

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM RICHLAND COUNTY
Court of Common Pleas

R. Keith Kelly, Circuit Court Judge

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SC Court of Appeals

Appellate Case No. 2019-001145 / Lower Case No. 2017-CP-40-00517

Jackie Eadon Chalfant, Individually and as a Personal Representative of the Estate
of Michael Dallas Chalfant.....Appellant

v.

Carolinas Dermatology Group, P.A., a South Carolina Professional Association,
and Mark G. Blaskis, M.D., Individually.....Respondents

SECOND AMENDED RECORD ON APPEAL VOL. II

s/ Michael G. Fink
Michael G. Fink, Esq.
MIKE FINK LAW FIRM, P.A.
1500 Royal Palm Square Blvd. Unit 101
Fort Myers, FL 33901
Phone: (239)939-1906
E-mail: mfink@mikefinklaw.net
Attorney for Appellant

s/Brandon R. Gottschall
Martin S. Driggers
Brandon R. Gottschall
Sweeny Wingate & Barrow, P.A.
Post Office Box 12129
Columbia, South Carolina 29211
(803)256-2233
Attorneys for Respondents

INDEX

Form 4 Order Granting Directed Verdict dated June 7, 2019.....	2
Form 4 Amended Order Granting Directed Verdict dated June 21, 2019.....	3
Order Dismissing Appeal for Failure to Order Transcript dated August 12, 2019.....	6
Order Granting Motion to Reinstate dated November 7, 2019.....	7
Plaintiff's Complaint filed January 30, 2017.....	8
Defendants' Answer to Complaint filed March 3, 2017.....	41
Plaintiff's Reply to Affirmative Defenses filed March 17, 2017.....	50
Appellant's Notice of Appeal filed July 8, 2019	52
Appellant's Amended Notice of Appeal filed July 18, 2019.....	54
Appellant's Second Amended Notice of Appeal filed July 18, 2019.....	56
Correspondence from Court of Appeals Clerk of Court dated July 26, 2019.....	58
Appellant's Motion to Reinstate filed August 30, 2019.....	60
Carolina's Dermatology Group, P.A. Answers to Plaintiff's First Interrogatories, Interrogatory No.24 dated May 17, 2017, published in Trial Transcript pp. 354-356.....	95
Trial Transcript dated June 3 to June 6, 2019.....	109
Doctor Jing Zhang.....	112
Doctor Mark Blaskis.....	125
Doctor Amy Durso.....	165
Doctor Pearson Lang.....	176
Doctor Sean Christensen.....	203
June Compton.....	229
Doctor Mark Blaskis (Out of Presence of the Jury).....	231
Jackie Chalfant.....	236
Trial Exhibits.....	305
Trial Exhibit P-1.....	305
Trial Exhibit P-2.....	306
Trial Exhibit P-3.....	307
Trial Exhibit P-4.....	308
Trial Exhibit P-6.....	353
Trial Exhibit P-8.....	356
Trial Exhibit P-11.....	357
Trial Exhibit P-12.....	363
Trial Exhibit P-17.....	368
Trial Exhibit P-18.....	510
Trial Exhibit P-20.....	515
Trial Exhibit P-21.....	516
Certificate of Appellant.....	524

1 and I'd had interest for a long time in a specialized skin
2 cancer surgery technique called Mohs surgery.

3 So I went back and did a year of fellowship in that at
4 both University of Wisconsin and George Washington
5 University.

6 Q Okay. All right. And I think you said in a round
7 about way, but you are board certified?

8 A I'm board certified in dermatology and
9 dermatopathology. Right at this current time they're no
10 boards in Mohs surgery although that's coming up in the near
11 future. They hope in a couple years there will be board
12 certification in Mohs surgery.

13 Q Okay. And have you offered expert testimony before
14 today in any Courts in America?

15 A I have.

16 MR. NORTH: All right. Your Honor, at this point I
17 would tender Doctor Lang as a -- an expert in the field of
18 dermatology and Mohs surgery.

19 MR. DRIGGERS: No objection.

20 THE COURT: Ladies and gentlemen, once again, this
21 witness is qualified as an expert in dermatology and Mohs
22 surgery. That does not mean you must accept his opinion.
23 You give it whatever weight you feel is appropriate.

24 Yes, sir.

25 MR. NORTH: Thank you, Your Honor.

1 CONTINUED DIRECT EXAMINATION

2 BY MR. NORTH:

3 Q Doctor, will you agree with me that a Mohs surgeon must
4 do his own pathology and review all of the slides?

5 A Yes. By definition, that's Mohs surgery. If someone
6 says they're doing Mohs surgery, and sends that tissue to a
7 pathologist, then that's not Mohs surgery.

8 Q Okay. And if a Mohs surgeon is not going to do his own
9 pathology, he should not be charging for Mohs surgery.

10 Is that correct?

11 A That's correct.

12 Q Do you agree with me, Doctor Lang, that a physician has
13 a duty to provide a clear method, a reasonable method for a
14 patient to reach the physician after hours regarding any
15 complications?

16 A I do.

17 Q And am I correct that, as far as a Mohs surgeon, that
18 your major concern, during the first 24-hours after surgery,
19 is bleeding?

20 A That's correct.

21 Q Therefore, am I correct that your postop forms that you
22 use, that it addresses bleeding after surgery in terms of
23 what to do and what not to do?

24 A Correct.

25 Q I'm gonna show you what I think are your postop

1 Q The more they drink the more significant it could get?

2 A Yes.

3 Q But, again, that's the reason why you, as the doctor,
4 explain to the patient to avoid alcohol?

5 A Yes, we don't get into a discussion about how many
6 drinks they can have.

7 Q Okay. All right. As a part of your involvement in
8 this case, doctor, have you reviewed any records from Doctor
9 Blaskis as a part of the Carolinas Dermatology Group?

10 A I have.

11 Q And did you look at the record dated May 12th, 2015,
12 when Mr. Chalfant went to that group to have his surgery?

13 A I did.

14 Q Did you see, in those records, that Mr. Chalfant had a
15 heart rate of 116?

16 A I did.

17 Q And is that considered, I think I'm pronouncing it
18 correctly, tachycardia?

19 A Tachycardia, yes.

20 Q Tachycardia?

21 A Yes.

22 Q Okay. All right. Am I correct, doctor, that you would
23 not perform the Mohs surgery on a patient with a heart rate
24 in excess of what it should be?

25 A Well, I think you need to look at the big picture. I

1 think, first of all, in terms of Mr. Chalfant, if you look
2 at the referral from Doctor Stahl, who's the primary care
3 physician, that was not an abnormal pulse rate for
4 Mr. Chalfant, and it had been thoroughly evaluated. So, for
5 him, that was baseline.

6 For the average person that comes in, you'd have
7 concerns. You'd want to evaluate it before proceeding with
8 surgery, and maybe check with their primary care doctor.
9 But in Mr. Chalfant's case, that was baseline for him. If
10 you look back through Doctor Stahl's records over the years,
11 he frequently came in. In fact, one time he came in and his
12 pulse rate was 126. So, I think, in this particular case,
13 you know, that wasn't necessarily a contraindication to
14 surgery.

15 Q All right. All right. So, here we are. Today is
16 June 5th, 2019.

17 Do you remember going through a deposition two months
18 ago, here more than 60 days ago, on April 3rd, 2019?

19 A I guess.

20 Is that my deposition?

21 Is that the one you're talking about or whose
22 deposition is it?

23 Q Your deposition.

24 A Yes. Okay. Yes.

25 Q Do you remember being deposed about two months ago?

1 A I do.

2 Q All right. Do you remember the following questioning
3 and answer session in the deposition starting on Page 71,
4 Line 25?

5 The question starts with, so, if, on May 12th, 2015,
6 Mr. Chalfant had a heart rate of greater than 100 beats per
7 minute, you would not perform the Mohs surgery?

8 You would send him out for assessment, correct?

9 And then your answer was correct.

10 And then, on Line 5 of Page 72, you asked and so he---

11 MR. DRIGGERS: Your Honor?

12 THE COURT: Wait a minute. Wait a minute.

13 MR. DRIGGERS: I just feel like this is an improper use
14 of a deposition. Doctor Lang doesn't have a copy of it in
15 front of him. Mr. North can read the whole thing.

16 (WHEREUPON, a bench conference was held out of the
17 hearing of the jury at this time.)

18 MR. NORTH: May I approach, Your Honor?

19 THE COURT: Yes, sir.

20 Q All right. Doctor Lang, here is a copy of your
21 deposition, and where I'm gonna start reading from is at the
22 bottom of Page 71.

23 A Okay.

24 Q All right. So at Page 71, on Line 25, I asked or
25 Mr. Fink asked, so, if, on May 12th, 2015, Mr. Chalfant

1 had, and it continues on Page 72, a heart rate of greater
2 than 100 beats per minute, you would not perform the Mohs
3 surgery?

4 You would send him out for an assessment, correct?

5 And what was your answer, sir?

6 A Correct.

7 Q And then Mr. Fink asked you, on Line 5, and so he would
8 not have had surgery by you on May 12th, 2015, correct?

9 And your answer?

10 A That's correct.

11 Q Okay. And two months ago when your deposition was
12 taken, am I correct that you had all the records involved in
13 the case?

14 A I did not.

15 Q What was it that you did not have?

16 A I did not have a copy of the referral which listed the
17 pulse rate as 120, and I did not have the primary care
18 physician's records, Doctor Stahl. So that altered my
19 opinion.

20 Q Is it your, is it your testimony that a patient with a
21 heart rate of 116 has no risk associated with proceeding
22 with Mohs surgery?

23 A I think, in this particular case, the risks are
24 minimal.

25 Q Am I correct that one of the reasons you would be

1 concerned for a patient already presenting with an increased
2 heart rate is that, during the Mohs surgery, you would be
3 using an anesthetic called Epinephrine because Epinephrine
4 can cause the heart rate to jump another 15 points?

5 Is that correct?

6 A It can. It does have the potential to increase the
7 heart rate, yes.

8 Q Okay. And I know that Mr. Chalfant had a heart rate of
9 116, but am I correct that, if your Mohs patient had a heart
10 rate of more than 80 or even 85, which is less than the 116,
11 that you would not do the surgery in the first place?

12 A Well, a couple things.

13 First of all, I must say I got caught off base by that
14 question, and I did not handle it very well in retrospect,
15 and I mean I think probably that's a little low. I think
16 100 would be a better number for that than as opposed to 85.

17 But, again, I think you need to look at the overall
18 picture. You need to assess the patient. If there's any
19 questions, then call up their primary care physician or
20 cardiologist, and get input from them in terms of whether or
21 not to proceed with surgery.

22 Q I'm gonna show you, Doctor Lang, a copy of your
23 deposition that was taken two months ago.

24 Now look at Page 45.

25 If you turn to Page 45 for me?

1 A I'm on Page 45.

2 Q Okay. So I would ask you a question that was asked of
3 you on Line 13, and that is if they were tachycardic, they
4 had a heart rate over 80 or 85, you would not perform the
5 Mohs in the first place, correct?

6 And your answer was?

7 A Correct.

8 Q And then you were asked, at Line 17, you would require
9 him to be assessed?

10 And what was your answer?

11 A Yes.

12 Q The deposition that was done two months ago, that
13 deposition wasn't calling you in surprise, was it?

14 A No.

15 Q You knew that it was gonna be---

16 A I knew there was gonna be a deposition.

17 Q And you know this is an important case, right?

18 A I do.

19 Q Okay. A couple more things. Switching gears here a
20 little bit.

21 Am I correct, Doctor Lang, that a medical office has a
22 medical and legal duty to put, on a patient's chart,
23 everyone that has treated the patient on a particular visit?

24 A Yes.

25 Q And by medical office, would you agree that the

1 pocket if you'd like to see that.

2 Q So was No. 12 that's listed on that list Doctor Stahl's
3 office notes?

4 A Yes.

5 Q Okay. So let me get back to the last question I asked.
6 I'm gonna ask it again just to make sure that we're all on
7 the same page.

8 So I had asked, asked for an after hours number for a
9 medical office that is doing Mohs surgery.

10 Do you agree with me that, other than a true emergency
11 situation, that is preferable to have an answering service
12 be the first option for a patient calling in the after hours
13 number instead of having a voice mail being the first
14 option?

15 And your answer?

16 A Well, the answer to that is it would be ideal if you
17 went straight to an answering service. But if you had some
18 sort of message system set up so that eventually the patient
19 will get to the answering service, I think that's
20 acceptable.

21 Q But having the answering service as the first option is
22 preferably?

23 A It's ideal, yes.

24 Q Okay. We're saying the same thing, right?

25 A Yeah, I mean basically what I'm saying is, in the

1 perfect world, that would be the best scenario.

2 Q Okay.

3 A But if there's an alternative which serves the same
4 purpose is acceptable, then I think that's fine also.

5 Q And along those lines, would you agree with me that
6 it's preferable to make it clear to a patient of how to get
7 help regarding surgical complications after hours?

8 A Yes.

9 Q And in terms of your office, not even mentioning
10 Carolinas Dermatology Group, but Doctor Lang, your office,
11 am I correct that your after hours telephone number goes
12 immediately to an answering service?

13 A Yes.

14 Q Okay. So, if one of your patients calls your after
15 hours number, your patient doesn't have to worry about
16 trying to navigate through a series of prompts.

17 Is that correct?

18 A That's correct.

19 Q Would you agree with me that, if a surgeon fails to
20 discuss any specific or unique, unique risks that a
21 particular patient presents with based on their condition,
22 with regards to any proposed surgery, that that failure
23 would fall below the acceptable standard of care?

24 A Yes, if the patient---

25 Q Okay.

1 Q Good morning, Doctor Lang.

2 A Good morning.

3 Q Just got a few questions for you.

4 Tell the jury -- you currently practice in Charleston.

5 Is that right?

6 A I do.

7 Q Tell the jury how you got to Charleston.

8 A I was recruited there. They were starting a Department
9 of Dermatology back in 1980, and I was recruited there to be
10 on the faculty.

11 Q Okay. And how long were you on the faculty at MUSC?

12 A I was there 30 years.

13 Q And what did you teach?

14 A I specialized in Mohs surgery and dermatological
15 surgery. So I headed up that section of the dermatology
16 department, and we also established a fellowship there in
17 1989.

18 Q Okay. And, doctor, you've been over several different
19 exhibits, and talked about records that -- you reviewed all
20 of them that -- Mr. Chalfant's medical records from
21 Carolinas Dermatology.

22 Is that correct?

23 A I did.

24 Q Okay. And I think you explained, since your
25 deposition, you also now reviewed the referral records from

1 Doctor Peter Stahl sent to Carolinas Dermatology.

2 Is that correct?

3 A That's correct.

4 Q Okay. And then also the complete chart from Doctor
5 Stahl's treatment of Mr. Chalfant going back several years?

6 A That's correct.

7 Q Okay. And, doctor, after reviewing all those medical
8 records, and seeing all the photographs and the other
9 exhibits, I have a few questions for you.

10 Do you believe that Doctor Blaskis breached any
11 standard of care in this case?

12 A I do not.

13 Q His belief that Mr. Chalfant was a good candidate for
14 Mohs surgery, did he breach the stand -- was that a breach
15 of the standard of care?

16 A It was not. I think Mr. Chalfant was a suitable
17 candidate for Mohs surgery.

18 Q Okay. And on his decision after seeing a heart rate of
19 116 on presentation, and a referral heart rate of 120, was
20 that within the standard of care to decide to proceed?

21 A It was.

22 Q Okay. Well, on the manner in which he discussed with
23 Mr. Chalfant the risks of this procedure, is that within the
24 standard of care?

25 A Yes, they were clearly outlined in the operative permit

1 that Mr. Chalfant signed prior to the surgery.

2 Q which included a risk of bleeding?

3 A Yes.

4 Q Okay. How about with the office staff that he chose
5 and had -- in his operating room or, or procedure, with the
6 MAs and some PAs at times, was that appropriate?

7 A Yes.

8 Q Okay. How about his actual performance of the
9 procedure?

10 A Well, you know, best you can tell from the records,
11 everything was the way it should of been.

12 Q And I'm gonna show you, doctor, on the screen and
13 exhibit we've been using which illustrates Doctor Blaskis'
14 procedure in this case, and ask you is that the proper way
15 in which this cancer should of been removed from Mr.
16 Chalfant's ear?

17 A It was.

18 Q Okay. And those are all the steps that you described
19 earlier that are entailed in the Mohs, correct?

20 A Correct.

21 Q Okay. And, doctor, it appears -- is this a picture
22 from Mr. -- from Doctor Blaskis' chart?

23 A Yes.

24 Q Okay. And, doctor, is that a -- the largest wound that
25 you've ever seen on a cancer patient?

1 A It could cause bleeding. Some people, you know,
2 depending where the cancer was, actually bleed out from
3 these cancers. Particularly if it's near a -- like an
4 artery or something like that.

5 Q Okay. And, doctor, did you find any deviations of the
6 standard of care for the closure of Mr. Chalfant's wound in
7 this case by Doctor Blaskis?

8 A You talking about the preauricular area?

9 Q Well, actually I was referring to the -- I guess you --
10 the better term would be the band -- the bandaging.

11 A I, I found nothing -- you know, there was nothing in
12 the records that indicated that was inappropriately
13 bandaged.

14 Q Okay. What type of bandage was applied to this wound?

15 A Pressure bandage.

16 Q Okay. And is that a bandage that you would use in this
17 type of surgery?

18 A Yes.

19 Q Okay. All right. Doctor, and with the discharge
20 instructions, is it within the standard of care to give
21 those verbally to patients?

22 A It is.

23 Q Okay. And is it within the standard of care to discuss
24 before, during, and after the surgery what's happening,
25 what's proceeding, and then what the patient should do once

1 they leave the office?

2 A It is.

3 Q Okay. And I'm assuming you talk to your patients when
4 you're treating them in your surgeries?

5 A Oh, yes.

6 Q Okay. Doctor, there's been some discussion of the, the
7 number of patients that Doctor Blaskis had seen on, on, on
8 this day or any day.

9 If he had seen 33 patients on May the 12th, 2015, is
10 that within the standard of care?

11 A It is.

12 Q Okay. Is that a high, high end or low end or --?

13 A For a busy dermatologist that's experienced, it's
14 probably pretty average.

15 Q Okay. And the fact that that was his only Mohs
16 procedure that day, is that within the standard of care to
17 just schedule it in the day?

18 A Yes, because most dermatologist could probably see that
19 many patients in the morning, and dedicate themselves to the
20 Mohs in the afternoon. I mean I don't know what transpired,
21 but---

22 Q Right.

23 A Certainly conceivable that's the way it played out.

24 Q So it's, it's within the standard of care to have
25 multiple Mohs surgeries on a single day?

1 A Yes.

2 Q Okay. And how long you been doing these procedures,
3 doctor?

4 A Since 1980.

5 Q Okay. On the answering service that was questioned
6 about earlier, first of all, your office -- an answering
7 machine picked -- a voice comes on, right?

8 A Yes.

9 Q Okay. And what does it instruct the patients to do?

10 A Well, recently it's been changed. I just found that
11 out the other day. But what it currently says is this
12 message has been set up for people wanting to cancel same
13 day appointments or with medical concerns, and, if you have
14 a medical concern, press zero.

15 Q Okay.

16 A And that connects you with the answering service.

17 Q And, in the past, has it given instruction to dial
18 9-1-1 if it's a medical emergency?

19 A I don't think so. I just think that what it said in
20 the -- says, you know, you've reached Trident Dermatology,
21 and, if you're having a problem, stay on the line or push
22 zero at any time and someone will, you know --

23 Q Okay.

24 A -- pick up the phone or what have you.

25 Q Let me ask you this, doctor.

1 You've had patients call you back, and you've had to go
2 back with postsurgical bleeds, correct?

3 A Correct.

4 Q Okay. And if, for whatever reason, you had a patient
5 who could not get in touch with you or somebody from your
6 office, what would you expect them to do?

7 A Well, the first thing I would expect them to do is try
8 again.

9 Q Okay.

10 A You know, there could be a break down in the
11 communication system or something. But if there was a
12 serious problem occurring, depending on how serious it was,
13 would be either to call 9-1 (sic) if they were having a lot
14 of serious bleeding, for example, or certainly go to a local
15 emergency room.

16 Q Okay. And the message -- you've listened to the
17 message that's on -- that Mrs. Chalfant heard in this case,
18 correct?

19 A Yes.

20 Q Okay. And I know it's on some boards as an exhibit
21 that the jury could see.

22 What's your opinion of that message?

23 A Well, I listened to it. When I did my deposition, all
24 I had was a script for it, which is, you know, seemed fine
25 to me. But, you know, hearing it's a lot different, and, to

1 me, it was a very good message. It was easy to follow. It
2 wasn't anything complicated about it.

3 Yeah, you had to do a couple things. You know, didn't
4 put you right there to the answering service. But it made
5 it very clear how you could get to a real person.

6 Q Okay. So -- and that's within the standard of care, a
7 doctor, a doctor needs to provide their patients with a way
8 to get back in touch with them?

9 A Yes.

10 Q And, and Doctor Blaskis did that in this case?

11 A Yes.

12 Q Okay. And then your discharge instruction, you don't
13 give out your cell phone or anything of that nature to your
14 patients.

15 Is that right?

16 A Not on a routine basis. Every once in a while I will.
17 It depends on if it's a special patient, but, in general,
18 no.

19 Q Okay. And on your discharge instructions, you do ask
20 for the patients to abstain from alcohol.

21 You testified earlier, right?

22 A Yes.

23 Q But it's within the standard of care just to ask them
24 to limit that.

25 Is that correct?

Pearon Lang - Cross-examination
By Mr. Driggers

1 A Yes.

2 Q And to do so verbally?

3 A I'm sorry?

4 Q And to do so verbally---

5 A Yes.

6 Q ---in connection with that?

7 Okay. So, doctor, is -- tell the jury is there, again,
8 anything that Doctor Blaskis did that you have an opinion
9 breached any standards in this case?

10 A Not that I could see, no.

11 MR. DRIGGERS: Okay. Thank you, Your Honor. That's
12 all the questions I have.

13 Oh, I'm sorry, Your Honor. I did have one.

14 (Pause.)

15 Q I meant to show this earlier, Doctor Lang, but it's
16 real -- this won't take very long.

17 You recognize those records that I have shown you
18 there?

19 A Let me see here. Yes, these are Doctor Stahl's
20 records, the Woodhill Family Medicine Practice.

21 Q Okay. And these are the ones that you were provided or
22 some of the one's you were provided following your
23 deposition earlier this year.

24 Is that right?

25 A Yes, I don't know that everything was given to me, but

1 there were a fair number of pages, yes. So, I have a pretty
2 complete record I think.

3 Q Okay. And those are Bates stamped for you at the
4 bottom with numbers.

5 A Okay.

6 Q And, again, your opinion is that a person should
7 proceed with -- to Mohs surgery if they're within their
8 baseline heart rate?

9 A Yes.

10 Q Okay. I'll ask you to turn to Page 10 of that --
11 these -- on that, that document.

12 A Okay.

13 (Witness complies.)

14 Q What was Mr. Chalfant's heart rate on March 17th of
15 2014?

16 A It was 108.

17 Q Okay. I ask you to turn to Page 12.

18 A (Witness complies.)

19 Q What was Mr. Chalfant's heart rate on May, excuse me,
20 July 22nd, 2013?

21 A A hundred.

22 Q Okay. Please turn to Page 13.

23 A (Witness complies.)

24 Q What was Mr. Chalfant's heart rate on March the 11th,
25 2013?

1 A Let me see. I've got to find it here.

2 Q Okay.

3 A This is Page 13?

4 Q Right.

5 A His pulse was 108.

6 Q Okay. Turn to Page 15.

7 A (Witness complies.)

8 Q What was Mr. Chalfant's heart rate on November the 7th

9 --

10 A 104.

11 Q -- of 2012?

12 Okay. 104?

13 A Yes.

14 Q And then turn to Page 21 for me?

15 A (Witness complies.)

16 Q What was Mr., what was Mr. Chalfant's heart rate on
17 December 29th of 2010?

18 A 124.

19 Q Okay. And then, finally, turn to Page 7.

20 A Seven?

21 Q Seven.

22 A (Witness complies.)

23 Q Which discusses the referral that Doctor Stahl's
24 getting ready to make to Doctor Blaskis.

25 What was Mr. Chalfant's heart rate on March the

1 30th of 2015?

2 A 120.

3 Q Okay. So what would you consider the baseline for Mr.
4 Chalfant's heart rate to be?

5 A Well, I would say it would be in excess of a hundred
6 beats per minute.

7 Q Okay. And again, doctor, one more question on the
8 staffing.

9 Is it appropriate for the dermatology, dermatology
10 office to use licensed practice -- practical nurses,
11 correct?

12 A Correct.

13 Q As opposed to a registered nurse?

14 A Yes, they don't have to be registered.

15 Q Okay. And, doctor, you also testified earlier that you
16 have served as an expert witness in other cases, correct?

17 A I have.

18 Q And you've testified in Court like this before?

19 A I have.

20 Q And, of course, it's standard for you to receive some
21 type of compensation for your time.

22 Is that correct?

23 A Correct.

24 MR. DRIGGERS: Okay. That's all the questions I have.

25 MR. NORTH: May I, Your Honor?

1 THE COURT: Yes, sir.

2 REDIRECT EXAMINATION

3 BY MR. NORTH:

4 Q Hello again, doctor.

5 A Hello.

6 Q So just a few follow-up questions.

7 Mr. Driggers just handed you a whole bunch of medical
8 records from Doctor Stahl.

9 Are you able to tell us which of those records you did
10 or did not have when you were deposed just two months ago?

11 A Without putting them side-by-side, I couldn't answer
12 that.

13 Q So some of them you probably had?

14 A Yes, I'm sure I have a good number of them. But I know
15 I didn't have all these pages. So I think I probably---

16 Q Well---

17 A ---just had the meat of the chart. Probably the most
18 relevant thing.

19 Q All right. So then I guess following up to that, do
20 you know whether, on May 12th, 2015, when Mr. Chalfant
21 walked in to Doctor Blaskis' office, whether Doctor Blaskis
22 had that entire stack of medical records?

23 A I don't believe I know. I know he had the referral and
24 the referral had the pulse rate of 120. But I don't really
25 know if he had more notes or not. I couldn't answer that.

1 Q So then let me ask you this.

2 If Doctor Blaskis, on May 12th, 2015, did not have
3 the wealth of medical records that you have today to know
4 what Mr. Chalfant's baseline would of been at that time, and
5 that Mr. Chalfant had presented to the office that day with
6 that high heart rate of 116, do you agree with me that, just
7 based on that note in front of him on that day, that the
8 surgery should of been postponed in order to work up or do a
9 further assessment on Mr. Chalfant?

10 A I do not agree.

11 Q Okay. Let me ask you this.

12 The surgery that was gonna be performed on May 12th,
13 2015, it was not an emergency surgery.

14 Is that correct?

15 A That's correct.

16 Q There was no harm in postponing the surgery for two
17 weeks, three weeks, four weeks, whatever it would have
18 taken, to get a further work up?

19 There was no harm in that.

20 Am I correct?

21 A There's no harm, but it was unnecessary. Even though
22 he didn't have the correct records, I think, Doctor Stahl,
23 the reason he put that pulse rate on the referral was to
24 alert Doctor Blaskis to the fact that, when he got his vital
25 signs preoperatively, that pulse rate could be elevated.

1 The second thing is Doctor Stahl obviously was very
2 aware of Mr. Chalfant's overall condition, his medical
3 history, his history of this rapid pulse rate, and he knew
4 that Doctor Blaskis would be administering a local
5 anesthetic probably with Epinephrine, and if he'd thought
6 that was contraindicated or anything, I'm sure he would of
7 not sent Mr. Chalfant or he would of spoke with Doctor
8 Blaskis about modifying something or another and that didn't
9 happen.

10 So I see no reason to delay the surgery under those
11 circumstances.

12 Q Okay. And I know that they're some assumptions there,
13 but let me ask you this in terms of what we know cause
14 we're, we're in a courtroom here.

15 Have you spoken with Doctor Stahl about what he was
16 thinking?

17 A No.

18 Q Do you know whether Doctor Blaskis ever spoke with
19 Doctor Stahl?

20 A I have no knowledge one way or the other.

21 Q Okay. So the answer that you gave me was a guess?

22 A I don't think a guess. I would say it was very -- if
23 it's a guess, it's a very educated guess. It's, it's not a
24 wild assumption.

25 Q Do you agree with me that a life is a life?

1 A Yes.

2 Q No life is more important than any other life?

3 A That's correct.

4 Q But you said that you give special patients your cell
5 phone number?

6 A Well, you know, I don't mean that they're special
7 special. It's in certain circumstances. If, you know, a
8 patient is very nervous, they are very concerned, you know,
9 on occasion, but that's really -- I don't do that. I've
10 probably done that once or twice in my whole career. So
11 it's a very rare thing.

12 Q Doctor Blaskis says that all his patients are special.
13 So should they all get his cell phone number?

14 A No.

15 Q The after hours number that you have, when someone
16 calls it, there is no extension that someone can press that
17 goes to a mailbox or a voice mail.

18 Am I correct?

19 A That's correct.

20 Q All right. Thank you, doctor.

21 That's all that I have.

22 THE COURT: Anything else to that?

23 MR. DRIGGERS: Yes, sir.

24 RE CROSS EXAMINATION

25 BY MR. DRIGGERS:

1 Q Doctor Lang, is it the typical practice for
2 dermatologists to rely on the assessment by the referring
3 physician of the patient they're coming to you?

