

| DATE     | *  | PROC CODE | DX CODE | DESCRIPTION OF SERVICE              | AMOUNT  |
|----------|----|-----------|---------|-------------------------------------|---------|
| 07-27-10 | 22 | 7417026   | 195.8   | 1 CT ABDOMEN W/WO CONTRAST          | 319.00  |
| 08-19-10 |    | 20        |         | 888042514 MEDICARE PAY              | 59.30-  |
| 08-19-10 |    | 820       |         | 888042514 Medicare Adj              | 244.88- |
| 09-08-10 |    | 32        |         | 1037780626 United Healthcare PPO/PA | 11.86-  |
| 07-27-10 | 22 | 7219426   | 195.8   | 1 CT PELVIS W/WO CONTRAST           | 284.00  |
| 08-19-10 |    | 20        |         | 888042514 MEDICARE PAY              | 51.45-  |
| 08-19-10 |    | 820       |         | 888042514 Medicare Adj              | 219.69- |
| 09-08-10 |    | 32        |         | 1037780626 United Healthcare PPO/PA | 10.29-  |

*pd 10) 2010*

\*\*\*

**PATIENT NAME** ▶ BRUNSTING, NELVA E  
**ACCOUNT NUMBER** ▶ 71-0343169227507  
**DATE OF BIRTH** ▶ 10-08-26  
**EMPLOYER** ▶ UNEMPLOYED  
**PRIMARY INSURANCE** ▶ MEDICARE  
**SECONDARY INSURANCE** ▶ UNITED HEALTHCARE

**FOR SERVICES RENDERED AT:**  
 MEMORIAL HERMANN MEMORIAL CITY  
 921 GESSNER HOUSTON TX 77024

7106\*S250NA58U000756

**P5555**

**BRUNSTING000450**

500093A



**P5556**

**BRUNSTING000451**



Thank you for choosing Memorial Hermann for your healthcare needs. Your insurance company has informed us that the balance listed below is your responsibility. If you have any questions about how your claim was processed, call your insurance company. Please send payment in full within 15 days. Thank you.

|                             |                 |
|-----------------------------|-----------------|
| <b>CARDIOLOGY</b>           | <b>1,976.75</b> |
| <b>EKG/EEG</b>              | <b>719.50</b>   |
| <b>EMERGENCY SERVICES</b>   | <b>2,160.00</b> |
| <b>LABORATORY</b>           | <b>1,525.25</b> |
| <b>PHARMACY</b>             | <b>1,178.75</b> |
| <b>RADIOLOGY</b>            | <b>1,198.00</b> |
| <b>RESPIRATORY SERVICES</b> | <b>425.75</b>   |
| <b>ROOM CHARGES</b>         | <b>4,320.00</b> |
| <b>SUPPLIES</b>             | <b>805.25</b>   |

| PATIENT NAME       |                          | ACCOUNT NUMBER         | ADMIT/SERVICE DATE | DISCHARGE DATE    | SERVICE     |
|--------------------|--------------------------|------------------------|--------------------|-------------------|-------------|
| BRUNSTING, NELVA E |                          | 0343169220260          | 09/17/10           | 09/20/10          | INPATIENT   |
| TOTAL CHARGES      | TOTAL INSURANCE PAYMENTS | TOTAL PATIENT PAYMENTS |                    | TOTAL ADJUSTMENTS | BALANCE DUE |
| \$14,309.25        | \$-8,562.30              | \$0.00                 |                    | \$-5,526.95       | \$220.00    |

Our Customer Service Department is available:  
 Monday-Friday 8:00a.m. to 8:00p.m. cst  
 Saturday 8:00a.m. - 12:00 Noon

Memorial Hermann Hospital System  
 P.O. BOX 4370  
 Houston, TX 77210-4370

patient.billing@memorialhermann.org

**Pay your bill on-line at: [www.memorialhermann.org](http://www.memorialhermann.org)  
 Para la ayuda en español, llame (713)448-5502.**

**Local Phone:**  
 (713)448-5502

**Toll Free:**  
 (800)526-2121

|                                      |          |
|--------------------------------------|----------|
| <b>BALANCE LAST STATEMENT</b>        | \$220.00 |
| <b>PAYMENTS SINCE LAST STATEMENT</b> | \$0.00   |
| <b>STATEMENT DATE</b>                | 10/27/10 |
| <b>DUE DATE</b>                      | 11/13/10 |

PAYMENTS POSTED TO YOUR ACCOUNT AFTER THIS STATEMENT DATE WOULD NOT BE REFLECTED IN THE CURRENT BALANCE DUE

**MEMORIAL HERMANN** *DL 10/30/10*

**P5557**

**BRUNSTING000453**

**Memorial Hermann Healthcare System  
Charity Care Program**

Memorial Hermann Healthcare System's Charity Policy and Admissions Policy govern how charity care is provided. On the basis of these policies, a determination will be made regarding a patient's eligibility for charity care.

Payment from all other possible payment sources must be exhausted before a patient can be considered for the charity care program. For patients who do not have insurance coverage, alternate funding and payment plan options may be available. Our staff or contracted agents work with patients to identify potential options.

Charity care may be available to patients who do not have the means to pay for their healthcare expenses and do not qualify for any government or other programs. A patient may qualify for charity based on federal poverty guidelines.

To be considered for this program, patients are required to provide financial information for the household by completing a Financial Information Form along with supporting documentation. To verify income, the most current Federal Income Tax Return should be provided. Other pieces of supporting documentation may be requested in addition to or instead of the Tax Return, including: Last two Employer paycheck stubs, written documentation from income sources, and a copy of all bank statements for the last three months. Memorial Hermann reserves the right to review an applicant's credit report, property tax records, and/or other public or personal documents prior to a determination regarding program eligibility.

To request a Financial Information Form, please contact our Customer Service Department at the phone number listed on the reverse side of this statement.

**Sistema de Atención de la Salud del Memorial Hermann  
Programa de Atención de Beneficencia**

La Política de Beneficencia del Sistema de Atención de la Salud y la Política de Admisiones del Memorial Hermann, rigen la manera como se suministra la atención de beneficencia. Basados en estas políticas, se hará una determinación respecto a la elegibilidad del paciente para dicha atención.

El pago proveniente de toda otra fuente de pago posible debe agotarse antes de que un paciente pueda ser considerado para el programa de atención de beneficencia. Para pacientes que no tienen cobertura de seguro, podrían estar disponibles opciones alternativas de fondos y planes de pago. Nuestro personal o agentes contratados trabajan conjuntamente con los pacientes para identificar las posibles opciones.

La atención de beneficencia podría estar disponible para pacientes que no tienen medios para pagar los gastos de atención de su salud y que no califican para ningún programa del gobierno u otros programas. Un paciente puede calificar para beneficencia, en base a las pautas federales de pobreza.

Para ser considerado para este programa, los pacientes necesitan suministrar la información financiera del hogar, al llenar el Formulario de Información Financiera junto con documentación comprobante. Para verificar los ingresos, debe suministrarse la última Planilla de los Impuestos Federales Sobre la Renta. Se podrían exigir otros documentos comprobantes, además o en lugar de la Planilla del Impuesto sobre la Renta, incluyendo: los dos últimos talones de los cheques de pago de su Empleador; documentación escrita de fuentes de ingreso y una copia de todas las cuentas de bancos correspondientes a los últimos tres meses. Memorial Hermann se reserva el derecho de revisar un reporte de crédito de un solicitante, los registros de impuestos sobre bienes y/o otros documentos públicos previo a la determinación acerca de la elegibilidad para el programa. Para solicitar un Formulario de Información Financiera, por favor póngase en contacto con el Departamento de Servicio al Cliente en el número telefónico que aparece en el reverso de este comunicado.

**P5558**

**BRUNSTING000454**

| Date                            | ICPT & Reason | Explanation of Activity | Charges & Debits | Insurance Pending | Payments & Credits | Patient Amount |
|---------------------------------|---------------|-------------------------|------------------|-------------------|--------------------|----------------|
| <b>Patient: Nelva Brunsting</b> |               |                         |                  |                   |                    |                |
| <b>Voucher: 2520690</b>         |               |                         |                  |                   |                    |                |
| 08/17/10                        | 99214         | Office/outpatient Visit | 152.50           |                   |                    |                |
| 08/17/10                        | 94640         | Airway Inhalation Treat | 45.20            |                   |                    |                |
| 08/17/10                        | 94760         | Measure Blood Oxygen Le | 15.50            |                   |                    |                |
| 09/07/10                        | 888107430     | Medicare Payment        |                  |                   | -92.41             |                |
| 09/07/10                        | 888107430     | Medicare Adjustment     |                  |                   | -82.19             |                |
| 09/07/10                        | 888107430     | Medicare Payment        |                  |                   | 0.00               |                |
| 09/07/10                        | 888107430     | Medicare Adjustment     |                  |                   | -15.50             |                |
| 09/07/10                        | 888107430     | Medicare Transfer       |                  |                   |                    |                |
| 10/13/10                        | 1039014189    | Commercial Insurance Pa |                  |                   | -18.48             |                |
| 10/13/10                        | 1039014189    | Commercial Insurance Tr |                  |                   |                    |                |
|                                 |               | ---- Visit Total        |                  |                   |                    | 4.62           |
| <b>Voucher: 2610020</b>         |               |                         |                  |                   |                    |                |
| 09/13/10                        | 99214         | Office/outpatient Visit | 152.50           |                   |                    |                |
| 09/30/10                        | 888230537     | Medicare Payment        |                  |                   | -81.16             |                |
| 09/30/10                        | 888230537     | Medicare Adjustment     |                  |                   | -51.05             |                |
| 09/30/10                        | 888230537     | Medicare Transfer       |                  |                   |                    |                |
| 10/27/10                        | 1039556376    | Commercial Insurance Pa |                  |                   | -16.23             |                |
| 10/27/10                        | 1039556376    | Commercial Insurance Tr |                  |                   |                    |                |
|                                 |               | ---- Visit Total        |                  |                   |                    | 4.06           |
| <b>Voucher: 2630480</b>         |               |                         |                  |                   |                    |                |
| 09/17/10                        | 99223         | Initial Hospital Care   | 300.00           |                   |                    |                |
| 10/06/10                        | 888273871     | Medicare Payment        |                  |                   | -159.20            |                |
| 10/06/10                        | 888273871     | Medicare Adjustment     |                  |                   | -101.00            |                |
| 10/06/10                        | 888273871     | Medicare Transfer       |                  |                   |                    |                |
| 11/02/10                        | 1039816322    | Commercial Insurance Pa |                  |                   | -31.84             |                |
| 11/02/10                        | 1039816322    | Commercial Insurance Tr |                  |                   |                    |                |
|                                 |               | ---- Visit Total        |                  |                   |                    | 7.96           |

MEMORIAL CLINICAL ASSOCIATES  
1201 DAIRY ASHFORD STE 200  
HOUSTON, TX 77079-3023

Account Number: 969650  
Office Phone Number: (713)407-3000

Patient Balance:

Continued  
92096S11028

00975 7772026 002924 002924 00001/00003 920966912

P5559

BRUNSTING000455

MEMORIAL CLINICAL ASSOCIATES  
 1201 DAIRY ASHFORD STE 200  
 HOUSTON, TX 77079-3023

| IF PAYING BY CREDIT CARD, FILL OUT BELOW. |   |
|---|---|
| CHECK CARD USING FOR PAYMENT              |   |
| <input type="checkbox"/> MASTERCARD       | <input type="checkbox"/> VISA             |
| <input type="checkbox"/> DISCOVER         | <input type="checkbox"/> AMERICAN EXPRESS |
| CARD NUMBER                               | VERIFICATION #                            |
| CARDHOLDER NAME                           | EXP. DATE                                 |
| SIGNATURE                                 | AMOUNT                                    |

IF PAYING BY CREDIT CARD, FILL OUT ABOVE.

WE01 1003 68912 2268912

ADDRESSEE

REMIT TO

NELVA BRUNSTING

MEMORIAL CLINICAL ASSOCIATES  
 1201 DAIRY ASHFORD ST STE 200  
 HOUSTON TX 77079-3017



| Page | Statement Date | Due Date | Office Phone Number | Account # | Patient Balance | Show Amount Paid Here \$ |
|------|----------------|----------|---------------------|-----------|-----------------|--------------------------|
| 2    | 11/29/10       | 12/14/10 | (713) 407-3000      | 969650    | Continued       |                          |

Please check box and use reverse side to indicate address or Insurance changes

**STATEMENT**

RETURN THIS PORTION WITH PAYMENT

| Date                    | ICPT & Reason | Explanation of Activity | Charges & Debits | Insurance Pending | Payments & Credits | Patient Amount |
|-------------------------|---------------|-------------------------|------------------|-------------------|--------------------|----------------|
| <b>Voucher: 2630590</b> |               |                         |                  |                   |                    |                |
| 09/18/10                | 99291         | Critical Care, First Ho | 404.00           |                   |                    |                |
| 10/06/10                | 888273871     | Medicare Payment        |                  |                   | -181.14            |                |
| 10/06/10                | 888273871     | Medicare Adjustment     |                  |                   | -177.57            |                |
| 10/06/10                | 888273871     | Medicare Transfer       |                  |                   |                    |                |
| 10/27/10                | 1039556376    | Commercial Insurance Pa |                  |                   | -36.23             |                |
| 10/27/10                | 1039556376    | Commercial Insurance Tr |                  |                   |                    |                |
|                         |               | ---- Visit Total        |                  |                   |                    | 9.06           |
| <b>Voucher: 2630610</b> |               |                         |                  |                   |                    |                |
| 09/19/10                | 99233         | Subsequent Hospital Car | 155.00           |                   |                    |                |
| 10/06/10                | 888273871     | Medicare Payment        |                  |                   | -82.28             |                |
| 10/06/10                | 888273871     | Medicare Adjustment     |                  |                   | -52.15             |                |
| 10/06/10                | 888273871     | Medicare Transfer       |                  |                   |                    |                |
| 10/27/10                | 1039556376    | Commercial Insurance Pa |                  |                   | -16.46             |                |
| 10/27/10                | 1039556376    | Commercial Insurance Tr |                  |                   |                    |                |
|                         |               | ---- Visit Total        |                  |                   |                    | 4.11           |
| <b>Voucher: 2650330</b> |               |                         |                  |                   |                    |                |
| 09/20/10                | 99239         | Hospital Discharge Day  | 155.00           |                   |                    |                |
| 10/13/10                | 888319765     | Medicare Payment        |                  |                   | -82.40             |                |
| 10/13/10                | 888319765     | Medicare Adjustment     |                  |                   | -52.00             |                |
| 10/13/10                | 888319765     | Medicare Transfer       |                  |                   |                    |                |
| 11/02/10                | 1039816322    | Commercial Insurance Pa |                  |                   | -16.48             |                |
| 11/02/10                | 1039816322    | Commercial Insurance Tr |                  |                   |                    |                |
|                         |               | ---- Visit Total        |                  |                   |                    | 4.12           |
| <b>Voucher: 2683140</b> |               |                         |                  |                   |                    |                |
| 10/06/10                | 99214         | Office/outpatient Visit | 152.50           |                   |                    |                |
| 10/06/10                | 94760         | Measure Blood Oxygen Le | 15.50            |                   |                    |                |

