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S.C. SUPREME COURT

THE STATE OF SOUTH CAROLINA
In The Supreme Court

APPEAL FROM SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

Opinion No. 5660 (S.C. Ct. App. filed June 26, 2019)

Otis Nero, Claimant,.....Respondent,

v.

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

APPENDIX VOL. II

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THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

Appellate Panel Order

WCC File No. 1222136

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

RECORD ON APPEAL
VOLUME II

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ALSO PRESENT:

Betty Nero

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OTIS NERO 03-17-2014

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

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

7 WHEREUPON:

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

11 EXAMINATION

12 BY MR. WILLIAMS:

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

14 A. Good morning. How are you doing?

15 Q. Doing well.

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

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

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

OTIS NERO 03-17-2014

1 me to slow down.

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

6 A. Okay.

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

9 A. No.

10 Q. No.

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

15 A. No.

16 Q. No.

17 How old are you, Mr. Nero?

18 A. 63.

19 Q. 63.

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

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

22 A. [REDACTED]

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

25 A. [REDACTED]

1 Q. [REDACTED]?

2 A. [REDACTED] Drive.

3 Q. And that's here in Florence?

4 A. Uh-huh.

5 Q. And how long have you lived there?

6 A. Twenty-five years or better.

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

9 A. [REDACTED]

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

11 A. Uh-huh, [REDACTED].

12 Q. Okay. Are you married?

13 A. Yes.

14 Q. How long have you been married?

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

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

18 A. She's disabled.

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

21 A. No.

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

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

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

1 for financial support?

2 A. No.

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

6 A. No.

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

9 A. Yes.

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

11 A. My shoulder and my neck.

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

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

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

18 A. Yes.

19 Q. Okay. Who was your lawyer?

20 A. Lawyer Wukela.

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

22 A. Lawyer Wukela.

23 Q. Wukela. Okay.

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

OTIS NERO 03-17-2014

1 claim.

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

5 BY MR. WILLIAMS:

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

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

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

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

14 Q. Okay. Were you injured?

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

16 Q. No.

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

19 A. It was ninth grade.

20 Q. Ninth grade.

21 What did you do after that?

22 A. What did I do after that?

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

25 A. I had to go to work.

OTIS NERO 03-17-2014

1 Q. Work.

2 Where did you start working?

3 A. I started working on the farm.

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

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

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

11 A. Nucor Steel, Florence.

12 Q. And what did you do for them?

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

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

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

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

22 A. On-the-job.

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

24 A. Ten years.

25 Q. How many of those years were you a

OTIS NERO 03-17-2014

1 certified welder?

2 A. Six-and-a-half.

3 Q. Okay. And why did you leave?

4 A. Disagreements.

5 Q. Disagreements?

6 A. Uh-huh.

7 Q. Who were the disagreements between?

8 A. The lead man and —

9 Q. Okay. Where did you go next?

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

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

13 A. Machine operator.

14 Q. What type of machines did you operate?

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

16 Q. No, sir.

17 A. A backhoe, track hoe.

18 Q. Got you.

19 And how long did you work for — you said

20 Price Tools?

21 A. Price Aquatech Pools.

22 Q. Pools?

23 A. Uh-huh. Digging swimming pools.

24 Q. I got you.

25 All right. How long did you work for

OTIS NERO 03-17-2014

1 Price?

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

3 It's been quite a few.

4 Q. Was it more than five years?

5 A. Yeah.

6 Q. More than ten?

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

8 Q. Eight.

9 A. Yes.

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

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

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

16 A. Oh, yeah.

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

19 A. Yeah, they did.

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

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

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

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1 workers' compensation claim for that finger?

2 A. No, I don't remember.

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

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

6 Q. And what were you doing for him?

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

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

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

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

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

14 Q. And what did you do for them?

15 A. Truck driver.

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

18 A. Nine years or better.

19 Q. All right. And who was next?

20 A. That's it.

21 Q. That's it.

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

24 A. Yeah.

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

OTIS NERO 03-17-2014

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

3 A. No.

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

6 A. Uh-huh.

7 Q. Do you remember when they hired you?

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

10 Q. Do you remember the year?

11 A. No.

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

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

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

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

21 Q. Okay. Did you enjoy working there?

22 A. Yeah.

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

24 A. Danny Bostick. Excuse me.

25 Q. Okay.

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

4 Q. Boston?.....

5 A. Greg Poston.

6 Q. Poston?

7 A. Uh-huh.

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

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

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

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

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

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

25 Q. Okay. So you would be flagging.

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

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

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

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

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

19 Q. Okay.

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

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

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1 off to cool off. .

2 Q. Okay. And what happened next?

3 A. Well, I walked over to the -- where my

4 foreman was parked and the -- and the lead man, and on

5 the right-hand side, he had his door open, so I just

6 walked up there and was standing up, you know, beside the

7 truck right there in the doorway.

8 He had the door open, and we was just kind

9 of talking, and that's the last thing I remember. I just

10 went out.

11 Q. Do you remember what you were talking about

12 before you went out?

13 A. It was nothing -- you know, just common

14 talk, you know, to get past the day.

15 Q. And at this point was the workday completed

16 when you guys were talking?

17 A. No.

18 Q. No.

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

20 Q. Okay. What -- what were the other tasks

21 that you guys had to do before you were clocked out?

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

23 excuse me -- until 3:30.

24 Q. Okay.

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

1 before time to knock off.

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

4 A. No.

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

7 A. I wasn't coughing.

8 Q. Wasn't coughing.

9 What about sneezing?

10 A. No.

11 Q. What about laughing?

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

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

16 A. I probably was.

17 Q. All right. Now, I want to go back to when
18 you were squeegeeing the cement. You said -- is it your

19 testimony that you were feeling a little funny when you
20 were squeegeeing it off?

21 A. Yeah.

22 Q. Okay.

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

25 Q. Okay. You heard a bone snap?

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

3 Q. Okay.

4 A. -- or popped.

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

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

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

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

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

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

15 BY MR. WILLIAMS:

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

17 A. Where I heard the snap.

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

20 A. Yeah.

21 Q. Okay.

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

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

OTIS NERO 03-17-2014

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

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

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

4 asphalt.

5 Q. Okay. And then what happened next?

6 A. I stood up beside the truck and started to

7 get myself composed. He just said, Are you all right?

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

9 He said, Boe, you just went out. He said,

10 Do you feel all right?

11 I said, Yeah, I feel -- I said, if I wasn't

12 feeling all right, I feel all right. I started working

13 my neck around.

14 And he said -- about the time we leave

15 then, he said, You sure you all right?

16 I said, Well, as far as -- so far I feel

17 all right. I said, I'm going to walk around the uniform

18 bin and get my uniform. I said, Now, I'll see you all on

19 the other side of the building. So that's what I done.

20 And from that point, going out to the gate,

21 you know, I felt like I was all right, and then I got to

22 my truck. It was real hot, so I cranked it up and let

23 it -- the air-condition cool off and got in.

24 So they was walking by. I said, Well, I'm

25 just going to make it to the house.

OTIS NERO 03-17-2014

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

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

7 A. Uh-huh, soaking hot.

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

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

12 Q. Did you feel dehydrated?

13 A. No, not really.

14 Q. Were you sweating?

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

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

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

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

22 A. Yeah.

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

25 A. Yes.

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

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

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

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

9 Q. Do you --

10 A. -- from the x-rays.

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

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

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

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

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

18 A. No.

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

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

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

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

4 -----Q. Were you on high blood pressure medicine?

5 A. Uh-huh.

6 Q. Yes, sir?

7 A. Yes.

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

10 A. Yes.

11 Q. And what was wrong with your knee?

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

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

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

19 Q. Were you working for SCDOT?

20 A. SCDOT.

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

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

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

OTIS NERO 03-17-2014

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

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

3 About ten to twelve years in between that.

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

6 A. Uh-huh.

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

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

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

12 A. Uh-huh.

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

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

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

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

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

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

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

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

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

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

16 A. Uh-huh.

17 Q. Okay. Who was that person?

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

19 Q. Okay.

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

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

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

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1 Q. He saw it.

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

5 Q. Okay.

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

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

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

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

15 A. Oh, yeah.

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

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

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

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

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

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

3 A. Yeah, I believe so.

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

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

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

18 A. I can't remember.

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

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

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

23 A. Yeah, I stayed on with them.

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

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1 tour was two or three years.

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

4 Q. The last tour was longer than that?

5 A. The first tour was longer.

6 Q. Was longer than three or four years?

7 A. Yeah.

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

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

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

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

21 A. Only one.

22 Q. Only one.

23 Which one?

24 A. My right knee.

25 Q. Right knee.

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

4 A. Yeah.

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

9 A. No. No.

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

12 A. No.

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

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

18 Q. On this -- on this incident?

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

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

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

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

OTIS NERO 03-17-2014

1 it to you to review:

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

4 MR. WILLIAMS: Yes, sir.

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

7 Mr. WILLIAMS: Thank you, sir.

8 BY MR. WILLIAMS:

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

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

13 MR. WUKELA: Let me ask a question.

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

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

18 MR. WUKELA: Okay.

19 BY MR. WILLIAMS:

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

23 A. It's the third page?

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

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

OTIS NERO 03-17-2014

1 A. Yes, it is.

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

5 A. No, I don't remember.

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

8 A. On safety matters?

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

12 A. I can't remember.

13 Q. You can't remember.

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

16 A. Uh-huh.

17 Q. Okay.

18 A. Yeah.

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

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

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

24 A. Yeah, I have.

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

OTIS NERO 03-17-2014

1 that meeting?

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

4 MR. WILLIAMS: Okay.

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

7 BY MR. WILLIAMS:

8 Q. Okay. Mr. Nero, your attorney is handing

9 you a document that has been marked Defendants' Exhibit
10 2. Could you just flip through that document for me, and
11 you can take your time.

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

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

16 Q. That's correct, sir.

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

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

21 A. Uh-huh.

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

24 A. This sign-in sheet?

25 Q. Yes, sir.

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

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

6 A. No.

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

10 A. Yeah.

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

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

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

17 BY MR. WILLIAMS:

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

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

22 A. What, this time?

23 Q. Yes, sir.

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

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

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

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

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

15 A. My -- my foreman.

16 Q. Okay.

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

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

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

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

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

8 Q. You don't remember?

9 A. I don't remember.

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

13 A. Not to my knowledge.

14 MR. WILLIAMS: Not to your knowledge.

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

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

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

25 MR. WUKELA: Your question is whether he

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

3 MR. WILLIAMS: Right.

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

11 BY MR. WILLIAMS:

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

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

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

20 BY MR. WILLIAMS:

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

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

25 A. Yes, it is.

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

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

4 Q. Yes, sir.

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

7 Q. Sir?

8 A. I can't remember.

9 Q. You can't remember.

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

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

15 A. Was that due to my operation?

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

20 Do you remember that time period of 2012?

21 A. Yeah.

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

23 A. Because I was unable to work.

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

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

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

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

9 A. Yeah, I remember talking with Cristi.

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

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

15 That's the last thing I remember talking to
16 Cristi about, because she started talking to me about she
17 wanted to get some paperwork from the doctors and Dr.
18 Richey and those and all -- so my -- because my 181 days

19 was getting near or was done near, and she was steady
20 calling us about getting that paperwork signed. Yeah, I
21 remember that.

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

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1 A. No.

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

5 A. I don't remember.

6 Q. Sir?

7 A. I don't remember.

8 Q. You don't remember.

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

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

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

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

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

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

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

25 Any person who knowingly and with intent to

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

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

5 MR. WUKELA: Okay.

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

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

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

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

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

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

25 BY MR. WILLIAMS:

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

3 A. Yeah, I believe so.

4 ~~Q. So did you~~

5 A. Yes.

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

7 A. Yes.

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

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

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

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

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

14 A. Uh-huh.

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

18 No further questions.

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

21 EXAMINATION

22 BY MR. WUKELA

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

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

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

2 Q. Okay.

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

4 SCDOT.

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

7 A. Uh-huh.

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

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

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

14 A. Yes.

15 Q. And you said you --

16 A. Well --

17 Q. Go ahead.

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

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

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

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

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

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

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

21 A. Uh-huh.

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

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- 1 A: Uh-huh.
- 2 Q. That's yes?
- 3 A. Yes.
- 4 Q. Okay. Do you remember them giving you this
5 form?
- 6 A. Well --
- 7 Q. Do you remember DOT giving you this form?
- 8 A. No. I don't remember who gave me that.
- 9 Q. Okay. Do you remember signing this form?
- 10 A. I remember signing this form.
- 11 Q. Okay.
- 12 A. That's my signature there, but --
- 13 Q. Okay. And do you remember -- did you give
14 it to Dr. Richey or did they give it to Dr. Richey, or do
15 you know?
- 16 A. I don't know.
- 17 Q. Okay.
- 18 A. But I know that's my signature, so I
19 don't --
- 20 Q. Okay. And somehow it presumably got to
21 Dr. Richey because there's -- it's filled out with
22 Dr. Richey's signature at the end of it here.
- 23 A. Uh-huh.
- 24 Q. And on Page 2 it reads -- the question is
25 other relevant medical facts, if any, relate to the

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

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

6 A. No, I don't.

7 Q. Okay.

8 A. I don't recall that.

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

12 A. Uh-huh. Yeah.

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

14 RE-EXAMINATION

15 BY MR. WILLIAMS:

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

19 A. Uh-huh.

20 Q. Did I understand you correctly on that?

21 A. Yeah, you did.

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

24 A. No.

25 Q. No.

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1 A. No.

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

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

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

16 A. Uh-huh.

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

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

21 Q. It was way after when?

22 A. After I had my operation.

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

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

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1 three months after that.