4 A Well, I think, particularly if that physician is
5 referring them for surgery, I certainly would think that
6 they've carefully evaluated the patient, and thought whether
7 or not they were a suitable candidate. Now, that doesn't
8 mean you shouldn't do some assessment on your own. But, to
9 me, that basically means they've signed off and said, you
10 know, we think this person is suitable for Mohs surgery or
11 whatever it might be.

12 Q Okay. And again, doctor, if your answering service --
13 if your machine or answering service, for whatever reason,
14 malfunctions or did not allow a patient to get in touch with
15 you who is experiencing postoperative bleeding, what would
16 you expect them to do?

17 A Well, as I said earlier, I would expect them, if it was
18 very severe bleeding, to call 9-1-1 or, if there was this
19 sort of constant bleeding, then certainly go to an emergency
20 room to seek help.

21 MR. DRIGGERS: Thank you, Your Honor. That's all the
22 questions I have.

23 THE COURT: Doctor, you may step down. Please be
24 careful.

25 THE WITNESS: All right. Thank you.

1 registered nurses you have, LPNs, or medical assistants, and
2 what have you?

3 A So I'll talk about our, our primary Mohs surgery
4 practice, which is located in New Haven. There are three
5 Mohs surgeons within our group. All of us are full-time
6 faculty at the University.

7 We have six nurses that are working with us. Some of
8 them are RNs, registered nurses. Some of them are LPNs,
9 which is licensed practicing nurse. And they assist in
10 various ways during the surgery.

11 We also have, I believe, two medical assistants that
12 assist in a much more minor way. Our primary assistants are
13 the, the nurses.

14 Q Okay. And we'll get into exactly what the forms say in
15 a little bit.

16 But, in your practice, do you provide written
17 postoperative instructions to your patients?

18 A Yes, we do.

19 Q Do you give each patient different postop, operative
20 instructions?

21 A No, we, we have two sets. Actually we have about three
22 or four sets of postoperative instructions. But they are
23 specific to the type of procedure that was performed, and
24 the type of wound repair, if any, that was performed.

25 So patients will be given one of those three or four

Sean Christensen - Direct examination
By Mr. North

1 sets of instructions based on what type of procedure they
2 had. But every patient that had a given type of procedure
3 will receive the exact same instructions.

4 Q Okay. Thank you.

5 Your Honor, at this point, the Plaintiff would tender
6 Doctor Christensen as an expert in the field of dermatology
7 and in Mohs surgery.

8 MR. DRIGGERS: No objection, Your Honor.

9 THE COURT: No objection.

10 Okay. Ladies and gentlemen, once again, without
11 objection, this expert -- this, this witness is qualified as
12 an expert in dermatology and Mohs surgery. You may give
13 whatever weight you deem appropriate to his testimony.

14 Counsel.

15 MR. NORTH: Thank you, Your Honor.

16 CONTINUED DIRECT EXAMINATION

17 BY MR. NORTH:

18 Q So, first, Doctor Christensen, I would like to ask you
19 some standard of care questions, some general standard of
20 care questions.

21 Do you have an opinion as to whether, if a doctor fails
22 to provide his patient with a thorough and careful
23 examination before subjecting the patient to surgery,
24 whether that would fall below the acceptable standard of
25 care?

1 A Yes, that would fall below the acceptable standard of
2 care.

3 Q And why is that?

4 A Because a surgeon performing surgery has the
5 responsibility to ensure that that patient is appropriate
6 for that procedure at that time.

7 Q Okay. And then do you have an opinion as to whether,
8 if a doctor fails to discuss with his patient all known and
9 material risks and complication of the proposed surgery
10 before taking scalpel to skin, absent an emergency, whether
11 that would fall below the acceptable standard of care?

12 A That would also fall below the acceptable standard of
13 care. The acceptable standard of care is that the doctor
14 will explain all the risks and benefits of any given
15 procedure prior to the procedure happening.

16 Q Okay. Do you have an opinion as to whether, if a
17 surgeon fails to make sure that an open wound is not
18 properly closed or bandaged, bandaged so as to prevent
19 excessive bleeding from the surgical wound, would that fall
20 below the acceptable standard of care?

21 A Yes, that would.

22 Q And why is that?

23 A Because it is the responsibility of the surgeon to
24 ensure that the wound that they create during Mohs surgery
25 will be able to heal, and that may be able to heal with a

1 Q And when you were hired to be involved in the case,
2 what is it that you were actually asked to do?

3 A I was asked to give my opinion on the case as to
4 whether the care that was provided contributed to
5 Mr. Chalfant's death.

6 Q Okay. And if you could just give us a summary of the
7 opinions that you have in this case?

8 A So I, I formed three main opinions that I think are
9 relevant here.

10 The first is that I think that the education of the
11 patient about what to do postoperatively was inadequate.

12 The second opinion I have is that I think the
13 assessment of the patient's cardiac status prior to surgery
14 was inadequate.

15 The third was that I think that the bandaging that was
16 done for this wound was not adequate for this type of wound.

17 Q All right. I was writing.

18 Okay. So the last one---

19 MR. DRIGGERS: Your Honor, may we approach?

20 THE COURT: Yes.

21 (WHEREUPON, a bench conference was held out of the
22 hearing of the jury at this time.)

23 Q Okay. So, Doctor Christensen, you said that of all the
24 things that you reviewed or read, one of them was the
25 deposition testimony of, of Doctor Blaskis.

1 That being said, if basal cell carcinoma is allowed to
2 progress, it will continue to grow and cause additional
3 tissue destruction, and potentially symptoms for the patient
4 such as pain, bleeding, or infection.

5 Q Thank you.

6 In terms of Mrs. Chalfant's case, do you have an
7 opinion as to whether, if his Mohs surgery had been put off
8 for a month to have him undergo any further medical
9 assessment, whether that was gonna place his life in
10 jeopardy?

11 A I can confidently say that it would not place his life
12 in jeopardy if that treatment had been postponed by even two
13 months. We actually have a, a pretty good understanding of
14 the rate of progression of basal cell carcinoma, and the
15 generally accepted timeline is that lesions are not going to
16 progress within a period of one to three months.

17 Q We will speak about the issue of bandaging later.

18 Okay. So what I'm gonna ask you now is for your
19 opinions excluding any opinions about bandaging.

20 So have you formed any opinions of whether the
21 professional care rendered by Doctor Blaskis to Michael
22 Dallas Chalfant met the standard of care for Mohs surgeons?

23 A I believe that the, the procedure of doing Mohs surgery
24 was done within the standard of care.

25 Q Okay. In terms of the actual procedure itself?

1 A That's correct.

2 Q All right. And in terms of the entire case of the
3 information being given to the Chalfants, the postsurgical
4 instructions, whether the surgery should of been done that
5 day, everything excluding the bandaging, do you have any
6 opinions as to whether what Doctor Blaskis did on May
7 12th, 2015, fell below the standard of care for Mohs
8 surgery?

9 A So I, I have concerns about the, the discharge
10 instructions. It's not clear to me that the patient was
11 adequately educated about what to do in the case of
12 bleeding.

13 I, I can see that the patient was informed of bleeding
14 prior to the surgery. That is informed consent, and the
15 informed consent part of this was totally adequate it seems.

16 But, in addition to informed consent, there's also a
17 responsibility of the surgeon to tell the patient what to do
18 if they have any of the potentially expected complications
19 including bleeding, and it wasn't clear to me, from
20 reviewing the medical record, that the patient was
21 adequately educated on what to do in the case of bleeding.

22 Q I'm gonna show you what's been marked as Exhibit No. 1
23 in this case, and I'll represent to you that that is the
24 single piece of paper that the Chalfants left Carolinas
25 Dermatology with on May 12th, 2015.

1 And my question to you is whether you have an opinion
2 as to whether that piece of paper adequately communicated to
3 the Chalfants what to do in the case of bleeding?

4 A No, I do not think it conveys that information.

5 Q Okay. Now, there's been mention that maybe they were
6 given some information verbally or orally.

7 what's been your experience with verbal versus written?

8 A So I think it's very difficult for patients to remember
9 all the instructions that might be dispensed following a
10 surgery when they're in that state where they've just had
11 what may of been a significant procedure. And, as part of
12 my role in the University, I teach students and residents,
13 as they come through, and we have to educate the students
14 and residents on what the main complications of surgery are.
15 And it often takes those students several times going
16 through it before they can adequately remember what all the
17 complications are, and what people should do in the case of
18 those complications.

19 And so I can't imagine that a patient having just gone
20 through a procedure, and the anxiety associated with it,
21 would be able to adequately remember all these instructions
22 if they were only given orally.

23 Q So that's one opinion that you have.

24 Do you have any other opinions -- well, first, let me
25 ask you this.

1 The opinions that you just stated, are those made
2 within a reasonable degree of medical certainty?

3 A Yes.

4 Q Okay. Do you have any other opinions as to whether the
5 care provided by Doctor Blaskis to Michael Chalfant on May
6 12th, 2015, fell below the standard of care?

7 A I am concerned about the patient's elevated heart rate
8 or tachycardia that Doctor Lang had already discussed. When
9 reviewing the chart, this was an area of uncertainty to me.
10 It wasn't clear to me again that Doctor Blaskis adequately
11 assessed that elevated heart rate, and the risk that it may
12 entail to the patient.

13 Q Okay. And is that opinion rendered within a reasonable
14 degree of medical certainty?

15 A Well, the, the medical certainty here is that a heart
16 rate of 116 may indicate a significant cardiac condition
17 that could be made worse by Mohs surgery.

18 Q Okay. And with that elevated heart rate, is there any
19 reason against postponing the surgery for a few weeks?

20 A The, the only reason against postponing the surgery
21 would be inconvenience for the patient in having to make a
22 second trip back to the office. There, there's no medical
23 contraindication to postponing the surgery.

24 Q Okay. And is that opinion rendered within a reasonable
25 degree of medical certainty?

1 A Yes.

2 Q Do you have any opinion regarding the significance of
3 the size of the wound in Mr. Chalfant's ear, and being sent
4 home without it being able to coagulate?

5 A Well, I think that---

6 Q And, again, I don't want to get into bandaging just
7 yet.

8 A Yeah.

9 Q We'll get into that in a little bit.

10 A I'm, I'm not sure what you mean when you ask about
11 coagulate when you use that term.

12 Q In terms of him being sent home when bleeding was such
13 a high risk for him.

14 A So I think that, given the wound that was present at
15 the end of Mohs surgery, that wound had a higher risk of
16 bleeding than say the average Mohs surgery wounds. It was
17 in an anatomic site, the ear, that has an increased blood
18 supply. It was a wound that included the skin of both the
19 front and the back of the ear. So there were two sources of
20 potential bleeding from that one wound.

21 So that is a wound that has an elevated risk of
22 bleeding, and I think that, if that wound is not going to be
23 surgically repaired, then there is an increased importance
24 on doing an adequate bandage for that wound.

25 Q Okay. And I know that people get their ears pierced

1 all the time.

2 But are there vessels in the ear that you, as a
3 dermatologist, would be concerned about bleeding going
4 through?

5 A Yes, there, there are a few small arterials in the ear
6 that are well known, and are named in anatomy textbooks.

7 Q Okay. And are those in the helix and antihelix or are
8 they all the way down in the concha?

9 A They are in the, the helix and antihelix, which is the,
10 the outer rim of the ear. They're primarily located on the,
11 the back surface of the ear, the skin on the back of the
12 ear, and the, the main artery that I'm thinking of is the,
13 the posterior auricular artery, and it goes along the skin
14 behind the ear.

15 Q And was that part of the ear that Mr. Chalfant removed?

16 A It, it was. The skin in that area was removed. The
17 artery branches into a couple different branches that are
18 not completely predictable. Everybody has their own unique
19 branching pattern, but it would certainly traverse through
20 the area where the surgery was done.

21 Q Do you have an opinion as to whether Doctor Blaskis
22 failed to meet the standard of care in providing a workable
23 means for the Chalfants to get in touch with him proactively
24 after undergoing that type of surgery?

25 A Yes, I do. I think that the instructions given to the

1 patient about how to get in touch with the office were, I'll
2 say, inconsistent and were confusing for the patient, and I
3 can -- I should probably elaborate on that.

4 So what, what I mean when I say inconsistent is we have
5 a written piece of paper that has one number, and then we
6 have a -- the statement that the patient was orally
7 instructed to call the main number. And so those two things
8 are inconsistent with each other.

9 Q And that would be confusing even for your medical
10 students?

11 A I think that would be confusing for anyone, and I would
12 think that most people would call the number listed on the
13 piece of paper that they were given.

14 Q If Michael Chalfant had been your patient and presented
15 to you in the way that you've seen in the medical records
16 that you've reviewed in this case, would you have done Mohs
17 surgery on Michael Chalfant on May 12th, 2015?

18 A I may have. I would need more information about
19 whether or not that heart rate was a medically concerning
20 condition. That heart rate alone could be a sign of an
21 unstable cardiac condition, unstable heart condition, and I
22 would need to know that it was safe to proceed with Mohs
23 surgery before doing so.

24 So I would need additional information that was not
25 listed in the medical record.

1 Q And additional information through either calling the
2 referring doctor or sending him out for further assessment,
3 something along those lines?

4 A That's correct. I would want the input from a doctor
5 who's qualified to evaluate an elevated heart rate such as
6 an internist or a cardiologist.

7 Q Okay. You don't go by just the fact that he's referred
8 that you assume that the referring doctor believes it to be
9 okay to proceed to surgery?

10 You're the surgeon.

11 A That's right. I think that's an important point. I
12 think only the Mohs surgeon can make a decision about
13 whether or not the patient is appropriate for Mohs surgery.
14 I can't make a decision about whether a patient is
15 appropriate for brain surgery. And so I don't believe that
16 the referring doctors had enough knowledge of what the
17 actual Mohs procedure will entail to be able to make that
18 assessment.

19 Q Okay. Doctor, do you have an opinion as to whether, if
20 the Chalfants had been able to get in touch with Doctor
21 Blaskis on the night of May 12th, 2015, and then he had
22 been able to direct them as to how to stop the bleeding, do
23 you have an opinion as to whether that could of saved
24 Mr. Chalfant's life that night?

25 A I think that, if the bleeding had been stopped, it

1 would of saved his life.

2 Q And is that opinion within a reasonable degree of
3 medical certainty?

4 A Yes, it is.

5 MR. NORTH: Your Honor, I would like for the attorneys
6 to speak with you regarding the bandaging issue before we
7 proceed any further please.

8 THE COURT: Mr. Foreman, ladies and gentlemen of the
9 jury, this is one of those matters I told you that would
10 come up at some point, and I'm gonna have to discuss a
11 matter of law with the lawyers at this time.

12 Mr. Foreman, I want you to take the jury out. Don't
13 talk about the case. Don't discuss the case. This
14 shouldn't take but -- well, it might take a few minutes, but
15 it, it won't take long.

16 Mr. Foreman.

17 (WHEREUPON, the following takes place outside the
18 presence of the jury.)

19 MR. NORTH: Well, Your Honor, I know that the one -- I
20 know that only one attorney is doing the questioning, but in
21 terms of this issue, this issue was handled by a motion by
22 Mr. Fink. So I would like for him to be able to address
23 this before the Court.

24 THE COURT: No. The lawyer stays with the witness.

25 MR. NORTH: Okay. All right. All right.

1 A Yes, I did have to see a patient in the emergency room.
2 I'm not sure that they called 9-1-1 though.

3 Q Okay.

4 A I think we helped them arrange transport to the
5 emergency room. But yes, I did see a patient in the
6 emergency room.

7 Q Okay. Now, doctor, you don't have any criticisms of
8 Doctor Blaskis' initial meeting with Mr. Chalfant, correct?

9 A We're talking about the meeting in April --

10 Q Right.

11 A -- when the biopsies were performed?

12 Q Correct.

13 A That's right. I have no criticisms.

14 Q Okay. And you agree that bleeding is a risk of surgery
15 just like Mr. -- Doctor Blaskis told Mr. Chalfant, correct?

16 A Yes.

17 Q And, in this case, there was no reason for Doctor
18 Blaskis to not perform the surgery.

19 Am I correct in saying that?

20 A No, I don't think that's been established.

21 Q Okay. Ask you to turn to Page 20 -- 24 in your
22 deposition, doctor, and beginning in Line 6.

23 So I gather from your answer to your earlier question,
24 you didn't see any reason, based on Mr. Chalfant's physical
25 condition, that he shouldn't have gone forward with Mohs

1 suturing of the cheek that, that Doctor Blaskis' nursing
2 staff did, correct?

3 A That was appropriate.

4 Q Okay. And you don't have any criticisms of, of the
5 staffing?

6 The people he had around him was appropriate, the
7 nurse, and medical assistants, and physician's assistants,
8 and LPA -- LPNs.

9 Is that correct?

10 A I have no issue with the use of assistants including
11 PAs, MAs, and LPNs.

12 Q And you don't have any criticisms of the number of
13 patients he sees a day, do you, that he has a number that's
14 over some standard?

15 A I, I don't know what those numbers are. I heard
16 earlier today that he saw 33 general dermatology patients,
17 and one Mohs surgery patient on a given day.

18 Q Uh-huh. (Affirmative).

19 A That seems appropriate.

20 Q Okay. And you agree it was appropriate for him to be
21 referred to the plastic surgeon the following day, correct?

22 A Correct.

23 Q You don't think, upon discharge, that he should of been
24 admitted to the hospital, correct?

25 A I -- no, I think it is appropriate for him to be

1 Q Okay. And were you able to know what the staging
2 what -- what the staging was, and did you have a clear
3 understanding of that?

4 A I believe I was able to piece it together once I
5 received the physical Mohs slides, yes.

6 Q Okay. And, and you did -- well, I know it's before
7 your deposition, correct?

8 A Yes.

9 Q But you did ask for additional information after
10 reviewing earlier records, correct?

11 A Yes.

12 Q Okay. And that was provided to you?

13 A Yes.

14 Q Doctor, you've -- you would agree with me that,
15 obviously, upon discharge, the patient needs to have an
16 explanation about the risks and -- of, of bleeding, and
17 pain, and, and infection, and how to get back in touch with
18 the doctor, correct?

19 A Yes.

20 Q And you agree that can be done orally, right?

21 A Yes.

22 Q Okay. And within -- and that's within the standard of
23 care even if it's not warranted?

24 A I think that is the, the minimum of the standard of
25 care. But yes, it's appropriate.

1 Q Okay. And your understanding is in this case that
2 Doctor Blaskis did go over those risks with Mr. Chalfant
3 verbally before, during, and after the surgery?

4 A I understand that that was Doctor Blaskis' testimony
5 that he did that.

6 Q Okay. And so you -- but you're saying you don't
7 believe what he said about that?

8 A I am not saying that I don't believe it.

9 Q Okay.

10 A I'm saying that, from the information I have, Doctor
11 Blaskis said that he did it. It was not documented in the
12 medical record.

13 Q Okay. And you also agree that the patient needs to
14 have a way to get back in touch with their doctor --

15 A Yes.

16 Q -- following, following the procedure?

17 Now, I think there was some confusion earlier in your
18 testimony.

19 Can I use your discharge, your discharge notes?

20 The, the page Doctor Blaskis gives to patients, the
21 discharge.

22 MR. FINK: Let me object, Your Honor. That's---

23 MR. DRIGGERS: No, that's not it.

24 MR. FINK: Sorry.

25 MR. DRIGGERS: Well, I can just use your board?

Sean Christensen - Cross-examination
By Mr. Driggers

1 MR. FINK: Sure.

2 MR. DRIGGERS: Thank you.

3 Here you go, doctor. I apologize for that, but okay.

4 All right. That number that's given for the patient to
5 call, you agree it's (803)771-7506, correct?

6 A Yes, that's correct.

7 Q That's the number for Carolinas Dermatology.

8 You understand that, correct?

9 A Yes, I do.

10 Q Okay. And that's the number -- there's no separate
11 number for an answering service, correct?

12 A Correct.

13 Q Okay. And you understand that, if this number is
14 called after hours, an answering machine picks up, right?

15 A Yes.

16 Q Okay. And we actually have -- when that answering
17 machine picks up, it says you've reached Carolinas
18 Dermatology after hours. If this is a true emergency,
19 please hang up and dial co -- dial 9-1-1.

20 That's appropriate, correct?

21 A Yes.

22 Q Okay.

23 A In fact, our answering service has the exact same
24 initial statement.

25 Q Okay.

1 A Except it doesn't say Carolinas Dermatology.

2 Q If you had -- and if you know your party's extension,
3 you may dial it now.

4 Is that appropriate?

5 A I -- so it's appropriate to have that on the answering
6 machine message.

7 Q Do you have patients---

8 MR. NORTH: Well, hold on. He hasn't finished
9 answering the question.

10 THE COURT: Let him answer.

11 MR. DRIGGERS: I'll be happy. I'm sorry.

12 A The problem here is that the extension that was given
13 is not an extension that will provide the patient help on
14 the evening of surgery.

15 Q Okay. But you, you have patients leave messages with
16 you or your nurse after hours?

17 A No.

18 Q Am I correct?

19 A No.

20 Q Okay.

21 A They, they call the answering service, and the
22 answering service immediately calls the on call doctor.

23 Q Okay. Is there no way for the patients to leave you a
24 message when they call anytime?

25 A There, there is not.

Sean Christensen - Cross-examination
By Mr. Driggers

1 Q Okay. To hear automated options, press one.

2 That's, that's appropriate, right, if you're only
3 answering---

4 A Yes.

5 Q For prescription refill, dial another number.

6 That's appropriate, correct, because they may need a
7 prescription refilled?

8 A Yes.

9 Q And then for all other serious medical concerns, dial
10 nine for our answering service.

11 That's appropriate, correct?

12 A It's appropriate to have it in the message, yes.

13 Q Okay. I mean when your patients call your number after
14 hours, you expect them to listen to the message, right?

15 A Yes, I expect them to listen to the message.

16 Q Okay. Cause they need to have that information to know
17 what to do?

18 A Yes.

19 Q Okay. Doctor Christensen, Christensen, pardon me, in
20 this case, you would agree with me that it was significant
21 that Mr. Chalfant felt the need to call back to the office
22 after he had got home from this surgery, correct?

23 A Yes.

24 Q Okay. And you would agree with me that it was
25 significant that, if a third party or somebody else

1 suggested that she call 9-1-1, would that be significant?

2 A I'm not sure what you mean when you say significant.

3 Q Okay. Page 37. Please turn to Page 37 in your
4 deposition, doctor.

5 A (Witness complies.)

6 Q I asked you back in March, doctor, and then on the next
7 question, if she's talking to a friend on the same night,
8 and the friends says hey, you called 9-1-1 or thought about
9 it, is that significant?

10 what did you say?

11 A I said that is significant because it indicates that a
12 third party is suggesting that it may be an emergency.

13 Q Okay. So you didn't have any difficulty understanding
14 what significant meant back in March, correct?

15 A I'm -- I think we actually had a discussion about the
16 meaning of significance at that time.

17 Q Not when you were answering that question, right?

18 A So you asked me on Page 36 is it significant that she
19 was at least asked by friends on the night that had she
20 called 9-1-1. And I said I'm not sure I understand the
21 question.

22 Q Okay.

23 A So I didn't really understand it then. I don't
24 understand it all that well now. But I will concede that
25 the fact that a third party is suggesting that it might be

1 an emergency --

2 Q Uh-huh. (Affirmative).

3 A -- means that she was informed that it might be an
4 emergency.

5 Q Okay. And the patient bleeds for several hours after
6 the Mohs surgery.

7 That's significant?

8 A That is definitely significant.

9 Q Okay. That's (sic) might even be an emergency, right?

10 A It could be an emergency, and I think, for
11 Mr. Chalfant, it became an emergency the next morning when
12 he fell in the bathroom.

13 Q And there was no signs of bleeding with Mr. Chalfant
14 when he left Doctor Blaskis' office, correct?

15 A There doesn't appear to be.

16 Q Okay. And, doctor, if that scenario was presented with
17 one of your -- hold on a second.

18 (Pause.)

19 Q I mean, doctor, that's, that's significant right there
20 if one of your patients experienced something of that nature
21 that caused that much---

22 A So, again, let's define significant. That is
23 significant because that is symptomatic bleeding. That's a
24 problem for the patient.

25 Q Okay.

1 A That -- what we're seeing from these bandages alone may
2 not be a medically significant amount of bleeding. If
3 you're gonna show the picture of the bedsheets, that is
4 definitely a medically significant amount of bleeding.

5 Q Okay. And if someone -- if one of your patients was
6 experiencing a bleeding like this, and they couldn't get in
7 touch with you, for whatever reason, your answering service
8 went down, you were in a car wreck, whatever the case may
9 be, what would you expect them to do?

10 A I would expect them to call 9-1-1 in that situation or
11 just present to an emergency room or urgent care facility.

12 Q Okay. And if they had done that, that the -- you were
13 asked earlier what would happen if Doctor Blaskis called
14 back, if the Chalfants had gone to an emergency room that
15 night, what you, in your opinion, what would the outcome
16 have been?

17 A I think it depends at what time they would of gone.

18 Q Okay.

19 A But if they had gone, you know, early in evening, then
20 the bleeding would of stopped --

21 Q Okay.

22 A -- and I think Mr. Chalfant's life would of been saved.

23 Q Okay. And if Mrs. Chalfant had listened to the
24 message, the entire message, and dialed 9 (sic) and gotten
25 to an answering service at seven o'clock or 7:30, whenever

1 she called, what's your opinion of what would of happened?

2 A So, if, if she had ignored the extension that she were
3 given, and the first instruction's to dial the extension --

4 Q Uh-huh. (Affirmative).

5 A -- then I assume she would of gotten in touch with the
6 answering service. The answering service would of called
7 the on call doctor, and then appropriate medical care could
8 of been given.

9 Q All right. And real quick -- and, doctor, I apologize.
10 It's necessary.

11 Your instructions that were several pages that we went
12 over earlier, you don't have any indications to them about
13 alcohol intake or consumption from the patients, correct?

14 A They're not printed on the instructions, no.

15 Q That's something you give verbally?

16 A It's not something that I tell to every single patient.
17 If a patient asks, I will tell them to limit their alcohol
18 intake.

19 Q One minute, doctor.

20 (Pause.)

21 Q And, doctor, you believe a pressure bandage for this
22 procedure was within the standard of care, correct?

23 A Yes.

24 Q Okay. And you mentioned the, the timing of when going
25 to a, a hospital would of been appropriate.

1 If the Chalfants had gone before they went to bed, ten
2 o'clock or eleven o'clock, what would of been the outcome in
3 that case?

4 A I think that would of stopped the bleeding, and most
5 likely would of saved his life.

6 MR. DRIGGERS: Thank you, Your Honor. No further
7 questions.

8 THE COURT: Counsel.

9 MR. NORTH: Thank you, Your Honor.

10 REDIRECT EXAMINATION

11 BY MR. NORTH:

12 Q Hello again.

13 A Hello.

14 Q So you were shown two photographs with blood. One of
15 some bloody paper napkins, and then one of a bloody bed.

16 Correct?

17 A Yes, that's right.

18 Q And you said that the one -- the photo of the bloody
19 bed, that indicates to you that it was medically significant
20 bleeding?

21 A Yes.

22 Q But the one with the paper towels did not indicate to
23 you that it was medically significant bleeding?

24 A That's right.

25 Q Okay. So in terms of when it became an emergency, in

1 terms of the blood that we see, it's at that point when we
2 see the bloody bed.

3 Is that correct?

4 A That's right.

5 Q That's after Mr. Chalfant has laid down to go to sleep?

6 A Correct.

7 Q And then you were asked a question about the script for
8 message on the telephone number, and I think it goes
9 something like, if you have a true emergency, hang up and
10 dial 9-1-1, correct?

11 A Yes.

12 Q But then the next thing is not the answering service.
13 The next thing is an instruction to press an extension, 209.

14 A Yes.

15 Q And is that what you got fault with?

16 A Yes.

17 Q And why is that?

18 A Because it clearly says if you know your party's
19 extension, dial it now, and I think that most people in that
20 situation would dial it now if they were given an extension
21 by the surgeon who performed the surgery.

22 Q That's common sense?

23 A I believe it is.

24 Q Oh, you were asked something about if you're licensed
25 to practice medicine in the State of South Carolina.

1 could. I think I got there around 8:30 or 9:00.

2 Q who was there then at 8:30 in the morning?

3 A I know her daughter was there, and I know Paul was
4 there. There were a lot of people there, and I just really
5 didn't -- can't tell you who all was there.

6 Q A lot of people by 8:30 or 9:00 already there?

7 A Uh-huh. (Affirmative).

8 Just -- I said a lot, but we were sitting on the porch.
9 So there were several people sitting on the porch, and I was
10 trying to, you know, make sure she got what she needed, make
11 sure everyone else got what they needed too. So --.

12 Q Thank you.

13 MR. GOTTSCHELL: May it please the Court?

14 THE COURT: Yes, sir.

15 CROSS-EXAMINATION

16 BY MR. GOTTSCHELL:

17 Q Ms. Compton, I'm Brandon Gottschell. I think I've seen
18 you before, but I haven't had the opportunity to talk to
19 you. It's good to see you. Thanks for being here today.

20 I think I just have a, a brief question. I think I
21 understood that you have -- you do recall talking to Mrs.
22 Compton the night of Mr. Chalfant's passing?

