <u>      </u>      |
| <input type="checkbox"/> 000620 THYROID PANEL | Urobilinogen <u>      </u> |
| <input type="checkbox"/> 162289 H-PYLORI      | Bilirubin <u>      </u>    |
| <input type="checkbox"/> 007401 DILANTIN      | Blood <u>      </u>        |
| <input type="checkbox"/> 001180 K+            | HGB <u>      </u>          |

CC: C/O Pain Lower Back

denies weakness / numbness  
in LEStill having C/O SOB  
worse w/ activityCXR @, denies dx  
denies incontinence.C/O Problems sleeping  
Problems w/ erection

PE C/O - S/S 2P  
 Lung - BIL AEP  
 ABD - BXP bph N7  
 C/O - Ankle edema

ATP ① Lower Back Pain  
 ② SOB - 1 Pulmonary Embolism  
 ③ Insomnia  
 ④ ED

pt wanted to make appt  
 - Referral to himself  
 Dr. Aflawake  
 re: SOB

- Restoril 15mg HS/Pam

- Coelax 10mg PM

~~Nonoase~~

- Catapres 7.5 - 2 T q day

- Loraz (5/50) T 10/10 PM

- Albuterol MDI (#30) OR

- Fin 6-8 mg

HTN - stable - 367

Seizure Disorder

Name James Clark Chart # 590  
Date 2/17/06 DOB 12/12/71 (34)

RX Refill

Tob - denies

EtOH - occ

CC: C/O Lower Back

Pain, & Pain in LE

& H/A, & dizziness

& CP & SOB

& n/v & Abd Pain

& Dysuria, & Hematuria

& Blood in Stooly

Medx Reviewed

PE CVS - S, S, LCE

Lungs - Bil ACP

ABD BSC Soft NT

& mild Tenderness Lower

CNS - Awake & Alert

SLR 3 bil

AP D Lower Back Pain

(2) HTN

(3) h/o Seizure Disorder

(4) ED

(5) Depression

|                          |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | HT               |
| <input type="checkbox"/> | WT <u>201</u>    |
| <input type="checkbox"/> | BP <u>170-80</u> |
| <input type="checkbox"/> | TEMP <u>97.7</u> |
| <input type="checkbox"/> | PULSE <u>76</u>  |
| <input type="checkbox"/> | FSBS             |
| <input type="checkbox"/> | O2 Sat           |
| <input type="checkbox"/> | URINE            |
| <input type="checkbox"/> | SPEC. Grav       |
| <input type="checkbox"/> | PH               |
| <input type="checkbox"/> | Leukocytes       |
| <input type="checkbox"/> | Nitrates         |
| <input type="checkbox"/> | Protein          |
| <input type="checkbox"/> | Glucose          |
| <input type="checkbox"/> | Ketones          |
| <input type="checkbox"/> | Urobilinogen     |
| <input type="checkbox"/> | Bilirubin        |
| <input type="checkbox"/> | Blood            |
| <input type="checkbox"/> | HGB              |

- Refill medx

- (1) Trilipital 300mg TID
- (2) Coto-pres Pate (TTS-2) qwk
- (3) Loraz (5/500) OD 1 PM
- (4) Zolge 50mg OD
- (5) Norvasc 10mg OD
- (6) Gabap 200mg BID

- Flu 2 mths

368

AMERICAN SYSTEMS 1-800-845-9895



## OFFICE VISITS

NAME James ClarkMARITAL STATUS  
S M W D T SEPDATE OF  
BIRTH12/12/71

Formedic

ADDRESS

PHONE (H)

(34)OCCUPATION /  
EMPLOYER

REFERRED BY

MEDICATIONS

INSURANCE

medicaid

DRUG ALLERGIES

DATE  
DIAGNOSIS  
CPT CODE

HT

WT

BMI

BP

P

T

°

7/18/04 HTN, refill on blood pressure & patches  
something stronger than NexiumCC: C/o Lower Back Pain& pain in LE& Numbness / weakness in LE& Problems sleepingdenies chest pain & SOB& HA, & dizziness& mild & ABD Pain& fever & chills& UR Symptom& Dysuria & Hematuria& Blood in stoolMed Review - RefillPE IDENTCVS - J, J, RLungs - BIL ACPABD - GSP Left UTCNS - AAX& tenderness lower BackSLR BILEpt - P edemaHx 1 Lower Back Pain2 HTN - Stable3 Seizure Disorder4 Depression5 Constipation Med6 Five 2 months Sept 18 @ 2:45 TH

369



#1 prescribed PPI

IMS, National Prescription Audit Plus, June 2005 through September 2005, based on TRT

Please see Important Information on reverse side and accompanying full Prescribing Information.



**CLARK, JAMES**

35 Y old Male, DOB: 12/12/1970  
PO BX 3011, 1401 PHIL THURMAN DRIVE, LANCASTER,  
SC-29720

Home: 803-285-1073  
Guarantor: CLARK, JAMES Insurance: Medicaid South  
Carolina

11/30/2006

Progress Note: Deovyaas S. Sharma, MD

**Reason for Appointment**

1. FOLLOW UP

**History of Present Illness**

Lower back:

35 year old male presents with c/o low back pain: lumbar, intermittent, mild, denies pain, numbness or weakness in lower extremities. c/o trauma/injury: involved in MVA.

Denies: radiation of pain: tingling/ numbness: bowel and bladder incontinence.

Erectile Dysfunction:

c/o ERECTILE DYSFUNCTION unable to sustain erection, requests samples.

Psychology:

c/o SLEEP DISTURBANCE difficulty falling asleep.

Hypertension:

c/o HYPERTENSION F/U controlled, doing well and without complaints.

**Current Medications**

Trileptal 300 mg 2 tab(s) BID

Zoloft 50 mg 1 tab(s) once a day

Cialis 1 tab(s) once a day

Norvasc 10 mg 1 tab(s) once a day

Catapres-TTS-2 0.2 mg/24 hr 1 PATCH 1X/W

**Past Medical History**

Hypertension

Seizure disorder

STATUS POST MVA

**Surgical History**

STATUS POST MVA FOR NECK INJURY

BROKEN FEMUR IN THE LEFT KNEE

**Family History**

FAMILY HISTORY OF HYPERTENSION

**Social History**

DENIES SMOKING OR ALCOHOL USE. SINGLE AND HAS THREE CHILDREN

**Allergies**

N.K.D.A.

**Review of Systems**

ALLERGY:

no Nasal Congestion. no Sore Throat. no Itchy Eyes. no Ear Symptoms. no Facial Pressure. no Sneezing. no Post-nasal Drip. no Cough. no Rash. no Angioedema.

CONSTITUTIONAL:

no Weight Gain. no Loss of Appetite. no Fever. no Weak. no Weight Loss. no Fatigue. no Night Sweats. no Chills. no Sweats. no Body Aches.

CARDIOLOGY:

no Chest Pain. no Palpitations. no Leg Edema. no Dizziness. no Shortness of Breath, none. no PND (paroxysmal nocturnal dyspnea). no Orthopnea. no Fatigue.

ENDOCRINOLOGY:

Patient: CLARK, JAMES DOB: 12/12/1970 Progress Note: Deovyaas S. Sharma, MD 11/30/2006

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

no Fatigue. no Polydipsia. no Polyuria. no Weight Loss. no Cold Intolerance. no Heat Intolerance. no Polyphagia.  
no Weight Gain. no Bowel Changes. no Palpitations.

**ENT:**

no Cough. no Epistaxis. no Hoarseness. no Sore Throat. no Sinus Pain. no Otagia. no Post-nasal Drip.  
no Rhinorrhea. no Teeth Pain.

**MALE REPRODUCTIVE:**

c/o Difficulty with Erection, c/o problems maintaining erections, tried cialis, helpful. no Dysuria.  
no Urgency/Frequency.

**GASTROENTEROLOGY:**

no Dysphagia. no Abdominal Pain. no Nausea. no Vomiting. no Constipation. no Diarrhea. no Blood in Stool.  
no Heartburn. no Bloating. no Indigestion.

**MUSCULOSKELETAL:**

no Joint Swelling. no Joint Pain. no Leg Cramps. no Joint Stiffness. c/o Back Pain, lower, intermittent, chronic.

**NEUROLOGY:**

no Tingling/Numbness. c/o Sleep Problems, difficulty falling asleep. no Dizziness. no Weakness. no Speech  
Abnormality. no Visual Changes. no Headache.

**RESPIRATORY:**

no Shortness of Breath. no Chest Pain. no Chest Congestion. no Persistent Cough. no Orthopnea. no PND  
(paroxysmal nocturnal dyspnea). no Wheezing. no DOE (dyspnea on exertion). no Hemoptysis.

**UROLOGY:**

no Blood in Urine. no Urinary Frequency. no Urinary Incontinence. no Urinary Urgency. no Dysuria.

**Vital Signs**

HR 81, BP 116/77, Wt 199.

**Examination**

**General Examination:**

General Appearance: NAD, alert and oriented. HEENT: Head - NC/AT, PERRLA, EOMI, TM's clear and flat  
bilaterally, Oropharynx clear with MMM. Oral cavity: clear, moist mucus membranes. Neck, Thyroid: supple, no  
thyromegaly, no lymphadenopathy, no JVD, no carotid bruit. Heart: RRR, no murmurs. Lungs: clear to  
auscultation bilaterally, no wheezes/rhonchi/rales. Abdomen: soft, NT/ND, BS present. Extremities: no  
clubbing, no edema. Neurologic Exam: non-focal exam.

**Assessments**

1. HTN [Hypertension] - 401.9 (Primary)
2. Low back pain - 724.2
3. Insomnia - 780.52
4. Erectile Dysfunction / Impotence - 302.72
5. Seizures (unspecified) - 780.39
6. Depression - 311

**Treatment**

**1. HTN [Hypertension]**

Continue Norvasc tablet, 10 mg, 1 tab(s), orally, once a day, 30 day(s), 30  
Continue Catapres-TTS-2 film, extended release, 0.2 mg/24 hr, 1 PATCH, applied topically, 1X/W, 28 day(s), 4.00008

**2. Low back pain**

Start Lortab 5/500 tablet, 500 mg-5 mg, 1 tab(s), orally, prn, 30.

**3. Insomnia**

Start Restoril capsule, 15 mg, 1 cap(s), orally, once a day (at bedtime), 30 day(s), 30

**4. Erectile Dysfunction / Impotence**

Continue Cialis tablet, 1 tab(s), orally, prn, samples given

**5. Seizures (unspecified)**

Continue Trileptal tablet, 300 mg, 2 tab(s), orally, BID, 30 day(s), 120

**6. Depression**

Continue Zoloft tablet, 50 mg, 1 tab(s), orally, once a day, 30 day(s), 30

**Follow Up**

---

Patient: CLARK, JAMES DOB: 12/12/1970 Progress Note: Deovyaas S. Sharma, MD 11/30/2006  
Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

3 Months

Electronically signed by Deovyaas Sharma on 09/10/2010 at 10:04 AM EDT  
Sign off status: Pending

---

Lancaster Internal Medicine  
834 W. Meeting Street  
Lancaster, SC 29720  
Tel: 803-285-8777  
Fax: 803-285-8776

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Patient: CLARK, JAMES DOB: 12/12/1970 Progress Note: Deovyaas S. Sharma, MD 11/30/2006

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

**CLARK, JAMES**

36 Y old Male, DOB: 12/12/1970  
PO BX 3011, 1401 PHIL THURMAN DRIVE, LANCASTER,  
SC-29720  
Home: 803-285-1073  
Guarantor: CLARK, JAMES Insurance: Medicaid South  
Carolina

02/08/2007

Progress Note: Deovyaas S. Sharma, MD

**Reason for Appointment**

1. FOLLOW UP

**History of Present Illness**Interim History:

Patient here for f/u visit, c/o low back pain - had bullet wounds 3 weeks ago, seen in ER at CMC and had x-rays done which were negative, given antibiotics and pain meds and released.

Hypertension:

c/o HYPERTENSION F/U stable, doing well and without complaints. c/o MED COMPLIANCE compliant with meds.

Erectile Dysfunction:

c/o ERECTILE DYSFUNCTION unable to sustain erection.

Depression:

c/o DEPRESSION F/U stable with meds.

**Current Medications**

Lortab 5/500 500 mg-5 mg 1 tab(s) prn  
Restoril 15 mg 1 cap(s) once a day (at bedtime)  
Cialis 1 tab(s) prn  
Zolof 50 mg 1 tab(s) once a day  
Trileptal 300 mg 2 tab(s) BID  
Norvasc 10 mg 1 tab(s) once a day  
Catapres-TTS-2 0.2 mg/24 hr 1 PATCH 1X/W

**Past Medical History**

Hypertension  
Seizure disorder  
STATUS POST MVA

**Surgical History**

STATUS POST MVA FOR NECK INJURY  
BROKEN FEMUR IN THE LEFT KNEE

**Family History**

FAMILY HISTORY OF HYPERTENSION

**Social History**

DENIES SMOKING OR ALCOHOL USE. SINGLE AND HAS THREE CHILDREN

**Allergies**

N.K.D.A.

**Hospitalization/Major Diagnostic Procedure**

Denies Past Hospitalization

**Review of Systems**CONSTITUTIONAL:

no Loss of Appetite. no Fever. no Weak. no Fatigue. no Chills.

CARDIOLOGY:

no Chest Pain. no Palpitations. no Leg Edema. no Dizziness. no Shortness of Breath. no Orthopnea. no Fatigue.

ENDOCRINOLOGY:

Patient: CLARK, JAMES DOB: 12/12/1970 Progress Note: Deovyaas S. Sharma, MD 02/08/2007  
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no Polydipsia. no Polyuria. no Weight Loss. no Polyphagia. no Weight Gain.

**ENT:**  
no Cough. no Epistaxis. no Sore Throat. no Sinus Pain. no Post-nasal Drip. no Rhinorrhea.

**GASTROENTEROLOGY:**  
no Abdominal Pain. no Nausea. no Vomiting. no Constipation. no Diarrhea. no Blood in Stool. no Heartburn.  
no Indigestion.

**MUSCULOSKELETAL:**  
c/o Back Pain, lower, mild.

**NEUROLOGY:**  
no Tingling/Numbness. no Dizziness. no Weakness. no Speech Abnormality. no Visual Changes. no Headache.

**RESPIRATORY:**  
no Shortness of Breath. no Chest Pain. no Chest Congestion. no Persistent Cough. no Orthopnea. no PND  
(paroxysmal nocturnal dyspnea). no Wheezing. no DOE (dyspnea on exertion). no Hemoptysis.

**UROLOGY:**  
no Blood in Urine. no Urinary Frequency. no Urinary Incontinence. no Urinary Urgency. no Dysuria.

### **Vital Signs**

HR 73, BP 128/76, Wt 203.

### **Physical Examination**

**GENERAL:**  
General Appearance: well-appearing, no acute distress. Mental Status: alert and oriented.

**HEENT:**  
Head: normocephalic, atraumatic. Eyes: unremarkable. Nose: unremarkable. Throat: clear, no erythema or exudate. Mouth: moist mucous membranes. Ears: unremarkable, TM's normal bilaterally.

**NECK:**  
General: supple. Thyroid: unremarkable. Cervical lymph nodes: unremarkable. JVD: none.

**HEART:**  
Rhythm: regular. Murmurs: none. Heart sounds: normal S1S2. Rate: regular.

**LUNGS:**  
Auscultation: CTA bilaterally, no wheezing/rhonchi/rales.

**ABDOMEN:**  
General: soft. Tenderness: none. Bowel sounds: normoactive. Distention: none.

**BACK:**  
Tenderness: lumbar tenderness, mild, healed bullet wounds lower back - no evidence of infection.

**EXTREMITIES:**  
Edema: none. Pulses: 2+ bilateral.

**NEUROLOGICAL:**  
Sensory: normal sensation. Motor: normal strength bilaterally. Gait: normal. Cranial Nerves: CN's II-XII grossly intact. Orientation: alert and oriented x 3. Cognition: normal.

### **Assessments**

1. HTN [Hypertension] - 401.9 (Primary)
2. Low back pain - 724.2
3. Erectile Dysfunction / Impotence - 302.72
4. Seizures (unspecified) - 780.39
5. Depression - 311

### **Treatment**

1. **HTN [Hypertension]**  
Continue Norvasc tablet, 10 mg, 1 tab(s), orally, once a day, 30 day(s), 30  
Continue Catapres-TTS-2 film, extended release, 0.2 mg/24 hr, 1 PATCH, applied topically, 1X/W, 28 day(s), 4.00008
2. **Low back pain**  
Start Percocet-5/325 tablet, 325 mg-5 mg, 1 tab(s), orally, Q6H, 10 day(s), 40
3. **Erectile Dysfunction / Impotence**  
Continue Cialis tablet, 1 tab(s), orally, prn, samples given
4. **Seizures (unspecified)**  
Continue Trileptal tablet, 300 mg, 2 tab(s), orally, BID, 30 day(s), 120

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Patient: CLARK, JAMES DOB: 12/12/1970 Progress Note: Deovyaas S. Sharma, MD 02/08/2007  
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**5. Depression**

Continue Zoloft tablet, 50 mg, 1 tab(s), orally, once a day, 30 day(s), 30

**Follow Up**

2 Months

Electronically signed by Deovyaas Sharma on 09/10/2010 at 10:04 AM EDT

Sign off status: Pending

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Lancaster Internal Medicine  
834 W. Meeting Street  
Lancaster, SC 29720  
Tel: 803-285-8777  
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Patient: CLARK, JAMES DOB: 12/12/1970 Progress Note: Deovyaas S. Sharma, MD 02/08/2007

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## CLARK, JAMES

36 Y old Male, DOB: 12/12/1970  
PO BOX 3011, 1401 PHIL THURMAN DRIVE, LANCASTER,  
SC-29720  
Home: 803-285-1073  
Guarantor: CLARK, JAMES Insurance: Medicaid South  
Carolina  
PCP: Deovyaas S. Sharma, MD

04/24/2007

Progress Note: Deovyaas S. Sharma, MD

### CC

1. FOLLOW UP

### HPI

#### Hypertension:

36 year old male presents with c/o HYPERTENSION F/U stable, doing well and without complaints.  
Denies: MED SIDE EFFECTS. CHEST PAIN. DIZZINESS. ORTHOPNEA. PALPITATIONS.  
MED COMPLIANCE states compliant with meds.

#### Lower back:

c/o low back pain: lumbar, intermittent, chronic condition.  
Denies: tingling/ numbness: bowel and bladder incontinence.

#### Psychology:

c/o SLEEP DISTURBANCE difficulty falling asleep, difficulty staying asleep.

### Current Medications

Norvasc 10 mg 1 tab(s) once a day  
Catapres-TTS-2 0.2 mg/24 hr 1 PATCH 1X/W  
Cialis 1 tab(s) prn  
Trileptal 300 mg 2 tab(s) BID  
Zolof 50 mg 1 tab(s) once a day

### Past Medical History

Hypertension  
Seizure disorder  
STATUS POST MVA

### Surgical History

STATUS POST MVA FOR NECK INJURY  
BROKEN FEMUR IN THE LEFT KNEE

### Family History

FAMILY HISTORY OF HYPERTENSION

### Social History

DENIES SMOKING OR ALCOHOL USE. SINGLE AND HAS THREE CHILDREN

### Allergies

N.K.D.A.

### Hospitalization/Major Diagnostic Procedure

Denies Past Hospitalization

### Review of Systems

#### CONSTITUTIONAL:

no Fever. no Chills. no Weight Loss. no Weight Gain. no Loss of Appetite. no Weak. no Fatigue.

Patient: CLARK, JAMES DOB: 12/12/1970 Progress Note: Deovyaas S. Sharma, MD 04/24/2007  
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**CARDIOLOGY:**

no Chest Pain. no Shortness of Breath. no Palpitations. no Dizziness. no Leg Edema. no Fatigue. no Orthopnea.

**ENT:**

no Ear Pain. no Rhinorrhea. no Sore Throat. no Cough. no Sinus Pain. no Epistaxis. no Post-nasal Drip.

**GASTROENTEROLOGY:**

no Abdominal Pain. no Nausea. no Vomiting. no Heartburn. no Indigestion. no Diarrhea. no Constipation.  
no Blood in Stool.

**NEUROLOGY:**

c/o Headache, occasional. no Weakness. no Tingling/Numbness. no Speech Abnormality. no Visual Changes.  
no Dizziness.

**RESPIRATORY:**

no Shortness of Breath. no Persistent Cough. no Chest Congestion. no Chest Pain. no Wheezing. no Hemoptysis.  
no Orthopnea.

**UROLOGY:**

no Dysuria. no Urinary Frequency. no Urinary Urgency. no Blood in Urine.

**Vital Signs**

HR: 74, BP: 142/87, Wt: 203.

**Examination**

**General Examination:**

General Appearance: NAD, alert and oriented. HEENT: Head - NC/AT, PERRLA, EOMI, TM's clear and flat bilaterally, Oropharynx clear with MMM. Oral cavity: clear, moist mucus membranes. Neck, Thyroid: supple, no thyromegaly, no lymphadenopathy, no JVD, no carotid bruit. Heart: RRR, no murmurs. Lungs: clear to auscultation bilaterally, no wheezes/rhonchi/rales. Abdomen: soft, NT/ND, BS present. Back: mild tenderness lower back. Extremities: no clubbing, no edema. Neurologic Exam: non-focal exam.

**Assessments**

1. HTN [Hypertension] - 401.9 (Primary)
2. Back pain - 724.5
3. Insomnia - 780.52
4. Seizures (unspecified) - 780.39

**Treatment**

**1. HTN [Hypertension]**

Continue Norvasc tablet, 10 mg, orally, 30, 1 tab(s), once a day, 30 day(s)  
Continue Catapres-TTS-2 film, extended release, 0.2 mg/24 hr, applied topically, 4.00008, 1 PATCH, 1X/W, 28 day(s)

**2. Back pain**

Start Lortab 5/500 tablet, 500 mg-5 mg, orally, 30, 1 tab(s), daily/prn

**3. Insomnia**

Start Restoril capsule, 15 mg, orally, 30, 1 cap(s), once a day (at bedtime), 30 day(s)

**4. Seizures (unspecified)**

Continue Trileptal tablet, 300 mg, orally, 120, 2 tab(s), BID, 30 day(s)

**Follow Up**

3 Months

Electronically signed by Deovyaas Sharma on 09/10/2009 at 10:55 AM EDT

Sign off status: Pending

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Patient: CLARK, JAMES DOB: 12/12/1970 Progress Note: Deovyaas S. Sharma, MD 04/24/2007  
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834 W. Meeting Street  
Lancaster, SC 29720  
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Fax: 803-285-8776

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Patient: CLARK, JAMES DOB: 12/12/1970 Progress Note: Deovyaas S. Sharma, MD 04/24/2007

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## CLARK, JAMES

36 Y old Male, DOB: 12/12/1970  
PO BX 3011, 1401 PHIL THURMAN DRIVE, LANCASTER,  
SC 29720  
Home: 803-285-1073  
Guarantor: CLARK, JAMES Insurance: MEDICARE  
SOUTH CAROLINA  
PCP: Deovyaas S. Sharma, MD

10/10/2007

Progress Note: Deovyaas S. Sharma, MD

### CC

1. FOLLOW UP-CK UP, MED REFILLS

### HPI

#### Hypertension:

36 year old male presents with c/o HYPERTENSION F/U stable, doing well and without complaints.  
Denies : CHEST PAIN. DIZZINESS. LEG EDEMA. ORTHOPNEA. PAROXYSMAL NOCTURNAL DYSPNEA.

#### PALPITATIONS.

MED COMPLIANCE states compliant with medication.

#### Seizure Disorder:

c/o SEIZURE DISORDER F/U stable, no recent seizure episodes.  
Denies : DIZZINESS. HEADACHE. MENTAL STATUS CHANGE. PARESTHESIAS. TREMOR. WEAKNESS.  
MEDICATIONS current meds: trileptal.

#### Lower back:

c/o low back pain: lumbar, chronic condition. c/o trauma/injury: involved in MVA.  
Denies : tingling/ numbness: bowel and bladder incontinence.

#### Depression:

c/o DEPRESSION F/U stable with current medication. c/o MOOD stable. c/o SLEEP DISTURBANCE difficulty falling asleep, difficulty staying asleep.  
Denies : ENERGY CHANGE. WEIGHT CHANGE. APPETITE CHANGE. SUICIDAL IDEATIONS.

#### Erectile Dysfunction:

c/o ERECTILE DYSFUNCTION helped with meds.  
Denies : TESTICULAR PAIN. TESTICULAR SWELLING. TESTICULAR MASS. PENILE DISCHARGE.

### Current Medications

Norvasc 10 mg 1 tab(s) once a day  
Catapres-TTS-2 0.2 mg/24 hr 1 PATCH 1X/W  
Lortab 5/500 500 mg-5 mg 1 tab(s) daily/prn  
Restoril 15 mg 1 cap(s) once a day (at bedtime)  
Trileptal 300 mg 2 tab(s) BID  
Cialis 1 tab(s) prn  
Zoloft 50 mg 1 tab(s) once a day

### Past Medical History

Hypertension  
Seizure disorder  
STATUS POST MVA

### Surgical History

STATUS POST MVA FOR NECK INJURY  
BROKEN FEMUR IN THE LEFT KNEE

### Family History

FAMILY HISTORY OF HYPERTENSION

Patient: CLARK, JAMES DOB: 12/12/1970 Progress Note: Deovyaas S. Sharma, MD 10/10/2007  
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**Social History**

DENIES SMOKING OR ALCOHOL USE. SINGLE AND HAS THREE CHILDREN

**Allergies**

N.K.D.A.

**Hospitalization/Major Diagnostic Procedure**

SEE SURGICAL HISTORY

**Review of Systems****ALLERGY:**

no Cough. no Ear Symptoms. no Facial Pressure. no Itchy Eyes. no Nasal Congestion. no Post-nasal Drip. no Sneezing. no Sore Throat.