MEMORIAL CLINICAL ASSOCIATES  
 1201 DAIRY ASHFORD STE 200  
 HOUSTON, TX 77079-3023

Account Number: 969650  
 Office Phone Number: (713) 407-3000

Patient Balance:

**P5560**

Continued

PLEASE UPDATE ANY INFORMATION THAT HAS CHANGED SINCE YOUR LAST STATEMENT

|   |                |  |     |
|---|----------------|--|-----|
| YOUR NAME (Last, First, Middle Initial) |                |  |     |
| ADDRESS                                 |                |  |     |
| CITY                                    | STATE          | ZIP  |     |
| TELEPHONE<br>( )                        | MARITAL STATUS | <input type="checkbox"/> Separated<br><input type="checkbox"/> Single <input type="checkbox"/> Divorced<br><input type="checkbox"/> Married <input type="checkbox"/> Widowed |     |
| EMPLOYER'S NAME                         |                |  |     |
| EMPLOYER'S ADDRESS                      | CITY           | STATE  | ZIP |

|   |       |                   |  |
|---|-------|-------------------|--|
| YOUR PRIMARY INSURANCE COMPANY'S NAME   |       | INSURED'S NAME    |  |
| PRIMARY INSURANCE COMPANY'S ADDRESS     |       | EFFECTIVE DATE    |  |
| CITY                                    | STATE | ZIP               |  |
| POLICYHOLDER'S ID NUMBER                |       | GROUP PLAN NUMBER |  |
| YOUR SECONDARY INSURANCE COMPANY'S NAME |       | INSURED'S NAME    |  |
| SECONDARY INSURANCE COMPANY'S ADDRESS   |       | EFFECTIVE DATE    |  |
| CITY                                    | STATE | ZIP               |  |
| POLICYHOLDER'S ID NUMBER                |       | GROUP PLAN NUMBER |  |

MEMORIAL CLINICAL ASSOCIATES  
 1201 DAIRY ASHFORD STE 200  
 HOUSTON, TX 77079-3023

**IF PAYING BY CREDIT CARD, FILL OUT BELOW.**

CHECK CARD USING FOR PAYMENT

|                                     |                               |                                   |   |
|-------------------------------------|-------------------------------|-----------------------------------|---|
| <input type="checkbox"/> MASTERCARD | <input type="checkbox"/> VISA | <input type="checkbox"/> DISCOVER | <input type="checkbox"/> AMERICAN EXPRESS |
| CARD NUMBER                         |                               | VERIFICATION #                    |   |
| CARDHOLDER NAME                     |                               | EXP. DATE                         |   |
| SIGNATURE                           |                               | AMOUNT                            |   |

IF PAYING BY CREDIT CARD, FILL OUT ABOVE.

WE01 1003 68912 2268912

██████████ ADDRESSEE ██████████

██████████ REMIT TO ██████████

NELVA BRUNSTING

MEMORIAL CLINICAL ASSOCIATES  
 1201 DAIRY ASHFORD ST STE 200  
 HOUSTON TX 77079-3017



| Page | Statement Date | Due Date | Office Phone Number | Account # | Patient Balance | Show Amount Paid Here \$ |
|------|----------------|----------|---------------------|-----------|-----------------|--------------------------|
| 3    | 11/29/10       | 12/14/10 | (713) 407-3000      | 969650    | 37.99           | _____                    |

Please check box and use reverse side to indicate address or insurance changes

**STATEMENT**

RETURN THIS PORTION WITH PAYMENT

| Date     | ICPT & Reason | Explanation of Activity | Charges & Debits | Insurance Pending | Payments & Credits | Patient Amount |
|----------|---------------|-------------------------|------------------|-------------------|--------------------|----------------|
| 10/25/10 | 888413554     | Medicare Payment        |                  |                   | -81.16             |                |
| 10/25/10 | 888413554     | Medicare Adjustment     |                  |                   | -51.05             |                |
| 10/25/10 | 888413554     | Medicare Payment        |                  |                   | 0.00               |                |
| 10/25/10 | 888413554     | Medicare Adjustment     |                  |                   | -15.50             |                |
| 10/25/10 | 888413554     | Medicare Transfer       |                  |                   |                    |                |
| 11/24/10 | 1040623150    | Commercial Insurance Pa |                  |                   | -16.23             |                |
| 11/24/10 | 1040623150    | Commercial Insurance Tr |                  |                   |                    |                |
|          |               | ---- Visit Total        |                  |                   |                    | 4.06           |

MEMORIAL CLINICAL ASSOCIATES  
 1201 DAIRY ASHFORD STE 200  
 HOUSTON, TX 77079-3023

Account Number: 969650  
 Office Phone Number: (713) 407-3000

Patient Balance:

**P5562**  
 37.99  
 92096S11028

PLEASE UPDATE ANY INFORMATION THAT HAS CHANGED SINCE YOUR LAST STATEMENT

|   |                                  |                                    |     |
|---|----------------------------------|------------------------------------|-----|
| YOUR NAME (Last, First, Middle Initial) |                                  |                                    |     |
| ADDRESS                                 |                                  |                                    |     |
| CITY                                    | STATE                            | ZIP                                |     |
| TELEPHONE<br>(    )                     | MARITAL STATUS                   | <input type="checkbox"/> Separated |     |
|   | <input type="checkbox"/> Single  | <input type="checkbox"/> Divorced  |     |
|   | <input type="checkbox"/> Married | <input type="checkbox"/> Widowed   |     |
| EMPLOYER'S NAME                         |                                  |                                    |     |
| EMPLOYER'S ADDRESS                      | CITY                             | STATE                              | ZIP |

|   |       |                   |  |
|---|-------|-------------------|--|
| YOUR PRIMARY INSURANCE COMPANY'S NAME   |       | INSURED'S NAME    |  |
| PRIMARY INSURANCE COMPANY'S ADDRESS     |       | EFFECTIVE DATE    |  |
| CITY                                    | STATE | ZIP               |  |
| POLICYHOLDER'S ID NUMBER                |       | GROUP PLAN NUMBER |  |
| YOUR SECONDARY INSURANCE COMPANY'S NAME |       | INSURED'S NAME    |  |
| SECONDARY INSURANCE COMPANY'S ADDRESS   |       | EFFECTIVE DATE    |  |
| CITY                                    | STATE | ZIP               |  |
| POLICYHOLDER'S ID NUMBER                |       | GROUP PLAN NUMBER |  |

United Health Care  
P5564

P5564

BRUNSTING000474



153\*554558A\*04360\*01

121-YOGI  
UNITED HEALTHCARE  
OLDSMAR SERVICE CENTER  
PO BOX 30555  
SALT LAKE CITY, UT 84130-0555



NELVA BRUNSTING  
13630 PINE ROCK  
HOUSTON TX 77079

05-29-2010

DEAR NELVA BRUNSTING,

Congratulations! You've taken an important step in managing your health by registering on [www.myuhc.com](http://www.myuhc.com). As a user of [www.myuhc.com](http://www.myuhc.com), you can:

- Access your personal medical claims information
- Request a new ID card
- Find a network physician or hospital
- Verify the coverage of your family
- Give us feedback on your doctor visits through the Rate Doctor section
- And more!

You also have online access to our vast medical library containing valuable information and the opportunity to participate in online health forums with medical experts and discussion groups with other users. You can even tell us what health topics you're most interested in and we'll personalize the site just for you!

The User Name and Password you created online allows you to access your personal information through [www.myuhc.com](http://www.myuhc.com). We strongly recommend that you keep your User Name and Password in a safe, secure place and do not share them with anyone.

If for some reason you have not registered on [www.myuhc.com](http://www.myuhc.com) and believe that someone else has registered using your personal information, please call our technical help desk at 1-877-844-4999 immediately.

Thank you for registering on [www.myuhc.com](http://www.myuhc.com).

*Contract*

OLDSMAR SERVICE CENTER  
PO BOX 30555  
SALT LAKE CITY, UT 84130-0555  
[www.myuhc.com](http://www.myuhc.com)

**UnitedHealthcare**  
A UnitedHealth Group Company  
UNITEDHEALTHCARE INSURANCE COMPANY



Address Change? Please contact your employer's benefit department.

146SEPRT1F0754001  
NELVA BRUNSTING  
13630 PINE ROCK  
HOUSTON TX 77079

**Member ID**  
852243769

**Statement Period**  
02/24/10 - 05/25/10

## THIS IS NOT A BILL

Customer Care 1-800-654-0079


### Save Your Skin from the Sun

One of the best ways to take care of your skin is to protect it from the sun. Intense ultraviolet rays from the sun damage skin causing wrinkles, liver spots, rough skin and serious illness like skin cancer. To protect yourself, avoid the sun between 10 a.m. and 4 p.m., wear protective clothing like long-sleeved shirts and always use sunscreen. Talk to your doctor for more information.

### Tracking Your Deductibles and Maximums

#### Your Deductibles as of 05/25/10 for Plan Year 01/01/10 - 12/31/10


##### Deductibles

| Annual   | Applied  | Remaining |
|----------|--|-----------|
| NELVA    |  |           |
| \$300.00 | \$126.58  | \$173.42  |

**Deductible:** The deductible is the fixed dollar amount that you pay each year toward eligible health care services before your plan benefits are payable. Once the deductible has been met, the co-payment and/or coinsurance period of your plan may begin. Your plan will then pay a certain percentage of your eligible health care services and you will pay a smaller percentage until the out-of-pocket maximum has been met.

#### Your Out of Pocket Maximums as of 05/25/10 for Plan Year 01/01/10 - 12/31/10

##### Out-of-Pocket

| Annual     | Applied  | Remaining  |
|------------|--|------------|
| NELVA      |  |            |
| \$1,500.00 | \$0.00  | \$1,500.00 |

**Out-of-Pocket Maximum:** The out-of-pocket maximum is the dollar amount you pay before your plan benefit starts paying at 100% for eligible health care services.

Please see the next page for more information

**Medical claims processed after other insurance/Medicare review**

Claims for NELVA: Processed between 02/24/10 to 05/25/10

| Provider Billed | Plan Discount & Adjustments | UHC Allowed Amount | UHC Plan Benefit | Your Other Insurance Paid | Health Plan Paid | Applied to Deductible |
|-----------------|-----------------------------|--------------------|------------------|---------------------------|------------------|-----------------------|
|-----------------|-----------------------------|--------------------|------------------|---------------------------|------------------|-----------------------|

**04/04/10 services provided by 'RADIOLOGY WEST LLC'**

|                             |         |          |        |     |         |     |        |
|-----------------------------|---------|----------|--------|-----|---------|-----|--------|
| Claim Number: 0251416283201 | \$38.00 | -\$36.16 | \$1.84 | ... | -\$7.38 | ... | \$1.84 |
|-----------------------------|---------|----------|--------|-----|---------|-----|--------|

**04/04/10 services provided by 'MHHS MEMORIAL CITY'**

|                             |            |             |         |     |           |     |         |
|-----------------------------|------------|-------------|---------|-----|-----------|-----|---------|
| Claim Number: 0251419387101 | \$1,828.25 | -\$1,519.53 | \$57.24 | ... | -\$251.48 | ... | \$57.24 |
|-----------------------------|------------|-------------|---------|-----|-----------|-----|---------|

**04/04/10 services provided by 'ACS PRIMARY CARE'**

|                             |          |           |         |     |          |     |         |
|-----------------------------|----------|-----------|---------|-----|----------|-----|---------|
| Claim Number: 0252465529701 | \$502.00 | -\$478.22 | \$23.78 | ... | -\$95.14 | ... | \$23.78 |
|-----------------------------|----------|-----------|---------|-----|----------|-----|---------|

**04/08/10 services provided by 'R POHIL'**

|                             |          |           |         |     |          |     |         |
|-----------------------------|----------|-----------|---------|-----|----------|-----|---------|
| Claim Number: 0251491933701 | \$207.00 | -\$163.28 | \$43.72 | ... | -\$86.45 | ... | \$43.72 |
|-----------------------------|----------|-----------|---------|-----|----------|-----|---------|

For more information about your claims, please visit: [www.myuhc.com](http://www.myuhc.com).

Total Applied to Deductible in this section: **\$126.58**

Total Applied to Deductible In This Statement: **\$126.58**

Please see the next page for more information

OLDSMAR SERVICE CENTER  
 PO BOX 30555  
 SALT LAKE CITY, UT 84130-0555  
[www.myuhc.com](http://www.myuhc.com)



**Medical Claim Details**

This is not a bill - Please compare this information to the bill you receive from your provider, then pay the provider directly when they bill you.