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

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

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

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

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

12 THE WITNESS: I don't know.

13 MR. WILLIAMS: You don't know.

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

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

18

19

20

21

22

23

24

25

1 CERTIFICATE OF REPORTER

2

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

5

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

11

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

13

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

15

16

17

18

19

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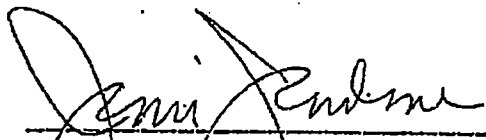
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Janni Jardine, Court Reporter,
Notary Public
State of South Carolina At Large
My Commission expires:
September 1, 2019

EXHIBIT A
I NLYO
3-17-14



South Carolina
Department of Transportation

MEMORANDUM

TO: Michael Miller, District Safety Coordinator
FROM: Eric M. Minshew, Resident Maintenance Engineer *EMM*
DATE: June 12, 2012
RE: June Safety Meeting

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

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

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

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

EMM: atg
Attachment
File: EMM/atg
205.21.00

SCDOT OSH CLASS ATTENDANCE ROSTER
(Rev. 1/98)

Class ID# _____
Date Posted to Mainframe _____

Lockout Tag out - Backlog
COURSE TITLE & NUMBER

6/12/11
DATE

A.T. Priddy 5
INSTRUCTOR & DISTRICT

Florida
LOCATION

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

1. KEVIN S MCCLAY	10053064		52101
2. PAMELA JOHNSON	10053580		52101
3. GEORGE ALFORD	10054388		52101
4. DANNY WHITEHEAD	10056107		52101
5.			
6.			
7.			
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Griggs

42

SCDOT OSH CLASS ATTENDANCE ROSTER
(Rev. 1/98)

Class ID# _____
Date Posted to Mainframe _____

Lock out Tag out Notices
COURSE TITLE & NUMBER

6/27/12
DATE

A. T. Griggs
INSTRUCTOR & DISTRICT

Flore
LOCATION

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

1. F. M. Elmore	10053156		521-01
2. J. W. Fling			5-21
3. Preston Cooper	10056098		521-01
4. MATTHEW E. CARD	10053269		521.01
5. Elvase Rouse	10056035		521.01
6. Demetrius Blanks	1005		521.01
7. FRANK DE CARMAN	10052690		521.01
8. DWELL ZODDY	10050927		521.01
9. Benjamin J. Durant	10052748		521.01
10. Eddie Thomas	10056779		521.01
11. Danny Bastick	10054445		521.01
12. Joe Turner	10057386		521.01
13. LeRoy Elmore	10055199		521.01
14. Daniel Miller	10050416		521.01
15. Kevin Poston	10054460		521.01
16. KENNETH BODDY	10056108		521-01
17. Cory Renyard	10067089		521-01
18. Joe Ham	10057028		521-01
19. Sackie Timmon	10054449		521-01
20. Willie J. Davis	10054522		521-01
21. Charles G. Gabley	10052967		521-01
22. James Brooks	10056145		521-01
23. Anton Gator	10055217		521-01
24. Curtis Grayson	10053119		521-01
25. Tyrone Rich	10052680		5-21-01

SCDOT OSH CLASS ATTENDANCE ROSTER

(Rev. 1/98)

Class ID# _____
Date Posted to Mainframe _____

Lock out Tag out - Backing
COURSE TITLE & NUMBER

6/12/12
DATE

A. J. Griggs C
INSTRUCTOR & DISTRICT

Flors
LOCATION

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

1. Greg Pastor	10056559		
2. Robert J Bean Jr	10056983		521.01
3. Eric Mishew	10056671		521.01
4. JAMES "BOB" MATTHEWS	10056839		521.01
5. Frederick Brown	10052685		521.01
6. Betty Cato	10053744		521.01
7. Bobby Small	10053501		521.01
8. Tammy W. Miknight	10052885		521.01
9. Billy R. Greve	10054447		521.01
10. Ronald McCullough	10056474		521.01
11. Amp Bradford	10056866		521.01
12. Juan Rosado	10057409		521.01
13. Charles Commander	10053720		521.01
14. Archie Ford	54316		521.01
15. Randall N Grove	10056987		521.00
16. Matthew Scott	10056724		521.01
17. Allen M. Harris	001903652		2122
18. Terry Singleton	10056504		521.01
19. Richard Robinson	10054311		521.01
20. Jesus Hickman	10065382		521.01
21. WALTER FOWLER	10056021		521.01
22. Joey Sims	10053292		521.01
23. Jason Kirby	10056322		521.01
24. Donald Ross	10056250		521.01
25. William B. Burgess	10054747		521.01

Griggs1

A3

SCDOT OSH CLASS ATTENDANCE ROSTER
(Rev. 1/98)

Class ID# _____
Date Posted to Mainframe _____

Lock out Tag out - Ducting
COURSE TITLE & NUMBER

6/12/12
DATE

A.T. Griggs 5
INSTRUCTOR & DISTRICT

Florence
LOCATION

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

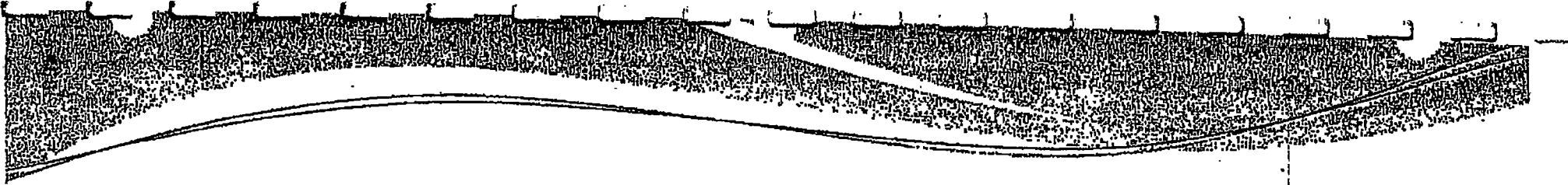
1. Bradley Sellers	1005-7014		52101
2. Henry Adams	10056348		52101
3. Rodney P Cameron	10056398		52101
4. Earl McFadden	10056040		52101
5. Anthony Goodman	10065107		"
6. Frederick Mullins	10056018		52101
7. Justin W Galloway	10056015		52101
8. Justin Braveboy	10052793		5.2.101
9. Justin Powell	10052560		5-21-01
10. Patrick Gunn	10056129		5-21-01
11. Drew Powell	10053371		521.01
12. OTIS MERO	10056837		521-10
13. Troy FADDY	10056320		521-01
14. Clayton McKnight	10055922		521-01
15. Anthony McAllister	10055916		521-01
16. James C. McDowell	10056042		521-01
17. James A. Smith	10052866		521-01
18. Harvey Sanders	10099529		621-01
19. Dianthe Burdick	10056476		52101
20. Robert Scott	10054518		52101
21. Paul Kennedy	10056436		52101
22. LeVigle Brown	10054796		52101
23. Jacqueline B. McAllister	10053807		52101
24. JOHN DAVIS	100-52749		52101
25. Johnny McDowell	10052945		521-01

GOOD MORNING!

B1

467

DX EXHIBIT A
2 Nero
2.17.14 JJ

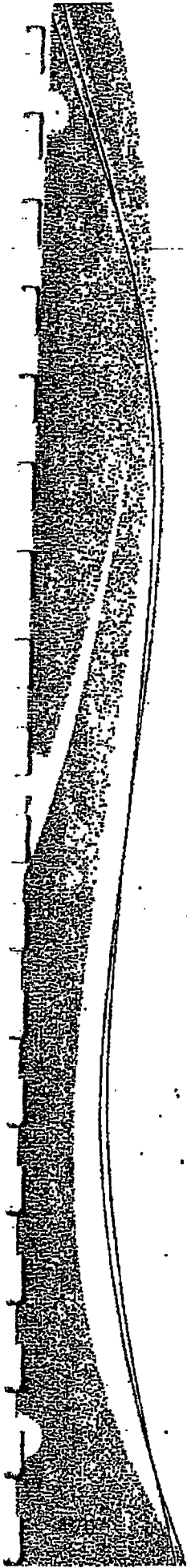


DISTRICT 5 GOAL:
NO INJURIES OR
ACCIDENTS TO ANY
EMPLOYEE!



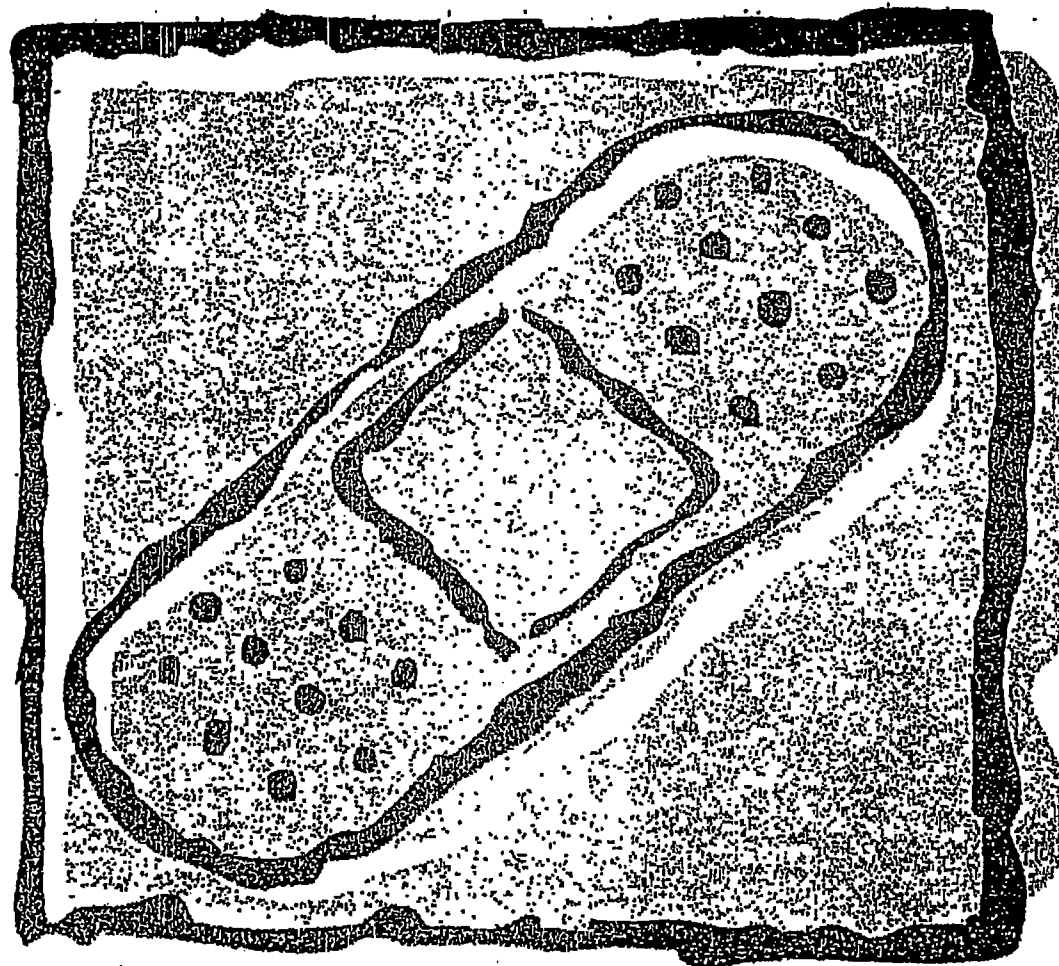
INJURY REVIEW

- January- April Injury Review
 - INJURIES TO DISTRICT 5 EMPLOYEES
 - LOST TIME INJURIES
 - LOST TIME DAYS (to date)



Intentionally left blank

D5 INJURIES— APRIL





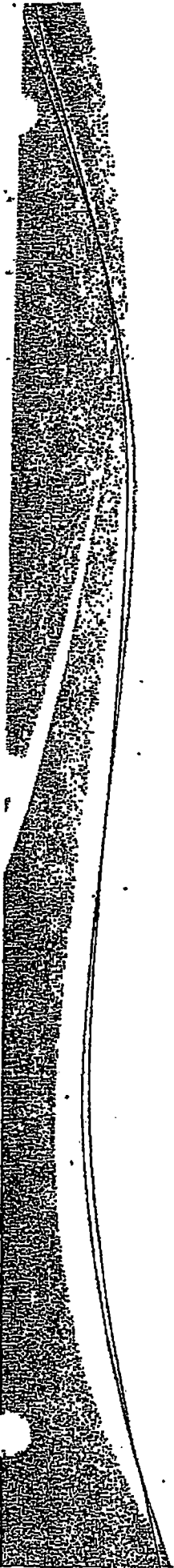
APRIL INJURIES TO D5 EMPLOYEES

IF YOU ARE INJURED

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

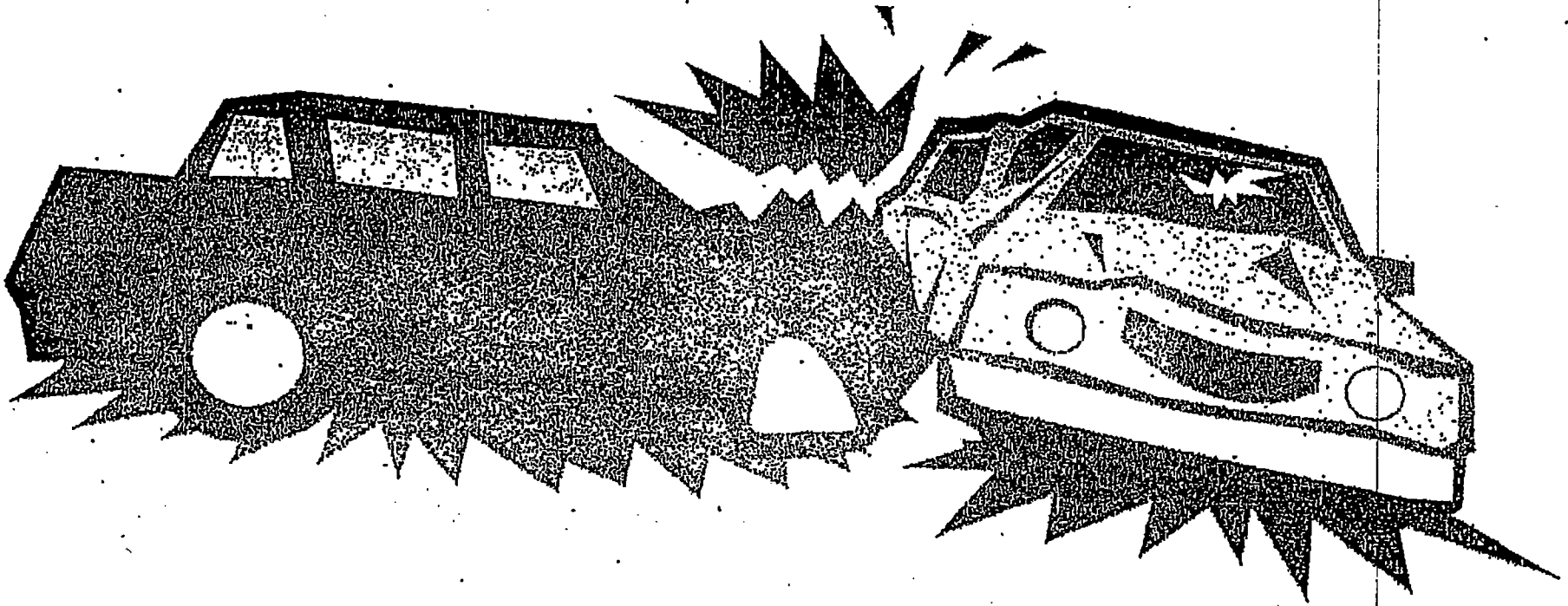
IF YOU ARE INJURED

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



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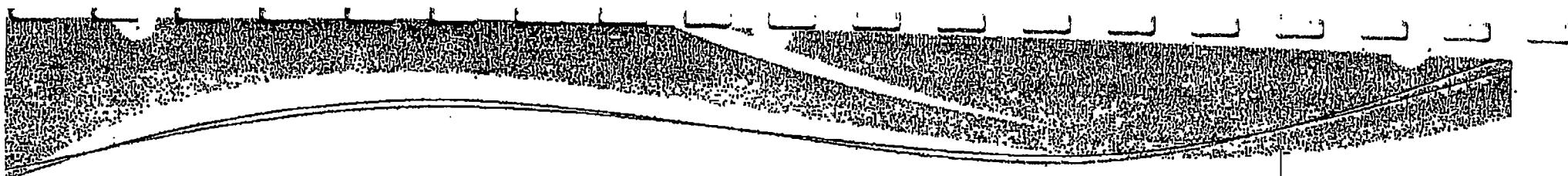
VEHICLE ACCIDENTS





VEHICLE ACCIDENTS

- In April we had vehicle collisions.