**CONSTITUTIONAL:**

no Fever. no Chills. no Weight Loss. no Weight Gain. no Loss of Appetite. no Weak. no Fatigue.

**CARDIOLOGY:**

no Chest Pain. no Palpitations. no Dizziness. no Leg Edema. no Fatigue. no Orthopnea.

**DERMATOLOGY:**

no Bruising. no Rash. no Dry or Sensitive Skin.

**ENDOCRINOLOGY:**

no Polyuria. no Polydipsia. no Polyphagia. no Cold Intolerance. no Heat Intolerance. no Bowel Changes.

**ENT:**

no Ear Pain. no Rhinorrhea. no Sore Throat. no Hoarseness. no Cough. no Sinus Pain. no Teeth Pain. no Epistaxis.

**GASTROENTEROLOGY:**

no Abdominal Pain. no Nausea. no Vomiting. no Heartburn. no Indigestion. no Diarrhea. no Constipation. no Change in Bowel Habits. no Blood in Stool.

**HEMATOLOGY/LYMPH:**

no Fatigue. no Loss of Appetite. no Easy Bruising.

**NEUROLOGY:**

no Headache. no Weakness. no Tingling/Numbness. no Speech Abnormality. no Visual Changes. no Dizziness.

**RESPIRATORY:**

no Shortness of Breath. no Persistent Cough. no Chest Congestion. no Chest Pain. no Wheezing. no Hemoptysis. no Orthopnea. no PND (paroxysmal nocturnal dyspnea).

**UROLOGY:**

no Dysuria. no Urinary Frequency. no Urinary Urgency. no Blood in Urine.

**Vital Signs**

HR: 77, BP: 101/73, Wt: 202.

**Physical Examination****GENERAL:**

General Appearance: well-appearing, no acute distress. Mental Status: alert and oriented.

**HEENT:**

Head: normocephalic, atraumatic. Eyes: unremarkable. Ears: unremarkable, TM's normal bilaterally. Nose: unremarkable. Mouth: moist mucous membranes. Throat: clear, no erythema or exudate.

**NECK:**

General: supple. Cervical lymph nodes: unremarkable. Thyroid: unremarkable. JVD: none.

**HEART:**

Rate: regular. Rhythm: regular. Heart sounds: normal S1S2. Murmurs: none.

**LUNGS:**

Auscultation: CTA bilaterally, no wheezing/rhonchi/rales.

**ABDOMEN:**

General: soft. Bowel sounds: normoactive. Tenderness: none. Distention: none.

**BACK:**

Tenderness: lumbar tenderness, mild.

**EXTREMITIES:**

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Patient: CLARK, JAMES DOB: 12/12/1970 Progress Note: Deovraas S. Sharma, MD 10/10/2007  
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Edema: none.

**NEUROLOGICAL:**

Orientation: alert and oriented x 3. Cognition: normal. Cranial Nerves: CN's II-XII grossly intact.  
Sensory: normal sensation. Motor: normal strength bilaterally. Gait: normal.

**Assessments**

1. HTN [Hypertension] - 401.9 (Primary)
2. Seizures (unspecified) - 780.39
3. Back pain - 724.5
4. Depression - 311
5. Insomnia - 780.52
6. Erectile Dysfunction / Impotence - 302.72

**Treatment**

**1. HTN [Hypertension]**

Continue Norvasc tablet, 10 mg, orally, 30, 1 tab(s), once a day, 30 day(s)  
Continue Catapra-TTS-2 film, extended release, 0.2 mg/24 hr, applied topically, 4.00008, 1 PATCH, 1X/W, 28 day(s)  
Low salt diet.

**2. Seizures (unspecified)**

Continue Trileptal tablet, 300 mg, orally, 120, 2 tab(s), BID, 30 day(s)

**3. Back pain**

Continue Lortab 5/500 tablet, 500 mg-5 mg, orally, 30, 1 tab(s), daily/prn

**4. Depression**

Continue Zoloft tablet, 50 mg, orally, 30, 1 tab(s), once a day, 30 day(s)

**5. Insomnia**

Continue Restoril capsule, 15 mg, orally, 30, 1 cap(s), once a day (at bedtime), 30 day(s)

**6. Erectile Dysfunction / Impotence**

Continue Cialis tablet, 10 mg, orally, 10, 1 tab(s), prn

**7. Others**

Check fasting labs prior to next visit.

**Follow Up**

2 Months

Electronically signed by Deovyaas Sharma on 09/10/2009 at 10:56 AM EDT

Sign off status: Pending

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Lancaster Internal Medicine  
834 W. Meeting Street  
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Patient: CLARK, JAMES DOB: 12/12/1970 Progress Note: Deovyaas S. Sharma, MD 10/10/2007

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## CLARK, JAMES

37 Y old Male, DOB: 12/12/1970  
PO BX 3011, 1401 PHIL THURMAN DRIVE, LANCASTER,  
SC 29720  
Home: 803-285-1073  
Guarantor: CLARK, JAMES Insurance: MEDICARE  
SOUTH CAROLINA  
PCP: Deovyaas S. Sharma, MD

01/09/2008

Progress Note: Deovyaas S. Sharma, MD

### CC

1. FOLLOW UP-SHAKING X 4 DAYS, GIVEN WRONG MEDS AT DETENTION CENTER, MEDICATION REFILLS

### HPI

#### Interim History:

Patient here for f/u visit states released from detention center/prison on Saturday and given wrong medications (digoxin and coreg per patient) after which he developed shaking and had seizure episode, subsequently went to the Emergency Room at Springs Memorial Hospital where he was evaluated and had digoxin level done and was discharged home. Currently, c/o shaking but denies any further seizure episode, however c/o chest pains, left sided associated with mild shortness of breath.

### Current Medications

Norvasc 10 mg 1 tab(s) once a day  
Catapres-TTS-2 0.2 mg/24 hr 1 PATCH 1X/W  
Trileptal 300 mg 2 tab(s) BID  
Lortab 5/500 500 mg-5 mg 1 tab(s) daily/prn  
Zolof 50 mg 1 tab(s) once a day  
Restoril 15 mg 1 cap(s) once a day (at bedtime)  
Cialis 10 mg 1 tab(s) prn

### Past Medical History

Hypertension  
Seizure disorder  
STATUS POST MVA

### Surgical History

STATUS POST MVA FOR NECK INJURY  
BROKEN FEMUR IN THE LEFT KNEE

### Family History

FAMILY HISTORY OF HYPERTENSION

### Social History

DENIES SMOKING OR ALCOHOL USE. SINGLE AND HAS THREE CHILDREN

### Allergies

N.K.D.A.

### Hospitalization/Major Diagnostic Procedure

SEE SURGICAL HISTORY

### Review of Systems

#### ALLERGY:

no Cough. no Ear Symptoms. no Facial Pressure. no Itchy Eyes. no Nasal Congestion. no Post-nasal Drip.  
no Sneezing. no Sore Throat.

Patient: CLARK, JAMES DOB: 12/12/1970 Progress Note: Deovyaas S. Sharma, MD 01/09/2008  
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**CONSTITUTIONAL:**

no Fever. no Chills. no Weight Loss. no Weight Gain. no Loss of Appetite. no Weak. no Fatigue.

**CARDIOLOGY:**

c/o Chest Pain, left-sided, sharp, non-radiating. c/o Shortness of Breath, mild. no Palpitations. no Dizziness. no Leg Edema. no Orthopnea. no PND (paroxysmal nocturnal dyspnea).

**ENT:**

no Ear Pain. no Rhinorrhea. no Sore Throat. no Hoarseness. no Cough. no Sinus Pain. no Teeth Pain. no Epistaxis.

**GASTROENTEROLOGY:**

no Abdominal Pain. no Nausea. no Vomiting. no Heartburn. no Dysphagia. no Diarrhea. no Constipation. no Blood in Stool.

**NEUROLOGY:**

no Headache. no Weakness. no Tingling/Numbness. no Speech Abnormality. no Visual Changes. no Dizziness.

**RESPIRATORY:**

c/o Shortness of Breath, mild. no Persistent Cough. no Chest Congestion. no Chest Pain. no Wheezing. no Hemoptysis. no Orthopnea. no PND (paroxysmal nocturnal dyspnea).

**UROLOGY:**

no Dysuria. no Urinary Frequency. no Urinary Urgency. no Blood in Urine.

**Vital Signs**

HR: 71, BP: 115/56, Wt: 203.

**Examination**

**General Examination:**

General Appearance: alert and oriented, mild shaking/tremors of upper extremities and hands. HEENT: Head - NC/AT, PERRLA, EOMI, TM's clear and flat bilaterally, Oropharynx clear with MMM. Oral cavity: clear, moist mucus membranes. Neck, Thyroid: supple, no thyromegaly, no lymphadenopathy, no JVD, no carotid bruit. Heart: RRR, no murmurs. Lungs: clear to auscultation bilaterally, no wheezes/rhonchi/rales. Abdomen: soft, NT/ND, BS present. Extremities: no clubbing, no edema. Neurologic Exam: non-focal exam.

**Assessments**

1. CHEST PAIN NOS - 786.50 (Primary)
2. HTN [Hypertension] - 401.9
3. Seizures (unspecified) - 780.39
4. Tremor - 781.0

**Treatment**

**1. CHEST PAIN NOS**

Patient with c/o chest pain - will check EKG.

**2. HTN [Hypertension]**

Continue Norvasc tablet, 10 mg, orally, 30, 1 tab(s), once a day, 30 day(s)  
Continue Catapres-TTS-2 film, extended release, 0.2 mg/24 hr, applied topically, 4.00008, 1 PATCH, 1X/W, 28 day(s)  
Encouraged low sodium diet and regular exercise. Pt. instructed to call office if home BP regularly > 140/90.

**3. Seizures (unspecified)**

Continue Trileptal tablet, 300 mg, orally, 120, 2 tab(s), BID, 30 day(s)

**4. Tremor**

Recheck Digoxin level.

**Procedure Codes**

VENIPUNCT, ROUTINE\*

**Follow Up**

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Patient: CLARK, JAMES DOB: 12/12/1970 Progress Note: Deovyaas S. Sharma, MD 01/09/2008  
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2 Months

Electronically signed by Deovyaas Sharma on 09/10/2009 at 10:56 AM EDT  
Sign off status: Pending

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Lancaster Internal Medicine  
834 W. Meeting Street  
Lancaster, SC 29720  
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Patient: CLARK, JAMES DOB: 12/12/1970 Progress Note: Deovyaas S. Sharma, MD 01/09/2008

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## CLARK, JAMES

37 Y old Male, DOB: 12/12/1970  
PO BX 3011, 1401 PHIL THURMAN DRIVE, LANCASTER,  
SC-29720  
Home: 803-285-1073  
Guarantor: CLARK, JAMES Insurance: MEDICARE  
SOUTH CAROLINA  
PCP: Deovyaas S. Sharma, MD

06/18/2008

Progress Note: Deovyaas S. Sharma, MD

### CC

1. FOLLOW UP-BACK PAIN

### HPI

#### Hypertension:

37 year old male presents with c/o HYPERTENSION F/U stable.  
Denies : CHEST PAIN. DIZZINESS. LEG EDEMA. ORTHOPNEA. PAROXYSMAL NOCTURNAL DYSPNEA.

#### PALPITATIONS:

MED COMPLIANCE states compliant with medication.

#### Lower back:

c/o low back pain: lumbar, intermittent, chronic condition. c/o previous back problems: h/o MVA.  
Denies : radiation of pain: tingling/ numbness: bowel and bladder incontinence.

#### Psychology:

c/o MOOD stable. c/o SLEEP DISTURBANCE difficulty falling asleep, difficulty staying asleep, helped with

#### Restoril:

Denies : ENERGY CHANGE. RACING THOUGHTS. HALLUCINATIONS. PARANOIA.

### Current Medications

Norvasc 10 mg 1 tab(s) once a day  
Catapres-TTS-2 0.2 mg/24 hr 1 PATCH 1X/W  
Trileptal 300 mg 2 tab(s) BID  
Lortab 5/500 500 mg-5 mg 1 tab(s) daily/prn  
Zolof 50 mg 1 tab(s) once a day  
Restoril 15 mg 1 cap(s) once a day (at bedtime)  
Cialis 10 mg 1 tab(s) prn

### Past Medical History

Hypertension  
Seizure disorder  
STATUS POST MVA

### Surgical History

STATUS POST MVA FOR NECK INJURY  
BROKEN FEMUR IN THE LEFT KNEE

### Family History

FAMILY HISTORY OF HYPERTENSION

### Social History

DENIES SMOKING OR ALCOHOL USE. SINGLE AND HAS THREE CHILDREN

### Allergies

N.K.D.A.

Patient: CLARK, JAMES DOB: 12/12/1970 Progress Note: Deovyaas S. Sharma, MD 06/18/2008  
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**Hospitalization/Major Diagnostic Procedure**  
SEE SURGICAL HISTORY

**Review of Systems**

**ALLERGY:**

no Cough. no Ear Symptoms. no Facial Pressure. no Itchy Eyes. no Nasal Congestion. no Post-nasal Drip.  
no Sneezing. no Sore Throat.

**CONSTITUTIONAL:**

no Fever. no Chills. no Weight Loss. no Weight Gain. no Loss of Appetite. no Weak. no Fatigue.

**CARDIOLOGY:**

no Chest Pain. no Palpitations. no Dizziness. no Leg Edema. no Orthopnea. no PND (paroxysmal nocturnal dyspnea).

**ENT:**

no Ear Pain. no Rhinorrhea. no Sore Throat. no Hoarseness. no Cough. no Sinus Pain. no Teeth Pain. no Epistaxis.

**GASTROENTEROLOGY:**

no Abdominal Pain. no Nausea. no Vomiting. no Heartburn. no Dysphagia. no Diarrhea. no Constipation. no Blood in Stool.

**NEUROLOGY:**

no Headache. no Weakness. no Tingling/Numbness. no Speech Abnormality. no Visual Changes. no Dizziness.

**RESPIRATORY:**

no Shortness of Breath. no Persistent Cough. no Chest Congestion. no Chest Pain. no Wheezing. no Hemoptysis.  
no Orthopnea. no PND (paroxysmal nocturnal dyspnea).

**UROLOGY:**

no Dysuria. no Urinary Frequency. no Urinary Urgency. no Blood in Urine.

**Vital Signs**

HR: 67, BP: 125/82, Wt: 201.

**Examination**

**General Examination:**

General Appearance: NAD, alert and oriented. HEENT: Head - NC/AT; PERRLA, EOMI, TM's clear and flat bilaterally, Oropharynx clear with MMM. Oral cavity: clear, moist mucus membranes. Neck, Thyroid: supple, no thyromegaly, no lymphadenopathy, no JVD, no carotid bruit. Heart: RRR, no murmurs. Lungs: clear to auscultation bilaterally, no wheezes/rhonchi/rales. Abdomen: soft, NT/ND, BS present. Back: lumbar tenderness, mild. Extremities: no clubbing, no edema. Neurologic Exam: non-focal exam.

**Assessments**

1. HTN [Hypertension] - 401.9 (Primary)
2. Back pain - 724.5
3. Insomnia - 780.52
4. Seizures (unspecified) - 780.39

**Treatment**

**1. HTN [Hypertension]**

Continue Norvasc tablet, 10 mg, orally, 30, 1 tab(s), once a day, 30 day(s)  
Continue Catapres-TTS-2 film, extended release, 0.2 mg/24 hr, applied topically, 4.00008, 1 PATCH, 1X/W, 28 day(s)  
Encouraged low sodium diet and regular exercise. Pt. instructed to call office if home BP regularly > 140/90.

**2. Back pain**

Continue Lortab 5/500 tablet, 500 mg-5 mg, orally, 30, 1 tab(s), daily/prn  
heating pad/warm compresses, massage

**3. Insomnia**

Continue Restoril capsule, 15 mg, orally, 30, 1 cap(s), once a day (at bedtime), 30 day(s)

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Patient: CLARK, JAMES DOB: 12/12/1970 Progress Note: Deovyas S. Sharma, MD 06/18/2008  
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**4. Seizures (unspecified)**

Continue Trileptal tablet, 300 mg, orally, 120, 2 tab(s), BID, 30 day(s)

**Follow Up**

2-3 Months

Electronically signed by Deovyaas Sharma on 09/10/2009 at 10:57 AM EDT

Sign off status: Pending

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Lancaster Internal Medicine  
834 W. Meeting Street  
Lancaster, SC 29720  
Tel: 803-285-8777  
Fax: 803-285-8776

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Patient: CLARK, JAMES DOB: 12/12/1970 Progress Note: Deovyaas S. Sharma, MD 06/18/2008

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

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## CLARK, JAMES

38 Y old Male, DOB: 12/12/1970  
PO BX 3011, 1401 PHIL THURMAN DRIVE, LANCASTER,  
SC 29720

Home: 803-285-1073  
Guarantor: CLARK, JAMES Insurance: MEDICARE  
SOUTH CAROLINA

06/10/2009

Progress Note: Deovyaas S. Sharma, MD

### Reason for Appointment

1. ER F/U, MEDICATION REFILLS, PROBLEMS WITH ZOLOFT

### History of Present Illness

#### Interim History:

Patient here for f/u visit and medication refills, recently seen in ER with abscess/cellulitis in right groin and treated with antibiotics, currently better but still with mild swelling and infection, also c/o feeling depressed.

#### Hypertension:

c/o HYPERTENSION F/U stable.

Denies: CHEST PAIN. DIZZINESS. LEG EDEMA. ORTHOPNEA. PAROXYSMAL NOCTURNAL DYSPNEA.

#### PALPITATIONS.

MED COMPLIANCE states compliant with medication.

#### Seizure Disorder:

c/o SEIZURE DISORDER F/U no recent seizure episode. c/o HEADACHE occasional.

Denies: DIZZINESS. GAIT ABNORMALITY. MENTAL STATUS CHANGE. PARESTHESIAS. TREMOR. VISUAL CHANGES. WEAKNESS.

#### Depression:

c/o DEPRESSION F/U feels depressed. c/o STRESSORS increased. c/o MOOD depressed.

Denies: APPETITE CHANGE. SUICIDAL IDEATIONS. RACING THOUGHTS. HALLUCINATIONS. PARANOIA.  
MEDICATIONS current meds -, zoloft.

### Current Medications

Norvasc 10 mg 1 tab(s) once a day  
Catapres-TTS-2 0.2 mg/24 hr 1 PATCH 1X/W  
Restoril 15 mg 1 cap(s) once a day (at bedtime)  
Trileptal 300 mg 2 tab(s) BID  
Zoloft 50 mg 1 tab(s) once a day  
Cialis 10 mg 1 tab(s) prn

### Past Medical History

Hypertension  
Seizure disorder  
STATUS POST MVA.  
Depression

### Surgical History

STATUS POST MVA FOR NECK INJURY  
BROKEN FEMUR IN THE LEFT KNEE

### Family History

FAMILY HISTORY OF HYPERTENSION

### Social History

DENIES SMOKING OR ALCOHOL USE. SINGLE AND HAS THREE CHILDREN

### Allergies

N.K.D.A.

### Hospitalization/Major Diagnostic Procedure

SEE SURGICAL HISTORY

Patient: CLARK, JAMES DOB: 12/12/1970 Progress Note: Deovyaas S. Sharma, MD 06/10/2009 -  
Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

## Review of Systems

### ALLERGY:

no Nasal Congestion. no Sore Throat. no Itchy Eyes. no Ear Symptoms. no Facial Pressure. no Sneezing. no Post-nasal Drip. no Cough.

### CONSTITUTIONAL:

no Weight Gain. no Loss of Appetite. no Fever. no Weak. no Weight Loss. no Fatigue. no Chills.

### CARDIOLOGY:

no Chest Pain. no Palpitations. no Leg Edema. no Dizziness. no PND (paroxysmal nocturnal dyspnea). no Orthopnea.

### DERMATOLOGY:

no Rash. no Swelling. no Bruising.

### ENDOCRINOLOGY:

no Polydipsia. no Polyuria. no Weight Loss. no Cold Intolerance. no Heat Intolerance. no Polyphagia. no Weight Gain. no Bowel Changes. no Palpitations.

### ENT:

no Cough. no Epistaxis. no Hoarseness. no Sore Throat. no Sinus Pain. no Rhinorrhea. no Teeth Pain. no Ear Pain.

### GASTROENTEROLOGY:

no Dysphagia. no Abdominal Pain. no Nausea. no Vomiting. no Constipation. no Diarrhea. no Blood in Stool. no Heartburn. no Bloating. no Change in Bowel Habits. no Indigestion.

### MUSCULOSKELETAL:

no Joint Swelling. no Joint Pain. no Leg Cramps. no Joint Stiffness. no Myalgias. no Back Pain.

### RESPIRATORY:

no Shortness of Breath. no Chest Pain. no Chest Congestion. no Persistent Cough. no Orthopnea. no PND (paroxysmal nocturnal dyspnea). no Wheezing. no Hemoptysis.

### UROLOGY:

no Blood in Urine. no Urinary Frequency. no Urinary Urgency. no Dysuria. no Discharge.

## Vital Signs

HR 77, BP 101/71, Wt 194.

## Physical Examination

### GENERAL:

General Appearance: well-appearing, no acute distress. Mental Status: alert and oriented.

### HEENT:

Head: normocephalic, atraumatic. Eyes: unremarkable. Nose: unremarkable. Throat: clear, no erythema or exudate. Mouth: moist mucous membranes. Ears: unremarkable, TM's normal bilaterally.

### NECK:

General: supple. Thyroid: unremarkable. Cervical lymph nodes: unremarkable. JVD: none.

### HEART:

Rhythm: regular. Murmurs: none. Heart sounds: normal S1S2. Rate: regular.

### LUNGS:

Auscultation: CTA bilaterally, no wheezing/rhonchi/rales.

### ABDOMEN:

General: soft, presence of tenderness with mild swelling, redness and infection in right groin, no discharge. Tenderness: none. Bowel sounds: normoactive. Distention: none.

### EXTREMITIES:

Edema: none. Pulses: present bilaterally.

### NEUROLOGICAL:

Sensory: normal sensation. Motor: normal strength bilaterally. Gait: normal. Cranial Nerves: CN's II-XII grossly intact. Orientation: alert and oriented x 3. Cognition: normal.

## Assessments

1. Abscess of groin - 682.2 (Primary)
2. HTN [Hypertension] - 401.9
3. Depression - 311
4. Seizures (unspecified) - 780.39

## Treatment

### 1. Abscess of groin

Start Cipro tablet, 500 mg, 1 tab(s), orally, Q12H, 10 day(s), 20

Patient with infection in right groin - will treat with antibiotics but advised patient he may need I&D by Surgeon if abscess worsens.

**2. HTN [Hypertension]**

Continue Norvasc tablet, 10 mg, 1 tab(s), orally, once a day, 30 day(s), 30, Refills 3

Continue Catapres-TTS-2 film, extended release, 0.2 mg/24 hr, 1 PATCH, applied topically, 1X/W, 28 day(s), 4.00008

**3. Depression**

Increase Zoloft tablet, 100 mg, 1 tab(s), orally, once a day, 30 day(s), 30, Refills 3

Patient feels depressed - will increase dose of Zoloft.

**4. Seizures (unspecified)**

Continue Trileptal tablet, 300 mg, 2 tab(s), orally, BID, 30 day(s), 120, Refills 3

**5. Others**

Medications refilled.

**Follow Up**

2 Months

Electronically signed by Deovyaas Sharma on 09/10/2010 at 09:38 AM EDT

Sign off status: Pending

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Lancaster Internal Medicine  
834 W. Meeting Street  
Lancaster, SC 29720  
Tel: 803-285-8777  
Fax: 803-285-8776

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Patient: CLARK, JAMES DOB: 12/12/1970 Progress Note: Deovyaas S. Sharma, MD 06/10/2009

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

**CLARK, JAMES**

39 Y old Male, DOB: 12/12/1970  
PO BX 3011, 1401 PHIL THURMAN DRIVE, LANCASTER,  
SC-29720

Home: 803-285-1073  
Guarantor: CLARK, JAMES Insurance: MEDICARE  
SOUTH CAROLINA

01/13/2010

Progress Note: Deovyaas S. Sharma, MD

**Reason for Appointment**

1. C/O-MID BACK AND LT LEG PAIN, REFILLS

**History of Present Illness****INTERIM HISTORY:**

Patient here for f/u visit and medication refills, currently c/o back pain and left leg pain, denies any recent injury or trauma.

**Hypertension:**

c/o HYPERTENSION F/U stable.

Denies : CHEST PAIN. DIZZINESS. LEG EDEMA. ORTHOPNEA. PAROXYSMAL NOCTURNAL DYSPNEA.  
PALPITATIONS.

MED COMPLIANCE states compliant with medication.

**Erectile Dysfunction:**

c/o ERECTILE DYSFUNCTION unable to sustain erection, helped with medication.

Denies : TESTICULAR PAIN. TESTICULAR SWELLING. TESTICULAR MASS. PENILE DISCHARGE.

**HEMATURIA.****Depression:**

c/o DEPRESSION F/U helped with medication. c/o MOOD stable.

Denies : ANHEDONIA. SUICIDAL IDEATIONS. RACING THOUGHTS. HALLUCINATIONS. PARANOIA.

MEDICATIONS current meds -, zoloft.

**Current Medications**

Norvasc 10 mg 1 tab(s) once a day  
Catapres-TTS-2 0.2 mg/24 hr 1 PATCH 1X/W  
Zoloft 100 mg 1 tab(s) once a day  
Trileptal 300 mg 2 tab(s) BID  
Restoril 15 mg 1 cap(s) once a day (at bedtime)  
Cialis 10 mg 1 tab(s) prn

**Past Medical History**

Hypertension  
Seizure disorder  
STATUS POST MVA  
Depression

**Surgical History**

STATUS POST MVA FOR NECK INJURY  
BROKEN FEMUR IN THE LEFT KNEE

**Family History**

FAMILY HISTORY OF HYPERTENSION

**Social History**

DENIES SMOKING OR ALCOHOL USE. SINGLE AND HAS THREE CHILDREN

**Allergies**

N.K.D.A.