**Claims for NELVA**

Member # **852243769**

|                                    |                                |                           |
|------------------------------------|--------------------------------|---------------------------|
| Date of Service <b>04/04/10</b>    | Claim No. <b>0251416283201</b> | Group Name <b>CHEVRON</b> |
| Provider <b>RADIOLOGY WEST LLC</b> | Process Date <b>05/10/10</b>   | Group # <b>0247848</b>    |

| Service Type | Provider Billed | Plan Discounts & Adjustments | UHC Allowed Amount | UHC Plan's Benefit | Your Other Insurance Paid | Health Plan Paid | Applied to Your Deductible |
|--------------|-----------------|------------------------------|--------------------|--------------------|---------------------------|------------------|----------------------------|
| A            | \$38.00         | -\$36.16                     | \$1.84             | ...                | ...                       | ...              | \$1.84                     |
| <b>TOTAL</b> | \$38.00         | -\$36.16                     | \$1.84             | \$0.00             | -\$7.38                   | \$0.00           | \$1.84                     |

**A=RADIOLOGY SERVICES**

- MEDICARE HAS PAID \$7.38
- THE PLAN BENEFIT FOR THESE SERVICES WAS DETERMINED BY USING THE AMOUNT APPROVED BY MEDICARE. THIS PHYSICIAN OR HEALTH CARE PROFESSIONAL HAS AGREED TO ACCEPT THAT AMOUNT. THE PATIENT IS RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE MEDICARE ALLOWED AMOUNT AND THE TOTAL AMOUNT PAID BY BOTH PLANS.

|                                    |                                |                           |
|------------------------------------|--------------------------------|---------------------------|
| Date of Service <b>04/04/10</b>    | Claim No. <b>0251419387101</b> | Group Name <b>CHEVRON</b> |
| Provider <b>MHHS MEMORIAL CITY</b> | Process Date <b>05/10/10</b>   | Group # <b>0247848</b>    |

| Service Type | Provider Billed | Plan Discounts & Adjustments | UHC Allowed Amount | UHC Plan's Benefit | Your Other Insurance Paid | Health Plan Paid | Applied to Your Deductible |
|--------------|-----------------|------------------------------|--------------------|--------------------|---------------------------|------------------|----------------------------|
| A            | \$1,828.25      | -\$1,519.53                  | \$57.24            | ...                | ...                       | ...              | \$57.24                    |
| <b>TOTAL</b> | \$1,828.25      | -\$1,519.53                  | \$57.24            | \$0.00             | -\$251.48                 | \$0.00           | \$57.24                    |

**A=OP MISC. SERVICES**

- MEDICARE HAS PAID \$251.48
- THE AMOUNT CHARGED REPRESENTS THE AMOUNTS INDICATED ON THE MEDICARE EXPLANATION OF BENEFITS AND MAY NOT REFLECT THE CHARGE RECEIVED ON THE BILL. THE NOT COVERED AMOUNT REPRESENTS THE MEDICARE, OR PHYSICIAN OR OTHER HEALTH CARE PROVIDER ADJUSTMENT APPLIED TO THIS CHARGE. THE PATIENT IS RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE MEDICARE ALLOWED AMOUNT AND THE TOTAL AMOUNT PAID BY BOTH PLANS.

|                                  |                                |                           |
|----------------------------------|--------------------------------|---------------------------|
| Date of Service <b>04/04/10</b>  | Claim No. <b>0252465529701</b> | Group Name <b>CHEVRON</b> |
| Provider <b>ACS PRIMARY CARE</b> | Process Date <b>05/20/10</b>   | Group # <b>0247848</b>    |

| Service Type | Provider Billed | Plan Discounts & Adjustments | UHC Allowed Amount | UHC Plan's Benefit | Your Other Insurance Paid | Health Plan Paid | Applied to Your Deductible |
|--------------|-----------------|------------------------------|--------------------|--------------------|---------------------------|------------------|----------------------------|
| A            | \$502.00        | -\$478.22                    | \$23.78            | ...                | ...                       | ...              | \$23.78                    |
| <b>TOTAL</b> | \$502.00        | -\$478.22                    | \$23.78            | \$0.00             | -\$95.14                  | \$0.00           | \$23.78                    |

**A=OP MEDICAL VISIT**

- MEDICARE HAS PAID \$95.14
- THE PLAN BENEFIT FOR THESE SERVICES WAS DETERMINED BY USING THE AMOUNT APPROVED BY MEDICARE. THIS PHYSICIAN OR HEALTH CARE PROFESSIONAL HAS AGREED TO ACCEPT THAT AMOUNT. THE PATIENT IS RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE MEDICARE ALLOWED AMOUNT AND THE TOTAL AMOUNT PAID BY BOTH PLANS.

Please see the next page for more information

OLDSMAR SERVICE CENTER  
 PO BOX 30555  
 SALT LAKE CITY, UT 84130-0555  
[www.myuhc.com](http://www.myuhc.com)



**Medical Claim Details continued**

This is not a bill - Please compare this information to the bill you receive from your provider, then pay the provider directly when they bill you.

**Claims for NELVA**

Member # **852243769**

|                                 |                                |                           |
|---------------------------------|--------------------------------|---------------------------|
| Date of Service <b>04/08/10</b> | Claim No. <b>0251491933701</b> | Group Name <b>CHEVRON</b> |
| Provider <b>'R POHIL'</b>       | Process Date <b>05/10/10</b>   | Group # <b>0247848</b>    |

| Service Type | Provider Billed | Plan Discounts & Adjustments | UHC Allowed Amount | UHC Plan's Benefit | Your Other Insurance Paid | Health Plan Paid | Applied to Your Deductible |
|--------------|-----------------|------------------------------|--------------------|--------------------|---------------------------|------------------|----------------------------|
| <b>A</b>     | \$150.00        | -\$112.36                    | \$37.64            | ...                | ...                       | ...              | \$37.64                    |
| <b>B</b>     | \$57.00         | -\$50.92                     | \$6.08             | ...                | ...                       | ...              | \$6.08                     |
| <b>TOTAL</b> | \$207.00        | -\$163.28                    | \$43.72            | \$0.00             | -\$86.45                  | \$0.00           | \$43.72                    |

**A=OFFICE VISITS, B=RADIOLOGY SERVICES**

- MEDICARE HAS PAID \$86.45
- THE PLAN BENEFIT FOR THESE SERVICES WAS DETERMINED BY USING THE AMOUNT APPROVED BY MEDICARE. THIS PHYSICIAN OR HEALTH CARE PROFESSIONAL HAS AGREED TO ACCEPT THAT AMOUNT. THE PATIENT IS RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE MEDICARE ALLOWED AMOUNT AND THE TOTAL AMOUNT PAID BY BOTH PLANS.

At almost any time day or night, you can review claims, check eligibility, locate a network provider, request an ID card and more - for secure self-service visit: [www.myuhc.com](http://www.myuhc.com).

Please see the next page for more information

## Get the most out of your plan

### Website Registration:

Register today online at [www.myuhc.com](http://www.myuhc.com), so that you can begin using your personal website! You'll need your ID card handy to register.

#### Reduce the Risk of Dementia with Food

Polyunsaturated fats found in foods like walnuts, salmon and safflower oil are not only good for your heart, but also for your brain. A new study from the Karolinska Institutet in Stockholm, Sweden suggests moderate intake of these fats around age 45 decreases the risk of Alzheimer's Disease around age 65. Dietary fats can have benefits, but be sure to use them only in moderate amounts. Too much of any kind of fat will have adverse effects.

#### Pick Up Your Pace!

Walking 10,000 steps a day is a good exercise goal, but if your goal is aerobic fitness, you'll need to pick up the pace. A study at the University of Alberta, Edmonton found people on traditional fitness plans who exercised 30 minutes a day, 3 times a week worked at a more intense pace. This increased their peak oxygen intake and lowered their systolic blood pressure by 10 percent compared to just 4 percent for those on the 10,000 step program.

## About Your Rights

Insurance fraud adds millions to the cost of health care. If services are listed which you did not receive or service you were told would be free, call (800) 654-0079.

#### MEDICAL OR PHARMACY CLAIMS ONLY

A review of this benefit determination may be requested by submitting your appeal to us in writing at the following address: UnitedHealthcare Appeals, P.O. Box 30432, Salt Lake City, UT 84130-0432. The request for your review must be made within 180 days from the date you receive this statement. If you request a review of your claim denial, we will complete our review no later than 30 days after we receive your request for review.

You may have the right to file a civil action under ERISA if all required reviews of your claim have been completed.

Maintaining the privacy and security of individuals' personal information is very important to us at UnitedHealthcare. To protect your privacy, we implemented strict confidentiality practices. These practices include the ability to use a unique individual identifier. You may see the unique individual identifier on UnitedHealthcare correspondence, including medical ID cards (if applicable), letters, explanation of benefits (EOBs), and provider remittance advices (PRAs). If you have any questions about the unique individual identifier or its use, please contact your customer care professional at the number shown at the bottom of this Statement.

## Contact us

Questions? You can reach Customer Care at our toll free number, 1-800-654-0079, Monday through Friday or log into your personal website at [www.myuhc.com](http://www.myuhc.com).

UNITEDHEALTHCARE INSURANCE COMPANY  
OLDSMAR SERVICE CENTER  
PO BOX 30555  
SALT LAKE CITY, UT 84130-0555  
PHONE: 1-800-654-0079  
VISIT WWW.MYUHC.COM FOR SELF SERVICE

**UnitedHealthcare**  
A UnitedHealth Group Company

PAGE: 1 OF 2  
DATE: 01/05/10  
ID #: A 852243769  
EMPLOYEE: NELVA BRUNSTING  
CONTRACT: 0247848  
BENEFIT PLAN: CHEVRON



NELVA BRUNSTING  
13630 PINE ROCK  
HOUSTON TX 77079

## EXPLANATION OF BENEFITS

### SERVICE DETAIL

| PATIENT/RELAT CLAIM NUMBER | PROVIDER/SERVICE  | DATE OF SERVICE | AMOUNT CHARGED | NOT COVERED   | AMOUNT ALLOWED | COPAY/ DEDUCTIBLE | PLAN COVERS | BENEFIT AVAILABLE          | REMARK CODE     |                            |
|----------------------------|---|-----------------|----------------|---------------|----------------|-------------------|-------------|----------------------------|-----------------|----------------------------|
| NELVA<br>8179791401        | RR PROPATH SERVICES-LLP<br>LABORATORY SERVICES<br>LABORATORY SERVICES | 11/11/09        | 250.00         | 145.53        | 20.89          |                   | 80%         | 16.71*                     | 51              |                            |
|                            |   | 11/11/09        | 250.00         | 151.36        | 19.73          |                   | 80%         | 15.79*                     | 51              |                            |
|                            |   | <b>TOTAL</b>    | <b>500.00</b>  | <b>296.89</b> | <b>40.62</b>   |                   |             | <b>32.50</b>               |                 |                            |
|                            |   |                 |                |               |                |                   |             | MEDICARE PAID<br>PLAN PAYS | 162.49<br>32.50 |                            |
| NELVA<br>8293923401        | RR P MAUK<br>OFFICE VISITS  | 12/11/09        | 129.00         | 35.78         | 18.64          |                   | 80%         | 14.91*                     | 51              |                            |
|                            |   | <b>TOTAL</b>    | <b>129.00</b>  | <b>35.78</b>  | <b>18.64</b>   |                   |             | <b>14.91</b>               |                 |                            |
|                            |   |                 |                |               |                |                   |             |                            |                 | MEDICARE PAID<br>PLAN PAYS |

(\*) INDICATES PAYMENT ASSIGNED TO PROVIDER

REMARK CODE(S) LISTED BELOW ARE REFERENCED IN THE "SERVICE DETAIL" SECTION UNDER THE HEADING "REMARK CODE"  
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| BENEFIT PLAN PAYMENT SUMMARY INFORMATION |         |
|--|---------|
| PROPATH SERVICES LLP                     | \$32.50 |
| P MAUK                                   | \$14.91 |

| SATISFIED 2009 TO-DATE | DEDUCTIBLE      | OUT OF POCKET    | LIFETIME MAXIMUM APPLIED           |
|------------------------|-----------------|------------------|------------------------------------|
| NELVA RR               | \$300.00        | \$25.62          | \$102.49                           |
| PLAN YEAR 2009         | INDIV: \$300.00 | INDIV: \$1500.00 | LIFETIME PLAN MAXIMUM \$5000000.00 |

A REVIEW OF THIS BENEFIT DETERMINATION MAY BE REQUESTED BY SUBMITTING YOUR APPEAL TO US IN WRITING AT THE FOLLOWING ADDRESS: UNITEDHEALTHCARE APPEALS, P.O. BOX 30432, SALT LAKE CITY, UT 84130-0432. THE REQUEST FOR YOUR REVIEW MUST BE MADE WITHIN 180 DAYS FROM THE DATE YOU RECEIVE THIS STATEMENT. IF YOU REQUEST A REVIEW OF YOUR CLAIM DENIAL, WE WILL COMPLETE OUR REVIEW NOT LATER THAN 30 DAYS AFTER WE RECEIVE YOUR REQUEST FOR REVIEW.

YOU MAY HAVE THE RIGHT TO FILE A CIVIL ACTION UNDER ERISA IF ALL REQUIRED REVIEWS OF YOUR CLAIM HAVE BEEN COMPLETED.

\*\*\*\*\*

YOU CAN MEET MANY OF YOUR NEEDS ONLINE AT WWW.MYUHC.COM. AT ALMOST ANYTIME DAY OR NIGHT, YOU CAN REVIEW CLAIMS, CHECK ELIGIBILITY, LOCATE A NETWORK PHYSICIAN, REQUEST AN ID CARD, REFILL PRESCRIPTIONS IF ELIGIBLE, AND MORE! FOR IMMEDIATE, SECURE SELF-SERVICE, VISIT WWW.MYUHC.COM.

HOW TO REGISTER?  
YOU CAN REGISTER AND BEGIN USING MYUHC IN THE SAME SESSION. ACCESS WWW.MYUHC.COM TO REGISTER. THE INFORMATION REQUIRED IS ON YOUR INSURANCE ID CARD (FIRST NAME, LAST NAME, MEMBER ID, GROUP NUMBER AND DATE OF BIRTH).

\*\*\*\*\*

FURTHER EXPLANATION OF BENEFITS INFORMATION IS ON CONTINUATION PAGE(S)

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**THIS IS NOT A BILL**

BRUNSTING000481

UNITEDHEALTHCARE INSURANCE COMPANY  
OLDSMAR SERVICE CENTER  
PO BOX 30555  
SALT LAKE CITY, UT 84130-0555  
PHONE: 1-800-654-0079  
VISIT WWW.MYUHC.COM FOR SELF SERVICE



PAGE: 2 OF 2  
DATE: 01/05/10  
ID #: A 852243769  
EMPLOYEE: NELVA BRUNSTING  
CONTRACT: 0247848  
BENEFIT PLAN: CHEVRON



NELVA BRUNSTING  
13630 PINE ROCK  
HOUSTON TX 77079

# EXPLANATION OF BENEFITS

MAINTAINING THE PRIVACY AND SECURITY OF INDIVIDUALS' PERSONAL INFORMATION IS VERY IMPORTANT TO US AT UNITEDHEALTHCARE. TO PROTECT YOUR PRIVACY, WE HAVE IMPLEMENTED STRICT CONFIDENTIALITY PRACTICES. THESE PRACTICES INCLUDE THE ABILITY TO USE A UNIQUE INDIVIDUAL IDENTIFIER. YOU MAY SEE THE UNIQUE INDIVIDUAL IDENTIFIER ON UNITEDHEALTHCARE CORRESPONDENCE, INCLUDING MEDICAL ID CARDS (IF APPLICABLE), LETTERS, EXPLANATION OF BENEFITS (EOBS) AND PROVIDER REMITTANCE ADVICES (PRAS). IF YOU HAVE ANY QUESTIONS ABOUT THE UNIQUE INDIVIDUAL IDENTIFIER OR ITS USE, PLEASE CONTACT YOUR CUSTOMER CARE PROFESSIONAL AT THE NUMBER SHOWN AT THE TOP OF THIS STATEMENT.

Detach

Use the Claim Transmittal form below ONLY to submit bills which do not display your Social Security Number.