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

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



WORK ZONE INSPECTIONS

- RESULTS OF WORK ZONE INSPECTIONS THROUGH April 30:

RESULTS OF WORK ZONE INSPECTIONS THROUGH APRIL 30				



ANY QUESTIONS???



South Carolina
Department of Transportation

PK EXHIBIT A
3 Nero
3-17-14 JT
PERIOD 800-831-9988

June 26, 2012

Otis Nero
[REDACTED]

Dear Mr. Nero,

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

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

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



CI

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

Sincerely,

Jennifer Brown

Jennifer Brown
Benefits Counselor

Enclosure:

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

PX EXHIBIT A
 4 Nero
 3.17.14

SOUTH CAROLINA DEPARTMENT OF TRANSPORTATION
 LEAVE OF ABSENCE TRANSACTIONS

Team 12-18-12

SECTION 1

Name and Address		Org. Code/Name	
Otis Nero [Redacted]		52101 - Florence Maintenance	
Last 4 of SSN	Employment Status	SCES Personnel No.	
[Redacted]	<input checked="" type="radio"/> PE <input type="radio"/> TG <input type="radio"/> RE <input type="radio"/> PT	70056837	
Position Title	Trade Specialist III	Annual Salary	Work Hours
		\$ 25468	40 Hours - 5 Days

SECTION 2

Leave of Absence

TYPE: Extended Illness

ATTACHMENT: Doctor Statement

Dates With Pay: Beginning Date: Jun 22, 2012 End Date: Jul 23, 2012

Dates Without Pay: Beginning Date: Jul 24, 2012 End Date: Dec 18, 2012

EIP-LWOP FORM: Yes No

SECTION 3

Return to Work

EFFECTIVE DATE: _____

EIP-LWOP FORM: Yes No

ATTACHMENT: _____

WORKSCHEDULE: _____

COMMENTS

See attached dr statement

Completed By: Cristi Jenkins [Signature] Reviewed by HRC/HR Liaison: Janet Miller [Signature]

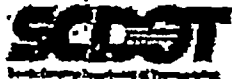
Phone: 843-661-4715 Phone: 843-661-4710

Date: Dec 10, 2012 Date: 12/11/12

HQ MWS
 12-19-12

DI

FDX EXHIBIT A
5 NERO
317-14 JJ



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

U.S. Department of Labor
Wage and Hour Division



OMB Control Number: 1235-0003
Expires: 2/28/2015

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

Employer name and contact: _____

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

Employee's essential job functions: _____

Check if job description is attached: _____

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

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

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

Provider's name and business address: Dr. Robert Achey

Type of practice / Medical specialty: Internal Medicine

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

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

If so, estimate the beginning and ending dates for the period of incapacity: 01/20/12 -> 1/20/12

1/20/12
1/20/12
1/20/12

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

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

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

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

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

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

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

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

Frequency: _____ times per _____ week(s) _____ month(s) 1/15 1/1

Duration: _____ hours or _____ day(s) per episode 001 - 1/15

Summ W/ Cap

ESTIMATE THIS

For now he is out - After surgery we can estimate this 1/15/12

[Handwritten signature]

I. Approximate date condition commenced: SOMEWHERE YEARS - NECK

Probable duration of condition: 5 YEARS

Mark below as applicable:

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

6/20/12

Date(s) you treated the patient for condition:

7/9/12 & BEFORE

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

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

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

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

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

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

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

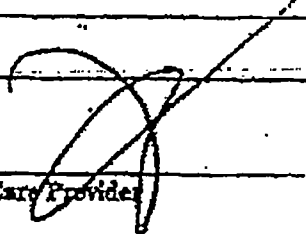
4. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

HAS TO HAVE NECK SURGERY
NECK SURGERY
7/12/12
AS

[Lined area for notes or signature]

Signature of Health Care Provider

Date



7/9/12

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

ACCIDENTAL INJURY CLAIM FORM – PHYSICIAN'S STATEMENT

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

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

EXHIBIT

G Nero

3-17-14 JS

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

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

Physician's Name <u>DR. ROBERT RICHEY</u>		Phone Number <u>(843) 679-4619</u>	Fax Number <u>(843) 679-4622</u>
Mailing Address <u>805 Pamlico Hwy</u>		City <u>Florence</u>	State ZIP <u>S.C. 29505</u>

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

Date of Incident: 6/1/12 Describe where and how the incident occurred: Going to bathroom AT Night, AND Kicked Toe ON IRON table.

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

If yes, physician's name: _____

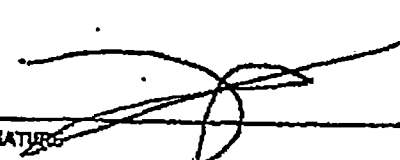
Referring physician's address: _____ Phone number: _____

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

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

Hospital Name: CAROLINA'S Hospital system

City: Florence State: S.C.

PHYSICIAN'S SIGNATURE: 

DATE: 7/11/12

TAX ID NUMBER: _____

American Family Life Assurance Company of Columbus (Aflac)
 Attention: Claims Department • Worldwide Headquarters • 1832 Wynnton Road • Columbus, GA 31909
 For information or help filing your claim, please call toll-free 1-800-88-AFLAC (1-800-882-3522) or visit our Web site at aflac.com.
 Toll-free fax number: 1-877-44-AFLAC (1-877-442-3522)

HISTORY AND PHYSICAL

Name: NERO, OTIS

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

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

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

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

ALLERGIES: NONE

FAMILY HISTORY: Not noted on his intake form.

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

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

At the present time, he has no orthostatic change.

PHYSICAL EXAMINATION:

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

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

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

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

Lungs: Clear.

Breasts: Nontender. Axilla negative. Breasts negative.

Neck: Carotids negative.

HISTORY AND PHYSICAL

Name: NERO, OTIS

MRN: 448860

DOB: [REDACTED]

Account #: [REDACTED]

ADM DATE: 05/20/2012

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

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

Skin: Without bruise. No palpable nodes.

Neurological: Nonfocal.

Extremities: The foot is tender.

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

Robert M. Richey, MD

Disclaimer: PRELIMINARY UNTIL AUTHENTICATED

Print CC:

Fax CC:

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

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

R Date/Time:

S Job #: CARHS57356804

D Job #: 271637

MT: 1100282 /111269

Prelim Chart Copy

Page 2 of 2



Name: _____ Age: _____ MR#: _____

Attending Physician: _____

Chief Complaint: ① Pain on stairs

Present Illness: NSAM

Past Medical History: OA knee Rx ① 4/24 TUE

Allergies: _____

Social/Family History: Ex smoker

Review of Systems: ①

Current Medications: _____

PHYSICAL EXAMINATION

Vital Signs: T: NIL P: no RR: with tach B/P: _____ WT: _____

General: Alert, NAD

Heart: no ①

HEENT: clear

Chest/Lungs/Breasts: clear

Abdomen: no

Genitalia/Rectal: N/A

Extremities: ① CC

Neuro: ATND SYM

Impression: ? ① down - slow
TUG IF NPZ RTW

Plan: ADWD

Physician's Signature _____ Date _____ Time _____

[Handwritten signature] 6/20/12

Patient Label

CAROLINAS HOSPITAL SYSTEM
 NERO OTIS 618-1
 DOB: [REDACTED] M 60 MR#: 448860
 ROBERT RICHEY DOS: 2012-05-20
 Patient Account #: [REDACTED] Printed on 6/20/12 at 21:37

Carolinas Hospital System
805 Pamplico Highway Florence, SC 29505

MEDICAL IMAGING REPORT
Report Status: FINAL

Name: NERO, OTIS

MRN: 448860
Accession #: 2206984
Acct #: [REDACTED]

Room #: 832
Bed #: 1
Exam Date/Time: 6/20/2012 8:42:16PM

DOB: [REDACTED]
Age: [REDACTED]
Sex: M

Patient Type: INPATIENT
Order #: 25148789

Exam Description: CT-HEAD WO CONTRAST
Admitting Diagnosis(es): syncope, dizziness

Dictating Physician: CREEDMAN, STEVEN
Ordering Physician: WEINSTEIN, ERIC S
Attending Physician:
Primary Care Physician: WEINSTEIN, ERIC S

CT BRAIN WITHOUT CONTRAST, 06/20/2012

HISTORY:

Syncope, dizziness.

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

IMPRESSION:

NEGATIVE NONCONTRAST BRAIN CT.

STEVEN CREEDMAN, MD

Print CC:

Fax CC:

Eric S. Weinstein, MD
Robert M. Richey, MD

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

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

R Date / Time:

S Job #: CARHS57308313

D Job #: 7751

MT: 28836

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

Carolinas Hospital System
805 Pamplico Highway Florence, SC 29505

MEDICAL IMAGING REPORT
Report Status: FINAL

Name: NERO, OTIS

MRN: 448860

Accession #: 2206971

Acot #:

Patient Type: INPATIENT

Order #: 25148200

Room #: 618

Bed #: 1

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

Exam Description: LE-TOE RT 4 DIGIT

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

DOB:

Age:

Sex: M

Dictating Physician:

HINDMAN, CAREY

Ordering Physician:

BURNS, KENNETH SCOTT JR

Attending Physician:

Primary Care Physician: BURNS, KENNETH SCOTT JR

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

HISTORY:

Trauma.

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

IMPRESSION: RIGHT FOOT AS DESCRIBED.

CAREY HINDMAN, MD

Print CC:

Fax CC:

K. Scott Burns, MD

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

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

R Date / Time:

S Job #: CARHSS7301779

D Job #: 271083

MT: 27908

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

Carolinas Hospital System
805 Pamlico Highway Florence, SC 29505

MEDICAL IMAGING REPORT
Report Status: FINAL

Name: NERO, OTIS

MRN: 448860

Accession #: 2206970

Acct #: [REDACTED]

Patient Type: INPATIENT

Order #: 25148198

Room #: 618

Bed #: 1

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

Exam Description: CH-CHEST 2V

Admitting Diagnosis(es): synCope

DOB: [REDACTED]

Age: [REDACTED]

Sex: M

Dictating Physician: HINDMAN, CAREY
Ordering Physician: BURNS, KENNETH SCOTT JR
Attending Physician:
Primary Care Physician: BURNS, KENNETH SCOTT JR

CHEST, 06/20/2012

HISTORY:

Syncope.

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

IMPRESSION:

NEGATIVE STUDY.

CAREY HINDMAN, MD

Print CC:

Fax CC:

K. Scott Burns, MD

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

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

R Date / Time:

S Job #: CARHS57301745

D Job #: 271082

MT: 26724

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

STRESS TEST

Name: NERO, OTIS

MRN:	448850	Room#:	832	DOB:	[REDACTED]
Account #:	[REDACTED]	Bed#:	1	Age:	[REDACTED]
Service Code:	MIP			Sex:	M
ADM DATE:	06/20/2012			DOS:	06/23/2012

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

INDICATION: Syncope.

REFERRING PHYSICIAN: Robert M Richey, MD

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

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

FINDINGS:

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

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

Nicolette B. Naso, MD, FACC

Disclaimer: PRELIMINARY UNTIL AUTHENTICATED

Print CC:

Fax CC: Robert M. Richey, MD 8436794022

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

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

R Date/Time:

S Job #: CARHS57364723

D Job #: 271806

MT: 826706

MEDICAL IMAGING REPORT

Report Status: FINAL

Name: NERO, OTIS

MRN: 448860

Accession #: 2207746

Acct #: [REDACTED]

Patient Type: INPATIENT

Order #: 054530

Room #: DISC

Bed #: DISC

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

Exam Description: MR-CERV SPINE WO CON

DOB: [REDACTED]

Age: [REDACTED]

Sex: M

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

Dictating Physician: HINDMAN, CAREY

Ordering Physician: RICHEY, ROBERT MCINTYRE

Attending Physician:

Primary Care Physician: RICHEY, ROBERT MCINTYRE

MRI OF CERVICAL SPINE - 06/24/2012

HISTORY:

Bilateral cervical radiculopathy.

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

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

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

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

IMPRESSION:

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

CAREY HINDMAN, MD

Print CC:

IMAGING REPORT

Name: NERO, OTIS

MRN: 448860

Acct #: [REDACTED]

Order #: 054530

DOB: [REDACTED]

Exam Date/Time:

6/24/2012 11:46:50AM

Accession #:

2207746

Exam Description: MR-CERV SPINE WO CON

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

Fax CC:

Robert M. Richey, MD

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

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

R Date / Time:

S Job #: CARHS57374056

D Job #: 271996

MT: 28650

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

Carolinas Hospital System
805 Pamplico Highway
Florence, SC 29505
843 674 6000

CONSULTATION

Name: NERO, OTIS

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

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

CHIEF COMPLAINT: Neck pain.

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

PAST MEDICAL HISTORY: Hypertension.

PAST SURGICAL HISTORY: Includes knee surgery.

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

FAMILY HISTORY: Noncontributory.

ALLERGIES: NONE KNOWN.

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

PHYSICAL EXAMINATION:

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

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

CONSULTATION

Name: NERO, OTIS

MRN: 448860

DOB: [REDACTED]

Account #: [REDACTED]

ADM DATE: 06/20/2012

Neck: No carotid bruits.

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

Heart: Regular.