**Hospitalization/Major Diagnostic Procedure**

SEE SURGICAL HISTORY

## Review of Systems

### ALLERGY:

no Nasal Congestion. no Sore Throat. no Itchy Eyes. no Ear Symptoms. no Facial Pressure. no Sneezing. no Post-nasal Drip. no Cough.

### CONSTITUTIONAL:

no Weight Gain. no Loss of Appetite. no Fever. no Weak. no Weight Loss. no Fatigue. no Chills.

### CARDIOLOGY:

no Chest Pain. no Palpitations. no Leg Edema. no Dizziness. no PND (paroxysmal nocturnal dyspnea). no Orthopnea.

### ENT:

no Ear Pain. no Rhinorrhea. no Sore Throat. no Hoarseness. no Cough. no Sinus Pain. no Teeth Pain. no Otagia. no Epistaxis.

### GASTROENTEROLOGY:

no Abdominal Pain. no Nausea. no Vomiting. no Heartburn. no Indigestion. no Bloating. no Dysphagia. no Diarrhea. no Constipation. no Change in Bowel Habits. no Blood in Stool.

### NEUROLOGY:

no Headache. no Weakness. no Tingling/Numbness. no Speech Abnormality. no Visual Changes. no Dizziness. c/o Seizures, no recent seizure episodes.

### RESPIRATORY:

no Shortness of Breath. no Chest Pain. no Chest Congestion. no Persistent Cough. no Orthopnea. no PND (paroxysmal nocturnal dyspnea). no Wheezing. no Hemoptysis.

### UROLOGY:

no Discharge. no Dysuria. no Urinary Frequency. no Urinary Urgency. no Blood in Urine. no Urinary Incontinence.

## Vital Signs

HR 78, BP 132/75, Wt 202.

## Physical Examination

### GENERAL:

General Appearance: well-appearing, no acute distress. Mental Status: alert and oriented.

### HEENT:

Head: normocephalic, atraumatic. Eyes: unremarkable. Nose: unremarkable. Throat: clear, no erythema or exudate. Mouth: moist mucous membranes. Ears: unremarkable, TM's normal bilaterally.

### NECK:

General: supple. Thyroid: unremarkable. Cervical lymph nodes: unremarkable. JVD: none.

### HEART:

Rhythm: regular. Murmurs: none. Heart sounds: normal S1S2. Rate: regular.

### LUNGS:

Auscultation: CTA bilaterally, no wheezing/rhonchi/rales.

### ABDOMEN:

General: soft. Bowel sounds: normoactive. Tenderness: none. Distention: none.

### BACK:

Tenderness: lumbar tenderness, moderate.

### EXTREMITIES:

Edema: none. Pulses: present bilaterally.

## Assessments

1. HTN [Hypertension] - 401.9 (Primary)
2. Seizures (unspecified) - 780.39
3. Depression - 311
4. Back pain - 724.5
5. Erectile Dysfunction / Impotence - 302.72

## Treatment

### 1. HTN [Hypertension]

Continue Norvasc tablet, 10 mg, 1 tab(s), orally, once a day, 30 DAYS, 30, Refills 3  
Continue Catapres-TTS-2 film, extended release, 0.2 mg/24 hr, 1 PATCH, applied topically, 1X/W, 28 DAYS, 4, Refills 3  
low salt diet

### 2. Seizures (unspecified)



Continue Trileptal tablet, 300 mg, 2 tab(s), orally, BID, 30 DAYS, 120, Refills 3

**3. Depression**

Continue Zoloft tablet, 100 mg, 1 tab(s), orally, once a day, 30 DAYS, 30, Refills 3

**4. Back pain**

Start Lortab 5/500 tablet, 500 mg-5 mg, 1 tab(s), orally, DAILY/PRN, 30 day(s), 30, Refills 1  
Ibuprofen prn.

**5. Erectile Dysfunction / Impotence**

Continue Cialis tablet, 10 mg, 1 tab(s), orally, prn, 12, Refills 2

**Follow Up**

2 Months

Electronically signed by Deovyaas Sharma on 09/10/2010 at 09:38 AM EDT

Sign off status: Pending

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Lancaster Internal Medicine  
834 W. Meeting Street  
Lancaster, SC 29720  
Tel: 803-285-8777  
Fax: 803-285-8776

---

Patient: CLARK, JAMES DOB: 12/12/1970 Progress Note: Deovyaas S. Sharma, MD 01/13/2010

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

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## CLARK, JAMES

39 Y old Male, DOB: 12/12/1970  
PO BX 3011, 1401 PHIL THURMAN DRIVE, LANCASTER,  
SC-29720

Home: 803-285-1073

Guarantor: CLARK, JAMES Insurance: MEDICARE  
SOUTH CAROLINA

08/13/2010

Progress Note: Deovyaas S. Sharma, MD

### Reason for Appointment

1. C/O-BACK PAIN

### History of Present Illness

#### INTERIM HISTORY:

Patient here for f/u visit and medication refills, c/o back pain radiating down left leg.

#### Hypertension:

c/o HYPERTENSION F/U stable.

Denies : CHEST PAIN. DIZZINESS. LEG EDEMA. ORTHOPNEA. PAROXYSMAL NOCTURNAL DYSPNEA.  
PALPITATIONS.

MED COMPLIANCE states compliant with medication.

#### Seizure Disorder:

c/o SEIZURE DISORDER F/U no recent seizure episode. c/o HEADACHE occasional.

Denies : DIZZINESS. GAIT ABNORMALITY. MENTAL STATUS CHANGE. SLEEP PROBLEMS. SPEECH  
ABNORMALITY. TREMOR.

MEDICATIONS current meds: , trileptal.

#### Depression:

c/o DEPRESSION F/U helped with medication. c/o MOOD stable.

Denies : ANHEDONIA. SUICIDAL IDEATIONS. RACING THOUGHTS. HALLUCINATIONS. PARANOIA.

MEDICATIONS current meds -, zoloft.

#### Erectile Dysfunction:

c/o ERECTILE DYSFUNCTION unable to sustain erection, helped with medication.

Denies : TESTICULAR PAIN. TESTICULAR SWELLING. TESTICULAR MASS. PENILE DISCHARGE.

HEMATURIA.

### Current Medications

Zoloft 100 mg 1 tab(s) once a day

Norvasc 10 mg 1 tab(s) once a day

Trileptal 300 mg 2 tab(s) BID

Lortab 5/500 500 mg-5 mg 1 tab(s) DAILY/PRN.

Restoril 15 mg 1 cap(s) once a day (at bedtime)

### Past Medical History

Hypertension.

Seizure disorder

STATUS POST MVA

Depression

### Surgical History

STATUS POST MVA FOR NECK INJURY

BROKEN FEMUR IN THE LEFT KNEE

### Family History

FAMILY HISTORY OF HYPERTENSION

### Social History

DENIES SMOKING OR ALCOHOL USE. SINGLE AND HAS THREE CHILDREN

### Allergies

N.K.D.A.

**Hospitalization/Major Diagnostic Procedure**  
**SEE SURGICAL HISTORY**

**Review of Systems**

**ALLERGY:**

no Nasal Congestion. no Sore Throat. no Itchy Eyes. no Ear Symptoms. no Facial Pressure. no Sneezing. no Post-nasal Drip. no Cough.

**CONSTITUTIONAL:**

no Weight Gain. no Loss of Appetite. no Fever. no Weak. no Weight Loss. no Fatigue. no Chills.

**DERMATOLOGY:**

no Swelling. no Bruising. no Rash.

**ENDOCRINOLOGY:**

no Polyuria. no Polydipsia. no Polyphagia. no Weight Loss. no Weight Gain. no Cold Intolerance. no Heat Intolerance. no Bowel Changes.

**ENT:**

no Ear Pain. no Rhinorrhea. no Sore Throat. no Hoarseness. no Cough. no Sinus Pain. no Teeth Pain. no Oralgia. no Epistaxis.

**GASTROENTEROLOGY:**

no Abdominal Pain. no Nausea. no Vomiting. no Heartburn. no Indigestion. no Bloating. no Dysphagia. no Diarrhea. no Constipation. no Change in Bowel Habits. no Blood in Stool.

**HEMATOLOGY/LYMPH:**

no Swollen Glands. no Fatigue. no Loss of Appetite. no Easy Bruising.

**MUSCULOSKELETAL:**

no Joint Pain. no Joint Stiffness. no Joint Swelling. c/o Back Pain, intermittent, chronic. no Myalgias. no Leg Cramps.

**RESPIRATORY:**

no Shortness of Breath. no Chest Pain. no Chest Congestion. no Persistent Cough. no Orthopnea. no PND (paroxysmal nocturnal dyspnea). no Wheezing. no Hemoptysis.

**UROLOGY:**

no Discharge. no Dysuria. no Urinary Frequency. no Urinary Urgency. no Blood in Urine. no Urinary Incontinence.

**Vital Signs**

HR 80, BP 127/96, Wt 201.

**Physical Examination**

**GENERAL:**

General Appearance: well-appearing, no acute distress. Mental Status: alert and oriented.

**HEENT:**

Head: normocephalic, atraumatic. Eyes: unremarkable. Nose: unremarkable. Throat: clear, no erythema or exudate. Mouth: moist mucous membranes. Ears: unremarkable, TM's normal bilaterally.

**NECK:**

General: supple. Thyroid: unremarkable. Cervical lymph nodes: unremarkable. JVD: none.

**HEART:**

Rhythm: regular. Murmurs: none. Heart sounds: normal S1S2. Rate: regular.

**LUNGS:**

Auscultation: CTA bilaterally, no wheezing/rhonchi/rales.

**ABDOMEN:**

General: soft. Bowel sounds: normoactive. Tenderness: none. Distention: none.

**BACK:**

Tenderness: lumbar tenderness, moderate.

**EXTREMITIES:**

Edema: none. Pulses: present bilaterally.

**NEUROLOGICAL:**

Orientation: alert and oriented x 3. Cognition: normal. Sensory: normal sensation. Motor: normal strength bilaterally.

**Assessments**

1. HTN [Hypertension] - 401.9 (Primary)
2. Seizures (unspecified) - 780.39
3. Depression - 311

4. Back pain - 724.5
5. Erectile Dysfunction / Impotence - 302.72
6. Insomnia - 780.52

**Treatment**

**1. HTN [Hypertension]**

Continue Norvasc tablet, 10 mg, 1 tab(s), orally, once a day, 30 DAYS, 30, Refills 3  
Counselled patient regarding importance of compliance with BP medication and low salt diet.

**2. Seizures (unspecified)**

Continue Trileptal tablet, 300 mg, 2 tab(s), orally, BID, 30 DAYS, 120, Refills 3

**3. Depression**

Continue Zoloft tablet, 100 mg, 1 tab(s), orally, once a day, 30 DAYS, 30, Refills 3

**4. Back pain**

Start Lortab 5/500 tablet, 500 mg-5 mg, 1 tab(s), orally, DAILY/PRN, 30 day(s), 30, Refills 1  
Ibuprofen prn.

**5. Erectile Dysfunction / Impotence**

Continue Cialis tablet, 10 mg, 1 tab(s), orally, prn, 12, Refills 2

**6. Insomnia**

Start temazepam capsule, 15 mg, 1 cap(s), orally, once a day (at bedtime), 30 day(s), 30, Refills 1

**7. Others**

Patient's medical, surgical, social and family history reviewed, also medications reviewed and refills given.

**Follow Up**

2 Months

Electronically signed by Deovyaas Sharma on 09/10/2010 at 09:38 AM EDT

Sign off status: Pending

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Lancaster Internal Medicine  
834 W. Meeting Street  
Lancaster, SC 29720  
Tel: 803-285-8777  
Fax: 803-285-8776

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Patient: CLARK, JAMES DOB: 12/12/1970 Progress Note: Deovyaas S. Sharma, MD 08/13/2010

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

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**Patient:** CLARK, JAMES    **DOB:** 12/12/1970    **Phone:** 803-285-1073  
**Address:** PO BX 3011, 1401 PHIL THURMAN DRIVE, LANCASTER, SC, 29720  
**Claim Date:** 06/06/2007    **Encounter Date:** 10/01/2006  
**Provider:** Sharma, Deovyaas S

**Total Amount:** \$ 2.00    **Payments/Adjustments:** \$ 2.00    **Balance:** \$ 0.00  
**Filing Status:** Done

**ICD-9 Codes:**

484.8 BALANCES FROM MYSTIS.

**CPT Codes:**

| Code  | Modifiers           | Start Dt   | End Dt     | POS       | TOS       | Unit Fee | Units | Billed Fee |
|-------|---------------------|------------|------------|-----------|-----------|----------|-------|------------|
| 66665 | BALANCE FROM MYSTIS | 10/01/2006 | 10/01/2006 | 11-OFFICE | 1-Medical | \$2.00   | 1.00  | \$2.00     |

**Insurances:**

| Name                    | Group No | Subscriber No | Type | File Status |
|-------------------------|----------|---------------|------|-------------|
| Medicaid South Carolina |          | 2780397510    | MC   |             |

**Payment:**

| From | Date | Type | Check No | Payment |
|------|------|------|----------|---------|
|------|------|------|----------|---------|

**Claim Data:**

**Symptom Indicator:** No Symptom Date

**Claim Header:**

**Residence Type:**

**Student Status:** Not a student

**Employment Status:** Unknown

**Primary Insurance:**

**Claim Type:** Medical

**Claim Log:**

**Patient:** CLARK, JAMES    **DOB:** 12/12/1970    **Phone:** 803-285-1073  
**Address:** PO BX 3011, 1401 PHIL THURMAN DRIVE, LANCASTER, SC, 29720  
**Claim Date:** 12/01/2006    **Encounter Date:** 11/30/2006  
**Provider:** Sharma, Deovyaas S

**Total Amount:** \$ 65.00    **Payments/Adjustments:** \$ 65.00    **Balance:** \$ 0.00  
**Filing Status:** Done

**ICD-9 Codes:**

401.9 HTN [Hypertension].  
724.2 Low back pain.  
780.52 Insomnia.  
302.72 Erectile Dysfunction / Impotence.  
780.39 Seizures (unspecified).  
311 Depression.

**CPT Codes:**

| Code                                 | Modifiers | Start Dt   | End Dt     | POS       | TOS       | Unit Fee | Units Billed | Fee     |
|--------------------------------------|-----------|------------|------------|-----------|-----------|----------|--------------|---------|
| 99213 Office Visit, Est Pt., Level 3 |           | 11/30/2006 | 11/30/2006 | 11-OFFICE | 1-Medical | \$65.00  | 1.00         | \$65.00 |

**Insurances:**

| Name                    | Group No | Subscriber No | Type | File Status |
|-------------------------|----------|---------------|------|-------------|
| Medicaid South Carolina |          | 2780397510    | MC   |             |

**Payment:**

| From                    | Date       | Type  | Check No | Payment |
|-------------------------|------------|-------|----------|---------|
| Medicaid South Carolina | 12/16/2006 | Check | 4869345  | \$0.00  |
| Medicaid South Carolina | 12/16/2006 | Check | 4869345  | \$39.81 |

**Claim Data:**

**Symptom Indicator:** No Symptom Date  
**Referring Provider:** Sharma, Deovyaas S NPI 1790891547

**Claim Header:**

**Residence Type:**  
**Student Status:** Not a student  
**Employment Status:** Unknown  
**Primary Insurance:**  
**Claim Type:** Medical

**Claim Log:**

12/07/2006 08:35 AM Electronic Submission to MEDICAID SOUTH CAROLINA  
12/04/2006 05:03 PM Electronic Submission to MEDICAID SOUTH CAROLINA

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Patient: CLARK, JAMES DOB: 12/12/1970 Phone: 803-285-1073  
Address: PO BX 3011, 1401 PHIL THURMAN DRIVE, LANCASTER, SC, 29720  
Claim Date: 04/02/2007 Encounter Date: 02/08/2007  
Provider: Sharma, Deovyaas S

Total Amount: \$ 98.00 Payments/Adjustments: \$ 98.00 Balance: \$ 0.00  
Filing Status: Done

ICD-9 Codes:

401.9 HTN [Hypertension].  
724.2 Low back pain.  
302.72 Erectile Dysfunction / Impotence.  
780.39 Seizures (unspecified).  
311 Depression.

CPT Codes:

| Code                                 | Modifiers | Start Dt   | End Dt     | POS       | TOS       | Unit Fee | Units | Billed Fee |
|--------------------------------------|-----------|------------|------------|-----------|-----------|----------|-------|------------|
| 99214 Office Visit, Est Pt., Level 4 |           | 02/08/2007 | 02/08/2007 | 11-OFFICE | 1-Medical | \$98.00  | 1.00  | \$98.00    |

Insurances:

| Name                    | Group No | Subscriber No | Type | File Status |
|-------------------------|----------|---------------|------|-------------|
| Medicaid South Carolina |          | 2780397510    | MC   |             |

Payment:

| From                    | Date       | Type  | Check No | Payment |
|-------------------------|------------|-------|----------|---------|
| Medicaid South Carolina | 04/11/2007 | Check | 4940587  | \$63.70 |

Claim Data:

Symptom Indicator: No Symptom Date  
Referring Provider: Sharma, Deovyaas S NPI 1790891547

Claim Header:

Residence Type:  
Student Status: Not a student  
Employment Status: Unknown  
Primary Insurance:  
Claim Type: Medical

Claim Log:

04/02/2007 09:27 AM Electronic Submission to MEDICAID SOUTH CAROLINA

300

**Patient:** CLARK, JAMES    **DOB:** 12/12/1970    **Phone:** 803-285-1073  
**Address:** PO BX 3011, 1401 PHIL THURMAN DRIVE, LANCASTER, SC, 29720  
**Claim Date:** 05/21/2007    **Encounter Date:** 04/24/2007  
**Provider:** Sharma, Deovyaas S

**Total Amount:** \$ 65.00    **Payments/Adjustments:** \$ 65.00    **Balance:** \$ 0.00  
**Filing Status:** Done

**ICD-9 Codes:**

401.9 HTN [Hypertension].  
724.5 Back pain.  
780.52 Insomnia.  
780.39 Seizures (unspecified).

**CPT Codes:**

| Code                                 | Modifiers | Start Dt   | End Dt     | POS       | TOS       | Unit Fee | Units Billed | Fee     |
|--------------------------------------|-----------|------------|------------|-----------|-----------|----------|--------------|---------|
| 99213 Office Visit, Est Pt., Level 3 |           | 04/24/2007 | 04/24/2007 | 11-OFFICE | 1-Medical | \$65.00  | 1.00         | \$65.00 |

**Insurances:**

| Name                    | Group No | Subscriber No | Type | File Status |
|-------------------------|----------|---------------|------|-------------|
| Medicaid South Carolina |          | 2780397510    | MC   |             |

**Payment:**

| From                    | Date       | Type  | Check No | Payment |
|-------------------------|------------|-------|----------|---------|
| Patient                 | 04/24/2007 | Cash  |          | \$2.00  |
| Medicaid South Carolina | 06/01/2007 | Check | 4969873  | \$39.81 |

**Claim Data:**

**Symptom Indicator:** No Symptom Date  
**Referring Provider:** Sharma, Deovyaas S NPI 1790891547

**Claim Header:**

**Residence Type:**  
**Student Status:** Not a student  
**Employment Status:** Unknown  
**Primary Insurance:**  
**Claim Type:** Medical

**Claim Log:**

05/21/2007 09:47 AM Electronic Submission to MEDICAID SOUTH CAROLINA

400



**Patient:** CLARK, JAMES    **DOB:** 12/12/1970    **Phone:** 803-285-1073  
**Address:** PO BX 3011, 1401 PHIL THURMAN DRIVE, LANCASTER, SC, 29720  
**Claim Date:** 11/27/2007    **Encounter Date:** 10/10/2007  
**Provider:** Sharma, Deovyaas S

**Total Amount:** \$ 135.00    **Payments/Adjustments:** \$ 135.00    **Balance:** \$ 0.00  
**Filing Status:** Done

**ICD-9 Codes:**

401.9 HTN [Hypertension].  
780.39 Seizures (unspecified).  
724.5 Back pain.  
311 Depression.  
780.52 Insomnia.  
302.72 Erectile Dysfunction / Impotence.

**CPT Codes:**

| Code                                 | Modifiers | Start Dt   | End Dt     | POS       | TOS       | Unit Fee | Units | Billed Fee |
|--------------------------------------|-----------|------------|------------|-----------|-----------|----------|-------|------------|
| 99214 Office Visit, Est Pt., Level 4 |           | 10/10/2007 | 10/10/2007 | 11-OFFICE | 1-Medical | \$135.00 | 1.00  | \$135.00   |

**Insurances:**

| Name                    | Group No | Subscriber No | Type | File Status |
|-------------------------|----------|---------------|------|-------------|
| MEDICARE SOUTH CAROLINA |          | 251454421A    | MB   |             |
| Medicaid South Carolina |          | 2780397510    | MC   |             |

**Payment:**

| From                    | Date       | Type  | Check No  | Payment |
|-------------------------|------------|-------|-----------|---------|
| Patient                 | 10/10/2007 | Cash  |           | \$2.00  |
| MEDICARE SOUTH CAROLINA | 12/14/2007 | Check | 880244380 | \$67.86 |

**Claim Data:**

**Symptom Indicator:** No Symptom Date  
**Referring Provider:** Sharma, Deovyaas S NPI 1790891547

**Claim Header:**

**Residence Type:**  
**Student Status:** Not a student  
**Employment Status:** Unknown  
**Primary Insurance:**  
**Claim Type:** Medical

**Claim Log:**

11/27/2007 03:03 PM Electronic Submission to MEDICARE SOUTH CAROLINA

401

**Patient:** CLARK, JAMES    **DOB:** 12/12/1970    **Phone:** 803-285-1073  
**Address:** PO BX 3011, 1401 PHIL THURMAN DRIVE, LANCASTER, SC, 29720  
**Claim Date:** 03/12/2008    **Encounter Date:** 01/09/2008  
**Provider:** Sharma, Deovyaas S

**Total Amount:** \$ 107.00    **Payments/Adjustments:** \$ 107.00    **Balance:** \$ -0.00  
**Filing Status:** Done

**ICD-9 Codes:**

786.50 CHEST PAIN NOS.  
401.9 HTN [Hypertension].  
780.39 Seizures (unspecified).  
781.0 Tremor.

**CPT Codes:**

| Code                                 | Modifiers | Start Dt   | End Dt     | POS       | TOS       | Unit Fee | Units | Billed Fee |
|--------------------------------------|-----------|------------|------------|-----------|-----------|----------|-------|------------|
| 99213 Office Visit, Est Pt., Level 3 |           | 01/09/2008 | 01/09/2008 | 11-OFFICE | 1-Medical | \$89.00  | 1.00  | \$89.00    |
| 36415 VENIPUNCT, ROUTINE*            |           | 01/09/2008 | 01/09/2008 | 11-OFFICE | 1-Medical | \$18.00  | 1.00  | \$18.00    |

**Insurances:**

| Name                    | Group No | Subscriber No | Type | File Status |
|-------------------------|----------|---------------|------|-------------|
| MEDICARE SOUTH CAROLINA |          | 251454421A    | MB   |             |
| Medicaid South Carolina |          | 2780397510    | MC   |             |

**Payment:**

| From                    | Date       | Type  | Check No  | Payment |
|-------------------------|------------|-------|-----------|---------|
| MEDICARE SOUTH CAROLINA | 03/29/2008 | Check | 880290511 | \$48.06 |

**Claim Data:**

**Symptom Indicator:** No Symptom Date  
**Referring Provider:** Sharma, Deovyaas S NPI 1790891547

**Claim Header:**

**Residence Type:**  
**Student Status:** Not a student  
**Employment Status:** Unknown  
**Primary Insurance:**  
**Claim Type:** Medical

**Claim Log:**

03/12/2008 09:50 AM Electronic Submission to MEDICARE SOUTH CAROLINA

402

**Patient:** CLARK, JAMES    **DOB:** 12/12/1970    **Phone:** 803-285-1073  
**Address:** PO BX 3011, 1401 PHIL THURMAN DRIVE, LANCASTER, SC, 29720  
**Claim Date:** 09/19/2008    **Encounter Date:** 06/18/2008  
**Provider:** Sharma, Deovyaas S

**Total Amount:** \$ 89.00    **Payments/Adjustments:** \$ 89.00    **Balance:** \$ -0.00  
**Filing Status:** Done

**ICD-9 Codes:**

401.9 HTN [Hypertension].  
724.5 Back pain.  
780.52 Insomnia.  
780.39 Seizures (unspecified).

**CPT Codes:**

| Code                                 | Modifiers | Start Dt   | End Dt     | POS       | TOS       | Unit Fee | Units | Billed Fee |
|--------------------------------------|-----------|------------|------------|-----------|-----------|----------|-------|------------|
| 99213 Office Visit, Est Pt., Level 3 |           | 06/18/2008 | 06/18/2008 | 11-OFFICE | 1-Medical | \$89.00  | 1.00  | \$89.00    |

**Insurances:**

| Name                    | Group No | Subscriber No | Type | File Status |
|-------------------------|----------|---------------|------|-------------|
| MEDICARE SOUTH CAROLINA |          | 251454421A    | MB   |             |
| Medicaid South Carolina |          | 2780397510    | MC   |             |

**Payment:**

| From                    | Date       | Type  | Check No  | Payment |
|-------------------------|------------|-------|-----------|---------|
| Patient                 | 06/18/2008 | Cash  |           | \$2.00  |
| MEDICARE SOUTH CAROLINA | 11/03/2008 | Check | 880402341 | \$45.06 |

**Claim Data:**

**Symptom Indicator:** No Symptom Date  
**Referring Provider:** Sharma, Deovyaas S NPI 1790891547

**Claim Header:**

**Residence Type:**  
**Student Status:** Not a student  
**Employment Status:** Unknown  
**Primary Insurance:**  
**Claim Type:** Medical

**Claim Log:**

09/19/2008 08:16 AM Electronic Submission to MEDICARE SOUTH CAROLINA

403

**Patient:** CLARK, JAMES    **DOB:** 12/12/1970    **Phone:** 803-285-1073  
**Address:** PO BX 3011, 1401 PHIL THURMAN DRIVE, LANCASTER, SC, 29720  
**Claim Date:** 07/20/2009    **Encounter Date:** 06/10/2009  
**Provider:** Sharma, Deovyaas S

**Total Amount:** \$ 135.00    **Payments/Adjustments:** \$ 135.00    **Balance:** \$ 0.00  
**Filing Status:** Done

**ICD-9 Codes:**

682.2 Abscess of groin.  
401.9 HTN [Hypertension].  
311 Depression.  
780.39 Seizures (unspecified).

**CPT Codes:**

| Code                                 | Modifiers | Start Dt   | End Dt     | POS       | TOS       | Unit Fee | Units Billed | Fee      |
|--------------------------------------|-----------|------------|------------|-----------|-----------|----------|--------------|----------|
| 99214 Office Visit, Est Pt., Level 4 |           | 06/10/2009 | 06/10/2009 | 11-OFFICE | 1-Medical | \$135.00 | 1.00         | \$135.00 |

**Insurances:**

| Name                    | Group No | Subscriber No | Type | File Status |
|-------------------------|----------|---------------|------|-------------|
| MEDICARE SOUTH CAROLINA |          | 251454421A    | MB   |             |
| Medicaid South Carolina |          | 2780397510    | MC   |             |

**Payment:**

| From                    | Date       | Type  | Check No  | Payment |
|-------------------------|------------|-------|-----------|---------|
| MEDICARE SOUTH CAROLINA | 08/30/2010 | Check | 880600192 | \$70.11 |

**Claim Data:**

**Symptom Indicator:** No Symptom Date  
**Referring Provider:** Sharma, Deovyaas S NPI 1790891547

**Claim Header:**

**Residence Type:**  
**Student Status:** Not a student  
**Employment Status:** Unknown  
**Primary Insurance:**  
**Claim Type:** Medical

**Claim Log:**

08/31/2009 04:01 PM Paper Submission to Medicaid South Carolina  
07/20/2009 09:59 AM Electronic Submission to MEDICARE SOUTH CAROLINA

404

**Patient:** CLARK, JAMES    **DOB:** 12/12/1970    **Phone:** 803-285-1073  
**Address:** PO BX 3011, 1401 PHIL THURMAN DRIVE, LANCASTER, SC, 29720  
**Claim Date:** 03/22/2010    **Encounter Date:** 01/13/2010  
**Provider:** Sharma, Deovyaas S

**Total Amount:** \$ 75.00    **Payments/Adjustments:** \$ 51.34    **Balance:** \$ 23.66  
**Filing Status:** MCD SEC DENIED

**ICD-9 Codes:**

401.9 HTN [Hypertension].  
 780.39 Seizures (unspecified).  
 311 Depression.  
 724.5 Back pain.  
 302.72 Erectile Dysfunction / Impotence.

