

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM THE SC WORKERS' COMPENSATION COMMISSION

Gene McCaskill, Commissioner
Melody L. James, Commissioner
R. Michael Campbell, III, Commissioner

RECEIVED
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SC Court of Appeals

Case No. 1423018

Giles Long.....Claimant, Appellant/Respondent

v.

Metro Construction, Inc., Employer, and
American Zurich Ins. Co. and The
SC Uninsured Employer's Fund.....Carrier, Defendants

of which Metro Construction, Inc., Employer, and
The SC Uninsured Employers Fund, Carrier are.....Respondents/Appellants

And American Zurich Ins. Co.....Respondent

RECORD ON APPEAL VOLUME II OF IV

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DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Hospitalist Progress Note
 REPORT#: 0102-0568 REPORT STATUS: Signed
 DATE: 01/02/15 TIME: 2141

PATIENT: LONG, GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 MD

UNIT #: G000808204
 ROOM/BED: G.336-1
 ATTEND: Mullins, Robert F

ADM DT: 11/21/14
 PA-C

AUTHOR: Bailey, Melissa L

Rep SRV DT: 01/02/15

REP SRV TM: 2141

* ALL edits or amendments must be made on the electronic/computer document *

Subjective

Chief Complaint:

burn

Patient reports:

Yes: pain.

Objective

Physical Exam

VS/I&O:

Vital Signs

Date	Temp	Pulse Resp	B/P	Pulse Ox	FiO2
01/01-01/02	36.8-37.1	98 18-20	120-133/58-94	94-100	

Last Documented:

	Result	Date Time
Resp	18	01/02 1751
Pulse Ox	100	01/02 1508
B/P	120/94	01/02 0800
Temp	36.8	01/02 0800
Pulse	98	01/02 0800
O2 Delivery	Room Air	12/31 2142
O2 Flow Rate	3	12/31 0851
FiO2	50	11/30 1156

24 hour I&O ending at 0700:

	01/02 0700	01/01 1900
Intake Total	1367.6	1702
Output Total	1375	2500
Balance	-7.4	-798
Intake, IV	267.6	190
Intake, Oral	500	836
Intake, TPN/PPN		176

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 01/02/15
 Acct#: G00557360179

Intake, Tube Feeding	600	500
Number Bowel Movements		2
Output, Urine	1375	2500
Patient Weight		110 kg

General appearance: awake, conversant, no acute distress
Cardiovascular: normal heart sounds, regular rate & rhythm
Respiratory: clear to auscultation, no distress
Abdomen: PEG in place, soft
Extremities: moves all
Neuro/CNS: alert, oriented X 3, HOH

Results

Findings/Data:

Laboratory Tests

	01/02 1649	01/02 1230	01/02 0410	01/02 0100	01/02 0052
Chemistry					
Sodium (136 - 145 MMOL/L)				134 L	
Potassium (3.5 - 5.1 MMOL/L)				4.0	
Chloride (99 - 109 MMOL/L)				98 L	
Carbon Dioxide (21 - 32 MMOL/L)				27	
Anion Gap (9 - 18 MMOL/L)				13	
BUN (7 - 21 MG/DL)				10	
Creatinine (0.5 - 1.4 MG/DL)				0.6	
Est GFR (African Amer) (> 60)				> 60	
Est GFR (Non-Af Amer) (> 60)				> 60	
BUN/Creatinine Ratio (11.0 - 18.0)				16.7	
Glucose (70 - 110 MG/DL)				122 H	
POC Glucose (70 - 110 MG/DL)	120 H	130 H	103		155 H
Ionized Calcium (1.13 - 1.32 mMOL/L)				1.13	
Phosphorus (2.3 - 4.5 MG/DL)				3.8	
Magnesium (1.5 - 2.4 MG/DL)				1.6	

Patient: LONG, GYLES
Unit#: G000808204
Date: 01/02/15
Acct#: G00557360179

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Diagnosis, Assessment & Plan

Assessment/Plan:

D/C IV vits

Change TF to nocturnal, good PO intake

Adjust pain meds

referral to inpatient rehab

Full consult pending

I have personally interviewed and examined the patient. All charts, labs, and imaging studies were reviewed. I agree with the PA/NP's findings, exam, and plan.

Electronically Signed by Bailey, Melissa L PA-C on 01/02/15 at 2146

Electronically Signed by Gibbs, Jon C MD on 01/04/15 at 1356

RPT #: 0102-0568

END OF REPORT

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Burn Progress Note
 REPORT#: 0103-0339 REPORT STATUS: Signed
 DATE: 01/03/15 TIME: 1526

PATIENT: LONG, GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 MD

UNIT #: G000808204
 ROOM/BED: G.336-1
 ATTEND: Mullins, Robert F

ADM DT: 11/21/14

AUTHOR: Newman, Eric E PA

Rep SRV DT: 01/03/15

REP SRV TM: 1526

* ALL edits or amendments must be made on the electronic/computer document *

General

Post-op: day 6
 Status post: autograft

Subjective

Chief Complaint:

hx of Trauma

Patient reports:

No: complaints.

Nursing reports:

No: complaints.

Objective

VS/I&O:

Last Documented:

	Result	Date Time
Pulse Ox	98	01/03 1134
Temp	36.9	01/03 1134
Pulse	97	01/03 1134
Resp	28	01/03 1134
B/P	115/61	01/03 1105
O2 Delivery	Room Air	12/31 2142
O2 Flow Rate	3	12/31 0851
FIO2	50	11/30 1156

24 hour I&O ending at 0700:

	01/03 0700	01/02 1900
Intake Total	1175	900
Output Total	1500	1500
Balance	-325	-600
Intake, IV		200
Intake, Oral	1175	700
Number Bowel		2

Patient: LONG, GYLES
Unit#: G000808204
Date: 01/03/15
Acct#: G00557360179

Movements		
Number Voids		5
Output, Urine	1500	1500

General appearance: alert

Head: atraumatic, normocephalic

Eyes: EOMI

Abdomen: no distention

Skin: stsg to the abdomen and legs looks good adherent, maturing no significant loss veil stuck in few places - removed by dr. mullins few scattered staples no bleeding, purulence. 2 areas on abdomen are deep. packing with exalt donor with cutercin on back-drying - remains very tender no significant change

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Diagnosis, Assessment & Plan

Assessment/Plan:

A: s/p stsg
15% TBSA burn
blast injuries to left leg abdomen and left thigh
facial fx
nasal fx
s/p gastroc flap

P: Conformant/Exsult to all stsg
pack 2 areas on the abdomen daily
no surg needed for facial fx currently
xray left knee-patella osteophytes
increase activity
Rehab referral pending

Seen by Midlevel practitioner with direct supervision of Dr. Mullins; 99232x2

Electronically Signed by Newman, Eric E PA on 01/03/15 at 1528

Patient: LONG, GYLES
Unit#: G000808204
Date: 01/03/15
Acct#: G00557360179

Electronically Signed by Mullins, Robert F MD on 01/05/15 at 0814

RPT #: 0103-0339
END OF REPORT

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DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Hospitalist Progress Note
 REPORT#: 0103-0541 REPORT STATUS: Signed
 DATE: 01/03/15 TIME: 2238

PATIENT: LONG, GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 MD
 ADM DT: 11/21/14
 PA-C

UNIT #: G000808204
 ROOM/BED: G.336-1
 ATTEND: Mullins, Robert F
 AUTHOR: Bailey, Melissa L

Rep SRV DT: 01/03/15 REP SRV TM: 2238
 * ALL edits or amendments must be made on the electronic/computer document *

Subjective

Chief Complaint:
 burn

Patient reports:

Yes: pain controlled, resting comfortably. No: complaints.

Nursing reports:

No: complaints.

Objective

Physical Exam

VS/I&O:

Vital Signs

Date	Temp	Pulse	Resp	B/P	Pulse Ox	FiO2
01/02-01/03	36.7-37.0	90-97	15-28	110-129/55-70	95-100	

Last Documented:

	Result	Date Time
Pulse Ox	98	01/03 1653
B/P	111/70	01/03 1653
Temp	36.7	01/03 1653
Pulse	90	01/03 1653
Resp	15	01/03 1653
O2 Delivery	Room Air	12/31 2142
O2 Flow Rate	3	12/31 0851
FiO2	50	11/30 1156

24 hour I&O ending at 0700:

	01/03 0700	01/02 1900
Intake Total	1175	900
Output Total	1500	1500
Balance	-325	-600
Intake, IV		200
Intake, Oral	1175	700

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 01/03/15
 Acct#: G00557360179

Number Bowel Movements		2
Number Voids		5
Output, Urine	1500	1500

General appearance: awake, conversant, no acute distress
Cardiovascular: normal heart sounds, regular rate & rhythm
Respiratory: clear to auscultation, no distress
Abdomen: PEG in place, soft
Extremities: moves all
Neuro/CNS: alert, oriented X 3, HOH

Results

Findings/Data:

Laboratory Tests

	01/03 2007	01/03 1642	01/03 1056	01/03 0908	01/03 0100
Chemistry					
Sodium (136 - 145 MMOL/L)					137
Potassium (3.5 - 5.1 MMOL/L)					4.0
Chloride (99 - 109 MMOL/L)					100
Carbon Dioxide (21 - 32 MMOL/L)					31
Anion Gap (9 - 18 MMOL/L)					10
BUN (7 - 21 MG/DL)					8
Creatinine (0.5 - 1.4 MG/DL)					0.8
Est GFR (African Amer) (>60)					> 60
Est GFR (Non-Af Amer) (>60)					> 60
BUN/Creatinine Ratio (11.0 - 18.0)					10.0 L
Glucose (70 - 110 MG/DL)					115 H
POC Glucose (70 - 110 MG/DL)	135 H	106	232 H	112 H	
Ionized Calcium (1.13 - 1.32 mMOL/L)					1.13
Phosphorus (2.3 - 4.5 MG/DL)					4.6 H
Magnesium (1.5 - 2.4 MG/DL)					1.9

Laboratory Tests

	01/03 0100
Hematology	
WBC (4.0 - 11.0 THOUS/uL)	6.82

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 01/03/15
 Acct#: G00557360179

RBC (4.30 - 5.80 MIL/uL)	3.17 L
Hgb (13.0 - 17.3 GM/DL)	9.0 L
Hct (38.0 - 52.0 %)	29.3 L
MCV (80.0 - 98.0 FL)	92.4
MCH (27.0 - 34.0 PG)	28.4
MCHC (31.5 - 36.5 G/DL)	30.7 L
Plt Count (140 - 400 THOUS/uL)	303
Band Neutrophils % (0 - 5 %)	0.9
Segmented Neutrophils (40 - 65)	59.3
Lymphocytes (20 - 40)	30.1
Monocytes (2 - 8)	8.0
Eosinophils (0 - 4)	1.8
Toxic Granulation	SLIGHT
Polychromasia	SLIGHT
Hypochromasia	SLIGHT
Poikilocytosis	NORMAL
Anisocytosis	NORMAL
Microcytosis	NORMAL
Macrocytosis	NORMAL

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Diagnosis, Assessment & Plan

Assessment/Plan:

1. Burn injury 2nd explosion
 - per surgery, s/p STSG
2. DM 2
 - cont Accuchecks, Levemir QHS, CCD diet, SSI
3. C.Diff colitis
 - completed Vancomycin PO
4. Mild malnutrition
 - cont Nocturnal PEG feeds, PO intake improving

Patient: LONG, GYLES
Unit#: G000808204
Date: 01/03/15
Acct#: G00557360179

5. Acute Anemia

- monitor Hgb, transfuse if <7

6. Pain management

- adjusted PO meds for improved control
- taper off IV meds in prep for inpatient rehab

I have personally interviewed and examined the patient. All charts, labs, and imaging studies were reviewed. I agree with the PA/NP's findings, exam, and plan.

Electronically Signed by Bailey, Melissa L PA-C on 01/03/15 at 2254
Electronically Signed by Gibbs, Jon C MD on 01/04/15 at 1357

RPT #: 0103-0541
END OF REPORT

Page 4 of 4

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Burn Progress Note
 REPORT#: 0104-0072 REPORT STATUS: Signed
 DATE: 01/04/15 TIME: 0806

PATIENT: LONG, GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 MD

UNIT #: G000808204
 ROOM/BED: G.336-1
 ATTEND: Mullins, Robert F

ADM DT: 11/21/14

AUTHOR: Newman, Eric E PA

Rep SRV DT: 01/04/15

REP SRV TM: 0806

* ALL edits or amendments must be made on the electronic/computer document *

General

Post-op: day 7

Status post: autograft

Subjective

Chief Complaint:

hx of Trauma

Patient reports:

No: complaints.

Nursing reports:

No: complaints.

Objective

VS/I&O:

Last Documented:

	Result	Date Time
Pulse Ox	99	01/04 0407
B/P	113/56	01/04 0407
Temp	36.9	01/04 0407
Pulse	83	01/04 0407
Resp	15	01/04 0407
O2 Delivery	Room Air	12/31 2142
O2 Flow Rate	3	12/31 0851
FiO2	50	11/30 1156

24 hour I&O ending at 0700:

	01/04 0700	01/03 1900
Intake Total	925	1250
Output Total	675	
Balance	250	1250
Intake, Oral	925	1250
Number		0
Bowel		
Movements		

Patient: LONG, GYLES
Unit#: G000808204
Date: 01/04/15
Acct#: G00557360179

Number Emeses	0
Number Voids	6
Output, Urine	675
Patient Weight	110 kg

General appearance: alert

Head: atraumatic, normocephalic

Eyes: EOMI

Abdomen: no distention

Skin: stsg to the abdomen and legs looks good adherent, maturing no significant loss veil stuck in few places - removed by dr. mullins few scattered staples no bleeding, purulence. 2 areas on abdomen are deep. packing with exalt donor with cutercin on back-drying - remains very tender no significant change

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Diagnosis, Assessment & Plan

Assessment/Plan:

A: s/p stsg

15% TBSA burn

blast injuries to left leg abdomen and left thigh

facial fx

nasal fx

s/p gastroc flap

P: Conformant/Exsult to all stsg

pack 2 areas on the abdomen daily

no surg needed for facial fx currently

xray left knee-patella osteophytes

increase activity

Rehab referral pending

Seen by Midlevel practitioner with direct supervision of Dr. Mullins; 99232x2

Patient: LONG, GYLES
Unit#:G000808204
Date: 01/04/15
Acct#:G00557360179

Electronically Signed by Newman, Eric E PA on 01/04/15 at 0808
Electronically Signed by Mullins, Robert F MD on 01/05/15 at 0816

RPT #: 0104-0072
END OF REPORT

Page 3 of 3

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
Hospitalist Progress Note
REPORT#: 0104-0443 REPORT STATUS: Signed
DATE: 01/04/15 TIME: 1637

PATIENT: LONG, GYLES
ACCOUNT#: G00557360179
AGE: 55 SEX: M
MD

UNIT #: G000808204
ROOM/BED: G.336-1
ATTEND: Mullins, Robert F

ADM DT: 11/21/14
PA-C

AUTHOR: Bailey, Melissa L

Rep SRV DT: 01/04/15

REP SRV TM: 1637

* ALL edits or amendments must be made on the electronic/computer document *

Subjective

Chief Complaint:

burn

Patient reports:

Yes: pain controlled, resting comfortably. No: complaints.

Nursing reports:

No: complaints.

Objective

Physical Exam

VS/I&O:

Vital Signs

Date	Temp	Pulse	Resp	B/P	Pulse Ox	FiO2
01/03-01/04	36.6-37.1	82-92	15-34	98-123/56-70	98-99	

Last Documented:

	Result	Date Time
B/P	118/58	01/04 1602
Temp	36.6	01/04 1602
Pulse	85	01/04 1602
Resp	17	01/04 1602
Pulse Ox	99	01/04 0407
O2 Delivery	Room Air	12/31 2142
O2 Flow Rate	3	12/31 0851
FiO2	50	11/30 1156

24 hour I&O ending at 0700:

	01/04 0700	01/03 1900
Intake Total	925	1250
Output Total	675	
Balance	250	1250
Intake, Oral	925	1250
Number		0

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 01/04/15
 Acct#: G00557360179

Bowel Movements	
Number Emeses	0
Number Voids	6
Output, Urine	675
Patient Weight	110 kg

General appearance: awake, conversant, no acute distress
ENT: hard of hearing
Cardiovascular: normal heart sounds, regular rate & rhythm
Respiratory: clear to auscultation, no distress
Abdomen: PEG in place, soft
Extremities: moves all
Neuro/CNS: alert, oriented X 3, HOH

Results

Findings/Data:

Laboratory Tests

	01/04	01/04	01/04	01/03	01/03
	1605	1154	0815	2007	1642
Chemistry					
POC Glucose (70 - 110 MG/DL)	103	175 H	115 H	135 H	106

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Diagnosis, Assessment & Plan

Assessment/Plan:

- Burn injury 2nd explosion
 - per surgery, s/p STSG
 - concerned about misaligned jaw with difficulty chewing after trauma and hearing deficits
- will d/w surgery any further evaluation

Patient: LONG, GYLES
Unit#: G000808204
Date: 01/04/15
Acct#: G00557360179

2. DM 2
 - cont Accuchecks, Levemir QHS, CCD diet, SSI
3. C.Diff colitis
 - completed Vancomycin PO
4. Mild malnutrition
 - cont Nocturnal PEG feeds, PO intake improving
5. Acute Anemia
 - monitor Hgb, transfuse if <7
6. Pain management
 - adjusted PO meds for improved control
 - taper off IV meds in prep for inpatient rehab

I have personally interviewed and examined the patient. All charts, labs, and imaging studies were reviewed. I agree with the PAVNP's findings, exam, and plan.

Electronically Signed by Bailey, Melissa L PA-C on 01/04/15 at 1646
Electronically Signed by Gibbs, Jon C MD on 01/19/15 at 1640

RPT #: 0104-0443
END OF REPORT

Page 3 of 3

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
Burn Progress Note
REPORT#: 0105-0321 REPORT STATUS: Signed
DATE: 01/05/15 TIME: 1317

PATIENT: LONG, GYLES
ACCOUNT#: G00557360179
AGE: 55 SEX: M
MD
ADM DT: 11/21/14
PA

UNIT #: G000808204
ROOM/BED: G.336-1
ATTEND: Mullins, Robert F

AUTHOR: Ryan, M. Leigh S

Rep SRV DT: 01/05/15

REP SRV TM: 1317

* ALL edits or amendments must be made on the electronic/computer document *

General

Post-op: day 8
Status post: autograft

Subjective

Chief Complaint:

hx of Trauma

Patient reports:

able to communicate, pain controlled. No: complaints, shortness of breath, swelling, vomiting.

Nursing reports:

No: complaints.

Objective

VS/I&O:

Last Documented:

	Result	Date Time
Resp	18	01/05 1149
Pulse Ox	100	01/05 1123
B/P	121/57	01/05 1123
Temp	36.7	01/05 1123
Pulse	95	01/05 1123
O2 Delivery	Room Air	12/31 2142
O2 Flow Rate	3	12/31 0851
FiO2	50	11/30 1156

24 hour I&O ending at 0700:

	01/05 0700	01/04 1900
Intake Total	480	
Output Total	1775	
Balance	-1295	
Intake, Oral	480	
Output, Urine	1775	

Patient: LONG, GYLES
Unit#: G000808204
Date: 01/05/15
Acct#: G00557360179

General appearance: alert, awake, conversant, face symmetrical
Head: atraumatic, normocephalic
Eyes: EOMI
Abdomen: no distention
Skin: Dressings intact clean and dry Exsult packing to the abdomen to be changed daily

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Diagnosis, Assessment & Plan

Assessment/Plan:

- A: s/p stsg
15% TBSA burn
blast injuries to left leg abdomen and left thigh
facial fx
nasal fx
s/p gastroc flap
- P: Conformant/Exsult to all stsg-intact
pack 2 areas on the abdomen daily
no surg needed for facial fx currently
xray left knee-patella osteophytes
increase activity
Rehab referral pending

Seen by Midlevel practitioner with direct supervision of Dr. Mullins

Electronically Signed by Ryan, M. Leigh S PA on 01/05/15 at 1319
Electronically Signed by Mullins, Robert F MD on 01/05/15 at 1535

RPT #: 0105-0321
END OF REPORT

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Hospitalist Progress Note
 REPORT#: 0105-0380 REPORT STATUS: Signed
 DATE: 01/05/15 TIME: 1400

PATIENT: LONG, GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 MD

UNIT #: G000808204
 ROOM/BED: G.336-1
 ATTEND: Mullins, Robert F

ADM DT: 11/21/14

AUTHOR: Gibbs, Jon C MD

Rep SRV DT: 01/05/15

REP SRV TM: 1400

* ALL edits or amendments must be made on the electronic/computer document *

Subjective

Chief Complaint:

burn

Patient reports:

No: complaints, fever, pain.

Nursing reports:

No: complaints.

Objective

Physical Exam

VS/I&O:

Vital Signs

Date	Temp	Pulse	Resp	B/P	Pulse Ox	FiO2
01/04-01/05	97.8-98.6	84-95	16-31	117-126/57-63	97-100	

Last Documented:

	Result	Date Time
Resp	18	01/05 1149
Pulse Ox	100	01/05 1123
B/P	121/57	01/05 1123
Temp	98.1	01/05 1123
Pulse	95	01/05 1123
O2 Delivery	Room Air	12/31 2142
O2 Flow Rate	3	12/31 0851
FiO2	50	11/30 1156

24 hour I&O ending at 0700:

	01/05 0700	01/04 1900
Intake Total	480	
Output Total	1775	
Balance	-1295	
Intake, Oral	480	
Output, Urine	1775	

Patient: LONG, GYLES
Unit#: G000808204
Date: 01/05/15
Acct#: G00557360179

General appearance: alert, awake
ENT: hard of hearing
Neck: full range of motion, non-tender, normal thyroid, supple/no meningismus, no bruit/NL carotids, no JVD, no masses or swelling
Cardiovascular: normal heart sounds, regular rate & rhythm
Respiratory: clear to auscultation, no distress
Abdomen: PEG in place, soft
Extremities: moves all
Neuro/CNS: alert, oriented X 3, HOH

Results

Findings/Data:

Laboratory Tests

	01/05 1138	01/05 0756	01/05 0030	01/04 1925	01/04 1605
Chemistry					
POC Glucose (70 - 110 MG/DL)	140 H	99		148 H	103
Prealbumin (17 - 42 MG/DL)			12 L		

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Diagnosis, Assessment & Plan

Assessment/Plan:

1. Burn injury 2nd explosion
 - per surgery, s/p STSG
 - concerned about misaligned jaw with difficulty chewing after trauma and hearing deficits
 - will d/w surgery any further evaluation
2. DM 2
 - cont Accuchecks, Levemir QHS, CCD diet, SSI
3. C.Diff colitis

Patient: LONG, GYLES
Unit#: G000808204
Date: 01/05/15
Acct#: G00557360179

- completed Vancomycin PO

4. Mild malnutrition
- cont Nocturnal PEG feeds, PO intake improving

5. Acute Anemia
- monitor Hgb, transfuse if <7

6. Pain management
- adjusted PO meds for improved control
- taper off IV meds in prep for inpatient rehab

Electronically Signed by Gibbs, Jon C MD on 01/05/15 at 1401

RPT #: 0105-0380
END OF REPORT

Page 3 of 3

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Burn Progress Note
 REPORT#: 0106-0297 REPORT STATUS: Signed
 DATE: 01/06/15 TIME: 1256

PATIENT: LONG, GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 MD

UNIT #: G000808204
 ROOM/BED: G.336-1
 ATTEND: Mullins, Robert F

ADM DT: 11/21/14

AUTHOR: Lack, Kevin C PA

Rep SRV DT: 01/06/15

REP SRV TM: 1256

* ALL edits or amendments must be made on the electronic/computer document *

General

Post-op: day 9

Status post: autograft

Subjective

Chief Complaint:

hx of Trauma

Patient reports:

No: complaints.

Objective

VS/I&O:

Last Documented:

	Result	Date Time
Pulse Ox	99	01/06 0910
Resp	18	01/06 0716
Pulse	78	01/06 0341
B/P	114/58	01/06 0341
Temp	36.5	01/06 0341
O2 Delivery	Room Air	12/31 2142
O2 Flow Rate	3	12/31 0851
FiO2	50	11/30 1156

24 hour I&O ending at 0700:

	01/06 0700	01/05 1900
Intake Total		1100
Output Total		
Balance		1100
Intake, Oral		1100
Number		2
Bowel		
Movements		
Number Voids		8

Patient: LONG, GYLES
Unit#: G000808204
Date: 01/06/15
Acct#: G00557360179

General appearance: alert, awake, conversant
Head: atraumatic, normocephalic
Eyes: EOMI
Abdomen: no distention
Skin: STSG well taken and maturing donors healed

Results

Findings/Data:
Laboratory Tests

01/06/15 0102:

5.14 9.8 L 332
31.2 L

139	103	8	131 H
4.1	29	0.6	

Microbiology:

01/05 1400 STOOL: C. difficile Antigen & Toxins A,B - COMP
01/05 1400 STOOL: Clostridium difficile Toxin A & B - COMP
01/05 1400 STOOL: Clostridium difficile Antigen (MIC) - COMP

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Diagnosis, Assessment & Plan

Assessment/Plan:

A: s/p stsg
15% TBSA burn
blast injuries to left leg abdomen and left thigh
facial fx
nasal fx
s/p gastroc flap

P: STSG open to air
pack 2 areas on the abdomen daily

Patient: LONG, GYLES
Unit#: G000808204
Date: 01/06/15
Acct#: G00557360179

no surg needed for facial fx currently
xray left knee-patella osteophytes
increase activity
pt too active for in patient rehab
Case management arranging uot patient rehab

Seen by Midlevel practitioner with direct supervision of Dr. Mullins

Electronically Signed by Lack, Kevin C PA on 01/06/15 at 1300
Electronically Signed by Mullins, Robert F MD on 01/07/15 at 1008

RPT #: 0106-0297
END OF REPORT

Page 3 of 3

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Hospitalist Progress Note
 REPORT#: 0106-0398 REPORT STATUS: Signed
 DATE: 01/06/15 TIME: 1451

PATIENT: LONG, GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 MD

UNIT #: G000808204
 ROOM/BED: G.336-1
 ATTEND: Mullins, Robert F

ADM DT: 11/21/14
 PA-C

AUTHOR: Bailey, Melissa L

Rep SRV DT: 01/06/15

REP SRV TM: 1451

* ALL edits or amendments must be made on the electronic/computer document *

Subjective

Chief Complaint:

burn

Patient reports:

Yes: pain controlled, resting comfortably. No: complaints.

Nursing reports:

No: complaints.

Objective

Physical Exam

VS/I&O:

Vital Signs

Date	Temp	Pulse	Resp	B/P	Pulse Ox	FiO2
01/05-01/06	36.5-36.8	77-103	0-41	108-132/58-67	95-100	

Last Documented:

	Result	Date Time
Pulse	88	01/06 1443
Pulse Ox	99	01/06 1400
Resp	14	01/06 1400
B/P	112/67	01/06 1300
Temp	36.5	01/06 0341
O2 Delivery	Room Air	12/31 2142
O2 Flow Rate	3	12/31 0851
FiO2	50	11/30 1156

24 hour I&O ending at 0700:

	01/06 0700	01/05 1900
Intake Total		1100
Output Total		
Balance		1100
Intake, Oral		1100
Number		2

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 01/06/15
 Acct#: G00557360179

Bowel Movements Number Voids	8

General appearance: awake, conversant, no acute distress
ENT: hard of hearing
Neck: full range of motion, non-tender, normal thyroid, supple/no meningismus, no bruit/NL carotids, no JVD, no masses or swelling
Cardiovascular: normal heart sounds, regular rate & rhythm
Respiratory: clear to auscultation, no distress
Abdomen: PEG in place, soft
Extremities: moves all
Neuro/CNS: alert, oriented X 3, HOH

Results

Findings/Data:

Laboratory Tests

	01/06 1302	01/06 0924	01/06 0102	01/05 2023	01/05 1738
Chemistry					
Sodium (136 - 145 MMOL/L)			139		
Potassium (3.5 - 5.1 MMOL/L)			4.1		
Chloride (99 - 109 MMOL/L)			103		
Carbon Dioxide (21 - 32 MMOL/L)			29		
Anion Gap (9 - 18 MMOL/L)			11		
BUN (7 - 21 MG/DL)			8		
Creatinine (0.5 - 1.4 MG/DL)			0.6		
Est GFR (African Amer) (> 60)			> 60		
Est GFR (Non-Af Amer) (> 60)			> 60		
BUN/Creatinine Ratio (11.0 - 18.0)			13.3		
Glucose (70 - 110 MG/DL)			131 H		
POC Glucose (70 - 110 MG/DL)	118 H	91		110	124 H
Ionized Calcium (1.13 - 1.32 mMOL/L)			1.11 L		
Phosphorus (2.3 - 4.5 MG/DL)			3.9		
Magnesium (1.5 - 2.4 MG/DL)			1.8		
Total Bilirubin (0.20 - 1.00 MG/DL)			0.20		
AST (15 - 37 UNITS/L)			19		
Alkaline Phosphatase (50 - 136 UNITS/L)			114		
Creatine Kinase (39 - 308 UNITS/L)			17 L		

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 01/06/15
 Acct#: G00557360179

Laboratory Tests

	01/06 1230
Coagulation	
PT (9.3 - 11.3 SECONDS)	11.4 H
INR	1.09
PTT (21.9 - 31.4 SECONDS)	29.3

Laboratory Tests

	01/06 0102
Hematology	
WBC (4.0 - 11.0 THOUS/uL)	5.14
RBC (4.30 - 5.80 MIL/uL)	3.40 L
Hgb (13.0 - 17.3 GM/DL)	9.8 L
Hct (38.0 - 52.0 %)	31.2 L
MCV (80.0 - 98.0 FL)	91.8
MCH (27.0 - 34.0 PG)	28.8
MCHC (31.5 - 36.5 G/DL)	31.4 L
Plt Count (140 - 400 THOUS/uL)	332
Immature Gran % (Auto) (0 - 2 %)	0.6
Neut % (Auto) (37.0 - 80.0)	52.1
Lymph % (Auto) (20.0 - 45.0 %)	35.4
Mono % (1 - 13 %)	7.6
Eos % (Auto) (0 - 6 %)	3.3
Baso % (Auto) (0 - 2 %)	1.0

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Diagnosis, Assessment & Plan

Assessment/Plan:

1. Burn injury 2nd explosion
 - per surgery, s/p STSG
 - d/w surgery facial fractures, no need for surgical intervention, can f/u output

Patient: LONG, GYLES
Unit#: G000808204
Date: 01/06/15
Acct#: G00557360179

2. DM 2
- cont Accuchecks, Levemir QHS, CCD diet, SSI
3. C.Diff colitis
- completed Vancomycin PO
4. Mild malnutrition
- cont Nocturnal PEG feeds, PO intake improving
5. Acute Anemia
- monitor Hgb, transfuse if <7
6. Pain management
- adjusted PO meds for improved control
- taper off IV meds in prep for discharge

CM assistance with d/c planning appreciated

I have personally interviewed and examined the patient. All charts, labs, and imaging studies were reviewed. I agree with the PA/NP's findings, exam, and plan.

Electronically Signed by Bailey, Melissa L PA-C on 01/06/15 at 1454
Electronically Signed by Gibbs, Jon C MD on 01/19/15 at 1642

RPT #: 0106-0398
END OF REPORT

Page 4 of 4

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Burn Progress Note
 REPORT#: 0107-0313 REPORT STATUS: Signed
 DATE: 01/07/15 TIME: 1239

PATIENT: LONG, GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 MD

UNIT #: G000808204
 ROOM/BED: G.336-1
 ATTEND: Mullins, Robert F

ADM DT: 11/21/14

AUTHOR: Myers, Trisha A NP

Rep SRV DT: 01/07/15

REP SRV TM: 1239

* ALL edits or amendments must be made on the electronic/computer document *

General

Post-op: day 10
 Status post: autograft

Subjective

Chief Complaint:
 hx of Trauma
 Patient reports:
 No: complaints.
 Nursing reports:
 No: complaints.

Objective

VS/I&O:

Last Documented:

	Result	Date Time
Pulse Ox	97	01/07 0700
B/P	107/75	01/07 0700
Temp	36.7	01/07 0700
Pulse	86	01/07 0700
Resp	20	01/07 0700
O2 Delivery	Room Air	12/31 2142
O2 Flow Rate	3	12/31 0851
FI02	50	11/30 1156

24 hour I&O ending at 0700:

	01/07 0700	01/06 1900
Intake Total	600	2090
Output Total	800	2650
Balance	-200	-560
Intake, Oral	600	1440
Intake, Other		250
Intake, Tube Feeding		400

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 01/07/15
 Acct#: G00557360179

Number Bowel Movements		0
Number Voids	2	6
Output, Urine	800	2650
Patient Weight	110 kg	

General appearance: alert, awake, conversant
 Wound/incision 1: Mature autografts, scattered superficial open areas to grafts and donors.
 Head: atraumatic, normocephalic
 Respiratory: no distress
 Upper Extremity: peripheral pulses, full range of motion
 Lower Extremity: peripheral pulses, full range of motion
 Musculoskeletal: full range of motion, normal inspection
 Neuro/CNS: alert, oriented X 3
 Considered stroke alert: no

Results

Findings/Data:

Laboratory Tests

01/06/15 0102:

5.14 9.8 L 31.2 L 332

139	103	8	131 H
4.1	29	0.6	

Microbiology:

01/05 1400 STOOL: C. difficile Antigen & Toxins A,B - COMP
 01/05 1400 STOOL: Clostridium difficile Toxin A & B - COMP
 01/05 1400 STOOL: Clostridium difficile Antigen (MIC) - COMP

Results: labs reviewed

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Patient: LONG, GYLES
Unit#: G000808204
Date: 01/07/15
Acct#: G00557360179

Anti-infectives: none

Diagnosis, Assessment & Plan

Assessment/Plan:

A:

15% TBSA burn
blast injuries to left leg abdomen and left thigh
facial fx
nasal fx
s/p gastroc flap

P: w/p today
B/X qd open areas
Lubriderm
Tubigrip
likely dc Thurs
burn medicine for medical management

Seen by Midlevel practitioner with direct supervision Oswald 99231x2

Electronically Signed by Myers, Trisha A NP on 01/07/15 at 1244
Electronically Signed by Oswald, Tanya M MD on 01/08/15 at 0939

RPT #: 0107-0313
END OF REPORT

Page 3 of 3

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Hospitalist Progress Note
 REPORT#: 0107-0582 REPORT STATUS: Signed
 DATE: 01/07/15 TIME: 1844

PATIENT: LONG, GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 MD

UNIT #: G000808204
 ROOM/BED: G.336-1
 ATTEND: Mullins, Robert F

ADM DT: 11/21/14
 PA-C

AUTHOR: Bailey, Melissa L

Rep SRV DT: 01/07/15

REP SRV TM: 1844

* ALL edits or amendments must be made on the electronic/computer document *

Subjective

Chief Complaint:

burn

Patient reports:

Yes: pain controlled, resting comfortably. No: complaints.

Nursing reports:

No: complaints.

Objective

Physical Exam

VS/I&O:

Vital Signs

Date	Temp	Pulse	Resp	B/P	Pulse Ox	FiO2
01/06-01/07	36.6-37.1	75-88	14-22	107-153/62-84	96-100	

Last Documented:

	Result	Date Time
Pulse Ox	99	01/07 1738
B/P	153/72	01/07 1738
Temp	36.7	01/07 1738
Pulse	88	01/07 1738
Resp	14	01/07 1738
O2 Delivery	Room Air	12/31 2142
O2 Flow Rate	3	12/31 0851
FiO2	50	11/30 1156

24 hour I&O ending at 0700:

	01/07 0700	01/06 1900
Intake Total	600	2090
Output Total	800	2650
Balance	-200	-560
Intake, Oral	600	1440
Intake, Other		250

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 01/07/15
 Acct#: G00557360179

Intake, Tube Feeding		400
Number Bowel Movements		0
Number Voids	2	6
Output, Urine	800	2650
Patient Weight	110 kg	

General appearance: awake, conversant, no acute distress

ENT: hard of hearing

Neck: full range of motion, non-tender, normal thyroid, supple/no meningismus, no bruit/NL carotids, no JVD, no masses or swelling

Cardiovascular: normal heart sounds, regular rate & rhythm

Respiratory: clear to auscultation, no distress

Abdomen: PEG in place, soft

Extremities: moves all

Neuro/CNS: alert, oriented X 3, HOH

Considered stroke alert: no

Results

Findings/Data:

Laboratory Tests

	01/07 1708	01/07 1136	01/07 0758	01/06 2132
Chemistry				
POC Glucose (70 - 110 MG/DL)	122 H	122 H	132 H	168 H

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Diagnosis, Assessment & Plan

Assessment/Plan:

1. Burn injury 2nd explosion

Patient: LONG, GYLES
Unit#: G000808204
Date: 01/07/15
Acct#: G00557360179

- per surgery, s/p STSC
- d/w surgery facial fractures, no need for surgical intervention, can f/u outpt
- no empiric antibiotics needed

2. DM 2

- cont Accuchecks, Levemir QHS, CCD diet, SSI

3. C. Diff colitis

- completed Vancomycin PO

4. Mild malnutrition

- cont Nocturnal PEG feeds, PO intake improving

5. Acute Anemia

- monitor Hgb, transfuse if <7

6. Pain management

- adjusted PO meds for improved control
- will need taper off Methadone outpt as wound heal

ok to d/c home today, f/u surgery 1 week

d/c Rx: Methadone 10mg BID, Fentanyl 25mcg Q 3 days, Oxycodone prn

I have personally interviewed and examined the patient. All charts, labs, and imaging studies were reviewed. I agree with the PA/NP's findings, exam, and plan.

Electronically Signed by Bailey, Melissa L PA-C on 01/08/15 at 1203

Electronically Signed by Gibbs, Jon C MD on 01/19/15 at 1643

RPT #: 0107-0582

END OF REPORT

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Burn Progress Note
 REPORT#: 0108-0386 REPORT STATUS: Signed
 DATE: 01/08/15 TIME: 1346

PATIENT: LONG, GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 MD

UNIT #: G000808204
 ROOM/BED: G.336-1
 ATTEND: Mullins, Robert F

ADM DT: 11/21/14
 Craft-Coffman, Beretta V PA
 Rep SRV DT: 01/08/15

AUTHOR:

REP SRV TM: 1346

* ALL edits or amendments must be made on the electronic/computer document *

General

Post-op: day 11
 Status post: autograft

Subjective

Chief Complaint:
 hx of Trauma

Objective

VS/I&O:

Last Documented:

	Result	Date Time
Pulse Ox	96	01/08 0412
Temp	36.6	01/08 0412
Resp	14	01/08 0410
B/P	117/70	01/08 0408
Pulse	79	01/08 0408
O2 Delivery	Room Air	12/31 2142
O2 Flow Rate	3	12/31 0851
FiO2	50	11/30 1156

24 hour I&O ending at 0700:

	01/08 0700	01/07 1900
Intake Total	960	1680
Output Total	1100	1200
Balance	-140	480
Intake, IV	30	
Intake, Oral	480	1680
Intake, Tube Feeding	450	
Number	0	1
Bowel Movements		
Number	0	

Patient: LONG, GYLES
Unit#: G000808204
Date: 01/08/15
Acct#: G00557360179

Emeses		
Number Voids	4	4
Output, Urine	1100	1200

General appearance: alert, awake
Wound/incision 1: Mature autografts, scattered superficial open areas to grafts and donors.
Head: atraumatic, normocephalic
Respiratory: no distress
Upper Extremity: peripheral pulses, full range of motion
Lower Extremity: peripheral pulses, full range of motion
Musculoskeletal: full range of motion, normal inspection
Neuro/CNS: alert, oriented X 3
Considered stroke alert: no

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Anti-infectives: none

Diagnosis, Assessment & Plan

Assessment/Plan:

A:

15% TBSA burn
blast injuries to left leg abdomen and left thigh
facial fx
nasal fx
s/p gastroc flap

P: w/p today

B/X qd open areas

Lubriderm- increase

Tubigrip

dc

burn medicine for medical management

rtc in 1 week

Seen by Midlevel practitioner with direct supervision Oswald 99232x2

Patient: LONG, GYLES
Unit#: G000808204
Date: 01/08/15
Acct#: G00557360179

Electronically Signed by Craft-Coffman, Beretta V PA on 01/08/15 at 1348
Electronically Signed by Oswald, Tanya M MD on 01/09/15 at 0844

RPT #: 0108-0386
END OF REPORT

Page 3 of 3

DOCTOR'S HOSPITAL OF AUGUSTA (COCAG)
 Hospitalist Progress Note
 REPORT#: 0108-0283 REPORT STATUS: Signed
 DATE: 01/08/15 TIME: 1203

PATIENT: LONG, GYLES
 ACCOUNT#: G00557360179
 AGE: 55 SEX: M
 MD
 ADM DT: 11/21/14
 PA-C

UNIT #: G000808204
 ROOM/BED: G.336-1
 ATTEND: Mullins, Robert F
 AUTHOR: Bailey, Melissa L

Rep SRV DT: 01/08/15 REP SRV TM: 1203
 * ALL edits or amendments must be made on the electronic/computer document *

Subjective

Chief Complaint:

burn

Patient reports:

Yes: pain controlled, resting comfortably. No: complaints.

Nursing reports:

No: complaints.

Objective

Physical Exam

VS/I&O:

Vital Signs

Date	Temp	Pulse	Resp	B/P	Pulse Ox	FiO2
01/07-01/08	36.4-36.9	79-92	11-18	117-153/60-72	96-100	

Last Documented:

	Result	Date Time
Pulse Ox	96	01/08 0412
Temp	36.6	01/08 0412
Resp	14	01/08 0410
B/P	117/70	01/08 0408
Pulse	79	01/08 0408
O2 Delivery	Room Air	12/31 2142
O2 Flow Rate	3	12/31 0851
FiO2	50	11/30 1156

24 hour I&O ending at 0700:

	01/08 0700	01/07 1900
Intake Total	960	1680
Output Total	1100	1200
Balance	-140	480
Intake, IV	30	
Intake, Oral	480	1680

Patient: LONG, GYLES
 Unit#: G000808204
 Date: 01/08/15
 Acct#: G00557360179

Intake, Tube Feeding	450	
Number	0	1
Bowel Movements		
Number	0	
Emeses		
Number Voids	4	4
Output, Urine	1100	1200

General appearance: awake, conversant, no acute distress

ENT: hard of hearing

Neck: full range of motion, non-tender, normal thyroid, supple/no meningismus, no bruit/NL carotids, no JVD, no masses or swelling

Cardiovascular: normal heart sounds, regular rate & rhythm

Respiratory: clear to auscultation, no distress

Abdomen: PEG in place, soft

Extremities: moves all

Neuro/CNS: alert, oriented X 3, HOH

Considered stroke alert: no

Results

Findings/Data:

Laboratory Tests

	01/08	01/07	01/07
	0638	2001	1708
Chemistry			
POC Glucose (70 - 110 MG/DL)	129 H	119 H	122 H

Treatment & Prophylaxis

Treatment & Prophylaxis

Foley:

Date foley inserted: 11/21/14

Diagnosis, Assessment & Plan

Assessment/Plan:

1. Burn injury 2nd explosion

Patient: LONG, GYLES
Unit#: G000808204
Date: 01/08/15
Acct#: G00557360179

- per surgery, s/p STSG
- d/w surgery facial fractures, no need for surgical intervention, can f/u outpt
- no empiric antibiotics needed

2. DM 2
 - cont Accuchecks, Levemir QHS, CCD diet, SSI
3. C.Diff colitis
 - completed Vancomycin PO
4. Mild malnutrition
 - cont Nocturnal PEG feeds, PO intake improving
5. Acute Anemia
 - monitor Hgb, transfuse if <7
6. Pain management
 - adjusted PO meds for improved control
 - will need taper off Methadone outpt as wound heal

ok to d/c home today, f/u surgery 1 week
d/c Rx: Methadone 10mg BID, Fentanyl 25mcg Q 3 days, Oxycodone prn

I have personally interviewed and examined the patient. All charts, labs, and imaging studies were reviewed. I agree with the PA/NP's findings, exam, and plan.

Electronically Signed by Bailey, Melissa L PA-C on 01/08/15 at 1205
Electronically Signed by Gibbs, Jon C MD on 01/19/15 at 1643

RPT #: 0108-0283
END OF REPORT

Doctors Hospital of Augusta
3651 Wheeler Road, Augusta, Georgia 30909 (706)651-3232

IN / OUT / ER PATIENT ADMISSION RECORD
ACCOUNT#: G00557580973 ADM DATE: 01/16/15 UNIT RCRD #: G000808204 ARRIVAL:
ROOM/BED: ADM TIME: 1304 MARKET URN: G731763 CONF: VIP: N
PT. TYPE: REG CLI ADMIT PRI/SRC: EL / CR LOCATION(S): G.WC FC: 08

PATIENT INFORMATION

NAME: LONG, GYLES OTHER NAME:
STREET: 2526 CANEY BRANCH RD DOB: 09/17/1959 SS#: XXX-XX-9249
STREET: AGE: 55 RACE: UNKNOWN/DE
C/S/ZP: LEEVILLE, SC 29070 SEX: M MAR STATUS: M
PHONE#: (803)924-4356 CNTY/RES: SALUDA REL: NONE LANG: ENGLISH
SPOUSE / NOK / COMPANION, PERSON TO NOTIFY
LONG, JAN
2526 CANEY BRANCH RD
LEEVILLE, SC 29070
(803)532-2793 RELTN: SPOUSE
WORK PH: (803)924-4356 CELL
PATIENT EMPLOYER: G. GUARANTOR
METRO CONSTRUCTION LONG, GYLES
2526 CANEY BRANCH RD
LEEVILLE, SC 29070
(803)632-2795 OCC: WORKER
GUARANTOR EMPLOYER
METRO CONSTRUCTION
2526 CANEY BRANCH RD
LEEVILLE, SC 29070
(803)632-2795
WORK PH: (803)924-4356 RELTN: SELF
OCCURRENCE CODES: 05 11/20/14
CONDITION CODES:

INSURANCE INFORMATION

PRIMARY: COCHP08 - 39808 SECONDARY: TERTIARY:
CONSUMERS CHOICE HLTH PLAN
PO BOX 91606

LUBBOCK, TX 79490-1606

POLICY #: SF0038988

COVERAGE #:

INS PHONE #: (800)580-8736

GRP #: XISVHD1150

AUTH #:

AUTH DT: VER DT:

SUB: LONG, GYLES

RELAT: SA DOB: 09/17/1959

POLICY #:

COVERAGE #:

INS PHONE #:

GRP#:

AUTH #:

AUTH DT: VER DT:

SUB:

RELAT: DOB:

POLICY #:

COVERAGE #:

INS PHONE #:

GRP#:

AUTH #:

AUTH DT: VER DT:

SUB:

RELAT: DOB:

PHYSICIAN INFORMATION / DOCUMENTATION

ADM: PCP: DNK Does Not Know
HCS: HCS: 7777
ATT: MULRO03 Mullins, Robert F MD
HCS: 1176 (706)863-9595
ER:
REASON FOR VISIT: CHIEF COMPL: BURN FU

REF: MULRO03 Mullins, Robert F MD
HCS: 1176 (706)863-9595

PRINCIPAL DIAGNOSIS:

PRINCIPAL OPERATION/PROCEDURE:

CONSULTATIONS:

FOR MR USE ONLY

Assembly []
Analysis []
Coding []
Printed []
Final Check []

COMMENTS:

PRT BY: R.AG.SRW ON: 01/16/15 1304

ADVANCE DIRECTIVE: No: Info Offered/Refused

DISCH DATE: TIME: DISPO:

PRINTED BY: IEQ8372

DATE 8/3/2015

Doctors Hospital of Augusta
3651 Wheeler Road, Augusta, Georgia 30909 (706)651-3232

ACCOUNT#: **G00557580973** ADM DATE: 01/16/15 UNIT RCRD #: **G000808204** ARRIVAL:
ROOM/BED: ADM TIME: 1304 MARKET URN: G731763 CONF: VIP: N
PT. TYPE: REG CLI ADMIT PRI/SRC: EL / CR LOCATION(S): G.WC FC: 08

NAME: LONG, GYLES	OTHER NAME:
STREET: 2526 CANEY BRANCH RD	DOB: 09/17/1959 SS#: XXX-XX-9249
STREET:	AGE: 55 RACE: UNKNOWN/DE
C/S/ZP: LEEVILLE, SC 29070	SEX: M MAR STATUS: M
PHONE#: (803)924-4356 CNTY/RES: SALUDA	REL: NONE LANG: ENGLISH
LONG, JAN	LONG, JAN
2526 CANEY BRANCH RD	2526 CANEY BRANCH RD
LEEVILLE, SC 29070	LEEVILLE, SC 29070
(803)532-2793 RELTN: SPOUSE	(803)532-2793 RELTN: SPOUSE
WORK PH: (803)924-4356 CELL	WORK PH: (803)924-4356 CELL
METRO CONSTRUCTION	LONG, GYLES
2526 CANEY BRANCH RD	2526 CANEY BRANCH RD

LEEVILLE, SC 29070	LEEVILLE, SC 29070
(803)632-2795 OCC: WORKER	(803)924-4356 RELTN: SELF
METRO CONSTRUCTION	05 11/20/14
2526 CANEY BRANCH RD	
LEEVILLE, SC 29070	
(803)632-2795	

PRIMARY: COCHP08 - 39808	SECONDARY:	TERTIARY:
CONSUMERS CHOICE HLTH PLAN		
PO BOX 91606		
LUBBOCK, TX 79490-1606		
POLICY #: SF0038988	POLICY #:	POLICY #:
COVERAGE #:	COVERAGE #:	COVERAGE #:
INS PHONE #: (800)580-8736	INS PHONE #:	INS PHONE #:
GRP #: XISVHD1150	GRP#:	GRP#:
AUTH #:	AUTH #:	AUTH #:
AUTH DT: VER DT:	AUTH DT: VER DT:	AUTH DT: VER DT:
SUB: LONG, GYLES	SUB:	SUB:
RELAT: SA DOB: 09/17/1959	RELAT: DOB:	RELAT: DOB:

ADM:	PCP: DNK	Does Not Know
HCS:	HCS: 7777	
ATT: MULR003 Mullins, Robert F MD	REF: MULR003	Mullins, Robert F MD
HCS: 1176 (706)863-9595	HCS: 1176	(706)863-9595
ER:		
REASON FOR VISIT/CHIEF COMPL: BURN FU		

PRINCIPAL DIAGNOSIS:

PRINCIPAL OPERATION/PROCEDURE:

CONSULTATIONS:

FOR MR USE ONLY

Assembly	[]
Analysis	[]
Coding	[]
Printed	[]
Final Check	[]

COMMENTS:

PRT BY: G.PT.MEC ON: 01/16/15 1630

ADVANCE DIRECTIVE: No: Info Offered/Refused

DISCH DATE: TIME: DISPO:

PR: EQ8372

DATE 8/3/2015

Burn Physical Medicine
3651 Wheeler Road
Augusta, GA 30909

DOCTORS
HOSPITAL
Joseph M. Still Burn Center

Phone: 706-651-6685
Fax: 706-651-6693

Physical Therapy

Initial Evaluation / Examination

Page 1 of 2

Patient Name: LONG, GYLES
Medical Record #: G000808204
Account #: G0055780973
Provider: Burn Center
Provider #:
Treating Clinician: Megan Clark Mobley, PT, DPT, WCC
Referring Physician: Robert F Mullins, MD, NPI# 1942277645

Date: 1/16/2015 03:55 PM
DOB: 9/7/1959
SOC Date: 1/16/2015

Patient Information

Address: 2526 CANEY BRANCH RD
City, State, Zip: LEFFVILLE, South Carolina 29070
Occupation: Unknown
Gender: Male
Contact Person: JAN LONG
Physician: Robert F Mullins, MD, NPI# 1942277645
Physician #:
of Approved Visits: 0

Rehabilitation Information / History

Onset Date	Code	Description
Primary Diagnosis:	11/21/2014 709.2	SCAR CONDITIONS AND FIBROSIS OF SKIN (EXCLUDES KELOID SCAR)
Preferred Practice Pattern:	Integumentary D: Impaired integumentary integrity associated w/ full-thickness skin involvement/scar formation.	
Recent Physical Therapy:	None within the last sixty days	
Required Equipment:	None	
Prior Functional Status:	Independent with ADLs and IADLs including ambulation, work or recreation.	
Weight Bearing Status:	No restrictions	
Safety Measures:	Not applicable	
Rehabilitative Prognosis:	Excellent rehab potential to reach and maintain prior level of function	
Mental Status:	Alert and oriented in all spheres - cooperative and motivated	
Concerns that led patient to Physical Therapy:	Decreased functional ability	
Patient / Caregiver is aware of and understands his/her diagnosis and prognosis:	Yes	
Systems Review, History:	Patient sustained a 15% total body surface area burn from a dynamite explosion on 1/21/14.	
Known Significant Past Medical Diagnosis and Conditions:	Diabetes Mellitus	
Known Significant Operative and Diagnostic Procedures:	multiple burn related, PEG tube placement,	
Known Adverse and Allergic Drug Reactions:	no known drug allergies	
Patient has a history of behavioral health risks:	No	

Physical Findings

Pain

Patient Name: LONG, GYLES

Date: 1/16/2015 03:55 PM

Medical Record #: G000808204

DOB: 9/17/1959

Account #: G00557580973

SOC Date: 1/16/2015

Provider: Burn Center

Provider #:

Treating Clinician: Megan Clark Mahley, PT, DPT, WCC

Referring Physician: Robert F Mullins, MD, NPI# 1942277645

Additional Comments per Patient: No complaints of pain.

Ortho

Palpation Sites

Palpation Comments: Burn scars are healed. Patient still has a wound from where the PEG tube was pulled today. Patient in need of compression to all extremities, torso, and buttocks.

Impairment Observations

Impairment Observations: Risk of hypertrophic scarring and contractures.

Functional Measures

Functional Characteristics and Analysis

Functional Characteristics: Difficulty with Activities of Daily Living and Instrumental Activities of Daily Living. Patient ambulates with a rolling walker at this time.

Goals

Impairment Goals: Short Term: Burn scar will be healed in 2 weeks.

Scar is smooth and flat with no ROM restrictions or pain in 1 month.

Functional Goals: Long Term: Patient's scar will demonstrate complete maturation and require no further skilled PT needs by one year post-burn or injury.

ADL and IADL performance is improved to prior level of function by one year post-burn or injury.

Ambulation is improved to prior level of function by one year post-burn or injury.

Patient / Caregiver concurs with established treatment plan and goals:

Yes

Interventions (CPT Code)

PT Evaluation 97001

PT ReEvaluation 97002

Self/Home Management 15MIN 97535

Frequency of PT: One time every month

Duration of PT: 12 months

Intervention Comments: PATIENT SEEN TODAY FOR PT EVAL AND SELF MANAGEMENT. PATIENT HAD NO COMPLAINTS OF PAIN. PATIENT HAS HEALED BURN SCARS TO ALL EXTREMITIES AND TORSO, WHICH ARE IN NEED OF COMPRESSION. FIT PATIENT WITH bilateral INTERIM GLOVES, SPANDAGRIP SLEEVES FOR ALL EXTREMITIES (SIZE B AND D), AND INTERIM PANTS. EDUCATED ON WEAR/CARE AND RATIONALE. FIT PATIENT WITH INTERIM SHIRT, BUT HE DID NOT LIKE IT AND SAID HE WOULD NOT WEAR IT. PLACED ABDOMINAL BINDER AROUND BURN SCAR ON ABDOMEN, WHICH PATIENT LIKED BETTER. WILL CONSIDER CUSTOM GARMENTS AT NEXT APPOINTMENT. PATIENT LOST 45# DURING HIS HOSPITAL STAY, AND THERAPIST WANTS TO MAKE SURE THAT CUSTOM GARMENTS WILL FIT FOR SEVERAL MONTHS IF ORDERED. Will continue with current plan of care when patient returns to clinic.

Megan C. Mahley, PT, DPT
1/16/2015
4:25:03 PM
Megan Clark Mahley, PT, DPT, WCC
Date/Time
State License #: PT010006

Burn Physical Medicine
3651 Wheeler Road
Augusta, GA 30909

DOCTORS
HOSPITAL
Joseph M. Still Burn Center

Phone: 706-651-6685
Fax: 706-651-6693

Physical Therapy

Treatment Note

Page 1 of 1

Patient Name: LONG, GYLES
Medical Record #: G000808204
Account #: G00557580973
Provider: Burn Center
Provider #:
Treating Clinician: Megan Clark Mobley, PT, DPT, WCC
Referring Physician: Robert F Mullins, MD, NPI# 1942277645

Date: 1/16/2015 04:23 PM
DOB: 9/17/1959
SOC Date: 1/16/2015

Onset Date Code Description
Primary Diagnosis: 11/21/2014 709.2 SCAR CONDITIONS AND FIBROSIS OF SKIN (EXCLUDES KELOID SCAR)

Time In: 03:09 Time Out: 04:12

PT Interventions and CPT Codes Consisted of:	CPT Code	Modifiers	Minutes	Units
PT Evaluation	97001		12	1
Self / Home Management (SMIM)	97535		40	3
SCP JOBST interim girdle 38-43 inches	NOCPT			2
Total Minutes: 52 Total Timed Minutes: 40 Total Untimed Minutes: 12				
Total Units: 6 Total Timed Units: 3 Total Untimed Units: 3				
Pain In: 0/10 Pain Out: 0/10				

Intervention Comments:

PATIENT SEEN TODAY FOR PT EVAL AND SELF MANAGEMENT. PATIENT HAD NO COMPLAINTS OF PAIN. PATIENT HAS HEALED BURN SCARS TO ALL EXTREMITIES AND TORSO, WHICH ARE IN NEED OF COMPRESSION. FIT PATIENT WITH bilateral INTERIM GLOVES, SPANDAGRIP SLEEVES FOR ALL EXTREMITIES (SIZE E AND D), AND INTERIM PANTS. EDUCATED ON WEAR/CARE AND RATIONALE. FIT PATIENT WITH INTERIM SHIRT, BUT HE DID NOT LIKE IT AND SAID HE WOULD NOT WEAR IT. PLACED ABDOMINAL BANDER AROUND BURN SCAR ON ABDOMEN, WHICH PATIENT LIKED BETTER. EDUCATED ON USE OF LOTION, SUNSCREEN, AND SCAR MASSAGE. WILL CONSIDER CUSTOM GARMENTS AT NEXT APPOINTMENT. PATIENT LOST 45# DURING HIS HOSPITAL STAY, AND THERAPIST WANTS TO MAKE SURE THAT CUSTOM GARMENTS WILL FIT FOR SEVERAL MONTHS IF ORDERED. Will continue with current plan of care when patient returns to clinic.

Goals

Short Term Goals: Burn scar will be healed in 2 weeks. - Met
Scar is smooth and flat with no ROM restrictions or pain in 1 month. - Not Met
Long Term Goals: Patient's scar will demonstrate complete maturation and require no further skilled PT needs by one year post-burn or injury. - Not Met
ADL and IADL performance is improved to prior level of function by one year post-burn or injury. - Not Met
Ambulation is improved to prior level of function by one year post-burn or injury. - Not Met

Megan C. Mobley, PT, DPT
1/16/2015
4:26:20 PM
Megan Clark Mobley, PT, DPT, WCC
State License #: PT010006

Burn Physical Medicine
3651 Wheeler Road
Augusta, GA 30909



Phone: 706-651-6685
Fax: 706-651-6693

Physical Therapy

Plan of Care

(Initial Evaluation)

Page 1 of 2

Patient Name: LONG, GYLES
Medical Record #: G000808204
Account #: G00557580973
Provider: Burn Center
Provider #:
Treating Clinician: Megan Clark Mobley, PT, DPT, WCC
Referring Physician: Robert F Mullins, MD, NPI# 1942277645

Date: 1/16/2015 03:55 PM
DOB: 9/17/1959
SOC Date: 1/16/2015

Certification From: 1/16/2015

Visits From SOC: 1

Certification To: 1/16/2016

Onset Date	Code	Description
Primary Diagnosis: 11/21/2014	709.2	SCAR CONDITIONS AND FIBROSIS OF SKIN (EXCLUDES KELOID SCAR)
Preferred Practice Pattern: Integumentary D: Impaired integumentary integrity associated w/full-thickness skin involvement/scar formation		
Prior Functional Status: Independent with ADLs and IADLs including ambulation, work or recreation.		
Rehabilitative Prognosis: Excellent rehab potential to reach and maintain prior level of function		
Systems Review, History: Patient sustained a 15% total body surface area burn from a dynamic explosion on 11/21/14.		

Initial Level

Goals

Impairment Goals Short Term

Burn scar will be healed in 2 weeks.
Scar is smooth and flat with no ROM restrictions or pain in 1 month.

Functional Goals Long Term

Patient's scar will demonstrate complete maturation and require no further skilled PT needs by one year post-burn or injury.
ADL and IADL performance is improved to prior level of function by one year post-burn or injury.
Ambulation is improved to prior level of function by one year post-burn or injury.

Functional Characteristics and Analysis: Difficulty with Activities of Daily Living and Instrumental Activities of Daily Living. Patient ambulates with a rolling walker at this time.

Patient / Caregiver concurs with established treatment plan and goals:

Yes

Impairment Observations

Risk of hypertrophic scarring and contractures.

Interventions (CPT Code)

PT Evaluation 97001

PT ReEvaluation 97002

Self / Home Management 15MIN 97535

Frequency of PT: One time every month

Duration of PT: 12 months

Intervention Comments: PATIENT SEEN TODAY FOR PT EVAL AND SELF MANAGEMENT. PATIENT HAD NO COMPLAINTS OF PAIN. PATIENT HAS HEALED BURN SCARS TO ALL EXTREMITIES AND TORSO, WHICH ARE IN NEED OF COMPRESSION. FIT PATIENT WITH bilateral INTERIM GLOVES, SPANDAGRIP SLEEVES FOR ALL EXTREMITIES (SIZE E AND D), AND INTERIM PANTS. EDUCATED ON WEAR/CARE AND RATIONALE. FIT PATIENT WITH INTERIM SHIRT, BUT HE DID NOT LIKE IT AND SAID HE WOULD NOT WEAR IT. PLACED ABDOMINAL BINDER AROUND BURN SCAR ON ABDOMEN, WHICH PATIENT LIKED BETTER. WILL CONSIDER CUSTOM GARMENTS AT NEXT APPOINTMENT. PATIENT LOST 45# DURING HIS HOSPITAL STAY, AND THERAPISTS WANTS TO MAKE SURE THAT CUSTOM GARMENTS WILL FIT FOR SEVERAL MONTHS IF ORDERED. Will continue with current plan of care when patient returns to clinic.

Patient Name: LONG, GYLES

Date: 1/16/2015 03:55 PM

Medical Record #: G000808204

DOB: 9/17/1959

Account #: G00557580973

SOC Date: 1/16/2015

Provider: Burn Center

Provider #:

Treating Clinician: Megan Clark Mobley, PT, DPT, WCC

Referring Physician: Robert F Mullins, MD, NPI# 1942277645

Authenticated by
Robert Fredrick Mullins MD
On 01/19/2015 01:13:20 PM

Robert F Mullins, MD, NPI# 1942277645

Date/Time

I certify the need for these services furnished under this plan of treatment
while under my care.



1/16/2015
4:25:03 PM

Megan Clark Mobley, PT, DPT, WCC

Date

State License #: PT010006

DOCTORS HOSPITAL

NAME: LONG, GYLES
UNIT #: G000808204
ACC #: G00557580973

Pt Type: DEP CLI
Adm Date: 01/16/15
D/C Date: 01/16/15

Dictated By: Mullins, Robert F MD

REPORT NAME: WOUND CENTER

Date of Service: 01/17/2015

SUBJECTIVE:

This is a 55-year-old male who sustained a 15% total body surface area burn injury status post a blast injury from dynamite to his lower extremity, upper extremity, abdomen, and also face was affected also. He is here today with family for reevaluation. He states he would like to have his PEG tube removed and states that he is having trouble hearing and also is requesting to see an ophthalmologist also. The patient has undergone multiple surgical procedures with split thickness skin graft with a left gastrocnemius muscle flap to the left anterior tibia. He does deny nausea, vomiting, diarrhea, fever or chills.

OBJECTIVE:

Examination was made today by the midlevel and Robert Mullins, MD. Focused examination to the abdomen, lower legs and chest reveal reepithelized areas that are somewhat firm; however, all areas are completely closed at this time. No open areas are apparent. He currently has a PEG tube in the abdomen. All other areas are healed at this time.

ASSESSMENT:

15% total body surface area blast injury to bilateral lower extremities, abdomen and upper extremities.

PLAN:

The patient will have a consult with Physical Therapy for permanent compression garments. He is given written and verbal instructions on sunscreen, lotion, and scar massage. He will have a referral to an ophthalmologist as well as with an ENT to evaluate the hearing. He will return to our clinic in 4 weeks or call sooner for any questions or concerns. The PEG tube will be removed and have Bactroban and Mepilex applied to the top. The patient and the patient's wife verbalize understanding of all treatments.

Dictated by: Elizabeth D Riordan, NP

Dictation ID / Confirmation #: 1567328 / US2844

DD: 01/16/2015 17:26 / DT: 01/17/2015 05:07

Authenticated by Elizabeth Dawn Riordan NP On 02/04/2015 02:05:36 PM

Authenticated by Robert Fredrick Mullins MD On 02/05/2015 01:22:06 PM

Patient Name: LONG, GYLES

Account #: G00557580973

PRINTED BY: IEQ8372

DATE 8/3/2015

LONG, GYLES

GC-548-3204

G00557580973

Electronically Signed by Robert F Mullins, MD on 02/05/15 at 1422

Patient Name: LONG,GYLES

Account #: G00557580973

PRINTED BY: IEQ8372

DATE 8/3/2015

LONG, GYLES

GC--549-204

G00557580973

Doctors Hospital of Augusta
3651 Wheeler Road, Augusta, Georgia 30909 (706)651-3232

IN / OUT / ER PATIENT ADMISSION RECORD
ACCOUNT#: G00557620436 ADM DATE: 02/13/15 UNIT RCRD #: G000808204 ARRIVAL:
ROOM/BED: ADM TIME: 1333 MARKET URN: G731763 CONF: VIP: N
PT. TYPE: REG CLI ADMIT PRI/SRC: EL / CR LOCATION(S): G.WC PC: 08

PATIENT INFORMATION
NAME: LONG, GYLES OTHER NAME:
STREET: 2526 CANEY BRANCH RD DOB: 09/17/1959 SS#: XXX-XX-9249
STREET: AGE: 55 RACE: WHITE/CAUC
C/S/2P: LEEVILLE, SC 29070 SEX: M MAR STATUS: M
PHONE#: (803)924-4356 CNTY/RES: SALUDA REL: NONE LANG: ENGLISH
SPOUSE / N.O.K. / COMPANION: PERSON TO NOTIFY
LONG, JAN
2526 CANEY BRANCH RD
LEEVILLE, SC 29070
(803)532-2793 RELTN: SPOUSE
WORK PH: (803)924-4356 CELL
PATIENT EMPLOYER: GUARANTOR
METRO CONSTRUCTION LONG, GYLES
2526 CANEY BRANCH RD
LEEVILLE, SC 29070
(803)632-2795 OCC: WORKER
GUARANTOR EMPLOYER: LEEVILLE, SC 29070
METRO CONSTRUCTION (803)924-4356 RELTN: SELF
2526 CANEY BRANCH RD OCCURRENCE CODES CONDITION CODES
LEEVILLE, SC 29070
(803)632-2795 05 11/20/14

INSURANCE INFORMATION
PRIMARY: COCHP08 - 39808 SECONDARY: TERTIARY:
CONSUMERS CHOICE HLTH PLAN
PO BOX 91606

LUBBOCK, TX 79490-1606
POLICY #: SF0038988 POLICY #: POLICY #:
COVERAGE #: COVERAGE #: COVERAGE #:
INS PHONE #: (800)580-8736 INS PHONE #: INS PHONE #:
GRP #: XISVHD1150 GRP #: GRP #:
AUTH #: NR/O AUTH #: AUTH #:
AUTH DT: 02/13 VER DT: AUTH DT: VER DT: AUTH DT: VER DT:
SUB: LONG, GYLES SUB: SUB:
RELAT: SA DOB: 09/17/1959 RELAT: DOB: RELAT: DOB:

PHYSICIAN INFORMATION / DOCUMENTATION
ADM: PCP: UNDEFINED SHEELEY, CARL
HCS: HCS: 9999
ATT: MULRO03 Mullins, Robert F MD REF: MULRO03 Mullins, Robert F MD
HCS: 1176 (706)863-9595 HCS: 1176 (706)863-9595
ER:
REASON FOR VISIT/CHIEF COMPL: BURN

PRINCIPAL DIAGNOSIS:

PRINCIPAL OPERATION/PROCEDURE:

CONSULTATIONS:

FOR MR USE ONLY

Assembly []
Analysis []
Coding []
Printed []
Final Check []

COMMENTS:

PRT BY: R.AG.DLG ON: 02/13/15 1333

ADVANCE DIRECTIVE: No: Info Offered/Refused

DISCH DATE: TIME: DISPO:

PRINTED BY: IEQ8372

DATE 8/3/2015

DOCTORS HOSPITAL

NAME: LONG, GYLES
UNIT #: G000808204
ACC #: G00557620436

Pt Type: DEP CLI

Adm Date: 02/13/15
D/C Date: 02/13/15

Dictated By: Mullins, Robert F MD

Report Name: WOUND CENTER

Date of Service: 02/13/2015

SUBJECTIVE:

Mr. Long returns to clinic today for repeat evaluation of a burn injury he sustained on 11/20/2014, when he was burning off dynamite and it exploded. He sustained a 15% total body surface burn injury. He required autografts for resolution and gastrocnemius muscle flap to the left anterior tibia. He continues to have problems with dizziness from inner ear problems. He has not seen the ENT yet. His wife states that the visit is scheduled for March and she continues to call and try and get an earlier date. Additionally, he is being followed by an ophthalmologist weekly for injuries to his eyes from the sand. He is currently using moisturizing drops as well as a steroid drop. They report compliance with scar management and skin care, and compression garments. He continues to wear an abdominal binder. Denies any fever, chills, nausea, vomiting, diarrhea. He does state he has gained weight gain and he notices a little discomfort in his abdomen. He was released by PT is using a cane only now. Any balance problems he may have are resultant of the inner ear. Continues to use abdominal binder.

OBJECTIVE:

Examination is completed today by the nurse practitioner.
INTEGUMENTARY: Focused examination to abdomen, lower legs, chest, arms reveal reepithelialized areas. He has some areas that are deep, hollowed out still in appearance from where he may have been hit with debris. There are no skin openings. The PEG site on his abdomen is healed completely; lower abdominal scar site is very concave in comparison to his upper abd. The site of the flap to his lower extremity is intact. He does have muscle. It is misshapen somewhat from the flap. There are no signs of infection. It is noted on listening to the patient, he does have some wheezing or loud breath sounds. Also, he is hard of hearing.

ASSESSMENT:

Scar condition fibrosis of skin.

PLAN:

Continue with the pressure garments, scar management and skin care. Continue followup with the ophthalmologist and will await recommendations from ENT. He is advised he should be careful with his weight gain, as it may affect the abdominal scar ridge. Additionally, he was recommended to follow with his PCP for pulmonary function tests and to gradually increase his activity, his walking and so forth. He is given a work status form for a note not to return to work until his next visit. He will return to clinic in 1 month for followup or sooner if they have questions or concerns. Visit code will be 99212 x1 with

Patient Name: LONG, GYLES

Account #: G00557620436

Robert Mullins, M.D. providing indirect supervision.

Dictated by: Lisa Campbell, NP

Dictation ID / Confirmation #: 1630624 / U55237

DD: 02/13/2015 16:47 / DT: 02/13/2015 20:22

Authenticated and Edited by Lisa O Campbell, NP On 2/17/15 8:07:45 AM

Authenticated by Robert Fredrick Mullins MD On 02/26/2015 12:55:33 PM

Electronically Signed by Robert F Mullins, MD on 02/26/15 at 1356

Patient Name: LONG, GYLES

Account #: G00557620436

PRINTED BY: IEQ8372

DATE 8/3/2015

LONG, GYLES

G00557620436

G00557620436

Doctors Hospital of Augusta
3651 Wheeler Road, Augusta, Georgia 30909 (706)651-3232

IN / OUT / ER PATIENT ADMISSION RECORD

ACCOUNT#:G00557756318 ADM DATE:03/13/15 UNIT RCRD #:G000808204 ARRIVAL:
ROOM/BED: ADM TIME:1314 MARKET URN:G731763 CONF: VIP:N
PT. TYPE:REG CLI ADMIT PRI/SRC:EL / CR LOCATION(S):G.WC FC:08

PATIENT INFORMATION

NAME: LONG, GYLES OTHER NAME:
STREET: 2526 CANEY BRANCH RD DOB: 09/17/1959 SS#: XXX-XX-9249
STREET: AGE: 55 RACE: WHITE/CAUC
C/S/ZP: LEEVILLE, SC 29070 SEX: M MAR STATUS: M
PHONE#: (803)924-4356 CNTY/RES: SALUDA REL: NONE LANG: ENGLISH
SPOUSE / NOK / COMPANION PERSON TO NOTIFY
LONG, JAN
2526 CANEY BRANCH RD
LEEVILLE, SC 29070
(803)532-2793 RELTN: SPOUSE
WORK PH: (803)924-4356 CELL
PATIENT EMPLOYER
METRO CONSTRUCTION
2526 CANEY BRANCH RD
LEEVILLE, SC 29070
(803)632-2795 OCC: WORKER
GUARANTOR EMPLOYER
METRO CONSTRUCTION
2526 CANEY BRANCH RD
LEEVILLE, SC 29070
(803)632-2795

LEEVILLE, SC 29070
(803)924-4356 RELTN: SELF
OCCURRENCE CODES CONDITION CODES
05 11/20/14

INSURANCE INFORMATION

PRIMARY: COCHP08 - 39808 SECONDARY: TERTIARY:
CONSUMERS CHOICE HLTH PLAN
PO BOX 91606

LUBBOCK, TX 79490-1606

POLICY #:SF0038988

COVERAGE #:

INS PHONE #: (800)580-8736

GRP #:XISVHD1150

AUTH #:NP

AUTH DT: 03/13 VER DT:

SUB: LONG, GYLES

RELAT: SA DOB: 09/17/1959

POLICY #:

COVERAGE #:

INS PHONE #:

GRP#:

AUTH #:

AUTH DT: VER DT:

SUB:

RELAT: DOB:

POLICY #:

COVERAGE #:

INS PHONE #:

GRP#:

AUTH #:

AUTH DT: VER DT:

SUB:

RELAT: DOB:

PHYSICIAN INFORMATION / DOCUMENTATION

ADM: PCP:UNDEFINED SHEELEY, CARL
HCS: HCS:9999
ATT:MULRO03 Mullins, Robert F MD REF:MULRO03 Mullins, Robert F MD
HCS:1176 (706)863-9595 HCS:1176 (706)863-9595
ER:
REASON FOR VISIT/CHIEF COMPL: BURN

PRINCIPAL DIAGNOSIS:

PRINCIPAL OPERATION/PROCEDURE:

CONSULTATIONS:

FOR MR USE ONLY

Assembly []

Analysis []

Coding []

Printed []

Final Check []

COMMENTS:

PRT BY:R.AG.SKH ON:03/13/15 1315

ADVANCE DIRECTIVE: No:Info Offered/Refused

DISCH DATE: TIME: DISPO:



PRINTED BY:IEQ8372

DATE 8/3/2015



Burn Physical Medicine
3651 Wheeler Road
Augusta, GA 30909

DOCTORS
HOSPITAL
Joseph M. Still Burn Center

Phone: 706-651-6685
Fax: 706-651-6693

Physical Therapy

Treatment Note

Page 1 of 2

Patient Name: LONG, GYLES Date: 3/13/2015 03:08 PM
Medical Record #: G000808204 DOB: 9/17/1959
Account #: G00557756318 SOC Date: 1/16/2015
Provider: Burn Center
Provider #:
Treating Clinician: Beth Williams, PT
Referring Physician: Robert F Mullins, MD, NPI# 1942277645

	Onset Date	Code	Description
Primary Diagnosis:	1/21/2014	709.2	SCAR CONDITIONS AND FIBROSIS OF SKIN (EXCLUDES KELOID SCAR)
Other Diagnosis:	1/20/2015	709.2	SCAR CONDITIONS AND FIBROSIS OF SKIN (EXCLUDES KELOID SCAR)
	1/20/2015	250.00	DIAB MELL WO COMPL, TYPE II OR UNSPEC TYPE, NOT UN

Subjective Comments: Has been wearing interim garments. His back itches a lot at times. Stated he might try swimming to increase his strength

Time In: 03:10 Time Out: 04:05

PT Interventions and CPT Codes Consisted of:	CPT Code	Modifiers	Minutes	Units
Self/Horns Management 15MIN	97585		55	4
SLP Elastic Sleeve Size S	NOCPT			1
Total Minutes: 55 Total Timed Minutes: 55 Total Untimed Minutes: 0				
Total Units: 5 Total Timed Units: 4 Total Untimed Units: 1				
Pain In: 0/10 Pain Out: 0/10				

Intervention Comments:

Provided with more tubing for his arms size D and size E to continue to wear 23 hours a day. Has interim gloves from prior visit. Scars on arms and hands are attempting to thicken. Measured for custom garments to be fit in 2-3 weeks. Garments include panty girdle below the knee and custom gloves bilaterally. Large indented area on abdomen from tissue loss. Scars are very thick on edges and center of scar. Has been wearing a abdominal binders. Instructed in donning and care of gel sheet with precautions. To be held in place by binder at this time. Overall generally weak and discussed increasing activity and walking gradually. Discussed the benefits of swimming since he is now healed. To continue interim garments.

Functional Characteristics and Analysis:

Difficulty with Activities of Daily Living and Instrumental Activities of Daily Living. Patient ambulating independently at this time but generally weak for long distances.

Ortho

Palpation Sites

Palpation Comments: Burn scars are healed. Patient in need of compression to all extremities, torso, and buttocks.

Impairment Observations:

Risk of hypertrophic scarring and contractures.

Current Plan: One time every month

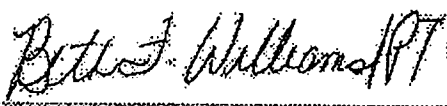
Discharge Planning was Discussed with Patient/Caregiver?	Yes
Patient's response to PT Interventions:	Good
Patient's progress toward established goals:	Good

Physical Therapy**Treatment Note**

Page 2 of 2

Patient Name: LONG, GYLES
Medical Record #: G000808204
Account #: G00557756318
Provider: Burn Center
Provider #:
Treating Clinician: Beth Williams, PT
Referring Physician: Robert F Mullins, MD; NPI# 1942277645

Date: 3/13/2015 03:08 PM
DOB: 9/17/1959
SOC Date: 1/16/2015

	3/16/2015 3:24:31 PM
Beth Williams, PT	Date/Time
State License #: PT000757	

DOCTORS HOSPITAL

NAME: LONG, GYLES
UNIT #: G000808204
ACC #: G00557756318

Pt Type: DEP CLI
Adm Date: 03/13/15
D/C Date: 03/13/15

Dictated By: Mullins, Robert F MD

Report Name: WOUND CENTER

Date of Service: 03/13/2015

SUBJECTIVE:

Mr. Long is a 55-year-old Caucasian male who sustained a catastrophic burn injury to his torso and extremities, requiring multiple surgical interventions and the large areas of skin grafting. He returns today for followup and reevaluation. He is having some significant pruritus reports, especially to his back. He has been wearing his garments. He has actually put on a couple of pounds so he has some tight banding across his lower abdomen to the large surgical graft site. He denies falls or weakness. He is continuing to follow up with Ophthalmology as well as ENT for the hearing loss and blurry vision. He has been trying to exercise and ambulate. He is actually trying to cut grass. He is walking for short periods, but he does become rather winded if he is too active. He denies any falls or weakness, numbness, or tingling, open areas, signs of infection, cellulitis, or fever.

OBJECTIVE:

Physical examination done under indirect supervision by Robert Mullins MD and the PA reveal:

GENERAL: Well-developed, well-nourished 55-year-old Caucasian male in no acute distress, alert, oriented, pleasant, cooperative. hard of hearing.

INTEGUMENT: The remainder of the exam is focused to the areas of concern. He has large multiple grafted areas to the abdomen and extremities that show adherent maturing skin grafts. They are slightly thickened in some areas, but the majority are soft and flat. He has no open areas appreciated. He has thicker deeper scars to the thigh and abdomen that also are thicker, slightly tight and tense. All areas blanch easily. He has well-healed reepithelialized burns ungrafted to the back, which are hyperemic and again blanch easily. He has good range of motion of all his extremities. He has slight thickening of the burn scars to the posterior digits on both hands. He has good range of motion, 5/5 motor strength and ambulates without difficulty.

DIAGNOSES:

Scar condition fibrosis of the skin. Late effect of thermal injury with early hypertrophic scarring.

PLAN:

He will be seen by Physical Therapy again today and placed in custom compression. We discussed regular more routine scar management with lotion and massage therapies. I encouraged him to continue increasing activity. He may start swimming. He can continue trying to work in his yard and would like to see him begin wearing sunscreen garments and use more aggressive sunscreen and scar management on a regular basis. He will be prescribed Prudoxin cream for

Patient Name: LONG, GYLES

Account #: G00557756318

itching. He can continue on Benadryl and he is to return for followup and reevaluation in 2 months. He is to call with any questions or concerns and return sooner for increasing symptoms. 99213 x1.

Dictated by: Jeanine Linehan-Burack, PA-C

Dictation ID / Confirmation #: 1696112 / U58036

DD: 03/13/2015 14:50 / DT: 03/14/2015 09:46

Authenticated by Jeanine H Linehan-Burack, PA On 03/16/2015 02:22:02 PM

Authenticated by Robert Fredrick Mullins MD On 04/08/2015 07:08:30 AM

Electronically Signed by Robert F Mullins, MD on 04/08/15 at 0808

Patient Name: LONG, GYLES

Account #: G00557756318

PRINTED BY: IEQ8372

DATE 8/3/2015

LONG, GYLES

G00557756318

G00557756318

Doctors Hospital of Augusta
3651 Wheeler Road, Augusta, Georgia 30909 (706)651-3232

IN / OUT / ER PATIENT ADMISSION RECORD
ACCOUNT#:G00558062243 ADM DATE:04/15/15 UNIT RCRD #:G000808204 ARRIVAL:
ROOM/BED: ADM TIME:1311 MARKET URN:G731763 CONF: VIP:N
PT. TYPE:REG CLI ADMIT PRI/SRC:EL / CR LOCATION(S):G.WC FC:08

PATIENT INFORMATION

NAME: LONG, GYLES
STREET: 2526 CANEY BRANCH RD
STREET:
C/S/ZP: LEEVILLE, SC 29070
PHONE#: (803)924-4356 CNTY/RES: SALUDA
SPOUSE / NOK / COMPANION
LONG, JAN
2526 CANEY BRANCH RD
LEEVILLE, SC 29070
(803)532-2793 RELTN: SPOUSE
WORK PH: (803)924-4356 CELL
PATIENT EMPLOYER
METRO CONSTRUCTION
2526 CANEY BRANCH RD

OTHER NAME:
DOB: 09/17/1959 SS#: XXX-XX-9249
AGE: 55 RACE: WHITE/CAUC
SEX: M MAR STATUS: M
REL: NONE LANG: ENGLISH
PERSON TO NOTIFY
LONG, JAN
2526 CANEY BRANCH RD
LEEVILLE, SC 29070
(803)532-2793 RELTN: SPOUSE
WORK PH: (803)924-4356 CELL
GUARANTOR
LONG, GYLES
2526 CANEY BRANCH RD

LEEVILLE, SC 29070
(803)632-2795 OCC: WORKER
GUARANTOR EMPLOYER
METRO CONSTRUCTION
2526 CANEY BRANCH RD
LEEVILLE, SC 29070
(803)632-2795

LEEVILLE, SC 29070
(803)924-4356 RELTN: SELF
OCCURRENCE CODES CONDITION CODES
05 11/20/14

INSURANCE INFORMATION

PRIMARY: COCHP08 - 39808
CONSUMERS CHOICE HLTH PLAN
PO BOX 91606

SECONDARY:

TERTIARY:

LUBBOCK, TX 79490-1606
POLICY #:SF0038988
COVERAGE #:
INS PHONE #: (800)580-8736
GRP #:XISVHD1150
AUTH #:NR/O
AUTH DT: 04/15 VER DT:
SUB: LONG, GYLES
RELAT: SA DOB: 09/17/1959

POLICY #:
COVERAGE #:
INS PHONE #:
GRP#:
AUTH #:
AUTH DT: VER DT:
SUB:
RELAT: DOB:

POLICY #:
COVERAGE #:
INS PHONE #:
GRP#:
AUTH #:
AUTH DT: VER DT:
SUB:
RELAT: DOB:

PHYSICIAN INFORMATION / DOCUMENTATION

ADM:
HCS:
ATT:MULRO03 Mullins, Robert F MD
HCS:1176 (706)863-9595
ER:
REASON FOR VISIT/CHIEF COMPL:BURN

PCP:UNDEFINED SHEELEY, CARL
HCS:9999
REF:MULRO03 Mullins, Robert F MD
HCS:1176 (706)863-9595

PRINCIPAL DIAGNOSIS:

PRINCIPAL OPERATION/PROCEDURE:

CONSULTATIONS:

FOR MR USE ONLY

Assembly	[]	___
Analysis	[]	___
Coding	[]	___
Printed	[]	___
Final Check	[]	___

COMMENTS:

PRT BY:R.AG.SRW ON:04/15/15 1311

ADVANCE DIRECTIVE: No:Info Offered/Refused

DISCH DATE: TIME: DISPO:



PRINTED BY:IEQ8372

DATE 8/3/2015



Burn Physical Medicine
3651 Wheeler Road
Augusta, GA 30909



Phone: 706-651-6685
Fax: 706-651-6693

Physical Therapy

Treatment Note

Page 1 of 2

Patient Name: LONG, GYLES
Medical Record #: G000808204
Account #: G00558062243
Provider: Burn Center
Provider #:
Treating Clinician: Megan Clark Mobley, PT, DPT, WCC
Referring Physician: Robert F Mullins, MD; NPI# 1942277645

Date: 4/15/2015 02:16 PM
DOB: 9/7/1959
SOC Date: 4/16/2015

	Onset Date	Code	Description
Primary Diagnosis:	1/21/2014	709.2	SCAR CONDITIONS AND FIBROSIS OF SKIN (EXCLUDES KELOID SCAR)
Other Diagnosis:	1/20/2015	709.2	SCAR CONDITIONS AND FIBROSIS OF SKIN (EXCLUDES KELOID SCAR)
	1/20/2015	250.00	DIAB MELL WO COMPL, TYPE II OR UNSPEC TYPE, NOT UN

Subjective Comments: Has been wearing interim garments.

Time In: 01:30 Time Out: 01:45

PT Interventions and CPT Codes Consisted of:	CPT Code	Modifiers	Minutes	Units
Self/Home Management 15MIN	97535		15	1
SUP JOBST Girdle 2 legs below knee closed pubis	NOCPT			2
SUP Elastic Sleeve Size 3	NOCPT			
SUP JOBST Suspender attachment	NOCPT			2
SUP Jobst glove to wrist (JGW)	NOCPT			4
Total Minutes: 15 Total Timed Minutes: 15 Total Untimed Minutes: 0				
Total Units: 9 Total Timed Units: 7 Total Untimed Units: 2				
Pain In: 0/10 Pain Out: 0/10				

Intervention Comments:

Patient seen today for self management. Patient had no complaints of pain. Scars on arms and hands as well as abdomen and legs are attempting to thicken. Fit patient with custom gloves and girdle, with good fit. Large concave area on abdomen from tissue loss. Patient has been wearing an abdominal binder instead of interim vest secondary to his personal preference. Patient educated on use of lotion, sunscreen, and scar massage. Educated on wear/care and rationale. Will continue with current plan of care when patient returns to clinic.

Ortho

Palpation Sites

Palpation Comments: Burn scars are healed. Patient in need of compression to all extremities, torso, and buttocks.

Goals

Short Term Goals: Burn scar will be healed in 2 weeks. - Met
Scar is smooth and flat with no ROM restrictions or pain in 1 month. - Not Met

Long Term Goals: Patient's scar will demonstrate complete maturation and require no further skilled PT needs by one year post-burn or injury. - Not Met
ADL and IADL performance is improved to prior level of function by one year post-burn or injury. - Not Met
Ambulation is improved to prior level of function by one year post-burn or injury. - Not Met

Megan Clark Mobley, PT, DPT
Megan Clark Mobley, PT, DPT, WCC
State License #: PT010006
4/15/2015
2:42:10 PM
Date/Time

Physical Therapy**Treatment Note**

Page 2 of 2

Patient Name: LONG, GYLES

Date: 4/15/2015 02:36 PM

Medical Record #: G000808204

DOB: 9/17/1959

Account #: G00558062243

SOC Date: 1/16/2015

Provider: Buta Center

Provider #:

Treating Clinician: Megan Clark Mahley, PT, DPT, WCC

Referring Physician: Robert F Mullins, MD, NPI# 1942277645

Doctors Hospital of Augusta
3651 Wheeler Road, Augusta, Georgia 30909 (706)651-3232

ACCOUNT#: G00557899738 ADM DATE: 05/22/15 UNIT RCRD #: G000808204 ARRIVAL:
ROOM/BED: ADM TIME: 1018 MARKET URN: G731763 CONF: VIP: N
PT. TYPE: REG CLI ADMIT PRI/SRC: EL / CR LOCATION(S): G.WC FC: 08

NAME: LONG, GYLES
STREET: 2526 CANEY BRANCH RD
STREET:
C/S/ZP: LEEVILLE, SC 29070
PHONE#: (803)924-4356 CNTY/RES: SALUDA
SPOUSE: SHELLEY, CARL
LONG, JAN
2526 CANEY BRANCH RD
LEEVILLE, SC 29070
(803)532-2793 RELTN: SPOUSE
WORK PH: (803)924-4356 CELL
PRACTICE: METRO CONSTRUCTION
2526 CANEY BRANCH RD

OTHER NAME:
DOB: 09/17/1959 SS#: XXX-XX-9249
AGE: 55 RACE: WHITE/CAUC
SEX: M MAR STATUS: M
REL: NONE LANG: ENGLISH
P.E.R.S.O.N.: T.O.R.
LONG, JAN
2526 CANEY BRANCH RD
LEEVILLE, SC 29070
(803)532-2793 RELTN: SPOUSE
WORK PH: (803)924-4356 CELL
G U A R A N T O O R
LONG, GYLES
2526 CANEY BRANCH RD

LEEVILLE, SC 29070
(803)632-2795 OCC: WORKER
G U A R A N T O O R
METRO CONSTRUCTION
2526 CANEY BRANCH RD
LEEVILLE, SC 29070
(803)632-2795

LEEVILLE, SC 29070
(803)924-4356 RELTN: SELF
OCCURRENCE CODES: 05 11/20/14
CONDITION CODES:

PRIMARY: COCHP08 - 39808 SECONDARY: TERTIARY:
CONSUMERS CHOICE HLTH PLAN
PO BOX 91606

LUBBOCK, TX 79490-1606
POLICY #: SF0038988 POLICY #: POLICY #:
COVERAGE #: COVERAGE #: COVERAGE #:
INS PHONE #: (800)580-8736 INS PHONE #: INS PHONE #:
GRP #: XISVHD1150 GRP #: GRP #:
AUTH #: NR/O AUTH #: AUTH #:
AUTH DT: 05/22 VER DT: AUTH DT: VER DT: AUTH DT: VER DT:
SUB: LONG, GYLES SUB: SUB:
RELAT: SA DOB: 09/17/1959 RELAT: DOB: RELAT: DOB:

ADM: PCP: UNDEFINED SHEELEY, CARL
HCS: HCS: 9999
ATT: MULRO03 Mullins, Robert F MD REF: MULRO03 Mullins, Robert F MD
HCS: 1176 (706)863-9595 HCS: 1176 (706)863-9595
ER:
REASON FOR VISIT/CHIEF COMPL: BURN

PRINCIPAL DIAGNOSIS:	FOR MR USE ONLY
PRINCIPAL OPERATION/PROCEDURE:	Assembly []
CONSULTATIONS:	Analysis []
	Coding []
	Printed []
	Final Check []

COMMENTS: ADVANCE DIRECTIVE: No: Info Offered/Refused
PRT BY: R.AG.SRW ON: 05/22/15 1019 DISCH DATE: TIME: DISPO:
PRINTED BY: IEQ8372 DATE 8/3/2015

DOCTORS HOSPITAL

NAME: LONG, GYLES
UNIT #: G000808204
ACC #: G00557899738

Pt Type: DEP CLI
Adm Date: 05/22/15
D/C Date: 05/22/15

Dictated By: Mullins, Robert F MD

Report Name: WOUND CENTER

Date of Service: 05/22/2015

SUBJECTIVE:

This is a 55-year-old male who is well known to our service following a traumatic burn injury he sustained in 11/2014. He underwent allografting and autografting for the resolution of his injuries. He does report some continued itching to his large back donor, however, he states that this has improved. At one point in time, they were spreading Prudoxin cream all over it; however, this became very expensive and when the itching improved they discontinued it. The patient also states that he is no longer wearing his upper extremity garments as his skin is staying nice and flat and he has had no problems here. He also complains of some continued vertigo for which ENT is following. He denies any other new issues on intake today.

OBJECTIVE:

Physical examination was performed by the PA under the indirect supervision of Robert Mullins, MD. Examination of the low abdomen and the bilateral thighs reveals significant burn scars with concave defect. The autografts are overall pliable with intermittent fibrosis. No significant hypertrophy or thickening. No contracture or banding or functional deficits. The bilateral upper extremity and scars are soft, flat and pliable with minimal discoloration. There is a large back donor site which is hyperemic and without open areas. The face is soft, flat, pliable and with minimal discoloration.

ASSESSMENT:

1. Scar condition fibrosis of the skin.
2. Late effect burn to the face, bilateral upper and lower extremities as well as the torso.

PLAN:

The patient will continue diligent scar moisturization, massage, and sunscreen application. He is encouraged to continue garments of his lower extremities and may monitor his upper extremities out of the garments and is encouraged to start using them again if any areas of thickening develop. He will continue to follow with ENT in regards to his vertigo. I discussed with the patient at length that if he does have persistent itching to the large back donor site when he returns to clinic in 2 months, we may consider further discussion of laser treatment. The patient was encouraged to call with any questions, problems, and/or concerns. He demonstrated understanding of all instructions.

Dictated by: Shellie V Lutz, PA-C

Dictation ID / Confirmation #: 1894225 / U65910

Patient Name: LONG, GYLES

Account #: G00557899738

Date/Time	Critical Care (35")	Progress Notes
11/11/15	0830	Patient seen and examined, chart reviewed, data excluded. Case discussed at length w/ Dr. Mullins. Medically clear for transfer to floor. Patient had discharges on PMS. F98829905R R217-1540, 3rd 986 BP 113/56 T-48990-3425
(132)	45	11/11/93 Phos 3.8 88 - 93 / 9.5 26 10.6 / 93 mg 1.4 505/40/74/220 243% Endo 1.11 Baso 30.8 Respiratory - cough, SOB, HTS, mobilize, PT/OT. Improve pulmonary status. Out coverage - Laxerx/Dep/Comp. Lungs clear. Renal - blood urea, stable potassium, hypokalemia more so not clinically significant. 1 Net 1.2 U. CV - hemodynamically stable, good perfusion - Heart - RRR, no murmurs. GI - debile, food wound care, CPET cleared, no dx. Day 32 (L) RTCC. Endocrine - Diabetes, Insulin - requiring, Gemme 20 units/day. Heme - anemia post-op, follow hemostasis as needed. GI/Nutrition - Impact Succhr (A) and diet supplement, gut/Inten/Ox, which C. 1032-13573M, no NO. Open mgmt - GCSIT, HoH, VSTM, cranial membrane, mmeter, Xox, melatonin.

DOCTORS HOSPITAL OF AUGUSTA

Progress Notes

LONG, GYLES
600557360179 ADM IN 2.8110-3
11/21/14 1029 Mullins, Robert F MD
DOB: 09/17/59 55 H NR/ 6000808204
DOCTORS HOSPITAL OF AUGUSTA URN G1003346438
PATIENT NAME: GYLES, ROBERT F. MRN: 6000808204



PRINTED BY: IEQ8372

DATE 8/3/2015

Patient Label

Date/Time	Chart Case (35")	Progress Notes
12/31/14	0930	Patient seen and examined, chart reviewed, data entered. Case discussed in detail w/ Dr. Mullins. Remains medically clear for transfer, awaiting disposition plan. T-47129608R BP-124/63 RR-20 RA O2 sat 100% T-41126 O-5630
7.4	93	9.3
535/23/324/24	263K	134/100
240/123050	29.5	4.2/25
		10/86
		Phos 3.9
		Mg 1.7
		Trend 1.1
		① Resp - endotracheal tube 103, IS, mobile, RT/L. ② CV - Lungs - Lungs - clear. ③ Card - Good, no stable pulmonary hypertension, V Line - Not / asmo. ④ CV - hemodynamically stable, good peripheral. ⑤ Heart - RRR, normal. ⑥ Indwelling - good, good, good, good, good. ⑦ Endotracheal - good, good, good, good, good. ⑧ Hematocrit - good, good, good, good, good. ⑨ G/T - good, good, good, good, good. ⑩ O2 - good, good, good, good, good. ⑪ O2 - good, good, good, good, good. ⑫ O2 - good, good, good, good, good. ⑬ O2 - good, good, good, good, good. ⑭ O2 - good, good, good, good, good. ⑮ O2 - good, good, good, good, good. ⑯ O2 - good, good, good, good, good. ⑰ O2 - good, good, good, good, good. ⑱ O2 - good, good, good, good, good. ⑲ O2 - good, good, good, good, good. ⑳ O2 - good, good, good, good, good. ㉑ O2 - good, good, good, good, good. ㉒ O2 - good, good, good, good, good. ㉓ O2 - good, good, good, good, good. ㉔ O2 - good, good, good, good, good. ㉕ O2 - good, good, good, good, good. ㉖ O2 - good, good, good, good, good. ㉗ O2 - good, good, good, good, good. ㉘ O2 - good, good, good, good, good. ㉙ O2 - good, good, good, good, good. ㉚ O2 - good, good, good, good, good. ㉛ O2 - good, good, good, good, good. ㉜ O2 - good, good, good, good, good. ㉝ O2 - good, good, good, good, good. ㉞ O2 - good, good, good, good, good. ㉟ O2 - good, good, good, good, good. ㊱ O2 - good, good, good, good, good. ㊲ O2 - good, good, good, good, good. ㊳ O2 - good, good, good, good, good. ㊴ O2 - good, good, good, good, good. ㊵ O2 - good, good, good, good, good. ㊶ O2 - good, good, good, good, good. ㊷ O2 - good, good, good, good, good. ㊸ O2 - good, good, good, good, good. ㊹ O2 - good, good, good, good, good. ㊺ O2 - good, good, good, good, good. ㊻ O2 - good, good, good, good, good. ㊼ O2 - good, good, good, good, good. ㊽ O2 - good, good, good, good, good. ㊾ O2 - good, good, good, good, good. ㊿ O2 - good, good, good, good, good.

DOCTORS HOSPITAL OF AUGUSTA

Progress Notes



PRINTED BY: IEQ8372

DATE 8/3/2015

PNS DH89 07/11

--564--

LONG, GYLES
G00557360179 ADM IN 6.8010-2
11/21/14 1625 Mullins, Robert F. M)
DOB: 09/17/59 55 H MRA G000808204
DOCTORS HOSPITAL OF AUGUSTA UH# G1003340438
11/20/2014 1625 Mullins, Robert F. M) 11/20/2014 1625 Mullins, Robert F. M)

Patient Label

G00557360179

Date/Time	Center Care (35")	Progress Notes
12/30/14	9:00am	Patient seen and examined, current review of data conducted. Care discussed at length w/ Dr. Mullins. Burn/karma now getting on a walking distribution plan. Medically clear for transition. T-988 P94052 BP-138/64 R-20 RA Q sd 926 I-3840 0-1965
137	152	9/115 Phos 3.4 C.8 93 9.2
3.6	2.6	0.5/115 mag 1.6 725/36/21L/4M 238W 1 Baso 29.0
(1) Resp. encourage cough/DB/TS monitor, PT/OT. Control pneumonia - bilat. JTK Nobs. Out Cause - Low ox/Pop/Comp. Wags - Cds. (2) Bond - good w/o, stable parameters, complete 2nd/1st. (3) CV - hemodynamically stable good perfusion, Leche Agd 0.8. Heart-RR normal. (4) ID - stable local woundcare, resolved (Dkno) (DET) Continue morphine, Day 3000 PRCC Stable site. No current dx. (5) Endocrine - glucose controlled 80w/1/day (6) Heme - anemia post injury, follow hematology very closely. (7) GI/Nutrition - continue TPN + social in, and diet (Dkno) glut Nobs/Let. T-988 P94052 BP-138/64 R-20 RA Q sd 926 I-3840 0-1965 (8) Neuro - Renal - GCS 15, Noth short-term memory loss, continue lab work melatonin, Xerox.		

DOCTORS HOSPITAL OF AUGUSTA

Progress Notes

LONG GYLES
G00557360179 ADM IN G.0010-1
11/21/14 1629 Mullins, Robert F MD
DOB: 09/17/59 55, N MRF G000808204
DOCTORS HOSPITAL OF AUGUSTA URM G1003346432
1/20/2015 2220 2015 2015 2015 2015 2015 2015 2015 2015 2015



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DATE 8/3/2015

Patient Label

Date/Time	Central Care (35")	Progress Notes
12/28/14 0900	Patient Seen and examined, chart reviewed, data evaluated. Case discussed at length with Dr. Mullins. Post-op Day one, curative plans for R. Humer surgical plans. Medically Stable. T-98 P-94 N-58, BE-126/64, RR-19 RA (10.5-9.86) No Foley, I/O unremarkable	
138 4.8	11/123 Phos 4.2 24/0.5/123 mg# 1.9	8.9 91 10.5 2524
560T 42	PT 11.4 hb 563 Tanned COT 1.19	545/35/15M/1ED 33.2
	(1) Resp - Encourage coughs, DB, ITS, mobilize PT/OT. Continue pulmonary toilet - PNF Nebs. (2) Cardio - Lovenox 100mg BID, Wgs Clear. (3) Renal - Good W/O, Stable parameters (4) CV - Hand primarily stable, good perfusion in aortic valve leak D7. Ident - PEX, PEX M6 (5) ID - Clebs, low WBC, resolved CPT (6) Abx - Continue. No oral Nebs. Day 28 (7) PRCC, stable. (8) Endom - glucose controlled, maintain 20 units/day. (9) Heme - anemia, post-op, RBCW hemostasis very close. (10) GI/Nutrition - Throat block (F) gut/ox/Quen/Supplab, Diet. ABZ/AB5, BM, NT, PD. (11) Wound - GCSIS, STM losses, HAT (one on chemo) come low dose meloxicam, Xanax, Meprob, Amitri.	