23 I'm sorry.

24 Do you recall talking to Mrs. Chalfant?

25 A Yes, I do.

1 Q The night Mr. Chalfant passed?

2 A Yes.

3 Q And that she was prepared to call 9-1-1 and go to the
4 emergency room.

5 Is that correct?

6 A Yes, that's correct.

7 Q And she did not -- why did she not do that?

8 A Her husband refused to go. I know, from experience,
9 when, when my husband did the same thing to me, it's kind of
10 hard to persuade somebody when they're determined not to do
11 something.

12 Q Thank you.

13 Bear with me just one moment.

14 (Pause.)

15 MR. GOTTSHELL: That's all. Thank you.

16 THE COURT: Anything on that one question?

17 MR. FINK: No, sir. Nothing further, Your Honor.

18 THE COURT: Ma'am, you may step down. Please be
19 careful.

20 THE WITNESS: Thank you.

21 THE COURT: Anything else for the day?

22 MR. FINK: No, Your Honor.

23 THE COURT: Mr. Foreman, ladies and gentlemen of the
24 jury, I'm, I'm -- I was told in your absence here that there
25 will be another witness tomorrow. But, but not until

1 indicated that, was not a practical -- was not practical for
2 him to have called patients because there was so many. But
3 that he does five patients, Mohs patients, per day during
4 the Monday through Thursday.

5 We believe it's within the Court's discretion, and the
6 Court should exercise its discretion for us to prove,
7 without any shadow of a doubt, that, that Doctor Blaskis'
8 office, Carolinas Dermatology Group, actually received the
9 call to Extension 209 as set forth on Page 185, Line 21 of
10 the doctor's -- deposition of Doctor Blaskis, that the
11 message was destroyed, along with those same -- in that same
12 area of the deposition, that Doctor Blaskis did not, did not
13 tell the Chalfants specifically that bleeding or oozing of
14 blood would be an emergency, Page 81, 15, of his deposition,
15 that, that he did not tell them if they could not get
16 through to him on that extension they needed to go to the
17 emergency room.

18 In fact, from the standpoint he told them that they
19 were -- that, if they contacted him, that he would stop the
20 bleeding.

21 The evidence we would want to put in is that all the
22 doctors of the practice, according to Doctor Blaskis,
23 approved of the outgoing message, the forms he used, and
24 determined everything to be appropriate for after hours.
25 That's Page 99, Line 2.

1 Also everybody in the practice approved the forms.
2 Page 99, 1 through 99 (sic). All the partners approved the
3 forms and discharge sheet. Page 201 -- 204, Line 10.

4 The partners elected -- allowed you and elected to
5 orally, and not in writing, provide discharge instructions
6 to patients by Doctor Blaskis. Page 90 -- 190, Line 22.

7 And that this issue of him only treating one Mohs
8 patient that day creates an, an -- a totally different case
9 we think for the Plaintiff.

10 with regard to some of those issues that I think the
11 Court could reasonably argue, and, and certainly I wouldn't
12 fight it horribly to admit that I should of done more as far
13 as on behalf of my client, Jackie Chalfant. I would also
14 submit that to the extent that I failed to put on evidence
15 that should of been put on during the direct examination or
16 recross or redirect examination of Doctor Blaskis, that was
17 my fault. It shouldn't be held against the, against the
18 client.

19 It wouldn't take much time, less than, less than 30
20 minutes, to clear these things up, and, and it -- my mistake
21 or if I overlooked these things, it -- the Court can
22 reasonably say I should of done on direct. I respectfully
23 and earnestly state that that should not be held against my
24 client, and I would like the opportunity to put the, that
25 evidence on.

1 Q Right.

2 A Okay.

3 Q When you received the -- when you -- you also saw Mr.
4 Chalfant on April 2nd, 2015, for the biopsy purposes, and,
5 in fact, Woodhill Family Medicine, Doctor Stahl, sent six
6 pages to your office on March 31st, 2015, that tell you
7 about Mr. Chalfant, right?

8 A Yes.

9 Q And of -- in that particular set of forms, which is
10 Exhibit 4, Page 33, it specifically indicated that, that Mr.
11 Chalfant's pulse was 120 at that time, correct?

12 A Yes.

13 Q So, you would of known that he had tachycardia one --
14 more than a month before you performed the Mohs surgery on
15 May 12th, 2015, correct?

16 A Yes.

17 Q And you took no steps to communicate further with
18 Doctor Stahl or to refer Mr. Chalfant out for any assessment
19 of his cardiac status prior to the -- conducting Mohs on May
20 12th, 2015.

21 Is that correct?

22 A I felt comfortable with, with Doctor Stahl's
23 assessment, and then referring the patient for Mohs surgery
24 with that heart rate.

25 Q But you didn't take -- you didn't take any form---

1 A No.

2 Q You didn't do anything else---

3 A No, I didn't, but---

4 Q All right.

5 A ---I felt very comfortable with Doctor Stahl's
6 assessment who I worked with many, many times in the past.

7 Q No.

8 But his assessment only indicated that there was
9 tachycardia, which you also found on the day of the surgery
10 of May 12th, '15, to be 116, correct?

11 A Yes.

12 Q At no time did you ever receive anything that indicated
13 that there had been any assessment or clearance of
14 Mr. Chalfant related to that tachycardia, correct?

15 A Again, I felt comfortable with Doctor Stahl's referral
16 with that pulse rate in his handwriting. I'm sending him
17 for Mohs surgery.

18 Q Right.

19 But it did not say anything about that having been --
20 the cardiac situation had been assessed, correct?

21 A No.

22 Q Okay. So, you, you didn't call Doctor Stahl's doctors
23 and inquire as to whether or not there had been a cardiac
24 assessment of that 120 pulse that you received on
25 March 31st, 2015, before the, before the biopsy on Mr.

1 includes the patient's name and a description of their
2 ailment or their complaints of problems is covered by HIPAA
3 and should be maintained for six years, correct?

4 A Yes, I'm, I'm not sure---

5 Q And you---

6 A ---how it pertains to messages like this. But, in
7 general, yes.

8 Q All the doctors and partners of the practice have a
9 duty to approve appropriate outgoing message, and the after,
10 and the after hours forms, correct?

11 A Yes.

12 Q And they -- all the -- everybody in your practice
13 approved the messaging and forms that you used in this case
14 involving Mr. Chalfant?

15 A To the best of my knowledge, yes.

16 MR. FINK: That's it, Your Honor.

17 THE COURT: Thank you.

18 Any questions?

19 MR. DRIGGERS: No, sir.

20 THE COURT: Doctor, you may step down. Thank you.

21 MR. FINK: Let the record reflect, Your Honor, that
22 that was actually ten minutes or so of the time that we took
23 to the Court---

24 THE COURT: Yes.

25 MR. FINK: ---outright, Your Honor.

1 A Well, I had never heard of it at the time, but it's
2 called Mohs surgery.

3 Q Okay. But when you guys got there on May 12th, Mike
4 didn't get Doctor Quan?

5 A No, we had Doctor Blaskis, but I, I knew that prior --

6 Q Okay.

7 A -- cause I -- Doctor Stahl had wrote down both names.

8 Q All right. From the time that you guys arrived at the
9 office on May 12th until the time that you actually left
10 the office, were you with Mike the entire time?

11 A Yes.

12 Q From the time you got there until you guys left, if
13 someone had told Mike something, would you have heard it?

14 A I would of heard it, yeah.

15 Q Were you in the examination room with Mike where the
16 surgery took place?

17 A Yes.

18 Q And describe that room for us.

19 Give us the setup of that room.

20 A Okay. It wasn't a very large room. There was a, a --
21 kind of a dental chair of op -- doctor's chair that Mike
22 was in, and that reclined, of course, and then there was --
23 Doctor Blaskis was behind kind of, kind of to the side and
24 behind so he could work on the left side. And I was, what's
25 the term, adjacent, perpendicular?

1 I, I was on the -- perpendicular to the chair with
2 Doctor Blaskis here. Mike on the other side of him.

3 Q Okay. So --.

4 A I could draw it better than I could tell you.

5 Q Well, let me, let me ask you this.

6 From where you were sitting, did you have a view of
7 what Doctor Blaskis was doing on Mike?

8 A I could see the cheek, but not the ear.

9 Q Okay. All right. When you guys went to the office,
10 again, what was the size of the spot on Mike's ear?

11 A About the size of a pencil eraser.

12 Q At any time while you were in that examination room
13 where the surgery was being performed, did you know that the
14 large hole that you've now seen in photos, did you know that
15 that was being cut in Mike's ear?

16 A I didn't -- I did not see the, the size of the surgery
17 on Mike's ear.

18 Q And I guess that was my next question.

19 A Yeah.

20 Q Did you ever see that hole while you were in the
21 examination room?

22 A No, I did not see that.

23 Q When you guys left that office that day, did you have
24 any idea that the hole in his ear was larger than the size
25 of an eraser on a pencil?

1 A No.

2 Q Besides you, Mike, and Doctor Blaskis, was there anyone
3 else in the room?

4 A There were several people that came and left.

5 Q Okay.

6 A I would say a total of three.

7 Q Would there been all in there at the same time or---

8 A No.

9 Q ---people would be coming and going?

10 A That's what it was, yes.

11 Q Is that, that right?

12 A Yeah, and I really didn't -- I don't know the names of
13 these people either. There -- they didn't introduce
14 themselves so to speak.

15 Q All right. Did any of the people who were coming and
16 going in the room ever say anything to you or Mike about the
17 risk of bleeding after surgery?

18 A No, definitely not. It was not mentioned.

19 Q Did Doctor Blaskis ever mention anything---

20 A He did not.

21 Q ---to you guys about it?

22 A He did not mention anything about that. The only place
23 I saw the word bleeding at all was on the consent form that
24 Mike signed before the surgery.

25 Q And that was about bleeding that occurred during

1 surgery?

2 A Right. But I, I, I didn't know that.

3 Q Okay.

4 A Okay. But --.

5 Q But had you---

6 A They, they listed concerns and then they had bleeding
7 was one of many that, that could occur.

8 Q During surgery?

9 A Right, as of -- I know that now.

10 Q But did anyone ever say anything, either Doctor Blaskis
11 or anybody in his office, people coming and going, anything
12 about the risk of bleeding?

13 A No, it was not mentioned.

14 Q Did anyone ever say anything to you or Mike about to
15 call 9-1-1 if there's bleeding after surgery?

16 A No.

17 Q Or to go to the emergency room?

18 A No.

19 Q Now, Doctor Blaskis sat where you are sitting now. He
20 sat there on Tuesday, and he said that he told you and Mike
21 that there's a risk of bleeding and what to do.

22 Is that true?

23 A No, it is not true.

24 Q How can you be so sure that he didn't tell you that?

25 A I was there. I would have -- if I had heard that we

1 wouldn't be here today because I would have taken him
2 immediately to an ER. I would never have dialed 9-1-1, but
3 I would have taken him to an ER.

4 Q If Blaskis had told you that?

5 A If, if I, I had not gotten in touch with Doctor
6 Blaskis, which is what I did.

7 Q All right. Did anyone from that office, either Doctor
8 Blaskis, anybody up front, or anyone coming and going in the
9 room, ever say to you that Mike was a high risk patient?

10 A No. Never.

11 Q Did anyone from that office, either Doctor Blaskis, any
12 of his staff, ever give you guys any rules to follow after
13 surgery?

14 A There was one thing they repeatedly said to me was
15 after they had done the pressure bandage on Mike's ear, that
16 I was not to remove or touch that bandage because Doctor --
17 Mike was going the following day to Doctor Carlin, the
18 plastic surgeon, for reconstructive surgery.

19 Q Okay.

20 A And that's why that bottom part was crossed off on
21 the---

22 Q Other than---

23 A ---instruction sheet.

24 Q ---being told not to touch the bandage, were you or
25 Mike given any other rules to follow?

1 A No.

2 Q All right. Were you guys ever told to put pressure on
3 the ear if there was bleeding?

4 A No.

5 Q Did Doctor Blaskis or anyone coming and going in that
6 room or anyone in his office tell you or Mike that Mike
7 should avoid drinking alcohol after surgery?

8 A No, alcohol was not mentioned.

9 Q Did anyone tell you or Mike that alcohol could increase
10 the risk of bleeding?

11 A No, definitely not.

12 Q Did anyone tell you what type of thing or occurrence
13 should be considered an emergency?

14 A No.

15 Q You mentioned earlier that an appointment had been
16 scheduled for Michael the next day?

17 A Right.

18 Q And that was going to be with who?

19 A Doctor Carlin, who is a plastic surgeon, in Lexington.

20 Q And that was gonna be for the purpose of what?

21 A Reconstructing the -- he had -- Doctor Blaskis had told
22 us it, it was going through the ear, and that Doctor Carlin
23 was going to reconstruct that ear --

24 Q Okay.

25 A -- the following day.

1 A It was a, a cranberry and vodka. Cranberry juice and
2 vodka.

3 Q Was that his usual, normal drink?

4 A That's just what he normally would drink, yes.

5 Q And over the course of the evening, did he have any
6 other drinks?

7 A He drank that drink over a long period of time, and
8 even too when he ate supper. But he fixed a second drink,
9 but left -- that one was left on the table. He only drank a
10 little bit of that one.

11 Q About what time did you guys actually eat supper?

12 A Probably -- I don't really remember, but it was
13 sometime between 7:30 and 8:00.

14 Q All right. Before that time, did you, at any point,
15 see any blood seeping or oozing from the ear area?

16 A Yes, it was -- I walked into the den, which is right by
17 my kitchen, and I saw the blood oozing from underneath the
18 bandage.

19 Q Was it coming through the bandage?

20 A No. No, it was just creeping down his face sort of.

21 Q Did you realize that first or did Mike realize that?

22 A I did. He didn't -- he wasn't aware of it.

23 Q So what did you say to him or---

24 A I said Mike, you're, you're bleeding under your
25 bandage, and he said well, hand me some paper towels, which

Jackie Chalfant - Direct examination
By Mr. North

1 I did.

2 Q Okay.

3 A And he -- I said are you in any pain? He said no.

4 Felt fine.

5 Q All right. So what did you do next?

6 A At 7:10 -- I sat at our -- I'll check. I'll call the
7 number on the bottom of the instruction sheet, and see
8 what -- if they could advise me on what to do.

9 Q Did you---

10 A I did not -- I did not feel it was an emergency. It
11 was a dermatology procedure. I just didn't really -- and he
12 also, same way.

13 Q Is this the instruction sheet you're talking about?

14 A Yes, it is.

15 Q The one, the one piece of paper that you were given
16 when you guys left?

17 A Yes.

18 Q And there it says please call us with any questions at
19 and then it gives a number.

20 So, what was the question that you called them about?

21 A I was gonna -- I had a concern. The concern was the
22 bleeding.

23 Q Okay. I know that it -- we can all read it, but I'm
24 just gonna ask you.

25 Is there anything on this sheet that says, if there's

Jackie Chalfant - Direct examination
By Mr. North

1 bleeding, call 9-1-1?

2 A No.

3 Q Is there anything on this sheet that says, if there's
4 bleeding, go to the emergency room?

5 A No.

6 Q Was there also an extension for you to dial when you
7 called that number?

8 A Yes, 209.

9 Q All right. So let's talk about what happens when you
10 call that number.

11 Okay?

12 A Okay.

13 Q When you call (803)771-7506, did a live person pick up?

14 A No.

15 Q All right.

16 A It was an answering device.

17 Q If a live person had picked up, what would have been
18 your question or concern?

19 A I would tell them that blood was seeping down my
20 husband's face after he had a, a procedure at Carolinas
21 Dermatology, and wanted to know how serious and what should
22 I do about it.

23 Q But a live person didn't pick up?

24 A No, that didn't happen.

25 Q So take us through what you heard on the message, and

1 what you did in response to what you heard on the message.

2 A Okay. What I remember about the message was it said,
3 if you know your party's extension -- I think it said at the
4 beginning if this is a true emergency, hang up, dial 9-1-1
5 or, or, if you know your party's extension, dial it now.

6 Q So what did you do?

7 A I punched in 209.

8 Q So, the first thing you hear, not a live person, but
9 it's a recording, and it says, if it's a true emergency,
10 hang up and dial 9-1-1?

11 Is that what you heard?

12 A Yes.

13 Q The blood seeping or oozing down Mike's ear, did you
14 consider that to be a true emergency?

15 A No, I did not.

16 Q The next thing you hear is, if you know your party's
17 extension, dial it now?

18 A Yes.

19 Q And the form you had been given gave you an extension
20 to call, right?

21 A Yes.

22 Q And that's the extension you called?

23 A Yes.

24 Q And were you able to leave a message -- well, first,
25 did you get a live person at that extension?

Jackie Chalfant - Direct examination
By Mr. North

1 A No, I didn't. I got another recording.

2 Q So, when you got at prompt number two, and it says, if
3 you know your party's extension, dial it now, you dialed it,
4 correct?

5 A Right.

6 Q You did not get a live person at that extension?

7 A No.

8 Q You got another recording?

9 A Yes.

10 Q So what did you do?

11 A I left a message. I identified myself. I said my
12 husband had had a procedure at Carolinas Dermatology, and he
13 was bleeding and could someone please call me back with
14 instructions, and I, of course, left my phone number.

15 Q Okay. So you provided all the information that you
16 thought was necessary to get an answer to your question?

17 A Right.

18 Q And that was about what time?

19 A That was at 6:00 -- I think it was 7:10.

20 Q Okay. And I think your phone records support that.

21 So, I'm gonna jump ahead a little bit, and then I'll
22 come back to some things.

23 But you guys actually went to sleep that night about
24 what time?

25 A At 10:30.

1 Q Okay. Between 7:10 and 10:30, regardless of the
2 message that you left, did Doctor Blaskis ever call Mike to
3 just check on him?

4 A No. Did not.

5 Q Okay. Now, in response to the message that you left,
6 did Doctor Blaskis ever call back in response to that
7 message?

8 A No.

9 Q Did anyone from that practice ever call back in
10 response to your message?

11 A No, they did not.

12 Q When you did not get a call back from either Doctor
13 Blaskis or anyone else, what did you assume?

14 A I, I assumed that it must be not an emergency if they
15 didn't immediately call me back.

16 Q All right. So during this time between 7:10 when you
17 called the doctor's office, and 10:30 when you guys end up
18 laying down to go to sleep, what did you guys do?

19 A Well, I, I cooked supper, fried pork chops, some rice.
20 I mean not rice. I had green beans and potatoes.

21 Q Okay.

22 A We ate supper. He had the TV on. Periodically dabbing
23 the, the oozing blood that---

24 Q What did you use dabbing it with?

25 A Paper towel.

1 Q Okay. All right. During those three hours, did Mike
2 ever tell you that he was in pain?

3 A No, I kept asking him, you know, how you feeling, you
4 in any pain. He would say no. It's all right.
5 Everything's all right.

6 Q During those three house, was there anything happening
7 that you thought was an emergency?

8 A No, I did not.

9 Q Was there anything happening that Mike thought was an
10 emergency?

11 A No.

12 Q Was there any discussion between you and Mike during
13 those three hours about the possibility of going to the
14 emergency room?

15 A Yes, it was.

16 Q Tell us about that.

17 A I suggested that we should go to the emergency room and
18 have it checked out. I, I -- I'm not a 9-1-1 dialer, but I
19 will -- I could of driven him to the emergency room, and he
20 kept saying no, it's okay. Everything's fine. Nothing
21 hurts. I'm gonna be okay.

22 Q Did he think that the bleeding would stop?

23 A He thought it would stop. It had, you know, off and on
24 not so heavy, and then it would increase and, and --.

25 Q Oh, okay. So, we're not talking about a constant

1 oozing over those three hours?

2 A Not constant.

3 Q It would come out, stop, come out?

4 A Right. And, and maybe it wasn't stopping, but it
5 wasn't, wasn't coming down.

6 Q Okay.

7 A So maybe it would build up. I, I don't really know the
8 --

9 Q Okay.

10 A -- what was going on with it.

11 Q When -- you said that you and Mike were married for 42
12 years?

13 A Yes.

14 Q You think that you knew him pretty good after 42 years?

15 A I think so, yes.

16 Q Based on what you know about Mike, do you think that,
17 in his mind, he considered anything going on during those
18 three hours to be an emergency?

19 A No, he did not.

20 Q And tell me, if you had believed that what was
21 happening with your husband was an emergency, would you have
22 just gone to sleep and done nothing?

23 A Absolutely not.

24 Q If when you had been in the office with Doctor Blaskis
25 at Carolinas Dermatology Group, if Doctor Blaskis had told

1 you that, if there's bleeding, take Mike to the emergency
2 room, would you have insisted that he go?

3 A Yes. Well, he would have also. If, if he heard it
4 from Doctor Blaskis, he would certainly have done what the
5 doctor said.

6 Q And you guys had an appointment scheduled for the next
7 day anyway?

8 A Yes, that's, that's what he said too.

9 Q Okay.

10 A We don't need to go. It will be fixed tomorrow.

11 Q All right. So, you guys lay down about -- was it
12 10:30?

13 A Uh-huh. (Affirmative).

14 Q Is that a yes?

15 A Yes. I'm sorry.

16 Q Same bedroom?

17 A Yes.

18 Q Same bed?

19 A Yes.

20 Q Were you guys tired?

21 A Yes, it'd been a long day. Stressful day.

22 Q Had some of the blood, even up to 10:30, continued to
23 ooze down?

24 A It was still, still going.

25 Q Did you guys take any precautions with the bed because

1 of that?

2 A Yes, I put a towel over his pillow for him, and he
3 changed -- he had blood on his collar and his t-shirt, and
4 he had taken his shirt and---

5 Q He sleeps in a t-shirt?

6 A He did. He took his---

7 Q Okay.

8 A Put another t-shirt on.

9 Q That was his normal routine, sleep in a t-shirt?

10 A Yes, that was normal.

11 Q After you guys laid down to go to sleep, when is the
12 next time you remember waking up?

13 A I remember hearing him wake up at 3:30AM, and I know
14 that because the digital clock is right by my bed---

15 Q Okay.

16 A ---on my side of the bed, and I heard him use his
17 inhaler. He had COPD --

18 Q Okay.

19 A -- and he had two inhalers. One he took once a day,
20 and the other one was for other, other times when he was
21 having difficulty breathing. So, I heard, I heard him sit
22 on the side of the bed, pump the inhaler, and lie back down.
23 I just heard it. I, I didn't get up or anything cause that
24 happened -- that's happened a lot. He did that, you know,
25 lots of times.

Jackie Chalfant - Direct examination
By Mr. North

1 Q All right.

2 A So I wasn't concerned then.

3 Q All right. So at 3:30 in the morning, which I guess
4 would be May 13th?

5 A Yes.

6 Q Okay. So, about 3:30 in the morning, you are awakened
7 by Mike getting up sitting on the side of the bed using his
8 inhaler?

9 A Yes.

10 Q Did he ever actually leave the bed?

11 A No, he just laid back down.

12 Q And you didn't get out of bed?

13 A No.

14 Q Were there any lights on in the room when he used his
15 inhaler?

16 A No.

17 Q All right. Did you go right back to sleep?

18 A I did.

19 Q And when is the next time you wake up?

20 A It was 4:30 when I heard him get out of the bed, and
21 walk to the bathroom, and --.

22 Q Is the bathroom in your bedroom or down the hall?

23 A It was -- it's in the bedroom.

24 Q Okay. Go ahead.

25 A Right. You know, next. And I heard him go in the

1 bathroom, and I said, at that point, I said Mike, are you
2 okay, and he said will you bring me my inhaler. So, I walk
3 around the bed to his side, got the inhaler, and I took it
4 in there to him, and he was -- he, he -- I handed him the
5 inhaler, and he said this is not the right one.

6 So, I go back to get the right one, and I had to turn
7 the light on. And when I, when I turned the light on, I saw
8 the blood in the bed, and it had coagulated. It looked like
9 jelly. I mean it was---

10 Q Is this what you saw, Jackie?

11 A Yes.

12 Q When you woke up at 3:30, did you see anything like
13 that?

14 A No. No. Hu huh. (Negative).

15 Q This is at 4:30?

16 A This is was -- yes, when I took the inhaler there.
17 when I had to turn the light on.

18 Q When you saw that, what did you think?

19 A Holy shit is what I thought. Excuse me.

20 Q So --

21 A So --.

22 Q Finish telling us.

23 A So I go back to the bathroom where, where -- and he's,
24 he's sitting on the commode. But, but he's, you know, he's
25 got on his boxer shorts. So it's not like he's going to the

1 bathroom. He's sitting on the commode. And I heard -- when
2 I went to get the inhaler, I heard something fall, and what
3 the something was that fell was the, the, the wipes that sit
4 on the side of the commode, and I heard that fall to the
5 floor. And then, when I went, when I went in, he was
6 slumped off to the side against the wall. And so, you know,
7 I'm, I'm really panicked at this point.

8 So, I take his face in my hands, and I say Mike, Mike,
9 and he doesn't, he doesn't react. So, I go to the phone.
10 It's, it's right there. No more than two, three steps, and
11 I, and I dial 9-1-1, and, you know, tell, tell them that my
12 husband is in an emergency. And, and I think I said I think
13 he's dying. I really don't remember exactly what I said,
14 but they, they were gonna come immediately.

15 So, I had to -- I had on my pajamas, and I had to put
16 on some clothes, and then I remembered that I have the house
17 all locked up. I don't have any lights on. So, I had to
18 leave him in the bathroom in that same position. And I go
19 turn all the lights on. Open the doors.

20 And it was approximately -- I say -- I actually saw
21 this written on the EMT report that it was 5:51 when they
22 came to my house. And they were several of them, and they
23 went back to the bathroom, and they got Mike up. It was --
24 didn't weigh very much, and they put him on a, a little
25 plastic skateboard -- not skateboard kind of thing. Like

1 a -- I don't know. Anyway, a, a flat thing, and were doing
2 CPR to see if they could revive him at that point.

3 And then they said what is the closest ER.

4 Q All right. So, this picture that I showed you of the
5 bloody bed, when you saw that, did you consider that to be
6 an emergency?

7 A Yes.

8 Q Before you turned the light on, had you seen anything
9 like that?

10 A No, hu huh. (Negative).

11 Q Before you guys went to sleep at 10:30---

12 A Hu huh. (Negative).

13 Q ---had you seen anything like that?

14 A No.

15 Q Even when you woke up at 3:30, did you see that?

16 A No.

17 Q Before you saw that at 4:30, had Doctor Blaskis or
18 anybody from Carolinas Dermatology called you back at that
19 point?

20 A No.

21 Q So, is Mike transported by ambulance to the emergency
22 room?

23 A Yes, they, they told me that -- I, I told them that the
24 VA Hospital was the hospital with an ER to my house, and I
25 followed the ambulance. They, they put Mike in the

1 ambulance, and I followed in my car. In the mean time, I
2 had called my son and my daughter, and told them that -- to
3 meet me at the ER at the, at the VA.

4 Q And after you arrived at the emergency room, at the VA
5 Hospital, how long was it before you got any update on how
6 Mike was doing?

7 A I believe it was probably 30 or 40 minutes before---

8 Q And---

9 A ---the doctor that was on call came out and told me
10 that they had tried to revive him, but he had passed.

11 Q All right. Did you get a chance to say your good-byes?

12 A No. Never did.

13 Q All right. At some point, Neel, your, your daughter,
14 makes it to the, the hospital?

15 A Yeah, Paul was there first, Paul and his wife, and then
16 Neel and her husband came---

17 Q And---

18 A ---shortly after that.

19 Q And, at some point, you end up going back home?

20 A Yes, I, I had to call the coroner from the VA, and I
21 also had to write down, or not write down, but call out,
22 cause I have it in my phone, all of medications that Mike
23 was on, and I, I keep that -- I kept that information in my
24 iPhone. So, I had to give that information to the VA, and
25 while we were waiting on the coroner to call me back. And

1 those things to every patient.

2 Did you hear him say that?

3 A I heard that.

4 Q Okay. And how he always explains that you need to, not
5 to forbid, but limit the use of alcohol.

6 You heard Doctor Blaskis testify to that?

7 A I heard that.

8 Q And how he always explains the, the risk of bleeding,
9 correct?

10 You heard him---

11 A I heard him say---

12 Q ---say that he---

13 A ---all those things, yes.

14 Q Okay. But you're just saying that he didn't do it in
15 y'all's case.

16 Is that correct?

17 A That is exactly what I'm saying.

18 Q Okay. Now, after the surgery, you, you received this
19 discharge instructions that we -- you talked or saw earlier.

20 The one page---

21 A Yes.

22 Q ---that had the phone number on it?

23 A Right.

24 Q Okay. And y'all left around four o'clock.

25 Is that correct?

Jackie Chalfant - Cross-examination
By Mr. Driggers

1 A Yes.

2 Q The surgery ended at four o'clock?

3 A Yes.

4 Q Is that right?

5 A Yes.

6 Q Okay. And you -- and Mr. Chalfant was behaving
7 normally following the surgery, correct?

8 A Right.

9 Q Okay. Didn't need any help getting in the car?

10 A (Witness nods negatively.)

11 THE COURT REPORTER: Is that a no?

12 Q And it wasn't---

13 THE COURT REPORTER: That's a no?

14 THE WITNESS: No.

15 THE COURT REPORTER: She shook her head. I --.

16 THE WITNESS: Oh, I'm sorry.

17 Q That's okay.

18 And he wasn't complaining of any pain?

19 A Yeah, that's correct.

20 Q Okay. And you've already described you went to the
21 drug store, had to leave him at home, and came -- and then
22 you left and got the prescription filled, correct?