**CPT Codes:**

| Code                                  | Modifiers | Start Dt   | End Dt     | POS       | TOS       | Unit Fee | Units Billed | Fee     |
|---------------------------------------|-----------|------------|------------|-----------|-----------|----------|--------------|---------|
| 99213 Office Visit, Est Pt., Level 3. |           | 01/13/2010 | 01/13/2010 | 11-OFFICE | 1-Medical | \$75.00  | 1.00         | \$75.00 |

**Insurances:**

| Name                    | Group No | Subscriber No | Type | File Status |
|-------------------------|----------|---------------|------|-------------|
| MEDICARE SOUTH CAROLINA |          | 251454421A    | MB   |             |
| Medicaid South Carolina |          | 2780397510    | MC   |             |

**Payments:**

| From                    | Date       | Type  | Check No  | Payment |
|-------------------------|------------|-------|-----------|---------|
| MEDICARE SOUTH CAROLINA | 03/30/2010 | Cash  | 301745241 | \$0.00  |
| MEDICARE SOUTH CAROLINA | 04/05/2010 | Check | 880784976 | \$37.43 |
| Medicaid South Carolina | 07/28/2010 | Check | 6473196   | \$0.00  |

**Claim Data:**

**Symptom Indicator:** No Symptom Date

**Claim Header:**

**Residence Type:**  
**Student Status:** Not a student  
**Employment Status:** Unknown  
**Primary Insurance:**  
**Claim Type:** Medical

**Claim Log:**

04/12/2010 08:07 PM Paper Submission to Medicaid South Carolina  
 03/22/2010 11:14 PM Electronic Submission to MEDICARE SOUTH CAROLINA  
 03/22/2010 11:11 PM Electronic Submission to MEDICARE SOUTH CAROLINA

405

**Patient:** CLARK, JAMES    **DOB:** 12/12/1970    **Phone:** 803-285-1073  
**Address:** PO BX 3011, 1401 PHIL THURMAN DRIVE, LANCASTER, SC, 29720  
**Claim Date:** 09/09/2010    **Encounter Date:** 08/13/2010  
**Provider:** Sharma, Deovyaas S

**Total Amount:** \$ 105.00    **Payments/Adjustments:** \$ 0.00    **Balance:** \$ 105.00  
**Filing Status:** Submitted

**ICD-9 Codes:**

401.9 HTN [Hypertension].  
780.39 Seizures (unspecified).  
311 Depression.  
724.5 Back pain.  
302.72 Erectile Dysfunction / Impotence.  
780.52 Insomnia.

**CPT Codes:**

| Code                                 | Modifiers | Start Dt   | End Dt     | POS       | TOS       | Unit Fee | Units | Billed Fee |
|--------------------------------------|-----------|------------|------------|-----------|-----------|----------|-------|------------|
| 99214 Office Visit, Est Pt., Level 4 |           | 08/13/2010 | 08/13/2010 | 11-OFFICE | 1-Medical | \$105.00 | 1.00  | \$105.00   |

**Insurances:**

| Name                    | Group No | Subscriber No | Type | File Status |
|-------------------------|----------|---------------|------|-------------|
| MEDICARE SOUTH CAROLINA |          | 251454421A    | MB   |             |
| Medicaid South Carolina |          | 2780397510    | MC   |             |

**Payment:**

| From | Date | Type | Check No | Payment |
|------|------|------|----------|---------|
|------|------|------|----------|---------|

**Claim Data:**

**Symptom Indicator:** No Symptom Date

**Claim Header:**

**Residence Type:**  
**Student Status:** Not a student  
**Employment Status:** Unknown  
**Primary Insurance:**  
**Claim Type:** Medical

**Claim Log:**

09/10/2010 00:03 AM Electronic Submission to MEDICARE SOUTH CAROLINA

406

Chart No. 514586

University Specialty Clinics - Ophthalmology

DR. J.F.

Medical Park - Suite 100 Columbia, SC 29203 Tel. 844-4836 Fax 434-157

Patient: James Clark

Age: 33 yo

Allergies: NA

Date 3/22/05

CC: Referred by Dr. Lillie Boyd for

Asthma Y/N

Meds

HPI: Surfer evaluation (lids & cornea)

History Reviewed: Y/N New

EYE:

Rx w/ HVA 11/17/04 - PTC Horizontal diplopia in R

Rev pt Hy

VA CS 20/20 PH 20/20 W + X Add +

MR 20/20 X 20/20 CMR + X 20/20

Ext/Adnexa Exam:

Nml: Y/N

J/L/A

C/S

K

A/C

Iris

Lens

Lab & Special Studies Results:

K's <

PAM < 20/20

Color <

Pachy < um

Gonio:

X X

A/P

1.

2.

3.

4.

Others:

Rx:

Pt. wishes to undergo recommended Procedure: Y/N

Risks/Benefits/Options of Procedure explained: Y/N

Dictation: Y/N

Resident:

R 402

History Reviewed: Y/N New

EYE:

Appropriate: Y/N

mmHg

APD

EOM:

DFE:

Tech Sig.

time:

am / pm

gtts:

O.N. Retina: Vit

Mac

Vals

Peri

Date last performed:

Dil

VF

Gonio

Photo

Studies:

Return: 1 D W M Y PRN

Signed:

I have reviewed the patient's history and I examined the patient. I discussed the patient with the resident and I agree with the resident's note. My clinical summary is documented.

Attending Physician 07

# MRI/CT SCAN REFERRAL FORM

Scheduling: 803-296-8888

Fax: 803-434-3155 (PRMH)

803-434-3154 (3 Med)

## PLEASE SEND COPY OF SCANS WITH PATIENT

Patient Name: James Clark Jr Chart: 514586  
 D.O.B. 12/12/71 SSN# 251-45-4421  
 Home phone# 803-285-2620 Alternate# 803-283-8463  
 Insurance Company: McClell ID# 278039750  
 Diagnosis: Orb Fx R  
 Requesting physician: Frankel - Ophthalm

- ☒ Is the patient Claustrophobic? YES NO  
☒ Does the patient have pacemaker? YES NO  
☒ Is there metal in patient's body? YES NO *don't know for sure*  
 If so, where? \_\_\_\_\_ How long has metal been there?  
 \_\_\_\_\_ and is it MRI compatible? YES or NO

### Appointment Date/Time Given:

3-24-05 @ 1230

LOCATION: 3 Med Park/Suite 440 Palmetto Richland-1<sup>st</sup> floor  
 ❖ Patient must call (803) 434-2006 to pre-register.

Tech initials: W

R. Davis, M.D.  
 K. Elder, M.D., M.S.  
 J. Frankel, M.D.

University Specialty Clinics  
 Department of Ophthalmology  
 Four Richland Medical Park  
 Suite 100, Columbia, SC 29203  
 (803) 434-6836

J. Oakman, M.D.  
 A. Pakalnis, M.D.

SC \_\_\_\_\_ DEA# \_\_\_\_\_  
 Name James Clark Jr Age \_\_\_\_\_  
 Address \_\_\_\_\_ Date \_\_\_\_\_

R Coronal CT Orbits  
Orb Fx R

☒ Label

Refill \_\_\_\_\_ times

Dr. \_\_\_\_\_  
 DISPENSE AS WRITTEN

Dr. \_\_\_\_\_  
 SUBSTITUTION PERMITTED  
 86290/07/04

R 403

108



Chart No. 514586 University Specialty Clinics - Ophthalmology  
Four Medical Park - Suite 100 Columbia, SC 29223 Tel: 494-6836 Fax 434-1581

DR. JF

Patient: JAMES CLARK JR Age: 33 yo Allergies: None Date 3/29/05

CC: Flu enophthalmos, RIR palsy, (R) Ptosis Asthma Y/N Y Meds

HPI: Onset pribs or evening History Reviewed: Y/N New EYE: Left C

VA 20/100 PH 20/20 W + X + Add + N/Y Y  
MR + X 20/ CMR + X 20/ T A 20/ mmHg 20/  
Other Meds: Tricortel  
MDL 10/10/01

Ext/Adnexa Exam:

Nml: Y N  
L/L/A +  
C/S +  
K +  
A/C +  
Iris +  
Lens +

Nml: Y N

Euphthalmos

Ery No Eubathos

Lab & Special Studies Results:

K's <

PAM < 20/ Color <

Pachy < um Gonio:

A/P

- Orbital Edema Ex R
- Enlarged RIR
- Enophthalmos R
- 

Others:

Rx:

Pt. wishes to undergo recommended Procedure: Y/N  
Risks/Benefits/Options of Procedure explained: Y/N

Dictation: Y/N

Resident:

Pupils

CVF:

EOM:

DFE:

Tech Sig: W

time: am / pm

gts:

O.N.

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Studies:

Return:

D W M Y PRN

I have reviewed the patient's history and I examined the patient. I discussed the patient with the resident and I agree with the resident's note. My clinical summary is documented.

Signed:

Attending Physician

PALMETTO HEALTH RICHLAND MEMORIAL HOSPITAL

**FAXED**  
03/31/05

Pre-op Orders For: Joshua Frankel, M.D.

Patient: James Clark, Jr.

1. Admit to Outpatient Surgery for

Surgery Date: April 12, 2005

2. Diagnosis: Enophthalmos, entrapped right inferior rectus

3. Obtain consent form signed for the following procedure:

orbital fracture repair of the  
right eye

4. Scheduled anesthesia: LIVA

GENERAL

LOCAL

5. Allergies: NKDA

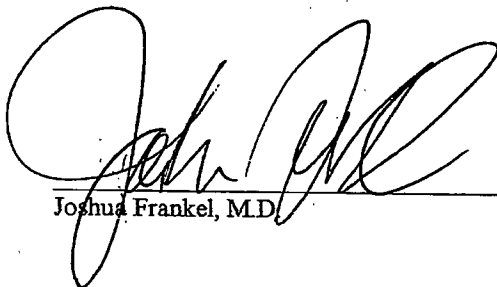
6. Vital signs routine, unless otherwise noted.

7. Pre-op per anesthesia, unless otherwise noted.

8. NPO after midnight

9. LABS, Tests, and IV fluids per anesthesia. Fax results to 434-1581.

10. Please allow patient to use bathroom 30 minutes prior to procedure.

  
Joshua Frankel, M.D.

3 30 05  
Date

410

PALMETTO HEALTH RICHLAND MEMORIAL HOSPITAL

**FAXED**  
03/31/05

Pre-op Orders For: *Joshua Frankel, M.D.*

Patient: *James Clark, Jr.*

1. Admit to Outpatient Surgery for

Surgery Date: *April 12, 2005*

2. Diagnosis: *Enophthalmos, entrapped right inferior rectus*

3. Obtain consent form signed for the following procedure:

*orbital fracture repair of the right eye*

4. Scheduled anesthesia: LIVA GENERAL LOCAL

5. Allergies: *NKDA*

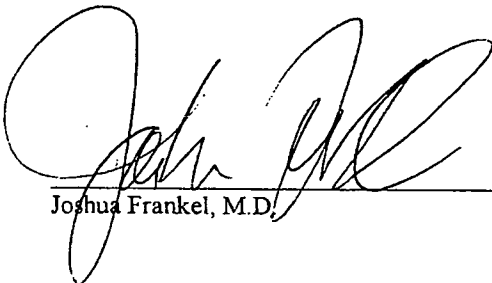
6. Vital signs routine, unless otherwise noted.

7. Pre-op per anesthesia, unless otherwise noted.

8. NPO after midnight

9. LABS, Tests, and IV fluids per anesthesia. Fax results to 434-1581.

10. Please allow patient to use bathroom 30 minutes prior to procedure.

  
Joshua Frankel, M.D.

*3 30 05*  
Date

411

Chart No. 514586  
Patient: James Clark Jr. Age:      yo Allergies:      Date: 4/19/05  
CC:      Asthma Y / N  
HPI:      History Reviewed: Y N New

Meds       
EYE:       
VA cc 20/ PH 20/ W + X Add + N / Ψ  
sc 20/ + X  
MR + X 20/ CMR + X 20/ T A P < mmHg  
+ X 20/ + X 20/ P  
OD OS Pupils | | APD  
Mood Appropriate: Y / N

Other Meds:     

Ext/Adnexa Exam:  
Nml: Y N  
L/L/A 

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DFE: Tech Sig.:       
time:      am / pm  
gtts:     

Lab & Special Studies Results:  
K's <       
PAM < 20/ Color <       
20/       
Pachy < μm Gonio:       
X X  
NS

A/P  
1.       
2.       
3.       
4.       
Others:       
Rx:       
Pt. wishes to undergo recommended Procedure: Y / N  
Risks/Benefits/Options of Procedure explained: Y / N  
Dictation: Y / N Resident:       
Studies:       
Return:      D W M Y PRN  
Date last performed:       
Dil.       
VF       
Gonio       
Photo     

☐ I have reviewed the patient's history and I examined the patient. I discussed the patient with the resident and I agree with the resident's note. My clinical summary is documented. 412  
Signed:      Attending Physician

Chart No: 514586

University Specialty Clinics - Ophthalmology

DR. JF

Patient: James Clark

Age: 33yo

Allergies: None

Date: 04/2/12

CC: S/P MVA

Asthma Y N

Meds

HPI: pt states eyes hurt in sun/light

History Reviewed: Y N New

EYE: φ

VA cc 20/200 PH 20/12

W + X Add + N/ψ

MR + X 20/

CMR + X 20/

Mood Appropriate: Y N

Other Meds:

Ext/Adnexa Exam:

Nml: Y N

Nml: Y N

L/L/A

C/S

K

A/C

Iris

Lens

Small nodules/beliefs



some flashes & floaters

Pupils 5-4

3-2

CVF: φ

EOM:

\*

\*

Hurtels 15/17

DFE:

Tech Sig: UP

time: 107 am / pm

gts:

Lab & Special Studies Results:

K's <

PAM < 20/

Color <

Pachy < μm

Gonio:

X X

A/P

- S/P Orb Ex Repair OD
- Trichiasis OD
- Keratopathy OD
- Cat OD

Others:

Rx:

Pt. wishes to undergo recommended Procedure: Y N

Risks/Benefits/Options of Procedure explained: Y N

Dictation: Y N

Resident:

Studies:

Return: 4 D W M Y PRN

I have reviewed the patient's history and I examined the patient. I discussed the patient with the resident and I agree with the resident's note. My clinical summary is documented. 413

Signed:

Attending Physician

SOUTH CAROLINA EYE FOUNDATION  
PO BOX 75  
4 MEDICAL PARK STE 100  
COLUMBIA, SC 29202-0075  
803 434 6836

[CQFMAIN] Inquiry  
Date 09/27/2005  
Time 1:31p  
User TINAS  
Page 1

Patient #: 514586 JAMES CLARK JR

Birthdate: 12/12/1971 Age: 33 Sex: M SSN: 251-45-4421  
Dr: 27 FRANKEL MD JOSHUA  
RDr:  
Date Registered: 02/04/2005

Bill To #: 514586 JAMES CLARK

PO BOX 3011

H/Ph #: 803 285 2620  
W/Ph #: 000 0000

LANCASTER, SC 29721

Patient Type: 3 MEDICAID Bill Cycle #: 1 Credit Status: 0

-----Last Transactions-----

|            |                     | Billed Through Dates |
|------------|---------------------|----------------------|
| Charge:    | 06/14/2005 1,620.00 |                      |
| Personal:  | 04/22/2005 2.00     | 00/00/0000           |
| Insurance: | 06/28/2005 462.61   | 00/00/0000           |
|            |                     | 00/00/0000           |
|            |                     | 00/00/0000           |

Location: 2 PALMETTO HEALTH  
Diagnosis: 802.6 ORBITAL FLOOR (

-----Current Coverages-----

| Cov | Insurance Company | Insurance Plan   | Subscriber  |
|-----|-------------------|------------------|-------------|
| 1   | 8 MEDICAID        | 1 STANDARD MCAID | JAMES CLARK |
|     | 2780397510        |                  |             |

-----Balances-----

|            |        |            |        |              |        |
|------------|--------|------------|--------|--------------|--------|
| Total Bal: | 194.00 | 0 - 30:    | .00    | Budget Due:  | .00    |
| - Pending: | 194.00 | 31 - 60:   | .00    | Non-bud Due: | 194.00 |
| = Pat Bal: | .00    | 61 - 90:   | .00    | Total Due:   | .00    |
|            |        | 91 - 120:  | .00    | Bud Balance: | .00    |
|            |        | 121 - 150: | 194.00 | Bud Payment: | .00    |
|            |        | 151+ :     | .00    |              |        |

\*\*\*\*\*  
Debit mode details  
\*\*\*\*\*

Posting Date: 05/18/2005 Batch: 0003 Patient: 514586 JAMES CLARK JR  
Debit #: 10599 U RDr: 11BOYD MD SCOTT B  
Dr: 27 J FRANKEL MD Loc: 1 SC EYE FOUNDATI Total Amount: 86.00  
Original Pending Amount: 86.00

-----Line Detail-----

|                       |                 |                 |                  |              |
|-----------------------|-----------------|-----------------|------------------|--------------|
| 03/22/2005-03/22/2005 | 99202           | OFFICE/OUTPATIE | 376.52           | ENOPHTHALMOS |
| PRT: YYY              | Unit Chg: 86.00 | Units: 1        | Line Chg: 86.00  |              |
| 03/22/2005-03/22/2005 | ADX             | ADDITIONAL DX   | 374.30           | UNSPECIFIED  |
| PRT: NNN              | Unit Chg: .00   | Units: 1        | Line Chg: 419.00 |              |

SOUTH CAROLINA EYE FOUNDATION  
PO BOX 75  
4 MEDICAL PARK STE 100  
COLUMBIA, SC 29202-0075  
803 434 6836

[CQFMAIN] Inquiry  
Date 09/27/2005  
Time 1:31p  
User TINAS  
Page 2

03/22/2005-03/22/2005 ADX ADDITIONAL DX E929.0 LATE EFFECTS  
PRT: NNN Unit Chg: .00 Units: 1 Line Chg: .00

-----Claim Information-----  
Claim #: 105991 Ins Co: 8 MEDICAID  
Filed: 05/19/2005 Plan: 1 STANDARD MCAID  
Prior Auth: BA:Y PB: N Status: Pending

-----Receipts-----

-----Payment & Balance Summary-----  
1 8 MEDICAID Paid .00 Write-off .00 Status Pending  
Ins Totals Personal Paid: .00 \*Total Bal\* 86.00  
Paid: .00 Other Paid .00 Pending: 86.00  
Write-off: .00 Pat Paid On Form: .00 Pat Bal: .00

\*\*\*\*\*

Posting Date: 05/18/2005 Batch: 0003 Patient: 514586 JAMES CLARK JR  
Debit #: 12381 U RDr: 2FRANKEL MD JOSHUA  
Dr: 27 J FRANKEL MD Loc: 1 SC EYE FOUNDATI Total Amount: 110.00  
Original Pending Amount: 110.00

-----Line Detail-----  
03/29/2005-03/29/2005 99214 OFFICE/OUTPATIE 802.6 ORBITAL FLOC  
PRT: YYY Unit Chg: 110.00 Units: 1 Line Chg: 110.00  
03/29/2005-03/29/2005 ADX ADDITIONAL DX 376.52 ENOPHTHALMOS  
PRT: NNN Unit Chg: .00 Units: 1 Line Chg: .00

-----Claim Information-----  
Claim #: 123811 Ins Co: 8 MEDICAID  
Filed: 05/19/2005 Plan: 1 STANDARD MCAID  
Prior Auth: BA:Y PB: N Status: Pending

-----Receipts-----

Posting Date: 04/22/2005 Allocation Date: 05/18/2005 Batch #: 3  
Type: 1000001 COPAY CASH PAYMENT T Receipt #: 12137 U Claim #: 3  
Total Receipt: 2.00 Applied: 2.00-

-----Payment & Balance Summary-----

1 8 MEDICAID Paid .00 Write-off .00 Status Pending  
Ins Totals Personal Paid: 2.00 \*Total Bal\* 108.00  
Paid: .00 Other Paid .00 Pending: 108.00  
Write-off: .00 Pat Paid On Form: .00 Pat Bal: .00

115

R 410

SOUTH CAROLINA EYE FOUNDATION  
PO BOX 75  
4 MEDICAL PARK STE 100  
COLUMBIA, SC 29202-0075  
803 434 6836

[CQFMAIN] Inquiry  
Date 09/27/2005  
Time 1:31p  
User TINAS  
Page 3

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Posting Date: 06/14/2005 Batch: 0003 Patient: 514586 JAMES CLARK JR  
Debit #: 14114 U RDr: 2FRANKEL MD JOSHUA  
Dr: 27 J FRANKEL MD Loc: 1 SC EYE FOUNDATI Total Amount: .00  
Original Pending Amount: .00

-----Line Detail-----  
04/21/2005-04/21/2005 99024 POSTOP FOLLOWUP V67.09 FOLLOWING OT  
PRT: YYY Unit Chg: .00 Units: 1 Line Chg: .00

-----Receipts-----

-----Payment & Balance Summary-----  
Paid Write-off Status  
Ins Totals Personal Paid: .00 \*Total Bal\* .00  
Paid: .00 Other Paid .00 Pending: .00  
Write-off: .00 Pat Paid On Form: .00 Pat Bal: .00

\*\*\*\*\*

Posting Date: 06/14/2005 Batch: 0003 Patient: 514586 JAMES CLARK JR  
Debit #: 17267 U RDr: 2FRANKEL MD JOSHUA  
Dr: 27 J FRANKEL MD Loc: 2 PALMETTO HEALTH Total Amount: 1,620.00  
Original Pending Amount: 1,620.00

-----Line Detail-----  
04/12/2005-04/12/2005 21407-1 OPEN TRMT OF FR 802.6 ORBITAL FLOC  
PRT: YYY Unit Chg: 1,620.00 Units: 1 Line Chg: 1,620.00

-----Claim Information-----  
Claim #: 172671 Ins Co: 8 MEDICAID  
Filed: 06/16/2005 Plan: 1 STANDARD MCAID  
Prior Auth: BA:Y PB: N Status: Paid

-----Receipts-----  
Posting Date: 06/28/2005 Allocation Date: 06/28/2005 Batch #: 2  
Type: 2000008 PMT MEDICAID Receipt #: 18171 U Claim #: 172671  
Total Receipt: 462.61 Applied: 462.61-  
Posting Date: 06/28/2005 Allocation Date: 06/28/2005 Batch #: 2  
Type: 4000008 W/O MEDICAID Receipt #: 18172 U Claim #: 172671  
Total Receipt: 1,157.39 Applied: 1,157.39-

-----Payment & Balance Summary-----

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SOUTH CAROLINA EYE FOUNDATION  
PO BOX 75  
4 MEDICAL PARK STE 100  
COLUMBIA, SC 29202-0075  
803 434 6836