DOCTORS HOSPITAL OF AUGUSTA

Progress Notes

LONG GYLES
G00557360179 AGN IN G.8U10-1
11/21/14 1625 Mult: Ins. Robert F. MD
DOB: 09/17/59 55 M HREF G000808204
DOCTORS HOSPITAL OF AUGUSTA URN G1003246436
11/21/2014 1625 1625 1625 1625 1625 1625 1625 1625 1625 1625



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DATE 8/3/2015

Patient Label

0.7

Date/Time	Critical Care (35")	Progress Notes
12/27/14	11:30am	Patient seen and examined. Chart reviewed, and evaluated. Care discussed at conference with Dr. Mills. Post-operative wound healing, surgical site, needs discussion, medical needs. R5 P10000SR 20-20 RAO 3ct 486 BPT 4382 T-4062 0-1650
133	1100/14	42 26/06 46 1100/14 9.5 91 / 10.1 PT 11.0 1100/14 6951B 241 22.6K 31.4
(1) Rose-encourage cough/DB/TS, mobilize, PT/OT. Continued pump on, toilet, Tetanus (2) Corese-Laxox/Vop/Com. Pura-S-Clon. (3) Kard-gabulo, stable for now, hypoxia (4) Diverter x 1 today, follow response (5) CV-hemopericardium, stable, good position, tube 0.7. Heart-RR no pain (6) ID-chronic, low wound care, Nifedipine (7) Catheter C. D. (Dilator) P. tube (D.F.) Symptomatically free. 12/27/14 (C. K. C.C.) (8) Bowel-allowance controlled, 200ml/day in 24h (9) Urine-creatinine, post-op, improved (10) Wound-healing, post-op, improved (11) GI/Nutrition-oral diet + (12) Supplemental short course (13) Aut-Tiven/Loat-Reflex (14) System, 0.1/0.1 (15) Vitals-GCS 13, VS 100, HR 100, CVP 10 (16) Wound-Xray, normal, no drainage		

DOCTORS HOSPITAL OF AUGUSTA

Progress Notes

[Handwritten signature]

LONG GYLES
 G00557360179 AOH IN G.8010-1
 11/21/14 1629 Mullins, Robert F. MD
 DOB: 09/17/59 55 M MRF G000808204
 DOCTORS HOSPITAL OF AUGUSTA URN G1003346430
 11/21/14 1629 Mullins, Robert F. MD



Patient Label

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DATE 8/3/2015

Date/Time	Critical Care (35")	Progress Notes
12/26/14	0800	Patient seen and examined, chart reviewed, data evaluated. Case discussed at (1-10) Dr. Mullins. Awaiting surgical and disposition, medically clear for floor transfer.
		T 97.8 P 94 DSR RR 16 (RA) Wt 98.6. BP 112/57. No Foley, no not a tickle.
6A	95	9.1 134 104 10 Phos 4.5 260W 4.0 29 0.7 100 Spot 28
555/344	5m/50	29.0 Jered Cett 1.17 mg#1.8
		① Resp - encourage coughing, DBTS - mobilize ② TIOT - Comp pump, toilet - D/T change - ③ dapp / comp / Lavenox, was clear ④ food - good w/ Starch promoter. ⑤ Air - hemodynamically labile, good ⑥ Room - tech 1.0, heart - 122 bpm ⑦ ID - stable, good wound care. Day 26 (1) ⑧ PICC - stable site. Dilat (0/10) (+) ⑨ approach. CPT cleared. ⑩ Endone - glucose controlled 200 mg/day. ⑪ Feme - schema, post-injury, follow ⑫ hemostasis, very stable. ⑬ GGT 100, hsp - and diet (+). Sugar-free ⑭ CTB - oxepel, Sacchr, Krealb (23). On ⑮ add's (glut / ox / Lect). NBT-KBS-Km, NT, NO ⑯ Neuro - later ACSIS, Ho H (acute enceph) ⑰ Cerve - computer, X-ray, mehdone, moldan.

DOCTORS HOSPITAL OF AUGUSTA

Progress Notes



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DATE 8/3/2015

PNS DH89 07/11

--569--

LONG, GYLES
G00557360179 ADM IN 6.8U10-1
11/21/14 1829 Mullins, Robert F JR
DOB: 09/17/59 55 M MAI G000808204
DOCTORS HOSPITAL OF AUGUSTA URN G1003346433
A CAPITAL HEALTH GROUP, INC. MEMBER OF THE HEALTHCARE TRUST OF THE STATE OF GEORGIA

Patient Label

300557360179

Page 1 of 1

Date/Time	Critical Care (35")	Progress Notes
12/25/14 0800	Patient seen and examined, chart reviewed, data evaluated. Case discussed w/ Dr. V. medically clear for transfer, awaiting surgical plans and disposition.	
	T-982 P-82088 B2-119160 B2-15(RA) 9820501	
	Foley at - good u/o	
137	102/113	Phos 4.0 6.7 9.4 / 9.6
3.9	28/0.6/116	mg H1.8 645/23/194/94/30.4
		Ind C/H 1.17 4E0/3m/100
	(1) Resp - encourage cough/DB LPS - mobilize PT/OT. Commence T + Nebx / pulmonary toilet. (2) Coe - Loxapex / Popp / Lung / Lox - Clear (3) Bend - good u/o (spontaneous nursing) B/L/O (4) CV - hemodynamically stable, good perfusion indices, tachycardia 108 Heart-RR2, pulm 6 (5) ID - female, low calcium, CDPT appears resolved Commence D. 500 (3) (4) Phosphorus (6) Endocrine - Glucose well-controlled, 200 mg insulin bid. (7) Hemo - anemia, postop, follow hemo- stasis re. Coe (8) GI - NPO - Good diet - (P) Supplement Laxerid / Keel, Commence gut / Querc / Lact / Ox B2-135 tsm, B2-135 tsm, B2-135 tsm (9) Neuro / Pain - Carbide / Mehdino / Xerox / Montecare / Melom. GCS 15, H/H acute on chronic, O/W Ren impaired.	

DOCTORS HOSPITAL OF AUGUSTA

Progress Notes



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DATE 8/3/2015

PNS DH89 07/11

--570--

LONG, GYLES
G00557360179 ADM IN G.8020-1
11/21/14 1629 Hollins, Robert F. MD
DOB: 09/17/59 55 M MRF G000808204
DOCTORS HOSPITAL OF AUGUSTA URM G1003346438
1 HOLLINS, ROBERT F. MD 1629 11/21/14 1629 11/21/14 1629 11/21/14 1629

Patient Label

G00557360179

Date/Time	Critical Care (35")	Progress Notes
12/24/14	Patient seen and examined. Chart reviewed	
10:30am	Admitted. Case discussed at length w/ Dr. Mulholland. Medically cleared for admission ICU, awaiting surgical plans.	
	T-984 P-985K B-21/66 RD-72 RA 0.30-98.6	
	T-2681 0-2000	
8.4	95 / 9.3	136 / 102 / 14 /
675/26L	285K	3.8 / 27 / 0.7 / 132
	30.0	Phos 3.4
		Ser 1.8
		mg #1.8
		Endo 1.16
	① Resp - Arterial blood collected for ABG. No wheezing, PT/OT, Pymox, 10L OT, PMSU.	
	② Curc - Lowers Papp/Comp. Lungs clear.	
	③ Endo - good w/o. Stable parameters.	
	④ Hct - Hematocrit immediately 100% good per lab. Hct 40.0. Hct 7-22 Pym 6.	
	⑤ Diet - Adequate, low sodium and Day 7 -	
	⑥ Hct (CPT) controlled for 1st 24h. Day 24 (D-12) C, Stable 3.6.	
	⑦ Endo - glucose controlled to 180mg/dL, Insulin 30 units/day.	
	⑧ Hemo - Chemia, pos - 12 mg, full aw hemostasis, re-eval.	
	⑨ G.I. - Niblon - low dose, good CIBS, sup. no. Clinic. Input to chrt. 1000s/gut.	
	⑩ X-ray - Lungs clear. 152-105-30m, NT, NO.	
	⑪ Papp/Pym - GCS 10. Hct 40.0, Chre Ammonia (X-ray) (malcom) melinda	

DOCTORS HOSPITAL OF AUGUSTA

Progress Notes



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DATE 8/3/2015

PNS DH89 07/11

-571-

LONG, GYLES
G00557360179
11/21/14 1629 Mullins, Robert F. MD
DOB: 09/17/59 55 H HRP G000208204
DOCTORS HOSPITAL OF AUGUSTA URN G1003345438
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

Patient Label

G00557360179

Date/Time	Progress Notes
12/22/14	Critical Care (35") Patient seen and examined, chart reviewed, data entered. (C)ediscussed at length w/ Dr. Mullins. Wait Surgical Plns, does not require medical ICU care.
11:00am	T-984 P-980 SR BP 122/57 RR 18 (RA) O2 sat 96% I-3214 O-2830 CXR - Clear
9.3	95 / 9.8 135 / 102 18 / 360W 4.2 / 25 6.7 / 152 Pms 3.2 mgmt 1/8 Ind #1.14
7:15/11/21	11M 31.6
2:50/28/21	2:50/28/21mm
	- Respiratory - continue pulmonary toilet, encourage cough/DBIS, monitor PT/OT - Put Cuffage - diff/care/Loamx, Lungs Clear. - Wound - good ulc, sterile parameters - ECV - blood pressure 140/90, good perfusion, Lochc Aed 1.7, Heart 122/12, normal - CTD - 9-10% logg and care Day 5 - Wound - closed, a good (DEF) mean ten - Endocrine - glucose control 200 mg/day - Heme - no big post-surgery, follow hemostasis, very close - GTN - 100mg - covered on, last up - Inject - 100mg (+) glit - 100mg / 100mg - Good - 130/80, 30mg AT NO - Drugs - 6CS 15, 100mg, 100mg, 100mg 4 new SIM Leses, come phda - Xerox (Amentche) Melcom.

DOCTORS HOSPITAL OF AUGUSTA

Progress Notes



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DATE 8/3/2015

PNS DH89 07/11

-573-

LONG, GYLES
G00557360179 ADM IN G.813-1
11/21/14 1029 Mullins, Robert F MD
DOB: 09/17/59 55 M HRP G000808204
DOCTORS HOSPITAL OF AUGUSTA URN G1002786436
1/20/15 10:00 AM 10/15/15 10:00 AM 10/15/15 10:00 AM 10/15/15 10:00 AM

Patient Label

G00557360179

200557360179

Date/Time	Critical Care (35")	Progress Notes
12/19/14 0940	Patient seen and examined. Chart reviewed, data advised. Case discussed at length w/ Dr. V. Remains critically ill post-trauma w/ burns, airway disposition and other signed plans. T-983290052 BP-129/60 RR-18(21) O2 sat 98b T-46390-3194 93 / 8.7 138 / 103 / 19 (163) Phos 3.2 48511814 451K 4.2 / 28 10.6 mgH 1.3 Indrat 1.4 12/20/14 28.0 Bili 0.3 SGOT 62 AP 49 Amm 19(01)	① Resp-encourage cough / PB / TS, mobilize PT / OT. Coughing / no sputum. On Coxsage / Lasix / O2 / Comp. Lungs - Clear. Consider decannulation. ② Oral - good to, stool formed. New Foley ③ CV - hemodynamically stable, Good perfusion, Lactate Acid 0.8. Heart - RRR, P2m6. ④ ID - debris / old wound care, BCx 3 (12/17) Negative. Cx (PFT & w/ Biopsy) (2) (4) Lactate 1.1. Day 19 ⑤ PICC stable site. ⑥ Endo - glucose / mildly elevated, 180 on Feb 19th day. ⑦ Hemo - chronic post-burn, w/ low hemoglobin ⑧ GI / Abdomen - Expect 200 c/hr (PFT / Abdomen) OX - BP 135/85, NT, NO 11 stool output since dibacal initiated. ⑨ Ren - mg / New - alert / GCS 15, Some short- term memory loss, Hct 30%, Cxix marked

DOCTORS HOSPITAL OF AUGUSTA

Progress Notes



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DATE 8/3/2015

Patient Label

LONG GYLES
G00557360179
11/21/14 1629 Millins, Robert F. MD
DOB: 09/17/59 55 N MRF G000808204
DOCTORS HOSPITAL OF AUGUSTA URM G1003346438
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

G00557360179

Date/Time	Critical Care (36")	Progress Notes
12/17/14	Patient seen and examined, chart reviewed	
10:00am	data collected. Care reviewed at length w/ Dr. Mullins. Remains stable w/ no end	
	arms, breathing stable on P/Os	
	T-983 P-84 DSE R2H 3516 TNO Srt 992 BF-	
	10 150 CR-C62C	
7.5	95 18.4 (135) 102 19 113	Phos 3.1
	430K 42 122 10.6 113	Mg #1.8
5/15/38/31/SM	430K 42 122 10.6 113	Trend 1/14
4E0/23610	225 B116.3 560173 5617267 P146	
	LDH 181 P109 56485	
	① Resp. A trach today, #6 Smiley forward incented machine, P/O on converter (b). ② Core - Oup/Lavox. Lungs clear ③ Blood - good w/ stable normal. Rel w/ t and, mild hypoxia, A Hcy (264/10) ④ Chemo - no chemo, good P/O, good teche had 0.4. Heart - RR 26 bpm. ⑤ ID - stable, good w/ care. (ECR) (b) ⑥ Serology - A to A head - high n/s ⑦ DIC Factor (D/K) - needs 141 w/ C/PET good Lachoneally. DIC couple ⑧ Endone - glucose well-controlled. to w/ t today. ⑨ Hemo - Grieve post-injury, on Fe h slow hemate 32 (b) ⑩ BT IN 100 - fresh (19) M3 2.2, 1 since 26 cm. Curve good 11 w/o, Lentox 16 ur. APT 135 13m, D/D 12. ⑪ Krenngt - low core Nebene, Xox Muldnd. Mth GCS 11 T (Holt tren worsened by epibron.	

DOCTORS HOSPITAL OF AUGUSTA

Progress Notes



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DATE 8/3/2015

Patient Label

LONG SYLES
G00557360179 ADM IN 2.8030-1
11/21/14 1629 Mullins, Robert F. MD
DOB: 09/17/51 55 K. MRI G000806204
DOCTORS HOSPITAL OF AUGUSTA URN G2003148438
1 10/11/15 10:11 AM 10/11/15 10:11 AM 10/11/15 10:11 AM 10/11/15 10:11 AM

G00557360179

Date/Time	Critical Care (38")	Progress Notes
12/5/14	1040am	Patient seen and examined, chart reviewed, data audited. Case discussed in detail w/ Dr. Mullins. Remains critically ill w/ exams, and trends awaiting disposition plans. Fluor 2-10-30 SR Bel 22/24 3520 F.C RR-20 O2 sat 100% I-43450-4450 CXR-clear
13:4	101	8.3 149/113/24/174 Pms 3.4 465 W 4.3/24/0.8/174 mg #12.1
6:35	10:0	104/114 274 Lungs (bilateral) 3E0 PT 10.7 Hb 762 Trend 10.0
		- OBSC-Encourage cough, DB, mobilize, P/T on primary bike + incentive, Lungs-Clear - ADD Hb, but Cough-Low - Head- good w/ stable parameters, repeat cell. Follow hyperkalemia. - CV- hemodynamically stable, good perfusion- tech C-Acid 1.1. Heart-RRR 120 bpm - AD- stable, good wand, 100% (6) - Day 4 (6) P/TCC, new tissue culture- 50 for immunobility - Endom- glucose & ketones controlled, 150 w/ 100 w/ add chomum 1-Hem- anemic, post-trend follow remotes, 1 w/ chomum - GTI/Unlon- Impact 85% chomum (100%) - ox Hues/Leat/NO app. 130-135 bpm - Pen mgf- good, BT affect GCS 11, mainly all, machine all, Phagi/BD, malcom and Xerox Control

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Progress Notes



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DATE 8/3/2015

PNC PHRO 07/14

--581-

LONG, GYLES
G00557360179

ADM IN 6.8010-1

11/21/14 Mullins MD, Robert Fred

M MR# G000808204

DOB: 09/17/59 55

DOCTORS HOSPITAL OF URM G1003346438

1-800-800-8000 1-800-800-8000 1-800-800-8000 1-800-800-8000

Patient Label

G00557360179

Date/Time	Progress Notes
12-7-14	Ophthalmology
	55 year old male with facial burns in
	dynamite explosion. PT smokes words
	that he can see well. Denies any
	eye pain.
	Get (1) facial burns.
	Depth: 3-12mm (1) 4-23mm (1)
	Plt. m (2) Esclal burns healing
	by (2) Subconj. hemorrhage
	Conus Clearing
	ACC dSd
	(A) (1) Facial burns to esclal involvement
	(2) Subconjunctival hemorrhage on better
	(2) Continue Levofloxacin on (2)
	Will Am.
	<i>[Signature]</i>

DOCTORS HOSPITAL OF AUGUSTA

Progress Notes



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DATE 8/3/2015

PNS DH89 07/11

--582--

LONG, GYLES
G00557360179 ADM IN 6.BU10-1
11/21/14 1629 Mullins MD, Robert Fred
DOB: 09/17/59 55 M PRA G000808204
DOCTORS HOSPITAL OF AUGUSTA UH# 61003345438
11/21/2014 1629 MULLINS, ROBERT FRED DOB: 09/17/59 55 M PRA G000808204

Patient Label

Date/Time	Progress Notes
12-04-14	Ophthalmology
	55 years with facial burns suffered in dynamite explosion.
	Ext (P) facial burns.
	Ext (P) Eyelid burns on
	Cy (P) subconj. hemorrh
	Cornea Clear
	HL ddx
	I was
	nts: lens: clear
	ANO. 404
	WV was
	(P) Facial burns & eyelid involvement
	Corneal burns well healed
	(P) Continue Lacribe on (AM)
	Assure that eyes are closed when asleep
	<i>[Signature]</i>

DOCTORS HOSPITAL OF AUGUSTA

Progress Notes



LONG GYLES
G00557360179 ADM IN G.BU10-1
11/21/14 Mullins MD, Robert Fred
DOB: 09/17/59 55 H PR# G000808204
DOCTORS HOSPITAL OF URM 61003346438
I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

Patient Label

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DATE 8/3/2015

PNS DH89 07/11

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Page 1 of 1

G00557360179

Date/Time	Critred Care (36")	Progress Notes
12/2/14	11:50am	Patient seen and examined, chart reviewed, data excluded. Norms, critically ill Post-trauma (some burn). Significant TBT mechanism, weight surgical plan and disposition. 1298 1282 732 82 71 51 1270 37 1000 1000 E-5247 0-7325 (X) Clear 9.9 99 / 9.8 142 110 32 / 269 Phos 3.2 9.5 11.7 4.1 11.1 282W 4.0 124 10.7 Mg 12.0 320 11.3 10 30 0 0.1 1.0 360 143 126 6.0 670 7 PT 11.7 615 767 D-Dimer 14.9 1) Resp. Continue current vent support until 1.2 OT/OT - needs aggressive neuro-strengthening needs Pumey bilob. DVT Coverage - Lantox. Lantox Clear, Treach side JethGJ 2) Ren - granulo stable panels 3) CV - hemodynamically stable good Perf. Syst. Lecte 1.2. Heart - Ref. Holm 6 4) GI - stable, low and low. Buy 3 levan, Buy 1 (L) REC stable side. 5) Endocrine - Gluc, glucosyl blooded, 130 unit/day in add. Riba (Chew) 6) Heme - anemia post injury, Rollow Prostate very early. 7) GI - Inhibitor - Pimpel 3000, Cipro 600, No chp, glit / 100 / 02 / 130 735 735, 0 100. Lickle mildy dark, white 8) Post-trauma (mechanical) 9) Venous / Arterial - VCS 10-11, (Derephreny / 130 370, Clave 1000, 100 612 Needles on machine / X-ray / Angiogram will not (Rung) for suspected BT (Arterial).

DOCTORS HOSPITAL OF AUGUSTA

Progress Notes



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DATE 8/3/2015

LONG, GYLES
G00557360179 ADM IN G.BU10-1
11/21/14 Mullins MD, Robert Fred
008:09/17/59 55 H MR# G000808204
DOCTORS HOSPITAL OF URM G1003346438
11/21/14 008:09/17/59 55 H MR# G000808204

Patient Label

G00557360179

Date/Time	Progress Notes
2-2-14	Ophthalmology
	SS Town with facial burns in dynamite explosion.
	Ext. @ facial burns.
	PE: re @ Lagophthalmos OY
	conj. clear
	Cornea, clear
	AK added
	① ① Facial burns & eyelid involvement
	② Corneal burns OY well healed
	③ Lagophthalmos OY
	④ Continue Lacri-Stat on OY
	Advice - that eyes are closed shut after treatment
	Wm. A. [Signature]

DOCTORS HOSPITAL OF AUGUSTA

Progress Notes



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DATE 8/3/2015

PNS DH89 07/11

--587--

LONG, GYLES
G00557360179 ADM IN 6.8030-1
11/21/14 Mullins MD, Robert Fred
DOB: 09/17/59 55 M MR# G000808204
DOCTORS HOSPITAL OF URM 61003346438
11/21/2014 09:11 AM 11/21/2014 09:11 AM 11/21/2014 09:11 AM 11/21/2014 09:11 AM

Patient Label

G00557360179

Date/Time	Progress Notes
11-29-14	Ophthalmology
	SS TOWN with facial burn.
	Eat @ facial burn.
	Plasma @ Ectoderm burn - healing.
	Ag. Cleanse
	Cornu (Teary)
	M. d. d. d.
	I. m.
	(A) Chewed burn face, healing
	Cornu burn well healed
	Subconj. hem resolved.
	(A) Nic. Distress
	Leucocyte on (24)
	W. m. B. m.
	<i>[Signature]</i>

DOCTORS HOSPITAL OF AUGUSTA

Progress Notes



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DATE 8/3/2015

PNS DH89 07/11

--589--

LONG, GYLES
G00557360179 ADM IN C.8U10-1
11/21/14 Mullins MD, Robert Fred
DOB: 09/17/59 55 H MR# G000808204
DOCTORS HOSPITAL OF URM G1003346438
I HEREBY CERTIFY THAT THE ABOVE IS THE CORRECT AND COMPLETE HISTORY OF THE PATIENT

Patient Label

G00557360179

Date/Time	Progress Notes
11-23-14	Ophthalmology
	55 years with burns and blunt trauma from dynamite explosion.
	Get ① facial burn.
	PE: m. ① black debris embedded into eyelid skin on
	log. ① chemosis on
	Cornea: mild haziness on
	MC d50 on
	I under
	① ① Chemical burns - dynamite explosion with eyelid involvement
	② Chemosis on
	③ Continue treatment on
	Assure that eyes remain closed shut
	<i>[Signature]</i>

DOCTORS HOSPITAL OF AUGUSTA

Progress Notes



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DATE 8/3/2015

PNS DH89 07/11

-591-

LONG, GYLES
G00557360179 ADM IN G.8010-1
11/21/14 1629 Mullins MO, Robert Fred
DOB: 09/17/59 55 M MRF G000808204
DOCTORS HOSPITAL OF AUGUSTA URM C1603346438
11/21/14 1629 Mullins MO, Robert Fred

Patient Label

G00557360179

RUN DATE: 01/10/15
 RUN TIME: 0203
 RUN USER: LABBKJ01

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
 MEDICAL DIRECTOR - STEPHEN ADAMS, DO
 MPF LAB Discharge Summary Report w/o Pathology

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PATIENT: LONG, GYLES ACCT #: G00557360179 LOC: G.3E U #: G000808204
 AGE/SX: 55/M ROOM: G.336 REG: 11/21/14
 REG DR: Mullins, Robert F MD STATUS: DIS IN BED: 1 DIS: 01/08/15

*** HEMATOLOGY ***

COMPLETE BLOOD COUNT

Date	01/06/2015	01/03/2015	Reference	Units
Time	1:02AM	1:00AM		
WBC	5.14	6.82	(4.0-11.0)	THOUS/uL
RBC	3.40 L	3.17 L	(4.30-5.80)	MIL/uL
HGB	9.8 L	9.0 L	(13.0-17.3)	GM/DL
HCT	31.2 L	29.3 L	(38.0-52.0)	%
MCV	91.8	92.4	(80.0-98.0)	FL
MCH	28.8	28.4	(27.0-34.0)	PG
MCHC	31.4 L	30.7 L	(31.5-36.5)	G/DL
RDWCV	14.2	14.3	(11.0-16.0)	%
PLT	332	303	(140-400)	THOUS/uL
NEUT %	52.1		(37.0-80.0)	
IMMATURE GRAN %	0.6		(0-2)	%
LYMPH %	35.4		(20.0-45.0)	%
MONO %	7.6		(1-13)	%
EOS %	3.3		(0-6)	%
BAZO %	1.0		(0-2)	%
SEG		59.3	(40-65)	
BAND		0.9	(0-5)	%
LYMPH		30.1	(20-40)	
MONO		8.0	(2-8)	
EOS		1.8	(0-4)	
POLYCHROM		SLIGHT		
HYPOCHROM		SLIGHT		
POIK		NORMAL		
ANISO		NORMAL		
MICRO		NORMAL		
MACRO		NORMAL		
TOXIC GRAN		SLIGHT		

Date	01/01/2015	12/31/2014	Reference	Units
Time	4:10AM	3:20AM		
WBC	8.78	7.35	(4.0-11.0)	THOUS/uL
RBC	3.31 L	3.17 L	(4.30-5.80)	MIL/uL
HGB	9.5 L	9.3 L	(13.0-17.3)	GM/DL
HCT	30.8 L	29.5 L	(38.0-52.0)	%
MCV	93.1	93.1	(80.0-98.0)	FL
MCH	28.7	29.3	(27.0-34.0)	PG
MCHC	30.8 L	31.5	(31.5-36.5)	G/DL
RDWCV	14.8	14.6	(11.0-16.0)	%
PLT	243	263	(140-400)	THOUS/uL
SEG	50.4	55.3	(40-65)	
BAND		1.8	(0-5)	%
LYMPH	39.8	31.6	(20-40)	
MONO	7.1	7.9	(2-8)	
EOS	1.8	1.8	(0-4)	

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
 RUN TIME: 0203
 RUN USER: LABBKJ08

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
 MEDICAL DIRECTOR - STEPHEN ADAMS, DO
 HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** HEMATOLOGY *** (continued)

COMPLETE BLOOD COUNT (continued)

Date Time	01/01/2015 4:10AM	12/31/2014 3:20AM	Reference	Units
BASO	0.9	1.0	(0-2)	
POLYCHROM	NORMAL	MARKED		
HYPOCHROM	NORMAL	NORMAL		
POIK	NORMAL	NORMAL		
ANISO	NORMAL	SLIGHT		
MICRO	NORMAL	NORMAL		
MACRO	NORMAL	SLIGHT		
OVALOCYTES		FEW		

Date Time	12/30/2014 3:06AM	12/29/2014 5:55AM	Reference	Units
WBC	6.76	6.48	(4.0-11.0)	THOUS/uL
RBC	3.13 L	3.04 L	(4.30-5.80)	MIL/uL
HGB	9.2 L	9.2 L	(13.0-17.3)	GM/DL
HCT	29.0 L	28.2 L	(38.0-52.0)	%
MCV	92.7	92.8	(80.0-98.0)	FL
MCH	29.4	30.3	(27.0-34.0)	PG
MCHC	31.7	32.6	(31.5-36.5)	G/DL
RDWCV	15.0	15.3	(11.0-16.0)	%
PLT	238		(140-400)	THOUS/uL
SEG	72.2 H	59.5	(40-65)	
BAND	2.6		(0-5)	%
LYMPH	20.9	36.0	(20-40)	
MONO	3.5	1.8 L	(2-8)	
EOS		1.8	(0-4)	
BASO	0.9	0.9	(0-2)	
POLYCHROM	MODERATE	SLIGHT		
HYPOCHROM	NORMAL	NORMAL		
POIK	NORMAL	NORMAL		
ANISO	SLIGHT	SLIGHT		
MICRO	NORMAL	NORMAL		
MACRO	SLIGHT	NORMAL		
OVALOCYTES	FEW			

Date Time	12/28/2014 4:10AM	12/27/2014 2:30AM	Reference	Units
WBC	8.87	9.46	(4.0-11.0)	THOUS/uL
RBC	3.64 L	3.44 L	(4.30-5.80)	MIL/uL
HGB	10.5 L	10.1 L	(13.0-17.3)	GM/DL
HCT	33.2 L	31.4 L	(38.0-52.0)	%
MCV	91.2	91.3	(80.0-98.0)	FL
MCH	28.8	29.4	(27.0-34.0)	PG
MCHC	31.6	32.2	(31.5-36.5)	G/DL
RDWCV	15.5	16.3 H	(11.0-16.0)	%

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
 RUN TIME: 0203
 RUN USER: LAB0KGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
 MEDICAL DIRECTOR - STEPHEN ADAMS, MD
 HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** HEMATOLOGY *** (continued)

COMPLETE BLOOD COUNT (continued)

Date Time	12/28/2014 4:10AM	12/27/2014 2:30AM	Reference	Units
PLT	252	226	(140-400)	THOUS/uL
SEG	58.8	69	H (40-65)	
BAND		1	(0-5)	%
LYMPH	35.1	25	(20-40)	
MONO	5.3	5	(2-8)	
EOS	0.9		(0-4)	
POLYCHROM	MARKED	MODERATE		
HYPOCHROM	NORMAL	NORMAL		
POIK	NORMAL	NORMAL		
ANISO	SLIGHT	NORMAL		
MICRO	NORMAL	NORMAL		
MACRO	SLIGHT	SLIGHT		
TARGET CELLS		FEW		
OVALOCYTES		FEW		

Date Time	12/26/2014 1:30PM	12/18PM	Reference	Units
TRANSFUSED	1 LP RBC	1 LP RBC		

Date Time	12/26/2014 3:30AM	12/25/2014 3:55AM	Reference	Units
WBC	6.91	6.69	(4.0-11.0)	THOUS/uL
RBC	3.06 L	3.22 L	(4.30-5.90)	ML/uL
HGB	9.1 L	9.6 L	(13.0-17.3)	GM/DL
HCT	29.0 L	30.4 L	(38.0-52.0)	%
MCV	94.8	94.4	(80.0-98.0)	FL
MCH	29.7	29.8	(27.0-34.0)	PG
MCHC	31.4 L	31.6	(31.5-36.5)	G/DL
RDWCV	15.6	15.5	(11.0-16.0)	%
PLT	260	260	(140-400)	THOUS/uL
SEG	55.4	68.7	H (40-65)	
BAND		1.7	(0-5)	%
LYMPH	33.9	19.1	L (20-40)	
MONO	5.4	4.3	(2-8)	
EOS	5.4 H	3.5	(0-4)	
MYELOCYTE		2.6	H (0-0)	
POLYCHROM	MARKED	MARKED		
HYPOCHROM	NORMAL	NORMAL		
POIK	NORMAL	SLIGHT		
ANISO	SLIGHT	SLIGHT		
MICRO	NORMAL	NORMAL		
MACRO	SLIGHT	SLIGHT		
SPHEROCYTES		FEW		
TARGET CELLS		FEW		

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
 RUN TIME: 0203
 RUN USER: LABBKGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
 MEDICAL DIRECTOR - STEPHEN ADAMS, DO
 IPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** HEMATOLOGY *** (continued)

COMPLETE BLOOD COUNT (continued)

Date Time	12/26/2014 3:30AM	12/25/2014 3:55AM	Reference	Units
OVALOCYTES		FEW		

Date Time	12/24/2014 3:00AM	12/23/2014 6:15AM	Reference	Units
WBC	8.36	8.88	(4.0-11.0)	THOUS/uL
RBC	3.16 L	3.31 L	(4.30-5.80)	ML/uL
HGB	9.3 L	9.7 L	(13.0-17.3)	GM/DL
HCT	30.0 L	31.0 L	(38.0-52.0)	%
MCV	94.9	93.7	(80.0-98.0)	FL
MCH	29.4	29.3	(27.0-34.0)	PG
MCHC	31.0 L	31.3 L	(31.5-36.5)	G/DL
RDWCV	15.6	15.7	(11.0-16.0)	%
PLT	285	312	(140-400)	THOUS/uL
SEG	67.2 H	60.9	(40-65)	
BAND		1.7	(0-5)	%
LYMPH	25.9	25.2	(20-40)	
MONO	5.2	9.6 H	(2-8)	
EOS		2.6	(0-4)	
BASO	1.7		(0-2)	
POLYCHROM	MODERATE	SLIGHT		
HYPOCHROM	NORMAL	NORMAL		
POIK	NORMAL	NORMAL		
BASO STIPP	SLIGHT			
ANISO	SLIGHT	NORMAL		
MICRO	NORMAL	NORMAL		
MACRO	NORMAL	NORMAL		
TOXIC GRAN	SLIGHT			

Date Time	12/22/2014 3:45AM	12/21/2014 3:20AM	Reference	Units
WBC	9.32	8.20	(4.0-11.0)	THOUS/uL
RBC	3.33 L	3.18 L	(4.30-5.80)	ML/uL
HGB	9.8 L	9.3 L	(13.0-17.3)	GM/DL
HCT	31.6 L	30.0 L	(38.0-52.0)	%
MCV	94.9	94.3	(80.0-98.0)	FL
MCH	29.4	29.2	(27.0-34.0)	PG
MCHC	31.0 L	31.0 L	(31.5-36.5)	G/DL
RDWCV	15.7	15.6	(11.0-16.0)	%
PLT	360	403	(140-400)	THOUS/uL
SEG	71.4 H	55.7	(40-65)	
BAND	0.9	3.5	(0-5)	%
LYMPH	21.4	27.0	(20-40)	
MONO	0.9 L	9.6 H	(2-8)	
EOS	1.0	2.6	(0-4)	

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
 RUN TIME: 0203
 RUN USER: LABBKJGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
 MEDICAL DIRECTOR - STEPHEN ADAMS, DO
 HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** HEMATOLOGY *** (continued)

COMPLETE BLOOD COUNT (continued)

Date Time	12/22/2014 3:45AM	12/21/2014 3:20AM	Reference	Units
BASO	1.8	1.7	(0-2)	
METAMYELOCYTE	0.9 H		(0-0)	
MYELOCYTE	0.9 H		(0-0)	
POLYCHROM	SLIGHT	MODERATE		
HYPOCHROM	NORMAL	NORMAL		
POIK	NORMAL	NORMAL		
ANISO	NORMAL	SLIGHT		
MICRO	NORMAL	NORMAL		
MACRO	NORMAL	NORMAL		

Date Time	12/20/2014 4:30AM	12/19/2014 2:10AM	Reference	Units
WBC	7.92	6.74	(4.0-11.0)	THOUS/uL
RBC	3.31 L	3.01 L	(4.30-5.80)	MIL/uL
HGB	9.8 L	8.7 L	(13.0-17.3)	GM/DL
HCT	31.0 L	28.0 L	(38.0-52.0)	%
MCV	93.7	93.0	(80.0-98.0)	FL
MCH	29.6	28.9	(27.0-34.0)	PG
MCHC	31.6	31.1 L	(31.5-36.5)	G/DL
RDWCV	15.6	15.4	(11.0-16.0)	%
PLT	421 H	451 H	(140-400)	THOUS/uL
SEG	46.0	48.3	(40-65)	
BAND		0.9	(0-5)	%
LYMPH	35.4	41.4 H	(20-40)	
MONO	7.1	5.2	(2-8)	
EOS	6.2 H	0.9	(0-4)	
BASO	0.9	1.7	(0-2)	
METAMYELOCYTE	0.9 H		(0-0)	
MYELOCYTE	3.5 H	1.7 H	(0-0)	
POLYCHROM	SLIGHT	MARKED		
HYPOCHROM	NORMAL	NORMAL		
POIK	NORMAL	NORMAL		
BASO STIPP		SLIGHT		
ANISO	SLIGHT	NORMAL		
MICRO	NORMAL	NORMAL		
MACRO	NORMAL	NORMAL		

Date Time	12/18/2014 2:05AM	12/17/2014 5:11AM	Reference	Units
WBC	7.48	8.63	(4.0-11.0)	THOUS/uL
RBC	2.90 L	3.03 L	(4.30-5.80)	MIL/uL
HGB	8.4 L	8.8 L	(13.0-17.3)	GM/DL
HCT	27.5 L	28.8 L	(38.0-52.0)	%
MCV	94.8	95.0	(80.0-98.0)	FL

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
 RUN TIME: 0203
 RUN USER: LABDKGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
 MEDICAL DIRECTOR - STEPHEN ADAMS, DO
 HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES EG00557360179 (Continued)

*** HEMATOLOGY *** (continued)

COMPLETE BLOOD COUNT (continued)

Date Time	12/18/2014 2:05AM	12/17/2014 5:11AM	Reference	Units
MCH	29.0	29.0	(27.0-34.0)	PG
MCHC	30.5 L	30.6 L	(31.5-36.5)	G/DL
RDWCV	15.6	16.0	(11.0-16.0)	%
PLT	470 H	534 H	(140-400)	THOUS/uL
SEG	51.3	68.4 H	(40-65)	
BAND	2.7	1.3	(0-5)	%
LYMPH	31.0	18.4 L	(20-40)	
MONO	5.3	11.8 H	(2-8)	
EOS	3.5		(0-4)	
BASO	1.8		(0-2)	
BLAST	4.4 H		(0-0)	
NRBC	0.9 H		(0-0)	
POLYCUROM	MODERATE	MODERATE		
HYPOCHROM	NORMAL	SLIGHT		
POIK	NORMAL	NORMAL		
ANISO	NORMAL	SLIGHT		
MICRO	NORMAL	NORMAL		
MACRO	NORMAL	NORMAL		

Date Time	12/16/2014 3:15AM	12/15/2014 3:30AM	Reference	Units
WBC	5.77	7.54	(4.0-11.0)	THOUS/uL
RBC	3.42 L	2.78 L	(4.30-5.90)	ML/uL
HGB	9.8 L	8.0 L	(13.0-17.3)	GM/DL
HCT	32.7 L	26.5 L	(38.0-52.0)	%
MCV	95.6	95.3	(80.0-99.0)	FL
MCH	28.7	28.8	(27.0-34.0)	PG
MCHC	30.0 L	30.2 L	(31.5-36.5)	G/DL
RDWCV	16.0	16.2 H	(11.0-16.0)	%
PLT	427 H	458 H	(140-400)	THOUS/uL
SEG	47.9	61.7	(40-65)	
BAND	6.0 H	4.3	(0-5)	%
LYMPH	21.4	23.4	(20-40)	
MONO	6.8	6.4	(2-8)	
EOS	12.0 H	4.3 H	(0-4)	
BASO	1.7		(0-2)	
METAMYELOCYTE	1.7 H		(0-0)	
MYELOCYTE	2.6 H		(0-0)	
POLYCHROM	MARKED	MARKED		
HYPOCHROM	NORMAL	NORMAL		
POIK	NORMAL	NORMAL		
ANISO	SLIGHT	SLIGHT		
MICRO	NORMAL	NORMAL		
MACRO	SLIGHT	SLIGHT		
TARGET CELLS	FEW			
CRENATED RBCS	FEW			

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15 DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
 RUN TIME: 0203 MEDICAL DIRECTOR - STEPHEN ADAMS, DO
 RUN USER: LABBKJGJOB HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** HEMATOLOGY *** (continued)

COMPLETE BLOOD COUNT (continued)

Date Time	12/16/2014 3:15AM	12/15/2014 3:30AM	Reference	Units
OVALOCYTES	FEW			

Date Time	12/14/2014 3:20AM	12/13/2014 1:10PM	Reference	Units
WBC	7.49	7.49	(4.0-11.0)	THOUS/uL
RBC	2.79 L	2.83 L	(4.30-5.80)	MIL/uL
HGB	8.0 L	8.2 L	(13.0-17.3)	GM/DL
HCT	26.2 L	27.0 L	(38.0-52.0)	%
MCV	93.9	95.4	(80.0-98.0)	FL
MCH	28.7	29.0	(27.0-34.0)	PG
MCHC	30.5 L	30.4 L	(31.5-36.5)	G/DL
RDWCV	16.4 H	16.5 H	(11.0-16.0)	%
PLT	445 H	406 H	(140-400)	THOUS/uL
SEG	55.7	61.1	(40-65)	
BAND	6.1 H	12.4 H	(0-5)	%
LYMPH	22.6	19.6 L	(20-40)	
MONO	6.1	6.2	(2-8)	
EOS	6.1 H	0.9	(0-4)	
BAZO	0.9		(0-2)	
MYELOCYTE	2.6 H	0.9 H	(0-0)	
POLYCHROM	MARKED	NORMAL		
HYPOCHROM	MODERATE	NORMAL		
POIK	NORMAL	NORMAL		
ANISO	SLIGHT	SLIGHT		
NICRO	NORMAL	SLIGHT		
MACRO	SLIGHT	NORMAL		
TARGET CELLS	FEW			
OVALOCYTES	FEW			

Date Time	12/13/2014 4:20AM	12/12/2014 9:47AM	Reference	Units
TRANSFUSED		1 LP RBC		
WBC	8.32		(4.0-11.0)	THOUS/uL
RBC	3.01 L		(4.30-5.80)	MIL/uL
HGB	0.7 L		(13.0-17.3)	GM/DL
HCT	20.3 L		(38.0-52.0)	%
MCV	94.0		(80.0-98.0)	FL
MCH	20.9		(27.0-34.0)	PG
MCHC	30.7 L		(31.5-36.5)	G/DL
RDWCV	16.6 H		(11.0-16.0)	%
PLT	420 H		(140-400)	THOUS/uL
SEG	62.5		(40-65)	
BAND	6.3 H		(0-5)	%
LYMPH	16.1 L		(20-40)	

Patient: LONG, GYLES Age/Sex: 55/M Acct:#G00557360179 Unit:#G000808204

RUN DATE: 01/10/15
 RUN TIME: 0203
 RUN USER: LABDKGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
 MEDICAL DIRECTOR - STEPHEN ADAMS, DO
 HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** HEMATOLOGY *** (continued)

COMPLETE BLOOD COUNT (continued)

Date Time	12/13/2014 4:20AM	12/12/2014 9:47AM	Reference	Units
MONO	0.0		(2-8)	
EOS	2.7		(0-4)	
BASO	4.5 H		(0-2)	
POLYCHROM	MODERATE			
HYPOCHROM	SLIGHT			
POIK	NORMAL			
ANISO	SLIGHT			
MICRO	NORMAL			
MACRO	SLIGHT			
TOXIC GRAN	SLIGHT			

Date Time	12/12/2014 9:38AM	12/12/2014 3:10AM	Reference	Units
TRANSFUSED	1 FFP			
WBC		8.03	(4.0-11.0)	THOUS/uL
RBC		2.73 L	(4.30-5.80)	MIL/uL
HGB		8.0 L	(13.0-17.3)	GM/DL
HCT		26.0 L	(38.0-52.0)	%
MCV		95.2	(80.0-98.0)	FL
MCH		29.3	(27.0-34.0)	PG
MCHC		30.8 L	(31.5-36.5)	G/DL
RDWCV		15.8	(11.0-16.0)	%
PLT		411 H	(140-400)	THOUS/uL
SEG		49.6	(40-65)	
BAND		10.4 H	(0-5)	%
LYMPH		26.1	(20-40)	
MONO		7.8	(2-8)	
EOS		3.5	(0-4)	
BASO		1.7	(0-2)	
MYELOCYTE		0.9 H	(0-0)	
POLYCHROM		MARKED		
HYPOCHROM		MODERATE		
POIK		NORMAL		
ANISO		SLIGHT		
MICRO		NORMAL		
MACRO		SLIGHT		
TARGET CELLS		FEW		
OVALOCYTES		FEW		

Date Time	12/11/2014 3:30AM	12/10/2014 1:55PM	Reference	Units
WBC	6.59	7.41	(4.0-11.0)	THOUS/uL
RBC	2.64 L	2.63 L	(4.30-5.80)	MIL/uL
HGB	7.7 L	7.7 L	(13.0-17.3)	GM/DL

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
 RUN TIME: 0203
 RUN USER: LABBKJGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
 MEDICAL DIRECTOR - STEPHEN ADAMS, DO
 HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** HEMATOLOGY *** (continued)

COMPLETE BLOOD COUNT (continued)

Date Time	12/11/2014 3:30AM	12/10/2014 1:55PM	Reference	Units
HCT	25.3 L	25.1 L	{30.0-52.0}	%
MCV	95.8	95.4	{80.0-98.0}	fL
MCH	29.2	29.3	{27.0-34.0}	PG
MCHC	30.4 L	30.7 L	{31.5-36.5}	G/DL
RDWCV	15.8	15.8	{11.0-16.0}	%
PLT	376	363	{140-400}	THOUS/uL
SEG	65.5 H	64.7	{40-65}	
BAND	6.2 H	12.9 H	{0-5}	%
LYMPH	18.6 L	7.8 L	{20-40}	
MONO	6.2	6.9	{2-8}	
EOS	3.5	5.2 H	{0-4}	
METAMYELOCYTE		1.7 H	{0-0}	
MYELOCYTE		0.9 H	{0-0}	
NRBC	0.9 H		{0-0}	
POLYCHROM	MARKED	SLIGHT		
HYPOCHROM	MARKED	SLIGHT		
POIK	NORMAL	SLIGHT		
ANISO	SLIGHT	SLIGHT		
MICRO	NORMAL	NORMAL		
MACRO	SLIGHT	SLIGHT		
TOXIC GRAN		MODERATE		
VAC NEUTROPHILS		NOTED		

Date Time	12/10/2014 3:50AM	12/09/2014 2:25AM	Reference	Units
WBC	8.17	10.79	{4.0-11.0}	THOUS/uL
RBC	2.56 L	2.51 L	{4.30-5.80}	MIL/uL
HGB	7.6 L	7.4 L	{13.0-17.3}	GM/DL
HCT	24.9 L	24.6 L	{38.0-52.0}	%
MCV	97.3	98.0	{80.0-98.0}	fL
MCH	29.7	29.5	{27.0-34.0}	PG
MCHC	30.5 L	30.1 L	{31.5-36.5}	G/DL
RDWCV	15.7	15.9	{11.0-16.0}	%
PLT	358	392	{140-400}	THOUS/uL
SEG	67.0 H	75.0 H	{40-65}	
BAND	2.6	6.9 H	{0-5}	%
LYMPH	21.7	14.7 L	{20-40}	
MONO	2.6	2.6	{2-8}	
EOS	0.9	0.9	{0-4}	
BASO	3.5 H		{0-2}	
MYELOCYTE	0.9 H		{0-0}	
PROMYELOCYTE	0.9 H		{0-0}	
POLYCHROM	MARKED	SLIGHT		
HYPOCHROM	NORMAL	SLIGHT		
POIK	NORMAL	SLIGHT		
ANISO	SLIGHT	MODERATE		

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
 RUN TIME: 0203
 RUN USER: LABDKGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
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Patient: LONG, GYLES #G00557360179 (Continued)

*** HEMATOLOGY *** (continued)

COMPLETE BLOOD COUNT (continued)

Date	12/10/2014	12/09/2014		
Time	3:50AM	2:25AM	Reference	Units
MICRO	NORMAL	NORMAL		
MACRO	NORMAL	NORMAL		
TOXIC GRAN		SLIGHT		
WBC NEUTROPHILS		NOTED		

Date	12/09/2014			
Time	8:50PM	2:10AM	Reference	Units
WBC	9.50	12.67	H (4.0-11.0)	THOUS/uL
RBC	2.53 L	2.58 L	L (4.30-5.80)	ML/uL
HGB	7.6 L	7.9 L	L (13.0-17.3)	GM/DL
HCT	24.9 L	26.0 L	L (38.0-52.0)	%
MCV	98.4 H	100.8 H	H (80.0-98.0)	FL
MCH	30.0	30.6	I (27.0-34.0)	PG
MCHC	30.5 L	30.4 L	L (31.5-36.5)	G/DL
RDWCV	15.9	16.3	H (11.0-16.0)	%
PLT	383	414	H (140-400)	THOUS/uL
SEG	80.0 H	73.7	H (40-65)	
BAND	2.6	7.0	H (0-5)	%
LYMPH	13.0 L	14.0 L	L (20-40)	
MONO	3.5	3.5	I (2-8)	
EOS	0.9	0.9	I (0-4)	
METAMYELOCYTE		0.9	H (0-0)	
POLYCHROM	SLIGHT	MARKED		
HYPOCHROM	NORMAL	NORMAL		
POIK	NORMAL	NORMAL		
ANISO	SLIGHT	SLIGHT		
MICRO	NORMAL	NORMAL		
MACRO	SLIGHT	SLIGHT		
TOXIC GRAN	SLIGHT	SLIGHT		

Date	12/07/2014	12/06/2014		
Time	3:00AM	1:15AM	Reference	Units
WBC	10.51	9.87	I (4.0-11.0)	THOUS/uL
RBC	2.51 L	2.46 L	L (4.30-5.80)	ML/uL
HGB	7.5 L	7.6 L	L (13.0-17.3)	GM/DL
HCT	24.7 L	24.7 L	L (38.0-52.0)	%
MCV	98.4 H	100.4 H	H (80.0-98.0)	FL
MCH	29.9	30.9	I (27.0-34.0)	PG
MCHC	30.4 L	30.8 L	L (31.5-36.5)	G/DL
RDWCV	16.4 H	16.7 H	H (11.0-16.0)	%
PLT	412 H	401 H	H (140-400)	THOUS/uL
SEG	78.1 H	61.9	I (40-65)	
BAND	2.6	18.6	H (0-5)	%
LYMPH	12.3 L	9.7 L	L (20-40)	

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
 RUN TIME: 0203
 RUN USER: LABBKJGJOB

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Patient: LONG, GYLES #G00557360179 (Continued)

*** HEMATOLOGY *** (continued)

COMPLETE BLOOD COUNT (continued)

Date Time	12/07/2014 3:00AM	12/06/2014 1:15AM	Reference	Units
MONO	6.1	5.3	(2-8)	
EOS	0.9	4.4	(0-4)	
NRBC	0.9 H		(0-0)	
POLYCHROM	SLIGHT	SLIGHT		
HYPOCHROM	SLIGHT	SLIGHT		
POIK	NORMAL	SLIGHT		
ANISO	SLIGHT	SLIGHT		
MICRO	NORMAL	NORMAL		
MACRO	SLIGHT	SLIGHT		
OVALOCYTES		FEW		
TOXIC GRAN		SLIGHT		
DOUBLE BODIES		PRESENT		
VAC NEUTROPHILS		NOTED		

Date Time	12/05/2014 2:00PM	12/04/2014 2:15AM	Reference	Units
WBC	13.94 H	13.33 H	(4.0-11.0)	THOUS/uL
RBC	2.72 L	2.91 L	(4.30-5.80)	ML/uL
HGB	8.3 L	8.9 L	(13.0-17.3)	GM/DL
HCT	27.4 L	29.0 L	(38.0-52.0)	%
MCV	100.7 H	99.7 H	(80.0-98.0)	FL
MCH	30.5	30.6	(27.0-34.0)	PG
MCHC	30.3 L	30.7 L	(31.5-36.5)	G/DL
RDWCV	16.5 H	16.1 H	(11.0-16.0)	%
PLT	465 H	391	(140-400)	THOUS/uL
SEG	66.7 H	67.2 H	(40-65)	
BAND	9.6 H	17.2 H	(0-5)	%
LYMPH	9.6 L	10.3 L	(20-40)	
MONO	11.4 H	3.4	(2-8)	
EOS	2.6	0.9	(0-4)	
MYELOCYTE		0.9 H	(0-0)	
POLYCHROM	MODERATE	SLIGHT		
HYPOCHROM	NORMAL	SLIGHT		
POIK	NORMAL	SLIGHT		
ANISO	SLIGHT	MODERATE		
MICRO	NORMAL	NORMAL		
MACRO	SLIGHT	NORMAL		
CRENATED RBCS		FEW		
OVALOCYTES		FEW		
TOXIC GRAN		SLIGHT		
VAC NEUTROPHILS		NOTED		

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
 RUN TIME: 0203
 RUN USER: LABBKJ02

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Patient: LONG, GYLES #G00557360179 (Continued)

*** HEMATOLOGY *** (continued)

COMPLETE BLOOD COUNT (continued)

Date Time	12/03/2014 3:10AM	12/02/2014 3:10AM	Reference	Units
WBC	10.00	9.80	{4.0-11.0}	THOUS/uL
RBC	2.97 L	3.04 L	{4.30-5.80}	MIL/uL
HGB	9.3 L	9.5 L	{13.0-17.3}	GM/DL
HCT	29.5 L	30.0 L	{38.0-52.0}	%
MCV	99.3 H	99.7 H	{80.0-99.0}	FL
MCH	31.3	31.3	{27.0-34.0}	PG
MCHC	31.5	31.7	{31.5-36.5}	G/DL
RDWCV	16.1 H	15.9	{11.0-16.0}	%
PLT	319	282	{140-400}	THOUS/uL
SEG	67.8 H	68.8 H	{40-65}	
BAND	16.5 H	16.5 H	{0-5}	%
LYMPH	9.6 L	9.2 L	{20-40}	
MONO	4.3	0.9 L	{2-8}	
EOS	1.7	2.8	{0-4}	
BASO		0.9	{0-2}	
METAMYELOCYTE		0.9 H	{0-0}	
NRBC		0.9 H	{0-0}	
POLYCHROM	MARKED	MARKED		
HYPOCHROM	NORMAL	NORMAL		
POIK	SLIGHT	NORMAL		
ANISO	SLIGHT	SLIGHT		
MICRO	NORMAL	NORMAL		
MACRO	MODERATE	MODERATE		
SPHEROCYTES		MODERATE		
TARGET CELLS	FEW	FEW		
CRENATED RECS	MODERATE			
OVALOCYTES	MODERATE	FEW		

Date Time	12/01/2014 4:40AM	11/30/2014 2:15AM	Reference	Units
WBC	14.51 H	12.41 H	{4.0-11.0}	THOUS/uL
RBC	3.50 L	2.85 L	{4.30-5.80}	MIL/uL
HGB	11.0 L	8.8 L	{13.0-17.3}	GM/DL
HCT	33.9 L	27.7 L	{38.0-52.0}	%
MCV	96.9	97.2	{80.0-99.0}	FL
MCH	31.4	30.9	{27.0-34.0}	PG
MCHC	32.4	31.0	{31.5-36.5}	G/DL
RDWCV	16.5 H	16.5 H	{11.0-16.0}	%
PLT	347	254	{140-400}	THOUS/uL
SEG	89.3 H	82.3 H	{40-65}	
BAND	2.7	4.4	{0-5}	%
LYMPH	3.6 L	7.1 L	{20-40}	
MONO	2.7	3.5	{2-8}	
EOS	1.8	1.8	{0-4}	
METAMYELOCYTE		0.9 H	{0-0}	
POLYCHROM	MODERATE	MARKED		

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
 RUN TIME: 0203
 RUN USER: LABDKGJOB

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Patient: LONG, GYLES #G00557360179 (Continued)

*** HEMATOLOGY *** (continued)

COMPLETE BLOOD COUNT (continued)

Date	12/01/2014	11/30/2014		
Time	4:40AM	2:15AM	Reference	Units
HYPOCHROM	NORMAL	MODERATE		
POIK	NORMAL	NORMAL		
BASO STIPP		MARKED		
ANISO	SLIGHT	SLIGHT		
MICRO	NORMAL	NORMAL		
MACRO	NORMAL	SLIGHT		
TARGET CELLS		FEW		
OVALOCYTES		MODERATE		

Date	11/29/2014	11/28/2014		
Time	2:30AM	3:00AM	Reference	Units
WBC	11.52 H	9.12	(4.0-11.0)	THOUS/uL
RBC	2.84 L	2.76 L	(4.30-5.80)	MIL/uL
HGB	8.8 L	8.6 L	(13.0-17.3)	GM/DL
HCT	27.3 L	26.2 L	(38.0-52.0)	%
MCV	96.1	94.9	(80.0-98.0)	FL
MCH	31.0	31.2	(27.0-34.0)	PG
MCHC	32.2	32.8	(31.5-36.5)	G/DL
RDWCV	15.8	15.5	(11.0-16.0)	%
PLT	239	205	(140-400)	THOUS/uL
SEG	92.9 H	92.9 H	(40-65)	
BAND	6.2 H	3.6	(0-5)	%
LYMPH		3.6 L	(20-40)	
MONO	0.9 L		(2-8)	
NRBC	0.9 H	1.0 H	(0-0)	
POLYCHROM	MARKED	MARKED		
HYPOCHROM	MODERATE	MODERATE		
POIK	NORMAL	NORMAL		
BASO STIPP		SLIGHT		
ANISO	SLIGHT	SLIGHT		
MICRO	NORMAL	NORMAL		
MACRO	SLIGHT	SLIGHT		
TARGET CELLS		FEW		
OVALOCYTES	MODERATE	MODERATE		

Date	11/27/2014	11/26/2014		
Time	3:00AM	5:20PM	Reference	Units
WBC	6.94	8.34	(4.0-11.0)	THOUS/uL
RBC	2.77 L	3.05 L	(4.30-5.80)	MIL/uL
HGB	8.6 L	9.5 L	(13.0-17.3)	GM/DL
HCT	26.2 L	29.4 L	(38.0-52.0)	%
MCV	94.6	96.4	(80.0-98.0)	FL
MCH	31.0	31.1	(27.0-34.0)	PG
MCHC	32.8	32.3	(31.5-36.5)	G/DL

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
 RUN TIME: 0203
 RUN USER: LABDKGJOB

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Patient: LONG, GYLES #G00557360179 (Continued)

*** HEMATOLOGY *** (continued)

COMPLETE BLOOD COUNT (continued)

Date Time	11/27/2014 3:00AM	11/26/2014 5:20PM	Reference	Units
RDWCV	15.3	14.7	{11.0-16.0}	%
PLT	188	183	{140-400}	THOUS/uL
SEG	70.2 H	79.1 H	{40-65}	
BAND	5.0	2.6	{0-5}	%
LYMPH	10.9 L	13.9 L	{20-40}	
MONO	5.0	4.3	{2-8}	
NETAMYELOCYTE	1.0 H		{0-0}	
NRBC	1.0 H	0.9 H	{0-0}	
POLYCHROM	MARKED	SLIGHT		
HYPOCHROM	NORMAL	NORMAL		
POIK	NORMAL	NORMAL		
ANISO	SLIGHT	SLIGHT		
MICRO	NORMAL	NORMAL		
MACRO	NORMAL	NORMAL		
SPHEROCYTES		FEW		

Date Time	11/26/2014 2:46PM	3:00AM	Reference	Units
TRANSFUSED	1 LP RBC			
WBC		5.71	{4.0-11.0}	THOUS/uL
RBC		2.88 L	{4.30-5.80}	MIL/uL
HGB		8.9 L	{13.0-17.3}	GM/DL
HCT		27.0 L	{38.0-52.0}	%
MCV		93.0	{80.0-99.0}	FL
MCH		30.9	{27.0-34.0}	PG
MCHC		33.0	{31.5-36.5}	G/DL
RDWCV		14.5	{11.0-16.0}	%
PLT		178	{140-400}	THOUS/uL
SEG		81.8 H	{40-65}	
BAND		2.7	{0-5}	%
LYMPH		9.1 L	{20-40}	
MONO		6.4	{2-8}	
POLYCHROM		MODERATE		
HYPOCHROM		NORMAL		
POIK		NORMAL		
ANISO		SLIGHT		
MICRO		NORMAL		
MACRO		NORMAL		

Date Time	11/25/2014 5:50AM	11/24/2014 3:30AM	Reference	Units
WBC	5.52	4.67	{4.0-11.0}	THOUS/uL
RBC	2.79 L	2.66 L	{4.30-5.80}	MIL/uL
HGB	8.6 L	8.5 L	{13.0-17.3}	GM/DL

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
 RUN TIME: 0203
 RUN USER: LABDKGJOB

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Patient: LONG, GYLES #G00557360179 (Continued)

*** HEMATOLOGY *** (continued)

COMPLETE BLOOD COUNT (continued)

Date Time	11/25/2014 5:50AM	11/24/2014 3:30AM	Reference	Units
HCT	25.9 L	24.5 L	(30.0-52.0)	%
MCV	92.8	92.1	(80.0-98.0)	fL
MCH	30.0	32.0	(27.0-34.0)	PG
MCHC	33.2	34.7	(31.5-36.5)	G/DL
RDWCV	14.2	14.8	(11.0-16.0)	%
PLT	142	110	(140-400)	THOUS/uL
SEG	87.3 H	67.3 H	(40-65)	
BAND	6.4 H	20.0 H	(0-5)	%
LYMPH	3.6 L	10.9 L	(20-40)	
MONO	2.7	1.8	(2-8)	
POLYCHROM	SLIGHT	SLIGHT		
HYPOCHROM	NORMAL	SLIGHT		
POIK	NORMAL	SLIGHT		
ANISO	SLIGHT	MODERATE		
MICRO	SLIGHT	NORMAL		
MACRO	NORMAL	NORMAL		
TOXIC GRAN		SLIGHT		

Date Time	11/23/2014 3:04PM	11:06AM	Reference	Units
TRANSFUSED	1 LP RBC			
WBC		3.33 L	(4.0-11.0)	THOUS/uL
RBC		2.45 L	(4.30-5.80)	MIL/uL
HGB		7.7 L	(13.0-17.3)	GM/DL
HCT		22.9 L	(38.0-52.0)	%
MCV		93.5	(80.0-98.0)	fL
MCH		31.4	(27.0-34.0)	PG
MCHC		33.6	(31.5-36.5)	G/DL
RDWCV		14.5	(11.0-16.0)	%
PLT		92	(140-400)	THOUS/uL
SEG		64.0	(40-65)	
BAND		30.6 H	(0-5)	%
LYMPH		5.4 L	(20-40)	
NRBC		0.9 H	(0-0)	
POLYCHROM		SLIGHT		
HYPOCHROM		NORMAL		
POIK		NORMAL		
ANISO		SLIGHT		
MICRO		SLIGHT		
MACRO		NORMAL		

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
 RUN TIME: 0203
 RUN USER: LABDKGJOB

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Patient: LONG,GYLES #G00557360179 (Continued)

*** HEMATOLOGY *** (continued)

COMPLETE BLOOD COUNT (continued)

Date Time	11/23/2014 3:15AM	11/22/2014 9:00PM	Reference	Units
WBC	3.27 L	2.07 L	{4.0-11.0}	THOUS/uL
RBC	2.34 L	2.56 L	{4.30-5.80}	ML/uL
HGB	7.2 L	8.0 L	{13.0-17.3}	GM/DL
HCT	21.0 L	23.8 L	{38.0-52.0}	%
MCV	93.2	93.0	{80.0-99.0}	FL
MCH	30.8	31.3	{27.0-34.0}	PG
MCHC	33.0	33.6	{31.5-36.5}	G/DL
RDWCV	14.7	14.6	{11.0-16.0}	%
PLT	89 L	85 L	{140-400}	THOUS/uL
SEG	50.7	46.3	{40-65}	
BAND	29.0 H	28.7 H	{0-5}	%
LYMPH	14.5 L	19.4 L	{20-40}	
MONO	1.4 L	0.9 L	{2-8}	
EOS	4.3 H	4.6 H	{0-4}	
POLYCHROM	SLIGHT	SLIGHT		
HYPOCHROM	NORMAL	NORMAL		
POIK	NORMAL	NORMAL		
ANISO	SLIGHT	SLIGHT		
MICRO	NORMAL	SLIGHT		
MACRO	NORMAL	NORMAL		
TOXIC GRAN	MODERATE			
PLT EST	(A)			

(A) APPEARS DECREASED

MEGATHEROBOCYTE (B)

(B) LARGE PLATELETS

Date Time	-----11/22/2014----- 5:06PM	5:00AM	Reference	Units
TRANSFUSED	1 LP RBC			
WBC		2.29 L	{4.0-11.0}	THOUS/uL
RBC		2.46 L	{4.30-5.80}	ML/uL
HGB		8.0 L	{13.0-17.3}	GM/DL
HCT		23.4 L	{38.0-52.0}	%
MCV		95.1	{80.0-99.0}	FL
MCH		32.5	{27.0-34.0}	PG
MCHC		34.2	{31.5-36.5}	G/DL
RDWCV		13.1	{11.0-16.0}	%
PLT		94 L	{140-400}	THOUS/uL
SEG		16.9 L	{40-65}	
BAND		32.5 H	{0-5}	%
LYMPH		43.4 H	{20-40}	
MONO		3.6	{2-8}	
EOS		3.6	{0-4}	

Patient: LONG,GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
 RUN TIME: 0203
 RUN USER: LABBKJGJOB

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Patient: LONG, GYLES #G00557360179 (Continued)

*** HEMATOLOGY *** (continued)

COMPLETE BLOOD COUNT (continued)

Date	11/22/2014			
Time	5:06PM	5:00AM	Reference	Units
POLYCHROM			NORMAL	
HYPOCHROM			NORMAL	
POIK			NORMAL	
ANISO			NORMAL	
MICRO			NORMAL	
MACRO			NORMAL	
TOXIC GRAN			SLIGHT	

Date	11/21/2014			
Time	11:45PM	6:00PM	Reference	Units
WBC	2.76 L	4.39	{4.0-11.0}	THOUS/uL
RBC	2.73 L	3.66 L	{4.30-5.80}	ML/uL
HGB	0.7 L	11.7 L	{13.0-17.3}	GM/DL
HCT	25.6 L	34.5 L	{38.0-52.0}	%
MCV	93.8	94.3	{80.0-98.0}	FL
MCH	31.9	32.0	{27.0-34.0}	PG
MCHC	34.0	33.9	{31.5-36.5}	G/DL
RDWCV	13.0	12.9	{11.0-16.0}	%
PLT	102 L	140	{140-400}	THOUS/uL
SEG	16.7 L	35.2 L	{40-65}	
BAND	31.5 H	22.2 H	{0-5}	%
LYMPH	47.2 H	30.6	{20-40}	
MONO	3.7	10.2 H	{2-8}	
EOS		1.9	{0-4}	
METAMYELOCYTE	0.9 H		{0-0}	
POLYCHROM	SLIGHT	SLIGHT		
HYPOCHROM	SLIGHT	NORMAL		
POIK	SLIGHT	NORMAL		
BAZO STIPP	SLIGHT			
ANISO	SLIGHT	SLIGHT		
MICRO	NORMAL	NORMAL		
MACRO	NORMAL	NORMAL		
TOXIC GRAN	SLIGHT			
VAC NEUTROPHILS	NOTED			

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LAB0KGJ0B

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HFF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** HEMATOLOGY *** (continued)

GENERAL HEMATOLOGY

Date	12/13/2014	12/09/2014	Reference	Units
Time	1:10PM	2:25AM		
SED RATE	112 H	130 H	(0-20)	MM/HR

Date	12/08/2014	Reference	Units
Time	8:50PM		
RETIC CT	6.05 H	(0.5-1.5)	%

ROUTINE COAGULATION

Date	01/06/2015	12/28/2014	Reference	Units
Time	12:30PM	4:10AM		
PROTIME	11.4 (C) H	11.4 (C) H	(9.3-11.3)	SECONDS

(C) Use INR for interpretation.

INR | 1.09 (D) | 1.09 (D) |

(D) ***** INR INTERPRETIVE DATA *****

THROMBOTIC DISORDER	RECOMMENDED INR
Prophylaxis/Treatment of Venous Thrombosis and Pulmonary Embolism	2.0-3.0
Prevention of Systemic Embolism from:	
Tissue heart valves	2.0-3.0
Myocardial Infarction	2.0-3.0
(prevent systemic embolism)	
Valvular heart disease	2.0-3.0
Atrial fibrillation	2.0-3.0
Mechanical prosthetic valves	2.5-3.5
(high risk)	
Prevent recurrent Myocardial Infarction	2.5-3.5

PTT | 29.3 (E) | (21.9-31.4) SECONDS

(E) Therapeutic Range for Unfractionated Heparin: 41.49 - 63.99

FIBRINOGEN | 563 H| (200-400) MG/DL

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15 DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909 PAGE 19
 RUN TIME: 0203 MEDICAL DIRECTOR - STEPHEN ADAMS, DO
 RUN USER: LABBKJGJOB HFF LAB Discharge Summary Report w/o Pathology

Patient: LONG, GYLES #G00557360179 (Continued)

ROUTINE COAGULATION (continued)

Date	12/27/2014	12/18/2014		
Time	2:30PM	2:05AM	Reference	Units
PROTIME	11.0 (F)	10.9 (F)	{9.3-11.3}	SECONDS

(F) Use INR for interpretation.

INR	1.05 (G)	1.05 (G)	

(G) ***** INR INTERPRETIVE DATA *****

THROMBOTIC DISORDER	RECOMMENDED INR
Prophylaxis/Treatment of Venous Thrombosis and Pulmonary Embolism	2.0-3.0
Prevention of Systemic Embolism from:	
Tissue heart valves	2.0-3.0
Myocardial Infarction (prevent systemic embolism)	2.0-3.0
Valvular heart disease	2.0-3.0
Atrial fibrillation	2.0-3.0
Mechanical prosthetic valves (high risk)	2.5-3.5
Prevent recurrent Myocardial Infarction	2.5-3.5

PTT	35.2 (H)	KI {21.9-31.4}	SECONDS

(H) Therapeutic Range for Unfractionated Heparin: 41.49 - 63.99

FIBRINOGEN	405	II {200-400}	MG/DL

Date	12/15/2014	12/11/2014		
Time	3:30AM	3:30AM	Reference	Units
PROTIME	10.0 (I)		{9.3-11.3}	SECONDS

(I) Use INR for interpretation.

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABDKGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

ROUTINE COAGULATION (continued)

Date Time	12/15/2014 3:30PM	12/11/2014 3:30AM	Reference	Units
INR	1.04 (J)			

(J) ***** INR INTERPRETIVE DATA *****
 THROMBOTIC DISORDER RECOMMENDED INR
Prophylaxis/Treatment of 2.0-3.0
 Venous Thrombosis and
 Pulmonary Embolism
Prevention of Systemic Embolism from:
 Tissue heart valves 2.0-3.0
 Myocardial Infarction 2.0-3.0
 (prevent systemic embolism)
 Valvular heart disease 2.0-3.0
 Atrial fibrillation 2.0-3.0
 Mechanical prosthetic valves 2.5-3.5
 (high risk)
 Prevent recurrent Myocardial 2.5-3.5
 Infarction

PTT | | 28.9 (K) | (21.9-31.4) SECONDS

(K) Therapeutic Range for Unfractionated Heparin: 41.49 - 63.99

FIBRINOGEN | | 500 H | (200-400) MG/DL

Date Time	12/08/2014 2:10AM	12/05/2014 2:00AM	Reference	Units
PROTIME	10.4 (L)	10.7 (L)	(9.3-11.3)	SECONDS

-(L) Use INR for interpretation.

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15 DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
 RUN TIME: 0203 MEDICAL DIRECTOR - STEPHEN ADAMS, DO
 RUN USER: LABBKJ0B HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

ROUTINE COAGULATION (continued)

Date	12/08/2014	12/05/2014		
Time	2:10AM	2:00AM	Reference	Units

INR	1.00 (M)	1.03 (M)		

(M) ***** INR INTERPRETIVE DATA *****

THROMBOTIC DISORDER	RECOMMENDED INR
Prophylaxis/Treatment of Venous Thrombosis and Pulmonary Embolism	2.0-3.0
Prevention of Systemic Embolism from:	
Tissue heart valves	2.0-3.0
Myocardial Infarction (prevent systemic embolism)	2.0-3.0
Valvular heart disease	2.0-3.0
Atrial fibrillation	2.0-3.0
Mechanical prosthetic valves (high risk)	2.5-3.5
Prevent recurrent Myocardial Infarction	2.5-3.5

FIBRINOGEN	698 HI	762 HI (200-400)	MG/DL

Date	12/04/2014	12/02/2014		
Time	2:15AM	4:00AM	Reference	Units

PROTIME	10.6 (N)	11.7 (N) HI (9.3-11.3)	SECONDS

(N) Use INR for interpretation.

INR	1.02 (O)	1.12 (O)	

(O) ***** INR INTERPRETIVE DATA *****

THROMBOTIC DISORDER	RECOMMENDED INR
Prophylaxis/Treatment of Venous Thrombosis and Pulmonary Embolism	2.0-3.0
Prevention of Systemic Embolism from:	
Tissue heart valves	2.0-3.0
Myocardial Infarction (prevent systemic embolism)	2.0-3.0
Valvular heart disease	2.0-3.0
Atrial fibrillation	2.0-3.0
Mechanical prosthetic valves (high risk)	2.5-3.5
Prevent recurrent Myocardial Infarction	2.5-3.5

FIBRINOGEN	804 HI	1 (200-400)	MG/DL

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJ08

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPE LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

ROUTINE COAGULATION (continued)

Date Time	12/04/2014 2:15AM	12/02/2014 4:00AM	Reference	Units
D-DIMER	1 13.52 (P) H		1 (0.19-0.52)	mg/L FEU

(P) See (Q), (R)

(Q) *Please note new reference range due to methodology change*

(R) Interpretation:

D-dimer < or = 0.52 mg/L FEU: Low Probability of DVT or PE

D-dimer > 0.52 mg/L FEU: Correlate with clinical findings and continue workup as indicated

Comment: Elevated concentrations of D-dimer may be seen in old age, pregnancy, coronary disease, cancer, liver disease, infection, inflammation, hematoma and stress. Therefore, an elevated level is not diagnostic of DVT, PE or DIC.

Levels may be decreased in patients on anticoagulant therapy, therefore, interpretation in this clinical setting requires close correlation with clinical history, physical findings and other tests.

Date Time	12/02/2014 3:10AM	12/01/2014 4:40AM	Reference	Units
PROTIME	1	12.3 (S) H	(9.3-11.3)	SECONDS

(S) Use INR for interpretation.

INR 1 1.17 (T) 1

(T) ***** INR INTERPRETIVE DATA *****

THROMBOTIC DISORDER	RECOMMENDED INR
Prophylaxis/Treatment of Venous Thrombosis and Pulmonary Embolism	2.0-3.0
Prevention of Systemic Embolism from:	
Tissue heart valves	2.0-3.0
Myocardial Infarction (prevent systemic embolism)	2.0-3.0
Valvular heart disease	2.0-3.0
Atrial fibrillation	2.0-3.0
Mechanical prosthetic valves (high risk)	2.5-3.5
Prevent recurrent Myocardial Infarction	2.5-3.5

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJOD

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPE LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

ROUTINE COAGULATION (continued)

Date Time	12/02/2014 3:10AM	12/01/2014 4:40AM	Reference	Units
PTT			27.8(U) [(21.9-31.4)	SECONDS

(U) Therapeutic Range for Unfractionated Heparin: 41.49 - 63.99

FIBRINOGEN		762 H	544 H	(200-400)	MG/DL
D-DIMER		14.94(V) B	18.36(Y) H	(0.19-0.52)	mg/L FEU

(V) See (W), (X)

(W) *Please note new reference range due to methodology change*

(X) Interpretation:

D-dimer < or = 0.52 mg/L FEU: Low Probability of DVT or PE

D-dimer > 0.52 mg/L FEU: Correlate with clinical
findings and continue workup
as indicated

Comment: Elevated concentrations of D-dimer may be seen in
old age, pregnancy, coronary disease, cancer, liver disease,
infection, inflammation, hematoma and stress. Therefore, an
elevated level is not diagnostic of DVT, PE or DIC.

Levels may be decreased in patients on anticoagulant
therapy, therefore, interpretation in this clinical setting
requires close correlation with clinical history, physical
findings and other tests.

(Y) See (W), (X)

Date Time	11/30/2014 2:15AM	11/29/2014 2:30AM	Reference	Units	
PROTIME		11.6(Z) H	11.5(Z) H	(9.3-11.3)	SECONDS

(Z) Use INR for interpretation.

Patient: LONG, GYLES

Age/Sex: 55/M

Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HEF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

ROUTINE COAGULATION (continued)

Date Time	11/30/2014 2:15PM	11/29/2014 2:30AM	Reference	Units
INR	1.11(AA)	1.10(AA)		

(AA) ***** INR INTERPRETIVE DATA *****

THROMBOTIC DISORDER	RECOMMENDED INR
Prophylaxis/Treatment of Venous Thrombosis and Pulmonary Embolism	2.0-3.0
Prevention of Systemic Embolism from:	
Tissue heart valves	2.0-3.0
Myocardial Infarction (prevent systemic embolism)	2.0-3.0
Valvular heart disease	2.0-3.0
Atrial fibrillation	2.0-3.0
Mechanical prosthetic valves (high risk)	2.5-3.5
Prevent recurrent Myocardial Infarction	2.5-3.5

PTT | 29.8(AB) | 23.8(AB) | (21.9-31.4) SECONDS

(AB) Therapeutic Range for Unfractionated Heparin: 41.49 - 63.99

FIBRINOGEN	381	342	(200-400)	MG/DL
D-DIMER	5.03(AC) HI	4.32(AE) HI	(0.19-0.52)	mg/L FEU

(AC) See (AD), (AE)

(AD) *Please note new reference range due to methodology change*

(AE) Interpretation:

D-dimer < or = 0.52 mg/L FEU: Low Probability of DVT or PE
D-dimer > 0.52 mg/L FEU: Correlate with clinical findings and continue workup as indicated

Comment: Elevated concentrations of D-dimer may be seen in old age, pregnancy, coronary disease, cancer, liver disease, infection, inflammation, hematoma and stress. Therefore, an elevated level is not diagnostic of DVT, PE or DIC.

Levels may be decreased in patients on anticoagulant therapy, therefore, interpretation in this clinical setting requires close correlation with clinical history, physical findings and other tests.

(AE) See (AD), (AE)

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJ08

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

ROUTINE COAGULATION (continued)

Date	11/28/2014	11/27/2014		
Time	3:00AM	3:00AM	Reference	Units
PROTIME	11.4 (AG) H	11.8 (AG) H	(9.3-11.3)	SECONDS

(AG) Use INR for interpretation.

INR | 1.09 (AH) | 1.13 (AH) |

(AH) ***** INR INTERPRETIVE DATA *****

THROMBOTIC DISORDER RECOMMENDED INR

Prophylaxis/Treatment of Venous Thrombosis and Pulmonary Embolism	2.0-3.0
Prevention of Systemic Embolism from:	
Tissue heart valves	2.0-3.0
Myocardial Infarction (prevent systemic embolism)	2.0-3.0
Valvular heart disease	2.0-3.0
Atrial fibrillation	2.0-3.0
Mechanical prosthetic valves (high risk)	2.5-3.5
Prevent recurrent Myocardial Infarction	2.5-3.5

PTT | 24.4 (AI) | 24.4 (AI) | (21.9-31.4) SECONDS

(AI) Therapeutic Range for Unfractionated Heparin: 41.49 - 63.99

FIBRINOGEN	320 349 (200-400) NG/DL
D-DIMER	4.32 (AJ) H 3.60 (AM) H (0.19-0.52) mg/L FEU

(AJ) See (AK), (AL)

(AK) *Please note new reference range due to methodology change*

(AL) Interpretation:

D-dimer < or = 0.52 mg/L FEU: Low Probability of DVT or PE
D-dimer > 0.52 mg/L FEU: Correlate with clinical findings and continue workup as indicated

Comment: Elevated concentrations of D-dimer may be seen in old age, pregnancy, coronary disease, cancer, liver disease, infection, inflammation, hematoma and stress. Therefore, an elevated level is not diagnostic of DVT, PE or DIC.

Levels may be decreased in patients on anticoagulant therapy, therefore, interpretation in this clinical setting requires close correlation with clinical history, physical findings and other tests.

(AM) See (AK), (AL)

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABDXGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPE LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

ROUTINE COAGULATION (continued)

Date	Time	5:20PM	3:00AM	Reference	Units
PROTIME		12.2(AN) H	11.4(AN) H	(9.3-11.3)	SECONDS

(AN) Use INR for interpretation.

INR		1.16(AQ)		1.09(AQ)	

(AQ) ***** INR INTERPRETIVE DATA *****

THROMBOTIC DISORDER	RECOMMENDED INR
Prophylaxis/Treatment of Venous Thrombosis and Pulmonary Embolism	2.0-3.0
Prevention of Systemic Embolism from:	
Tissue heart valves	2.0-3.0
Myocardial Infarction (prevent systemic embolism)	2.0-3.0
Valvular heart disease	2.0-3.0
Atrial fibrillation	2.0-3.0
Mechanical prosthetic valves (high risk)	2.5-3.5
Prevent recurrent Myocardial Infarction	2.5-3.5

PTT		27.1(AP)		25.0(AP)		(21.9-31.4)	SECONDS

(AP) Therapeutic Range for Unfractionated Heparin: 41.49 - 63.99

FIBRINOGEN		321		437 H	(200-400)	MG/DL
D-DIMER		3.64(AQ) H	2.56(AT) H	(0.19-0.52)	mg/L FEU	

(AQ) See (AR), (AS)

(AR) *Please note new reference range due to methodology change*

(AS) Interpretation:

D-dimer < or = 0.52 mg/L FEU: Low Probability of DVT or PE
D-dimer > 0.52 mg/L FEU: Correlate with clinical findings and continue workup as indicated

Comment: Elevated concentrations of D-dimer may be seen in old age, pregnancy, coronary disease, cancer, liver disease, infection, inflammation, hematoma and stress. Therefore, an elevated level is not diagnostic of DVT, PE or DIC.

Levels may be decreased in patients on anticoagulant therapy, therefore, interpretation in this clinical setting requires close correlation with clinical history, physical findings and other tests.

(AT) See (AR), (AS)

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HBF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

ROUTINE COAGULATION (continued)

Date	11/25/2014	11/24/2014		
Time	5:50AM	3:30AM	Reference	Units
PROTIME	10.8(AU)	10.7(AU)	{9.3-11.3}	SECONDS

{AU} Use INR for interpretation.

INR | 1.04(AV) | 1.03(AV) |

(AV) ***** INR INTERPRETIVE DATA *****

THROMBOTIC DISORDER RECOMMENDED INR

Prophylaxis/Treatment of Venous Thrombosis and Pulmonary Embolism	2.0-3.0
Prevention of Systemic Embolism from:	
Tissue heart valves	2.0-3.0
Myocardial Infarction (prevent systemic embolism)	2.0-3.0
Valvular heart disease	2.0-3.0
Atrial fibrillation	2.0-3.0
Mechanical prosthetic valves (high risk)	2.5-3.5
Prevent recurrent Myocardial Infarction	2.5-3.5

PTT | 25.4(AW) | 28.9(AW) | {21.9-31.4} SECONDS

{AW} Therapeutic Range for Unfractionated Heparin: 41.49 - 63.99

FIBRINOGEN	437 H	553 H	{200-400}	MG/DL
D-DIMER	2.15(AX) H	2.10(BA) H	{0.19-0.52}	mg/L FEU

(AX) See (AY), (AZ)

(AY) *Please note new reference range due to methodology change*

(AZ) Interpretation:

D-dimer < or = 0.52 mg/L FEU: Low Probability of DVT or PE
D-dimer > 0.52 mg/L FEU: Correlate with clinical findings and continue workup as indicated

Comment: Elevated concentrations of D-dimer may be seen in old age, pregnancy, coronary disease, cancer, liver disease, infection, inflammation, hematoma and stress. Therefore, an elevated level is not diagnostic of DVT, PE or DIC.

Levels may be decreased in patients on anticoagulant therapy, therefore, interpretation in this clinical setting requires close correlation with clinical history, physical findings and other tests.

(BA) See (AY), (AZ)

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKGV0B

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

ROUTINE COAGULATION (continued)

Date	11/23/2014			
Time	11:06AM	3:15AM	Reference	Units
PROTIME	11.0(BB)	11.7(BB)	HI (9.3-11.3)	SECONDS

(BB) Use INR for interpretation.

INR	1.05(EC)	1.12(BC)	

(BC) ***** INR INTERPRETIVE DATA *****

THROMBOTIC DISORDER	RECOMMENDED INR
Prophylaxis/Treatment of Venous Thrombosis and Pulmonary Embolism	2.0-3.0
Prevention of Systemic Embolism from:	
Tissue heart valves	2.0-3.0
Myocardial Infarction	2.0-3.0
(prevent systemic embolism)	
Valvular heart disease	2.0-3.0
Atrial fibrillation	2.0-3.0
Mechanical prosthetic valves	2.5-3.5
(high risk)	
Prevent recurrent Myocardial Infarction	2.5-3.5

PTT	31.4(BD)	38.1(BD)	HI (21.9-31.4)	SECONDS

(BD) Therapeutic Range for Unfractionated Heparin: 41.49 - 63.99

FIBRINOGEN	517 HI	437 HI	(200-400)	MG/DL
D-DIMER		2.10(BE)	HI (0.19-0.52)	mg/L FEU

(BE) See (BF), (BG)

(BF) *Please note new reference range due to methodology change*

(BG) Interpretation:

D-dimer < or = 0.52 mg/L FEU: Low Probability of DVT or PE
D-dimer > 0.52 mg/L FEU: Correlate with clinical findings and continue workup as indicated

Comment: Elevated concentrations of D-dimer may be seen in old age, pregnancy, coronary disease, cancer, liver disease, infection, inflammation, hematoma and stress. Therefore, an elevated level is not diagnostic of DVT, PE or DIC.

Levels may be decreased in patients on anticoagulant therapy, therefore, interpretation in this clinical setting requires close correlation with clinical history, physical findings and other tests.

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJ0B

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

ROUTINE COAGULATION (continued)

Date	Time	9:00PM	5:00AM	Reference	Units
PROTIME		11.9(BE) H	12.7(BH) H	{9.3-11.3}	SECONDS

(BE) Use INR for interpretation.

INR | 1.14(BI) | 1.21(BI) |

(BI) ***** INR INTERPRETIVE DATA *****

THROMBOTIC DISORDER RECOMMENDED INR

Prophylaxis/Treatment of Venous Thrombosis and Pulmonary Embolism	2.0-3.0
Prevention of Systemic Embolism from:	
Tissue heart valves	2.0-3.0
Myocardial Infarction (prevent systemic embolism)	2.0-3.0
Valvular heart disease	2.0-3.0
Atrial fibrillation	2.0-3.0
Mechanical prosthetic valves (high risk)	2.5-3.5
Prevent recurrent Myocardial Infarction	2.5-3.5

PTT | 38.5(BJ) H | 39.7(BJ) H | {21.9-31.4} SECONDS

(BJ) Therapeutic Range for Unfractionated Heparin: 41.49 - 63.99

FIBRINOGEN	413 H	391	{200-400}	MG/DL
D-DIMER	1.41(BK) H	1.11(BN) H	{0.19-0.52}	mg/L FEU

(BK) See (BL), (BM)

(BL) *Please note new reference range due to methodology change*

(BM) Interpretation:

D-dimer < or = 0.52 mg/L FEU: Low Probability of DVT or PE
D-dimer > 0.52 mg/L FEU: Correlate with clinical findings and continue workup as indicated

Comment: Elevated concentrations of D-dimer may be seen in old age, pregnancy, coronary disease, cancer, liver disease, infection, inflammation, hematoma and stress. Therefore, an elevated level is not diagnostic of DVT, PE or DIC.

Levels may be decreased in patients on anticoagulant therapy, therefore, interpretation in this clinical setting requires close correlation with clinical history, physical findings and other tests.

(BN) See (BL), (BM)

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKGF08

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

ROUTINE COAGULATION (continued)

Date Time	11/21/2014 6:00PM	Reference	Units
PROTIME	12.7 (BO) H	(9.3-11.3)	SECONDS

(BO) Use INR for interpretation.

INR | 1.21 (BP) |

(BP) ***** INR INTERPRETIVE DATA *****

THROMBOTIC DISORDER	RECOMMENDED INR
Prophylaxis/Treatment of Venous Thrombosis and Pulmonary Embolism	2.0-3.0
Prevention of Systemic Embolism from:	
Tissue heart valves	2.0-3.0
Myocardial Infarction (prevent systemic embolism)	2.0-3.0
Valvular heart disease	2.0-3.0
Atrial fibrillation	2.0-3.0
Mechanical prosthetic valves (high risk)	2.5-3.5
Prevent recurrent Myocardial Infarction	2.5-3.5

PTT | 33.0 (BQ) H| | (21.9-31.4) SECONDS

(BQ) Therapeutic Range for Unfractionated Heparin: 41.49 - 63.99

FIBRINOGEN	478 H	(200-400)	MG/DL
D-DIMER	2.21 (BR) H	(0.19-0.52)	mg/L FEU

(BR) See (BS), (BT)

(BS) *Please note new reference range due to methodology change*

(BT) Interpretation:

D-dimer < or = 0.52 mg/L FEU: Low Probability of DVT or PE
D-dimer > 0.52 mg/L FEU: Correlate with clinical findings and continue workup as indicated

Comment: Elevated concentrations of D-dimer may be seen in old age, pregnancy, coronary disease, cancer, liver disease, infection, inflammation, hematoma and stress. Therefore, an elevated level is not diagnostic of DVT, PE or DIC.

Levels may be decreased in patients on anticoagulant therapy, therefore, interpretation in this clinical setting requires close correlation with clinical history, physical findings and other tests.

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15 DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909 PAGE 31
 RUN TIME: 0203 MEDICAL DIRECTOR - STEPHEN ADAMS, DO
 RUN USER: LABBKJGJOB HPF LAB Discharge Summary Report w/o Pathology

Patient: LONG, GYLES #G00557360179 (Continued)

REFERRED COAGULATION

Test	Date	Time	Result	Reference	Units
FAC II PT MUT	11/23/2014	11:06AM	(BU)		

(BU) SINGLE G-20210-A MUTATION IDENTIFIED (HETEROZYGOTE)

Comment:

A point mutation (G20210A) in the factor II (prothrombin) gene is the second most common cause of inherited thrombophilia. The incidence of this mutation in the U.S. Caucasian population is about 2% and in the African American population it is approximately 0.5%. This mutation is rare in the Asian and Native American population. Being heterozygous for a prothrombin mutation increases the risk for developing venous thrombosis about 2 to 3 times above the general population risk. Being homozygous for the prothrombin gene mutation increases the relative risk for venous thrombosis further, although it is not yet known how much further the risk is increased. In women heterozygous for the prothrombin gene mutation, the use of estrogen containing oral contraceptives increases the relative risk of venous thrombosis about 15 times and the risk of developing cerebral thrombosis is also significantly increased. In pregnancy the prothrombin gene mutation increases risk for venous thrombosis and may increase risk for stillbirth, placental abruption, pre-eclampsia and fetal growth restriction. If the patient possesses two or more congenital or acquired thrombophilic risk factors, the risk for thrombosis may rise to more than the sum of the risk ratios for the individual mutations. This assay detects only the prothrombin G20210A mutation and does not measure genetic abnormalities elsewhere in the genome. Other thrombotic risk factors may be pursued through systematic clinical laboratory analysis. These factors include the R506Q (Leiden) mutation in the Factor V gene, plasma homocysteine levels, as well as testing for deficiencies of antithrombin III, protein C and protein S. See also (a)

NOTES: (a) LABCORP OF AMERICA AC#10513370
 Laboratory Corporation of America Director: Arthur Kelly, M.D.
 1801 First Avenue, South Birmingham, AL 35233 PH: 800-621-8037
 Arthur Kelly, M.D.

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG,GYLES #G00557360179 (Continued)

REFERRED COAGULATION (continued)

Test	Date	Time	Result	Reference	Units
FAC II FT REF	11/23/2014	11:06AM	(BV)		

(BV) Genetic Counselors are available for health care providers to discuss results at 1-800-345-GENE (4363).
Methodology:
DNA analysis of the Factor II gene was performed by PCR amplification followed by restriction analysis. The diagnostic sensitivity is >99% for both. All the tests must be combined with clinical information for the most accurate interpretation. Molecular-based testing is highly accurate, but as in any laboratory test, diagnostic errors may occur.
Poort SR, et al. Blood. 1996; 88:3698-3703.
Varga EA. Circulation. 2004; 110:e15-e18.
Martinelli I, et al. Arterioscler Thromb Vasc Biol. 1999; 19:700-703.
Kenneth J Friedman, PhD
Lauren Kam-Morgan, PhD
Li Cai, PhD
Marcia Eisenberg, PhD
Suzette M Huquenin, PhD
Dorothy M Adcock, MD
Val V Zvereff, MD, PhD
S Hussain Askree, MBBS, PhD
Performed At: TG LabCorp RTP
1912 TW Alexander Drive RTP, NC 277090150
Chatterjee Arundhati MD Ph:8007354087
See also (b)

NOTES: (b) LABCORP OF AMERICA AC#10513370
Laboratory Corporation of America Director: Arthur Kelly, M.D.
1801 First Avenue, South Birmingham, AL 35233 PH: 800-621-8037
Arthur Kelly, M.D.

Patient: LONG,GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HFF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

REFERRED COAGULATION (continued)

Test	Date	Time	Result	Reference	Units
FACTOR V R506Q	11/23/2014	11:06AM	{BW}		

{BW} Result: Negative (no mutation found)
Factor V Leiden is a specific mutation (R506Q) in the factor V gene that is associated with an increased risk of venous thrombosis. Factor V Leiden is more resistant to inactivation by activated protein C. As a result, factor V persists in the circulation leading to a mild hypercoagulable state. The Leiden mutation accounts for 90% - 95% of APC resistance. Factor V Leiden has been reported in patients with deep vein thrombosis, pulmonary embolus, central retinal vein occlusion, cerebral sinus thrombosis and hepatic vein thrombosis. Other risk factors to be considered in the workup for venous thrombosis include the G20210A mutation in the factor II (prothrombin) gene, protein S and C deficiency, and antithrombin deficiencies. Anticardiolipin antibody and lupus anticoagulant analysis may be appropriate for certain patients, as well as homocysteine levels.
Contact your local LabCorp for information on how to order additional testing if desired.
See also (c)

NOTES: (c) LABCORP OF AMERICA AC#10513370
Laboratory Corporation of America Director: Arthur Kelly, M.D.
1801 First Avenue, South Birmingham, AL 35233 PH: 800-621-8037
Arthur Kelly, M.D.

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKGVJB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, MD
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

REFERRED COAGULATION (continued)

Test	Date	Time	Result	Reference	Units
FAC V R506Q COX	11/23/2014	11:06AM	(BX)		

(BX) ***Genetic counselors are available for health care***
providers to discuss results at 1-800-345-GENE (4363).

Methodology:

DNA analysis of the Factor V gene was performed by allele-specific PCR followed by gel electrophoresis. The diagnostic sensitivity and specificity is >99% for both. Molecular-based testing is highly accurate, but as in any laboratory test, diagnostic errors may occur. All test results must be combined with clinical information for the most accurate interpretation.

References:

Voelkerding K (1996). Clin Lab Med 16:169-186.

Kenneth J Friedman, PhD

Lauren Kam-Morgan, PhD

Li Cai, PhD

Marcia Eisenberg, PhD

Suzette M Huguenin, PhD

Dorothy M Adcock, MD

Val V Zvereff, MD, PhD

S Hussain Askree, MBBS, PhD

Performed At: TG LabCorp RTP

1912 TW Alexander Drive RTP, NC 277090150

Chatterjee Arundhati MD Ph:8007354087

See also (d)

APC-R 11/26/2014 10:21AM 2.06(BY) (> 2.1) Ratio

(BY) The result ratio is >2.1 and is considered NEGATIVE for a mutation in Factor V.

Although "Leiden" is the most common mutation, "Cambridge" and "Hong Kong" are also detected with this test. A PCR confirmation is NOT necessary, because this test is 99.6% specific and 100% sensitive for the Factor V Leiden mutation as compared to DNA/PCR testing.

See also (e)

APC-R 11/23/2014 11:06AM 2.10(e) (> 2.1) Ratio

NOTES: (d) LABCORP OF AMERICA AC#10513370
Laboratory Corporation of America Director: Arthur Kelly, M.D.
1001 First Avenue, South Birmingham, AL 35233 PH: 800-621-8037
Arthur Kelly, M.D.

(e) INTEGRATED REGIONAL LAB
INTEGRATED REGIONAL LAB, 5361 N.W. 33RD AVE, FORT LAUDERDALE, FL 33309
MARCELINO ALVAREZ, MD, MEDICAL DIRECTOR PHONE: (954) 777-0018

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

Patient: LONG, GYLES EG00557360179 (Continued)

REFERRED COAGULATION (continued)

Test	Date	Time	Result	Reference	Units
APC-R COMMENT	11/23/2014	11:06AM	(BZ)	(())	

(BZ) This Activated Protein C Resistance (APCR, Factor V Leiden) result is a BORDERLINE result that may be due to low functional activity of Protein C in this patient.

The functional Protein C activity was evaluated and found to be below the lower reference range cutoff value. This low functional level of Protein C may be responsible for the borderline APCR result found in this patient, rather than a Factor V Leiden mutation.

Clinical correlation is necessary, and if further evaluation is deemed necessary, a Factor V Leiden DNA/PCR test may be considered.
 See also (f)

PROTEIN C AG	11/26/2014	10:21AM	107(CA)	(70-140)	%

(CA) Performed At: BN LabCorp Burlington
 1447 York Court Burlington, NC 272153361
 Hancock William F MD Ph:8007624344
 See also (g)

PROTEIN C ACT	11/26/2014	10:21AM	142(CB)	(74-151)	%

(CB) Performed At: BN LabCorp Burlington
 1447 York Court Burlington, NC 272153361
 Hancock William F MD Ph:8007624344
 See also (g)

PROTEIN C ACT	11/23/2014	11:06AM	41(F)	L (70-130)	%
PROTEIN S AG	11/26/2014	10:21AM	86(g)	(58-150)	%
PROTEIN S AG FR	11/26/2014	10:21AM	87(CC)	(56-124)	%

(CC) Performed At: BN LabCorp Burlington
 1447 York Court Burlington, NC 272153361
 Hancock William F MD Ph:8007624344
 See also (g)

NOTES: (F) INTEGRATED REGIONAL LAB
 INTEGRATED REGIONAL LAB, 5361 N.W.33RD AVE, FORT LAUDERDALE, FL 33309
 MARCELINO ALVAREZ, MD, MEDICAL DIRECTOR PHONE: (954) 777-0018
 (g) LABCORP OF AMERICA AC#10513370
 Laboratory Corporation of America Director: Arthur Kelly, M.D.
 1801 First Avenue, South Birmingham, AL 35233 PH: 800-621-0037
 Arthur Kelly, M.D.

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G0006808204

RUN DATE: 01/10/15
 RUN TIME: 0203
 RUN USER: LABDKG70B

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
 MEDICAL DIRECTOR - STEPHEN ADAMS, DO
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Patient: LONG, GYLES EG00557360179 (Continued)

*** URINALYSIS ***

Date Time	11/23/2014 10:25AM	11/21/2014 6:10PM	Reference	Units
COLOR	YELLOW	YELLOW	(YELLOW)	
APPEAR	CLEAR	CLEAR	(CLEAR)	
SEPC GRAV	1.010	1.015	(1.005-1.025)	
PH	6.5	5.0	(5.0 - 8.0)	
LEUK EST	NEGATIVE	NEGATIVE	(NEGATIVE)	
NITRITE	NEGATIVE	NEGATIVE	(NEGATIVE)	
PROTEIN	NEGATIVE	NEGATIVE	(NEGATIVE)	MG/DL
GLU	250 *	250 *	(NEGATIVE)	MG/DL
KETONES	NEGATIVE	NEGATIVE	(NEGATIVE)	MG/DL
UROBILIN	NEGATIVE	NEGATIVE	(<-1.0)	MG/DL
BILIRUBIN	NEGATIVE	NEGATIVE	(NEGATIVE)	MG/DL
UR BLOOD	NEGATIVE	25/u1 *	(NEGATIVE)	
RBC	0	2-8	(0-2/HPF)	
WBC	0	3-5	(0-5/HPF)	
EPI CELLS	NEGATIVE	FEW	(NEGATIVE)	
BACTERIA	NEGATIVE	1+ *	(NEGATIVE)	
OTHER CASTS		0-1 GRANULAR	(NEGATIVE)	
MUCUS		TRACE	(NEGATIVE)	
YEAST	(CD)	(CE)	(NEGATIVE)	

(CD) NO YEAST SEEN

(CE) NO YEAST SEEN

*** URINE AND FECAL TESTS ***

Test	Date	Time	Result	Reference	Units
UR NA RANDOM	12/31/2014	1:30PM	15		MMOL/L
UR NA RANDOM	11/24/2014	3:00PM	79		MMOL/L
UR OSMO RANDOM	12/31/2014	1:30PM	142	L (300-900)	MOSM/KG
UR OSMO RANDOM	11/24/2014	3:00PM	412	(300-900)	MOSM/KG

*** BODY FLUID ANALYSIS ***

11/22/2014 2:50PM FLUID SOURCE	BRONCHIAL LAVAGE
FLUID WBC	287 /CUMM
FLUID RBC	35000 /CUMM
FLUID POLY	43 %
FLUID LYMPH	3 %
FLUID MONOCYTE/MACROPHAGE	35 %
FLUID NON-LEUKOCYTES	19 %

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKGJ08

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
MPF LAB Discharge Summary Report w/o Pathology.