23 A That's correct.

24 Q All right. And during all that time Mr. Chalfant was
25 telling you he was fine.

Jackie Chalfant - Cross-examination
By Mr. Driggers

1 Is that right?

2 A Right.

3 Q Okay. And I think you said he even got home. It had
4 been a long day, and he -- then he smoked a couple
5 cigarettes even when he got home, correct?

6 A Yeah.

7 Q Okay. Now, the bleeding, I think you testified
8 earlier, started around -- was it 6:30 or 7:00?

9 A It was between there the best I -- well, when I saw it.

10 Q Okay. And you said you gave your husband a paper
11 towel -- you noticed the blood first actually, right?

12 A Exactly.

13 Q Okay.

14 A Yes.

15 Q And you were in your kitchen?

16 A Yes.

17 Q And he was sitting on the couch, and then -- cause you
18 could see him from where you were, right?

19 A No, I have to go in the---

20 Q Okay. You had to go around in there?

21 A Separate room.

22 Q Okay. I'm sorry.

23 But when you came around during that time, 6:30 or
24 7:30, you saw blood coming out from the bandage?

25 A Yes, seeping, seeping out.

Jackie Chalfant - Cross-examination
By Mr. Driggers

1 Q And it had already gotten on his shirt some?

2 A No, not then.

3 Q Okay.

4 A Not then.

5 Q And---

6 A It wasn't that much at the time --

7 Q Okay.

8 A -- when it first started.

9 Q And you gave him a paper towel.

10 Is that right?

11 A Right.

12 Q Did you -- and you continued to give him paper towels?

13 A Yes, when he needed them.

14 Q Okay. And then how many paper towels did you have to
15 give him?

16 A I don't know.

17 Q Okay. In any event, you called the practice back at
18 7:10 I think you said.

19 Is that right?

20 A That's correct.

21 Q Okay. You knew the office was closed, correct?

22 A Yes.

23 Q Okay.

24 A I expected an answering service.

25 Q Okay. And you got a message.

Jackie Chalfant - Cross-examination
By Mr. Driggers

1 A Yes.

2 Q Is that right?

3 A Yes.

4 Q Okay. And then you -- but you did not listen to the
5 entire message.

6 Is that correct?

7 A Well, when it says if you know your party's extension
8 dial it now --.

9 Q Okay.

10 A -- that's what I did.

11 Q Okay.

12 A I didn't listen to what---

13 Q But you didn't listen to the entire message?

14 A I -- you're telling me it's the entire message. I
15 didn't know it wasn't the entire message.

16 How would I know that?

17 Q Okay. But -- well, at least you know now you didn't
18 listen to the entire message?

19 A Well, you're telling me that, yes.

20 Q I mean we've, we've seen the message on the print and
21 everybody's---

22 A Okay.

23 Q ---already described it to you.

24 But you didn't expect anybody to call you back that
25 night, right?

Jackie Chalfant - Cross-examination
By Mr. Driggers

1 A why wouldn't I?

2 Q Go to Page 117.

3 A For all I knew my message that I left would be sent to
4 an answering or picked up by an answering service or some,
5 somehow y'all would check messages.

6 Q Okay. All right. Well, let me -- turn to Page 116 of
7 your deposition. We took this again back in July of 2017.

8 Are you on Page 117?

9 A Yeah.

10 Q Okay. At Line 6 you were asked, again talking about
11 the message, you didn't -- did you know if the tape went on
12 any further?

13 And what was your answer.

14 A I have no idea.

15 Q Keep going.

16 A I figured if it did, I didn't feel like it was an
17 emergency, and if it wasn't an emergency, I still wanted to
18 know about it.

19 Q Okay.

20 A I figured they would get the message sooner. They
21 would come in or they would come in from the next morning.

22 Q Okay.

23 A Oh, I see it. I see it.

24 Q Okay. So you expect them to come in the office in the
25 morning, hear your message, and give you a call, right?

Jackie Chalfant - Cross-examination
By Mr. Driggers

1 A That was part of it I'm sure.

2 Q Okay. So, you don't expect anybody to call you back on
3 the night at May 12th?

4 A Yes, I was.

5 Q Well, not if they were gonna hear it the next morning,
6 which is what you testified to---

7 A That's one of the options of hearing it the next
8 morning or they would call me back.

9 Q Okay.

10 A I don't, I don't know what they do with the messages.
11 Obviously they erase them.

12 Q All right. Well -- and your husband was still --
13 there, there was still bleeding going on when you made the
14 call, correct?

15 A Yes.

16 Q Okay. And at some point in time or maybe you can tell
17 us, you discussed calling or going to a hospital with your
18 husband?

19 A I did.

20 Q Correct?

21 A Yeah, the ER.

22 Q Right.

23 Was that a hour later or two hours?

24 Do you or do you know?

25 A And I don't remember the time, but I know it was after

Jackie Chalfant - Cross-examination
By Mr. Driggers

1 my call to, to --.

2 Q Okay. And y'all live close to like an urgent care,
3 correct?

4 A Sure. Sure.

5 Q There's one on Leesburg Road?

6 A Yeah, but I wouldn't of gone to an ER or a hospital. I
7 wouldn't have taken him to urgent care.

8 Q And y'all lived relatively close to the VA, right?

9 A Yes.

10 Q Okay. Now, during -- how long a time span we're
11 talking about that your husband was continuing to, was
12 continuing to bleed?

13 A It was---

14 Q Correct?

15 A ---seeping, yes.

16 Q I'm gonna show you a photograph that we, we've seen
17 before.

18 Are these the paper towels that you were giving him?

19 A Yes.

20 Q Okay. And there's a package on the table that's got a
21 red cross on it that looks to be some kind of Mirasol or
22 some kind of gauze or something.

23 Do you, do you -- did you give that to your husband
24 too?

25 A I don't remember giving him the gauze. I might have,

Jackie Chalfant - Cross-examination
By Mr. Driggers

1 but I, I don't have that --.

2 Q It's highlighted there.

3 A Okay. I, I know of -- I see what you're talking about.

4 Q Okay.

5 A I may of had some of that in my bathroom closet. I
6 don't --

7 Q Okay.

8 A I don't know.

9 Q So you were giving him more than just paper towels,
10 right?

11 A Well, it looks like I was.

12 Q Okay. And you were, you were -- I know you said you
13 didn't consider it an emergency, but you were concerned
14 about this bleeding?

15 A Yes.

16 Q Is that fair?

17 A That's why I called to begin with.

18 Q Right.

19 And that's why you were finding whatever this gauze or
20 Mirasol to use it to see if that could help, right?

21 Is that correct?

22 A Yes, I guess.

23 Q Now, you said something earlier today in your testimony
24 that, and, and correct me if I got it wrong, but you would
25 of taken your husband to the hospital if you had known of

Jackie Chalfant - Cross-examination
By Mr. Driggers

1 A But that's --.

2 Q All right. Now, you said your husband was wearing --
3 he was wearing a t-shirt and then like a button down over
4 it?

5 A Yeah.

6 Q Okay. And is this the shirt he was wearing?

7 A Yes.

8 Q Okay. And did he wear that striped shirt to bed?

9 A No.

10 Q So, the blood---

11 A No, none of that, none of that's on the bed. That's on
12 his -- the desk that's by him.

13 Q So, his shirt had that much blood before he went to
14 bed.

15 Is that correct?

16 A Yes.

17 Q And that t-shirt, that's also what he was wearing
18 underneath?

19 A Yes.

20 Q Okay. So that -- obviously the paper towels were not
21 getting all the blood.

22 Is that fair to say?

23 A That's correct.

24 Q And the Mirasol or whatever else you found to try to
25 address it.

Jackie Chalfant - Cross-examination
By Mr. Driggers

1 Is that fair?

2 A Okay. That looks like that was just one of those. I
3 don't---

4 Q Yeah.

5 A Okay.

6 Q And if it -- I didn't, I didn't see more than one
7 either.

8 So---

9 A Okay.

10 Q ---why don't---

11 A I, I was not watching him 100 percent of the time.

12 Q Okay.

13 A I cooked supper. I did---

14 Q All right.

15 A ---other things, and he doesn't feel---

16 Q Right.

17 A You know, I'm the one that found the blood to begin
18 with. He doesn't know.

19 Q Right.

20 A And so, therefore, it puddles like that or---

21 Q Okay.

22 A ---cause that's when I went and said my God.

23 Q Okay. But all this is before he went to bed, right?

24 A That's true.

25 Q And the blood you see there is on both the t-shirt that

Jackie Chalfant - Cross-examination
By Mr. Driggers

1 he had on, and then as a kind of a dress shirt I guess he'd
2 wear for the surgery.

3 Is that right?

4 A Yes.

5 Q Okay. And did he change into some more clothes before
6 he went to bed?

7 A He put on a t-shirt.

8 Q Okay.

9 A He'd take -- he took both of those off.

10 Q Okay. So, he places those here when he comes in it --
11 when y'all come in I guess at 10:30---

12 A Uh-huh. (Affirmative).

13 Q ---whenever you get ready for bed?

14 A Yes.

15 Q Okay. And when you saw those shirts, you didn't ask,
16 ask him again to go to the ER?

17 A No, I had previously asked him and he declined.

18 Q Okay. Did he just say I'm not going period or I don't
19 think so or he---

20 A No, he said I don't think I need to go. I'm going to
21 the doctor tomorrow. It's gonna be okay.

22 Q And after seeing him put those shirts on the table, you
23 didn't ask him again to go to the hospital?

24 A No, I saw the shirts before he put them on the table.
25 It wasn't --.

Jackie Chalfant - Cross-examination
By Mr. Driggers

1 Q All right. And we -- I mean but -- is that when you
2 asked him to go to the hospital when you saw the blood on
3 those shirts?

4 A No. No, I asked him to go to the hospital much earlier
5 than that.

6 Q Okay. And I guess that's what I'm getting at.

7 You didn't ask him again after seeing the amount of
8 blood on his shirts?

9 A No, I did not.

10 Q Okay. And you never called Doctor Blaskis' office back
11 again, did you---

12 A No, I did not.

13 Q ---to see if somebody -- to see if you could leave a
14 different message or listen to the whole answering machine
15 message?

16 A No, had I known that was the way the system was, had
17 they been -- had they informed me of that before I left that
18 that was -- obviously a lot of this would be different.

19 Q Okay. Did that bleeding on the shirt concern you in
20 addition to what you'd already seen?

21 Do you need to see it again?

22 A Certainly blood concerns you.

23 Q Okay.

24 A Yeah.

25 Q All right. So -- and now when y'all went to bed, your

Jackie Chalfant - Cross-examination
By Mr. Driggers

1 husband laid a towel on his pillow, correct?

2 A Yes.

3 Q He sleeps---

4 A I think I did.

5 Q ---on the, on the left side?

6 A Right.

7 Q I guess the right. whatever.

8 That, that was his side of the bed?

9 A Right.

10 Q Okay. Okay. Did that concern you that he put a towel
11 down on his pillow to catch the blood while he was sleeping?

12 A Well, no, that didn't concern me, and I thought it was
13 kind of thoughtful.

14 Q Okay. All right. Let's go through this -- now, during
15 the course of that evening, you told us you were doing other
16 things?

17 You were making dinner, right?

18 A Yeah, and I was on the telephone.

19 Q On the telephone?

20 A You know that.

21 Q That's what I'm gonna talk to you about.

22 You made -- there were a number of calls both to you
23 and by you during the course of this night.

24 Is that fair?

25 A Yeah. More to me than by me.

Jackie Chalfant - Cross-examination
By Mr. Driggers

1 name.

2 Q After her now.

3 Okay.

4 A Yeah.

5 Q So a special---

6 A That's the story.

7 Q Special friends.

8 A Special friends.

9 Q Did you tell Bob about Mike's surgery when you---

10 A I did.

11 Q You did?

12 A Yeah.

13 Q Okay. And you told him about the bleeding?

14 A Yeah, that's -- this is, this is when -- he was my
15 seg-way into go to the ER.

16 Q Ah. Cause did Bob ask if y'all had gone to the ER?

17 A No. Yeah, Bob said---

18 Q All right.

19 A ---go to the ER. So, I said to Mike---

20 Q Okay.

21 A ---Bob says. I was just using him to --.

22 Q Got you.

23 But even after Bob suggesting it, and you telling Mike,
24 he said he didn't want to go?

25 A Right.

Jackie Chalfant - Cross-examination
By Mr. Driggers

1 Q Then we got a call to John Ramsey who's a close friend
2 of y'all's, correct?

3 A Right.

4 Q Okay. Did you talk to John about the surgery and the
5 bleeding?

6 A I don't think so cause John would remember that.

7 Q Okay. There's another call around 8:30. Not, not sure
8 who that was. Another one at 9:00.

9 Then at 9:25 you get the call from June or Sam Compton,
10 correct?

11 A Yes.

12 Q Okay. And we've heard from her yesterday. Y'all---

13 A Yes.

14 Q Y'all are close friends, correct?

15 A Yes.

16 Q You have been for a long time?

17 A Yes.

18 Q Okay. And by this point in time the bleeding's still
19 happening, right?

20 A Yes.

21 Q Okay. So, it's, it's been over two hours of bleeding,
22 correct?

23 A Yes.

24 Q And then I think you talked to Ms. Compton about the
25 surgery and the bleeding, correct?

Jackie Chalfant - Cross-examination
By Mr. Driggers

1 A Yeah.

2 Q Okay. And Ms. Compton also said have you -- well, I'm
3 not sure of the exact words, but something to the effect
4 have you considered going to the hospital?

5 A Yes.

6 Q Okay. And what did you tell her?

7 A Same thing, that I have suggested it and he refused.

8 Q Okay. But you just suggested that one -- did you tell
9 him that Sam also said we should go to the ER?

10 A She didn't say that. She asked me had I done it. She
11 didn't say you should do it.

12 Q Okay. Did you tell your husband that Sam had asked
13 about it back when you were talking to her?

14 A No, I didn't. That wouldn't have had the same
15 leverage.

16 Q Okay. Then y'all -- it's not long after this -- well,
17 about an hour after your conversation ended with Sam is when
18 y'all went to bed.

19 Is that right?

20 A Yes.

21 Q Okay. And I think you've already answered this, but he
22 changed shirts and he put on a t-shirt to, to---

23 A Yeah.

24 Q ---go to bed?

25 was he wearing a t-shirt when the EMS came and took him

Jackie Chalfant - Cross-examination
By Mr. Driggers

1 the next morning or do you remember?

2 A He had -- he put on a, a -- another t-shirt when he
3 went to bed.

4 Q Right.

5 A But I think is -- I don't really like to think about
6 this. But when they laid him down on that thing, he did not
7 have a t-shirt on.

8 Q Right.

9 A They may have taken that t-shirt off.

10 Q Okay. Now, during that entire time, and I know it's a,
11 it's a -- he wasn't drinking alcohol the whole night.

12 But he had, I think maybe you said, a drink and a half
13 or so?

14 A Yeah, that's probably close to right.

15 Q But he was smoking during that time, correct?

16 A Yes.

17 Q Okay. And at 3:30 he got up. As you said, you -- kind
18 of woke you up when you got out of bed, right?

19 A I didn't get out of bed. He did.

20 Q Right.

21 That's what I'm saying.

22 A Yeah.

23 Q But he -- but you were aware that he was getting out of
24 bed?

25 A I was aware he was using his inhaler.

Jackie Chalfant - Cross-examination
By Mr. Driggers

1 Q Okay. But you didn't get up to check on him when, when
2 he got up to get his inhaler at 3:30?

3 A No.

4 Q Okay. Even though he had gone to bed bleeding?

5 A That's correct.

6 Q Okay. Now, if the, if the lights had come on at 3:30,
7 if he cut them on, you cut them on, whoever, you would of
8 seen the blood on the pillow and sheets, wouldn't you?

9 A Yes, I would have.

10 Q Okay. And you probably would of taken him to the ER
11 then?

12 A Probably.

13 Q And at 4:30 he gets up again. Still he doesn't cut the
14 lights on, but he asks you for -- was it the same inhaler or
15 it was a different inhaler?

16 A It was the same inhaler. He obviously did not take it
17 to the bathroom with him.

18 Q Okay.

19 A He wanted me to get it.

20 Q And that's what you described for us that he had
21 collapsed, and then you got up---

22 A Right.

23 Q ---and saw him?

24 A Yeah.

25 Q Okay. And then you called EMS at 5:00, and, during the

Jackie Chalfant - Cross-examination
By Mr. Driggers

1 entire time, 7:10 almost till 5:00 or 4:00 -- till 4:30 in
2 the morning that he, he was bleeding, correct?

3 A That's correct.

4 Q Okay. Now, after, after returning home, after you went
5 to the VA, and they took your husband, you spoke with a Ms.
6 Ann Neeley, correct?

7 A Yes.

8 Q She -- okay. And she was a deputy coroner I think.
9 Is that---

10 A That's correct.

11 Q Okay. And you -- she was good at doing her job,
12 correct?

13 A Yes.

14 Q And you -- I'm, I'm sure you found her trustworthy,
15 correct?

16 A I mean I, I didn't trust her or distrust her. I
17 didn't---

18 Q Okay.

19 A ---didn't know her.

20 Q Fair, fair enough.

21 And she put together a report following her
22 investigation.

23 Were you aware of that?

24 A Yes.

25 Q Okay. Hold on a minute.

1 we can begin motions, and then -- is that---

2 MR. FINK: Right.

3 THE COURT: -- drive, drive for, drive for show and
4 putt for better. We can do that in front of the jury---

5 MR. FINK: That's fine.

6 THE COURT: ---at the end.

7 How about that?

8 MR. FINK: That's perfect, Judge.

9 THE COURT: Okay. Does the Plaintiff---

10 MR. FINK: On behalf of Plaintiff, we would renew our
11 request and motion humbly to recall Doctor Blaskis, and then
12 we'll rest.

13 THE COURT: Okay. You can do it both ways.

14 But after you rest, renew that again to ensure it's on
15 record.

16 okay?

17 MR. FINK: Okay.

18 THE COURT: All right. You now rest?

19 MR. FINK: Yes, sir.

20 THE COURT: Okay.

21 MR. FINK: I mean did you do it -- I've got it.

22 Did you rule on my renewal?

23 THE COURT: It's -- the renewal is denied for the same
24 reason as heretofore enunciated by the Court.

25 And now you rest?

1 MR. FINK: We rest. Thank you.

2 THE COURT: All right. You want to renew that?

3 MR. FINK: Renew it again.

4 THE COURT: All right. And you -- and it's denied for
5 the same reasons heretofore enunciated by the Court.

6 You may -- okay. I think you're protected.

7 Okay. All right. Plaintiffs, any motions from the
8 Plaintiff?

9 MR. FINK: Your Honor, we move for a directed verdict
10 on liability, causation, and damages, causation for the
11 death, and damages sustained by the Plaintiff.

12 THE COURT: Defense.

13 MR. GOTTSCHALL: Your Honor, we believe there's been
14 ample evidence presented on the record as to liability,
15 causation, and damages. In fact, so much so that we will
16 have our own motions for directed verdict the other way
17 around.

18 We believe that there's evidence showing that there's
19 substantial question as to -- well, not even a question. We
20 believe that it's evidence in the record to show that Doctor
21 Blaskis is not liable, that the practice is not liable.
22 There's no evidence of causation, and the damages are not
23 tied back to this act as well.

24 THE COURT: Okay. Plaintiff's motions for liability,
25 causation, damages are under advisement.

1 You got any more?

2 You got any others?

3 MR. FINK: None at this time, Your Honor.

4 (Pause.)

5 MR. FINK: I said cause of death. That's -- causation
6 is---

7 THE COURT: Liability, causation, and damages.

8 MR. NORTH: And the cause of death.

9 THE COURT: And the cause of death.

10 MS. LANE: Separate motion.

11 THE COURT: All right. Okay. That's under advisement.
12 Motions from defense.

13 MR. GOTTSHELL: Your Honor, just to the -- as it's
14 necessary, I would put on the record that, as to cause of
15 death, we believe there's also a question in the record
16 of -- about that issue. So, that's disputed.

17 Your Honor, as to Defendant's motion for directed
18 verdict, we have a motion specifically as to Doctor Blaskis.
19 We believe that there's been no evidence from the
20 standard -- no evidence of deviation from the standard of
21 care as to several issues, and we'll list those for the
22 Court. As to staffing, as to timing of surgery, and
23 referral to the plastic surgeon.

24 And, specifically, what I mean by that, the decision to
25 perform the surgery in the afternoon, referral to surgeon

1 the next day, as to bandaging, as to the informed consent
2 that was obtained by the practice and the physician, as to
3 the medical charting, and as to Doctor Blaskis' patient
4 volume and scheduling intervals. So, what I mean, there is
5 the number of patients he saw, and the intervals at patient
6 every ten minutes.

7 We believe that Doctor Christensen testified that
8 Doctor Blaskis met at least the minimum standard of care as
9 to each of those issues.

10 And also that there's been no other evidence from
11 anyone else that Doctor Blaskis deviated from the standard
12 of care in regards to those issues. He's not -- and he
13 opted for a higher standard.

14 And so we would request directed verdict as to those
15 issues, and we'll have some more too, but I---

16 THE COURT: I know. I know.

17 Okay. Counsel.

18 MR. FINK: Can I just -- so I'm clear on which -- you
19 said bandaging, staffing, volume, and the medical --?

20 THE COURT: Here's, here's what I understand.

21 No evidence that he deviated from the standard of care
22 as to staffing, time of surgery being in the PM, referral to
23 a plastic surgeon, bandaging, charting, and patient volume.

24 MR. GOTTSHELL: And as to the consent form, Your Honor
25 --

1 THE COURT: And the consent form.

2 MR. GOTTSCHELL: -- or consent process.

3 THE COURT REPORTER: Consent process?

4 Is that what you said?

5 THE COURT: Process.

6 MR. GOTTSCHELL: Yes.

7 MR. FINK: And there was another one?

8 Staffing, volume, time of surgery of that day,

9 charting, consent. One, two, three, four, five, six.

10 Am I correct?

11 MR. GOTTSCHELL: There's no six.

12 THE COURT: One, two, three, four, five -- I got seven.

13 Staffing, surgery in the PM, refer to a plastic

14 surgeon, the bandaging, charting, patient volume, consent

15 process.

16 MR. GOTTSCHELL: That would be correct. I'd broken one

17 of those or you broke two of those up. Referral to the

18 plastic surgeon and the timing I had one. But, otherwise,

19 that is correct, Your Honor.

20 (Pause.)

21 MR. FINK: May it please the Court?

22 THE COURT: Certainly.

23 MR. FINK: In terms of the charting, Your Honor, we

24 recognize that, in terms of the proximate causation of

25 charting, and in terms of causing an injury, we don't

1 believe that occurred in this case. We were using it solely
2 to show lack of attention related to some other things,
3 but---

4 THE COURT: Okay.

5 MR. FINK: But as far as related to the charting---

6 THE COURT: So charting is, is agreed that that's
7 not---

8 MR. FINK: Right.

9 THE COURT: He didn't breach a standard on charting?

10 MS. LANE: Well, he did.

11 THE COURT: He did or he didn't?

12 MS. LANE: He did.

13 THE COURT: Okay. Tell me how.

14 MS. LANE: He did.

15 MR. FINK: He breached the standard---

16 THE COURT REPORTER: Ms. Lane, you said did?

17 You said did?

18 MS. LANE: Yes.

19 MR. FINK: Well, I assume we're talking about causation
20 cause he's specifically talking the standard of care, right?

21 THE COURT: Yeah, that's exactly where we are because
22 he has -- you have to establish a breach of the---

23 MR. FINK: Right.

24 THE COURT: ---standard of care, number one --

25 MR. FINK: Exactly.

1 THE COURT: -- before you get to causation. That's
2 number two. I got plenty of law up here cause that's why
3 she's been working behind the scenes here.

4 MR. FINK: Exactly.

5 THE COURT: And that's why I'm up at 4:30 this morning,
6 and I got a whole bunch of it.

7 So, talk to me.

8 MR. FINK: Agrees as to charting.

9 THE COURT: All right. The charting is okay?

10 MR. FINK: Correct.

11 THE COURT: By Christensen, right?

12 MR. FINK: Bandaging, agreed.

13 THE COURT: That's the staff or is that patient volume?

14 MR. FINK: That's -- it just says bandaging.

15 THE COURT: Oh, bandaging.

16 MR. FINK: All right.

17 THE COURT: Yeah, Christensen agreed with that in his
18 proffer --

19 MR. FINK: Yes.

20 THE COURT: -- and in testimony.
21 Okay.

22 MR. FINK: The staffing, also agreed.

23 THE COURT: Okay.

24 MR. FINK: Volume, also agreed.

25 THE COURT: Okay.

1 MR. FINK: Refer to a -- the specific referral to a
2 plastic surgeon, agreed.

3 THE COURT: Okay.

4 MR. FINK: As to the timing of surgery in the
5 afternoon, we were -- we are agreed with a proviso. The
6 proviso being that, if, if it was appropriate to perform the
7 surgery on Michael Dallas Chalfant on May 12th, 2015,
8 following the assessment, then the timing of it, nobody's
9 indicated is -- falls below the standard of care in terms of
10 whether it's in the morning or in the afternoon.

11 The issue in our mind, Your Honor, is the issue of
12 tachycardia, and the assessment of that tachy -- tachycardia
13 in going forward with the surgery, which we say, and our
14 position is, that had he -- based on what the doctor had at
15 the time, he should not have gone forward and performed the
16 surgery. He should of delayed it and made sure that there
17 was an assessment properly and not done the surgery, and,
18 therefore, no surgery on May 12th, 2015.

19 There's no, there's no death on 2013 in the morning
20 cause there's no wound in the first place. As to what I
21 believe is the specific standard of care issue with regard
22 to a timing in the afternoon, with that proviso I provided,
23 we agree.

24 THE COURT: Okay. Well hang on a second.

25 Now, tell me -- and, and I have the benefit of a court

1 reporter who works for me. And I have used this court
2 reporter. I've listened to some testimony. I mean today,
3 on breaks, I'm back there listening -- re-listening.

4 You got two experts, Christensen and Long (sic).

5 Okay. So, neither, neither one of them have told me --
6 and if they have and I'm in error, please tell me and I will
7 re-listen again to their testimony. Tell me which one of
8 those two or any other expert witness, cause it has to be an
9 expert, says that the timing done in the PM fell below a
10 standard of care. That's -- I'm looking for that. I---

11 MR. FINK: I agree to that.

12 THE COURT: Okay. All right.

13 MR. FINK: I'm -- we're -- I was just saying I agree to
14 that---

15 THE COURT: Okay.

16 MR. FINK: ---but with the, with the proviso, if you
17 are even permitted to do the surgery that day at all, the
18 timing would not be significant, and there's nobody that
19 said that because we have Christensen, I believe. We have
20 Doctor Lang saying you don't do the surgery. We have Doctor
21 Christensen saying he would not do the surgery falls below
22 the standard of care to do it without assessment.

23 THE COURT: No, sir, I don't have that testimony. If
24 you -- I'll be happy to listen to that if you're happy to
25 tell it to me cause I'm gonna tell you what Christensen

1 said.

2 MR. FINK: But they haven't made that particular --.

3 THE COURT: He said there was a potential reason not to
4 go forward due to an elevated heart rate. He was concerned.
5 The baseline of 100 plus would not rule out cardiac
6 conditions. May have. But he agreed the -- that that was
7 the baseline, and that the Mohs surgery had been done on
8 older patients.

9 MR. FINK: That -- Judge, that's only one sentence of
10 what he said. He, he -- his, his -- if you take the---

11 THE COURT: I know what he said.

12 But go ahead. Go ahead.

13 MR. FINK: Well, let me say this with it -- with, with
14 all due respect to the Court, and I know I'm not -- just one
15 second.

16 what I would have to say to the Court would be this.
17 The determination and, and interpretation of an expert or
18 any witness' testimony, in our view, is, that based on the
19 totality of the, of the testimony, not necessarily one
20 particular statement, I believe that the -- that Doctor
21 Christensen did communicate to us that it was a violation of
22 the standard of care to have gone forward with the surgery
23 without having conducted or assured himself of the assess --
24 that the patient had been assessed regarding the
25 tachycardia, and there is no such assessment.

1 my notes.

2 He started and he outlined what the standard of care
3 is. When he got down to asking about did it contribute, he
4 said -- he was asked the next question are you familiar with
5 the standard of care, and he said yes. And I wrote right
6 here that I highlighted where is the question to this
7 doctor. And he moved from that into, shortly after that,
8 about the proffer about the bandage when he did that, and he
9 was gonna testify that the bandage was proper.

10 Then Mr. North sat down, and the jury came back in. He
11 had no questions. Defense took over, and he started talking
12 about he had no criticism of training. Yes, the training,
13 appropriate decision to have surgery. Unclear -- he was
14 unclear -- he says unclear of several times cause he didn't
15 have enough records, that it should of been done that day.

16 Then he, he talks about Doctor Stahl's records, which
17 he didn't have before. One percent about bleeding. Postop.
18 He has gone back to the ER before, back to the office.
19 Potential reason not to go forward. That's when we're
20 talking about the heart rate. He said he was concerned, and
21 may have.

22 The surgeon should rely on his training, experience,
23 appropriate stitches, and no issue with the PA or the LPN or
24 the MAs or the number of patients. Appropriate referral to
25 a plastic surgeon. Discharge home. Charting, that minimum

1 standards. No criticism. Discharge orally is a minimum but
2 appropriate standard even though it's not documented.