Detach

**MAIL TO:**

OLDSMAR SERVICE CENTER  
PO BOX 30555  
SALT LAKE CITY, UT 84130-0555



A UnitedHealth Group Company

## Claim Transmittal

CONTRACT: 0247848  
PLAN OF : CHEVRON  
EMPLOYEE: NELVA BRUNSTING  
ID #: A 852243769

ACTIVE  RETIRED

EMPLOYEE ADDRESS (IF CHANGED): \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ NATURE OF ILLNESS OR INJURY: \_\_\_\_\_

DO YOU HAVE ANOTHER EMPLOYER?  NO  YES (IF YES, GIVE NAME & ADDRESS OF OTHER EMPLOYER) OTHER EMPLOYER'S TELEPHONE NUMBER \_\_\_\_\_

IF THE ATTACHED EXPENSES ARE ALSO COVERED UNDER A DEPENDENT'S BENEFIT PLAN, INDICATE:

DEPENDENT NAME: \_\_\_\_\_ DEPENDENT SOC. SEC. NO.: \_\_\_\_\_

DEPENDENT EMPLOYER: \_\_\_\_\_

DEPENDENT BENEFIT PLAN NO. AND INSURER: \_\_\_\_\_

I HEREBY DIRECT PAYMENT BE MADE TO:  MY PHYSICIAN  MYSELF

ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT OF CLAIM CONTAINING INCOMPLETE, OR MISLEADING INFORMATION MAY BE GUILTY OF A CRIMINAL ACT PUNISHABLE UNDER LAW. P5572

DATE :

SIGNATURE :

BRUNSTING000482



UNITEDHEALTHCARE INSURANCE COMPANY  
 OLDSMAR SERVICE CENTER  
 PO BOX 30555  
 SALT LAKE CITY, UT 84130-0555  
 PHONE: 1-800-654-0079  
 VISIT WWW.MYUHC.COM FOR SELF SERVICE



PAGE: 1 OF 1  
 DATE: 08/24/09  
 ID #: A 840246620  
 EMPLOYEE: ELMER BRUNSTING  
 CONTRACT: 0247848  
 BENEFIT PLAN: CHEVRON



NELVA BRUNSTING  
 13630 PINE ROCK  
 HOUSTON TX 77079-5914

## EXPLANATION OF BENEFITS

### SERVICE DETAIL

| PATIENT/RELAT CLAIM NUMBER | PROVIDER/SERVICE        | DATE OF SERVICE | AMOUNT CHARGED | NOT COVERED | AMOUNT ALLOWED | COPAY/ DEDUCTIBLE | PLAN COVERS | BENEFIT AVAILABLE | REMARK CODE |
|----------------------------|-------------------------|-----------------|----------------|-------------|----------------|-------------------|-------------|-------------------|-------------|
| NELVA 5732159501           | SP P MAUK OFFICE VISITS | 07/31/09        | 129.00         | 35.78       | 129.00         |                   | 80%         | 14.91*            | 51          |
|                            |                         | TOTAL           | 129.00         | 35.78       | 129.00         |                   |             | 14.91             |             |
|                            |                         |                 |                |             |                |                   |             | MEDICARE PAID     | 74.58       |
|                            |                         |                 |                |             |                |                   |             | PLAN PAYS         | 14.91       |

(\*) INDICATES PAYMENT ASSIGNED TO PROVIDER

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| BENEFIT PLAN PAYMENT SUMMARY INFORMATION |         |
|--|---------|
| P MAUK                                   | \$14.91 |

| SATISFIED 2009 TO DATE | DEDUCTIBLE      | OUT OF POCKET    | LIFETIME MAXIMUM APPLIED           |
|------------------------|-----------------|------------------|------------------------------------|
| NELVA SP               | \$300.00        | \$301.71         | \$21268.12                         |
| PLAN YEAR 2009         | INDIV: \$300.00 | INDIV: \$1500.00 | LIFETIME PLAN MAXIMUM \$5000000.00 |

A REVIEW OF THIS BENEFIT DETERMINATION MAY BE REQUESTED BY SUBMITTING YOUR APPEAL TO US IN WRITING AT THE FOLLOWING ADDRESS: UNITEDHEALTHCARE APPEALS, P.O. BOX 30432, SALT LAKE CITY, UT 84130-0432. THE REQUEST FOR YOUR REVIEW MUST BE MADE WITHIN 180 DAYS FROM THE DATE YOU RECEIVE THIS STATEMENT. IF YOU REQUEST A REVIEW OF YOUR CLAIM DENIAL, WE WILL COMPLETE OUR REVIEW NOT LATER THAN 30 DAYS AFTER WE RECEIVE YOUR REQUEST FOR REVIEW.

YOU MAY HAVE THE RIGHT TO FILE A CIVIL ACTION UNDER ERISA IF ALL REQUIRED REVIEWS OF YOUR CLAIM HAVE BEEN COMPLETED.

\*\*\*\*\*

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\*\*\*\*\*

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P5573

**THIS IS NOT A BILL**

BRUNSTING000483

UNITEDHEALTHCARE INSURANCE COMPANY  
 OLDSMAR SERVICE CENTER  
 PO BOX 30555  
 SALT LAKE CITY, UT 84130-0555  
 PHONE: 1-800-654-0079  
 VISIT WWW.MYUHC.COM FOR SELF SERVICE



PAGE: 1 OF 1  
 DATE: 09/01/09  
 ID #: A 840246620  
 EMPLOYEE: ELMER BRUNSTING  
 CONTRACT: 0247848  
 BENEFIT PLAN: CHEVRON



NELVA BRUNSTING  
 13630 PINE ROCK  
 HOUSTON TX 77079-5914

## EXPLANATION OF BENEFITS

### SERVICE DETAIL

| PATIENT/RELAT CLAIM NUMBER | PROVIDER/SERVICE         | DATE OF SERVICE | AMOUNT CHARGED | NOT COVERED   | AMOUNT ALLOWED | COPAY/ DEDUCTIBLE | PLAN COVERS | BENEFIT AVAILABLE | REMARK CODE |
|----------------------------|--------------------------|-----------------|----------------|---------------|----------------|-------------------|-------------|-------------------|-------------|
| NELVA 5639931301           | SP R POHIL OFFICE VISITS | 07/07/09        | 190.00         | 190.00        |                |                   |             | 0.00*             | 07          |
|                            | RADIOLOGY SERVICES       | 07/07/09        | 57.00          | 57.00         |                |                   |             | 0.00*             | 07          |
|                            | <b>TOTAL</b>             |                 | <b>247.00</b>  | <b>247.00</b> |                |                   |             | <b>0.00</b>       |             |
| MEDICARE PAID              |                          |                 |                |               |                |                   |             | 100.99            |             |
| PLAN PAYS                  |                          |                 |                |               |                |                   |             | 0.00              |             |

(\* ) INDICATES PAYMENT ASSIGNED TO PROVIDER

REMARK CODE(S) LISTED BELOW ARE REFERENCED IN THE "SERVICE DETAIL" SECTION UNDER THE HEADING "REMARK CODE"  
 (07 ) THESE CHARGES ARE FOR SERVICES PROVIDED AFTER THIS PATIENT'S COVERAGE WAS CANCELED, THEREFORE, THEY ARE NOT COVERED.

| SATISFIED 2009 TO-DATE | DEDUCTIBLE      | OUT OF POCKET    | LIFETIME MAXIMUM APPLIED           |
|------------------------|-----------------|------------------|------------------------------------|
| NELVA SP               | \$300.00        | \$301.71         | \$21268.12                         |
| <b>PLAN YEAR 2009</b>  | INDIV: \$300.00 | INDIV: \$1500.00 | LIFETIME PLAN MAXIMUM \$5000000.00 |

A REVIEW OF THIS BENEFIT DETERMINATION MAY BE REQUESTED BY SUBMITTING YOUR APPEAL TO US IN WRITING AT THE FOLLOWING ADDRESS: UNITEDHEALTHCARE APPEALS, P.O. BOX 30432, SALT LAKE CITY, UT 84130-0432. THE REQUEST FOR YOUR REVIEW MUST BE MADE WITHIN 180 DAYS FROM THE DATE YOU RECEIVE THIS STATEMENT. IF YOU REQUEST A REVIEW OF YOUR CLAIM DENIAL, WE WILL COMPLETE OUR REVIEW NOT LATER THAN 30 DAYS AFTER WE RECEIVE YOUR REQUEST FOR REVIEW.

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\* \* \* \* \*

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\* \* \* \* \*

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P5574

**THIS IS NOT A BILL**

BRUNSTING000484

OLDSMAR SERVICE CENTER  
 PO BOX 30555  
 SALT LAKE CITY, UT 84130-0555  
[www.myuhc.com](http://www.myuhc.com)

49866974260099-239564923P0027201  
 Address Change? Please contact your employer's benefit department.

**ELMER BRUNSTING**  
 13630 PINE ROCK  
 HOUSTON TX 77079

|  |
|--|
| <b>Member ID</b><br>840246620                  |
| <b>Statement Period</b><br>05/27/09 - 08/26/09 |



**This is not a bill.**

**Be a Cry Baby**

Ten million Americans suffer from dry eyes caused by low quality or quantity of tears. Tears have three layers, one of which is made up of fats to keep them from evaporating. Doctors at Schepens Eye Research Institute found eating omega-3 rich fish like salmon boosts the fatty fluid layer of tears, relieving your dry eyes. Have a fish dish for dinner or try a fish oil supplement for relief in as little as three weeks. To learn more, call the number on your ID card.

**Customer Care 1-800-654-0079**

**Your recent health benefit plan activity - Statement Period 05/27/09 - 08/26/09**

**Your provider will bill you for the following health care services:**

|   | Pay your provider(s)<br>when they bill you |  |
|---|--|--|
| <b>Date of Service:</b> 09/15/08<br><b>Member:</b> ELMER<br><b>Provider:</b> AMERICAN MEDICAL<br><b>Claim Number:</b> 0225299553801<br><b>Type of Service:</b> MEDICAL  | \$910.14                                   | This is not a bill. Your provider will bill you directly unless you have already paid them. Please check your records.<br><br>These charges represent your responsibility as defined by your health benefit plan. They may include your deductible, coinsurance, or a product or service that is not an eligible expense. Please see your coverage documents for more information. |
| <b>Date of Service:</b> 01/13/09<br><b>Member:</b> ELMER<br><b>Provider:</b> HOUSTON FIRE CITY<br><b>Claim Number:</b> 0225074563201<br><b>Type of Service:</b> MEDICAL | \$455.00                                   |  |
| <b>TOTAL</b>  | <b>\$1,365.14</b>                          |  |

These charges represent your responsibility as defined by your health benefit plan. This amount may include your deductible, coinsurance, a product or service that is not an eligible expense, or higher than normal provider fees. They do not include any product or service in which another insurance carrier may have been primary. Please see your coverage documents for more information.

**Please see the next page for more information**

## Tracking your deductibles and maximums

Deductibles for the Plan Year to date: 01/01/09 - 08/26/09

|  | Annual   | Applied  | Remaining |
|--|----------|----------|-----------|
| Deductible: The deductible is the fixed dollar amount that you pay each year toward eligible health care services before your plan benefits are payable. Once the deductible has been met, the co-payment and/or coinsurance period of your plan may begin. Your plan will then pay a certain percentage of your eligible health care services and you will pay a smaller percentage until the out-of-pocket maximum has been met. |          |          |           |
| ELMER  | \$300.00 | \$300.00 | \$0.00    |

Maximums for the Plan Year to date: 01/01/09 - 08/26/09

|   | Annual     | Applied  | Remaining  |
|---|------------|----------|------------|
| Out-of-Pocket Maximum: The out-of-pocket maximum is the dollar amount you pay before your plan benefit starts paying at 100% for eligible health care services. |            |          |            |
| ELMER   | \$1,500.00 | \$258.06 | \$1,241.94 |

## Your claim history

Your claim history from: 05/27/09 - 08/26/09

|   | Originally Billed by Provider | Health Plan Discount | Paid by Health Plan | You Owe the Provider |          |
|---|-------------------------------|----------------------|---------------------|----------------------|----------|
| <b>Date of Service:</b> 09/15/08<br><b>Member:</b> ELMER<br><b>Provider:</b> AMERICAN MEDICAL<br><b>Claim Number:</b> 0225299553801<br><b>Type of Service:</b> MEDICAL  | \$910.14                      | ...                  | ...                 | \$910.14             |          |
| - THIS CLAIM WAS PROCESSED ON 08/21/09.<br>- YOUR CLAIM WAS NOT SUBMITTED WITHIN THE TIME FRAME SPECIFIED IN YOUR PLAN DOCUMENTS OR CONTRACT. CONSEQUENTLY, WE ARE UNABLE TO CONSIDER IT FOR PAYMENT. PLEASE REFER TO YOUR PLAN DOCUMENT OR CONTRACT SPECIFIC REQUIREMENTS FOR ADDITIONAL INFORMATION ON PERMISSIBLE TIMEFRAMES FOR SUBMITTING CLAIMS.<br>For more detail on this claim, the Member can visit their claims & accounts, medical summary page at <a href="http://www.myuhc.com">www.myuhc.com</a> . |                               |                      |                     |                      |          |
| <b>Date of Service:</b> 12/13/08<br><b>Member:</b> ELMER<br><b>Provider:</b> IPC OF TEXAS PLLC<br><b>Claim Number:</b> 0219859933901<br><b>Type of Service:</b> MEDICAL   | \$393.00                      | ...                  | ...                 | \$0.00               |          |
| - THIS CLAIM WAS PROCESSED ON 06/09/09.<br>- OUR RECORDS SHOW WE HAVE ALREADY PROCESSED THIS CHARGE.<br>For more detail on this claim, the Member can visit their claims & accounts, medical summary page at <a href="http://www.myuhc.com">www.myuhc.com</a> .   |                               |                      |                     |                      |          |
| <b>Date of Service:</b> 12/14/08<br><b>Member:</b> ELMER<br><b>Provider:</b> IPC OF TEXAS PLLC<br><b>Claim Number:</b> 0219859933701<br><b>Type of Service:</b> MEDICAL   | \$201.00                      | ...                  | ...                 | \$0.00               |          |
| - THIS CLAIM WAS PROCESSED ON 06/09/09.<br>- OUR RECORDS SHOW WE HAVE ALREADY PROCESSED THIS CHARGE.<br>For more detail on this claim, the Member can visit their claims & accounts, medical summary page at <a href="http://www.myuhc.com">www.myuhc.com</a> .   |                               |                      |                     |                      |          |
| Subtotal for this page  |                               | \$1,504.14           | \$0.00              | \$0.00               | \$910.14 |