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Patient: LONG, GYLES #G00557360179 (Continued)

*** ARTERIAL BLOOD GASES ***

Date Time	01/06/2015 1:02PM	01/03/2015 1:00AM	Reference	Units
CALCIUM IONIZED	1.11 L	1.13	(1.13-1.32)	mMol/L

Date Time	01/02/2015 1:00AM	01/01/2015 4:10AM	Reference	Units
CALCIUM IONIZED	1.13	1.11 L	(1.13-1.32)	mMol/L

Date Time	12/31/2014 3:20AM	12/30/2014 3:06AM	Reference	Units
CALCIUM IONIZED	1.11 L	1.09 L	(1.13-1.32)	mMol/L

Date Time	12/29/2014 9:45AM	12/20/2014 4:10AM	Reference	Units
CALCIUM IONIZED	1.06 L	1.13	(1.13-1.32)	mMol/L

Date Time	12/27/2014 2:30AM	12/26/2014 3:30AM	Reference	Units
CALCIUM IONIZED	1.11 L	1.17	(1.13-1.32)	mMol/L

Date Time	12/25/2014 3:55AM	12/24/2014 3:00AM	Reference	Units
CALCIUM IONIZED	1.17	1.16	(1.13-1.32)	mMol/L

Date Time	12/23/2014 6:15AM	12/22/2014 3:45AM	Reference	Units
CALCIUM IONIZED	1.18	1.14	(1.13-1.32)	mMol/L

Date Time	12/21/2014 3:20AM	12/20/2014 4:30AM	Reference	Units
CALCIUM IONIZED	1.17	1.20	(1.13-1.32)	mMol/L

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABDKGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG,GYLES #G00557360179 (Continued)

*** ARTERIAL BLOOD BASES *** (continue)

Date Time	12/19/2014 2:10AM	12/18/2014 2:05AM	Reference	Units
CALCIUM IONIZED	1.14	1.14	(1.13-1.32)	mMol/L

Date Time	12/17/2014 5:11AM	12/16/2014 3:15AM	Reference	Units
CALCIUM IONIZED	1.13	1.12 L	(1.13-1.32)	mMol/L

Date Time	12/15/2014 3:30AM	12/13/2014 1:10PM	Reference	Units
CALCIUM IONIZED	0.97 L	1.13	(1.13-1.32)	mMol/L

Date Time	12/13/2014 4:20AM	12/12/2014 3:10AM	Reference	Units
CALCIUM IONIZED	1.09 L	1.14	(1.13-1.32)	mMol/L

Date Time	-----12/11/2014----- 5:50PM	3:30AM	Reference	Units
CALCIUM IONIZED	1.14	1.12 L	(1.13-1.32)	mMol/L

Date Time	12/10/2014 3:50AM	12/09/2014 2:25AM	Reference	Units
CALCIUM IONIZED	1.11 L	1.11 L	(1.13-1.32)	mMol/L

Date Time	-----12/08/2014----- 8:50PM	2:10AM	Reference	Units
CALCIUM IONIZED	1.13	1.09 L	(1.13-1.32)	mMol/L

Date Time	12/07/2014 3:00AM	12/06/2014 1:15AM	Reference	Units
CALCIUM IONIZED	1.11 L	1.15	(1.13-1.32)	mMol/L

Patient: LONG,GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
 RUN TIME: 0203
 RUN USER: LABBKJGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
 MEDICAL DIRECTOR - STEPHEN ADAMS, DO
 HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** ARTERIAL BLOOD BASES *** (continue)

Date Time	12/05/2014 2:00AM	12/04/2014 4:30AM	Reference	Units
ABG PH		7.42	{7.35-7.45}	
ABG PCO2		38	{35-45}	mmHg
ABG PO2		166	K {75-100}	mmHg
ABG HCO3		24	{22-26}	mMol/L
ABG TCO2		25	L {26-28}	mMol/L
ABG BE		-0.3	{-2.0-2.0}	mMol/L
ABG O2 SAT		99	K {92.0-98.5}	%
ABG FIO2		35.0		%
ABG TEMP		37.7		C
CALCIUM IONIZED	1.08	L	{1.13-1.32}	mMol/L

Date Time	12/04/2014 2:15AM	12/03/2014 3:10AM	Reference	Units
CALCIUM IONIZED	1.12	L	{1.13-1.32}	mMol/L

Date Time	12/02/2014 3:10AM	12/01/2014 4:40AM	Reference	Units
CALCIUM IONIZED	1.15		{1.13-1.32}	mMol/L
MBG PH		7.45	{7.35-7.457.5}	
MBG PCO2		41	{NONE ESTAB}	mmHg
MBG PO2		47	{NONE ESTAB}	mmHg
MBG HCO3		27	{NONE ESTAB}	mMol/L
MBG TCO2		28	{NONE ESTAB}	mMol/L
MBG BE		3.5	{NONE ESTAB}	mMol/L
MBG O2 SAT		72	{NONE ESTAB}	%
MBG TEMP		39.1		C
MBG FIO2		50.0		%

Date Time	12/01/2014 4:40AM	11/30/2014 4:10PM	Reference	Units
CALCIUM IONIZED	1.15	L	{1.13-1.32}	mMol/L

Date Time	11/30/2014		Reference	Units
	2:15AM	2:15AM		
ABG PH		7.49	H {7.35-7.45}	
ABG PCO2		34	L {35-45}	mmHg
ABG PO2		266	K {75-100}	mmHg
ABG HCO3		26	{22-26}	mMol/L
ABG TCO2		26	{26-28}	mMol/L
ABG BE		2.0	{-2.0-2.0}	mMol/L
ABG O2 SAT		99	H {92.0-98.5}	%

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
 RUN TIME: 0203
 RUN USER: LABBKGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
 MEDICAL DIRECTOR - STEPHEN ADAMS, DO
 HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** ARTERIAL BLOOD BASES *** (continue)

Date	11/30/2014			
Time	2:15AM	2:15AM	Reference	Units
ABG FIO2		50.0		%
ABG TEMP		38.3		C
CALCIUM IONIZED	1.18		{1.13-1.32}	mMol/L

Date	11/29/2014			
Time	2:30AM	2:30AM	Reference	Units
CALCIUM IONIZED	1.08 L		{1.13-1.32}	mMol/L
MBG PH		7.41	{7.35-7.457.5}	
MBG PCO2		36	{NONE ESTAB}	mmHg
MBG PO2		54	{NONE ESTAB}	mmHg
MBG HCO3		23	{NONE ESTAB}	mMol/L
MBG TCO2		23	{NONE ESTAB}	mMol/L
MBG BE		-2.0	{NONE ESTAB}	mMol/L
MBG O2 SAT		85	{NONE ESTAB}	%
MBG TEMP		37.8		C
MBG FIO2		50.0		%

Date	11/29/2014	11/28/2014		
Time	2:30AM	3:00AM	Reference	Units
ABG PH	7.45		{7.35-7.45}	
ABG PCO2	37		{35-45}	mmHg
ABG PO2	200 H		{75-100}	mmHg
ABG HCO3	26		{22-26}	mMol/L
ABG TCO2	26		{26-28}	mMol/L
ABG BE	1.4		{-2.0-2.0}	mMol/L
ABG O2 SAT	100 H		{92.0-98.5}	%
ABG FIO2	50.0			%
ABG TEMP	37.8			C
CALCIUM IONIZED		1.08 L	{1.13-1.32}	mMol/L

Date	11/28/2014	11/27/2014		
Time	3:00AM	3:15PM	Reference	Units
ABG PH	7.45		{7.35-7.45}	
ABG PCO2	36		{35-45}	mmHg
ABG PO2	158 H		{75-100}	mmHg
ABG HCO3	25		{22-26}	mMol/L
ABG TCO2	26		{26-28}	mMol/L
ABG BE	0.5		{-2.0-2.0}	mMol/L
ABG O2 SAT	99 H		{92.0-98.5}	%
ABG FIO2	50.0			%
ABG TEMP	36.7			C
CALCIUM IONIZED		1.14	{1.13-1.32}	mMol/L

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
 RUN TIME: 0203
 RUN USER: LABBKJ0B

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
 MEDICAL DIRECTOR - STEPHEN ADAMS, DO
 HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES EG00557360179 (Continued)

*** ARTERIAL BLOOD BASES *** (continue)

Date	11/27/2014			
Time	11:58AM	10:06AM	Reference	Units
ABG PH	7.42	7.44	{ 7.35-7.45 }	
ABG PCO2	39	37	{ 35-45 }	mmHg
ABG PO2	125 H	136 H	{ 75-100 }	mmHg
ABG HCO3	24	25	{ 22-26 }	mMol/L
ABG TCO2	26	25 L	{ 26-28 }	mMol/L
ABG BE	-0.3	0.1	{ -2.0-2.0 }	mMol/L
ABG O2 SAT	99 H	99 H	{ 92.0-98.5 }	%
ABG FIO2	50.0	50.0		%
ABG TEMP	36.2	36.9		C

Date	11/27/2014			
Time	3:00AM	3:00AM	Reference	Units
ABG PH		7.45	{ 7.35-7.45 }	
ABG PCO2		38	{ 35-45 }	mmHg
ABG PO2		216 H	{ 75-100 }	mmHg
ABG HCO3		26	{ 22-26 }	mMol/L
ABG TCO2		27	{ 26-28 }	mMol/L
ABG BE		1.5	{ -2.0-2.0 }	mMol/L
ABG O2 SAT		100 H	{ 92.0-98.5 }	%
ABG FIO2		50.0		%
ABG TEMP		36.7		C
CALCIUM IONIZED	1.15		{ 1.13-1.32 }	mMol/L

Date	11/26/2014			
Time	10:08PM	5:20PM	Reference	Units
ABG PH	7.40		{ 7.35-7.45 }	
ABG PCO2	41		{ 35-45 }	mmHg
ABG PO2	154 H		{ 75-100 }	mmHg
ABG HCO3	25		{ 22-26 }	mMol/L
ABG TCO2	26		{ 26-28 }	mMol/L
ABG BE	0.2		{ -2.0-2.0 }	mMol/L
ABG O2 SAT	99 H		{ 92.0-98.5 }	%
ABG FIO2	50.0			%
ABG TEMP	37.8			C
CALCIUM IONIZED		1.05 L	{ 1.13-1.32 }	mMol/L

Date	11/26/2014			
Time	5:20PM	3:00AM	Reference	Units
ABG PH	7.26 L		{ 7.35-7.45 }	
ABG PCO2	54 H		{ 35-45 }	mmHg
ABG PO2	306 H		{ 75-100 }	mmHg
ABG HCO3	22		{ 22-26 }	mMol/L
ABG TCO2	26		{ 26-28 }	mMol/L

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
 RUN TIME: 0203
 RUN USER: LABDKGJOB

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Patient: LONG, GYLES #G00557360179 (Continued)

*** ARTERIAL BLOOD BASES *** (continue)

Date	11/26/2014			
Time	5:20PM	3:00AM	Reference	Units
ABG BE	-3.5 L		{-2.0-2.0}	mMol/L
ABG O2 SAT	99 H		{92.0-98.5}	%
ABG FIO2	100.0			%
ABG TEMP	35.8			C
CALCIUM IONIZED		1.14	{1.13-1.32}	mMol/L

Date	11/26/2014			
Time	3:00AM	3:00AM	Reference	Units
ABG PH		7.45	{7.35-7.45}	
ABG PCO2		39	{35-45}	mmHg
ABG PO2		172 H	{75-100}	mmHg
ABG HCO3		27 H	{22-26}	mMol/L
ABG TCO2		28	{26-28}	mMol/L
ABG BE		2.4 H	{-2.0-2.0}	mMol/L
ABG O2 SAT		99 H	{92.0-98.5}	%
ABG FIO2		50.0		%
ABG TEMP		36.8		C
MBG PH	7.42		{7.35-7.45}	
MBG PCO2	45		{(NONE ESTAB)}	mmHg
MBG PO2	48		{(NONE ESTAB)}	mmHg
MBG HCO3	27		{(NONE ESTAB)}	mMol/L
MBG TCO2	30		{(NONE ESTAB)}	mMol/L
MBG BE	3.1		{(NONE ESTAB)}	mMol/L
MBG O2 SAT	82		{(NONE ESTAB)}	%
MBG TEMP	36.8			C
MBG FIO2	50.0			%

Date	11/25/2014			
Time	3:11PM	1:36PM	Reference	Units
ABG PH	7.43	7.43	{7.35-7.45}	
ABG PCO2	44	45	{35-45}	mmHg
ABG PO2	197 H	154 H	{75-100}	mmHg
ABG HCO3	28 H	28 H	{22-26}	mMol/L
ABG TCO2	29 H	30 H	{26-28}	mMol/L
ABG BE	3.6 H	3.9 H	{-2.0-2.0}	mMol/L
ABG O2 SAT	100 H	99 H	{92.0-98.5}	%
ABG FIO2	50.0	50.0		%
ABG TEMP	38.3	38.6		C

Date	11/25/2014			
Time	5:50AM	5:50AM	Reference	Units
ABG PH		7.39	{7.35-7.45}	
ABG PCO2		48 H	{35-45}	mmHg

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
 RUN TIME: 0203
 RUN USER: LABBKJ08

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Patient: LONG, GYLES #G00557360179 (Continued)

*** ARTERIAL BLOOD BASES *** (continue)

Date	11/25/2014			
Time	5:50AM	5:50AM	Reference	Units
ABG PO2		124	H (75-100)	mmHg
ABG HCO3		27	H (22-26)	mMol/L
ABG TCO2		30	H (26-28)	mMol/L
ABG BE		2.7	H (-2.0-2.0)	mMol/L
ABG O2 SAT		99	H (92.0-98.5)	%
ABG FIO2		50.0		%
ABG TEMP		35.7		C
CALCIUM IONIZED	1.16		(1.13-1.32)	mMol/L

Date	11/24/2014			
Time	11:17PM	5:00PM	Reference	Units
CALCIUM IONIZED	1.17	1.14	(1.13-1.32)	mMol/L

Date	11/24/2014			
Time	5:00PM	1:14PM	Reference	Units
ABG PH	7.38	7.42	(7.35-7.45)	
ABG PCO2	48	42	(35-45)	mmHg
ABG PO2	103	85	(75-100)	mmHg
ABG HCO3	26	26	(22-26)	mMol/L
ABG TCO2	29	27	(26-28)	mMol/L
ABG BE	2.0	1.5	(-2.0-2.0)	mMol/L
ABG O2 SAT	98	96	(92.0-98.5)	%
ABG FIO2	50.0	50.0		%
ABG TEMP	36.6	37.3		C

Date	11/24/2014			
Time	3:30AM	3:30AM	Reference	Units
CALCIUM IONIZED	1.17		(1.13-1.32)	mMol/L
MBG PH		7.38	(7.35-7.45)	
MBG PCO2		50	(NONE ESTAB)	mmHg
MBG PO2		47	(NONE ESTAB)	mmHg
MBG HCO3		27	(NONE ESTAB)	mMol/L
MBG TCO2		31	(NONE ESTAB)	mMol/L
MBG BE		3.5	(NONE ESTAB)	mMol/L
MBG O2 SAT		80	(NONE ESTAB)	%
MBG TEMP		37.4		C
MBG FIO2		60.0		%

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
 RUN TIME: 0203
 RUN USER: LABBKJGJOB

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Patient: LONG, GYLES #G00557360179 (Continued)

*** ARTERIAL BLOOD BASES *** (continue)

Date Time	11/24/2014 3:30AM	11/23/2014 10:30PM	Reference	Units
ABG PH	7.42		(7.35-7.45)	
ABG PCO2	43		(35-45)	mmHg
ABG PO2	119 H		(75-100)	mmHg
ABG HCO3	26		(22-26)	mMol/L
ABG TCO2	20		(26-28)	mMol/L
ABG BE	2.2 H		(-2.0-2.0)	mMol/L
ABG O2 SAT	99 H		(92.0-98.5)	%
ABG FIO2	60.0			%
ABG TEMP	37.4			C
CALCIUM IONIZED		1.15	(1.13-1.32)	mMol/L

Date Time	11/23/2014 2:37PM	11:06AM	Reference	Units
ABG PH	7.39		(7.35-7.45)	
ABG PCO2	46 H		(35-45)	mmHg
ABG PO2	216 H		(75-100)	mmHg
ABG HCO3	26		(22-26)	mMol/L
ABG TCO2	29 H		(26-28)	mMol/L
ABG BE	2.1 H		(-2.0-2.0)	mMol/L
ABG O2 SAT	99 H		(92.0-98.5)	%
ABG FIO2	75.0			%
ABG TEMP	37.8			C
CALCIUM IONIZED		1.15	(1.13-1.32)	mMol/L

Date Time	11/23/2014 10:15AM	10:15AM	Reference	Units
ABG PH		7.36	(7.35-7.45)	
ABG PCO2		47 H	(35-45)	mmHg
ABG PO2		193 H	(75-100)	mmHg
ABG HCO3		25	(22-26)	mMol/L
ABG TCO2		27	(26-28)	mMol/L
ABG BE		0.3	(-2.0-2.0)	mMol/L
ABG O2 SAT		100 H	(92.0-98.5)	%
ABG FIO2		75.0		%
ABG TEMP		37.8		C
MBG PH	7.33 L		(7.35-7.45/7.5	
MBG PCO2	51		(NONE ESTAB)	mmHg
MBG PO2	57		(NONE ESTAB)	mmHg
MBG HCO3	24		(NONE ESTAB)	mMol/L
MBG TCO2	28		(NONE ESTAB)	mMol/L
MBG BE	0.1		(NONE ESTAB)	mMol/L
MBG O2 SAT	87		(NONE ESTAB)	%
MBG TEMP	37.8			C
MBG FIO2	75.0			%

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
 RUN TIME: 0203
 RUN USER: LABBKJ070

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Patient: LONG, GYLES #G00557360179 (Continued)

*** ARTERIAL BLOOD BASES *** (continue)

Date	11/23/2014			
Time	3:15AM	3:15AM	Reference	Units
CALCIUM IONIZED	1.07 L		{1.13-1.32}	mMol/L
MBG PH		7.37	{7.35-7.457.5}	
MBG PCO2		49	{NONE ESTAB}	mmHg
MBG PO2		60	{NONE ESTAB}	mmHg
MBG HCO3		26	{NONE ESTAB}	mMol/L
MBG TCO2		29	{NONE ESTAB}	mMol/L
MBG BE		2.2	{NONE ESTAB}	mMol/L
MBG O2 SAT		91	{NONE ESTAB}	%
MBG TEMP		37.4		C
MBG FIO2		75.0		%

Date	11/23/2014	11/22/2014		
Time	3:15AM	10:00PM	Reference	Units
ABG PH	7.39		{7.35-7.45}	
ABG PCO2	46 H		{35-45}	mmHg
ABG PO2	211 H		{75-100}	mmHg
ABG HCO3	27 H		{22-26}	mMol/L
ABG TCO2	29 H		{26-28}	mMol/L
ABG BE	2.2 H		{-2.0-2.0}	mMol/L
ABG O2 SAT	99 H		{92.0-98.5}	%
ABG FIO2	75.0			%
ABG TEMP	37.4			C
MBG PH		7.33 L	{7.35-7.457.5}	
MBG PCO2		58	{NONE ESTAB}	mmHg
MBG PO2		60	{NONE ESTAB}	mmHg
MBG HCO3		27	{NONE ESTAB}	mMol/L
MBG TCO2		31	{NONE ESTAB}	mMol/L
MBG BE		2.8	{NONE ESTAB}	mMol/L
MBG O2 SAT		91	{NONE ESTAB}	%
MBG TEMP		36.7		C
MBG FIO2		100.0		%

Date	11/22/2014			
Time	9:00PM	9:00PM	Reference	Units
ABG PH		7.39	{7.35-7.45}	
ABG PCO2		46 H	{35-45}	mmHg
ABG PO2		298 H	{75-100}	mmHg
ABG HCO3		26	{22-26}	mMol/L
ABG TCO2		29 H	{26-28}	mMol/L
ABG BE		1.7	{-2.0-2.0}	mMol/L
ABG O2 SAT		100 H	{92.0-98.5}	%
ABG FIO2		100.0		%
ABG TEMP		36.7		C
CALCIUM IONIZED	1.13		{1.13-1.32}	mMol/L

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
 RUN TIME: 0203
 RUN USER: LABBKJGJOB

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Patient: LONG,GYLES #G00557360179 (Continued)

*** ARTERIAL BLOOD BASES *** (continue)

Date	11/22/2014			
Time	3:33PM	6:35AM	Reference	Units
ABG PH	7.36	7.38	{7.35-7.45}	
ABG PCO2	54 H	51 H	{35-45}	mmHg
ABG PO2	210 H	198 H	{75-100}	mmHg
ABG HCO3	20 H	20 H	{22-26}	mMol/L
ABG TCO2	31 H	31 H	{26-28}	mMol/L
ABG BE	3.6 H	3.9 H	{-2.0-2.0}	mMol/L
ABG O2 SAT	100 H	99 H	{92.0-98.5}	%
ABG FIO2	100.0	70.0		%
ABG TEMP	38.2	36.7		C

Date	11/22/2014			
Time	6:30AM	5:00AM	Reference	Units
CALCIUM IONIZED		1.15	{1.13-1.32}	mMol/L
MBG PH	7.34 L		{7.35-7.457.5}	
MBG PCO2	60		{NONE ESTAB}	mmHg
MBG PO2	50		{NONE ESTAB}	mmHg
MBG HCO3	28		{NONE ESTAB}	mMol/L
MBG TCO2	33		{NONE ESTAB}	mMol/L
MBG BE	4.6		{NONE ESTAB}	mMol/L
MBG O2 SAT	85		{NONE ESTAB}	%
MBG TEMP	37.0			C
MBG FIO2	70.0			%

Date	11/21/2014			
Time	11:45PM	11:45PM	Reference	Units
ABG PH	7.37		{7.35-7.45}	
ABG PCO2	52 H		{35-45}	mmHg
ABG PO2	177 H		{75-100}	mmHg
ABG HCO3	27 H		{22-26}	mMol/L
ABG TCO2	31 H		{26-28}	mMol/L
ABG BE	3.1 H		{-2.0-2.0}	mMol/L
ABG O2 SAT	99 H		{92.0-98.5}	%
ABG FIO2	70.0			%
ABG TEMP	37.5			C
CALCIUM IONIZED		1.12 L	{1.13-1.32}	mMol/L

Date	11/21/2014			
Time	9:00PM	6:45PM	Reference	Units
ABG PH	7.35	7.31 L	{7.35-7.45}	

Patient: LONG,GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
 RUN TIME: 0203
 RUN USER: LABBKJ08

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Patient: LONG, GYLES #G00557360179 (Continued)

*** ARTERIAL BLOOD BASES *** (continue)

Date	-----11/21/2014-----					
Time	9:00PM		6:45PM		Reference	Units
ABG PCO2		50 H	55 (CF) CH	(35-45)	mmHg	
(CF) CALLED PCO2 TO HOLLAMAN, RN BY G.LAB.HNL 11/21/14 1919 RBAV						
ABG PO2		143 H	282 H	(75-100)	mmHg	
ABG HCO3		25	25	(22-26)	mMol/L	
ABG TCO2		30 H	29 H	(26-28)	mMol/L	
ABG BE		0.9	-0.1	(-2.0-2.0)	mMol/L	
ABG O2 SAT		99 H	100 H	(92.0-98.5)	%	
ABG FIO2		70.0	100.0		%	
ABG TEMP		34.4	36.4		C	

Date	-----11/21/2014-----				
Time	6:00PM	6:00PM	Reference	Units	
CALCIUM IONIZED	1.09 L		(1.13-1.32)	mMol/L	
MBG PH		7.30 L	(7.35-7.45)	5	
MBG PCO2		57	(NONE ESTAB)	mmHg	
MBG PO2		67	(NONE ESTAB)	mmHg	
MBG HCO3		24	(NONE ESTAB)	mMol/L	
MBG TCO2		29	(NONE ESTAB)	mMol/L	
MBG BE		-0.2	(NONE ESTAB)	mMol/L	
MBG O2 SAT		93	(NONE ESTAB)	%	
MBG TEMP		36.4		C	
MBG FIO2		100.0		%	

*** CHEMISTRY ***

CHEMISTRY PROFILES

Date	01/06/2015	01/03/2015	Reference	Units	
Time	1:02PM	1:00AM			
NA	139	137	(136-145)	MMOL/L	
K	4.1	4.0	(3.5-5.1)	MMOL/L	
CL	103	100	(99-109)	MMOL/L	
CO2	29	31	(21-32)	MMOL/L	
ANION GAP	11	10	(9-18)	MMOL/L	
GLUCOSE	131 H	115 H	(70-110)	MG/DL	
BUN	8	8	(7-21)	MG/DL	
CREATININE	0.6	0.8	(0.5-1.4)	MG/DL	
EGFR NON-AFR AM	> 60	> 60	(>60)		

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJGJOB

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Patient: LONG, GYLES EG00557360179 (Continued)

*** CHEMISTRY *** (continued)

CHEMISTRY PROFILES (continued)

Date Time	01/06/2015 1:02AM	01/03/2015 1:00AM	Reference	Units
EGFR AFRICAN AM	> 60 (CG)	> 60 (CG)	(>60)	

(CG) The EGFR is a calculated estimate of the GFR. It should not be used as the sole indicator of renal function for diagnostic or treatment decisions. It is intended for use only in patients 18 years and older. For values greater than 60mL/min/1.73m², the NKDEP recommends reporting as >60, not an exact number.

BUN/CREAT RATIO	13.3	10.0	L (11.0-18.0)	
PHOSPHORUS	3.9	4.6	H (2.3-4.5)	MG/DL
BILI TOTAL	0.20		(0.20-1.00)	MG/DL
AST (SGOT)	19		(15-37)	UNITS/L
ALK PHOS	114		(50-136)	UNITS/L
CK	17	L	(39-308)	UNITS/L
MAGNESIUM	1.8	1.9	(1.5-2.4)	MG/DL

Date Time	01/02/2015 1:00AM	01/01/2015 4:10AM	Reference	Units
NA	134	L 132	L (136-145)	MMOL/L
K	4.0	4.5	(3.5-5.1)	MMOL/L
CL	98	L 99	(99-109)	MMOL/L
CO2	27	26	(21-32)	MMOL/L
ANION GAP	13	12	(9-18)	MMOL/L
GLUCOSE	122	H 93	(70-110)	MG/DL
BUN	10	11	(7-21)	MG/DL
CREATININE	0.6	0.6	(0.5-1.4)	MG/DL
EGFR NON-AFR AM	> 60	> 60	(>60)	
EGFR AFRICAN AM	> 60 (CH)	> 60 (CH)	(>60)	

(CH) The EGFR is a calculated estimate of the GFR. It should not be used as the sole indicator of renal function for diagnostic or treatment decisions. It is intended for use only in patients 18 years and older. For values greater than 60mL/min/1.73m², the NKDEP recommends reporting as >60, not an exact number.

BUN/CREAT RATIO	16.7	18.3	H (11.0-18.0)	
PHOSPHORUS	3.8	3.8	(2.3-4.5)	MG/DL
MAGNESIUM	1.6	1.6	(1.5-2.4)	MG/DL

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
 RUN TIME: 0203
 RUN USER: LABBKJ0B

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Patient: LONG, GYLES #G00557360179 (Continued)

*** CHEMISTRY *** (continued)

CHEMISTRY PROFILES (continued)

Date Time	12/31/2014 3:20AM	12/30/2014 3:06AM	Reference	Units
NA	134 L	137	(136-145)	MMOL/L
K	4.2	3.6	(3.5-5.1)	MMOL/L
CL	100	102	(99-109)	MMOL/L
CO2	25	26	(21-32)	MMOL/L
ANION GAP	13	13	(9-18)	MMOL/L
GLUCOSE	86	115 H	(70-110)	MG/DL
BUN	10	9	(7-21)	MG/DL
CREATININE	0.6	0.5	(0.5-1.4)	MG/DL
EGFR NON-AFR AM	> 60	> 60	(>60)	
EGFR AFRICAN AM	> 60 (CI)	> 60 (CI)	(>60)	

(CI) The EGFR is a calculated estimate of the GFR. It should not be used as the sole indicator of renal function for diagnostic or treatment decisions. It is intended for use only in patients 18 years and older. For values greater than 60mL/min/1.73m2, the NKDEP recommends reporting as >60, not an exact number.

BUN/CREAT RATIO	16.7	18.0	(11.0-18.0)	
PHOSPHORUS	3.9	3.4	(2.3-4.5)	MG/DL
MAGNESIUM	1.7	1.6	(1.5-2.4)	MG/DL

Date Time	12/29/2014 9:45AM	12/28/2014 4:10AM	Reference	Units
NA	137	130	(136-145)	MMOL/L
K	3.5	4.8 (CJ)	(3.5-5.1)	MMOL/L

(CJ) SPECIMEN 1+ HEMOLYZED

CL	104	103	(99-109)	MMOL/L
CO2	27	27	(21-32)	MMOL/L
ANION GAP	10	13	(9-18)	MMOL/L
GLUCOSE	111 H	123 H	(70-110)	MG/DL
BUN	10	11	(7-21)	MG/DL
CREATININE	0.5	0.5	(0.5-1.4)	MG/DL
EGFR NON-AFR AM	> 60	> 60	(>60)	
EGFR AFRICAN AM	> 60 (CK)	> 60 (CK)	(>60)	

(CK) The EGFR is a calculated estimate of the GFR. It should not be used as the sole indicator of renal function for diagnostic or treatment decisions. It is intended for use only in patients 18 years and older. For values greater than 60mL/min/1.73m2, the NKDEP recommends reporting as >60, not an exact number.

BUN/CREAT RATIO	20.0 H	22.0 H	(11.0-18.0)	

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
 RUN TIME: 0203
 RUN USER: LABBKJGJOB

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Patient: LONG, GYLES #G00557360179 (Continued)

*** CHEMISTRY *** (continued)

CHEMISTRY PROFILES (continued)

Date Time	12/29/2014 9:45AM	12/28/2014 4:10AM	Reference	Units
PHOSPHORUS	3.6	4.2	(2.3-4.5)	MG/DL
AST (SGOT)		42 H	(15-37)	UNITS/L
MAGNESIUM	1.6	1.9	(1.5-2.4)	MG/DL

Date Time	12/27/2014 2:30AM	12/26/2014 3:30AM	Reference	Units
NA	133 L	139	(136-145)	MMOL/L
K	4.2	4.0	(3.5-5.1)	MMOL/L
CL	100	104	(99-109)	MMOL/L
CO2	26	29	(21-32)	MMOL/L
ANION GAP	11	10	(9-18)	MMOL/L
GLUCOSE	96	100	(70-110)	MG/DL
BUN	14	10	(7-21)	MG/DL
CREATININE	0.6	0.7	(0.5-1.4)	MG/DL
EGFR NON-AFR AM	> 60	> 60	(>60)	
EGFR AFRICAN AM	> 60 (CL)	> 60 (CL)	(>60)	

(CL) The EGFR is a calculated estimate of the GFR. It should not be used as the sole indicator of renal function for diagnostic or treatment decisions. It is intended for use only in patients 18 years and older. For values greater than 60mL/min/1.73m2, the NKDEP recommends reporting as >60, not an exact number.

BUN/CREAT RATIO	23.3 H	14.3	(11.0-18.0)	
PHOSPHORUS	4.0	4.5	(2.3-4.5)	MG/DL
AST (SGOT)		28	(15-37)	UNITS/L
MAGNESIUM	1.7	1.8	(1.5-2.4)	MG/DL

Date Time	12/25/2014 3:55AM	12/24/2014 3:00AM	Reference	Units
NA	137	136	(136-145)	MMOL/L
K	3.9	3.8	(3.5-5.1)	MMOL/L
CL	102	102	(99-109)	MMOL/L
CO2	20	27	(21-32)	MMOL/L
ANION GAP	11	11	(9-18)	MMOL/L
GLUCOSE	116 H	132 H	(70-110)	MG/DL
BUN	13	14	(7-21)	MG/DL
CREATININE	0.6	0.7	(0.5-1.4)	MG/DL
EGFR NON-AFR AM	> 60	> 60	(>60)	

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJGJOB

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Patient: LONG, GYLES #G00557360179 (Continued)

*** CHEMISTRY *** (continued)

CHEMISTRY PROFILES (continued)

Date	12/25/2014	12/24/2014		
Time	3:55AM	3:00AM	Reference	Units

EGFR AFRICAN AM		> 60 (CM)		> 60 (CM)		(>60)

(CM) The EGFR is a calculated estimate of the GFR. It should not be used as the sole indicator of renal function for diagnostic or treatment decisions. It is intended for use only in patients 18 years and older. For values greater than 60mL/min/1.73m², the NKDEP recommends reporting as >60, not an exact number.

BUN/CREAT RATIO		21.7 H		20.0 H		(11.0-18.0)	
PHOSPHORUS		4.0		3.9		(2.3-4.5)	MG/DL
AST (SGOT)				18		(15-37)	UNITS/L
MAGNESIUM		1.8		1.8		(1.5-2.4)	MG/DL

Date	12/23/2014	12/22/2014		
Time	6:15AM	3:45AM	Reference	Units

NA		136		135 L		(136-145)	MMOL/L
K		4.1		4.2		(3.5-5.1)	MMOL/L
CL		103		102		(99-109)	MMOL/L
CO2		27		25		(21-32)	MMOL/L
ANION GAP		10		12		(9-18)	MMOL/L
GLUCOSE		159 H		152 H		(70-110)	MG/DL
BUN		15		18		(7-21)	MG/DL
CREATININE		0.6		0.7		(0.5-1.4)	MG/DL
EGFR NON-AFR AM		> 60		> 60		(>60)	
EGFR AFRICAN AM		> 60 (CM)		> 60 (CM)		(>60)	

(CM) The EGFR is a calculated estimate of the GFR. It should not be used as the sole indicator of renal function for diagnostic or treatment decisions. It is intended for use only in patients 18 years and older. For values greater than 60mL/min/1.73m², the NKDEP recommends reporting as >60, not an exact number.

BUN/CREAT RATIO		25.0 H		25.7 H		(11.0-18.0)	
PHOSPHORUS		3.5		3.2		(2.3-4.5)	MG/DL
MAGNESIUM		1.7		1.8		(1.5-2.4)	MG/DL

Date	12/21/2014	12/20/2014		
Time	3:20AM	4:30AM	Reference	Units

NA		138		138		(136-145)	MMOL/L
K		4.1		4.3		(3.5-5.1)	MMOL/L
CL		104		104		(99-109)	MMOL/L
CO2		25		26		(21-32)	MMOL/L

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
 RUN TIME: 0203
 RUN USER: LABBKJGJOB

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Patient: LONG, GYLES #G00557360179 (Continued)

*** CHEMISTRY *** (continued)

CHEMISTRY PROFILES (continued)

Date Time	12/21/2014 3:20AM	12/20/2014 4:30AM	Reference	Units
ANION GAP	13	12	{9-18}	MMOL/L
GLUCOSE	123 H	113 H	{70-110}	MG/DL
BUN	20	19	{7-21}	MG/DL
CREATININE	0.6	0.6	{0.5-1.4}	MG/DL
EGFR NON-AFR AM	> 60	> 60	{>60}	
EGFR AFRICAN AM	> 60 (CO)	> 60 (CO)	{>60}	

(CO) The EGFR is a calculated estimate of the GFR. It should not be used as the sole indicator of renal function for diagnostic or treatment decisions. It is intended for use only in patients 18 years and older. For values greater than 60mL/min/1.73m², the NKDEP recommends reporting as >60, not an exact number.

BUN/CREAT RATIO	33.3 H	31.7 H	{11.0-18.0}	
PHOSPHORUS		3.7	{2.3-4.5}	MG/DL
AST (SGOT)	36	49 H	{15-37}	UNITS/L
MAGNESIUM	1.9	2.0	{1.5-2.4}	MG/DL

Date Time	12/19/2014 2:10AM	12/18/2014 2:05AM	Reference	Units
NA	138	135 L	{136-145}	MMOL/L
K	4.2	4.2	{3.5-5.1}	MMOL/L
CL	103	102	{99-109}	MMOL/L
CO2	28	27	{21-32}	MMOL/L
ANION GAP	11	10	{9-18}	MMOL/L
GLUCOSE	163 H	113 H	{70-110}	MG/DL
BUN	19	19	{7-21}	MG/DL
CREATININE	0.6	0.6	{0.5-1.4}	MG/DL
EGFR NON-AFR AM	> 60	> 60	{>60}	
EGFR AFRICAN AM	> 60 (CP)	> 60 (CP)	{>60}	

(CP) The EGFR is a calculated estimate of the GFR. It should not be used as the sole indicator of renal function for diagnostic or treatment decisions. It is intended for use only in patients 18 years and older. For values greater than 60mL/min/1.73m², the NKDEP recommends reporting as >60, not an exact number.

BUN/CREAT RATIO	31.7 H	31.7 H	{11.0-18.0}	
TOTAL PROTEIN		7.0	{6.4-8.2}	GM/DL
ALBUMIN		2.2	{3.4-5.0}	GM/DL
GLOBULIN		4.8 H	{1.5-3.3}	GM/DL
A/G RATIO		0.5	{1.0-2.2}	
CALCIUM		8.6	{8.5-10.5}	MG/DL
PHOSPHORUS	3.2	3.1	{2.3-4.5}	MG/DL

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJ08

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Patient: LONG, GYLES #G00557360179 (Continued)

*** CHEMISTRY *** (continued)

CHEMISTRY PROFILES (continued)

Date Time	12/19/2014 2:10AM	12/18/2014 2:05AM	Reference	Units
BILI TOTAL	0.30	0.30	(0.20-1.00)	MG/DL
AST (SGOT)	62 H	73 H	(15-37)	UNITS/L
ALT (SGPT)		267 (CQ)	(12-70)	UNITS/L

(CQ) *Please note new reference range due to methodology change*

ALK PHOS	149 H	146 H	(50-136)	UNITS/L
MAGNESIUM	1.8	1.8	(1.5-2.4)	MG/DL

Date Time	12/18/2014 2:05AM	12/17/2014 9:50PM	Reference	Units
GLUCOSE		126 H	(70-110)	MG/DL
LDH	181		(85-227)	UNITS/L

Date Time	12/17/2014 5:11AM	12/16/2014 3:15AM	Reference	Units
NA	136	138	(136-145)	MMOL/L
K	3.9	4.0	(3.5-5.1)	MMOL/L
CL	101	103	(99-109)	MMOL/L
CO2	29	30	(21-32)	MMOL/L
ANION GAP	10	9	(9-18)	MMOL/L
GLUCOSE	130 H	110	(70-110)	MG/DL
BUN	21	17	(7-21)	MG/DL
CREATININE	0.7	0.7	(0.5-1.4)	MG/DL
EGFR NON-AFR AM	> 60	> 60	(>60)	
EGFR AFRICAN AM	> 60 (CR)	> 60 (CR)	(>60)	

(CR) The EGFR is a calculated estimate of the GFR. It should not be used as the sole indicator of renal function for diagnostic or treatment decisions. It is intended for use only in patients 18 years and older. For values greater than 60mL/min/1.73m², the NKF recommends reporting as >60, not an exact number.

BUN/CREAT RATIO	30.0 H	24.3 H	(11.0-19.0)	
TOTAL PROTEIN	7.2	7.2	(6.4-8.2)	GM/DL
ALBUMIN	2.2 L	2.2 L	(3.4-5.0)	GM/DL
GLOBULIN	5.0 H	5.0 H	(1.5-3.8)	GM/DL
A/G RATIO	0.4 L	0.4 L	(1.0-2.2)	
CALCIUM	8.5	8.6	(8.5-10.5)	MG/DL
PHOSPHORUS	3.0	3.8	(2.3-4.5)	MG/DL
BILI TOTAL	0.30	0.30	(0.20-1.00)	MG/DL
AST (SGOT)	95 H	121 H	(15-37)	UNITS/L

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
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Patient: LONG, GYLES #G00557360179 (Continued)

*** CHEMISTRY *** (continued)

CHEMISTRY PROFILES (continued)

Date Time	12/17/2014 5:11AM	12/16/2014 3:15AM	Reference	Units
ALT (SGPT)	361 (CS) H	445 (CS) H	{12-78}	UNITS/L
(CS) *Please note new reference range due to methodology change*				
ALK PHOS	174 H	162 H	{50-136}	UNITS/L
MAGNESIUM	1.8	1.9	{1.5-2.4}	MG/DL

Date Time	12/16/2014 3:15AM	12/15/2014 3:30AM	Reference	Units
AST (SGOT)	123 H		{15-37}	UNITS/L
ALT (SGPT)	450 (CT) H		{12-78}	UNITS/L
(CT) *Please note new reference range due to methodology change*				
GGT	254 H		{5-85}	UNITS/L
LDH	197	204	{85-227}	UNITS/L
AMYLASE	247 H		{25-115}	UNITS/L
LIPASE	891 H		{73-393}	UNITS/L

Date Time	12/15/2014 3:30AM	3:30AM	Reference	Units
NA	139		{136-145}	MMOL/L
K	4.1		{3.5-5.1}	MMOL/L
CL	104		{99-109}	MMOL/L
CO2	28		{21-32}	MMOL/L
ANION GAP	11		{9-18}	MMOL/L
GLUCOSE	93		{70-110}	MG/DL
BUN	21		{7-21}	MG/DL
CREATININE	0.7		{0.5-1.4}	MG/DL
EGFR NON-AFR AM	> 60		{>60}	
EGFR AFRICAN AM	> 60 (CU)		{>60}	

(CU) The EGFR is a calculated estimate of the GFR. It should not be used as the sole indicator of renal function for diagnostic or treatment decisions. It is intended for use only in patients 18 years and older. For values greater than 60mL/min/1.73m2, the NKFEP recommends reporting as >60, not an exact number.

BUN/CREAT RATIO	30.0 H		{11.0-13.0}	
PHOSPHORUS	3.4		{2.3-4.5}	MG/DL
AST (SGOT)		169 H	{15-37}	UNITS/L

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
 RUN TIME: 0203
 RUN USER: LABBKJ08

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Patient: LONG, GYLES #G00557360179 (Continued)

*** CHEMISTRY *** (continued)

CHEMISTRY PROFILES (continued)

Date	Time		Reference	Units
12/15/2014	3:30AM	3:30AM		
ALT (SGPT)			579 (CV) H (12-78)	UNITS/L

(CV) *Please note new reference range due to methodology change*

CK	14 L		(39-308)	UNITS/L
AMYLASE		235 H	(25-115)	UNITS/L
LIPASE		93B H	(73-393)	UNITS/L
MAGNESIUM	1.8		(1.5-2.4)	MG/DL

Date	Time		Reference	Units
12/14/2014	3:20AM	3:20AM		
NA	137		(136-145)	MMOL/L
K	3.8		(3.5-5.1)	MMOL/L
CL	104		(99-109)	MMOL/L
CO2	28		(21-32)	MMOL/L
ANION GAP	9		(9-18)	MMOL/L
GLUCOSE	134 H		(70-110)	MG/DL
BUN	19		(7-21)	MG/DL
CREATININE	0.6		(0.5-1.4)	MG/DL
EGFR NON-AFR AM	> 60		(>60)	
EGFR AFRICAN AM	> 60 (CN)		(>60)	

(CN) The EGFR is a calculated estimate of the GFR. It should not be used as the sole indicator of renal function for diagnostic or treatment decisions. It is intended for use only in patients 18 years and older. For values greater than 60mL/min/1.73m2, the NKFEP recommends reporting as >60, not an exact number.

BUN/CREAT RATIO	31.7 H		(11.0-18.0)	
TOTAL PROTEIN	7.1		(6.4-8.2)	GM/DL
ALBUMIN	2.0 L		(3.4-5.0)	GM/DL
GLOBULIN	5.1 H		(1.5-3.3)	GM/DL
A/G RATIO	0.4 L		(1.0-2.2)	
CALCIUM	8.4 L		(8.5-10.5)	MG/DL
PHOSPHORUS	3.2		(2.3-4.5)	MG/DL
BILI TOTAL	0.40		(0.20-1.00)	MG/DL
AST (SGOT)	208 H		(15-37)	UNITS/L
ALT (SGPT)	723 (CX) H		(12-78)	UNITS/L

(CX) *Please note new reference range due to methodology change*

ALK PHOS	146 H		(50-136)	UNITS/L
LDE		221	(85-227)	UNITS/L
MAGNESIUM	1.9		(1.5-2.4)	MG/DL

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
 RUN TIME: 0203
 RUN USER: LABBKJWOB

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Patient: LONG, GYLES #G00557360179 (Continued)

*** CHEMISTRY *** (continued)

CHEMISTRY PROFILES (continued)

Date Time	-----12/13/2014-----		Reference	Units
	1:10PM	4:20AM		
NA	137	139	(136-145)	MMOL/L
K	3.6	5.4	(3.5-5.1)	MMOL/L
CL	104	103	(99-109)	MMOL/L
CO2	28	27	(21-32)	MMOL/L
ANION GAP	9	14	(9-18)	MMOL/L
GLUCOSE	206	162	(70-110)	MG/DL
BUN	22	21	(7-21)	MG/DL
CREATININE	0.7	0.7	(0.5-1.4)	MG/DL
EGFR NON-AFR AM	> 60	> 60	(>60)	
EGFR AFRICAN AM	> 60(CY)	> 60(CY)	(>60)	

(CY) The EGFR is a calculated estimate of the GFR. It should not be used as the sole indicator of renal function for diagnostic or treatment decisions. It is intended for use only in patients 18 years and older. For values greater than 60mL/min/1.73m², the NKF recommends reporting as >60, not an exact number.

BUN/CREAT RATIO	31.4	30.0	(11.0-18.0)	
TOTAL PROTEIN		7.5	(6.4-8.2)	GM/DL
ALBUMIN		2.1	(3.4-5.0)	GM/DL
GLOBULIN		5.4	(1.5-3.8)	GM/DL
A/G RATIO		0.4	(1.0-2.2)	
CALCIUM		7.8	(8.5-10.5)	MG/DL
PHOSPHORUS	3.2	3.0	(2.3-4.5)	MG/DL
BILI TOTAL		0.50	(0.20-1.00)	MG/DL
AST (SGOT)	280	364	(15-37)	UNITS/L
ALT (SGPT)	811(CZ)	928(CZ)	(12-78)	UNITS/L

(CZ) *Please note new reference range due to methodology change*

ALK PHOS		165	(50-136)	UNITS/L
CK		44	(39-308)	UNITS/L
LDH	218	302	(85-227)	UNITS/L
MAGNESIUM	2.0	2.1	(1.5-2.4)	MG/DL

Date Time	-----12/12/2014-----		Reference	Units
	9:40PM	3:10AM		
NA	137	136	(136-145)	MMOL/L
K	4.0	3.7	(3.5-5.1)	MMOL/L
CL	103	100	(99-109)	MMOL/L
CO2	25	27	(21-32)	MMOL/L
ANION GAP	13	13	(9-18)	MMOL/L
GLUCOSE	143	70	(70-110)	MG/DL
BUN	20	17	(7-21)	MG/DL
CREATININE	0.8	0.7	(0.5-1.4)	MG/DL

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
 RUN TIME: 0203
 RUN USER: LABDKGJOB

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Patient: LONG, GYLES #G00557360179 (Continued)

*** CHEMISTRY *** (continued)

CHEMISTRY PROFILES (continued)

Date	12/12/2014		Reference	Units
Time	9:40PM	3:10AM		
EGFR NON-AFR AM	> 60	> 60	(>60)	
EGFR AFRICAN AM	> 60(DA)	> 60(DA)	(>60)	

(DA) The EGFR is a calculated estimate of the GFR. It should not be used as the sole indicator of renal function for diagnostic or treatment decisions. It is intended for use only in patients 18 years and older. For values greater than 60mL/min/1.73m2, the NKDEP recommends reporting as >60, not an exact number.

BUN/CREAT RATIO	25.0 H	24.3 H	(11.0-19.0)	
TOTAL PROTEIN		7.7	(6.4-8.2)	GM/DL
ALBUMIN		2.1 L	(3.4-5.0)	GM/DL
GLOBULIN		5.6 H	(1.5-3.8)	GM/DL
A/G RATIO		0.4 L	(1.0-2.2)	
CALCIUM	0.4 L	8.5	(8.5-10.5)	MG/DL
PHOSPHORUS		3.2	(2.3-4.5)	MG/DL
BILI TOTAL		0.50	(0.20-1.00)	MG/DL
AST (SGOT)		387 H	(15-37)	UNITS/L
ALT (SGPT)		908 (DB) H	(12-78)	UNITS/L

(DD) *Please note new reference range due to methodology change*

ALK PHOS		143 H	(50-136)	UNITS/L
MAGNESIUM		2.0	(1.5-2.4)	MG/DL

Date	12/12/2014	12/11/2014	Reference	Units
Time	3:10AM	5:50PM		
NA		135 L	(136-145)	MMOL/L
K		3.5	(3.5-5.1)	MMOL/L
CL		99	(99-109)	MMOL/L
CO2		30	(21-32)	MMOL/L
ANION GAP		10	(9-18)	MMOL/L
GLUCOSE		164 H	(70-110)	MG/DL
BUN		18	(7-21)	MG/DL
CREATININE		0.8	(0.5-1.4)	MG/DL
EGFR NON-AFR AM		> 60	(>60)	
EGFR AFRICAN AM		> 60(DC)	(>60)	

(DC) The EGFR is a calculated estimate of the GFR. It should not be used as the sole indicator of renal function for diagnostic or treatment decisions. It is intended for use only in patients 18 years and older. For values greater than 60mL/min/1.73m2, the NKDEP recommends reporting as >60, not an exact number.

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJ0B

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Patient: LONG, GYLES #G00557360179 (Continued)

*** CHEMISTRY *** (continued)

CHEMISTRY PROFILES (continued)

Date	12/12/2014	12/11/2014	Reference	Units
Time	3:10AM	5:50PM		
BUN/CREAT RATIO		22.5 H	(11.0-18.0)	
PHOSPHORUS		3.3	(2.3-4.5)	MG/DL
AST (SGOT)	366 H		(15-37)	UNITS/L
ALT (SGPT)	905 (DD) H		(12-79)	UNITS/L

(DD) *Please note new reference range due to methodology change*

LDR	303 H		(85-227)	UNITS/L
MAGNESIUM		1.9	(1.5-2.4)	MG/DL

Date	12/11/2014	12/10/2014	Reference	Units
Time	3:30AM	1:55PM		
NA	136	136	(136-145)	MMOL/L
K	3.7	4.3	(3.5-5.1)	MMOL/L
CL	103	102	(99-109)	MMOL/L
CO2	27	26	(21-32)	MMOL/L
ANION GAP	10	12	(9-18)	MMOL/L
GLUCOSE	134 H	191 H	(70-110)	MG/DL
BUN	17	20	(7-21)	MG/DL
CREATININE	0.7	0.7	(0.5-1.4)	MG/DL
EGFR NON-AFR AM	> 60	> 60	(>60)	
EGFR AFRICAN AM	> 60 (DE)	> 60 (DE)	(>60)	

(DE) The EGFR is a calculated estimate of the GFR. It should not be used as the sole indicator of renal function for diagnostic or treatment decisions. It is intended for use only in patients 18 years and older. For values greater than 60mL/min/1.73m2, the NKF recommends reporting as >60, not an exact number.

BUN/CREAT RATIO	24.3 H	28.6 H	(11.0-18.0)	
TOTAL PROTEIN	7.3	7.5	(6.4-8.2)	GM/DL
ALBUMIN	1.9 L	1.9 L	(3.4-5.0)	GM/DL
GLOBULIN	5.4 H	5.6 H	(1.5-3.8)	GM/DL
A/G RATIO	0.4 L	0.3 L	(1.0-2.2)	
CALCIUM	8.3 L	8.2 L	(8.5-10.5)	MG/DL
PHOSPHORUS	3.5		(2.3-4.5)	MG/DL
BILI TOTAL	0.50	0.60	(0.20-1.00)	MG/DL
AST (SGOT)	395 H	383 H	(15-37)	UNITS/L
ALT (SGPT)	868 (DE) H	823 (DE) H	(12-78)	UNITS/L

(DE) *Please note new reference range due to methodology change*

GGT		309 H	(5-85)	UNITS/L
ALK PHOS	139 H	148 H	(50-136)	UNITS/L
CK	12 L		(39-308)	UNITS/L

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJ08

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** CHEMISTRY *** (continued)

CHEMISTRY PROFILES (continued)

Date Time	12/11/2014 3:30AM	12/10/2014 1:55PM	Reference	Units
LDH		342 H	(85-227)	UNITS/L
AMYLASE		189 H	(25-115)	UNITS/L
LIPASE		717 H	(73-393)	UNITS/L
MAGNESIUM	2.1		(1.5-2.4)	MG/DL

Date Time	12/10/2014 3:50AM	12/09/2014 4:00AM	Reference	Units
NA	135 L		(136-145)	MMOL/L
K	3.8		(3.5-5.1)	MMOL/L
CL	101		(99-109)	MMOL/L
CO2	27		(21-32)	MMOL/L
ANION GAP	11		(9-18)	MMOL/L
GLUCOSE	150 H		(70-110)	MG/DL
BUN	21		(7-21)	MG/DL
CREATININE	0.7		(0.5-1.4)	MG/DL
EGFR NON-AFR AM	> 60		(>60)	
EGFR AFRICAN AM	> 60 (DG)		(>60)	

(DG) The EGFR is a calculated estimate of the GFR. It should not be used as the sole indicator of renal function for diagnostic or treatment decisions. It is intended for use only in patients 18 years and older. For values greater than 60mL/min/1.73m2, the NKFEP recommends reporting as >60, not an exact number.

BUN/CREAT RATIO	30.0 H		(11.0-18.0)	
PHOSPHORUS	3.1		(2.3-4.5)	MG/DL
CK		19 L	(39-308)	UNITS/L
MAGNESIUM	1.9		(1.5-2.4)	MG/DL

Date Time	12/09/2014 2:25AM	2:25AM	Reference	Units
NA	138		(136-145)	MMOL/L
K	4.2		(3.5-5.1)	MMOL/L
CL	104		(99-109)	MMOL/L
CO2	28		(21-32)	MMOL/L
ANION GAP	10		(9-18)	MMOL/L
GLUCOSE	127 H		(70-110)	MG/DL
BUN	23 H		(7-21)	MG/DL
CREATININE	0.8		(0.5-1.4)	MG/DL
EGFR NON-AFR AM	> 60		(>60)	

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
 RUN TIME: 0203
 RUN USER: LABBKJGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
 MEDICAL DIRECTOR - STEPHEN ADAMS, DO
 HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** CHEMISTRY *** (continued)

CHEMISTRY PROFILES (continued)

Date -----12/09/2014-----
 Time 2:25AM 2:25AM Reference Units

EGFR AFRICAN AM | > 60 (DI) | | (>60)

(DI) The EGFR is a calculated estimate of the GFR. It should not be used as the sole indicator of renal function for diagnostic or treatment decisions. It is intended for use only in patients 18 years and older. For values greater than 60mL/min/1.73m2, the NKDEP recommends reporting as >60, not an exact number.

BUN/CREAT RATIO		28.8	H		(11.0-13.0)	
TOTAL PROTEIN		7.1			(6.4-8.2)	GM/DL
ALBUMIN		1.8	L		(3.4-5.0)	GM/DL
GLOBULIN		5.3	H		(1.5-3.8)	GM/DL
A/G RATIO		0.3	L		(1.0-2.2)	
CALCIUM		0.4	L		(8.5-10.5)	MG/DL
PHOSPHORUS		3.3			(2.3-4.5)	MG/DL
BILI TOTAL		0.70			(0.20-1.00)	MG/DL
AST (SGOT)		341	H		(15-37)	UNITS/L
ALT (SGPT)		614 (DI)	H		(12-78)	UNITS/L

(DI) *Please note new reference range due to methodology change*

GGT		258	H		(5-85)	UNITS/L
ALK PHOS		129			(50-136)	UNITS/L
LDH		340	H		(85-227)	UNITS/L
AMYLASE				187	H (25-115)	UNITS/L
LIPASE				664	H (73-393)	UNITS/L
MAGNESIUM		1.9			(1.5-2.4)	MG/DL

Date -----12/08/2014-----
 Time 8:50PM 8:50PM Reference Units

NA				139	(136-145)	MMOL/L
K				3.9	(3.5-5.1)	MMOL/L
CL				106	(99-109)	MMOL/L
CO2				28	(21-32)	MMOL/L
ANION GAP				9	(9-18)	MMOL/L
GLUCOSE				151	H (70-110)	MG/DL
BUN				21	(7-21)	MG/DL
CREATININE				0.8	(0.5-1.4)	MG/DL
EGFR NON-AFR AM				> 60	(>60)	

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKGV08

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HFF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** CHEMISTRY *** (continued)

CHEMISTRY PROFILES (continued)

Date	Time	8:50PM	8:50PM	Reference	Units
EGFR AFRICAN AM				> 60 (DJ) (>60)	

(DJ) The EGFR is a calculated estimate of the GFR. It should not be used as the sole indicator of renal function for diagnostic or treatment decisions. It is intended for use only in patients 18 years and older. For values greater than 60mL/min/1.73m², the NIDDK recommends reporting as >60, not an exact number.

BUN/CREAT RATIO			26.2	H (11.0-18.0)	
TOTAL PROTEIN			7.0	I (6.4-8.2)	GM/DL
ALBUMIN			1.8	L (3.4-5.0)	GM/DL
GLOBULIN			5.2	H (1.5-3.3)	GM/DL
A/G RATIO			0.3	L (1.0-2.2)	
CALCIUM			0.4	L (8.5-10.5)	MG/DL
PHOSPHORUS			3.2	I (2.3-4.5)	MG/DL
BILI TOTAL			0.70	I (0.20-1.00)	MG/DL
AST (SGOT)			243	H (15-37)	UNITS/L
ALT (SGPT)			501 (DK)	H (12-78)	UNITS/L

(DK) *Please note new reference range due to methodology change*

GGT			238	H (5-85)	UNITS/L
ALK PHOS			128	I (50-136)	UNITS/L
CK		19	L	(39-308)	UNITS/L
LDH			255	H (85-227)	UNITS/L
MAGNESIUM			1.9	I (1.5-2.4)	MG/DL

Date	Time	2:10AM	2:10AM	Reference	Units
NA			141	I (136-145)	MMOL/L
K			4.3	I (3.5-5.1)	MMOL/L
CL			107	I (99-109)	MMOL/L
CO2			26	I (21-32)	MMOL/L
ANION GAP			12	I (9-18)	MMOL/L
GLUCOSE			130	H (70-110)	MG/DL
BUN			24	H (7-21)	MG/DL
CREATININE			0.8	I (0.5-1.4)	MG/DL
EGFR NON-AFR AM			> 60	I (>60)	

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LAB8KGJ0B

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HFF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** CHEMISTRY *** (continued)

CHEMISTRY PROFILES (continued)

Date	Time	12/08/2014	2:10AM	2:10AM	Reference	Units
EGFR AFRICAN AM					> 60 (DL) (>60)	

(DL) The EGFR is a calculated estimate of the GFR. It should not be used as the sole indicator of renal function for diagnostic or treatment decisions. It is intended for use only in patients 18 years and older. For values greater than 60mL/min/1.73m², the NKDEP recommends reporting as >60, not an exact number.

BUN/CREAT RATIO			30.0	H	(11.0-18.0)	
PHOSPHORUS			3.6		(2.3-4.5)	MG/DL
BILI TOTAL	0.90				(0.20-1.00)	MG/DL
AST (SGOT)	262	H			(15-37)	UNITS/L
ALK PHOS	132				(50-136)	UNITS/L
CK			23	L	(39-308)	UNITS/L
LIPASE	843	H			(73-393)	UNITS/L
MAGNESIUM			1.9		(1.5-2.4)	MG/DL

Date	Time	12/07/2014	3:00AM	12/06/2014	1:15AM	Reference	Units
NA		144		147	H	(136-145)	MMOL/L
K		4.2		3.8		(3.5-5.1)	MMOL/L
CL		110	H	113	H	(99-109)	MMOL/L
CO2		28		28		(21-32)	MMOL/L
ANION GAP		10		10		(9-18)	MMOL/L
GLUCOSE		139	H	162	H	(70-110)	MG/DL
BUN		22	H	24	H	(7-21)	MG/DL
CREATININE		0.8		0.7		(0.5-1.4)	MG/DL
EGFR NON-AFR AM		> 60		> 60		(>60)	
EGFR AFRICAN AM		> 60 (DL)		> 60 (DL)		(>60)	

(DM) The EGFR is a calculated estimate of the GFR. It should not be used as the sole indicator of renal function for diagnostic or treatment decisions. It is intended for use only in patients 18 years and older. For values greater than 60mL/min/1.73m², the NKDEP recommends reporting as >60, not an exact number.

BUN/CREAT RATIO		27.5	H	34.3	H	(11.0-18.0)	
PHOSPHORUS		3.5		2.9		(2.3-4.5)	MG/DL
LIPASE		827	H	521	H	(73-393)	UNITS/L
MAGNESIUM		1.8		1.8		(1.5-2.4)	MG/DL

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
 RUN TIME: 0203
 RUN USER: LABBKGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
 MEDICAL DIRECTOR - STEPHEN ADAMS, DO
 HPE LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES EG00557360179 (Continued)

*** CHEMISTRY *** (continued)

CHEMISTRY PROFILES (continued)

Date Time	12/05/2014 2:00AM	12/04/2014 2:15AM	Reference	Units
NA	149 H	146 H	{136-145}	MMOL/L
K	4.3	3.7	{3.5-5.1}	MMOL/L
CL	113 H	110 H	{99-109}	MMOL/L
CO2	24	26	{21-32}	MMOL/L
ANION GAP	16	14	{9-18}	MMOL/L
GLUCOSE	174 H	108	{70-110}	MG/DL
BUN	24 H	26 H	{7-21}	MG/DL
CREATININE	0.8	0.8	{0.5-1.4}	MG/DL
EGFR NON-AFR AM	> 60	> 60	{>60}	
EGFR AFRICAN AM	> 60 (DN)	> 60 (DN)	{>60}	

(DN) The EGFR is a calculated estimate of the GFR. It should not be used as the sole indicator of renal function for diagnostic or treatment decisions. It is intended for use only in patients 18 years and older. For values greater than 60mL/min/1.73m², the NKFEP recommends reporting as >60, not an exact number.

BUN/CREAT RATIO	30.0 H	32.5 H	{11.0-18.0}	
PHOSPHORUS	3.4	4.2	{2.3-4.5}	MG/DL
LIPASE	565 H	662 H	{73-393}	UNITS/L
MAGNESIUM	2.1	1.7	{1.5-2.4}	MG/DL

Date Time	12/03/2014 3:10AM	12/02/2014 3:10AM	Reference	Units
NA	144		{136-145}	MMOL/L
K	3.7		{3.5-5.1}	MMOL/L
CL	111 H		{99-109}	MMOL/L
CO2	24		{21-32}	MMOL/L
ANION GAP	13		{9-18}	MMOL/L
GLUCOSE	201 H		{70-110}	MG/DL
BUN	31 H		{7-21}	MG/DL
CREATININE	0.8		{0.5-1.4}	MG/DL
EGFR NON-AFR AM	> 60		{>60}	
EGFR AFRICAN AM	> 60 (DO)		{>60}	

(DO) The EGFR is a calculated estimate of the GFR. It should not be used as the sole indicator of renal function for diagnostic or treatment decisions. It is intended for use only in patients 18 years and older. For values greater than 60mL/min/1.73m², the NKFEP recommends reporting as >60, not an exact number.

BUN/CREAT RATIO	38.8 H		{11.0-18.0}	
PHOSPHORUS	3.5		{2.3-4.5}	MG/DL
BILI TOTAL		1.00	{0.20-1.00}	MG/DL

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HEF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** CHEMISTRY *** (continued)

CHEMISTRY PROFILES (continued)

Date Time	12/03/2014 3:10AM	12/02/2014 3:10AM	Reference	Units
AST (SGOT)		43 H	(15-37)	UNITS/L
ALK PHOS		86	(50-136)	UNITS/L
LIPASE	529 H	670 H	(73-393)	UNITS/L
MAGNESIUM	1.9		(1.5-2.4)	MG/DL

Date Time	12/02/2014 3:10AM	12/01/2014 8:00AM	Reference	Units
NA	142		(136-145)	MMOL/L
K	4.0		(3.5-5.1)	MMOL/L
CL	110 H		(99-109)	MMOL/L
CO2	24		(21-32)	MMOL/L
ANION GAP	12		(9-18)	MMOL/L
GLUCOSE	269 H		(70-110)	MG/DL
BUN	32 H		(7-21)	MG/DL
CREATININE	0.7		(0.5-1.4)	MG/DL
EGFR NON-AFR AM	> 60		(>60)	
EGFR AFRICAN AM	> 60 (DP)		(>60)	

(DP) The EGFR is a calculated estimate of the GFR. It should not be used as the sole indicator of renal function for diagnostic or treatment decisions. It is intended for use only in patients 18 years and older. For values greater than 60mL/min/1.73m2, the NKF recommends reporting as >60, not an exact number.

BUN/CREAT RATIO	45.7 H		(11.0-18.0)	
PHOSPHORUS	3.2		(2.3-4.5)	MG/DL
CK	25 L	52	(39-308)	UNITS/L
MAGNESIUM	2.0		(1.5-2.4)	MG/DL

Date Time	-----12/01/2014----- 8:00AM	4:40AM	Reference	Units
NA		145	(136-145)	MMOL/L
K		4.1	(3.5-5.1)	MMOL/L
CL		109	(99-109)	MMOL/L
CO2		27	(21-32)	MMOL/L
ANION GAP		13	(9-18)	MMOL/L
GLUCOSE		170 H	(70-110)	MG/DL
BUN		31 H	(7-21)	MG/DL
CREATININE		0.8	(0.5-1.4)	MG/DL
EGFR NON-AFR AM		> 60	(>60)	

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** CHEMISTRY *** (continued)

CHEMISTRY PROFILES (continued)

Date	12/01/2014			
Time	8:00AM	4:40AM	Reference	Units
EGFR AFRICAN AM			> 60 (DQ) (>60)	

(DQ) The EGFR is a calculated estimate of the GFR. It should not be used as the sole indicator of renal function for diagnostic or treatment decisions. It is intended for use only in patients 18 years and older. For values greater than 60mL/min/1.73m², the NKDEP recommends reporting as >60, not an exact number.

BUN/CREAT RATIO			38.8 H (11.0-18.0)	
PHOSPHORUS			2.5 (2.3-4.5)	MG/DL
BILI TOTAL		1.90 H	1.70 H (0.20-1.00)	MG/DL
BILI DIRECT		1.20 H	(0.00-0.20)	MG/DL
BILI INDIRECT		0.70	(0.10-1.10)	MG/DL
AST (SGOT)		263 H	330 H (15-37)	UNITS/L
ALT (SGPT)		1214 (DR) H	(12-70)	UNITS/L

(DR) *Please note new reference range due to methodology change*

GGT		243 H	(5-85)	UNITS/L
ALK PHOS			109 (50-136)	UNITS/L
CK			50 (39-300)	UNITS/L
LDH		349 H	(85-227)	UNITS/L
AMYLASE		362 (DS) CH	(25-115)	UNITS/L

(DS) CALLED AMY TO RICHMOND, RN
BY G.LAB.LRH 12/01/14 0902 RBAV

LIPASE		1027 H	(73-393)	UNITS/L
MAGNESIUM			2.0 (1.5-2.4)	MG/DL

Date	11/30/2014			
Time	4:10PM	2:15AM	Reference	Units
NA		140	144 (136-145)	MMOL/L
K		3.5	3.6 (3.5-5.1)	MMOL/L
CL		105	107 (99-109)	MMOL/L
CO2		29	26 (21-32)	MMOL/L
ANION GAP		10	15 (9-18)	MMOL/L
GLUCOSE		302 H	232 H (70-110)	MG/DL
BUN		23 H	26 H (7-21)	MG/DL
CREATININE		0.9	0.7 (0.5-1.4)	MG/DL
EGFR NON-AFR AM		> 60	> 60 (>60)	

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJ08

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** CHEMISTRY *** (continued)

CHEMISTRY PROFILES (continued)

Date	-----11/30/2014-----			
Time	4:10PM	2:15AM	Reference	Units

EGFR AFRICAN AM		> 60(DT)		> 60(DT) (>60)
(DT) The EGFR is a calculated estimate of the GFR. It should not be used as the sole indicator of renal function for diagnostic or treatment decisions. It is intended for use only in patients 18 years and older. For values greater than 60mL/min/1.73m2, the NKDEP recommends reporting as >60, not an exact number.				
BUN/CREAT RATIO		25.6 H		37.1 H (11.0-18.0)
PHOSPHORUS				2.5 (2.3-4.5) MG/DL
BILI TOTAL				1.30 H (0.20-1.00) MG/DL
CK				80 (39-300) UNITS/L
MAGNESIUM				1.9 (1.5-2.4) MG/DL

Date	11/29/2014		11/28/2014		
Time	2:30AM	3:00AM	Reference	Units	
NA	146 H	144	(136-145)	MMOL/L	
K	4.5	3.6	(3.5-5.1)	MMOL/L	
CL	111 H	110 H	(99-109)	MMOL/L	
CO2	24	24	(21-32)	MMOL/L	
ANION GAP	16	14	(9-18)	MMOL/L	
GLUCOSE	231 H	238 H	(70-110)	MG/DL	
BUN	26 H	23 H	(7-21)	MG/DL	
CREATININE	0.7	0.7	(0.5-1.4)	MG/DL	
EGFR NON-AFR AM	> 60	> 60	(>60)		
EGFR AFRICAN AM	> 60(DU)	> 60(DU)	(>60)		

(DU) The EGFR is a calculated estimate of the GFR. It should not be used as the sole indicator of renal function for diagnostic or treatment decisions. It is intended for use only in patients 18 years and older. For values greater than 60mL/min/1.73m², the NKDEP recommends reporting as >60, not an exact number.

BUN/CREAT RATIO	37.1 H	32.9 H	(11.0-18.0)		
PHOSPHORUS	3.1	3.5	(2.3-4.5)	MG/DL	
BILI TOTAL	1.10 H	0.90	(0.20-1.00)	MG/DL	
AST (SGOT)	217 H	121 H	(15-37)	UNITS/L	
ALK PHOS	84		(50-136)	UNITS/L	
CK	48	38	(39-308)	UNITS/L	
MAGNESIUM	2.1	2.2	(1.5-2.4)	MG/DL	

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** CHEMISTRY *** (continued)

CHEMISTRY PROFILES (continued)

Date	-----11/27/2014-----				
Time	3:15PM	3:00AM	Reference	Units	
NA	144	150 H	(136-145)	MMOL/L	
K	3.8	3.5	(3.5-5.1)	MMOL/L	
CL	110 H	115 H	(99-109)	MMOL/L	
CO2	25	25	(21-32)	MMOL/L	
ANION GAP	13	14	(9-18)	MMOL/L	
GLUCOSE	258 H	121 H	(70-110)	MG/DL	
BUN	24 H	25 H	(7-21)	MG/DL	
CREATININE	0.7	0.7	(0.5-1.4)	MG/DL	
EGFR NON-AFR AM	> 60	> 60	(>60)		
EGFR AFRICAN AM	> 60 (DV)	> 60 (DV)	(>60)		

(DV) The EGFR is a calculated estimate of the GFR. It should not be used as the sole indicator of renal function for diagnostic or treatment decisions. It is intended for use only in patients 18 years and older. For values greater than 60mL/min/1.73m², the NKDEP recommends reporting as >60, not an exact number.

BUN/CREAT RATIO	34.3 H	35.7 H	(11.0-18.0)	
PHOSPHORUS		3.1	(2.3-4.5)	MG/DL
BILI TOTAL		1.10 H	(0.20-1.00)	MG/DL
AST (SGOT)		78 H	(15-37)	UNITS/L
ALK PHOS		62	(50-136)	UNITS/L
CK		69	(39-308)	UNITS/L
MAGNESIUM		2.3	(1.5-2.4)	MG/DL

Date	-----11/26/2014-----				
Time	5:20PM	9:10AM	Reference	Units	
NA	147 H		(136-145)	MMOL/L	
K	4.4		(3.5-5.1)	MMOL/L	
CL	113 H		(99-109)	MMOL/L	
CO2	25		(21-32)	MMOL/L	
ANION GAP	13		(9-18)	MMOL/L	
GLUCOSE	278 H	168 H	(70-110)	MG/DL	
BUN	23 H		(7-21)	MG/DL	
CREATININE	0.8		(0.5-1.4)	MG/DL	
EGFR NON-AFR AM	> 60		(>60)		
EGFR AFRICAN AM	> 60 (DV)		(>60)		

(DV) The EGFR is a calculated estimate of the GFR. It should not be used as the sole indicator of renal function for diagnostic or treatment decisions. It is intended for use only in patients 18 years and older. For values greater than 60mL/min/1.73m², the NKDEP recommends reporting as >60, not an exact number.

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKGV0B

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
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Patient: LONG, GYLES #G00557360179 (Continued)

*** CHEMISTRY *** (continued)

CHEMISTRY PROFILES (continued)

Date -----11/26/2014-----
Time 5:20PM 9:10AM Reference Units

BUN/CREAT RATIO | 20.8 H | | (11.0-19.0)

Date 11/26/2014 11/25/2014
Time 3:00AM 5:50AM Reference Units

NA | 149 H | 149 H | (136-145) MMOL/L
K | 2.9(DX) CL | 3.1 L | (3.5-5.1) MMOL/L

(DX) CALLED K+ TO J.HARDY,RN; BY G.LAB.ALM 11/26/14 0559 REAV

CL | 112 H | 111 H | (99-109) MMOL/L
CO2 | 25 | 28 | (21-32) MMOL/L
ANION GAP | 15 | 13 | (9-18) MMOL/L
GLUCOSE | 185 H | 171 H | (70-110) MG/DL
BUN | 26 H | 25 H | (7-21) MG/DL
CREATININE | 0.8 | 0.8 | (0.5-1.4) MG/DL
EGFR NON-AFR AM | > 60 | > 60 | (>60)
EGFR AFRICAN AM | > 60(DX) | > 60(DX) | (>60)

(DY) The EGFR is a calculated estimate of the GFR. It should not be used as the sole indicator of renal function for diagnostic or treatment decisions. It is intended for use only in patients 18 years and older. For values greater than 60mL/min/1.73m2, the NKF recommends reporting as >60, not an exact number.

BUN/CREAT RATIO | 32.5 H | 31.2 H | (11.0-19.0)
PHOSPHORUS | 2.7 | 2.8 | (2.3-4.5) MG/DL
BILI TOTAL | 0.80 | 0.70 | (0.20-1.00) MG/DL
AST (SGOT) | 33 | 14 L | (15-37) UNITS/L
CK | 45 | 31 L | (39-308) UNITS/L
MAGNESIUM | 2.2 | 2.0 | (1.5-2.4) MG/DL

Date -----11/24/2014-----
Time 11:17PM 5:00PM Reference Units

NA | 146 H | 145 | (136-145) MMOL/L
K | 2.9(DZ) CL | 3.0 L | (3.5-5.1) MMOL/L

(DZ) CALLED K+ TO L.MAY,RN; BY G.LAB.ALM 11/24/14 2334 REAV

CL | 109 | 107 | (99-109) MMOL/L
CO2 | 29 | 29 | (21-32) MMOL/L
ANION GAP | 11 | 12 | (9-18) MMOL/L
GLUCOSE | 246 H | 317 H | (70-110) MG/DL
BUN | 28 H | 29 H | (7-21) MG/DL

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** CHEMISTRY *** (continued)

CHEMISTRY PROFILES (continued)

Date	11/24/2014			
Time	11:17PM	5:00PM	Reference	Units
CREATININE	1.0	1.0	(0.5-1.4)	MG/DL
EGFR NON-AFR AM	> 60	> 60	(>60)	
EGFR AFRICAN AM	> 60 (EA)	> 60 (EA)	(>60)	

(EA) The EGFR is a calculated estimate of the GFR. It should not be used as the sole indicator of renal function for diagnostic or treatment decisions. It is intended for use only in patients 18 years and older. For values greater than 60mL/min/1.73m2, the NKDEP recommends reporting as >60, not an exact number.

BUN/CREAT RATIO 28.0 H 29.0 H (11.0-19.0)

Date	11/24/2014			
Time	4:42PM	4:42PM	Reference	Units
CK	58	58	(39-308)	UNITS/L

Date	11/24/2014			
Time	3:00PM	3:00PM	Reference	Units
AST (SGOT)		11	L (15-37)	UNITS/L
ALT (SGPT)		23 (EB)	(12-78)	UNITS/L

(EB) *Please note new reference range due to methodology change*

CK	57		(39-308)	UNITS/L
LDE		181	(85-227)	UNITS/L
AMYLASE		102	(25-115)	UNITS/L

Date	11/24/2014			
Time	1:15PM	3:30AM	Reference	Units
NA		142	(136-145)	MMOL/L
K		3.7	(3.5-5.1)	MMOL/L
CL		107	(99-109)	MMOL/L
CO2		27	(21-32)	MMOL/L
ANION GAP		12	(9-18)	MMOL/L
GLUCOSE		294 H	(70-110)	MG/DL
BUN		22 H	(7-21)	MG/DL
CREATININE		0.8	(0.5-1.4)	MG/DL
EGFR NON-AFR AM		> 60	(>60)	

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJ0B

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HFF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** CHEMISTRY *** (continued)

CHEMISTRY PROFILES (continued)

Date: 11/24/2014
Time: 1:15PM 3:30AM Reference Units

EGFR AFRICAN AM | | > 60 (EC) | (>60)

(EC) The EGFR is a calculated estimate of the GFR. It should not be used as the sole indicator of renal function for diagnostic or treatment decisions. It is intended for use only in patients 18 years and older. For values greater than 60mL/min/1.73m², the NKDEP recommends reporting as >60, not an exact number.

BUN/CREAT RATIO			27.5	M	(11.0-18.0)	
PHOSPHORUS			2.8		(2.3-4.5)	MG/DL
BILI TOTAL			1.10	M	(0.20-1.00)	MG/DL
AST (SGOT)			13	L	(15-37)	UNITS/L
ALK PHOS			69		(50-136)	UNITS/L
CK			98		(39-300)	UNITS/L
LIPASE		328			(73-393)	UNITS/L
MAGNESIUM			2.1		(1.5-2.4)	MG/DL

Date: 11/23/2014
Time: 10:30PM 11:06AM Reference Units

NA		140		141		(136-145)	MMOL/L
K		3.6		4.1		(3.5-5.1)	MMOL/L
CL		106		101		(99-109)	MMOL/L
CO2		25		28		(21-32)	MMOL/L
ANION GAP		13		16		(9-18)	MMOL/L
GLUCOSE		314	H	270	M	(70-110)	MG/DL
BUN		20		14		(7-21)	MG/DL
CREATININE		1.0		1.0		(0.5-1.4)	MG/DL
EGFR NON-AFR AM		> 60		> 60		(>60)	
EGFR AFRICAN AM		> 60 (ED)		> 60 (ED)		(>60)	

(ED) The EGFR is a calculated estimate of the GFR. It should not be used as the sole indicator of renal function for diagnostic or treatment decisions. It is intended for use only in patients 18 years and older. For values greater than 60mL/min/1.73m², the NKDEP recommends reporting as >60, not an exact number.

BUN/CREAT RATIO		20.0	M	14.0		(11.0-18.0)	
TOTAL PROTEIN		5.8	L			(6.4-8.2)	GM/DL
ALBUMIN		3.0	L			(3.4-5.0)	GM/DL
GLOBULIN		2.8				(1.5-3.8)	GM/DL
A/G RATIO		1.1				(1.0-2.2)	
CALCIUM		8.6				(8.5-10.5)	MG/DL
PHOSPHORUS		2.8				(2.3-4.5)	MG/DL
BILI TOTAL		1.20	H			(0.20-1.00)	MG/DL

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
 RUN TIME: 0203
 RUN USER: LABBKGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
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Patient: LONG, GYLES #G00557360179 (Continued)

*** CHEMISTRY *** (continued)
 CHEMISTRY PROFILES (continued)

Date	11/23/2014		Reference	Units
Time	10:30PM	11:06AM		
AST (SGOT)	15		(15-37)	UNITS/L
ALT (SGPT)	21 (EE)		(12-78)	UNITS/L

(EE) *Please note new reference range due to methodology change*

ALK PHOS	59		(50-136)	UNITS/L
AMYLASE		152 H	(25-115)	UNITS/L
LIPASE		533 H	(73-393)	UNITS/L
MAGNESIUM	2.0		(1.5-2.4)	MG/DL

Date	11/23/2014	11/22/2014	Reference	Units
Time	3:15AM	9:00PM		
NA	144	144	(136-145)	MMOL/L
K	3.7	3.1 L	(3.5-5.1)	MMOL/L
CL	107	110 H	(99-109)	MMOL/L
CO2	26	27	(21-32)	MMOL/L
ANION GAP	15	10	(9-18)	MMOL/L
GLUCOSE	161 H	215 H	(70-110)	MG/DL
BUN	12	11	(7-21)	MG/DL
CREATININE	0.9	0.9	(0.5-1.4)	MG/DL
EGFR NON-AFR AM	> 60	> 60	(>60)	
EGFR AFRICAN AM	> 60 (EE)	> 60 (EE)	(>60)	

(EE) The EGFR is a calculated estimate of the GFR. It should not be used as the sole indicator of renal function for diagnostic or treatment decisions. It is intended for use only in patients 18 years and older. For values greater than 60mL/min/1.73m2, the NKDEP recommends reporting as >60, not an exact number.

BUN/CREAT RATIO	13.3	12.2	(11.0-18.0)	
PHOSPHORUS	2.5	1.6 L	(2.3-4.5)	MG/DL
BILI TOTAL	2.40 H		(0.20-1.00)	MG/DL
AST (SGOT)	18		(15-37)	UNITS/L
ALK PHOS	48 L		(50-136)	UNITS/L
CK	243		(39-308)	UNITS/L
MAGNESIUM	1.5	1.6	(1.5-2.4)	MG/DL

Date	11/22/2014	11/21/2014	Reference	Units
Time	5:00AM	11:45PM		
NA	151 H	152 H	(136-145)	MMOL/L
K	3.4 L	4.0	(3.5-5.1)	MMOL/L
CL	113 H	114 H	(99-109)	MMOL/L
CO2	28	28	(21-32)	MMOL/L

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
 RUN TIME: 0203
 RUN USER: LABBKGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
 MEDICAL DIRECTOR - STEPHEN ADAMS, DO
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Patient: LONG, GYLES EG00557360179 (Continued)

*** CHEMISTRY *** (continued)

CHEMISTRY PROFILES (continued)

Date Time	11/22/2014 5:00AM	11/21/2014 11:45PM	Reference	Units
ANION GAP	13	14	(9-18)	MMOL/L
GLUCOSE	154 H	178 H	(70-110)	MG/DL
BUN	11	13	(7-21)	MG/DL
CREATININE	0.9	1.0	(0.5-1.4)	MG/DL
EGFR NON-AFR AM	> 60	> 60	(>60)	
EGFR AFRICAN AM	> 60 (EG)	> 60 (EG)	(>60)	

(EG) The EGFR is a calculated estimate of the GFR. It should not be used as the sole indicator of renal function for diagnostic or treatment decisions. It is intended for use only in patients 18 years and older. For values greater than 60mL/min/1.73m², the NKDEP recommends reporting as >60, not an exact number.

BUN/CREAT RATIO	12.2	13.0	(11.0-13.0)	
TOTAL PROTEIN		5.6 L	(6.4-8.2)	GM/DL
ALBUMIN		3.5	(3.4-5.0)	GM/DL
GLOBULIN		2.1	(1.5-3.8)	GM/DL
A/G RATIO		1.7	(1.0-2.2)	
CALCIUM		8.2 L	(8.5-10.5)	MG/DL
PHOSPHORUS	2.3	2.6	(2.3-4.5)	MG/DL
BILI TOTAL	1.40 H	0.90	(0.20-1.00)	MG/DL
AST (SGOT)	20	21	(15-37)	UNITS/L
ALT (SGPT)		25 (EH)	(12-78)	UNITS/L

(EH) *Please note new reference range due to methodology change*

ALK PHOS	49 L	54	(50-136)	UNITS/L
CK	344 H		(39-308)	UNITS/L
MAGNESIUM	1.8	1.7	(1.5-2.4)	MG/DL

Date Time	11/21/2014 6:00PM	Reference	Units
NA	150 H	(136-145)	MMOL/L
K	4.4	(3.5-5.1)	MMOL/L
CL	115 H	(99-109)	MMOL/L
CO2	26	(21-32)	MMOL/L
ANION GAP	13	(9-18)	MMOL/L
GLUCOSE	183 H	(70-110)	MG/DL
BUN	13	(7-21)	MG/DL
CREATININE	0.9	(0.5-1.4)	MG/DL
EGFR NON-AFR AM	> 60	(>60)	

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
 RUN TIME: 0203
 RUN USER: LABBKGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
 MEDICAL DIRECTOR - STEPHEN ADAMS, DO
 HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** CHEMISTRY *** (continued)

CHEMISTRY PROFILES (continued)

Date	11/21/2014	Reference	Units
Time	6:00PM		

EGFR AFRICAN AM	> 60 (EI)	> 60	

(EI) The EGFR is a calculated estimate of the GFR. It should not be used as the sole indicator of renal function for diagnostic or treatment decisions. It is intended for use only in patients 18 years and older. For values greater than 60mL/min/1.73m², the NKDEP recommends reporting as >60, not an exact number.

BUN/CREAT RATIO	14.4	(11.0-13.0)	
PHOSPHORUS	3.0	(2.3-4.5)	MG/DL
BILI TOTAL	0.90	(0.20-1.00)	MG/DL
AST (SGOT)	30	(15-37)	UNITS/L
ALK PHOS	55	(50-136)	UNITS/L
CK	474 H	(39-308)	UNITS/L
MAGNESIUM	1.8	(1.5-2.4)	MG/DL

OTHER CHEMISTRY

Date	12/30/2014	12/29/2014	Reference	Units
Time	3:06AM	9:45AM		
LACTIC ACID	0.8	0.9	(0.4-2.0)	MMOL/L/

Date	12/28/2014	12/27/2014	Reference	Units
Time	4:10AM	2:30AM		
LACTIC ACID	0.7	0.7	(0.4-2.0)	MMOL/L/

Date	12/26/2014	12/25/2014	Reference	Units
Time	3:30AM	3:55AM		
LACTIC ACID	1.0	0.8	(0.4-2.0)	MMOL/L/

Date	12/24/2014	12/23/2014	Reference	Units
Time	3:00AM	6:15AM		
LACTIC ACID	0.8	0.7	(0.4-2.0)	MMOL/L/

Date	12/22/2014	12/21/2014	Reference	Units
Time	3:45AM	3:20AM		
LACTIC ACID	1.7	1.0	(0.4-2.0)	MMOL/L/

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG,GYLES #G00557360179 (Continued)

*** CHEMISTRY *** (continued)

OTHER CHEMISTRY (continued)

Date Time	12/20/2014 4:30AM	12/19/2014 2:10AM	Reference	Units
AMMONIA		19	(11-32)	uMOL/L
LACTIC ACID	1.0	0.4	(0.4-2.0)	MMOL/L/

Date Time	12/18/2014 2:05AM	12/15/2014 3:30AM	Reference	Units
LACTIC ACID	0.4	0.5	(0.4-2.0)	MMOL/L/

Date Time	12/13/2014 1:10PM	1:10PM	Reference	Units
LACTIC ACID	0.9		(0.4-2.0)	MMOL/L/
CORTISOL		17.3 (EJ)		mcg/DL

(EJ) CORTISOL REFERENCE RANGES:

AM NORMAL RANGE: 4.3 - 22.4 mcg/DL

PM NORMAL RANGE: 3.1 - 16.7 mcg/DL

Date Time	12/13/2014 4:20AM	12/12/2014 3:10AM	Reference	Units
LACTIC ACID	1.4	0.3	(0.4-2.0)	MMOL/L/

Date Time	12/11/2014 3:30AM	12/10/2014 1:55PM	Reference	Units
AMMONIA		22	(11-32)	uMOL/L
LACTIC ACID	0.5		(0.4-2.0)	MMOL/L/

Date Time	12/10/2014 3:50AM	12/09/2014 2:25AM	Reference	Units
AMMONIA		40	(11-32)	uMOL/L
LACTIC ACID	0.7		(0.4-2.0)	MMOL/L/

Date Time	12/08/2014 8:50PM	2:15AM	Reference	Units
IRON	24		(60-170)	MCg/DL
TIBC	192		(260-400)	MCg/DL

Patient: LONG,GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000608204

RUN DATE: 01/10/15
 RUN TIME: 0203
 RUN USER: LABBKJ08

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
 MEDICAL DIRECTOR - STEPHEN ADAMS, DO
 HEP LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** CHEMISTRY *** (continued)

OTHER CHEMISTRY (continued)

Date Time	12/08/2014 8:50PM	2:15AM	Reference	Units
UICB	160		{141-366}	MG/DL
IRON SATURATION	13 L		{20-55}	% (CALC)
LACTIC ACID		0.7	{0.4-2.0}	MMOL/L/
Date Time	12/07/2014 3:00AM	12/06/2014 1:15AM	Reference	Units
LACTIC ACID	0.8	0.9	{0.4-2.0}	MMOL/L/
Date Time	12/05/2014 2:00AM	12/04/2014 2:15AM	Reference	Units
AMMONIA		20	{11-32}	UMOL/L
LACTIC ACID	1.1	0.7	{0.4-2.0}	MMOL/L/
Date Time	12/03/2014 3:10AM	12/02/2014 3:10AM	Reference	Units
LACTIC ACID	1.0	1.2	{0.4-2.0}	MMOL/L/
Date Time	12/01/2014 8:00AM	4:40AM	Reference	Units
AMMONIA	26		{11-32}	UMOL/L
LACTIC ACID		1.3	{0.4-2.0}	MMOL/L/
Date Time	11/30/2014 2:15AM	11/29/2014 2:30AM	Reference	Units
LACTIC ACID	1.0	1.2	{0.4-2.0}	MMOL/L/
Date Time	11/28/2014 3:00AM	11/27/2014 3:00AM	Reference	Units
LACTIC ACID	1.3	1.0	{0.4-2.0}	MMOL/L/

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
 RUN TIME: 0203
 RUN USER: LABBKGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
 MEDICAL DIRECTOR - STEPHEN ADAMS, DO
 HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** CHEMISTRY *** (continued)

OTHER CHEMISTRY (continued)

Date Time	11/26/2014 5:20PM	10:21AM	Reference	Units
PSA		0.31(EK)	<4.0	NG/ML

(EK) The ADVIA Centaur PSA assay is a second-generation ultra-sensitive immunoassay with an analytical sensitivity of 0.01 ng/dl. It is a two-site sandwich assay using direct chemiluminometric technology. PSA is indicated for use in conjunction with the Digital Rectal Exam as an aid in the detection of prostate cancer in men aged 50 years and older. It is further indicated as an aid in monitoring of patients with prostate cancer. The concentration of PSA in a given specimen determined with assays from different manufacturers can vary due to differences in assay methods and reagent specificity. Values obtained with different assay methods cannot be used interchangeably.

IRON		34	LI (60-170)	MCB/DL
TIBC		200	LI (260-400)	MCB/DL
UIBC		166	LI (141-366)	MCB/DL
IRON SATURATION		17	LI (20-55)	% (CALC)
LACTIC ACID	0.8		(0.4-2.0)	MMOL/L/

Date Time	11/26/2014 3:00AM	11/25/2014 5:50AM	Reference	Units
LACTIC ACID	1.3	0.0	(0.4-2.0)	MMOL/L/

Date Time	11/24/2014 4:42PM	3:00PM	Reference	Units
LACTIC ACID	1.6	1.9	(0.4-2.0)	MMOL/L/

Date Time	11/24/2014 3:00PM	3:30AM	Reference	Units
OSMOLALITY	313	H	(278-298)	MOEM/KG
LACTIC ACID		1.1	(0.4-2.0)	MMOL/L/

Date Time	11/23/2014 11:14AM	3:15AM	Reference	Units
LACTIC ACID	1.7	1.1	(0.4-2.0)	MMOL/L/

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** CHEMISTRY *** (continued)

OTHER CHEMISTRY (continued)

Date	11/22/2014				
Time	9:00PM	6:10AM	Reference	Units	
LACTIC ACID	2.1 H	1.2	{0.4-2.0}	MMOL/L/	

Date	11/22/2014	11/21/2014			
Time	5:00AM	6:00PM	Reference	Units	
IRON	18 L		{60-170}	MCG/DL	
TIBC	84 L		{260-400}	MCG/DL	
UIBC	66 L		{141-366}	MCG/DL	
IRON SATURATION	21		{20-55}	% (CALC)	
LACTIC ACID		1.5	{0.4-2.0}	MMOL/L/	

REFERRED CHEMISTRY TESTS

Test	Date	Time	Result	Reference	Units
BNP	12/08/2014	8:50PM	11	{0-100}	PG/ML
BNP	11/29/2014	2:30AM	87	{0-100}	PG/ML
BNP	11/23/2014	11:06AM	121 H	{0-100}	PG/ML
BNP	11/23/2014	3:15AM	114 H	{0-100}	PG/ML
BNP	11/22/2014	5:00AM	29	{0-100}	PG/ML
BNP	11/21/2014	6:00PM	15	{0-100}	PG/ML
FREE CARNITINE	12/09/2014	2:25AM	77(EL) H	{16-60}	umol/L

(EL) **Verified by repeat analysis**
See also (h)

FREE CARNITINE	11/26/2014 10:21AM	40(h)	{16-60}	umol/L
FREE CARNITINE	11/23/2014 11:06AM	44(h)	{16-60}	umol/L
CARNITINE	12/09/2014 2:25AM	95(EM) H	{25-69}	umol/L

(EM) **Verified by repeat analysis**
See also (h)

CARNITINE	11/26/2014 10:21AM	47(h)	{25-69}	umol/L
CARNITINE	11/23/2014 11:06AM	53(h)	{25-69}	umol/L

NOTES: (h) LABCORP OF AMERICA AC#10513370
Laboratory Corporation of America Director: Arthur Kelly, M.D.
1801 First Avenue, South Birmingham, AL 35233 PH: 800-621-8037
Arthur Kelly, M.D.

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKGJ0B

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
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Patient: LONG, GYLES #G00557360179 (Continued)

*** CHEMISTRY *** (continued)

REFERRED CHEMISTRY TESTS (continued)

Test	Date	Time	Result	Reference	Units
ESTER/FREE CARN	12/09/2014	2:25AM	0.2(EN)	(0.1-0.9)	Ratio

(EN) Esterified/Free Ratio is a calculated value equal to Total Carnitine minus Free Carnitine divided by the Free Carnitine.
Performed At: BN LabCorp Burlington
1447 York Court Burlington, NC 272153361
Hancock William F MD Ph:8007624344
See also (i)

ESTER/FREE CARN	11/26/2014	10:21AM	0.2(EQ)	(0.1-0.9)	Ratio

(EQ) Esterified/Free Ratio is a calculated value equal to Total Carnitine minus Free Carnitine divided by the Free Carnitine.
Performed At: BN LabCorp Burlington
1447 York Court Burlington, NC 272153361
Hancock William F MD Ph:8007624344
See also (i)

ESTER/FREE CARN	11/23/2014	11:06AM	0.2(EP)	(0.1-0.9)	Ratio

(EP) Esterified/Free Ratio is a calculated value equal to Total Carnitine minus Free Carnitine divided by the Free Carnitine.
Performed At: BN LabCorp Burlington
1447 York Court Burlington, NC 272153361
Hancock William F MD Ph:8007624344
See also (i)

ZINC	12/18/2014	2:05AM	126(EQ)	(56-134)	ug/dL

(EQ) Detection Limit = 5
Performed At: BN LabCorp Burlington
1447 York Court Burlington, NC 272153361
Hancock William F MD Ph:8007624344
See also (i)

ZINC	12/08/2014	8:50PM	90(ER)	(56-134)	ug/dL

(ER) Detection Limit = 5
Performed At: BN LabCorp Burlington
1447 York Court Burlington, NC 272153361
Hancock William F MD Ph:8007624344
See also (i)

NOTES: (i) LABCORP OF AMERICA AC#10513370
Laboratory Corporation of America Director: Arthur Kelly, M.D.
1801 First Avenue, South Birmingham, AL 35233 PH: 800-621-8037
Arthur Kelly, M.D.