3 There was a way for him to answer -- I mean to reach
4 the doctor. He would expect his patients to listen to the
5 entire message. He would agree that you -- it was back and
6 forth about three times on the word significant. He was
7 shown pictures of the bandages and the bedsheets. When he
8 saw the bedsheets, he said that was a significant medical
9 emergency.

10 He would expect a call to 9-1-1 or to ER, and then he
11 moved into causation if they had gone to the ER, and
12 bleeding would of been stopped, and saved his life.

13 I, I don't know. I'm looking for that, Mr. Fink. I
14 really am, but I don't see it, and I need you to point,
15 point it out to me please.

16 MR. FINK: Your Honor, I'm not going to argue with you
17 about what you heard on the tape. I am going to say this.

18 One, either this is been an enjoyable visit to the
19 State of South Carolina or we're going to a jury on the
20 common knowledge and the testimony that we have based on the
21 phone number being -- the, the, the discharge sheet having
22 the wrong or not -- the wrong number to get to the doctor
23 along with the answering machine message.

24 THE COURT: well---

25 MR. FINK: If that's, if that's your po -- I mean if

1 that's --.

2 THE COURT: No, my position is what the law position is
3 or at least what I understand it to be, and, and correct me
4 if I'm wrong.

5 But I need, I need the expert -- an expert doctor to
6 tell me, before it gets past motions, before it goes to the
7 jury, I need an expert to tell me that the Defendant doctor
8 breached the standard of care.

9 Doctor Christensen flat out, out laid -- laid out what
10 the standard is. I agree with you. I agree a hundred
11 percent with you. My notes say that, and I listened to this
12 at the eleven o'clock break, it's, it's on there. I can
13 tell you where it is on there.

14 But at 51 and 30 seconds, he doesn't give an opinion
15 about the breach of the conduct by this Defendant doctor.
16 But I, I need to know where that is, and it's not in Doctor
17 Long (sic) because Doctor Long opined that he didn't breach
18 it.

19 MR. FINK: Doctor Lang.

20 THE COURT: Lang. I'm sorry.

21 MR. FINK: What I'm saying is, with regard to the phone
22 number, the common knowledge exception applies with regard
23 to that particular aspect of the Plaintiff's case.

24 THE COURT: You know, I'll take that under advisement.
25 I don't, I don't know.

1 Let me hear from you about that, common knowledge.

2 MR. GOTTSCHHELL: Your Honor, I think that the, the
3 question is -- I mean I want to make sure I understand,
4 whether this is a question about the phone number, and I, I,
5 I guess I'm not sure what aspect of the phone number. But
6 --.

7 THE COURT: Let me put it to you this way.

8 He -- we all know what the common knowledge is. You
9 know, that's, to me, you know, I just got this example from
10 my law clerk that recently passed the bar on the first try.

11 Congratulations to her.

12 MR. FINK: Congratulations.

13 THE COURT: But -- it's where she learned it for the
14 law, for the law exam was the doctor is suppose to amputate
15 the right leg and amputates the left leg. You don't need an
16 expert about that or the same thing with any other limb.
17 So, you don't really need an expert for that, but the
18 standard of care we do have to have an expert for.

19 MR. FINK: Your Honor, let me tell just one quickly.

20 THE COURT: Sure.

21 MR. FINK: What I did prove, what we did prove -- what
22 we did prove was that Doctor Blaskis says that the duty in
23 his office of handling those discharge sheets, and the phone
24 number, and those things that I read on the interrogatory,
25 Number 26 of the Plaintiff's first interrogatories to the

1 Defendant, he swore to that, that the duty was in the hands
2 of lay people, Debbie Clarke and Angela Grant.

3 Debbie Clarke came in and said she's got no medical
4 information and didn't do that. We know that he knows that
5 he's in -- he admitted it's the wrong number, and he
6 recognizes that a patient would have trouble getting
7 through. The phone message itself that she called says
8 dial -- if you know your party's extension, dial it now.
9 This is common sense.

10 That's how we get to the jury with all due respect,
11 Your Honor.

12 THE COURT: Okay. All right. That's on the phone.
13 All right. What about the one more?

14 MR. GOTTSHELL: Your Honor?

15 THE COURT: Yeah.

16 MR. GOTTSHELL: Could I address that---

17 THE COURT: Yeah.

18 MR. GOTTSHELL: ---please?

19 THE COURT: Yes.

20 MR. GOTTSHELL: So I, I believe this entire case, the
21 arguments I've heard, that, and the, the answers I've heard,
22 even on the proffer from Doctor Blaskis, that these
23 discharge sheets were prepared by the doctors, that
24 discharge sheets are approved by the doctors, and the whole
25 argument has been the entire time that those are something

1 that has to be done by a, by an expert. In fact, I believe
2 Doctor Christensen himself testified that there's a standard
3 regarding those things.

4 And the doctors are taught differently about how to do
5 the discharge instructions. So -- and Doctor Christensen
6 testified what the standard of care is. He said there is a
7 standard of care regarding how you reach a physician. He
8 said what that standard was.

9 You have to have provided a way that they can reach
10 you, the physician. Doctor Blaskis provided that, that they
11 reached the physician.

12 And so I believe that does not fall under the expert
13 testimony and expert, expert standard of care in this case.
14 I believe the entire case has been tried that way and pled
15 that way. It's a medical malpractice cause of action.

16 MR. FINK: We move to amend, Your Honor, to conform
17 with the evidence, and that, that would be simply -- I mean
18 it's either, it's either medical malpractice related to the
19 phone message, and the, and the number on the discharge
20 sheet, which falls within the common knowledge exception, or
21 it is one of common negligence on the part of Carolinas
22 Dermatology Group, and its staff, who Doctor Blaskis
23 assigned that task to do it correctly, which would make it
24 ordinary negligence.

25 In any case, we would move, at least at this point, for

1 our pleadings to conform with the evidence on both those
2 issues at this time.

3 THE COURT: Counsel.

4 MR. GOTTSCHHELL: Your Honor, I would, I would suggest
5 that that would be a futile amendment in the first place,
6 and, in the second, I would cite the Court to Hook versus
7 Rothstein, which is---

8 THE COURT REPORTER: Wait. Hook versus --?

9 MR. GOTTSCHHELL: Rothstein. R-O-T-H-S-T-E-I-N.
10 281 S.C. 541, and it just says that South Carolina
11 standard of care or standard---

12 MR. FINK: That's an informed consent case that way,
13 Judge.

14 MR. GOTTSCHHELL: When something goes to -- it just has
15 a standard of when it goes to an expert versus a lay
16 witness.

17 It says area beyond the realm of ordinary lay
18 witnesses, an expert is -- isn't necessary to establish both
19 standard and a departure, and we're talking about something
20 that has to go to a doctor, has to be approved by a doctor,
21 and under the doctor's course of work as a dermatologist.

22 People are not coming in and, and writing their
23 discharge sheets for the doctor, and the doctors never see
24 them. And the information on that is, is approved by the
25 doctors. So, that is something that is within the course

1 of -- within the knowledge of an expert witness.

2 THE COURT: Well, not only that, the amendment is
3 denied because there's a case on point is what -- is that as
4 well. It may -- I, I don't -- I may have it on here on my
5 notes cause I got a bunch, but I'll tell you who the judge
6 was. It was Jackson Gregory was the judge, and it's an old
7 case cause Jackson Gregory's been, unfortunately, gone for a
8 long time.

9 But it, it had simple battery, two or three other
10 normal causes of action, and our Court said that, when it's
11 a professional malpractice case, it's all professional
12 malpractice case, and you do not include those other causes
13 of action cause they have, they have charged -- they had
14 pled battery and two or three other things. But -- so, the
15 amendment is denied. But you're protected on the record for
16 that.

17 That one's under advisement.

18 So, the -- it's the should have delayed and the
19 discharge sheets. So that's under advisement, Mr. Gossett
20 (sic).

21 Now, you got another motion?

22 MR. GOTTSHELL: I do. I do, Your Honor, and, and I
23 was kind of going to these gradually, but I can speed this
24 up if we need to. I have---

25 THE COURT: No, take your time.

1 It's like the old thing when somebody falls out of
2 airplane and the parachute doesn't open. It's not the fall
3 that kills you. It's that sudden impact with the ground.
4 But we call it the fall.

5 well, here he died because he bled to death as a result
6 of the injury -- the wound created by Doctor Blaskis'
7 treatment. There's no evidence, information or I'm not even
8 clear if they're trying to insinuate there is some, but the
9 tachycardia goes with whether or not the surgery should of
10 been performed when it was performed.

11 Again, it's crystal clear they're -- that a surgery was
12 proper. The key is when was it proper, and that's where
13 tachycardia comes in. Tachycardia did not cause his death.
14 Doctor Durso was -- could not have been clearer that the
15 cause of death was bleeding to death.

16 THE COURT: Mr. Gottschell, that's how I remember that.

17 MR. GOTTSHELL: Your Honor, in a medical malpractice
18 action, the Plaintiff must prove that the generally accepted
19 practices and procedures that -- the standard of care, a
20 departure from the standard of care, and that the departure
21 from the standard of care is what caused the death. And I
22 believe that it's just been conceded that tachycardia did
23 not cause the death.

24 The breach of the standard of care, if there was one in
25 regard to tachycardia, was not the proximate cause of the

1 do one, but hopefully not. But just --.

2 THE COURT: All right. I'll consider anything anybody
3 gives me. But I'm gonna go back here and start reading.

4 MR. GEDDINGS: Yes, sir. Thank you.

5 MR. GOTTSCHELL: Your Honor, is there a time that we
6 should maybe be back?

7 Just be here?

8 THE BAILIFF: The jury will be here at 3:00.

9 THE COURT: The jury's coming at 3:00. But I'm not
10 worried about them sitting back there a little bit.

11 (WHEREUPON, a short recess was taken at this time.)

12 THE COURT: You ready?

13 MR. DRIGGERS: Yes, Your Honor.

14 THE COURT: When ruling on a motion for a directed
15 verdict, the Court must view the evidence and the inferences
16 that can be -- reasonably be drawn therefrom in the light
17 most favorable to the nonmoving party.

18 If the evidence, as a whole, is susceptible of more
19 than one inference, one reasonable inference, a jury issue
20 is created and the motion should be denied. However, this
21 rule does not authorize submission of speculative,
22 irrevocable, or hypothetical views to the jury.

23 Plaintiff's motions for directed verdict on causation,
24 cause of death, damages, and liability are denied.

25 The issue before the Court is whether Plaintiff

1 presents sufficient evidence to establish the Defendant
2 physician breached the applicable standard of care, and that
3 the breach proximately caused her husband's death.

4 To prove these critical components of her negligence,
5 the Plaintiff relied on the testimony of medical experts,
6 Doctors Pearson Long, Lang, I'm sorry, L-A-N-G, and Sean
7 Christensen.

8 A Plaintiff, in a medical malpractice case, must
9 establish, by expert testimony, both the standard of care
10 and the Defendant's failure to conform to required standard
11 unless the subject matter is of common knowledge or
12 experience so that no special learning is needed to evaluate
13 the Defendant's conduct.

14 While they're no magic words that a Plaintiff's expert
15 must say in a medical malpractice case, the Plaintiff must
16 establish, by a preponderance of the evidence, and through
17 expert testimony, that, one, the standard of care that the
18 Defendant doctor owed to the Plaintiff.

19 Two, that the Defendant doctor negligently departed
20 from this standard.

21 And, three, that the negligence proximately caused an
22 injury. Here death.

23 To establish the standard of care and the deviation
24 therefrom, Plaintiff's expert must state what reasonable
25 care and competence in that particular situation based by

1 the Defendant doctor required, and that the Defendant doctor
2 negligently deviated from the reasonable medical care.

3 An expert testifying that he had -- would have done
4 something differently is not enough if the Defendant doctor
5 acted reasonably in line with average, competent
6 practitioner in his field.

7 Additionally, to prove the Defendant doctor negligent,
8 the Plaintiff must also prove that the Defendant doctor's
9 negligence was a proximate cause of the Plaintiff's injury.
10 Here death.

11 Our Supreme Court has articulated the burden of proof
12 borne by Plaintiffs in proving proximate cause in medical
13 malpractice cases. Our Court has said negligence is not
14 actionable unless it is a proximate cause of the injury
15 complained of, and negligence may be deemed a proximate
16 cause only when, without such negligence, the injury would
17 not have occurred or could have been voided.

18 When one relies solely upon the opinion of medical
19 experts to establish a casual connection between the alleged
20 negligence, negligence and the injury, the experts must,
21 with reasonable certainty, state that, in their professional
22 opinion, the injury complained of most probably resulted
23 from the Defendant's negligence.

24 The reason for this rule is the highly technical nature
25 of malpractice litigation. Since many malpractice suits

1 involve elements and treatments outside the realm of
2 ordinary lay knowledge, expert testimony is generally
3 necessary. Therefore, the expert testimony has, as to
4 proximate cause, must provide a significant causal link
5 between the alleged negligence, and the injuries suffered
6 rather than continuous and hypothetical connection.

7 In determining whether the particular evidence meets
8 the most probability test, it is not necessary that the
9 testifying expert actually used the words most probably.
10 The words -- the exact words most probably need not be used
11 by the expert. It is not -- it is not sufficient for the
12 expert to testify merely that the ailment might or could
13 have resulted from the alleged cause. He must go further
14 and testify that, taking into consideration all the data in
15 his professional opinion, that the result in question most
16 probably came from the cause alleged.

17 In determining whether the particular evidence meets
18 this test, it is not necessary that the expert actually used
19 the words most probably. It is sufficient that such
20 testimony is such that as to judicially impress that the
21 opinion represents his professional judgment as to the most
22 likely one among possible causes.

23 The expert must give more than speculation or
24 hypothetical. He must say what would have been different or
25 how the outcome would have been altered if there had not

1 been a breach of the standard of care.

2 Doctor Lang testified he reviewed records presented to
3 him and formed an opinion pretrial as to the Defendant
4 doctor's breach of the standard of care viewed. However, in
5 the trial of this case, he revised his opinion after
6 receiving additional medical records.

7 Plaintiff advances the theory that the revision of his
8 testimony creates a conflict in testimony before the Court,
9 and, therefore, a question of fact for the jury. But the
10 Court finds there is but one opinion by the witness albeit a
11 revised one.

12 This Court noted and highlighted his testimony to be
13 considering -- to be considered after Doctor Stahl's medical
14 records. The risk of an elevated heart rate was minimal,
15 and this Court noted the foundational and crucial question
16 of whether or not Defendant doctor deviated from the
17 standard of care was not asked by the Plaintiff. In fact,
18 the record before this Court shows his testimony opined that
19 Defendant doctor did not breach the standard of care duty.

20 Defendant addressed each assertion advanced by
21 Plaintiff with regards to Defendant doctor's care, and
22 office procedures with Doctor Long -- Doctor Lang, and his
23 opinion remained that the Defendant doctor did not breach
24 his duty of care to the decedent.

25 Doctor Christensen testified he reviewed records

1 presented to him, but he previously did not have Doctor
2 Stahl's medical records. Plaintiff elicited from him the
3 failure to conduct his own examination of a patient,
4 properly advise a patient, or improperly bandage an open
5 wound would fall below the doctor's standard of care. But
6 he did not opine Defendant doctor's care fell below the duty
7 of care.

8 He agreed the Mohs surgery was appropriate with the
9 best rate of cure. He agreed the informed consent was
10 adequate, but he had concerns about the discharge
11 instruction, elevated heart rate, and the bandage, but he
12 agreed the bandage was adequate. He testified he had no
13 criticism of the Defendant doctor's education, training, or
14 experience.

15 He agreed the surgeon must rely on his training and
16 experience in closing up a wound, the use of physician's
17 assistant, medical assistants, and licensed professional
18 nurses were appropriate. He agreed the number of patients
19 seen, the referral to a plastic surgeon, and charting of
20 medical records, and discharge to home was appropriate or
21 adequate.

22 Further, he addressed causation issues when he
23 testified that, if the decedent has presented to an ER by
24 car or ambulance, the bleeding could have been stopped and
25 his life saved. Neither expert testified Defendant doctor

1 breached his care of duty, or with reasonable certainty,
2 stated in their professional opinion the injury complained
3 of most probably resulted from Defendant doctor's
4 negligence.

5 Neither expert testified Defendant doctor deviated from
6 the generally accepted standard of care. Plaintiff failed
7 to show Defendant doctor's alleged departure from the
8 generally recognized practices and procedure was the
9 proximate cause of injuries here instead.

10 Again, negligence is not actionable unless it is a
11 proximate cause of the injury complained of, and negligence
12 may be deemed a proximate cause only when, without such
13 negligence, the death would not, would not have occurred or
14 could have been avoided. The experts must, with reasonable
15 certainty, state, in their professional opinion, opinion,
16 the injuries complained of most probably resulted from
17 Defendant doctor's negligence.

18 Neither Doctor Lang nor Doctor Christensen testified
19 that without Defendant doctor's negligence the death would
20 not have occurred or that it could have been avoided.
21 Actually, Doctor Christensen testified had decedent
22 presented to an ER or called 9-1-1, the bleeding could have
23 been stopped and his life saved.

24 Doctor Amy Durso testified the cause of death was loss
25 of blood. The decedent bled to death, and that it would

1 have taken several hours. It was not related to any other
2 medical condition including heart issue. It is
3 uncontroverted that the decedent knew he was experiencing
4 bleeding from the surgery very early in the day, that his
5 wife provided a napkin or tissue to apply or clean up blood,
6 that he continued to bleed after dinner, and while watching
7 TV before retiring to bed around 10:30PM, and that he
8 changed his bloody t-shirt and dress shirt.

9 Incredible and uncontroverted testimony is that his
10 wife tried to convince him to go to the ER, but he refused
11 to do so. Wife's close friends, Ms. Sam Compton, at 9:25PM,
12 and Mr. Bob White at 7:43PM, testified that, in separate
13 phone calls some time prior to 10:00PM, wife wanted the
14 decedent to seek help at the ER, but he refused to do so.

15 In a vicarious liability setting, the verdict can not
16 be -- can not stand against the master alone. When the
17 master and the servant are sued together for the same act of
18 negligence or willful tort, and that master's liability
19 rests solely upon the servant's conduct, a verdict against
20 the master alone is illogical and can not stand.

21 Finding no evidence upon which a reasonable jury could
22 conclude the alleged negligent act or omissions from
23 Defendant doctor proximately caused the decedent's death,
24 this Court must grant the directed verdict in favor of
25 Defendant doctor.

1 This ruling extends as well to the corporate Defendant
2 Plaintiff claims was vicariously liable for Defendant
3 doctor's alleged negligence. Similarly, it would be
4 basically illogical for Plaintiff to be permitted to
5 maintain an action for simple negligence against the
6 corporate Defendant.

7 It is undisputed that, under South Carolina law, there
8 is no independent action for simple negligence against a
9 doctor for an alleged deficiency in treatment of a patient.
10 Such an action would have to be brought, it's a medical
11 malpractice action, and satisfied -- satisfy the
12 requirements of the South Carolina Code. Because an action
13 of simple negligence can not be maintained against the
14 doctor, it is only logical that it can not be maintained
15 against a group of doctors or a medical practice. And I
16 have cited numerous cases in this that I prepared, and have
17 now read into the record. But I think everybody will know
18 this case and be familiar with them.

19 Matters from the Plaintiff?

20 MR. FINK: Nothing, Your Honor.

21 THE COURT: Matters from the defense?

22 MR. DRIGGERS: Nothing, Your Honor.

23 THE COURT: Okay. That concludes the hearing on this.
24 I think if anybody wants to file anything, under the rule,
25 it's 10 days or thereabouts. We got a jury waiting. If you

NO lifting over 10 pounds for 2 days. **NO** bending over for 2 days. Try to keep you chin up when sitting down or standing up and entering or exiting your automobile. **NO** driving if you will be taking medicine for pain relief.

 CARE FOR SURGERY SITES WITH SUTURES:

1. Leave our pressure bandage on and dry for a full 48 hours. Do **NOT** get the area wet during the first 48 hours.
2. After the first 48 hours, removal of the pressure bandage may be easier if done in the bath or shower. Get bandage entirely wet and carefully remove bandage. Mild soap around the edges of bandage may help to release adhesive.
3. You will need to clean area with mild soap and water, apply Vaseline, and a fresh bandage once a day until your follow-up appointment. Do **NOT** let sutures dry out. Do **NOT** use peroxide.

CARE FOR SURGERY SITES HEALING IN SECONDARILY:

1. Leave our pressure bandage on and dry for a full 48 hours. Do **NOT** get the area wet during the first 48 hours.
2. After the first 48 hours are over, you need to wash area with mild soap and water daily. Do **NOT** scrub area. Pat dry with a clean towel gently after bathing.
3. After area has been cleaned you will need to apply a liberal amount of Vaseline to area with a band-aid and gently place on surgery site. Make sure enough Vaseline has been applied to cover entire surgery site.
4. You will continue this care until Dr. Blaskis advises you to discontinue. This depends on the size and the location of area-this could go on for several weeks or months.
5. Until the blood supply is restored the new tissue may appear gray or yellow. This is normal unless accompanied by a foul odor. As the wound heals, new blood vessels will slowly turn the tissue pink again.

Please call us with any questions at (803) 771-7506 ext. 209

**PLEASE SCHEDULE YOUR FOLLOW-UP APPOINTMENT AT FRONT
DESK FOR 1 WEEK(S).**

DEATH CERTIFICATION

STATE FILE NUMBER : 139-15-017928

DECEDENT'S NAME: *MICHAEL DALLAS CHALFANT*

AKA's: NA

ARMED FORCES: YES

DATE OF BIRTH: MAY 27, 1940

TYPE OF PLACE OF DEATH: HOSPITAL- EMERGENCY ROOM/OUTPATIENT

NAME AND ADDRESS OF PLACE OF DEATH: WJ BRYAN DORN VA MEDICAL CENTER, COLUMBIA, SC 29209

PLACE OF DISPOSITION: DUNBAR CREMATORY

DISPOSITION LOCATION: COLUMBIA, SOUTH CAROLINA

METHOD OF DISPOSITION: CREMATION

DECEDENT'S RESIDENCE: 1907 MABRON RD ROAD, COLUMBIA, RICHLAND COUNTY, SC, 29209

PLACE OF BIRTH: NEW JERSEY

SURVIVING SPOUSE'S NAME: JACKIE EADON

FATHER'S NAME: HARRY B CHALFANT

MOTHER'S NAME PRIOR TO FIRST MARRIAGE: JEAN VIDEN

INFORMANT'S NAME: JACKIE E CHALFANT

MAILING ADDRESS: 1907 MABRON RD, COLUMBIA, SC, 29209

FUNERAL HOME: DUNBAR FUNERAL HOME - DEVINE ST., 3926 DEVINE ST., COLUMBIA, SC, 29205

FUNERAL DIRECTOR: KEVIN B. SHARPE

EMBALMER'S NAME: NA

ACTUAL OR PRESUMED DATE OF DEATH : MAY 13, 2015

ACTUAL OR PRESUMED TIME OF DEATH: 0551

CAUSE OF DEATH - PART I

EXSANGUINATION

HEMORRHAGE FROM LEFT EAR SURGICAL SITE

SEX: MALE

SOCIAL SECURITY NUMBER: 247-60-1228

AGE: 74 YEARS

COUNTY OF DEATH: RICHLAND

MARITAL STATUS: MARRIED

RELATIONSHIP: SPOUSE

LICENSE NUMBER: 3154

LICENSE NUMBER: NA

MANNER OF DEATH : ACCIDENT

OTHER SIGNIFICANT CONDITIONS - PART II:

CHRONIC OBSTRUCTIVE PULMONARY DISEASE, CORONARY ARTERY DISEASE

CORONER CONTACTED? YES

AUTOPSY PERFORMED? YES AUTOPSY AVAILABLE? YES

DATE OF INJURY: MAY 12, 2015

TIME OF INJURY: NOT LISTED INJURY AT WORK? NO

PLACE OF INJURY: PHYSICIAN'S OFFICE

LOCATION OF INJURY: 1706 ST JULIAN PLACE, COLUMBIA, RICHLAND COUNTY, SC, 29204

HOW THE INJURY OCCURRED?

REMOVAL OF SKIN CANCER

CERTIFIER NAME AND TITLE: DEPUTY CORONER DEBORAH K PHILLIPS LICENSE NUMBER: NA

CERTIFIER'S ADDRESS: 1931 PINEVIEW DRIVE, COLUMBIA, SC, 29209

DATE FILED: MAY 15, 2015

DATE OF ISSUANCE: MAY 19, 2015

SPECIAL INSTRUCTIONS :

NA

SC04450322

This is a true certification of the facts on file in the Division of Vital Records, SC Department of Health and Environmental Control.

Catherine Templeton

Catherine Templeton
Director and State Registrar

Barbara E. Derrick

Barbara E. Derrick
Assistant State Registrar

This copy is not valid unless prepared on an engraved border displaying the state seal and issuing agency logo.

Revision Date: 09/10/2014

Record on Appeal 0306



CAROLINAS DERMATOLOGY GROUP, P.A. - OUTGOING PHONE MESSAGING

Carolina Dermatology After-Hours Script 10/25/13: "You have reached Carolinas Dermatology After-Hours. If this is an emergency, please hang up and dial 911 or press 9 now for our answering service. If you know your party's extension, you may dial it at any time during this message. To hear our automated options, press 1. To leave us a message in our general voice mailbox, press 2. To hear these options again, press the * key."

Carolina Dermatology After-Hours Script- 6/6/14: "You have reached Carolinas Dermatology After-Hours. If this is a true emergency, please hang up now and dial 911. If you know your party's extension, you may dial it now. To hear our automated options press 1. For a prescription refill or to leave a message to be returned on the next business day, please press 2. For all other serious medical concerns, dial 9 now for our answering service. To hear these options again, press the * key."

Carolinas Dermatology After-Hours Script 11/4/15: "You have reached Carolinas Dermatology After-Hours. If this is a true medical emergency, please hang up now and dial 911. If you know your party's extension, you may dial it now. To hear our automated options, please press 1. If you would like to leave a prescription refill or to leave a message to be returned the next business day, please press 2. For all other serious medical concerns, please press 9 to be directed to the answering service. To hear these options again, please press *."

Carolinas Dermatology After-Hours Script 6/22/17: "You have reached Carolinas Dermatology After-Hours. If this is a true medical emergency, please hang up now and dial 911. For all other serious medical concerns, press 9, and you will be directed to our answering service. If you know your party's extension, you may dial it now or any time during this message. To hear our automated options, press 1. If you would like to leave a refill request, or leave a message for your physician to be returned the next business day, press 2."

Carolinas Dermatology Blaskis Script: "You've reached the message and refill line for Dr. Blaskis. At the tone, please clearly state your name, a good call back number, and the reason you are calling and someone will get back to you as soon as possible. If you are requesting a refill, please be sure to state your prescription number and any change in pharmacy information with your recording. Thank you for calling."

Date: 5/12/2015

Name: **Chalfant, Michael** Surgery Consent Form



Chart #: **135600**

DOB 5-27-1940 Sex: **M**

1, **Chalfant, Michael**, I request and authorize Dr. Blaskis and/or assistants to treat the condition(s) which are indicated, namely Basal cell carcinoma @ concha & @ cheek

2. EXPLANATION: The procedures deemed necessary to diagnose and/or treat my condition(s) have been explained to me by my physician. I understand the nature of the procedure and authorize the performance of **Mohs Micrographic Surgery** and (if applicable) procedures to repair resultant defect(s).

3. RISKS: I have been informed and fully understand that there are certain risks associated with the above described procedures and these include the following:

--- Bleeding

--- Pain

--- Incomplete removal

--- Infection

--- Nerve damage

--- Recurrence

--- Scarring

4. ANESTHETIC: I have been informed that local anesthetics will be administered prior to the above described procedures and consent to their use. I understand that the risks following injection of a local anesthetic include a remote possibility of an allergic reaction to the agents used. I also understand that there is a possibility of rapid heart rate, heart palpitations or chest pain from the agents used.

5. NO GUARANTEE: I understand that I have been informed that no guarantee or promises have been made as to the success of the procedures performed.

6. PHOTOGRAPHY: I consent to the photographing of my skin lesion(s) and/or any tissue(s) removed before, during and/or immediately after the operation and on subsequent office visits. I understand that these photographs may be used for medical, scientific research or educational purposes and may be published in professional journals or medical books. Although I may be identifiable in these pictures, my name will not be attached. Furthermore, I expect no compensation for these photographs and waive all rights to any claims for payment or royalties. I also release Dr. Blaskis from any liability in connection with the use of such photographs.