Additional claims are listed on the next page

Please see the next page for more information

# Your claim history (continued)

Your claim history from: 05/27/09 - 08/26/09

|  | Originally Billed by Provider | Health Plan Discount | Paid by Health Plan | You Owe the Provider |
|--|-------------------------------|----------------------|---------------------|----------------------|
| <b>Date of Service:</b> 12/15/08<br><b>Member:</b> ELMER<br><b>Provider:</b> IPC OF TEXAS PLLC<br><b>Claim Number:</b> 0219859933601<br><b>Type of Service:</b> MEDICAL  | \$201.00                      | ...                  | ...                 | \$0.00               |
| - THIS CLAIM WAS PROCESSED ON 06/09/09.<br>- OUR RECORDS SHOW WE HAVE ALREADY PROCESSED THIS CHARGE.<br>For more detail on this claim, the Member can visit their claims & accounts, medical summary page at <a href="http://www.myuhc.com">www.myuhc.com</a> .  |                               |                      |                     |                      |
| <b>Date of Service:</b> 12/16/08<br><b>Member:</b> ELMER<br><b>Provider:</b> IPC OF TEXAS PLLC<br><b>Claim Number:</b> 0219859933501<br><b>Type of Service:</b> MEDICAL  | \$217.00                      | ...                  | ...                 | \$0.00               |
| - THIS CLAIM WAS PROCESSED ON 09/09/09.<br>- OUR RECORDS SHOW WE HAVE ALREADY PROCESSED THIS CHARGE.<br>For more detail on this claim, the Member can visit their claims & accounts, medical summary page at <a href="http://www.myuhc.com">www.myuhc.com</a> .  |                               |                      |                     |                      |
| <b>Date of Service:</b> 01/13/09<br><b>Member:</b> ELMER<br><b>Provider:</b> HOUSTON FIRE CITY<br><b>Claim Number:</b> 0225074563201<br><b>Type of Service:</b> MEDICAL  | \$455.00                      | ...                  | ...                 | \$455.00             |
| - THIS CLAIM WAS PROCESSED ON 08/21/09.<br>- WE WILL NEED A COPY OF THE MEDICARE SUMMARY NOTICE BEFORE YOUR CLAIM CAN BE PROCESSED.<br>For more detail on this claim, the Member can visit their claims & accounts, medical summary page at <a href="http://www.myuhc.com">www.myuhc.com</a> .   |                               |                      |                     |                      |
| <b>Date of Service:</b> 02/01/09 - 02/07/09<br><b>Member:</b> ELMER<br><b>Provider:</b> T MCGOWAN<br><b>Claim Number:</b> 0221772811801<br><b>Type of Service:</b> MEDICAL   | \$279.11                      | ...                  | -\$27.75            | ...                  |
| - THIS CLAIM WAS PROCESSED ON 07/09/09.<br>- THE BENEFIT FOR THESE SERVICES IS BASED ON THE AMOUNT PAID BY MEDICARE. THE PATIENT IS RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE MEDICARE ALLOWED AMOUNT AND THE TOTAL AMOUNT PAID BY BOTH PLANS.<br>- THE PLAN BENEFIT FOR THESE SERVICES WAS DETERMINED BY USING THE AMOUNT APPROVED BY MEDICARE. THIS PHYSICIAN OR HEALTH CARE PROFESSIONAL HAS AGREED TO ACCEPT THAT AMOUNT. THE PATIENT IS RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE MEDICARE ALLOWED AMOUNT AND THE TOTAL AMOUNT PAID BY BOTH PLANS.<br>- MEDICARE DID NOT APPROVE THIS SERVICE OR INDICATES YOU ARE NOT RESPONSIBLE FOR THE EXPENSE. SINCE YOU HAVE NO RESPONSIBILITY FOR THIS EXPENSE, YOUR PLAN HAS NO BALANCE TO CONSIDER.<br>For more detail on this claim, the Member can visit their claims & accounts, medical summary page at <a href="http://www.myuhc.com">www.myuhc.com</a> . |                               |                      |                     |                      |
| Subtotal for this page   |                               |                      |                     |                      |
|  | \$1,152.11                    | \$0.00               | -\$27.75            | \$455.00             |

Additional claims are listed on the next page

Please see the next page for more information



## Your claim history (continued)

Your claim history from: 05/27/09 - 08/26/09

|  | Originally Billed by Provider | Health Plan Discount | Paid by Health Plan | You Owe the Provider |        |
|--|-------------------------------|----------------------|---------------------|----------------------|--------|
| <b>Date of Service:</b> 02/09/09<br><b>Member:</b> ELMER<br><b>Provider:</b> T MCGOWAN<br><b>Claim Number:</b> 0221772811802<br><b>Type of Service:</b> MEDICAL  | \$37.84                       | ...                  | -\$6.06             | ...                  |        |
| - THIS CLAIM WAS PROCESSED ON 07/01/09.<br>- THE BENEFIT FOR THESE SERVICES IS BASED ON THE AMOUNT PAID BY MEDICARE. THE PATIENT IS RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE MEDICARE ALLOWED AMOUNT AND THE TOTAL AMOUNT PAID BY BOTH PLANS.<br>For more detail on this claim, the Member can visit their claims & accounts, medical summary page at <a href="http://www.myuhc.com">www.myuhc.com</a> .   |                               |                      |                     |                      |        |
| <b>Date of Service:</b> 02/25/09<br><b>Member:</b> ELMER<br><b>Provider:</b> SUN OPTIMUM SUPPLIES<br><b>Claim Number:</b> 0220244098201<br><b>Type of Service:</b> MEDICAL   | \$32.28                       | ...                  | -\$4.38             | ...                  |        |
| - THIS CLAIM WAS PROCESSED ON 05/12/09.<br>- THE PLAN BENEFIT FOR THESE SERVICES WAS DETERMINED BY USING THE AMOUNT APPROVED BY MEDICARE. THIS PHYSICIAN OR HEALTH CARE PROFESSIONAL HAS AGREED TO ACCEPT THAT AMOUNT. THE PATIENT IS RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE MEDICARE ALLOWED AMOUNT AND THE TOTAL AMOUNT PAID BY BOTH PLANS.<br>For more detail on this claim, the Member can visit their claims & accounts, medical summary page at <a href="http://www.myuhc.com">www.myuhc.com</a> . |                               |                      |                     |                      |        |
| <b>Date of Service:</b> 04/17/09<br><b>Member:</b> NELVA<br><b>Provider:</b> ROSEWOOD FAMILY PHYS<br><b>Claim Number:</b> 0220384186801<br><b>Type of Service:</b> MEDICAL   | \$115.00                      | ...                  | -\$9.90             | ...                  |        |
| - THIS CLAIM WAS PROCESSED ON 06/15/09.<br>- THE PLAN BENEFIT FOR THESE SERVICES WAS DETERMINED BY USING THE AMOUNT APPROVED BY MEDICARE. THIS PHYSICIAN OR HEALTH CARE PROFESSIONAL HAS AGREED TO ACCEPT THAT AMOUNT. THE PATIENT IS RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE MEDICARE ALLOWED AMOUNT AND THE TOTAL AMOUNT PAID BY BOTH PLANS.<br>For more detail on this claim, the Member can visit their claims & accounts, medical summary page at <a href="http://www.myuhc.com">www.myuhc.com</a> . |                               |                      |                     |                      |        |
| <b>Date of Service:</b> 04/20/09<br><b>Member:</b> NELVA<br><b>Provider:</b> J FUERST<br><b>Claim Number:</b> 0221447358001<br><b>Type of Service:</b> MEDICAL   | \$40.87                       | ...                  | -\$9.98             | ...                  |        |
| - THIS CLAIM WAS PROCESSED ON 06/26/09.<br>- YOUR PLAN MAY PROVIDE YOU WITH NETWORK PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS. VISITS TO NETWORK PHYSICIANS OR HEALTH CARE PROFESSIONALS GENERALLY COST LESS THAN VISITS TO THOSE PHYSICIANS NOT IN THE NETWORK.<br>For more detail on this claim, the Member can visit their claims & accounts, medical summary page at <a href="http://www.myuhc.com">www.myuhc.com</a> .   |                               |                      |                     |                      |        |
| Subtotal for this page   |                               | \$226.09             | \$0.00              | -\$30.32             | \$0.00 |

Additional claims are listed on the next page

Please see the next page for more information

## Your claim history (continued)

Your claim history from: 05/27/09 - 08/26/09

|   | Originally Billed by Provider | Health Plan Discount | Paid by Health Plan | You Owe the Provider |
|---|-------------------------------|----------------------|---------------------|----------------------|
| <b>Date of Service:</b> 04/27/09<br><b>Member:</b> NELVA<br><b>Provider:</b> SUMMIT AMBULATORY<br><b>Claim Number:</b> 0219912738001<br><b>Type of Service:</b> MEDICAL | \$6,886.00                    | ...                  | -\$153.10           | ...                  |

- THIS CLAIM WAS PROCESSED ON 06/09/09.

- THE PLAN BENEFIT FOR THESE SERVICES WAS DETERMINED BY USING THE AMOUNT APPROVED BY MEDICARE. THIS PHYSICIAN OR HEALTH CARE PROFESSIONAL HAS AGREED TO ACCEPT THAT AMOUNT. THE PATIENT IS RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE MEDICARE ALLOWED AMOUNT AND THE TOTAL AMOUNT PAID BY BOTH PLANS.

For more detail on this claim, the Member can visit their claims & accounts, medical summary page at [www.myuhc.com](http://www.myuhc.com).

|  |          |     |         |     |
|--|----------|-----|---------|-----|
| <b>Date of Service:</b> 06/04/09<br><b>Member:</b> NELVA<br><b>Provider:</b> ROSEWOOD FAMILY PHYS<br><b>Claim Number:</b> 0223121037501<br><b>Type of Service:</b> MEDICAL | \$115.00 | ... | -\$9.90 | ... |
|--|----------|-----|---------|-----|

- THIS CLAIM WAS PROCESSED ON 07/17/09.

- THE PLAN BENEFIT FOR THESE SERVICES WAS DETERMINED BY USING THE AMOUNT APPROVED BY MEDICARE. THIS PHYSICIAN OR HEALTH CARE PROFESSIONAL HAS AGREED TO ACCEPT THAT AMOUNT. THE PATIENT IS RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE MEDICARE ALLOWED AMOUNT AND THE TOTAL AMOUNT PAID BY BOTH PLANS.

For more detail on this claim, the Member can visit their claims & accounts, medical summary page at [www.myuhc.com](http://www.myuhc.com).

|   |          |     |          |     |
|---|----------|-----|----------|-----|
| <b>Date of Service:</b> 06/16/09<br><b>Member:</b> NELVA<br><b>Provider:</b> HOUSTON OPTICAL 140<br><b>Claim Number:</b> 0224059156101<br><b>Type of Service:</b> MEDICAL | \$240.00 | ... | -\$10.50 | ... |
|---|----------|-----|----------|-----|

- THIS CLAIM WAS PROCESSED ON 08/06/09.

- ACCORDING TO YOUR PLAN, ONLY EXPENSES COVERED BY MEDICARE PART B ARE COVERED BY YOUR PLAN.

- THE PLAN BENEFIT FOR THESE SERVICES WAS DETERMINED BY USING THE AMOUNT APPROVED BY MEDICARE. THIS PHYSICIAN OR HEALTH CARE PROFESSIONAL HAS AGREED TO ACCEPT THAT AMOUNT. THE PATIENT IS RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE MEDICARE ALLOWED AMOUNT AND THE TOTAL AMOUNT PAID BY BOTH PLANS.

For more detail on this claim, the Member can visit their claims & accounts, medical summary page at [www.myuhc.com](http://www.myuhc.com).

|  |          |     |          |     |
|--|----------|-----|----------|-----|
| <b>Date of Service:</b> 06/22/09<br><b>Member:</b> NELVA<br><b>Provider:</b> P MAUK<br><b>Claim Number:</b> 0222438672601<br><b>Type of Service:</b> MEDICAL | \$129.00 | ... | -\$14.91 | ... |
|--|----------|-----|----------|-----|

- THIS CLAIM WAS PROCESSED ON 07/09/09.

- THE PLAN BENEFIT FOR THESE SERVICES WAS DETERMINED BY USING THE AMOUNT APPROVED BY MEDICARE. THIS PHYSICIAN OR HEALTH CARE PROFESSIONAL HAS AGREED TO ACCEPT THAT AMOUNT. THE PATIENT IS RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE MEDICARE ALLOWED AMOUNT AND THE TOTAL AMOUNT PAID BY BOTH PLANS.

For more detail on this claim, the Member can visit their claims & accounts, medical summary page at [www.myuhc.com](http://www.myuhc.com).

|                        |            |        |           |        |
|------------------------|------------|--------|-----------|--------|
| Subtotal for this page | \$7,370.00 | \$0.00 | -\$188.41 | \$0.00 |
|------------------------|------------|--------|-----------|--------|

Additional claims are listed on the next page

Please see the next page for more information

## Your claim history (continued)

Your claim history from: 05/27/09 - 08/26/09

|  | Originally Billed by Provider | Health Plan Discount | Paid by Health Plan | You Owe the Provider |
|--|-------------------------------|----------------------|---------------------|----------------------|
| <b>Date of Service:</b> 07/07/09<br><b>Member:</b> NELVA<br><b>Provider:</b> R POHIL<br><b>Claim Number:</b> 0223933873101<br><b>Type of Service:</b> MEDICAL  | \$272.00                      | ...                  | -\$5.15             | ...                  |
| - THIS CLAIM WAS PROCESSED ON 07/28/09.<br>- MEDICARE DID NOT APPROVE THIS SERVICE OR INDICATES YOU ARE NOT RESPONSIBLE FOR THE EXPENSE. SINCE YOU HAVE NO RESPONSIBILITY FOR THIS EXPENSE, YOUR PLAN HAS NO BALANCE TO CONSIDER.<br>- THE PLAN BENEFIT FOR THESE SERVICES WAS DETERMINED BY USING THE AMOUNT APPROVED BY MEDICARE. THIS PHYSICIAN OR HEALTH CARE PROFESSIONAL HAS AGREED TO ACCEPT THAT AMOUNT. THE PATIENT IS RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE MEDICARE ALLOWED AMOUNT AND THE TOTAL AMOUNT PAID BY BOTH PLANS.<br>For more detail on this claim, the Member can visit their claims & accounts, medical summary page at <a href="http://www.myuhc.com">www.myuhc.com</a> . |                               |                      |                     |                      |
| <b>Date of Service:</b> 07/07/09<br><b>Member:</b> NELVA<br><b>Provider:</b> R POHIL<br><b>Claim Number:</b> 0225839931301<br><b>Type of Service:</b> MEDICAL  | \$247.00                      | ...                  | ...                 | ...                  |
| - THIS CLAIM WAS PROCESSED ON 08/26/09.<br>- THESE CHARGES ARE FOR SERVICES PROVIDED AFTER THIS PATIENT'S COVERAGE WAS CANCELED, THEREFORE, THEY ARE NOT COVERED.<br>For more detail on this claim, the Member can visit their claims & accounts, medical summary page at <a href="http://www.myuhc.com">www.myuhc.com</a> .   |                               |                      |                     |                      |
| <b>Date of Service:</b> 07/09/09<br><b>Member:</b> NELVA<br><b>Provider:</b> RADIOLOGY WEST LLC<br><b>Claim Number:</b> 0224388286501<br><b>Type of Service:</b> MEDICAL   | \$319.00                      | ...                  | -\$11.63            | ...                  |
| - THIS CLAIM WAS PROCESSED ON 08/03/09.<br>- THE PLAN BENEFIT FOR THESE SERVICES WAS DETERMINED BY USING THE AMOUNT APPROVED BY MEDICARE. THIS PHYSICIAN OR HEALTH CARE PROFESSIONAL HAS AGREED TO ACCEPT THAT AMOUNT. THE PATIENT IS RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE MEDICARE ALLOWED AMOUNT AND THE TOTAL AMOUNT PAID BY BOTH PLANS.<br>For more detail on this claim, the Member can visit their claims & accounts, medical summary page at <a href="http://www.myuhc.com">www.myuhc.com</a> .   |                               |                      |                     |                      |
| <b>Date of Service:</b> 07/31/09<br><b>Member:</b> NELVA<br><b>Provider:</b> P MAUK<br><b>Claim Number:</b> 0225732159501<br><b>Type of Service:</b> MEDICAL   | \$129.00                      | ...                  | -\$14.91            | ...                  |
| - THIS CLAIM WAS PROCESSED ON 08/19/09.<br>- THE PLAN BENEFIT FOR THESE SERVICES WAS DETERMINED BY USING THE AMOUNT APPROVED BY MEDICARE. THIS PHYSICIAN OR HEALTH CARE PROFESSIONAL HAS AGREED TO ACCEPT THAT AMOUNT. THE PATIENT IS RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE MEDICARE ALLOWED AMOUNT AND THE TOTAL AMOUNT PAID BY BOTH PLANS.<br>For more detail on this claim, the Member can visit their claims & accounts, medical summary page at <a href="http://www.myuhc.com">www.myuhc.com</a> .   |                               |                      |                     |                      |
| Subtotal for this page   | \$967.00                      | \$0.00               | -\$31.69            | \$0.00               |
| <b>TOTAL</b>   | <b>\$11,219.34</b>            | <b>\$0.00</b>        | <b>-\$278.17</b>    | <b>\$1,365.14</b>    |