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
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Patient: LONG, GYLES #G00557360179 (Continued)

*** CHEMISTRY *** (continued)

REFERRED CHEMISTRY TESTS (continued)

Test	Date	Time	Result	Reference	Units
ZINC	12/01/2014	8:00AM	84(ES)	(56-134)	ug/dL

(ES) Detection Limit = 5

Performed At: BN LabCorp Burlington
1447 York Court Burlington, NC 272153361
Hancock William F MD Ph:8007624344
See also (j)

ZINC	11/23/2014	11:06AM	47(ET)	L (56-134)	ug/dL

(ET) Detection Limit = 5

Performed At: BN LabCorp Burlington
1447 York Court Burlington, NC 272153361
Hancock William F MD Ph:8007624344
See also (j)

ZINC PROTOPORP	11/26/2014	10:21AM	69(EU)	H (0-36)	ug/dL

(EU) BEI: 100

Performed At: MB LabCorp Birmingham
1801 First Avenue South Birmingham, AL 352331935
Elgin John MD Ph:2055813500
See also (j)

PROTO RBC FREE	11/26/2014	10:21AM	63(EV)	H (0-34)	ug/dL

(EV) **Verified by repeat analysis**
See also (j)

GLUCOSE BY METER

Date	Time	Reference	Units
-----01/08/2015-----			
	12:29PM	6:38AM	
GLU BEDSIDE	161(k) H	129(k) H	(70-110) MG/DL

NOTES: (j) LABCORP OF AMERICA AC#10513370
Laboratory Corporation of America Director: Arthur Kelly, M.D.
1801 First Avenue, South Birmingham, AL 35233 PH: 800-621-8037
Arthur Kelly, M.D.
(k) MAS RALS POINT OF CARE
POINT OF CARE INTERFACE

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG,GYLES #G00557360179 (Continued)

GLUCOSE BY METER (continued)

Date	Time				Reference	Units
01/07/2015	8:01PM		5:08PM			
GLU BEDSIDE	I	119 (1) H	122 (1) H		{70-110}	MG/DL
01/07/2015	11:36AM		7:58AM			
GLU BEDSIDE	I	122 (1) H	132 (1) H		{70-110}	MG/DL
01/06/2015	9:32PM		6:13PM			
GLU BEDSIDE	I	168 (1) H	137 (1) H		{70-110}	MG/DL
01/06/2015	1:02PM		9:24AM			
GLU BEDSIDE	I	118 (1) H	91 (1) I		{70-110}	MG/DL
01/05/2015	8:23PM		5:38PM			
GLU BEDSIDE	I	110 (1) I	124 (1) H		{70-110}	MG/DL
01/05/2015	11:38AM		7:56AM			
GLU BEDSIDE	I	140 (1) H	99 (1) I		{70-110}	MG/DL
01/04/2015	7:25PM		4:05PM			
GLU BEDSIDE	I	148 (1) H	103 (1) I		{70-110}	MG/DL
01/04/2015	11:54AM		8:15AM			
GLU BEDSIDE	I	175 (1) H	115 (1) H		{70-110}	MG/DL

NOTES: (1) MAS RALS POINT OF CARE
POINT OF CARE INTERFACE

Patient: LONG,GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
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Patient: LONG, GYLES #G00557360179 (Continued)

GLUCOSE BY METER (continued)

Date	Time			Reference	Units
		01/03/2015			
	8:07PM		4:42PM		
GLU BEDSIDE		135 (m) H	106 (m)	(70-110)	MG/DL

Date	Time			Reference	Units
		01/03/2015			
	10:56AM		9:08AM		
GLU BEDSIDE		232 (m) H	112 (m) H	(70-110)	MG/DL

Date	Time			Reference	Units
		01/02/2015			
	10:17PM		4:49PM		
GLU BEDSIDE		162 (m) H	120 (m) H	(70-110)	MG/DL

Date	Time			Reference	Units
		01/02/2015			
	12:30PM		4:10AM		
GLU BEDSIDE		130 (m) H	103 (m)	(70-110)	MG/DL

Date	Time			Reference	Units
		01/02/2015	01/01/2015		
	0:52AM		9:09PM		
GLU BEDSIDE		155 (m) H	155 (m) H	(70-110)	MG/DL

Date	Time			Reference	Units
		01/01/2015			
	5:04PM		11:49AM		
GLU BEDSIDE		143 (m) H	129 (m) H	(70-110)	MG/DL

Date	Time			Reference	Units
		01/01/2015			
	8:39AM		4:41AM		
GLU BEDSIDE		111 (m) H	108 (m)	(70-110)	MG/DL

Date	Time			Reference	Units
		01/01/2015	12/31/2014		
	0:46AM		10:18PM		
GLU BEDSIDE		114 (m) H	176 (m) H	(70-110)	MG/DL

NOTES: (m) HAS RALS POINT OF CARE
POINT OF CARE INTERFACE

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
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HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES

EG00557360179

(Continued)

GLUCOSE BY METER (continued)

Date Time	12/31/2014		Reference	Units
	4:47PM	8:48AM		
GLU BEDSIDE	117 (n) HI	83 (n)	(70-110)	MG/DL
Date Time	12/31/2014		Reference	Units
	3:23AM	11:47PM		
GLU BEDSIDE	92 (n)	145 (n) HI	(70-110)	MG/DL
Date Time	12/30/2014		Reference	Units
	9:33PM	6:54PM		
GLU BEDSIDE	172 (n) HI	145 (n) HI	(70-110)	MG/DL
Date Time	12/30/2014		Reference	Units
	12:45PM	9:06AM		
GLU BEDSIDE	144 (n) HI	115 (n) HI	(70-110)	MG/DL
Date Time	12/30/2014		Reference	Units
	3:09AM	0:39AM		
GLU BEDSIDE	109 (n)	143 (n) HI	(70-110)	MG/DL
Date Time	12/29/2014		Reference	Units
	8:36PM	4:47PM		
GLU BEDSIDE	89 (n)	220 (n) HI	(70-110)	MG/DL
Date Time	12/29/2014		Reference	Units
	12:27PM	8:01AM		
GLU BEDSIDE	98 (n)	110 (n)	(70-110)	MG/DL
Date Time	12/29/2014		Reference	Units
	3:49AM	9:13PM		
GLU BEDSIDE	105 (n)	100 (n)	(70-110)	MG/DL

NOTES: (n) HAS RALS POINT OF CARE
POINT OF CARE INTERFACE

Patient: LONG, GYLES

Age/Sex: 55/M

Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
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Patient: LONG, GYLES #G00557360179 (Continued)

GLUCOSE BY METER (continued)

Date	12/28/2014					
Time	4:48PM	12:58PM	Reference	Units		
GLU BEDSIDE	177 (o) H	179 (o) H	(70-110)	MG/DL		

Date	12/28/2014					
Time	4:08AM	9:01PM	Reference	Units		
GLU BEDSIDE	108 (o)	132 (o) H	(70-110)	MG/DL		

Date	12/27/2014					
Time	5:29PM	12:23PM	Reference	Units		
GLU BEDSIDE	200 (o) H	139 (o) H	(70-110)	MG/DL		

Date	12/27/2014					
Time	8:23AM	3:35AM	Reference	Units		
GLU BEDSIDE	118 (o) H	100 (o)	(70-110)	MG/DL		

Date	12/26/2014					
Time	11:56PM	8:06PM	Reference	Units		
GLU BEDSIDE	115 (o) H	96 (o)	(70-110)	MG/DL		

Date	12/26/2014					
Time	2:58PM	6:58AM	Reference	Units		
GLU BEDSIDE	143 (o) H	104 (o)	(70-110)	MG/DL		

Date	12/26/2014					
Time	1:43AM	9:03PM	Reference	Units		
GLU BEDSIDE	92 (o)	145 (o) H	(70-110)	MG/DL		

Date	12/25/2014					
Time	4:03PM	12:18PM	Reference	Units		
GLU BEDSIDE	147 (o) H	150 (o) H	(70-110)	MG/DL		

NOTES: (o) HAS RALS POINT OF CARE
POINT OF CARE INTERFACE

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABXGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
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Patient: LONG, GYLES #G00557360179 (Continued)

GLUCOSE BY METER (continued)

Date Time		-----12/25/2014-----			Reference	Units
		8:02PM		3:58AM		
GLU BEDSIDE		120 (p) H		124 (p) H	(70-110)	MG/DL
Date Time		-----12/24/2014-----			Reference	Units
		11:32PM		7:39PM		
GLU BEDSIDE		141 (p) H		163 (p) H	(70-110)	MG/DL
Date Time		-----12/24/2014-----			Reference	Units
		5:19PM		12:16PM		
GLU BEDSIDE		137 (p) H		135 (p) H	(70-110)	MG/DL
Date Time		-----12/24/2014-----			Reference	Units
		11:12AM		8:08AM		
GLU BEDSIDE		151 (p) H		118 (p) H	(70-110)	MG/DL
Date Time		12/24/2014		12/23/2014	Reference	Units
		0:12AM		10:44PM		
GLU BEDSIDE		109 (p)		152 (p) H	(70-110)	MG/DL
Date Time		-----12/23/2014-----			Reference	Units
		4:54PM		11:08AM		
GLU BEDSIDE		167 (p) H		176 (p) H	(70-110)	MG/DL
Date Time		-----12/23/2014-----			Reference	Units
		9:05AM		4:38AM		
GLU BEDSIDE		120 (p) H		135 (p) H	(70-110)	MG/DL
Date Time		12/23/2014		12/22/2014	Reference	Units
		0:38AM		9:18PM		
GLU BEDSIDE		136 (p) H		100 (p)	(70-110)	MG/DL

NOTES: (p) WAS RALS POINT OF CARE
POINT OF CARE INTERFACE

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABDKGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
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Patient: LONG, GYLES #G00557360179 (Continued)

GLUCOSE BY METER (continued)

Date	12/22/2014				
Time	3:20PM	11:27AM	Reference	Units	
GLU BEDSIDE	151 (q) H	105 (q)	(70-110)	MG/DL	

Date	12/22/2014	12/21/2014			
Time	8:00AM	7:53PM	Reference	Units	
GLU BEDSIDE	99 (q)	149 (q) H	(70-110)	MG/DL	

Date	12/21/2014				
Time	4:23PM	11:15AM	Reference	Units	
GLU BEDSIDE	120 (q) H	148 (q) H	(70-110)	MG/DL	

Date	12/21/2014				
Time	7:29AM	4:15AM	Reference	Units	
GLU BEDSIDE	137 (q) H	130 (q) H	(70-110)	MG/DL	

Date	12/21/2014	12/20/2014			
Time	8:17AM	8:45PM	Reference	Units	
GLU BEDSIDE	113 (q) H	132 (q) H	(70-110)	MG/DL	

Date	12/20/2014				
Time	11:34AM	7:31AM	Reference	Units	
GLU BEDSIDE	155 (q) H	134 (q) H	(70-110)	MG/DL	

Date	12/19/2014				
Time	9:05PM	5:16PM	Reference	Units	
GLU BEDSIDE	141 (q) H	168 (q) H	(70-110)	MG/DL	

Date	12/19/2014				
Time	1:13PM	9:01AM	Reference	Units	
GLU BEDSIDE	150 (q) H	143 (q) H	(70-110)	MG/DL	

NOTES: (q) WAS RALS POINT OF CARE
POINT OF CARE INTERFACE

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABEKGJOH

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
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Patient: LONG,GYLES #G00557360179 (Continued)

GLUCOSE BY METER (continued)

Date Time	12/19/2014 5:17AM	12/18/2014 11:54PM	Reference	Units
GLU BEDSIDE	136(r) H	125(r) H (70-110)		MG/DL

Date Time	-----12/18/2014----- 6:54PM	9:55AM	Reference	Units
GLU BEDSIDE	124(r) H	121(r) H (70-110)		MG/DL

Date Time	-----12/17/2014----- 4:21PM	12:07PM	Reference	Units
GLU BEDSIDE	156(r) H	153(r) H (70-110)		MG/DL

Date Time	-----12/17/2014----- 8:29AM	5:05AM	Reference	Units
GLU BEDSIDE	144(r) H	138(r) H (70-110)		MG/DL

Date Time	12/17/2014 1:14AM	12/16/2014 8:59PM	Reference	Units
GLU BEDSIDE	130(r) H	125(r) H (70-110)		MG/DL

Date Time	-----12/16/2014----- 4:22PM	11:46AM	Reference	Units
GLU BEDSIDE	172(r) H	143(r) H (70-110)		MG/DL

Date Time	-----12/16/2014----- 4:53AM	0:53AM	Reference	Units
GLU BEDSIDE	109(r)	122(r) H (70-110)		MG/DL

Date Time	-----12/15/2014----- 8:46PM	4:27PM	Reference	Units
GLU BEDSIDE	121(r) H	145(r) H (70-110)		MG/DL

NOTES: (r) MAS RALS POINT OF CARE
POINT OF CARE INTERFACE

Patient: LONG,GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJ0B

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
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Patient: LONG, GYLES #G00557360179 (Continued)

GLUCOSE BY METER (continued)

Date	12/15/2014			
Time	11:57AM	8:10AM	Reference	Units
GLU BEDSIDE	114 (s) H	103 (s)	(70-110)	MG/DL

Date	12/15/2014	12/14/2014		
Time	3:50AM	9:45PM	Reference	Units
GLU BEDSIDE	95 (s)	144 (s) H	(70-110)	MG/DL

Date	12/14/2014			
Time	4:27PM	12:26PM	Reference	Units
GLU BEDSIDE	127 (s) H	143 (s) H	(70-110)	MG/DL

Date	12/14/2014			
Time	8:08AM	3:34AM	Reference	Units
GLU BEDSIDE	139 (s) H	135 (s) H	(70-110)	MG/DL

Date	12/14/2014	12/13/2014		
Time	0:12AM	8:58PM	Reference	Units
GLU BEDSIDE	151 (s) H	134 (s) H	(70-110)	MG/DL

Date	12/13/2014			
Time	3:58PM	12:05PM	Reference	Units
GLU BEDSIDE	209 (s) H	174 (s) H	(70-110)	MG/DL

Date	12/13/2014			
Time	8:13AM	4:02AM	Reference	Units
GLU BEDSIDE	122 (s) H	148 (s) H	(70-110)	MG/DL

Date	12/13/2014	12/12/2014		
Time	0:07AM	8:38PM	Reference	Units
GLU BEDSIDE	150 (s) H	151 (s) H	(70-110)	MG/DL

NOTES: (s) HAS RALS POINT OF CARE
POINT OF CARE INTERFACE

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
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Patient: LONG,GYLES #G00557360179 (Continued)

GLUCOSE BY METER (continued)

Date						
Time				Reference		Units
		12/12/2014				
		4:03PM	12:57PM			
GLU BEDSIDE	I	182 (t) H	123 (t) H	(70-110)		MG/DL

Date						
Time				Reference		Units
		12/12/2014				
		11:57AM	8:49AM			
GLU BEDSIDE	I	130 (t) H	147 (t) H	(70-110)		MG/DL

Date						
Time				Reference		Units
		12/12/2014				
		7:51AM	4:35AM			
GLU BEDSIDE	I	61 (t) L	75 (t) I	(70-110)		MG/DL

Date						
Time				Reference		Units
		12/12/2014	12/11/2014			
		0:10AM	8:28PM			
GLU BEDSIDE	I	136 (t) H	143 (t) H	(70-110)		MG/DL

Date						
Time				Reference		Units
		12/11/2014				
		3:33PM	11:54AM			
GLU BEDSIDE	I	153 (t) H	146 (t) H	(70-110)		MG/DL

Date						
Time				Reference		Units
		12/11/2014				
		8:11AM	4:04AM			
GLU BEDSIDE	I	147 (t) H	128 (t) H	(70-110)		MG/DL

Date						
Time				Reference		Units
		12/11/2014	12/10/2014			
		0:03AM	7:34PM			
GLU BEDSIDE	I	132 (t) H	133 (t) H	(70-110)		MG/DL

Date						
Time				Reference		Units
		12/10/2014				
		4:00PM	12:21PM			
GLU BEDSIDE	I	156 (t) H	175 (t) H	(70-110)		MG/DL

NOTES: (t) WAS RALS POINT OF CARE
POINT OF CARE INTERFACE

Patient: LONG,GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABDKGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
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Patient: LONG, GYLES #G00557360179 (Continued)

GLUCOSE BY METER (continued)

Date	Time				Reference	Units
		-----12/10/2014-----				
		8:02AM		3:59AM		
GLU BEDSIDE		163 (u) H		134 (u) H	(70-110)	MG/DL

Date	Time				Reference	Units
		-----12/09/2014-----				
		11:48PM		8:05PM		
GLU BEDSIDE		179 (u) H		162 (u) H	(70-110)	MG/DL

Date	Time				Reference	Units
		-----12/09/2014-----				
		4:14PM		11:08AM		
GLU BEDSIDE		137 (u) H		158 (u) H	(70-110)	MG/DL

Date	Time				Reference	Units
		-----12/09/2014-----				
		7:57AM		3:58AM		
GLU BEDSIDE		152 (u) H		108 (u)	(70-110)	MG/DL

Date	Time				Reference	Units
		12/09/2014		12/08/2014		
		0:11AM		7:58PM		
GLU BEDSIDE		156 (u) H		157 (u) H	(70-110)	MG/DL

Date	Time				Reference	Units
		-----12/08/2014-----				
		3:23PM		11:55AM		
GLU BEDSIDE		140 (u) H		144 (u) H	(70-110)	MG/DL

Date	Time				Reference	Units
		-----12/08/2014-----				
		7:44AM		4:27AM		
GLU BEDSIDE		122 (u) H		131 (u) H	(70-110)	MG/DL

Date	Time				Reference	Units
		12/08/2014		12/07/2014		
		0:14AM		7:32PM		
GLU BEDSIDE		175 (u) H		135 (u) H	(70-110)	MG/DL

NOTES: (u) HAS RALS POINT OF CARE
POINT OF CARE INTERFACE

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

GLUCOSE BY METER (continued)

Date	-----12/07/2014-----					
Time	4:12PM	11:59AM	Reference	Units		
GLU BEDSIDE	182 (v) H	153 (v) H	(70-110)	MG/DL		
Date	-----12/07/2014-----					
Time	7:47AM	4:59AM	Reference	Units		
GLU BEDSIDE	152 (v) H	163 (v) H	(70-110)	MG/DL		
Date	12/07/2014 12/06/2014					
Time	1:01AM	7:58PM	Reference	Units		
GLU BEDSIDE	171 (v) H	160 (v) H	(70-110)	MG/DL		
Date	-----12/06/2014-----					
Time	4:58PM	11:45AM	Reference	Units		
GLU BEDSIDE	191 (v) H	181 (v) H	(70-110)	MG/DL		
Date	-----12/06/2014-----					
Time	7:50AM	4:32AM	Reference	Units		
GLU BEDSIDE	176 (v) H	167 (v) H	(70-110)	MG/DL		
Date	-----12/05/2014-----					
Time	11:57PM	7:26PM	Reference	Units		
GLU BEDSIDE	174 (v) H	159 (v) H	(70-110)	MG/DL		
Date	-----12/05/2014-----					
Time	4:25PM	1:27PM	Reference	Units		
GLU BEDSIDE	210 (v) H	188 (v) H	(70-110)	MG/DL		
Date	-----12/05/2014-----					
Time	8:54AM	4:25AM	Reference	Units		
GLU BEDSIDE	177 (v) H	150 (v) H	(70-110)	MG/DL		

NOTES: (v) WAS RALS POINT OF CARE
POINT OF CARE INTERFACE

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HFF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES EG00557360179 (Continued)

GLUCOSE BY METER (continued)

Date Time	12/05/2014 0:50PM	12/04/2014 8:00PM	Reference	Units
GLU BEDSIDE	169 (w) H	187 (w) H	(70-110)	MG/DL

Date Time	12/04/2014 12:00PM	7:58AM	Reference	Units
GLU BEDSIDE	173 (w) H	139 (w) H	(70-110)	MG/DL

Date Time	12/04/2014 6:51AM	12/03/2014 11:53PM	Reference	Units
GLU BEDSIDE	122 (w) H	95 (w)	(70-110)	MG/DL

Date Time	12/03/2014 8:22PM	3:24PM	Reference	Units
GLU BEDSIDE	126 (w) H	177 (w) H	(70-110)	MG/DL

Date Time	12/03/2014 11:53AM	7:19AM	Reference	Units
GLU BEDSIDE	169 (w) H	142 (w) H	(70-110)	MG/DL

Date Time	12/03/2014 3:52AM	12/02/2014 11:26PM	Reference	Units
GLU BEDSIDE	179 (w) H	146 (w) H	(70-110)	MG/DL

Date Time	12/02/2014 7:38PM	3:33PM	Reference	Units
GLU BEDSIDE	210 (w) H	187 (w) H	(70-110)	MG/DL

Date Time	12/02/2014 12:04PM	7:19AM	Reference	Units
GLU BEDSIDE	149 (w) H	216 (w) H	(70-110)	MG/DL

NOTES: (w) HAS RALS POINT OF CARE
POINT OF CARE INTERFACE

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

GLUCOSE BY METER (continued)

Date Time		12/02/2014 3:55AM		12/01/2014 11:52PM	Reference	Units
GLU BEDSIDE		246 (x) H		254 (x) H	(70-110)	MG/DL

Date Time		12/01/2014 8:15PM		3:57PM	Reference	Units
GLU BEDSIDE		197 (x) H		280 (x) H	(70-110)	MG/DL

Date Time		12/01/2014 11:24AM		7:47AM	Reference	Units
GLU BEDSIDE		271 (x) H		255 (x) H	(70-110)	MG/DL

Date Time		12/01/2014 3:13AM		0:22AM	Reference	Units
GLU BEDSIDE		216 (x) H		216 (x) H	(70-110)	MG/DL

Date Time		11/30/2014 7:32PM		3:54PM	Reference	Units
GLU BEDSIDE		203 (x) H		269 (x) H	(70-110)	MG/DL

Date Time		11/30/2014 11:45AM		8:17AM	Reference	Units
GLU BEDSIDE		257 (x) H		247 (x) H	(70-110)	MG/DL

Date Time		11/30/2014 6:48AM		4:21AM	Reference	Units
GLU BEDSIDE		219 (x) H		212 (x) H	(70-110)	MG/DL

Date Time		11/30/2014 2:17AM		11/29/2014 11:56PM	Reference	Units
GLU BEDSIDE		211 (x) H		139 (x) H	(70-110)	MG/DL

NOTES: (x) WAS RALS POINT OF CARE
POINT OF CARE INTERFACE

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJ0B

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

GLUCOSE BY METER (continued)

Date	Time			Reference	Units
	10:17PM	8:07PM			
GLU BEDSIDE	141 (y) H	144 (y) H	{70-110}	MG/DL	

Date	Time			Reference	Units
	6:06PM	4:13PM			
GLU BEDSIDE	159 (y) H	153 (y) H	{70-110}	MG/DL	

Date	Time			Reference	Units
	2:45PM	12:46PM			
GLU BEDSIDE	165 (y) H	188 (y) H	{70-110}	MG/DL	

Date	Time			Reference	Units
	10:20AM	8:21AM			
GLU BEDSIDE	212 (y) H	211 (y) H	{70-110}	MG/DL	

Date	Time			Reference	Units
	6:32AM	4:42AM			
GLU BEDSIDE	209 (y) H	194 (y) H	{70-110}	MG/DL	

Date	Time			Reference	Units
	2:50AM	0:11AM			
GLU BEDSIDE	227 (y) H	191 (y) H	{70-110}	MG/DL	

Date	Time			Reference	Units
	10:15PM	8:08PM			
GLU BEDSIDE	109 (y) I	128 (y) H	{70-110}	MG/DL	

Date	Time			Reference	Units
	5:36PM	3:04PM			
GLU BEDSIDE	172 (y) H	178 (y) H	{70-110}	MG/DL	

NOTES: (y) HAS RALS POINT OF CARE
POINT OF CARE INTERFACE

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG,GYLES #G00557360179 (Continued)

GLUCOSE BY METER (continued)

Date	11/26/2014			
Time	8:00PM	6:22PM	Reference	Units
GLU BEDSIDE	266(ab) H	269(ab) H	(70-110)	MG/DL

Date	11/26/2014			
Time	5:22PM	2:40PM	Reference	Units
GLU BEDSIDE	240(ab) H	227(ab) H	(70-110)	MG/DL

Date	11/26/2014			
Time	12:59PM	12:08PM	Reference	Units
GLU BEDSIDE	190(ab) H	206(ab) H	(70-110)	MG/DL

Date	11/26/2014			
Time	11:26AM	10:21AM	Reference	Units
GLU BEDSIDE	183(ab) H	210(ab) H	(70-110)	MG/DL

Date	11/26/2014			
Time	8:11AM	6:57AM	Reference	Units
GLU BEDSIDE	148(ab) H	157(ab) H	(70-110)	MG/DL

Date	11/26/2014			
Time	6:01AM	5:06AM	Reference	Units
GLU BEDSIDE	155(ab) H	158(ab) H	(70-110)	MG/DL

Date	11/26/2014			
Time	3:58AM	3:03AM	Reference	Units
GLU BEDSIDE	156(ab) H	177(ab) H	(70-110)	MG/DL

Date	11/26/2014			
Time	1:56AM	1:13AM	Reference	Units
GLU BEDSIDE	180(ab) H	211(ab) H	(70-110)	MG/DL

NOTES: (ab) HAS RALS POINT OF CARE
POINT OF CARE INTERFACE

Patient: LONG,GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJ001

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

GLUCOSE BY METER (continued)

Date Time	11/26/2014 0:14AM	11/25/2014 11:04PM	Reference	Units
GLU BEDSIDE	208(ac) H	248(ac) H	(70-110)	MG/DL

Date Time	-----11/25/2014----- 9:53PM	8:54PM	Reference	Units
GLU BEDSIDE	216(ac) H	247(ac) H	(70-110)	MG/DL

Date Time	-----11/25/2014----- 7:47PM	3:13PM	Reference	Units
GLU BEDSIDE	199(ac) H	137(ac) H	(70-110)	MG/DL

Date Time	-----11/25/2014----- 1:29PM	10:02AM	Reference	Units
GLU BEDSIDE	136(ac) H	141(ac) H	(70-110)	MG/DL

Date Time	-----11/25/2014----- 9:04AM	6:10AM	Reference	Units
GLU BEDSIDE	156(ac) H	130(ac) H	(70-110)	MG/DL

Date Time	-----11/25/2014----- 5:03AM	3:32AM	Reference	Units
GLU BEDSIDE	136(ac) H	174(ac) H	(70-110)	MG/DL

Date Time	-----11/25/2014----- 2:24AM	1:24AM	Reference	Units
GLU BEDSIDE	174(ac) H	195(ac) H	(70-110)	MG/DL

Date Time	11/25/2014 0:22AM	11/24/2014 10:44PM	Reference	Units
GLU BEDSIDE	209(ac) H	241(ac) H	(70-110)	MG/DL

NOTES: (ac) HAS RALS POINT OF CARE
POINT OF CARE INTERFACE

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJ08

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

GLUCOSE BY METER (continued)

Date						
Time				Reference		Units
	11/28/2014					
	11:50AM		9:55AM			
GLU BEDSIDE	I	200 (z) H	196 (z) H	(70-110)		MG/DL
	11/28/2014					
	8:11AM		5:58AM			
GLU BEDSIDE	I	191 (z) H	210 (z) H	(70-110)		MG/DL
	11/28/2014					
	4:59AM		3:57AM			
GLU BEDSIDE	I	236 (z) H	232 (z) H	(70-110)		MG/DL
	11/28/2014					
	3:06AM		2:05AM			
GLU BEDSIDE	I	233 (z) H	245 (z) H	(70-110)		MG/DL
	11/28/2014					
	1:02AM		0:00AM			
GLU BEDSIDE	I	209 (z) H	247 (z) H	(70-110)		MG/DL
	11/27/2014					
	11:11PM		9:53PM			
GLU BEDSIDE	I	261 (z) H	267 (z) H	(70-110)		MG/DL
	11/27/2014					
	9:12PM		7:57PM			
GLU BEDSIDE	I	269 (z) H	271 (z) H	(70-110)		MG/DL
	11/27/2014					
	6:46PM		5:50PM			
GLU BEDSIDE	I	238 (z) H	250 (z) H	(70-110)		MG/DL

NOTES: (z) HAS RALS POINT OF CARE
POINT OF CARE INTERFACE

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABDKGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

GLUCOSE BY METER (continued)

Date Time	11/27/2014		Reference	Units
	2:01PM	1:17PM		
GLU BEDSIDE	229(aa) H	227(aa) H	(70-110)	MG/DL
Date Time	11/27/2014		Reference	Units
	11:59AM	10:05AM		
GLU BEDSIDE	221(aa) H	202(aa) H	(70-110)	MG/DL
Date Time	11/27/2014		Reference	Units
	8:38AM	6:57AM		
GLU BEDSIDE	186(aa) H	188(aa) H	(70-110)	MG/DL
Date Time	11/27/2014		Reference	Units
	6:09AM	5:02AM		
GLU BEDSIDE	166(aa) H	191(aa) H	(70-110)	MG/DL
Date Time	11/27/2014		Reference	Units
	4:02AM	3:05AM		
GLU BEDSIDE	144(aa) H	117(aa) H	(70-110)	MG/DL
Date Time	11/27/2014		Reference	Units
	2:01AM	1:02AM		
GLU BEDSIDE	148(aa) H	141(aa) H	(70-110)	MG/DL
Date Time	11/27/2014	11/26/2014	Reference	Units
	0:03AM	11:07PM		
GLU BEDSIDE	166(aa) H	178(aa) H	(70-110)	MG/DL
Date Time	11/26/2014		Reference	Units
	9:59PM	9:05PM		
GLU BEDSIDE	237(aa) H	226(aa) H	(70-110)	MG/DL

NOTES: (aa) WAS RALS POINT OF CARE
POINT OF CARE INTERFACE

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBYGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG,GYLES #G00557360179 (Continued)

GLUCOSE BY METER (continued)

Date Time		-----11/24/2014-----			Reference	Units
GLU BEDSIDE	I	9:11PM 210(ad) H	7:30PM 225(ad) H		(70-110)	MG/DL

Date Time		-----11/24/2014-----			Reference	Units
GLU BEDSIDE	I	5:08PM 270(ad) H	3:07PM 269(ad) H		(70-110)	MG/DL

Date Time		-----11/24/2014-----			Reference	Units
GLU BEDSIDE	I	12:51PM 293(ad) H	3:54AM 330(ad) H		(70-110)	MG/DL

Date Time		-----11/23/2014-----			Reference	Units
GLU BEDSIDE	I	10:57PM 265(ad) H	5:53PM 253(ad) H		(70-110)	MG/DL

Date Time		-----11/23/2014-----			Reference	Units
GLU BEDSIDE	I	7:00AM 229(ad) H	0:53AM 147(ad) H		(70-110)	MG/DL

Date Time		-----11/22/2014-----			Reference	Units
GLU BEDSIDE	I	9:56PM 196(ad) H	6:56PM 175(ad) H		(70-110)	MG/DL

Date Time		11/22/2014 11:35AM	11/21/2014 11:56PM		Reference	Units
GLU BEDSIDE	I	219(ad) H	160(ad) H		(70-110)	MG/DL

NOTES: (ad) HAS RALS POINT OF CARE
POINT OF CARE INTERFACE

Patient: LONG,GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABOKGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES EG00557360179 (Continued)

*** IMMUNOLOGY ***

CARDIAC MARKERS

Date	12/13/2014	12/09/2014		
Time	1:10PM	4:00AM	Reference	Units
CRP, HIGH SENS	95.9(EN) H		(<7.4)	MG/L

(EN) The AHA/CDC hsCRP Cardiac Risk Assessment Guideline for high risk is > 3.0 mg/L. Levels above 10 mg/L should be evaluated for etiologies other than cardiovascular prior to retesting at a later date. Reference Range for evaluation of infection, tissue injury and inflammatory disorders: <7.4 mg/L

CKMB		< 0.5(EX)	(0.0-3.6)	NG/ML

(EX) CKMB may be elevated due to the following conditions:
CARDIAC SKELETAL MUSCLE

AMI	acute skeletal muscle trauma
acute coronary ischemia	vigorous exercise
congestive heart failure	long distance running
angina	other skeletal muscle conditions
other cardiac conditions	

OTHER

renal failure
radiation therapy
other conditions

Comments are computer generated based on test results, and are not reviewed by a pathologist. They are intended to be a diagnostic aid and should not replace the physician's clinical judgment.

RELATIVE% INDEX		(EX)	(<4.1)

(EX) TEST NOT PERFORMED

Date	12/09/2014			
Time	2:25AM	2:25AM	Reference	Units
CRP, HIGH SENS	10.500(ae) H		(0.0-0.3)	mg/dl
TROPONIN-I		< 0.017	(0.00-0.056)	NG/ML

NOTES: (ae) INTEGRATED REGIONAL LAB
INTEGRATED REGIONAL LAB, 5361 N.W.33RD AVE, FORT LAUDERDALE, FL 33309
MARCELINO ALVEREZ, MD, MEDICAL DIRECTOR PHONE: (954) 777-0018

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** IMMUNOLOGY *** (continued)

CARDIAC MARKERS (continued)

Date	Time	12/08/2014	8:50PM	8:50PM	Reference	Units
TROPONIN-I				< 0.017	(0.00-0.056)	NG/ML
CKMB			0.7 (EZ)		(0.0-3.6)	NG/ML

(EZ) CKMB maybe elevated due to the following conditions:

CARDIAC

SKELETAL MUSCLE

AMI	acute skeletal muscle trauma
acute coronary ischemia	vigorous exercise
congestive heart failure	long distance running
angina	other skeletal muscle conditions
other cardiac conditions	

OTHER

renal failure
radiation therapy
other conditions

Comments are computer generated based on test results, and are not reviewed by a pathologist. They are intended to be a diagnostic aid and should not replace the physician's clinical judgment.

RELATIVE% INDEX | 3.6 (FA) | (<4.1)

(FA) The relative percent % index of CKMB may be helpful in differentiating AMI from non-AMI. A low ratio (<4.1) may indicate non-cardiac conditions.

Date	Time	12/01/2014	8:00AM	11/27/2014	3:00AM	Reference	Units
TROPONIN-I					< 0.017	(0.00-0.056)	NG/ML

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABDKGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HEF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** IMMUNOLOGY *** (continued)

CARDIAC MARKERS (continued)

Date Time	12/01/2014 8:00AM	11/27/2014 3:00AM	Reference	Units
CKMB	< 0.5(FB)		(0.0-3.6)	NG/ML

(FB) CKMB maybe elevated due to the following conditions:
CARDIAC SKELETAL MUSCLE

AMI	acute skeletal muscle trauma
acute coronary ischemia	vigorous exercise
congestive heart failure	long distance running
angina	other skeletal muscle conditions
other cardiac conditions	

OTHER

renal failure
radiation therapy
other conditions

Comments are computer generated based on test results, and
are not reviewed by a pathologist. They are intended to be
a diagnostic aid and should not replace the physician's
clinical judgment.

RELATIVE% INDEX | (FC) | | (<4.1)

(FC) TEST NOT PERFORMED

Date Time	11/24/2014 4:42PM	4:42PM	Reference	Units
TROPONIN-I		< 0.017	(0.00-0.056)	NG/ML

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJ08

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** IMMUNOLOGY *** (continued)

CARDIAC MARKERS (continued)

Date	Time	11/24/2014	4:42PM	4:42PM	Reference	Units
CKMB			< 0.5(FD)		{ 0.0-3.6}	NG/ML

(FD) CKMB maybe elevated due to the following conditions:
CARDIAC SKELETAL MUSCLE

AMI	acute skeletal muscle trauma
acute coronary ischemia	vigorous exercise
congestive heart failure	long distance running
angina	other skeletal muscle conditions
other cardiac conditions	

OTHER

renal failure
radiation therapy
other conditions

Comments are computer generated based on test results, and are not reviewed by a pathologist. They are intended to be a diagnostic aid and should not replace the physician's clinical judgment.

RELATIVE INDEX { (FE) { (<4.1)

(FE) TEST NOT PERFORMED

Date	Time	11/24/2014	3:00PM	11/22/2014	5:00AM	Reference	Units
TROPONIN-I				0.089[FF]	CH	{ 0.00-0.056}	NG/ML

(FF) CALLED TROP TO A.CANOV, RN;
BY G.LAB.ALM 11/22/14 0650 RBAV

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** IMMUNOLOGY *** (continued)

CARDIAC MARKERS (continued)

Date	11/24/2014	11/22/2014		
Time	3:00PM	5:00AM	Reference	Units
CKMB	< 0.5 (FG)		(0.0-3.6)	NG/ML

(FG) CKMB maybe elevated due to the following conditions:
CARDIAC SKELETAL MUSCLE

AMI	acute skeletal muscle trauma
acute coronary ischemia	vigorous exercise
congestive heart failure	long distance running
angina	other skeletal muscle conditions
other cardiac conditions	

OTHER

renal failure
radiation therapy
other conditions

Comments are computer generated based on test results, and are not reviewed by a pathologist. They are intended to be a diagnostic aid and should not replace the physician's clinical judgment.

RELATIVE8 INDEX | (FH) | (<4.1)

(FH) TEST NOT PERFORMED

*** ELECTROPHORESIS ***

Date	12/08/2014	11/26/2014		
Time	8:50PM	10:21AM	Reference	Units
IGG	1360 (af)	502 (af)	L (700-1600)	mg/dL
IGA	463.0 (af)	B 148.0 (af)	(70-400)	mg/dL

Date	11/23/2014			
Time	11:06AM		Reference	Units
IGG	402 (af)	L	(700-1600)	mg/dL
IGA	111.0 (af)		(70-400)	mg/dL

NOTES: (af) INTEGRATED REGIONAL LAB
INTEGRATED REGIONAL LAB, 5361 N.W. 33RD AVE, FORT LAUDERDALE, FL 33309
MARCELINO ALVAREZ, MD, MEDICAL DIRECTOR PHONE: (954) 777-0010

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** IMMUNOLOGY ***

ROUTINE IMMUNOLOGY

Date	01/05/2015	12/26/2014		
Time	0:30AM	3:30AM	Reference	Units
PREALBUMIN	12 L	23	(17-42)	NG/DL

Date	12/18/2014	12/08/2014		
Time	2:05AM	8:50PM	Reference	Units
TSH		0.60 (FL)	(0.44-4.47)	

(FL) Test Performed in MicroInternational Units/mL

FERRITIN		2139 HI	(22-322)	NG/ML
PREALBUMIN	19		(17-42)	NG/DL

Date	11/26/2014	11/23/2014		
Time	10:21AM	11:06AM	Reference	Units
T3 FREE	313	185 L	(230-420)	PG/DL
T4 FREE	1.09	0.61 L	(0.89-1.76)	NG/DL
TSH	0.57 (FJ)	0.10 (FJ)	L (0.44-4.47)	

(FJ) Test Performed in MicroInternational Units/mL

FERRITIN	457 HI	(22-322)	NG/ML
IGE	10 (FK)	(0-158)	

(FK) Test Performed in International Units/mL

Date	11/22/2014			
Time	5:00AM		Reference	Units
FERRITIN	356 HI		(22-322)	NG/ML

REFERRED IMMUNOLOGY550.04925

Test	Date	Time	Result	Reference	Units
CEA	11/26/2014	10:21AM	2.4 (FL)		NG/ML

(FL) CEA REFERENCE RANGES:
NON-SMOKER: <4.5 NG/ML
SMOKER: <7.6 NG/ML
PAST SMOKER: <5.2 NG/ML

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** IMMUNOLOGY *** (continued)

REFERRED IMMUNOLOGY (continued)

Test	Date	Time	Result	Reference	Units
CARDIOLIPIN IGA	11/23/2014	11:06AM	3(FM)	(<22)	APL
(FM) Cardiolipin Negative					
CARDIOLIPIN IGG	11/23/2014	11:06AM	4(FN)	(<23)	GEL
(FN) Cardiolipin Negative					
CARDIOLIPIN IGM	11/23/2014	11:06AM	2(FO)	(<11)	MPL
(FO) Cardiolipin Negative					
RAST PEANUT	11/26/2014	10:21AM	<0.10(FP)	(Class 0)	KU/L

(FP)	Levels of Specific IgE	Class	Description of Class
	< 0.10	0	Negative
	0.10 - 0.31	0/I	Equivocal/Low
	0.32 - 0.55	I	Low
	0.56 - 1.40	II	Moderate
	1.41 - 3.90	III	High
	3.91 - 19.00	IV	Very High
	19.01 - 100.00	V	Very High
	>100.00	VI	Very High

See also (ag)

RAST GLUTEN	11/26/2014	10:21AM	<0.10(FQ)	(Class 0)	KU/L

(FQ) Performed At: BN LabCorp Burlington
1447 York Court Burlington, NC 272153361
Hancock William F MD Ph:8007524344
See also (ag)

INFECTIOUS DISEASES

Test	Date	Time	Result	Reference	Units
HSV 1&2 IGG	12/08/2014	8:50PM	3.3(FR)	H (<0.9)	INDEX
(FR) Positive, presumed exposure to HSV type 1 or type 2.					
HERPES 1 IGM	12/08/2014	8:50PM	<1:10(ag)	(<1:10)	titer

NOTES: (ag) LABCORP OF AMERICA AC110513370
Laboratory Corporation of America Director: Arthur Kelly, M.D.
1801 First Avenue, South Birmingham, AL 35233 PH: 800-621-8037
Arthur Kelly, M.D.

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** IMMUNOLOGY *** (continued)

INFECTIOUS DISEASES (continued)

Test	Date	Time	Result	Reference	Units
HERPES 2 IGM	12/08/2014	8:50PM	<1:10(FS)	(<1:10)	titer

(FS) HSV 1 and HSV 2 share many cross-reacting antigens. Elevated titers to both HSV 1 and HSV 2 may represent crossreactive HSV antibodies rather than exposure to both HSV 1 and HSV 2. Results for this test are for research purposes only by the assay's manufacturer. The performance characteristics of this product have not been established. Results should not be used as a diagnostic procedure without confirmation of the diagnosis by another medically established diagnostic product or procedure.
Performed At: EN LabCorp Burlington
1447 York Court Burlington, NC 272153361
Hancock William F MD Ph:8007624344
See also (ah)

Microbiology Specimen Summary

Col	Date	Time	Specimen #	Source	Sp Desc	P/F	Organisms ...
>	01/05/15	1400	15:AG:B0000570R	STOOL	FORMED	F	<none>
>	12/17/14	1445	14:AG:B0040771U	BLOOD	OTHER	F	<none>
>	12/17/14	1410	14:AG:B0040765U	BLOOD	OTHER	F	<none>
>	12/17/14	1230	14:AG:B0048752U	BLOOD	OTHER	F	<none>
>	12/16/14	1855	14:AG:B0040631S	STOOL		F	<none>
>	12/10/14	1335	14:AG:B0047649R	BRO. BRUSH	RT LOW LBE	F	B CEPACIA, C ALBICANS, S MALTOPH
>	12/10/14	1335	14:AG:F0001002R	BRON WASH	RT LOW LBE	F	YSTNOTCRYP
>	12/10/14	1335	14:AG:V0002196R	BRON WASH	RT LOW LBE	F	<none>
>	12/04/14	1646	14:AG:B0046776R	THIGH	LEFT	F	S MALTOPH
>	12/04/14	1611	14:AG:B0046769R	THIGH	RIGHT	F	S MALTOPH
>	12/01/14	1330	14:AG:B0046207R	CENTRL TIP	CATHETER	F	<none>
>	12/01/14	0526	14:AG:B0046142R	BLOOD	CENTRAL LI	F	<none>
>	12/01/14	0510	14:AG:B0046141R	BLOOD	CENTRAL LI	F	<none>
>	11/28/14	1130	14:AG:B0045819R	BRO. BRUSH	RT MID LOB	F	B CEPACIA, S MALTOPH
>	11/28/14	1130	14:AG:B0045820R	BRONCH LAV	RT MID LOB	F	B CEPACIA, S MALTOPH
>	11/28/14	1130	14:AG:B0045821R	BRON WASH		F	B CEPACIA, S MALTOPH
>	11/28/14	1130	14:AG:F0000973R	BRONCH LAV	RT MID LOB	F	<none>
>	11/28/14	1130	14:AG:F0000974R	BRON WASH	RT LOW LBE	F	<none>
>	11/28/14	1130	14:AG:V0002029R	BRONCH LAV	RT MID LOB	F	<none>
>	11/28/14	1130	14:AG:V0002030R	BRON WASH	RT LOW LBE	F	<none>
>	11/23/14	1025	14:AG:B0045178U	URINE	FOLEY	F	<none>
>	11/23/14	1015	14:AG:B0045177U	BLOOD	ARTLINE	F	<none>
>	11/23/14	1005	14:AG:B0045176U	BLOOD	CENTRAL LI	F	<none>
>	11/23/14	0335	14:AG:B0045158R	BLOOD	CENTRAL LI	F	<none>
>	11/23/14	0330	14:AG:B0045157R	BLOOD	ARTLINE	F	<none>
>	11/22/14	1450	14:AG:B0045117R	BRONCH LAV	RT MID LOB	F	<none>
>	11/22/14	1450	14:AG:B0045118R	BRON WASH		F	B SPEC NA
>	11/22/14	1450	14:AG:F0000960R	BRONCH LAV	RT MID LOB	F	<none>

NOTES: (ah) LABCORP OF AMERICA AC#10513370

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(Continued)

Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJ08

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

Laboratory Corporation of America Director: Arthur Kelly, M.D.
1801 First Avenue, South Birmingham, AL 35233 PH: 800-621-8037
Arthur Kelly, M.D.

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJ00B

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

Microbiology Specimen Summary

Col	Date	Time	Specimen #	Source	Sp Desc	P/F	Organisms ...
>	11/22/14	1450	14:AG:F0000961R	BRON WASH	RT LOW LBE	F	<none>
>	11/22/14	1445	14:AG:B0045116R	BRO. BRUSH	RT LOW LBE	F	<none>
>	11/22/14	0900	14:AG:B0045058R	ABDOMINAL	SWAB	F	STASNA
>	11/22/14	0900	14:AG:B0045059R	URINE	FOLEY	F	<none>
>	11/21/14	1815	14:AG:B0044946S	BLOOD	ARTLINE	F	<none>
>	11/21/14	1810	14:AG:B0044945S	URINE	FOLEY	F	<none>
>	11/21/14	1750	14:AG:B0044942S	BLOOD	CENTRAL LI	F	<none>
>	11/21/14	1645	14:AG:B0045009R	LEG	LEFT	F	<none>
>	11/21/14	1645	14:AG:B0045010R	TIBIA	LEFT	F	S PLYMUTHI

*** MICROBIOLOGY ***

ROUTINE MICROBIOLOGY

14:AG:B0044945S COMP, Coll: 11/21/14-1810 Recd: 11/21/14-1937 (R#05418006) Shaver, Joseph R
Source: URINE Spec Desc: FOLEY

Ordered: URINE CUL

URINE CULTURE

Final 11/23/14
NO GROWTH AFTER 48 HOURS

REPORT DATE: 11/23/14 TIME: 0909

URINE CULTURE

Preliminary (PREVIOUS RPT)
NO GROWTH

REPORT DATE: 11/22/14 TIME: 0845

14:AG:B0045009R COMP, Coll: 11/21/14-1645 Recd: 11/21/14-2038 (R#05418218) Mullins, Robert
Source: LEG Spec Desc: LEFT

Ordered: WOUND CUL

Comment: Comments to phlebotomist: LEFT THIGH

GRAM STAIN

Final 11/22/14
NO PUS CELLS SEEN
NO ORGANISMS SEEN

REPORT DATE: 11/22/14 TIME: 1421

WOUND CULTURE

Final 11/23/14
NO GROWTH AFTER 48 HOURS

REPORT DATE: 11/23/14 TIME: 0927

WOUND CULTURE

Preliminary (PREVIOUS RPT)
NO GROWTH

REPORT DATE: 11/22/14 TIME: 1441

14:AG:B0045010R COMP, Coll: 11/21/14-1645 Recd: 11/21/14-2037 (R#05418218) Mullins, Robert
Source: TIBIA Spec Desc: LEFT

Ordered: WOUND CUL

Comment: Comments to phlebotomist: LEFT LOWER LEG

GRAM STAIN

Final 11/22/14
FEW PUS CELLS SEEN
RARE GRAM NEGATIVE BACILLI

REPORT DATE: 11/22/14 TIME: 1421

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** MICROBIOLOGY *** (continued)

ROUTINE MICROBIOLOGY (continued)

14:AG:B0045010R COMP, Coll: 11/21/14-1645 Recd: 11/21/14-2037 (R#05418218) Mullins, Robert

Source: TIBIA Spec Desc: LEFT

Ordered: WOUND CUL

Comment: Comments to phlebotomist: LEFT LOWER LEG

WOUND CULTURE

Final 11/23/14

REPORT DATE: 11/23/14 TIME: 0931

Organism 1

SERRATIA PLYMUTHICA

QUANTITATION

2+

SUSCEPTIBILITY REPORT AVAILABLE.

1. SERRATIA PLYMUTHICA

RX may vary depending on target, route, and dose

	TARGET ROUTE DOSE	MIC	INTER	COST
TETRACYCLINE	SYSTM PO 250-500 MG Q6H	<4	S	\$
TRIMETH/SULFA	SYSTM PO 1-2 TABLETS Q12H	<2/38	S	\$
	IV 2.5 MG/KG Q6H		S	\$
TIGECYCLINE	SYSTM IV 50 MG Q12H	<1	S	\$\$\$\$\$
AMPICILLIN	SYSTM PO 250-500 MG Q6H	>16	R	\$
	IV 1-2 GM Q4-6H		R	\$
GENTAMICIN	SYSTM IV 1-1.5 MG/KG Q8H	<4	S	\$
CEFAZOLIN	SYSTM IV 1.0-2.0 GM Q8H	>16	R	\$
TOBRAMYCIN	SYSTM IV 1-1.5 MG/KG Q8H	<4	S	\$\$\$
CEFUROXIME PARENTAL	SYSTM PO 250-500 MG Q12H	16	I	\$
	IM/IV 0.75-1.5 GM Q8H		I	\$\$\$
CEFOTAXIME	SYSTM IV 1.0-2.0 GM Q8-12H	<2	S	\$\$\$
CEFTAZIDIME	SYSTM IM/IV 1.0-2.0 GM Q8-12H	4	S	\$\$\$\$
AMIKACIN	SYSTM IM/IV 7.5 MG/KG Q12H	<16	S	\$\$\$\$
LEVOFLOXACIN	SYSTM PO 500 MG DAILY	<2	S	\$\$\$\$
CELEPINE	SYSTM IV 1.0-2.0 GM Q12H	<4	S	\$\$\$\$
AMP/SULBACTAM	SYSTM IV 1.5-3.0 GM Q6H	16/8	I	\$\$\$\$\$
CEFTRIAXONE	SYSTM IV 1.0-2.0 GM Q24H	<8	S	\$\$\$\$\$
PIPERACILLIN/TAZOBACTAM	SYSTM IV 2.0-3.0 GM Q4-6H	<16	S	\$\$\$\$\$
AZTREONAM	SYSTM IV 1.0-2.0 GM Q8H	8	S	\$\$\$\$\$
MEROPENEM	SYSTM IV 1GM Q8H	<1	S	\$\$\$\$\$
DORIPENEM	SYSTM IV 500 MG Q8H	<0.5	S	\$\$\$\$\$
ERTAPENEM	SYSTM IV 1 GM Q DAY	<1	S	\$\$\$\$\$

Patient: LONG, GYLES

Age/Sex: 55/M

Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** MICROBIOLOGY *** (continued)

ROUTINE MICROBIOLOGY (continued)

14:AG:B0045010R COMP, Coll: 11/21/14-1645 Recd: 11/21/14-2037 (R#05418218) Mullins, Robert

Source: TIBIA Spec Desc: LEFT

Ordered: WOUND CUL

Comment: Comments to phlebotomist: LEFT LOWER LEG

WOUND CULTURE

REPORT DATE: 11/23/14 TIME: 0931

S - Susceptible I - Intermediate R - Resistant
Blank - Data not available, or drug not advisable or tested
ESBL - Extended Spectrum Beta-Lactamase
BLAC - Beta Lactamase Positive
MIC - mcg/ml (mg/L)
TEG - Thymidine-Dependent Strain
R* - Resistance due to extended spectrum beta-lactamase (ESBL).
EBL? - Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases.
IB - Inducible Beta-lactamase. Appears in place of "Susceptible" with species known to possess inducible beta-lactamases; potentially they may become resistant to all beta-lactam drugs. Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs.

For blood and CSF isolates, a b-lactamase test is recommended for Enterococcus species.

- a) Use maximum doses of drugs with an aminoglycoside for *P. aeruginosa* in patients with granulocytopenia or serious infections.
- b) Breakpoints based on parenteral dose. For Cefuroxime axetil (PO) breakpoints for Enterobacteriaceae and staphylococci are <8-S, 8-16-I, >16-R and for *S. pneumoniae* are <2-S, 2-I, >2-R.
- c) Refer to the penicillin interpretation when an interpretation is not reported for Streptococci.
- d) Refer to the penicillin interpretation for non beta-lactamase producing enterococci.
- e) Breakpoints are based on *S. pneumoniae* isolated from patients with meningitis. Breakpoints are <2-S, 2-I, >2-R for non-meningitis infections.

* Interpretations based on approx. adult attainable systemic/urine levels, except drugs with <3 dilutions, which print NCCLS. Doses are guidelines; consider weight and renal/hepatic function. Urine interpretation for lower UTI only.

** Interpretations based on NCCLS M100-S9 Jan 99. Sparfloxacin (for Gram Negative Isolates) and moxifloxacin are based on FDA approved breakpoints.

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJ08

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HFF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** MICROBIOLOGY *** (continued)

ROUTINE MICROBIOLOGY (continued)

14:AG:B0045010R COMP, Coll: 11/21/14-1615 Recd: 11/21/14-2037 (R#05418218) Mullins, Robert

Source: TIBIA Spec Desc: LEFT

Ordered: WOUND CUL

Comment: Comments to phlebotomist: LEFT LOWER LEG

WOUND CULTURE

Organism 1

QUANTITATION

Preliminary (PREVIOUS RPT)

SERRATIA PLYMUTHICA

2+

SUSCEPTIBILITY REPORT AVAILABLE.

REPORT DATE: 11/23/14 TIME: 0655

1. SERRATIA PLYMUTHICA

RX may vary depending on target, route, and dose

	TARGET ROUTE DOSE	MIC	ENTER COST
TETRACYCLINE	SYSTM PO 250-500 MG Q6H	<4	S \$
TRIMETH/SULFA	SYSTM PO 1-2 TABLETS Q12H	<2/38	S \$
	IV 2.5 MG/KG Q6H		S \$
TIGECYCLINE	SYSTM IV 50 MG Q12H	<1	S \$\$\$\$
AMPICILLIN	SYSTM PO 250-500 MG Q6H	>16	R \$
	IV 1-2 GM Q4-6H		R \$
GENTAMICIN	SYSTM IV 1-1.5 MG/KG Q8H	<4	S \$
CEFAZOLIN	SYSTM IV 1.0-2.0 GM Q8H	>16	R \$\$
TOBRAMYCIN	SYSTM IV 1-1.5 MG/KG Q8H	<4	S \$\$\$
CEFUROXIME PARENTAL	SYSTM PO 250-500 MG Q12H	16	I \$\$
	IM/IV 0.75-1.5 GM Q8H		I \$\$\$
CEFOTAXIME	SYSTM IV 1.0-2.0 GM Q8-12H	<2	S \$\$\$
CEFTAZIDIME	SYSTM IM/IV 1.0-2.0 GM Q8-12H	4	S \$\$\$\$
AMIKACIN	SYSTM IM/IV 7.5 MG/KG Q12H	<16	S \$\$\$\$
LEVOFLOXACIN	SYSTM PO 500 MG DAILY	<2	S \$\$\$\$
CEFEPIME	SYSTM IV 1.0-2.0 GM Q12H	<4	S \$\$\$\$
AMF/SULBACTAM	SYSTM IV 1.5-3.0 GM Q6H	16/8	I \$\$\$\$
CEFTRIAXONE	SYSTM IV 1.0-2.0 GM Q24H	<0	S \$\$\$\$
PIPERACILLIN/TAZOBACTAM	SYSTM IV 2.0-3.0 GM Q4-6H	<16	S \$\$\$\$
AZTREONAM	SYSTM IV 1.0-2.0 GM Q8H	8	S \$\$\$\$
MEROPENEM	SYSTM IV 1GM Q8H	<1	S \$\$\$\$
DORIPENEM	SYSTM IV 500 MG Q8H	<0.5	S \$\$\$\$
ERTAPENEM	SYSTM IV 1 GM Q DAY	<1	S \$\$\$\$

Patient: LONG, GYLES

Age/Sex: 55/M

Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15 DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
RUN TIME: 0203 MEDICAL DIRECTOR - STEPHEN ADAMS, DO
RUN USER: LABBKJGJOB HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** MICROBIOLOGY *** (continued)

ROUTINE MICROBIOLOGY (continued)

14:AG:80045010R COMP, Coll: 11/21/14-1645 Recd: 11/21/14-2037 (R#05418218) Mullins, Robert

Source: TIBIA Spec Desc: LEFT

Ordered: WOUND CUL

Comment: Comments to phlebotomist: LEFT LOWER LEG

WOUND CULTURE

REPORT DATE: 11/23/14 TIME: 0655

S= Susceptible I = Intermediate R = Resistant
Blank= Data not available, or drug not advisable or tested

ESBL = Extended Spectrum Beta-Lactamase

BLAC = Beta Lactamase Positive

MIC = mcg/ml (mg/L)

TEG = Thymidine-Dependent Strain

R* = Resistance due to extended spectrum beta-lactamase (ESBL).

EBL? = Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases.

IB = Inducible Beta-lactamase. Appears in place of "Susceptible" with species known to possess inducible beta-lactamases; potentially they may become resistant to all beta-lactam drugs. Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs.

For blood and CSF isolates, a b-lactamase test is recommended for Enterococcus species.

- a) Use maximum doses of drugs with an aminoglycoside for *P. aeruginosa* in patients with granulocytopenia or serious infections.
 - b) Breakpoints based on parenteral dose. For Cefuroxime axetil (PO) breakpoints for Enterobacteriaceae and staphylococci are <8-S, 8-16-I, >16-R and for *S. pneumoniae* are <2-S, 2-I, >2-R.
 - c) Refer to the penicillin interpretation when an interpretation is not reported for Streptococci.
 - d) Refer to the penicillin interpretation for non beta-lactamase producing enterococci.
 - e) Breakpoints are based on *S. pneumoniae* isolated from patients with meningitis. Breakpoints are <2-S, 2-I, >2-R for non-meningitis infections.
- * Interpretations based on approx. adult attainable systemic/urine levels, except drugs with <3 dilutions, which print NCCLS. Doses are guidelines; consider weight and renal/hepatic function. Urine interpretation for lower UTI only.
- ** Interpretations based on NCCLS M100-S9 Jan 99. Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approved breakpoints.

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG,GYLES #G00557360179 (Continued)

*** MICROBIOLOGY *** (continued)

ROUTINE MICROBIOLOGY (continued)

14:AG:B0045010R COMP, Coll: 11/21/14-1645 Recd: 11/21/14-2037 (R#05418218) Mullins,Robert

Source: TIBIA Spec Desc: LEFT

Ordered: WOUND CUL

Comment: Comments to phlebotomist: LEFT LOWER LEG

WOUND CULTURE

Preliminary (PREVIOUS RPT)

REPORT DATE:11/22/14 TIME:0854

Organism 1

GRAM NEGATIVE ROD

QUANTITATION

2+

ID AND SUSCEPTIBILITY REPORT TO FOLLOW.

14:AG:B0045050R COMP, Coll: 11/22/14-0900 Recd: 11/22/14-0910 (R#05418726) Shaver,Joseph R

Source: ABDOMINAL Spec Desc: SWAB

Ordered: WOUND CUL

GRAM STAIN

Final 11/22/14

REPORT DATE:11/22/14 TIME:1249

RARE WHITE BLOOD CELLS

NO ORGANISMS SEEN

WOUND CULTURE

Final 11/25/14

REPORT DATE:11/25/14 TIME:0845

Organism 1

STAPH SPECIES NOT AUREUS

QUANTITATION

1+

WOUND CULTURE

Preliminary (PREVIOUS RPT)

REPORT DATE:11/24/14 TIME:0934

Organism 1

STAPH SPECIES NOT AUREUS

QUANTITATION

1+

WOUND CULTURE

Preliminary (PREVIOUS RPT)

REPORT DATE:11/23/14 TIME:1130

NO GROWTH

14:AG:B0045059R COMP, Coll: 11/22/14-0900 Recd: 11/22/14-0910 (R#05418726) Shaver,Joseph R

Source: URINE Spec Desc: FOLEY

Ordered: URINE CUL

URINE CULTURE

Final 11/24/14

REPORT DATE:11/24/14 TIME:0650

NO GROWTH AFTER 48 HOURS

URINE CULTURE

Preliminary (PREVIOUS RPT)

REPORT DATE:11/23/14 TIME:0855

NO GROWTH

14:AG:B0045116R COMP, Coll: 11/22/14-1445 Recd: 11/22/14-1834 (R#05419060) Shaver,Joseph R

Source: BRO. BRUSH Spec Desc: RT LOW LBE

Ordered: BR BRUSH PR CUL

Comment: Collected by nurse: NO

GRAM STAIN

Final 11/22/14

REPORT DATE:11/22/14 TIME:2330

NO PUS CELLS SEEN

NO ORGANISMS SEEN

BRONCH BRUSH PROTECTED CULTURE

Final 11/24/14

REPORT DATE:11/24/14 TIME:0732

NO GROWTH AFTER 48 HOURS

Patient: LONG,GYLES

Age/Sex: 55/M

Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKGJ0B

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG,GYLES #G00557360179 (Continued)

*** MICROBIOLOGY *** (continued)

ROUTINE MICROBIOLOGY (continued)

14:AG:B0045116R COMP, Coll: 11/22/14-1445 Recd: 11/22/14-1834 (R#05419060) Shaver, Joseph R

Source: BRO. BRUSH Spec Desc: RT LOW LBE

Ordered: BR BRUSH PR CUL

Comment: Collected by nurse: NO

BRONCH BRUSH PROTECTED CULTURE

Preliminary (PREVIOUS RPT)
NO GROWTH

REPORT DATE:11/23/14 TIME:0852

14:AG:B0045117R COMP, Coll: 11/22/14-1450 Recd: 11/22/14-1835 (R#05419060) Shaver, Joseph R

Source: BRONCH LAV Spec Desc: RT MID LOB

Ordered: BR LAVAGE CUL

GRAM STAIN

Final 11/22/14
NO PUS CELLS SEEN
NO ORGANISMS SEEN

REPORT DATE:11/22/14 TIME:2331

BRONCHIAL LAVAGE CULTURE

Final 11/24/14
NO GROWTH AFTER 48 HOURS

REPORT DATE:11/24/14 TIME:0732

BRONCHIAL LAVAGE CULTURE

Preliminary (PREVIOUS RPT)
NO GROWTH

REPORT DATE:11/23/14 TIME:0851

14:AG:B0045118R COMP, Coll: 11/22/14-1450 Recd: 11/22/14-1835 (R#05419060) Shaver, Joseph R

Source: BRON WASH Spec Desc:

Ordered: BR WASH CUL

GRAM STAIN

Final 11/22/14
RARE PUS CELLS SEEN
NO ORGANISMS SEEN

REPORT DATE:11/22/14 TIME:2331

BRONCHIAL WASHING CULTURE

Final 11/24/14

REPORT DATE:11/24/14 TIME:0733

Organism 1
QUANTITATION

BACILLUS SPECIES NOT ANTHRACIS
1+

BRONCHIAL WASHING CULTURE

Preliminary (PREVIOUS RPT)

REPORT DATE:11/23/14 TIME:0853

Organism 1
QUANTITATION

BACILLUS SPECIES NOT ANTHRACIS
1+

14:AG:B0045178U COMP, Coll: 11/23/14-1025 Recd: 11/23/14-1034 (R#05419707) Shaver, Joseph R

Source: URINE Spec Desc: FOLEY

Ordered: URINE CUL

URINE CULTURE

Final 11/25/14
NO GROWTH AFTER 48 HOURS

REPORT DATE:11/25/14 TIME:0748

URINE CULTURE

Preliminary (PREVIOUS RPT)
NO GROWTH

REPORT DATE:11/24/14 TIME:0726

Patient: LONG,GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15 DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909 PAGE 116
RUN TIME: 0203 MEDICAL DIRECTOR - STEPHEN ADAMS, DO
RUN USER: LABKGGJOB HPF LAB Discharge Summary Report w/o Pathology

Patient: LONG,GYLES #G00557360179 (Continued)

*** MICROBIOLOGY *** (continued)

ROUTINE MICROBIOLOGY (continued)

14:AG:B0045819R COMP, Coll: 11/28/14-1130 Recd: 11/28/14-1133 (R#05424706) Shaver, Joseph R
Source: BRO. BRUSH Spec Desc: RT MID LOB
Ordered: BR BRUSH PR CUL
Comment: Collected by nurse: NO
Nurses initials: EMM

GRAM STAIN

Final 11/28/14
FEW PUS CELLS
NO ORGANISMS SEEN

REPORT DATE:11/28/14 TIME:1228

BRONCH BRUSH PROTECTED CULTURE

Organism 1
QUANTITATION

Final 12/01/14
BURKHOLDERIA (?) CEPACIA
3+
SUSCEPTIBILITY REPORT AVAILABLE.
STENOTROPHOMONAS (X) MALTOPHIL
TRACE
SUSCEPTIBILITY REPORT AVAILABLE.

REPORT DATE:12/01/14 TIME:0739

Organism 2
QUANTITATION

REFER TO BRONCHIAL WASH CULTURE FOR MIC.

BRONCH BRUSH PROTECTED CULTURE

Organism 1
QUANTITATION

Preliminary (PREVIOUS RPT)
BURKHOLDERIA (?) CEPACIA
3+
SUSCEPTIBILITY REPORT AVAILABLE.

REPORT DATE:11/30/14 TIME:0713

REFER TO BRONCHIAL WASH CULTURE FOR MIC.

BRONCH BRUSH PROTECTED CULTURE

Organism 1
QUANTITATION

Preliminary (PREVIOUS RPT)
GRAM NEGATIVE ROD
3+
ID AND SUSCEPTIBILITY REPORT TO FOLLOW.

REPORT DATE:11/29/14 TIME:0746

14:AG:B0045820R COMP, Coll: 11/28/14-1130 Recd: 11/28/14-1133 (R#05424706) Shaver, Joseph R
Source: BRONCH LAV Spec Desc: RT MID LOB
Ordered: BR LAVAGE CUL
GRAM STAIN

Final 11/28/14
FEW PUS CELLS
NO ORGANISMS SEEN

REPORT DATE:11/28/14 TIME:1229

BRONCHIAL LAVAGE CULTURE

Organism 1
COLONY COUNT:

Final 12/01/14
BURKHOLDERIA (?) CEPACIA
GREATER THAN 100,000 COL/ML
SUSCEPTIBILITY REPORT AVAILABLE.
STENOTROPHOMONAS (X) MALTOPHIL
5,000 COL/ML
SUSCEPTIBILITY REPORT AVAILABLE.

REPORT DATE:12/01/14 TIME:0733

Organism 2
COLONY COUNT:

REFER TO BRONCHIAL WASH CULTURE FOR MIC.

Patient: LONG,GYLES Age/Sex: 55/M Acct:#G00557360179 Unit#G000808204

RUN DATE: 01/10/15 DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909 PAGE 117
 RUN TIME: 0203 MEDICAL DIRECTOR - STEPHEN ADAMS, DO
 RUN USER: LABBKGJOB HPF LAB Discharge Summary Report w/o Pathology

Patient: LONG,GYLES #G00557360179 (Continued)

*** MICROBIOLOGY *** (continued)

ROUTINE MICROBIOLOGY (continued)

14:AG:80045820R COMP, Coll: 11/28/14-1130 Recd: 11/28/14-1133 (R#05424706) Shaver, Joseph R
 Source: BRONCH LAV Spec Desc: RT MID LOB
 Ordered: BR LAVAGE CUL

BRONCHIAL LAVAGE CULTURE Preliminary [PREVIOUS RPT] REPORT DATE:11/30/14 TIME:0712

Organism 1 BURKHOLDERIA (P) CEPACIA
 COLONY COUNT: GREATER THAN 100,000 COL/ML
 SUSCEPTIBILITY REPORT AVAILABLE.

REFER TO BRONCHIAL WASH CULTURE FOR MIC.

BRONCHIAL LAVAGE CULTURE Preliminary [PREVIOUS RPT] REPORT DATE:11/29/14 TIME:0746

Organism 1 GRAM NEGATIVE ROD
 COLONY COUNT: GREATER THAN 100,000 COL/ML
 ID AND SUSCEPTIBILITY REPORT TO FOLLOW.

14:AG:80045821R COMP, Coll: 11/28/14-1130 Recd: 11/28/14-1133 (R#05424706) Shaver, Joseph R
 Source: BRON WASH Spec Desc:
 Ordered: BR WASH CUL
 Comment: Comments: RLL

GRAM STAIN Final 11/28/14 REPORT DATE:11/28/14 TIME:1229
 FEW PUS CELLS
 NO ORGANISMS SEEN

BRONCHIAL WASHING CULTURE Final 12/01/14 REPORT DATE:12/01/14 TIME:0732

Organism 1 BURKHOLDERIA (P) CEPACIA
 QUANTITATION 4+
 SUSCEPTIBILITY REPORT AVAILABLE.
 Organism 2 STENOTROPHOMONAS (X) MALTOPHIL
 QUANTITATION 2+
 SUSCEPTIBILITY REPORT AVAILABLE.

B CEPACIA INTERP	S MALTOPH INTERP
S	S
S	R
S	S
S	

TRIMETH/SULFA
 CEFTAZIDIME
 LEVOPLOXACIN
 MEROPENEM

1. BURKHOLDERIA (P) CEPACIA

RX may vary depending on target, route, and dose

	TARGET ROUTE DOSE	MIC	INTER	COST
TRIMETH/SULFA	SYSTEMC PO 1-2 TABLETS Q12H	<2/38	S	\$
	IV 2.5 MG/KG Q6H		S	\$
CEFTAZIDIME	SYSTEMC IM/IV 1.0-2.0 GM Q8-12H	8	S	\$\$\$\$
LEVOPLOXACIN	SYSTEMC PO 500 MG DAILY	<2	S	\$\$\$\$
MEROPENEM	SYSTEMC IV 1GM Q8H	<1	S	\$\$\$\$\$

Patient: LONG,GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABDKGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
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Patient: LONG, GYLES #G00557360179 (Continued)

*** MICROBIOLOGY *** (continued)

ROUTINE MICROBIOLOGY (continued)

14:AG:BQ045821R COMP, Coll: 11/28/14-1130 Recd: 11/28/14-1133 (R#05424706) Shaver, Joseph R

Source: BRON WASH Spec Desc:

Ordered: BR WASH CUL

Comment: Comments: RLL

BRONCHIAL WASHING CULTURE

REPORT DATE: 12/01/14 TIME: 0732

2. STENOTROPHOMONAS (X) MALTOPHIL

RX may vary depending on target, route, and dose

	TARGET ROUTE DOSE	MIC	INTER	COST
TRIMETH/SULFA	SYSTM C PO 1-2 TABLETS Q12H	<2/38	S	\$
	IV 2.5 MG/KG Q6H		S	\$
CEFTAZIDIME	SYSTM C IM/IV 1.0-2.0 GM Q8-12H	>16	R	\$\$\$\$
LEVOFLOXACIN	SYSTM C PO 500 MG DAILY	<2	S	\$\$\$\$

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
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Patient: LONG, GYLES #G00557360179 (Continued)

*** MICROBIOLOGY *** (continued)

ROUTINE MICROBIOLOGY (continued)

14:AG:80045821R COMP, Coll: 11/28/14-1130 Recd: 11/28/14-1133 (R#05424706) Shaver, Joseph R

Source: BRON WASH Spec Desc:

Ordered: BR WASH CUL

Comment: Comments: RLL

BRONCHIAL WASHING CULTURE

REPORT DATE: 12/01/14 TIME: 0732

S = Susceptible I = Intermediate R = Resistant
Blank = Data not available, or drug not advisable or tested

ESBL = Extended Spectrum Beta-Lactamase

BLAC = Beta Lactamase Positive

MIC = mcg/ml (mg/L)

TEG = Thymidine-Dependent Strain

R* = Resistance due to extended spectrum beta-lactamase (ESBL).

EBL? = Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases.

IB = Inducible Beta-lactamase. Appears in place of "Susceptible" with species known to possess inducible beta-lactamases; potentially they may become resistant to all beta-lactam drugs. Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs.

For blood and CSF isolates, a b-lactamase test is recommended for Enterococcus species.

- a) Use maximum doses of drugs with an aminoglycoside for *P. aeruginosa* in patients with granulocytopenia or serious infections.
- b) Breakpoints based on parenteral dose. For Cefuroxime axetil (PO) breakpoints for Enterobacteriaceae and staphylococci are <8-S, 8-16-I, >16-R and for *S. pneumoniae* are <2-S, 2-I, >2-R.
- c) Refer to the penicillin interpretation when an interpretation is not reported for Streptococci.
- d) Refer to the penicillin interpretation for non beta-lactamase producing enterococci.
- e) Breakpoints are based on *S. pneumoniae* isolated from patients with meningitis. Breakpoints are <2-S, 2-I, >2-R for non-meningitis infections.

* Interpretations based on approx. adult attainable systemic/urine levels, except drugs with <3 dilutions, which print NCCLS. Doses are guidelines; consider weight and renal/hepatic function. Urine interpretation for lower UTI only.

** Interpretations based on NCCLS M100-S9 Jan 99. Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approved breakpoints.

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
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Patient: LONG,GYLES #G00557360179 (Continued)

*** MICROBIOLOGY *** [continued]

ROUTINE MICROBIOLOGY (continued)

14:AG:80045821R COMP, Coll: 11/28/14-1130 Recd: 11/28/14-1133 (R#05424706) Shaver, Joseph R

Source: BRON WASH Spec Desc:

Ordered: BR WASH CUL

Comment: Comments: RLL

BRONCHIAL WASHING CULTURE

Preliminary (PREVIOUS RET)

REPORT DATE:12/01/14 TIME:0649

Organism 1
QUANTITATION

BURKHOLDERIA (P) CEPACIA

4+

SUSCEPTIBILITY REPORT AVAILABLE.

Organism 2
QUANTITATION

STENOTROPHOMONAS (X) MALTOPHIL

2+

SUSCEPTIBILITY REPORT AVAILABLE.

	B CEPACIA INTERP	S MALTOPH INTERP

TRIMETH/SULFA
CEFTAZIDIME
LEVOFLOXACIN
MEROPENEM

S
S
S
S

S
R
S
S

1. BURKHOLDERIA (P) CEPACIA

RX may vary depending on target, route, and dose

	TARGET	ROUTE	DOSE	MIC	INTER	COST
TRIMETH/SULFA	SYSTEMC	PO	1-2 TABLETS Q12H	<2/38	S	\$
		IV	2.5 MG/KG Q6H		S	\$
CEFTAZIDIME	SYSTEMC	IM/IV	1.0-2.0 GM Q8-12H	8	S	\$\$\$\$
LEVOFLOXACIN	SYSTEMC	PO	500 MG DAILY	<2	S	\$\$\$\$
MEROPENEM	SYSTEMC	IV	1GM Q8H	<1	S	\$\$\$\$\$

2. STENOTROPHOMONAS (X) MALTOPHIL

RX may vary depending on target, route, and dose

	TARGET	ROUTE	DOSE	MIC	INTER	COST
TRIMETH/SULFA	SYSTEMC	PO	1-2 TABLETS Q12H	<2/38	S	\$
		IV	2.5 MG/KG Q6H		S	\$
CEFTAZIDIME	SYSTEMC	IM/IV	1.0-2.0 GM Q8-12H	>16	R	\$\$\$\$
LEVOFLOXACIN	SYSTEMC	PO	500 MG DAILY	<2	S	\$\$\$\$

Patient: LONG,GYLES

Age/Sex: 55/M

Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABDKGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
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Patient: LONG, GYLES #G00557360179 (Continued)

*** MICROBIOLOGY *** (continued)

ROUTINE MICROBIOLOGY (continued)

14:AG:B0045821R COMP, Coll: 11/28/14-1130 Recd: 11/28/14-1133 (R#05424706) Shavar, Joseph R

Source: BRON WASH Spec Desc:

Ordered: BR WASH CUL

Comment: Comments: RLL

BRONCHIAL WASHING CULTURE

REPORT DATE: 12/01/14 TIME: 0649

S = Susceptible I = Intermediate R = Resistant
Blank = Data not available, or drug not advisable or tested
ESBL = Extended Spectrum Beta-Lactamase
BLAC = Beta Lactamase Positive
MIC = mcg/ml (mg/L)
TEG = Thymidine-Dependent Strain
R* = Resistance due to extended spectrum beta-lactamase (ESBL).
EBL? = Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases.
IB = Inducible Beta-lactamase. Appears in place of "Susceptible" with species known to possess inducible beta-lactamases; potentially they may become resistant to all beta-lactam drugs. Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs.

For blood and CSF isolates, a b-lactamase test is recommended for Enterococcus species.

- Use maximum doses of drugs with an aminoglycoside for *P. aeruginosa* in patients with granulocytopenia or serious infections.
- Breakpoints based on parenteral dose. For Cefuroxime axetil (PO) breakpoints for Enterobacteriaceae and staphylococci are <8-S, 8-16-I, >16-R and for *S. pneumoniae* are <2-S, 2-I, >2-R.
- Refer to the penicillin interpretation when an interpretation is not reported for Streptococci.
- Refer to the penicillin interpretation for non beta-lactamase producing enterococci.
- Breakpoints are based on *S. pneumoniae* isolated from patients with meningitis. Breakpoints are <2-S, 2-I, >2-R for non-meningitis infections.

* Interpretations based on approx. adult attainable systemic/urine levels, except drugs with <3 dilutions, which print NCCLS. Doses are guidelines; consider weight and renal/hepatic function. Urine interpretation for lower UTI only.

** Interpretations based on NCCLS M100-S9 Jan 99. Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approved breakpoints.

Patient: LONG, GYLES

Age/Sex: 55/M

Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
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Patient: LONG,GYLES #G00557360179 (Continued)

*** MICROBIOLOGY *** (continued)

ROUTINE MICROBIOLOGY (continued)

14:AG:80045821R COMP, Coll: 11/28/14-1130 Recd: 11/28/14-1133 (R#05424706) Shaver, Joseph R

Source: BRON WASH Spec Desc:

Orderad: BR WASH CUL

Comment: Comments: RLL

BRONCHIAL WASHING CULTURE

Preliminary (PREVIOUS RPT)

REPORT DATE:11/30/14 TIME:0710

Organism 1
QUANTITATION

BURKHOLDERIA (P) CEPACIA
4+

Organism 2
QUANTITATION

SUSCEPTIBILITY REPORT AVAILABLE.
GRAM NEGATIVE ROD

2+

ID AND SUSCEPTIBILITY REPORT TO FOLLOW.

1. BURKHOLDERIA (P) CEPACIA

RX may vary depending on target, route, and dose

	TARGET ROUTE DOSE	MIC	INTER COST	
TRIMETH/SULFA	SYSTM PO 1-2 TABLETS Q12H	<2/38	S	\$
	IV 2.5 MG/KG Q6H		S	\$
CEFTAZIDIME	SYSTM IM/IV 1.0-2.0 GM Q0-12H	0	S	\$\$\$\$
LEVOFLOXACIN	SYSTM PO 500 MG DAILY	<2	S	\$\$\$\$
MEROPENEM	SYSTM IV 1GM Q8H	<1	S	\$\$\$\$

Patient: LONG,GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** MICROBIOLOGY *** (continued)

ROUTINE MICROBIOLOGY (continued)

14:AG:B0045821R COME, Coll: 11/28/14-1130 Recd: 11/28/14-1133 (R#05424706) Shaver, Joseph R

Source: BRON WASH Spec Desc:

Ordered: BR WASH CUL

Comment: Comments: RLL

BRONCHIAL WASHING CULTURE

REPORT DATE: 11/30/14 TIME: 0710

S - Susceptible I - Intermediate R - Resistant

Blank= Data not available, or drug not advisable or tested

ESBL = Extended Spectrum Beta-Lactamase

BLAC = Beta Lactamase Positive

MIC = mcg/ml (mg/L)

TEG = Thymidine-Dependant Strain

R* = Resistance due to extended spectrum beta-lactamase (ESBL).

EBL? = Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases.

IB = Inducible Beta-lactamase. Appears in place of "Susceptible" with species known to possess inducible beta-lactamases; potentially they may become resistant to all beta-lactam drugs. Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs.

For blood and CSF isolates, a b-lactamase test is recommended for Enterococcus species.

- a) Use maximum doses of drugs with an aminoglycoside for *P. aeruginosa* in patients with granulocytopenia or serious infections.
- b) Breakpoints based on parenteral dose. For Cefuroxime axetil (PO) breakpoints for Enterobacteriaceae and staphylococci are <8-S, 8-16-I, >16-R and for *S. pneumoniae* are <2-S, 2-I, >2-R.
- c) Refer to the penicillin interpretation when an interpretation is not reported for Streptococci.
- d) Refer to the penicillin interpretation for non beta-lactamase producing enterococci.
- e) Breakpoints are based on *S. pneumoniae* isolated from patients with meningitis. Breakpoints are <2-S, 2-I, >2-R for non-meningitis infections.

* Interpretations based on approx. adult attainable systemic/urine levels, except drugs with <3 dilutions, which print NCCLS. Doses are guidelines; consider weight and renal/hepatic function. Urine interpretation for lower UTI only.

** Interpretations based on NCCLS M100-S9 Jan 99. Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approved breakpoints.

Patient: LONG, GYLES

Age/Sex: 55/M

Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJ0B

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG,GYLES #G00557360179 (Continued)

*** MICROBIOLOGY *** (continued)

ROUTINE MICROBIOLOGY (continued)

14:AG:B0045821R COMP, Coll: 11/28/14-1130 Recd: 11/28/14-1133 (R#05424706) Shaver, Joseph R

Source: BRON WASH Spec Desc:

Ordered: BR WASH CUL

Comment: Comments: RLL

BRONCHIAL WASHING CULTURE

Preliminary (PREVIOUS RPT)

REPORT DATE:11/30/14 TIME:0630

Organism 1
QUANTITATION

BURKHOLDERIA (P) CEPACIA
4+
SUSCEPTIBILITY REPORT AVAILABLE.

1. BURKHOLDERIA (P) CEPACIA

RX may vary depending on target, route, and dose

	TARGET ROUTE DOSE	MIC	INTER	COST
TRIMETH/SULFA	SYSTM PO 1-2 TABLETS Q12H	<2/38	S	\$
	IV 2.5 MG/KG Q6H		S	\$
CEFTAZIDIME	SYSTM IM/IV 1.0-2.0 GM Q8-12H	8	S	\$\$\$\$
LEVOFLOXACIN	SYSTM PO 500 MG DAILY	<2	S	\$\$\$\$
MEROPENEM	SYSTM IV 1GM Q8H	<1	S	\$\$\$\$

Patient: LONG,GYLES

Age/Sex: 55/M

Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABDKGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
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Patient: LONG, GYLES #G00557360179 (Continued)

*** MICROBIOLOGY *** (continued)

ROUTINE MICROBIOLOGY (continued)

11:AG:80045821R COMP, Coll: 11/28/14-1130 Recd: 11/28/14-1133 (R#05424706) Shaver, Joseph R

Source: BRON WASH Spec Desc:

Ordered: BR WASH CUL

Comment: Comments: RLL

BRONCHIAL WASHING CULTURE

REPORT DATE: 11/30/14 TIME: 0630

S - Susceptible I - Intermediate R - Resistant

Blank= Data not available, or drug not advisable or tested

ESBL = Extended Spectrum Beta-Lactamase

BLAC = Beta Lactamase Positive

MIC = mcg/ml (mg/L)

TEG = Thymidine-Dependent Strain

R* = Resistance due to extended spectrum beta-lactamase (ESBL).

EBL? = Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases.

IB = Inducible Beta-lactamase. Appears in place of "Susceptible" with species known to possess inducible beta-lactamases; potentially they may become resistant to all beta-lactam drugs. Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs.

For blood and CSF isolates, a b-lactamase test is recommended for Enterococcus species.

- a) Use maximum doses of drugs with an aminoglycoside for *P. aeruginosa* in patients with granulocytopenia or serious infections.
- b) Breakpoints based on parenteral dose. For Cefuroxime axetil (PO) breakpoints for Enterobacteriaceae and staphylococci are <8-S, 8-16-I, >16-R and for *S. pneumoniae* are <2-S, 2-I, >2-R.
- c) Refer to the penicillin interpretation when an interpretation is not reported for Streptococci.
- d) Refer to the penicillin interpretation for non beta-lactamase producing enterococci.
- e) Breakpoints are based on *S. pneumoniae* isolated from patients with meningitis. Breakpoints are <2-S, 2-I, >2-R for non-meningitis infections.

* Interpretations based on approx. adult attainable systemic/urine levels, except drugs with <3 dilutions, which print NCCLS. Doses are guidelines; consider weight and renal/hepatic function. Urine interpretation for lower UTI only.

** Interpretations based on NCCLS M100-S9 Jan 99. Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approved breakpoints.

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJJOE

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG,GYLES #G00557360179 (Continued)

*** MICROBIOLOGY *** (continued)

ROUTINE MICROBIOLOGY (continued)

14:AG:B0045821R COMP, Coll: 11/28/14-1130 Recd: 11/28/14-1133 (R#05424706) Shaver,Joseph R

Source: BRON WASH Spec Desc:

Ordered: BR WASH CUL

Comment: Comments: RLL

BRONCHIAL WASHING CULTURE

Preliminary (PREVIOUS RPT)

REPORT DATE:11/29/14 TIME:0741

Organism 1
QUANTITATION

GRAM NEGATIVE ROD

4+

ID AND SUSCEPTIBILITY REPORT TO FOLLOW.

14:AG:B0046207R COMP, Coll: 12/01/14-1330 Recd: 12/01/14-1428 (R#05427299) Friedman,Bruce

Source: CENTRL TIP Spec Desc: CATHETER

Ordered: CATH TIP CUL

CATHETER TIP CULTURE

Final 12/04/14

NO GROWTH AFTER 72 HOURS

REPORT DATE:12/04/14 TIME:0908

CATHETER TIP CULTURE

Preliminary (PREVIOUS RPT)

NO GROWTH AFTER 48 HOURS

REPORT DATE:12/03/14 TIME:0919

CATHETER TIP CULTURE

Preliminary (PREVIOUS RPT)

NO GROWTH

REPORT DATE:12/02/14 TIME:0847

14:AG:B0046769R COMP, Coll: 12/04/14-1611 Recd: 12/04/14-1631 (R#05431274) Mullins,Robert

Source: THIGH

Spec Desc: RIGHT

Ordered: WOUND CUL

GRAM STAIN

Final 12/04/14

NO PUS CELLS SEEN

RARE GRAM NEGATIVE BACILLI

REPORT DATE:12/04/14 TIME:2109

WOUND CULTURE

Final 12/06/14

Organism 1
QUANTITATION

STENOTROPHOMONAS (X) MALTOPHIL

3+

SUSCEPTIBILITY REPORT AVAILABLE.

REPORT DATE:12/06/14 TIME:0808

1. STENOTROPHOMONAS (X) MALTOPHIL

RX may vary depending on target, route, and dose

	TARGET	ROUTE	DOSE	HIC	INTER	COST
TRIMETH/SULFA	SYSTEMC	PO	1-2 TABLETS Q12H	<2/38	S	\$
		IV	2.5 MG/KG Q6H		S	\$
CEFTAZIDIME	SYSTEMC	IM/IV	1.0-2.0 GM Q8-12H	8	S	\$\$\$\$
LEVOFLOXACIN	SYSTEMC	PO	500 MG DAILY	<2	S	\$\$\$\$

Patient: LONG,GYLES

Age/Sex: 55/M

Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
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Patient: LONG, GYLES #G00557360179 (Continued)

*** MICROBIOLOGY *** (continued)

ROUTINE MICROBIOLOGY (continued)

14:AG:B0046769R COMP, Coll: 12/04/14-1611 Recd: 12/04/14-1631 (R#05431274) Mullins, Robert
Source: THIGH Spec Desc: RIGHT

Ordered: WOUND CUL

WOUND CULTURE

REPORT DATE: 12/06/14 TIME: 0808

S = Susceptible I = Intermediate R = Resistant
Blank = Data not available, or drug not advisable or
 tested
ESBL = Extended Spectrum Beta-Lactamase
BLAC = Beta Lactamase Positive
MIC = mcg/ml (mg/L)
TEG = Thymidine-Dependent Strain
R* = Resistance due to extended spectrum beta-
 lactamase (ESBL).
EBL? = Suspected ESBL. Confirmatory tests needed to
 differentiate ESBL from other beta-lactamases.
IB = Inducible Beta-lactamase. Appears in place of
 "Susceptible" with species known to possess
 inducible beta-lactamases; potentially they
 may become resistant to all beta-lactam drugs.
 Monitoring of patients during/after therapy is
 recommended. Avoid other/combined beta-lactam
 drugs.

For blood and CSF isolates, a b-lactamase test is
recommended for Enterococcus species.

- a) Use maximum doses of drugs with an aminoglycoside
for *P. aeruginosa* in patients with granulocytopenia
or serious infections.
- b) Breakpoints based on parenteral dose. For Cefuroxime
axetil (PO) breakpoints for Enterobacteriaceae and
staphylococci are <8=S, 8-16=I, >16=R and for
S. pneumoniae are <2=S, 2=I, >2=R.
- c) Refer to the penicillin interpretation when an inter-
pretation is not reported for Streptococci.
- d) Refer to the penicillin interpretation for non beta-
lactamase producing enterococci.
- e) Breakpoints are based on *S. pneumoniae* isolated from
patients with meningitis. Breakpoints are <2=S, 2=I,
>2=R for non-meningitis infections.

* Interpretations based on approx. adult attainable
systemic/urine levels, except drugs with <3 dilutions,
which print NCCLS. Doses are guidelines; consider weight
and renal/hepatic function. Urine interpretation for
lower UTI only.

** Interpretations based on NCCLS M100-S9 Jan 99.
Sparfloxacin (for Gram Negative isolates) and moxifloxacin
are based on FDA approved breakpoints.

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LAB0KGJ0B

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** MICROBIOLOGY *** (continued)

ROUTINE MICROBIOLOGY (continued)

14:AG:80046769R COMP, Coll: 12/04/14-1611 Recd: 12/04/14-1631 (R#05431274) Mullins, Robert

Source: THIGH Spec Desc: RIGHT

Ordered: WOUND CUL

WOUND CULTURE

Preliminary (PREVIOUS RPT)

REPORT DATE: 12/06/14 TIME: 0650

Organism 1

STENOTROPHOMONAS (X) MALTOPHIL

QUANTITATION

3+

SUSCEPTIBILITY REPORT AVAILABLE.

1. STENOTROPHOMONAS (X) MALTOPHIL

Rx may vary depending on target, route, and dose

	TARGET ROUTE DOSE	MIC	INTER	COST
TRIMETH/SULFA	SYSTM PO 1-2 TABLETS Q12H	<2/38	S	\$
	IV 2.5 MG/KG Q6H		S	\$
CEFTAZIDIME	SYSTM IM/IV 1.0-2.0 GM Q8-12H	8	S	\$\$\$
LEVOFLOXACIN	SYSTM PO 500 MG DAILY	<2	S	\$\$\$

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKGVJB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** MICROBIOLOGY *** (continued)

ROUTINE MICROBIOLOGY (continued)

14:AG:B0046769R COMP, Coll: 12/04/14-1611 Recd: 12/04/14-1631 (R#05431274) Mullins, Robert

Source: THIGH Spec Desc: RIGHT

Ordered: WOUND CUL

WOUND CULTURE

REPORT DATE: 12/06/14 TIME: 0650

S = Susceptible I = Intermediate R = Resistant
Blank- Data not available, or drug not advisable or tested

ESBL = Extended Spectrum Beta-Lactamase

BLAC = Beta Lactamase Positive

MIC = mcg/ml (mg/L)

TEG = Thymidine-Dependent Strain

R* = Resistance due to extended spectrum beta-lactamase (ESBL)

EBL7 = Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases.

IB = Inducible Beta-lactamase. Appears in place of "Susceptible" with species known to possess inducible beta-lactamases; potentially they may become resistant to all beta-lactam drugs. Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs.

For blood and CSF isolates, a b-lactamase test is recommended for Enterococcus species.

- a) Use maximum doses of drugs with an aminoglycoside for P. aeruginosa in patients with granulocytopenia or serious infections.
- b) Breakpoints based on parenteral dose. For Cefuroxime axetil (PO) breakpoints for Enterobacteriaceae and staphylococci are <8=S, 8-16=I, >16=R and for S. pneumoniae are <2=S, 2-I, >2=R.
- c) Refer to the penicillin interpretation when an interpretation is not reported for Streptococci.
- d) Refer to the penicillin interpretation for non beta-lactamase producing enterococci.
- e) Breakpoints are based on S. pneumoniae isolated from patients with meningitis. Breakpoints are <2=S, 2-I, >2=R for non-meningitis infections.

* Interpretations based on approx. adult attainable systemic/urine levels, except drugs with <3 dilutions, which print NCCLS. Doses are guidelines; consider weight and renal/hepatic function. Urine interpretation for lower UTI only.

** Interpretations based on NCCLS M100-S9 Jan 99. Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approved breakpoints.

Patient: LONG, GYLES

Age/Sex: 55/M

Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJ08

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG,GYLES #G00557360179 (Continued)

*** MICROBIOLOGY *** (continued)

ROUTINE MICROBIOLOGY (continued)

14:AG:B0046769R COMP, Coll: 12/04/14-1611 Recd: 12/04/14-1631 (R#05431274) Mullins,Robert

Source: THIGH Spec Desc: RIGHT

Ordered: WOUND CUL

WOUND CULTURE

Organism 1

QUANTITATION

Preliminary (PREVIOUS RPT)

GRAM NEGATIVE BACILLUS

3+

ID AND SUSCEPTIBILITY REPORT TO FOLLOW.

REPORT DATE:12/05/14 TIME:0657

14:AG:B0046776R COMP, Coll: 12/04/14-1616 Recd: 12/04/14-1710 (R#05431322) Mullins,Robert

Source: THIGH Spec Desc: LEFT

Ordered: TISSUE CUL

GRAM STAIN

Final 12/04/14

NO PUS CELLS SEEN

NO ORGANISMS SEEN

REPORT DATE:12/04/14 TIME:2109

TISSUE CULTURE

Organism 1

QUANTITATION

Final 12/07/14

STENOTROPHOMONAS (X) MALTOPHIL

1+

SUSCEPTIBILITY REPORT AVAILABLE.

REPORT DATE:12/07/14 TIME:0835

1. STENOTROPHOMONAS (X) MALTOPHIL

RX may vary depending on target, route, and dose

	TARGET ROUTE DOSE	MIC	INTER	COST
TRIMETH/SULFA	SYSTEMC PO 1-2 TABLETS Q12H	<2/38	S	\$
	IV 2.5 MG/KG Q6H		S	\$
Ceftazidime	SYSTEMC IM/IV 1.0-2.0 GM Q8-12H	16	I	\$\$\$\$
LEVOFLOXACIN	SYSTEMC PO 500 MG DAILY	<2	S	\$\$\$\$

Patient: LONG,GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJ0B

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HEF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES

#G00557360179

(Continued)

*** MICROBIOLOGY *** (continued)

ROUTINE MICROBIOLOGY (continued)

14:AG:80046776R COMP, Coll: 12/04/14-1646 Recd: 12/04/14-1710 (R#05431322) Mullins, Robert

Source: THIGH Spec Desc: LEFT

Ordered: TISSUE CUL

TISSUE CULTURE

REPORT DATE: 12/07/14 TIME: 0835

S = Susceptible I = Intermediate R = Resistant

Blank = Data not available, or drug not advisable or tested

ESBL = Extended Spectrum Beta-Lactamase

BLAC = Beta Lactamase Positive

MIC = mcg/ml (mg/L)

TEG = Thymidine-Dependent Strain

R* = Resistance due to extended spectrum beta-lactamase (ESBL).

EBL? = Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases.

IB = Inducible Beta-lactamase. Appears in place of "Susceptible" with species known to possess inducible beta-lactamases; potentially they may become resistant to all beta-lactam drugs. Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs.

For blood and CSF isolates, a b-lactamase test is recommended for Enterococcus species.

a) Use maximum doses of drugs with an aminoglycoside for *P. aeruginosa* in patients with granulocytopenia or serious infections.

b) Breakpoints based on parenteral dose. For Cefuroxime axetil (PO) breakpoints for Enterobacteriaceae and staphylococci are <8-S, 8-16-I, >16-R and for *S. pneumoniae* are <2-S, 2-I, >2-R.

c) Refer to the penicillin interpretation when an interpretation is not reported for Streptococci.

d) Refer to the penicillin interpretation for non beta-lactamase producing enterococci.

e) Breakpoints are based on *S. pneumoniae* isolated from patients with meningitis. Breakpoints are <2-S, 2-I, >2-R for non-meningitis infections.

* Interpretations based on approx. adult attainable systemic/urine levels, except drugs with <3 dilutions, which print NCCLS. Doses are guidelines; consider weight and renal/hepatic function. Urine interpretation for lower UTI only.

** Interpretations based on NCCLS M100-S9 Jan 99. Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approved breakpoints.

Patient: LONG, GYLES

Age/Sex: 55/M

Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HFF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** MICROBIOLOGY *** (continued)

ROUTINE MICROBIOLOGY (continued)

14:AG:B0046776R COMP, Coll: 12/04/14-1646 Recd: 12/04/14-1710 (R#05431322) Mullins, Robert
Source: THIGH Spec Desc: LEFT

Ordered: TISSUE CUL

TISSUE CULTURE

Organism 1

QUANTITATION

Preliminary (PREVIOUS RPT)

STENOTROPHOMONAS (X) MALTOPHIL

1+

SUSCEPTIBILITY REPORT AVAILABLE.

REPORT DATE: 12/07/14 TIME: 0655

1. STENOTROPHOMONAS (X) MALTOPHIL

RX may vary depending on target, route, and dose

	TARGET ROUTE DOSE	MIC	INTER	COST
TRIMETH/SULFA	SYSTM PO 1-2 TABLETS Q12H	<2/38	S	\$
	IV 2.5 MG/KG Q6H		S	\$
CEFTAZIDIME	SYSTM IM/IV 1.0-2.0 GM Q8-12H	16	I	\$\$\$
LEVOFLOXACIN	SYSTM PO 500 MG DAILY	<2	S	\$\$\$

Patient: LONG, GYLES

Age/Sex: 55/M

Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJ08

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HFF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** MICROBIOLOGY *** (continued)

ROUTINE MICROBIOLOGY (continued)

14:AG:B0046776R COMP, Coll: 12/04/14-1646 Recd: 12/04/14-1710 (R#05431322) Mullins, Robert
Source: THIGH Spec Desc: LEFT
Ordered: TISSUE CUL

TISSUE CULTURE

REPORT DATE: 12/07/14 TIME: 0655

S = Susceptible I = Intermediate R = Resistant
Blank - Data not available, or drug not advisable or tested
ESBL - Extended Spectrum Beta-Lactamase
BLAC - Beta Lactamase Positive
MIC = mcg/ml (mg/L)
TEG - Thymidine-Dependent Strain
R* = Resistance due to extended spectrum beta-lactamase (ESBL).
EBL? = Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases.
IB - Inducible Beta-lactamase. Appears in place of "Susceptible" with species known to possess inducible beta-lactamases; potentially they may become resistant to all beta-lactam drugs. Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs.

For blood and CSF isolates, a b-lactamase test is recommended for Enterococcus species.

- a) Use maximum doses of drugs with an aminoglycoside for *P. aeruginosa* in patients with granulocytopenia or serious infections.
 - b) Breakpoints based on parenteral dose. For Cefuroxime axetil (PO) breakpoints for Enterobacteriaceae and staphylococci are <8-S, 8-16-I, >16-R and for *S. pneumoniae* are <2-S, 2-I, >2-R.
 - c) Refer to the penicillin interpretation when an interpretation is not reported for Streptococci.
 - d) Refer to the penicillin interpretation for non beta-lactamase producing enterococci.
 - e) Breakpoints are based on *S. pneumoniae* isolated from patients with meningitis. Breakpoints are <2-S, 2-I, >2-R for non-meningitis infections.
- * Interpretations based on approx. adult attainable systemic/urine levels, except drugs with <3 dilutions, which print NCCLS. Doses are guidelines; consider weight and renal/hepatic function. Urine interpretation for lower UTI only.
- ** Interpretations based on NCCLS M100-S9 Jan 99. Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approved breakpoints.

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABDKGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** MICROBIOLOGY *** (continued)

ROUTINE MICROBIOLOGY (continued)

14:AG:B0046776R COMP, Coll: 12/04/14-1646 Recd: 12/04/14-1710 (R#05431322) Mullins, Robert
Source: THIGH Spec Desc: LEFT

Ordered: TISSUE CUL

TISSUE CULTURE

Organism 1

QUANTITATION

Preliminary (PREVIOUS RPT)

GRAM NEGATIVE ROD

1+

ID AND SUSCEPTIBILITY REPORT TO FOLLOW.

REPORT DATE: 12/06/14 TIME: 0859

14:AG:B0047649R COMP, Coll: 12/10/14-1335 Recd: 12/10/14-1407 (R#05437863) Shaver, Joseph R
Source: BRO. BRUSH Spec Desc: RT LOW LBE

Ordered: BR BRUSH FR CUL

Comment: Collected by nurse: NO

GRAM STAIN

Final 12/10/14

NO PUS CELLS SEEN

NO ORGANISMS SEEN

REPORT DATE: 12/10/14 TIME: 1719

BRONCH BRUSH PROTECTED CULTURE

Organism 1

QUANTITATION

Final 12/13/14

BURKHOLDERIA (P) CEPACIA

TRACE

SUSCEPTIBILITY REPORT AVAILABLE.

Organism 2

QUANTITATION

STENOTROPHEMONAS (X) MALTOPHIL

TRACE

SUSCEPTIBILITY REPORT AVAILABLE.

Organism 3

QUANTITATION

CANDIDA ALBICANS

TRACE

REPORT DATE: 12/13/14 TIME: 1331

AND A TRACE OF NORMAL RESPIRATORY FLORA

	B CEPACIA INTERP	S MALTOPH INTERP
TRIMETH/SULFA	S	S
CEFTAZIDIME	S	S
LEVOFLOXACIN	R	R
MEROPENEM	S	

1. BURKHOLDERIA (P) CEPACIA

RX may vary depending on target, route, and dose

	TARGET	ROUTE	DOSE	MIC	INTER	COST
TRIMETH/SULFA	SYSTEMC	PO	1-2 TABLETS Q12H	<2/38	S	\$
		IV	2.5 MG/KG Q6H		S	\$
CEFTAZIDIME	SYSTEMC	IM/IV	1.0-2.0 GM Q8-12H	8	S	\$\$\$\$
LEVOFLOXACIN	SYSTEMC	PO	500 MG DAILY	>4	R	\$\$\$\$
MEROPENEM	SYSTEMC	IV	1GM Q8H	<1	S	\$\$\$\$\$

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJ08

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** MICROBIOLOGY *** (continued)

ROUTINE MICROBIOLOGY (continued)

14:AG:80047649R COMP, Coll: 12/10/14-1335 Recd: 12/10/14-1407 (R#05437863) Shaver, Joseph R

Source: BRO. BRUSH Spec Desc: RT LOW LBE

Ordered: BR BRUSH PR CUL

Comment: Collected by nurse: NO

BRONCH BRUSH PROTECTED CULTURE

REPORT DATE: 12/13/14 TIME: 1331

2. STENOTROPHOMONAS (X) MALTOPHIL

RX may vary depending on target, route, and dose

	TARGET ROUTE DOSE	MIC	INTER	COST
TRIMETH/SULFA	SYSTEMC PO 1-2 TABLETS Q12H	<2/30	S	\$
	IV 2.5 MG/KG Q6H		S	\$
CEFTAZIDIME	SYSTEMC IM/IV 1.0-2.0 GM Q8-12H	4	S	\$\$\$
LEVOFLOXACIN	SYSTEMC PO 500 MG DAILY	>4	R	\$\$\$

Patient: LONG, GYLES

Age/Sex: 55/M

Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJ0B

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES

#G00557360179

(Continued)

*** MICROBIOLOGY *** [continued]

ROUTINE MICROBIOLOGY (continued)

14:AG:B0047649R COMP, Coll: 12/10/14-1335 Recd: 12/10/14-1407 (R#05437863) Shaver, Joseph R

Source: BRO. BRUSH Spec Desc: RT LOW LBE

Ordered: BR BRUSH PR CUL

Comment: Collected by nurse: NO

BRONCH BRUSH PROTECTED CULTURE

REPORT DATE: 12/13/14 TIME: 1331

S= Susceptible. I = Intermediate R = Resistant
Blank= Data not available, or drug not advisable or tested

ESBL = Extended Spectrum Beta-Lactamase

BLAC = Beta Lactamase Positive

MIC = mcg/ml (mg/L)

TEG = Thymidine-Dependent Strain

R* = Resistance due to extended spectrum beta-lactamase (ESBL).

EBL? = Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases.

IB = Inducible Beta-lactamase. Appears in place of "Susceptible" with species known to possess inducible beta-lactamases; potentially they may become resistant to all beta-lactam drugs. Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs.

For blood and CSF isolates, a b-lactamase test is recommended for Enterococcus species.

- a) Use maximum doses of drugs with an aminoglycoside for *P. aeruginosa* in patients with granulocytopenia or serious infections.
- b) Breakpoints based on parenteral dose. For Cefuroxime axetil (PO) breakpoints for Enterobacteriaceae and staphylococci are <8-S, 8-16-I, >16-R and for *S. pneumoniae* are <2-S, 2-I, >2-R.
- c) Refer to the penicillin interpretation when an interpretation is not reported for Streptococci.
- d) Refer to the penicillin interpretation for non beta-lactamase producing enterococci.
- e) Breakpoints are based on *S. pneumoniae* isolated from patients with meningitis. Breakpoints are <2-S, 2-I, >2-R for non-meningitis infections.

* Interpretations based on approx. adult attainable systemic/urine levels, except drugs with <3 dilutions, which print NCCLS. Doses are guidelines; consider weight and renal/hepatic function. Urine interpretation for lower UTI only.

** Interpretations based on NCCLS M100-S9 Jan 99. Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approved breakpoints.

Patient: LONG, GYLES

Age/Sex: 55/M

Acct #G00557360179 Unit #G000808204

RUN DATE: 01/10/15 DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909 PAGE 137
 RUN TIME: 0203 MEDICAL DIRECTOR - STEPHEN ADAMS, DO
 RUN USER: LABCKGJOB HPF LAB Discharge Summary Report w/o Pathology

Patient: LONG, GYLES #G00557360179 (Continued)

*** MICROBIOLOGY *** (continued)

ROUTINE MICROBIOLOGY (continued)

14:AG:B0047649R COMP, Coll: 12/10/14-1335 Recd: 12/10/14-1407 (R#05437863) Shaver, Joseph R

Source: BRO. BRUSH Spec Desc: RT LOW LBE

Ordered: BR BRUSH PR CUL

Comment: Collected by nurse: NO

BRONCH BRUSH PROTECTED CULTURE

Preliminary (PREVIOUS RPT)

REPORT DATE: 12/13/14 TIME: 0058

Organism 1

BURKHOLDERIA (?) CEPACIA

QUANTITATION

TRACE

SUSCEPTIBILITY REPORT AVAILABLE.

Organism 2

STENOTROPHOMONAS (X) MALTOPHIL

QUANTITATION

TRACE

SUSCEPTIBILITY REPORT AVAILABLE.

Organism 3

CANDIDA ALBICANS

QUANTITATION

TRACE

AND A TRACE OF NORMAL RESPIRATORY FLORA

	B CEPACIA INTERP	S MALTOPH INTERP
TRIMETH/SULFA	S	S
CEFTAZIDIME	S	S
LEVOFLOXACIN	R	R
MEROPENEM	S	

1. BURKHOLDERIA (?) CEPACIA

RX may vary depending on target, route, and dose

	TARGET	ROUTE	DOSE	MIC	INTER	COST
TRIMETH/SULFA	SYSTM	PO	1-2 TABLETS Q12H	<2/38	S	\$
		IV	2.5 MG/KG Q6H		S	\$
CEFTAZIDIME	SYSTM	IM/IV	1.0-2.0 GM Q8-12H	8	S	\$\$\$\$
LEVOFLOXACIN	SYSTM	PO	500 MG DAILY	>4	R	\$\$\$\$
MEROPENEM	SYSTM	IV	1GM Q8H	<1	S	\$\$\$\$

2. STENOTROPHOMONAS (X) MALTOPHIL

RX may vary depending on target, route, and dose

	TARGET	ROUTE	DOSE	MIC	INTER	COST
TRIMETH/SULFA	SYSTM	PO	1-2 TABLETS Q12H	<2/38	S	\$
		IV	2.5 MG/KG Q6H		S	\$
CEFTAZIDIME	SYSTM	IM/IV	1.0-2.0 GM Q8-12H	4	S	\$\$\$\$
LEVOFLOXACIN	SYSTM	PO	500 MG DAILY	>4	R	\$\$\$\$

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** MICROBIOLOGY *** (continued)

ROUTINE MICROBIOLOGY (continued)

14:AS:B0047649R COMP, Coll: 12/10/14-1335 Recd: 12/10/14-1407 (R#05437863) Shaver, Joseph R

Source: BRO. BRUSH Spec Desc: RT LOW LBE

Ordered: BR BRUSH PR CUL

Comment: Collected by nurse: NO

BRONCH BRUSH PROTECTED CULTURE

REPORT DATE: 12/13/14 TIME: 0950

S= Susceptible I = Intermediate R = Resistant
Blank= Data not available, or drug not advisable or tested

ESBL = Extended Spectrum Beta-Lactamase

BLAC = Beta Lactamase Positive

MIC = mcg/ml (mg/L)

TEG = Thymidine-Dependent Strain

R* = Resistance due to extended spectrum beta-lactamase (ESBL).

EBL? = Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases.

IB = Inducible Beta-lactamase. Appears in place of "Susceptible" with species known to possess inducible beta-lactamases; potentially they may become resistant to all beta-lactam drugs. Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs.

For blood and CSF isolates, a b-lactamase test is recommended for Enterococcus species.

- a) Use maximum doses of drugs with an aminoglycoside for *P. aeruginosa* in patients with granulocytopenia or serious infections.
- b) Breakpoints based on parenteral dose. For Cefuroxime axetil (PO) breakpoints for Enterobacteriaceae and staphylococci are <8-S, 8-16-I, >16-R and for *S. pneumoniae* are <2-S, 2-I, >2-R.
- c) Refer to the penicillin interpretation when an interpretation is not reported for Streptococci.
- d) Refer to the penicillin interpretation for non beta-lactamase producing enterococci.
- e) Breakpoints are based on *S. pneumoniae* isolated from patients with meningitis. Breakpoints are <2-S, 2-I, >2-R for non-meningitis infections.

* Interpretations based on approx. adult attainable systemic/urine levels, except drugs with <3 dilutions, which print NCCLS. Doses are guidelines; consider weight and renal/hepatic function. Urine interpretation for lower UTI only.