Michael Chalfant
Patient's Signature (or Patient's guardian if minor)

5/12/15
Date

K. Chapman
Witness's Signature

Carolinas Dermatology Group 000001

Date: 5/12/2015

Name: Chalfant, Michael

Patient Encounter



Chart #: 135600

DOB 5-27-1940

Sex: M

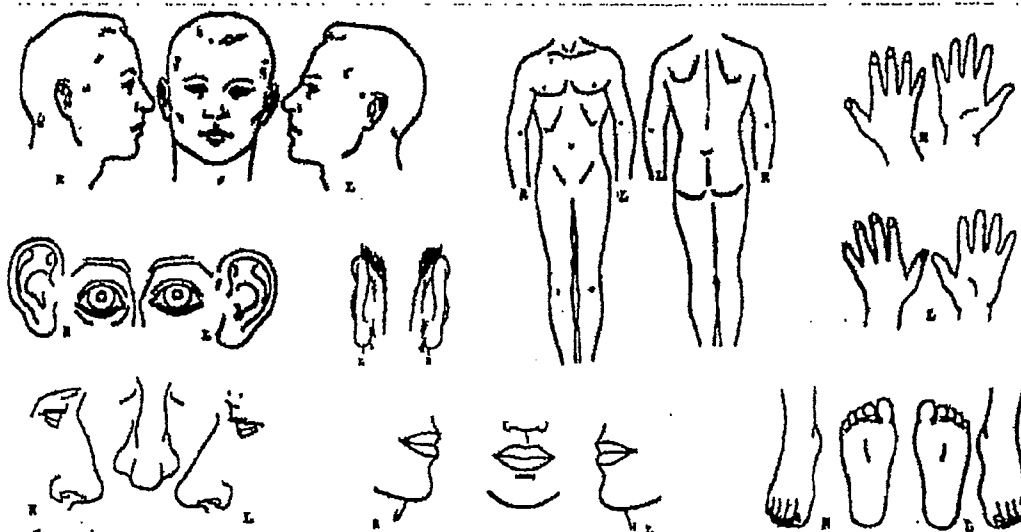
CC:

CC: Hx b.p. 100/60, 2 @ checks, @ ear (acoustic)
Dur, Past Tx & Hx: C215, 2718, present for M.O.

P.E. 1709 mm 25/08 " poorly - chronic but asymptomatic hypothyroidism with the usual bridge

Medication:

Allergies:



Allyl: $3 \text{C}_2\text{H}_5, n=2$

Plm: not micrographically performed on each bone (see p. 104)
 @/car stock #13542 @/car #13193

Clustering of 3 larger forest districts (2017)
→ expanding deep into forest

Cherry - I stay, don't defect =
 2001 In through and through defect

Primary shock is removal of barrow, wedges
at top and outcrops, underlying above
in all directions

with notes to Mr. Corbin
Pl-100 Proj. re reconstruction
Tyl #3100 54-6 PM, #29

1st row: 4-0 Vtx, 6 mixed deep and 1a
5-0 Nylm running 1st row

1. Evaluation and by the / selection drawings applied Unregistered on home used (ind)

RTC:

Physician Signature: _____

Mark G. Blaskis, MD

the 12th July 1912

Carolinas Dermatology Group 000002

Carolinas Dermatology Group, P.A. 1708 ST. JULIAN PLACE COLUMBIA, SOUTH CAROLINA 29204
TELEPHONE: (803) 771-7508 FAX: (803) 771-9455

Date 12 May 15

Name: Chalfant, Michael

MOHS MAP



Chart #: 135600

Diagnosis

Ba

Location

3500-7 Chalfant

Tumor size

17x9

Final defect size

19x11

Layer:

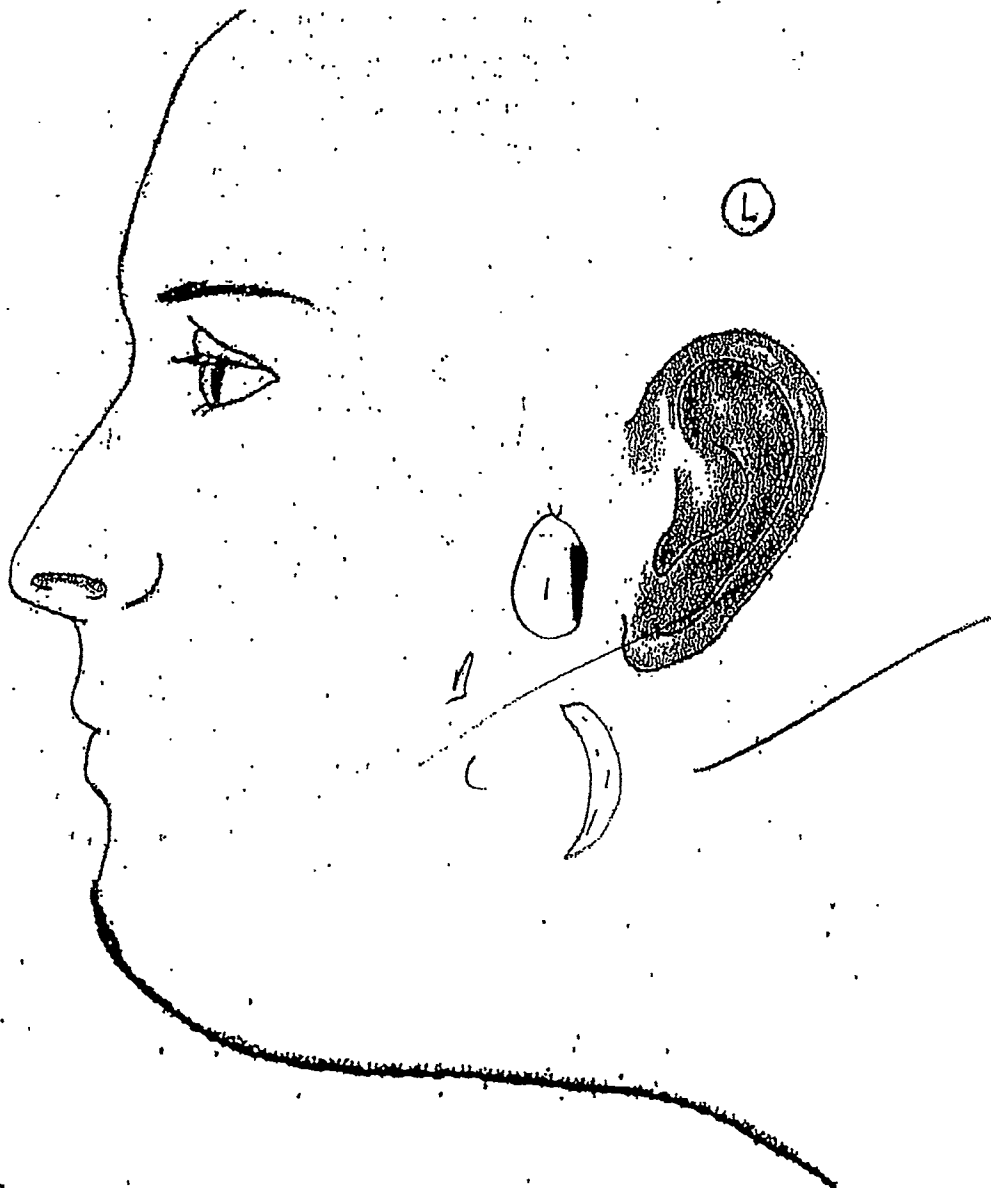
#13592

Legend: —

Red

.....

Blue 21x13



M

BP 108/67

HR 116

Carolinas Dermatology Group 000003

Physician to Signature name: Chalfant, Michael Mohs Surgery Report

Chart #: 135600

6617592

DOB 5-27-1940

Sex: M

LOCAL ANESTHESIA:

2% xylocaine + epi
1% buffered xyl + epi
3% marcaine + levo

vol/time	vol/time	vol/time	vol/time	vol/time
1 cc / 10 min	1 cc / 10 min	1 cc / 10 min		

MEDICATIONS:

PO SL mg. Val Darv Hal by at
PO SL mg. Val Darv Hal by at
PO SL mg. Val Darv Hal by at

GROSS EXAMINATION

specimen size sections
Layer A 1.5 x 1.5 x 1.5 1
Layer B 1.5 x 1.5 x 1.5 1
Layer C 1.5 x 1.5 x 1.5 1
Layer D
Layer E

MICROSCOPIC EXAMINATION

tumor type ACC
Comment:

INTRAOPERATIVE DRESSINGS:

following: Second Stage Third Stage Fourth Stage Fifth Stage
gel foam xeroform oxycel suture pressure

☐ An excisional biopsy of the center of the tumor prior to Mohs surgery is performed and sent to pathology lab for ☐ Intra-operative immunostaining, and for permanent section to rule out any invasive malignant melanoma.

Prep: Betadine Hibiclens

Hemostasis: Hydration: Suture:

CLOSURE:

SECONDARY INTENTION
PRIMARY CLOSURE: TYPE layers simple intermediate complex
FLAP CLOSURE: TYPE size (total) x m
UNDERMINING: Direction: med lat sup inf
BUROW'S TRIANGLES No. Aspects: med lat sup inf
SUTURE: SIZE NO. TYPE
deep nyl vic PDS fabg
SC nyl vic PDS fabg
cuta nyl vic PDS fabg
COMMENTS: Suture Line: 3.0

SKIN GRAFT: FULL THICKNESS size (total) x mm
DONOR AREA: SIZE NO. TYPE
SC nyl vic PDS fabg
cuta nyl vic PDS fabg
RECIPIENT CLOSURE: SIZE NO. TYPE
cuta nyl fabg
stent nyl fabg

POST-OP DRESSING: Poly Gel Xero Oxy Press
Estimated blood loss cc Complications:
Post-op meds:
Disposition: Return visit:

Physician Signature: Mark G. Blaskis, MD

Date 12 May 01

Name: Chalfant, Michael

MOHS MAP



Chart #: 135600

Diagnosis BCL

Location 35600-7

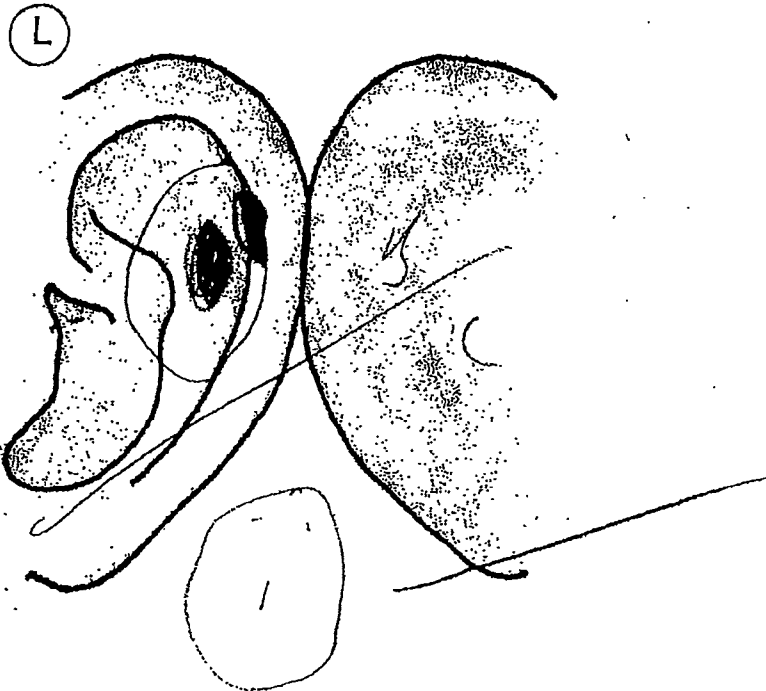
Tumor size 2.5 x 1.8

Final defect size 2.4 x 2.0

Layer: #1592

Legend: — Red

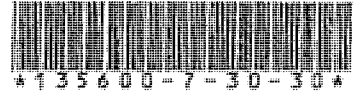
..... Blue 70x21



Physician Signature:  Mark G. Blaskis, MD

Chalfant, Michael

MRN: 135600



DATE OF SERVICE: Tuesday, May 12, 2015

HISTORY AND PHYSICAL

ALLERGIES: No known drug allergies.

PE: Blood Pressure 108/67 Pulse 116

PREOPERATIVE MEDICATIONS: (None)

POST OPERATIVE MEDICATIONS: (None)

Examination revealed the lesions below:

BIOPSY PROVEN BASAL CELL CARCINOMA IN THE LEFT PREAURICULAR.

Present for unknown duration.

PREOP SIZE: 1.7 X 0.9 cm

LESION NOTES: (None)

ASSESSMENT AND PLAN:

Treatment options were discussed and Mohs micrographic surgery was recommended. The patient consented to have the procedure performed.

INDICATIONS: ill defined margins, need for margin evaluation, large size

After a detailed explanation of the procedure and the possible risks of infection, bleeding, scarring, nerve damage and recurrence, informed consent was obtained. The patient then underwent Mohs surgery utilizing the 'fresh tissue' technique as follows.

OP NOTE:

STAGE: 1

DATE: 5/12/2015 START TIME: 01:05 PM

MOHS SURGEON: Mark Blaskis, M.D.

NURSE: Christina Tackett, Kim Riley

HISTOTECH: Brooks, Steve

ANESTHESIA: 1 cc Lidocaine 2.0% solution with 1:100,000 epinephrine

The patient was taken to the operative suite and placed on the surgery table. The lesional area was anesthetized with an infusion of Lidocaine 2.0% solution with 1:100,000 epinephrine around the lesion. All visible tumor was completely excised in a debulking stage using a curette and scalpel. Once removed, an excision was made 2-3 mm around the debulking defect. During surgery, hemostasis was obtained with pressure and spot electrodisiccation. Tissue was left as 1 specimen which was color coded and mapped to the location on the body from which it came. This specimen was then sent to the technician for frozen

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Carolinas Dermatology Group 000007

Chalfant, Michael

MRN: 135600



sectioning, mounting, and staining. The specimen was examined by the Mohs surgeon. After microscopic evaluation, tumor was found persisting in the specimen.

ADDITIONAL STAGE NOTES: defect size 1.9 x 1.1 cm

STAGE: 2

DATE: 5/12/2015 START TIME: 01:50 PM

MOHS SURGEON: Mark Blaskis, M.D.

NURSE: Christina Tackett; Kim Riley

HISTOTECH: Brooks, Steve

ANESTHESIA: 0.5 cc Lidocaine 2.0% solution with 1:100,000 epinephrine

The patient was taken to the operative suite and placed on the surgery table. The lesional area was anesthetized with an infusion of Lidocaine 2.0% solution with 1:100,000 epinephrine around the lesion. All visible tumor was completely excised in a debulking stage using a curette and scalpel. Once removed, an excision was made 2-3 mm around the debulking defect. During surgery, hemostasis was obtained with pressure and spot electrodisiccation. Tissue was left as 1 specimen which was color coded and mapped to the location on the body from which it came. This specimen was then sent to the technician for frozen sectioning, mounting, and staining. The specimen was examined by the Mohs surgeon. After microscopic evaluation, no tumor was found persisting in the specimen.

ADDITIONAL STAGE NOTES: defect size 2.1 x 1.3 cm

Following surgery, the defect measured 2.1 x 1.3 cm. and repair options were discussed with the patient.

CASE NUMBER: 13592

FINAL DIAGNOSIS: basal cell carcinoma

CONDITION AT TERMINATION OF THERAPY: complete excision of the basal cell carcinoma

POST OPERATIVE SIZE: 2.1 x 1.3 cm.

ESTIMATED BLOOD LOSS (cc): Less than 5

ANESTHESIA TOTALS: 1.50 cc Lidocaine 2.0% solution with 1:100,000 epinephrine

COMPLICATIONS: none

REPAIR:

INDICATIONS:

The patient was left with a 2.1 x 1.3 cm. defect involving the left preauricular area following Mohs micrographic surgery for basal cell carcinoma. Various closure modalities were discussed with the patient to decide which modalities would best preserve normal anatomical and functional relationships. After a discussion of the risks of bleeding, scarring, infection, pain, and wound dehiscence, informed consent was obtained and the defect was repaired with a intermediate repair.

PROCEDURE:

Carolinas Dermatology Group, PA
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Carolinas Dermatology Group 000008

Chalfant, Michael

MRN: 135600



DATE: 5/12/2015 START TIME: 02:30 PM
MOHS SURGEON: Mark Blaskis, M.D.
NURSE: Christina Tackett; Kim Riley
ANESTHESIA: 1 cc Lidocaine 2.0% solution with 1:100,000 epinephrine

The patient was taken to the operative suite and placed on the surgery table. The defect and surrounding area were anesthetized with an infusion of Lidocaine 2.0% solution with 1:100,000 epinephrine. The area was washed with chlorhexidine and draped with sterile towels. During surgery, hemostasis was obtained with spot electrodisiccation. Excess tissue was removed using the lengthening of incision repair technique, in order to facilitate reconstruction in the patient's natural skin tension lines and to obtain maximum functional and cosmetic results. The wound edges were undermined extensively. Superficial fascia and subcutaneous tissue were repaired with 4-0 vicryl simple interrupted dermal sutures. The epidermis was approximated and closed using 5-0 nylon running nonlocking continuous sutures. The final wound length was 2.1 cm. A sterile layered dressing was applied consisting of vaseline, telfa, dry gauze, and paper tape. Verbal wound care instructions, with written handout, were given.

FINAL DIAGNOSIS: basal cell carcinoma
FINAL POST REPAIR SIZE: 3 cm
FINAL PROCEDURE: intermediate repair
ESTIMATED BLOOD LOSS (cc): Less than 5
ANESTHESIA TOTALS: 1 cc Lidocaine 2.0% solution with 1:100,000 epinephrine
COMPLICATIONS: none

BIOPSY PROVEN BASAL CELL CARCINOMA IN THE LEFT CONCHA.

Present for unknown duration.

PREOP SIZE: 2.5 X 1.8 cm

LESION NOTES: (None)

ASSESSMENT AND PLAN:

Treatment options were discussed and Mohs micrographic surgery was recommended. The patient consented to have the procedure performed.

INDICATIONS: ill defined margins, need for margin evaluation, large size

After a detailed explanation of the procedure and the possible risks of infection, bleeding, scarring, nerve damage and recurrence, informed consent was obtained. The patient then underwent Mohs surgery utilizing the 'fresh tissue' technique as follows.

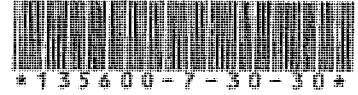
OP NOTE:

Carolinas Dermatology Group, PA
1706 Saint Julian Place, Columbia, SC 29204 (803) 771-7506

Carolinas Dermatology Group 000009

Chalfant, Michael

MRN: 135600



STAGE: 1

DATE: 5/12/2015 START TIME: 01:05 PM
MOHS SURGEON: Mark Blaskis, M.D.
NURSE: Christina Tackett; Kim Riley
HISTOTECH: Brooks, Steve
ANESTHESIA: 1 cc Lidocaine 2.0% solution with 1:100,000 epinephrine

The patient was taken to the operative suite and placed on the surgery table. The lesional area was anesthetized with an infusion of Lidocaine 2.0% solution with 1:100,000 epinephrine around the lesion. All visible tumor was completely excised in a debulking stage using a curette and scalpel. Once removed, an excision was made 2-3 mm around the debulking defect. During surgery, hemostasis was obtained with pressure and spot electrodisiccation. Tissue was left as 1 specimen which was color coded and mapped to the location on the body from which it came. This specimen was then sent to the technician for frozen sectioning, mounting, and staining. The specimen was examined by the Mohs surgeon. After microscopic evaluation, tumor was found persisting in the specimen.

ADDITIONAL STAGE NOTES: defect size 2.7 x 2.0 cm

STAGE: 2

DATE: 5/12/2015 START TIME: 01:50 PM
MOHS SURGEON: Mark Blaskis, M.D.
NURSE: Christina Tackett; Kim Riley
HISTOTECH: Brooks, Steve
ANESTHESIA: 0.5 cc Lidocaine 2.0% solution with 1:100,000 epinephrine

The patient was taken to the operative suite and placed on the surgery table. The lesional area was anesthetized with an infusion of Lidocaine 2.0% solution with 1:100,000 epinephrine around the lesion. All visible tumor was completely excised in a debulking stage using a curette and scalpel. Once removed, an excision was made 2-3 mm around the debulking defect. During surgery, hemostasis was obtained with pressure and spot electrodisiccation. Tissue was left as 1 specimen which was color coded and mapped to the location on the body from which it came. This specimen was then sent to the technician for frozen sectioning, mounting, and staining. The specimen was examined by the Mohs surgeon. After microscopic evaluation, no tumor was found persisting in the specimen.

ADDITIONAL STAGE NOTES: defect size 3.0 x 2.1 cm

Following surgery, the defect measured 3 x 2.1 cm. and repair options were discussed with the patient.

CASE NUMBER: 13593

FINAL DIAGNOSIS: basal cell carcinoma

CONDITION AT TERMINATION OF THERAPY: complete excision of the basal cell carcinoma

POST OPERATIVE SIZE: 3 x 2.1 cm.

ESTIMATED BLOOD LOSS (cc): Less than 5

Carolinas Dermatology Group, PA
1706 Saint Julian Place, Columbia, SC 29204 (803) 771-7506

Carolinas Dermatology Group 000010

Chalfant, Michael

MRN: 135600



ANESTHESIA TOTALS: 1.50 cc Lidocaine 2.0% solution with 1:100,000 epinephrine
COMPLICATIONS: none

REPAIR:

INDICATIONS:

The patient was left with a 3 x 2.1 cm. defect involving the left concha area following Mohs micrographic surgery for basal cell carcinoma. Various closure modalities were discussed with the patient to decide which modalities would best preserve normal anatomical and functional relationships. After a discussion of the risks of bleeding, scarring, infection, pain, and wound dehiscence, informed consent was obtained and the defect was referred to Dr. Brett Carlin for repair. Verbal wound care instructions, with written handout, were given.

FINAL DIAGNOSIS: basal cell carcinoma

FINAL POST REPAIR SIZE:

FINAL PROCEDURE: referred to Dr. Brett Carlin

ESTIMATED BLOOD LOSS (cc): Less than 5

ANESTHESIA TOTALS: 0 cc

COMPLICATIONS: none

The patient was discharged from the surgery unit ambulatory and in good condition.

Digital Signature: Mark Blaskis, M.D.

Carolinas Dermatology Group, PA
1706 Saint Julian Place, Columbia, SC 29204 (803) 771-7506

Carolinas Dermatology Group 000011

Record on Appeal 0318

Chalfant, Michael

MRN: 135600



basal cell carcinoma

left concha

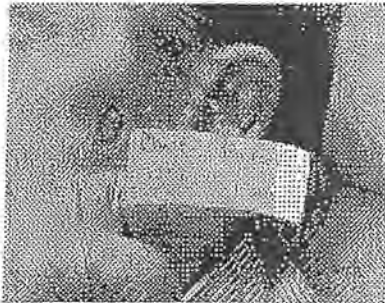
Pre Operativ

5/12/2015

Post Exclsiona

5/12/2015

Post Repair



basal cell carcinoma

left preauricular

Pre Operativ

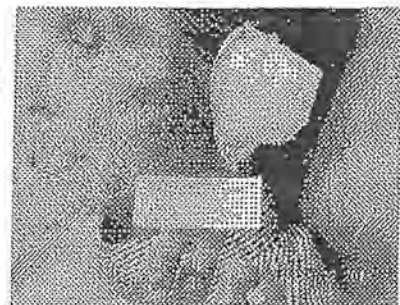
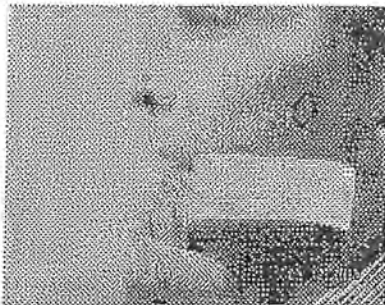
5/12/2015

Post Exclsiona

5/12/2015

Post Repair

5/12/2015



Carolinas Dermatology Group 000012

Record on Appeal 0319

Date: 4/2/2015 11:29:22 AM



Chalfant, Michael

Patient Encounter

Chart #: 135600

Family Hx

Non-Melanoma skin cancer: Y/N Melanoma: Y/N

RA, Lupus or other collagen vas. Disease Y/N

Other Genetic Disease

Past Personal Medical Hx

Non Melanoma skin cancer: Y/N UV light exposure Y/N

Tanning bed: Y/N Melanoma: Y/N Depth and location:

RA, Lupus or other collagen vas. Disease Y/N

Drug Allergies: Y/N

Oral Medications: Ventolin, Spiriva

Topical Medications:

DOB 5-27-1940

Sex: M

Social Hx

Frequent alcohol consumption: Y/N

Tobacco Use Y/N (Smoking Cessation Counseled Y/N)

ROS: 1. Constitutional: Normal/Abnormal: No/Mes: See below

2. New changing moles/lesions

Flu Shot Given/Ordered Y/N

Medications with Dosages Reviewed/ Verified Y/N

*Pt. is over 65 yrs and is at risk for recurrent falls: Y/N

Chief Complaints:

#1: Forehead - rough area noted by pt - several mths.

#2: ear - rough area noted by pt - several mths.

#3: ear - rough area noted by pt - several mths.

The preliminary information gathered by my assistant was confirmed and completed by the provider. Initials: MB

Today's Examination: Gen'l Appearance: No acute distress, well-developed, well-nourished/obese

Site examined

WNL

Yes

No

Notes

☐ See procedure sheet ☐ Pt declined full exam ☐ In ans to consult

Eyelids and conjunctivae

☐☐

Lips/Teeth/Gums

☐☐

Oropharynx

☐☐

Scalp/Hair

☐☐

Head/Face/Facial hair

☐☐

Neck

☐☐

Thyroid gland

☐☐

Chest/Breast/Axillae/Hair

☐☐

Abdomen

☐☐

Back

☐☐

Right Upper Extremity

☐☐

Left Upper Extremity

☐☐

Right Lower Extremity

☐☐

Left Lower Extremity

☐☐

Digits/Nails

☐☐

Genitalia/Groin/Buttocks

☐☐

Ecrine/Apocrine Glands

☐☐

Peripheral Vas. System

☐☐

Lymph nodes (N.A.G)

☐☐

Liver/Spleen

☐☐

Anus

☐☐

Mental Orientation

☐☐

Mood/Affect

☐☐☐ Chaperone

Physician Signature: Mary G. Blaskis, MD

immediately available in the same office while the PA provides the service).

MM follow-up

☐ Personal Hx of Melanoma☐ Asked re: Changing moles☐ Complete Exam performed☐ Counseled re: self exam (at least monthly)☐ Ineligible for complete exam☐ No lymphadenopathy notedImage studies ordered ☐ Yes ☐ NoReferred to oncology ☐ Yes ☐ No☒ Patient consulted on sun protection, self-exam☐ F/U☐ (sooner if worse or concerned)☒ Patient demonstrates understanding.

Carolinas Dermatology Group 000013

Date: 4/2/2015 11:29:22 AM

Name: Chalfant, Michael

Procedure Form

Chart #: 135600

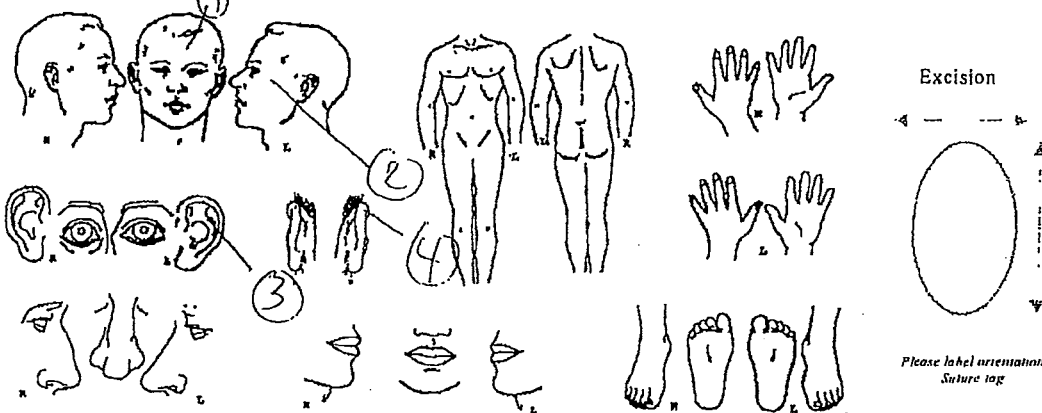
Phone: (803) 776-8883

SSN: 247601228

* 1 3 5 6 0 0 - 1 *

DOB 5-27-1940

Sex: M



X indicate liquid nitrogen treatment

Special instruction:

Side effect of the procedure has been explained and accepted by the patient

Physician Signature:

Mark G. Blaskis, MD

Lori Mauldin, P.A.C

Tissue Source	Clinical	Procedure*	lesion Size
I forehead	BCC / SCC / AK	1 B E Cu S-Re	
II Cheek		2 B E Cu S-Re	
III Helix		3 B E Cu S-Re	
IV Helix		4 B E Cu S-Re	
V		5 B E Cu S-Re	
VI		6 B E Cu S-Re	

* B= biopsy E=excision Cu= curettage S-Ex: Shave Removal (113xx)

Carolinas Dermatology Group 000014

Pathology Service



Carolinas Dermatology Group, PA * 1 3 5 6 0 0 - 1 0 *
1706 Saint Julian Place, Columbia, SC 29204 (803) 771-7506

PATHOLOGY REPORT

Date Done: 4/2/2015	Patient: CHALFANT, MICHAEL	MRN: 135600
Date Received: 4/8/2015	DOB: 5/27/1940	Sex: M
Date Processed: 4/9/2015	Referring Physician: Blaskie, Mark, MD	SSN: (803) 778-8883
Accession No. CZ15-2719		

Final Diagnosis

4/8/2015

- 1 Skin, forehead, Biopsy 173.31
- Basal cell carcinoma 7-9-15 @ 100
- Done 2 Skin, left cheek, Biopsy 173.31
- Basal cell carcinoma 5.12.15 x 2 spots
1:00 w/ Dr. B
- Done 3 Skin, left concha, Biopsy 173.21
- Basal cell carcinoma
- 4 Skin, right helix, Biopsy 380.00
- Chondrodermatitis nodularis helicis, consistent with

Clinical		
1	BCC / SCC / AK / ISK	
2	BCC / SCC / AK / ISK	
3	BCC / SCC / AK / ISK	
4	BCC / SCC / AK / ISK	

LM 4-14-15
@ 944

Ⓟ 4-14-15 @ 1144

Specimen 1

Gross Description:

Received in formalin is a single piece of soft tan skin biopsy specimen measuring 6 mm in greatest dimension. Sectioned and entirely submitted.