[CQFMAIN] Inquiry  
Date 09/27/2005  
Time 1:31p  
User TINAS  
Page 4

|            |                   | Paid   | Write-off   | Status |
|------------|-------------------|--------|-------------|--------|
| 1          | 8 MEDICAID        | 462.61 | 1,157.39    | Paid   |
| Ins Totals |                   |        |             |        |
|            | Personal Paid:    | .00    | *Total Bal* | .00    |
| Paid:      | 462.61            | .00    | Pending:    | .00    |
| Write-off: | 1,157.39          | .00    | Pat Bal:    | .00    |
|            | Other Paid        |        |             |        |
|            | Pat Paid On Form: |        |             |        |

\*\*\*\*\*

Story Eye

Account no. 10377 Birthdate 12-12-71 Patient's name James Clark GR Date 11-14-05

Hx B.M. Age 33 X OD Burns when I'm in sun X 2 men  
cln car accident 11/04 - being on OD 4/05

| Present RX OD |            |     |         | OS                   | Add         | Tri |
|---------------|------------|-----|---------|----------------------|-------------|-----|
| CTL           | Base Curve | Dia | Pwr     | Style                |             |     |
| Va            | sc         | cc  | Best cc | Manifest             | Cycloplegic | K's |
| OD            | 20/20      | 5   | 20/100  | -1.25-100 X 180 30BD |             |     |
| OS            | 20/20      | 2   | 20/20   | +0.50-0.75 X 85      |             |     |
| OU            |            |     |         |                      |             |     |
| Near          | 51+        |     |         |                      |             |     |

Visual Fields: CVF 118

Adnexa and Eyelids: Ptosis Vertical diplopia & red cover  
emopthalma OD Scars LUL  
 Ocular Motility: free poor lid closure

Pupils: Equal Size 4/2 Shape round Reactive 1 MG OD

Conjunctiva: injected, watery

Tear Film: 11

Cornea: Scars central & retinal FB material OFB stain

AC: Deep - trace RX OD, Quiet OS

Iris: NI sphincter tears OD

Lens: PSC OD clan OS

TA OD 17 OS 23 Time 43r

Vitreous

Disc: pink 6 cup OD pink 5 cup OS vi. Mod AS OD vi. Mod OS

Macula: find RPE atrophy between disc & mac OD  
ne OS

Periph Retina: old vitreous blood in OD  
AS OS cycloid degeneration, lattice in

- Imp: 1. S/P Orbital fx Repair  
2. Poor lid closure  
(Burning sensation)

- Plan: 1. Reas  
2. long ghs

Q5 Comp

Case No. 10377

Patient's Name

James Clark, Jr.

| Date |     |     | Subsequent Visits and Findings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|------|-----|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mo.  | Day | Yr. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 5    | 15  | 04  | <p>6 mos ✓ OD SP orbital Ex repair - Poor lid closure</p> <p>C/O OD burns in the sun - Some sun Hott</p> <p>Not using UNG or tears - 'ran out of ung'</p> <p>✓ OD 20/200 C.NI - 1.50-1.00 X 180</p> <p>OS 20/25-</p> <p>in 20/25</p> <p>C. SCAMM: retained Fib. inf PEIL</p> <p>TA 17 4/4 I peaked my hand sphincter</p> <p>AC Deep Stage 2x</p> <p>CA Mild AS d+PSC</p> <p>OD Disc prol. (cup V: 2.2) Old, manip. (P.N. 4/4) old vitreous blood in retinal attached pig clumping in retinal near equator raised pig clumping sup nas (to dex)</p> <p>A: 1. Cataract worse P.I. disc</p> <p>2. Poor blinking OD 2. disc 2 long</p> <p>tears &amp; ung</p> <p>Septane</p> |
| 11   | 13  | 06  | <p>X- Sometimes he hurting - Aches like Cold hitting them.</p> <p>✓ 20/200 CNI - 1.25 - 1.00 X 180</p> <p>✓ 20/20 - 1.50 - 0.75 X 85</p> <p>Pt m600 1/4 P.N. EOW @ XT CNI 4/4</p> <p>Conf. quiet lids fl. Tears ne</p> <p>C. (5.) epith. EB disc OD ALC, DML</p> <p>I S/P trauma OD 3+PSC OD clous</p> <p>TA 11/2/16 2 3:17 p.m.</p>                                                                                                                                                                                                                                                                                                                                     |
|      |     |     | <p>OD Disc prol. 5 cup V: ne manip. (P.N. 4/4) old vitreous blood in retinal attached pig clumping</p> <p>OS Disc prol. 5 cup V: ne manip. (P.N. 4/4) old vitreous blood in retinal attached pig clumping</p> <p>A: Cataract OD - trauma P. disc</p> <p>eye pain</p> <p>using ung 9/15/05</p>                                                                                                                                                                                                                                                                                                                                                                            |

R 414

Case No. 10377.

Patient's Name

James Clark, Jr.

| Date |     |     | Subsequent Visits and Findings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------|-----|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mo.  | Day | Yr. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 10   | 23  | 07  | Pt. called & can't exam due to illness & resch.<br>40 1/2/08                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 1    | 2   | 08  | BA for exam which was cancelled by pt (dw card mailed to him)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 3    | 3   | 08  | X Fk Cat OD traumatic & Problem<br>5/20/200 CNI -1.75-1.00 X 180<br>20/25 20/20 +0.50 0.75 X 85<br>J1+(-2)<br>P ⊕ MG OD. Ext faint EOM RXT CNI R<br>Cong. faint Subconj. side R<br>C. Occasional OD debris A/C D + P I R 20/30<br>Pent 2+ PSC OD 20/25 TA 19/16<br>⊕ Prg cells in vitreous<br>OD R. Pink 0.6 cup OD V: Mild AS<br>M: healthy R. Mild pig clumpy sup & disc<br>OS R. Pink 0.5 cup OS V: Mild AS<br>M: healthy P. 5mm rhy Jany 05<br>AT Traumatic Cataract OD<br>Debris imbedded in Cornea<br>P: Discussed Cataract options/benefits R. risk discussed<br>Discussed uncertainty of visual outcome 2° trauma -<br>Discussed & pt elects Cat 0/1A OD<br>2P<br>4 14 08 WU for cat/1A OD K 4450/4450 05<br>BP 130/90 P 60mg K 43/44 4350 DM<br>24mm<br>P.P.<br>4 15 08 Plant 16.00 Bt L OD<br>4 15 08 |
|      |     |     | Bausch & Lomb<br>Model: LI61A0V<br>Power: +16.00<br>Length (ØT): 13.00mm<br>Optic (ØB): 6.00mm<br>SN: 4800724036                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      |     |     | PC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|      |     |     | Exp. Date:<br>2012-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|      |     |     | DCE = 0.67                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|      |     |     | 420                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

Case No. 10377 Patient's Name James Clark Jr.

| Date |     |     | Subsequent Visits and Findings                                                                                                                                                                                    |
|------|-----|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mo.  | Day | Yr. |                                                                                                                                                                                                                   |
| 4    | 16  | 08  | 1 day PO OD doing fine<br>5/26/70-1<br>C. tunnel edema <sup>decreasing</sup> AC 1+ cur 2+ flar 2 ne<br>PC IOL stable TA 16 @ 2:10<br>AI PO OD P. PO Instn<br>Zymox PF gel<br>Gauze 15 bid Tel out<br>Rn 2 days of |
| 4    | 21  | 08  | BA for 5 Day RC, card mailed (dt)                                                                                                                                                                                 |
| 4    | 27  | 08  | 2 wk Postop Catted OD<br>5/OD 20/80 PH 20/70-<br>Urg 9/13<br>23 X 9d<br>"3 different knots"                                                                                                                       |
|      |     |     | C. old scars & sub epith delms AC Deep 1-2+ flar<br>TA 15 @ 2:30<br>H. Stalk Postop OD<br>P. Cont 9/13 B.D. PF TID<br>Rn 2 wk life                                                                                |
| 5    | 22  | 08  | BA 2wk RC, card sent OP                                                                                                                                                                                           |
| 8    | 27  | 09  | BA with exam, lady compl. Card sent to-day. OP                                                                                                                                                                    |
| 9    | 30  | 09  | X followup TOL OP I see it<br>Failed followup S/P Catted OD X<br>3/OD 20/50-20/40 +0.75-1.00 X 15 AI<br>OS 20/25-20/30 +0.50-0.50 X 90<br>51+<br>OMG OD Com w/ S/P order to (dt)<br>Rn 1:11 I ECA                 |

421



\*\*\*\*\* INSTANT BILL \*\*\*\*\*

ACCT: 10377 DATE: 05/05/08

JOHN W. STORY, M.D.  
209 SOUTH WYLIE STREET  
LANCASTER, SC 29720-2353

LAST PAYMENT  
-----  
04/30/08 \$54.54 \$625.34

OFFICE PH: (803) 285-7400 HOME PH: 803-285-1073 BUSINESS FH: 803-285-1073

EXT: KIM

|                                                              | PAT NAME            | APPOINTMENT     |
|--------------------------------------------------------------|---------------------|-----------------|
|                                                              | -----               | -----           |
| MR. JAMES CLARK, JR.<br>P.O. BOX 3011<br>LANCASTER, SC 29721 | JC JAMES CLARK, JR. | 05/22/08 2:02PM |

DIAGNOSIS

1-379.99 OTHER ILL-DEFINED DISORDER  
2-921.9  
3-366.14 CATARACT, POSTERIOR SUBCAP

| NUM DOCTOR            | SSN#        | TAX ID    | MEDICAID | PROVIDER  |
|-----------------------|-------------|-----------|----------|-----------|
| -----                 | -----       | -----     | -----    | -----     |
| 1 JOHN W. STORY, M.D. | 251-98-0791 | 431999858 | 010512   | 431999858 |

| DATE                                                                                                                     | DR  | PAT | DIAG | TCODE | MOD | DESCRIPTION        | CHARGE | CREDIT | BALANCE |
|--------------------------------------------------------------------------------------------------------------------------|-----|-----|------|-------|-----|--------------------|--------|--------|---------|
| ----                                                                                                                     | --- | --- | ---  | ---   | --- | -----              | -----  | -----  | -----   |
| 11/14/05                                                                                                                 | 1   | JC  | 123  | 99204 |     | E/M SERVICES; NEW  | 130.00 |        | 130.00  |
| 11/14/05                                                                                                                 | 1   | JC  | 123  | 92015 |     | REFRACTION         | 20.00  |        | 150.00  |
| ** INS. FILED: 11/22/05                                                                                                  |     |     |      |       |     |                    |        |        |         |
| 12/06/05                                                                                                                 | 1   | JC  |      | 6     |     | MEDICAID PAYMENT   |        | 120.90 | 29.10   |
| ** APPLIES TO CHARGES ON: 11/14/05 CHK#: 00000                                                                           |     |     |      |       |     |                    |        |        |         |
| 12/06/05-                                                                                                                | 1   | JC  |      | 6C    |     | S.C. HEALTHY CONNE |        | 29.10  | 0.00    |
| 11/14/05                                                                                                                 |     |     |      |       |     |                    |        |        |         |
| 05/15/06                                                                                                                 | 1   | JC  | 3    | 92014 |     | COMPREHENSIVE, EST | 95.00  |        | 95.00   |
| ** INS. FILED: 05/16/06                                                                                                  |     |     |      |       |     |                    |        |        |         |
| 05/15/06                                                                                                                 | 1   | JC  | 3    | 92015 |     | REFRACTION         | 12.00  |        | 107.00  |
| ** INS. FILED: 05/16/06 REFILED: 05/30/06                                                                                |     |     |      |       |     |                    |        |        |         |
| ERROR REJECTION 713 SAYING<br>THEY DO NOT RECOGNIZE THE<br>MOD. AND THERE WAS NOT A<br>MODIFIER ON IT RESUBMIT CLM<br>MS |     |     |      |       |     |                    |        |        |         |
| 05/30/06                                                                                                                 | 1   | JC  |      | 6     |     | MEDICAID PAYMENT   |        | 70.10  | 36.90   |
| ** APPLIES TO CHARGES ON: 05/15/06 CHK#: 4744278                                                                         |     |     |      |       |     |                    |        |        |         |
| 05/30/06-                                                                                                                | 1   | JC  |      | 6C    |     | S.C. HEALTHY CONNE |        | 24.90  | 12.00   |
| 05/15/06                                                                                                                 |     |     |      |       |     |                    |        |        |         |
| 06/12/06-                                                                                                                | 1   | JC  |      | 6C    |     | S.C. HEALTHY CONNE |        | 12.00  | 0.00    |
| 05/15/06                                                                                                                 |     |     |      |       |     |                    |        |        |         |

CONTINUED ON NEXT FORM

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R 418

\*\*\*\*\* INSTANT BILL \*\*\*\*\*

ACCT: 10377 DATE: 05/05/08

JOHN W. STORY, M.D.  
209 SOUTH WYLIE STREET  
LANCASTER, SC 29720-2353

| LAST PAYMENT     | YTD PAY  |
|------------------|----------|
| 04/30/08 \$54.54 | \$625.34 |

OFFICE PH: (803) 285-7400 HOME PH: 803-285-1073 BUSINESS PH: 803-285-1073

EXT: KIM

MR. JAMES CLARK, JR.  
P.O. BOX 3011  
LANCASTER, SC 29721

| PAT NAME            | APPOINTMENT     |
|---------------------|-----------------|
| JC JAMES CLARK, JR. | 05/22/06 2:00PM |

DIAGNOSIS

1-366.14 CATARACT, POSTERIOR SUBCAP  
2-379.91 EYE PAIN  
3-366.20 CATARACT, TRAUMATIC

| NUM DOCTOR            | SSN#        | TAX ID    | MEDICAID | PROVIDER  |
|-----------------------|-------------|-----------|----------|-----------|
| 1 JOHN W. STORY, M.D. | 251-98-0791 | 431999858 | 010512   | 431999858 |

| DATE                                               | DR | PAT | DIAG | TCODE | MOD | DESCRIPTION        | CHARGE | CREDIT | BALANCE |
|----------------------------------------------------|----|-----|------|-------|-----|--------------------|--------|--------|---------|
| 11/13/06                                           | 1  | JC  | 12   | 92014 |     | COMPREHENSIVE, EST | 95.00  |        | 95.00   |
| 11/13/06                                           | 1  | JC  | 12   | 92015 |     | REFRACTION         | 25.00  |        | 120.00  |
| ** INS. FILED: 11/14/06                            |    |     |      |       |     |                    |        |        |         |
| 11/13/06                                           | 1  | JC  |      | 1     |     | CASH PAYMENT       |        | 2.00   | 118.00  |
| ** APPLIES TO CHARGES ON: 11/13/06                 |    |     |      |       |     |                    |        |        |         |
| 12/11/06                                           | 1  | JC  |      | 6     |     | MEDICAID PAYMENT   |        | 99.38  | 18.62   |
| ** APPLIES TO CHARGES ON: 11/13/06 CHK#: 0         |    |     |      |       |     |                    |        |        |         |
| 12/11/06-                                          | 1  | JC  |      | 6C    |     | S.C. HEALTHY CONNE |        | 18.62  | 0.00    |
| 11/13/06                                           |    |     |      |       |     |                    |        |        |         |
| 03/03/08                                           | 1  | JC  | 13   | 92014 |     | *COMPREHENSIVE, ES | 100.00 |        | 100.00  |
| 03/03/08                                           | 1  | JC  | 13   | 92015 |     | *REFRACTION        | 25.00  |        | 125.00  |
| ** INS. FILED: 03/04/08 SECONDARY: 03/25/08        |    |     |      |       |     |                    |        |        |         |
| 03/03/08                                           | 1  | JC  |      | 1     |     | *CASH PAYMENT      |        | 2.00   | 123.00  |
| ** APPLIES TO CHARGES ON: 03/03/08                 |    |     |      |       |     |                    |        |        |         |
| 03/20/08                                           | 1  | JC  |      | 4     |     | *MEDICARE PAYMEN   |        | 76.54  | 46.46   |
| ** APPLIES TO CHARGES ON: 03/03/08 CHK#: 140250037 |    |     |      |       |     |                    |        |        |         |
| 03/20/08-                                          | 1  | JC  |      | 4C    |     | *MEDICARE WRITE-OF |        | 4.32   | 42.14   |
| 03/03/08                                           |    |     |      |       |     |                    |        |        |         |
| 04/07/08                                           | 1  | JC  |      | 6     |     | *MEDICAID PAYMEN   |        | 19.60  | 22.54   |
| ** APPLIES TO CHARGES ON: 03/03/08 CHK#: 5161117   |    |     |      |       |     |                    |        |        |         |
| 04/07/08-                                          | 1  | JC  |      | 6C    |     | *S.C. HEALTHY CONN |        | 22.54  | 0.00    |
| 03/03/08                                           |    |     |      |       |     |                    |        |        |         |
| 04/14/08                                           | 1  | JC  | 3    | 76519 |     | *A-SCAN/IOL CALCUL | 250.00 |        | 250.00  |

424

CONTINUED ON NEXT FORM

R 419



- Patient's Charges history

\*\*\*\*\* INSTANT BILL \*\*\*\*\*

ACCT: 10377 DATE: 05/05/08

JOHN W. STORY, M.D.  
209 SOUTH WYLIE STREET  
LANCASTER, SC 29720-2353

LAST PAYMENT YTD PAY  
-----  
04/30/08 \$54.54 \$625.34

OFFICE PH: (803) 285-7400 HOME PH: 803-285-1073 BUSINESS PH: 803-285-1073  
EXT: KIM

| PAT NAME                                                     | APPOINTMENT                            |
|--------------------------------------------------------------|----------------------------------------|
| MR. JAMES CLARK, JR.<br>P.O. BOX 3011<br>LANCASTER, SC 29721 | JC JAMES CLARK, JR.<br>05/22/08 2:00PM |

DIAGNOSIS

1-365.20 CATARACT, TRAUMATIC  
2-V43.1 PSEUDOPHAKIA

| NUM DOCTOR            | SSN#        | TAX ID    | MEDICAID | PROVIDER  |
|-----------------------|-------------|-----------|----------|-----------|
| 1 JOHN W. STORY, M.D. | 251-98-0791 | 431999858 | 010512   | 431999858 |

| DATE                                               | DR | FAT | DIAG | TCODE | MOD | DESCRIPTION        | CHARGE  | CREDIT  | BALANCE |
|----------------------------------------------------|----|-----|------|-------|-----|--------------------|---------|---------|---------|
| 04/15/08                                           | 1  | JC  | 1    | 66984 | RT  | *ECCE WITH IOL, RI | 2200.00 |         | 2450.00 |
| ** INS. FILED: 04/15/08 SECONDARY: 05/02/08        |    |     |      |       |     |                    |         |         |         |
| 04/16/08                                           | 1  | JC  | 2    | 99024 |     | *POSTOP VISIT      | 0.00    |         | 2450.00 |
| 04/28/08                                           | 1  | JC  | 2    | 99024 |     | *POSTOP VISIT      | 0.00    |         | 2450.00 |
| 04/30/08                                           | 1  | JC  |      | 4     |     | *MEDICARE PAYMEN   |         | 472.66  | 1977.34 |
| ** APPLIES TO CHARGES ON: 04/15/08 CHK#: 040278599 |    |     |      |       |     |                    |         |         |         |
| 04/30/08-                                          | 1  | JC  |      | 4C    |     | *MEDICARE WRITE-OF |         | 1609.17 | 368.17  |
| 04/15/08                                           |    |     |      |       |     |                    |         |         |         |
| 04/30/08                                           | 1  | JC  |      | 4     |     | *MEDICARE PAYMEN   |         | 54.54   | 313.63  |
| ** APPLIES TO CHARGES ON: 04/14/08 CHK#: 040278599 |    |     |      |       |     |                    |         |         |         |
| 04/30/08-                                          | 1  | JC  |      | 4C    |     | *MEDICARE WRITE-OF |         | 181.83  | 131.80  |
| 04/14/08                                           |    |     |      |       |     |                    |         |         |         |

MESSAGES

TOTAL: \$131.80

THANK YOU FOR ALLOWING US TO PROVIDE YOUR EYE CARE.

R 420

425

PITTS RADIOLOGICAL ASSOC., P.A.  
P. O. BOX 2427  
COLUMBIA SC 29202-2427

Patient  
Ss# 251-45-4421 Sx M DoB 12-12-1971  
CLARK JAMES  
613 HAMPTON ROAD  
LANCASTER, SC 29721

Billing Tel# 803-772-0198  
Federal Id# 57-0553185  
03:15:49 19 Jan 2008

Insurance  
Ins 1300 Eff (Primary)  
Car 3-SC MEDICAID  
PO BOX 1412  
COLUMBIA SC 29202-1.12

Acct# 3601801514  
JAMES CLARK  
613 HAMPTON ROAD  
LANCASTER, SC 29721

Pol 2780397510 Grp  
Sub CLARK, JR JAMES Rel 1  
Emp

Ins Eff (Secondary)  
Car

--  
Tel 8032852620  
Mr# 12373576 Crp 1 Loc 31 Dr 77  
Refdr 40954-PETIT SCOTT J  
Cond I Dt  
Ptype 20 Adm Dis  
Attr

Pol Grp Rel  
Sub  
Emp

Pc 13 Bs 1 Dq -16 Ba.. 0.00

| Rf# | Date     | Code  | Description             | Diag  | P S | Amount | Le | Dr | Batch  |
|-----|----------|-------|-------------------------|-------|-----|--------|----|----|--------|
| 1   | 01-18-06 | 71260 | CT THORAX W/CONTRAST    | 902.0 | +   | 196.00 | 31 | 77 | MM0131 |
|     |          |       | Mod: Q6                 |       |     |        |    |    |        |
| 1   | 02-09-06 | 0730  | MCAID/MCAID HMO PYMT    |       |     | 49.47  | 31 | 77 | ep6261 |
| 1   | 02-09-06 | 0830  | MCAID/MCAID HMO ADJ     |       |     | 146.53 | 31 | 77 | ew6261 |
| 1   | 02-09-06 | 0430  | MCAID/MCAID HMO ALLOWED |       |     |        | 31 | 77 | am6261 |
|     |          |       | Amt 49.47               |       |     |        |    |    |        |
|     | 02-01-06 | 0055  | MEDICAID SUBMITTED      |       |     |        | 31 | 77 | Chg    |
|     |          |       | C16515713               |       |     |        |    |    |        |

-----  
0.00

PITTS RADIOLOGICAL ASSOC., P.A.  
P. O. BOX 2427  
COLUMBIA SC 29202-2427

Patient  
Ss# 251-45-4421 DoB 12-12-1971  
CLARK, JR JAMES  
613 HAMPTON ROAD  
LANCASTER, SC 29721

Billing Tel# 803-772-0198  
Federal Id# 57-0553185  
07:28:41 06 May 2008

Insurance  
Ins 1300 Eff: (Primary)  
Car 3-SC MEDICAID  
Pol 278039750 Grp  
Sub  
Emp Rel 1

Acct# 3624201301  
JAMES CLARK  
613 HAMPTON ROAD  
LANCASTER, SC 29721

Ins Eff: (Secondary)  
Car  
Pol Grp  
Sub  
Emp Rel

--  
Tel 8032859196

Mr# 12373576

Loc 31-RH Dr 26

Refdr 40954-PETIT SCOTT J

Ptype 20 Adm

Dis

Pc 13 Bs 1 Dq -11 Bal 0.00

| Ref# | Date     | Code  | Cpt   | Description             | Diag  | PS | Amount | Lc | Dr |
|------|----------|-------|-------|-------------------------|-------|----|--------|----|----|
| 1    | 08-30-06 | 71260 | 71260 | CT THORAX W/CONTRAST    | 441.2 | +  | 196.00 | 31 | 26 |
| 1    | 09-21-06 | 0730  |       | MCAID/MCAID HMO PYMT    |       |    | 49.47  | 31 | 26 |
| 1    | 09-21-06 | 0830  |       | MCAID/MCAID HMO ADJ     |       |    | 146.53 | 31 | 26 |
| 1    | 09-21-06 | 0430  |       | MCAID/MCAID HMO ALLOWED |       |    |        | 31 | 26 |
|      | 09-12-06 | 0055  |       | Medicaid Submitted      | Pri-E | +  |        | 31 | 26 |
|      |          |       |       | C21665473               |       |    |        |    |    |

Transactions to be Posted

0.00

0.00

427

R 422

PITTS RADIOLOGICAL ASSOC., P.A.  
P. O. BOX 2427  
COLUMBIA SC 29202-2427

Patient  
Ss# 251-45-4421 DoB 12-12-1970  
CLARK JAMES  
PO BOX 3011  
LANCASTER, SC 29721

Billing Tel# 803-772-0198  
Federal Id# 57-0553185  
07:28:49 06 May 2008

Insurance  
Ins 1200 Eff: (Primary)  
Car 2-MEDICARE  
Pol 251454421A Grp  
Sub  
Emp RETIRED Rel 1

Acct# 3724801344  
JAMES CLARK  
PO BOX 3011  
LANCASTER, SC 29721

Ins 1300 Eff: (Secondary)  
Car 3-SC MEDICAID  
Pol 2780397510 Grp  
Sub  
Emp Rel 1

Tel 8032838784

Mr# 12373576

Loc 31-RH Dr 31

Refdr 40954-PETIT SCOTT J

Ptype 20 Adm

Dis

Pc 12 Bs 1 Dq -1 Bal 0.00

| Ref#     | Date     | Code  | Cpt   | Description               | Diag   | P S | Amount  | Lc     | Dr    |
|----------|----------|-------|-------|---------------------------|--------|-----|---------|--------|-------|
| 1        | 09-05-07 | 71260 | 71260 | CT THORAX W/CONTRAST      | 441.2  | +   | 196.00  | 31     | 31    |
| 1        | 10-01-07 | 0720  |       | MCARE/MCARE HMO PYMT      |        |     | 45.38-  | 31     | 31    |
| 1        | 10-01-07 | 0820  |       | MCARE/MCARE HMO ADJ       |        |     | 139.27- | 31     | 31    |
| 1        | 10-01-07 | 0420  |       | MCARE/MCARE HMO ALLOWED   |        |     |         | 31     | 31    |
| 1        | 10-01-07 | 0302  |       | Amt 56.73                 |        |     |         |        |       |
|          |          |       |       | MCARE/MCARE HMO CO-INS    |        |     |         | 31     | 31    |
| 1        | 03-12-08 | 0730  |       | Amt 11.35                 |        |     |         |        |       |
| 1        | 03-12-08 | 0830  |       | MCAID/MCAID HMO PYMT      |        |     | 6.99-   | 31     | 31    |
| 1        | 03-12-08 | 0430  |       | MCAID/MCAID HMO ADJ       |        |     | 4.36-   | 31     | 31    |
|          |          |       |       | MCAID/MCAID HMO ALLOWED   |        |     |         | 31     | 31    |
|          | 09-18-07 | 0052  |       | Amt 6.99                  |        |     |         |        |       |
|          |          |       |       | SUBMITTED TO MEDICARE     | Pr.-E  | +   |         | 31     | 31    |
|          | 10-05-07 | 0030  |       | C29984323                 |        |     |         |        |       |
|          | 11-06-07 | 0030  |       | STATEMENT MAILED          |        |     |         | 31     | 31    |
|          | 12-06-07 | 0035  |       | STATEMENT MAILED          |        |     |         | 31     | 31    |
|          | 03-08-08 | 0055  |       | FINAL NOTICE              |        |     |         | 31     | 31    |
|          |          |       |       | MEDICAID SUBMITTED        | Sec.-E | +   |         | 31     | 31    |
|          |          |       |       | C33457353 Ref# 1          |        |     |         |        |       |
|          |          |       |       |                           |        |     | 0.00    |        |       |
| 03-11-08 | 0830     |       |       | Transactions to be Posted |        |     |         | 11.35- | 31 31 |
|          |          |       |       | MCAID/MCAID HMO ADJ       |        |     |         | 11.35- |       |

09/23/2010

09:20 AM

Page: 3

|                   |            |           |
|-------------------|------------|-----------|
| RESPONSIBLE PARTY | ACCOUNT #  | BILL DATE |
| JAMES CLARK       | 80594-PITT |           |

PITT'S RADIOLOGY  
PO BOX 7457  
COLUMBIA, SC 29202-7457

JAMES CLARK  
PO BOX 3011  
LANCASTER, SC 29721

| DOS        | Patient      | Physician          | Phys Tax ID | Charge Description                   | ICD9  | Amt    | Patient Pmt | Adj    | Bal  |
|------------|--------------|--------------------|-------------|--------------------------------------|-------|--------|-------------|--------|------|
| 11-05-2008 | CLARK, JAMES | 26-SAVOCA, WILLIAM |             | 71555 - MRI ANGIO CHEST W OR W/O DYE | 441.2 | 295.00 | 0.00        | 295.00 | 0.00 |
| 11-25-2009 | CLARK, JAMES | 26-SAVOCA, WILLIAM |             | 71550 - MRI CHEST W/O DYE            | 441.2 | 235.00 | 0.00        | 235.00 | 0.00 |

Account Balance \$0.00

Collection information  
Receivable Solutions  
1-803-790-0446

Account Number: 80594-PITT

FOR BILLING QUESTIONS PLEASE CALL (866) 481-7572

1 of 1

ALOPE

429

R 424

**CAROLINA PULMONARY & CRITICAL CARE PHYSICIANS, P.A.**

822 W. Meeting Street, P.O. Box 1036, Lancaster, SC 29721

Tel: 803 286 8433

Fax: 803 286 8431

I.F. AFULUKWE, MD, FCCP.