Abdomen: Soft.

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

ASSESSMENT:

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

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

William B. Naso, MD

Disclaimer: PRELIMINARY UNTIL AUTHENTICATED

Print CC:

Fax CC: Robert M. Richey, MD 8436794022

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

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

R Date/Time:

S Job #: CARHS57377408

D Job #: 272024

MT: 191168/148577

DISCHARGE SUMMARY

Name: NERO, OTIS

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

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

DISCHARGE DIAGNOSES:

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

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

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

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

Robert M. Richey, MD

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

Print CC:

Fax CC:

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

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

R Date/Time:

S Job #: CARHS60562619

D Job #: 296801

MT: 148577

Final Chart Copy

Page 1 of 1

OPERATIVE REPORT

Name: NERO, OTIS

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

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

PREOPERATIVE DIAGNOSIS: Cervical stenosis.

POSTOPERATIVE DIAGNOSIS: Cervical stenosis.

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

SURGEON: William Naso, MD

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

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

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

OPERATIVE REPORT

Name: NERO, OTIS

MRN: 448860

DOB: [REDACTED]

Account #: [REDACTED]

ADM DATE: 08/28/2012

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

William B. Naso, MD

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

Print CC:

Fax CC:

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

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

R Date/Time:

S Job #: CARHS58960451

D Job #: 285463

MT: 1098803 /100693

Final Chart Copy

Page 2 of 2

MEDICAL IMAGING REPORT

Report Status: FINAL

Name: NERO, OTIS

MRN: 448860

Accession #: 2224764

Acct #: [REDACTED]

Patient Type: INPATIENT

Order #: 059253

Room #: DISC

Bed #: DISC

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

Exam Description: FL-FLUORO 1+ HOUR

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

DOB: [REDACTED]

Age: [REDACTED]

Sex: M

Dictating Physician: HINDMAN, CAREY

Ordering Physician: NASO, WILLIAM B

Attending Physician: NASO, WILLIAM B

Primary Care Physician: NASO, WILLIAM B

CERVICAL SPINE - 08/28/2012

HISTORY:

Cervical radiculopathy.

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

IMPRESSION:

TWO LEVEL ANTERIOR DISCECTOMY AS DESCRIBED ABOVE.

CAREY HINDMAN, MD

Print CC:

Fax CC:

William B. Naso, MD

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

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

R Date / Time:

S Job #: CARHS58947613

D Job #: 19036

MT: 28874

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

DISCHARGE SUMMARY

Name: NERO, OTIS

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

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

FINAL DIAGNOSES:

1. Cervical stenosis.
2. Resolving cervical radiculopathy.

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

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

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

William B. Naso, MD

This job has been electronically signed by: William B Naso MD on 09/01/2012 at 9:00:00 AM (EST)
Verification: 5896039220120901090000 D

Print CC:

Fax CC:

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

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

R Date/Time:

S Job #: CARHS58960392

D Job #: 285462

MT: 186425

Date of Visit 6/28/12

Florence Neurosurgery and Spine

Patient Health History Questionnaire

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

Patient Name OTIS NERO Phone # (943) 662-9241
Date of Birth [REDACTED] Age 61 Work # (943) 661-4715
Residence [REDACTED] S.C. 29505
Handedness: R L Height: 6'0" Weight: 185 lbs
HR BP 120/70 R T (male/female race)
Who sent you to us? Dr. Robert Richey Family Physician? Dr. Robert Richey
Chief Complaint (What is the reason for your visit?) Was Sent To Hospital
X-RAYS + MRI

Date of onset: 6/20/12

Therapy to date:

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

Past Medical History	Yes	No		Yes	No
High Blood Pressure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stomach ulcers	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Asthma	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bleeding disorders	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Heart Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Alcoholism	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Heart Attack	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Liver disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other	_____				

Past Surgical History: Knee Surgery

Medications (include dosage): Knee DOXAZOSIN 4mg Daily
VICADIN 5-500 mg 4 Every 4 Hrs For Pain

Allergies: NKA

Social History: Single Married Divorced Widowed
Children? YES How Many? 4
Occupation: Machinist operator Last worked: 6/20/12
Do you smoke? Yes No How much? _____ How many years? _____
Did you previously smoke? Yes No How much? _____ Years? _____
Do you drink alcohol? Yes No How much? Social Drink
Did you previously drink alcohol? Yes No How much? _____

Family Hx _____
Complaint Related to an injury? No Workman's compensation? No
Other physicians seen for this problem? YES If so, Who? Dr. Robert Richey

Patient's Signature OTIS NERO The above is true and correct to the best of my belief.



Patient Review of Systems Questionnaire

System	Yes	No	System	Yes	No
Constitutional Symptoms			Genitourinary		
fever	<input type="checkbox"/>	<input checked="" type="checkbox"/>	blood in urine	<input type="checkbox"/>	<input checked="" type="checkbox"/>
weight loss	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pain with urination	<input type="checkbox"/>	<input checked="" type="checkbox"/>
night sweats	<input type="checkbox"/>	<input checked="" type="checkbox"/>	involuntary loss of urine	<input type="checkbox"/>	<input checked="" type="checkbox"/>
chills	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Eyes			Gastrointestinal		
recent visual loss	<input type="checkbox"/>	<input checked="" type="checkbox"/>	abdominal pain	<input type="checkbox"/>	<input checked="" type="checkbox"/>
double vision	<input checked="" type="checkbox"/>	<input type="checkbox"/>	vomiting	<input type="checkbox"/>	<input checked="" type="checkbox"/>
blind spots	<input type="checkbox"/>	<input checked="" type="checkbox"/>	dark or bloody stools	<input type="checkbox"/>	<input checked="" type="checkbox"/>
impaired vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	diarrhea	<input type="checkbox"/>	<input checked="" type="checkbox"/>
trauma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	involuntary loss of stools	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ears, Nose, Mouth, Throat			Musculoskeletal		
recent hearing loss	<input type="checkbox"/>	<input checked="" type="checkbox"/>	joint pain	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ear pain	<input checked="" type="checkbox"/>	<input type="checkbox"/>	which?	<u>left leg</u>	
nose bleed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	joint swelling	<input type="checkbox"/>	<input type="checkbox"/>
sore throat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	which?	<input type="checkbox"/>	<input type="checkbox"/>
			inflammation / redness joints	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cardiac / Circulatory			Endocrine		
chest pain	<input checked="" type="checkbox"/>	<input type="checkbox"/>	breast discharge	<input type="checkbox"/>	<input checked="" type="checkbox"/>
swelling of feet / ankles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	irregular / absent menstrual cycle	<input type="checkbox"/>	<input checked="" type="checkbox"/>
pain in lower legs when walking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	heat / cold intolerance	<input type="checkbox"/>	<input checked="" type="checkbox"/>
abnormal heart rhythm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	recent severe weight gain	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			possible pregnancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hematologic			Respiratory		
bleeding problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	shortness of breath	<input type="checkbox"/>	<input checked="" type="checkbox"/>
frequent / recurrent infections	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cough	<input type="checkbox"/>	<input checked="" type="checkbox"/>
previous bleeding problems w/ surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cough with bleeding	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Patient Signature: Ota Nero Date: 6/28/12

Physician Signature: [Signature] Date: 6-28-12

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

Florence


Neurosurgery & Spine, PC

 Andrew H. Rhee, MD • William B. Nara, MD • James J. Brennan, MD
 Christopher G. Parnianpour, MD • R. Blake Kline, MD

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

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

History of Present Illness

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

History

Allergy

No Known Drug Allergies (06/28/2012)

Past Medical

High blood pressure

Asthma

Social

Married, living with spouse

Dependents 4

Machine Operator

Alcohol use

Tobacco use

Medications

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

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

Family

No significant familial diseases

Past Surgical

Knee Surgery

Review of Systems

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

Respiratory: Not Present- Shortness of Breath.

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

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

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

Vitals

06/28/2012 02:00 PM

Weight: 185 lb Height: 72 in

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

Pain level: 7/10

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

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

Assessment & Plan

CERVICAL RADICULOPATHY (723.4)

Current Plans:

Procedure: Cervical Epidural steroid injection

OTIS NERO

Patient #: ()

DOB: ()

Thursday, June 20, 2013

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

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

The patient will followup with Dr. Naso as needed

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

Florence



Neurosurgery & Spine, PC
 Andrew H. Rhee, MD • William R. Mason, MD • James J. Harrison, MD
 Christopher G. Pannucci, MD • R. Blake Kilian, MD

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

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

History of Present Illness

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

History

Allergy

No Known Drug Allergies (06/28/2012)

Past Medical

High blood pressure

Asthma

Other Medical History

CERVICAL RADICULOPATHY (723.4)

Social

Tobacco use

Alcohol use

Married, living with spouse

Machine Operator

Dependants 4

Medications

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

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

Family

No significant familial diseases

Past Surgical

Knee Surgery

Review of Systems

Respiratory: Not Present- Shortness of Breath.

Cardiovascular: Not Present- Chest Pain.

Neurological: Not Present- Incontinence Stool and Incontinence Urine.

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

Vitals

07/12/2012 10:20 AM

Pain level: 6/10

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

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

OTIS NERO

Patient #: ██████████

DOB: ██████████ (years)

Thursday, June 20, 2013

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

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

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

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

He will follow up with Dr. Naso as needed

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

49298E

RETURN TO WORK OR SCHOOL
FLORENCE NEUROSURGERY AND SPINE, PC

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

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

Date 7/12/12

This is to certify that

Otis Nero

has been under my care for the following:

Cervical Radiculopathy

unable and is unable to return to work school until after Aug. 27-2012

Remarks

R. Blake Kline

(Signature)

SS Form 0704

FLORENCE



Neurosurgery & Spine, PC

Andrew H. Rhee, MD • William R. Natta, MD • James J. Brennan, MD
Christopher U. Paramore, MD • K. Blake Kline, MD

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

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

History of Present Illness

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

History

Allergy

No Known Drug Allergies (06/28/2012)

Past Medical

High blood pressure

Asthma

Other Medical History

CERVICAL RADICULOPATHY (723.4)

CERVICO-OCCIPITAL NEURALGIA (723.8)

Social

Machine Operator

Married, living with spouse

Dependants 4

Tobacco use

Alcohol use

Medications

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

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

Family

No significant familial diseases

Past Surgical

Knee Surgery

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

Review of Systems

Respiratory: Not Present- Shortness of Breath.

Cardiovascular: Not Present- Chest Pain.

Neurological: Not Present- Incontinence Stool and Incontinence Urine.

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

Vitals

07/25/2012 09:35 AM

Pain level: 5/10

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

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

OTIS NERO

Patient #: [REDACTED]

DOB: [REDACTED] (8 years)

Thursday, June 20, 2013

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Assessment & Plan

CERVICAL RADICULOPATHY (723.4)

Current Plans:

CERVICO-OCCIPITAL NEURALGIA (723.8)

Current Plans:

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

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

Florence

Neurosurgery & Spine

Andrew H. Kline, MD
William E. Kline, MD
James J. Brennan, MD.

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

7/31/12

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

Thank you.

R. Blake Kline MD

1204 East Cheves Street • Florence, South Carolina 29506 • www.florence-neurosurgery.com
phone: 843 673 0122 • fax: 843 673 0227 • fax: 843 661 6100

FLORENCE



Neurosurgery & Spine, PC

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Florence, SC 29506
phone: (843) 673-0122
fax: (843) 673-0227

Patient Name: OTIS NERO (████████)

DOB: ██████████

Date of Service: 08/13/2012

History of Present Illness

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

History

Allergy

No Known Drug Allergies (06/28/2012)

Past Medical

High blood pressure

Asthma

Other Medical History

CERVICAL RADICULOPATHY (723.4)

CERVICO-OCCIPITAL NEURALGIA (723.8)

Social

Alcohol use

Machine Operator

Married, living with spouse

Tobacco use

Dependants 4

Medications

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

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

Family

No significant familial diseases

Past Surgical

Knee Surgery

Review of Systems

Respiratory: Not Present- Shortness of Breath.

Cardiovascular: Not Present- Chest Pain.

Neurological: Not Present- Incontinence Stool and Incontinence Urine.

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

Vitals

08/13/2012 08:26 AM

Pain level: 3/10

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

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

OTIS NERO

Patient #: ██████████

DOB: ██████████

Thursday, June 20, 2013

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

Procedure: Cervical Epidural steroid injection

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

The patient will followup with Dr. Naso

If no surgical intervention is required, we will see patient back in followup to discuss further pain management plans

Electronically signed by RICHARD B KLINE MD 08/14/2012

Date of Visit 8/23/12

Florence Neurosurgery and Spine

Patient Health History Questionnaire

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

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

Date of onset: 6/10/12

Therapy to date:
 ESI Oral steroids Pain medication Non-steroids
 Physical therapy Chiropractor Braco/collar Muscle relaxer
 Other: _____

Past Medical History	Yes	No		Yes	No
High Blood Pressure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stomach ulcers	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Asthma	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bleeding disorders	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Heart Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Alcoholism	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Heart Attack	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Liver disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other _____					

Past Surgical History: Knee Surgery

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

Allergies: None

Social History: Single Married Divorced Widowed
 Children? YES How Many? 4
 Occupation: Machine operator Last worked: 6/10/12
 Do you smoke? Yes No How much? _____ How many years? _____
 Did you previously smoke? Yes No How much? _____ Years? _____
 Do you drink alcohol? Yes No How much? Moderate Amount
 Did you previously drink alcohol? Yes No How much? _____

Family Hx: Diabetes, HBP
 Complaint Related to an injury? _____ Workman's compensation? _____
 Other physicians seen for this problem? Yes If so, Who? Dr. Robert Richey

Patient's Signature [Signature] The above is true and correct to the best of my belief.