Microscopic Description:

Sections of skin show a proliferation of atypical-basaloid cells mainly in nests extending from the epidermis and invading into the dermis. There is prominent mixed inflammatory infiltrate.

Specimen 2

Gross Description:

Received in formalin is a single piece of soft tan skin biopsy specimen measuring 6 mm in greatest dimension. Inked, sectioned and entirely submitted.

noting
24

Pathology Service



Carolinas Dermatology Group, PA * 1 3 5 6 0 0 - 1 0 *
1706 Saint Julian Place, Columbia, SC 29204 (803) 771-7506

PATHOLOGY REPORT

Date Done: 4/2/2015	Patient: CHALFANT, MICHAEL	MRN: 135600
Date Received: 4/8/2015	DOB: 5/27/1940 Sex: M	SSN:
Date Processed: 4/9/2015	Referring Physician: Blaskis, Mark, MD	(803) 776-8883
Accession No. CZ15-2719		

Microscopic Description:

Sections of skin show a proliferation of atypical basaloid cells mainly in nests extending from the epidermis and invading into the dermis. There is prominent mixed inflammatory infiltrate.

Specimen 3

Gross Description:

Received in formalin is a single piece of soft tan skin biopsy specimen measuring 9 mm in greatest dimension. Sectioned and entirely submitted.

Microscopic Description:

Sections of skin show a proliferation of atypical basaloid cells mainly in nests extending from the epidermis and invading into the dermis. There is prominent mixed inflammatory infiltrate.

Specimen 4

Gross Description:

Received in formalin is a single piece of soft tan skin biopsy specimen measuring 6 mm in greatest dimension. Inked, sectioned and entirely submitted.

Microscopic Description:

Sections of skin show an ulcer covered by parakeratotic crust. There is fibrin deposit in the papillary dermis adjacent to the ulcer. The epidermis shows acanthosis and hyperkeratosis. There is cartilage degeneration and perichondrial fibrosis.

Date: 4/2/2015 11:29:22 AM

Chalfant, Michael Information



Chart #: 135600

Age: 74y

DOB 5-27-1940

Sex: M

Full Name: MICHAEL DALLAS CHALFANT Sex: Male Female Marital Status: S (M) D W

Date Of Birth: 27 MAY 40 Social Security #: 247601228

Street Address: 1907 MARRON RD City: COLUMBIA State: SC Zip: 29209

Mailing Address: City: State: Zip:

Home Phone #: 803 776 8883 Cell Phone #: 528 5991 Work Phone #:

Emergency Contact: JACKIE CHALFANT Phone #: 776 8883

Do You Live In A Skilled Nursing Facility: Yes (N) If Yes, Name of Facility:

Employer Name: RETIRED Employer Phone #:

Employer Address: City: State: Zip:

☐ CHECK HERE TO DECLINE ANSWERING THE FOLLOWING 3 QUESTIONS

1) My preferred language is: 2) My race is: (please circle one answer) 3) My Ethnicity is: (please circle one answer)

(A) English

A. American Indian/Alaskan Native

A. Hispanic or Latino

B. Spanish

B. Asian

(B) Not Hispanic or Latino

C. Other

C. Black or African American

D. Native Hawaiian or Pacific Islander

(B) White/Caucasian F. Other

(Information About Your Parent/Spouse)

Parent/Spouse's Full Name: JACKIE CHALFANT Parent Phone Number: 776 8883

Parent's Address: 1907 MARRON RD City: COLUMBIA State: SC Zip: 29209

Primary Insurance To File

Insurance Co. Name: MEDICARE Relationship to Patient: SELF

Insured's DOB: 27 MAY 40 Insured's Social Security #: 247601228

Secondary Insurance To File

Insurance Co. Name: TRICARE Relationship to Patient: SELF

Insured's DOB: Insured's Social Security #

I understand that payment is due at the time service is rendered. I hereby authorize the release of any medical information to (1) an insurance company through which I claim benefits and (2) any physician involved in my medical care. I realize this authorization allows Carolinas Dermatology Group, PA to release any information to any of my insurers or physicians as requested by any such insurer or physician.

I HEREBY ASSIGN ALL MEDICAL BENEFITS TO WHICH I AM ENTITLED INCLUDING MEDICARE, PRIVATE INSURANCE, GROUP POLICY BENEFITS AND OTHER HEALTH PLANS TO CAROLINAS DERMATOLOGY GROUP, PA. IF MY INSURANCE REQUIRES A REFERRAL OR PREAUTHORIZATION, IT IS MY RESPONSIBILITY TO OBTAIN THAT. I HEREBY AGREE TO PAY ALL COSTS AND REASONABLE FEES IN THE EVENT THIS ACCOUNT IS TURNED OVER TO A COLLECTION AGENCY.

Cancellation/ No Show Policy

We understand that there are times when you must miss an appt due to emergencies or obligations for work or family. However, when you do not call to cancel an appt, you may be preventing another patient from getting much needed treatment. If an appt is not cancelled at least 24 hours in advance you may be charged a \$25 fee; this will not be covered by your insurance company

Signature: Michael D. Chalfant Date:

Responsible Party's Signature (if different): Responsible Party's DOB:

Carolinas Dermatology Group 000017

Date: 4/2/2015 11:29:22 AM

Chalfant, Michael



Chart #: 135600

Authorization Regarding Payment and Release of Medical Information

I hereby authorize and request the payment of services from Medicare, Medicaid and/or other insurance plans or payers be made on my behalf to Carolinas Dermatology Group, PA. I hereby assign to Carolinas Dermatology Group, PA all payments for treatment services. I understand and agree that I am responsible for paying any amount not covered by Medicare, Medicaid and/or other insurance plans or payers.

I hereby authorize the release of medical information to Medicare, Medicaid and/or insurance plans or other payers. I also authorize the release of medical information to other healthcare providers including, but not limited to, my primary care or family physician, consulting physicians or healthcare providers, hospitals, pharmacies, rehabilitation centers or other healthcare providers or facilities. I permit a copy of this authorization to be used.

Printed Patient/Representative's Name: MICHAEL D. CHALFANTRelationship to Patient: SELFPatient/Representative's Signature: Michael Chalfant Date: 4-2-15Witness Signature: [Signature] Date: 4-2-15Authorization to Release Medical Information

I understand that my medical records are protected under State and Federal confidentiality regulations. If our staff calls to *discuss* your care or leave a test result, are there members of your household that we can *discuss* your medical information with? ☒ Yes ☐ No

If yes, please specify:

Name: JACKIE CHALFANT Relationship: WIFE

Name: _____ Relationship: _____

This authorization expires in: ☐ 6 months ☒ 1 year ☐ other (must specify): _____Patient/Responsible Party Signature: Michael ChalfantDate: 4-2-15

Carolinas Dermatology Group 000018

Date: 4/2/2015 11:29:22 AM

Chalfant, Michael

Revised October 2014



Chart #: 135600

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.
www.carolinasdermatology.com

At Carolinas Dermatology Group, P.A., we are committed to protect the privacy of your personal health information (PHI). This Notice of Privacy Practices describes how we may use within our practice or network and disclose (share outside of our practice or network) your PHI to carry out treatment, payment or health care operations. We may also share your information for other purposes that are permitted or required by law. This Notice also describes your rights to access and control your PHI. We are required by law to maintain the privacy of your PHI. We will follow the terms outlined in this Notice. We may change our Notice, at any time. Any changes will apply to all PHI. If you wish to have a copy of this notice, please notify the front desk.

Uses and Disclosures of Protected Health Information

- Health professionals who contribute to your care
- Insurance companies, health plans
- Government agencies in order to assist with qualification of benefits
- Billing companies
- Collection agencies

We may use or disclose, as-needed, your PHI in order to support the business activities of this practice which are called health care operations. (Treatment, Payment and Operation)

Uses and Disclosures that require written authorizations

- Marketing
- Disclosure for any sales purposes
- Psychotherapy notes
- Physicians not related to TPO

All other uses and disclosures not recorded in this Notice will require a written authorization from you or your personal representative.

We may use and disclose your PHI in other situations without your permission: *We DO NOT participate in without your consent

- If required by law
- Public health activities*
- Health oversight agencies*
- Police or other law enforcement purposes
- Health Information Exchange*
- Legal Guardians/Representatives
- Coroners, funeral directors
- Special government purposes
- Correctional institutions
- Workers' Compensation*
- Fundraising Activities*
- Family members present with you at the time of service*
- Business Associates*
- Medical research*
- Treatment alternatives*
- Legal proceedings
- Appointment reminders

Your Privacy Rights

- Request an amendment of your health information
- Request for us to communicate in different way or location
- To receive notification of any breach of your PHI
- Obtain a list of people/organizations who have received your PHI from us.
- To see and obtain a copy of your PHI.
- Request a restriction of your PHI.

All requests to exercise your rights must be made in writing, please contact our Security and Privacy officer for details on how to complete that request, (803) 771-7506.

For More Information or to Report a Problem

If you think we have violated your rights, or you need more information about our privacy practices you can contact our Security and Privacy officer at (803) 771-7506 or you can contact the Office for Civil Rights, U.S. Department of Health and Human Services at the address listed below:

Office for Civil Rights, U.S. Department of Health and Human Services
200 Independence Ave, S.W. Room 509F, HHH Building Washington, D.C. 20201

Acknowledgement of Carolinas Dermatology Group, P.A. Notice of Privacy Practices

Michael D. Chalfant
Patient/Responsible Party Signature

4-2-15
Date

Carolinas Dermatology Group 000019

Date: 4/2/2015 11:29:22 AM



Chalfant, Michael Health Questionnaire

Chart #: 135600

* 1 3 5 6 0 0 - 3 *

Family History (primary relative)

Non-Melanoma Skin Cancer	☐ Y ☒ N
Melanoma	☐ Y ☒ N
Rheumatoid arthritis	☐ Y ☒ N
Lupus or other collagen vascular disease (s)	☐ Y ☒ N
Psoriasis	☐ Y ☒ N
Other genetic disease(s)	☐ Y ☒ N

Do you have any of the following conditions?

AIDS/HIV	☐ Y ☒ N	Glaucoma	☐ Y ☒ N
Bleeding disorder	☐ Y ☒ N	Anemia	☐ Y ☒ N
Heart condition(s) or murmurs	☐ Y ☒ N	Diabetes	☐ Y ☒ N
Hepatitis B/Hepatitis C/cirrhosis	☐ Y ☒ N	Thyroid disorder	☐ Y ☒ N
Keloid abnormal scar	☐ Y ☒ N	Asthma	☐ Y ☒ N
Melanoma	☐ Y ☒ N	If yes, location and depth:	
Non-melanoma skin cancers	☐ Y ☒ N	Pacemaker	☐ Y ☒ N
Currently Pregnant or Breast Feeding	☐ Y ☒ N	Defibrillator	☐ Y ☒ N
Rheumatoid arthritis	☐ Y ☒ N	Tanning bed use	☐ Y ☒ N
Joint replacement in past 2 years	☐ Y ☒ N	Hypertension	☐ Y ☒ N
Lupus or other collagen vascular disease (s)	☐ Y ☒ N		
Other Conditions:			☐ Y ☒ N

Email address: CHALFANTJ@BELLSOUTH.NET

Have you had a flu shot this flu season? : ☐ Y ☒ N

Are you allergic to any medication/food material: ☐ Y ☒ N

If yes, Check/List: ☐ PCN ☐ Sulfa ☐ Codeine ☐ Others:

Current Medications:

Do you take Aspirin/Motrin: ☐ Y ☒ N If yes, Dosage:

Other Medications: SPAREVA VENTOLYN

Referring physician (to send a letter re. today's visit): STAHL Primary Care Physician: STAHL

Pharmacy Name: FT. JACKSON

Pharmacy Address: _____

Signature of Patient or Personal Representative: Michael Chalfant Date: _____

Physician Signature: [Signature]

Date: 2 Apr 15

Carolinas Dermatology Group 000020

MEDICARE		HEALTH INSURANCE	
1-800-MEDICARE (1-800-633-4227)			
MICHAEL D CHALFANT			
247-60-1228-A		MALE	
HOSPITAL (PART A)		05-01-2005	
MEDICAL (PART B)		05-01-2005	

UNITED STATES UNIFORMED SERVICES			
U.S. ARMY		RETIRED	
ICPT 403		INDEX	
CHALFANT, MICHAEL DALLAS		247-60-1223	
IDENTIFICATION CARD			

SOUTH CAROLINA		DL# 002590772	
CHALFANT, MICHAEL DALLAS		Expires: 05-27-2010	
1907 MARBON RD			
COLUMBIA SC 292092926			
Class: D Hgt: 5-11 Wgt: 150			
Sex: M DOB: 05-27-1940			
Issued: 05-03-2005 40055 R 1			
Signature: <i>Michael Chalfant</i>		Photo: 	

Carolinas Dermatology Group 000021

2. Carry your card with you at all times and away from the card
 if it is lost or stolen. If you lose your card, you must
 report it immediately to the Social Security Administration
 at 1-800-772-6243. If you are a resident of the United States
 with a valid Social Security number, you must report the loss of
 your card to the Social Security Administration at 1-800-772-6243.

CMS
 U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
 CENTRAL MAILING DIRECTORY

Cardholder: Mr. R. M. H. H. H.
 Address: 12345 Main St.
 City: Anytown, IL 60001

If you have questions
 about Medicare,
 call 1-800-MEDICARE
 or 1-800-633-4227.
 TTY: TDD: 1-877-486-2048
 or visit us at
 www.medicare.gov.

DATE OF BIRTH	WEIGHT	HEIGHT	HAIR COLOR	EYE COLOR
1940MAY27	150	71	GY	GR



DATE OF ISSUE	MEDICAL	CIVILIAN	EFF DATE	EXP DATE
2005JUN07	DIRECT: YES	YES	2005MAY01	INDEF



DD FORM 2 (RETIRED) OCT 93 PROPERTY OF US GOVERNMENT



MEDICAL RECORD TRANSMITTAL FORM

REQUEST DATE: 6/15/15

CHART: 135600

PATIENT NAME: Michael Chalfant

DOB: 5/27/1940

REQUESTED BY: PATIENT/DOCTOR/INSURANCE CO/OTHER: POA

RELEASED TO: Jackie Chalfant -picking up

*Patient is deceased -POA given

MED INFO SENT: All notes

DATE SENT: 6/16/15

METHOD OF TRANSMITTAL: MAIL/FAX/PT PICK UP: Picked up

Angela Grant

BY: Angela Grant

CAROLINUS DERMATOLOGY GROUP, PA

Carolinus Dermatology Group 000023

Release of Information

PLEASE BE SURE TO FILL THE FORM OUT COMPLETELY, TO ENSURE YOUR REQUEST IS PROCESSED CORRECTLY

Chart #: 1351000
Patient Name: Michael Dallas Chaffant
Address: 1907 Mabry Rd.
Columbia SC 29207
Date of Birth: 5/27/1940

* call patients
Wife to pick
up.

Were you seen in the office within the past week? yes 6-12-15
*if yes - it could take up to 1-2 weeks before receiving records

803-447-0270
803-776-8883

I hereby request and authorize Carolinas Dermatology to release/disclose the above named individual's health information to:

Name: Jackie Chaffant
Address: 1907 Mabry Rd.
Columbia SC
Phone: 803-776-8883 803-447-0270
Fax: _____

*Please provide all info
of where you want your
records sent, including
address, phone # and
fax #* Thank you

Information to be released/disclosed: (Check all that apply)

- ☒ Complete Medical record (must be specific on exact records that are needed) _____
☐ Pathology/Biopsy Report(s)
☐ Lab Report(s)
☐ Consultation Report(s)
☐ Surgical Procedure(s)
☐ Other _____

This form will be valid for: (Check the one that applies)

*Please be specific if checking "other"

☐ Dates of Service -To: _____ From: _____

☐ Treatment(s): _____

☐ Upon completion of releasing of the records

☒ Until I revoke this consent in writing

I understand that the information in my medical record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services and treatment for alcohol and drug abuse. I understand that by signing this authorization I am authorizing the release of such information unless specified otherwise.

Restrictions

- According to the Federal and State regulations, if the medical information requested, relates to AIDS/HIV treatment or treatment in a federally recognized chemical dependency unit, then the information will be accompanied with a statement limiting disclosure to third parties as required by law.
- I understand that if the person or entity that receives the information is not a health care provider or health plan covered by federal privacy regulations, the information described above may be re-disclosed and no longer protected by these regulations. However, the recipient may be prohibited from disclosing substance abuse information under the Federal Confidentiality Requirements.
- I realize Carolinas Dermatology Group, P.A., has the responsibility to maintain and confidentiality of the medical records in its possession. I understand that once the information is disclosed the recipient may re-disclose it and federal privacy laws or regulations may not protect the information. Carolinas Dermatology Group, P.A. will not be held responsible for any subsequent disclosure by the recipient of the health information.
- I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment or payment or my eligibility of benefits.
- Carolinas Dermatology has 48 business hours to process all records request, from the date the request was received by our office.
- I have read and understand Carolinas Dermatology Group, P.A.'s policy on releasing my personal health information.

Patient Signature: Jackie E. Chaffant Date: 6-15-15

Witness Signature: Dickie Bowyer Date: 6-15-15

copy of P.O.A. given to Angela VB

STATE OF SOUTH CAROLINA
COUNTY OF RICHLAND

PROBATE COURT

IN THE MATTER OF: MICHAEL DALLAS CHALFANT

CASE NUMBER: 2015 ES40 00794

CERTIFICATE OF APPOINTMENT AS PERSONAL REPRESENTATIVE

This is to certify that

JACKIE EADON CHALFANT

is the duly qualified **PERSONAL REPRESENTATIVE**

in the above matter and that this appointment, having been executed on the 2nd day of June, 2015, is now in full force and effect, including authorization to receive all monies, income, principal, interest & dividends of and belonging to said estate.

RESTRICTIONS:

Only those imposed by law.

Executed this 2nd day of June, 2015.

Amy W. McCulloch, Jy. Valerie Conwell
Amy W. McCulloch
Richland County Probate Judge

Do not accept a copy of this
certificate without the raised
seal of the Probate Court.



MEDICAL RECORD TRANSMITTAL FORM

REQUEST DATE: 5/13/15
CHART: 69324718
PATIENT NAME: Michael Chalfant
DOB: 5/27/1940
REQUESTED BY: PATIENT/DOCTOR/INSURANCE CO/OTHER: Subpoena/Coroner
RELEASED TO: Ann Neeley -Investigator/Deputy Coroner
Picked up personally
MED INFO SENT: All notes
DATE SENT: 5/19/15
METHOD OF TRANSMITTAL: MAIL/FAX/PT PICK UP: Picked up

A handwritten signature in black ink that reads "Angela Grant". The signature is fluid and cursive, with the first name "Angela" and last name "Grant" clearly distinguishable.

BY: Angela Grant

CAROLINAS DERMATOLOGY GROUP, PA

Carolin's Dermatology Group 000026

Subpoena for records

Date of subpoena 5-13-15

Entity requesting records State of SC / Richland County Coroner

Ann Neely - Investigator / Deputy Coroner

5-18-15 Spoke w/ Mrs. Neely, Will pick up 5-19-15

Patient Name Michael Chalfant

Chart # 135600

DOB 5-27-1940

Compliance officer signature Angela Thant

Entity receiving records signature Ann Neely - RCCO

Date entity received records 5-19-15

STATE OF SOUTH CAROLINA)

SUBPOENA DUCES TECUM

COUNTY OF RICHLAND)

IN THE CORONER'S COURT

AFFIDAVIT OF SERVICE

Date: 5-13-15

Time: 1428

Place: Carolina Dermatology Group

Manner: - In Person ✓ - Faxed - Mailed

Person Served: Medical Records

Ann Neeley, D-ABMDI

Deputy Coroner

Decedent: Michael D. Chalfant

RCCO Case No.: 2015-001386

* 5-14-15 Im c Ann Neeley about picking up records.

Carolinas Dermatology Group 000028

STATE OF SOUTH CAROLINA)
COUNTY OF RICHLAND)

SUBPOENA DUCES TECUM
IN THE CORONER'S COURT

TO: Carolina Dermatology
Group
1706 St. Julian Pl.
Columbia, SC 29204

May 13, 2015
Medical Record
(803) 771-7506

You and each of you are hereby strictly required and firmly enjoined that, all business being laid aside, and excuses ceasing, you do, in your proper person, appear before the Coroner of Richland County, SC on: SEE INSTRUCTIONS LISTED BELOW: at the Richland County Coroner's Office, 1931 Pineview Drive, Columbia, S.C. 29209 to produce certain records, fluids and or documents which are in your possession, control and or care. These records, property or documents are required as a matter of routine investigation to the death of one Michael D. Chalfant (Patient # 135600)

Herein fail not under penalty as the Coroner's Court may direct.

Ann H. Neeley

Ann H. Neeley, D-ABMDI
Investigator/Deputy Coroner
Richland County Coroner's Office
Columbia, South Carolina

Dated this 13 day of May, 2015

Records/Documents Requested: (X) Medical Records () Blood/Urine () Personal Property () Other

Michael D. Chalfant
NAME

5-27-1940
DATE OF BIRTH

5-13-15
DATE OF DEATH

247-60-1228 Social Security Number

2015-001386 RCCO Number

SPECIAL INSTRUCTIONS FOR THIS SUBPOENA:

(X) Please call 803-518-8798 when ready for pick-up

Carolinas Dermatology Group 000029

00069

Record on Appeal 0336

FAMILY MEDICINE CENTERS OF SOUTH CAROLINA
WOODHILL FAMILY MEDICINE
813 LEESBURG ROAD
COLUMBIA, SOUTH CAROLINA 29209
PHONE: (803) 783-4433
FAX: (803) 695-1531

FACSIMILE TRANSMITTAL SHEET

TO: Dr. Blaskis or Dr. Quan FROM: Jessica D.
COMPANY: Carolinas Derm Grp DATE: 3/31/15
FAX NUMBER: 771-9455 TOTAL NO. OF PAGES INCLUDING COVER:
PHONE NUMBER: 771-7506
RE: Michael Chalfant 5/27/40

☐ URGENT☐ FOR REVIEW☐ PLEASE COMMENT☐ PLEASE REPLY

NOTES/COMMENTS:

Bx needed per nurse @ Fam Med centers of SC

8P
3/31/15 4-1-15 (LM) 8P

4-1-15 (B) 8P

appt @ Dr. B 4-2-15 @ 3:20 PM

CONFIDENTIALITY NOTICE

Unless otherwise indicated or obvious from the nature of this transmittal, the information contained in this fax message is doctor-patient privileged and confidential, intended for the use of the intended recipient (or the employee or agent responsible to deliver it to the intended recipient). You are hereby notified that any dissemination, distribution or copying of this communication is prohibited. If you have received this communication in error, please immediately notify us by telephone and return the original message to us at the above address.

Carlinas Dermatology Group 000030

CAROLINAS DERMATOLOGY GROUP, PA

Consult Fax Form

1706 St. Julian Place Columbia, SC 29204

Phone: (803) 771-7506 Fax: (803) 771-9455

TODAY'S DATE: 3/31/15

PATIENT'S NAME: Michael Chalfant DATE OF BIRTH: 5/27/40

GUARDIAN'S NAME (FOR MINOR PATIENTS):

ADDRESS: 1907 Mabron Rd

CITY: Columbia STATE: SC ZIP CODE: 29209

HOME PHONE: (803) 776-8883 ALTERNATE NUMBER: ()

EMPLOYER NAME:

SEX: MALE/FEMALE PATIENT'S SOCIAL SECURITY NUMBER: 247-60-1228

PRIMARY INSURANCE: Medicare ID: 247601228A

INSURED'S NAME/RELATIONSHIP: Self DOB:

REFERRING PHYSICIAN: Dr. Stahl NPI: 1447260602

REFERRING PHYSICIAN MAILING ADDRESS: 813 Leesburg Rd Columbia, SC 29209

CONTACT PERSON: Jessica D. FAX: (803) 695-1531

CONTACT PERSON'S PHONE NUMBER: (803) 783-4433 EXTENSION: 1218

REASON FOR CONSULT: Skin Cancer (1) ear pinna Posture forehead

REQUESTED PHYSICIAN: OK TO SEE A PHYSICIAN'S ASSISTANT? ☐ YES ☒ NO
(LORI MAULDIN, P.A. & LAUREN VARGO, P.A.)

FIRST AVAILABLE

☒ DR. BLASKIS☒ DR. QUAN☐ DR. LYNN☐ DR. ERVIN

FOR OFFICE USE ONLY

Appointment date: _____

Appointment time: _____

Doctor: _____

*** PLEASE INCLUDE COPY OF INSURANCE CARD(S) & REFERRAL IF REQUIRED ***

*** IF AUTHORIZATIONS/REFERRALS ARE REQUIRED IT IS THE PATIENT'S RESPONSIBILITY TO OBTAIN THIS INFORMATION PRIOR TO SCHEDULING APPT ***

Carolinas Dermatology Group-000031

FAMILY MEDICINE CENTERS OF SOUTH CAROLINA, LLC

Patient Registration Report

Printed 09:11:41 31 MAR 2015 By: JLT

Demographics.....

Patient : 53470 - CHALFANT, MICHAEL
Address : 1907 MABRON RD
: COLUMBIA, SC 29209
Phone : 803-776-8883
Cell Phone :
Email :
SSN : 247-60-1228
Gender : Male
Birthdate : 05/27/1940 - Age: 74 Years 10 Months
Marital Status :
Guarantor : 53470 - CHALFANT, MICHAEL
Race : -
Ethnicity : -
ROI :

Billing.....

Responsible Party :
Financial Class : 2 (MEDICARE)
Status :
Account Type : 0
Tax Entity :
Balance : Total=-416.26 Private=-416.26 Ins-Pending=0.00
Signature Date : 03/30/2015

Medical.....

Primary Physician : 2 (PETER J. STAHL, MD)
Referring Physician :
Permanent Diagnosis :
Allergies :
Locations/Pharmacies : Loc-Name..... Loc-Chart..... Loc-Phone.....
3 (WOODHILL FAMILY MED 566900 (803-783-4433)

Insurance.....

IBG	Cyc	Ins#	Ins-Name.....	Ins-Group.	Ins-ID#.....	Insured-Party... Rel
2	1	9	MEDICARE		247601228A	MICHAEL CHALFAN N
	2	616	TRICARE FOR LIFE		247-60-1228	MICHAEL CHALFAN N

Carolinas Dermatology Group 000032

14

SWL/WFM/MFM/RCFM/SPFM/LMFM

Encounter Form

Provider Stall Date 3/30/15Patient Michael Chalfant Chart # 0206908BP 110/70 Pulse 120 Resp. 16 Temp. Weight 103 Height 168" BMI 15Nursing Notes 4 months OIcp refills needed

MEDICAL NOTES:

Subjective Objective Oral planarForeheadskin caAssessment Plan to Quan/BlaskerSRF

GENERIC FORM #1- Rev. 2/12

Michael Chalfont

LONG-TERM MEDICATIONS

(FS-902)

Rice Creek Family Medicine
300 Rice Meadow Way at Hardscrabble Road
Columbia, MO 65228
Telephone (803) 227-7777

Item number	Medication	Dose	Sig.	Disp.	Date	Subsequent Refills
B	Spiriva inhaler	1 puff	qd		12/29/10	3/5/12 3/11/13 3/17/14 11/18/14
B	ProAir HFA MDI	11 puffs	q 6 per		12/29/10	3/5/12 3/11/13 3/17/14 11/18/14
A	Td				7/25/11	
A	Flu Vacc				10/25/11	
A	Pneumovax				7/12/12	
	Androgel 1.62%	1 pump	qd		11/6/12	11/7/13 3/11/14
	Vitamin D	50,000 U	daily		7/6/12	
D	Reclast infusion	9 L			3/22/13	6/12/14
B	Ventolin HFA MDI (DAW)	11 puffs	q 6 per		4/18/14	

DRUG REACTIONS	OTHER ALLERGIES

Mar 31 2015 09:40am P005/008

Fax: 803-695-1531

Caroline's Dermatology Group

000034

PATIENT:

Michael Chalfant

CHRONIC PROBLEMS

Alco Creek Family Medicine
300 Alco Mountain Way at Hardscabble Road
Columbia, SC 29228
Telephone: (803) 227-7777

	PROBLEM TITLE	Diagnosis Code	Entry Date
A	HEALTH SURVEILLANCE 2/28/11 3/5/12 3/11/13 11/12/14		12/2/06
B	Tobacco abuse - 50 pack-yr. hx		12/29/10
C	COPD		↓
D	Osteoporosis		3/5/12
E	Underweight		↓
F	Xerosis		↓
G	Tremor - benign		↓
H			
I			
J			
K			
L			
M			
N			
O			
P			
Q			
R			
S			

VACCINE	DATE OF DOSE (mo/day/yr)				
	1	2	3	4	5
POLIO	/ /	/ /	/ /	/ /	/ /
DTP	/ /	/ /	/ /	/ /	/ /
DT OR Td	2/28/11	/ /	/ /	/ /	/ /
MMR	/ /	/ /			
HIB	/ /	/ /	/ /	/ /	/ /
HEPATITIS B	/ /	/ /	/ /	/ /	/ /
VARICELLA	/ /	/ /	/ /	/ /	/ /
PNEUMOCOCCUS	7/16/12	/ /	/ /	/ /	/ /
TB TEST	Date	/ /	/ /	/ /	/ /

Mar 31 2015 09:41am P006/006

Fax: 803-227-1531

Alco Creek Family Medicine

Dermatology Group 000035

Carolinas Dermatology Group Pa

1706 St Julian Place Columbia SC 292042410
Tel: (803) 771-7506 Fax: (803) 771-9455

ACCOUNT INQUIRY

06/14/2018 3:20 PM (EST)

Account# 135600

Guarantor Information:

Michael Chalfant
1907 Mabron Rd.
Columbia, SC 29209

Home Tel#: (803) 776-8883
Work Tel#:

Patient Information:
Patient# 135600

Michael Chalfant
1907 Mabron Rd.
Columbia, SC 29209

Home Tel#: (803) 776-8883
Work Tel#:

Payor	Current	45-60 Days	61-90 Days	Over 90	Balance
Self	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Insur	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Collect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Unassigned:					\$0.00
Total Balance:					\$0.00

Service Date	Voucher#	Provider	Chg Amt	Pmts/Adjs	Balance	Payor	Coverage Type	Billed Date	Age	Patient
04/02/2015	349350	BLASMAR	\$464.00	\$464.00	\$0.00	Self-Pay	Medical			0 Michael Chalfant

Location	Department	Place Of Svc	Refer. Dr.	Batch#	Voucher Status	Date Updated	Responsible Party	Co-Ins Amt	Co-Ins Paid	Void Batch#	Date Voided	Voided By
CDG	OFFICE	CDG	BLASMAR	04/02/15LJS1	Updated	04/08/2015	Michael Chalfant	\$0.00	\$0.00			

Claim#	Bill Media	Billing Prov	Local Use Text	Orig Voucher#	Orig Payor	Orig Bill Date	Orig Media
349350		BLASMAR		349350	MEDICARE	04/08/2015	Electronic

Messages

This represents the Co-Insurance amount due. Please remit payment.