R. SURESH, MD, FCCP.

January 31, 2006

**Re: James Clark**

**DOB: 12-12-1971**

**Subjective:** He was referred by Dr. Sharma for pulmonary evaluation regarding problems with breathing. He has done well since then, but recently he has noticed having some difficulty breathing with activity. He denies cough, denies chest pain and denies having problems with sleep. He does not smoke and he does not drink alcohol. This problem has persisted and he was sent for evaluation. His medical history is positive for high blood pressure which started when he was involved in a motor vehicle accident in November 2004. He is on some blood pressure medication but he cannot recall the name.

**Objective:** Young man who is not in apparent distress. He weighed 201 lbs and his BP was 120/74 mmHg. His room air oxygen at rest was 98% with resting pulse of 75 bpm.

**ENT:** normal oropharyngeal passage. Scar of tracheostomy in the mid anterior neck. He tells me that he had tracheostomy and was on life support as part of his trauma management.

**Chest:** clear breath sounds

**Cardiac:** regular S1 and S2.

**Abdomen:** full, soft and non tender

**Extremities:** no edema, clubbing or cyanosis.

**Assessment:** I strongly suspect that this patient's shortness of breath may be related to tracheomalacia or tracheal stenosis due to previous tracheostomy. There is nothing else in his history or physical that would provide an alternative explanation.

**Plan:**

1. He will have PFTs with flow volume loop to assess for fixed or variable extrathoracic airflow limitation which will support the diagnosis of tracheal obstruction.
2. He will also have exercise oximetry to see if he desaturates with exercise.
3. He may need bronchoscopy to inspect his airways based on the test results of #1 and #2.

Thank you very much for asking me to assist with the care of Mr. Clark. I greatly appreciate the kind referral. I will keep you informed on our findings.

I. F. Afulukwe, MD.



Copy: Deovyaas Sharma, MD. Lancaster Internal Medicine.

| PHYSICAL EXAMINATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                  |     | Formedic          |        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------|--------|
| GENERAL APPEARANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | T                                                                                                                                                                                                                                                                                                                | WT  | 201               |        |
| VITAL SIGNS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | B.P. (SITTING) (R)                                                                                                                                                                                                                                                                                               | (L) | B.P. (SUPINE) (R) | (L)    |
| RESP. RATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | BREATHING -                                                                                                                                                                                                                                                                                                      |     | PULSE (RATE)      | RHYTHM |
| 1) ENT <input type="checkbox"/><br>2) EYES <input type="checkbox"/> PERLA <input type="checkbox"/> ARCUS <input type="checkbox"/><br>FUNDI <input type="checkbox"/> XANTH <input type="checkbox"/><br>3) THYROID <input type="checkbox"/><br>4) CAROTIDS <input type="checkbox"/> JVP <input type="checkbox"/><br>5) HEART <input type="checkbox"/> APEX <input type="checkbox"/><br>H. SOUNDS<br>THRILLS/RUBS<br>6) CHEST/LUNGS <input type="checkbox"/> PERCUS <input type="checkbox"/><br>WHEEZE <input type="checkbox"/> RALES <input type="checkbox"/><br>RHONCHI <input type="checkbox"/> PL. RUB <input type="checkbox"/><br>8) ABDOMEN <input type="checkbox"/> BRUITS <input type="checkbox"/><br>LIVER <input type="checkbox"/> SPLEEN <input type="checkbox"/><br>9) HERNIA <input type="checkbox"/><br>10) RECTAL <input type="checkbox"/><br>11) EXTREMITIES <input type="checkbox"/> EDEMA <input type="checkbox"/><br>CLOBBING <input type="checkbox"/> CYANOS <input type="checkbox"/><br>12) PULSES <input type="checkbox"/> BRACHIAL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>RADIAL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> FEM <input type="checkbox"/> <input type="checkbox"/><br>DP <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PT <input type="checkbox"/> <input type="checkbox"/><br>13) GENITALIA <input type="checkbox"/><br>14) M. SKELETAL <input type="checkbox"/><br>15) NEUROLOGICAL <input type="checkbox"/><br>16) SKIN <input type="checkbox"/> |  | <input checked="" type="checkbox"/> ABN/POS Consult from Dr. D. Sharma for breathing<br>Nov 2004 - BP      smoke x<br>SOB = actually      etoh x<br>x w/ w/ x - beer<br>sleeps well      none<br>BP 125/75      MVA Nov 2004<br>O2 8%      trachea x<br>chest x 0 98% f 75<br>Neck scan 2 f 10<br>T and Steinson |     |                   |        |
| INVESTIG.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | C.X-RAY <input type="checkbox"/> PPD <input type="checkbox"/> ALT <input type="checkbox"/> AST <input type="checkbox"/><br>SPIROMETRY <input type="checkbox"/>                                                                                                                                                   |     |                   |        |
| ASSESSMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | PLANS                                                                                                                                                                                                                                                                                                            |     |                   |        |
| Vocable to denoiaq                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | FVA                                                                                                                                                                                                                                                                                                              |     |                   |        |
| Stenson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Saw/Ex 0.5                                                                                                                                                                                                                                                                                                       |     |                   |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 1/3 to 6                                                                                                                                                                                                                                                                                                         |     |                   |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | f/h 4 weeks                                                                                                                                                                                                                                                                                                      |     |                   |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | NEXT APPOINTMENT                                                                                                                                                                                                                                                                                                 |     |                   |        |
|  <b>In COPD Maintenance Therapy... May need more</b><br><b>ATROVENT IS THE CORNERSTONE</b><br><b>(ipratropium bromide) INHALATION AEROSOL</b><br><small>Visit the website at <a href="http://www.thebreathingspace.com">www.thebreathingspace.com</a> for free patient information.<br/>           Copyright © 1999, Boehringer Ingelheim Pharmaceuticals, Inc. All rights reserved.<br/>           Please see full Prescribing Information included. AT-729</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                  |     |                   |        |

LITHO IN CANADA

431

| GENERAL APPEARANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | VITAL SIGNS                                                                                                                                                                          |  | PHYSICAL EXAMINATION     |  | Formedic               |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|--|------------------------|--|
| T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | WT 362                                                                                                                                                                               |  | B.P. (SITTING) (R) 136/6 |  | PULSE (RATE) 72 RHYTHM |  |
| RESPIRATORY RATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | BREATHING                                                                                                                                                                            |  | B.P. (SUPINE) (R)        |  | PULSE (RATE)           |  |
| 1) ENT <input type="checkbox"/><br>2) EYES <input type="checkbox"/> PERLA <input type="checkbox"/> ARCUS <input type="checkbox"/><br>FUNDI <input type="checkbox"/> XANTH <input type="checkbox"/><br>3) THYROID <input type="checkbox"/><br>4) CAROTIDS <input type="checkbox"/> JVP<br>5) HEART <input type="checkbox"/> APEX<br>H. SOUNDS<br>THRILLS / RUBS<br>6) CHEST / LUNGS <input type="checkbox"/> PERCUS.<br>WHEEZE <input type="checkbox"/> RALES <input type="checkbox"/><br>RHONCHI <input type="checkbox"/> PL. RUB <input type="checkbox"/><br>7) ABDOMEN <input type="checkbox"/> BRUITS <input type="checkbox"/><br>LIVER <input type="checkbox"/> SPLEEN <input type="checkbox"/><br>8) HERNIA <input type="checkbox"/><br>9) RECTAL <input type="checkbox"/><br>10) EXTREMITIES <input type="checkbox"/> EDEMA <input type="checkbox"/><br>CLUBBING <input type="checkbox"/> CYANOS. <input type="checkbox"/><br>11) PULSES <input type="checkbox"/> BRACHIAL <input checked="" type="checkbox"/> <input type="checkbox"/><br>RADIAL <input checked="" type="checkbox"/> <input type="checkbox"/> FEM <input checked="" type="checkbox"/> <input type="checkbox"/><br>DP <input checked="" type="checkbox"/> <input type="checkbox"/> PT <input checked="" type="checkbox"/> <input type="checkbox"/><br>12) GENITALIA <input type="checkbox"/><br>13) M. SKELETAL <input type="checkbox"/><br>14) NEUROLOGICAL <input type="checkbox"/><br>15) SKIN <input type="checkbox"/> |  | <input checked="" type="checkbox"/> ABN / POS (back up)<br>SOB now & then<br>several 3-4 times<br>sleep he snuffles<br>w/ v BPR<br>Chest Vesicular<br>clear<br>- No dx? smk<br>(278) |  |                          |  |                        |  |
| INVESTIG.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | ASSESSMENT<br>w/ chs,<br>smk / p/c & c                                                                                                                                               |  |                          |  |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | PLANS<br>smk<br>2/28/06<br>P/c & c                                                                                                                                                   |  |                          |  |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | NEXT APPOINTMENT<br>2/28/06<br>P/c & c                                                                                                                                               |  |                          |  |                        |  |

**In COPD Maintenance Therapy...**

**ATROVENT IS THE CORNERSTONE**

(ipratropium bromide) INHALATION AEROSOL

Visit the website at [www.thebreathingspace.com](http://www.thebreathingspace.com) for free patient information.

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JTHO IN CANADA

432



200320

CAROLINA PULMONARY & CRITICAL CARE PHYSICIANS

CARDIO-PULMONARY REHABILITATION REPORT

Quinton Session Report

Name: JAMES CLARK ID: 251454421 Date: 2/22/06  
 Age: 34 DOB: 12/12/1971 Session: \_\_\_\_\_  
 Physician: Albukawa Diagnosis: \_\_\_\_\_  
 Medications: \_\_\_\_\_

Goal: \_\_\_\_\_

Resting Data:

Weight: 204 Height: 68 BP: 118/74 HR: 78 O2 Sat: 96%

Exercise Data:

| Activity   | Time  | Workload | Max HR | METS | RPE | BP     | O2 Sat |
|------------|-------|----------|--------|------|-----|--------|--------|
| Rest:      | 11:47 | 0        | 87     |      |     |        | 98%    |
| 6min walk: | 11:54 | 1.0      | 100    |      |     |        | 94%    |
| Cool Down: | 11:59 | 0        | 76     |      |     | 102/78 | 95%    |

Comments:

He walked on treadmill for 6 mins at a distance of 0.220 per 1 min difficulty.  
 COP 0.850B. 1:45 - 95% HR 103. 2:15 - 95% HR 106. 2:45 - 92% HR 108.  
 3:15 - 91% HR 106. 3:45 - 93% HR 105. 4:15 - 93% HR 99. 4:45 - 91% HR 103.  
 5:15 - 94% HR 107. 5:45 - 95% HR 104.

Signature: \_\_\_\_\_

*Licia Gribble RPT*

good exercise  
test

(PA)  
2/22/06

**Carolina Pulmonary & Critical Care Physicians, LLC**  
 Dr. Afulukwe & Dr. Suresh  
 Lancaster, SC

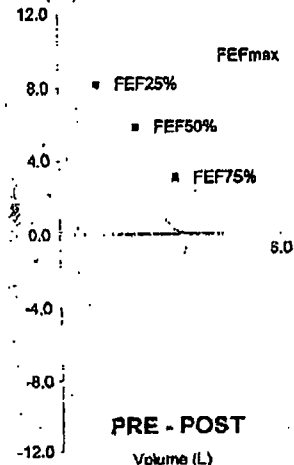
|                            |                                 |                       |             |
|----------------------------|---------------------------------|-----------------------|-------------|
| Name: CLARK, JAMES         | Hazard:                         | Age: 34               | Smoke Time: |
| Birth Date: 12/12/1971     | Weight: 92.7 kg, 203.9 lbs      | Smoke What:           |             |
| Technician: P.GRIBBLE, RRT | Height: 172.7 cm, 68.0 in       | Smoke Per Day:        |             |
| Occupation:                | Race: Black or African American | Pack years:           |             |
| Physician: AFULUKWE        |                                 | Quit Time:            |             |
| Diagnosis:                 |                                 | Patient ID: 251451421 |             |

**Study Date and Time: 2/22/2006 04:32 PM**

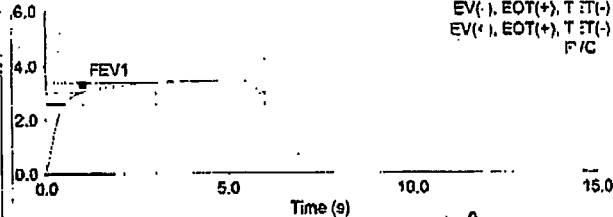
**Spirometry**

|             | Units       | Predicted | Pre Drug Results | Pre Drug % Predicted | Post Drug Results | Post Drug % Predicted | % Change |
|-------------|-------------|-----------|------------------|----------------------|-------------------|-----------------------|----------|
| FVC         | L, btps     | 4.23      | 3.50             | 83                   | 3.51              | 83                    | 0        |
| FEV1        | L, btps     | 3.32      | 3.05             | 92                   | 3.08              | 93                    | 1        |
| FEV1/FVC    | %           | 78.43     | 87.14            | 111                  | 87.80             | 112                   | 1        |
| FEFmax      | L/s         | 9.20      | 7.46             | 81                   | 6.70              | 73                    | -10      |
| FEF50%      | L/s         | 5.80      | 5.89             | 103                  | 6.14              | 106                   | 2        |
| FEF25-75%   | L/s         | 4.18      | 4.66             | 112                  | 4.89              | 112                   | 0        |
| FVC         | L, btps     |           | 2.76             |                      | 3.07              |                       | 11       |
| FIFmax      | L/s         |           | 3.76             |                      | 3.76              |                       | 0        |
| FIF50%      | L/s         |           | 3.75             |                      | 3.71              |                       | -1       |
| FEF50/FIF50 | %           |           | 159.88           |                      | 165.33            |                       | 4        |
| TET         | s           |           | 5.84             |                      | 5.36              |                       | -5       |
| MVV         | L/min, btps | 140.26    |                  |                      |                   |                       |          |
| Duration    | s           |           |                  |                      |                   |                       |          |

Flow Volume Loop  
Flow (L/s)



Volume Time  
Volume (L)



**PRE - POST**

EV(-), EOT(+), T ET(-)  
EV(+), EOT(+), T ET(-)  
F/C

**Tech Notes**

*Normal Pre & Post Spirometry*  
 (1FA) 2/25/06

**CAROLINA PULMONARY & CRITICAL CARE PHYSICIANS, P.A.**

822 W. Meeting Street, P.O. Box 1036, Lancaster, SC 29721

Tel: 803 286 8433

Fax: 803 286 8431

I.F. AFULUKWE, MD, FCCP.

R. SUNDERR, MD, FCCP.

April 26, 2006

Re: James Clark

SS#: 251-45-4421

**NARRATIVE MEDICAL REPORT FOR PERIOD 11-17-04 TO PRESENT**

**Subjective:** He was referred by his primary care physician for pulmonary evaluation because of breathing difficulties. He was involved in a motor vehicle crash in 2004 and sustained substantial trauma. He was on a respirator and required tracheostomy. He had done well since then, but recently he has been having some shortness of breath. He was seen in the office and evaluated with pulmonary function tests and bronchoscopy.

His medical history is significant for the motor vehicle crash in 2004 and high blood pressure.

He takes some medication for blood pressure but he could not recall the name. He has no known drug allergies.

He does not smoke and he does not drink alcohol.

**Objective:** Young man who is well developed and well nourished. He was not in apparent distress during his visits. His oxygen saturations have been in the high 90s.

At his last visit, his blood pressure was 123/76 mmHg.

ENT: normal oropharyngeal passage

Neck: supple with healed tracheostomy scar

Chest: clear breath sounds

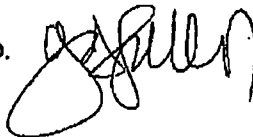
Cardiac: regular S1 and S2

Abdomen: full, soft and non tender with normal bowel sounds

**Bronchoscopy:** He was noted to have significant scarring of the vocal cords which is responsible for his upper airway obstruction with resulting difficulty breathing. He showed hypervascularity of his bronchial mucosa.

**Assessment:** Mr. Clark was involved in a motor vehicle crash in 2004 and has developed vocal cord scarification with upper airway obstruction and resulting dyspnea. He will need further evaluation with exercise testing and full PFTs to assess the intensity of functional impairment imposed by this condition.

I. F. Afulukwe, MD.



435

R 430

| PHYSICAL EXAMINATION                                                  |            |                                                                                                                                                                                                                                                   |                                             | Formedic                   |        |
|-----------------------------------------------------------------------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------|--------|
| GENERAL APPEARANCE                                                    |            | WT <u>209</u>                                                                                                                                                                                                                                     |                                             | 5-18-06 <u>James Clark</u> |        |
| VITAL SIGNS                                                           |            | B.P. (SITTING) (R) <u>100</u> (L) <u>100</u>                                                                                                                                                                                                      | B.P. (SUPINE) (R) <u>100</u> (L) <u>100</u> | PULSE (RATE)               | RHYTHM |
| RESP. RATE                                                            |            | BREATHING -                                                                                                                                                                                                                                       |                                             |                            |        |
| 1) ENT                                                                |            | <input checked="" type="checkbox"/> ABN/POB <u>bronch results -</u>                                                                                                                                                                               |                                             |                            |        |
| 2) EYES                                                               |            | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> PERLA<br/><input type="checkbox"/> FUNDI         </div> <div> <input type="checkbox"/> ARCUS<br/><input type="checkbox"/> XANTH         </div> </div> |                                             |                            |        |
| 3) THYROID                                                            |            | <input type="checkbox"/>                                                                                                                                                                                                                          |                                             |                            |        |
| 4) CAROTIDS                                                           |            | <input type="checkbox"/> JVP                                                                                                                                                                                                                      |                                             |                            |        |
| 5) HEART                                                              |            | <input type="checkbox"/> APEX                                                                                                                                                                                                                     |                                             |                            |        |
| H. SOUNDS                                                             |            |                                                                                                                                                                                                                                                   |                                             |                            |        |
| THRILLS/RUBS                                                          |            |                                                                                                                                                                                                                                                   |                                             |                            |        |
| 6) CHEST/LUNGS                                                        |            | <input type="checkbox"/> PERCUS                                                                                                                                                                                                                   |                                             |                            |        |
| WHEEZE                                                                |            | <input type="checkbox"/> RALES                                                                                                                                                                                                                    |                                             |                            |        |
| RHONCHI                                                               |            | <input type="checkbox"/> PL. RUB                                                                                                                                                                                                                  |                                             |                            |        |
| 8) ABDOMEN                                                            |            | <input type="checkbox"/> BRUITS                                                                                                                                                                                                                   |                                             |                            |        |
| LIVER                                                                 |            | <input type="checkbox"/> SPLEEN                                                                                                                                                                                                                   |                                             |                            |        |
| 9) HERNIA                                                             |            | <input type="checkbox"/>                                                                                                                                                                                                                          |                                             |                            |        |
| 10) RECTAL                                                            |            | <input type="checkbox"/>                                                                                                                                                                                                                          |                                             |                            |        |
| 11) EXTREMITIES                                                       |            | <input type="checkbox"/> EDEMA                                                                                                                                                                                                                    |                                             |                            |        |
| CLUBBING                                                              |            | <input type="checkbox"/> CYANOS                                                                                                                                                                                                                   |                                             |                            |        |
| 12) PULSES                                                            |            | <input type="checkbox"/> BRACHIAL                                                                                                                                                                                                                 |                                             |                            |        |
| RADIAL                                                                |            | <input type="checkbox"/> FEM                                                                                                                                                                                                                      |                                             |                            |        |
| DP                                                                    |            | <input type="checkbox"/> PT                                                                                                                                                                                                                       |                                             |                            |        |
| 13) GENITALIA                                                         |            | <input type="checkbox"/>                                                                                                                                                                                                                          |                                             |                            |        |
| 14) M. SKELETAL                                                       |            | <input type="checkbox"/>                                                                                                                                                                                                                          |                                             |                            |        |
| 15) NEUROLOGICAL                                                      |            | <input type="checkbox"/>                                                                                                                                                                                                                          |                                             |                            |        |
| 16) SKIN                                                              |            | <input type="checkbox"/>                                                                                                                                                                                                                          |                                             |                            |        |
| I<br>N<br>V<br>E<br>S<br>T<br>I<br>G.                                 | C X-RAY    |                                                                                                                                                                                                                                                   | P.P.O.                                      |                            | ALT    |
|                                                                       | SPIROMETRY |                                                                                                                                                                                                                                                   |                                             |                            | ASTO   |
|                                                                       |            |                                                                                                                                                                                                                                                   |                                             |                            |        |
|                                                                       |            |                                                                                                                                                                                                                                                   |                                             |                            |        |
| ASSESSMENT                                                            |            |                                                                                                                                                                                                                                                   | PLANS                                       |                            |        |
| <u>Vocal and Scapular</u><br><u>HT/FVE no VA obs</u><br><u>pulser</u> |            |                                                                                                                                                                                                                                                   | <u>Reassess</u><br><u>check B.I. year</u>   |                            |        |
|                                                                       |            |                                                                                                                                                                                                                                                   |                                             |                            |        |
|                                                                       |            |                                                                                                                                                                                                                                                   | NEXT APPOINTMENT                            |                            |        |
|                                                                       |            |                                                                                                                                                                                                                                                   | <u>5/1/06</u>                               |                            |        |

**In COPD Maintenance Therapy...**

**ATROVENT IS THE CORNERSTONE**

(Ipratropium bromide) INHALATION AEROSOL

Visit the website at [www.thebreathingspace.com](http://www.thebreathingspace.com) for free patient information.

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LITHO IN CANADA **436**

**CAROLINA PULMONARY & CRITICAL CARE PHYSICIANS, LLC**

**IFEDIORA F. AFULUKWE, M.D., F.C.C.P.**

822 West Meeting St. \* Lancaster, SC 29720 \* Tel: (803) 286-8433

Patient ID: 200320JC

Patient Name: JAMES CLARK, JR

Date of Birth: 12/12/1970

Date of Service: 02/01/2010

**CHIEF COMPLAINT:** Seen as a new patient. Pt is here to be evaluated for pain in his lower back and L leg he was involved in a MVA 6 years ago he have a steel rod in his L leg.

**HISTORY OF PRESENT ILLNESS:** He complains as noted above with LLE pain. He has a rod in the re sp MVA. This happened in Columbia, SC. He has had pain since then and had surgery across his L knee. He has pain in his back and LLE. He is depressed and feels bad due to this condition. He has nothing else new at this time that is bothering him. He looks familiar and I think I saw him in Lancaster many years ago.