Patient Review of Systems Questionnaire

System	Yes	No	System	Yes	No
Constitutional Symptoms			Genitourinary		
fever	___	<input checked="" type="checkbox"/>	blood in urine	___	<input checked="" type="checkbox"/>
weight loss	___	<input checked="" type="checkbox"/>	pain with urination	___	<input checked="" type="checkbox"/>
night sweats	___	<input checked="" type="checkbox"/>	involuntary loss of urine	___	<input checked="" type="checkbox"/>
chills	___	<input checked="" type="checkbox"/>			
Eyes			Gastrointestinal		
recent visual loss	___	<input checked="" type="checkbox"/>	abdominal pain	___	<input checked="" type="checkbox"/>
double vision	___	<input checked="" type="checkbox"/>	vomiting	___	<input checked="" type="checkbox"/>
blind spots	___	<input checked="" type="checkbox"/>	dark or bloody stools	___	<input checked="" type="checkbox"/>
tunnel vision	___	<input checked="" type="checkbox"/>	diarrhea	___	<input checked="" type="checkbox"/>
trauma	___	<input checked="" type="checkbox"/>	involuntary loss of stools	___	<input checked="" type="checkbox"/>
Ears, Nose, Mouth, Throat			Musculoskeletal		
recent hearing loss	___	<input checked="" type="checkbox"/>	joint pain	<input checked="" type="checkbox"/>	
ear pain	___	<input checked="" type="checkbox"/>	which?	<u>Neck, knee</u>	
nose bleeds	___	<input checked="" type="checkbox"/>	joint swelling	___	<input checked="" type="checkbox"/>
sore throat	___	<input checked="" type="checkbox"/>	which?	___	
			inflammation / redness joints	___	<input checked="" type="checkbox"/>
Cardiac / Circulatory			Endocrine		
chest pain	___	<input checked="" type="checkbox"/>	breast discharge	___	<input checked="" type="checkbox"/>
swelling of feet / ankles	___	<input checked="" type="checkbox"/>	irregular / absent menstrual cycle	___	<input checked="" type="checkbox"/>
pain in lower legs when walking	___	<input checked="" type="checkbox"/>	heat / cold intolerance	___	<input checked="" type="checkbox"/>
abnormal heart rhythm	___	<input checked="" type="checkbox"/>	recent severe weight gain	___	<input checked="" type="checkbox"/>
			possible pregnancy	___	<input checked="" type="checkbox"/>
Hematologic			Respiratory		
bleeding problems	___	<input checked="" type="checkbox"/>	shortness of breath	___	<input checked="" type="checkbox"/>
frequent / recurrent infections	___	<input checked="" type="checkbox"/>	cough	___	<input checked="" type="checkbox"/>
previous bleeding problems w / surgery	___	<input checked="" type="checkbox"/>	cough with bleeding	___	<input checked="" type="checkbox"/>
Patient Signature	Date		Physician Signature	Date	
<u>J. Otis Nero</u>			<u>J. Otis Nero</u>	<u>8/20/12</u>	
The above is true and correct to the best of my belief.					

Florence



Neurosurgery & Spine, PC

Andrew H. Kline, MD • William B. Naxo, MD • James J. Bennett, MD
Christopher O. Pannone, MD • E. Blake Kline, MD1204 E. Cheves Street
Florence, SC 29506
phone: (843) 673-0122
fax: (843) 673-0227Patient Name: OTIS NERO ()
DOB: ()
Date of Service: 08/22/2012History of Present Illness

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

HistoryAllergy

No Known Drug Allergies (06/28/2012)

Past Medical

High blood pressure

Asthma

Other Medical History

CERVICAL RADICULOPATHY (723.4)

CERVICO-OCCIPITAL NEURALGIA (723.8)

Social

Tobacco use

Alcohol use

Previous employment machine operator

Marital status

Medications

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

Valium (2MG Tablet Oral three times daily) Active - Hx Entry.

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

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

Family

No significant familial diseases

Diabetes Mellitus

Hypertension

Past Surgical

Knee Surgery

Diagnostic Studies

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

Review of Systems

Respiratory: Not Present- Shortness of Breath.

Cardiovascular: Not Present- Chest Pain.

Neurological: Not Present- Incontinence Stool and Incontinence Urine.

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

Vitals

08/22/2012 12:26 PM

Temp.: 96.5 °F Pulse: 51 (Regular)

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

OTIS NERO

Patient #: ()

Thursday, June 20, 2013

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Physical Exam

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

Neck: Supple with no carotid bruits.

Chest: Clear to auscultation.

CV: The heart has a regular rate and rhythm.

NEURO/MUSCULOSKELETAL EXAM

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

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

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

Pathological reflexes: There are no Hoffman signs.

Gait: No ataxia.

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

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

CERVICAL RADICULOPATHY (723.4)**Current Plans:**

- CERVICAL SPINE 4 VIEW Routine

AP, lateral, flexion and extension cervical spine x-rays were obtained. There is significant degenerative disease at C6-7 with both posterior and anterior spurring. There is some angulation at C5-6. There is no gross instability with flexion and extension. There is degenerative disc disease at C7-T1 as well.

Comments

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

W.B. Naso

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

RETURN TO WORK OR SCHOOL
FLORENCE NEUROSURGERY AND SPINE, PC

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

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

Date 09-16-2012

This is to certify that

OTIS NERO

has been under my care for the following:

CERVICAL STENOSIS

and is able to return to

work
school

on November 23 2012

Remarks

PT HAS BEEN UNDER

DR NERO'S CARE

SINCE AUGUST 23 2012

[Signature]
(Signature)

CC Form 0704



RETURN TO WORK OR SCHOOL
FLORENCE NEUROSURGERY AND SPINE, PC

ANDREW H. FRIEX, M.D. • WILLIAM E. NASO, M.D.
JAMES J. BRENNAN, M.D. • CHRISTOPHER G. PARAMORE, M.D.
ELIZABETH A. SNOOPLY, D.O. • CHANNING D. WILLOUGHBY, M.D.

1204 E. Charles Street • Florence, South Carolina 29505
(843) 673-0122 • FAX: (843) 673-0227

Date 8-23-12

This is to certify that

OTIS NERO
has been under my care for the following:

Chronic Granulosis

and is able to return to

work
 school

on November 27, 2012

Remarks

PT HAS BEEN UNDER

MY CARE SINCE

8-23-12

[Signature]
(Signature)

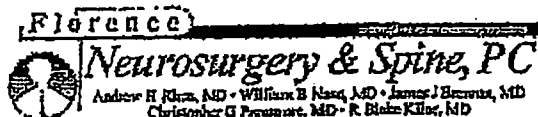
SS Form 004

ATTN: CHRISTI

File To 6061-4779

ATTN: CHRISTI

8-23-12



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

Patient Name: OTIS NERO ([REDACTED])
 DOB: [REDACTED]
 Date of Service: 09/11/2012

History of Present Illness

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

History

Allergy

No Known Drug Allergies (09/11/2012)

Past Medical

Asthma

High blood pressure

Other Medical History

CERVICO-OCCIPITAL NEURALGIA (723.8)

CERVICAL SPINAL STENOSIS (723.0)

CERVICAL RADICULOPATHY (723.4)

Social

Marital status: Married

Previous employment machine operator

Alcohol use: Occasional alcohol use

Tobacco use: Never smoker

Medications

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

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

Doxazosin Mesylate (4MG Tablet Oral daily) Active.

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

Family

Hypertension

Diabetes Mellitus

Past Surgical

Knee Surgery

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

Review of Systems

Respiratory: Not Present- Shortness of Breath.

Cardiovascular: Not Present- Chest Pain.

Neurological: Not Present- Incontinence Stool and Incontinence Urine.

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

Vitals

09/11/2012 02:50 PM

Temp.: 97 °F Pulse: 67 (Regular)

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

Physical Exam

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

OTIS NERO

Patient #: [REDACTED]

Page

Thursday, June 20, 2013

Assessment & Plan

STATUS POST CERVICAL ARTHRODESIS (V45.4)

Current Plans:

- CERVICAL SPINE AP/LAT Routine

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

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

Comments There is no evidence for hardware failure.

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

W. B. Naso

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

RETURN TO WORK OR SCHOOL
FLORENCE NEUROSURGERY AND SPINE, PC

ANDREW H. PHEA, M.D. • WILLIAM E. NASO, M.D.
JAMES J. BRENNAN, M.D. • CHRISTOPHER G. PARADORE, M.D.
ELIZABETH A. SNODERLY, D.O. • CHANNING D. WILLOUGHBY, M.D.

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

Date 11-23-12

This is to certify that

Otis Nero

has been under my care for the following:

Cervical Stenosis

and is able to return to work on _____
school on _____

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

[Signature]
(Signature)

SS Form 0704

Date: 7/14/12 Name: OTIS Negro

WT: 181 HT: TEMP: 97° P: 80 BP: 136/80

Problems: cc: Neck pain going down shoulder numbness

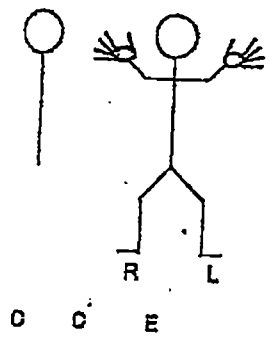
DIAGNOSES: PASS OUT

HPI: Location: neck Quality: sharp Severity: not happy Timing: Duration: Asso S & S:

ROS: Gen: Wt Loss F/G: N/S GI: H/TM Dysphagia: POD GU: Dysort Hematuria: Stones CV: Edema PND: SOB PUL: Cough Asthma: HA Fatigue: NEURO Syncope: MS Stiffness: Joint Pain Back Pain: ENT Ear Pain: Sore Throat Sinus Problems: EYES Blurred Vision: Eye Pain Cataracts: SKIN Rash: Hair PSYCH: Depression: Anxiety Suicidal Ideation:

PMH: Social History: Family History:

Exam:	Gen	<u>WD</u>	<u>WN</u>	NAD	OBESE	CACHEXIA
	GEN	PERRL	EDMI	NI	FUNDI	AC FIELD
	ENT	CLEAR	ND	PLATE	TMRL	THRUSH
	CV	<u>RRR</u>	NPSS	M/S/D	R/G	JVD
	RESP	<u>CLEAR</u>	BRONCHIAL		L	R
	GI	<u>SCARS</u>	L/S	BS	SPLASH	TENDER
	GU	PROSTATE	CIRC			
	MS	NECK	ROM	SLR		
	SKIN	<u>W/B</u>	RASH			
	NEURO	<u>AD/2</u>	RECALL	1 3 5 mins		
	PSYCH	<u>⊙</u>	<u>⊙</u>	S		
	ENDO	THYROID				
	HEME	BRUISE		GUMS		CONJ PINK
	ONC	NODES	GROIN	AX	NECK	
	BRUIT	CAROTID	ABD	GROIN		
	BREAST					
	GYN					
	GUAG +					



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

Assessment/Plan:

Risks: None LTD

Low: None LTD

Medium: None LTD

High: None LTD

None LTD

None LTD

None LTD

FEET: R L

VIB		
PULSE		
CAPILLARY		
HAIR		
N FUNGUS		
TENDER		
CLONUS		

Labs @ Next Visit

Next Visit: None LTD Date of Last: None LTD

Mammogram		New Prescriptions
Colon	<u>None LTD</u>	
A1C		
PAP		
LDL		
PSA		
Eys		
PPD		

Test Scheduled: None LTD

526 None LTD

Referred To:

AN AFFILIATE OF
CAROLINAS
MEDICAL ALLIANCE

ROBERT M. RICHEY INTERNAL MEDICINE

Robert M. Richey, M.D.

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

PT	LEVEL OF SERVICE	FEE	CPT	LEVEL OF SERVICE	FEE	CPT	DIAGNOSIS	FEE	CPT	DIAGNOSIS	FEE	CPT	DIAGNOSIS	FEE
	New Patient		48080	Paracentesis		692.3	Contact Rash		473.9	Sinusitis C			Ketorolac	
01	Problem Focused		99185	PNabo Therapeutic		486	ODPO		780.2	Syncope			Lasix	
02	Expanded		45600	Hem. Int.		491.21	ODPD Exac		785.0	Tachycardia			Nitrogl	
03	Detailed		48221	Hem. Int.		498.20	CHFS		435.9	ITIA			Preneman	
04	Comprehensive		45093	Throm. Ex Hem		498.30	CHFD		593.0	UTI		80732	Pneumovex	
05	Complet			Podiatry		525.9	CR1		780.4	Vertigo		82590	PPD	
	Established Patient		11719	Nail Trim		272.8	Dercum's		83420	B12 Infection			Strindas	
01	Minimal		11720	Debridement 1-5		254.8	Dementia			Benardiv		90714	Tetanus	
02	Problem Focused		11721	Debridement 6-10		767.20	Dysphasia		11030	Daco-Meant			Zofran	
03	Expanded		11765	Wedge Res		767.29	Other			Flu Shot		22590	Una Boot Application	
04	Detailed		11730	Auclision		782.3	Edema							
05	Comprehensive		93922	ASB		722.1	Fibromyalgia							
	Wellness Exam			Nerve Blocks		457.1	Flu							
01	New Pt. Acc		64405	Opp Nerve R L		791.5	Glucosuria							
02	Test Pt. Acc		64400	Trip Nerve		530.81	GEUD							
	Office Consults		64420	Int N Block -1		274.9	GEUD							
01	Detailed		64421	Int N Block ->1		784.0	Headache							
01	Comprehensive		64505	SPGNB			Ho Pain							
	Orthopedics			ENT/OPTH		272.0	Hypercholesterol							
01	Arthro Med Joint		99173	Eva Chair		789.29	Hypertension							
02	Arthro Med Joint		92551	Healing		401.1	Hyperlipidemia							
01	Arthro Small Joint		82567	Tympan		244.9	Hypothyroidism							
01	Tendon Infection		92511	Nesopharynx		780.52	Incontinence							
01	Trip PL Int 1-2		69210	Carumun Imocution		719.40	Joint Pain							
01	Trip PL Int 3		69420	Mirinoal		724.2	Low Back Pain							
01	Jones SCS		69200	FB Removal		789.79	Malaise/Fatigue							
	Man Ts			Lab		348.90	Miralnia							
	Cardio Pulmonary		36415	Venipuncture		272.4	Mixed Lipid							
	EKG		81003	UA without micro auto		729.1	Myofascial Pain Syn							
	Rhythm					757.01	NV							
	PFT Plain		81002	UA Dib		715.96	OA of the Knee							
	PFT with/without		83035	HoA1C		278.00	Obesity							
	Nebulizer		82962	Glucose		112.59	Old CVA							
	CPT		82270	Occult Blood		703.0	Osteoarthritis							
	Derma		99080	Pap Cell		118.1	Osteomyelitis							
	Stress Test		82950	PPG (lab)		715.00	Osteoarthritis							
	St. Min Walk		85610	PT/ATR (CLIA Waived)		733.00	Osteoporosis							
	Surgical Codes		789.07	Abd Pain. oen		785.1	Pelvic Pain							
	Asymic Keratosis		789.06	Edroestrio		300.01	Panic Attack							
	2 to 15		789.01	RUQ		356.8	Periheral Neuropathy							
	Benton Lesions		789.04	ILO		443.9	Periheral Vascular Disease							
	Skin Tau		285.9	Anamnia		353.6	Phantom Pain							
	Shave Cm		250.00	AODM		783.21	Weight Loss							
	Shave Cm		250.40	AODM with renal		791.0	Proteinuria							
	Shave Blossy 0.5 cm		250.60	AODM with nerve		462	Pharyngitis							
	Shave Blossy 0.6-1 cm		427.31	Atrial Fibrillation		782.1	Rash, not otherwise spec'ed							
	Abcess Sinola		427.89	Bradycardia		569.3	Rectal Bleeding							
	Complicated		493.90	Asthma		714.0	Rheumatoid Arthritis							
	Foreign Body		490	Bronchitis		726.10	Rotator Cuff Syndrome							
	Gastroenterology		414.00	CAD		724.8	Sacroiliac Pain							
	Gastro Tube Change		354.0	Carpal Tunnel Syndrome		702.18	Sabornhelo Keratosis							
	Anoscopy		338.4	Chronic Pain w/Presch		427.81	Sick Sinus							
	with Dilation		338.29	Chronic Pain, Otherwise		719.61	Shoulder Pain							
	with Bleeding Control		460	Co Cold		451.9	Sinusitis A							