Dates of Service	Procedure	Mods	Description	Diag1	Description	TOS	Units	Fee Amt	Pmts/Adjs	Amt Due
04/02/2015	11100		Bx Skin Subcutaneous&/Mucous Membrane I	238.2	Neop, Ub, Skin	SURGICAL	1.00	\$139.00	\$139.00	\$0.00

Payment Date	Reference	Coverage Type	Insurance	Transaction	Pmt Amt	Transfer To	Trsf Amt	Batch#	Status	Date Updated	Void Batch#	Date Voided	Voided By
04/29/2015	MCARE 882987933	Medical	MEDICARE	Medicare Payment	\$0.00			04/29/15CSD11	Updated	05/04/2015			
04/29/2015	MCARE 882987933	Medical	MEDICARE	Medicare Transfer		TFL	\$139.00	04/29/15CSD11	Updated	05/04/2015			
04/29/2015	MCARE 882987933	Medical	TFL	Rebilled Claim				04/29/15CSD11	Updated	05/04/2015			
05/15/2015	D0002408383	Medical	TFL	Commercial Insurance Payment	\$1.85			05/15/15PRH25	Updated	05/21/2015			
05/15/2015	D0002408383	Medical	TFL	Commercial Insurance Transfer		MEDICARE	\$137.15	05/15/15PRH25	Updated	05/21/2015			
06/04/2015	MCARE 883041863	Medical	MEDICARE	Medicare Payment	\$76.10			06/04/15CSD10	Updated	06/10/2015			

06/04/2015	MCARE 883041863	Medical	MEDICARE	Medicare Adjustment (CO-45)	\$41.94				06/04/15CSD10 Updated	06/10/2015
06/04/2015	MCARE 883041863	Medical	MEDICARE	Sequestration Adjustment (CO-253)	\$1.55				06/04/15CSD10 Updated	06/10/2015
06/24/2015	MCARE 883067998	Medical	MEDICARE	Medicare Payment	\$0.00				06/24/15CSD10 Updated	06/30/2015
06/24/2015	MCARE 883067998	Medical	MEDICARE	Medicare Transfer		TFL	\$17.56		06/24/15CSD10 Updated	06/30/2015
06/24/2015	MCARE 883067998	Medical	TFL	Rebilled Claim					06/24/15CSD10 Updated	06/30/2015
06/29/2015	D0002883668	Medical	TFL	Commercial Insurance Payment	\$17.56				06/29/15PRH20 Updated	07/02/2015
06/29/2015	coin	Medical	TFL	Commercial Insurance Transfer		Self-Pay	\$0.00		06/29/15PRH20 Updated	07/02/2015
06/29/2015	coin		Self-Pay	Rebilled Claim					06/29/15PRH20 Updated	07/02/2015
07/27/2015	D0003197849		Self-Pay	Self Pay Transfer		TFL	\$0.00		07/27/15PRH14 Updated	07/30/2015
07/27/2015	D0003197849	Medical	TFL	Commercial Insurance Payment	\$0.00				07/27/15PRH14 Updated	07/30/2015
08/05/2015	TRANSFER	Medical	TFL	Commercial Insurance Transfer		Self-Pay	\$0.00		08/05/15CSD12 Updated	08/12/2015
08/05/2015	TRANSFER		Self-Pay	Rebilled Claim					08/05/15CSD12 Updated	08/12/2015

Dates of Service	Procedure	Mods	Description	Diag1	Description	TOS	Units	Fee Amt	Pmts/Adjs	Amt Due
04/02/2015	11101		Biopsy Skn Subq&Muc Memb Ea Spix Addl Le	238.2	Neop, Ub, Skin	SURGICAL	1.00	\$75.00	\$75.00	\$0.00

Payment Date	Reference	Coverage Type	Insurance	Transaction	Pmt Amt	Transfer To	Trsf Amt	Batch #	Status	Date Updated	Void Batch #	Date Voided	Voided By
04/29/2015	MCARE 882987933	Medical	MEDICARE	Medicare Payment	\$24.25			04/29/15CSD11	Updated	05/04/2015			
04/29/2015	MCARE 882987933	Medical	MEDICARE	Medicare Adjustment (CO-45)	\$44.06			04/29/15CSD11	Updated	05/04/2015			
04/29/2015	MCARE 882987933	Medical	MEDICARE	Sequestration Adjustment (CO-253)	\$0.50			04/29/15CSD11	Updated	05/04/2015			
04/29/2015	MCARE 882987933	Medical	MEDICARE	Medicare Transfer		TFL	\$6.19	04/29/15CSD11	Updated	05/04/2015			
04/29/2015	MCARE 882987933	Medical	TFL	Rebilled Claim				04/29/15CSD11	Updated	05/04/2015			
05/15/2015	D0002408383	Medical	TFL	Commercial Insurance Payment	\$6.19			05/15/15PRH25	Updated	05/21/2015			
05/15/2015	D0002408383	Medical	TFL	Commercial Insurance Transfer		MEDICARE	\$0.00	05/15/15PRH25	Updated	05/21/2015			
06/04/2015	MCARE 883041863	Medical	MEDICARE	Medicare Payment	\$0.00			06/04/15CSD10	Updated	06/10/2015			
06/24/2015	MCARE 883067998	Medical	MEDICARE	Medicare Payment	\$0.00			06/24/15CSD10	Updated	06/30/2015			
06/24/2015	MCARE 883067998	Medical	MEDICARE	Medicare Transfer		TFL	\$0.00	06/24/15CSD10	Updated	06/30/2015			
06/24/2015	MCARE 883067998	Medical	TFL	Rebilled Claim				06/24/15CSD10	Updated	06/30/2015			
06/29/2015	D0002883668	Medical	TFL	Commercial Insurance Payment	\$0.00			06/29/15PRH20	Updated	07/02/2015			
06/29/2015	coin	Medical	TFL	Commercial Insurance Transfer		Self-Pay	\$0.00	06/29/15PRH20	Updated	07/02/2015			

06/29/2015	coin		Self-Pay	Rebilled Claim			06/29/15PRH20	Updated	07/02/2015
07/27/2015	D0003197849		Self-Pay	Self Pay Transfer	TFL	\$0.00	07/27/15PRH14	Updated	07/30/2015
07/27/2015	D0003197849	Medical	TFL	Commercial Insurance Payment		\$0.00	07/27/15PRH14	Updated	07/30/2015
08/05/2015	TRANSFER	Medical	TFL	Commercial Insurance Transfer	Self-Pay	\$0.00	08/05/15CSD12	Updated	08/12/2015
08/05/2015	TRANSFER		Self-Pay	Rebilled Claim			08/05/15CSD12	Updated	08/12/2015

Dates of Service	Procedure	Mods	Description	Diag1	Description	TOS	Units	Fee Amt	Pmts/Adjs	Amt Due
04/02/2015	69100		Biopsy Ear, external	238.2	Neop, Ub, Skin	SURGICAL	1.00	\$125.00	\$125.00	\$0.00

Payment Date	Reference	Coverage Type	Insurance	Transaction	Pmt Amt	Transfer To	Trsf Amt	Batch#	Status	Date Updated	Void Batch#	Date Voided	Voided By
04/29/2015	MCARE 882987933	Medical	MEDICARE	Medicare Payment	\$0.00			04/29/15CSD11	Updated	05/04/2015			
04/29/2015	MCARE 882987933	Medical	MEDICARE	Medicare Transfer		TFL	\$125.00	04/29/15CSD11	Updated	05/04/2015			
04/29/2015	MCARE 882987933	Medical	TFL	Rebilled Claim				04/29/15CSD11	Updated	05/04/2015			
05/15/2015	D0002408383	Medical	TFL	Commercial Insurance Payment	\$1.67			05/15/15PRH25	Updated	05/21/2015			
05/15/2015	D0002408383	Medical	TFL	Commercial Insurance Transfer		MEDICARE	\$123.33	05/15/15PRH25	Updated	05/21/2015			
06/04/2015	MCARE 883041863	Medical	MEDICARE	Medicare Payment	\$37.15			06/04/15CSD10	Updated	06/10/2015			
06/04/2015	MCARE 883041863	Medical	MEDICARE	Medicare Adjustment (CO-45)	\$77.61			06/04/15CSD10	Updated	06/10/2015			
06/04/2015	MCARE 883041863	Medical	MEDICARE	Sequestration Adjustment (CO-253)	\$0.76			06/04/15CSD10	Updated	06/10/2015			
06/24/2015	MCARE 883067998	Medical	MEDICARE	Medicare Payment	\$0.00			06/24/15CSD10	Updated	06/30/2015			
06/24/2015	MCARE 883067998	Medical	MEDICARE	Medicare Transfer		TFL	\$7.81	06/24/15CSD10	Updated	06/30/2015			
06/24/2015	MCARE 883067998	Medical	TFL	Rebilled Claim				06/24/15CSD10	Updated	06/30/2015			
06/29/2015	D0002883668	Medical	TFL	Commercial Insurance Payment	\$7.81			06/29/15PRH20	Updated	07/02/2015			
06/29/2015	coin	Medical	TFL	Commercial Insurance Transfer		Self-Pay	\$0.00	06/29/15PRH20	Updated	07/02/2015			
06/29/2015	coin		Self-Pay	Rebilled Claim				06/29/15PRH20	Updated	07/02/2015			
07/27/2015	D0003197849		Self-Pay	Self Pay Transfer		TFL	\$0.00	07/27/15PRH14	Updated	07/30/2015			
07/27/2015	D0003197849	Medical	TFL	Commercial Insurance Payment	\$0.00			07/27/15PRH14	Updated	07/30/2015			
08/05/2015	TRANSFER	Medical	TFL	Commercial Insurance Transfer		Self-Pay	\$0.00	08/05/15CSD12	Updated	08/12/2015			
08/05/2015	TRANSFER		Self-Pay	Rebilled Claim				08/05/15CSD12	Updated	08/12/2015			

Dates of Service	Procedure	Mods	Description	Diag1	Description	TOS	Units	Fee Amt	Pmts/Adjs	Amt Due
04/02/2015	69100	S9	Biopsy Ear, external	238.2	Neop, Ub, Skin	SURGICAL	1.00	\$125.00	\$125.00	\$0.00

Payment Date	Reference	Coverage Type	Insurance	Transaction	Pmt Amt	Transfer To	Trsf Amt	Batch#	Status	Date Updated	Void Batch#	Date Voided	Voided By
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04/29/2015	MCARE 882987933	Medical	MEDICARE	Medicare Payment	\$0.00		04/29/15CSD11	Updated	05/04/2015
04/29/2015	MCARE 882987933	Medical	MEDICARE	Medicare Transfer	TFL	\$125.00	04/29/15CSD11	Updated	05/04/2015
04/29/2015	MCARE 882987933	Medical	TFL	Rebilled Claim			04/29/15CSD11	Updated	05/04/2015
05/15/2015	D0002408383	Medical	TFL	Commercial Insurance Payment	\$1.67		05/15/15PRH25	Updated	05/21/2015
05/15/2015	D0002408383	Medical	TFL	Commercial Insurance Transfer	MEDICARE	\$123.33	05/15/15PRH25	Updated	05/21/2015
06/04/2015	MCARE 883041863	Medical	MEDICARE	Medicare Payment	\$0.00		06/04/15CSD10	Updated	06/10/2015
06/24/2015	MCARE 883067998	Medical	MEDICARE	Medicare Payment	\$37.15		06/24/15CSD10	Updated	06/30/2015
06/24/2015	MCARE 883067998	Medical	MEDICARE	Medicare Adjustment (CO-45)	\$77.61		06/24/15CSD10	Updated	06/30/2015
06/24/2015	MCARE 883067998	Medical	MEDICARE	Sequestration Adjustment (CO-253)	\$0.76		06/24/15CSD10	Updated	06/30/2015
06/24/2015	MCARE 883067998	Medical	MEDICARE	Medicare Transfer	TFL	\$7.81	06/24/15CSD10	Updated	06/30/2015
06/24/2015	MCARE 883067998	Medical	TFL	Rebilled Claim			06/24/15CSD10	Updated	06/30/2015
06/29/2015	D0002883668	Medical	TFL	Commercial Insurance Payment	\$0.00		06/29/15PRH20	Updated	07/02/2015
06/29/2015	coin	Medical	TFL	Commercial Insurance Transfer	Self-Pay	\$7.81	06/29/15PRH20	Updated	07/02/2015
06/29/2015	coin		Self-Pay	Rebilled Claim			06/29/15PRH20	Updated	07/02/2015
07/27/2015	D0003197849		Self-Pay	Self Pay Transfer	TFL	\$7.81	07/27/15PRH14	Updated	07/30/2015
07/27/2015	D0003197849	Medical	TFL	Commercial Insurance Payment	\$7.81		07/27/15PRH14	Updated	07/30/2015
08/05/2015	TRANSFER	Medical	TFL	Commercial Insurance Transfer	Self-Pay	\$0.00	08/05/15CSD12	Updated	08/12/2015
08/05/2015	TRANSFER		Self-Pay	Rebilled Claim			08/05/15CSD12	Updated	08/12/2015
08/05/2015	6619		Self-Pay	2 - Check Self Pay Payment	\$7.81		08/05/15CSD12	Updated	08/12/2015
03/28/2017	refund check #49083		Self-Pay	Self Pay Refund	(\$7.81)		03/28/17WRW20	Updated	04/06/2017

Carolinas Dermatology Group Pa

1708 St Julian Place Columbia SC 292042410
Tel: (803) 771-7506 Fax: (803) 771-9455

ACCOUNT INQUIRY

06/14/2018 3:20 PM (EST)

Account# 135600**Guarantor Information:**

Michael Chalfant
1907 Mabron Rd.
Columbia, SC 29209

Home Tel#: (803) 776-8883
Work Tel#:

Patient Information:

Patient# 135600

Michael Chalfant
1907 Mabron Rd.
Columbia, SC 29209

Home Tel#: (803) 776-8883
Work Tel#:

Payor	Current	45-60 Days	61-90 Days	Over 90	Balance
Self	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Insur	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Collect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Unassigned:					\$0.00
Total Balance:					\$0.00

Service Date	Voucher#	Provider	Chg Amt	Pmts/Adjs	Balance	Payor	Coverage Type	Billed Date	Age	Patient
04/02/2015	384870	ZHANJIN	\$720.00	\$720.00	\$0.00	TFL	Medical	10/18/2016	0	Michael Chalfant

Location	Department	Place Of Svc	Refer. Dr.	Batch#	Voucher Status	Date Updated	Responsible Party	Co-Ins Amt	Co-Ins Paid	Void Batch#	Date Voided	Voided By
CDG	PATHOLOG	CDG	BLASMAR	04/09/15ddm5	Updated	04/14/2015	Michael Chalfant	\$0.00	\$0.00			

Claim#	Bill Media	Billing Prov	Local Use Text	Orig Voucher#	Orig Payor	Orig Bill Date	Orig Media
384870	Paper	ZHANJIN		384870	MEDICARE	04/14/2015	Electronic

Dates of Service	Procedure	Mods	Description	Diag1	Description	TO5	Units	Fee Amt	Pmts/Adjs	Amt Due
04/02/2015	88305		Lvl Iv-Surg Path Gross&mcrscp Xm	173.31	Basal Cell Carcinoma Othr Part/Face	LAB	4.00	\$720.00	\$720.00	\$0.00

Diag2	Description	Diag3	Description	Diag4	Description
173.21	Basal Cell Carcinoma Of Ear/Canal	380.00	Perichondritis, Pinna Nos		

Payment Date	Reference	Coverage Type	Insurance	Transaction	Pmt Amt	Transfer To	Trsf Amt	Batch#	Status	Date Updated	Void Batch#	Date Voided	Voided By
05/06/2015	MCARE 882999348	Medical	MEDICARE	Medicare Payment	\$215.57			05/06/15CSD10	Updated	05/13/2015			
05/06/2015	MCARE 882999348	Medical	MEDICARE	Medicare Adjustment (CO-45)	\$445.04			05/06/15CSD10	Updated	05/13/2015			
05/06/2015	MCARE 882999348	Medical	MEDICARE	Sequestration Adjustment (CO-253)	\$4.40			05/06/15CSD10	Updated	05/13/2015			
05/06/2015	MCARE 882999348	Medical	MEDICARE	Medicare Transfer		TFL	\$54.99	05/06/15CSD10	Updated	05/13/2015			
05/06/2015	MCARE 882999348	Medical	TFL	Rebilled Claim				05/06/15CSD10	Updated	05/13/2015			
05/15/2015	D0002408383	Medical	TFL	Commercial	\$54.99			05/15/15PRH25	Updated	05/21/2015			

Insurance
Payment

Carolinas Dermatology Group Pa

1706 St Julian Place Columbia SC 292042410
Tel: (803) 771-7506 Fax: (803) 771-9455

ACCOUNT INQUIRY

06/14/2018 3:20 PM (EST)

Account# 135600

Guarantor Information:

Michael Chalfant
1907 Mabron Rd.
Columbia, SC 29209

Home Tel#: (803) 776-8883
Work Tel#:

Patient Information:

Patient# 135600

Michael Chalfant
1907 Mabron Rd.
Columbia, SC 29209

Home Tel#: (803) 776-8883
Work Tel#:

Payor	Current	45-60 Days	61-90 Days	Over 90	Balance
Self	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Insur	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Collect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Unassigned:					\$0.00
Total Balance:					\$0.00

Service Date	Voucher#	Provider	Chg Amt	Pmts/Adjs	Balance	Payor	Coverage Type	Billed Date	Age	Patient
05/12/2015	355370	BLASMAR	\$2,800.00	\$2,800.00	\$0.00	TFL	Medical	10/18/2016	0	Michael Chalfant

Location	Department	Place Of Svc	Refer. Dr.	Batch#	Voucher Status	Date Updated	Responsible Party	Co-Ins Amt	Co-Ins Paid	Void Batch#	Date Voided	Voided By
CDG	OFFICE	CDG	BLASMAR	05/12/15LJ530	Updated	05/19/2015	Michael Chalfant	\$0.00	\$0.00			

Claim#	Bill Media	Billing Prov	Local Use Text	Orig Voucher#	Orig Payor	Orig Bill Date	Orig Media
355370	Paper	BLASMAR		355370	MEDICARE	05/20/2015	Electronic

Dates of Service	Procedure	Mods	Description	Diag1	Description	TOS	Units	Fee Amt	Pmts/Adjs	Amt Due
05/12/2015	17311		Mohs Micrographic H/N/H/F/G 1st Stage 5	173.31	Basal Cell Carcinoma Othr Part/Face	SURGICAL	1.00	\$840.00	\$840.00	\$0.00

Payment Date	Reference	Coverage Type	Insurance	Transaction	Pmt Amt	Transfer To	Trsf Amt	Batch#	Status	Date Updated	Void Batch#	Date Voided	Voided By
06/03/2015	MCARE 883039867	Medical	MEDICARE	Medicare Payment	\$486.92			06/03/15CSD10	Updated	06/10/2015			
06/03/2015	MCARE 883039867	Medical	MEDICARE	Medicare Adjustment (CO-45)	\$218.92			06/03/15CSD10	Updated	06/10/2015			
06/03/2015	MCARE 883039867	Medical	MEDICARE	Sequestration Adjustment (CO-253)	\$9.94			06/03/15CSD10	Updated	06/10/2015			
06/03/2015	MCARE 883039867	Medical	MEDICARE	Medicare Transfer		TFL	\$124.22	06/03/15CSD10	Updated	06/10/2015			
06/03/2015	MCARE 883039867	Medical	TFL	Rebilled Claim				06/03/15CSD10	Updated	06/10/2015			
06/12/2015	00002729087	Medical	TFL	Commercial Insurance Payment	\$124.22			06/12/15PRH13	Updated	06/19/2015			

Dates of	Procedure	Mods	Description	Diag1	Description	TOS	Units	Fee Amt	Pmts/Adjs	Amt
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Service										Due
05/12/2015	17311	59	Mohs Micrographic H/N/H/F/G 1st Stage 5	173.21	Basal Cell Carcinoma Of Ear/Canal	SURGICAL	1.00	\$840.00	\$840.00	\$0.00

Payment Date	Reference	Coverage Type	Insurance	Transaction	Pmt Amt	Transfer To	Trsf Amt	Batch#	Status	Date Updated	Void Batch#	Date Voided	Voided By
06/03/2015	MCARE 883039867	Medical	MEDICARE	Medicare Payment	\$243.46			06/03/15CSD10	Updated	06/10/2015			
06/03/2015	MCARE 883039867	Medical	MEDICARE	Medicare Adjustment (CO-45)	\$529.46			06/03/15CSD10	Updated	06/10/2015			
06/03/2015	MCARE 883039867	Medical	MEDICARE	Sequestration Adjustment (CO-253)	\$4.97			06/03/15CSD10	Updated	06/10/2015			
06/03/2015	MCARE 883039867	Medical	MEDICARE	Medicare Transfer		TFL	\$62.11	06/03/15CSD10	Updated	06/10/2015			
06/03/2015	MCARE 883039867	Medical	TFL	Rebilled Claim				06/03/15CSD10	Updated	06/10/2015			
06/12/2015	D0002729087	Medical	TFL	Commercial Insurance Payment	\$62.11			06/12/15PRH13	Updated	06/19/2015			

Dates of Service	Procedure	Mods	Description	Diag1	Description	TOS	Units	Fee Amt	Pmts/Adjs	Amt Due
05/12/2015	17312		Mohs Micrographic H/N/H/F/G Each Addl St	173.31	Basal Cell Carcinoma Othr Part/Face	SURGICAL	2.00	\$1,120.00	\$1,120.00	\$0.00

Diag2	Description	Diag3	Description	Diag4	Description
173.21	Basal Cell Carcinoma Of Ear/Canal				

Payment Date	Reference	Coverage Type	Insurance	Transaction	Pmt Amt	Transfer To	Trsf Amt	Batch#	Status	Date Updated	Void Batch#	Date Voided	Voided By
06/03/2015	MCARE 883039867	Medical	MEDICARE	Medicare Payment	\$571.17			06/03/15CSD10	Updated	06/10/2015			
06/03/2015	MCARE 883039867	Medical	MEDICARE	Medicare Adjustment (CO-45)	\$391.46			06/03/15CSD10	Updated	06/10/2015			
06/03/2015	MCARE 883039867	Medical	MEDICARE	Sequestration Adjustment (CO-253)	\$11.66			06/03/15CSD10	Updated	06/10/2015			
06/03/2015	MCARE 883039867	Medical	MEDICARE	Medicare Transfer		TFL	\$145.71	06/03/15CSD10	Updated	06/10/2015			
06/03/2015	MCARE 883039867	Medical	TFL	Rebilled Claim				06/03/15CSD10	Updated	06/10/2015			
06/12/2015	D0002729087	Medical	TFL	Commercial Insurance Payment	\$145.71			06/12/15PRH13	Updated	06/19/2015			

Carolinas Dermatology Group Pa

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Tel: (803) 771-7506 Fax: (803) 771-9455

ACCOUNT INQUIRY

06/14/2018 3:20 PM (EST)

Account# 135600

Guarantor Information:

Michael Chalfant
1907 Mabron Rd.
Columbia, SC 29209

Home Tel#: (803) 776-8883
Work Tel#:

Patient Information:

Patient# 135600

Michael Chalfant
1907 Mabron Rd.
Columbia, SC 29209

Home Tel#: (803) 776-8883
Work Tel#:

Payor	Current	45-60 Days	61-90 Days	Over 90	Balance
Self	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Insur	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Collect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Unassigned:					\$0.00
Total Balance:					\$0.00

Service Date	Voucher#	Provider	Chg Amt	Pmts/Adjs	Balance	Payor	Coverage Type	Billed Date	Age	Patient
05/12/2015	508540	MAULLOR	\$325.00	\$325.00	\$0.00	TFL	Medical	10/18/2016	0	Michael Chalfant

Location	Department	Place Of Svc	Refer. Dr.	Batch#	Voucher Status	Date Updated	Responsible Party	Co-Ins Amt	Co-Ins Paid	Void Batch#	Date Voided	Voided By
CDG	OFFICE	CDG	BLASMAR	05/12/15LJ530	Updated	05/19/2015	Michael Chalfant	\$0.00	\$0.00			

Claim#	Bill Media	Billing Prov	Local Use Text	Orig Voucher#	Orig Payor	Orig Bill Date	Orig Media
508540	Paper	BLASMAR		508540	MEDICARE	05/20/2015	Electronic

Dates of Service	Procedure	Mods	Description	Diag1	Description	TOS	Units	Fee Amt	Pmts/Adjs	Amt Due
05/12/2015	12052		Repair Intermed F/E/E/N/L/M&/Muc 2.6-5.0	173.31	Basal Cell Carcinoma Othr Part/Face	SURGICAL	1.00	\$325.00	\$325.00	\$0.00

Payment Date	Reference	Coverage Type	Insurance	Transaction	Pmt Amt	Transfer To	Trsf Amt	Batch#	Status	Date Updated	Void Batch#	Date Voided	Voided By
06/03/2015	MCARE 883039867	Medical	MEDICARE	Medicare Payment	\$216.81			06/03/15CSD10	Updated	06/10/2015			
06/03/2015	MCARE 883039867	Medical	MEDICARE	Medicare Adjustment (CO-45)	\$48.46			06/03/15CSD10	Updated	06/10/2015			
06/03/2015	MCARE 883039867	Medical	MEDICARE	Sequestration Adjustment (CO-253)	\$4.42			06/03/15CSD10	Updated	06/10/2015			
06/03/2015	MCARE 883039867	Medical	MEDICARE	Medicare Transfer		TFL	\$55.31	06/03/15CSD10	Updated	06/10/2015			
06/03/2015	MCARE 883039867	Medical	TFL	Rebilled Claim				06/03/15CSD10	Updated	06/10/2015			
06/12/2015	D0002729087	Medical	TFL	Commercial Insurance Payment	\$55.31			06/12/15PRH13	Updated	06/19/2015			
07/24/2015	MCARE 883110662	Medical	TFL	Commercial Insurance Transfer		MEDICARE	\$0.00	07/24/15CSD10	Updated	08/04/2015			
07/24/2015	mcare offset due to multi surg rule 7/10/15	Medical	MEDICARE	Medicare Adjustment	\$108.40			07/24/15CSD10	Updated	08/04/2015			

07/24/2015	icare offset due to multi sung rule 7/10/15	Medical	MEDICARE	OFFSET ADJUSTMENT	(\$108.40)		07/24/15CSD10	Updated	08/04/2015
10/07/2015	working accounts	Medical	MEDICARE	Medicare Transfer		TFL	\$0.00	10/07/15CSD10	Updated 10/12/2015
10/07/2015	working accounts	Medical	TFL	Rebilled Claim				10/07/15CSD10	Updated 10/12/2015
10/07/2015	tricare req refund	Medical	TFL	Commercial Insurance Adjustment	\$27.66			10/07/15CSD10	Updated 10/12/2015
09/30/2015	refund check # 45134	Medical	TFL	Commercial Insurance Refund	(\$27.66)			09/30/15ddm18	Updated 10/08/2015
11/13/2015	F0003434416/refund ck	Medical	TFL	TRICARE FOR LIFE PAYMENT	\$27.66			11/13/15PRM23	Updated 11/20/2015
11/13/2015	offset	Medical	TFL	TRICARE ADJUSTMENT	(\$27.66)			11/13/15PRM23	Updated 11/20/2015