**PAST MEDICAL HISTORY:** Hypertension, Depression

**CURRENT ALLERGY LIST:** NKDA

**CURRENT MEDICATION LIST:**

ZOLOFT ORAL TABLET 100 MG, 1 QD; NORVASC ORAL TABLET 10 MG, 1 QD  
TRILEPTAL TABLET 300 MG, 1 B.I.D.; CATAPRES-TTS-2 PATCH WEEKLY 0.2 MG/14HR,

**SOCIAL HISTORY:**

MARITAL STATUS: Single.

OCCUPATION: Unemployed, disabled.

TOBACCO USE: Has no smoking history.

ALCOHOL: Occasionally

CAFFEINE: Consumes a minimal amount of caffeinated beverages daily.

**PHYSICAL EXAM:**

**VITAL SIGNS:**

VS-HEIGHT: 5ft 8in

VS-WEIGHT: 201lbs

VS-TEMPERATURE: 98°F Oral

VS-PULSE: 77 Right Radial, Regular

VS-BLOOD PRESSURE: 134/84 Left Arm Sitting

**CONSTITUTIONAL:**

GENERAL APPEARANCE: Well developed, well nourished. In no acute distress.

HEAD/FACE: Sinuses are not tender, red or swollen.

NECK AND THYROID: Symmetrical with no obvious masses. Trachea midline. No enlargement, tenderness, or mass of the thyroid noted.

RESPIRATORY: Normal respiratory effort. Normal to auscultation. Clear to percussion. Normal to palpation with no fremitus.

**CARDIOVASCULAR:**

PALPATION & AUSCULTATION: PMI not displaced. No thrills, lifts, or palpable M3 or S4.

**CAROLINA PULMONARY & CRITICAL CARE PHYSICIANS, LLC**

**IFEDIORA F. AFULUKWE, M.D., F.C.C.P.**

822 West Meeting St. \* Lancaster, SC 29720 \* Tel: (803) 286-8433

PatientID: 200320JC

Patient Name: **JAMES CLARK, JR**

Date of Birth: 12/12/1970

Date of Service: 02/01/2010

Regular rate and rhythm with no murmurs, gallops, rubs or abnormal heart sounds.

**ARTERIAL PULSES:** Normal carotid pulses with no bruits. No palpable enlargement or bruit of the abdominal aorta. Normal femoral pulses with no bruits or enlargements. Normal pedal pulses and capillary refill.

**EDEMA/VARICOSITIES OF EXTREMITIES:** No edema or varicosities of the extremities.

**GASTROINTESTINAL:**

**ABDOMEN:** No hernias. No masses.

**LIVER/KIDNEY/SPLEEN:** Liver is smooth, firm, and nontender. No hepatomegaly. hepatojugular reflex or pulsations noted. No splenomegaly or tenderness.

**MUSCULOSKELETAL EXAM:**

**GAIT/STATION:** Gait intact. Station, posture normal. Romberg negative.

**DIGITS/NAILS:** No clubbing, cyanosis, inflammation, hemorrhages, infection, ischemia or deformities noted.

**EXTREMITIES:**

**LEFT LOWER:** Patellar tenderness noted. He has scars of surgery from above to below the knee anteriorly.

**NEUROLOGIC:**

**CRANIAL NERVES:** CNs II-XII grossly intact.

**DEEP TENDON REFLEXES:** Deep tendon reflexes 2+/4+ and symmetrically. No Babinski or clonus.

**ASSESSMENT/PLAN:**

Chronic Back and LLE pain. He had MVA some years back sp surgery with rod in place. I hope it is not moving. I will get xrays. I will give him Relafen 500mg bid and Flexeril 10mg bid. This should hold him until he comes back. He was getting some medication that starts with H from the doctor in Columbia, SC that was treating him in the past.

**RETURN VISIT:** I will see him back in four to six weeks.

Electronically Signed by: Ifediora Afulukwe, MD on Monday, February 01, 2010

200320

09/30/10

METROLYNA HEALTHCARE LLC  
PO BOX 45089  
CHARLOTTE NC 28277

04/09/10 113.43 115.41

803-273-4018

803-285-1073

MR. JAMES CLARK, JR  
1751 FLAT CRBEK RD  
LANCASTER SC 29720

1-748.A UPPER RESPIRATORY OBSTRUCT JC JAMES CLARK, JR  
2-999.39 UNSPECIFIED

3-IPR. FOSTER AFULUKWE  
3-IFE. FOSTER AFULUKWE

562169902

562169902

|                                         |          |      |       |                        |        |        |
|-----------------------------------------|----------|------|-------|------------------------|--------|--------|
| 01/31/06                                | 3 JC     | 1    | 99244 | CONSULTATION           | 160.00 | 160.00 |
| ** INS. FILED:02/15/06                  |          |      |       |                        |        |        |
| 02/27/06                                | 01/31/06 | 3 JC | 6     | MEDICAID PAYMENT (XM)  | 127.68 | 32.32  |
| 02/27/06                                | 01/31/06 | 3 JC | 6C    | MEDICAID WRITE-OFF     | 32.32  | 0.00   |
| 02/28/06                                | 1 JC     | 1    | 99211 | EST. PT. MIN.          | 30.00  | 30.00  |
| ** INS. FILED:03/09/06 REFILED:07/25/06 |          |      |       |                        |        |        |
| 03/10/06                                | 1 JC     | 1    | 31622 | BRONCH. W/WO WASHING O | 700.00 | 730.00 |
| ** INS. FILED:04/06/06                  |          |      |       |                        |        |        |
| 02/22/06                                | 1 JC     | 1    | 94620 | SIMPLE STRESS TEST     | 150.00 | 880.00 |
| 02/22/06                                | 1 JC     | 1    | 94060 | BRONCHOSPASM EVAL. PRB | 75.00  | 955.00 |
| 02/22/06                                | 1 JC     | 1    | 94761 | OXIMETRY (DURING EXERC | 25.00  | 980.00 |
| ** INS. FILED:04/11/06 REFILED:05/25/06 |          |      |       |                        |        |        |
| 04/18/06                                | 03/10/06 | 1 JC | 6     | MEDICAID PAYMENT (XM)  | 115.54 | 864.46 |
| 04/18/06                                | 03/10/06 | 1 JC | 6C    | MEDICAID WRITE-OFF     | 504.46 | 280.00 |
| 06/19/06                                | 02/22/06 | 1 JC | 6     | MEDICAID PAYMENT (XM)  | 130.74 | 149.26 |
| 06/19/06                                | 02/22/06 | 1 JC | 6C    | MEDICAID WRITE-OFF     | 119.26 | 30.00  |
| 05/18/06                                | 3 JC     | 1    | 99214 | EST. PT. PROH. COMPLEX | 100.00 | 130.00 |
| ** INS. FILED:06/21/06                  |          |      |       |                        |        |        |
| 07/03/06                                | 05/18/06 | 3 JC | 6     | MEDICAID PAYMENT (XM)  | 59.99  | 70.01  |
| 07/03/06                                | 05/18/06 | 3 JC | 6C    | MEDICAID WRITE-OFF     | 40.01  | 30.00  |
| 08/08/06                                | 02/28/06 | 1 JC | 6     | MEDICAID PAYMENT (XM)  | 15.89  | 14.11  |
| 08/08/06                                | 02/28/06 | 1 JC | 6C    | MEDICAID WRITE-OFF     | 14.11  | 0.00   |
| 02/15/06                                | 1 JC     | 2    | MED/R |                        | 19.55  | 19.55  |

CONTINUED ON NEXT FORM

200320 09/30/10

METROLINA HEALTHCARE LLC  
PO BOX 49089  
CHARLOTTE NC 28277

04/09/10 113.43 115.43

803-273-4038 803-285-1073

MR. JAMES CLARK, JR  
1751 FLAT CREEK RD  
LANCASTER SC 29720

1-719.46 KNEE PAIN  
2-724.5 BACK PAIN UNSP.

JC JAMES CLARK, JR

1-IPE. FOSTER APULURWE

562169902

|          |          |   |    |       |                        |                                             |        |
|----------|----------|---|----|-------|------------------------|---------------------------------------------|--------|
| 01/10/07 | 12/15/06 | 1 | JC | MRSCP | INSURANCE MEDICAL RECO | 19.55                                       | 0.00   |
| 02/01/10 |          | 1 | JC | 99204 | NEW PT. MOD. COMPLEX   | 150.00                                      | 150.00 |
|          |          |   |    |       |                        | ** APPLIED TO DEDUCTIBLE: 140.70            |        |
|          |          |   |    |       |                        | ** INS. FILED: 02/02/10 SECONDARY: 03/04/10 |        |
| 02/01/10 | 02/01/10 | 1 | JC | 1     | CASH PAYMENT           | 2.00                                        | 148.00 |
| 03/04/10 | 02/01/10 | 1 | JC | 4C    | MEDICARE WRITE-OFF     | 9.30                                        | 138.70 |
| 04/09/10 | 02/01/10 | 1 | JC | 6     | MEDICAID PAYMENT (XM)  | 113.43                                      | 25.27  |
| 04/09/10 | 02/01/10 | 1 | JC | 6C    | MEDICAID WRITE-OFF     | 25.27                                       | 0.00   |

EF PHYS : SHARMA, MD, DEOVYAAS TAX ID: 270080347 \$0.00  
EF STATE: SC LIC # :

VOICE WILL NOW BE MAILED ON THE EVEN NUMBERED MONTHS.

440

R 435



SPRINGS MEMORIAL HOSPITAL

PATIENT NAME: CLARK, JAMES JR  
DATE OF BIRTH: 12/12/71  
UNIT NUMBER: M000452797

PT STATUS: REG SDC  
RM NUMBER:  
ADM DATE: 03/10/06  
D/C DATE:

DICTATING PHYSICIAN: I. F. Afulukwe, MD

PROCEDURE NOTE

DATE OF PROCEDURE: 03/10/06

PROCEDURE PERFORMED: Bronchoscopy.

PROCEDURE PERFORMED BY: I. Foster Afulukwe, MD

INDICATIONS FOR PROCEDURE:

DESCRIPTION OF PROCEDURE: Informed consent was obtained from the patient after the risks, benefits and alternatives were discussed with patient.

The patient was brought to the Bronchoscopy Suite with a functional IV line. Usual monitoring for heart rate, blood pressure and pulse oximetry was done. Oxygen supplementation was given by nasal cannula and adjusted to maintain saturation about 90% during the procedure. Conscious sedation was achieved with Versed 2 mg intravenously and Demerol 25 mg intravenously given in incremental fashion. Subsequent to this, a bite block was placed in his mouth and secured in position. Topical Lidocaine was used to anesthetize the upper airways.

A small Olympus bronchoscope was introduced through the bite block into the oropharynx. This patient had a very long uvula which actually made contact with the upper portion of the epiglottis. The epiglottis was normal. Cobblestoning was noted in the posterior pharyngeal wall. Beyond the epiglottis the vocal cords were noted to be quite abnormal. Both vocal cords were thick and areas of leukoplakia were noted on the posterior aspects. The left vocal cord was especially thicker than the right one and showed evidence for scar tissue formation, significant hypertrophy and distortion. Topical Lidocaine was used to anesthetize the cords and the bronchoscope was advanced beyond the cords into the trachea. No epiglottic stenosis was seen. The area of previous thoracostomy was seen to be healing nicely. No granulation tissue was seen. Inspection was carried down to the carina and the right and left bronchial tree. The patient had a significant submucosal hypervascularity in the right and left bronchial tree. No other lesions were noted. After inspection of all the various bronchial segments and pictures taken, the bronchoscope was withdrawn. The patient tolerated the procedure well. He will be observed and discharged home when he is more stable. I will discuss his case with ENT to

Springs Memorial PCI \*LIVE\* (PCI: OE Database ELW)

RUN: 03/28/06-08:22 by MCANALLY, AMY R.

Page 1 of 2

441

R 436

SPRINGS MEMORIAL HOSPITAL

PATIENT NAME: CLARK, JAMES JR  
DATE OF BIRTH: 12/12/71  
UNIT NUMBER: M000452797

PT STATUS: REG SDC  
RM NUMBER:  
ADM DATE: 03/10/06  
D/C DATE:

DICTATING PHYSICIAN: I. F. Afulukwo, MD

PROCEDURE NOTE

see if he will require any further evaluation for his vocal cord abnormalities.

PHYSICIAN: I. F. Afulukwo, MD  
ELECTRONICALLY SIGNED

AFUI :89  
REPORT #: 0312-0028  
DATE/TIME DICTATED: 03/11/06 - 1000  
DATE/TIME TRANSCRIBED: 03/12/06 - 0609  
DATE/TIME ELECTRONICALLY SIGNED: 03/12/06 - 0807

CC:

Springs Memorial PCI -LIVE\* (PCI: OS Database ELW)

Run: 03/28/06-08:22 by MCANALLY,AMY R.

Page 2 of 2

442

R 437

1  
FINAL

| DATE     | TIME    | DESCRIPTION                                                           | QTY | PRICE   |
|----------|---------|-----------------------------------------------------------------------|-----|---------|
| 03/10/06 | 2512900 | LIDOCAINE 2% 20 ML VIAL; LIDOCAINE 2% 20 ML VIAL                      | 6   | 302.51  |
| 03/10/06 | 2513006 | XYLOCAINE (LIDOCAINE) 2% VI; LIDOCAINE VISCOUS 2% 20 ML UDC           | 1   | 10.23   |
| 03/10/06 | 2700074 | FLUID 2F7124 SODIUM CHLORIDE; SOL .9% NACL IRRIG 1000ML               | 1   | 46.95   |
|          |         |                                                                       |     | 359.69  |
| 03/10/06 | 2580109 | IV SOLUTIONS ***<br>FLUID 2B1323Q 9% SOD CHL; SOL 9% NACL 500ML L8001 | 1   | 103.52  |
|          |         |                                                                       |     | 103.52  |
| 03/10/06 | 4100012 | MEDICAL/SURGICAL SUPPLIES ***<br>DAILY OXYGEN CHARGE                  | 1   | 313.89  |
|          |         |                                                                       |     | 313.89  |
| 03/10/06 | 2700390 | STERILE SUPPLY ***<br>IV START PACK; KIT IV START KIT W/BIOCLUSIVE    | 1   | 0.00    |
| 03/10/06 | 2700621 | IV CATHETER JELCO 20GA; CATHETER IV PROTECTIVE 20GA                   | 1   | 0.00    |
| 03/10/06 | 2704756 | SET PRIMARY CONTINUFLUO NF3447; SET PRIMARY CONTINUFLUO US3485        | 1   | 0.00    |
| 03/10/06 | 2700287 | NON-CONDUCTIVE TUBING 72IN; TUBING NON-CONDUCTIVE 72"                 | 1   | 22.00   |
| 03/10/06 | 2700425 | SUCTION CANNISTER KIT 2000CC; KIT SUCTION CANNISTER 2000CC            | 1   | 49.27   |
|          |         |                                                                       |     | 71.27   |
| 03/10/06 | 4100116 | OPERATING ROOM SERVICES ***<br>BRONCHOSCOPY                           | 1   | 1791.70 |
|          |         |                                                                       |     | 1791.70 |
| 03/10/06 | 4100029 | RESPIRATORY THERAPY ***<br>HHN TX, INITIAL                            | 1   | 229.74  |
|          |         |                                                                       |     | 229.74  |

D00588761A

443

No. 7664 P. 2

Oct. 5. 2010 2:54PM

R 438

Springs Memorial Hospital  
P.O. Box 198108  
Atlanta, GA 30384-8108  
Phone: (803)286-1445 Fax: (803)286-1368

2

FINAL

CLARK, JAMES

D005887618 03/10/06

03/15/06

CLARK, JAMES JR  
PO BOX 3011  
LANCASTER SC 29721

MEDICAID OF SC 2780397510

|                                     |          |                                |            |
|-------------------------------------|----------|--------------------------------|------------|
| *** DRUGS DETAIL CODES ***          |          |                                |            |
| 03/10/06                            | 2513770  | MEPERIDINE HYDROCHLORIDE 25MG; | 1 45.83    |
|                                     |          | MEPERIDINE HCL 25 MG TUBEX     |            |
| 03/10/06                            | 2514785  | MIDAZOLAM (VERSED) 2ML VIAL;   | 1 64.98    |
|                                     |          | MIDAZOLAM 2 MG/2 ML VIAL       |            |
|                                     |          |                                | -----      |
|                                     |          |                                | 110.81     |
| *** RECEIPTS, ADJUSTMENTS, ETC. *** |          |                                |            |
| 03/10/06                            | P199     | POS PATIENT PAYMENT            | 1 -3.00    |
| 03/24/06                            | AMCDOF   | ADJ. MEDICAID OP               | 1 -2630.62 |
| 03/24/06                            | PMCD     | FYMT. MEDICAID                 | 1 -350.00  |
| 03/31/06                            | WRITEOFF | SMALL BALANCE WRITEOFF         | -1 3.00    |
|                                     |          |                                | -----      |
|                                     |          |                                | -2980.62   |

D005887618

2980.62

-2980.62

0.00

0.00

0.00

444

No. 7664 P. 3

Oct. 5. 2010 2:54PM

R 439

SPRINGS MEMORIAL HOSPITAL

PATIENT NAME: CLARK, JAMES JR  
DATE OF BIRTH: 12/12/71  
UNIT NUMBER: M000452797

PT STATUS: REG CLI  
RM NUMBER:  
ADM DATE: 05/26/06  
D/C DATE:

DICTATING PHYSICIAN: D. M. Gettelfinger, MD

PROCEDURE NOTE

DATE OF STUDY: May 26, 2006

STUDY PERFORMED: Electroencephalogram.

DESCRIPTION OF STUDY: The electroencephalogram is obtained on a 34 year old patient who is initially awake in the recording. Biposterior background activity is seen to be symmetrically organized and at a predominant frequency of 7 to 8 hertz. Eye movement and muscle contraction potentials are noted. Electrocardiogram is monitored on a separate channel. Intrinsic activity is symmetrically organized. There is normal attenuation of background activity to eye opening from closure. No epileptiform discharge is noted. No clinical seizure activity is reported. No focal or lateralized slowing is present. A Stage II sleep pattern does not appear. Photoc stimulation does not demonstrate any definite posterior driving response and is not activating.

IMPRESSION: This is a mildly to moderately abnormal electroencephalogram because of generalized slowing and disorganization. The tracing indicates a generalized neuronal disturbance as might be associated with a variety of degenerative or toxic or metabolic abnormalities of brain. There are no typical findings of a focal destructive lesion or any epileptic abnormality.

---

PHYSICIAN: D. M. Gettelfinger, MD

GETD :LS  
REPORT #: 0601-0075  
DATE/TIME DICTATED: 06/01/06 - 0647  
DATE/TIME TRANSCRIBED: 06/01/06 - 0809  
DATE/TIME ELECTRONICALLY SIGNED:

CC:

Springs Memorial PCI \*LIVE\* (PCI: OE Database ELW) DRAFT COPY

Run: 06/06/06-14:40 by RYDER-COOK, ALLAN

Page 1 of 1

445

R 440

Springs Memorial Hospital  
P.O. Box 198108  
Atlanta, GA 30384-8108  
Phone: (803)286-1446 Fax: (803)286-1368

1

FINAL

CLARK, JAMES

D005889820 05/26/06

06/01/06

CLARK, JAMES JR  
PO BOX 3011  
LANCASTER SC 29721

MEDICAID OF SC

2780397510

|          |          |                                                         |   |          |
|----------|----------|---------------------------------------------------------|---|----------|
| 05/26/06 | 4100091  | *** EEG ***<br>EEG AWAKE & DROWSY                       | 1 | 2421.29  |
|          |          |                                                         |   | -----    |
|          |          |                                                         |   | 2421.29  |
| 06/09/06 | AMCDOP   | *** RECEIPTS, ADJUSTMENTS, ETC. ***<br>ADJ. MEDICAID OF | 1 | -2312.29 |
| 06/09/06 | PMCD     | PYMT. MEDICAID                                          | 1 | -106.00  |
| 06/30/06 | WRITEOFF | SMALL BALANCE WRITEOFF                                  | 1 | -3.00    |
|          |          |                                                         |   | -----    |
|          |          |                                                         |   | -2421.29 |
|          |          | ESTIMATED INSURANCE DUE<br>MEDICAID OF SC               |   | 3.00     |

D005889820

~~2421.29~~ total  
-2421.29  
0.00  
3.00  
-3.00 446

No. 7664 P. 4

Oct. 5. 2010 2:55PM

R 441

Name James Clark

SS# 251-45-4421

Page #

Name

PRIOR SURGERIES / HOSPITALIZATIONS Richard Memorial

REASON

Pregnant now? ☐ Yes ☒ No

REVIEW OF SYSTEMS - GENERAL

- |                                                               |                                              |                                          |
|---------------------------------------------------------------|----------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Fatigue                              | <input type="checkbox"/> Cardiac             | <input type="checkbox"/> Genitourinary   |
| <input type="checkbox"/> Weight loss                          | <input type="checkbox"/> Respiratory         | <input type="checkbox"/> Musculoskeletal |
| <input type="checkbox"/> Fevers                               | <input type="checkbox"/> Peripheral vascular | <input type="checkbox"/> Dermatologic    |
| <input checked="" type="checkbox"/> Depression <u>2010/14</u> | <input type="checkbox"/> Gastrointestinal    | <input type="checkbox"/> Hematologic     |
| <input type="checkbox"/> Ear / Nose / Throat                  | <input type="checkbox"/> Other               | <input type="checkbox"/> Other           |

REVIEW OF SYSTEMS - NEUROLOGIC

- |                                               |                                                     |                                                 |
|-----------------------------------------------|-----------------------------------------------------|-------------------------------------------------|
| <input checked="" type="checkbox"/> Headache  | <input checked="" type="checkbox"/> Blurred vision  | <input type="checkbox"/> Weakness - arms        |
| <input type="checkbox"/> Dizziness            | <input type="checkbox"/> Diplopia                   | <input type="checkbox"/> Weakness - legs        |
| <input type="checkbox"/> Syncope              | <input type="checkbox"/> Amaurosis                  | <input type="checkbox"/> Numbness - arm         |
| <input checked="" type="checkbox"/> Confusion | <input type="checkbox"/> Other visual changes       | <input type="checkbox"/> Numbness - legs        |
| <input type="checkbox"/> Concentration        | <input type="checkbox"/> Difficulty chewing         | <input type="checkbox"/> Paresthesias           |
| <input checked="" type="checkbox"/> Memory    | <input type="checkbox"/> Facial numbness / Tingling | <input type="checkbox"/> Stiffness              |
| <input type="checkbox"/> Lethargy             | <input type="checkbox"/> Drooling                   | <input type="checkbox"/> Clumsiness             |
| <input type="checkbox"/> Personality change   | <input type="checkbox"/> Difficulty tasting         | <input checked="" type="checkbox"/> Pain        |
| <input type="checkbox"/> Hallucinations       | <input type="checkbox"/> Tinnitus                   | <input type="checkbox"/> Poor balance           |
| <input type="checkbox"/> Speech difficulty    | <input type="checkbox"/> Vertigo                    | <input type="checkbox"/> Poor coordination      |
| <input type="checkbox"/> Spells               | <input type="checkbox"/> Decreased hearing, R/L     | <input type="checkbox"/> Trouble walking        |
| <input type="checkbox"/> Nausea               | <input type="checkbox"/> Dysphagia                  | <input type="checkbox"/> Incontinence - bladder |
| <input type="checkbox"/> Vomiting             | <input type="checkbox"/> Hoarseness                 | <input type="checkbox"/> Incontinence - bowel   |
| <input type="checkbox"/> Trouble with smell   | <input type="checkbox"/> Choking                    | <input type="checkbox"/> Other                  |

FAMILY HISTORY

ASSESSMENT / PLANS

|                   | Father                   | Mother                   | Father's<br>Parents      | Mother's<br>Parents      | Siblings                 | Children                 |
|-------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Heart Disease     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hypertension      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetes          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cancer            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Arthritis         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bleeding disorder | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Kidney Disorder   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Thyroid disease   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CNS tumors        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Epilepsy          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stroke            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental illness    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dementia          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Neuromuscular     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Table 1: Clinical Forms ©1999 N015 800-969-7237

ARE YOUR PATIENTS SATISFIED?

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March 2005

Printed in USA

Pfizer U.S. Pharmaceuticals

RELPA<sup>®</sup>  
(eletriptan HBr)

40 mg  
447

R 442



Metrolina Neurological Associates P.A.  
NEUROLOGY

Implex / Cliniforms  
HISTORY & PHYSICAL

Name James Clark Jr. SS# 251-45-4421 Date 3-16-06  
Clinic # \_\_\_\_\_ Hospital # \_\_\_\_\_  
Address P.O. Box 3011 Lancaster S.C. 29721 Occupation \_\_\_\_\_  
Phone (home) (803) 320-4733 (work) \_\_\_\_\_ Date of birth 12-12-70 Age 35  
Referring physician Dr. Huang  
CHIEF COMPLAINT \_\_\_\_\_

Name James Clark Jr.