** Interpretations based on NCCLS M100-S9 Jan 99. Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approved breakpoints.

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15 DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909 PAGE 139
 RUN TIME: 0203 MEDICAL DIRECTOR - STEPHEN ADAMS, DO
 RUN USER: LABBKJGJOB HPF LAB Discharge Summary Report w/o Pathology

 Patient: LONG, GYLES #G00557360179 (Continued)

*** MICROBIOLOGY *** [continued]

ROUTINE MICROBIOLOGY (continued)

14:AG:B0D47649R COMP, Coll: 12/10/14-1335 Recd: 12/10/14-1407 (R#05437863) Shaver, Joseph R

Source: BRO. BRUSH Spec Desc: RT LOW LBE

Ordered: BR BRUSH FR CUL

Comment: Collected by nurse: NO

BRONCH BRUSH PROTECTED CULTURE

Preliminary {PREVIOUS RPT}

REPORT DATE: 12/13/14 TIME: 0641

Organism 1

BURKHOLDERIA (P) CEPACIA

QUANTITATION

TRACE

SUSCEPTIBILITY REPORT AVAILABLE.

Organism 2

GRAM NEGATIVE ROD#2

QUANTITATION

TRACE

ID AND SUSCEPTIBILITY REPORT TO FOLLOW.

Organism 3

CANDIDA ALBICANS

QUANTITATION

TRACE

AND A TRACE OF NORMAL RESPIRATORY FLORA

1. BURKHOLDERIA (P) CEPACIA

RX may vary depending on target, route, and dose

	TARGET ROUTE DOSE	MIC	INTER	COST
TRIMETH/SULFA	SYSTM PO 1-2 TABLETS Q12H	<2/38	S	\$
	IV 2.5 MG/KG Q6H		S	\$
CEFTAZIDIME	SYSTM IM/IV 1.0-2.0 GM Q8-12H	8	S	\$\$\$\$
LEVOFLOXACIN	SYSTM PO 500 MG DAILY	>4	R	\$\$\$\$
MEROPENEM	SYSTM IV 1GM Q8H	<1	S	\$\$\$\$\$

 Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** MICROBIOLOGY *** (continued)

ROUTINE MICROBIOLOGY (continued)

14:AG:B0047619R COMP, Coll: 12/10/14-1335 Recd: 12/10/14-1407 (R#05437863) Shaver, Joseph R

Source: BRO. BRUSH Spec Desc: RT LOW LBE

Ordered: BR BRUSH PR CUL

Comment: Collected by nurse: NO

BRONCH BRUSH PROTECTED CULTURE

REPORT DATE: 12/13/14 TIME: 0641

- S- Susceptible I - Intermediate R - Resistant
Blank- Data not available, or drug not advisable or tested
ESBL - Extended Spectrum Beta-Lactamase
BLAC - Beta Lactamase Positive
MIC - mcg/ml (mg/L)
TEG - Thymidine-Dependent Strain
R* - Resistance due to extended spectrum beta-lactamase (ESBL).
EBL? - Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases.
IB - Inducible Beta-lactamase. Appears in place of "Susceptible" with species known to possess inducible beta-lactamases; potentially they may become resistant to all beta-lactam drugs. Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs.

For blood and CSF isolates, a b-lactamase test is recommended for Enterococcus species.

- a) Use maximum doses of drugs with an aminoglycoside for *P. aeruginosa* in patients with granulocytopenia or serious infections.
- b) Breakpoints based on parenteral dose. For Cefuroxime axetil (PO) breakpoints for Enterobacteriaceae and staphylococci are <8-S, 8-16-I, >16-R and for *S. pneumoniae* are <2-S, 2-I, >2-R.
- c) Refer to the penicillin interpretation when an interpretation is not reported for Streptococci.
- d) Refer to the penicillin interpretation for non beta-lactamase producing enterococci.
- e) Breakpoints are based on *S. pneumoniae* isolated from patients with meningitis. Breakpoints are <2-S, 2-I, >2-R for non-meningitis infections.

* Interpretations based on approx. adult attainable systemic/urine levels, except drugs with <3 dilutions, which print NCCLS. Doses are guidelines; consider weight and renal/hepatic function. Urine interpretation for lower UTI only.

** Interpretations based on NCCLS M100-S9 Jan 99. Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approved breakpoints.

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000608204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJON

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** MICROBIOLOGY *** (continued)

ROUTINE MICROBIOLOGY (continued)

14:AG:B0047649R COMP, Coll: 12/10/14-1335 Recd: 12/10/14-1407 (R#05437863) Shaver, Joseph R

Source: BRO. BRUSH Spec Desc: RT LOW LBE

Ordered: BR BRUSH BR CUL

Comment: Collected by nurse: NO

BRONCH BRUSH PROTECTED CULTURE

Organism 1

QUANTITATION

Organism 2

QUANTITATION

Organism 3

QUANTITATION

Preliminary (PREVIOUS RPT)

GRAM NEGATIVE ROD

TRACE

ID AND SUSCEPTIBILITY REPORT TO FOLLOW.

GRAM NEGATIVE ROD#2

TRACE

ID AND SUSCEPTIBILITY REPORT TO FOLLOW.

CANDIDA ALBICANS

TRACE

REPORT DATE: 12/12/14 TIME: 0809

AND A TRACE OF NORMAL RESPIRATORY FLORA

BLOOD CULTURES

14:AG:B0044942S COMP, Coll: 11/21/14-1750 Recd: 11/21/14-1808 (R#05418001) Shaver, Joseph R

Source: BLOOD Spec Desc: CENTRAL LI

Ordered: BLOOD CUL

BLOOD AEROBIC CULTURE

Final 11/26/14

NO GROWTH AFTER 5 DAYS

REPORT DATE: 11/26/14 TIME: 2035

BLOOD AEROBIC CULTURE

Preliminary (PREVIOUS RPT)

NO GROWTH AFTER 48 HOURS

REPORT DATE: 11/23/14 TIME: 0833

BLOOD ANAEROBIC CULTURE

Final 11/26/14

NO GROWTH AFTER 5 DAYS

REPORT DATE: 11/26/14 TIME: 2036

BLOOD ANAEROBIC CULTURE

Preliminary (PREVIOUS RPT)

NO GROWTH AFTER 48 HOURS

REPORT DATE: 11/23/14 TIME: 0834

14:AG:B0044946S COMP, Coll: 11/21/14-1815 Recd: 11/21/14-1901 (R#05418007) Shaver, Joseph R

Source: BLOOD Spec Desc: ARTLINE

Ordered: BLOOD CUL

BLOOD AEROBIC CULTURE

Final 11/26/14

NO GROWTH AFTER 5 DAYS

REPORT DATE: 11/26/14 TIME: 2035

BLOOD AEROBIC CULTURE

Preliminary (PREVIOUS RPT)

NO GROWTH AFTER 48 HOURS

REPORT DATE: 11/23/14 TIME: 0833

BLOOD ANAEROBIC CULTURE

Final 11/26/14

NO GROWTH AFTER 5 DAYS

REPORT DATE: 11/26/14 TIME: 2036

BLOOD ANAEROBIC CULTURE

Preliminary (PREVIOUS RPT)

NO GROWTH AFTER 48 HOURS

REPORT DATE: 11/23/14 TIME: 0834

Patient: LONG, GYLES

Age/Sex: 55/M

Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJ0B

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HEF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** MICROBIOLOGY *** (continued)

BLOOD CULTURES (continued)

14:AG:80045157R COMP, Coll: 11/23/14-0330 Recd: 11/23/14-0336 (R#05419551) Shaver, Joseph R
Source: BLOOD Spec Desc: ARTLINE
Ordered: BLOOD CUL

BLOOD AEROBIC CULTURE Final 11/28/14 REPORT DATE: 11/28/14 TIME: 1035
NO GROWTH AFTER 5 DAYS

BLOOD AEROBIC CULTURE Preliminary (PREVIOUS RPT) REPORT DATE: 11/25/14 TIME: 1253
NO GROWTH AFTER 48 HOURS

BLOOD ANAEROBIC CULTURE Final 11/28/14 REPORT DATE: 11/28/14 TIME: 1035
NO GROWTH AFTER 5 DAYS

BLOOD ANAEROBIC CULTURE Preliminary (PREVIOUS RPT) REPORT DATE: 11/25/14 TIME: 1254
NO GROWTH AFTER 48 HOURS

14:AG:80045158R COMP, Coll: 11/23/14-0335 Recd: 11/23/14-0336 (R#05419551) Shaver, Joseph R
Source: BLOOD Spec Desc: CENTRAL LI
Ordered: BLOOD CUL

BLOOD AEROBIC CULTURE Final 11/28/14 REPORT DATE: 11/28/14 TIME: 1035
NO GROWTH AFTER 5 DAYS

BLOOD AEROBIC CULTURE Preliminary (PREVIOUS RPT) REPORT DATE: 11/25/14 TIME: 1253
NO GROWTH AFTER 48 HOURS

BLOOD ANAEROBIC CULTURE Final 11/28/14 REPORT DATE: 11/28/14 TIME: 1035
NO GROWTH AFTER 5 DAYS

BLOOD ANAEROBIC CULTURE Preliminary (PREVIOUS RPT) REPORT DATE: 11/25/14 TIME: 1254
NO GROWTH AFTER 48 HOURS

14:AG:80045176U COMP, Coll: 11/23/14-1005 Recd: 11/23/14-1034 (R#05419705) Shaver, Joseph R
Source: BLOOD Spec Desc: CENTRAL LI
Ordered: BLOOD CUL

BLOOD AEROBIC CULTURE Final 11/28/14 REPORT DATE: 11/28/14 TIME: 1449
NO GROWTH AFTER 5 DAYS

BLOOD AEROBIC CULTURE Preliminary (PREVIOUS RPT) REPORT DATE: 11/25/14 TIME: 1253
NO GROWTH AFTER 48 HOURS

BLOOD ANAEROBIC CULTURE Final 11/28/14 REPORT DATE: 11/28/14 TIME: 1450
NO GROWTH AFTER 5 DAYS

BLOOD ANAEROBIC CULTURE Preliminary (PREVIOUS RPT) REPORT DATE: 11/25/14 TIME: 1254
NO GROWTH AFTER 48 HOURS

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LAB0KGJ0B

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** MICROBIOLOGY *** (continued)

BLOOD CULTURES (continued)

14:AG:B0045177U COMP, Coll: 11/23/14-1015 Recd: 11/23/14-1034 (R#05419706) Shaver, Joseph R
Source: BLOOD Spec Desc: ARTLINE

Ordered: BLOOD CUL
BLOOD AEROBIC CULTURE

Final 11/28/14
NO GROWTH AFTER 5 DAYS

REPORT DATE: 11/28/14 TIME: 1449

BLOOD AEROBIC CULTURE

Preliminary (PREVIOUS RPT)
NO GROWTH AFTER 48 HOURS

REPORT DATE: 11/25/14 TIME: 1253

BLOOD ANAEROBIC CULTURE

Final 11/28/14
NO GROWTH AFTER 5 DAYS

REPORT DATE: 11/28/14 TIME: 1450

BLOOD ANAEROBIC CULTURE

Preliminary (PREVIOUS RPT)
NO GROWTH AFTER 48 HOURS

REPORT DATE: 11/25/14 TIME: 1254

14:AG:B0046141R COMP, Coll: 12/01/14-0510 Recd: 12/01/14-0536 (R#05426897) Shaver, Joseph R
Source: BLOOD Spec Desc: CENTRAL LI

Ordered: BLOOD CUL
BLOOD AEROBIC CULTURE

Final 12/06/14
NO GROWTH AFTER 5 DAYS

REPORT DATE: 12/06/14 TIME: 1105

BLOOD AEROBIC CULTURE

Preliminary (PREVIOUS RPT)
NO GROWTH AFTER 48 HOURS

REPORT DATE: 12/03/14 TIME: 0832

BLOOD ANAEROBIC CULTURE

Final 12/06/14
NO GROWTH AFTER 5 DAYS

REPORT DATE: 12/06/14 TIME: 1106

BLOOD ANAEROBIC CULTURE

Preliminary (PREVIOUS RPT)
NO GROWTH AFTER 48 HOURS

REPORT DATE: 12/03/14 TIME: 0835

14:AG:B0046142R COMP, Coll: 12/01/14-0526 Recd: 12/01/14-0536 (R#05426898) Shaver, Joseph R
Source: BLOOD Spec Desc: CENTRAL LI

Ordered: BLOOD CUL
BLOOD AEROBIC CULTURE

Final 12/06/14
NO GROWTH AFTER 5 DAYS

REPORT DATE: 12/06/14 TIME: 1105

BLOOD AEROBIC CULTURE

Preliminary (PREVIOUS RPT)
NO GROWTH AFTER 48 HOURS

REPORT DATE: 12/03/14 TIME: 0832

BLOOD ANAEROBIC CULTURE

Final 12/06/14
NO GROWTH AFTER 5 DAYS

REPORT DATE: 12/06/14 TIME: 1106

BLOOD ANAEROBIC CULTURE

Preliminary (PREVIOUS RPT)
NO GROWTH AFTER 48 HOURS

REPORT DATE: 12/03/14 TIME: 0835

Patient: LONG, GYLES

Age/Sex: 55/M

Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJJOH

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG,GYLES EG00557360179 (Continued)

*** MICROBIOLOGY *** (continued)

BLOOD CULTURES (continued)

14:AG:B0048752U COMP, Coll: 12/17/14-1230 Recd: 12/17/14-1253 (R#05446001) Shaver,Joseph R

Source: BLOOD Spec Desc: OTHER

Ordered: BLOOD CUL

Comment: Specimen comment: PICC Line

BLOOD AEROBIC CULTURE Final 12/22/14 REPORT DATE:12/22/14 TIME:1555
NO GROWTH AFTER 5 DAYS

BLOOD AEROBIC CULTURE Preliminary [PREVIOUS RPT] REPORT DATE:12/19/14 TIME:0932
NO GROWTH AFTER 48 HOURS

BLOOD ANAEROBIC CULTURE Final 12/22/14 REPORT DATE:12/22/14 TIME:1556
NO GROWTH AFTER 5 DAYS

BLOOD ANAEROBIC CULTURE Preliminary [PREVIOUS RPT] REPORT DATE:12/19/14 TIME:0934
NO GROWTH AFTER 48 HOURS

14:AG:B0048765U COMP, Coll: 12/17/14-1410 Recd: 12/17/14-1427 (R#05446068) Shaver,Joseph R

Source: BLOOD Spec Desc: OTHER

Ordered: BLOOD CUL

Comment: Specimen comment: PICC LINE

BLOOD AEROBIC CULTURE Final 12/22/14 REPORT DATE:12/22/14 TIME:1555
NO GROWTH AFTER 5 DAYS

BLOOD AEROBIC CULTURE Preliminary [PREVIOUS RPT] REPORT DATE:12/19/14 TIME:0932
NO GROWTH AFTER 48 HOURS

BLOOD ANAEROBIC CULTURE Final 12/22/14 REPORT DATE:12/22/14 TIME:1556
NO GROWTH AFTER 5 DAYS

BLOOD ANAEROBIC CULTURE Preliminary [PREVIOUS RPT] REPORT DATE:12/19/14 TIME:0934
NO GROWTH AFTER 48 HOURS

14:AG:B0048771U COMP, Coll: 12/17/14-1445 Recd: 12/17/14-1514 (R#05446097) Shaver,Joseph R

Source: BLOOD Spec Desc: OTHER

Ordered: BLOOD CUL

Comment: Specimen comment: PICC LINE

BLOOD AEROBIC CULTURE Final 12/22/14 REPORT DATE:12/22/14 TIME:1555
NO GROWTH AFTER 5 DAYS

BLOOD AEROBIC CULTURE Preliminary [PREVIOUS RPT] REPORT DATE:12/19/14 TIME:0932
NO GROWTH AFTER 48 HOURS

BLOOD ANAEROBIC CULTURE Final 12/22/14 REPORT DATE:12/22/14 TIME:1556
NO GROWTH AFTER 5 DAYS

BLOOD ANAEROBIC CULTURE Preliminary [PREVIOUS RPT] REPORT DATE:12/19/14 TIME:0934
NO GROWTH AFTER 48 HOURS

Patient: LONG,GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** MICROBIOLOGY *** (continued)

FECAL PROCEDURES

14:AG:B0048631S COMP, Coll: 12/16/14-1855 Recd: 12/16/14-1932 (R#05445124) Shaver, Joseph R

Source: STOOL Spec Desc:

Ordered: C DIFF AG TOX, C DIFF NAAT

Comment: @12/17/14 0410: C DIFF NAAT added. RFLXG - CDIFFPCR.

C DIFFICILE A,B TOXIN Final 12/17/14

REPORT DATE: 12/17/14 TIME: 0410

C DIFFICILE TOXIN A,B: NEGATIVE for Toxin A&B by EIA.

15:AG:B0000570R COMP, Coll: 01/05/15-1400 Recd: 01/05/15-1451 (R#05467477) Gibbs, Jon C MD

Source: STOOL Spec Desc: FORMED

Ordered: C DIFF AG TOX

C DIFFICILE A,B TOXIN Final 01/05/15

REPORT DATE: 01/05/15 TIME: 1545

C DIFFICILE TOXIN A,B: NEGATIVE for Toxin A&B by EIA.

MYCOLOGY

14:AG:F0000960R COMP, Coll: 11/22/14-1450 Recd: 11/22/14-1835 (R#05419060) Shaver, Joseph R

Source: BRONCH LAV Spec Desc: RT MID LOB

Ordered: FUNGUS CUL

Comment: @Patient Location: G.BURN

@Location Phone Number: (706) 651-6661

@Ord Facility Lab Site Name: Doctors Hospital Augusta Lab

@Ord Facility Lab Site Phone: (706) 651-6545

SHEAR FUNGUS (ai) Final 11/24/14

REPORT DATE: 11/24/14 TIME: 0606

No fungal elements seen

FUNGUS CULTURE (ai) Final 12/20/14

REPORT DATE: 12/20/14 TIME: 1835

No fungus recovered after 4 weeks

FUNGUS CULTURE (ai) Preliminary (PREVIOUS RPT)

REPORT DATE: 12/13/14 TIME: 1835

No fungus recovered after 3 weeks

FUNGUS CULTURE (ai) Preliminary (PREVIOUS RPT)

REPORT DATE: 12/06/14 TIME: 1835

No fungus recovered after 2 weeks

FUNGUS CULTURE (ai) Preliminary (PREVIOUS RPT)

REPORT DATE: 11/29/14 TIME: 1835

No fungus recovered after 1 week

14:AG:F0000961R COMP, Coll: 11/22/14-1450 Recd: 11/22/14-1835 (R#05419060) Shaver, Joseph R

Source: BRON WASH Spec Desc: RT LOW LBE

Ordered: FUNGUS CUL

Comment: @Patient Location: G.BURN

@Location Phone Number: (706) 651-6661

@Ord Facility Lab Site Name: Doctors Hospital Augusta Lab

@Ord Facility Lab Site Phone: (706) 651-6545

SHEAR FUNGUS (ai) Final 11/24/14

REPORT DATE: 11/24/14 TIME: 0607

NOTES: (ai) INTEGRATED REGIONAL LAB

INTEGRATED REGIONAL LAB, 5361 N.W. 33RD AVE, FORT LAUDERDALE, FL 33309

MARCELINO ALVAREZ, MD, MEDICAL DIRECTOR PHONE: (954) 777-0018

Patient: LONG, GYLES

Age/Sex: 55/M

Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG,GYLES #G00557360179 (Continued)

*** MICROBIOLOGY *** (continued)

MYCOLOGY (continued)

14:AG:F0000961R COMP, Coll: 11/22/14-1450 Recd: 11/22/14-1835 (R#05419060) Shaver, Joseph R
Source: BRON WASH Spec Desc: RT LOW LBE
Ordered: FUNGUS CUL
Comment: @Patient Location: G.BURN
@Location Phone Number: (706) 651-6661
@Ord Facility Lab Site Name: Doctors Hospital Augusta Lab
@Ord Facility Lab Site Phone: (706) 651-6545

SMEAR FUNGUS	No fungal elements seen	REPORT DATE:11/24/14 TIME:0607
FUNGUS CULTURE (aj)	Final 12/20/14 No fungus recovered after 4 weeks	REPORT DATE:12/20/14 TIME:1835
FUNGUS CULTURE (aj)	Preliminary (PREVIOUS RPT) No fungus recovered after 3 weeks	REPORT DATE:12/13/14 TIME:1835
FUNGUS CULTURE (aj)	Preliminary (PREVIOUS RPT) No fungus recovered after 2 weeks	REPORT DATE:12/06/14 TIME:1835
FUNGUS CULTURE (aj)	Preliminary (PREVIOUS RPT) No fungus recovered after 1 week	REPORT DATE:11/29/14 TIME:1835

14:AG:F0000973R COMP, Coll: 11/28/14-1130 Recd: 11/28/14-1133 (R#05424706) Shaver, Joseph R
Source: BRONCH LAV Spec Desc: RT MID LOB
Ordered: FUNGUS CUL
Comment: @Patient Location: G.BURN
@Location Phone Number: (706) 651-6661
@Ord Facility Lab Site Name: Doctors Hospital Augusta Lab
@Ord Facility Lab Site Phone: (706) 651-6545

SMEAR FUNGUS (aj)	Final 11/29/14 No fungal elements seen	REPORT DATE:11/29/14 TIME:0428
FUNGUS CULTURE (aj)	Final 12/26/14 No fungus recovered after 4 weeks	REPORT DATE:12/26/14 TIME:1133
FUNGUS CULTURE (aj)	Preliminary (PREVIOUS RPT) No fungus recovered after 3 weeks	REPORT DATE:12/19/14 TIME:1133

NOTES: (aj) INTEGRATED REGIONAL LAB
INTEGRATED REGIONAL LAB, 5361 N.W.33RD AVE, FORT LAUDERDALE, FL 33309
MARCELINO ALVEREZ, MD, MEDICAL DIRECTOR PHONE:(954)777-0018

Patient: LONG,GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJ0B

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** MICROBIOLOGY *** (continued)

MYCOLOGY (continued)

14:AG:F0000973R COMP, Coll: 11/28/14-1130 Recd: 11/28/14-1133 (R#05424706) Shaver, Joseph R

Source: BRONCH LAV Spec Desc: RT MID LOB

Ordered: FUNGUS CUL

Comment: @Patient Location: G.BURN

@Location Phone Number: (706) 651-6661

@Ord Facility Lab Site Name: Doctors Hospital Augusta Lab

@Ord Facility Lab Site Phone: (706) 651-6545

FUNGUS CULTURE (ak) Preliminary (PREVIOUS RPT) REPORT DATE: 12/12/14 TIME: 1133
No fungus recovered after 2 weeks

FUNGUS CULTURE (ak) Preliminary (PREVIOUS RPT) REPORT DATE: 12/05/14 TIME: 1133
No fungus recovered after 1 week

14:AG:F0000974R COMP, Coll: 11/28/14-1130 Recd: 11/28/14-1133 (R#05424706) Shaver, Joseph R

Source: BRON WASH Spec Desc: RT LOW LBB

Ordered: FUNGUS CUL

Comment: @Patient Location: G.BURN

@Location Phone Number: (706) 651-6661

@Ord Facility Lab Site Name: Doctors Hospital Augusta Lab

@Ord Facility Lab Site Phone: (706) 651-6545

SMEAR FUNGUS (ak) Final 11/29/14 REPORT DATE: 11/29/14 TIME: 0429
No fungal elements seen

FUNGUS CULTURE (ak) Final 12/26/14 REPORT DATE: 12/26/14 TIME: 1133
No fungus recovered after 4 weeks

FUNGUS CULTURE (ak) Preliminary (PREVIOUS RPT) REPORT DATE: 12/19/14 TIME: 1133
No fungus recovered after 3 weeks

FUNGUS CULTURE (ak) Preliminary (PREVIOUS RPT) REPORT DATE: 12/12/14 TIME: 1133
No fungus recovered after 2 weeks

FUNGUS CULTURE (ak) Preliminary (PREVIOUS RPT) REPORT DATE: 12/05/14 TIME: 1133
No fungus recovered after 1 week

NOTES: (ak) INTEGRATED REGIONAL LAB
INTEGRATED REGIONAL LAB, 5361 N.W. 33RD AVE, FORT LAUDERDALE, FL 33309
MARCELINO ALVAREZ, MD, MEDICAL DIRECTOR PHONE: (954) 777-0018

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15 DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909 PAGE 148
RUN TIME: 0203 MEDICAL DIRECTOR - STEPHEN ADAMS, DO
RUN USER: LABDKGJOB HPF LAB Discharge Summary Report w/o Pathology

Patient: LONG,GYLES #G00557360179 (Continued)

*** MICROBIOLOGY *** (continued)

MYCOOLOGY (continued)

14:AG:F0001002R COMP, Coll: 12/10/14-1335 Recd: 12/10/14-1407 (R#05437863) Shaver, Joseph R
Source: BRON WASH Spec Desc: RT LOW LBE

Ordered: FUNGUS CUL

Comment: @Patient Location: G.BURN

@Location Phone Number: (706) 651-6661

@Ord Facility Lab Site Name: Doctors Hospital Augusta Lab

@Ord Facility Lab Site Phone: (706) 651-6545

SMEAR FUNGUS (sl)

Final 12/12/14

REPORT DATE:12/12/14 TIME:0334

No fungal elements seen

FUNGUS CULTURE (al)

Final 01/09/15

REPORT DATE:01/09/15 TIME:0432

Organism 1

Yeast not Crypt. Neoformans

FUNGUS CULTURE (al)

Preliminary (PREVIOUS RPT)

REPORT DATE:12/15/14 TIME:1329

Organism 1

Yeast not Crypt. Neoformans

This is a preliminary result.

Culture will be incubated and monitored for 4 weeks.

Final report to follow.

VIROLOGY

14:AG:V00002029R COMP, Coll: 11/28/14-1130 Recd: 11/28/14-1133 (R#05424706) Shaver, Joseph R

Source: BRONCH LAV Spec Desc: RT MID LOB

Ordered: VIRUS CUL

Comment: Virus to rule out (if specified by physician): NOT SPECIFIED

@Patient Location: G.BURN

@Location Phone Number: (706) 651-6661

@Ord Facility Lab Site Name: Doctors Hospital Augusta Lab

@Ord Facility Lab Site Phone: (706) 651-6545

VIRUS CULTURE (al)

Final 12/04/14

REPORT DATE:12/04/14 TIME:1309

NOTES: (al) INTEGRATED REGIONAL LAB

INTEGRATED REGIONAL LAB, 5361 N.W.33RD AVE, FORT LAUDERDALE, FL 33309

MARCELINO ALVAREZ, MD, MEDICAL DIRECTOR PHONE:(954)777-0018

Patient: LONG,GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** MICROBIOLOGY *** (continued)

VIROLOGY (continued)

14:AG:V0002029R COMP, Coll: 11/28/14-1130 Recd: 11/28/14-1133 (R#05424706) Shaver, Joseph R

Source: BRONCH LAV Spec Desc: RT MID LOB

Ordered: VIRUS CUL

Comment: Virus to rule out (if specified by physician): NOT SPECIFIED

@Patient Location: G.BURN

@Location Phone Number: (706) 651-6661

@Ord Facility Lab Site Name: Doctors Hospital Augusta Lab

@Ord Facility Lab Site Phone: (706) 651-6545

VIRUS CULTURE

REPORT DATE: 12/04/14 TIME: 1309

No Adenovirus, Influenza Virus A & B,

Parainfluenza Virus 1, 2, & 3,

Respiratory Syncytial Virus, or

Herpes Simplex Virus isolated

VIRUS CULTURE (am)

Preliminary (PREVIOUS RPT)

REPORT DATE: 12/01/14 TIME: 1358

No virus recovered after 3 days

Final results to follow.

VIRUS CULTURE (am)

Preliminary (PREVIOUS RPT)

REPORT DATE: 11/30/14 TIME: 1324

No virus recovered after 1 day.

Final results to follow.

14:AG:V0002030R COMP, Coll: 11/28/14-1130 Recd: 11/28/14-1133 (R#05424706) Shaver, Joseph R

Source: BRON WASH Spec Desc: RT LOW LBE

Ordered: VIRUS CUL

Comment: Virus to rule out (if specified by physician): NOT SPECIFIED

@Patient Location: G.BURN

@Location Phone Number: (706) 651-6661

@Ord Facility Lab Site Name: Doctors Hospital Augusta Lab

@Ord Facility Lab Site Phone: (706) 651-6545

VIRUS CULTURE (am)

Final 12/04/14

REPORT DATE: 12/04/14 TIME: 1308

NOTES: (am) INTEGRATED REGIONAL LAB

INTEGRATED REGIONAL LAB, 5361 N.W. 33RD AVE, FORT LAUDERDALE, FL 33309

MARCELINO ALVAREZ, MD, MEDICAL DIRECTOR PHONE: (954) 777-0018

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
IPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

*** MICROBIOLOGY *** (continued)

VIROLOGY (continued)

14:AG:V0002030R COMP, Coll: 11/28/14-1130 Recd: 11/28/14-1133 (R#05424706) Shaver, Joseph R

Source: BRON WASH Spec Desc: RT LOW LBE

Ordered: VIRUS CUL

Comment: Virus to rule out (if specified by physician): NOT SPECIFIED

@Patient Location: G.BURN

@Location Phone Number: (706)651-6661

@Ord Facility Lab Site Name: Doctors Hospital Augusta Lab

@Ord Facility Lab Site Phone: (706)651-6545

VIRUS CULTURE

REPORT DATE:12/04/14 TIME:1308

No Adenovirus, Influenza Virus A & B,
Parainfluenza Virus 1,2,& 3,
Respiratory Syncytial Virus, or
Herpes Simplex Virus isolated

VIRUS CULTURE (an)

Preliminary (PREVIOUS RPT)

REPORT DATE:12/01/14 TIME:1359

No virus recovered after 2 days
Final results to follow.

VIRUS CULTURE (an)

Preliminary (PREVIOUS RPT)

REPORT DATE:11/30/14 TIME:1323

No virus recovered after 1 day.
Final results to follow.

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABDKGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HFF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

14:AG:V0002196R COME, Coll: 12/10/14-1335 Recd: 12/10/14-1407 (R#05437863) Shaver, Joseph R
Source: BRON WASH Spec Desc: RT LOW LBE
Ordered: CMV CUL, VIRUS CUL
Comment: Comments to phlebotomist: BW
Virus to rule out (if specified by physician): OTHER-ENTER
IN COMMENTS

@Patient Location: G.BURN
@Location Phone Number: (706) 651-6661
@Ord Facility Lab Site Name: Doctors Hospital Augusta Lab
@Ord Facility Lab Site Phone: (706) 651-6545

CMV CULTURE (an) Final 12/15/14
No Cytomegalovirus recovered

REPORT DATE: 12/15/14 TIME: 1451

*** MICROBIOLOGY *** (continued)

VIROLOGY (continued)
VIRUS CULTURE (an)

Final 12/17/14

REPORT DATE: 12/17/14 TIME: 1342

No Adenovirus, Influenza Virus A & B,
Parainfluenza Virus 1, 2, & 3,
Respiratory Syncytial Virus, or
Herpes Simplex Virus isolated

VIRUS CULTURE (an) Preliminary (PREVIOUS RPT)

REPORT DATE: 12/15/14 TIME: 1535

No virus recovered after 3 days.
Final results to follow.

VIRUS CULTURE (an) Preliminary (PREVIOUS RPT)

REPORT DATE: 12/13/14 TIME: 1129

NOTES: (an) INTEGRATED REGIONAL LAB
INTEGRATED REGIONAL LAB, 5361 N.W. 33RD AVE, FORT LAUDERDALE, FL 33309
MARCELINO ALVAREZ, MD, MEDICAL DIRECTOR PHONE: (954) 777-0010

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJ0B

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG,GYLES #G00557360179 (Continued)

*** MICROBIOLOGY *** (continued)

VIROLOGY (continued)

14:AG:V0002196R COMP, Coll: 12/10/14-1335 Recd: 12/10/14-1407 (R#05437863) Shaver, Joseph R
Source: BRON WASH Spec Desc: RT LOW LBE
Ordered: CMV CUL, VIRUS CUL
Comment: Comments to phlebotomist: BW
Virus to rule out (if specified by physician): OTHER-ENTER
IN COMMENTS
@Patient Location: G.BURN
@Location Phone Number: (706) 651-6661
@Ord Facility Lab Site Name: Doctors Hospital Augusta Lab
@Ord Facility Lab Site Phone: (706) 651-6545

VIRUS CULTURE

No virus recovered after 1 day.
Final results to follow.

REPORT DATE: 12/13/14 TIME: 1129

14:AG:B0048631S COMP, Coll: 12/16/14-1855 Recd: 12/16/14-1932 (R#05445124) Shaver, Joseph R

Source: STOOL Spec Desc:
Ordered: C DIFF AG TOX, C DIFF NAAT
Comment: @12/17/14 0410: C DIFF NAAT added. RELXG = CDIFFPCR.
C DIFFICILE GDH ANTIGEN Final 12/17/14
C DIFFICILE GDH ANTIGEN: POSITIVE for GDH Antigen by EIA.

REPORT DATE: 12/17/14 TIME: 0410

C DIFFICILE: ANTIGEN/TOXIN A,B Final 12/17/14
C DIFF TOX & AG INTERP: INDETERMINATE. Referred for Nucleic Acid Amp
Testing (NAAT).

REPORT DATE: 12/17/14 TIME: 0410

C DIFFICILE NUCLEIC ACID AMP Final 12/17/14
C DIFFICILE NAAT: POSITIVE. Toxigenic C difficile with pathogen
locus detected

REPORT DATE: 12/17/14 TIME: 0825

Patient: LONG,GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000608204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

15:AG:B0000570R COMP, Coll: 01/05/15-1400 Read: 01/05/15-1451 (R#05467477) Gibba, Jon C MD
Source: STOOL Spec Desc: FORMED

Ordered: C DIFF AG TOX

C DIFFICILE GDH ANTIGEN

Final 01/05/15

REPORT DATE: 01/05/15 TIME: 1545

C DIFFICILE GDH ANTIGEN: NEGATIVE for GDH Antigen by EIA.

C DIFFICILE: ANTIGEN/TOXIN A,B

Final 01/05/15

REPORT DATE: 01/05/15 TIME: 1545

C DIFF TOX & AG INTERP: NEGATIVE for C difficile by EIA.

PACKED CELLS

Unit#	Bld Type	Product	Volume	Status	Date	Time	Issued

ORDERED: 12/26/14 0813

CROSSMATCH

PACKED CELLS

W121614200453 PC LR O POS Comp? Y

PACKED CELLS

W038514352345 PC LR O POS Comp? Y

KEEP AHEAD

KEEP AHEAD 2 UNITS

This "Stay Ahead" order is good until the patient's current Type and Screen specimen expires. Another Keep Ahead order will be required to continue to stay ahead once a new Type and Screen specimen is drawn.

W038514352345	O POS	PC LR	322 ML	TRANSFUSED	12/26/14	1146
W121614200453	O POS	PC LR	372 ML	TRANSFUSED	12/26/14	1146

--- 12/26/14 1943 G.NUR.UJM ---

1430 NUR Query: Temperature (C): 36.7

1430 NUR Query: Temperature: 98

1430 NUR Query: Pulse: 94

1430 NUR Query: Respirations: 17

1430 NUR Query: Blood Pressure: 134/76

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG,GYLES #G00557360179 (Continued)

PACKED CELLS

Unit#	Bld Type	Product	Volume	Status	Date	Issue Time	Rsrvd

ORDERED: 12/26/14 0813

1430 NUR Query: SAO2: 96

--- 12/26/14 1943 G.NUR.UJM ---

1500 NUR Query: Temperature (C): 36.7

1500 NUR Query: Temperature: 98

1500 NUR Query: Pulse: 92

1500 NUR Query: Respirations: 17

1500 NUR Query: Blood Pressure: 129/62

1500 NUR Query: SAO2: 96

--- 12/26/14 1943 G.NUR.UJM ---

1530 NUR Query: Temperature (C): 36.7

1530 NUR Query: Temperature: 98

1530 NUR Query: Pulse: 84

1530 NUR Query: Respirations: 17

1530 NUR Query: Blood Pressure: 129/62

1530 NUR Query: SAO2: 97

--- 12/26/14 1943 G.NUR.UJM ---

1630 NUR Query: Temperature (C): 36.7

1630 NUR Query: Temperature: 98

1630 NUR Query: Pulse: 86

1630 NUR Query: Respirations: 17

1630 NUR Query: Blood Pressure: 136/65

1630 NUR Query: SAO2: 98

Patient: LONG,GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABOKGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

PACKED CELLS

Unit#	Bld Type	Product	Volume	Status	Date	Issue Time	Rev'd

ORDERED: 12/12/14 0827

CROSSMATCH
PACKED CELLS
PACKED CELLS
KEEP AHEAD

W030514352217 PC LR O POS Comp? Y
W030514382754 PC LR O POS Comp? Y <N/A> (CANC)

This "Stay Ahead" order is good until the patient's current Type and Screen specimen expires. Another Keep Ahead order will be required to continue to stay ahead once a new Type and Screen specimen is drawn.

W038514352217	O POS	PC LR	292 ML	TRANSFUSED	12/12/14	0929	

ORDERED: 11/25/14 1541

CROSSMATCH
PACKED CELLS
PACKED CELLS
W038514103619 O POS

W038514103619 PC LR O POS Comp? Y
W121614187869 PC LR O POS Comp? Y <N/A> (CANC)
PC LR 268 ML TRANSFUSED

11/26/14 1440

ORDERED: 11/22/14 1610

CROSSMATCH
PACKED CELLS
PACKED CELLS
KEEP AHEAD

W038514343544 PC LR O POS Comp? Y
W241214802678 PC LR O NEG Comp? Y

This "Stay Ahead" order is good until the patient's current Type and Screen specimen expires. Another Keep Ahead order will be required to continue to stay ahead once a new Type

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABDKGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HEF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

PACKED CELLS

Unit#	Bld Type	Product	Volume	Status	Date	Issue Time	Rsrvd

ORDERED: 11/22/14 1610

and Screen specimen is drawn.

W038514343544	O POS	PC LR	359 ML	TRANSFUSED	11/22/14	1700	
W241214802670	O NEG	PC LR	337 ML	TRANSFUSED	11/23/14	1456	

--- 11/23/14 1504 G.NUR.JMT ---

1500 NUR Query: Temperature (C): 37.8

1500 NUR Query: Temperature: 100.0

1500 NUR Query: Pulse: 107

1500 NUR Query: Respirations: 22

1500 NUR Query: Blood Pressure: 108/53

1500 NUR Query: SAO2: 100

--- 11/23/14 1517 G.NUR.JMT ---

1515 NUR Query: Temperature (C): 37.0

1515 NUR Query: Temperature: 100.0

1515 NUR Query: Pulse: 111

1515 NUR Query: Respirations: 22

1515 NUR Query: Blood Pressure: 105/48

1515 NUR Query: SAO2: 99

--- 11/23/14 1549 G.NUR.JMT ---

1530 NUR Query: Temperature (C): 37.7

1530 NUR Query: Temperature: 99.9

1530 NUR Query: Pulse: 111

1530 NUR Query: Respirations: 22

1530 NUR Query: Blood Pressure: 103/47

1530 NUR Query: SAO2: 99

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

PACKED CELLS

Unit#	Bld Type	Product	Volume	Status	Date	Issue Time	Recvd

ORDERED: 11/22/14 1610

--- 11/23/14 1602 G.NUR.JMT ---

1600 NUR Query: Temperature (C): 37.7
1600 NUR Query: Temperature: 99.9
1600 NUR Query: Pulse: 109
1600 NUR Query: Respirations: 22
1600 NUR Query: Blood Pressure: 109/50
1600 NUR Query: SAO2: 99

--- 11/23/14 1632 G.NUR.JMT ---

1630 NUR Query: Temperature (C): 37.7
1630 NUR Query: Temperature: 99.9
1630 NUR Query: Pulse: 102
1630 NUR Query: Respirations: 22
1630 NUR Query: Blood Pressure: 104/52
1630 NUR Query: SAO2: 97

Time: 1500

Temperature (C): Temperature: Pulse:
Respirations: Blood Pressure: SAO2:
Signs & Symptoms of Possible Transfusion Reaction: N
Has Transfusion been stopped?
Please Explain why not:

Time: 1515

Temperature (C): Temperature: Pulse:
Respirations: Blood Pressure: SAO2:
Signs & Symptoms of Possible Transfusion Reaction: N

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABDKGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG,GYLES #G00557360179 (Continued)

Unit#	Bld Type	Product	Volume	Status	PACKED CELLS		
					Date	Time	Issued

ORDERED: 11/22/14 1610

Has Transfusion been stopped?

Please Explain why not:

Time: 1530

Temperature (C):

Temperature:

Pulse:

Respirations:

Blood Pressure:

SAO2:

Signs & Symptoms of Possible Transfusion Reaction: N

Has Transfusion been stopped?

Please Explain why not:

Time: 1600

Temperature (C):

Temperature:

Pulse:

Respirations:

Blood Pressure:

SAO2:

Signs & Symptoms of Possible Transfusion Reaction: N

Has Transfusion been stopped?

Please Explain why not:

Time: 1630

Temperature (C):

Temperature:

Pulse:

Respirations:

Blood Pressure:

SAO2:

Signs & Symptoms of Possible Transfusion Reaction: N

Has Transfusion been stopped?

Please Explain why not:

Patient: LONG,GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

FRESH FROZEN PLASMA

Unit#	Bld Type	Product	Volume	Status	Date	Issue Time	Rsrvd

ORDERED: 12/12/14 0827

CROSSEMATCH
PACKED CELLS
PACKED CELLS
KEEP AHEAD

W038514352217 PC LR O POS Comp? Y
W038514382754 PC LR O POS Comp? Y <N/A> (CAHC)

This "Stay Ahead" order is good until the patient's current Type and Screen specimen expires. Another Keep Ahead order will be required to continue to stay ahead once a new Type and Screen specimen is drawn.

W038514703990 O POS PLASMA THAWED 225 ML TRANSFUSED 12/12/14 0929

Unit#	Bld Type	Product	Volume	Status	Date	Issue Time	Rsrvd

ORDERED: 01/03/15 2029

BLOOD TYPE O POS
ANTIBODY SCREEN NEGATIVE

ORDERED: 01/01/15 0120

BLOOD TYPE O POS
ANTIBODY SCREEN NEGATIVE

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LAB0XGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

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Patient: LONG, GYLES #G00557360179 (Continued)

Unit#	Bld Type	Product	Volume	Status	Date	Issue Time	Rev'd

ORDERED: 12/20/14 2326

BLOOD TYPE	O POS
ANTIBODY SCREEN	NEGATIVE

ORDERED: 12/26/14 0455

BLOOD TYPE	O POS
ANTIBODY SCREEN	NEGATIVE

ORDERED: 12/20/14 1743

CROSSMATCH	
PACKED CELLS	W038514372420 PC LR O NEG Comp? Y <N/A> (CANC)
PACKED CELLS	W038514402060 PC LR O NEG Comp? Y <N/A> (CANC)
KEEP AHEAD	

This "Stay Ahead" order is good until the patient's current Type and Screen specimen expires. Another Keep Ahead order will be required to continue to stay ahead once a new Type and Screen specimen is drawn.

ORDERED: 12/20/14 2014

BLOOD TYPE	O POS
ANTIBODY SCREEN	NEGATIVE

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJGJOB

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

PAGE 161

Patient: LONG, GYLES #G00557360179 (Continued)

Unit#	Bld Type	Product	Volume	Status	Date	Issue Time	Rsrvd

ORDERED: 12/17/14 2107

BLOOD TYPE	O POS
ANTIBODY SCREEN	NEGATIVE

ORDERED: 12/16/14 0024

CROSSMATCH	
PACKED CELLS	WD43214090356 PC LR O POS Comp? Y <N/A> (CANC)
PACKED CELLS	WD38514704545 PC LR O POS Comp? Y <N/A> (CANC)

ORDERED: 12/14/14 1946

BLOOD TYPE	O POS
ANTIBODY SCREEN	NEGATIVE

ORDERED: 12/12/14 1757

CROSSMATCH	
PACKED CELLS	WD38514807176 PC LR O POS Comp? Y <N/A> (CANC)

ORDERED: 12/12/14 0032

BLOOD TYPE	O POS
ANTIBODY SCREEN	NEGATIVE

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJ08

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
IPF LAB Discharge Summary Report w/o Pathology

PAGE 162

Patient: LONG,GYLES #G00557360179 (Continued)

Unit#	Bld Type	Product	Volume	Status	Date	Issue Time	Rsrvd
ORDERED: 12/08/14 2043							
	BLOOD TYPE	O POS					
	ANTIBODY SCREEN	NEGATIVE					
ORDERED: 12/05/14 2007							
	BLOOD TYPE	O POS					
	ANTIBODY SCREEN	NEGATIVE					
ORDERED: 12/04/14 1446							
	CROSSMATCH						
	PACKED CELLS	W038514372304 PC LR O POS Comp? Y <N/A> (CANC)					
ORDERED: 12/02/14 2023							
	BLOOD TYPE	O POS					
	ANTIBODY SCREEN	NEGATIVE					
ORDERED: 11/29/14 2053							
	BLOOD TYPE	O POS					
	ANTIBODY SCREEN	NEGATIVE					
ORDERED: 11/26/14 2205							
	BLOOD TYPE	O POS					

Patient: LONG,GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKGT08

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

PAGE 163

Patient: LONG, GYLES

#G00557360179

(Continued)

Unit#	Bld Type	Product	Volume	Status	Date	Issue Time	Rev'd

ORDERED: 11/26/14 2205

ANTIBODY SCREEN

NEGATIVE

ORDERED: 11/24/14 1142

CROSSMATCH

PACKED CELLS

W038514391892 PC LR O POS Comp? Y <N/A> (CANC)

PACKED CELLS

W043214088267 PC LR BAG 2 O POS Comp? Y <N/A> (CANC)

ORDERED: 11/24/14 1107

KEEP AHEAD

This "Stay Ahead" order is good until the patient's current Type and Screen specimen expires. Another Keep Ahead order will be required to continue to stay ahead once a new Type and Screen specimen is drawn.

ORDERED: 11/23/14 2048

BLOOD TYPE

O POS

ANTIBODY SCREEN

NEGATIVE

ORDERED: 11/23/14 1414

CROSSMATCH

PACKED CELLS

W038514391892 PC LR O POS Comp? Y <N/A> (CANC)

Patient: LONG, GYLES

Age/Sex: 55/M

Acct#G00557360179 Unit#G000808204

RUN DATE: 01/10/15
RUN TIME: 0203
RUN USER: LABBKJ02

DOCTORS HOSPITAL/3651 WHEELER RD/AUGUSTA GA 30909
MEDICAL DIRECTOR - STEPHEN ADAMS, DO
HPF LAB Discharge Summary Report w/o Pathology

PAGE 164

Patient: LONG, GYLES #G00557360179 (Continued)

Unit#	Bld Type	Product	Volume	Status	Date	Issue Time	Rsvrd

ORDERED: 11/21/14 2351

BLOOD TYPE O POS
ANTIBODY SCREEN NEGATIVE

Cancelled Specimens

14:AG:B0044943S CAN, Coll: 11/21/14-1515 Recd: - (R#05418003) Shaver, Joseph R
Ordered: BLOOD CUL
Comment: Auto-cancelled after 1 day.
14:AG:B0044944S CAN, Coll: 11/21/14-1516 Recd: - (R#05418005) Shaver, Joseph R
Ordered: BLOOD CUL
Comment: Auto-cancelled after 1 day.
1201:AG:BG00004R CAN, Coll: 12/01/14-0400 Recd: - (R#05426763) Shaver, Joseph R
Ordered: ABG
Comment: PER REQUEST
1202:AG:BG00007R CAN, Coll: 12/02/14-0400 Recd: - (R#05427890) Friedman, Bruce
Ordered: ABG
Comment: Auto-cancelled after 1 day.
1208:AG:CG00013R CAN, Coll: 12/08/14-0400 Recd: - (R#05434610) Friedman, Bruce
Ordered: FIB
Comment: ADDING ON TO PT
1215:AG:BF00001U CAN, Coll: 12/15/14-0400 Recd: - (R#05442791) Shaver, Joseph R
Ordered: CSF LDE
Comment: WRONG SOURCE
14:AG:B0048753S CAN, Coll: 12/17/14-1230 Recd: 12/17/14-1253 (R#05446002) Shaver, Joseph R
Ordered: C DIFF AG TOX
Comment: DUPLICATE - ASSAY RAN ON 12/16/14
1227:AG:BB00001R CAN, Coll: 12/27/14-0400 Recd: - (R#05455807) Mullins, Robert
Ordered: KEEP AHEAD
Comment: DUPLICATE ORDER

Patient: LONG, GYLES Age/Sex: 55/M Acct#G00557360179 Unit#G000808204

PATIENT TYPE: ADM IN LOC/PH: G.DRM/G.1019 DIB: 89/17/1959

PATIENT NAME: LUGG, DYLE3 SEX: M BORN DATE: 11/24/2014

OD PHYSICIAN: Shaver MD, Joseph R ADM: 11/21/2014 ORDERED: 11/24/2014

MED RECORD #: G000808204 AC#: G00557360179 RACE #: W/A

PHARM: RAD: mdana

ADMISSION CLINICAL DATA: EXCLUSION FROM DYNAMITE PAGE STORAGE CUE

EXAMS: Interest/Reason for exam: CPT CODE: 93970
001674501 DFLX EXT LO VAIN BIL

Depression
No evidence of deep venous thrombosis in the lower extremity veins bilaterally.

Indications

Edema (782.3).

Study Description:

A venous duplex was performed utilizing B-mode gray-scale, color flow, and spectral Doppler consistent with the protocol for this facility. B-mode is utilized in the transverse plane for compression of the peripheral veins in evaluation for thrombus. Spectral and color Doppler images are obtained in the sagittal plane for the documentation of the size and presence of normal venous blood flow patterns.

Findings:

RIGHT	Depression	Comp.
Common Fem Vein	Normal	Fully compressible
Profunda	Normal	Fully compressible
DFV Prox	Normal	Fully compressible
DFV Mid	Normal	Fully compressible
DFV Dist	Normal	Fully compressible
Popliteal Vein	Normal	Fully compressible
Posttibal Vein	Normal	Fully compressible
Peroneal Vein	Normal	Fully compressible
Ant Tibial	Normal	Fully compressible
Calf Veins	Normal	Fully compressible
DFV	Normal	Fully compressible
Soleal Veins	Normal	Fully compressible
LEFT	Depression	Comp.
Common Fem Vein	Normal	Fully compressible
Profunda	Normal	Fully compressible
DFV Prox	Normal	Fully compressible
DFV Mid	Normal	Fully compressible
DFV Dist	Normal	Fully compressible
Popliteal Vein	Normal	Fully compressible
Posttibal Vein	Normal	Fully compressible
Peroneal Vein	Normal	Fully compressible
Ant Tibial	Normal	Fully compressible
Calf Veins	Normal	Fully compressible
DFV	Normal	Fully compressible
Soleal Veins	Normal	Fully compressible

PAGE 1

Signed Report

(CONTINUED)

Provider	Date of Service	Amount Billed	Total Charges
Acute Surgical Care, LLC	11/25/2014	893	
	12/1/2014	500	
	12/1/2014	235	
	11/28/2014	450	
	11/25/2014	288	
	12/8/2014	450	
	12/22/2014	450	
	12/29/2014	450	
			3716
AmeriPath	11/26/2014	128.89	
			128.89
Anesthesia Consultants of Augusta	11/22/2014	1470	
	11/22/2014	210	
	11/25/2014	945	
	11/26/2014	2310	
	11/26/2014	105	
	12/12/2014	2730	
	12/16/2014	2415	
	12/16/2014	105	
	12/21/2014	1470	
	12/21/2014	105	
			11865
R. B. Antley OD	1/21/2015	150	
	1/21/2015	35	
	1/23/2015	85	
	2/27/2015	-8.03	
			261.97
Augusta Health Specialists Cardiology	11/23/2014	204	
	11/23/2014	27	
	11/25/2014	104	
			335
Carolina Anesthesiology Associates	11/20/2014	1261	
	11/20/2014	339	
			1600
Doctors Hospital - Augusta	11/21/2014 - 1/8/2015	2,131,320.88	
			2,131,320.88
Gastroenterology Consultants of Augusta	11/22/2014	1350	
			1350
Horizon Eye Center	11/22/2014	323	
	11/23/2014	140	
	11/26/2014	140	
	11/29/2014	140	

	12/2/2014	140	
	12/4/2014	140	
	12/7/2014	140	
	12/14/2014	140	
			1303
Joseph M. Still Burn Centers	11/21/2014	275	
	11/21/2014	940	
	11/22/2014	1293	
	11/22/2014	658	
	11/22/2014	1175	
	11/22/2014	306	
	11/22/2014	823	
	11/22/2014	24534	
	11/22/2014	1058	
	11/22/2014	15022	
	11/22/2014	141	
	11/22/2014	494	
	11/26/2014	1293	
	11/26/2014	588	
	11/26/2014	423	
	11/26/2014	823	
	11/26/2014	22842	
	11/26/2014	1058	
	11/26/2014	13986	
	12/4/2014	1293	
	12/4/2014	588	
	12/4/2014	141	
	12/4/2014	823	
	12/4/2014	16497	
	12/4/2014	1058	
	12/4/2014	10101	
	12/3/2014	150	
	12/5/2014	150	
	11/22/2014	388	
	11/22/2014	198	
	11/22/2014	353	
	11/22/2014	92	
	11/22/2014	247	
	11/22/2014	7361	
	11/22/2014	318	
	11/22/2014	4507	
	11/22/2014	43	
	11/22/2014	149	
	11/26/2014	388	
	11/26/2014	177	
	11/26/2014	127	
	11/26/2014	247	

	11/26/2014	6853	
	11/26/2014	318	
	11/26/2014	4196	
	12/4/2014	388	
	12/4/2014	177	
	12/4/2014	43	
	12/4/2014	247	
	12/4/2014	4950	
	12/4/2014	318	
	1/4/2014	3031	
	12/6/2014	150	
	12/7/2014	150	
	12/8/2014	150	
	12/9/2014	150	
	12/10/2014	150	
	12/12/2014	823	
	12/12/2014	8883	
	12/12/2014	1058	
	12/12/2014	3885	
	12/12/2014	914	
	12/12/2014	423	
	12/12/2014	247	
	12/12/2014	2665	
	12/12/2014	318	
	12/12/2014	1166	
	12/12/2014	275	
	12/12/2014	127	
	12/11/2014	150	
	12/12/2014	4465	
	12/12/2014	823	
	12/12/2014	423	
	12/12/2014	1058	
	12/12/2014	259	
	12/12/2014	1340	
	12/12/2014	247	
	12/12/2014	127	
	12/12/2014	318	
	12/12/2014	78	
	12/16/2014	823	
	12/16/2014	423	
	12/16/2014	470	
	12/16/2014	118	
	12/16/2014	1645	
	12/16/2014	517	
	12/16/2014	235	
	12/16/2014	914	
	12/16/2014	247	

	12/16/2014	127	
	12/16/2014	141	
	12/16/2014	36	
	12/16/2014	494	
	12/16/2014	156	
	12/16/2014	71	
	12/16/2014	275	
	12/21/2014	823	
	12/21/2014	2961	
	12/21/2014	1058	
	12/21/2014	1813	
	12/21/2014	470	
	12/21/2014	247	
	12/21/2014	889	
	12/21/2014	318	
	12/21/2014	544	
	12/21/2014	141	
	12/26/2014	1293	
	12/26/2014	588	
	12/26/2014	141	
	12/26/2014	823	
	12/26/2014	13959	
	12/26/2014	1058	
	12/26/2014	8547	
	12/26/2014	388	
	12/26/2014	177	
	12/26/2014	43	
	12/26/2014	247	
	12/26/2014	4188	
	12/26/2014	318	
	12/26/2014	2565	
	12/28/2014	1293	
	12/28/2014	2985	
	12/28/2014	823	
	12/28/2014	9729	
	12/28/2014	1645	
	12/28/2014	11891	
	12/28/2014	388	
	12/28/2014	896	
	12/21/2014	247	
	12/28/2014	2919	
	12/28/2014	494	
	12/28/2014	3568	
	1/9/2015	100	
			271740
Lexington County EMS	11/20/2014	622.17	
			622.17

Lexington Family Practice	1/23/2015	169	
	1/23/2015	6	
	1/23/2015	45	
	1/23/2015	26	
	1/23/2015	26	
	1/23/2015	69	
	1/23/2015	19	
			360
Lexington Health CMC		480	
			480
Lexington Orthopaedics	1/26/2015	103	
	1/26/2015	96	
	1/26/2015	112	
			311
Palmetto Health Richland-ER Physician	11/20/2014	661.26	
	11/20/2014	295	
			956.26
Palmetto Heart	11/21/2014	142	
			142
Palmetto Ophthalmology Associates	8/28/2015	170	
			170
Pitts Radiology	11/20/2014	200	
	11/20/2014	190	
	11/20/2014	185	
	11/20/2014	511	
	11/20/2014	164	
	11/20/2014	35	
	11/20/2014	511	
	11/20/2014	164	
	11/20/2014	35	
	11/20/2014	30	
	11/20/2014	28	
	11/20/2014	31	
	11/20/2014	31	
	11/20/2014	31	
	11/20/2014	31	
	11/20/2014	31	
	11/21/2014	31	
			2239
Professional Hearing Aid Associates	4/8/2015	3075	
			3075
Rocky Mountain Holdings, LLC	11/20/2014	34848.5	
	11/21/2014	49195.45	

			84043.95
Amy M. Sprague, M.D.		272	
			272
USC Surgery	11/20/2014	782	
	11/21/2014	1045	
			367064.38
Total Charges			2518119.12

MAKE CHECKS PAYABLE TO

Acute Surgical Care LLC
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Augusta, GA 30914-3548

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ACCOUNT NUMBER

2090

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STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Date	Patient	Description	Charges	Credits	Balance
11/25/14	LONG, GYLES GREG SR 2472192	INCISION OF WINDPIPE,N,7.17,1.27,3.37,3.37	893.00	0.00	893.00
12/01/14	LONG, GYLES GREG SR 2472192	INSERT PICC CATH,N,1.82,0.18,0.71,5.38	500.00	0.00	92.35
12/01/14	LONG, GYLES GREG SR 2472192	US GUIDE VASCULAR ACCESS,N,0.3,0.04,0.7,0.7	235.00	0.00	14.95
11/28/14	LONG, GYLES GREG SR 2472192	EXTREMITY STUDY,N,0.68,0.08,6.91,6.91	450.00	0.00	34.78
11/25/14	LONG, GYLES GREG SR 2472192	INPATIENT CONSULTATION,N,2.27,0.15,0.84,0.84	288.00	112.96	0.00
12/08/14	LONG, GYLES GREG SR 2472192	EXTREMITY STUDY,N,0.68,0.08,6.91,6.91	450.00	0.00	450.00
12/22/14	LONG, GYLES GREG SR 2472192	EXTREMITY STUDY,N,0.68,0.08,6.91,6.91	450.00	34.78	0.00
12/29/14	LONG, GYLES GREG SR 2472192	EXTREMITY STUDY,N,0.68,0.08,6.91,6.91	450.00	34.78	0.00
01/20/15		Payment - Other Commercial	-34.78	0.00	0.00
01/27/15		Payment - Other Commercial	-112.96	0.00	0.00
01/27/15		Payment - HEALTHSCOPE	-34.78	0.00	0.00

Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total Balance	NOW DUE
142.08	0.00	0.00	0.00	0.00	1,485.08	142.08

Message**Account Number**

2090

Statement Date

01/30/2015

Billing Questions

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STATEMENT DATE

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ACCOUNT NUMBER

02/27/2015

142.08

2090

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STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Date	Patient	Description	Charges	Credits	Balance

Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total Balance	NOW DUE
0.00	142.08	0.00	0.00	0.00	1,485.08	142.08

Message**Account Number**

2090

Statement Date

02/27/2015

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CARD NUMBER

AMOUNT

SIGNATURE

EXP. DATE

STATEMENT DATE

03/31/2015

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29.12

ACCOUNT NUMBER

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STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Date	Patient	Description	Charges	Credits	Balance
03/23/15		Payment - HEALTHSCOPE	-112.96	0.00	0.00

Current	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total Balance	NOW DUE
0.00	0.00	142.08	0.00	0.00	1,372.12	29.12

Message**Account Number**

2090

Statement Date

03/31/2015

Billing Questions

(877) 808-9860

Make Checks Payable To:

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 PO Box 3548
 Augusta, GA 30914-3548

** Balance is overdue. Please remit or contact us immediately. **

STATEMENT

Page 1 of 1

▶ IMPORTANT MESSAGE

Your physician chose Ameripath to diagnose and interpret the lab/pathology specimen at the time of your physician and / or hospital visit. These charges are in addition to those billed by your physician and / or hospital. Any amount not covered by your insurance is your responsibility. If the insurance information below is inaccurate or incomplete, please contact us at the numbers found in the Questions section below. The CPT codes provided are based on AMA guidelines and without regard to specific payor requirements.

▶ PATIENT INFORMATION

Patient Name: GYLES LONG
Account Number: 3AF7 21795601

▶ INSURANCE INFORMATION

Primary Insurance: CONSUMERS CHOICE HEALTH PLAN
Name of Insured: GYLES LONG
Policy Number: XXXXX8988
Insured Date of Birth: 09/17/XX

▶ QUESTIONS

For automated payment options 24 hours a day please call: 800-890-6220

Billing questions or inquiries please call: 800-890-6220
Monday - Friday 8:30am - 4:00pm CST

Secondary Insurance: None on file
Name of Insured:
Policy Number:
Insured Date of Birth:

▶ ACCOUNT SUMMARY

DATE	DESCRIPTION	CPT	TRANSACTION	PATIENT BALANCE
	INVOICE #: 95034919015			
11/26/14	REFERRING PHYSICIAN: MULLINS MD, ROBERT F			
03/16/15	SURGICAL PATHOLOGY	88304 x 1	140.00	
	COMMERCIAL PAYMENT		-11.11	
	CONTRACTUAL ADJUST		0.00	
	INVOICE BALANCE			128.89
	COINSURANCE AMOUNT			
THIS IS YOUR BALANCE				\$128.89

ONLINE CREDIT CARD PAYMENT

If you would like to pay online by credit card, please go to www.ameripath.com and click on "Patients" to select "Pay My Bill Online." Lab Code - AMP

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GYLES LONG
2526 CANEY BRANCH RD
LEESVILLE SC 29070-8928

Please write your account # on your check.
Make your check payable to the address below.

DUE DATE 04/01/15	STATEMENT DATE 03/17/15	ACCOUNT # 3AF7 21795601
THIS IS YOUR BALANCE \$128.89		AMOUNT BEING PAID \$
To pay by check, please indicate the amount being paid and place check in the enclosed envelope.		
TO PAY ONLINE, WE ACCEPT THE FOLLOWING CREDIT CARDS:		

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DISCOVER



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OQUINN MEDICAL PATHOLOGY ASSOC
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CINCINNATI OH 45274-0976

☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

13AF700002179560100012889031715GYLESOL-1766-00000000000002

STATEMENT

Page 1 of 1

▶ IMPORTANT MESSAGE

Your physician chose AmeriPath to diagnose and interpret the lab/pathology specimen at the time of your physician and / or hospital visit. These charges are in addition to those billed by your physician and / or hospital. Any amount not covered by your insurance is your responsibility. If the insurance information below is inaccurate or incomplete, please contact us at the numbers found in the Questions section below. The CPT codes provided are based on AMA guidelines and without regard to specific payer requirements.

▶ PATIENT INFORMATION

Patient Name: GYLES LONG
Account Number: 3AF7 21795601

▶ INSURANCE INFORMATION

Primary Insurance: CONSUMERS CHOICE HEALTH PLAN
Name of Insured: GYLES LONG
Policy Number: XXXXX8988
Insured Date of Birth: 09/17/XX

▶ QUESTIONS

For automated payment options 24 hours a day please call: 800-890-6220

Billing questions or inquiries please call: 800-890-6220
Monday - Friday 8:30am - 4:00pm CST

Secondary Insurance: None on file
Name of Insured:
Policy Number:
Insured Date of Birth:

▶ ACCOUNT SUMMARY

DATE	DESCRIPTION	CPT	TRANSACTION	PATIENT BALANCE
	INVOICE #: 99034919016 REFERRING PHYSICIAN: MULLINS MD, ROBERT F			
11/26/14	SURGICAL PATHOLOGY	88304 x 1	140.00	
03/16/15	COMMERCIAL PAYMENT		-11.11	
	CONTRACTUAL ADJUST		0.00	
	INVOICE BALANCE			128.89
	COINSURANCE AMOUNT			
THIS IS YOUR BALANCE				\$128.89

ONLINE CREDIT CARD PAYMENT

If you would like to pay online by credit card, please go to www.ameripath.com and click on "Patients" to select "Pay My Bill Online." Lab Code - AMP

PLEASE RETAIN THIS PORTION FOR YOUR RECORDS

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

AmeriPath®

P.O. BOX 830913 • BIRMINGHAM, AL 35283-0913



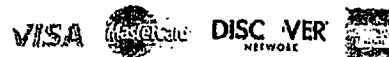
MB 01 006030 03317 B 25 A

GYLES LONG
2526 CANEY BRANCH RD
LEESVILLE SC 29070-8928

☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

Please write your account # on your check.
Make your check payable to the address below.

DUE DATE 04/29/15	STATEMENT DATE 04/14/15	ACCOUNT # 3AF7 21795601
THIS IS YOUR BALANCE \$128.89		AMOUNT BEING PAID \$
To pay by check, please indicate the amount being paid and place check in the enclosed envelope.		
TO PAY ONLINE, WE ACCEPT THE FOLLOWING CREDIT CARDS:		



Website: AmeriPath.com/PayMyBill | Phone: 800-890-6220



O'QUINN MED PATH ASSOC
OQUINN MEDICAL PATHOLOGY ASSOC
PO BOX 740976
CINCINNATI OH 45274-0976

113AF7000021795601000128890414156GYLES01-767-000000000000004

STATEMENT

▶ IMPORTANT MESSAGE

Page 1 of 1

Your physician chose Ameripath to diagnose and interpret the lab/pathology specimen at the time of your physician and / or hospital visit. These charges are in addition to those billed by your physician and / or hospital. Any amount not covered by your insurance is your responsibility. If the insurance information below is inaccurate or incomplete, please contact us at the numbers found in the Questions section below. The CPT codes provided are based on AMA guidelines and without regard to specific payer requirements.

▶ PATIENT INFORMATION

Patient Name: GYLES LONG
Account Number: 3AF7 21795601

▶ INSURANCE INFORMATION

Primary Insurance: CONSUMERS CHOICE HEALTH PLAN
Name of Insured: GYLES LONG
Policy Number: XXXXX8988
Insured Date of Birth: 09/17/XX

▶ QUESTIONS

For automated payment options 24 hours a day please call: 800-890-6220

Billing questions or inquiries please call: 800-890-6220
Monday - Friday 8:30am - 4:00pm CST

Secondary Insurance: None on file
Name of Insured:
Policy Number:
Insured Date of Birth:

▶ ACCOUNT SUMMARY

DATE	DESCRIPTION	CPT	TRANSACTION	PATIENT BALANCE
	INVOICE #: 99034919016			
11/26/14	REFERRING PHYSICIAN: MULLINS MD, ROBERT F			
03/16/15	SURGICAL PATHOLOGY	88304 x 1	140.00	
	COMMERCIAL PAYMENT		-11.11	
	CONTRACTUAL ADJUST		0.00	
	INVOICE BALANCE			128.89
	COINSURANCE AMOUNT			
THIS IS YOUR BALANCE				\$128.89

ONLINE CREDIT CARD PAYMENT

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PLEASE RETAIN THIS PORTION FOR YOUR RECORDS
PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

AmeriPath®

P.O. BOX 830913 • BIRMINGHAM, AL 35283-0913



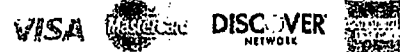
MB 01 005019 50967 B 21 C

GYLES LONG
2526 CANEY BRANCH RD
LEESVILLE SC 29070-8928

☐ Please check box if above address is incorrect or Insurance information has changed, and indicate change(s) on reverse side.

Please write your account # on your check.
Make your check payable to the address below.

DUE DATE 06/24/15	STATEMENT DATE 06/09/15	ACCOUNT # 3AF7 21795601
THIS IS YOUR BALANCE \$128.89		AMOUNT BEING PAID \$
To pay by check, please indicate the amount being paid and place check in the enclosed envelope.		
TO PAY ONLINE, WE ACCEPT THE FOLLOWING CREDIT CARDS:		



Website: AmeriPath.com/PayMyBill | Phone: 800-890-6220

O'QUINN MED PATH ASSOC
OQUINN MEDICAL PATHOLOGY ASSOC
PO BOX 740976
CINCINNATI OH 45274-0976

013AF700002179560100012889060915GYLESC-1-768-0000000000000009

STATEMENT

▶ IMPORTANT MESSAGE

Page 1 of 1

Your physician chose AmeriPath to diagnose and interpret the lab/pathology specimen at the time of your physician and / or hospital visit. These charges are in addition to those billed by your physician and / or hospital. Any amount not covered by your insurance is your responsibility. If the insurance information below is inaccurate or incomplete, please contact us at the numbers found in the Questions section below. The CPT codes provided are based on AMA guidelines and without regard to specific payor requirements.

▶ PATIENT INFORMATION

Patient Name: GYLES LONG
Account Number: 3AF7 21795601

▶ INSURANCE INFORMATION

Primary Insurance: CONSUMERS CHOICE HEALTH PLAN
Name of Insured: GYLES LONG
Policy Number: XXXXX8988
Insured Date of Birth: 09/17/XX

▶ QUESTIONS

For automated payment options 24 hours a day please call: 800-890-6220

Billing questions or inquiries please call: 800-890-6220
Monday - Friday 8:30am - 4:00pm CST

Secondary Insurance: None on file
Name of Insured:
Policy Number:
Insured Date of Birth:

▶ ACCOUNT SUMMARY

DATE	DESCRIPTION	CPT	TRANSACTION	PATIENT BALANCE
	INVOICE #: 99034919016 REFERRING PHYSICIAN: MULLINS MD, ROBERT F			
11/26/14	SURGICAL PATHOLOGY	88304 x 1	140.00	
03/16/15	COMMERCIAL PAYMENT		-11.11	
	CONTRACTUAL ADJUST		0.00	
	INVOICE BALANCE			128.89
	COINSURANCE AMOUNT			

THIS IS YOUR BALANCE **\$128.89**

ONLINE CREDIT CARD PAYMENT

If you would like to pay online by credit card, please go to www.ameripath.com and click on "Patients" to select "Pay My Bill Online." Lab Code - AMP

PLEASE RETAIN THIS PORTION FOR YOUR RECORDS

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

AmeriPath[®]

P.O. BOX 830913 • BIRMINGHAM, AL 35283-0913



MB 01 004940 76500 E 23 A

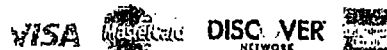


GYLES LONG
2526 CANEY BRANCH RD
LEESVILLE SC 29070-8928

☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

Please write your account # on your check.
Make your check payable to the address below.

DUE DATE 07/22/15	STATEMENT DATE 07/07/15	ACCOUNT # 3AF7 21795601
THIS IS YOUR BALANCE \$128.89		AMOUNT BEING PAID \$
To pay by check, please indicate the amount being paid and place check in the enclosed envelope.		
TO PAY ONLINE, WE ACCEPT THE FOLLOWING CREDIT CARDS:		



Website: AmeriPath.com/PayMyBill | Phone: 800-890-6220



O'QUINN MED PATH ASSOC
OQUINN MEDICAL PATHOLOGY ASSOC
PO BOX 740976
CINCINNATI OH 45274-0976

13AF700002179560100012889070715GYLESOL-769-00000000000000

AmeriPath

Ameripath Inc.
6750 West 52nd Avenue Ste F
Arvada CO 80002
Phone: 1-800-890-6220
Fax: 610-271-4391
Online Payment - www.Ameripath.com

Date: 8/5/2015

Dear: LONG,GYLES

Account Number: 21795601

This letter is being sent to notify you that your health insurance company processed your claim and there is a portion of the claim that is deemed as Patient Responsibility. Your health insurance policy is a contract between you and your health insurance company. It is an agreement that your health insurance company will pay for covered medical care as long as your premium is paid.

Why have I received this bill?

Your statement is for services provided by a pathologist, a physician specially trained in the examination and/or interpretation of your blood, urine, and or tissue. The services of the pathologist were requested by your personal and/or attending hospital physician to assist with a diagnosis. These charges are in addition to those billed by your physician or hospital. After your Insurance Company has processed your claim, your Patient Responsibility is either ...

- o Co-payment or "co-pay" The part of your medical bill you must pay each time you have medical services. This is a pre-set fee determined by your health insurance policy.
- o Deductible The cost you must pay for medical treatment before your health insurance company starts to pay for services.

This letter is a friendly reminder that payment on your account in the amount of \$128.89 has not reached us as of yet. If you have already sent us your payment, we thank you and ask that you kindly disregard this letter. If not we would appreciate your payment as soon as possible. If you would like to discuss your account, please do not hesitate to call us at 1-800-890-6220 or you can pay your account balance Online by going to...

www.Ameripath.com and click on "Patients" to select "Pay My Bill Online" Lab Code: AMP

Medical Record:	Invoice Number:	Date Of Service:	Ref Physician:	Current Inv Balance:
21795601	99034919016	11/26/2014	MULLINS MD,ROBERT F	\$128.89

Sincerely,

Warning: The information contained in this correspondence is confidential, and is intended only for the use of the individual or entity named above. The information may also be legally privileged; it is not our intent to waive any privilege that would otherwise attach to this communication. If you have received this correspondence in error, you are hereby notified that any use, dissemination, distribution or reproduction of the information contained in this correspondence is strictly prohibited. If you are not the intended recipient, please notify the sender by telephone as soon as possible. Thank you.

COLLECTION AGENCY

CREDIT RECORD REPORTING



004647
Q101

GYLES LONG
2526 CANEY BRANCH RD
LEESVILLE, SC 29070-8928



Pin Number: 73688559581
(844) 515-2622

September 21, 2015

Dear Gyles Long:

Since we have not received your payment or explanation as to why payment wasn't made, we must assume the debt in question remains undisputed. Your account continues to be subject to collection in full.

For your reference, the amount due of \$128.89 is for laboratory tests ordered by your physician and performed by our client. These services are separate from your physician's fees. A claim has already been filed with your insurance company, and the balance due represents your copay, co-insurance or deductible.

Our client has authorized us to report this account to one or more credit bureaus. Please contact us at the telephone number above to obtain the status of the credit bureau reporting.



1794-AMCA-186840-110277247-P; 578511-1-561; 36590124-1; 1

SEE REVERSE SIDE FOR IMPORTANT INFORMATION.

Detach and return this portion with payment using enclosed envelope.

653439E (PC2)

Amount Due: \$128.89

To pay online: www.pay.amcaonline.com

☐ VISA ☐ MASTERCARD

Card #:

[illegible]

Exp. Date: _____ Amount: _____

Signature: _____

Client Code: ADC Account: 34919016

AccountPay Number: 7368855958

02 LR2 ADC 223

AMCA
PO BOX 1235
ELMSFORD, NY 10523-0935



Service Provider: Ameripath

Date of Service: November 26, 2014

Invoice Number: 34919016

Pin Number: 73688559581

Name: Gyles Long
Street Address: 2526 Caney Branch Rd
City, State Zip: Leesville, SC 290708928

ADCL288934919016+++771-3

MAKE CHECKS PAYABLE TO

Anesthesia Consultants of Augusta, LL
PO Box 204097
Augusta, GA 30917-4097

ADDRESS SERVICE REQUESTED

GYLES GREG LONG SR
2526 CANEY BRANCH RD
Leesville, SC 29070

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW			
CHECK CARD USING FOR PAYMENT			
☐	☐	☐	☐
MASTERCARD	DISCOVER	VISA	AMERICAN EXPRESS
CARD NUMBER		CODE	
SIGNATURE		EXP. DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NUMBER	
11/30/2014	5,040.00	107957	
SHOW AMOUNT PAID HERE		\$	

PAGE NO. 1

REMIT TO

Anesthesia Consultants of Augusta, LLC
PO Box 204097
Augusta, GA 30917-4097

☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Date	Patient Name	Doctor	Description	Charge	Credits	Balance	Ins. Pen.
11/22/14	GYLES	Ryan, CRNA	ANESTH BURN 4-9 PERCENT,N,0,0,0,0	1,470.00		1,470.00	
11/22/14	GYLES	Ryan, CRNA	ANESTH BURN EACH 9 PERCENT,N,0,0,0,0	210.00		210.00	
11/25/14	GYLES	Bell, CRNA	ANES ESOPH THYROID LARYNX TRACH LYMPH NECK >1YR,N,0,0,0,	945.00		945.00	
11/26/14	GYLES	Rodriguez, CRNA	ANESTH BURN 4-9 PERCENT,N,0,0,0,0	2,310.00		2,310.00	
11/26/14	GYLES	Rodriguez, CRNA	ANESTH BURN EACH 9 PERCENT,N,0,0,0,0	105.00		105.00	

Current	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total Balance	Ins. Pending	NOW DUE
5,040.00	0.00	0.00	0.00	0.00	5,040.00	0.00	5,040.00
Account Number		Statement Date		Billing Questions		Federal Tax ID	
107957		11/30/2014		(706) 447-7080		261378988	
Message				Make Checks Payable To			
				Anesthesia Consultants of Augusta, LLC PO Box 204097 Augusta, GA 30917-4097			

** Payment is due upon receipt. Thank you. **

MAKE CHECKS PAYABLE TO

Anesthesia Consultants of Augusta, LL
PO Box 204097
Augusta, GA 30917-4097

ADDRESS SERVICE REQUESTED

GYLES GREG LONG SR
2526 CANEY BRANCH RD.
Leesville, SC 29070

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW			
CHECK CARD USING FOR PAYMENT			
☐	☐	☒	☐
MASTERCARD	DISCOVER	VISA	AMERICAN EXPRESS
CARD NUMBER		CODE	
SIGNATURE		EXP. DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NUMBER	
01/31/2015	4,413.66	107957	
SHOW AMOUNT PAID HERE		\$	

PAGE NO. 1

REMIT TO

Anesthesia Consultants of Augusta, LLC
PO Box 204097
Augusta, GA 30917-4097

☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Date	Patient Name	Doctor	Description	Charge	Credits	Balance	Ins. Pen.
11/26/14	GYLES	Rodriguez, CRNA	ANESTH BURN 4-9 PERCENT,N,0,0,0,0 Transfer from GYLES GREG LONG SR to HEALTHSCOPE Payment - HEALTHSCOPE General Adjustment Transfer from HEALTHSCOPE to GYLES GREG LONG SR	2,310.00	601.34 1,504.00	204.66	
12/12/14	GYLES	Dollar, CRNA	ANESTH BURN 4-9 PERCENT,N,0,0,0,0 Payment - HEALTHSCOPE Transfer from HEALTHSCOPE to GYLES GREG LONG SR	2,730.00	936.00	1,794.00	
12/16/14	GYLES	Jackson, CRNA	ANESTH BURN 4-9 PERCENT,N,0,0,0,0 Transfer from HEALTHSCOPE to GYLES GREG LONG SR	2,415.00		2,415.00	
12/16/14	GYLES	Jackson, CRNA	ANESTH BURN EACH 9 PERCENT,N,0,0,0,0	105.00		105.00	-
12/21/14	GYLES	Ryan, CRNA	ANESTH BURN 4-9 PERCENT,N,0,0,0,0	1,470.00		1,470.00	-
12/21/14	GYLES	Ryan, CRNA	ANESTH BURN EACH 9 PERCENT,N,0,0,0,0	105.00		105.00	-

Current	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total Balance	Ins. Pending	NOW DUE
4,413.66	0.00	0.00	0.00	0.00	6,093.66	1,680.00	4,413.66

Account Number	Statement Date	Billing Questions	Federal Tax ID
107957	01/31/2015	(706) 447-7080	261378988

Message	Make Checks Payable To
	Anesthesia Consultants of Augusta, LLC PO Box 204097 Augusta, GA 30917-4097

** Payment is due upon receipt. Thank you. **

MAKE CHECKS PAYABLE TO

Anesthesia Consultants of Augusta, LL
 PO Box 204097
 Augusta, GA 30917-4097

ADDRESS SERVICE REQUESTED

GYLES GREG LONG SR
 2526 CANEY BRANCH RD
 Leesville, SC 29070

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW			
CHECK CARD USING FOR PAYMENT			
☐	☐	☐	☐
MASTERCARD	DISCOVER	VISA	AMERICAN EXPRESS
CARD NUMBER		CODE	
SIGNATURE		EXP. DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NUMBER	
03/31/2015	204.66	107957	
PAGE NO. 1		SHOW AMOUNT PAID HERE \$	

REMIT TO

Anesthesia Consultants of Augusta, LLC
 PO Box 204097
 Augusta, GA 30917-4097

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STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Date	Patient Name	Doctor	Description	Charge	Credits	Balance	Ins. Pen.
11/26/14	GYLES	Rodriguez, CRNA	ANESTH BURN 4-9 PERCENT,N,0,0,0,0 Transfer from GYLES GREG LONG SR to HEALTHSCOPE Payment - HEALTHSCOPE General Adjustment Transfer from HEALTHSCOPE to GYLES GREG LONG SR	2,310.00	601.34 1,504.00	204.66	
12/12/14	GYLES	Dollar, CRNA	ANESTH BURN 4-9 PERCENT,N,0,0,0,0 Payment - HEALTHSCOPE Transfer from HEALTHSCOPE to GYLES GREG LONG SR	2,730.00	936.00	1,794.00	*
12/16/14	GYLES	Jackson, CRNA	ANESTH BURN 4-9 PERCENT,N,0,0,0,0 Transfer from HEALTHSCOPE to GYLES GREG LONG SR	2,415.00		2,415.00	*
12/16/14	GYLES	Jackson, CRNA	ANESTH BURN EACH 9 PERCENT,N,0,0,0,0	105.00		105.00	*

Current	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total Balance	Ins. Pending	NOW DUE
204.66	0.00	0.00	0.00	0.00	4,518.66	4,314.00	204.66

Account Number	Statement Date	Billing Questions	Federal Tax ID
107957	03/31/2015	(706) 447-7080	261378988

Message	Make Checks Payable To
	Anesthesia Consultants of Augusta, LLC PO Box 204097 Augusta, GA 30917-4097

** Payment is due upon receipt. Thank you. **

R. B. ANTLEY OD
117 CHURCH STREET
BATESBURG SC 29006
PERSONAL & CONFIDENTIAL



000836
0101

ADDRESS SERVICE REQUESTED

p1987 4169
STMT DATE: 02/27/15

GILES G LONG
2526 CANEY BRANCH RD
LEESVILLE, SC 29070-8928



CARD TYPE:			
CARD NUMBER:			
SECURITY CODE FROM BACK OF CARD:			
PRINT CARD HOLDER'S NAME:			
SIGNATURE:			
ACCOUNT NO. 8768	DUE DATE Upon Receipt	AMOUNT DUE \$261.97	SHOW AMOUNT PAID

APPT: GILES ON 03/18/15

R. B. ANTLEY OD
117 CHURCH STREET
BATESBURG SC 29006-2108

655256A (PCI)

CHARGES APPEARING ON THIS STATEMENT ARE NOT INCLUDED ON ANY HOSPITAL BILL OR STATEMENT

PAGE	STATEMENT DATE	DUE DATE	OFFICE PHONE NUMBER	ACCOUNT #	AMOUNT DUE
1	02/27/15	Upon Receipt	(803) 532-9870	8768	\$261.97

DATE	PROVIDER	EXPLANATION OF ACTIVITY	CHARGES & DEBITS	PAYMENTS & CREDITS
01/21/15	ANTLEY	OFFICE VISIT-COMPREHENSIVE - GILES 150.00 APPLIED TO DEDUCTIBLE	\$150.00	
01/21/15	ANTLEY	REFRACTION - GILES CALLED CCHP AND SPOKE TO JENNIFER. SHE IS SEND 92015 BACK FOR REPROCESSING BECAUSE THIS SHOULD BE PATIENT BALANCE. SHOULD HERE BACK IN 30 DAYS OR LESS. CALL REF# 276536	\$35.00	
01/23/15	ANTLEY	OFFICE VISIT-EP - GILES ** MISC. PRIVATE INS. FILED ON 01/28/15	\$85.00	
02/27/15	ANTLEY	76.97 APPLIED TO DEDUCTIBLE MISC INSURANCE WRITE-OFF - GILES		-\$8.03

PLEASE ADVISE US OF CHANGES IN INSURANCE, ADDRESS
OR PHONE

PATIENT BALANCE
PAY THIS AMOUNT
\$261.97

MESSAGE:
IF YOU HAVE ANY QUESTIONS
ABOUT THIS BILL, PLEASE CALL
OUR OFFICE

SEND INQUIRIES TO:
R. B. ANTLEY OD
117 CHURCH STREET
BATESBURG SC 29006-2108

-1-775-

(803) 532-9870

AUGUSTA HEALTH SPECIALISTS CARDIOLOGY
3 MARYLAND FARMS STE 250
BRENTWOOD TN 37027-5053

008693L

IF PAYING BY CREDIT CARD, FILL OUT BELOW.

CHECK CARD USING FOR PAYMENT		
☐ MASTERCARD	☐ VISA	☐ AMERICAN EXPRESS
☐ DISCOVER		
CARD NUMBER	AMOUNT	
SIGNATURE	EXP. DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NUMBER
2014-11-27	217.75	8X500764833
SHOW AMOUNT PAID HERE \$		

ADDRESS SERVICE REQUESTED

If you have a question about your bill or would like to make a payment arrangement, please contact a practice representative at 888-422-7720

PATIENT NAME: Gyles Long

REMIT TO:

ADDRESSEE:

Gyles Long
2526 Caney Branch Rd
Leesville SC 29070

AUGUSTA HEALTH SPECIALISTS CARDIOLOGY
PO BOX 740776
CINCINNATI OH 45274-0776



LONGGYLES 000500764833037792631500000021775112720145

☐ Please check box if service address is incorrect or insurance information has changed. Add insurance changes to reverse side.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

PLEASE MAKE CHECK PAYABLE TO: AUGUSTA HEALTH SPECIALISTS CARDIOLOGY

SERVICE DATE	RENDERER	DESCRIPTION	CHARGES	CREDITS	BALANCE
2014-11-23	2014-11-23	Claim:503773409, Provider: Anthony P Burke, DO			
2014-11-23	2014-11-23	Facility: 377921DHA DOCTORS HOSPITAL AUGUSTA	204.00		
2014-11-23	2014-11-23	93306 TTE W/DOPPLER COMPLETE	27.00		
2014-11-23	2014-11-23	93010 ELECTROCARDIOGRAM REPORT			
2014-11-23	2014-11-26	Uninsured Discount		80.85	
2014-11-23	2014-11-27	Your Payment is now due. Thank you for your prompt response.			
2014-11-23	2014-11-27	Your Balance Due On These Services ...			150.15
2014-11-25	2014-11-25	Claim:503773418, Provider: Anthony P Burke, DO			
2014-11-25	2014-11-25	Facility: 377921DHA DOCTORS HOSPITAL AUGUSTA	104.00		
2014-11-25	2014-11-25	93970 EXTREMITY STUDY			
2014-11-25	2014-11-26	Uninsured Discount		36.40	
2014-11-25	2014-11-27	Your Payment is now due. Thank you for your prompt response.			
2014-11-25	2014-11-27	Your Balance Due On These Services ...			67.60

CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS	TOTAL AMOUNT DUE
217.75	0.00	0.00	0.00	0.00	217.75

MESSAGE:

This is a statement for professional services rendered by your physician. You may receive a separate bill from the hospital for its services.

If you have a question about your bill or would like to make a payment arrangement, please contact a practice representative at 888-422-7720

PATIENT ACCOUNT NUMBER

8X500764833

-1-776-

PLEASE
PAY THIS
AMOUNT

217.75

AUGUSTA HEALTH SPECIALISTS CARDIOLOGY
3 MARYLAND FARMS STE 250
BRENTWOOD TN 37027-6069

004500L

IF PAYING BY CREDIT CARD, FILL OUT BELOW.

CHECK CARD USING FOR PAYMENT		
☐ MASTERCARD	☐ VISA	☐ AMERICAN EXPRESS
☐ DISCOVER		
CARD NUMBER	AMOUNT	
SIGNATURE	EXP. DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NUMBER
2014-12-28	217.75	8X500764833
SHOW AMOUNT PAID HERE		\$

ADDRESS SERVICE REQUESTED

If you have a question about your bill or would like to make a payment arrangement, please contact a practice representative at 888-422-7720

PATIENT NAME: Gyles Long

ADDRESSEE:

REMIT TO:

Gyles Long
2526 Caney Branch Rd
Leesville SC 29070

AUGUSTA HEALTH SPECIALISTS CARDIOLOGY
PO BOX 740776
CINCINNATI OH 45274-0776



LONGGYLES 000500764833037792631500000021775122820147

☐ Please check box if above address is incorrect or insurance organization has changed, and indicate change on reverse side.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

PLEASE MAKE CHECK PAYABLE TO: AUGUSTA HEALTH SPECIALISTS CARDIOLOGY

SERVICE DATE	RENDERER	DESCRIPTION	CHARGES	CREDITS	BALANCE
2014-11-23	2014-11-23	Claim:503773409, Provider: Anthony P Burke, DO			
2014-11-23	2014-11-23	Facility: 377921DHA DOCTORS HOSPITAL AUGUSTA			
2014-11-23	2014-11-23	93306 TTE W/DOPPLER COMPLETE	204.00		
2014-11-23	2014-11-23	93010 ELECTROCARDIOGRAM REPORT	27.00		
2014-11-23	2014-11-26	Uninsured Discount		80.85	
2014-11-23	2014-12-28	Your Account is Past Due. Please remit payment.			
2014-11-23	2014-12-28	Your Balance Due On These Services ...			150.15
2014-11-25	2014-11-25	Claim:503773418, Provider: Anthony P Burke, DO			
2014-11-25	2014-11-25	Facility: 377921DHA DOCTORS HOSPITAL AUGUSTA			
2014-11-25	2014-11-25	93970 EXTREMITY STUDY	104.00		
2014-11-25	2014-11-26	Uninsured Discount		36.40	
2014-11-25	2014-12-28	Your Account is Past Due. Please remit payment.			
2014-11-25	2014-12-28	Your Balance Due On These Services ...			67.60

CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS	TOTAL AMOUNT DUE
0.00	217.75	0.00	0.00	0.00	217.75

MESSAGE:

This is a statement for professional services rendered by your physician. You may receive a separate bill from the hospital for its services.

If you have a question about your bill or would like to make a payment arrangement, please contact a practice representative at 888-422-7720

PATIENT ACCOUNT NUMBER

8X500764833

--777--

PLEASE
PAY THIS
AMOUNT

217.75

3 MARYLAND FARMS STE 250
BRENTWOOD TN 37027-5053

ADDRESS SERVICE REQUESTED

If you have a question about your bill or would
like to make a payment arrangement, please
contact a practice representative at 888-422-7720

CHECK CARD USING FOR PAYMENT		
	☐ MASTERCARD	☐ VISA
	☐ AMERICAN EXPRESS	☐ DISCOVER
CARD NUMBER		AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NUMBER
2015-01-28	217.75	8X500764833
SHOW AMOUNT PAID HERE		\$

PATIENT NAME: Gyles Long

ADDRESSEE:

REMIT TO:

Gyles Long
2526 Caney Branch Rd
Leesville SC 29070

AUGUSTA HEALTH SPECIALISTS CARDIOLOGY
PO BOX 740776
CINCINNATI OH 45274-0776



LONGGYLES 000500764833037792631500000021775012820155

☐ Please check box if above address is incorrect or insurance
information has changed, and indicate change(s) on reverse side.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

PLEASE MAKE CHECK PAYABLE TO: AUGUSTA HEALTH SPECIALISTS CARDIOLOGY

SERVICE DATE	RENDERER	DESCRIPTION	CHARGES	CREDITS	BALANCE
2014-11-23	2014-11-23	Claim:503773409, Provider: Anthony P Burke, DO			
2014-11-23	2014-11-23	Facility: 377921DHA DOCTORS HOSPITAL AUGUSTA			
2014-11-23	2014-11-23	93306 TTE W/DOPPLER COMPLETE	204.00		
2014-11-23	2014-11-23	93010 ELECTROCARDIOGRAM REPORT	27.00		
2014-11-23	2014-11-26	Uninsured Discount		80.85	
2014-11-23	2015-01-28	Please Phone our office to arrange a Payment Plan. Thank you.			
2014-11-23	2015-01-28	Your Balance Due On These Services ...			150.15
2014-11-25	2014-11-25	Claim:503773418, Provider: Anthony P Burke, DO			
2014-11-25	2014-11-25	Facility: 377921DHA DOCTORS HOSPITAL AUGUSTA			
2014-11-25	2014-11-25	93970 EXTREMITY STUDY	104.00		
2014-11-25	2014-11-26	Uninsured Discount		36.40	
2014-11-25	2015-01-28	Please Phone our office to arrange a Payment Plan. Thank you.			
2014-11-25	2015-01-28	Your Balance Due On These Services ...			67.60

CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS	TOTAL AMOUNT DUE
0.00	0.00	217.75	0.00	0.00	217.75

MESSAGE:

This is a statement for professional services rendered by your physician. You may receive a
separate bill from the hospital for its services.

If you have a question about your bill or would like to make a payment arrangement, please contact a practice representative at 888-422-7720

PATIENT ACCOUNT NUMBER

8X500764833

-1-778-

PLEASE
PAY THIS
AMOUNT

217.75

CAC FINANCIAL CORP
2601 NW EXPRESSWAY, SUITE 1000 EAST
OKLAHOMA CITY, OKLAHOMA 73112-7236
(405) 425-1552 • 1-800-253-7636
03-26-15

— CREDITOR : AUGUSTA HEALTH SPEC CARDIO
ACCOUNT # : 16058986
— BALANCE : \$67.60

WE HAVE BEEN RETAINED BY THE ABOVE REFERENCED CREDITOR FOR COLLECTION OF MONEY DUE.

UNLESS YOU NOTIFY THIS OFFICE WITHIN 30 DAYS AFTER RECEIVING THIS NOTICE THAT YOU DISPUTE THE VALIDITY OF THIS DEBT OR ANY PORTION THEREOF, THIS OFFICE WILL ASSUME THIS DEBT IS VALID. IF YOU NOTIFY THIS OFFICE IN WRITING WITHIN 30 DAYS FROM RECEIVING THIS NOTICE THAT YOU DISPUTE THE VALIDITY OF THIS DEBT OR ANY PORTION THEREOF, THIS OFFICE WILL OBTAIN VERIFICATION OF THE DEBT OR OBTAIN A COPY OF A JUDGMENT AND MAIL YOU A COPY OF SUCH JUDGMENT OR VERIFICATION. IF YOU REQUEST OF THIS OFFICE IN WRITING WITHIN 30 DAYS AFTER RECEIVING THIS NOTICE THIS OFFICE WILL PROVIDE YOU WITH THE NAME AND ADDRESS OF THE ORIGINAL CREDITOR, IF DIFFERENT FROM THE CURRENT CREDITOR.

OUR OFFICE HOURS ARE: MONDAY - FRIDAY 8:00 A.M. TO 5:00 P.M. C.S.T.

OPTION TO PAY SECURELY AVAILABLE 24 HOURS A DAY AT PAYCACFINANCIAL.COM.

THIS COMMUNICATION IS FROM A DEBT COLLECTOR. THIS IS AN ATTEMPT TO COLLECT
A DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

----- DETACH AND RETURN WITH PAYMENT -----

2601 NW EXPRESSWAY SUITE 1000 EAST
OKLAHOMA CITY, OK 73112-7236

Change Service Requested

BALANCE: \$67.60
ACCOUNT #: 16058986

PERSONAL & CONFIDENTIAL
#BWNLMRT
#0058 0001 4821 0066#

|||||
LONG, GYLES
2526 CANEY BRANCH RD
LEESVILLE, SC 29070-8928

YOU MAY MAKE PAYMENTS TO:

CAC FINANCIAL CORP
2601 NW EXPRESSWAY SUITE 1000 EAST
OKLAHOMA CITY, OK 73112-7236

|||||

CAC FINANCIAL CORP
2601 NW EXPRESSWAY, SUITE 1000 EAST
OKLAHOMA CITY, OKLAHOMA 73112-7236
(405) 425-1552 • 1-800-253-7636
03-26-15

— CREDITOR : AUGUSTA HEALTH SPEC CARDIO
— ACCOUNT # : 16058758
— BALANCE : \$150.15

WE HAVE BEEN RETAINED BY THE ABOVE REFERENCED CREDITOR FOR COLLECTION OF MONEY DUE.

UNLESS YOU NOTIFY THIS OFFICE WITHIN 30 DAYS AFTER RECEIVING THIS NOTICE THAT YOU DISPUTE THE VALIDITY OF THIS DEBT OR ANY PORTION THEREOF, THIS OFFICE WILL ASSUME THIS DEBT IS VALID. IF YOU NOTIFY THIS OFFICE IN WRITING WITHIN 30 DAYS FROM RECEIVING THIS NOTICE THAT YOU DISPUTE THE VALIDITY OF THIS DEBT OR ANY PORTION THEREOF, THIS OFFICE WILL OBTAIN VERIFICATION OF THE DEBT OR OBTAIN A COPY OF A JUDGMENT AND MAIL YOU A COPY OF SUCH JUDGMENT OR VERIFICATION. IF YOU REQUEST OF THIS OFFICE IN WRITING WITHIN 30 DAYS AFTER RECEIVING THIS NOTICE THIS OFFICE WILL PROVIDE YOU WITH THE NAME AND ADDRESS OF THE ORIGINAL CREDITOR, IF DIFFERENT FROM THE CURRENT CREDITOR.

OUR OFFICE HOURS ARE: MONDAY - FRIDAY 8:00 A.M. TO 5:00 P.M. C.S.T.

OPTION TO PAY SECURELY AVAILABLE 24 HOURS A DAY AT PAYCACFINANCIAL.COM.

THIS COMMUNICATION IS FROM A DEBT COLLECTOR. THIS IS AN ATTEMPT TO COLLECT
A DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

----- DETACH AND RETURN WITH PAYMENT -----

2601 NW EXPRESSWAY SUITE 1000 EAST
OKLAHOMA CITY, OK 73112-7236

BALANCE: \$150.15
ACCOUNT #: 16058758

Change Service Requested

PERSONAL & CONFIDENTIAL
#BWNLMRT
#0058 0001 4821 0058#

YOU MAY MAKE PAYMENTS TO:

|||||
LONG, GYLES
2526 CANEY BRANCH RD
LEESVILLE, SC 29070-8928

CAC FINANCIAL CORP
2601 NW EXPRESSWAY SUITE 1000 EAST
OKLAHOMA CITY, OK 73112-7236

|||||

Patient: GYLES GREGORY LONG
Account #: CHS89466
Reference #: 98241
Please Pay: \$1,600.00

For Billing Questions Call: (866) 607-8693

COASTAL TROPICALS™ THERAPY PAINTING & CEMENT SERVICES

[illegible]

ILLEGIBLE

2740-EASTSTMT-2489516-1851038546-P; 11070564-1-15; 35515892-1; 1

To Pay Your Bill Online: <https://anesthesiabilling.ixt.com>



PLEASE COMPLETE PAYMENT DETAIL BELOW BASED ON SELECTED METHOD.		
SELECT PAYMENT METHOD		
☒  MASTERCARD	☒  VISA	☐  Check
CARD NUMBER	SIGNATURE CODE	
SIGNATURE	EXP. DATE	
STATEMENT DATE 01/01/2015	PAY THIS AMOUNT \$1,600.00	ACCT# CHS89466
DISBURSEMENT RECEIPT SHOW AMOUNT PAID HERE \$		

RESULTS



☐ Please check if below address is incorrect and indicate change on reverse side.

008723
Q101

**GYLES GREGORY LONG
2526 CANEY BRANCH RD
LEESVILLE, SC 29070-8928**



CAROLINA ANESTHESIOLOGY ASSOCIATES PA
PO BOX 3387
FREDERICK, MD 21705-3387



FINAL NOTICE

Patient Name: GYLES GREGORY LONG
Account No: CHS89466
Reference No: 98241

Notice Date: 01/31/2015
Balance Due: \$1600.00

Our records indicate the above account may be sent to a collection agency if we do not receive immediate payment. This may adversely affect your ability to obtain credit.

If your insurance company has not processed this account for payment, it is possible that we may not have received your insurance information. If you feel this is the case or you have questions about your account, please call (866) 607-8693 and talk to one of our representatives.

We urge you to pay this account in full within ten (10) days. Your payment in full today can eliminate further collection activity.

If you believe this debt or any portion thereof is invalid, you must notify this office in writing within 10 days of receipt of this notice. Upon receipt of your written dispute, we will obtain verification of the debt or judgment. Otherwise, we assume this debt is valid and due as stated.

FINAL NOTICE

Make Checks Payable To:
CAROLINA ANESTHESIOLOGY ASSOCIATES PA PO BOX 3387 FREDERICK, MD 21705-3387

To pay your bill online, <https://anesthesiabilling.ixt.com>

If payment has been forwarded or arrangements made, please disregard this notice with our thanks.

108939

3552-EASTLTR-2527541-1870070024-P; 11573571-1-9; 35633482-1; 1

CAROLINA ANESTHESIOLOGY ASSOCIATES PA
PO BOX 3387
FREDERICK, MD 21705-3387

Ph: (866) 607-8693

RETURN SERVICE REQUESTED

TO ENSURE PROPER CREDIT, DETACH AND RETURN THIS PORTION IN THE ENCLOSED ENVELOPE.

☐ Please check if below address is incorrect and indicate change on reverse side.



108939
1101

GYLES GREGORY LONG
2526 CANEY BRANCH RD
LEESVILLE, SC 29070-8928



IF PAYING BY CREDIT CARD, PLEASE FILL OUT BELOW.		
☒ VISA	☐ MASTERCARD	☐ Check
CARD NUMBER	SIGNATURE CODE	
SIGNATURE	EXP. DATE	
STATEMENT DATE 01/31/2015	PAY THIS AMOUNT \$1600.00	ACCT # CHS89466
DUE UPON RECEIPT		SHOW AMOUNT \$ PAID HERE

634471A (PC1)

CAROLINA ANESTHESIOLOGY ASSOCIATES PA
PO BOX 3387
FREDERICK, MD 21705-3387



Please make checks payable to:
CRITICAL HEALTH SYSTEMS OF SC
Ph: (866) 607-8693

Patient: GYLES GREGORY LONG
Account #: CHS89466
Reference #: 98241
Please Pay: \$1,600.00

To Pay Your Bill Online: <https://anesthesiabilling.ixt.com>

For Billing Questions Call: (866) 607-8693

STATEMENT OF ANESTHESIA/PAIN MANAGEMENT SERVICES

DATE	PROVIDER	DESCRIPTION	CHARGES	CREDIT	BALANCE
11/20/2014	QUINN	ANESTHESIA SERVICES:			
11/20/2014	QUINN	ANESTH, SURG UPPER ABDOMEN	\$1,261.00		\$1,261.00
11/20/2014	QUINN	ARTERIAL LINE	\$339.00		\$1,600.00
12/01/2014	QUINN	BILLED \$1600.00 TO WORKERS COMPENSATI			\$1,600.00

IMPORTANT MESSAGE ABOUT YOUR ACCOUNT

\$1,600.00

IMPORTANT NOTE: PAYMENT DUE IN FULL UPON RECEIPT OF THIS STATEMENT. THIS BILL IS FOR PROFESSIONAL SERVICES RENDERED. THANK YOU.