Please see the next page for more information



UNITEDHEALTHCARE INSURANCE COMPANY  
 OLDSMAR SERVICE CENTER  
 PO BOX 30555  
 SALT LAKE CITY, UT 84130-0555  
 PHONE: 1-800-654-0079  
 VISIT WWW.MYUHC.COM FOR SELF SERVICE

**UnitedHealthcare**  
 A UnitedHealth Group Company

PAGE: 1 OF 1  
 DATE: 09/30/09  
 ID #: A 852243769  
 EMPLOYEE: NELVA BRUNSTING  
 CONTRACT: 0247848  
 BENEFIT PLAN: CHEVRON



NELVA BRUNSTING  
 13630 PINE ROCK  
 HOUSTON TX 77079

## EXPLANATION OF BENEFITS

### SERVICE DETAIL

| PATIENT/RELAT CLAIM NUMBER | PROVIDER/SERVICE           | DATE OF SERVICE | AMOUNT CHARGED | NOT COVERED | AMOUNT ALLOWED | COPAY/ DEDUCTIBLE | PLAN COVERS | BENEFIT AVAILABLE | REMARK CODE |
|----------------------------|----------------------------|-----------------|----------------|-------------|----------------|-------------------|-------------|-------------------|-------------|
| NELVA<br>8225146001        | RR P MAUK<br>OFFICE VISITS | 08/31/09        | 129.00         | 35.78       | 129.00         | 18.64             |             | 0.00*             | 51          |
|                            |                            | TOTAL           | 129.00         | 35.78       | 129.00         | 18.64             |             | 0.00              | W1          |
|                            |                            |                 |                |             |                |                   |             | MEDICARE PAID     | 74.58       |
|                            |                            |                 |                |             |                |                   |             | PLAN PAYS         | 0.00        |

(\* ) INDICATES PAYMENT ASSIGNED TO PROVIDER

REMARK CODE(S) LISTED BELOW ARE REFERENCED IN THE "SERVICE DETAIL" SECTION UNDER THE HEADING "REMARK CODE"

- (51 ) THE PLAN BENEFIT FOR THESE SERVICES WAS DETERMINED BY USING THE AMOUNT APPROVED BY MEDICARE. THIS PHYSICIAN OR HEALTH CARE PROFESSIONAL HAS AGREED TO ACCEPT THAT AMOUNT. THE PATIENT IS RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE MEDICARE ALLOWED AMOUNT AND THE TOTAL AMOUNT PAID BY BOTH PLANS.
- (W1 ) THESE EXPENSES HAVE BEEN APPLIED TO THE PATIENT'S ANNUAL DEDUCTIBLE. THE PATIENT IS RESPONSIBLE FOR PAYING THE PHYSICIAN OR OTHER HEALTH CARE PROFESSIONAL ALL CHARGES THAT ARE APPLIED TO THE ANNUAL DEDUCTIBLE. PLEASE FORWARD THIS PAYMENT TO YOUR PHYSICIAN OR OTHER HEALTH CARE PROFESSIONAL.

| SATISFIED 2009 TO DATE | DEDUCTIBLE      | OUT OF POCKET    | LIFETIME MAXIMUM APPLIED           |
|------------------------|-----------------|------------------|------------------------------------|
| NELVA RR               | \$18.64         | \$0.00           |                                    |
| PLAN YEAR 2009         | INDIV: \$300.00 | INDIV: \$1500.00 | LIFETIME PLAN MAXIMUM \$5000000.00 |

A REVIEW OF THIS BENEFIT DETERMINATION MAY BE REQUESTED BY SUBMITTING YOUR APPEAL TO US IN WRITING AT THE FOLLOWING ADDRESS: UNITEDHEALTHCARE APPEALS, P.O. BOX 30432, SALT LAKE CITY, UT 84130-0432. THE REQUEST FOR YOUR REVIEW MUST BE MADE WITHIN 180 DAYS FROM THE DATE YOU RECEIVE THIS STATEMENT. IF YOU REQUEST A REVIEW OF YOUR CLAIM DENIAL, WE WILL COMPLETE OUR REVIEW NOT LATER THAN 30 DAYS AFTER WE RECEIVE YOUR REQUEST FOR REVIEW.

YOU MAY HAVE THE RIGHT TO FILE A CIVIL ACTION UNDER ERISA IF ALL REQUIRED REVIEWS OF YOUR CLAIM HAVE BEEN COMPLETED.

\*\*\*\*\*

YOU CAN MEET MANY OF YOUR NEEDS ONLINE AT WWW.MYUHC.COM. AT ALMOST ANYTIME DAY OR NIGHT, YOU CAN REVIEW CLAIMS, CHECK ELIGIBILITY, LOCATE A NETWORK PHYSICIAN, REQUEST AN ID CARD, REFILL PRESCRIPTIONS IF ELIGIBLE, AND MORE! FOR IMMEDIATE, SECURE SELF-SERVICE, VISIT WWW.MYUHC.COM.

#### HOW TO REGISTER?

YOU CAN REGISTER AND BEGIN USING MYUHC IN THE SAME SESSION. ACCESS WWW.MYUHC.COM TO REGISTER. THE INFORMATION REQUIRED IS ON YOUR INSURANCE ID CARD (FIRST NAME, LAST NAME, MEMBER ID, GROUP NUMBER AND DATE OF BIRTH).

\*\*\*\*\*

MAINTAINING THE PRIVACY AND SECURITY OF INDIVIDUALS' PERSONAL INFORMATION IS VERY IMPORTANT TO US AT UNITEDHEALTHCARE. TO PROTECT YOUR PRIVACY, WE HAVE IMPLEMENTED STRICT CONFIDENTIALITY PRACTICES. THESE PRACTICES INCLUDE THE ABILITY TO USE A UNIQUE INDIVIDUAL IDENTIFIER. YOU MAY SEE THE UNIQUE INDIVIDUAL IDENTIFIER ON UNITEDHEALTHCARE CORRESPONDENCE, INCLUDING MEDICAL ID CARDS (IF APPLICABLE), LETTERS, EXPLANATION OF BENEFITS (EOBS) AND PROVIDER REMITTANCE ADVICES (PRAS). IF YOU HAVE ANY QUESTIONS ABOUT THE UNIQUE INDIVIDUAL IDENTIFIER OR ITS USE, PLEASE CONTACT YOUR CUSTOMER CARE PROFESSIONAL AT THE NUMBER SHOWN AT THE TOP OF THIS STATEMENT.

P5581

**THIS IS NOT A BILL**

BRUNSTING000491



# Medicare Summary Notice

000096848 525512448

Page 1 of 5

September 23, 2009

**CUSTOMER SERVICE INFORMATION**

Your Medicare Number: XXX-XX-8905D

If you have questions, call  
**1-800-MEDICARE**  
**(1-800-633-4227) (#04402)**Ask for Doctor Services TX  
TTY for hearing impaired: 1-877-486-2048NELVA E BRUNSTING  
13630 PINEROCK  
HOUSTON TX 77079-5914**BE INFORMED:** Be sure you understand anything you are asked to sign.

This is a summary of claims processed from 07/06/2009 through 09/18/2009.

**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS**

| Dates of Service  | Services Provided                      | Amount Charged | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|---|--|----------------|-------------------|------------------------|-------------------|-------------------|
| Claim number 22-09175-786-890   |  |                |                   |                        |                   |                   |
| Digestive And Liver Speciali, Suite 850, 915 Gessner , Houston, TX 77024-0000 |  |                |                   |                        |                   |                   |
| Dr. Mauk, Paul M. M.D.  |  |                |                   |                        |                   |                   |
| 06/22/09  | 1 Office/outpatient visit, est (99214) | \$129.00       | \$93.22           | \$74.58                | \$18.64           | a                 |
| Claim number 22-09216-326-380   |  |                |                   |                        |                   |                   |
| Digestive And Liver Speciali, Suite 850, 915 Gessner ; Houston, TX 77024-0000 |  |                |                   |                        |                   |                   |
| Dr. Mauk, Paul M. M.D.  |  |                |                   |                        |                   |                   |
| 07/31/09  | 1 Office/outpatient visit, est (99214) | \$129.00       | \$93.22           | \$74.58                | \$18.64           | a                 |

**THIS IS NOT A BILL - Keep this notice for your records.**

E0F 1758(05/05)

**P5582**

BRUNSTING000492

301589 019518  
0001 OF 0003

## IMPORTANT INFORMATION

### You Should Know About Your Medicare Part B Benefits

**For more information about services covered by Medicare, please see your Medicare Handbook.**

#### **MEDICARE PART B MEDICAL INSURANCE:**

**Medicare Part B** helps pay for doctors' services, diagnostic tests, ambulance services, durable medical equipment and other health care services. **Medicare Part A Hospital Insurance** helps pay for inpatient hospital care, inpatient care in a skilled nursing facility following a hospital stay, home health care and hospice care. You will be sent a separate notice if you received Part A services or any outpatient facility services.

**MEDICARE ASSIGNMENT:** Medicare Part B claims may be **assigned or unassigned**. Providers who **accept assignment** agree to accept the Medicare approved amount as total payment for covered services. Medicare pays its share of the approved amount directly to the provider. You may be billed for unmet portions of the annual deductible and the coinsurance. You may contact us at the telephone number in the Customer Service Information box on the front of this notice for a list of **participating providers** who always accept assignment. You may save money by choosing a participating provider.

Doctors who submit **unassigned** claims have not agreed to accept Medicare's approved amount as payment in full. Generally, Medicare pays you 80 percent of the approved amount after subtracting any part of the annual deductible you have not met. A doctor who does not accept assignment may charge you up to 115 percent of the Medicare approved amount. This is known as the Limiting Charge. Some states have additional payment limits. The NOTES section on the front of this notice will tell you if a doctor has exceeded the Limiting Charge and the correct amount to pay your doctor under the law.

**YOUR RESPONSIBILITY:** The amount in the **You May Be Billed** column is your share of cost for the services shown on this notice. You are responsible for:

- **annual deductible:** taken from the first Medicare Part B approved charges each calendar year,
- **coinsurance:** 20 percent of the Medicare approved amount after the deductible has been met for the year,
- the amount billed, up to the **limiting charge**, for unassigned claims and
- charges for services/supplies that are **not covered** by Medicare. You may not have to pay for certain denied services. If so, a NOTE on the front will tell you.

If you have supplemental insurance, it may help you pay these amounts. If you use this notice to claim supplemental

benefits from another insurance company, make a copy for your records.

#### **WHEN OTHER INSURANCE PAYS FIRST:** All

Medicare payments are made on the condition that you will pay Medicare back if benefits could be paid by insurance that is primary to Medicare. Types of insurance that should pay before Medicare include employer group health plans, no-fault insurance, automobile medical insurance, liability insurance and workers compensation. Notify us right away if you have filed or could file a claim with insurance that is primary to Medicare.

**YOUR RIGHT TO APPEAL:** If you disagree with what Medicare approved for these services, you may appeal the decision. You must file your appeal within **120 days of the date you receive this notice**. Unless you show us otherwise, we assume you received this notice five days after the date of this notice. Follow the appeal instructions on the front of the last page of the notice. If you want **help with your appeal**, a friend or someone else can help you. Also, groups, such as legal aid services, may provide free assistance. To contact us for the names and telephone numbers of groups in your area, please see our Customer Service Information box on the front of this notice.

**HELP STOP MEDICARE FRAUD:** Fraud is a false representation by a person or business to get Medicare payments. Some examples of fraud include:

- offers of goods or money in exchange for your Medicare Number,
- telephone or door to door offers of free medical services or items and
- claims for Medicare services or items you did not receive.

If you think a person or business is involved in fraud, you should call Medicare at the Customer Service telephone number on the front of this notice.

#### **INSURANCE COUNSELING AND ASSISTANCE:**

Insurance Counseling and Assistance programs are located in every State. These programs have volunteer counselors who can give you free assistance with Medicare questions, including enrollment, entitlement, Medigap and premium issues. If you would like to know how to get in touch with your local Insurance Counseling and Assistance Program Counselor, please call us at the number shown in the Customer Service Information box on the front of this notice.