#### HISTORY OF PRESENT ILLNESS

Very bad car accident, suffered major head trauma  
groin tear, broken bones + etc

#### CURRENT MEDICATIONS

|  | Changes                  | Date |
|--|--------------------------|------|
|  | <input type="checkbox"/> |      |
|  | <input type="checkbox"/> |      |
|  | <input type="checkbox"/> |      |
|  | <input type="checkbox"/> |      |
|  | <input type="checkbox"/> |      |

#### MEDICAL HISTORY

- |                                                       |                                                       |                                                |
|-------------------------------------------------------|-------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Headache/Migraine            | <input type="checkbox"/> Murmur                       | <input type="checkbox"/> Genitourinary disease |
| <input type="checkbox"/> Headache/Tension             | <input type="checkbox"/> Hypertension                 | <input type="checkbox"/> Venereal disease      |
| <input checked="" type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> COPD                         | <input type="checkbox"/> Arthritis             |
| <input type="checkbox"/> Cerebro vascular             | <input type="checkbox"/> Pneumonia                    | <input type="checkbox"/> Cancer                |
| <input type="checkbox"/> Other neuromuscular          | <input type="checkbox"/> Asthma                       | <input type="checkbox"/> Tuberculosis          |
| <input checked="" type="checkbox"/> Head injury       | <input type="checkbox"/> Peptic ulcer disease         | <input type="checkbox"/> HIV                   |
| <input type="checkbox"/> Spinal cord injury           | <input type="checkbox"/> Colonic polyps               | <input type="checkbox"/> E+OH abuse            |
| <input type="checkbox"/> Cervical spine disease       | <input type="checkbox"/> Bleeding disorder            | <input type="checkbox"/> Smoking               |
| <input type="checkbox"/> Lumbar spine disease         | <input type="checkbox"/> Anemia                       | <input type="checkbox"/> Drug use              |
| <input type="checkbox"/> Peripheral nerve             | <input type="checkbox"/> Diabetes                     | <input type="checkbox"/> Exposures             |
| <input type="checkbox"/> CNS malignancy               | <input type="checkbox"/> Peripheral vascular disease  | <input type="checkbox"/> Mumps                 |
| <input checked="" type="checkbox"/> Depression        | <input type="checkbox"/> Thyroid disease              | <input type="checkbox"/> Measles               |
| <input type="checkbox"/> Coronary artery Disease      | <input type="checkbox"/> Menstrual/Sexual dysfunction | <input type="checkbox"/> Polio                 |
| <input type="checkbox"/> MI                           | <input type="checkbox"/> Other Endocrine              | <input type="checkbox"/> Rheumatic fever       |
| <input type="checkbox"/> Arrhythmias                  | <input type="checkbox"/> Liver disease / Hepatitis    | <input type="checkbox"/> Allergy / Hat fever   |
| <input type="checkbox"/> Congestive heart failure     | <input type="checkbox"/> Renal disease                | <input type="checkbox"/> Other                 |

#### DRUG ALLERGIES

## ARE YOUR PATIENTS SATISFIED?

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U.S. Pharmaceuticals

**RELPAK**  
(eletriptan HBr)  
40 mg

R 443



**Dennis M. Gettelfinger, M.D.**  
**Howard Mandell, M.D.**  
**Allan S. Ryder-Cook, M.D.**  
**Mark A. Porter, M.D.**  
**Michael T. Leddy, PA-C**  
**Muhammad I. Akhtar, M.D.**

200 SOUTH HERLONG AVENUE, SUITE H, ROCK HILL, SC 29732-1182 • (803) 366-6135 / FAX (803) 366-3439  
10620 PARK ROAD, SUITE 230, CHARLOTTE, NC 28210-8472 • (704) 542-6698 / FAX (704) 542-0187  
838 W. MEETING STREET, SUITE D, LANCASTER, SC 29720 • (803) 285-6192 / FAX (803) 285-6198

PATIENT'S NAME Clark, James

TODAY'S DATE 2-16-06

DOB: 12-21-71 ACCT. # 75216

CLINICAL DX: \_\_\_\_\_ ICD9: \_\_\_\_\_

CLINICAL INFORMATION: \_\_\_\_\_

Severe Disorder

[illegible]

|  |                    |
|--|--------------------|
|  |                    |
|  |                    |
|  | URINE              |
|  | HVY METAL SCREEN   |
|  | URINALYSIS         |
|  |                    |
|  |                    |
|  |                    |
|  |                    |
|  | MEDICATION LEVELS  |
|  | DILANTIN           |
|  | DEPAKENE           |
|  | KEPPRA             |
|  | LAMICTAL           |
|  | MYSOLINE           |
|  | PHENOBARBITOL      |
|  | TEGRETOL           |
|  | TOPAMAX            |
|  |                    |
|  | X-RAY              |
|  |                    |
|  |                    |
|  |                    |
|  |                    |
|  |                    |
|  |                    |
|  | SPINAL FLUID       |
|  | CELL COUNT         |
|  | PROTEIN            |
|  | CYTOLOGY           |
|  | GLUCOSE            |
|  | MICROPROTEIN       |
|  | MS PANEL           |
|  | VDRL               |
|  | BLOOD FOR MS PANEL |
|  |                    |
|  |                    |
|  | SPECIAL PROCEDURES |
|  | CT SCAN            |
|  |                    |
|  |                    |
|  | TEE                |
|  |                    |
|  | LUMBAR PUNCTURE    |
|  |                    |
|  | MRA                |
|  |                    |

|   |                         |
|---|-------------------------|
|   | MRI                     |
|   |                         |
|   |                         |
|   |                         |
|   |                         |
|   |                         |
|   |                         |
|   |                         |
|   |                         |
|   | ELECTROENCEPHOGRAPHY    |
| / | EEG-ROUTINE             |
|   | EEG-SLEEP DEPRIVED      |
|   | EEG-24 HR. AMBULATORY   |
|   | EEG-48 HR. AMBULATORY   |
|   |                         |
|   | EMG & NCV               |
|   | EMG                     |
|   |                         |
|   | NERVE CONDUCTION (ONLY) |
|   |                         |
|   | VASCULAR STUDIES        |
|   | CAROTID ARTERY IMAGING  |
|   |                         |
|   |                         |
|   | MISCELLANEOUS           |
|   | BSEI                    |
|   | VER                     |
|   |                         |
|   | APPOINTMENTS            |
| * | EEG:                    |
|   | April 14 <sup>th</sup>  |
|   | @ <del>6:00 pm</del>    |
|   | @ Springs               |
|   | Memorial                |
|   | Hospital                |
|   | MWBS 2:30 PM            |

- ☒ Dennis M. Gettelfinger, M.D.  
Dennis M. Gettelfinger, M.D.
- ☐ *Mark A. Porter MD*  
Mark A. Porter, M.D.
- ☐ *Howard Mandell, MD*  
Howard Mandell, M.D.
- ☐ *Allan S. Ryder-Cook*  
Allan S. Ryder-Cook, M.D.
- ☐ Michael T. Leddy, PA-C

## PATIENT INSTRUCTIONS

- ☐ Fasting (nothing to eat or drink after midnight)  
☐ In A.M. before taking morning dose of medicine (trough)  
☐ \_\_\_\_ hrs. after medication (peak level) or eating  
☐ Wash hair using shampoo only  
☐ No lotion on extremities  
☐ No sleep after midnight  
 NEXT APPOINTMENT IS:

**NEXT APPOINTMENT IS:**

Yes Bethers@12<sup>30</sup>  
449 pm



**METROLINA  
NEUROLOGICAL  
ASSOCIATES, P.A.**

www.metrolinaneurology.com

**Dennis M. Gettelfinger, M.D.**

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**Allan S. Ryder-Cook, M.D.**

**Mark A. Porter, M.D.**

**Michael Leddy, PA-C**

**Muhammad I. Akhtar, M.D.**

March 16, 2006

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(803) 366-6135 • FAX (803) 366-3439

10620 PARK ROAD, SUITE 230 • CHARLOTTE, NC 28210-8472  
(704) 542-6698 • FAX (704) 542-0187

DEOVYAAS SHARMA MD  
834 WEST MEETING STREET  
SUITE F  
LANCASTER SC 29720

RE: James Clark, Jr.  
DOB: 12/12/71

Dear Dr. Sharma:

Thank you for referring James Clark for neurologic consultation for second opinion regarding seizure disorder.

**HISTORY OF PRESENT ILLNESS:** This is a 34-year old patient who can give essentially no history himself. He is accompanied by his fiancé who assists with the history. He was hospitalized November 2004 for closed head injury. It is said that he had a left subdural hematoma and subarachnoid hemorrhage. He developed seizures. Has remained on seizure medicine, initially Dilantin and now Trileptal. His fiancé says he has had no seizure recently. He has continued to have severe cognitive impairment. Is not able to return to his work as a construction worker. She says he sits on the porch and stares all day, sometimes talks out of his head. He is sometimes threatening, "wants to fight," but apparently has not posed any danger to her or the three children who live in the home. Apparently, it was decided to send him to see a psychiatrist in Columbia, but the appointment was never finally kept because of transportation difficulties. The fiancé says it is primarily because of transportation difficulties that his neurological care is being transferred to Lancaster. The patient does not get many headaches. He has no syncope. Vision is poor in his right eye after the injury. Apparently good on the left.

RE: James Clark, Jr.

Page 2

03/16/06

Neurology • Electromyography • Electroencephalography • Evoked Potential Testing

450

7-19-06-1407  
R 445

Hearing is satisfactory. Swallowing is all right. He has some breathing problems apparently related to tracheal difficulties after having been on a ventilator. He has little or no disuse of his limbs. Walking is normal. He had a limp after left femur fracture, but that apparently has fairly well resolved. No incontinence. He is able to feed himself and dress himself.

**PAST SURGICAL HISTORY:** The patient had surgical repair of his femur. It is said that he had an aortic tear at the time of the accident, but as nearly as I can tell, this was treated non-operatively.

**PAST MEDICAL HISTORY:** The patient has had hypertension. He apparently has had some tracheal difficulties after being on the ventilator and this may cause shortness of breath. He is followed by a lung doctor in this regard it is said. He is said to have had an aortic tear which again has been managed non-operatively as nearly as I can understand. He is not known to have dyslipidemia, diabetes, asthma, emphysema, definite heart, thyroid, liver, kidney, ulcer or malignant disease, this according to his fiancé.

**REVIEW OF SYSTEMS:** As above. He has a good appetite. No blood in his stool or urine.

**MEDICATIONS:** Trileptal 600 mg b.i.d., Zoloft 50 mg q. a.m., Catapres patch, something else that she does not know the name.

**MEDICATION ALLERGIES:** None.

**HABITS:** No tobacco, alcohol or illegal drugs. The initial summary in Columbia mentions the occasional use of marijuana and cocaine.

**FAMILY AND SOCIAL HISTORY:** The patient lives with his fiancé and children ages 7, 4 and 2. He used to be employed in construction work.

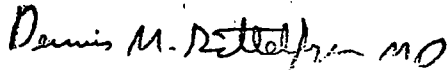
**PHYSICAL EXAMINATION:** BP 140/90. Pulse 70 and regular. Weight 202. Normally developed and nourished, appropriately dressed and groomed. Head normocephalic and general configuration. Temporal and carotid artery pulsations are intact to palpation and without bruits. Neck supple with no evidence of meningeal irritation. Thyroid and cervical nodes not enlarged. Chest clear to auscultation. Heart S1 and S2 normal without murmurs, gallops or rubs. Abdominal and rectal examination not performed. Limbs show no clubbing, cyanosis or edema.

**NERUROLOGIC EXAMINATION:** The patient does not have much to say. Does not volunteer any information. He will answer some questions and his words are comprehensible. He correctly told me he was 34 years old. He correctly told the month and date of his birth, but got the year incorrect. He says he was born in 1969 and apparently he was born in 1971. He could not tell me what year it is now, could not tell me what month it is now. It is difficult to examine his visual status. He does seem to have fairly good vision at least in the left eye. In the right eye, there is ptosis. He does not seem to fixate well with that eye. He does seem to have conjugate eye movements. Optic disks normal on the left and not well visualized on the right. Facial movement is symmetrical. He seems to feel touch on both sides of his face. Did not want me to check pin on his face. Palate elevates midline. Tongue protrudes midline. Sternocleidomastoid power normal. He seems to hear with each ear. Extremity bulk, tone, power and coordination seem intact on individual testing. Again, his limp apparently has resolved. Muscle reflexes are 1+. Plantar response is flexor. He feels pin in all four limbs.

**ASSESSMENT AND RECOMMENDATIONS:** It seems this patient's seizures are well controlled on Trileptal. I have sent him for a follow-up EEG. He will continue Trileptal 600 mg b.i.d. At least in the short term, I have given him a refill on Zoloft 50 mg daily. I probably would like this ultimately to be taken over by mental health and I may send him to mental health when I see him back after the EEG. To discourage osteoporosis, I will add Os-Cal-D 500, two per day. Again, I will see him back after the EEG. Depending on the results, we will decide about further measures.

I appreciate seeing this patient with you.

Sincerely,



Dennis M. Gettelfinger, M.D.

DMG:sc

cc: Te-Long Hwang, 1515 Medical Park, Suite 103, Columbia SC 29203



**METROLINA NEUROLOGICAL ASSOCIATES, P.A.**  
[www.metrolinaneurology.com](http://www.metrolinaneurology.com)

**DIPLOMATES:**  
**American Board of Neurology**

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Howard Mandell, MD, FRCP(C)

Allan S. Ryder-Cook, MD, PhD

Mark A. Porter, MD

Muhammad I. Akhtar, MD

**Physician Assistant**

Michael Leddy, PA-C, MMS

**Hospital Affiliation**

Carolinas Medical Center-PV  
Pineville, NC

Piedmont Healthcare Systems  
Rock Hill, SC

Springs Memorial Hospital  
Lancaster, SC

**Services**

General Neurology

Electromyography

Nerve conductions

Electroencephalography

Evoked Potentials

MRI

Carotid duplex

Botox injection

July 19, 2006

Deovyaas Sharma, M.D.  
834 W. Meeting Street  
Suite F  
Lancaster, SC 29720

RE: James Clark  
DOB: 12/12/71

Dear Dr. Sharma:

James Clark is seen in follow-up. It appears he has had no seizures. He has had no syncope or trouble with swallowing. His appetite is good. He has not had much to say.

**PHYSICAL EXAMINATION:** BP 100/70. Eye movements conjugate without nystagmus. He seems to see to each side. Facial movement is symmetrical. Tongue and palate are midline. Heart: No murmur. Limb use is symmetrical.

This patient seems to be doing well on his present program. I have given him a refill on Trileptal 600 mg b.i.d., Zoloft 50 mg q. a.m., Os-Cal D 500 b.i.d. I have scheduled him for follow-up in six months.

We appreciate seeing this patient with you.

Sincerely,

Dennis M. Gettelfinger, M.D.

DMG:th

200 South Herlong Ave. Suite H Rock Hill, SC 29732  
10620 Park Rd, Suite 230 Charlotte, NC 28210  
838 W Meeting St, Suite D, Lancaster, SC 29720

Phone: 803.366.6135 Fax: 803.366.3439  
Phone: 704.542.6698 Fax: 704.542.0187  
Phone: 803.285.6192 Fax: 803.285.6198

2-7-07 1513 453

**R 448**



## METROLINA NEUROLOGICAL ASSOCIATES, P.A.

[www.metrolinaneurology.com](http://www.metrolinaneurology.com)

### DIPLOMATES:

#### American Board of Neurology

Dennis M. Gettelfinger, MD

Howard Mandell, MD, FRCP(C)

Allan S. Ryder-Cook, MD, PhD

Mark A. Porter, MD

Muhammad I. Akhtar, MD

Quanwei Zhang, MD

#### Physician Assistant

Michael Leddy, PA-C, MMS

#### Hospital Affiliation

Carolinas Medical Center-PV  
Pineville, NC

Piedmont Healthcare Systems  
Rock Hill, SC

Springs Memorial Hospital  
Lancaster, SC

#### Services

General Neurology

Electromyography

Nerve conductions

Electroencephalography

Evoked Potentials

MRI

Carotid duplex

Botox injection

February 7, 2007

Ramesh M. Sharma, M.D.  
1721 Ebenezer Road  
Rock Hill, SC 29732

RE: James Clark  
DOB: 12/12/71

Dear Dr. Sharma:

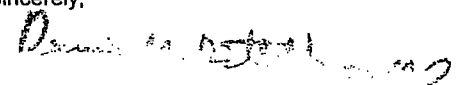
Mr. Clark is seen in follow-up. He is 35 years old. He remains entirely free of seizures, he says. He says he takes his medicines regularly. He has no headache, syncope, visual, speech, or swallowing problems.

**PHYSICAL EXAMINATION:** BP 120/70. Eye movements are conjugate without nystagmus. Visual fields are intact to confrontation testing. Speech is clear. Tongue and palate are midline. Extremity bulk, tone, power, and coordination are normal. Gait and station are secure. Heart: No murmur.

I am glad things are stable for him. I have given him a refill on Trileptal 600 mg b.i.d., Zoloft 50 mg daily, Os-Cal D 500 b.i.d. These are refilled for follow-up in our office in six months.

We appreciate seeing this patient with you.

Sincerely,

  
Dennis M. Gettelfinger, M.D.

DMG:th

200 South Herlong Ave. Suite H Rock Hill, SC 29732  
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DENNIS M. GETTELFINGER, M.D.  
SC DEA #AG1495654  
NC DEA #BG0280519

HOWARD MANDELL, M.D.  
SC DEA #BM3169871  
NC DEA #BM3205639

MARK A. PORTER, M.D.  
SC DEA #AP1885550  
NC DEA #BP7449033

ALLAN S. RYDER-COOK, M.D.  
SC DEA #BR4777225  
NC DEA #BR4834075

MUHAMMAD I. AKHTAR, M.D.  
SC DEA #BA8011556  
NC DEA #BA9616408

QUANWEI ZHANG, M.D.  
SC DEA #BZ7415931  
NC DEA #BZ9734965

MICHAEL LEDDY, PA-C  
SC DEA #ML0714825  
NC DEA #ML1138824

FOR Clark Jones DATE 2-7-07

**R** Trileptal 600mg, T BID

Zoloft 50mg, T QD

Oxal 1500, T BID

1 month supply each  
Refill each for 6 months

M.D. [Signature] M.D.  
DISPENSE AS WRITTEN SUBSTITUTION PERMITTED

REFILL ZERO 1 2 3 4 5 6 LABEL ALL MEDICINE



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NC DEA#BR4834075

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SC DEA#AP1885550  
NC DEA#BP7449033

**MICHAEL LEDDY, P.A.-C**  
SC DEA #ML0714825  
NC DEA #MN 138824

**MUHAMMAD I. AKHTAR, M.D.**  
SC DEA #BA8011556  
NC DEA #BA9616408

FOR Clark James DATE 7-17-06

**R**

T injected 600mg, T B/D

Zolof 50mg, T 6 AM

Used 1500 T B/D

1 month supply each

Refill each for 6 months

DISPENSE AS WRITTEN M.D. [Signature] M.D.  
SUBSTITUTION PERMITTED  
REFILL ZERO 1 2 3 4 5 6 LABEL ALL MEDICINE





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SC DEA#BF4777225  
NC DEA#BF4834075

MARK A. PORTER, M.D.  
SC DEA#AP1885550  
NC DEA#BP7449033

MICHAEL LEDDY, P.A.-C  
SC DEA #ML0714825  
NC DEA #ML138824

MUHAMMAD I. AKHTAR, M.D.  
SC DEA #BA80111111

FOR

*Clark Jones*

DATE

*3-16-06*

**R**

*Trigle*

*Trileptal 600mg, T BID*

*Zoloft 50mg, T Q AM*

*Oral D5W, T BID*

*1 month supply each  
Refill each for 6 months*

DISPENSE AS WRITTEN

SUBSTITUTION PERMITTED

REFILL

ZERO

1

2

3

4

5

6

LABEL ALL MEDICINE

\*\*\*\*\* INSTANT BILL \*\*\*\*\* ACCT: 75216 DATE: 05/12/06

METROLINA NEUROLOGICAL-RH  
200 SOUTH HERLONG, SUITE H  
ROCK HILL, SC 29732

LAST PAYMENT  
03/05/07 \$39.81 \$6.00

OFFICE PH:803-366-6135 HOME PH:803-205-2620 BUSINESS PH:

FXT:

PAT NAME APPOINTMENT

MR. JAMES CLARK  
PO BOX 3011  
613 HAMPTON RD  
LANCASTER, SC 29721

JC JAMES CLARK

# DIAGNOSIS

1-700.39 OTHER CONVULSIONS  
2-999.99 UNSPECIFIED DIAGNOSIS

NUM DOCTOR

TAX ID

4 D M GETTELFINGER M.D. 57-0753692

| DATE                                            | DR | PAT | DIAG | TCODE    | MOD | DESCRIPTION          | CHARGE | CREDIT | BALANCE |
|-------------------------------------------------|----|-----|------|----------|-----|----------------------|--------|--------|---------|
| 03/16/06                                        | 4  | JC  | 1    | 99244    |     | CONSULT, OP, COMPREH | 298.00 |        | 298.00  |
| ** INS. FILED:03/22/06                          |    |     |      |          |     |                      |        |        |         |
| 04/05/06                                        | 4  | JC  | 6    |          |     | MEDICAID PAYMENT     |        | 127.68 | 170.32  |
| ** APPLIES TO CHARGES ON: 03/16/06 CHK#:4705245 |    |     |      |          |     |                      |        |        |         |
| 04/05/06-                                       | 4  | JC  | 6C   |          |     | MEDICAID WRITE OFF   |        | 168.32 | 2.00    |
| 03/16/06                                        |    |     |      |          |     |                      |        |        |         |
| 04/21/06                                        | 4  | JC  | 2    | NS       |     | *NO SHOW             | 0.00   |        | 2.00    |
| 04/26/06                                        | 4  | JC  | 2    | RES      |     | *RESCHEDULED APPT    | 0.00   |        | 2.00    |
| 05/10/06                                        | 4  | JC  | 2    | NS       |     | *NO SHOW             | 0.00   |        | 2.00    |
| 06/01/06                                        | 4  | JC  | 2    | NS       |     | *NO SHOW             | 0.00   |        | 2.00    |
| 05/26/06                                        | 4  | JC  | 1    | 95816 26 |     | EFG AWAKE AND DROW   | 177.00 |        | 179.00  |
| ** INS. FILED:06/09/06                          |    |     |      |          |     |                      |        |        |         |
| 06/20/06                                        | 4  | JC  | 6    |          |     | MEDICAID PAYMENT     |        | 45.98  | 133.02  |
| ** APPLIES TO CHARGES ON: 05/26/06 CHK#:4758376 |    |     |      |          |     |                      |        |        |         |
| 06/20/06-                                       | 4  | JC  | 6C   |          |     | MEDICAID WRITE OFF   |        | 131.02 | 2.00    |
| 05/26/06                                        |    |     |      |          |     |                      |        |        |         |
| 07/07/06                                        | 4  | JC  | 2    | RES      |     | *RESCHEDULED APPT    | 0.00   |        | 2.00    |
| 07/19/06                                        | 4  | JC  | 1    | 99213    |     | RV, EXPANDED/LC      | 84.00  |        | 86.00   |
| ** INS. FILED:07/21/06                          |    |     |      |          |     |                      |        |        |         |
| 07/19/06                                        | 4  | JC  | 1    |          |     | CASH PAYMENT         |        | 2.00   | 84.00   |
| ** APPLIES TO CHARGES ON: 03/16/06              |    |     |      |          |     |                      |        |        |         |
| 07/19/06                                        | 4  | JC  | 1    |          |     | CASH PAYMENT         |        | 2.00   | 82.00   |
| ** APPLIES TO CHARGES ON: 07/19/06              |    |     |      |          |     |                      |        |        |         |

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CONTINUED ON NEXT FORM

R 453

\*\*\*\*\* INSTANT BILL \*\*\*\*\*

ACCT: 75216 DATE: 05/12/08

METROLINA NEUROLOGICAL-RH  
200 SOUTH HERLONG, SUITE H  
ROCK HILL, SC 29732

LAST PAYMENT YTD PAY  
03/05/07 \$39.81 \$0.00

OFFICE PH:803-366-6135 HOME PH:803-385-2620 BUSINESS PH:

EXT:

PAT NAME APPOINTMENT

MR. JAMES CLARK  
PO BOX 3011  
613 HAMPTON RD  
LANCASTER, SC 29721

JC JAMES CLARK

# DIAGNOSIS

1-999.99 UNSPECIFIED DIAGNOSIS  
2-788.39 OTHER CONVULSIONS

NUM DOCTOR

TAX ID

1 D M GETTELFINGER M.D. 57-0753692  
4 D M GETTELFINGER M.D. 57-0753692

| DATE                                            | DR | PAT | DIAG | TCODE | MOD | DESCRIPTION        | CHARGE | CREDIT | BALANCE |
|-------------------------------------------------|----|-----|------|-------|-----|--------------------|--------|--------|---------|
| 08/01/06                                        | 4  | JC  |      | 6     |     | MEDICAID PAYMENT   |        | 37.46  | 44.54   |
| ** APPLIES TO CHARGES ON: 07/19/06 CHK#:4784191 |    |     |      |       |     |                    |        |        |         |
| 08/01/06-                                       | 4  | JC  |      | 6C    |     | MEDICAID WRITE OFF |        | 44.54  | 0.00    |
| 07/19/06                                        |    |     |      |       |     |                    |        |        |         |
| 11/29/06                                        | 4  | JC  | 1    | NS    |     | *NO SHOW           | 0.00   |        | 0.00    |
| 02/07/07                                        | 4  | JC  | 1    | VOID  |     | *VOIDED ROUTING SL | 0.00   |        | 0.00    |
| 02/07/07                                        | 4  | JC  | 2    | 99213 |     | RV, EXPANDED/LC    | 84.00  |        | 84.00   |
| ** INS. FILED:02/14/07                          |    |     |      |       |     |                    |        |        |         |
| 03/05/07                                        | 4  | JC  |      | 6     |     | MEDICAID PAYMENT   |        | 39.81  | 44.19   |
| ** APPLIES TO CHARGES ON: 02/07/07 CHK#:4378658 |    |     |      |       |     |                    |        |        |         |
| 03/05/07-                                       | 4  | JC  |      | 6C    |     | MEDICAID WRITE OFF |        | 42.19  | 2.00    |
| 02/07/07                                        |    |     |      |       |     |                    |        |        |         |
| 08/13/07                                        | 1  | JC  |      | 302CC |     | BAD DEBT WRITE OFF |        | 2.00   | 0.00    |

REF PHYS : SHARMA, DEOVYARS TAX ID:  
MESSAGES REF STATE: SC LIC # :

TOTAL: \$0.00

459

\* The Balance shown may not be the entire Account Balance.  
It only reflects the transactions listed on this statement.  
WE USE FARS FOR RECOVERY OF RETURNED CHECK

R 454