2740-EASTSTMT-2453217-1830527782-P; 10912177-1-24; 35397445-1; 1

To Pay Your Bill Online: <https://anesthesiabilling.ixt.com>

CRITICAL HEALTH SYSTEMS OF SC
PO BOX 3387
FREDERICK, MD 21705-3387

Ph: (866) 607-8693

PLEASE COMPLETE PAYMENT DETAIL BELOW BASED ON SELECTED METHOD.		
SELECT PAYMENT METHOD		
☐ MASTERCARD	☒ VISA	☐ CREDIT
CARD NUMBER	SIGNATURE CODE	
SIGNATURE	EXP. DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCT#
12/02/2014	\$1,600.00	CHS89466
SHOW AMOUNT PAID HERE		

TO ENSURE PROPER CREDIT, DETACH AND RETURN THIS PORTION IN THE ENCLOSED ENVELOPE.

☐ Please check if below address is incorrect and indicate change on reverse side.



001539
0101

GYLES GREGORY LONG
2526 CANEY BRANCH RD
LEESVILLE, SC 29070-8928

CRITICAL HEALTH SYSTEMS OF SC
PO BOX 3387
FREDERICK, MD 21705-3387



1SDCAFA09
PO Box 1022
Wixom MI 48393-1022
ADDRESS SERVICE REQUESTED



FROST - ARNETT COMPANY
The Collection Company
(502)716-5299/(888)536-2680

March 25, 2015

553338182



Gyles Greg Long
2526 Caney Branch Rd
Leesville SC 29070-8928

MAIL ALL CORRESPONDENCE TO:

FROST- ARNETT COMPANY
PO Box 198988
Nashville TN 37219-8988



PAY ONLINE WITH US
KVVX113-0A1

	Signature of Card Holder	/ /	Date
	Card Holder Name	\$	Pmt Amt
	Card Number Plus 3 Digit Security Code (on back of card)	/	Exp Date

Detach Upper Portion and Return with Payment

This is a communication from a debt collector. This is an attempt to collect a debt.
Any information obtained will be used for that purpose.

Gyles Greg Long
Account Number: KVVX113

Pay your bill at www.facpayments.com Use the following to log in:
Master #: KVVX113 PIN #: 4370
Account #: CHS89466

YOU OWE:	CREDITOR	ACCOUNT #	COLL CHG	AMT OWED	TURNOVER
	CRITICAL HEALTH SYSTEMS OF SC	CHS89466	0.00	1600.00	03/24/15
	TOTAL NEW ACCOUNTS 1600.00				

IMPORTANT COLLECTION NOTICE

Your account has been placed with this agency for collection.

Please mail your remittance to our office so this matter may be resolved. If you are unable to pay in full at this time, you should contact this office to request payment arrangements.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice that you dispute the validity of this debt or any portion thereof, this office will obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice this office will provide you with the name and address of the original creditor, if different from the current creditor.

For your added information, it is possible that you also have other existing accounts with us. Any such older accounts are listed on the back side of this letter. Please note that any accounts on the back side are not subject to the 30-day validation period for your new accounts detailed above.

2SDCAFA090A1

NOTICE: When you pay your bill by check, you authorize us to electronically process your payment. If your check is processed electronically, your checking account may be debited on the same day we receive the check and it will not be returned with your checking account statement. If someone other than you or a bill paying service pays your bill, you must give a copy of this notice to them before the payment is sent to us. Any check returned for insufficient funds or account closed will be assessed a processing fee pursuant to state laws unless otherwise prohibited by state or federal law.

FROST - ARNETT COMPANY • ELMHURST PLAZA 1327B E BROADWAY ST CAMPBELLSVILLE, KY 42718 • (502)716-5299/(888)536-2680

Doctors Hospital - Augusta
P O Box 923508
Norcross GA 30010-3508

April 6, 2015

GYLES LONG
2526 CANEY BRANCH RD
LEEVILLE, SC 29070

Patient Name: GYLES LONG
Account#: 557360179
Pt D.O.B.: 09/17/1959
Insured Name: LONG GYLES
Insurance Name: CONSUMERS CHOICE HLTH PLA
Insurance Phone Number: 800-580-8736
Policy#: ****8988
Group ID#: XISVHD1150
Service Date: 11/21/2014 - 01/08/2015
Total Charges: \$2,131,320.88

Dear GYLES LONG:

Thank you for choosing Doctors Hospital - Augusta for your recent health care needs. We focus on providing the best available care and want our billing services to be as easy as possible. We requested payment on your behalf for covered services based on the insurance information listed above. As of today, we have not received payment from your insurance carrier, CONSUMERS CHOICE HLTH PLA. The most recent claim was submitted on 02/03/2015, this has provided a reasonable amount of time to process payment.

We would like to request your assistance in resolving this claim. Please contact your insurance carrier and/or your employer to resolve any problems, which may have prevented timely payment of this claim. If you have received payment, an explanation of the benefits, or any other communication from your insurance company about this claim, please contact us at 866-492-9082 with this information.

Customer Service

We are pleased to answer your questions or provide more information. Our Customer Service Representatives can be reached at 866-492-9082. Please have the patient date of birth and social security number available when you call. You may visit our web site at www.doctors-hospital.net to view or pay your account and access more information

Thank you again for choosing Doctors Hospital - Augusta. We look forward to serving you and your family in the future.

Sincerely,

Customer Service

Phone: 866-492-9082

Fax: 678-421-7154

HCA

Hospital Corporation of America

Brian Hansen, Esq. (Admitted to practice in Georgia)
Legal Counsel
HCA Atlanta Shared Services Center
5707 Peachtree Parkway
Norcross, Georgia 30092
O: (678) 421-7507
F: (678) 421-7508
brian.hansen@hcahealthcare.com

March 19, 2015

Via Certified Mail# 91 7190 1041 6341 1127 7586
Mr. Gyles Long
2526 Caney Branch Rd
Leeville, SC 29070

Re: Account No: 557360179
Date(s) of Service: 11/21/2014 – 01/08/2015
Billed Charges: \$1,385,358.57

Dear: Mr. Long

Thank you for choosing Doctor Hospital- Augusta for your healthcare needs. This office provides patient account management services to the Hospital and has been advised that your health insurer, British Columbia Service, is withholding payment of covered charges for the above-referenced account until such time as it receives from you the following information and/or documentation (hereinafter collectively, the "Information"):

Accident details needed.

We have made several unsuccessful attempts to contact you to discuss this urgent matter. Moreover, we understand that your insurer also has made several unsuccessful attempts to contact you to obtain the Information. The Hospital, like all providers, is subject to various state laws that impose specific deadlines for submitting claims to insurers. Accordingly, time is very much of the essence and your prompt attention to this request is required.

Be advised that if you do not supply your health insurer with the aforescribed Information within fifteen (15) days of receipt of this notice, you will incur personal liability for payment of your treatment charges, and we will have no other option but to refer your matter to collections for appropriate follow up. Please conduct yourself accordingly.

Regards,
Brian Hansen
Brian Hansen

Signed By
Stephanie Harris
With Express Permission

cc:sh File

HCA

Hospital Corporation of America

Brian Hansen, Esq. (Admitted to practice in Georgia)
Legal Counsel
HCA Atlanta Shared Services Center
5707 Peachtree Parkway
Norcross, Georgia 30092
O: (678) 421-7507
F: (678) 421-7508
brian.hansen@hcahealthcare.com

March 19, 2015

Via Certified Mail# 91 7190 1041 6341 1127 7586
Mr. Gyles Long
2526 Caney Branch Rd
Leeville, SC 29070

Re: Account No: 557360179
Date(s) of Service: 11/21/2014 – 01/08/2015
Billed Charges: \$1,385,358.57

Dear: Mr. Long

Thank you for choosing Doctor Hospital- Augusta for your healthcare needs. This office provides patient account management services to the Hospital and has been advised that your health insurer, British Columbia Service, is withholding payment of covered charges for the above-referenced account until such time as it receives from you the following information and/or documentation (hereinafter collectively, the "Information"):

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Regards,
Brian Hansen
Brian Hansen

Signed By
Stephanie Harris
With Express Permission

cc:sh File

Gastroenterology Consultants of Augusta
393 North Belair Road
Evans, GA 30809-3096

RETURN SERVICE REQUESTED

Patient: GYLES LONG
Billing Inquiries: (706) 854-8934
Billing Fax: (706) 650-7825
Billing Email: billing@augustaendoscopy.com
Office Hours: 9:00am-5:00pm

Stmt ID#: 786839696

Due Date:
04/16/15

☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMER. EXP.	
CARD NUMBER	EXP. DATE
SIGNATURE	
MUST INCLUDE 3 DIGIT SECURITY CODE FROM BACK OF CARD	

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
04/02/2015	\$1137.66	128012
CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT.		SHOW AMOUNT PAID HERE \$

MAKE CHECKS PAYABLE / REMIT TO:

Gastroenterology Consultants of Augusta
393 N BELAIR RD
EVANS GA 30809-3096



GYLES LONG
2526 CANEY BRANCH RD
LEESVILLE SC 29070-8928

101605-448

☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT IN ENCLOSED ENVELOPE

SVC DATE	Doctor	Service Performed/ Denial-Problem Code	Charge	Insur. Payment	Patient Payment	Adjust	Balance
11/22/14	Mecredy Peg		1350.00	212.34	.00	.00	1137.66

Out of

TOTAL ACCOUNT BALANCE: \$ 1137.66
TOTAL CHARGES PENDING WITH INSURANCE: \$
TOTAL INSURANCE PAYMENTS INCLUDING ADJUSTMENTS & WRITEOFFS: \$ 212.34
TOTAL PATIENT PAYMENTS: \$.00
TOTAL AMOUNT DUE NOW FROM INSURANCE: \$.00
TOTAL AMOUNT DUE NOW FROM PATIENT: \$ 1137.66

AGING OF PATIENT RESPONSIBLE BALANCE

Current	30 Days	60 Days	90 Days	120 Days	150 Days	180 Days
.00	.00	1137.66	.00	.00	.00	.00

*FINAL NOTICE. ACCOUNT WILL BE RELEASED TO OUR COLLECTION AGENCY.***

AMOUNT DUE

1137.66



-788-

101605-448

Gastroenterology Consultants of Augusta
393 North Belair Road
Evans, GA 30809-3096

RETURN SERVICE REQUESTED

Patient: GYLES LONG
Billing Inquiries: (706) 854-8934
Billing Fax: (706) 650-7825
Billing Email: billing@augustaendoscopy.com
Office Hours: 9:00am-5:00pm
Stmnt ID#: 827016076

Due Date:
10/01/15

☐ VISA	☐ MASTERCARD	☐ DISCOVER	☐ AMER. EXP.
CARD NUMBER		EXP. DATE	AMOUNT
SIGNATURE		I MUST INCLUDE 3 DIGIT SECURITY CODE FROM BACK OF CARD	

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
09/17/2015	\$1137.66	128012

CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT.

SHOW AMOUNT PAID HERE \$



101605-517

GYLES LONG
2526 CANEY BRANCH RD
LEESVILLE SC 29070-8928

Gastroenterology Consultants of Augusta
393 N BELAIR RD
EVANS GA 30809-3096



☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT IN ENCLOSED ENVELOPE

SVC DATE	Doctor	Service Performed/ Denial-Problem Code	Charge	Insur. Payment	Patient Payment	Adjust	Balance
11/22/14	Mecredy	Peg	1350.00	212.34	.00	.00	1137.66

TOTAL ACCOUNT BALANCE: \$ 1137.66
TOTAL CHARGES PENDING WITH INSURANCE: \$
TOTAL INSURANCE PAYMENTS INCLUDING ADJUSTMENTS & WRITEOFFS: \$ 212.34
TOTAL PATIENT PAYMENTS: \$.00
TOTAL AMOUNT DUE NOW FROM INSURANCE: \$.00
TOTAL AMOUNT DUE NOW FROM PATIENT: \$ 1137.66

AGING OF PATIENT RESPONSIBLE BALANCE

Current	30 Days	60 Days	90 Days	120 Days	150 Days	180 Days
.00	.00	.00	.00	.00	.00	1137.66

AMOUNT DUE

1137.66



COLLECTION AGENCY
507 PRUDENTIAL RD.
HORSHAM, PA 19044
877-420-4789
OFFICE HOURS: 8AM - 5PM ET MON - FRI

GASTROENTEROLOGY CONSULTANTS
ACCT #: 253R9-0000128012
CLIENT REF:

CURRENT BALANCE DUE: \$1,137.66

TRANSMITTAL



06/03/15



GYLES LONG
2526 CANEY BRANCH RD
LEESVILLE SC 29070-8928

COURTESY NOTICE - - The creditor has requested that we contact you regarding the above-referenced account. Please be advised that the account remains unpaid.

This is an attempt to collect a debt. Any information obtained will be used for that purpose. This is a communication from a debt collector. Calls to or from this company may be monitored or recorded for quality assurance.

Send correspondence, other than payment, to this collection agency at P.O. BOX 17221, WILMINGTON, DE 19850.

Please send payment to:
GASTROENTEROLOGY CONSULTANTS
OF AUGUSTA/ATTN BILLING DEPT
393 N BELAIR ROAD
EVANS GA 30809

Our Client's Phone:
706-854-8934

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of the debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice, this office will obtain verification of the debt or obtain a copy of judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

Notice: See Reverse Side for Important Information.

We are required under some states' laws to notify consumers of certain rights as detailed in the list on the back of this notice. Consumers have rights under state and federal law that are not described in this letter or in the list on the back of this notice.

Transworld Systems®

TRANSWORLD SYSTEMS INC.

507 PRUDENTIAL RD. HORSHAM, PA 19044

877-420-4789 OFFICE HOURS: 8AM - 5PM ET MON - FRI



GYLES LONG

2526 CANEY BRANCH RD

LEESVILLE SC 29070-8928

July 14, 2015

GASTROENTEROLOGY CONSULTANTS

ACCT #: 253R9-0000128012

CLIENT REF:

CURRENT BALANCE DUE: \$1,137.66

Gyles Long:

The above amount remains unpaid. We sent you a first notice which included your rights under the Fair Debt Collection Practices Act.

Our request for payment does not affect your right to dispute this debt as described in our first letter.

Send correspondence, other than payment, to this collection agency at P.O. BOX 17221, WILMINGTON, DE 19850.

Please send payment to:

GASTROENTEROLOGY CONSULTANTS

OF AUGUSTA/ATTN BILLING DEPT

393 N BELAIR ROAD

EVANS GA 30809

Our Client's Phone:

706-854-8934

2

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Philadelphia, New York, Dallas, Phoenix, San Francisco, Chicago, Atlanta, Los Angeles, Boston

PROFESSIONAL
COLLECTORS

-1-791-
COLLECTION AGENCY

FULL
SERVICE

Transworld Systems®

TRANSWORLD SYSTEMS INC.

507 PRUDENTIAL RD. HORSHAM, PA 19044

877-420-4789 OFFICE HOURS: 8AM - 5PM ET MON - FRI



GYLES LONG
2526 CANEY BRANCH RD
LEESVILLE SC 29070-8928

June 13, 2015

GASTROENTEROLOGY CONSULTANTS

ACCT #: 253R9-0000128012

CLIENT REF:

CURRENT BALANCE DUE: \$1,137.66

Gyles Long:

The above amount remains unpaid. We sent you a first notice which included your rights under the Fair Debt Collection Practices Act.

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Please send payment to:
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OF AUGUSTA/ATTN BILLING DEPT
393 N BELAIR ROAD
EVANS GA 30809

Our Client's Phone:
706-854-8934

2

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Philadelphia, New York, Dallas, Phoenix, San Francisco, Chicago, Atlanta, Los Angeles, Boston

PROFESSIONAL
COLLECTORS

-792-
COLLECTION AGENCY

FULL
SERVICE

Transworld Systems®

TRANSWORLD SYSTEMS INC.

507 PRUDENTIAL RD. HORSHAM, PA 19044

877-420-4789 OFFICE HOURS: 8AM - 5PM ET MON - FRI



011028

011028

GYLES LONG
2526 CANEY BRANCH RD
LEESVILLE SC 29070-8928

July 14, 2015

GASTROENTEROLOGY CONSULTANTS

ACCT #: 253R9-0000128012

CLIENT REF:

CURRENT BALANCE DUE: \$1,137.66

Gyles Long:

The above amount remains unpaid. We sent you a first notice which included your rights under the Fair Debt Collection Practices Act.

Our request for payment does not affect your right to dispute this debt as described in our first letter.

Send correspondence, other than payment, to this collection agency at P.O. BOX 17221, WILMINGTON, DE 19850.

Please send payment to:
GASTROENTEROLOGY CONSULTANTS
OF AUGUSTA/ATTN BILLING DEPT
393 N BELAIR ROAD
EVANS GA 30809

Our Client's Phone:
706-854-8934

2

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Philadelphia, New York, Dallas, Phoenix, San Francisco, Chicago, Atlanta, Los Angeles, Boston

PROFESSIONAL
COLLECTORS

COLLECTIVE, AGENCY

FULL
SERVICE

Transworld Systems®

TRANSWORLD SYSTEMS INC.

507 PRUDENTIAL RD. HORSHAM, PA 19044 877-420-4789 OFFICE HOURS: 8AM - 5PM. ET MON - FRI



013241
GYLES LONG
2526 CANEY BRANCH RD
LEESVILLE SC 29070-8928

June 13, 2015

GASTROENTEROLOGY CONSULTANTS

ACCT #: 253R9-0000128012

CLIENT REF:

CURRENT BALANCE DUE: \$1,137.66

Gyles Long:

The above amount remains unpaid. We sent you a first notice which included your rights under the Fair Debt Collection Practices Act.

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Please send payment to:
GASTROENTEROLOGY CONSULTANTS
OF AUGUSTA/ATTN BILLING DEPT
393 N BELAIR ROAD
EVANS GA 30809

Our Client's Phone:
706-854-8934

2

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Philadelphia, New York, Dallas, Phoenix, San Francisco, Chicago, Atlanta, Los Angeles, Boston

PROFESSIONAL
COLLECTORS

COLLECTIVE - 794 - AGENCY

FULL
SERVICE



GLOBAL
FINANCIAL SERVICES GROUP

DataTrac

DataTrac Receivables Recovery, LLC

a subsidiary of Global Financial Services Group, Inc.

PO Box 3699 • Anderson, SC 29622-3699

Phone: (864) 328-2200 or (888) 401-6042

To Pay Your Account Online: <http://www.dtrrezpay.com>

Access Code: dtrr1653
Account #: 01427675
PIN: 54616

North Carolina Permit #107874

September 21, 2015

IMPORTANT NOTICE

Dear GILES G LONG:

You have failed to meet your financial obligation(s) in the amount of **\$480.00** with the creditor(s) identified below. Our office has made numerous attempts to communicate with you regarding this situation, yet this matter remains unresolved.

Your creditor(s) provided service(s) for which you accepted financial responsibility. You now need to take responsibility and pay this/these creditor(s) for their service(s). If you are unable to pay the balance in full, contact our office and we will establish an acceptable monthly repayment plan.

Pursuant to 15 U.S.C.1692e(11), this communication is from a professional debt collector. This is an attempt to collect a debt and any information obtained will be used for that purpose.

ACH DISCLOSURE: When providing a check as payment, you authorize us either to use the information from your check to make a one-time electronic funds transfer from your account or to process the payment as a check transaction. When we use the information from your check to make an electronic funds transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution. You may opt out of this process by calling our office at (864) 328-2200 or (888) 401-6042.

R. McClellan
Recovery Specialist

If your check or ACH payment is returned unpaid by your financial institution for any reason, we reserve the right to charge the maximum fee allowed by law.

Creditor	CLT Dbtr #	For	Balance Due
LEXINGTON HEALTH CMC	3053813	LONG, GILES G	\$360.00
LEXINGTON HEALTH CMC	3063436	LONG, GILES G	\$120.00
Total Balance Due:			\$480.00

72-DK016530-041-06/05/13

*** Detach Lower Portion And Return With Payment ***

Y1977F27E1



PO Box 3699

Anderson SC 29622-3699

ADDRESS SERVICE REQUESTED

DTRR Ref #: 01427675
Balance: \$480.00



0008120024017629146529070892826-1YA1-Y1977F27E1 72

041 - 72
GILES G LONG
2526 Caney Branch Rd
Leesville SC 29070-8928



DataTrac Receivables Recovery, LLC
PO Box 3699
Anderson SC 29622-3699

Statement

HORIZON EYE CENTER INC
 HASANALI V FATTEH MD
 1212 AUGUSTA WEST PKWY STE A1
 AUGUSTA GA 30909-1808

00025739

01/22/2015

Card Number

Signature

Amount

Exp. Date

ADDRESS CORRECTION REQUESTED

GILES LONG
 2526 CANEY BRANCH RD
 LEESVILLE SC 29070

618.48

For assistance please call (706) 364-2020

Please (x) box if above address information is incorrect, and indicate changes on reverse side

Please return this portion of statement with payment

11/22/14	99223	LONG GILES	323.00	0.00
12/08/14	PRIMARY CLAIM SENT ELECTRONICALLY			
01/22/15	CONSUMERS CHOICE HLTH PLAN PAYMENT	LONG GILES	0.00	0.00
01/22/15	ADJUSTMENT	LONG GILES	-125.30	0.00
01/22/15	DEDUCTIBLE TO PATIENT: \$197.70	LONG GILES	-197.70	197.70
11/23/14	99232	LONG GILES	140.00	0.00
12/08/14	PRIMARY CLAIM SENT ELECTRONICALLY			
01/22/15	CONSUMERS CHOICE HLTH PLAN PAYMENT	LONG GILES	0.00	0.00
01/22/15	ADJUSTMENT	LONG GILES	-69.87	0.00
01/22/15	DEDUCTIBLE TO PATIENT: \$70.13	LONG GILES	-70.13	70.13
11/26/14	99232	LONG GILES	140.00	0.00
12/08/14	PRIMARY CLAIM SENT ELECTRONICALLY			
01/22/15	CONSUMERS CHOICE HLTH PLAN PAYMENT	LONG GILES	0.00	0.00
01/22/15	ADJUSTMENT	LONG GILES	-69.87	0.00
01/22/15	DEDUCTIBLE TO PATIENT: \$70.13	LONG GILES	-70.13	70.13
11/29/14	99232	LONG GILES	140.00	0.00
12/08/14	PRIMARY CLAIM SENT ELECTRONICALLY			
01/22/15	CONSUMERS CHOICE HLTH PLAN PAYMENT	LONG GILES	0.00	0.00
01/22/15	ADJUSTMENT	LONG GILES	-69.87	0.00
01/22/15	DEDUCTIBLE TO PATIENT: \$70.13	LONG GILES	-70.13	70.13

HORIZON EYE CENTER INC
HASANALI V FATTEH MD
1212 AUGUSTA WEST PKWY STE A1
AUGUSTA GA 30909-1808

ADDRESS CORRECTION REQUESTED
GILES LONG
2526 CANEY BRANCH RD
LEESVILLE SC 29070

Statement

00025739

01/22/2015

Card Number

Signature

Amount

Exp Date

618.48

For assistance please call (706) 364-2020

Please (x) box if above address information is incorrect, and indicate changes on reverse side

Please return this portion of statement with payment

DATE	DESCRIPTION	LONG GILES	AMOUNT	BALANCE
12/02/14	99232	LONG GILES	140.00	0.00
12/08/14	PRIMARY CLAIM SENT ELECTRONICALLY			
01/22/15	CONSUMERS CHOICE HLTH PLAN PAYMENT	LONG GILES	0.00	0.00
01/22/15	ADJUSTMENT	LONG GILES	-69.87	0.00
01/22/15	DEDUCTIBLE TO PATIENT: \$70.13	LONG GILES	-70.13	70.13
12/04/14	99232	LONG GILES	140.00	0.00
12/08/14	PRIMARY CLAIM SENT ELECTRONICALLY			
01/22/15	CONSUMERS CHOICE HLTH PLAN PAYMENT	LONG GILES	0.00	0.00
01/22/15	ADJUSTMENT	LONG GILES	-69.87	0.00
01/22/15	DEDUCTIBLE TO PATIENT: \$70.13	LONG GILES	-70.13	70.13
12/07/14	99232	LONG GILES	140.00	0.00
12/08/14	PRIMARY CLAIM SENT ELECTRONICALLY			
01/22/15	CONSUMERS CHOICE HLTH PLAN PAYMENT	LONG GILES	0.00	0.00
01/22/15	ADJUSTMENT	LONG GILES	-69.87	0.00
01/22/15	DEDUCTIBLE TO PATIENT: \$70.13	LONG GILES	-70.13	70.13
12/14/14	99232	LONG GILES	140.00	0.00
12/23/14	PRIMARY CLAIM SENT ELECTRONICALLY			

PAYMENT IN FULL IS DUE UPON RECEIPT. THANK YOU.

Total 140.00 618.48

618.48

0.00 618.48 0.00 0.00 0.00 0.00

MAKE CHECKS PAYABLE TO

Joseph M Still Burn Centers, Inc.
PO BOX 3726
Augusta, GA 30914-3726

ADDRESS SERVICE REQUESTED**ADDRESSEE**

GYLES GREG LONG SR
2526 CANEY BRANCH RD
Leesville, SC 29070

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW

CHECK CARD USING FOR PAYMENT

MASTERCARD



DISCOVER



VISA



AMERICAN EXPRESS

CARD NUMBER

CODE

SIGNATURE

EXP. DATE

STATEMENT DATE

02/27/2015

PAY THIS AMOUNT

247,455.00

ACCOUNT NUMBER

99436

SHOW AMOUNT

PAID HERE \$

PAGE NO. 1

REMIT TO

Joseph M Still Burn Centers, Inc.
PO BOX 3726
Augusta, GA 30914-3726



Please check box if above address is incorrect or insurance
information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Date	Patient	Description	Charges	Credits	Balance
11/21/14	GYLES GREG LONG, SR	INITIAL HOSPITAL CARE,N,2.61,0.22,1.08,1.08	275.00	220.00	0.00
11/21/14	GYLES GREG LONG, SR	INSERT NON-TUNNEL CV CATH,N,2.5,0.31,0.79,4.19	940.00	0.00	940.00
11/22/14	GYLES GREG LONG, SR	WOUND PREP F/N/HF/G,N,4.58,0.67,2.74,6.41	1,293.00	0.00	1,293.00
11/22/14	GYLES GREG LONG, SR	WND PREP F/N/HF/G ADDL CM,N,1.6,0.31,0.79,1.74	658.00	0.00	658.00
11/22/14	GYLES GREG LONG, SR	SKN SUB GRFT F/N/HF/G CHILD,N,4.0,59,1.76,4.17	1,175.00	0.00	1,175.00
11/22/14	GYLES GREG LONG, SR	SKN SUB GRFT F/N/HF/G CH ADD,N,1.0,13,0.48,1.29	306.00	0.00	306.00
11/22/14	GYLES GREG LONG, SR	WOUND PREP TRK/ARM/LEG,N,3.65,0.65,2.4,5.79	823.00	0.00	823.00
11/22/14	GYLES GREG LONG, SR	WOUND PREP ADDL 100 CM,N,0.8,0.16,0.39,1.25	24,534.00	0.00	24,534.00
11/22/14	GYLES GREG LONG, SR	SKIN SUB GRFT T/ARM/LG CHILD,N,3.5,0.62,2.03,4.59	1,058.00	0.00	1,058.00
11/22/14	GYLES GREG LONG, SR	SKN SUB GRFT T/AL CHILD ADD,N,0.8,0.1,0.4,1.15	15,022.00	0.00	15,022.00
11/22/14	GYLES GREG LONG, SR	DRESS/DEBRID P-THICK BURN S,N,0.71,0.1,0.77,1.56	141.00	0.00	141.00
11/22/14	GYLES GREG LONG, SR	REPAIR SUPERFICIAL WOUND(S),N,1.44,0.24,0.66,2.19	494.00	0.00	494.00
11/22/14	GYLES GREG LONG, SR	WOUND PREP F/N/HF/G,N,4.58,0.67,2.74,6.41	1,293.00	0.00	1,293.00
11/26/14	GYLES GREG LONG, SR	SKIN SUB GRAFT FACE/NK/HF/G,N,1.83,0.31,0.85,2.41	588.00	0.00	588.00
11/26/14	GYLES GREG LONG, SR	SKIN SUB GRAFT F/N/HF/G ADDL,N,0.5,0.06,0.17,0.43	423.00	0.00	423.00
11/26/14	GYLES GREG LONG, SR	WOUND PREP TRK/ARM/LEG,N,3.65,0.65,2.4,5.79	823.00	0.00	823.00
11/26/14	GYLES GREG LONG, SR	WOUND PREP ADDL 100 CM,N,0.8,0.16,0.39,1.25	22,842.00	0.00	22,842.00
11/26/14	GYLES GREG LONG, SR	SKIN SUB GRFT T/ARM/LG CHILD,N,3.5,0.62,2.03,4.59	1,058.00	0.00	1,058.00
11/26/14	GYLES GREG LONG, SR	SKN SUB GRFT T/AL CHILD ADD,N,0.8,0.1,0.4,1.15	13,986.00	0.00	13,986.00
12/04/14	GYLES GREG LONG, SR	WOUND PREP F/N/HF/G,N,4.58,0.67,2.74,6.41	1,293.00	0.00	1,293.00
12/04/14	GYLES GREG LONG, SR	SKIN SUB GRAFT FACE/NK/HF/G,N,1.83,0.31,0.85,2.41	588.00	0.00	588.00
12/04/14	GYLES GREG LONG, SR	SKIN SUB GRAFT F/N/HF/G ADDL,N,0.5,0.06,0.17,0.43	141.00	0.00	141.00

Current	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total Balance	NOW/DUE
247,455.00	0.00	0.00	0.00	0.00	247,455.00	247,455.00

Message**Account Number**

99436

Statement Date

02/27/2015

Billing Questions

(706) 863-9595

Make Checks Payable To:

Joseph M Still Burn Centers, Inc.
PO BOX 3726
Augusta, GA 30914-3726

** Payment is due upon receipt. Thank you. **

MAKE CHECKS PAYABLE TO

Joseph M Still Burn Centers, Inc.
PO BOX 3726
Augusta, GA 30914-3726

ADDRESS SERVICE REQUESTED**ADDRESSEE**

GYLES GREG LONG SR
2526 CANEY BRANCH RD
Leesville, SC 29070

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW

CHECK CARD USING FOR PAYMENT

MASTERCARD



DISCOVER



VISA



AMERICAN EXPRESS

CARD NUMBER

CODE

SIGNATURE

EXP. DATE

STATEMENT DATE

PAY THIS AMOUNT

ACCOUNT NUMBER

02/27/2015

247,455.00

99436

PAGE NO. 2

SHOW AMOUNT

PAID HERE

\$

REMIT TO

Joseph M Still Burn Centers, Inc.
PO BOX 3726
Augusta, GA 30914-3726



Please check box if above address is incorrect or insurance
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STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Date	Patient	Description	Charges	Credits	Balance
12/04/14	GYLES GREG LONG, SR	WOUND PREP TRK/ARM/LEG,N,3.65,0.65,2.4,5.79	823.00	0.00	823.00
12/04/14	GYLES GREG LONG, SR	WOUND PREP ADDL 100 CM,N,0.8,0.16,0.39,1.25	16,497.00	0.00	16,497.00
12/04/14	GYLES GREG LONG, SR	SKIN SUB GRFT T/ARM/LG CHILD,N,3.5,0.62,2.03,4.59	1,058.00	0.00	1,058.00
12/04/14	GYLES GREG LONG, SR	SKN SUB GRFT T/AL CHILD ADD,N,0.8,0.1,0.4,1.15	10,101.00	0.00	10,101.00
12/03/14	GYLES GREG LONG, SR	SUBSEQUENT HOSPITAL CARE,N,1.39,0.08,0.58,0.58	150.00	120.00	0.00
12/05/14	GYLES GREG LONG, SR	SUBSEQUENT HOSPITAL CARE,N,1.39,0.08,0.58,0.58	150.00	120.00	0.00
11/22/14	GYLES GREG LONG, SR	WOUND PREP F/N/HF/G,N,4.58,0.67,2.74,6.41	388.00	155.20	0.00
11/22/14	GYLES GREG LONG, SR	WND PREP F/N/HF/G ADDL CM,N,1.6,0.31,0.79,1.74	198.00	79.20	0.00
11/22/14	GYLES GREG LONG, SR	SKN SUB GRFT F/N/HF/G CHILD,N,4,0.59,1.76,4.17	353.00	0.00	0.00
11/22/14	GYLES GREG LONG, SR	SKN SUB GRFT F/N/HF/G CH ADD,N,1,0.13,0.48,1.29	92.00	0.00	0.00
11/22/14	GYLES GREG LONG, SR	WOUND PREP TRK/ARM/LEG,N,3.65,0.65,2.4,5.79	247.00	98.80	0.00
11/22/14	GYLES GREG LONG, SR	WOUND PREP ADDL 100 CM,N,0.8,0.16,0.39,1.25	7,361.00	2,944.40	0.00
11/22/14	GYLES GREG LONG, SR	SKIN SUB GRFT T/ARM/LG CHILD,N,3.5,0.62,2.03,4.59	318.00	0.00	0.00
11/22/14	GYLES GREG LONG, SR	SKN SUB GRFT T/AL CHILD ADD,N,0.8,0.1,0.4,1.15	4,507.00	0.00	0.00
11/22/14	GYLES GREG LONG, SR	DRESS/DEBRID P-THICK BURN S,N,0.71,0.1,0.77,1.56	43.00	0.00	0.00
11/22/14	GYLES GREG LONG, SR	REPAIR SUPERFICIAL WOUND(S),N,1.44,0.24,0.66,2.19	149.00	0.00	0.00
11/26/14	GYLES GREG LONG, SR	WOUND PREP F/N/HF/G,N,4.58,0.67,2.74,6.41	388.00	0.00	388.00
11/26/14	GYLES GREG LONG, SR	SKIN SUB GRAFT FACE/NK/HF/G,N,1.83,0.31,0.85,2.41	177.00	0.00	177.00
11/26/14	GYLES GREG LONG, SR	SKIN SUB GRAFT F/N/HF/G ADDL,N,0.5,0.06,0.17,0.43	127.00	0.00	127.00
11/26/14	GYLES GREG LONG, SR	WOUND PREP TRK/ARM/LEG,N,3.65,0.65,2.4,5.79	247.00	0.00	247.00
11/26/14	GYLES GREG LONG, SR	WOUND PREP ADDL 100 CM,N,0.8,0.16,0.39,1.25	6,853.00	0.00	6,853.00
11/26/14	GYLES GREG LONG, SR	SKIN SUB GRFT T/ARM/LG CHILD,N,3.5,0.62,2.03,4.59	318.00	0.00	318.00

Current	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total Balance	NOW DUE
247,455.00	0.00	0.00	0.00	0.00	247,455.00	247,455.00

Message**Account Number**

99436

Statement Date

02/27/2015

Billing Questions

(706) 863-9595

Make Checks Payable To:

Joseph M Still Burn Centers, Inc.
PO BOX 3726
Augusta, GA 30914-3726

** Payment is due upon receipt. Thank you. **

MAKE CHECKS PAYABLE TO

Joseph M Still Burn Centers, Inc.
PO BOX 3726
Augusta, GA 30914-3726

ADDRESS SERVICE REQUESTED**ADDRESSEE**

GYLES GREG LONG SR
2526 CANEY BRANCH RD
Leesville, SC 29070

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW

CHECK CARD USING FOR PAYMENT

MASTERCARD



DISCOVER



VISA



AMERICAN EXPRESS

CARD NUMBER

CODE

SIGNATURE

EXP. DATE

STATEMENT DATE

02/27/2015

PAY THIS AMOUNT

247,455.00

ACCOUNT NUMBER

99436

SHOW AMOUNT

PAID HERE \$

PAGE NO. 3

REMIT TO

Joseph M Still Burn Centers, Inc.
PO BOX 3726
Augusta, GA 30914-3726



Please check box if above address is incorrect or insurance
information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Date	Patient	Description	Charges	Credits	Balance
11/26/14	GYLES GREG LONG, SR	SKN SUB GRFT T/AL CHILD ADD,N,0.8,0.1,0.4,1.15	4,196.00	0.00	4,196.00
12/04/14	GYLES GREG LONG, SR	WOUND PREP F/N/HF/G,N,4.58,0.67,2.74,6.41	388.00	62.08	0.00
12/04/14	GYLES GREG LONG, SR	SKIN SUB GRAFT FACE/NK/HF/G,N,1.83,0.31,0.85,2.41	177.00	0.00	0.00
12/04/14	GYLES GREG LONG, SR	SKIN SUB GRAFT F/N/HF/G ADDL,N,0.5,0.06,0.17,0.43	43.00	0.00	0.00
12/04/14	GYLES GREG LONG, SR	WOUND PREP TRK/ARM/LEG,N,3.65,0.65,2.4,5.79	247.00	39.52	0.00
12/04/14	GYLES GREG LONG, SR	WOUND PREP ADDL 100 CM,N,0.8,0.16,0.39,1.25	4,950.00	792.00	0.00
12/04/14	GYLES GREG LONG, SR	SKIN SUB GRFT T/ARM/LG CHILD,N,3.5,0.62,2.03,4.59	318.00	0.00	0.00
12/04/14	GYLES GREG LONG, SR	SKN SUB GRFT T/AL CHILD ADD,N,0.8,0.1,0.4,1.15	3,031.00	0.00	0.00
12/06/14	GYLES GREG LONG, SR	SUBSEQUENT HOSPITAL CARE,N,1.39,0.08,0.58,0.58	150.00	120.00	0.00
12/07/14	GYLES GREG LONG, SR	SUBSEQUENT HOSPITAL CARE,N,1.39,0.08,0.58,0.58	150.00	120.00	0.00
12/08/14	GYLES GREG LONG, SR	SUBSEQUENT HOSPITAL CARE,N,1.39,0.08,0.58,0.58	150.00	120.00	0.00
12/09/14	GYLES GREG LONG, SR	SUBSEQUENT HOSPITAL CARE,N,1.39,0.08,0.58,0.58	150.00	120.00	0.00
12/10/14	GYLES GREG LONG, SR	SUBSEQUENT HOSPITAL CARE,N,1.39,0.08,0.58,0.58	150.00	120.00	0.00
12/12/14	GYLES GREG LONG, SR	WOUND PREP TRK/ARM/LEG,N,3.65,0.65,2.4,5.79	823.00	0.00	823.00
12/12/14	GYLES GREG LONG, SR	WOUND PREP ADDL 100 CM,N,0.8,0.16,0.39,1.25	8,883.00	0.00	8,883.00
12/12/14	GYLES GREG LONG, SR	SKIN SUB GRFT T/ARM/LG CHILD,N,3.5,0.62,2.03,4.59	1,058.00	0.00	1,058.00
12/12/14	GYLES GREG LONG, SR	SKN SUB GRFT T/AL CHILD ADD,N,0.8,0.1,0.4,1.15	3,885.00	0.00	3,885.00
12/12/14	GYLES GREG LONG, SR	NEG PRESS WOUND TX > 50 CM,N,0.6,0.1,0.17,0.58	914.00	0.00	914.00
12/12/14	GYLES GREG LONG, SR	DRESSING CHANGE NOT FOR BURN,N,0.86,0.14,0.38,0.38	423.00	0.00	423.00
12/12/14	GYLES GREG LONG, SR	WOUND PREP TRK/ARM/LEG,N,3.65,0.65,2.4,5.79	247.00	0.00	247.00
12/12/14	GYLES GREG LONG, SR	WOUND PREP ADDL 100 CM,N,0.8,0.16,0.39,1.25	2,665.00	0.00	2,665.00

Current	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total Balance	NOW DUE
247,455.00	0.00	0.00	0.00	0.00	247,455.00	247,455.00

Message**Account Number**

99436

Statement Date

02/27/2015

Billing Questions

(706) 863-9595

Make Checks Payable To:

Joseph M Still Burn Centers, Inc.
PO BOX 3726
Augusta, GA 30914-3726

** Payment is due upon receipt. Thank you. **

MAKE CHECKS PAYABLE TO

Joseph M Still Burn Centers, Inc.
PO BOX 3726
Augusta, GA 30914-3726

ADDRESS SERVICE REQUESTED**ADDRESSEE**

GYLES GREG LONG SR
2526 CANEY BRANCH RD
Leesville, SC 29070

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW

CHECK CARD USING FOR PAYMENT

MASTERCARD



DISCOVER



VISA



AMERICAN EXPRESS

CARD NUMBER

CODE

SIGNATURE

EXP. DATE

STATEMENT DATE

PAY THIS AMOUNT

ACCOUNT NUMBER

02/27/2015

247,455.00

99436

SHOW AMOUNT

PAID HERE

\$

PAGE NO. 4

REMIT TO

Joseph M Still Burn Centers, Inc.
PO BOX 3726
Augusta, GA 30914-3726



Please check box if above address is incorrect or insurance
information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Date	Patient	Description	Charges	Credits	Balance
12/12/14	GYLES GREG LONG, SR	SKIN SUB GRFT T/ARM/LG CHILD,N,3.5,0.62,2.03,4.59	318.00	0.00	318.00
12/12/14	GYLES GREG LONG, SR	SKN SUB GRFT T/A/L CHILD ADD,N,0.8,0.1,0.4,1.15	1,166.00	0.00	1,166.00
12/12/14	GYLES GREG LONG, SR	NEG PRESS WOUND TX > 50 CM,N,0.6,0.1,0.17,0.58	275.00	0.00	275.00
12/12/14	GYLES GREG LONG, SR	DRESSING CHANGE NOT FOR BURN,N,0.86,0.14,0.38,0.38	127.00	0.00	127.00
12/11/14	GYLES GREG LONG, SR	SUBSEQUENT HOSPITAL CARE,N,1.39,0.08,0.58,0.58	150.00	120.00	0.00
12/12/14	GYLES GREG LONG, SR	MUSCLE-SKIN GRAFT LEG,N,19.04,3.81,14.38,19.3	4,465.00	0.00	4,465.00
12/12/14	GYLES GREG LONG, SR	WOUND PREP TRK/ARM/LEG,N,3.65,0.65,2.4,5.79	823.00	0.00	823.00
12/12/14	GYLES GREG LONG, SR	WOUND PREP ADDL 100 CM,N,0.8,0.16,0.39,1.25	423.00	0.00	423.00
12/12/14	GYLES GREG LONG, SR	SKIN SUB GRFT T/ARM/LG CHILD,N,3.5,0.62,2.03,4.59	1,058.00	0.00	1,058.00
12/12/14	GYLES GREG LONG, SR	SKN SUB GRFT T/A/L CHILD ADD,N,0.8,0.1,0.4,1.15	259.00	0.00	259.00
12/12/14	GYLES GREG LONG, SR	MUSCLE-SKIN GRAFT LEG,N,19.04,3.81,14.38,19.3	1,340.00	0.00	1,340.00
12/12/14	GYLES GREG LONG, SR	WOUND PREP TRK/ARM/LEG,N,3.65,0.65,2.4,5.79	247.00	0.00	247.00
12/12/14	GYLES GREG LONG, SR	WOUND PREP ADDL 100 CM,N,0.8,0.16,0.39,1.25	127.00	0.00	127.00
12/12/14	GYLES GREG LONG, SR	SKIN SUB GRFT T/ARM/LG CHILD,N,3.5,0.62,2.03,4.59	318.00	0.00	318.00
12/12/14	GYLES GREG LONG, SR	SKN SUB GRFT T/A/L CHILD ADD,N,0.8,0.1,0.4,1.15	78.00	0.00	78.00
12/16/14	GYLES GREG LONG, SR	WOUND PREP TRK/ARM/LEG,N,3.65,0.65,2.4,5.79	823.00	0.00	823.00
12/16/14	GYLES GREG LONG, SR	WOUND PREP ADDL 100 CM,N,0.8,0.16,0.39,1.25	423.00	0.00	423.00
12/16/14	GYLES GREG LONG, SR	SKIN SUB GRAFT TRNK/ARM/LEG,N,1.5,0.25,0.83,2.49	470.00	0.00	470.00
12/16/14	GYLES GREG LONG, SR	SKIN SUB GRAFT T/A/L ADD-ON,N,0.33,0.04,0.14,0.43	118.00	0.00	118.00
12/16/14	GYLES GREG LONG, SR	SKIN SPLT GRFT TRNK/ARM/LEG,N,9.9,1.95,9.47,13.66	1,645.00	0.00	1,645.00
12/16/14	GYLES GREG LONG, SR	SKIN SPLT GRFT T/A/L ADD-ON,N,1.72,0.34,1.22,3.46	517.00	0.00	517.00

Current	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total Balance	NOW DUE
247,455.00	0.00	0.00	0.00	0.00	247,455.00	247,455.00

Message**Account Number**

99436

Statement Date

02/27/2015

Billing Questions

(706) 863-9595

Make Checks Payable To:

Joseph M Still Burn Centers, Inc.
PO BOX 3726
Augusta, GA 30914-3726

** Payment is due upon receipt. Thank you. **

MAKE CHECKS PAYABLE TO

Joseph M Still Burn Centers, Inc.
PO BOX 3726
Augusta, GA 30914-3726

ADDRESS SERVICE REQUESTED**ADDRESSEE**

GYLES GREG LONG SR
2526 CANEY BRANCH RD
Leesville, SC 29070

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW

CHECK CARD USING FOR PAYMENT

MASTERCARD



DISCOVER



VISA



AMERICAN EXPRESS

CARD NUMBER

CODE

SIGNATURE

EXP. DATE

STATEMENT DATE

02/27/2015

PAY THIS AMOUNT

247,455.00

ACCOUNT NUMBER

99436

SHOW AMOUNT

PAID HERE

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PAGE NO. 5

REMIT TO

Joseph M Still Burn Centers, Inc.
PO BOX 3726
Augusta, GA 30914-3726



Please check box if above address is incorrect or insurance

Information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Date	Patient	Description	Charges	Credits	Balance
12/16/14	GYLES GREG LONG, SR	DRESS/DEBRID P-THICK BURN M,N,1.74,0.29,1.26,2.27	235.00	0.00	235.00
12/16/14	GYLES GREG LONG, SR	NEG PRESS WOUND TX > 50 CM,N,0.6,0.1,0.17,0.58	914.00	0.00	914.00
12/16/14	GYLES GREG LONG, SR	WOUND PREP TRK/ARM/LEG,N,3.65,0.65,2.4,5.79	247.00	0.00	247.00
12/16/14	GYLES GREG LONG, SR	WOUND PREP ADDL 100 CM,N,0.8,0.16,0.39,1.25	127.00	0.00	127.00
12/16/14	GYLES GREG LONG, SR	SKIN SUB GRAFT TRNK/ARM/LEG,N,1.5,0.25,0.83,2.49	141.00	0.00	141.00
12/16/14	GYLES GREG LONG, SR	SKIN SUB GRAFT T/AL ADD-ON,N,0.33,0.04,0.14,0.43	36.00	0.00	36.00
12/16/14	GYLES GREG LONG, SR	SKIN SPLT GRFT TRNK/ARM/LEG,N,9.9,1.95,9.47,13.66	494.00	0.00	494.00
12/16/14	GYLES GREG LONG, SR	SKIN SPLT GRFT T/AL ADD-ON,N,1.72,0.34,1.22,3.46	156.00	0.00	156.00
12/16/14	GYLES GREG LONG, SR	DRESS/DEBRID P-THICK BURN M,N,1.74,0.29,1.26,2.27	71.00	0.00	71.00
12/16/14	GYLES GREG LONG, SR	NEG PRESS WOUND TX > 50 CM,N,0.6,0.1,0.17,0.58	275.00	0.00	275.00
12/21/14	GYLES GREG LONG, SR	WOUND PREP TRK/ARM/LEG,N,3.65,0.65,2.4,5.79	823.00	0.00	823.00
12/21/14	GYLES GREG LONG, SR	WOUND PREP ADDL 100 CM,N,0.8,0.16,0.39,1.25	2,961.00	0.00	2,961.00
12/21/14	GYLES GREG LONG, SR	SKIN SUB GRFT T/ARM/LG CHILD,N,3.5,0.62,2.03,4.59	1,058.00	0.00	1,058.00
12/21/14	GYLES GREG LONG, SR	SKN SUB GRFT T/AL CHILD ADD,N,0.8,0.1,0.4,1.15	1,813.00	0.00	1,813.00
12/21/14	GYLES GREG LONG, SR	DRESS/DEBRID P-THICK BURN L,N,2.08,0.37,1.45,2.86	470.00	0.00	470.00
12/21/14	GYLES GREG LONG, SR	WOUND PREP TRK/ARM/LEG,N,3.65,0.65,2.4,5.79	247.00	0.00	247.00
12/21/14	GYLES GREG LONG, SR	WOUND PREP ADDL 100 CM,N,0.8,0.16,0.39,1.25	889.00	0.00	889.00
12/21/14	GYLES GREG LONG, SR	SKIN SUB GRFT T/ARM/LG CHILD,N,3.5,0.62,2.03,4.59	318.00	0.00	318.00
12/21/14	GYLES GREG LONG, SR	SKN SUB GRFT T/AL CHILD ADD,N,0.8,0.1,0.4,1.15	544.00	0.00	544.00
12/21/14	GYLES GREG LONG, SR	DRESS/DEBRID P-THICK BURN L,N,2.08,0.37,1.45,2.86	141.00	0.00	141.00
12/26/14	GYLES GREG LONG, SR	WOUND PREP F/N/HF/G,N,4.58,0.67,2.74,6.41	1,293.00	0.00	1,293.00
12/26/14	GYLES GREG LONG, SR	SKIN SUB GRAFT FACE/NK/HF/G,N,1.83,0.31,0.85,2.41	588.00	0.00	588.00

Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total Balance	NOW DUE
247,455.00	0.00	0.00	0.00	0.00	247,455.00	247,455.00

Message**Account Number**

99436

Statement Date

02/27/2015

Billing Questions

(706) 863-9595

Make Checks Payable To:

Joseph M Still Burn Centers, Inc.
PO BOX 3726
Augusta, GA 30914-3726

** Payment is due upon receipt. Thank you. **

MAKE CHECKS PAYABLE TO

Joseph M Still Burn Centers, Inc.
PO BOX 3726
Augusta, GA 30914-3726

ADDRESS SERVICE REQUESTED**ADDRESSEE**

GYLES GREG LONG SR
2526 CANEY BRANCH RD
Leesville, SC 29070

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW

CHECK CARD USING FOR PAYMENT

MASTERCARD



DISCOVER



VISA



AMERICAN EXPRESS

CARD NUMBER

CODE

SIGNATURE

EXP. DATE

STATEMENT DATE

PAY THIS AMOUNT

ACCOUNT NUMBER

02/27/2015

247,455.00

99436

SHOW AMOUNT

PAID HERE

\$

PAGE NO. 6

REMIT TO

Joseph M Still Burn Centers, Inc.
PO BOX 3726
Augusta, GA 30914-3726



Please check box if above address is incorrect or insurance
information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Date	Patient	Description	Charges	Credits	Balance
12/26/14	GYLES GREG LONG, SR	SKIN SUB GRAFT F/N/HF/G ADDL,N,0.5,0.06,0.17,0.43	141.00	0.00	141.00
12/26/14	GYLES GREG LONG, SR	WOUND PREP TRK/ARM/LEG,N,3.65,0.65,2.4,5.79	823.00	0.00	823.00
12/26/14	GYLES GREG LONG, SR	WOUND PREP ADDL 100 CM,N,0.8,0.16,0.39,1.25	13,959.00	0.00	13,959.00
12/26/14	GYLES GREG LONG, SR	SKIN SUB GRFT T/ARM/LG CHILD,N,3.5,0.62,2.03,4.59	1,058.00	0.00	1,058.00
12/26/14	GYLES GREG LONG, SR	SKN SUB GRFT T/A/L CHILD ADD,N,0.8,0.1,0.4,1.15	8,547.00	0.00	8,547.00
12/26/14	GYLES GREG LONG, SR	WOUND PREP F/N/HF/G,N,4.58,0.67,2.74,6.41	388.00	0.00	388.00
12/26/14	GYLES GREG LONG, SR	SKIN SUB GRAFT FACE/NK/HF/G,N,1.83,0.31,0.85,2.41	177.00	0.00	177.00
12/26/14	GYLES GREG LONG, SR	SKIN SUB GRAFT F/N/HF/G ADDL,N,0.5,0.06,0.17,0.43	43.00	0.00	43.00
12/26/14	GYLES GREG LONG, SR	WOUND PREP TRK/ARM/LEG,N,3.65,0.65,2.4,5.79	247.00	0.00	247.00
12/26/14	GYLES GREG LONG, SR	WOUND PREP ADDL 100 CM,N,0.8,0.16,0.39,1.25	4,188.00	0.00	4,188.00
12/26/14	GYLES GREG LONG, SR	SKIN SUB GRFT T/ARM/LG CHILD,N,3.5,0.62,2.03,4.59	318.00	0.00	318.00
12/26/14	GYLES GREG LONG, SR	SKN SUB GRFT T/A/L CHILD ADD,N,0.8,0.1,0.4,1.15	2,565.00	0.00	2,565.00
12/28/14	GYLES GREG LONG, SR	WOUND PREP F/N/HF/G,N,4.58,0.67,2.74,6.41	1,293.00	0.00	1,293.00
12/28/14	GYLES GREG LONG, SR	SKN SPLT A-GRFT	2,985.00	0.00	2,985.00
		FAC/NCK/HF/G,N,10.15,1.76,9.17,13.62			
12/28/14	GYLES GREG LONG, SR	WOUND PREP TRK/ARM/LEG,N,3.65,0.65,2.4,5.79	823.00	0.00	823.00
12/28/14	GYLES GREG LONG, SR	WOUND PREP ADDL 100 CM,N,0.8,0.16,0.39,1.25	9,729.00	0.00	9,729.00
12/28/14	GYLES GREG LONG, SR	SKIN SPLT GRFT TRNK/ARM/LEG,N,9.9,1.95,9.47,13.66	1,645.00	0.00	1,645.00
12/28/14	GYLES GREG LONG, SR	SKIN SPLT GRFT T/A/L ADD-ON,N,1.72,0.34,1.22,3.46	11,891.00	0.00	11,891.00
12/28/14	GYLES GREG LONG, SR	WOUND PREP F/N/HF/G,N,4.58,0.67,2.74,6.41	388.00	0.00	388.00
12/28/14	GYLES GREG LONG, SR	SKN SPLT A-GRFT	896.00	0.00	896.00
		FAC/NCK/HF/G,N,10.15,1.76,9.17,13.62			

Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total Balance	NOW DUE
247,455.00	0.00	0.00	0.00	0.00	247,455.00	247,455.00

Message**Account Number**

99436

Statement Date

02/27/2015

Billing Questions

(706) 863-9595

Make Checks Payable To:

Joseph M Still Burn Centers, Inc.
PO BOX 3726
Augusta, GA 30914-3726

** Payment is due upon receipt. Thank you. **

MAKE CHECKS PAYABLE TO

Joseph M Still Burn Centers, Inc.
PO BOX 3726
Augusta, GA 30914-3726

ADDRESS SERVICE REQUESTED**ADDRESSEE**

GYLES GREG LONG SR
2526 CANEY BRANCH RD
Leesville, SC 29070

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW

CHECK CARD USING FOR PAYMENT

MASTERCARD



DISCOVER



VISA



AMERICAN EXPRESS

CARD NUMBER

CODE

SIGNATURE

EXP. DATE

STATEMENT DATE

02/27/2015

PAY THIS AMOUNT

247,455.00

ACCOUNT NUMBER

99436

SHOW AMOUNT

PAID HERE \$

PAGE NO. 7

REMIT TO

Joseph M Still Burn Centers, Inc.
PO BOX 3726
Augusta, GA 30914-3726



Please check box if above address is incorrect or insurance
information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Date	Patient	Description	Charges	Credits	Balance
12/28/14	GYLES GREG LONG, SR	WOUND PREP TRK/ARM/LEG,N,3.65,0.65,2.4,5.79	247.00	0.00	247.00
12/28/14	GYLES GREG LONG, SR	WOUND PREP ADDL 100 CM,N,0.8,0.16,0.39,1.25	2,919.00	0.00	2,919.00
12/28/14	GYLES GREG LONG, SR	SKIN SPLT GRFT TRNK/ARM/LEG,N,9.9,1.95,9.47,13.66	494.00	0.00	494.00
12/28/14	GYLES GREG LONG, SR	SKIN SPLT GRFT T/A/L ADD-ON,N,1.72,0.34,1.22,3.46	3,568.00	0.00	3,568.00
01/16/15	GYLES GREG LONG, SR	POSTOP FOLLOW-UP VISIT,N,0,0,0,0	0.00	0.00	0.00
01/09/15	GYLES GREG LONG, SR	MD certification HHA patient,N,0.67,0.04,0.84,0.84	100.00	0.00	100.00
02/13/15	GYLES GREG LONG, SR	POSTOP FOLLOW-UP VISIT,N,0,0,0,0	0.00	0.00	0.00
01/20/15		Payment - HEALTHSCOPE	-3,277.60	0.00	0.00
01/22/15		Payment - HEALTHSCOPE	-1,833.60	0.00	0.00
01/27/15		Payment - HEALTHSCOPE	-240.00	0.00	0.00

Current	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total Balance	NOW DUE
247,455.00	0.00	0.00	0.00	0.00	247,455.00	247,455.00

Message**Account Number**

99436

Statement Date

02/27/2015

Billing Questions

(706) 863-9595

Make Checks Payable To:

Joseph M Still Burn Centers, Inc.
PO BOX 3726
Augusta, GA 30914-3726

** Payment is due upon receipt. Thank you. **



LEXINGTON COUNTY EMS
116 PRIDES WAY DRIVE
LEXINGTON, SC 29072-3737



RETURN SERVICE REQUESTED

006510
0101

PLEASE REMIT BY: 04/16/15

LONG, GILES
2550 HORNE RD
LEESVILLE, SC 29070-8993

CHECK CARD USING FOR PAYMENT		☐ MASTERCARD	☐ VISA
CARD NUMBER		SIGNATURE CODE	
SIGNATURE		EXP.	
DATE	ACCOUNT NUMBER	PAYMENT	
03/26/2015	944129		
PATIENT NAME		AMOUNT DUE:	
LONG, GILES		\$1,450.61	

652725A

LEXINGTON COUNTY EMS
116 PRIDES WAY DRIVE
LEXINGTON, SC 29072-3737

13315-G521 *TBA0G6NYN000610

CREDIT CARD BILLING ADDRESS (STREET, CITY AND ZIP CODE)

☐ Please check if above address is incorrect
and indicate change on reverse side.

PLEASE WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK OR MONEY ORDER.

TO INSURE PROPER CREDIT, DETACH AND RETURN THIS PORTION IN THE ENCLOSED ENVELOPE.

PAGE: 1 of 1

STATEMENT DATE		PATIENT ACCOUNT NO.	PATIENT NAME	
03/26/2015		944129	LONG, GILES	
11/20/14	14032798	EMS Services	11/20/14	622.17
10/23/14	14029945	EMS Services	10/23/14	828.44
0.00		0.00	1,450.61	1,450.61
				0.00

SIGNATURE REQUIRED ON BACK OF STUB FOR INSURANCE PURPOSES

THIS STATEMENT CANNOT BE USED TO FILE MEDICARE

You have a balance that is more than 90 days past due. Be advised that such
balances may be referred to the SC Dept of Revenue for collection.

This statement lists all ambulance runs with an outstanding balance owed by you or
if applicable, pending receipt of payment from your insurance company.

TOTAL AMOUNT	\$1,450.61
LEXINGTON COUNTY EMS	
TAX I.D. #	576000379

TOLL-FREE PHONE: (800) 533-3915
LOCAL: (803)957-7111
HOURS: 8:00AM-5:00PM
MONDAY THRU FRIDAY

-1-805-

4BA0GRDM0:1.1



GILES G LONG
2526 CANEY BRANCH RD
LEESVILLE, SC 29070-8928



PAY YOUR BILL ONLINE! GO TO LMCFOLLOWMYHEALTH.COM CLICK ON ENROLL TODAY

LEXINGTON FAMILY PRACTICE LAKE
PO BOX 660827
MAILSTOP 18930012
DALLAS, TX 75266-0827

189300122000000000000000000000000013012420417201500000360009

G45279 (PC1)

PLEASE ALLOW 3 WEEKS TO PROCESS YOUR PAYMENT.

MESSAGE:

SEND INQUIRIES TO:
LEXINGTON FAMILY PRACTICE LAKE
 **2006 AUGUSTA HWY**
LEXINGTON, SC 29072

-807-

803-785-4747



V18111 5392
STMT DATE: 04/17/15

PAY YOUR BILL ONLINE! GO TO LMCFOLLOWMYHEALTH.COM CLICK ON ENROLL TODAY

THE UNIVERSITY OF CHICAGO

[illegible]

645279 (PC1)

PLEASE ALLOW 3 WEEKS TO PROCESS YOUR PAYMENT.

MESSAGE: SEND INQUIRIES TO:
LEXINGTON FAMILY PRACTICE LAKE
2006 AUGUSTA HWY
LEXINGTON, SC 29072
-808- 803-785-4747



GILES G LONG
2526 CANEY BRANCH RD
LEESVILLE, SC 29070-8928



LEXINGTON FAMILY PRACTICE LAKE
PO BOX 660827
MAILSTOP 18930012
DALLAS, TX 75266-0827

645279 (PC1)

PATIENT BALANCE
PAY THIS AMOUNT
CONTINUED



1586D-ALLSCYC-102627-1087754248-P: 5229844-1-136; 36211950-2: 1

LFP LAKE MURRAY
2006 AUGUSTA HWY

LEXINGTON SC 29072 2208

803 785-4747

GILES LONG
2526 CANEY BRANCH ROAD

LEESVILLE SC 29070

Date: 06/08/15
From: LFP LAKE MURRAY
2006 AUGUSTA HWY

LEXINGTON SC 29072 2208

RE:
Acct: 1301242 1699262
Bal : 480.00

We have received and applied all payments from insurance companies or other sources. The amount reflected above is now past due within this account and is due from you.

We would appreciate your payment of this balance within ten (10) days of the date of this letter. If payment of this balance in full would create a financial hardship for you, please call to speak to a representative. They are prepared to discuss an interest free payment plan for you.

We appreciate you choosing Lexington Medical Center for your healthcare needs.

Sincerely,

Credit/Collections Department



V18136 5392
STMT DATE: 04/17/15

PAY YOUR BILL ONLINE! GO TO LMCFOLLOWMYHEALTH.COM CLICK ON ENROLL TODAY

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 104

21344162900000000000000000000000013012420417201500000311009

G45279 (PC1)

PLEASE ALLOW 3 WEEKS TO PROCESS YOUR PAYMENT.

MESSAGE:
WE APPRECIATE YOU CHOOSING LEXINGTON
MEDICAL CENTER FOR YOUR HEALTHCARE
NEEDS. THE BALANCE ON THIS ACCOUNT IS
PAST DUE. PLEASE SUBMIT PAYMENT.

SEND INQUIRIES TO:
LEXINGTON ORTHOPAEDICS
146 N HOSPITAL DR STE 140
WEST COLUMBIA, SC 29169

-812-

803-936-8882



METRO CONSTRUCT
2526 CANEY BRANCH RD
LEESVILLE, SC 29070-8928



LEXINGTON ORTHOPAEDICS
PO BOX 660827
MAILSTOP 21344162
DALLAS, TX 75266-0827

G45279 PC11

PLEASE NOTE NEW PAY TO ADDRESS!

MESSAGE:

SEND INQUIRIES TO:

LEXINGTON ORTHOPAEDICS
146 N HOSPITAL DR STE 140
WEST COLUMBIA, SC 29169



803-936-8882

**PALMETTO HEALTH-EMERG
PHYS-RICHLAND**

Page 1 of 2

Thank you for choosing PALMETTO
HEALTH-EMERG PHYS-RICHLAND for your
health care needs.

Statement Date:
Responsible Party:
Account Number:
Due Date:

6/8/15
GYLES GREGORY LONG
962*0066264907
Upon Receipt

REQUEST FOR PAYMENT

Summary of Account

Total Charges	\$ 956.26
Insurance Payments	\$ 0.00
Insurance Adjustments	\$ 0.00
Patient Payments	\$ 0.00
Account Adjustments	\$ 0.00
AMOUNT YOU OWE	\$ 956.26

Your prompt payment is appreciated! Please see the following
page for transaction details.

Important Message:

Your account still has an outstanding balance. Please make
payment immediately to avoid further collection activity.
Thank you for your prompt attention.

Su cuenta refleja un balance pendiente. Por favor envíe su
pago para evitar futuras facturas. Apreciamos su pronta
atención.

Payment, Insurance, & Billing Information



Pay by credit card online
anytime, day or night!
www.peryourhealth.com

Pay by credit card via phone: 866-253-8895
Certified, safe and secure credit card processing.



Visit us at www.peryourhealth.com to update your
insurance, address, view your account, or send a
message to our billing office.
ID: 962*0066264907 Access key: 71R196



To contact the billing office, please call
866-253-8895
MON-FRI 8:00 AM-5:00 PM EST
Para asistencia en Español llame al numero de
arriba.

PALMETTO HEALTH-EMERG PHYS-RICHLAND
P.O. BOX 47710
JACKSONVILLE, FL 32247-7710
Temp - Return Service Requested

Pay By Mail

-- Please detach and return bottom stub with your check
-- Include account number on check and correspondence

Account		Patient	
962*0066264907		GYLES G. LONG	
Statement Date	Amount Due	Due Date	Amount Paid
6/8/15	\$ 956.26	Upon Receipt	

For your protection: Do not include the credit card information in the mail.

Make CHECK payable and remit to:

002927



JAX*0850*0066264907*C962
200325 238212 141747859
GYLES GREGORY LONG
2526 CANEY BRANCH RD
LEESVILLE, SC 29070-8928

PALMETTO HEALTH-EMERG PHYS-RICHLAND
PO BOX 402150
ATLANTA, GA 30384-2150

**PALMETTO HEALTH-EMERG
PHYS-RICHLAND**

Page 2 of 2

Pay by credit card online anytime, day or night!
www.peryourhealth.com

Statement Date:
Responsible Party:
Account Number:
Due Date:

6/8/15
GYLES GREGORY LONG
962*0066264907
Upon Receipt

Patient: GYLES G. LONG		Site of Service: PALMETTO HEALTH RICHLAND		Primary: Self Pay	
Account: 962*0066264907		Refer Prov:		Secondary:	
Service Dt.	Provider	Service Description	Charges	Payments	You Owe
11/20/14	JETER P TAYLOR, MD	9929125-CRITICAL CARE, INCLUDING THE D	661.26		
11/20/14	JETER P TAYLOR, MD	31500-INTUBATION, ENDOTRACHEAL	295.00		
Amount You Owe					956.26

Total Amount You Owe
\$ 956.26

Please be aware that the above summary represents PROFESSIONAL services from your medical provider.
You may receive a separate statement for services provided by the hospital.

CHANGE OF: ☐ Address ☐ Primary Insurance ☐ Supplemental Insurance

GYLES GREGORY LONG
962*0066264907

Complete this form or go online to www.peryourhealth.com to make changes.

New Patient Address, City, State, Zip			New Phone#
Primary Policy Holder Name		Policy Holder Date of Birth	Relationship to Patient
Policy Identification	Group Identification	Plan Code	Policy Effective Date
Insurance Company Name	Address, City, State, Zip		
Insurance Phone#	If Group insurance, name of group (employer/union/association)		
Supplemental Policy Holder Name		Policy Holder Date of Birth	Relationship to Patient
Policy Identification	Group Identification	Plan Code	Policy Effective Date
Insurance Company Name	Address, City, State, Zip		
Insurance Phone#	If Group insurance, name of group (employer/union/association)		
Work connected illness or injury? ☐ Yes ☐ No	Auto Accident? ☐ Yes ☐ No	Date of Onset or Accident	
Employer Name	Address, City, State		

**PALMETTO HEALTH-EMERG
PHYS-RICHLAND**

Page 1 of 2

Thank you for choosing PALMETTO
HEALTH-EMERG PHYS-RICHLAND for your
health care needs.

Statement Date:
Responsible Party:
Account Number:
Due Date:

4/6/15
GYLES GREGORY LONG
962*0066264907
Upon Receipt

REQUEST FOR PAYMENT

Summary of Account

Total Charges	\$ 956.26
Insurance Payments	\$ 0.00
Insurance Adjustments	\$ 0.00
Patient Payments	\$ 0.00
Account Adjustments	\$ 0.00
AMOUNT YOU OWE	\$ 956.26

Your prompt payment is appreciated! Please see the following
page for transaction details.

Payment, Insurance, & Billing Information



We accept payment by check or money order.
Please reference the stub for pay address and other
information.



Visit us at www.peryourhealth.com to update your
insurance, address, view your account, or send a
message to our billing office.
ID: 962*0066264907 Access key: 71R196



To contact the billing office, please call
866-253-8895
MON-FRI 8:00 AM-5:00 PM EST
Para asistencia en Español llame al numero de
arriba.

Important Message:

Thank you for using our services. At the time of service you
indicated that this was a work related injury. We did not
receive the proper information necessary to file a claim.
Please provide us with your Workers Compensation
information. You can fill out the stub on the back of the
statement or contact us with the information. Thank you for
your prompt attention.

Gracias por usar nuestros servicios. El día de servicio usted
indico que su visita era relacionada a un accidente de
trabajo. Nosotros no hemos recibido la informacion correcta
para enviar este reclamo a su seguro de trabajo. Por favor
envienos la informacion correcta. Por favor llene la parte de
atras de esta forma o comuniquese con nuestra oficina para
proveer la informacion. Gracias por su pronta atencion.

PALMETTO HEALTH-EMERG PHYS-RICHLAND
P.O. BOX 47710
JACKSONVILLE, FL 32247-7710
Temp - Return Service Requested

Pay By Mail

-- Please detach and return bottom stub with your check
-- Include account number on check and correspondence

Account		Patient	
962*0066264907		GYLES G. LONG	
Statement Date	Amount Due	Due Date	Amount Paid
4/6/15	\$ 956.26	Upon Receipt	

For your protection: Do not include the credit card information in the mail.

Make CHECK payable and remit to:

|||||
PALMETTO HEALTH-EMERG PHYS-RICHLAND
PO BOX 402150
ATLANTA, GA 30384-2150

002884

JAX*0850*0066264907*C962
200325 209902 122495363
GYLES GREGORY LONG
2526 CANEY BRANCH RD
LEESVILLE, SC 29070-8928



**PALMETTO HEALTH-EMERG
PHYS-RICHLAND**

Page 2 of 2

Statement Date:
Responsible Party:
Account Number:
Due Date:

4/6/15
GYLES GREGORY LONG
962*0066264907
Upon Receipt

Patient: GYLES G. LONG		Site of Service: PALMETTO HEALTH RICHLAND		Primary: Self Pay		
Account: 962*0066264907		Refer Prov:		Secondary:		
Service Dt.	Provider	Service Description	Charges	Payments	Adjustments	You Owe
11/20/14	JETER P TAYLOR, MD	9929125-CRITICAL CARE, INCLUDING THE D	661.26			
11/20/14	JETER P TAYLOR, MD	31500-INTUBATION, ENDOTRACHEAL	295.00			
Amount You Owe						956.26

Total Amount You Owe
\$ 956.26

Please be aware that the above summary represents PROFESSIONAL services from your medical provider.
You may receive a separate statement for services provided by the hospital.

CHANGE OF: ☐ Address ☐ Primary Insurance ☐ Supplemental Insurance

GYLES GREGORY LONG
962*0066264907

Complete this form or go online to www.peryourhealth.com to make changes.

New Patient Address, City, State, Zip			New Phone#
Primary Policy Holder Name		Policy Holder Date of Birth	Relationship to Patient
Policy Identification	Group Identification	Plan Code	Policy Effective Date
Insurance Company Name	Address, City, State, Zip		
Insurance Phone#	If Group insurance, name of group (employer/union/association)		
Supplemental Policy Holder Name		Policy Holder Date of Birth	Relationship to Patient
Policy Identification	Group Identification	Plan Code	Policy Effective Date
Insurance Company Name	Address, City, State, Zip		
Insurance Phone#	If Group insurance, name of group (employer/union/association)		
Work, connected illness or injury? ☐ Yes ☐ No	Auto Accident? ☐ Yes ☐ No	Date of Onset or Accident	
Employer Name	Address, City, State, Zip		

Palmetto Heart - Billing Office
293 Greystone Blvd

Columbia, SC 29210

Billing Inquiries Call: (803) 744-2745
Billing Contact: Billing Department

ADDRESSEE:

1456



Gyles G. Long
2526 Caney Branch Rd
Leesville, SC 29070-8928

Please circle card used



Card Number		CVV Code
Signature		Exp. Date
Stmt Date	Pay this Amt	Account #
03/19/2015	\$142.00	139569

Page #: 1

Amount Paid \$

MAKE CHECK PAYABLE TO:



Palmetto Heart
PO Box 100408
Atlanta, GA 30384-0408



Statement Date	Statement ID	Account	Recipient ID	Payment Date	Pay This Amount
03/19/2015	310575	139569	139569	Upon receipt	\$142.00

Date	Provider	CPT	Description	Amount	Insurance	Patient
Patient Number: 139569						
11/21/2014	Feldman, J. A.		Patient Name: Gyles G. Long *2D & M-MODE W/ SPECTRAL & COLOR FLOW, INT.	\$142.00	\$0.00	\$142.00
02/17/2015			Payment Insurance Check [0.00]; Workmans Compen / Workmans Copmen; ClaimID: 417526 patient need to call to update insurance information	\$0.00		

Please pay your balance promptly. For questions, call our Billing Office Mon-Fri from 8:00am-5:00pm. Thank you for choosing Palmetto Heart for your cardiac care.

* Insurance Filed

Last Patient Payment:

Total Account Balance: \$142.00 Insurance Pending: \$0.00 Pay This Amount: \$142.00

Aging Summary

	0 to 30	31 to 60	61 to 90	91 to 120	121 +
at:	\$142.00	\$0.00	\$0.00	\$0.00	\$0.00
as:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

you have questions about your bill, please call our Billing Office Monday - Friday from 8:00 am - 5:00 pm at 803-744-2745.

Palmetto Heart - Billing Office
293 Greystone Blvd

Columbia, SC 29210

Billing Inquiries Call: (803) 744-2745
Billing Contact: Billing Department

ADDRESSEE:

6108

Gyles G. Long
2526 Caney Branch Rd
Leesville, SC 29070-8928

Please circle card used



Card Number		CVV Code
Signature		Exp. Date
Stmt Date	Pay this Amt	Account #
04/20/2015	\$142.00	139569

Page #: 1

Amount Paid \$

MAKE CHECK PAYABLE TO:

Palmetto Heart
PO Box 100408
Atlanta, GA 30384-0408



Statement Date	Statement ID	Account	Recipient ID	Payment Date	Pay This Amount
04/20/2015	319089	139569	139569	Upon receipt	\$142.00

Date	Provider	CPT	Description	Amount	Insurance	Patient
Patient Number: 139569						
11/21/2014	Feldman, J. A.		Patient Name: Gyles G. Long *2D & M-MODE W/ SPECTRAL & COLOR FLOW, INT.	\$142.00	\$0.00	\$142.00
02/17/2015			Payment Insurance Check [0.00]; Workmans Compen / Workmans Copmen; ClaimID: 417526 patient need to call to update insurance information	\$0.00		

Your account is now 60 days past due. If payment is not received promptly, your account will be sent to our collection agency. Please avoid this and send your payment now. If you are in payment plan and making timely payments, please ignore this message.

* Insurance Filed

Last Patient Payment:

Total Account Balance: \$142.00

Insurance Pending: \$0.00

Pay This Amount: \$142.00

Aging Summary					
	0 to 30	31 to 60	61 to 90	91 to 120	121 +
Pat:	\$0.00	\$0.00	\$142.00	\$0.00	\$0.00
ns:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

If you have questions about your bill, please call our Billing Office Monday - Friday 8:00 am - 5:00 pm at 803-744-2745.

 **PALMETTO HEALTH**
293 Greystone Blvd
First Floor
Columbia, SC 29210



*  **GYLES GREGORY LONG**
2526 CANEY BRANCH RD
LEESVILLE SC 29070-8928

Account #: R1432401153
Service Date: 11/20/2014
Service: R INPATIENT

Dear GYLES GREGORY LONG

Thank you for choosing Palmetto Health as your health care provider. Our vision is to be remembered by each patient as providing the care and compassion we want for our families and ourselves. We hope your experience with us exceeded your expectations.

We are prepared to file your hospital claim with the insurance company(s) listed below. To ensure your claim is processed correctly, we ask that you review the insurance company(s) and the policy number(s) shown. If the information is incorrect, please contact our Customer Service Representatives at (803) 296-5098 or 800-243-7711, Monday through Friday from 8:30 a.m. until 5p.m. If this information is correct, no reply is needed.

Primary Insurance

Insurance: WORKER'S COMP
Name of Insured: GYLES GREGORY LONG
ID Number: 247219249

Secondary Insurance

Insurance: NONE
Name of Insured: GYLES GREGORY LONG
ID Number:

You may receive bills from your doctor, doctors who assisted in your care including emergency physicians, radiologists, pathologists and anesthesiologists, or from other facilities. Once insurance payment has been received, you will receive a bill reflecting the amount you owe Palmetto Health. Palmetto Health offers financial assistance for the uninsured. If you need assistance, please contact our Financial Assistance team at 803-296-5098.

Thank you again for choosing Palmetto Health. It is our pleasure to serve you.

Sincerely,

Customer Support Services
293 Greystone Blvd
Columbia, S.C. 29210
803-296-5098

3161

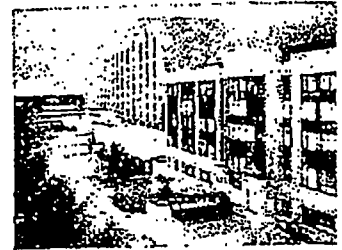
Page 1 of 1

806

Wed Nov 26 16:53:30 2014

ccc1152-20141128 104510-4-303424177

110001



Dear Gyles Gregory Long:

Thank you for choosing Palmetto Health as your healthcare provider.

We have not been successful in obtaining payment for your Workman's Compensation claim. The claim has been denied as "not work related" or the insurance information provided is not correct.

The account balance is your responsibility. For your convenience, we also accept MasterCard, Visa, American Express, and Discover. To assure proper crediting of your account, please include your patient account number on all payments. Your prompt payment is appreciated.

If you feel your claim was denied in error, please contact your insurance company.

Please contact us at the numbers provided on this statement, to correct the insurance information we currently have in the system.

Patient Financial Services Department
296-5098 or call toll free 1-800-243-7711
"AR34"

► ACCOUNT SUMMARY

Statement Date: 12/12/14
Service Date(s): 11/20/2014 - 11/21/2014
Account Number: R1432401153
Account Balance: \$23,622.16

► INSURANCE INFORMATION

Contact us if any of this information is incorrect. Please note only primary and secondary insurances are listed on this statement.

PRIMARY

Insurance: WORKER'S COMP
Name of Insured: GYLES GREGORY LONG
ID Number: 247219249

SECONDARY

Insurance:
Name of Insured:
ID Number:

Para Asistencia en Español llamar a 800-243-7711

PALMETTO HEALTH
293 Greystone Blvd
First Floor
Columbia, SC 29210 A

STATEMENT DATE: 12/12/14

PAGE: 1 of 1

* GYLES GREGORY LONG
2526 CANEY BRANCH RD
LEESVILLE SC 29070-8928

☐ Please check box if address is incorrect or insurance information has changed and indicate change(s) on reverse side.

IF PAYING BY CREDIT CARD, FILL OUT BELOW.		
☐	☐	☐
☐		
CARD NUMBER	EXP. DATE	
FULL NAME (Please Print)	CCV CODE	
SIGNATURE		
PATIENT NAME AND ACCOUNT NUMBER		DATES OF SERVICE
GYLES GREGORY LONG - R1432401153		11/20/2014 - 11/21/2014
ACCOUNT BALANCE	TOTAL CHARGES	AMOUNT PAID
\$23,622.16	\$96,490.00	\$

PALMETTO HEALTH RICHLAND
C/O PAYMENT PROCESSING
PO BOX 402111
ATLANTA, GA 30384-2111

R12122014R143240115300023622160

PALMETTO OPHTHALMOLOGY ASSOCIATES, P.A.

340 West Butler Street • Lexington, SC 29072 / 121 Main Street • Leesville, SC 29070

(803) 359-8777

(803) 532-3203

NPR

MARK S. KEISLER, M.D., F.A.C.S.

JOHN R. WALTERS, M.D.

KUNAL D. KANITKAR, M.D.

ACCOUNT #	PDATA	SSN	BIRTHDAY	AGE	NEXT CHARGE DATE	DR.	APPOINTMENT DATE & TIME	No.
64876		XXX-XX-9245	09/17/59	MSS		2	05/28/13-3:15PM	021
PATIENT			DATE	PREV. TCODE	DESCRIPTION OF PREVIOUS TRANSACTION			AMOUNT
LONG, MR. CILES E. (GL)								
2550 MOINE ROAD								
BATESBURGLEESVI, SC 29070								
(H) 920-0922								
PREVIOUS BALANCE	DELTQ AGE AMOUNT	ADATA						
0.00	0.00	SELF-PAY						
ST PAYMENT DATE	LAST PMT AMT	AMT PD THIS YR	CNTL	INSURANCE FILED				
	0.00	0.00	0					
EMPLOYER								
METRO UTILITIES								
EV. ICD 9 CODE	DESCRIPTION OF PREVIOUS DIAGNOSIS							
INSURANCE								
paid 11/170								
REFERRING PHYSICIAN								

Diagnosis SPECS ☐ CL ☐ ☐ Letter ☐ Rec. Re

DIAGNOSIS CODES

GENERAL DISORDERS		GLAUCOMA		RETINA (Cont'd)	
695.3	Acne Rosacea	375.52	Stenosis of Lacrimal Punctum	362.22	Acute Angle Closure Glaucoma
710.2	Sjogren's Syndrome (K-Sicca)	375.15	T.F.D.	362.51	Macula, Atrophic Degeneration
558.69	Long Term Use Meds.	372.00	CONJUNCTIVA	362.52	Macular Atrophic Degeneration
714.0	Rheumatoid Arthritis	372.10	Conjunctivitis, Acute	362.53	Macular Retinal Edema
REFRACTION, ACCOMMODATION		372.13	Conjunctivitis, Chronic (GPC)	362.54	Macular Hole, Cyst
367.20	Asigmatism	372.14	Conjunctivitis, Vernal	363.32	Macular Scar
367.0	Hyperopia	372.20	Conjunctivitis, Allergic	361.06	Old Retinal Detachment
367.1	Myopia	930.1	Blepharconjunctivitis	115.02	Presumed Ocular Histoplasmosis
367.4	Presbyopia	372.72	Conjunctiva Foreign Body	362.81	Retinal Hemorrhage
VISUAL DISTURBANCES		372.40	Conjunctival Hemorrhage	361.10	Retinoschisis, Retinal Cysts
362.34	Ammaurosis Fugax	077.99	Pterygium	361.00	Rheumatogenous
368.00	Amblyopia		Viral Conjunctivitis	361.81	Traction Detachment Retina
368.66	Loss of Vision	371.52	CORNEA	NEURO-OPHTHALMOLOGY	
368.8	Blurred Vision	371.23	ABM Dystrophy	377.10	Optic Atrophy
EYELIDS		940.3	Bulious Keratopathy	379.99	Functional Eye Disorder
373.00	Blepharitis	940.2	Burn, Acid (Cornea and Conjunc.)	377.41	Ischemic Optic Neuropathy
373.2	Chalazion	371.24	Burn, Alkaline (Cornea)	379.50	Nystagmus
373.32	Contact Dermatitis	930.0	Contact Lens Edema	377.00	Paclidema
374.87	Dermatocyclophasia	370.03	Corneal Foreign Body	377.30	Optic Neuritis
374.10	Ectropion	370.01	Corneal Ulcer, Central	377.21	Drusen Optic Disc
374.00	Entropion	370.01	Corneal Ulcer, Marginal	446.5	Temporal Arteritis
053.20	Herpes Zoster Ophthalmicus	V42.5	Cornea Transplant	346.20	Varicella of Malignancy
373.11	Hordeolum, Deep Inflammation	371.57	Endothelial Dystrophy	377.72	Visual Cortex, Vascular Dis.
374.30	Pterosis	370.34	Exposure Keratoconjunctival	378.52	Third Cranial Nerve Palsy
216.9	Skin, Benign	054.42	H. Simplex Keratitis	378.53	Fourth Cranial Nerve Palsy
173.1	Malignant Neop. Eyelid	370.9	Keratitis, Unspecified	378.54	Sixth Cranial Nerve Palsy
374.05	Trichiasis Without Entropion	370.33	Keratoconjunctivitis Sicca	351.9	Seventh Cranial Nerve Palsy
MOTILITY		371.60	Keratoconus	EYEBALL	
378.00	Esotropia	871.4	Laceration Cori./Cornea	921.3	Contusion, Eyeball
378.10	Exotropia	371.42	Recurrent Corneal Erosions	379.91	Pain In and around Eye
378.40	Heterophorias	371.46	Satzman's	360.41	Phthisis Bulbi
378.30	Heterotropia Unspecified	371.00	Scars, Corneal Opacity	V43.0	Prosthesis
359.5	Thyroid Myopathy	918.1	Superficial Injury (Corneal Abrasion)	ORBIT	
LACRIMAL SYSTEMS		996.51	Transplant Rejection	379.31	Aphakia
375.30	Dacryocystitis	364.41	Hyphema	376.21	Exophthalmos, Thyrotoxic
375.20	Epiphora	364.00	Iridocyclitis, Acute, Recurrent	V72.0	Normal Eye Exam
375.56	Nasolacrimal Duct Obstruct.	363.20	Uveitis	802.6	Orbital Floor, Blow Out
				V43.1	Pseudophakia

OFFICE SERVICES

OFFICE VISITS		MISCELLANEOUS, CONT.		OFFICE SURGERY	
Intermediate	New 92002, Estab. 92012	Tech. Component	99211	K Culture	65430
Comp. Ophth. Exam	92004, 92014	Ascen	76519	Rem Corneal Epith	65435
Refraction	92015	Sensorimotor Exam	92060	Microstromal Puncture	65600
Post-op Visit		Bandage CL	92070	Chalazion (one)	67800
E/M SERVICES		Ext. Ophthalmoscopy - Initial	92225	Biopsy (eyelid lesion)	67810
ocused	99201, 99212	Ext. Ophthalmoscopy - Subsequent	92226	Snip/Excision (lid lesion)	67840
Expanded	99202, 99213	Corneal Pachymetry	76514	Dilation of Puncta and Irrigation	68801
Refilled	99203, 99214	After Hours	99050	Closure Lac. Punctum With Plugs	68761
Comprehensive	99204, 99215	Emergency Work In	99058	Silicone Plugs	A4263
Comp. High Complex.	99205	Physician's Signature		Corneal Foreign Body	85222
CONSULTATION		Today's Charges		Conjunctival Foreign Body	65210
ocused	Office 99241, Hosp/Nurs Home 99251	Adjustments		Epilation (Forceps)	67820
Expanded	99242, 99252	AMOUNT		Yag Capsulotomy	66821
Refilled	99243, 99253	PAID		PRP	67228
Comprehensive	99244, 99254			Macular Grid	67210
Comp. High Complex.	99245, 99255			Trabeculoplasty	65855
MISCELLANEOUS				Peripheral Iridotomy	66761
Onoscopy	92020			Prophylaxis Retinal Tear	67145
Visual Field Screening	92082			Prophylaxis Retinal Detachment	67105
Visual Field Threshold	92083			CLNC	
External Photos	92285			Contact Lens Fit	CLFT
Appointment: Recall	(B) (U) (E)			Contact Lens Custom	CLCF
Imphrey	Matrix			Contact Lens Specialized	CLSF
to	CL			Contact Lens Brief	CL35
	CL			Contact Lens Intermediate	CL45
	CL				



METRO CONSTRUCTION
2526 CANEY BRANCH RD
LEESVILLE, SC 29070-8928

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC), 32/12

PICA

PICA

1. MEDICARE ☐ MEDICAID ☐ TRICARE ☐ CHAMPVA ☐ GROUP HEALTH PLAN ☐ FECA BLK LUNG ☒ OTHER ☐		1a. INSURED'S I.D. NUMBER (For Program in Item 1) 247219249	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) LONG GYLES G		3. PATIENT'S BIRTH DATE MM DD YY 09/17/1959 M ☒ F ☐	
5. PATIENT'S ADDRESS (No., Street) 2526 CANEY BRANCH RD CITY LEESVILLE STATE SC ZIP CODE 29070 TELEPHONE (include Area Code) (803) 532-2793		4. INSURED'S NAME (Last Name, First Name, Middle Initial) SAME 7. INSURED'S ADDRESS (No., Street) SAME CITY STATE ZIP CODE TELEPHONE (include Area Code)	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) ☒ YES ☐ NO b. AUTO ACCIDENT? ☐ YES ☒ NO c. OTHER ACCIDENT? ☐ YES ☒ NO 10d. CLAIM CODES (Designated by NUCC)	
11. INSURED'S POLICY GROUP OR FECA NUMBER		12. INSURED'S DATE OF BIRTH MM DD YY 09/17/1959 M ☒ F ☐ 12. OTHER CLAIM ID (Designated by NUCC)	
13. INSURED'S PLAN NAME OR PROGRAM NAME METRO CONSTRUCTION		14. IS THERE ANOTHER HEALTH BENEFIT PLAN? ☐ YES ☒ NO If yes, complete Items 9, 9a and 9c	
15. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.) SIGNED SIGNATURE ON FILE DATE 052715		16. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the undersigned physician or supplier for services described below.) SIGNED SIGNATURE ON FILE	
17. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) MM DD YY 11/20/2014 QUAL 431		18. OTHER DATE MM DD YY 11/20/2014 QUAL 439	
19. NAME OF REFERRING PROVIDER OR OTHER SOURCE DR. MARYANN MBAKA		20. NPI 1881006500	
21. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		22. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY 11/20/2014 TO 11/20/2014	
23. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY 11/20/2014 TO 11/20/2014		24. OUTSIDE LAB? ☐ YES ☒ NO \$ CHARGES	
25. RESUBMISSION CODE		26. PRIOR AUTHORIZATION NUMBER	
27. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E) A. 959.9 B. 959.09 C. 802.6 D. 802.4 E. F. G. H. I. J. K. L.		28. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER 71260 26 A 200.00 1.0 72125 26 B 190.00 1.0 70486 26 CD 185.00 1.0	
29. DATE(S) OF SERVICE From MM DD YY To MM DD YY 11/20/2014 11/20/2014		30. PLACE OF SERVICE A. OUTPATIENT B. INPATIENT C. EMERGENCY D. OTHER 21 71260 26 A	
31. FEDERAL TAX I.D. NUMBER 570553185		32. PATIENT'S ACCOUNT NO. 689005-PITT	
33. SIGNATURE OF PHYSICIAN OR SUPPLIER (I certify that the statements on the reverse apply to this bill and are made a part thereof.) LAWRENCE LOUGH MD SIGNED 052715 DATE		34. SERVICE FACILITY LOCATION INFORMATION PALMETTO HLTH RICHLAND MEM HOS 5 RICHLAND MEDICAL PARK COLUMBIA, SC 29203-6863	
35. BILLING PROVIDER INFO & PH. # (866) 481-7572 PITTS RADIOLOGICAL ASSOC PA PO BOX 602730 CHARLOTTE, NC 28260-2730		36. TOTAL CHARGE \$ 575.00 37. AMOUNT PAID \$ 0.00 38. Rptd for NUCC Use 1629029863 570553185	

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METRO CONSTRUCTION
2526 CANEY BRANCH RD
LEESVILLE, SC 29070-8928

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICARE ☐ MEDICAID ☐ TRICARE ☐ CHAMPVA ☐ GROUP HEALTH PLAN ☐ FECA BLK LUNG ☒ OTHER ☐		1a. INSURED'S I.D. NUMBER (For Program in Item 1) 247219249	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) LONG GYLES G		3. PATIENT'S BIRTH DATE MM DD YY 09 17 1959 M ☒ F ☐	
4. INSURED'S NAME (Last Name, First Name, Middle Initial) SAME		5. INSURED'S ADDRESS (No., Street) 2526 CANEY BRANCH RD	
6. PATIENT'S ADDRESS (No., Street) 2526 CANEY BRANCH RD		7. INSURED'S ADDRESS (No., Street) SAME	
8. RESERVED FOR NUCC USE		9. RESERVED FOR NUCC USE	
10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) ☒ YES ☐ NO b. AUTO ACCIDENT? ☐ YES ☒ NO (LSC) c. OTHER ACCIDENT? ☐ YES ☒ NO		11. INSURED'S POLICY GROUP OR FECA NUMBER METRO CONSTRUCTION	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED: SIGNATURE ON FILE DATE: 052715		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED: SIGNATURE ON FILE	
14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (M/P) MM DD YY 11 20 2014 QUAL: 431		15. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY 11 20 2014 11 20 2014	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DN: MARYANN MBAKA		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY 11 20 2014 11 21 2014	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? ☒ YES ☐ NO \$ CHARGES	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E) A. 959.01 B. 802.6 C. 802.4 D. 959.9		22. RESUBMISSION CODE ORIGINAL REF. NO.	
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY 11 20 2014 11 20 2014		25. FEDERAL TAX I.D. NUMBER 570553185	
26. PATIENT'S ACCOUNT NO. 689005-PITT		27. ACCEPT ASSIGNMENT? (If "Don't Know," see back) ☒ YES ☐ NO	
28. TOTAL CHARGE 710.00		29. AMOUNT PAID 0.00	
30. BILLING PROVIDER INFO & PH. # (866) 481-7572 PITTS RADIOLOGICAL ASSOC PA PO BOX 602730 CHARLOTTE, NC 28260-2730		31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS I certify that the statements on the reverse apply to this bill and are made a part thereof. LAWRENCE LOUGH MD	
32. SERVICE FACILITY LOCATION INFORMATION: PALMETTO HLTH RICHLAND MEM HOS 5 RICHLAND MEDICAL PARK COLUMBIA, SC 29203-6863		33. BILLING PROVIDER INFO & PH. # (866) 481-7572 PITTS RADIOLOGICAL ASSOC PA PO BOX 602730 CHARLOTTE, NC 28260-2730	
34. SIGNATURE OF PHYSICIAN OR SUPPLIER SIGNED: DATE: 052715		35. SIGNATURE OF PHYSICIAN OR SUPPLIER SIGNED: DATE: 052715	

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METRO CONSTRUCTION
2526 CANEY BRANCH RD
LEESVILLE, SC 29070-8928

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC); 02/12

PICA

PICA

1. MEDICARE ☐ MEDICAID ☐ TRICARE ☐ CHAMPVA ☐ GROUP HEALTH PLAN ☐ FECA BLK LUNG ☒ OTHER ☐		1a. INSURED'S I.D. NUMBER (For Program in Item 1) 247219249	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) LONG GYLES G		3. PATIENT'S BIRTH DATE MM DD YY 09171959 M ☒ F ☐	
5. PATIENT'S ADDRESS (No., Street) 2526 CANEY BRANCH RD CITY LEESVILLE STATE SC ZIP CODE 29070 TELEPHONE (include Area Code) (803) 532-2793		4. INSURED'S NAME (Last Name, First Name, Middle Initial) SAME 7. INSURED'S ADDRESS (No., Street) SAME CITY STATE ZIP CODE TELEPHONE (include Area Code)	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) a. OTHER INSURED'S POLICY OR GROUP NUMBER b. RESERVED FOR NUCC USE c. RESERVED FOR NUCC USE d. INSURANCE PLAN NAME OR PROGRAM NAME		10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) ☒ YES ☐ NO b. AUTO ACCIDENT? ☐ YES ☒ NO [SC] c. OTHER ACCIDENT? ☐ YES ☒ NO 10d. CLAIM CODES (Designated by NUCC)	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits other to myself or to the party who accepts assignment below.) SIGNED <u>SIGNATURE ON FILE</u> DATE <u>052715</u>		11. INSURED'S POLICY GROUP OR FECA NUMBER a. INSURED'S DATE OF BIRTH MM DD YY 09171959 M ☒ F ☐ e. OTHER CLAIM ID (Designated by NUCC) c. INSURANCE PLAN NAME OR PROGRAM NAME METRO CONSTRUCTION d. IS THERE ANOTHER HEALTH BENEFIT PLAN? ☐ YES ☒ NO If yes, complete items 9, 9a and 9c.	
14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) MM DD YY 11202014 QUAL: 431 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DN: MARYANN MBAKA 17a. NPI 1881006500		15. OTHER DATE MM DD YY 11202014 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY 11202014 TO 11212014 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY 11202014 TO 11212014 20. OUTSIDE LAB? ☐ YES ☒ NO \$ CHARGES 22. RESUBMISSION CODE ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Refer A-L to service line below (24E) A. 959.01 B. 802.6 C. 802.4 D. 959.9 E. F. G. H. I. J. K. L.		24. A. DATE(S) OF SERVICE From To B. C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER MM DD YY MM DD YY SERVICE EMG CPT/HCPCS MODIFIER 1. 11202014 11202014 21 74177 26 D 511.00 1.0 NPI 570553185 1396709580 2. 11202014 11202014 21 70450 26 A 164.00 1.0 NPI 570553185 1396709580 3. 11202014 11202014 21 76376 26 BC 35.00 1.0 NPI 570553185 1396709580 4. NPI 5. NPI 6. NPI	
25. FEDERAL TAX I.D. NUMBER 570553185 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS I certify that the statements on the reverse apply to this bill and are made a part thereof. LAWRENCE LOUGH MD SIGNED <u>052715</u> DATE		26. PATIENT'S ACCOUNT NO. 689005-PITT 27. ACCEPT ASSIGNMENT? (If not, explain claim, see back) ☒ YES ☐ NO 28. TOTAL CHARGE \$ 710.00 29. AMOUNT PAID \$ 0.00 30. Remd by NUCC use 32. SERVICE FACILITY LOCATION INFORMATION PALMETTO HLTH RICHLAND MEM HOS 5 RICHLAND MEDICAL PARK COLUMBIA, SC 29203-6863 33. BILLING PROVIDER INFO & PH. # (866) 481-7572 PITTS RADIOLOGICAL ASSOC PA PO BOX 602730 CHARLOTTE, NC 28260-2730 a. 1629029863 b. 570553185	

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APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

METRO CONSTRUCTION
2526 CANEY BRANCH RD
LEESVILLE, SC 29070-8928

PICA										PICA									
1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG CTSEP (Medicare #) (Medicaid #) (TRICARE #) (Member ID) (ID#) (ID#) (ID#)										1a. INSURED'S I.D. NUMBER (For Program in Item 1) 247219249									
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) LONG GYLES G										3. PATIENT'S BIRTH DATE SEX MM DD YY 09171959 M ☒ F ☐									
5. PATIENT'S ADDRESS (No. Street) 2526 CANEY BRANCH RD CITY LEESVILLE STATE SC ZIP CODE 29070 TELEPHONE (Include Area Code) (803) 532-2793										4. INSURED'S NAME (Last Name, First Name, Middle Initial) SAME									
6. RESERVED FOR NUCC USE										7. INSURED'S ADDRESS (No. Street) SAME CITY STATE ZIP CODE TELEPHONE (Include Area Code)									
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)										10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) ☒ YES ☐ NO b. AUTO ACCIDENT? ☐ YES ☒ NO LSC c. OTHER ACCIDENT? ☐ YES ☒ NO 10d. CLAIM CODES (Designated by NUCC)									
11. INSURED'S POLICY OR GROUP NUMBER										11. INSURED'S POLICY GROUP OR FECA NUMBER									
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED SIGNATURE ON FILE DATE 052715										12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED SIGNATURE ON FILE									
14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) MM DD YY 11202014 QUAL 431										15. OTHER DATE MM DD YY 11202014 QUAL 439									
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DN DUSTIN HUYNH										17a. IGO TH000 17b. NPI 1952613952									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Retire A-L to service line below (24E) A. 959.7 B. 959.8 C. D. E. F. G. H. I. J. K. L.										22. RESUBMISSION CODE ORIGINAL REF. NO.									
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS F. S CHARGES G. DAYS OF UNITS H. I.D. QUAL I. RENDERING PROVIDER ID. #										23. PRIOR AUTHORIZATION NUMBER									
11202014 11202014 21 73590 26 LT A 30.00 1.0										570553185 NPI 1396709580									
11202014 11202014 21 73550 26 LT B 28.00 1.0										570553185 NPI 1396709580									
										NPI									
										NPI									
										NPI									
										NPI									
										NPI									
										NPI									
25. FEDERAL TAX I.D. NUMBER SSN EIN 570553185 ☒										26. PATIENT'S ACCOUNT NO. 689005-PITT									
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS I certify that the statements on the reverse apply to this bill and are made a part thereof. LAWRENCE LOUGH MD										32. SERVICE FACILITY LOCATION INFORMATION: PALMETTO HLTH RICHLAND MEM HOS 5 RICHLAND MEDICAL PARK COLUMBIA, SC 29203-6863									
33. BILLING PROVIDER INFO & PH. (866) 481-7572 PITTS RADIOLOGICAL ASSOC PA PO BOX 602730 CHARLOTTE, NC 28260-2730										30. Rev'd for NUCC use									
SIGNED 052715 DATE										A. 1629029863 B. 570553185									

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METRO CONSTRUCTION
2526 CANEY BRANCH RD
LEESVILLE, SC 29070-8928

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA		PICA	
1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER (Medicare #) (Medicaid #) (ICD-9-CM) (Member ID) (ID) (RD) (RD)		18. INSURED'S I.D. NUMBER (For Program in Item 1) 247219249	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) LONG GYLES G		4. INSURED'S NAME (Last Name, First Name, Middle Initial) SAME	
3. PATIENT'S BIRTH DATE MM DD YY 09171959 M ☒ F ☐		5. INSURED'S ADDRESS (No., Street) SAME	
5. PATIENT'S ADDRESS (No., Street) 2526 CANEY BRANCH RD		7. INSURED'S ADDRESS (No., Street) SAME	
CITY LEESVILLE		CITY	
STATE SC		STATE	
ZIP CODE 29070		ZIP CODE	
TELEPHONE (Include Area Code) (803) 532-2793		TELEPHONE (Include Area Code) ()	
3. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) ☒ YES ☐ NO b. AUTO ACCIDENT? ☐ YES ☒ NO [SC] c. OTHER ACCIDENT? ☐ YES ☒ NO	
4. OTHER INSURED'S POLICY OR GROUP NUMBER		11. INSURED'S POLICY GROUP OR FECA NUMBER	
b. RESERVED FOR NUCC USE		a. INSURED'S DATE OF BIRTH MM DD YY 09171959 M ☒ F ☐	
c. RESERVED FOR NUCC USE		b. OTHER CLAIM ID (Designated by NUCC)	
d. INSURANCE PLAN NAME OR PROGRAM NAME		c. INSURANCE PLAN NAME OR PROGRAM NAME METRO CONSTRUCTION	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED SIGNATURE ON FILE DATE 052715		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? ☐ YES ☒ NO If yes, complete items 9, 9a and 9c.	
14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) MM DD YY 11202014 QUAL: 431		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED SIGNATURE ON FILE	
15. OTHER DATE MM DD YY 11202014 QUAL: 439		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DN: MEAD FERRIS		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY 11202014 11212014	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? ☐ YES ☒ NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E) A. V58.81 B. C. D. E. F. G. H. I. J. K. L.		22. RESUBMISSION CODE ORIGINAL REF. NO.	
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. CPT/HCPCS D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. S CHARGES G. DAYS OF UNITS H. I.D. QUAL I. RENDERING PROVIDER ID. #		23. PRIOR AUTHORIZATION NUMBER	
1 11202014 11202014 21 71010 26 77 A 31.00 1.0 570553185		NPI 1336103274	
2		NPI	
3		NPI	
4		NPI	
5		NPI	
6		NPI	
25. FEDERAL TAX I.D. NUMBER SSN EIN 570553185 ☒ ☐		26. PATIENT'S ACCOUNT NO. 689005-PITT	
27. ACCEPT ASSIGNMENT? (If not, state date, see back) ☒ YES ☐ NO		28. TOTAL CHARGE 29. AMOUNT PAID 30. Reserved for NUCC use \$ 31.00 0.00	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) JOHN LAUVER MD		32. SERVICE FACILITY LOCATION INFORMATION PALMETTO HLTH RICHLAND MEM HOS 5 RICHLAND MEDICAL PARK COLUMBIA, SC 29203-6863	
33. BILLING PROVIDER INFO & PH. # (866) 481-7572 PITTS RADIOLOGICAL ASSOC PA PO BOX 602730 CHARLOTTE, NC 28260-2730		34. BILLING PROVIDER INFO & PH. # (866) 481-7572 PITTS RADIOLOGICAL ASSOC PA PO BOX 602730 CHARLOTTE, NC 28260-2730	
SIGNED 052715 DATE		A. 1629029863 B. 570553185	

NUCC Instruction Manual available at: www.nucc.org

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APPROVED OMB 0938-1197 FORM 1500 (02-12)

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WCMS-1500CS-12



METRO CONSTRUCTION
2526 CANEY BRANCH RD
LEESVILLE, SC 29070-8928

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC); 02/12

PICA

PICA

1. MEDICARE ☐ MEDICAID ☐ TRICARE ☐ CHAMPVA ☐ GROUP HEALTH PLAN ☐ FECA BLK LUNG ☐ OTHER ☐		1a. INSURED'S I.D. NUMBER (For Program in Item 1)	
(Medicare #) (Medicaid #) (ID#/DoD#) (Member ID#) (ID#) (ID#) (ID#)		247219249	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		4. INSURED'S NAME (Last Name, First Name, Middle Initial)	
LONG GYLES G		SAME	
3. PATIENT'S BIRTH DATE MM DD YY		7. INSURED'S ADDRESS (No., Street)	
09171959 M ☒ F ☐		SAME	
5. PATIENT'S ADDRESS (No., Street)		8. RESERVED FOR NUCC USE	
2526 CANEY BRANCH RD			
CITY STATE		CITY STATE	
LEESVILLE SC			
ZIP CODE TELEPHONE (Include Area Code)		ZIP CODE TELEPHONE (Include Area Code)	
29070 (803) 532-2793			
3. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:	
		a. EMPLOYMENT? (Current or Previous)	
		☒ YES ☐ NO	
b. OTHER INSURED'S POLICY OR GROUP NUMBER		c. AUTO ACCIDENT? PLACE (State)	
		☐ YES ☒ NO SC	
d. RESERVED FOR NUCC USE		c. OTHER ACCIDENT?	
		☐ YES ☒ NO	
e. RESERVED FOR NUCC USE		10d. CLAIM CODES (Designated by NUCC)	
f. INSURANCE PLAN NAME OR PROGRAM NAME		11. INSURED'S POLICY GROUP OR FECA NUMBER	
METRO CONSTRUCTION			
g. IS THERE ANOTHER HEALTH BENEFIT PLAN?		12. INSURED'S DATE OF BIRTH MM DD YY	
☐ YES ☒ NO If yes, complete items 9, 9a and 9b		09171959 M ☒ F ☐	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.	
SIGNED SIGNATURE ON FILE DATE 052715		SIGNED SIGNATURE ON FILE	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY		15. OTHER DATE MM DD YY	
11202014 QUAL 431		11202014 QUAL 439	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES	
DN JETER TAYLOR		FROM 11202014 TO 11212014	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? ☐ YES ☒ NO	
		22. RESUBMISSION CODE ORIGINAL REF. NO.	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E) ICD-9 9		23. PRIOR AUTHORIZATION NUMBER	
A. 959.9 B. C. D. E. F. G. H. I. J. K. L.			
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. CPT/HCPCS D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS F. CHARGES G. DAYS ON UNITS H. ID. I. QUAL J. RENDERING PROVIDER ID. #			
11202014 11202014 21 71010 26 76 A 31.00 1.0		570553185	
		NPI 1417905654	
		NPI	
		NPI	
		NPI	
		NPI	
		NPI	
		NPI	
		NPI	
25. FEDERAL TAX I.D. NUMBER SSN EIN		26. PATIENT'S ACCOUNT NO.	
570553185 ☒ X		689005-PITT	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS I certify that the statements on the reverse apply to this bill and are made a part thereof.		32. SERVICE FACILITY LOCATION INFORMATION	
CHARLES HUBBARD MD		PALMETTO HLTH RICHLAND MEM HOS 5 RICHLAND MEDICAL PARK COLUMBIA, SC 29203-6863	
SIGNED DATE 052715		33. BILLING PROVIDER INFO & PH. # (866) 481-7572	
		PITTS RADIOLOGICAL ASSOC PA PO BOX 602730 CHARLOTTE, NC 28260-2730	
		A. 1629029863 B. 570553185	

NUCC Instruction Manual available at: www.nucc.org

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APPROVED OMB 0938-1197 FORM 1500 (02/12)

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WCMS-1500CS-12



METRO CONSTRUCTION
2526 CANEY BRANCH RD
LEESVILLE, SC 29070-8928

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC); 02/12

PICA

PICA

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER (Medicare #) (Medicaid #) (ID# / DoD#) (Member ID#) (ID#) (ID#) (ID#)		1a. INSURED'S I.D. NUMBER (For Program in Item 1) 247219249
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) LONG GYLES G		4. INSURED'S NAME (Last Name, First Name, Middle Initial) SAME
3. PATIENT'S BIRTH DATE SEX MM DD YY 09171959 M ☒ F ☐		7. INSURED'S ADDRESS (No., Street) SAME
5. PATIENT'S ADDRESS (No., Street) 2526 CANEY BRANCH RD		8. RESERVED FOR NUCC USE
6. RESERVED FOR NUCC USE		11. INSURED'S POLICY GROUP OR FECA NUMBER
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		12. INSURED'S DATE OF BIRTH SEX MM DD YY 09171959 M ☒ F ☐
10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) ☒ YES ☐ NO b. AUTO ACCIDENT? ☐ YES ☒ NO LSC c. OTHER ACCIDENT? ☐ YES ☒ NO		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED SIGNATURE ON FILE DATE 052715
14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) MM DD YY 11202014 QUAL 431		15. OTHER DATE MM DD YY 11202014 QUAL 439
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DN MEAD FERRIS		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY FROM 11202014 TO 11212014
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? ☒ YES ☐ NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E) A. V58.81 B. C. D. E. F. G. H. I. J. K. L.		22. RESUBMISSION CODE ORIGINAL REF. NO.
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS F. CHARGES G. DAYS OF UNITS H. I. ID. QUAL J. RENDERING PROVIDER ID. #		23. PRIOR AUTHORIZATION NUMBER
1 11202014 11202014 21 71010 26 A 31.00 1.0 570553185		24. FEDERAL TAX I.D. NUMBER SSN EIN 570553185
2 11202014 11202014 21 71010 26 76 A 31.00 1.0 570553185		26. PATIENT'S ACCOUNT NO. 689005-PITT
3 11202014 11202014 21 71010 26 76 A 31.00 1.0 570553185		27. ACCEPT ASSIGNMENT? ☒ YES ☐ NO
4		28. TOTAL CHARGE 93.00 29. AMOUNT PAID 0.00
5		30. Billing Provider Info & Ph. # (866) 481-7572
6		31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS I certify that the statements on the reverse apply to this bill and are made a part thereof. CHARLES HUBBARD MD
32. SERVICE FACILITY LOCATION INFORMATION PALMETTO HLTH RICHLAND MEM HOS 5 RICHLAND MEDICAL PARK COLUMBIA, SC 29203-6863		33. BILLING PROVIDER INFO & PH. # (866) 481-7572 PITTS RADIOLOGICAL ASSOC PA PO BOX 602730 CHARLOTTE, NC 28260-2730
SIGNED 052715 DATE		*1629029863 570553185

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APPROVED OMB 0938-1197 FORM 1500 (02-12)

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WCMS-1500CS-12



METRO CONSTRUCTION
2526 CANEY BRANCH RD
LEESVILLE, SC 29070-8928

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

PICA

1. MEDICARE (Medicare #)	MEDICAID (Medicaid #)	TRICARE (ID#; DoD#)	CHAMPVA (Member ID#)	GROUP HEALTH PLAN (ID#)	FECA BLK LUNG (ID#)	CTHPR (ID#)	16. INSURED'S I.D. NUMBER (For Program in Item 1)
							247219249
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)							4. INSURED'S NAME (Last Name, First Name, Middle Initial)
LONG GYLES G							SAME
5. PATIENT'S ADDRESS (No., Street)							7. INSURED'S ADDRESS (No., Street)
2526 CANEY BRANCH RD							SAME
CITY							CITY
LEESVILLE							STATE
SC							STATE
ZIP CODE							ZIP CODE
29070							()
TELEPHONE (Include Area Code)							TELEPHONE (Include Area Code)
(803) 532-2793							()
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)							11. INSURED'S POLICY GROUP OR FECA NUMBER
a. OTHER INSURED'S POLICY OR GROUP NUMBER							a. INSURED'S DATE OF BIRTH
b. RESERVED FOR NUCC USE							MM DD YY
c. RESERVED FOR NUCC USE							09171959
d. INSURANCE PLAN NAME OR PROGRAM NAME							SEX
METRO CONSTRUCTION							M ☒ F ☐
10. IS PATIENT'S CONDITION RELATED TO:							b. OTHER CLAIM ID (Designated by NUCC)
a. EMPLOYMENT? (Current or Previous)							
☒ YES ☐ NO							
c. AUTO ACCIDENT?							c. INSURANCE PLAN NAME OR PROGRAM NAME
☐ YES ☒ NO							PLACE (State)
d. OTHER ACCIDENT?							SC
☐ YES ☒ NO							13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize
10c. CLAIM CODES (Designated by NUCC)							payment of medical benefits to the undersigned physician or supplier for
							services described below.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED SIGNATURE ON FILE

DATE 052715

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED SIGNATURE ON FILE

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)	15. OTHER DATE	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION
MM DD YY	MM DD YY	FROM MM DD YY TO MM DD YY
11202014	QUAL: 431	11202014
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a. NPI	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
DN WILLIAM FRY	1568437408	FROM MM DD YY TO MM DD YY
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES
		☐ YES ☒ NO

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E)	ICD-9	22. RESUBMISSION CODE
A. 949.0	9	ORIGINAL REF. NO.
B. _____		
C. _____		
D. _____		
E. _____		
F. _____		
G. _____		
H. _____		
I. _____		
J. _____		
K. _____		
L. _____		
23. PRIOR AUTHORIZATION NUMBER		

24. A. DATE(S) OF SERVICE	B. PLACE OF SERVICE	C. CPT/HCPCS	D. PROCEDURES, SERVICES, OR SUPPLIES	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. (PROT) Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #
From To	MM DD YY	MM DD YY	MM DD YY	MM DD YY	MM DD YY	MM DD YY	MM DD YY	MM DD YY	MM DD YY
11212014 11212014	21	71010	26	A	31.00	1.0			570553185
									1417905654

25. FEDERAL TAX I.D. NUMBER	SSN EIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT?	28. TOTAL CHARGE	29. AMOUNT PAID	30. Rev'd for NUCC use
570553185	☒ X	689005-PITT	☒ YES ☐ NO	\$ 31.00	\$ 0.00	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS			32. SERVICE FACILITY LOCATION INFORMATION			
I certify that the statements on the reverse apply to this bill and are made a part thereof.			PALMETTO HLTH RICHLAND MEM HOS			
CHARLES HUBBARD MD			5 RICHLAND MEDICAL PARK			
			COLUMBIA, SC 29203-6863			
SIGNED 052715			33. BILLING PROVIDER INFO & PH. #			
DATE			(866) 481-7572			
			PITTS RADIOLOGICAL ASSOC PA			
			PO BOX 602730			
			CHARLOTTE, NC 28260-2730			
			*1629029863 * 570553185			

NUCC Instruction Manual available at: www.nucc.org

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APPROVED OMB 0938-1197 FORM 1500 (02-12)

BBUCH

WCMS-1500CS-12

Professional Hearing Aid Associates
2750 Laurel Street, Suite 203
Columbia, SC 29204
803-254-5502

Date: 4-8-15

Gyles G. Long
2550 Horne Rd., Leesville, SC 29070
803-920-0922

Manufacturer: Phonak

Model & Style: Left: CROS H2O \$1,725.00
Right: Naida Q70 \$1,150.00

Warranty expires: 06/29/2017

One-Time Loss & Damage Fee: \$225.00 per device

Repairs: No charge & unlimited

Color: Velvet Black, Left -Size 2 Slim Tube, open medium

Right- Size 2xP, power dome--small

Non-refundable Professional Service Fee \$200.00

Total: \$3,075.00

Serial Numbers:

Left: 1506X2VUR

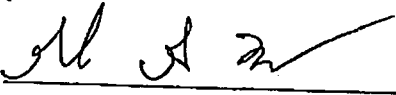
Right: 1445X1T4K

Payment: \$3,075.00

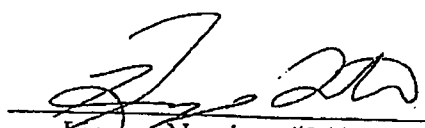
Paid by:

I agree to the above set conditions and terms. I have been advised that the Food and Drug Administration has determined that my best health interest would be served if I had a medical evaluation by a licensed physician (preferably a physician who specializes in diseases of the ear) before purchasing a hearing aid. I understand that I have a sixty (60) day trial period and that if I choose to return the hearing aid(s), I will be refunded the total amount minus \$200.00 and if I use a credit card that I will also be assessed an additional 2% of the purchase total.