Handwritten notes:
OK Spina Strain
Sylvia
7/17/06
NO WITH CUPV

PATIENT INFORMATION

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

TIME PATIENT REASON PRIOR BALANCE
7/09/2012 845 OTIS HERO PAT 257.66
IRS 387.96

PT NO. DR # DOCTOR LOCATION D.O.B. TODAY'S CHARGE
82604 2006 RICHEY SR CLIN OF FLORENCE 62

NT NO. RESPONSIBLE PARTY PH# REFERRING DR. ADJUSTMENTS
8266705 OTIS HERO RICHEY MD

F ADDRESS CITY/STATE ZIP CODE
SC 29505

OVER 90 OVER 60 OVER 30 CURRENT TOTAL DUE PT BC CS TODAY'S PAYMENT
100.00 .00 .00 404.40 564.68 095 1 0 160.48

ANCE COMPANY BA SCT POLICY I.D. RELATIONSHIP TO INSURED
BOBS SC STATE E400 Y I ECS32785652 SALANDE
SSR# 1 NOT REQUIRED

Additional Diagnosis:

HIPPA Auth: AUTHORIZATION SIGNED

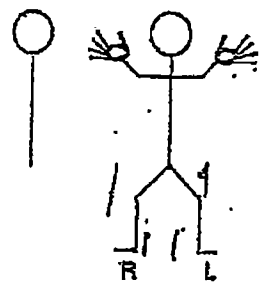
Physician Signature
Patient Signature
I hereby authorize my insurance benefits to be paid directly to the above signed physician, realizing I am responsible to pay non-covered services and I hereby authorize the release of pertinent medical information to insurance carriers.

8/1/12 184 Name: DTS Noto HT: 5'8" TEMP: 98° P: 84 BP: 142/76

CC: joint pain - NECK-shoulder pain

ROS:	Geni	Wt Loss	FX	NS
	GI	HIM	Dyspnea	Dys
	GU	Dysuria	Hematuria	Stones
	CV	CP	Edema	PMD
	PUL	Cough	Apnea	SOB
	NEURO	Synops	HA	Fatigue
PMH:	MS	Sinus	Joint Pain	Back Pain
Social History:	ENT	Ear Pain	Sore Throat	Sinus
Family History:	EYES	Blurred Vision	Eye Pain	Contact
	SKIN	Rash	Ble	Itch
	PSYCH	Depression	Anxiety	Suicidal

Exam:	Gen	WD	WN	NAD	OBSE	CACHEXIA
	GEN	FERRL	EOMI	M	FUNDI	A/C FIELD
	ENT	CLEAR	ND	PLATE	TMRL	THRUSH
	CV	RHR	NPSS	M & D	R G	JVD
	RESP	CLEAR	BRONCHIAL		L	R
	GI	SCARS	L/S	BS	SPLASH	TENDER
	GU	PROSTATE	CIRC			
	MS	NECK	ROM	SLR		
	SKIN	WD	RASH			
	NEURD	REFL	RECALL	1 3 5 mins		
	PSYCH	SM	SM	S		
	ENDO	THYROID				
	HEME	BRUISE		GUMS		CONJ PINK
	ONC	NODES	GROIN	AX	NECK	
	BRLIT	CAROTID	ABD	GROIN		
	BREAST					
	GYN					
	GUAG +					



C G E

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

Labs @ Next Visit

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

Assessment/Plan:

Risks: - PAIN - N/A - N/A - N/A - N/A

Low

Medium

High

- 6.2 Yld

- Drinking @ (MMAW)

Next Visit	NECK - N/A	Date of Last		New Prescriptions
	↑ TO N/A	Mammo		
		Colon		
		A1C		
		PAP		
Test Scheduled:		LDL		
		PSA		
528	CANC	Eyb		
		PPD		

Referred To:

AFFILIATE OF
ROLINAS
ICAL ALLIANCE

ROBERT M. RICHEY INTERNAL MEDICINE

Robert M. Richey, M.D.

805 PAMPLICO HWY
SUITE B-23K
FLORENCE, S.C. 29502
843-679-4011
FAX 843-679-4022
TAX ID #62-1671676

LEVEL OF SERVICE	FEE	CPT	LEVEL OF SERVICE	FEE	CPT	DIAGNOSIS	FEE	CPT	DIAGNOSIS	FEE	CPT	DIAGNOSIS	FEE
New Patient	4900	99201	Paracentesis	692.3	93001	Contact Rash	478.9	86200	Sinusitis C			Ketorolac	
Problem Focused	39125	99212	Phlebotomy Therapeutic	495	93002	COPD	780.2	86201	Syncope			Lidocaine	
Expanded	45500	99213	Hem. Inj.	481.21	93003	COPD Exac	785.0	86202	Tachycardia			Nubain	
Detailed	48221	99214	Hem. Inj.	428.20	93004	CHF	425.9	86203	TIA			Phenergan	
Comprehensive	46033	99215	Thromb Ex Hem	424.30	93005	CHF	599.0	86204	UTI	90732		Pneumovax	
Established Patient	11719	99216	Podiatry	595.9	93006	CHF	780.4	86205	Vertigo	86580		PPD	
Minimal	11720	99217	Nail Trim	272.8	93007	Dercum's	13420	86206	B12 Injection			Shingles	
Problem Focused	11721	99218	Debridement 1-5	294.5	93008	Dementia		90714	Benztrol			Tetanus	
Expanded	11725	99219	Debridement 6-10	767.20	93009	Dysphagia	11020		Deco Medrol			Zofran	
Detailed	11730	99220	Wedge Res	767.29	93010	Other			Flu Shot	29590		Urea Boot Application	
Comprehensive	53522	99221	Avulsion	782.3	93011	Edema							
Wellness Exam		99121	ABI	729.1	93012	Fibromyalgia							
New Pt. Age	84405	99222	Nerve Blocks	487.1	93013	Flu							
Est. Pt. Age	84400	99223	Occ. Nerve R.L.	791.5	93014	Gingivitis							
Office Consult	84420	99224	Tript. Nerve	830.81	93015	GERD							
Detailed	84421	99225	Int N Block - 1	274.9	93016	GOUT							
Comprehensive	84505	99226	Int N Block - >1	784.0	93017	Headache							
Office/POC		99227	SPGNB		93018	Hip Pain							
Arthro Med. Joint	92173	99228	ENT/DPTH	272.0	93019	Hypercholesterol							
Arthro Small Joint	92551	99229	Eve Chart	780.29	93020	Hyperuricemia							
Tendon Injection	92557	99230	Hearing	401.1	93021	Hypertension							
Trio Pt. Int. 1-2	65210	99231	Tympan	244.9	93022	Hypothyroidism							
Trio Pt. Int. >3	65420	99232	Nasoetharynx	780.32	93023	Insomnia							
Jones SCS	69200	99233	Cerumen Impaction	719.40	93024	Joint Pain							
Man TX		99234	Myringot	724.2	93025	Low Back Pain							
Carco Pulmonary	38415	99235	FB Removal	780.79	93026	Malaise/Fatigue							
EKG	81003	99236	Lab	346.80	93027	Migraine							
Rhythm		99237	Venipuncture	272.4	93028	Mixed Lipid							
PFT Plain	81002	99238	U/A without micro auto	729.1	93029	Myocardial Pain Syn							
PFT with/without	83036	99239	LHA Dip	787.01	93030	OA of the Knee							
Inhalizer	82952	99240	HoA1C	278.00	93031	Obesity							
CPT	82270	99241	Glucose	112.59	93032	Old CVA							
Demo	99000	99242	Occult Blood	703.0	93033	Ophthalmology							
Stress Test	82950	99243	Pap Coli	110.1	93034	Oncology							
Six Min Walk	85610	99244	PPG (du)	715.00	93035	Osteoarthritis							
Surgical Codes	789.07	99245	PT/INR (GLJA Waived)	783.00	93036	Osteoporosis							
Acidic Keratosis	789.06	99246	Abd Pain, gen	785.1	93037	Pain/Trauma							
2 to 15	789.01	99247	Enkastro	800.01	93038	Panic Attack							
Benign Lesions	789.04	99248	RUQ	355.9	93039	Peripheral Neuropathy							
Skin Tag	285.9	99249	LLO	443.9	93040	Peripheral Vascular Disease							
Biopsy Cm	250.00	99250	Anemia	353.6	93041	Phantom Pain							
Shave Biopsy 0.5 cm	250.60	99251	ACDM	783.21	93042	Weight Loss							
Shave Biopsy 0.6-1 cm	427.31	99252	ACDM with renal	791.0	93043	Proteinuria							
Abscess Simple	427.89	99253	ACDM with nerve	462	93044	Pharyngitis							
Complicated	483.90	99254	Abdial Fibrosation	782.1	93045	Rash, not otherwise specified							
Foreign Body	490	99255	Bradycardia	569.3	93046	Rectal Bleeding							
Gastroenterology	414.00	99256	Asthma	714.0	93047	Rheumatoid Arthritis							
Gastro Tube Change	354.0	99257	Bronchitis	725.10	93048	Rotator Cuff Syndrome							
Anoscopy	328.4	99258	CAD	724.6	93049	Sacroiliac Pain							
with Dilatation	338.29	99259	Cerebr Tunnel Syndrome	702.19	93050	Seborrheic Keratosis							
with Bleeding Control	450	99260	Chronic Pain w/Psych	427.81	93051	Sick Sinus							
			Chronic Pain Otherwise	719.41	93052	Shoulder Pain							
			Co Cold	451.9	93053	Sinusitis A							

NEW PAT

KNEE PAIN

PATIENT INFORMATION

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

TIME PATIENT		REASON		PRIOR BALANCE	
8/01/2012 1000 DTIS NERO				PAT 141.36	
NO.	DR.#	DOCTOR	LOCATION	D.O.B.	TODAY'S CHARGE
76421	2886	RICHEY SR	CIM DE FLORENCE		62
VT NO.	RESPONSIBLE PARTY		PH#	REFERRING DR.	ADJUSTMENTS
RR46788	DTIS NERO		84 362	8241 RICHEY RD	
F	ADDRESS		CITY/STATE	ZIP CODE	
X			SC 29585		
OVER 90	OVER 60	OVER 30	CURRENT TOTAL DUE	PT	BC
.00	.00	121.00	20.30	141.30	005 1 8
INSURANCE COMPANY	BA	ISOT	POLICY I.D.	RELATIONSHIP TO INSURED	
BCRS SC STATE E400			Y I ZCS32785652	SELF	
SSN#			723.0	STENOSIS, CERVICAL SPINAL	

Additional Diagnosis:

PHIPA Auth: AUTHORIZATION SIGNED

Physician Signature

7000

20 copy go Blane

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

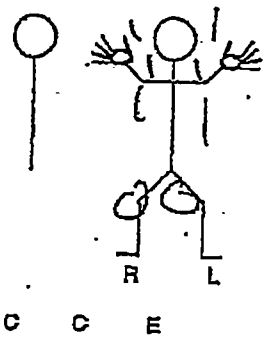
Patient Signature

APPOINTMENT DAYS _____ WEEKS _____ MONTHS *PH*

Date: 8/9/12 Name: Mrs. Nancy [unclear]
 WT: 190 HT: TEMP: 97.7 P: 70 BP: 142/80
 Problems: CO: PAIN IN HEAD - DIZZINESS AT TIMES

HPi:	ROS:
Location: PAIN →	Gen: WT Loss FID N/S
Quality: ALL NOW H	GI: HEM → Dysphagia PUD
Severity: ALL NOW H	GUL: Dysuria Hematuria Stones
Timing: HEADS	CV: GP Edema PND
Duration:	PUL: Cough Asthma SOB
Asso S & S:	NEURO: Syncope HA Fatigue
PMH:	MS: Stiffness Joint Pain Back Pain
Social History: 8/1	ENT: Ear Pain Sore Throat Sinus Infections
Family History:	EYES: Blurred Vision Eye Pain Cataracts
	SKIN: Rash Blisters Itch
	PSYCH: Depression Anxiety Surgical Infection

Exam:	Gen	WD	WN	NO	OSE	OACHEXIA
	GEN	PERFL	EDM	NI	FUNDI	AC FIELD
	ENT	CLEAR	ND	PLATE	TMRL	THRUSH
	CV	RPE	NPSS	M S/D	R G	JVD
	RESP	CLEAR	BRONCHIAL		L	R
	GI	SCARS	L/S	BS	SPLASH	TENDER
	GU	PROSTATE	CIRC			
	MS	NECK	ROM	N (SLR)		
	SKIN	WD	RASH			
	NEURO	REFS	RECALL	1 3 5 mins		
	PSYCH	⊕ ⊙	⊕	S		
	ENDO	THYROID				
	HEME	BRUISE		GUMS		CONJ PINK
	ONC	NODES	GROIN	AX	NECK	
	BRUIT	CAROTID	ABD	GROIN		
	BREAST					
	GYN					
	GLAB ++					



MR Reviewed: Y or N MR Requested: Y or N
 Assessment/Plan:
 Risks: Low Medium High
 Low: [unclear]
 Medium: N/A on 8/12
 High: [unclear]
 [unclear]
 [unclear]
 [unclear]

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

Labs @ Next Visit

Next Visit: Ann W/ [unclear]	Date of Last:	Mammo	New Prescriptions
		Colon	
		A1C	
		PAP	
Test Scheduled:		LDL	
530		PSA	
		Eye	
		PPD	

Referred To:

CPT	LEVEL OF SERVICE	FEE	CPT	LEVEL OF SERVICE	FEE	CPT	DIAGNOSIS	FEE	CPT	DIAGNOSIS	FEE	CPT	DIAGNOSIS	FEE
	New Patient	48080	Paracentesis	692.3	692.3	Contact Rash	473.9	Sinusitis C	780.2	Syncope	780.2		Ketorolac	
201	Problem Focused	65195	Phlebotomy	485	485	COPD	785.0	Tachycardia	455.9	TIA	455.9	90732	Phreneman	
202	Expanded	46500	Hem. In.	491.21	491.21	COPD Exac	785.0	Tachycardia	455.9	TIA	455.9	90732	Phreneman	
203	Detailed	46221	Hem Inq.	428.29	428.29	CHF	785.0	Tachycardia	455.9	TIA	455.9	90732	Phreneman	
204	Comprehensive	46083	Throm Ex Hem	428.30	428.30	CHF	785.0	Tachycardia	455.9	TIA	455.9	90732	Phreneman	
205	Complet		Podiatry	585.9	585.9	CR	780.4	Vertigo	85380		85380	90714	Shingles	
	Established Patient	11718	Nail Trim	272.8	272.8	Dentum's	33420	B12 Injection	90714	Benzadr	90714		Shingles	
11	Minimal	11720	Debridement 1-5	294.8	294.8	Dementia	767.20	Dysphagia		Depo Medrol			Zetran	
22	Problem Focused	11721	Debridement 6-10	767.20	767.20	Dysphagia		Other		Flu Shot	22580		Urea Bort Application	
23	Expanded	11725	Wound Res	767.29	767.29	Other								
24	Detailed	11730	Avulsion	767.3	767.3	Edema								
25	Comprehensive	93922	ABI	729.1	729.1	Fibrinolytic								
	Wellness Exam		Nerve Blocks	457.1	457.1	IFB								
	New PL Ans	64405	Occ Nerve R L	791.5	791.5	Glycosuria								
	Est PL Ans	64400	Trio Nerve	630.81	630.81	GERD								
	Office Consults	64420	Int N Block -1	274.9	274.9	GOUT								
243	Detailed	64421	Int N Block ->1	784.0	784.0	Headache								
244	Comprehensive	64505	SPONG			Ho Pain								
	Orthopedics		ENT/OFH	272.0	272.0	Hypocholesterol								
10	Arthro Med Joint	99173	Evs Exam	790.29	790.29	Hypocalcemia								
105	Arthro Med Joint	92551	Hearing	401.1	401.1	Hypertension								
20	Arthro Small Joint	92557	Tympan	244.9	244.9	Hypothyroidism								
0	Tendon Injection	92511	Nasocorymp	780.52	780.52	Insomnia								
2	Trio Pl. Int. 1-2	69210	Cerumen Impaction	719.40	719.40	Joint Pain								
3	Trio Pl. Int. 3	69420	Myringot	724.2	724.2	Low Back Pain								
25	Jones SDS	69200	FB Removal	780.79	780.79	Melasma/Pigment								
40	Man Tx		Lab	345.90	345.90	Migraine								
	Cardio Pulmonary	35415	Venturexure	272.4	272.4	Mixed Lipid								
	EKG	81003	UA without micro auto	729.1	729.1	Myofascial Pain Syn								
	Rhythm			787.01	787.01	OA of the Knee								
10	PFT Plain	81002	UA Dip	715.96	715.96	Obesity								
30	PFT with/without	83096	HoAC	278.00	278.00	Old CVA								
	Nebulizer	82962	Glucose	112.59	112.59	Oncocytosis								
	CPT	82270	Occult Blood	793.0	793.0	Osteoarthritis								
	Derm	99000	Pap Col	110.1	110.1	Osteoporosis								
15	Stress Test	82950	PPG (ohn)	715.00	715.00	Palpitations								
10	Six Min Walk	85610	PT/HR (CLA Waived)	733.00	733.00	Panic Attack								
	Surgical Codes	789.07	Abd Pain. can	785.1	785.1	Peripheral Neurotophy								
	Acinic Keratosis	789.05	Eolnestr	300.01	300.01	Phantom Pain								
	2 to 15	789.01	RUD	359.9	359.9	Weight Loss								
0	Benign Lesions	789.04	LLO	443.9	443.9	Rheumatoid Arthritis								
0	Skin Tag	785.9	Anemia	353.6	353.6	Rotator Cuff Syndrome								
	Bloosy Cm	250.00	AODM	783.21	783.21	Sacrolitic Pain								
	Shave Bloosy 0.5 cm	250.40	ADDM with renal	791.0	791.0	Schorrhale Keratosis								
	Shave Bloosy 0.6-1 cm	427.31	ADDM with nerve	482	482	Sick Sinus								
	Abscess Simple	427.89	Abfal Fertilation	782.1	782.1	Shoulder Pain								
	Complicated	483.90	Bradycardia	589.3	589.3	Sinusitis A								
	Foreign Body	490	Asthma	714.0	714.0									
	Gastroenterology	414.00	Bronchitis	726.10	726.10									
0	Gastro Tube Change	354.0	CAD	724.6	724.6									
0	Anoscopy	338.4	Canal Tunnel Syndrome	702.18	702.18									
4	with Dilation	338.29	Chronic Pain w/Parach	427.81	427.81									
	with Bleeding Control	460	Chronic Pain. Otherwise	719.61	719.61									
			Co Cold	451.9	451.9									

Handwritten notes:
C/S Spina JTW
NIEU Spina
401-1

PATIENT INFORMATION

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

TIME PATIENT	REASON	PRIOR BALANCE
8/09/2012 845 OTIS HERO		PAF 91. INS
NET NO. DR# DOCTOR	LOCATION	D.O.B.
83287 2096 RICHEY SE	CITY OF FLORENCE	
ADJ. NO. RESPONSIBLE PARTY	PH#	REFERRING DR.
8246788 OTIS HERO	84 352 8241	RICHEY MD
M F ADDRESS	CITY/STATE	ZIP CODE
		SC 29585
OVER 90	OVER 60	OVER 30
00	00	71.00
		CURRENT TOTAL DUE
		20.00
		PT BC CS
		91.00 095 1 0
ANCE COMPANY	BA SGT POLICY I.D.	RELATIONSHIP TO INSURED
BCBS SC STATE E408	I I 2CS32785652	SELLER
SSN#	723.1 CERVICALGIA	SP
		CH
		OLD
		USE
		HER

Additional Diagnosis:

HIPPA Auth: AUTHORIZATION SIGNED

TODAY'S CHARGE: 62

ADJUSTMENTS:

TODAY'S PAYMENT: 20.00

Physician Signature: *C.C.*

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

Patient Signature: *J. Richey*

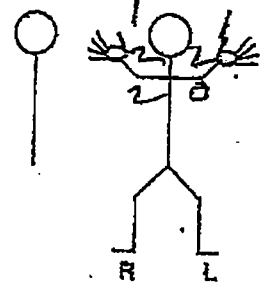
Date: 9/1/12 Name: DTP. Niro
 WT: 175 HT: TEMP: 98 F: 100 BP: 170/90

Problems: CC: Hallucinations - jumping - chest pain
 HPI: 0 0 ROS:

Location: (M) Skin Gen: ~~Wt Loss~~ ~~FD~~ ~~NAS~~
 Quality: (M) Skin GI: ~~HHM~~ ~~Dysphagia~~ ~~PUD~~
 Severity: ~~1~~ GU: ~~Dysuria~~ ~~Hematuria~~ ~~Stones~~
 Timing: ~~1~~ CV: ~~CP~~ ~~Edema~~ ~~PND~~
 Duration: ~~1~~ PUL: ~~Cough~~ ~~Asthma~~ ~~SOB~~
 Assoc S & S: ~~1~~ NEURO: ~~Spasms~~ ~~HA~~ ~~Fatigue~~
 PMH: Social History: Family History: MS: ~~Sonness~~ ~~Joint Pain~~ ~~Back Pain~~
 ENT: ~~Ear Pain~~ ~~Ear Tubot~~ ~~Sinus Problems~~
 EYES: ~~Blurred Vision~~ ~~Eye Red~~ ~~Cataracts~~
 SKIN: ~~Rash~~ ~~Soles~~ ~~Itch~~
 PSYCH: ~~Depression~~ ~~Anxiety~~ ~~Suicidal Ideation~~

Exam: CX Exam

Gen	(WD)	(WN)	(NO)	(DEESE)	CACHEXIA
GEN	PERRL	EOMI	NI	FUNDI	A/C FIELD
ENT	CLEAR	ND	PLATE	TMRL	THRUSH
CV	(RR)	NPSS	M/S/D	R/G	JVD
RESP	CLEAR	(BRONCHIAL)	L	R	
GI	SCARS	L/S	BS	SPLASH	TENDER
GU	PROSTATE	CIRC			
MS	NECK	ROM	SLR		
SKIN	(W/R)	RASH			
NEURO	(A/D)	RECALL	1 3 5 mins		
PSYCH	(O)	(S)			
ENDO	THYROID				
HEME	BRUISE		GUMS		CONJ PINK
ONC	NODES	GROIN	AX	NECK	
BRUIT	CAROTID	ABD	GROIN		
BREAST					
GYN					
GLUG + .					



FEET: (Circled text)

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

Risks: Low Medium High
 Low: ~~1~~
 Medium: (M) ~~1~~
 High: ~~1~~

DR Niro Niro Niro
 CKA - OK

Next Visit: (M) 10/1/12	Date of Last:	Mammo	New Prescriptions
		Colon	
		A1C	
		PAP	
Test Scheduled:		LDL	
		PSA	
532		Eye	
		FPD	

Referred To:

AN AFFILIATE OF
CAROLINAS
MEDICAL ALLIANCE

ROBERT M. RICHEY INTERNAL MEDICINE

Robert M. Richey, M.D.

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

CPT	LEVEL OF SERVICE	FEE	CPT	LEVEL OF SERVICE	FEE	CPT	DIAGNOSIS	FEE	CPT	DIAGNOSIS	FEE	CPT	DIAGNOSIS	FEE
	New Patient		49080	Paracentesis	623.3		Contact Rash		472.9	Sinusitis C			Kataroles	
01	Problem Focused		89185	Phlebo Therapeutic	496		COPD		780.2	Byacode			Leaky	
02	Expanded		49200	Hem. Inj.	491.21		COPD Exac		725.0	Tachycardia			Nutrain	
03	Detailed		49221	Hem Inj.	492.20		CHF		435.9	TIA			Pharicon	
204	Comprehensive		45083	Tumor Ex Ham	428.30		CHF		590.0	UTI		90732	Pneumovax	
205	Compler			Podiatry	255.9		CFI		780.4	Vertigo		99290	PPD	
	Established Patient		11719	Nail Trim	272.6		Darum's		13420	B12 Injection			Stingles	
11	Minimal		11720	Debridement 1-5	294.8		Dementia			Benedol		80764	Tetanus	
12	Problem Focused		11721	Debridement 6-10	767.20		Dysphagia		11030	Deep Medrol			Zofran	
13	Expanded		11785	Wedge Res	787.29		Other			Flu Shot		129580	Una Boot Application	
14	Detailed		11790	Avulsion	782.3		Edema							
15	Comprehensive		89222	ABJ	723.1		Fibromyalgia							
	Wellness Exam			Nerve Blocks	487.1		Flu							
	New Pt. Age		84405	Opt Nerve R.L.	781.5		Glycosuria							
	Est Pt. Age		84400	Tri Nerve	530.81		GERD							
	Dieme Consults		84420	Int N Block - 1	274.9		GOUT							
	Detailed		84421	Int N Block - >1	784.0		Headache							
	Comprehensive		84505	SPGMB			He Pain							
	Orthopedics			ENT/DPTH	272.0		Hypercholesterol							
101	Arthro Med. Joint		86178	Eva Chert	790.29		Hyponatremia							
05	Arthro Med. Joint		82551	Hearino	401.1		Hypertension							
07	Arthro Small Joint		82557	Tympan	244.9		Hypothyroidism							
	Tendon Infection		82511	Nasosarcoma	780.52		Insomnia							
	Triu Pt. Inj. 1-2		89201	Cerumen Impaction	719.40		Joint Pain							
53	Triu Pt. Inj. >3		89420	Myringot	724.2		Low Back Pain							
25	James SCS		89200	FB Removal	780.78		Maleise/Fatigue							
	Man Te			Lab	346.90		Miramins							
	Cardio Pulmonary		86415	Ventimixture	272.4		Mixed Lipid							
	EKG		81003	LUA without micro auto	729.1		Multifocal Pain Svn							
	Rhythm				767.01		NV							
0	PFT Plain		81002	LUA Dio	715.95		OA of the Knee							
0	PFT with/without		83036	HoAIC	278.00		Obesiv							
	Nebulizer		82952	Glucose	112.59		Old CVA							
	CPT		82270	Ocull Blood	703.0		Ophthalmoplosis							
5	Derma		99080	Pap Col	110.1		Ophthalmoplosis							
5	Stress Test		82950	PPG (oh)	715.00		Osteoarthritis							
0	Six Min Walk		85610	PT/HR (CIA Waived)	783.00		Osteoporosis							
	Surgical Codes		789.07	Abd Pain. can	785.1		Pelvic Pain							
	Actinic Keratosis		789.05	Epileptic	80.01		Panic Attack							
	2 to 15		789.01	RUD	356.9		Peripheral Neuropathy							
	Berion Lesions		789.04	LLD	443.9		Pericardial Vascular Disease							
	Skin Tag		295.9	Anemia	353.6		Phantom Pain							
	Biosy Cn.		250.00	AODM	783.21		Weight Loss							
	Biosy Cn.		250.40	AODM with renal	791.0		Proteinuria							
	Shave Biosy 0.5 cm		250.60	AODM with nerve	482		Pharyngitis							
	Shave Biosy 0.5-1 cm		427.31	Abrial Fibriation	782.1		Reah. not otherwise specified							
	Abscess Simple		427.85	Bradycardia	569.3		Rectal Bleeding							
	Complicated		429.90	Asthma	714.0		Rheumatoid Arthritis							
	Forelim Body		490	Bronchitis	726.10		Rotator Cuff Syndrome							
	Gastroenterology		414.03	CAD	724.6		Sacroiliac Pain							
	Gastro Tube Change		354.0	Cannal Tunnel Syndrome	702.19		Seborrheic Keratosis							
	Arnoscopy		338.4	Chronic Pain w/ Psych	427.61		Sick Sinus							
	with Dilaton		538.29	Chronic Pain Otherwise	719.41		Shoulder Pain							
	with Bleeding Control		450	Co Cold	461.9		Sinusitis A							