*Centers for Medicare & Medicaid Services*

**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)**

| Dates<br>of<br>Service  | Services Provided                            | Amount<br>Charged | Medicare<br>Approved | Medicare<br>Paid<br>Provider | You<br>May Be<br>Billed | See<br>Notes<br>Section |
|---|--|-------------------|----------------------|------------------------------|-------------------------|-------------------------|
| Claim number 22-09244-024-510<br>Digestive And Liver Speciali, Suite 850,<br>915 Gessner , Houston, TX 77024-0000<br>Dr. Mauk, Paul M. M.D.         |  |                   |                      |                              |                         |                         |
| 08/31/09  | 1 Office/outpatient visit, est (99214)       | \$129.00          | \$93.22              | \$74.58                      | \$18.64                 | a                       |
| Claim number 29-09194-509-990<br>Memorial Clinical Associates, Suite 200,<br>1201 Dairy Ashford , Houston, TX 77079-3023<br>Dr. Pohil, Richard M.D. |  |                   |                      |                              |                         |                         |
| 07/07/09  | 1 Office/outpatient visit, new<br>(99204-25) | \$215.00          | \$0.00               | \$0.00                       | \$0.00                  | b,c                     |
| 07/07/09  | 1 Chest x-ray (71020)                        | 57.00             | 32.18                | 25.74                        | 6.44                    |                         |
|   | <b>Claim Total</b>                           | <b>\$272.00</b>   | <b>\$32.18</b>       | <b>\$25.74</b>               | <b>\$6.44</b>           |                         |
| Claim number 29-09215-692-010<br>Memorial Clinical Associates, Suite 200,<br>1201 Dairy Ashford , Houston, TX 77079-3023<br>Dr. Pohil, Richard M.D. |  |                   |                      |                              |                         |                         |
| 07/07/09  | 1 Office/outpatient visit, est<br>(99215-25) | \$190.00          | \$126.24             | \$100.99                     | \$25.25                 | d,a                     |
| 07/07/09  | 1 Chest x-ray (71020)                        | 57.00             | 0.00                 | 0.00                         | 0.00                    | e                       |
|   | <b>Claim Total</b>                           | <b>\$247.00</b>   | <b>\$126.24</b>      | <b>\$100.99</b>              | <b>\$25.25</b>          |                         |
| Claim number 29-09251-897-690<br>Memorial Clinical Associates, Suite 200,<br>1201 Dairy Ashford , Houston, TX 77079-3023<br>Dr. Pohil, Richard M.D. |  |                   |                      |                              |                         |                         |
| 09/02/09  | 1 Office/outpatient visit, est<br>(99213-25) | \$93.00           | \$61.84              | \$49.47                      | \$12.37                 | d                       |
| 09/02/09  | 1 Chest x-ray (71020)                        | 57.00             | 32.18                | 25.74                        | 6.44                    |                         |
|   | <b>Claim Total</b>                           | <b>\$150.00</b>   | <b>\$94.02</b>       | <b>\$75.21</b>               | <b>\$18.81</b>          |                         |

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0002 of 0003

**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)**

| Dates of Service  | Services Provided  | Amount Charged    | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|---|--|-------------------|-------------------|------------------------|-------------------|-------------------|
| Claim number 28-09196-631-930<br>Memorial Heramnn Hosp, PO Box 201367,<br>Houston, TX 77216-0000<br>Referred by: Dr. Mauk, Paul M., M.D.                                |  |                   |                   |                        |                   |                   |
| 07/09/09  | 150 LOCM 300-399mg/ml iodine,1ml (Q9967)                   | \$487.50          | \$30.30           | \$24.24                | \$6.06            | a                 |
| 07/09/09  | 1 Ct abdomen w/o & w/dye<br>(74170-TC) technical charge    | 3,360.75          | 340.72            | 272.58                 | 68.14             | f                 |
|   | <b>Claim Total</b>   | <b>\$3,848.25</b> | <b>\$371.02</b>   | <b>\$296.82</b>        | <b>\$74.20</b>    |                   |
| Claim number 22-09198-350-580<br>Radiology West LLP, 100, 5301 Hollister,<br>Houston, TX 77040-6132<br>Referred by: Dr. Mauk, Paul M., M.D.<br>Dr. Lim, Stanley W. M.D. |  |                   |                   |                        |                   |                   |
| 07/09/09  | 1 Ct abdomen w/o & w/dye<br>(74170-26) professional charge | \$319.00          | \$72.70           | \$58.16                | \$14.54           | a                 |
| Claim number 38-09181-211-820<br>Rosewood Family Physicians, Suite B,<br>2405 South Gessner , Houston, TX 77063-2005<br>Dr. White, Robert E. M.D.                       |  |                   |                   |                        |                   |                   |
| 06/04/09  | 1 Office/outpatient visit, est (99213)                     | \$115.00          | \$61.84           | \$49.47                | \$12.37           | g,d,a             |

**Notes Section:**

- a This information is being sent to your private insurer(s). Send any questions regarding your benefits to them. Your private insurer(s) is UNITEDHEALTHCARE (SUPPLEMENTAL)
- b This service is denied because payment has already been made for a similar procedure within a set time frame.
- c You do not have to pay this amount.

(continued)

**Notes Section (continued):**

- d The name or Medicare number was incorrect or missing. Ask your provider to use the name or number shown on this notice for future claims.
- e This is a duplicate of a charge already submitted.
- f The approved amount is based on a special payment method.
- g A copy of this notice will not be forwarded to your Medigap insurer because the information submitted on the claim was incomplete or invalid. Please submit a copy of this notice to your Medigap insurer.



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0003 OF 0003

**Deductible Information:**

You have met the Part B deductible for 2009.

**General Information:**

You have the right to request an itemized statement which details each Medicare item or service which you have received from your physician, hospital, or any other health supplier or health professional. Please contact them directly, in writing, if you would like an itemized statement.

**ALERT:** Coverage by Medicare is limited to \$1,810 in 2008 and \$1,840 in 2009 for outpatient physical therapy and speech-language pathology combined. Occupational therapy services have the same limits. Medicare pays up to 80 percent of the limits after the deductible has been met. Exceptions to these limits apply to therapy billed by hospital outpatient departments and may also apply to medically necessary services.

Want to see your latest claims? Visit [MyMedicare.gov](http://MyMedicare.gov) on the web any time, day, or night, and get the most out of your Medicare. Your personalized Medicare information is waiting for you online.

If you aren't due a payment check from Medicare, your Medicare Summary Notices (MSN) will now be mailed to you on a quarterly basis. You will no longer get a monthly statement in the mail for these types of MSNs. You will now get a statement every 90 days summarizing all of your Medicare claims. Your provider may send you a bill that you may need to pay before you get your MSN. When you get your MSN, look to see if you paid more than the MSN says is due. If you paid more, call your provider about a refund. If you have any questions about the bill from your provider, you should call your provider.

Planning to retire? Does your current insurance pay before Medicare pays? Call Medicare within the 6 months before you retire to update your records. Make sure your health care bills get paid correctly.

**Appeals Information - Part B**

**If you disagree with any claims decision on this notice, your appeal must be received by January 26, 2010. Follow the instructions below:**

- 1) Circle the item(s) you disagree with and explain why you disagree.
- 2) Send this notice, or a copy, to Medicare Part B, P.O. Box 660156, Dallas, TX 75266-0156. (You may also send any additional information you may have about your appeal).
- 3) Sign here \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_
- 4) Medicare Number \_\_\_\_\_

UNITEDHEALTHCARE INSURANCE COMPANY  
OLDSMAR SERVICE CENTER  
PO BOX 30555  
SALT LAKE CITY, UT 84130-0555  
PHONE: 1-800-654-0079  
VISIT WWW.MYUHC.COM FOR SELF SERVICE



PAGE: 1 OF 2  
DATE: 12/09/09  
ID #: A 852243769  
EMPLOYEE: NELVA BRUNSTING  
CONTRACT: 0247848  
BENEFIT PLAN: CHEVRON



NELVA BRUNSTING  
13630 PINE ROCK  
HOUSTON TX 77079

## EXPLANATION OF BENEFITS

### SERVICE DETAIL

| PATIENT/RELAT CLAIM NUMBER  | PROVIDER/SERVICE                         | DATE OF SERVICE | AMOUNT CHARGED | NOT COVERED   | AMOUNT ALLOWED | CO-PAY/ DEDUCTIBLE | PLAN COVERS | BENEFIT AVAILABLE | REMARK CODE   |        |           |      |  |
|---|--|-----------------|----------------|---------------|----------------|--------------------|-------------|-------------------|---------------|--------|-----------|------|--|
| NELVA 5337644901  | RR P MAUK OFFICE VISITS                  | 11/09/09        | 129.00         | 35.78         | 18.64          | 18.64              |             | 0.00*             | 51            |        |           |      |  |
|   |  | <b>TOTAL</b>    | <b>129.00</b>  | <b>35.78</b>  | <b>18.64</b>   | <b>18.64</b>       |             | <b>0.00</b>       |               |        |           |      |  |
| <table border="1"> <tr> <td>MEDICARE PAID</td> <td>74.58</td> </tr> <tr> <td>PLAN PAYS</td> <td>0.00</td> </tr> </table>  |  |                 |                |               |                |                    |             |                   | MEDICARE PAID | 74.58  | PLAN PAYS | 0.00 |  |
| MEDICARE PAID   | 74.58                                    |                 |                |               |                |                    |             |                   |               |        |           |      |  |
| PLAN PAYS   | 0.00                                     |                 |                |               |                |                    |             |                   |               |        |           |      |  |
| NELVA 5767378601  | RR P MAUK SURGERY                        | 11/11/09        | 670.00         | 500.82        | 33.84          | 33.84              |             | 0.00*             | 51            |        |           |      |  |
|   |  | <b>TOTAL</b>    | <b>670.00</b>  | <b>500.82</b> | <b>33.84</b>   | <b>33.84</b>       |             | <b>0.00</b>       |               |        |           |      |  |
| <table border="1"> <tr> <td>MEDICARE PAID</td> <td>135.34</td> </tr> <tr> <td>PLAN PAYS</td> <td>0.00</td> </tr> </table> |  |                 |                |               |                |                    |             |                   | MEDICARE PAID | 135.34 | PLAN PAYS | 0.00 |  |
| MEDICARE PAID   | 135.34                                   |                 |                |               |                |                    |             |                   |               |        |           |      |  |
| PLAN PAYS   | 0.00                                     |                 |                |               |                |                    |             |                   |               |        |           |      |  |
| NELVA 6154856901  | RR RADIOLOGY WEST LLC RADIOLOGY SERVICES | 10/19/09        | 319.00         | 246.30        | 319.00         | 14.54              |             | 0.00*             | 51            |        |           |      |  |
|   |  | <b>TOTAL</b>    | <b>319.00</b>  | <b>246.30</b> | <b>319.00</b>  | <b>14.54</b>       |             | <b>0.00</b>       |               |        |           |      |  |
| <table border="1"> <tr> <td>MEDICARE PAID</td> <td>58.16</td> </tr> <tr> <td>PLAN PAYS</td> <td>0.00</td> </tr> </table>  |  |                 |                |               |                |                    |             |                   | MEDICARE PAID | 58.16  | PLAN PAYS | 0.00 |  |
| MEDICARE PAID   | 58.16                                    |                 |                |               |                |                    |             |                   |               |        |           |      |  |
| PLAN PAYS   | 0.00                                     |                 |                |               |                |                    |             |                   |               |        |           |      |  |
| NELVA 6433610401  | RR P MAUK SURGERY                        | 11/18/09        | 735.00         | 521.93        | 42.61          | 42.61              |             | 0.00*             | 51            |        |           |      |  |
|   |  | <b>TOTAL</b>    | <b>735.00</b>  | <b>521.93</b> | <b>42.61</b>   | <b>42.61</b>       |             | <b>0.00</b>       |               |        |           |      |  |
| <table border="1"> <tr> <td>MEDICARE PAID</td> <td>170.46</td> </tr> <tr> <td>PLAN PAYS</td> <td>0.00</td> </tr> </table> |  |                 |                |               |                |                    |             |                   | MEDICARE PAID | 170.46 | PLAN PAYS | 0.00 |  |
| MEDICARE PAID   | 170.46                                   |                 |                |               |                |                    |             |                   |               |        |           |      |  |
| PLAN PAYS   | 0.00                                     |                 |                |               |                |                    |             |                   |               |        |           |      |  |

(\*) INDICATES PAYMENT ASSIGNED TO PROVIDER

REMARK CODE(S) LISTED BELOW ARE REFERENCED IN THE "SERVICE DETAIL" SECTION UNDER THE HEADING "REMARK CODE"

(51) THE PLAN BENEFIT FOR THESE SERVICES WAS DETERMINED BY USING THE AMOUNT APPROVED BY MEDICARE. THIS PHYSICIAN OR HEALTH CARE PROFESSIONAL HAS AGREED TO ACCEPT THAT AMOUNT. THE PATIENT IS RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE MEDICARE ALLOWED AMOUNT AND THE TOTAL AMOUNT PAID BY BOTH PLANS.

| SATISFIED 2009 TO DATE | DEDUCTIBLE      | OUT OF POCKET    | LIFETIME MAXIMUM APPLIED           |
|------------------------|-----------------|------------------|------------------------------------|
| NELVA RR               | \$180.26        | \$0.00           |                                    |
| <b>PLAN YEAR 2009</b>  | INDIV: \$300.00 | INDIV: \$1500.00 | LIFETIME PLAN MAXIMUM \$5000000.00 |

A REVIEW OF THIS BENEFIT DETERMINATION MAY BE REQUESTED BY SUBMITTING YOUR APPEAL TO US IN WRITING AT THE FOLLOWING ADDRESS: UNITEDHEALTHCARE APPEALS, P.O. BOX 30432, SALT LAKE CITY, UT 84130-0432. THE REQUEST FOR YOUR REVIEW MUST BE MADE WITHIN 180 DAYS FROM THE DATE YOU RECEIVE THIS STATEMENT. IF YOU REQUEST A REVIEW OF YOUR CLAIM DENIAL, WE WILL COMPLETE OUR REVIEW NOT LATER THAN 30 DAYS AFTER WE RECEIVE YOUR REQUEST FOR REVIEW.

YOU MAY HAVE THE RIGHT TO FILE A CIVIL ACTION UNDER ERISA IF ALL REQUIRED REVIEWS OF YOUR CLAIM HAVE BEEN COMPLETED.

FURTHER EXPLANATION OF BENEFITS INFORMATION IS ON CONTINUATION PAGE(S)

P5588

**THIS IS NOT A BILL**

BRUNSTING000498



OLDSMAR SERVICE CENTER  
PO BOX 30555  
SALT LAKE CITY, UT 84130-0555  
[www.myuhc.com](http://www.myuhc.com)

34892974930099-34156492CP0167001  
*Address Change? Please contact your employer's benefit department.*

NELVA BRUNSTING  
13630 PINE ROCK  
HOUSTON TX 77079

|  |
|--|
| <b>Member ID</b><br>852243769                  |
| <b>Statement Period</b><br>09/29/09 - 12/06/09 |



**This is not a bill.**

**H1N1 Flu**

Protect your family from the seasonal and H1N1 flu. According to the CDC, the 2009 H1N1 flu poses a greater risk of complications in pregnant women or individuals with chronic conditions such as asthma, diabetes and heart disease. If you fall into one of these priority groups, ask your nurse or doctor about the appropriateness of getting the H1N1 vaccine in addition to the seasonal flu shot. These are two separate vaccines. For the latest guidance on H1N1 visit [www.cdc.gov/h1n1flu](http://www.cdc.gov/h1n1flu).

**Customer Care 1-800-654-0079**

**Your recent health benefit plan activity - Statement Period 09/29/09 - 12/06/09**

**Your provider will bill you for the following health care services:**

|  | Pay your provider(s)<br>when they bill you |  |
|--|--|--|
| <b>Date of Service:</b> 06/16/09<br><b>Member:</b> NELVA<br><b>Provider:</b> HOUSTON OPTIC PLLC<br><b>Claim Number:</b> 0229518669401<br><b>Type of Service:</b> MEDICAL | \$240.00                                   | This is not a bill. Your provider will bill you directly unless you have already paid them. Please check your records. |
| <b>TOTAL</b>   | <b>\$240.00</b>                            |  |

These charges represent your responsibility as defined by your health benefit plan. This amount may include your deductible, coinsurance, a product or service that is not an eligible expense, or higher than normal provider fees. They do not include any product or service in which another insurance carrier may have been primary. Please see your coverage documents for more information.