The 60-day trial period will be null and void if the hearing aid is lost or damaged beyond repair during the first 60 days. If the hearing aid is lost or damaged beyond repair, it may only be replaced with the \$225 deductible, but the hearing aid can no longer be returned or exchanged for a different style or technology. This is a hearing aid company policy to reduce fraudulent activity.

Patient Signature: 

Clinician: Hope Lanter Au.D., CCC-A, FAAA
Doctor of Audiology


License Number: #3411

Rocky Mountain Holdings LLC
PO Box 713375 • Cincinnati, OH 45271-3375
Customer Service: (888) 636-4438

Air Medical Transport Services provided by: Air Methods Corporation

Billed To:

Gyles Long
2526 Caney Branch Rd
Leesville SC 29070-8928

ORIGIN:

33 55.949'n, 081 29.029'w

Run Number: 14-176973
Date of Service: 11/20/2014

DESTINATION:

Richland Memorial Hospital -Columbia

Amount Overdue: \$34848.50

Dear Gyles Long,

This is our FINAL NOTICE AND DEMAND that you remit full payment for the full balance shown above. We have made several attempts to gain your cooperation in clearing your balance with payment or agreeable arrangements, but we have not received payment.

Unless we receive full payment on this account within 10 days, we will refer your account to a Professional Collection Agency. Please keep in mind that the agency will report this account to national credit bureaus as a BAD DEBT, and add all legally allowed interest and fees to collect this debt.

Please protect your credit record, and send full payment today.

Sincerely,
Customer Service Department

Your obligation to make payment on this invoice is governed by North Carolina law.

Please refer to your run number on all correspondence. -- Please see the reverse side for insurance information. --

Federal Tax ID #: 870533822

57EXLNET03COLFN

DETACH LOWER PORTION AND RETURN STUB WITH YOUR PAYMENT. THANK YOU.

PO Box 2532
Fontana, CA 92334-2532
ADDRESS SERVICE REQUESTED



Card number plus 3 or 4 digit security code (on back of card)	
Cardholder Name	EXP. DATE /
Cardholder Signature	AMOUNT \$

▼ PLEASE MAKE CHECKS PAYABLE TO ▼

March 10, 2015

Rocky Mountain Holdings LLC
PO Box 713375
Cincinnati, OH 45271-3375

COLFN 542293971



Gyles Long
2526 Caney Branch Rd
Leesville SC 29070-8928

PATIENT NAME Gyles Long			AMOUNT DUE \$34848.50
RUN NUMBER 14-176973	DATE OF SERVICE 11/20/2014	STATEMENT DATE 03/10/2015	AMOUNT ENCLOSED \$

-832-



Rocky Mountain Holdings LLC
PO Box 713375 • Cincinnati, OH 45271-3375
Customer Service: (888) 636-4438

Air Medical Transport Services provided by: Air Methods Corporation

Billed To:

Gyles Long
2526 Caney Branch Rd
Leesville SC 29070-8928

ORIGIN:

Richland Memorial Hospital -Columbia

Run Number: 14-177628

Date of Service: 11/21/2014

DESTINATION:

Doctors Hospital Of Augusta Burn / Joseph M Still
Burn Cent

Amount Overdue: \$49195.45

Dear Gyles Long,

This is our FINAL NOTICE AND DEMAND that you remit full payment for the full balance shown above. We have made several attempts to gain your cooperation in clearing your balance with payment or agreeable arrangements, but we have not received payment.

Unless we receive full payment on this account within 10 days, we will refer your account to a Professional Collection Agency. Please keep in mind that the agency will report this account to national credit bureaus as a BAD DEBT, and add all legally allowed interest and fees to collect this debt.

Please protect your credit record, and send full payment today.

Sincerely,
Customer Service Department

Your obligation to make payment on this invoice is governed by North Carolina law.

Please refer to your run number on all correspondence. - - Please see the reverse side for insurance information. - -

Federal Tax ID #: 870533822

57EXLNET03COLFN

DETACH LOWER PORTION AND RETURN STUB WITH YOUR PAYMENT. THANK YOU.

PO Box 2532
Fontana, CA 92334-2532
ADDRESS SERVICE REQUESTED



Card number plus 3 or 4 digit security code (on back of card)	
Cardholder Name	EXP. DATE /
Cardholder Signature	AMOUNT \$

▼ PLEASE MAKE CHECKS PAYABLE TO ▼

Rocky Mountain Holdings LLC
PO Box 713375
Cincinnati, OH 45271-3375

March 10, 2015

COLFN 542293972

Gyles Long
2526 Caney Branch Rd
Leesville SC 29070-8928

PATIENT NAME			AMOUNT DUE
Gyles Long			\$49195.45
RUN NUMBER	DATE OF SERVICE	STATEMENT DATE	AMOUNT ENCLOSED
14-177628	11/21/2014	03/10/2015	\$

-700-
-833-



Rocky Mountain Holdings LLC
PO Box 713375 • Cincinnati, OH 45271-3375
Customer Service: (888) 636-4438

Air Medical Transport Services provided by: Air Methods Corporation

Patient Name: Gyles Long	Date of Call: 11/21/2014
Run Number: 14-177628	Time of Call: 15:45:43
Notice Date: December 29, 2014	From: Richland Memorial Hospital - Columbia
	To: Doctors Hospital Of Augusta Burn / Joseph M Still Burn Cent
Gyles Long 2526 Caney Branch Rd Leesville SC 29070-8928	Primary Payor: Bill Patient
	Secondary Payor:

Description	Qty.	Price	Contractual	
			Allowance	Amount
A0431 Helicopter Rotor Base	1	24839.00	0.00	24839.00
A0436 Helicopter Rotor Miles	73	24356.45	0.00	24356.45

BALANCE DUE: \$49195.45

SECOND NOTICE.

Your account is past due. A prompt payment would be appreciated.
Thank You. Se Habla Español.

Your obligation to make payment on this invoice is governed by North Carolina law.

Please refer to your run number on all correspondence. - - Please see the reverse side for insurance information. - -

WEXLNET03INV02

Federal Tax ID #: 870533822

DETACH LOWER PORTION AND RETURN STUB WITH YOUR PAYMENT. THANK YOU.

PO Box 2532
Fontana, CA 92334-2532
ADDRESS SERVICE REQUESTED

	Card number plus 3 or 4 digit security code (on back of card)	
	Cardholder Name	EXP. DATE /
	Cardholder Signature	AMOUNT \$

▼ PLEASE MAKE CHECKS PAYABLE TO ▼

December 29, 2014

Rocky Mountain Holdings LLC
PO Box 713375
Cincinnati, OH 45271-3375

INV02 479286831

Gyles Long
2526 Caney Branch Rd
Leesville SC 29070-8928

PATIENT NAME Gyles Long			AMOUNT DUE \$49195.45
RUN NUMBER 14-177628	DATE OF SERVICE 11/21/2014	STATEMENT DATE 12/29/2014	AMOUNT ENCLOSED \$



Rocky Mountain Holdings LLC
PO Box 713375 • Cincinnati, OH 45271-3375
Customer Service: (888) 636-4438

Air Medical Transport Services provided by: Air Methods Corporation

Patient Name: Gyles Long
Run Number: 14-177628
Notice Date: December 2, 2014

Date of Call: 11/21/2014
Time of Call: 15:45:43
From: Richland Memorial Hospital -
Columbia
To: Doctors Hospital Of Augusta Burn /
Joseph M Still Burn Cent
Primary Payor: Bill Patient

Gyles Long
2526 Caney Branch Rd
Leesville SC 29070-8928

Secondary Payor:

Description	Qty.	Price	Contractual	
			Allowance	Amount
A0431 Helicopter Rotor Base	1	24839.00	0.00	24839.00
A0436 Helicopter Rotor Miles	73	24356.45	0.00	24356.45

BALANCE DUE: \$49195.45

Please provide us with your insurance information
by completing the reverse side of this form.
Se Habla Español.

Your obligation to make payment on this invoice is governed by North Carolina law.

Please refer to your run number on all correspondence. -- Please see the reverse side for insurance information. --

WEXLNETCSINV01

Federal Tax ID #: 870533822

DETACH LOWER PORTION AND RETURN STUB WITH YOUR PAYMENT. THANK YOU.

PO Box 2532
Fontana, CA 92334-2532
ADDRESS SERVICE REQUESTED

Card number plus 3 or 4 digit security code (on back of card)	
Cardholder Name	EXP. DATE /
Cardholder Signature	AMOUNT \$

▼ PLEASE MAKE CHECKS PAYABLE TO ▼

December 2, 2014

Rocky Mountain Holdings LLC
PO Box 713375
Cincinnati, OH 45271-3375

14-177628-INV01 460459082

Gyles Long
2526 Caney Branch Rd
Leesville SC 29070-8928

PATIENT NAME			AMOUNT DUE
Gyles Long			\$49195.45
RUN NUMBER	DATE OF SERVICE	STATEMENT DATE	AMOUNT ENCLOSED
4-177628	11/21/2014	12/02/2014	\$

Rocky Mountain Holdings LLC
PO Box 713375 • Cincinnati, OH 45271-3375
Customer Service: (888) 636-4438

Air Medical Transport Services provided by: Air Methods Corporation

Patient Name: Gyles Long
 Run Number: 14-176973
 Notice Date: January 22, 2015

Date of Call: 11/20/2014
 Time of Call: 10:02:20
 From: 33 55.949'n, 081 29.029'w

Gyles Long
 2526 Caney Branch Rd
 Leesville SC 29070-8928

To: Richland Memorial Hospital -
 Columbia

Primary Payor: Bill Patient

Secondary Payor:

Description	Qty.	Price	Contractual	
			Allowance	Amount
A0431 Helicopter Rotor Base	1	24839.00	0.00	24839.00
A0436 Helicopter Rotor Miles	30	10009.50	0.00	10009.50

BALANCE DUE: \$34848.50

THIRD NOTICE.

According to our records your account is now delinquent.
 Please remit payment or contact our office immediately. Se Habla Español.

Your obligation to make payment on this invoice is governed by North Carolina law.

Please refer to your run number on all correspondence. -- Please see the reverse side for insurance information. --

Federal Tax ID #: 870533822

WEXLNET03INV03

X X X Cut Along Dotted Line And Return Lower Portion With Remittance in Envelope Provided. Thank You. X X X

PO Box 2532
 Fontana, CA 92334-2532
 ADDRESS SERVICE REQUESTED



Card number plus 3 or 4 digit security code (on back of card)	
Cardholder Name	EXP. DATE /
Cardholder Signature	AMOUNT \$

▼ PLEASE MAKE CHECKS PAYABLE TO ▼

January 22, 2015

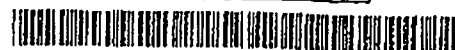
Rocky Mountain Holdings LLC
 PO Box 713375
 Cincinnati, OH 45271-3375

INV03 500129084



Gyles Long
 2526 Caney Branch Rd
 Leesville SC 29070-8928

PATIENT NAME			AMOUNT DUE
Gyles Long			\$34848.50
RUN NUMBER	DATE OF SERVICE	STATEMENT DATE	AMOUNT ENCLOSED
14-176973	11/20/2014	01/22/2015	\$



Rocky Mountain Holdings LLC
PO Box 713375 • Cincinnati, OH 45271-3375
Customer Service: (888) 636-4438

Air Medical Transport Services provided by: Air Methods Corporation

Patient Name: Gyles Long
Run Number: 14-176973
Notice Date: December 29, 2014

Date of Call: 11/20/2014
Time of Call: 10:02:20
From: 33 55.949'n, 081 29.029'w

Gyles Long
2526 Caney Branch Rd
Leesville SC 29070-8928

To: Richland Memorial Hospital -
Columbia

Primary Payor: Bill Patient

Secondary Payor:

Description	Qty.	Price	Contractual Allowance	Amount
A0431 Helicopter Rotor Base	1	24839.00	0.00	24839.00
A0436 Helicopter Rotor Miles	30	10009.50	0.00	10009.50

BALANCE DUE: \$34848.50

SECOND NOTICE.

Your account is past due. A prompt payment would be appreciated.
Thank You. Se Habla Español.

Your obligation to make payment on this invoice is governed by North Carolina law.

Please refer to your run number on all correspondence. -- Please see the reverse side for insurance information. --

WEXLN02INV02

Federal Tax ID #: 870533822

DETACH LOWER PORTION AND RETURN STUB WITH YOUR PAYMENT. THANK YOU.

PO Box 2532
Fontana, CA 92334-2532
ADDRESS SERVICE REQUESTED

Card number plus 3 or 4 digit security code (on back of card)	
Cardholder Name	EXP. DATE /
Cardholder Signature	AMOUNT \$

▼ PLEASE MAKE CHECKS PAYABLE TO ▼

December 29, 2014

Rocky Mountain Holdings LLC
PO Box 713375
Cincinnati, OH 45271-3375

INV02 479288830



Gyles Long
2526 Caney Branch Rd
Leesville SC 29070-8928

PATIENT NAME Gyles Long			AMOUNT DUE \$34848.50
RUN NUMBER 14-176973	DATE OF SERVICE 11/20/2014	STATEMENT DATE 12/29/2014	AMOUNT ENCLOSED \$



Rocky Mountain Holdings LLC
PO Box 713375 • Cincinnati, OH 45271-3375
Customer Service: (888) 636-4438

Air Medical Transport Services provided by: Air Methods Corporation

Patient Name: Gyles Long
Run Number: 14-176973
Notice Date: December 2, 2014

Date of Call: 11/20/2014
Time of Call: 10:02:20
From: 33 55.949'n, 081 29.029'w

Gyles Long
 2526 Caney Branch Rd
 Leesville SC 29070-8928

To: Richland Memorial Hospital -
 Columbia

Primary Payor: Bill Patient

Secondary Payor:

<u>Description</u>	<u>Qty.</u>	<u>Price</u>	<u>Contractual</u>	
			<u>Allowance</u>	<u>Amount</u>
A0431 Helicopter Rotor Base	1	24839.00	0.00	24839.00
A0435 Helicopter Rotor Miles	30	10009.50	0.00	10009.50

BALANCE DUE: \$34848.50

Please provide us with your insurance information
 by completing the reverse side of this form.
 Se Habla Español.

Your obligation to make payment on this invoice is governed by North Carolina law.

Please refer to your run number on all correspondence. -- Please see the reverse side for insurance information. --

WEXLNETOINV01

Federal Tax ID #: 870533822

DETACH LOWER PORTION AND RETURN STUB WITH YOUR PAYMENT. THANK YOU.

PO Box 2532
 Fontana, CA 92334-2532
 ADDRESS SERVICE REQUESTED

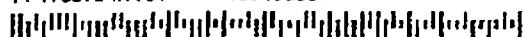
		Card number plus 3 or 4 digit security code (on back of card)	
Cardholder Name			EXP. DATE
Cardholder Signature			AMOUNT
			\$

▼ PLEASE MAKE CHECKS PAYABLE TO ▼

December 2, 2014

Rocky Mountain Holdings LLC
 PO Box 713375
 Cincinnati, OH 45271-3375

14-176973-INV01 460459081



Gyles Long
 2526 Caney Branch Rd
 Leesville SC 29070-8928

PATIENT NAME			AMOUNT DUE
Gyles Long			\$34848.50
RUN NUMBER	DATE OF SERVICE	STATEMENT DATE	AMOUNT ENCLOSED
14-176973	11/20/2014	12/02/2014	\$



MEDICREDIT, INC.
PO Box 1629
Maryland Heights, MO 63043-0629
Phone: 866-629-1356

You can also pay by check or
credit card at our website:
www.medicreditcorp.com

RE: ROCKY MOUNTAIN HOLDINGS, LLC
Account #: 35441841
Customer #: 14-176973

Interest: \$1,441.68
Date of Service: 11/20/2014
Balance Due on File: \$36,290.18
Last Payment Date: 00/00/0000

This is to inform you that Rocky Mountain Holdings, LLC has placed your account with this agency with the full intention of collecting this account. Please give this past due account the attention it deserves.

Two options include:

1. Remitting payment in full to this office or,
2. Contacting this office by telephone to arrange resolution of the account.

For phone payments, express mail, MoneyGram information, call between 8:00am and 5:00pm Monday through Friday. All times are Pacific Time Zone.



Please call to make a payment by
check or credit card by telephone.



For your convenience you have the option to pay by Credit Card or electronic check (ACH) payments. There will be a \$4.95 Third Party Transaction Fee for using this option. This Third Party fee will appear separately on your credit card holder or bank statement. Transaction fees do not apply to the following states: CA, CO, CT, FL, ID, KS, MA, ME, MN, NY, NC, OK, TX, UT, WA, WV, WI, and WY. Payments via check through the mail are not subject to the Third Party Transaction Fee.

Important Notice:

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice that you dispute the validity of this debt or any portion thereof, this office will obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice this office will provide you with the name and address of the original creditor, if different from the current creditor.

Contact us toll free at 866-629-1356.

Medicredit, Inc.
PO Box 1629
Maryland Heights, MO 63043-0629

**This communication is from a debt collector and is an attempt to collect a debt.
Any information obtained will be used for this purpose.**

>>> Please see reverse side for important information. <<<

Detach Lower Portion and Return with Payment

574152601_TTTOGW0303DAGI

TTTOGW03
PO Box 1022
Wixom MI 48393-1022

Account #: 35441841
Balance Due on File: \$36,290.18
Statement Date: April 22, 2015

Mail all Correspondence to:

MEDICREDIT, INC.
PO Box 1629
Maryland Heights, MO 63043-0629



Gyles Long
2526 Caney Branch Rd
Leesville SC 29070-8928



MAKE CHECKS PAYABLE TO

Amy M Sprague MD PC
PO BOX 211550
AUGUSTA, GA 30917-1550

ADDRESS SERVICE REQUESTED

GYLES GREG LONG SR
2526 CANEY BRANCH RD
Leesville, SC 29070

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW

CHECK CARD USING FOR PAYMENT☐

MASTERCARD

☐

DISCOVER

☐

VISA

☐

AMERICAN EXPRESS

CARD NUMBER

Code

SIGNATURE

EXP. DATE

STATEMENT DATE

PAY THIS AMOUNT

ACCOUNT NUMBER

03/31/2015

272.00

11326

PAGE NO. 1

SHOW AMOUNT

PAID HERE

\$

REMIT TO

Amy M Sprague MD PC
PO BOX 211550
AUGUSTA, GA 30917-1550

☐ Please check box if above address is incorrect or insurance
information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Date	Patient	Description	Charges	Credits	Balance

Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total Balance	NOW DUE
0.00	0.00	272.00	0.00	0.00	544.00	272.00

Message**Account Number**

11326

Statement Date

03/31/2015

Billing Questions

(877) 808-9860

Make Checks Payable To:

Amy M Sprague MD PC
PO BOX 211550
AUGUSTA, GA 30917-1550

** Balance is overdue. Please remit or contact us immediately. **

MAKE CHECKS PAYABLE TO

Amy M Sprague MD PC
PO BOX 211550
AUGUSTA, GA 30917-1550

ADDRESS SERVICE REQUESTED

GYLES GREG LONG SR
2526 CANEY BRANCH RD
Leesville, SC 29070

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW

CHECK CARD USING FOR PAYMENT		
☐	☐	☐
MASTERCARD	DISCOVER	VISA
CARD NUMBER		Code
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NUMBER
05/29/2015	272.00	11326
PAGE NO. 1		SHOW AMOUNT PAID HERE \$

REMIT TO

Amy M Sprague MD PC
PO BOX 211550
AUGUSTA, GA 30917-1550

☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Date	Patient	Description	Charges	Credits	Balance

Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total Balance	NOW DUE
0.00	0.00	0.00	0.00	272.00	544.00	272.00

Message**Account Number**

11326

Statement Date

05/29/2015

Billing Questions

(877) 808-9860

Make Checks Payable To:

Amy M Sprague MD PC
PO BOX 211550
AUGUSTA, GA 30917-1550

** Balance is overdue. Contact us or be referred to a collection agency. **

MAKE CHECKS PAYABLE TO

Amy M Sprague MD PC
PO BOX 211550
AUGUSTA, GA 30917-1550

ADDRESS SERVICE REQUESTED

GYLES GREG LONG SR
2526 CANEY BRANCH RD
Leesville, SC 29070

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW

CHECK CARD USING FOR PAYMENT		
☐	☐	☐
MASTERCARD	DISCOVER	VISA
CARD NUMBER		Code
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NUMBER
06/30/2015	272.00	11326
SHOW AMOUNT PAID HERE		\$

PAGE NO. 1

REMIT TO

Amy M Sprague MD PC
PO BOX 211550
AUGUSTA, GA 30917-1550

☐ Please check box if above address is incorrect or Insurance
Information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Date	Patient	Description	Charges	Credits	Balance

Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total Balance	NOW DUE
0.00	0.00	0.00	0.00	272.00	544.00	272.00

Message**Account Number**

11326

Statement Date

06/30/2015

Billing Questions

(877) 808-9860

Make Checks Payable To:

Amy M Sprague MD PC
PO BOX 211550
AUGUSTA, GA 30917-1550

** Balance is overdue. Contact us or be referred to a collection agency. **

MAKE CHECKS PAYABLE TO

Amy M Sprague MD PC
PO BOX 211550
AUGUSTA, GA 30917-1550

ADDRESS SERVICE REQUESTED

GYLES GREG LONG SR
2526 CANEY BRANCH RD
Leesville, SC 29070

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW

CHECK CARD USING FOR PAYMENT			
☐ MASTERCARD	☐ DISCOVER	☐ VISA	☐ AMERICAN EXPRESS
CARD NUMBER		Code	
SIGNATURE		EXP. DATE	
STATEMENT DATE 08/31/2015	PAY THIS AMOUNT 272.00	ACCOUNT NUMBER 11326	
PAGE NO. 1		SHOW AMOUNT PAID HERE \$	

REMIT TO

Amy M Sprague MD PC
PO BOX 211550
AUGUSTA, GA 30917-1550

☐ Please check box if above address is incorrect or insurance
information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Date	Patient	Description	Charges	Credits	Balance

Current	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total Balance	NOW DUE
0.00	0.00	0.00	0.00	272.00	544.00	272.00

Message**Account Number**

11326

Statement Date

08/31/2015

Billing Questions

(877) 808-9860

Make Checks Payable To:

Amy M Sprague MD PC
PO BOX 211550
AUGUSTA, GA 30917-1550

** Balance is overdue. Contact us or be referred to a collection agency. **

USC SURGERY
P.O. BOX 198898
ATLANTA, GA 30384-8898

32491-3VG6

TEMP-RETURN SERVICE REQUESTED

004598
0101

FOR BILLING INQUIRIES: 803-545-5800 Option 5
PATIENT: GYLES LONG

CHECK CARD USING FOR PAYMENT		
☐ MASTERCARD	☐ VISA	
NAME (PRINT)		EXP. DATE
SIGNATURE		ACCT. #
STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
01/21/2015	\$3,304.00	SCE00009812
SHOW AMOUNT PAID HERE		

PAGE: 1 of 1

R0012A

GYLES GREGORY LONG
2526 CANEY BRANCH RD
LEESVILLE, SC 29070-8928

USC SURGERY
PO BOX 198898
ATLANTA, GA 30384-8898

32491-3VG6*T911EEA8L000069

☐ Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	DESCRIPTION	CHARGES	PAYMENTS	ADJUSTMENTS	INSURANCE BALANCE	PATIENT BALANCE
	Previous Balance				\$00.00	\$3,304.00
	DOC: WILLIAM FRY MD	LOC: USC SURGERY				
	Visit Summary 11/21/14 at PALMETTO RICHLAND IP	104500			\$1,045.00	
	DOC: WILLIAM FRY MD	LOC: USC SURGERY				
	Visit Summary 11/20/14 at PALMETTO RICHLAND IP	78200			\$782.00	

ACCOUNT#: SCE00009812	DUE DATE: 02/11/2015	PAY THIS AMOUNT: \$3,304.00
CURRENT	30 - 60 DAYS	60 - 90 DAYS
\$0.00	\$3,304.00	\$0.00
TOTAL BALANCE: \$5,131.00	INSURANCE BALANCE: \$1,827.00	PATIENT BALANCE: \$3,304.00

MESSAGES:

Your account is DELINQUENT. Please remit payment promptly or call the Billing Department to establish a payment plan at 803-545-5800 Option 5.
PLEASE NOTE THAT YOU CAN PAY YOUR BILL ONLINE BY ACCESSING: [HTTP://SURGERY.MED.SC.EDU/](http://SURGERY.MED.SC.EDU/) JUST CLICK "PAY MY BILL ONLINE" FROM THE LEFT SIDE MENU BAR.

USC SURGERY 2 MEDICAL PARK SUITE 306 COLUMBIA, SC 29203-6839 803-545-5800 Option 5
TAX ID: 570686289



32491-3VG6

☐ 		☐ 	
CARD NUMBER		SIGNATURE CODE	
SIGNATURE		EXP. DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCT. #	
03/18/2015	\$5,131.00	SCE00009812	

SHOW AMOUNT PAID HERE

ZUMHOZA

32491-3VG6*TB21DEME1000069

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

-700-
-845-

THE UNIVERSITY OF CHICAGO PRESS

USC SURGERY
P.O. BOX 198898
ATLANTA, GA 30384-8898

32491-3VG6

TEMP-RETURN SERVICE REQUESTED

FOR BILLING INQUIRIES: 803-545-5800 Option 5
PATIENT: GYLES LONG

CHECK CARD USING FOR PAYMENT		
☐ MASTERCARD	☐ VISA	☐ VISA
CARD NUMBER	SIGNATURE CODE	
SIGNATURE	EXP. DATE	
STATEMENT DATE 04/15/2015	PAY THIS AMOUNT \$5,131.00	ACCT. # SCE00009812
SHOW AMOUNT PAID HERE		200002A

PAGE: 1 of 1

GYLES GREGORY LONG
2526 CANEY BRANCH RD
LEESVILLE, SC 29070-8928

USC SURGERY
PO BOX 198898
ATLANTA, GA 30384-8898

32491-3VG6*TBU1DC6FC000076

☐ Please check box if address is incorrect or insurance
information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	DESCRIPTION	CHARGES	PAYMENTS	ADJUSTMENTS	INSURANCE BALANCE	PATIENT BALANCE
	Previous Balance				\$00.00	\$5,131.00

ACCOUNT#: SCE00009812		DUE DATE: 05/06/2015		PAY THIS AMOUNT: \$5,131.00	
CURRENT	30 - 60 DAYS	60 - 90 DAYS	90 - 120 DAYS	120 - 150 DAYS	OVER 150
\$0.00	\$0.00	\$1,827.00	\$3,304.00	\$0.00	\$0.00
TOTAL BALANCE: \$5,131.00		INSURANCE BALANCE: \$0.00		PATIENT BALANCE: \$5,131.00	

MESSAGES:

This message appears on the patient's fifth statement, when no patient payment has been received. UPDATE THIS
VERBIAGE BEFORE PROCESSING STATEMENTS!

USC SURGERY 2 MEDICAL PARK SUITE 306 COLUMBIA, SC 29203-6839 803-545-5800 Option 5
TAX ID: 570686289



32491-3VG6


 GYLES GREGORY LONG
 2526 CANEY BRANCH RD
 LEESVILLE, SC 29070-8928

CHECK CARD USING FOR PAYMENT			
	☐ MASTERCARD		☐ VISA
CARD NUMBER		SIGNATURE CODE	
SIGNATURE		EXP. DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCT. #	
06/17/2015	\$5,131.00	SCE00009812	

SHOW AMOUNT PAID HERE \$

241102A

USC SURGERY
PO BOX 198898
ATLANTA, GA 30384-8898

☐ Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	DESCRIPTION	CHARGES	PAYMENTS	ADJUSTMENTS	INSURANCE BALANCE	PATIENT BALANCE
	Previous Balance				\$00.00	\$5,131.00
ACCOUNT#: SCE00009812		DUE DATE: 07/08/2015		PAY THIS AMOUNT: \$5,131.00		
CURRENT	30 - 60 DAYS	60 - 90 DAYS	90 - 120 DAYS	120 - 150 DAYS	OVER 150	
\$0.00	\$0.00	\$0.00	\$0.00	\$1,827.00	\$3,304.00	
TOTAL BALANCE: \$5,131.00		INSURANCE BALANCE: \$0.00		PATIENT BALANCE: \$5,131.00		
MESSAGES: This message appears on the patient's seventh statement, when no patient payment has been received. UPDATE THIS VERBIAGE BEFORE PROCESSING STATEMENTS!						

USC SURGERY 2 MEDICAL PARK SUITE 306 COLUMBIA, SC 29203-6839 803-545-5800 Option 5
TAX ID: 570686289

- 847 -

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

USC SURGERY
P.O. BOX 198898
ATLANTA, GA 30384-8898



004978
0101

TEMP-RETURN SERVICE REQUESTED

FOR BILLING INQUIRIES: 803-545-5800 Option 5
PATIENT: GYLES LONG

32491-3VG6

CHECK CARD USING FOR PAYMENT



☐ MASTERCARD



☐ VISA

CARD NUMBER		SIGNATURE CODE
SIGNATURE		EXP. DATE
STATEMENT DATE 07/15/2015	PAY THIS AMOUNT \$5,131.00	ACCT. # SCE00009812

PAGE: 1 of 1

SHOW AMOUNT
PAID HERE \$

2000027

|||||
GYLES GREGORY LONG
2526 CANEY BRANCH RD
LEESVILLE, SC 29070-8928

|||||
USC SURGERY
PO BOX 198898
ATLANTA, GA 30384-8898

32491-3VG6*TED1DBYAB000077

☐ Please check box if address is incorrect or insurance
information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	DESCRIPTION	CHARGES	PAYMENTS	ADJUSTMENTS	INSURANCE BALANCE	PATIENT BALANCE
	Previous Balance				\$00.00	\$5,131.00

ACCOUNT#: SCE00009812		DUE DATE: 08/05/2015		PAY THIS AMOUNT: \$5,131.00	
CURRENT	30 - 60 DAYS	60 - 90 DAYS	90 - 120 DAYS	120 - 150 DAYS	OVER 150
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,131.00
TOTAL BALANCE: \$5,131.00		INSURANCE BALANCE: \$0.00		PATIENT BALANCE: \$5,131.00	

MESSAGES:

This message appears on the patient's seventh statement, when no patient payment has been received. UPDATE
THIS VERBIAGE BEFORE PROCESSING STATEMENTS!

USC SURGERY 2 MEDICAL PARK SUITE 306 COLUMBIA SC 29203-6839 803-545-5800 Option 5
TAX ID: 570686289

-848-

FOR MORE INFO CALL 800-451-1234 OR VISIT OUR WEBSITE AT WWW.USCSURGERY.COM



WCC File #:	1423018
Carrier File #:	2014-4437
Carrier Code #:	
Employer FEIN #:	

Claimant's Name: Giles Gregory Long SSN: 247-21-9249 Employer's Name: Metro Construction, Inc.
Address: 2550 Home Rd Address: 2526 Caney Branch Rd
City: Leesville State: SC Zip: 29070 City: Leesville State: SC Zip: 29070
Home Phone: _____ Work Phone: (803) 920-0922 Insurance Carrier: None/Uninsured Employers Fund acting
Preparer's Name: Timothy B. Killen Law Firm: Willson Jones Carter & Baxley, P.A. Preparer's Phone #: (843) 284-0831

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☐ Claimant ☐ Employer ☒ UEF Date of Injury or Illness: 11/20/2014
(check one)

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).

1. The Single Commissioner erred as a matter of fact and law in failing to add Giles Gregory Long as a defendant in this matter. 2. The Single Commissioner erred as a matter of law in her interpretation of S.C. Code Ann. § 33-14-220. 3. By failing to add the party, the Single Commissioner has ruled on the merits of an argument, thereby denying Fund substantive and procedural due process and depriving it of making arguments at a hearing on the merits. This is a novel issue in South Carolina but has been addressed by the Fourth Circuit, and the Fourth Circuit's decision supports personal liability. *Moore* Occupational Safety and Health Review Commission, 591 F.2d 991 (4th Cir. 1979).

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

Mediation

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

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

That I have served this document pursuant to R.67-212 by delivering a copy to: Nicholas G. Callas, Esq., P. O. Box 7397, Columbia, SC 29202; Dewana F. Looper, P. O. Box 11267, Columbia, SC 29211; Giles Gregory Long, 2550 Home Rd., Leesville, SC 29070; Metro Construction, Inc., c/o Giles G. Long, Registered Agent, 2526 Caney Branch Rd., Leesville, SC 29070 and Judicial Director, SC WCC, P.O. Box 1715, Columbia, SC 29202 on the 27th day of April, 2017 by ☐ first class mail ☐ personal ☒ certified mail

Attorney for UEF
Title

tbkillen@wilaw.net
Email

04/27/2017
Date

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

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

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

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. 1423018

Gregg Long,	EMPLOYEE,	)	
		)	
	CLAIMANT,	)	
VS.		)	
		)	
Metro Construction, Inc.		)	
	EMPLOYER,	)	
		)	MOTION ORDER
AND		)	
		)	
SC Workers Compensation UEF		)	
	CARRIER,	)	
		)	
	DEFENDANTS,	)	

A Motion regarding the following issue(s) has been received:

X Defendant's Motion to add Giles Gregory Long as a party Defendant.

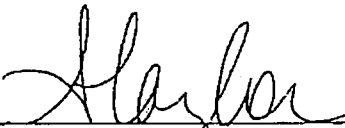
The following dispositions have been made:

Compel _____ Granted _____ X Denied

Reasons: Metro Construction Inc. was reinstated on 12/14/16. As such, S.C. Code Ann. Section 33-14-220 controls and Metro Construction Inc. remains Party-Defendant.

Columbia, SC

April 19, 2017



Commissioner Aisha Taylor

CERTIFICATE OF SERVICE

Gregg Long 247-21-0249
Claimant's Name SSN
2550 Home Road Leesville SC 29070
Address City State Zip
(803) 920-0922
Home Phone Work Phone
Date of Injury: 11/20/2014

Metro Construction, Inc.
Employer's Name
2526 Ceney Branch Road Leesville, SC 29070
Address City State Zip
American Zurich Ins. Co.
Insurance Carrier

Dewana F. Looper
Preparer's Name

(803) 727-1200
Phone #

Date of Injury or Illness: 11/20/2014

Estimated time for hearing: 1 hour

Complete each information blank. Specify clearly when contentions are admitted in part and denied in part.
The employer-insurance carrier in answer to the claim, respectfully shows:

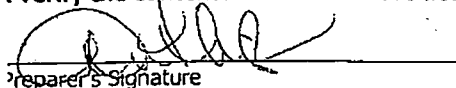
1. It is ☐ Admitted ☒ Denied that the employee sustained an injury on or about the date set forth in the application. The reasons for denial are:
American Zurich denies it has coverage for this claim. Further, American Zurich denies Claimant sustained a compensable injury by accident.
2. It is ☐ Admitted ☒ Denied that both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:
See No. 1.
3. It is ☐ Admitted ☒ Denied that the relationship of employer and employee existed at the time in question. The reasons for denial are:
See No. 1.
4. It is ☐ Admitted ☒ Denied that at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:
See No. 1.
5. It is ☐ Admitted ☒ Denied that notice of injury was given the employer. The reasons for denial are:
See No. 1.
6. It is ☐ Admitted ☒ Denied that the employee (needs) (is entitled to additional) medical care as a result of injury. The reasons for denial are:
See No. 1.
7. It is ☐ Admitted ☒ Denied that the employee is entitled to TTD for the period(s) of:
See No. 1.
8. It is ☐ Admitted ☒ Denied that the employee is permanently disabled. The reasons for denial are:
See No. 1.
9. It is ☐ Admitted ☒ Denied that the employee has a serious disfigurement.
10. It is contended that an average weekly wage of \$ TBD applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are: The defendants are not aware of any affirmative defenses. However, if further discovery reveals the basis for any affirmative defenses, the defendants will amend this answer to assert those defenses.

☐ Mediation

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

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

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


Preparer's Signature

Partner
Title

dlooper@hedrickgardner.com
Email

April 7, 2017
Date

Refer to R.67-204 and R.67-210 and R.67-601 through R.67.615. Refer to R.67-1801 for mediation. Questions about the use of this form may be directed to the Commission's Judicial Department at 803-737-5675 or judicial@wcc.sc.gov or mediation@wcc.sc.gov. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 1423018

Giles Gregory Long,	)
Employee,	)
Claimant,	)
	)
vs.	)
	)
Metro Construction, Inc.,	)
	)
Employer,	)
and	)
	)
American Zurich Ins. Co.,	)
	)
Carrier,	)
	)
and	)
	)
South Carolina Workers' Compensation	)
Uninsured Employers' Fund,	)
	)
Defendants.	)

**MOTION TO ADD
PARTY DEFENDANT**

TO: South Carolina Workers' Compensation Commission; Nicholas G. Callas, Esquire, Attorney for Claimant; Metro Construction, Inc.; Dewana F. Looper, Esquire, Attorney for American Zurich; and Giles Gregory Long.

South Carolina Workers' Compensation Uninsured Employers' Fund hereby moves for an Order as soon as practicable before the Jurisdictional Commissioner to add Giles Gregory Long as a party defendant to this matter. The grounds for this Motion are as follows:

I.

Claimant has filed a claim against Metro Construction, Inc., with a date of accident of November 20, 2014.

II.

Metro Construction, Inc. was administratively dissolved on the date of accident. Therefore, Metro Construction, Inc. could carry business only to wind up the business and liquidate its assets.

III.

Claimant testified that he is the sole shareholder and also the president of Metro Construction, Inc.

IV.

Metro Construction, Inc. was reinstated on December 14, 2016. However, because Claimant was injured during the forfeiture, Giles Gregory Long may be liable for benefits paid to the Claimant if any benefits are due. Whether personal liability attaches to those acting on behalf of a corporation in forfeiture does not appear to have been litigated in South Carolina. However, according to the Fourth Circuit, "Where the reinstatement statute does not explicitly address personal liability, the majority rule appears to be that those who act for the corporation after its termination, but before reinstatement, are personally liable for actions occurring during that period. See Moore v. Occupational Safety and Health Review Commission, 591 F.2d 991, 994 – 95 (4th Cir. 1979). This is because, during the forfeiture, the corporation has been stripped of its legal mandate to exist. During that time, "there is no corporation at all, and any action performed by the directors or officers not looking to the dissolution of the corporation should be deemed individual actions with concomitant individual liability therefor." (Italics in original). See Gusky, Dissolution, Forfeiture, and Liquidation of Virginia Corporations, 12 U.Rich.L.Rev. 333 at 346.

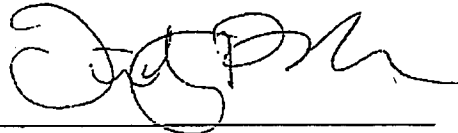
V.

Fund asserts that further adjudication of this matter will necessarily require the addition of Giles Gregory Long as a party Defendant for a complete adjudication of all matters before the Commission.

For the foregoing reasons, Defendant Fund moves for an Order adding and Giles Gregory Long as a party Defendant to the above-referenced matter prior to any further adjudication of the merits of this case.

Respectfully submitted,

WILLSON JONES CARTER & BAXLEY, P.A.

A handwritten signature in black ink, appearing to read 'T. Killen', written over a horizontal line.

Timothy B. Killen, Esquire
421 Wando Park Boulevard, Suite 100
Mount Pleasant, SC 29464
Attorneys for Fund

Date: March 24, 2017 ,

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 1423018

Giles Gregory Long,	)
Employee,	)
Claimant,	)
	)
vs:	)
	)
Metro Construction, Inc.,	)
	)
Employer,	)
and	)
	)
South Carolina Workers' Compensation	)
Uninsured Employers Fund,	)
	)
Defendants.	)

**MOTION TO ADD
PARTY DEFENDANTS**

**TO: South Carolina Workers' Compensation Commission; Metro Construction, Inc.;
and American Zurich Insurance Company;**

The Claimant and the South Carolina Workers' Compensation Uninsured Employers' Fund (Fund) hereby move for an Order as soon as practicable before the Jurisdictional Commissioner to add American Zurich Insurance Company as a party defendant to this matter. The grounds for this Motion are as follows:

I.

Metro Construction, Inc. (Employer) secured workers' compensation insurance coverage through American Zurich Insurance Company (Zurich) for the policy period running from April 4, 2014, to April 4, 2015. The policy number is 6ZZUB-2E14299-A-14 (the policy).

II.

Employer paid for the policy in full in the amount of Eighteen Thousand and Twenty-Five and no/100 (\$18,025.00). Exhibit 1 and 2.

III.

Zurich purportedly cancelled the policy effective August 8, 2014. Exhibit 3.

IV.

Upon information and belief, despite the purported cancellation prior to the expiration of the policy period, Zurich failed to return all unearned premiums to Employer.

V.

Further, even after the alleged cancellation, Zurich represented to the Employer that the policy remained in effect. Exhibit 4.

VI.

Claimant and Fund believe that further adjudication of this matter will necessarily require the addition of Metro Construction, Inc. and American Zurich Insurance Company as a party Defendant for a complete adjudication of all matters before the Commission.

VII.

For the foregoing reasons, Claimant and Fund move for an Order adding American Zurich Insurance Company as a party Defendant to the above-referenced matter prior to any further adjudication of the merits of this case.

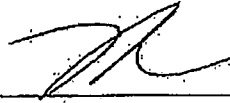
Respectfully submitted,

WILLSON JONES CARTER & BAXLEY, P.A.



Timothy B. Kellen, Esquire
421 Wando Park Boulevard, Suite 100
Mount Pleasant, SC 29464
Attorneys for Fund

POPOWSKI CALLAS & SHIRLEY, P.A.



Nicholas G. Callas, Esquire
Post Office Box 7397
Columbia, South Carolina 29201
Attorneys for Claimant

FBK Date: ~~March~~ 6, 2016

APRIL

M16778 13331528

5006555863

ISSUING BRANCH 2045211-BEST IRMO MAIN

DATE -- APRIL 09, 2014

68-2367514

PAY TO THE ADAMS EADDY
ORDER OF _____

\$ ** \$19,025.00 **

DOLLARS

FBI

AUTHORIZED SIGNATURE

MEMO/PURCHASES RECEIPTS

11 5006555863 1:05:40 2369:0001019010097 11



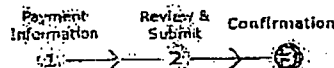


RMAPS® Online Application Service

Work List Producer/Applicant Info ACORD® 130 ACORD® 133 Effective Date Review Communication Help and Resources

Confirmation: Electronic Payment (ACH)

Application # 32841580
METRO CONSTRUCTION, INC & METRO
UTILITIES, LLC
Effective Date: 04/04/2014



Application ID:	32841580	Estimated Annual Premium:	\$18,025
Producer:	STEVE OCHOINSKY	Required Minimum Deposit:	\$9,012
Risk Name:	METRO CONSTRUCTION, INC & METRO UTILITIES, LLC	Premium Paid:	\$18,025
Agency:	ADAMS EDDY AND ASSOCIATES INSURANCE	Payment Due:	\$0

Thank You for your ACH payment request.
Funds are not considered secure until NCCI has received the deposit from your financial institution.
If you entered e-mail address(es) you will receive confirmation(s).
You must complete the final steps by clicking the Complete Your Application button below.

Please print a copy of this page for your records:

Electronic Payment Information Confirmation

Payment Date: 4/9/2014 12:00:00 AM
Account Holder Name: Adams Eddy & Associate
Bank Routing Number (ABA): 053906041
Financial Institution: FIRST CITIZENS BANK & TRUST CO, INC
Bank Account Number: xxxxxxxx2001
Payment Amount: \$18025
Email Address: SOCHOINSKY@ADAMSEADY.COM, BRADON@ADAMSEADY.COM

Final Steps

- Print ACORD® 130 & 133, obtain the required signatures, upload or fax all pages of the ACORD® forms to NCCI.
- If you experience problems with this payment, Email Customer Service or call NCCI Assigned Risk toll free 800-NCCI-123 (800-622-4123).
- All applications are evaluated for eligibility, signature(s) and payment. If additional information or premium is requested after submission, you are required to respond in a timely manner in accordance with state Plan rules or risk rejection of the application without coverage.

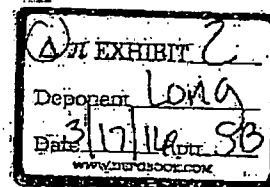


powered by VeriSign

ABOUT SSL CERTIFICATES

Terms and Conditions Disclaimer

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807

ZURICH
2420 LAKEMONT AVE
ORLANDO FL 32814

PRODUCER

WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
CANCELLATION

METRO CONSTRUCTION, INC.
2526 CANEY BRANCH RD
LEESVILLE SC 29070-8928

CANCEL NOTICE - FAILURE TO AUDIT PAYROLL OR PERMIT AN AUDIT
1I-Failure to Audit or permit an audit

THIS NOTICE IS TO:

EFFECTIVE DATE OF CANCELLATION: 08-08-14

METRO CONSTRUCTION, INC.
2526 CANEY BRANCH RD
LEESVILLE SC 29070-8928

RECEIVED

JUL 11 2014

Adams Eaddy & Associates

AMOUNT DUE: \$ NONE

POLICY NUMBER: (6ZZUB-2E14299-A-14)

We wish to inform you that your policy designated herein is cancelled in accordance with its terms as of the effective date of cancellation indicated herein, and at the hour on which the policy became effective. Any premium adjustment required by the policy will be made.

THIS DOCUMENT IS ISSUED ONLY BY THE COMPANY OR COMPANIES THAT ISSUED THIS POLICY. FOR ANY INFORMATION CONCERNING THIS CANCELLATION, PLEASE CONTACT YOUR PRODUCER.

INSURER: AMERICAN ZURICH INSURANCE COMPANY

DATE OF ISSUE: 07-04-14 GM
POL EFF DATE: 04-04-14
OFFICE: ZURICH-ORLAN
PRODUCER: ADAMS EADDY AND ASSOCIAT

POL EXP. DATE: 04-04-15
809

ST ASSIGN: SC

22JPM

WUNT2D00

020477

EXHIBIT 3
Dependent Long
Date 3/17/16 Rpt
www.zurich.com



ZURICH

P.O. Box 3556
Orlando FL 32802-3556
1-800-453-9843

NOTICE OF NON-COOPERATION WITH PRELIMINARY AUDIT

October 23, 2014

Insurer: American Zurich Insurance Company

ADAMS EADDY AND ASSOCIAT
PO BOX 5595
COLUMBIA SC 292505595

Re: Workers Compensation

Policy #: 6ZZUB 2E14299A
Policy Term: 4/4/2014 to 4/4/2015

Dear Insured:

This letter is to advise that several attempts have been made to obtain payroll, classification and tax information from you in order to prepare the preliminary audit on your workers compensation insurance policy.

The Records and Audit Provisions of your Workers Compensation and Employers Liability Insurance policy require that you keep records of information needed to compute premium and allow us, as the carrier, to examine these records in order to compute the premium on your policy. In order to comply with these provisions, it is necessary that you contact our Audit Department at 1-800-842-4271 and have an audit completed.

Failure to allow access for audit of the policy term may result in cancellation of your Workers Compensation and Employers Liability Insurance policy.

IF YOU HAVE ALREADY COMPLIED WITH OUR REQUEST, PLEASE DISREGARD THIS NOTICE.

Sincerely,

American Zurich Insurance Company

cc: Insured
METRO CONSTRUCTION, INC.
2526 CANEY BRANCH RD
LEESVILLE SC 290708928

National Council on Compensation Insurance
via Electronic notification

RECEIVED

OCT 31 2014

Adams Eaddy & Assoc.

Producer Copy

EX 3

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



WCC File #: 1423018
Carrier File #: 2014-4437
Carrier Code #:
Employer FEIN #:

Claimant's Name: Giles Gregory Long SSN: 247-21-9249 Employer's Name: Metro Construction, Inc.
Address: 2550 Home Rd Address: 2526 Caney Branch Rd
City: Leesville State: SC Zip: 29070 City: Leesville State: SC Zip: 29070
Home Phone: Work Phone: (803) 920-0922 Insurance Carrier: Unknown
Preparer's Name: Timothy B. Killen Law Firm: Willson Jones Carter & Baxley, P.A. Preparer's Phone #: (843) 284-0831

Date of Injury or Illness: 11/20/2014

Complete each information blank. Specify clearly when contentions are admitted in part and denied in part. The employer/carrier in answer to the claim, respectfully shows:

1. It is ☐ Admitted ☒ Denied the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are: Defendants deny the claimant sustained an injury by accident arising out of and in the course of employment. Employer has not been served with Claimant's Forms 50. Claimant's attorney also represents Employer in related compliance matter. Claimant is president of a dissolved corporation (Employer) that, apparently, didn't comply with his carrier's audit, allowing his policy to lapse.
2. It is ☐ Admitted ☒ Denied both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:
See No. 1
3. It is ☐ Admitted ☒ Denied the relationship of employer and employee existed at the time in question. The reasons for denial are:
See No. 1
4. It is ☐ Admitted ☒ Denied at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:
See No. 1
5. It is ☐ Admitted ☒ Denied notice of injury was given the employer. The reasons for denial are:
See No. 1
6. It is ☐ Admitted ☒ Denied the employee ☐ Needs ☐ Is Entitled to Additional medical care as a result of injury or illness. The reasons for denial are:
See No. 1
7. It is ☐ Admitted ☒ Denied the employee is entitled to temporary total disability for the period(s) of :
8. It is ☐ Admitted ☒ Denied the employee is permanently disabled. The reasons for denial are:
See No. 1. Also, no evidence of such.
9. It is ☐ Admitted ☒ Denied the employee has serious disfigurement
10. It is contended that an average weekly wage of \$ UNKNOWN applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are:
Defendants reserve the right to amend and to assert defenses as they become aware of them.

Mediation

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

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

Certify that I have served this document pursuant to R.67-212 by delivering a copy to: Nicholas G. Callas, P. O. Box 7397, 1430 Blanding Street,
Columbia, SC 29202; Giles Gregory Long, R/A, Metro Construction, Inc., 2526 Caney Branch Rd., Leesville, SC 29070 and Judicial Director, SC WCC, P.O. Box 1715,
Columbia, SC 29202 on the 30th day of December, 2015, by ☒ first class mail ☐ personal service ☐ certified mail.

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

Preparer's Signature: Michelle Adams Attorney for the UFF
Title

tbkillen@wilaw.net
Email

12/30/2015
Date

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Refer to P 67-1071 for mediation. Questions about the use of this form may be directed to the Commission's Judicial Department at 803-737-5675 or jud@wcc.sc.gov or -862-1000@wcc.sc.gov. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

Additional-Named Employer-Carrier Defendants:

DEFENSES

The Uninsured Employers' Fund is informed and believes that the capitulation agreement was signed by Claimant. All affirmative and specific defenses (see Reg. 67-1), including but not limited to Sections 42-9-60, 42-15-20, 42-15-40, 42-17-90; and fraud in the application for employment; fraud in the inducement to sign Form 15; fraud in the initiation of the claimant for benefits; pre-existing disability to allegedly injured members; election of remedies; intervening trauma; no compensable injury by accident under Section 42-1-160; degree of disability, if any, attributable to this injury speculative; claimant's problems personal in nature and not work related.

Respondent reserves the right to amend this Answer and plead additional defenses. This form is filed to comply with the South Carolina Workers Compensation Commission regulations.

On information and belief, Employer's prior carrier may have coverage for this claim.

F does not represent the allegedly uninsured employer.

F is not an agent for the allegedly uninsured employer.

F is not a carrier for the allegedly uninsured employer.

This Answer is filed in response to Claimant's Form 50, Request for a Hearing, dated December 3, 2015.

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723 www.wcc.sc.gov



WCC File #: X-150284 11425018
Carrier File #: Unknown
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Giles Gregory Long SSN: 247-21-9249 Employer's Name: Metro Construction, Inc.
Address: 2550 Home Road Address: 2526 Caney Branch Road
City: Leesville State: SC Zip: 29070 City: Leesville State: SC Zip: 29070
Home Phone: 803-920-0922 Work Phone: _____ Insurance Carrier: SC Uninsured Employers' Fund
Preparer's Name: Nicholas G. Callas Law Firm: Popowski, Callas & Shirley, P.A. Preparer's Phone #: 803-799-2100

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

Date of Injury or Illness: 11/20/2014

☒ Injury ☐ Illness ☐ Repetitive ☐ Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction

1. The claimant sustained an injury to pulmonary, respiratory and digestive systems, back, ears, eyes, lungs, stomach, bilateral arms, bilateral legs, bilateral hands, skin loss and scarring on 11/20/2014 in Lexington county, state of SC. Body part(s) affected are: pulmonary, respiratory and digestive systems, back, ears, eyes, lungs, stomach, bilateral arms, bilateral legs, bilateral hands, skin loss and scarring
2. Briefly describe how the accident occurred. Claimant injured entire body while disposing of combustible products.
3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
4. The relationship of employer and employee existed at the time of injury.
5. At the time of the injury the claimant was performing services arising out of and in the course of employment.
6. Notice of the accidental injury was given to the Employer on 11/20/2014 in the following manner: Notified self as he is the supervisor.
- ☒ 7. Due to injury, the claimant is in need of (check one):
☒ (a) medical examination and treatment for: pulmonary, respiratory and digestive systems, back, ears, eyes, lungs, stomach, bilateral arms, bilateral legs, bilateral hands, skin loss and scarring
☒ (b) additional medical examination and treatment for: pulmonary, respiratory and digestive systems, back, ears, eyes, lungs, stomach, bilateral arms, bilateral legs, bilateral hands, skin loss and scarring
- ☒ 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
To be determined
- ☒ 9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):
☒ (1) General Disability: ☐ Total ☐ Partial ☒ (2) Specific Disability: ☐ Total ☐ Partial ☐ (3) Wage Loss
- ☒ 9a. ☒ A determination of permanent disability is premature at this time.
- ☒ 10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of: To be determined
- 10a. At the time of the injury, the Claimant was paid weekly wages of Speed Form 20, and demands accounting of days worked and wages earned as provided by law.
- 10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident: Defendant employer
11. Further grounds or unusual aspects of claim: None
- 11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident: Palmetto Health Richland, 5 Richland Medical Park, Columbia, SC 29203; Joseph Still Burn Center, 1220 George C. Wilson Drive, Augusta, GA 30909
- 11b. To the best of your knowledge, did you have any prior permanent disability? No
If yes, describe:
12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

☐ 13a. I am filing a claim. I am not requesting a hearing at this time.

14. Estimated time needed for hearing: 1 hour

☒ 13b. I am requesting a hearing. A \$25 fee is required.

☐ Mediation

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

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to SC Uninsured Employers' Fund

Address PO Box 210019 on the 3rd day of December 2015, by ☒ first class postage ☐ certified mail ☐ personal service.

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

Preparer's Signature

Attorney
Title

Nick@pcslawyer.com
Email

Date

12/31/15

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723 www.wcc.sc.gov



WCC File #: 2150284
Carrier File #: Unknown
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Giles Gregory Long SSN: 247-21-5249 Employer's Name: Melp Construction, Inc.
Address: 2550 Home Road Address: 2526 Gandy Branch Road
City: Lexington State: SC Zip: 29078 City: Lexington State: SC Zip: 29078
Home Phone: 803-620-0929 Work Phone: _____ Insurance Carrier: State Accident Fund
Preparer's Name: Nicholas G. Calas Law Firm: Deborah Calas & Shirley, P.A. Preparer's Phone #: 803-785-2100

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

Date of Injury or Illness: 11/20/2014

☒ Injury ☐ Illness ☐ Repetitive ☐ Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction

1. The claimant sustained an injury to pulmonary, respiratory and digestive systems, back, ears, eyes, hands, stomach, bilateral arms, bilateral legs, bilateral hands, skin loss and scarring on 11/20/2014 in Lexington county, state of SC. Body part(s) affected are: pulmonary, respiratory and digestive systems, back, ears, eyes, hands, stomach, bilateral arms, bilateral legs, bilateral hands, skin loss and scarring.
2. Briefly describe how the accident occurred: Claimant injured entire body while descending of combustibles products.
3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
4. The relationship of employer and employee existed at the time of injury.
5. At the time of the injury the claimant was performing services arising out of and in the course of employment.
6. Notice of the accidental injury was given to the Employer on 11/20/2014 in the following manner: Notified self as he is the supervisor.
7. Due to injury, the claimant is in need of (check one):
☒ (a) medical examination and treatment for pulmonary, respiratory and digestive systems, back, ears, eyes, hands, stomach, bilateral arms, bilateral legs, bilateral hands, skin loss and scarring
☒ (b) additional medical examination and treatment for pulmonary, respiratory and digestive systems, back, ears, eyes, hands, stomach, bilateral arms, bilateral legs, bilateral hands, skin loss and scarring
8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of To be determined.
9. Due to the injury, the claimant has permanent disability of the following nature and extent (check one):
☒ (1) General Disability: ☐ Total ☐ Partial ☒ (2) Specific Disability: ☐ Total ☐ Partial ☐ (3) Wage Loss
- 9a. ☒ A determination of permanent disability is premature at this time.
10. Due to the injury, the claimant has a serious bodily disfigurement consisting of: To be determined.
- 10a. At the time of the injury, the claimant was paid weekly wages of \$1,000.00 and demands accounting of days worked and wages earned as provided by law.
- 10b. Give names and addresses of all employers for whom the claimant has worked since the date of the accident: Detached employee
11. Further grounds or unusual aspects of claim: None
- 11a. List names and addresses of all physicians or other medical specialists who have seen or treated the claimant as a result of the accident: Palmetto Health, 511 Highland Medical Park, Columbia, SC 29201; Doris S. Smith, Center, 1220 George C. Wilson Drive, Augusta, GA 30709

11b. To the best of your knowledge, did you have any prior permanent disability? No

If yes, describe:

12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

☒ 13a. I am filing a claim. I am not requesting a hearing at this time.

14. Estimated time needed for hearing: _____

☐ 13b. I am requesting a hearing. A \$25 fee is required.

☐ Mediation

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

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to State Accident Fund.

Address Box 210339 on the 29 day of November 2015 by ☒ first class postage ☐ certified mail ☐ personal service.

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

Preparer's Signature: Nicholas G. Calas Date: 9/29/15

Attorney
Use

Signature
Date

Date

State of South Carolina
Workers' Compensation
Commission

50

Employee's Notice of Claim and/or
Request for Hearing

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723 www.wcc.sc.gov



WCC File #: Not yet assigned

Carrier File #: Unknown

Carrier Code #: _____

Employer FEIN #: _____

Claimant's Name: Gregg Long

SSN: 247-21-9249

Employer's Name: Metro Construction, Inc.

Address: 2550 Home Road

Address: 2526 Caney Branch Road

City: Leesville

State: SC

Zip: 29070

City: Leesville

State: SC

Zip: 29070

Home Phone: 803-920-0922

Work Phone: _____

Insurance Carrier: State Accident Fund

Preparer's Name: Nicholas G. Callas

Law Firm: Popowski, Callas & Shirley, P.A.

Preparer's Phone #: 803-799-2100

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

Date of Injury or Illness: 11/20/2014

☒ Injury ☐ Illness ☐ Repetitive ☐ Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction

1. The claimant sustained an injury to pulmonary, respiratory and digestive systems, back, ears, eyes, lungs, stomach, bilateral arms, bilateral legs, bilateral hands, skin loss and scarring on 11/20/2014 in Lexington county, state of SC. Body part(s) affected are: pulmonary, respiratory and digestive systems, back, ears, eyes, lungs, stomach, bilateral arms, bilateral legs, bilateral hands, skin loss and scarring

2. Briefly describe how the accident occurred. Claimant injured entire body while disposing of combustible products.

3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.

4. The relationship of employer and employee existed at the time of injury.

5. At the time of the injury the claimant was performing services arising out of and in the course of employment.

6. Notice of the accidental injury was given to the Employer on 11/20/2014 in the following manner: Notified self as he is the supervisor.

☒ 7. Due to injury, the claimant is in need of (check one):

☒ (a) medical examination and treatment for: pulmonary, respiratory and digestive systems, back, ears, eyes, lungs, stomach, bilateral arms, bilateral legs, bilateral hands, skin loss and scarring

☒ (b) additional medical examination and treatment for: pulmonary, respiratory and digestive systems, back, ears, eyes, lungs, stomach, bilateral arms, bilateral legs, bilateral hands, skin loss and scarring

☒ 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:

To be determined

☒ 9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):

☒ (1) General Disability: ☐ Total ☐ Partial

☒ (2) Specific Disability: ☐ Total ☐ Partial

☐ (3) Wage Loss

☒ 9a. ☒ A determination of permanent disability is premature at this time.

☒ 10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of: To be determined

10a. At the time of the injury, the Claimant was paid weekly wages of Speed Form 20, and demands accounting of days worked and wages earned as provided by law.

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident: Defendant employer

11. Further grounds or unusual aspects of claim: None

11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident: Palmetto Health Richland, 5 Richland Medical Park, Columbia, SC 29203; Joseph Still Burn Center, 1220 George C. Wilson Drive, Augusta, GA 30909

11b. To the best of your knowledge, did you have any prior permanent disability? No
If yes, describe:

12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

☒ 13a. I am filing a claim. I am not requesting a hearing at this time.

14. Estimated time needed for hearing: _____

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☐ Mediation

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

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

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

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

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

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to State Accident Fund

Address PO Box 210039 on the 12th day of March 2015, by ☒ first class postage ☐ certified mail ☐ personal service.

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

Preparer's Signature

Attorney
Title

Nick@pcslawyer.com
Email

Date

3/12/15

STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC No. 1423018

Gregg Long,)
)
Claimant,)
)
v.)
)
Metro Construction, Inc.,)
)
Employer,)
)
and)
)
Uninsured Employers Fund,)
and American Zurich,)
)
Defendants/Appellants.)
-----)

FULL COMMISSION HEARING

Monday, December 17, 2018
3:00 p.m. - 3:34 p.m.

The Full Commission Hearing was heard before Commissioners Michael Campbell, Gene McCaskill, and Melody James at the South Carolina Workers' Compensation Commission, 1333 Main Street, Suite 500, South Carolina, on the 17th day of December, 2018 before Amber Scarborough, Court Reporter and Notary Public in and for the State of South Carolina.



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APPEARANCES

Timothy B. Killen, Esquire
 Holder, Padgett, Littlejohn & Prickett, LLC
 349 West Coleman Boulevard, Suite 300
 Mount Pleasant, South Carolina 29464
 Attorney for the UEF/1st Appellant

Nikole D. Haltiwanger, Esquire
 Hedrick Gardner Kincheloe & Garofalo LLP
 1230 Main Street, suite 325
 Columbia, South Columbia 29201
 Attorney for the Zurich/2nd Appellant

Robert M. Cook, Esquire
 South Carolina Attorney General's Office
 PO Box 11549
 Columbia, South Carolina 29211
 Attorney for the Employer/Respondent

Nicholas G. Callas, Esquire
 Popowski, Callas & Shirley, PA
 1430 Blanding Street
 Columbia, South Carolina 29201
 Attorney for Claimant/Respondent

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EXHIBITS

(No Exhibits were marked at this hearing.)

STIPULATIONS

It is stipulated and agreed that this deposition is being taken pursuant to the Administrative Procedures Act and the South Carolina Rules of Civil Procedure.



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1 COMMISSIONER CAMPBELL: Amber, whenever you're ready
2 to call it if you would.

3 CALL TO ORDER:

4 COURT REPORTER: Okay. Today is Monday, December
5 17th, 2018. This is South Carolina Worker's
6 Compensation Case Number 1423018. This is a
7 case of Gregg Long, Claimant versus Metro
8 Construction, the employer and American Zurich,
9 the carrier. The 1st Appellant is UEF,
10 represented by Timothy Killen. The 2nd
11 Appellant is represented by Nikole Haltiwanger,
12 for American Zurich. The Employer is
13 represented by Robert Cook and the Claimant is
14 represented by Nicholas Callas. Each side is
15 allowed 10 minutes for oral argument and the
16 Appellant, three minutes in reply. You are
17 requested to argue the grounds of exception and
18 stay within the record.

19 ISSUE OF RECUSAL:

20 COMMISSIONER CAMPBELL: Okay. And we have -- we
21 have a couple issues that we need to put on the
22 record. As part of our pre-hearing conference,
23 we had a discussion about recusal, and I will
24 -- Commissioner McCaskill, I'll let you speak
25 to that and then we'll get everyone's position



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1 on that.

2 COMMISSIONER MCCASKILL: Okay. I just recently had
3 a motion hearing with three of the four lawyers
4 present here today and ruled on that motion.
5 That was not in this case, that was in another
6 case that emanated from the same work accident.
7 And my question to the lawyers present here
8 today -- all four of you, is if you thought
9 that would cause a problem for me in hearing
10 this matter as to bias. I will happily recuse,
11 but my understanding was that you're all
12 comfortable with me sitting on the panel today.
13 Is that still your position?

14 MR. COOK: Yes. Without endorsing your decisions --
15 -

16 COMMISSIONER MCCASKILL: Well, I did not say that -
17 --

18 MR. COOK: --- we do not object to your
19 participation in this bit.

20 COMMISSIONER MCCASKILL: All right. Mr. Callas?

21 MR. CALLAS: The Claimant, Gregg Long, does not have
22 an objection.

23 COMMISSIONER MCCASKILL: All right. Ms. Haltiwanger?

24 MS. HALTIWANGER: No objection from Zurich.

25 COMMISSIONER MCCASKILL: All right. Mr. Killen?



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1 MR. KILLEN: No objections from the Fund, Your
2 Honor.

3 COMMISSIONER MCCASKILL: All right, Mr. Chair.

4 ALLOCATION OF TIME ISSUE:

5 COMMISSIONER CAMPBELL: All right, okay. Thank you.

6 Also, one of the other issues that we had a
7 discussion about was the allocation of time.
8 I believe, I believe the -- Mr. Killen and Ms.
9 Haltiwanger have agreed to their -- to divide
10 their ten minutes into three for Mr. Killen and
11 seven for Ms. Haltiwanger. And then Mr. Callas
12 and Mr. Cook have agreed to allocate their time
13 however they need to with their ten minutes.
14 And then, Ms. Haltiwanger, you will have your
15 three minutes in response and I believe, Mr.
16 Killen, you said that you need maybe a brief
17 response but not necessarily the whole three
18 minutes.

19 MR. KILLEN: Correct, Your Honor.

20 COMMISSIONER CAMPBELL: Okay. All right, great.

21 So, who wants to -- who is --- who wants to go
22 -- do you wanna go first, or?

23 MS. HALTIWANGER: It doesn't really matter to me. I
24 can.

25 COMMISSIONER CAMPBELL: Okay. Then you go right



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1 ahead.

2 MS. HALTIWANGER: Yes, sir.

3 POSITION STATEMENT BY MS. HALTIWANGER:

4 MS. HALTIWANGER: Commissioners, basically my
5 argument here today is that the courts are to
6 enforce and not to write const- -- contracts of
7 insurance and must give policy languages plain,
8 ordinary and popular meaning. And our argument
9 is that the terms of the policy are clear and
10 unambiguous. And this policy states that, any
11 obligation -- the insured has an obligation to
12 maintain records, to compute the premium, and
13 the insurer has the right to perform an audit.
14 And that there are also two pages of premium
15 audit tips providing instructions and answers
16 to commonly asked questions. The Claimant was
17 aware of his obligations and that Zurich could
18 demand the information be provided because
19 everyone is presumed to know the effect of a
20 contract that he signs. We believe that the
21 prior decision to ignore the law when it relied
22 upon the beliefs of the Claimant as to the
23 terms of the insurance policy. And pursuant to
24 the code 38-75-730(A)(4) it provides that a
25 worker's comp insurance policy may be cancelled



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1 for substantial breaches of contractual duties,
2 conditions and warranties. And that's what
3 we're arguing happened here. The plain
4 language of the policy spelled out the
5 obligations of the insured to provide -- to
6 comply, excuse me, with the audit request. And
7 Zurich mailed a letter on July 4th of 2014 to
8 the Claimant, or to Metro Construction
9 actually, as the insured, which indicated that
10 previous attempts to complete the audit have
11 been ignored and that Claimant had to respond
12 to the audit request within 30 days or the
13 policy would be canceled. And that's what
14 happened. It was actually 35 days. The policy
15 was canceled on August 8th of 2014. There are
16 also obligations within the assigned risk
17 supplement that states, that when the assigned
18 carrier determines that an insured is in
19 noncompliance with the policy provisions by
20 failing to comply with reasonable loss preven-
21 -- prevention requirements for the audit, the
22 assigned carrier must institute cancellation of
23 the policy after providing an opportunity to
24 cure. Zurich gave the insured an opportunity
25 to cure by sending a notice of cancellation, as



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1 I said, 35 days prior to the intended date of
2 cancellation. And even if you take the
3 Claimant's testimony as true, that he provided
4 those 941s that were requested for his audit in
5 August of 2014, he still did not attempt to
6 cure his defect until 51 days -- 57, excuse --
7 let me make a correction there -- after the
8 notice of cancellation was mailed and 12 days
9 after his policy had actually canceled.
10 Because that was on August 20th of 2014. The
11 Claimant also argues that he canceled -- he
12 contacted his agent and hired a bookkeeper to
13 put records together, but he still did not
14 contact Zurich and do anything affirmative to
15 try to deal with that cancellation issue. He
16 has an obligation as the insured to do
17 something once he's notified of that. And
18 Zurich still contends that even though that's
19 what the Claimant argues that it did not
20 receive that information until January of 2015.
21 Now, we've already talked about 38-75-730(A),
22 but (B) provides that a cancellation is not
23 effective until written notice of cancellation
24 has been mailed to the insured and the agent of
25 record not less than 30 days prior to the --



1 effective date of the cancellation. And that
2 was done here and there actually has not been
3 any dispute about that, as far as the mailing.
4 But even that didn't have to be done because
5 the © section of that statute says that this
6 was not a renewal policy and it had not been in
7 effect for over 120 days. So it could actually
8 be canceled for any reason so long as written
9 notice was furnished to the insured within 30
10 days. It had only been in effect for 91 days
11 at the time that the notice of cancellation was
12 mailed on July 4th. Now there are other
13 provisions within the assigned risk supplement
14 that talk about cancellation, has to be
15 canceled within the other provisions and in the
16 NCCI basic manual. And these are the things
17 that Zurich has to abide by when they're
18 dealing with a cancellation of a policy. I
19 think the bigger one to point out is that
20 Claimant had never had an assigned risk policy
21 before and talks about in his testimony that he
22 was expecting for the audit to be at the end
23 of the policy period, but the assigned risk
24 performance st- -- signed carrier performance
25 standards require that an audit must be



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1 completed, the preliminary audit, must be
2 completed within 90 days of the policy date.
3 And that's what Zurich was trying to do here in
4 this instance, is complete that audit. There's
5 also an issue with the Cruz Case and there was
6 a determination that Zurich should've adopted a
7 flexible approach in dealing with the Claimant,
8 but that case is distinguishable here because,
9 in Cruz, the insured actually attempted to
10 comply with the -- prior to the cancellation
11 of his policy. And that's not what happened in
12 this instance. There's reliance on an October
13 23rd, 2014 letter which sought info to complete
14 the final audit and included language that
15 failure to comply may result in co- -- in
16 cancellation. And a finding that was confusing
17 enough to the Claimant to believe his policy
18 was still in effect, however he had received a
19 cancellation notice over 60 days prior to that
20 and he had never received anything telling him
21 that his policy was reinstated. And that al-
22 -- finding also ignores the September 19th,
23 2014 premium audit notice clearly stating that
24 this was covering the period of April 4th, 2014
25 to August 8th, 2014. And then there were



1 several other letters that were in that same
2 time period. The last thing I really want to
3 point out is that there's a finding in the
4 previous decision that the premiums were paid
5 for the entire period. And I would say that
6 the initial premium was paid, but the premiums
7 that were sent -- the letters that were sent
8 for the premium adjustment notices only covered
9 through August 8th of 2014. So the only
10 premium that's been paid on this policy covers
11 through August 8th of 2014. There's never been
12 premium paid to cover further than that period.
13 And that's my -- almost my seven minutes.

14 COMMISSIONER CAMPBELL: Yeah, all right, Mr.
15 Killen.

16 MR. KILLEN: Thank you, Mr. Chairman.

17 POSITION STATEMENT BY MR. KILLEN:

18 MR. KILLEN: May it please the Commission. Good
19 Afternoon, I'm Tim Killen representing the
20 South Carolina Worker's Compensation Uninsured
21 Employer's Fund. First off, I'd just like to
22 say my client will adopt the positions of the
23 Employer and the Claimant, in so far as
24 coverage under the American Zurich policy is
25 concerned. As outlined in their briefs, and as



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1 I'm sure they'll argue here today, m- -- the
2 issue on appeal for the UEF is, is whether, by
3 conducting business on behalf of a corporate --
4 corporation in forfeiture, the
5 Claimant/President of the Corporation/Sole
6 Shareholder of the corporation assumes personal
7 liability for the actions he takes during that
8 time. This does appear to be a matter of first
9 impression in South Carolina, unless I'm a bad
10 researcher, which may be the case. I have
11 found a Fourth Circuit decision in *Moore versus*
12 *OSHA*, it's -- it discusses how other states
13 handle this situation. The majority rule is
14 that the -- is to impose personal liability on
15 officers where the reinstatement statute does
16 not address personal liability. Our
17 reinstatement statute is 33-14-220. It does
18 not address personal liability in it.

19 COMMISSIONER JAMES: What, what was the -- what's
20 the date of the federal decision?

21 MR. KILLEN: The date of it?

22 COMMISSIONER JAMES: Yeah. I mean, it says majority
23 ruled, but, I mean, how long ago was that?

24 MR. KILLEN: It's -- I'm not sure Commissioner.

25 COMMISSIONER JAMES: Okay. All right. I just ---



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1 MR. KILLEN: I apologize. But it says that -- so,
2 if the actions taken by the Claimant, as the
3 employer during forfeiture (sic) -- forfeiture
4 were on his own behalf, that would really turn
5 him into a sole proprietor who, if the Zurich
6 policy is not in effect, chose not to elect
7 coverage under it -- under the act. If the
8 State must pay benefits, it will certainly
9 attempt to pierce the corporate veil of the
10 Claimant/Employer in its collections
11 activities. And I'm sorry this happened to Mr.
12 Long, it's, it's a bad accident. There's no
13 doubt about that, but if this Commission
14 determines that he didn't take the necessary
15 steps to ensure that his company was a valid
16 corporation with worker's compensation
17 coverage, that responsibility should not roll
18 over to the State. It should be noted that the
19 Claimant did not straighten out his affairs
20 with the Secretary of State until after this
21 claim was initiated, until after his deposition
22 was taken when this was discussed. And
23 certainly the single Commissioner's decision
24 would've been different had he not been able to
25 get reinstated before the hearing in this



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1 matter. So ---

2 COMMISSIONER CAMPBELL: Finish your thought first.

3 MR. KILLEN: I -- so, just request -- the UEF
4 requests that the order be affirmed in so far
5 as coverage under the Zurich policy is
6 concerned and reversed in so far as the
7 findings about the employer being the Claimant
8 being the employer, et cetera. Thank you.

9 COMMISSIONER CAMPBELL: Okay. All right. Thank
10 you. Mr. Callas?

11 POSITION STATEMENT BY MR. CALLAS:

12 MR. CALLAS: Commissioner, the date on that Moore
13 case is 1979. May it please the Commission?

14 COMMISSIONER JAMES: So, we don't ---

15 MR. CALLAS: Excuse me?

16 COMMISSIONER JAMES: --- we don't know what the
17 current stand in the nation is, as far as
18 majority rules since -- a lot could happen
19 since then, maybe some other states have ---

20 MR. CALLAS: It's possible, but that particular case
21 is a 1979 Fourth Circuit case.

22 COMMISSIONER JAMES: But you agree it's a situation
23 of first impression for South Carolina?

24 MR. CALLAS: Oh, I agree. It's a situation of first
25 impression when -- I'll take the second



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1 argument first ---

2 COMMISSIONER JAMES: Okay.

3 MR. CALLAS: --- and argue that it doesn't apply
4 here because it's ---

5 COMMISSIONER JAMES: Why not?

6 MR. CALLAS: --- different -- well, we have a
7 statute and the statute that we're gonna
8 reference here from a particular case here
9 section 33-14-220 and in that statement, in
10 that section, it says, the reinstatement
11 provision under South Carolina Code Section 33-
12 14-220, Defendant Metro, which is the Employer
13 in this situation -- the previous dissolution
14 has -- is treated as if it never had occurred.
15 Now there's a public policy thing, and I want
16 to get to it, a lot of people don't pay their
17 taxes on time, they should start winding up
18 their business, they're not supposed to be in
19 business. They get their taxes paid up a
20 month, two months, several months later -- what
21 our Secretary of State has done through this
22 section is say, if you pay your taxes and
23 you're back in good, it's as if the dissolution
24 never occurred. So, the Fund argument is
25 sidestepping the main statute here that the



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1 other case doesn't apply to.

2 COMMISSIONER JAMES: But there are some cases across
3 the country that have similar statutes that
4 have ruled the way Mr. Killen ---

5 MR. CALLAS: I don't believe they have a
6 reinstatement statute. What he is trying to
7 argue is that, in that situation, when someone
8 is in forfeiture then they should not be going
9 forward. But our State is saying -- is that,
10 by the time this case was brought, he was no
11 longer in forfeiture. He had paid his taxes,
12 it's as if the dissolution never had occurred.
13 So, while I do believe it's a matter of first
14 impression what he's arguing, I think that our
15 statute solves that problem.

16 COMMISSIONER JAMES: Well, I, I think there's a lot
17 of law in different states ---

18 MR. CALLAS: Right.

19 COMMISSIONER JAMES: --- taking it one way or the
20 other but there's also some law in some other
21 states, that it says it depends on the
22 reasonable expectations of the parties. And
23 there's some law that has to do with that
24 somebody is not supposed to be doing anything
25 but resolving what's been permitted to resolve.



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1 So I -- it's just an issue of first impression.

2 **MR. CALLAS:** It is an issue of first impression.

3 **COMMISSIONER JAMES:** And 33-14-105 says, that you
4 can -- that you may not carry on any business
5 except to wind up and liquidate.

6 **MR. CALLAS:** Right.

7 **COMMISSIONER JAMES:** So, during the period of
8 dissolution, whatever dissolved, that's what
9 you were supposed to be doing, so.

10 **MR. CALLAS:** That's -- I would agree with that, but
11 then once you've straightened everything out,
12 it's as if the dissolution never occurred. So,
13 our legislatures created a, a situation where
14 when someone sets things right, it's as if it
15 wasn't ever -- ever occurred. And that's what
16 happened here. By the time we got -- went
17 forward, his business -- he had paid all of his
18 taxes, he was no longer -- well, he was never
19 really in forfeiture, he just hadn't paid his
20 taxes. And, he paid 'em back and then by the
21 time we got to -- in front of the Commission
22 here, this should be an issue that's not an
23 issue any longer. But I'd like to go back to
24 the primary case here, which is coverage. I
25 think it's the primary reason why we're all



1 here. And I would add that, if everything, as
2 Ms. Haltiwanger argued, was actually the case,
3 then there really wouldn't be a reason to be
4 here today. But I don't believe that is the
5 case. First, the Appellant wants you to take
6 a very broad, wide sweeping view of section 38-
7 75-730, by stating that, if we -- if the
8 employer tells you to do something in a letter
9 and gives you a 30 day deadline and you don't
10 do it, then we can terminate coverage. That's
11 essentially all this case is. I don't believe
12 that that is the case. South Carolina law and
13 the Cruz case is a perfect example of an
14 assigned risk policy plan, which is exactly
15 what we have here. This Cruz case is very
16 close to being on point. States that a
17 servicing carrier is to work and assist the
18 employer in providing whatever information they
19 want. Now, our argument is that on July 4th,
20 there was a letter sent to the Claimant about
21 what was needed and a letter on July 5th,
22 stating that if you don't get us this
23 information in 30 days, we're gonna terminate
24 your policy on August 8th. That ---
25 COMMISSIONER JAMES: So, your first argument is



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1 there's not a substantial bridge?

2 **MR. CALLAS:** There's not a substantial bridge, that

3 is our primary argument on that because, first,

4 of what Cruz says about having to provide some

5 assistance. Number two, everything that the

6 Claimant did -- now this is a big difference

7 between the two of us here. She said that Cruz

8 is distinguishable because the Claimant didn't

9 do anything. Yes, he did. There's testimony

10 that he hired a bookkeeper to get his financial

11 records in order. Two, he did provide a 941

12 form, and it's an exhibit, it's a document in

13 the file dated August 20th. It did take him a

14 little while to put this thing together.

15 Three, there was no assistance provided by the

16 insurance carrier. We have evidence of that.

17 They brought a witness to the hearing, Timothy

18 Lukes, who said, I don't know anything about

19 what the carrier did or didn't do. I have my

20 file right here. Four, there is no evidence

21 that Gregg Long didn't do exactly what he said

22 he did. So, he did attempt to do a lot of

23 things. Five, he was billed on two separate

24 occasions after his policy was supposedly

25 cancelled, paid \$128 dollars and \$2,095 ---



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1 COMMISSIONER JAMES: Are those cancellation audits?

2 MR. CALLAS: Well, that's a real good question. No,
3 they're not cancellation audits. They were
4 audits as part of -- first they were doing a
5 preliminary audit and then they did a
6 preliminary audit and says you owe \$128 more.
7 Then they did another audit, it's not called a
8 cancellation audit. And then they paid another
9 \$2,095. So, he's paying these things on time.
10 Six, he believed that his policy remained in
11 effect as long as he was getting this
12 information to the carrier, per pay- -- making
13 payments, getting the financial information as
14 quickly as possible. He thought he had
15 coverage. Seven, letters dated October 23rd,
16 2014 indicate that, your failure to comply with
17 the audit may result, may result in termination
18 of coverage or cancellation of coverage.
19 Eight, the letter asking for the additional
20 \$2,095 states that the -- if you want your
21 coverage to continue, you have to do these
22 following things. If you don't think that
23 that's what the letter says, hi- -- their own
24 witness, Timothy Lukes, indicated that, yes,
25 when you read these letters it says, if you



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1 don't do these things, you could lose your
2 coverage. But, let's go to what Timothy Lukes
3 said. She wants to talk about the policy
4 contract. Well the contract doesn't have
5 anything in that language in the audit that
6 says you have to give them something within 30
7 days. That was just a letter that he received
8 on July 4th. I shouldn't say he received it on
9 July 4th, that's when it was mailed. If he got
10 it a week later because of the holidays, he's
11 got about three weeks to go get all this
12 financial information that they want, and
13 they're not helping, they're not doing anything
14 to help him do -- collect this information or
15 provide it. But, this is what Timothy Lukes
16 said --

17 COMMISSIONER JAMES: Am I -- am I wrong then? I
18 thought I heard that he didn't contact them for
19 like 57 days, so he went to -- not to the
20 carrier saying I need assistance ---

21 MR. CALLAS: He believed that ---

22 COMMISSIONER JAMES: --- he went ---

23 MR. CALLAS: To his agent and his agent was dealing
24 with the carrier. Because most ---

25 COMMISSIONER JAMES: I thought it was his CPA, or



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1 somebody who's ---

2 **MR. CALLAS:** No, no. He went to his -- he hired a
3 bookkeeper to help him collect his financial
4 records. He's giving this information to his
5 agent and his agent is sending it to the
6 carrier.

7 **COMMISSIONER JAMES:** And how did the carrier know
8 all of this was going on?

9 **MR. CALLAS:** Because the carrier was sending things
10 both to my client and to the agent and my
11 client was talking to his agent. My client
12 never spoke to Zurich. Zurich never contacted
13 him. He'd go through his agent and his agent
14 would talk to Zurich. But this is -- the
15 important language here from what Mr. Lukes
16 said, which is their primary witness, it's on
17 page 107 of the transcript. It says, the
18 question is, is there anything within the
19 policy language about the audit that gives a
20 deadline by which the insured must respond to
21 audit information requests. This was asked by
22 Mr. Cook. And Mr. Lukes responded, no, there,
23 there is not a particular time frame that is
24 stated in the policy other than that they need
25 to provide -- right, provide us copies of



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1 records when we ask for them. So, if this is
2 the case, if Metro Construction is relying
3 specifically on the policy language, there's
4 nothing within the policy that American Zurich,
5 the right to do anything by a specific time
6 frame as regard to the audit by reference in
7 that section. Is that accurate or am I
8 misreading that? Answer from Mr. Lukes, as far
9 as the individual information contained within
10 the policy language, no there is no reference
11 to specific times that are required to which
12 they could complete the audit. Interestingly,
13 Mr. Lukes added that the insurance companies
14 get three years to provide information back to
15 the Claimant in regard to when their
16 information -- when they can update things or
17 do things. So, this whole point about the 30
18 days and the days that they're given is coming
19 on a one-time -- or two letters on the 4th and
20 5th. Last point, they make the argument that
21 they made prior attempts to contact Mr. Long.
22 That tells me two things; one, they knew on
23 assigned risk policy like this you just can't
24 cancel it, you gotta help out the carrier. But
25 two, Mr. Lukes, their witness, the guy that



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1 they brought to the hearing said that these
2 were form letters. These form letters are
3 automatically generated by the computer. It
4 doesn't -- they don't -- those letters don't
5 know what relationship, or what's happened
6 between the Claimant and the insurance carrier.
7 He has to say that because the letters keep
8 saying that he has coverage in effect. So, the
9 only thing we have here saying the coverage
10 isn't in effect a cancellation in August. Yes,
11 my client agrees that he received it, but he
12 did everything he could to give the insurance
13 carrier what they wanted. He paid his fees, he
14 paid \$18,000 initially, up front and got back
15 \$2,000 because it was over payment initially.
16 I just don't know what more Mr. Long could've
17 done.

18 **COMMISSIONER CAMPBELL:** Okay. And, I know we had --
19 there was questions that need to be answered in
20 there. Mr. Cook, do you need any time to speak
21 at all?

22 **MR. COOK:** I would like -- just one point.

23 **COMMISSIONER CAMPBELL:** I'm willing to give you two
24 minutes ---

25 **MR. COOK:** Thank you.



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1 COMMISSIONER CAMPBELL: --- if you ---

2 POSITION STATEMENT BY MR. COOK:

3 MR. COOK: I appreciate that. There was one point
4 that I wanted to address and, Commissioner
5 James, this was in connection with some of the
6 questions that you had with regard to the, the
7 Fourth Circuit case. A couple of points. One
8 is, it really doesn't, I think -- I think Mr.
9 Callas addressed this, doesn't really matter
10 what the majority rule is or isn't because
11 South Carolina does have a statute that's
12 directly on point. Which was the statute that
13 was referenced, because, for good or ill, this
14 legislature's made a decision, that if you cure
15 the problem that resulted in the dissolution in
16 the first place, and those are almost always
17 administrative dissolutions because certain
18 documents weren't on an annual basis filed,
19 that you're allowed to continue on as if there
20 had never been a dissolution. So, in the
21 corporation law it's as if it never happened,
22 And I -- and the point that I wanted to address
23 was this, back when I used to work for the UEF,
24 I remember doing research and some states, and
25 in particular this was the case with New York,



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1 their UEF equivalent, by statute, is allowed to
2 proceed against the assets of the individual
3 owner of an uninsured employer even if it was
4 set up as a corporation or LLC, or that type
5 thing. Okay? South Carolina has no such
6 similar statute. The point being that it
7 recognizes and seeks to -- you have to deal
8 with the employer as you find 'em, as far as
9 the UEF is concerned. And in this particular
10 case, the only statute that's on point is the
11 one that says if you fix the administrative
12 problem, it's as if your corporation never had
13 a problem to begin with. So that's, that's the
14 situation. The point I wanted to make was,
15 this could've been cured by the wording of the
16 corporation statute or it could've been cured
17 in the statutes that set up and allow for UEF.
18 In both of these cases, there's nothing that is
19 contrary to the position that we've taken.
20 Thank you.