PATIENT INFORMATION

723.1	CERVICALGIA	891511
728.85	SPASH, MUSCLE	888912
401.1	HYPERTENSION, BENIGN ESSENTIAL	888912
719.46	PAIN IN JOINT, LOWER LEG	888112
715.96	OSTEOARTHRITIS NOS, LOWER LEG	888811
780.2	SYNCOPE AND COLLAPSE	862112
723.8	STENOSIS, CERVICAL SPIRAL	878912
726.10	SYNDROME, ROTATOR CUFF NOS	878912
1	NOT REQUIRED	100611
682.2	CELLULITIS/ABSCESS, TRUNK	820212
719.47	PAIN IN JOINT, ANKLE/FOOT	102411
719.42	PAIN IN JOINT, UPPER ARM	102411
864.81	VACCINE AGAINST INFLUENZA	102411
726.32	EPICONDYLITIS, LATERAL	102411
789.00	PAIN, ABDOMINAL, UNSPECIFIED S	899211
688.9	CARBUNCLE/FURUNCLE, FACE	899211
782.1	RASH, OTH NONSPECIFIC SKIN ERU	899211

TIME	PATIENT	REASON	PRIOR BALANCE
9/07/2012	1815 OTIS REAO	KI	PAT 91.00 INS 88.00
PT NO.	DR# DOCTOR	LOCATION	D.O.B.
84188	2886 RICHEY SR	CIN OF FLORENCE	
PT NO. RESPONSIBLE PARTY	PH#	REFERRING DR.	TODAY'S CHARGE
8446788	OTIS REAO	84 362 8261 RICHEY ED	52
F ADDRESS	CITY/STATE	ZIP CODE	ADJUSTMENTS
		SC 29505	
OVER 90	OVER 60	OVER 30	CURRENT TOTAL DUE
	71.88	20.60	.30
ANCE COMPANY	BA ISOT POLICY LD.	RELATIONSHIP TO INSURED	TODAY'S PAYMENT
BCBS SC STATE EAR9	Y I 8032785652	SELF	4000
SSN#	723.1	CERVICALGIA	Physician Signature

Additional Diagnosis:

HIPPA Auth: AUTHORIZATION SIGNED

CASH

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

X Otis Reao
Patient Signature

533

APPOINTMENT DAYS _____ WEEKS _____ MONTHS _____

DR Robert M. Richey

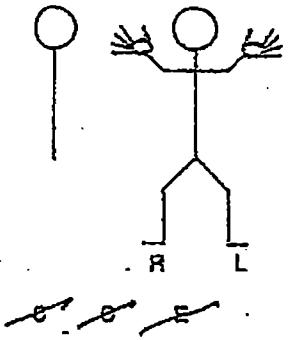
Date: 12/13/12 Name: Luis Nery

WT: 190 HT: TEMP: 98 P: 76 BP: 145/80

Problems: CC: Need form filled out. Acid reflux

HPI: Location: CA	ROS: Gen	Wt Loss	N/S
Quality: N/A	GI	HFM	Dysphagia
Severity: N/A	GU	Dysuria	Haematuria
Timing: Onset in 1990s	CV	CP	Edema
Duration: 20 yrs	PUL	Cough	Asthma
Assoc S & S	NEURO	Syncopa	Fatigue
PMH: N/A	MS	Stiffness	Joint Pain
Social History: N/A	ENT	Ear Pain	Sore Throat
Family History: N/A	EYES	Blurred Vision	Eye Pain
	SKIN	Rash	Itch
	PSYCH	Depression	Anxiety

Exam: Gen	WD	WN	NAD	OBESE	CACHEXIA
GEN	PERRI	DOMI	NI	FUNDI	NO FIELD
ENT	CLEAR	ND	PLATE	TMRL	THRUSH
CV	RBB	NPSS	M/S/D	R/G	JVD
RESP	CLEAR	BRONCHIAL		L	R
GI	SCARS	L/S	BS	SPLASH	TENDER
GU	PRDSTATE	CIRC			
MS	NECK	ROM	SLR		
SKIN	W/D	RASH			
NEURO	REFS	RECALL	1 • 3 • 5 mins		
PSYCH	SM	SM	S		
ENDO	THYROID				
HEME	BRUISE		GUMS		COND PINK
ONC	NODES	GROIN	AX		NECK
BRUIT	CAROTID	ABD	GROIN		
BREAST					
GYN					
GUAG +/-					



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

Risks:
 Low: 1. INDIANA form
 Medium: 2. LAD Annual PM or
 High: 3. Dr. MDJ 1/16/13

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

Labs @ Next Visit	

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

Referred To: NO NAME - PSC form

193:10 824 - 902

AN AFFILIATE OF
CAROLINAS
MEDICAL ALLIANCE

ROBERT M. RICHEY INTERNAL MEDICINE

Robert M. Richey, M.D.

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

LEVEL OF SERVICE	FEE	CPT	LEVEL OF SERVICE	FEE	CPT	DIAGNOSIS	FEE	CPT	DIAGNOSIS	FEE	CPT	DIAGNOSIS	FEE
New Patient	450.00	99202	Paracetamol	692.3		Contact Rash	473.9		Sinusitis C			Ketorolac	
Problem Focused	415.00	99211	Fluticasone	498		COPD	780.2		Syncope			Lasix	
Extended	455.00	99212	Hem. Inf.	481.21		COPD Exac	725.0		Tachycardia			Nubain	
Detailed	463.21	99213	Hem Inf.	425.20		CHF	435.9		TIA			Phenethan	
Comprehensive	450.00	99214	Thromb Ex Hem	428.20		CHF	598.0		UTI	90732		Pneumovax	
Complex			Podiatry	595.9		CFR	780.4		Vertigo	85580		PPD	
Established Patient													
Minimal	117.00	99215	Nail Trim	272.3		Dermum's	13420		B12 Injection			Shingles	
Problem Focused	117.00	99216	Debridement 1-5	294.8		Dementia	11030		Benadryl	90714		Tetanus	
Extended	117.00	99217	Debridement 6-10	787.20		Duchenne			Dene Medrol			Zofran	
Detailed	117.00	99218	Wedge Res	787.29		Olfar			Flu Shot	28530		Unz Boot Application	
Comprehensive	600.00	99219	Auclion	782.3		Edema							
Wellness Exam			ABI	728.1		Fibromyalgia							
New Pt. Age	64.00	99220	Nerve Blocks	457.1		Flu							
Est. Pt. Age	64.00	99221	Opt. Nerve RT	791.5		Glycosuria							
Office Consult	84.00	99222	Trig. Nerve	530.81		GERD							
Detailed	84.00	99223	Int N Block - 1	274.5		GOUT							
Comprehensive	84.00	99224	Int N Block >1	784.0		Hemochromatosis							
Comprehensive	84.00	99225	SPGNB	728.1		Ho Pain							
Orthopedics			ENT/OPHTH	272.0		Hypercholesterol							
Arthro Med. Joint	92.00	99226	Eye Chart	780.29		Hypertension							
Arthro Med. Joint	92.00	99227	Hearing	401.1		Hypothyroidism							
Arthro Small Joint	92.00	99228	Tympan	244.8		Hypothyroidism							
Tendon Injection	82.00	99229	Nasopharynx	780.52		Insomnia							
Trio Pl. Int. 1-2	82.00	99230	Carumen Impaction	719.40		Joint Pain							
Trio Pl. Int. >3	82.00	99231	Mycosis	724.2		Low Back Pain							
Jones SCS	62.00	99232	FB Removal	780.79		Neck Pain							
Man Tx			Lab	346.80		Migraine							
Cardio Pulmonary	64.00	99233	Varicella	272.4		Mixed Lipid							
EKG	81.00	99234	UA without micro auto	729.1		Myocardial Pain Syn							
Rhythm				787.01		NV							
PFT Pain	81.00	99235	UA Dib	715.95		OA of the Knee							
PFT with Aulicut	62.00	99236	HoAIC	278.00		Obesity							
Neuritis	82.00	99237	Glucose	112.59		Old CVA							
CPT	82.00	99238	Ocular Blood	703.0		Osteoarthritis							
Demo	92.00	99239	Peap Cell	110.1		Osteoarthritis							
Stress Test	82.00	99240	PPG (ohu)	715.00		Osteoporosis							
Sbr Min Walk	85.00	99241	PT/INR (GLA Waived)	733.00		Pain							
Survival Codes	78.00	99242	Abd Pain. non	785.1		Pain							
Acute Keratitis	78.00	99243	Enlarged	300.01		Paric Attack							
2 to 15	78.00	99244	RUO	352.9		Pericardial Neuroarth							
Bentn Lesions	78.00	99245	LLO	443.9		Pericardial Vasculer Disease							
Skin Tag	285.5	99246	Anemia	353.6		Phantom Pain							
opsy Cm.	250.00	99247	ADDM	783.21		Weight Loss							
ov Cm.	250.00	99248	ADDM with renal	791.0		Prostria							
Shave Biopsy 0.5 cm	250.00	99249	ADDM with nerve	462		Pharyngitis							
Shave Biopsy 0.5-1 cm	427.31	99250	Atrial Fibrillation	782.1		Rach. not otherwise specified							
Abscess Sinus	427.31	99251	Bradycardia	599.3		Rectal Bleeding							
Confused	431.90	99252	Asthma	714.0		Rheumatoid Arthritis							
Foreign Body	430	99253	Branchitis	728.10		Rotator Cuff Syndrome							
Gastroenterology	414.00	99254	CAD	724.6		Sacrofac Pain							
Gastro Tube Change	354.0	99255	Canal Tunnel Syndrome	702.19		Sebaceous Keratosis							
Arthroscopy	322.4	99256	Chronic Pain w/ Psych	427.81		Skin Sinus							
with Distion	325.22	99257	Chronic Pain, Otherwise	715.41		Shoulder Pain							
with Bleeding Control	450	99258	Co Cols	461.9		Sinusitis A							

Cx Spine
7/11/12
S. Hunter MD

PATIENT INFORMATION

- 715.96 OSTEOARTHRITIS NOS, LOWER LEG 880811
- 292.12 HALLUCINOSIS, DRUG-INDUCED 096712
- 723.1 CERVICALGIA 031511
- 728.85 SPASME, MUSCLE 060912
- 401.1 HYPERTENSION, BENIGN ESSENTIAL 060912
- 719.45 PAIN IN JOINT, LOWER LEG 060912
- 780.2 SYNCOPE AND COLLAPSE 062112
- 723.0 STENOSIS, CERVICAL SPINAL 070912
- 726.10 SYNDROME, ROTATOR CUFF NOS 070912
- 1 NOT REQUIRED 100611
- 682.2 CELLULITIS/ABSCESS, TRUNK 020212
- 719.47 PAIN IN JOINT, ANKLE/FOOT 102411
- 719.42 PAIN IN JOINT, UPPER ARM 102411
- V04.81 VACCINE AGAINST INFLUENZA 102411
- 726.32 EPICONDYLITIS, LATERAL 102411
- 789.00 PAIN, ABDOMINAL, UNSPECIFIED 090211
- 680.0 CARUNCLE/FURUNCLE, FACE 090211

TIME PATIENT REASON PRIOR BALANCE
 ** REPRINT ** REPRINT ** PAT 61.90
 12/13/2012 815 OTIS NERO IRS .00

ET NO. DR.# DOCTOR LOCATION D.O.B. TODAY'S CHARGE
 87281 2606 RICHEY SR CAROLINAS INTERNAL ME 62

REFERRING DR. ADJUSTMENTS
 PH# 84 352 8241 RICHEY MD

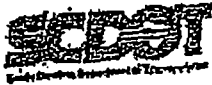
F ADDRESS CITY/STATE ZIP CODE
 [Redacted] SC 29505

OVER 90 OVER 60 OVER 30 CURRENT TOTAL DUE PT BC CS TODAY'S PAYMENT
 61.90 .00 .00 .00 61.90 095 1 3 \$20.00

INSURANCE COMPANY POLICY I.D. RELATIONSHIP TO INSURED
 SCBS SC STATE RAMP Y I 26382785652 10 + 20% + 30% Extra
 292.12 HALLUCINOSIS, DRUG-INDUCED

PHYSICIAN SIGNATURE: [Signature]
 PATIENT SIGNATURE: [Signature]

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



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

U.S. Department of Labor Wage and Hour Division



OMB Control Number 1295-0008 Expires 2/28/2015

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

Employer name and contact: _____

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

Employee's essential job functions: _____

Check if job description is attached: _____

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

Your name: Otto Noveck 7/9/12
First Middle Last

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

Provider's name and business address: Dr. Robert Richey

Type of practice / Medical specialty: Internal Medicine

Telephone: 813 679-4019 Fax: 813 679-4027

CONTINUED ON NEXT PAGE

Form WH-310-E Revised January 2009

1. Approximate date condition commenced: Summer Term - MRK

Probable duration of condition: 4 1/2 years

Mark below as applicable:

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

Date(s) you treated the patient for condition: 7/9/12 & MRK

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

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

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

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

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

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

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

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

Has to have
new surgery

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

If so, estimate the beginning and ending dates for the period of incapacity: 07/23/12 - 11/06/12

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

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

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

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

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

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

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

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

Frequency : times per week(s) month(s) HW 11

Duration: hours or day(s) per episode 0.5 - 1 hr

RETURN TO WORK OR SCHOOL
FLORENCE NEUROSURGERY AND SPINE, PC

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

1204 E. Cheves Street • Florence, South Carolina 29508
(843) 673-0122 • FAX: (843) 677-0227

Date 7/12/12

This is to certify that

Otis Nero

has been under my care for the following:

Cervical Radiculopathy

unable and is ~~not~~ to return to work until after Aug. 27, 2012
school

Remarks

R. Blake Kline, M.D.

(Signature)

SS Form 0704



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

07/13/12

To whom it may concern,

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

Sincerely,

Robert M. Richey, MD

RETURN TO WORK OR SCHOOL
FLORENCE NEUROSURGERY AND SPINE, PC

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

1204 E. Chimes Street • Florence, South Carolina 29508
(843) 678-0122 • FAX: (843) 678-9227

Date 11-23-12

This is to certify that

OTIS NERO

has been under my care for the following:

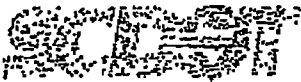
Cervical Stenosis

and is able to return to ^{work} ~~work~~ on _____
school

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

[Signature]
(Signature)

83 Form 0704



South Carolina
Department of Transportation

November 27, 2012

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

RE: Otis Nero

Dear Dr. Naso:

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

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

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

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

Sincerely,

Eric M. Minshew
Resident Maintenance Engineer

Enclosures