21 COMMISSIONER CAMPBELL: Okay, thank you. Ms.
22 Haltiwanger, you have about three minutes to
23 reply.

24 REPLY BY MS. HALTIWANGER:

25 MS. HALTIWANGER: Yes, sir. I wanted to address a



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1 point that Commissioner James asked a minute
2 ago, if these were cancellation audits. If you
3 looked at the documents in here, there's a --
4 one at -- in the exhibits, Exhibit I clearly
5 shows that the \$128 is a -- there's a premium
6 adjustment notice in here and that's showing
7 that is for cancellation audit from April 4th,
8 2014 to August 8th, 2014, and that's where the
9 money comes from. It shows that the audited
10 results -- this was for an estimated audit,
11 because they had not received -- Zurich had not
12 received the information they needed at that
13 time to do the actual real audit, so the amount
14 was \$16,056. That's where the next Exhibit, J,
15 gives you the balance of \$128. That is the
16 check that he had to send -- that he sent in
17 for \$128. Then when you look at the next one,
18 which is Exhibit K in our APAs, is a revised
19 cancellation for the actual audit documents
20 being received on January 5th of 2015 for can-
21 -- revised cancel of April 4th, 2014 to August
22 8th of 2015 and the amount went up to \$18,151.
23 And then there's a, an earned premium notice
24 for \$2,095. So yes, it was for a cancellation
25 audit and that's where those premiums came



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1 from. So, there was a cancellation audit. Two
2 different audits done, actually, that make up
3 the premium amounts. And that's why I
4 indicated in my first information that premiums
5 have never been paid beyond August 8th, except
6 at the very beginning when it was estimation
7 and then once they did the audit, it was a much
8 higher total amount. Mr. Callas says that
9 Claimant did everything he could and doesn't
10 know what more he could possibly have done, but
11 that, that's really easy. He could've
12 contacted Zurich when he first received that
13 notice on July 4th of 2014 and said, what more
14 can I do about this? I've got a cancellation
15 notice and what more can I do? Instead of
16 waiting until after the policy canceled and he
17 tried to do something about it and -- when he
18 actually needed the policy. Something
19 should've been done and that's what -- that's
20 what I've been talking about here is that there
21 were no contacts from him to do something about
22 this. He also got other letters later on that
23 are glazed over in this. The only one that's
24 mentioned is the August one. The October 23rd
25 letter, but there was a September letter, there



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1 was a -- two November letters, they all talk
2 about the time period and that there was a
3 cancellation on this policy. And none of those
4 are addressed, except in my documentation. So,
5 there were a lot of other things that could've
6 been done here about this. And as the insured,
7 he also had an obligation in here. Zurich's
8 not the only one who has obligations in this
9 matter. The Claimant has an obligation and, as
10 a reasonable person, he should do that too.

11 COMMISSIONER JAMES: Let me ask, let me ask two
12 questions.

13 MS. HALTIWANGER: Yes, ma'am.

14 COMMISSIONER JAMES: There was -- Mr. Callas said
15 that the agent talked to Zurich. And I
16 understand Mr. Lukes basically did not have any
17 knowledge of what was, was going on with, with
18 -- there was any contact or not ---

19 MS. HALTIWANGER: Right, he was not the underwriter.

20 COMMISSIONER JAMES: --- but did the agent? Is
21 there anybody that testified that there was any
22 contact with Zurich during this 57 day period
23 at all?

24 MS. HALTIWANGER: There was no one that testified
25 about that specifically.



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1 COMMISSIONER JAMES: Okay. So, there's, there's --
2 Claimant didn't say and his agent didn't come,
3 no one came and said that he contacted Zurich.

4 MS. HALTIWANGER: No.

5 COMMISSIONER JAMES: So, in the contract language --
6 Mr. Callas said the contract language doesn't
7 give a time to respond. Do you want to
8 reference any part of the policy, the contract
9 language that has to do with the requirements
10 and why this would be required in the time
11 frame and this being -- or not being a
12 substantial breach of the policy.

13 MS. HALTIWANGER: The only ---

14 COMMISSIONER JAMES: It's a compound question, I'm
15 sorry.

16 MS. HALTIWANGER: The only thing that talks
17 specifically is that Sections F and G talk
18 about the policy states an insured has an
19 obligation to maintain records to compute
20 premium. And then Section -- that's at Section
21 F. And then Section G says, the insurer has
22 the right to perform an audit. And then
23 they're also the ---

24 COMMISSIONER JAMES: I'm sorry, what was the second
25 section? F ---



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1 MS. HALTIWANGER: --- F and G.

2 COMMISSIONER JAMES: Okay.

3 MS. HALTIWANGER: And then there are also two pages
4 of premium audit tips that provide instructions
5 and answers to commonly asked questions, but I
6 don't think it's ---

7 COMMISSIONER JAMES: But that's not ---

8 MS. HALTIWANGER: specifically ---

9 COMMISSIONER JAMES: --- part of the contract.

10 MS. HALTIWANGER: It's, it's not part of the
11 specific contract, no ma'am. It's attached to
12 the back of the contract.

13 COMMISSIONER JAMES: Thank you.

14 COMMISSIONER CAMPBELL: Mr. Killen, do you want
15 anytime to reply?

16 MR. KILLEN: Yes, Your Honor. Thank you very much.

17 REPLY BY MR. KILLEN:

18 MR. KILLEN: Mr. Callas and Mr. Cook are two of my
19 favorite lawyers in the entire state and I love
20 watching them and learning from them, but I
21 couldn't disagree more with them on this issue.
22 Mr. Callas said, at the time -- and I'm quoting
23 him -- at the time this issue -- I mean this
24 claim was filed, he'd already gotten the
25 reinstatement with the Secretary of State. But



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1 that's not correct. This -- the first 50 was
2 filed on December 10th, 2015. It wasn't
3 reinstated until over a year later on December
4 14th, 2016. And our statute does not address
5 personal liability of officers, it only
6 addresses the corporation itself. The
7 corporation goes on -- or goes back like it's
8 never been dissolved, but it does not address
9 personal liability. And you've -- if you read
10 the cases -- and that OSHA case is probably one
11 of the more recent cases that I was able to
12 find. Those other statutes are similar to ours
13 where they say you go back to whatever the
14 language in the statute is as if the
15 dissolution had never occurred. So that's all.

16 COMMISSIONER CAMPBELL: Okay.

17 MR. KILLEN: Thanks.

18 COMMISSIONER CAMPBELL: Thank you.

19 MR. CALLAS: Just a few minor points. If I said ---

20 COMMISSIONER CAMPBELL: You don't have anymore time,
21 sir:

22 MR. CALLAS: I don't have a response? I thought we
23 had the three minutes.

24 COMMISSIONER CAMPBELL: No, no, no I'm sorry. They
25 had, as the Appellate's, but no, I'm sorry.



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1 MR. CALLAS: Okay.

2 COMMISSIONER CAMPBELL: All right, thank you. That
3 concludes today's proceeding and thank y'all
4 for being here. Appreciate it.

5 (There being nothing further, the full commission
6 hearing concluded at 3:34 p.m.)
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SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE #1423018

GREGG LONG	)	
	)	
CLAIMANT,	)	SC WORKERS' COMPENSATION COMMISSION
VS.	)	
	)	HEARING OF
METRO CONSTRUCTION	)	GREGG LONG
	)	
EMPLOYER,	)	VS
AND	)	
UEF, ZURICH AMERICAN	)	METRO CONSTRUCTION, INCORPORATED
	)	
<u>CARRIER.</u>	)	

This is the Transcript of the South Carolina Workers' Compensation Hearing of Gregg Long versus Metro Construction, Incorporated, taken before Gloria Davis, a Court Reporter and Notary Public in and for the State of South Carolina, commencing at the hour of 9:32 A.M., Wednesday, February 28, 2018, at South Carolina Workers' Compensation Commission, 1333 Main Street Columbia, South Carolina.

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ALSO PRESENT:

*Reporter's Note: -- Indicates incomplete thought or sentence, trailing off or interruption by speakers.

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1 know it may be a little bit of a nuance as we move
2 forward; that's how I understand it currently.
3 Just because that's how I understand it currently,
4 it may change once you put your positions on the
5 record and I am fine with that, from this
6 particular situation. The date of accident is
7 11/20/2014. Is the average weekly wage and
8 compensation rate disputed? I looked through the
9 stuff again last night and I -- I don't think it
10 is but I really couldn't tell. So, is it disputed
11 from the Claimant's perspective?

12 Mr. Callas: Well, it's never been really
13 determined.

14 Commissioner Wilkerson: Okay.

15 Mr. Callas: We provided the payroll
16 information to the Defendants.

17 Commissioner Wilkerson: Okay.

18 Mr. Callas: We never received a 20 and we
19 never really discussed an average weekly wage. We
20 would agree that the -- the average weekly wage is
21 based on the tax information for the calendar year
22 where the accident got occurred -- for the --
23 excuse me, for the twelve (12) months prior to the
24 quarter of where the person got hurt; that -- that
25 wouldn't be disputed.

1 Commissioner Wilkerson: Okay. Is it -- I'm
2 going to go down the line because sometimes this
3 gets tied up too. So, I guess, it doesn't matter
4 if I go to who has no coverage or has coverage but
5 I'll just -- I'm going to take it this way; it
6 just works easier, okay? Mr. Killen, do you have
7 a position on that?

8 Mr. Killen: On average weekly wage?

9 Commissioner Wilkerson: Yes.

10 Mr. Killen: We have tax records from 2014,
11 showing that the Claimant earned wages of ten
12 thousand, eight hundred and twenty dollars
13 (\$10,820.00) during that year and presuming his
14 last day of work was November 20th, I think we can
15 divide it by the number of weeks from January 1st
16 through November 20th.

17 Commissioner Wilkerson: Somewhere between
18 forty-seven (47) and fifty-two (52); is that you
19 all's position, I mean, whatever that comes up to?

20 Mr. Killen: Yes, sir.

21 Commissioner Wilkerson: Okay. It depends on
22 the calendar year.

23 Mr. Killen: And the tax records are at our
24 APA, page 746 for that year.

25 Commissioner Wilkerson: APA 746?

1 Mr. Killen: Yes, sir.

2 Commissioner Wilkerson: Ms. Haltiwanger, do
3 you have a position on that?

4 Ms. Haltiwanger: Yes, sir. I mean, I'm just
5 here on a coverage issue --

6 Commissioner Wilkerson: I understand.

7 Ms. Haltiwanger: -- so, if -- if I am to
8 take a position, I would agree with the tax --
9 what the tax records are showing at this point.

10 Commissioner Wilkerson: I understand. Mr.
11 Cook, do you have any position on that?

12 Mr. Cook: Your Honor, our -- our position
13 is, is that we will concede whatever position the
14 claimant, himself, has.

15 Commissioner Wilkerson: Okay. Okay. I
16 understand. Mr. Callas, is -- is the ten
17 thousand, eight twenty (\$10,820.00) what is
18 reflected on -- I don't know -- on page 746? I --
19 I -- I don't know.

20 Mr. Killen: It's line 7 of the 1040 US
21 Individual Tax Return.

22 Commissioner Wilkerson: Is that -- is that
23 what it says?

24 Mr. Callas: Yes, sir.

25 Commissioner Wilkerson: Okay. That's fine.

1 I just wanted make sure. All right. It helps a
2 little bit with that. So, we'll figure out what
3 this is as we move forward. Mr. Callas, are there
4 any objections to the APA's, jurisdiction, venue
5 or any other items from your client's position?

6 Mr. Callas: None from the Claimant.

7 Commissioner Wilkerson: Mr. Killen?

8 Mr. Killen: None from the Fund, Your Honor.

9 Commissioner Wilkerson: Okay. Ms.

10 Haltiwanger?

11 Ms. Haltiwanger: No objection -- objections.

12 Commissioner Wilkerson: Mr. Cook?

13 Mr. Cook: The only objection would have been
14 the affidavit that had been submitted by the
15 Carrier, which is, I think, towards the end of the
16 APA's of the Carrier, Your Honor. I'll give you
17 the exact --

18 Mr. Callas: Your Honor, we had discussed
19 that with you prior, which is the reason why they
20 brought a witness --

21 Commissioner Wilkerson: Right. And I don't
22 think Mr. Cook was on the case at the time --

23 Mr. Callas: -- at that time.

24 Commissioner Wilkerson: -- is that fair? I
25 just want to make sure. Okay.

1 Mr. Cook: -- okay. And if -- is -- is the
2 witness the same person --

3 Mr. Callas: No.

4 Mr. Cook: -- who submitted the affidavit?

5 Mr. Callas: No.

6 Mr. Cook: Oh.

7 Mr. Callas: No. So, I guess --

8 Ms. Haltiwanger: It's not.

9 Mr. Cook: Yes. It's not --

10 Mr. Callas: -- we really should object to
11 that affidavit.

12 Mr. Cook: -- it's submitted on the basis of
13 hearsay, Your Honor --

14 Mr. Callas: Yes.

15 Mr. Cook: -- and the inability to cross.

16 Mr. Callas: Right.

17 Ms. Haltiwanger: It's still in there.

18 Mr. Cook: That's a Roshni GhayaI or I may be
19 -- I don't --

20 Ms. Haltiwanger: It's Roshni -- Roshni --

21 Commissioner Wilkerson: Okay.

22 Court Reporter: Can somebody please spell
23 that for me?

24 Ms. Haltiwanger: -- GhayaI. R-O-S-H-N-I,
25 last name, G-H-A-Y-A-L. And that's our APA's; it

1 is still in there, Your -- Commissioner, it's
2 pages 826 to 829 in our APA's.

3 Commissioner Wilkerson: Okay.

4 Mr. Killen: I'll join that objection. It --
5 it wasn't in my copies so I thought she had
6 removed it.

7 Ms. Haltiwanger: It's -- it's still in
8 there.

9 Commissioner Wilkerson: Okay. I -- here
10 again, I -- I'm trying to remember -- yes, you
11 were on the phone call; I was trying to remember
12 who was on the phone call it's been so long ago.
13 So, we probably ought to take that out --

14 Mr. Callas: Yes.

15 Commissioner Wilkerson: -- since we have
16 someone here to testify --

17 Ms. Haltiwanger: That's fine.

18 Commissioner Wilkerson: -- is that fair?

19 Mr. Callas: Yes.

20 Commissioner Wilkerson: And it's 826 --

21 Ms. Haltiwanger: 826 to --

22 Commissioner Wilkerson: -- through 829?

23 Ms. Haltiwanger: -- 829. Yes, sir.

24 Commissioner Wilkerson: And it would just be
25 in yours, Nikole; is that fair?

1 Ms. Haltiwanger: Yes, sir.

2 Commissioner Wilkerson: I don't -- that way
3 I don't --

4 Mr. Cook: No -- no one else submitted it,
5 Your Honor.

6 Commissioner Wilkerson: -- okay. I just
7 wanted to make sure.

8 Ms. Haltiwanger: Yes, it's just in mine.

9 Commissioner Wilkerson: Yes, since we have a
10 live person.

11 Ms. Haltiwanger: It's in.

12 Commissioner Wilkerson: Yes, that's fine.
13 We'll just take that out; that will make the
14 record cleaner. Thank you. So, that has been
15 removed. So, I guess, we -- we still have no
16 objection from the Claimant's perspective with
17 everything else from the APA's, jurisdiction,
18 venue or any other items; is that fair?

19 Mr. Callas: That's correct.

20 Commissioner Wilkerson: Mr. Killen, at this
21 point in time? No?

22 Mr. Killen: That's fair.

23 Commissioner Wilkerson: Okay. Ms.
24 Haltiwanger, still?

25 Ms. Haltiwanger: I -- I'm still good; yes,

1 sir.

2 Commissioner Wilkerson: Okay. Mr. Cook?

3 Mr. Cook: As revised, no objection, Your
4 Honor.

5 Commissioner Wilkerson: Okay. That's fine.
6 Just to make the record go. So, we've got that
7 taken care of. So, now that the pages 826 and 829
8 have been removed, without any additional
9 objections, the Commission's file now becomes part
10 of the record with the exception of self-serving
11 declarations and unstipulated medical reports.
12 So, at this particular time, I'm going to still
13 follow the same flow; so, Mr. Callas, if you would
14 put your client's position on the record, then
15 we'll follow what we have here.

16 Mr. Callas: Yes, Your Honor. I'm Nick
17 Callas and I represent the Claimant in this case,
18 Giles Gregg Long. Mr. Long was injured on
19 November 20th, 2014. He is an employee as well as
20 the owner of Metro Construction Company and he had
21 procured an insurance policy from American Zurich
22 back on April 4th, 2014. This was an assigned
23 risk policy, sir, so he had to pay the entire
24 premium in the very beginning. That premium was
25 paid and the -- the amount of the check was

1 eight thousand (\$18,000.00) plus dollars. He
2 received a small refund of about two thousand
3 dollars (\$2,000.00) a -- a month later or two (2)
4 months later; so, the amount -- actual amount of
5 the policy that he paid in full was fifteen
6 thousand, nine hundred and twenty-eight dollars
7 (\$15,928.00) and that's for a policy that was
8 supposed to run from April 4th, '14, to April 4th,
9 2015. There was no problem with the policy and
10 then in about three (3) months later, in July,
11 three (3) months after the policy went into
12 effect, he received a letter from the Insurance
13 Carrier, that we do not dispute, saying that they
14 needed additional financial information and he had
15 failed to provide this financial information;
16 basically it's payroll 941 data. He received this
17 letter on July 5th, 2014, and, basically, started
18 trying to collect the financial information that
19 was requested. In the letter that's dated July
20 5th, 2014, the insurance company says that if you
21 do not put this information -- give it to us soon;
22 we will cancel your policy effective August 8,
23 2014. And, Commissioner, that is -- those two (2)
24 letters are Exhibit C and D.

25 Commissioner Wilkerson: In your --

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1 Mr. Callas: In my APA brief --

2 Commissioner Wilkerson: -- let me ask you --

3 Mr. Callas: -- Exhibit C and D.

4 Commissioner Wilkerson: -- I know you said
5 soon, does it really say soon?

6 Mr. Callas: I'm sorry?

7 Commissioner Wilkerson: Does it really say
8 soon? You said if they don't give it to them
9 soon; does it --

10 Mr. Callas: Well, if they --

11 Commissioner Wilkerson: -- does it --

12 Mr. Callas: -- if they -- if he does not
13 cooperate.

14 Commissioner Wilkerson: -- okay.

15 Mr. Callas: I -- I said soon.

16 Commissioner Wilkerson: Okay.

17 Mr. Callas: If you do not cooperate by
18 providing this -- this information, your policy
19 will be canceled effective --

20 Commissioner Wilkerson: Okay. That's fine.

21 Mr. Callas: -- August 8th, 2014; that's
22 Exhibit D. Mr. Long did continue to work on
23 obtaining information and on August 20th, 2014, he
24 provided the 941 information that they requested;
25 that's Exhibit E. On November 5th, he received a

1 bill from the insurance company for a hundred and
2 twenty-eight dollars (\$128.00) because he -- they
3 were continuing to update their records; he paid
4 that hundred and twenty-eight dollars (\$128.00).

5 Commissioner Wilkerson: On what day was
6 that?

7 Mr. Callas: That was on November 5th, 2014.
8 And, Your Honor, as we discussed a little earlier,
9 prior to that date on October 23rd, 2014, this is
10 Exhibit J --

11 Commissioner Wilkerson: And these are in Ms.
12 Haltiwanger's or are they in yours? I thought you
13 said --

14 Mr. Callas: -- they're in my brief. I'm
15 going through all of my exhibits right now. The
16 claimant's brief. It's like a real nice --

17 Commissioner Wilkerson: Oh, here we go. Are
18 these any different than hers?

19 Mr. Callas: -- well, they might be a
20 different order but --

21 Commissioner Wilkerson: I don't -- the
22 reason I say that is, I hate duplicates because --

23 Mr. Callas: -- I would say the --

24 Commissioner Wilkerson: -- this will be the
25 biggest mess you've ever seen --

1 Mr. Callas: -- I --

2 Commissioner Wilkerson: -- if you all have
3 got duplicates.

4 Mr. Callas: -- I would say very little of
5 her brief is in mine; so --

6 Commissioner Wilkerson: Okay.

7 Mr. Callas: -- they're not duplicates.

8 Commissioner Wilkerson: I understand. Let
9 me -- okay. I'm just going to put Claimant's and
10 I'll look them up later. Go ahead.

11 Mr. Callas: If you look at Exhibit J, Your
12 Honor, that's the point here. My client received
13 a notice of noncooperation with preliminary audit,
14 on that letter they're referencing the same policy
15 that has in effect the entire time, they're
16 referencing the policy dates of 4/4/14 to 4/4/15,
17 and the letter says, failure to allow access for
18 audit of the policy term may result in
19 cancellation of your Workers' Compensation and
20 Employees Liability Insurance policy. So, the
21 Claimant's position is, yes, he was aware he got a
22 letter in July and, yes, he is aware that he got a
23 letter in August saying that his policy was
24 canceled but there was a lot of confusion here
25 because he is continuing to work providing the

1 information to the Insurance Carrier; his
2 impression that he will testify to is that he kind
3 of thought if he got things straightened out
4 everything would be put back into place in one
5 form or another. He is getting bills from the
6 insurance company to pay money, which he is paying
7 and he's getting letters after the policy
8 termination date stating that if he doesn't
9 cooperate in the future we may terminate your
10 policy; based on this, he's paying his premiums.
11 He got another bill, Your Honor, in January of
12 2015, for two thousand and ninety-five dollars
13 (\$2,095.00); he paid that. Our position is this
14 --

15 Commissioner Wilkerson: Let me ask you a
16 question. Of all the checks that were paid after
17 the supposedly cancellation date --

18 Mr. Callas: -- two (2).

19 Commissioner Wilkerson: -- two (2), were any
20 -- was any of that money returned?

21 Mr. Callas: No.

22 Commissioner Wilkerson: Okay. Okay.

23 Mr. Callas: I'm not trying to say what I
24 think their position is but let me say what I
25 think their position is.

1 Commissioner Wilkerson: I'll get --

2 Mr. Callas: They're going to say that based
3 on their interim audit, he owed these additional
4 monies just to pay for April of 2014 through
5 August of 2018. Remember, he paid almost sixteen
6 thousand dollars (\$16,000.00) in the beginning,
7 flat out; he did that at the beginning. They're
8 trying to do this interim audit. They are doing
9 the interim audit, he is cooperating; he's sending
10 the information in, although it's after August
11 8th. He's getting a bill, one for a hundred and
12 twenty-eight dollars (\$128.00), which is Exhibit
13 F, then he gets another bill for two thousand and
14 ninety-five dollars (\$2,095.00), which is Exhibit
15 G; that money was paid and sent in. Okay. He is
16 under the impression that, I'm working with them,
17 I'm doing what I'm supposed to be doing, I have
18 coverage. He gets hurt on August -- excuse me --
19 November 20th, 2014, and of course when he goes to
20 make the claim, that policy was canceled back in
21 August of 2014; we're out of luck. The Claimant's
22 position is that their argument fails for two (2)
23 reasons: 1) Under --

24 Commissioner Wilkerson: Let me ask you a
25 question. Under G, it specifically says that the

1 bill is for the additional amount of -- for 4/14
2 -- which is interesting -- through 4/14, recent
3 audit --

4 Mr. Callas: -- right.

5 Commissioner Wilkerson: -- that's what is
6 says, which would have been on the '13/'14 policy,
7 not the '14/'15 policy, right?

8 Mr. Callas: You're on Exhibit --

9 Commissioner Wilkerson: G.

10 Mr. Callas: -- hang on here.

11 Commissioner Wilkerson: It says, this -- I'm
12 -- while you're looking for it -- this bill
13 includes an additional amount as a result of a
14 recent audit activity for policy number -- and it
15 could be the same policy number, it could be a
16 different policy number; I don't know -- effective
17 4/4/14, it says through 4/4 -- this amount is due
18 and payable upon receipt of this notice. It says
19 in the result of a recent audit; help me
20 understand what recent audit, in your client's
21 position, means.

22 Mr. Callas: The one he had been working on
23 since July of the previous year.

24 Commissioner Wilkerson: So, that would have
25 been for the previous policy or for the policy --

1 Mr. Callas: The policy -- what the policy --
2 this policy right here that they're referencing is
3 the same policy that he had been working on the
4 entire time. The policy effective date, they have
5 4/4/14, which is when this policy started --

6 Commissioner Wilkerson: -- okay.

7 Mr. Callas: -- now, it says, 4/4/14 to
8 4/4/14, I don't know why; it should have probably
9 said 4/4/15 but it didn't. But he did get a bill
10 for two thousand ninety-five dollars (\$2,095.00)
11 for that audit that he has been working on for the
12 last several months and he's been paying these --
13 these charges.

14 Commissioner Wilkerson: I understand. I'm
15 just trying to get an idea -- they can answer what
16 recent audit activity means; I'm fine with that.

17 Mr. Callas: Okay. So, we feel that the --
18 Zurich's reason to terminate the policy was not
19 properly done for two (2) reasons: Under South
20 Carolina Statute, 38-75-730, I have provided a
21 copy with the Statutes and the case this
22 references, the insurance policy cannot be
23 canceled unless there is one of these five (5)
24 criteria that would be met: Non payment of a
25 premium; that's not true, he paid it. Material

1 representation of fact; they've never alleged
2 that. Substantial change in the risk; they knew
3 about his business. Four (4) is, if there's a
4 substantial breach of contractual duties; we
5 believe that he was doing everything possible to
6 comply by getting the payroll information to them
7 as fast as he could. And number five (5) is the
8 loss of the insurance re-insurance covering but
9 that doesn't apply here. We also believe, Your
10 Honor, that there was not a substantial breach
11 according to Statute and also, based on the Crews
12 versus W. Crews case, our court has held that when
13 you have an assigned risk plan, the plan requires
14 a servicing carrier to work with and assist the
15 employers on problems relating to coverage and
16 service under the plan. It follows that the
17 carrier must adopt a flexible approach when
18 dealing with the insured who is unable to comply
19 with the policy terms. We're arguing that they
20 offered no assistance; they were inflexible. He
21 gets a letter in July saying you need to be giving
22 us this information, you're not, in August they've
23 terminated his policy, he's still sending things
24 in; they're still billing him. So, we feel that
25 both under the Statute and under Crews, Zurich's

1 position just -- just doesn't hold water; they
2 should have coverage. If, Your Honor, of course,
3 determines that American Zurich is really not
4 responsible is the reason why we brought the claim
5 against the Uninsured Employer's Fund because then
6 we feel that the -- that they would be in the
7 position to cover the Claimant for his injuries.
8 why? Well, under section 42-7-100, he is an
9 employee of the company; there is no dispute of
10 that. He -- we have his tax returns, we have his
11 business tax returns; he is an employee, no one is
12 disputing that. He got hurt on the job; no one is
13 disputing that. This is where the Uninsured Fund
14 steps in and they have a remedy. At the end of
15 this case whatever they pay out under Section G of
16 that Statute, they can pursue a claim against
17 Metro Construction, which is a viable company,
18 still around, it's still in business; there is an
19 option available to them. That's the Claimant's
20 position.

21 Commissioner Wilkerson: Okay. Mr. Killen?

22 Mr. Killen: Thank you, Commissioner.

23 Commissioner Wilkerson: We'll just go in the
24 same order; it will just work easier.

25 Mr. Killen: All right. I'm Tim Killen

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1 representing the Uninsured Employer's Fund. If
2 you do order -- find this case compensable and
3 that the UEF is secondarily liable, there will be
4 no Metro Construction because Metro Construction
5 is the Claimant himself.

6 Commissioner Wilkerson: How do you know
7 that?

8 Mr. Killen: He's the hundred percent (100%)
9 sole shareholder.

10 Commissioner Wilkerson: How do you know that
11 it won't be business anymore?

12 Mr. Killen: Okay. I -- I don't -- I can't
13 tell the future but what I can say is that this is
14 probably going to be so expensive that his company
15 will owe so much that it won't be able to continue
16 to operate. Now --

17 Commissioner Wilkerson: That's a fair
18 response. I just wondered how you knew he was out
19 of business, okay?

20 Mr. Killen: -- I -- I -- well, I've seen it
21 before.

22 Commissioner Wilkerson: Okay.

23 Mr. Killen: So, our issues here are whether
24 -- at first, whether this cooperate veil can be
25 pierced; there are eight (8) factors for that.

1 And additionally -- and if it can be pierced,
2 whether the Claimant is actually self-employed and
3 then, therefore, there would be no employment
4 relationship because you can't employ yourself.
5 And secondarily --

6 Commissioner Wilkerson: But he's
7 automatically covered under the insurance policy
8 --

9 Mr. Killen: -- under the insurance policy --

10 Commissioner Wilkerson: -- because he's a --

11 Mr. Killen: -- yes, he is.

12 Commissioner Wilkerson: -- corporation
13 unless he elects to exclude himself.

14 Mr. Callas: Right.

15 Mr. Killen: He elected coverage under the
16 Zurich policy but once -- if you find that he did
17 not substantially --

18 Commissioner Wilkerson: That's fair.

19 Mr. Killen: -- comply --

20 Commissioner Wilkerson: That's fair.

21 Mr. Killen: -- or and -- and his premiums --
22 the premiums were not returned to him --

23 Commissioner Wilkerson: That's fair.

24 Mr. Killen: -- then he took himself out of
25 the Act; he elected not to be covered by not

1 continuing to have a policy, would be our
2 position. Another issue, and it's kind of a -- in
3 a weird procedural --

4 Commissioner Wilkerson: Does he have four
5 (4) or more employees, at the time the policy went
6 into effect or he has less than four (4)
7 employees?

8 Mr. Callas: No.

9 Mr. Killen: -- I think he had more --

10 Commissioner Wilkerson: Okay. That's fine.

11 Mr. Killen: -- at the time. So -- but as a
12 -- a corporate officer in charge of complying with
13 the terms of the audit -- audit he -- if he failed
14 to do -- to do so, then he removed himself from
15 the Act and the UEF and Metro Construction should
16 not be responsible for payment. And
17 interestingly, at the time of this accident the
18 corporation was actually in forfeiture but since
19 his deposition he -- he got the corporation
20 reinstated. Now, there is a Statute, 44-7 --
21 excuse me, let's see, 40 -- well, which one is it?

22 Mr. Callas: I've got it right here. It's in
23 my brief, Your Honor. Because this issue has been
24 adjudicated by Commissioner Taylor earlier, we had
25 a motion when he tried to add Mr. Long as an

1 independent party --

2 Commissioner Wilkerson: Right.

3 Mr. Callas: -- to this case and --

4 Mr. Killen: I --

5 Mr. Callas: -- she looked at the Statute
6 42-7- 200, I believe.

7 Mr. Killen: -- no, that's the UEF.

8 Mr. Callas: Oh, that's the UEF; I'm --
9 excuse me.

10 Mr. Killen: 33-14-20?

11 Mr. Cook: 210 and 220.

12 Mr. Killen: 210 and 220.

13 Mr. Callas: Yes.

14 Commissioner Wilkerson: Okay.

15 Mr. Killen: Now, that Statute says, if they
16 -- if the corporation is reinstated it -- it goes
17 back and it acts like, you know, the -- the
18 forfeiture never happened but that's been
19 interpreted in other states -- well, and -- and by
20 the Fourth Circuit as the officers of the
21 corporation are personally liable for the actions
22 taken during the forfeiture. Now, Commissioner
23 Taylor ruled on -- ruled on that and she denied my
24 motion to add. I appealed it and the appeal was
25 dismissed as interlocutory. So, if you feel you

1 can't rule on that, then we will continue to
2 appeal that.

3 Commissioner Wilkerson: If it's
4 interlocutory I can't.

5 Mr. Killen: No. The appeal was dismissed by
6 the Full Commission as interlocutory. So, we're
7 going to maintain our right to appeal that at the
8 present time.

9 Commissioner Wilkerson: I -- I don't think
10 any Commissioner can rule on that because it would
11 have been looked at by all Commissioners
12 collectively.

13 Mr. Killen: I --

14 Commissioner Wilkerson: No official vote is
15 ever taken but if it follows certain Statutes --

16 Mr. Killen: -- I just want to put --

17 Commissioner Wilkerson: -- other the person
18 that signed the order --

19 Mr. Killen: -- I -- I just wanted --

20 Commissioner Wilkerson: -- it's kicked back
21 out. I know the -- I know the Chairman signs it.

22 Mr. Killen: -- okay. I just want to put
23 that it's out there because we do intend to
24 continue to appeal that --

25 Commissioner Wilkerson: Well, I would

1 suggest that.

2 Mr. Killen: -- just because of the Bone case
3 and --

4 Commissioner Wilkerson: I understand.

5 Mr. Killen: -- and I would agree with
6 everything that Mr. Callas said insofar as
7 coverage under the actual insurance policy and
8 reiterate that as part of my argument.

9 Commissioner Wilkerson: Okay.

10 Mr. Killen: And I think that sums it up.

11 Commissioner Wilkerson: Okay. That's fine.
12 Ms. Haltiwanger?

13 Ms. Haltiwanger: Yes, Commissioner. I -- I
14 think my argument is actually a very simple
15 argument and we will get into it more with the
16 testimony but --

17 Commissioner Wilkerson: Sure.

18 Ms. Haltiwanger: -- we are arguing that the
19 policy was canceled for failure to comply with the
20 audit and for a substantial breach of contractual
21 duty, conditional warranty, under 38-75-730 (A)
22 (4). And then, under section B, of course, that
23 cancellation under that section (A) (4) is not
24 effective unless written notice of cancellation
25 has been delivered or mailed to the insured and

1 the Agent of record, if not -- if any, excuse me,
2 not less than thirty (30) days prior to the
3 proposed effective date of the cancellation and
4 that notice must be given or mailed to the insured
5 and the Agent at their addresses shown in the
6 policy or their -- at their -- or at their last
7 known --

8 Commissioner Wilkerson: Address.

9 Ms. Haltiwanger: -- address.

10 Commissioner Wilkerson: That's fine.

11 Ms. Haltiwanger: And it has to say the
12 precise reason for the cancellation and it does in
13 this instance; that it was --

14 Commissioner Wilkerson: So, show me the --
15 that's in your exhibits?

16 Ms. Haltiwanger: -- yes, sir.

17 Commissioner Wilkerson: Show me which
18 exhibit so states that, just for the record.

19 Ms. Haltiwanger: That's Exhibit E --

20 Commissioner Wilkerson: Okay.

21 Ms. Haltiwanger: -- which -- I -- I'm sorry;
22 I think I'm pointing to the wrong one. The
23 cancellation notice is Exhibit D.

24 Commissioner Wilkerson: Okay. That's where
25 I had it, at D; so, cancel notice.

1 Ms. Haltiwanger: It says, cancel notice,
2 failure to audit payroll or permit an audit,
3 effective date of cancellation, 8/8/14, and it was
4 mailed on 7/4/14, so, there's your thirty (30)
5 days, and it was mailed to Metro Construction at
6 2526 Caney Branch Road and then that matches the
7 address that is in the insurance policy and it was
8 also, as you can see at the bottom, it went to
9 Adams, Eddy and Associates, the producer, at the
10 bottom. It does not have the address there but
11 there is a copy in Mr. Killen's APA's showing that
12 their -- a copy did go to -- a letter went to the
13 Adams, Eddy Agency; so, it's in the Insurance
14 Agent's file that's in Mr. Killen's APA's. So,
15 there is a copy of that letter in there to show
16 that that letter went to them. Also, the NCCI
17 reporting requirement showing the cancellation was
18 made to NCCI and that cancellation is Exhibit F,
19 which is page 805 in our APA's, which shows that
20 the effective date of the cancellation was 8/8/14,
21 and that it was mailed on 7/6/14; so, again, the
22 thirty (30) days requirement was met. And, again,
23 the cancellation reason, failure to comply with
24 the terms and conditions or audit failure and
25 we'll get into that more with the testimony and go

1 through all of the documentation. But that is our
2 reason that we believe it was properly met under
3 the rules for cancellation and I know there is
4 dispute about all of that but we'll talk more
5 about that in --

6 Commissioner Wilkerson: Testimony --

7 Ms. Haltiwanger: -- testimony.

8 Commissioner Wilkerson: -- because then
9 we'll go back to those other letters --

10 Ms. Haltiwanger: Yes, sir.

11 Commissioner Wilkerson: -- and previous
12 letters. I understand.

13 Ms. Haltiwanger: Yes, sir.

14 Commissioner Wilkerson: Okay. Yes. Please.

15 Mr. Cook: May it please the Commission, Your
16 Honor, I'm Robert Cook and I'm here today on
17 behalf of the Employer, Metro Construction, Inc.
18 Our position is as follows: (1) There was a
19 compensable injury; we admit that. (2) That the
20 injuries are as alleged by the Claimant; we admit
21 that. The -- the primary position and the primary
22 reason I'm here today is two-fold, first, for a
23 finding that the corporate structure of Metro
24 Construction, Inc, was, in fact, intact under
25 State law. Mr. Killen, who represents the UEF,

1 has indicated to you that there was an
2 administrative forfeiture; that administrative
3 forfeiture was fixed by statute, it relates back
4 to the original date. In other words, by force of
5 law there never was a time as a matter of law that
6 this corporation did not exist up through the
7 current date and the reason why that is important,
8 Your Honor, is there has previously been a motion
9 filed by the Uninsured Employer's Fund to add Mr.
10 Gregg Long, personally, as a party Defendant; that
11 was the motion that Mr. Killen indicated that
12 Commissioner Taylor had denied. There is
13 currently, as I understand it, no pending motion
14 to add Mr. Long as a party; if there was this -- I
15 guess this hearing would have to be adjourned and
16 there has not been a motion made to do that. The
17 piercing the corporate veil argument that Mr.
18 Killen made is premature. There is, in fact, no
19 finding as to liability at this point and, as
20 such, that would -- if it's brought up and we
21 don't think it would be valid even if it was
22 brought up later, but it must be brought up at a
23 later time; it would not form the basis -- a
24 proper basis for anything for you to rule upon
25 right now. You know, probably there's no --

1 there's probably no two (2) lawyers that you can
2 get in front of you that have argued more UEF
3 cases than Tim and I. I have historically made
4 somewhat similar arguments that Tim has made and I
5 will tell you that there is nowhere in the
6 Statute, the UEF Statute or the General Statute
7 regarding injuries by accident, that carves out an
8 exception for when the employee also owns the
9 company when it was injured. It has been the
10 practice of the Commission that so long as that
11 corporate structure or LLC structure is intact,
12 and so long as that person would -- has properly
13 elected coverage, that in a situation like this
14 they're treated as an injured employee and the
15 fact that they also at the same time happen to be
16 the sole shareholder of the corporate employee is
17 of no matter as to the question of coverage, Your
18 Honor. I would also note for you that even if
19 there was a lapse in coverage, which we do not
20 think happened, but under the regulations they are
21 considered to still be under the Act until such
22 time as they may choose to elect to -- I think
23 that's a Form 38 if I'm not mistaken --

24 Commissioner Wilkerson: And that --

25 Mr. Cook: -- to --

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1 Commissioner Wilkerson: -- that was my
2 question earlier.

3 Mr. Cook: -- to pull them out of -- of the
4 Act and that has not been done. So, that -- that
5 -- the employees of that corporation, even if
6 there was no insurance coverage, would still be
7 subject to the Act thereby --

8 Commissioner Wilkerson: But -- but is --
9 doesn't a Form 38 only apply to employers who have
10 less than four (4) employees --

11 Mr. Cook: -- well, you know, by force --

12 Commissioner Wilkerson: -- at the time --

13 Mr. Cook: -- yes.

14 Commissioner Wilkerson: -- the policy is
15 written?

16 Mr. Cook: Yes, sir. Well, by force of
17 Statute --

18 Commissioner Wilkerson: I think so.

19 Mr. Cook: -- even if there is a
20 cancellation, they're still considered to be
21 covered; they're still considered to be under the
22 Act.

23 Commissioner Wilkerson: Sure.

24 Mr. Cook: And then, if there are -- if there
25 are less than three (3), then the person would be

1 in a position to withdraw from the Act but that
2 was not done.

3 Commissioner Wilkerson: No, I understand.

4 Mr. Cook: So -- so, under the regulations,
5 this -- this employer's employees were still
6 covered under the Act.

7 Commissioner Wilkerson: Okay.

8 Mr. Cook: However, my primary and hopefully
9 best efforts will be directed at convincing, Your
10 Honor, that Zurich American has coverage for this
11 claim because the purported cancellation for a
12 premium audit non-cooperation was invalid and I
13 think you're going to probably have -- I hope not
14 duplicative but similar arguments and similar
15 examination by -- by Nick, by Tim and myself on --
16 because we all have an interest --

17 Commissioner Wilkerson: Oh, absolutely.

18 Mr. Cook: -- in that. And the fact that we
19 all have an interest in it doesn't make the
20 evidence any less compelling that, in fact, the
21 insurer should be on this particular risk, Your
22 Honor. And that -- that's our position.

23 Commissioner Wilkerson: Well, let me ask a
24 question and I -- and this may need to be asked to
25 Tim first but I think it's probably going to be

1 along these lines or if you want to address it
2 first. He is carrying his motion up, whatever
3 that means, what if up tells us what we're doing
4 today never happened because he wins at that next
5 level?

6 Mr. Cook: I -- that, to me --

7 Commissioner Wilkerson: Or let me -- let me
8 throw another one in it -- or can I hear a case
9 where, I think you had said earlier, that if
10 indeed he had a motion, it wasn't granted, I
11 can't look at that motion again until it is
12 determined, then I have to stop today's proceeding
13 to allow him to be added. I know it's convoluted;
14 that's where it's going but --

15 Mr. Cook: -- yes.

16 Commissioner Wilkerson: -- I want to get the
17 respective positions here on the record because
18 this could be a major disaster, in my opinion, if
19 indeed the court grants it we're going to waste
20 six (6) hours today, I'm fine with that, and today
21 never happened. So, would you prefer him to
22 answer that first?

23 Mr. Cook: I'd like to -- I'd like the first
24 shot at it, Your Honor.

25 Commissioner Wilkerson: I thought so.

1 That's why I -- that's why I said --

2 Mr. Callas: I want -- and I want the second
3 shot at it.

4 Commissioner Wilkerson: -- no, I understand.
5 I -- I -- but this -- because we all know that
6 today's case is going to be appealed in infinitum,
7 which is okay; that's what it should be done to
8 determine what is right, wrong or indifferent but
9 -- go ahead. I'm sorry.

10 Mr. Cook: Your --

11 Commissioner Wilkerson: Please.

12 Mr. Cook: -- Your Honor, I think to -- to
13 answer your question definitively, the -- the main
14 issue is going to be was that motion interlocutory
15 or not?

16 Commissioner Wilkerson: I agree.

17 Mr. Cook: And that appeal was abandoned
18 after the Full Commission said that it was
19 interlocutory. They -- I don't -- honestly, I
20 can't tell you whether they were right or whether
21 they were wrong but I can tell you this, in order
22 for that position to be preserved it would have
23 had to have been appealed beyond that stage and
24 the reason -- and -- and the reason why is,
25 because it does affect how this particular hearing

1 would go forward and if it was to be stopped for
2 the -- you're kind of allowing the UEF on that
3 issue to have two (2) bites at the apple because
4 they could always kind of keep that in their hip
5 pocket and -- and say, well, we didn't like the
6 results so we --

7 Commissioner Wilkerson: I thought I heard
8 him say it had -- it -- it has either been
9 appealed or will be appealed.

10 Mr. Cook: I didn't understand that there had
11 been an appeal from the Full Commission's --

12 Commissioner Wilkerson: Maybe I
13 misunderstood --

14 Mr. Cook: -- order.

15 Mr. Killen: We --

16 Commissioner Wilkerson: -- and if I did, I
17 do apologize.

18 Mr. Killen: -- we did not appeal the Full
19 Commission order because it was dismissed as
20 interlocutory and under Bone there is no further
21 appeal of --

22 Commissioner Wilkerson: That's right.

23 Mr. Killen: -- of an interlocutory order.

24 Commissioner Wilkerson: I don't disagree.

25 Mr. Killen: So, we needed to wait to have --

1 and under that case law, we needed to wait to have
2 a -- a final adjudication on the merits before we
3 could appeal.

4 Commissioner Wilkerson: I'm -- I'm fine with
5 that. I just wanted --

6 Mr. Cook: If it's interlocutory --

7 Commissioner Wilkerson: -- if.

8 Mr. Cook: -- Your Honor. And -- and that --
9 so, the decision was made that to agree with the
10 Full -- the Full Commission is right many, many,
11 many, many times; they are from time-to-time ruled
12 to have been wrong on the analysis of -- of
13 certain orders.

14 Commissioner Wilkerson: Sure.

15 Mr. Cook: And to preserve that prior to this
16 particular preceding, it would have had to have
17 been -- and the reason why I don't think it is
18 interlocutory to tell you the truth, Your Honor,
19 is because having a necessary party present is --
20 is a merits issue; it's not a procedural issue.
21 So, I -- I mean, I -- respectfully, I think they
22 got it wrong on that; although, I think the
23 ultimate decision to not add Mr. Long was the
24 correct one.

25 Commissioner Wilkerson: Okay.

1 Mr. Cook: I don't think there's any basis in
2 Statute or case law to support adding him as a
3 Defendant --

4 Commissioner Wilkerson: I understand.

5 Mr. Cook: -- in this case, so.

6 Commissioner Wilkerson: I just want to get
7 it all on the record.

8 Mr. Cook: Yes, sir.

9 Commissioner Wilkerson: That's why I asked
10 that.

11 Mr. Cook: Yes, sir. All right. That's --
12 that is the position of the Employer, Your Honor.

13 Commissioner Wilkerson: Okay. Let's get it
14 from -- yes, and then I'll get you up, Mr. Callas.
15 I think I know what the answers are but that's
16 okay. Please on that --

17 Mr. Killen: You want me to --

18 Commissioner Wilkerson: -- on that --

19 Mr. Killen: -- address the interlocutory
20 issue?

21 Commissioner Wilkerson: -- yes.

22 Mr. Killen: I think I just -- what I just
23 said is our position, that -- that it was
24 dismissed as interlocutory --

25 Commissioner Wilkerson: The Bone case.

1 Mr. Killen: -- since under Bone you can't --

2 Commissioner Wilkerson: I know.

3 Mr. Killen: -- appeal a --

4 Commissioner Wilkerson: I agree.

5 Mr. Killen: -- an interlocutory order; any
6 further appeal of that would have been fruitless
7 but we preserved our right to appeal it by
8 appealing it and having it dismissed as
9 interlocutory.

10 Commissioner Wilkerson: Okay. That's fine.

11 Mr. Callas: Your Honor, briefly, not to
12 address interlocutory and I think that's been
13 covered both by these attorneys. It's the Statute
14 that's important. The Statute says that when a
15 company goes and corrects whatever problem that
16 they have, whether it's payment of taxes, and they
17 are reinstated, the Statute specifically says that
18 it's as if the dissolution never occurred. So,
19 you're trying to add a party because you're
20 saying, look -- you're -- you're doing things when
21 the company is dissolved and you shouldn't be
22 doing that and you don't have the protections of
23 the -- of the Act. Well, if the dissolution never
24 occurred by the Statute, for that to be -- in
25 other words, for him to have been added, for that

1 to be found that he was acting improperly, means
2 that you have to go directly against the plain
3 meaning of the Statute. If this is one of those
4 types of things that the statute really speaks
5 very, very clearly as to how the entity should be
6 treated when they make the corrective actions and,
7 of course, we submitted the application for
8 reinstatement and it has been stamped by the
9 Secretary of State in December of 2016, which
10 proves that everything was taken care of and --
11 and even I think the -- you know, the Defendant
12 Fund, would agree that, yes, they are now a
13 company that's, you know, able to function in
14 South Carolina and they're -- they're fine.

15 Commissioner Wilkerson: That's fine.

16 Mr. Killen: Can I address that,
17 Commissioner?

18 Commissioner Wilkerson: Yes.

19 Mr. Killen: The -- the court -- the courts
20 in South Carolina haven't looked at this issue but
21 if we look at other courts they rule that if --
22 the majority rule is that if the Statute does not
23 mention personal liability in it, which ours does
24 not, then personal liability would attach. There
25 are other states that have statutes where it says,

1 no personal liability in it for those actions
2 taking a while during the forfeiture but our --
3 our state doesn't have that and if you look at
4 Moore versus Occupational Safety and Health Review
5 Commission, that's 591 F2nd 991, that's from the
6 Fourth Circuit from 1979 --

7 Commissioner Wilkerson: Did you include that
8 in your --

9 Mr. Killen: -- I included the site --

10 Commissioner Wilkerson: -- okay.

11 Mr. Killen: -- in paragraph 6.

12 Commissioner Wilkerson: Just include -- at
13 the end of the day because this -- just include
14 that to everybody that way I've got it and don't
15 have to look it --

16 Mr. Killen: Okay. You want me to send that
17 to everyone?

18 Commissioner Wilkerson: -- yes, just send
19 it. I mean, it --

20 Mr. Killen: Yes, sir.

21 Commissioner Wilkerson: -- that way
22 everybody gets it.

23 Mr. Killen: I'll be happy to do that.

24 Commissioner Wilkerson: You all will
25 probably get it pulled up a lot quicker than it

1 will get on my desk to review. So, that way if
2 I've got it, it works better.

3 Mr. Killen: And so, I -- I'm just thinking
4 that both the Claimant and the Employer's
5 interpretation of that is a -- is a little myopic
6 --

7 Commissioner Wilkerson: Okay.

8 Mr. Killen: -- and it doesn't take into
9 account how the courts look at those laws.

10 Commissioner Wilkerson: I understand.
11 Anymore comments along those lines? If we all
12 agreed there would only be one person here. So, I
13 understand. That's fair. Are we ready to take
14 some testimony --

15 Mr. Callas: Yes.

16 Commissioner Wilkerson: -- is that fair?
17 And I think we agreed, unless there is an
18 objection, that the gentleman that has come in
19 from Orlando, we'll get his official title and the
20 whole nine (9) yards, we're going to take him
21 first and who is going to call him or does it
22 matter?

23 Mr. Callas: It doesn't matter. I don't mind
24 if the Defense wants to go call him first.

25 Ms. Haltiwanger: Okay.

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1 Commissioner Wilkerson: Yes.

2 Mr. Callas: I don't mind taking it out of
3 order that way.

4 Commissioner Wilkerson: Okay. That's fine.
5 I -- I just didn't -- since we're sort of jumping
6 to help everybody out in the process just in case
7 --

8 Mr. Callas: Sure.

9 Commissioner Wilkerson: -- this thing gets
10 delayed and everybody else is local, we can get
11 everybody back here. It's just this testimony
12 that needs to be done because he is here. So,
13 sir, I'm going to go ahead and come up front.
14 We'll get you sworn in by the Court Reporter. And
15 as I understand it, Ms. Haltiwanger -- and you all
16 know my procedure, you can stand there or you can
17 come up here or you can come grab a chair up here
18 with me; I don't care.

19 Ms. Haltiwanger: Okay.

20 Commissioner Wilkerson: So, sir, if you'll
21 go ahead and get seated and we'll get you sworn in
22 and take some testimony.

23 Whereupon;

24 Timothy Lukes, being duly sworn and cautioned to speak
25 the truth, the whole truth and nothing but the truth,

1 testified as follows:

2 Court Reporter: Please state your full name
3 for the record.

4 Witness: Timothy Lukes.

5 Court Reporter: Spell Lukes for me, please.

6 Witness: L-U-K-E-S.

7 Court Reporter: Thank you, sir.

8 Commissioner Wilkerson: Thank you, Mr.

9 Lukes. And I think we agreed to go ahead and
10 start with Ms. Haltiwanger, please. Thank you.

11 Ms. Haltiwanger: Okay.

12 DIRECT EXAMINATION

13 By Ms. Haltiwanger:

14 Q. Good morning, Mr. Lukes.

15 A. Good morning.

16 Q. Let's start off with some information about you.

17 Tell me a little bit about your background. Let's --

18 let's start with who you are currently working with;

19 who -- who is your current employer?

20 A. I work for Travelers Indemnity Company and its
21 property and casualty affiliates.

22 Q. Okay. And what do you do for Travelers?

23 A. I am a Senior Underwriter for the Assigned Risk
24 market --

25 Q. Okay. And how long --

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1 A. -- Workers' Compensation.

2 Q. -- how long have you been with them?

3 A. Twelve (12) years.

4 Q. Okay. And as a Senior Underwriter, what are your
5 responsibilities?

6 A. My responsibilities would include, basically,
7 servicing a book of business offering management and
8 executive's opinion on more complex cases and appearing
9 in hearings and/or depositions as needed.

10 Q. Okay. Is that something you've done on a frequent
11 basis?

12 A. I've done it several times.

13 Q. Okay. And tell me a little bit about why you're
14 here today. We -- we've gotten you here from Orlando,
15 correct?

16 A. That's correct.

17 Q. And why did we have to get you here? Why can
18 someone not come from, say, Charlotte or someone --
19 somewhere else to appear here today?

20 A. With Travelers the Assigned Risk division is run
21 of two (2) offices; it's run out of Orlando or St.
22 Louis, Missouri.

23 Q. Okay.

24 A. We happen to be the -- the -- thus -- the --
25 basically, the teams that service the state of South

1 carolina are located in Orlando; so, we send somebody
2 from Orlando.

3 Q. Okay. Can you tell me a little bit about assigned
4 risk policies and -- and what that is all about?

5 A. Sure. Each state provides a -- an avenue for
6 individuals or corporations, any type of legal entity,
7 that's required by statute to get work -- a Workers'
8 Compensation policy and cannot find it in a voluntary
9 market or by other means and the avenue to -- to
10 actually acquire a policy to be in compliance with the
11 law.

12 Q. Okay. Now, I understand that you're here to
13 testify today. So, you have knowledge of Travelers'
14 underwriting practices and procedures to testify for us
15 here today?

16 A. Yes, ma'am.

17 Q. Okay. And we are here to talk about a specific
18 policy for Metro Construction, Inc.; is that correct?

19 A. That's my understanding, yes.

20 Q. And have you reviewed some of the information
21 related to that policy?

22 A. Yes, I have.

23 Q. Okay. And I'm going to ask you some information;
24 I'm going to show you some documents and we're going to
25 talk about some of that stuff, okay?

1 A. Sure.

2 Q. All right. First of all, can you tell me was a
3 policy issued for Metro Construction, Incorporated?

4 A. Yes, one was.

5 Q. Are you aware of that?

6 A. Yes, ma'am.

7 Q. Okay. And -- let me find that policy. And I'm
8 going to refer you to some documents and I'm going to
9 -- I'm going to --

10 Commissioner Wilkerson: Are you going
11 to go to your APA's or --

12 Ms. Haltiwanger: -- yes, sir.

13 Commissioner Wilkerson: -- okay. That
14 --

15 Ms. Haltiwanger: I'm looking at my
16 APA's --

17 Commissioner Wilkerson: -- well --

18 Ms. Haltiwanger: -- just to make this
19 real easy for everybody.

20 Commissioner Wilkerson: -- well,
21 please, because this will be a mess when we
22 get the order.

23 Ms. Haltiwanger: Mine are very straight
24 with all my documents. So, I'm going to --
25 I'm going to go pretty well straight through

1 mine right now.

2 Q. So, I'm going to come up here with you for a
3 second and we're going to talk about some of these
4 documents. I have here -- I'm going to show you --

5 Commissioner Wilkerson: Can you just
6 either reference the page --

7 Ms. Haltiwanger: -- yes, sir.

8 Commissioner Wilkerson: -- and/or for
9 the record?

10 Ms. Haltiwanger: Yes, sir; I will.

11 Commissioner Wilkerson: Thank you.

12 Ms. Haltiwanger: This is what I have
13 marked as a complete copy of the policy and,
14 actually, the first couple of pages are
15 incorrectly marked. So, I'm going to flip
16 over to page 748 through 790 in my APA's.

17 Q. And can you identify this for me and let me know
18 if that is a copy of the policy for Metro Construction?

19 A. Yes. This is policy number 6ZZUB2E14299-8-14
20 issued to the insured, Metro Construction, Inc.

21 Q. Okay.

22 Commissioner Wilkerson: Can --

23 Ms. Haltiwanger: Yes, sir.

24 Commissioner Wilkerson: -- for the
25 record, because it -- for the lay-person, we

1 just need to identify that the Travelers, as
2 noted here, is one of the many companies
3 underneath the umbrella of Zurich American
4 because if not --

5 Ms. Haltiwanger: I was going to talk
6 about that.

7 Commissioner Wilkerson: -- somebody is
8 going to have a problem at some point in
9 time. I understand that having been in the
10 business twenty-eight (28) years --

11 Ms. Haltiwanger: I was going to talk
12 about that.

13 Commissioner Wilkerson: -- but, please.

14 Q. Can -- can you explain for me because you -- you
15 work for Travelers, correct?

16 A. That's correct.

17 Q. And this policy is written on paper for whom?

18 A. For Zurich American.

19 Q. Okay.

20 Commissioner Wilkerson: Okay. Yes.

21 Q. How does that relationship work between Zurich
22 American and Travelers?

23 A. Zurich American contracts with Travelers to handle
24 their -- their direct assignment work -- workers'
25 Compensation policies for South Carolina.

1 Q. Okay. So, you work for Travelers but you also do
2 policies through the contract or Travelers does
3 policies through the contract for other companies such
4 as Zurich American; is that --

5 A. That's --

6 Q. -- that a fair --

7 A. -- that's correct.

8 Q. -- way to state that?

9 A. Yes.

10 Q. Okay.

11 Commissioner Wilkerson: And so, the
12 Travelers we're talking about is not one of
13 the companies underneath Zurich American; is
14 that fair?

15 Witness: No, it is not.

16 Commissioner Wilkerson: Okay. Because
17 Hartford has that now; so, go ahead.

18 Ms. Halthiwanger: Okay.

19 Q. All right. So, we were just talking about that
20 policy you've got in front of you. Can you tell me
21 what the policy period was -- was as stated on there?

22 A. The policy was issued to be in force from 4/4/14
23 to 4/4/15, 12:01 A.M.

24 Q. Okay. And what about the address that's shown on
25 there for Metro Construction --

1 A. The address --

2 Q. -- Incorporated?

3 A. -- the address that shows is 2526 Caney Branch
4 Road, Leesville, South Carolina, 29070-8928.

5 Q. Okay. And --

6 Commissioner Wilkerson: Can I ask him
7 one question?

8 Ms. Haltiwanger: -- yes, sir.

9 Commissioner Wilkerson: Was -- was this
10 the first year this policy was issued --

11 Witness: The first --

12 Commissioner Wilkerson: -- or was this
13 a second or third or fourth or fifth year it
14 was issued?

15 Witness: -- the first and only year,
16 sir.

17 Commissioner Wilkerson: I agree.

18 Ms. Haltiwanger: Okay.

19 Commissioner Wilkerson: 101, I've got
20 you.

21 Q. Now, is there a way to tell on that policy what
22 the date of issue is for that policy?

23 A. Yes, there is. At the bottom there's a -- a field
24 that says date of issue and that is 5/18 or 5/8/14; I'm
25 sorry.

1 Q. Okay. And let's flip on over from there because
2 this was just talking about the policy. So, let me --
3 let me direct you to where I need you to go. We're
4 going to go to page 802 in my APA's. Now, tell me
5 about this document. What is this document talking
6 about here?

7 A. This is a notice of cancellation.

8 Q. Okay. And what was the cancellation about?

9 A. Failure to audit payroll or permit an audit.

10 Q. Okay. And can you give me some more information
11 about that; what's -- why is an audit required on a
12 policy?

13 A. Well, for Workers' Compensation a -- an audit is
14 required to, basically, at some point true up what the
15 policy was written at. Since they're written in
16 advance of a term, the initial payroll or exposure
17 needs to be estimated.

18 Q. Okay.

19 A. An audit can occur at any point during the term
20 and that's a -- a method of truing up what that
21 exposure is versus what's -- the -- the real exposure
22 versus what's on the -- you know, been written on the
23 policy.

24 Q. Okay. And I forgot to point you to something on
25 this original policy.

1 Commissioner Wilkerson: So, would you
2 agree this was an interim audit, not a final
3 audit for that period of time?

4 Witness: A preliminary audit, sir.

5 Commissioner Wilkerson: Okay. That's
6 fine.

7 Ms. Haltiwanger: And I think it's shown
8 on this policy. Let's go back to page 750.

9 Mr. Callas: Your Honor, did he say
10 preliminary or interim?

11 Witness: Preliminary.

12 Commissioner Wilkerson: Preliminary,
13 it's --

14 Mr. Callas: Well, the documentation
15 says interim; so, and the --

16 Commissioner Wilkerson: -- I
17 understand.

18 Mr. Callas: -- and the notice says
19 interim. I'm just not sure of the difference
20 between interim and preliminary.

21 Ms. Haltiwanger: And I believe you can
22 cross-examine him on that in a minute.

23 Commissioner Wilkerson: Yes, I
24 understand. That's -- that's why I'm trying
25 to get it all out --

1 Ms. Haltiwanger: Okay.

2 Commissioner Wilkerson: -- because
3 there's a lot of words --

4 Ms. Haltiwanger: Okay.

5 Commissioner Wilkerson: -- that are
6 going to determine the results.

7 Ms. Haltiwanger: I -- I would like to
8 go back to page 750 in -- in here because we
9 didn't talk about something with the initial
10 information on this policy. There's a page,
11 it's the second -- I think it's the second
12 page of the policy, third page technically,
13 it talks about the initial premium --

14 Commissioner Wilkerson: Tell me the
15 page number.

16 Ms. Haltiwanger: -- on this. I'm
17 sorry?

18 Commissioner Wilkerson: Tell me the --

19 Ms. Haltiwanger: It's page 750.

20 Commissioner Wilkerson: -- okay. So,
21 we're back to 750. Okay.

22 Ms. Haltiwanger: And that's my error; I
23 meant to talk about that --

24 Commissioner Wilkerson: Yes.

25 Ms. Haltiwanger: -- when we were in the

1 policy.

2 Commissioner Wilkerson: Because that --
3 I think the declaration page is behind the
4 other stuff.

5 Ms. Haltiwanger: Yes.

6 Commissioner Wilkerson: I understand.

7 Q. And this is talking about premium for the policy.
8 Can you tell us about the initial premium for this
9 policy?

10 A. The full initial premium shows to be fifteen
11 thousand, nine hundred twenty-eight dollars
12 (\$15,928.00).

13 Q. Okay. All right. So, let's -- let's flip back
14 again and now we'll get back into the cancellation
15 document. All right. So, this cancellation document
16 that we were just talking about on page 802 of the
17 APA's, I believe you told us a second ago it was
18 failure to -- to audit or permit an audit. And when
19 did this document -- what was the date that this
20 document would have been mailed out; can you tell from
21 that?

22 A. The date of issue of it was 7/4; so, it would have
23 gone out approximately that evening or -- or early
24 morning the -- the following day.

25 Q. Okay. And that's 7/4 of 2014, correct?

1 A. Correct.

2 Q. Okay. And does it have a date that says when that
3 cancellation would be effective?

4 A. Yes, it does. The effective date of cancellation
5 is 8/8/14.

6 Q. Okay. And -- all right, let's talk a little bit
7 more about an audit. So, you -- you told us a minute
8 ago a -- a little bit about an audit. Is an insured
9 required to do an audit?

10 A. They are.

11 Q. Okay. And if they do not do their audit, what are
12 the consequences of that?

13 A. There would be issued a cancellation.

14 Q. Okay. And that is what we have right here; is
15 that that document that they would receive if they did
16 not do their audit?

17 A. That's correct, yes.

18 Q. Okay. How about this document; would the Agent
19 receive notification of a cancellation --

20 A. Yes.

21 Q. -- the Agent for the policy?

22 A. Yes, they would.

23 Q. Okay. How do we know that the Agent received a
24 cancellation?

25 A. There's usually a -- a second page that indicates

1 that the -- a -- a cover letter --

2 Q. Okay.

3 A. -- that shows the Agent's address.

4 Q. Okay. But typically that -- that letter is also
5 mailed to the Agent --

6 A. Correct.

7 Q. -- and it's -- it's supposed to be mailed to the
8 Agent --

9 A. Correct.

10 Q. -- as far as you know, correct?

11 A. Correct.

12 Commissioner Wilkerson: And that was on
13 8/03? Is that --

14 Ms. Haltiwanger: No, sir. I don't have
15 the cover page that he is speaking of --

16 Commissioner Wilkerson: -- are you
17 sure?

18 Ms. Haltiwanger: -- I don't believe.

19 Mr. Callas: Your Honor, if this makes
20 it faster, we'll stipulate that the Agent and
21 the Claimant received the letters from July
22 5th of 2014, and the letter dated August 8th,
23 2014, notifying the Claimant that his policy
24 was canceled.

25 Commissioner Wilkerson: It was on 8/03;

1 I -- I presume that was the letter that was
2 being referenced. It goes to Metro but it
3 has the address of the --

4 Ms. Haltiwanger: Okay. It does also
5 have the letter.

6 Commissioner Wilkerson: -- on the
7 bottom. Yes.

8 Ms. Haltiwanger: You're right. Thank
9 you, Commissioner.

10 Commissioner Wilkerson: Yes.

11 Mr. Callas: I was just trying to help.

12 Commissioner Wilkerson: Twenty-seven
13 (27), twenty-eight (28) years, I usually can
14 find them.

15 Q. All right. So, let's flip to -- I've got another
16 page I want to talk about here. All right, how about
17 this page on 805; let's talk about that one.

18 A. Okay.

19 Q. Do you recognize that document at all?

20 A. That's a screen print out of the NCCI's system
21 that shows the policy, basically, the status of a
22 policy.

23 Q. Okay. Is Travelers required to send information
24 over to NCCI about cancellations?

25 A. Yes, we are.

1 Q. Okay. And what does this document show here?

2 A. This document shows that the -- that they show
3 record of the policy being cancelled on 8/8/14, there's
4 a reason code over there and it indicates failure to
5 comply with the -- with the terms and conditions or
6 audit failure.

7 Q. Okay.

8 Commissioner Wilkerson: And this was
9 audit failure only, right? Audit failure
10 only?

11 Witness: Correct.

12 Commissioner Wilkerson: Okay.

13 Q. All right. Okay. And let's see here. And we've
14 already talked about this one but let me make sure I've
15 got it right. We talked about the premiums. Okay.
16 Now, we're going to talk about some of these premium
17 notices that are in here. On page 806 we've got a
18 premium audit notice that was mailed; what date was
19 that mailed?

20 A. The date of this notice is 9/19/2014.

21 Q. Okay. And does it have a policy period on there?

22 A. It does.

23 Q. And --

24 A. It --

25 Q. -- and what's that?

- 1 A. -- it shows 4/4/2014 to 8/8/2014.
- 2 Q. Okay. And what is that notice -- who was it
- 3 mailed to, first of all?
- 4 A. This is mailed directly to the insured.
- 5 Q. Okay. And what is it telling the insured at this
- 6 point?
- 7 A. It's telling them that it's time to -- to do a
- 8 premium audit --
- 9 Q. Okay.
- 10 A. -- and, basically, giving them the notice and to
- 11 say that they need to -- to contact us to -- to
- 12 schedule an appointment.
- 13 Q. Okay. And now, would an audit be done for an
- 14 entire year because I understand this policy was for
- 15 4/4/14 to 4/4 of '15, how -- and we've got a policy
- 16 period that's only going to August of 2014 --
- 17 A. Well --
- 18 Q. -- so, how is this audit working?
- 19 A. -- well, in this case this is, you know,
- 20 basically, directly for the cancellation audit for the
- 21 --
- 22 Q. Okay.
- 23 A. -- for the term and it's basically stating that
- 24 terms need to be or records need to be provided to cover
- 25 that policy period of 4/14 to 8/8/14.

1 Q. Okay. Now, the policy was cancelled effective
2 August 8th of 2014; is there a certain amount of time
3 that the policy can be reinstated within?

4 A. There is. If they -- if they comply with the
5 fault that caused the cancellation there is sixty (60)
6 days that the policy can be reinstated --

7 Q. Okay.

8 A. -- with a lapse.

9 Q. Okay. Now, can you flip to page 811?

10 A. Okay.

11 Q. All right. Now, what is this one talking about?

12 A. Okay. This is a notice that states that attempts
13 have been made to contact them for an audit but no
14 audit has been able to be performed; so, they are being
15 deemed uncooperative.

16 Q. Okay. And what date was this one mailed --

17 A. October --

18 Q. -- or can you tell?

19 A. -- October 23rd, 2014.

20 Q. Okay. Now, let's go on to page 813. And that one
21 was also sent to Metro Construction; is that correct?

22 A. That's correct.

23 Q. Okay.

24 Commissioner Wilkerson: 8 which; I'm
25 sorry?

1 Ms. Haltiwanger: 813.

2 Commissioner Wilkerson: 13, okay.

3 Q. And what do we have on page 813?

4 A. This is a premium adjustment notice for an
5 estimated audit.

6 Q. And what date is on that one?

7 A. November the 3rd, 2014.

8 Q. Okay. And does it have a policy period on there?

9 A. It states -- it shows the policy period as 4/4/14
10 to 4/4/15, but also indicates that it's a cancellation
11 audit for the term 4/4/14 to 8/8/8 or 8/8/14.

12 Q. Okay. And does it talk about a total earned
13 premium amount?

14 A. It states audited results, which, again, are an
15 estimate based on the document.

16 Q. Okay. So, this is -- if I'm understanding
17 correctly, would this be based on an estimated audit?

18 A. That's correct. We're required to close audits in
19 some capacity within sixty (60) days of the
20 cancellation. So, when it occurs, then we have to --
21 to close that audit --

22 Q. Okay.

23 A. -- and some method of doing that is -- is by
24 estimating one.

25 Q. Okay. So, if you're -- you're having to estimate

1 then that's -- that's indicating that you haven't
2 gotten the necessary -- or Travelers hasn't gotten the
3 necessary information it needs to complete the actual
4 audit?

5 A. That's correct.

6 Q. Okay.

7 Commissioner Wilkerson: Help -- help me
8 understand --

9 Ms. Haltiwanger: Yes, sir.

10 Commissioner Wilkerson: -- how you
11 determine what the estimated amount is if
12 it's more or less than the anticipated
13 premium going in.

14 Witness: Well, the goal is actually to
15 create an even audit situation where there's
16 nothing given back and nothing owed. The
17 formulas and how that actually operates with
18 the -- with the processors and how it doesn't
19 come out necessarily even is just a system --
20 a system issue but it has the same intention,
21 I mean, it generates -- if there is addition
22 premium, it generates a small additional
23 premium, if it generates a -- a return
24 premium; it generates a small return premium.

25 Commissioner Wilkerson: who designs the

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1 system?

2 witness: The systems are designed by
3 our IT folks.

4 Commissioner Wilkerson: Okay. So, he
5 could have had -- for that period of time,
6 could have a return premium; is that fair, if
7 the system had been designed another way?

8 witness: Well, no. The --

9 Commissioner Wilkerson: No?

10 witness: -- you know, I'm not familiar
11 enough with the system to say exactly the ins
12 and outs and -- and why it would generate --
13 why it generates additional premiums for some
14 and return premiums for others. What I can
15 say is that it is an estimated audit; so, it
16 -- it's still not based on any un-actual
17 fact. The attempt is to -- to close the
18 audit even.

19 Commissioner Wilkerson: But it wasn't
20 -- in this case it wasn't closed even? It
21 was an additional two thousand dollars
22 (\$2,000.00) owed?

23 witness: No. Well --

24 Commissioner Wilkerson: No?

25 Ms. Haltiwanger: He hasn't gotten to

1 that yet.

2 witness: -- no, that's not until the
3 final audit comes along --

4 Commissioner Wilkerson: Okay.

5 witness: -- but the hundred and twenty
6 (\$120.00) -- this one, I believe, generated a
7 hundred and twenty-eight dollars (\$128.00)
8 and -- and that was, you know, again, based
9 on estimated audits based on the payroll that
10 was already on the policy and not having the
11 actual documentation.

12 Commissioner Wilkerson: So, that was a
13 hundred and twenty-eight dollars (\$128.00)?

14 witness: That was a hundred and
15 twenty-eight dollars (\$128.00).

16 Commissioner Wilkerson: Okay. So, let
17 me ask a question. If it --

18 Ms. Haltiwanger: And --

19 Commissioner Wilkerson: -- if it had --
20 and it was paid; is that correct or you're
21 going to get to that?

22 Ms. Haltiwanger: -- I'm not sure if
23 we're going to get to that but I do have
24 another document --

25 Commissioner Wilkerson: You may not.

1 Ms. Haltiwanger: -- talking about --

2 Commissioner Wilkerson: Okay. No, no.

3 Ms. Haltiwanger: -- the hundred --

4 Commissioner Wilkerson: Go ahead.

5 Ms. Haltiwanger: -- and twenty-eight
6 dollars (\$128.00).

7 Commissioner Wilkerson: I'm just -- I'm
8 a little confused.

9 Ms. Haltiwanger: Page 817, can you flip
10 to that one next? Because I think that one
11 talks about the --

12 Commissioner Wilkerson: There you go.

13 Ms. Haltiwanger: -- hundred and
14 twenty-eight dollars (\$128.00).

15 Commissioner Wilkerson: That's -- yes.

16 Q. Tell me about this statement, if you don't mine.

17 A. Okay. This is a bill; basically, it states that
18 the -- the additional amount is a result of the recent
19 audit activity and sends a bill with a due date of a
20 hundred and twenty-eight dollars (\$128.00) to be paid
21 by November 20th.

22 Q. Okay. Now, this is showing -- this is based off
23 of the estimated audit; is that correct?

24 A. That's correct.

25 Q. Okay. And its premium of a hundred and

1 twenty-eight dollars (\$128.00) is due for what period?

2 A. For the period of 4/4/14 to -- to the cancellation
3 date of 8/8 --

4 Mr. Killen: That's not what it says.

5 Q. Okay.

6 A. -- '14.

7 Q. All right.

8 Commissioner Wilkerson: Where does it
9 show that on there?

10 Ms. Haltiwanger: It's up at --

11 Witness: Oh, I'm sorry. Basically, the
12 document says the policy effective date,
13 4/4/14 to 4/4/15.

14 Ms. Haltiwanger: -- okay.

15 Commissioner Wilkerson: I -- I agree.
16 That's why I said show me where that is,
17 okay?

18 Mr. Callas: I understand the previous

19 --

20 Commissioner Wilkerson: I agree.

21 Mr. Callas: -- test.

22 Ms. Haltiwanger: Okay.

23 Q. Now, can we flip to page 819?

24 Commissioner Wilkerson: First, let me
25 ask a question.

1 Ms. Haltiwanger: Yes, sir.

2 Commissioner Wilkerson: That would have
3 satisfied -- that would have taken care of
4 the interim audit that the cancellation went
5 out for; is that correct?

6 Witness: It doesn't satisfy the -- the
7 audit because the audit still wasn't
8 completed. It satisfies the --

9 Commissioner Wilkerson: That wasn't my
10 question.

11 Witness: -- that monetary obligation.

12 Commissioner Wilkerson: I said the
13 preliminary audit; it satisfies that, right?

14 Witness: No, it doesn't.

15 Commissioner Wilkerson: Because that's
16 what the cancellation was sent out on, right?

17 Witness: No, it doesn't. The audit
18 still wasn't completed. We closed the audit,
19 we -- we estimated it; so, that's the -- the
20 premium that was generated by it.

21 Commissioner Wilkerson: How do I know
22 that based on your own document, that it
23 didn't satisfy what you had requested --

24 Ms. Haltiwanger: It's page 818.

25 Commissioner Wilkerson: -- when the

1 cancellation notice went out on it.

2 Witness: Based on this document?

3 Commissioner Wilkerson: Based on 817.

4 Witness: Well, based on this document
5 it -- it doesn't indicate that -- you know,
6 it -- it only indicates that it's based on
7 recent audit activity and that's the nature
8 of the bill.

9 Commissioner Wilkerson: Okay. But it
10 covers it from 4/4/14 through 4/4/15 --

11 Witness: Right.

12 Commissioner Wilkerson: -- correct?

13 Witness: That is the -- the date that's
14 shown on the notice, yes.

15 Commissioner Wilkerson: Okay.

16 Ms. Haltiwanger: Okay. Let's go to
17 page --

18 Commissioner Wilkerson: And that was
19 issued on 11/5?

20 Witness: Correct.

21 Ms. Haltiwanger: -- let's go to --

22 Commissioner Wilkerson: So, you're
23 saying you don't need to send another
24 cancellation notice out on 11/5 -- I'm just
25 trying to get where we are on the situation.

1 Witness: Uh-huh.

2 Commissioner Wilkerson: If this has
3 been satisfied --

4 Witness: The policy was already
5 canceled on 8/8.

6 Commissioner Wilkerson: -- because of
7 --

8 Witness: Failure to --

9 Commissioner Wilkerson: -- failure to
10 comply.

11 Witness: -- comply with the preliminary
12 audit.

13 Commissioner Wilkerson: But once your
14 interim audit was done and they paid the
15 hundred and twenty-eight bucks (\$128.00),
16 would it have not been complied with at that
17 point in time?

18 Witness: And they paid the -- this is
19 after the sixty (60) day window that we would
20 have to reinstate a policy had they done it
21 but --

22 Commissioner Wilkerson: Well, how can
23 --

24 Witness: -- this is still an estimated
25 audit.

1 Commissioner Wilkerson: -- I
2 understand. But how could they have paid it
3 --
4 Witness: This is not an actual --
5 Commissioner Wilkerson: -- because
6 you're doing the --
7 Witness: -- this is not an actual
8 audit; this is estimated. The insured has
9 still not complied with the reason for
10 cancellation.
11 Commissioner Wilkerson: -- it doesn't
12 say estimated; it says recent.
13 Witness: Okay. On this document,
14 you're correct.
15 Commissioner Wilkerson: It's your
16 document; it's not my document.
17 Witness: I understand.
18 Commissioner Wilkerson: It's -- your
19 document says recent and so, if --
20 Witness: Correct.
21 Commissioner Wilkerson: -- if it was
22 then paid and you didn't generate this to
23 them, how could they have complied with your
24 cancellation notice of 8/8 or 8/4?
25 Witness: I'm sorry; I -- I don't

1 understand your question.

2 Commissioner Wilkerson: Okay. The
3 cancellation was effective 8/4, I think?

4 Witness: 8/8.

5 Ms. Halthiwanger: 8/8.

6 Commissioner Wilkerson: 8/8, okay.
7 8/8. Okay. Then you did the audit; you're
8 saying that was after the sixty (60) day
9 period but they weren't billed that until
10 after the sixty (60) days, right?

11 Witness: No. What I'm saying is that
12 they didn't comply with the audit. We didn't
13 have the information necessary to complete
14 the audit. So, our, basically, workers'
15 Compensation Assigned Risk rules require us
16 to close the audits; we just can't keep them
17 open. So, we, in turn, estimate an audit,
18 basically, based on the payroll that's
19 automatic -- that's already on the policy
20 and, basically, deriving it to a figure to be
21 even. Okay? And we had some discussion
22 about that prior regarding what the premium
23 actually ended up to be and the hundred and
24 twenty-eight dollar (\$128.00) bill, which is
25 where we're at now. But what it comes down

1 to is that the audit was still not completed
2 by the insured; therefore, they still did not
3 comply with the fault that created the
4 cancellation.

5 Commissioner Wilkerson: Even though it
6 says recent audit, not final audit?

7 Witness: Well, it says recent audit,
8 right. The letter is -- you know, the letter
9 is created.

10 Commissioner Wilkerson: But you all
11 would have generated the recent audit --

12 Witness: We did.

13 Commissioner Wilkerson: -- by your
14 system, whatever the system is, to try to
15 come out to zero (0) but it generated one
16 twenty-eight (\$128.00)?

17 Witness: Correct.

18 Commissioner Wilkerson: Okay. All
19 right. I'm fine. Okay. That helps me.

20 Ms. Haltiwanger: Okay. One (1) more
21 document, page 819.

22 Q. And this one is the -- it looks like it's a
23 premium adjustment notice --

24 A. Yes.

25 Q. -- is that correct?

1 A. Yes.

2 Q. Or second premium adjustment notice, I believe?

3 A. This is also a premium adjustment notice but this
4 is a revised cancellation.

5 Q. Okay. And how was this one generated or --

6 A. This was generated --

7 Q. -- to the best of your knowledge?

8 A. -- this was generated from actual figures provided
9 through documentation provided from the insured.

10 Q. Okay. And does this one talk about -- it has a
11 revised cancel; so, what dates does this one have on it
12 as far as the revised cancel dates?

13 A. The revised cancel date is the same as the
14 estimated date, 4/4/14 to 8/8/18 or 8/8/14.

15 Q. Okay. And -- okay. And then, let's see, let's
16 talk about page 823.

17 Commissioner Wilkerson: Was this after
18 you got the final payroll information in?

19 Witness: This is after we got the
20 actual payroll information and -- and
21 documents from the insured, yes.

22 Commissioner Wilkerson: All right.
23 Thank you.

24 Ms. Haltiwanger: Okay.

25 Commissioner Wilkerson: 8 what? I'm

1 sorry.

2 Ms. Haltiwanger: 823.

3 Commissioner Wilkerson: Okay. I'm
4 still digging. I've got you.

5 Q. All right. Tell us about this one.

6 A. Okay. Now, this -- this is a bill and it's
7 generated as a result of the -- the actual results of
8 the cancellation audit and the having received the
9 documentation from the insured. This is a bill for two
10 thousand, ninety-five dollars (\$2,095.00) indicating
11 additional exposure and has a due date of January 22nd,
12 2015.

13 Q. Okay. And what date was that one mailed on; can
14 you tell?

15 A. This was mailed January 7th, 2015.

16 Q. Okay.

17 Ms. Haltiwanger: Okay. I think that's
18 my questions about the documents,
19 Commissioner.

20 Commissioner Wilkerson: So, I guess,
21 probably the best way to go is here and then
22 we'll backtrack, which I'm okay with.

23 Ms. Haltiwanger: Thank you.

24 Commissioner Wilkerson: Thank you.

25 Mr. Callas: I'll pitch the first three

1 (3) innings, Your Honor, and then --

2 Commissioner Wilkerson: Do what?

3 Mr. Callas: -- let them pitch three (3)
4 innings; let them pitch three (3) innings.

5 Commissioner Wilkerson: No, that's
6 fair. Yes, because I know you all are going
7 to have different questions.

8 CROSS-EXAMINATION

9 By Mr. Callas:

10 Q. Mr. Lukes, is that right?

11 A. Yes, sir.

12 Q. You've used words: Recent, preliminary and
13 interim audit; is there a significant difference in
14 that audit process or are they essentially talking
15 about the same things?

16 A. The term interim was not used by me.

17 Q. But it's used in some of your document --
18 documents, correct?

19 A. Okay. You'd have to place those in front of me to
20 see where they're --

21 Q. Okay.

22 A. -- where they're used.

23 Q. I'll get to that. Now, have you ever spoken to
24 Mr. Long?

25 A. No, sir.

1 Q. Were you involved at all in the creation of his
2 policy or anything to do with this case?

3 A. No, sir.

4 Q. Have you ever spoken to his Agent at the time that
5 the policy was being entered into back in April of
6 2014?

7 A. No, sir.

8 Q. Other than this hearing, which you have prepared
9 for today, have you had anything to do with this case
10 besides the trial itself?

11 A. No. I have not been the -- the Underwriter for --
12 for this case.

13 Q. Okay. Now, before we got an affidavit from a
14 Roshni Ghayal; have you had a chance to review that?

15 A. I have received -- or, yes, I have reviewed that
16 --

17 Q. Okay.

18 A. -- affidavit.

19 Q. Now, when Mr. Long entered in the contract back in
20 April of 2014, do you know who it was that assisted him
21 with Travelers?

22 A. As far as an individual person?

23 Q. Right.

24 A. No, I don't -- I don't have any recollection of
25 that.

1 Q. Okay.

2 A. But when the content -- when the contract is
3 offered it comes through the NCCI --

4 Q. All right.

5 A. -- and is assigned to us, at which point we issue
6 the policy.

7 Commissioner Wilkerson: Let -- let me
8 ask a question along that. Was it -- it was
9 assigned to Zurich American; is that correct?

10 Witness: That's correct.

11 Commissioner Wilkerson: Okay. And so,
12 it was really not assigned to the Travelers
13 except through a contractual agreement
14 amongst the Travelers and Zurich American,
15 correct?

16 Witness: That's correct.

17 Commissioner Wilkerson: Is that
18 correct?

19 Witness: I may -- I misspoke; it was --

20 Commissioner Wilkerson: No, no. That's
21 okay.

22 Witness: -- yeah, it was -- it was
23 assigned to Zurich American --

24 Commissioner Wilkerson: Okay.

25 Witness: -- or American Zurich.

1 Commissioner Wilkerson: So, Zurich
2 American would have placed the initial
3 coverage; is that correct?

4 Witness: No. The -- the actual initial
5 coverage is placed through the plan
6 administrator, which is the NCCI; they, in
7 turn, assign it and at that point a policy is
8 issued.

9 Commissioner Wilkerson: Okay. And they
10 have a system, and it changes periodically,
11 where there's so many Assigned Risk carriers
12 in South Carolina that agree to be an
13 Assigned Risk company and whatever day your
14 name comes up that's who gets the policy; is
15 that correct?

16 Witness: You know, I can't really speak
17 to how the NCCI comes to their daily
18 assignment mechanism --

19 Commissioner Wilkerson: Okay. Sure.

20 Witness: -- however, there are
21 percentages involved with carriers in the
22 Assigned Risk program and the servicing
23 carriers that are dependant on percentage and
24 they would be driving towards that
25 percentage.

1 Commissioner Wilkerson: Okay. And
2 then, once it hit Zurich American they know
3 because of a contract you have it
4 automatically gets kicked to the Travelers?

5 Witness: It gets kicked to Travelers --

6 Commissioner Wilkerson: Okay. That's

7 --

8 Witness: -- that's correct.

9 Commissioner Wilkerson: -- that's fair.

10 Go ahead. I'm sorry.

11 Q. Now, sir, you've already gone over the testimony
12 that a letter was sent to Mr. Long notifying him that
13 he had a notice of noncooperation with preliminary
14 audit and that was sent initially back in July of 2014;
15 is that correct?

16 A. I have seen that letter.

17 Q. Well, you -- you just testified to it from what
18 she showed you; is that correct?

19 A. I did --

20 Q. Okay.

21 A. -- do that, yes.

22 Q. I mean, I don't want to go and start bringing out
23 exhibits again; if you've already laid the field let's
24 just move on. Do you have any documentation in the
25 file that Zurich attempted to contact Mr. Long before

1 July asking for financial information?

2 A. I --

3 Q. It seems to be the first --

4 A. -- yes.

5 Q. -- the reason why is it seems to be the first
6 contact that I've been given either through her APA's
7 or any kind of discovery that this seems to be the
8 letter that's being sent out for the first time about
9 noncooperation.

10 A. Well, what I can tell you about that is that the
11 letter specifically states that prior attempts have
12 been made to -- to access that information.

13 Q. Do you have those letters or those -- those
14 documents?

15 A. I do not have them. I have nothing on me.

16 Q. Okay. So, you haven't seen anything, to your
17 knowledge, that -- to your knowledge you do not have
18 anything in -- in your hands that shows that they have
19 contacted him prior to that date?

20 A. I currently have nothing in my hands; that's
21 correct.

22 Q. Okay. Have you seen any letters that were sent to
23 Mr. Long, the Claimant, that you recollect that shows
24 that they were trying to collect information from him
25 before?

1 A. In addition to that one, there's the original one
2 that is sent that states that it's -- it's time to
3 perform an audit.

4 Q. Okay. Now, he gets this letter in July and thirty
5 (30) days later the policy is canceled because he was
6 not able to comply, correct?

7 A. That's correct.

8 Q. Okay. And I think you testified earlier that a
9 policy can be reinstated for sixty (60) days after the
10 policy has been canceled if the Claimant complies with
11 whatever audit information you need; is that correct?

12 A. Right. The -- the statement was that a
13 reinstatement with a lapse can occur if the -- if an --
14 if the fault that caused the cancellation is corrected
15 within that sixty (60) days.

16 Q. To your knowledge, are you aware, if Mr. Long
17 provided additional payroll information in the form of
18 a 941, which had been requested by the Carrier on
19 August 20th, 2014?

20 A. I'm not familiar with seeing that document in our
21 files, no.

22 Q. Okay. If he would have provided that information,
23 would that have satisfied the audit?

24 A. I can't say if that was the only -- the only piece
25 of information they were looking for or not.

1 Q. If it would have satisfied the audit, then his
2 policy could have been reinstated, correct?

3 A. If it --

4 Q. If it did?

5 A. -- if it -- yeah, hypothetically, if it did --

6 Q. Okay.

7 A. -- if it was the -- the last remaining item, if it
8 was the only item that was required, that's -- that
9 cancellation fault would have been --

10 Q. Okay.

11 A. -- would have been satisfied.

12 Q. All right. So, if the Claimant believes that he
13 has given the information that's been requested, then
14 he could have the opinion that he has given whatever he
15 is supposed to have done within the sixty (60) days,
16 correct?

17 A. I -- I'm sorry; I can't really testify on --

18 Q. Okay.

19 A. -- what his opinion or -- or his thought process
20 is.

21 Q. You've testified earlier -- you were just given a
22 copy of a policy and I would like to show you just the
23 front page of it.

24 Commissioner Wilkerson: Can you
25 reference the number just to help the file --

1 Mr. Callas: Sure.

2 Commissioner Wilkerson: -- follow?

3 Mr. Callas: I want to use the -- the
4 Defendant's APA, Your Honor.

5 Commissioner Wilkerson: That's fine.
6 It'll work better; that way we can stay on --

7 Mr. Callas: I think that's the best way
8 to do it.

9 Commissioner Wilkerson: -- yes.

10 Mr. Callas: Excuse me, Commissioner, I
11 thought I writing down all of these contracts
12 and --

13 Commissioner Wilkerson: That's okay.
14 Show it to me; I'll find it.

15 Mr. Callas: -- and maybe Nikole can
16 quickly say -- for me it's Exhibit A of the
17 --

18 Ms. Haltiwanger: Are you looking for
19 the first page of the policy?

20 Mr. Callas: -- no just the -- yes, the
21 first policy. What is the APA -- APA number
22 you used on that?

23 Mr. Killen: 748.

24 Ms. Haltiwanger: It's 748.

25 Mr. Callas: Okay.

1 Q. So, we're looking for APA, 748, and there was a
2 policy; I'd like to give you just the first page of
3 that.

4 Commissioner Wilkerson: That's not it,
5 is it? That's not it; that's the problem.

6 Ms. Haltiwanger: Or 7 --

7 Commissioner Wilkerson: Whoa, whoa,
8 time out. Hold it up.

9 Ms. Haltiwanger: -- 7 -- which one is
10 he looking at?

11 Commissioner Wilkerson: I don't know.

12 Witness: He's supposedly looking for a
13 notice of --

14 Commissioner Wilkerson: It's not the
15 first page because the --

16 Witness: -- noncooperation on it and --

17 Mr. Callas: Oh, I'm sorry.

18 Witness: -- that's not the policy.

19 Commissioner Wilkerson: -- yes, because
20 the first page is --

21 Mr. Callas: I've got the wrong one;
22 excuse me.

23 Commissioner Wilkerson: -- yes, that's
24 fine. I just want to make --

25 Mr. Callas: Here we go. Hold on here.

1 There we go.

2 Q. Try that. Does that look like a --

3 Ms. Haltiwanger: 749 down -- I think is
4 what you're looking for.

5 Commissioner Wilkerson: -- that's not
6 the first page but that's okay.

7 Mr. Callas: -- that's the policy.

8 Commissioner Wilkerson: That's the
9 policy. What page?

10 Ms. Haltiwanger: 740 -- 749, then.

11 Commissioner Wilkerson: Okay. I fine
12 with that.

13 Ms. Haltiwanger: If he is looking at
14 the one with the addresses on it.

15 Commissioner Wilkerson: Let me look; I
16 can tell you what it is.

17 Witness: It's the declaration page.

18 Commissioner Wilkerson: Yes, I've got
19 that. You and myself will understand.

20 Q. The point I'm trying to get at is --

21 Commissioner Wilkerson: Yes, 749.

22 Q. -- could you tell me what -- could you tell me
23 what the policy number is on that document?

24 A. The policy number is 6ZZUB2E14299-A-14.

25 Q. What is the policy term that's identified on that

1 document?

2 A. The policy term is 4/4/14 to 4/4/15, 12:01 A.M.

3 Q. Now, earlier you were asked by Defense Counsel on
4 Exhibit -- this one I've got -- APA, 811, to talk about
5 this document, which is a notice of noncompliance
6 cooperation with preliminary audit; is that correct?

7 A. Yes, notice of cooperation -- or noncooperation
8 with preliminary audit.

9 Q. Would you agree that the policy number that is
10 referenced on that document is the same one that is
11 referenced on the insurance policy?

12 A. Yes, it is.

13 Q. And can you tell me that the dates that it says
14 that the policy term is to run on that document?

15 A. Okay. The policy term shows -- it doesn't say
16 anything indicating how long it ran for but 4/4/2014 to
17 4/4/2015.

18 Q. Okay. I'd like to go down to the bottom where you
19 have it in bold, starting with the word failure; can
20 you read that, please?

21 A. It says, failure to allow access for audit of the
22 policy term may result in cancellation of your workers'
23 Compensation and Employer's Liability insurance policy.
24 If you have already complied with our request, please
25 disregard this notice.

1 Q. I'm going to ask you, from a plain reading of that
2 document, if it says that failure to comply may result
3 in the termination of the policy, doesn't that imply --
4 the language right there infer that the policy is in
5 effect at the time that that letter was written?

6 A. I think that may depend on where you're coming
7 from because I -- I don't read it that way.

8 Q. The plain reading of the document, if it says that
9 something may be cancelled, doesn't that infer that
10 something is in effect at the time?

11 A. Again, you know, my -- what I do on a daily basis
12 and what I -- you know, and how I read that -- this, it
13 may not come across as the same as you read this or
14 somebody else may read it.

15 Q. Okay.

16 A. Okay?

17 Q. Well, that's a very good point that you're
18 bringing up. You have twenty (20) some odd years of
19 insurance experience or twelve (12) years.

20 A. Twelve (12), yeah.

21 Q. Let's talk about an ordinary person that's reading
22 this policy that's being sent to them. From reading it
23 from the plain meaning of just English, to an ordinary
24 person if they had a letter that says that if something
25 may be cancelled if you don't cooperate wouldn't that

1 mean to them, ordinary person, that it was in effect
2 still?

3 A. Again, I -- I can't answer what anybody else would
4 think when reading that only.

5 Q. You continued to send Mr. Long bills for premium
6 payments that were due; I think you testified a hundred
7 and twenty-eight dollars (\$128.00) back in November of
8 2014, correct?

9 A. That's correct.

10 Q. And you also sent him another bill in January of
11 two (2) -- for two thousand, ninety-five dollars
12 (\$2,095.00); is that correct?

13 A. That's correct.

14 Q. And he ultimately paid those -- both of those
15 bills, correct?

16 A. Yes, he did.

17 Q. Okay. You can't testify today what actions Mr.
18 Long took to comply with the audit, can you?

19 A. No. Again, I'm -- I'm not him; so, I can't say --

20 Q. Well, let -- let me --

21 A. -- what he has done.

22 Q. -- no, no. Let's -- let's be more specific than
23 that. I'm not asking you to make judgment calls here.
24 I'm asking you if you have knowledge from your review
25 of the file, because you've been brought here to

1 testify from Florida, whether he sent 94 information
2 in, just ten (10), twelve (12) days after the policy
3 was canceled or not; do you know that?

4 A. Well, again, I know what's in the file and I know
5 that that's not in the file.

6 Q. Okay. So, if we have documentation showing that
7 that information was sent it, you're testifying that
8 you didn't see that; is that correct?

9 A. That -- I did not see that in --

10 Q. Okay.

11 A. -- as part of the file that was reviewed, no.

12 Q. Okay. You would not be aware of any other actions
13 that he may or may not have not have taken because
14 you've never spoken to him; is that correct?

15 A. That is correct.

16 Q. When they sent -- when Zurich sent this letter in
17 July of 2014, to Mr. Long, do you know if anyone
18 contacted him and said, this is what you might want to
19 do or can we assist you with this or could we send
20 someone to look at your payroll information to see if
21 we can help you; are you aware if they did any of those
22 things?

23 A. Again, the -- you know, my position as an
24 Underwriter -- my expertise shows in the -- the area of
25 underwriting and what's in the file and, again, the

1 letter states that prior attempts were made to collect
2 that information; what those forms were or what they
3 entailed I can't necessarily speak to but I have no
4 reason to believe that they were not performed.

5 Q. You have only knowledge of what you have read,
6 correct?

7 A. That's correct.

8 Q. And what you have read is that letter has been
9 sent, which we all have, that says prior attempts have
10 been made, correct?

11 A. Correct.

12 Q. But there is nothing that you have that shows
13 specifically what representatives of Zurich ever did to
14 talk to Mr. Long or to assist him in providing any
15 information; is that correct?

16 A. Right. I don't have anything like that in my
17 possession.

18 Q. Okay. Would anybody have any information on that?

19 A. The Audit Department would keep records of the
20 contacts that were made, yes.

21 Commissioner Wilkerson: Would the Audit
22 Department be with Zurich or would the Audit
23 Department be with the Travelers?

24 Witness: The full program is run by
25 Travelers; so, everything from the beginning

1 to -- that covers the full policy cycle will
2 be done by Travelers.

3 Q. Let me ask you a very simple question. You cannot
4 testify or offer any information as to what attempts or
5 what Mr. Long was doing to comply or try to comply with
6 the audit --

7 A. No.

8 Q. -- is that correct?

9 A. Again, I still -- I still don't know what he did.

10 Mr. Callas: I don't have any further
11 questions, Your Honor.

12 Mr. Cook: I think you should go next.

13 Mr. Killen: Okay.

14 Mr. Cook: Oh, I'm be glad to.

15 Commissioner Wilkerson: It would
16 probably go better if there's -- he may can
17 wrap up something from the Employer's
18 perspective.

19 CROSS-EXAMINATION

20 By Mr. Killen:

21 Q. Mr. Lukes, my name is Tim Killen and I represent
22 the South Carolina Workers' Compensation Uninsured
23 Employer's Fund. I'm going to show you Exhibit E from
24 Mr. Long's APA submissions.

25 Commissioner Wilkerson: Is it the same

1 thing as in the other submission?

2 Mr. Killen: It's in the Claimant's APA
3 submissions and I don't -- his pages aren't
4 numbered but it's tab --

5 Mr. Callas: It's an exhibit --

6 Mr. Killen: -- Exhibit E.

7 Mr. Callas: -- I have it as an Exhibit
8 E.

9 Commissioner Wilkerson: E? Okay. Hold
10 on, let me find it.

11 Mr. Callas: Your Honor, and to make
12 mine easier, all the documents -- the -- the
13 APA's are medical and the other documents --

14 Commissioner Wilkerson: Exhibits?

15 Mr. Callas: -- are all exhibits --

16 Commissioner Wilkerson: I've got you.
17 I just wanted --

18 Mr. Callas: -- just to make things
19 easier.

20 Commissioner Wilkerson: -- I just
21 wanted to make sure they weren't the same
22 exhibits we have --

23 Mr. Callas: No.

24 Commissioner Wilkerson: -- on the other
25 side.

1 Mr. Callas: No.

2 Commissioner Wilkerson: That's what I'm
3 trying to get to because I saw a couple of
4 pages that may be but this is not.

5 Mr. Killen: May I approach?

6 Commissioner Wilkerson: Please. This
7 is a 941, yes.

8 Q. Mr. Lukes, can you tell me what that is?

9 A. That's a 941 from Metro Construction, Inc., citing
10 the second quarter of 2014.

11 Q. Okay. For the record, what's a 941?

12 A. A 9041 -- a 941 is a report of employer's
13 quarterly Federal, basically, tax return and --

14 Q. Okay.

15 A. -- and monies paid to employees.

16 Q. And does your company require that as part of the
17 audits?

18 A. For most, yes.

19 Q. Okay. Did -- did your company require that from
20 Metro Construction?

21 A. Yes, we did.

22 Q. Okay. What -- what's the date on that document?

23 Mr. Callas: The second page, all the
24 way down.

25 Q. On the second page of Exhibit E?

1 A. The second page?

2 Commissioner Wilkerson: The date he
3 signed it or the date of the document?

4 Mr. Killen: Either or both.

5 Commissioner Wilkerson: Okay.

6 A. I don't see a --

7 Commissioner Wilkerson: I didn't either
8 that's --

9 A. -- a date --

10 Q. Look under the -- the signature for the --

11 A. -- okay. All righty, I was answering another
12 question; I apologize.

13 Commissioner Wilkerson: -- okay.

14 A. The date that the document was signed appears to
15 be 8/20/2014.

16 Q. Okay. And that's within sixty (60) days from the
17 purported date of cancellation, correct?

18 A. That doesn't mean we got it.

19 Q. That's within sixty (60) days of the purported
20 date of cancellation, correct?

21 A. Well, sir, the -- yes, sir.

22 Q. Okay. Did you -- did you see this document in
23 your file when you were preparing to come to this
24 hearing?

25 A. Yes. It appears much later in the file.

1 Q. Did you see this document in your file?

2 A. Yes.

3 Q. Okay. When is -- what date did your company
4 receive that document?

5 A. The date that we show that we received it was at
6 the very beginning of January, 2015.

7 Q. Okay. Do you have any records of correspondence
8 with the producer in this file?

9 A. If you -- if there's something that you'd like to
10 direct a --

11 Q. I'm just asking did you -- did you review any
12 records of correspondence between your company and the
13 producer in this file other than these documents you've
14 looked at today?

15 A. -- in our file there are communications between
16 the -- between us and the producer.

17 Q. Okay. Are they emails?

18 A. Primarily.

19 Q. Are there records of telephone calls?

20 A. Primarily emails.

21 Q. Okay. Let me see here. Did you -- did your
22 company have any electronic correspondence directly
23 with Metro Construction or Mr. Long?

24 A. I don't entirely recall that from the file but my
25 recollection is, is that most correspondence was -- was

1 done through the producer.

2 Q. Okay. Besides the 941, what did your company --
3 or 941, what did your company require as part of this
4 -- these preliminary or interim or early audits or
5 whatever you called them?

6 A. Well, there -- there are two (2) separate types of
7 -- of audits. The preliminary audit would have been
8 physical, which an appointment would have been required
9 for to meet with the insured to have him provide up to
10 and including, basically, any -- any wage reports, any
11 type of payroll records, whether kept manually or
12 through a -- you know, a type of computer program, and
13 then the backup documentation such as a 941 or a annual
14 return showing that approximate amount to corroborate
15 what the -- what the payroll actually was.

16 Q. Okay. So, then, that would have been -- it --
17 what you would have needed in July and August of 2014,
18 correct?

19 A. Right. And, basically, that wouldn't change when
20 the policy canceled and it became a cancellation audit
21 instead of a preliminary audit.

22 Q. But before that happened, that's what you would
23 have needed?

24 A. Right.

25 Q. Okay. Thank you.