**Please see the next page for more information**

## Tracking your deductibles and maximums

Deductibles for the Plan Year to date: 01/01/09 - 12/06/09

|   | Annual   | Applied  | Remaining |
|---|----------|----------|-----------|
| <b>Deductible:</b> The deductible is the fixed dollar amount that you pay each year toward eligible health care services before your plan benefits are payable. Once the deductible has been met, the co-payment and/or coinsurance period of your plan may begin. Your plan will then pay a certain percentage of your eligible health care services and you will pay a smaller percentage until the out-of-pocket maximum has been met. |          |          |           |
| NELVA   | \$300.00 | \$123.11 | \$176.89  |

Maximums for the Plan Year to date: 01/01/09 - 12/06/09

|  | Annual     | Applied | Remaining  |
|--|------------|---------|------------|
| <b>Out-of-Pocket Maximum:</b> The out-of-pocket maximum is the dollar amount you pay before your plan benefit starts paying at 100% for eligible health care services. |            |         |            |
| NELVA  | \$1,500.00 | \$0.00  | \$1,500.00 |

## Your claim history

Your claim history from: 09/29/09 - 12/06/09

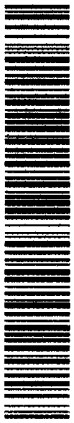
|  | Originally Billed by Provider | Health Plan Discount | Paid by Health Plan | You Owe the Provider | Applied to Your Deductible |
|--|-------------------------------|----------------------|---------------------|----------------------|----------------------------|
| <b>Date of Service:</b> 06/16/09<br><b>Member:</b> NELVA<br><b>Provider:</b> HOUSTON OPTIC PLLC<br><b>Claim Number:</b> 0229518699401<br><b>Type of Service:</b> MEDICAL   | \$240.00                      | ...                  | ...                 | \$240.00             | ...                        |
| - THIS CLAIM WAS PROCESSED ON 09/30/09.<br>- WE WILL NEED A COPY OF THE MEDICARE SUMMARY NOTICE BEFORE YOUR CLAIM CAN BE PROCESSED.<br>For more detail on this claim, the Member can visit their claims & accounts, medical summary page at <a href="http://www.myuhc.com">www.myuhc.com</a> .               |                               |                      |                     |                      |                            |
| <b>Date of Service:</b> 08/31/09<br><b>Member:</b> NELVA<br><b>Provider:</b> P MAUK<br><b>Claim Number:</b> 0228197026001<br><b>Type of Service:</b> MEDICAL   | \$129.00                      | ...                  | ...                 | \$0.00               | ...                        |
| - THIS CLAIM WAS PROCESSED ON 09/29/09.<br>- THIS CLAIM HAS ALREADY BEEN PROCESSED AND THE ALLOWABLE AMOUNT WAS APPLIED TO THE YEARLY DEDUCTIBLE.<br>For more detail on this claim, the Member can visit their claims & accounts, medical summary page at <a href="http://www.myuhc.com">www.myuhc.com</a> . |                               |                      |                     |                      |                            |
| <b>Date of Service:</b> 08/31/09<br><b>Member:</b> NELVA<br><b>Provider:</b> P MAUK<br><b>Claim Number:</b> 0228225146001<br><b>Type of Service:</b> MEDICAL   | \$129.00                      | ...                  | ...                 | ...                  | \$18.64                    |
| For more details on this claim, please see additional information listed further in this document or you can view it online at <a href="http://www.myuhc.com">www.myuhc.com</a> .  |                               |                      |                     |                      |                            |
| Subtotal for this page   | \$498.00                      | \$0.00               | \$0.00              | \$240.00             | \$18.64                    |

Additional claims are listed on the next page

Please see the next page for more information

## Your claim history (continued)

Your claim history from: 09/29/09 - 12/06/09



|   | Originally Billed by Provider | Health Plan Discount | Paid by Health Plan | You Owe the Provider | Applied to Your Deductible |
|---|-------------------------------|----------------------|---------------------|----------------------|----------------------------|
| <b>Date of Service:</b> 09/02/09<br><b>Member:</b> NELVA<br><b>Provider:</b> R POHIL<br><b>Claim Number:</b> 0230105816101<br><b>Type of Service:</b> MEDICAL                     | \$150.00                      | ...                  | ...                 | ...                  | \$18.81                    |
| For more details on this claim, please see additional information listed further in this document or you can view it online at <a href="http://www.myuhc.com">www.myuhc.com</a> . |                               |                      |                     |                      |                            |
| <b>Date of Service:</b> 09/17/09<br><b>Member:</b> NELVA<br><b>Provider:</b> RADIOLOGY WEST LLC<br><b>Claim Number:</b> 0231752027501<br><b>Type of Service:</b> MEDICAL          | \$319.00                      | ...                  | ...                 | ...                  | \$14.54                    |
| For more details on this claim, please see additional information listed further in this document or you can view it online at <a href="http://www.myuhc.com">www.myuhc.com</a> . |                               |                      |                     |                      |                            |
| <b>Date of Service:</b> 10/05/09<br><b>Member:</b> NELVA<br><b>Provider:</b> P MAUK<br><b>Claim Number:</b> 0231846603101<br><b>Type of Service:</b> MEDICAL                      | \$129.00                      | ...                  | ...                 | ...                  | \$18.64                    |
| For more details on this claim, please see additional information listed further in this document or you can view it online at <a href="http://www.myuhc.com">www.myuhc.com</a> . |                               |                      |                     |                      |                            |
| <b>Date of Service:</b> 11/09/09<br><b>Member:</b> NELVA<br><b>Provider:</b> P MAUK<br><b>Claim Number:</b> 0235337844901<br><b>Type of Service:</b> MEDICAL                      | \$129.00                      | ...                  | ...                 | ...                  | \$18.64                    |
| For more details on this claim, please see additional information listed further in this document or you can view it online at <a href="http://www.myuhc.com">www.myuhc.com</a> . |                               |                      |                     |                      |                            |
| <b>Date of Service:</b> 11/11/09<br><b>Member:</b> NELVA<br><b>Provider:</b> P MAUK<br><b>Claim Number:</b> 0235767378601<br><b>Type of Service:</b> MEDICAL                      | \$670.00                      | ...                  | ...                 | ...                  | \$33.84                    |
| For more details on this claim, please see additional information listed further in this document or you can view it online at <a href="http://www.myuhc.com">www.myuhc.com</a> . |                               |                      |                     |                      |                            |
| Subtotal for this page  | \$1,397.00                    | \$0.00               | \$0.00              | \$0.00               | \$104.47                   |
| <b>TOTAL</b>  | <b>\$1,895.00</b>             | <b>\$0.00</b>        | <b>\$0.00</b>       | <b>\$240.00</b>      | <b>\$123.11</b>            |

Please see the next page for more information

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SALT LAKE CITY, UT 84130-0555  
www.myuhc.com

**Details for Claim # 0228225146001**

This is not a bill - Please compare this information to the bill you receive from your provider for these charges, then pay the provider directly when they bill you.

**Date of Service:** 08/31/09  
**Member Name:** NELVA  
**Member ID:** 852243769  
**Provider:** P MAUK

**Process Date:** 09/29/09  
**Group Name:** CHEVRON  
**Group #:** 0247848

|               | Originally Billed by Provider | Health Plan Discount | Paid by Health Plan | You Owe the Provider | Applied to Your Deductible |
|---------------|-------------------------------|----------------------|---------------------|----------------------|----------------------------|
| OFFICE VISITS | \$129.00                      | ...                  | ...                 | ...                  | \$18.64                    |
| <b>TOTAL</b>  | <b>\$129.00</b>               | <b>\$0.00</b>        | <b>\$0.00</b>       | ...                  | <b>\$18.64</b>             |

- MEDICARE HAS PAID \$74.58.
- THE PLAN BENEFIT FOR THESE SERVICES WAS DETERMINED BY USING THE AMOUNT APPROVED BY MEDICARE. THIS PHYSICIAN OR HEALTH CARE PROFESSIONAL HAS AGREED TO ACCEPT THAT AMOUNT. THE PATIENT IS RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE MEDICARE ALLOWED AMOUNT AND THE TOTAL AMOUNT PAID BY BOTH PLANS.
- THESE EXPENSES HAVE BEEN APPLIED TO THE PATIENT'S ANNUAL DEDUCTIBLE. THE PATIENT IS RESPONSIBLE FOR PAYING THE PHYSICIAN OR OTHER HEALTH CARE PROFESSIONAL ALL CHARGES THAT ARE APPLIED TO THE ANNUAL DEDUCTIBLE. PLEASE FORWARD THIS PAYMENT TO YOUR PHYSICIAN OR OTHER HEALTH CARE PROFESSIONAL.

**Details for Claim # 0230105816101**

This is not a bill - Please compare this information to the bill you receive from your provider for these charges, then pay the provider directly when they bill you.

**Date of Service:** 09/02/09  
**Member Name:** NELVA  
**Member ID:** 852243769  
**Provider:** R POHIL

**Process Date:** 10/06/09  
**Group Name:** CHEVRON  
**Group #:** 0247848

|                    | Originally Billed by Provider | Health Plan Discount | Paid by Health Plan | You Owe the Provider | Applied to Your Deductible |
|--------------------|-------------------------------|----------------------|---------------------|----------------------|----------------------------|
| OFFICE VISITS      | \$93.00                       | ...                  | ...                 | ...                  | \$18.81                    |
| RADIOLOGY SERVICES | \$57.00                       | ...                  | ...                 | ...                  | ...                        |
| <b>TOTAL</b>       | <b>\$150.00</b>               | <b>\$0.00</b>        | <b>\$0.00</b>       | ...                  | <b>\$18.81</b>             |

- MEDICARE HAS PAID \$75.21.
- THE PLAN BENEFIT FOR THESE SERVICES WAS DETERMINED BY USING THE AMOUNT APPROVED BY MEDICARE. THIS PHYSICIAN OR HEALTH CARE PROFESSIONAL HAS AGREED TO ACCEPT THAT AMOUNT. THE PATIENT IS RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE MEDICARE ALLOWED AMOUNT AND THE TOTAL AMOUNT PAID BY BOTH PLANS.

At almost any time day or night, you can review claims, check eligibility, locate a network provider, request an ID card and more - for secure self-service visit: [www.myuhc.com](http://www.myuhc.com).

**Please see the next page for more information**

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[www.myuhc.com](http://www.myuhc.com)



**Details for Claim # 0231752027501**

This is not a bill - Please compare this information to the bill you receive from your provider for these charges, then pay the provider directly when they bill you.

**Date of Service:** 09/17/09  
**Member Name:** NELVA  
**Member ID:** 852243769  
**Provider:** RADIOLOGY WEST LLC

**Process Date:** 10/22/09  
**Group Name:** CHEVRON  
**Group #:** 0247848

|                    | Originally Billed by Provider | Health Plan Discount | Paid by Health Plan | You Owe the Provider | Applied to Your Deductible |
|--------------------|-------------------------------|----------------------|---------------------|----------------------|----------------------------|
| RADIOLOGY SERVICES | \$319.00                      | ...                  | ...                 | ...                  | \$14.54                    |
| <b>TOTAL</b>       | <b>\$319.00</b>               | <b>\$0.00</b>        | <b>\$0.00</b>       | ...                  | <b>\$14.54</b>             |

- MEDICARE HAS PAID \$58.16.
- THE PLAN BENEFIT FOR THESE SERVICES WAS DETERMINED BY USING THE AMOUNT APPROVED BY MEDICARE. THIS PHYSICIAN OR HEALTH CARE PROFESSIONAL HAS AGREED TO ACCEPT THAT AMOUNT. THE PATIENT IS RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE MEDICARE ALLOWED AMOUNT AND THE TOTAL AMOUNT PAID BY BOTH PLANS.

**Details for Claim # 0231846603101**

This is not a bill - Please compare this information to the bill you receive from your provider for these charges, then pay the provider directly when they bill you.

**Date of Service:** 10/05/09  
**Member Name:** NELVA  
**Member ID:** 852243769  
**Provider:** P MAUK

**Process Date:** 10/23/09  
**Group Name:** CHEVRON  
**Group #:** 0247848

|               | Originally Billed by Provider | Health Plan Discount | Paid by Health Plan | You Owe the Provider | Applied to Your Deductible |
|---------------|-------------------------------|----------------------|---------------------|----------------------|----------------------------|
| OFFICE VISITS | \$129.00                      | ...                  | ...                 | ...                  | \$18.64                    |
| <b>TOTAL</b>  | <b>\$129.00</b>               | <b>\$0.00</b>        | <b>\$0.00</b>       | ...                  | <b>\$18.64</b>             |

- MEDICARE HAS PAID \$74.58.
- THE PLAN BENEFIT FOR THESE SERVICES WAS DETERMINED BY USING THE AMOUNT APPROVED BY MEDICARE. THIS PHYSICIAN OR HEALTH CARE PROFESSIONAL HAS AGREED TO ACCEPT THAT AMOUNT. THE PATIENT IS RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE MEDICARE ALLOWED AMOUNT AND THE TOTAL AMOUNT PAID BY BOTH PLANS.

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**Please see the next page for more information**



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[www.myuhc.com](http://www.myuhc.com)

**Details for Claim # 0235337644901**

This is not a bill - Please compare this information to the bill you receive from your provider for these charges, then pay the provider directly when they bill you.

**Date of Service:** 11/09/09  
**Member Name:** NELVA  
**Member ID:** 852243769  
**Provider:** P MAUK

**Process Date:** 11/26/09  
**Group Name:** CHEVRON  
**Group #:** 0247848

|               | Originally Billed by Provider | Health Plan Discount | Paid by Health Plan | You Owe the Provider | Applied to Your Deductible |
|---------------|-------------------------------|----------------------|---------------------|----------------------|----------------------------|
| OFFICE VISITS | \$129.00                      | ...                  | ...                 | ...                  | \$18.64                    |
| <b>TOTAL</b>  | <b>\$129.00</b>               | <b>\$0.00</b>        | <b>\$0.00</b>       | ...                  | <b>\$18.64</b>             |

- MEDICARE HAS PAID \$74.58.
- THE PLAN BENEFIT FOR THESE SERVICES WAS DETERMINED BY USING THE AMOUNT APPROVED BY MEDICARE. THIS PHYSICIAN OR HEALTH CARE PROFESSIONAL HAS AGREED TO ACCEPT THAT AMOUNT. THE PATIENT IS RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE MEDICARE ALLOWED AMOUNT AND THE TOTAL AMOUNT PAID BY BOTH PLANS.

**Details for Claim # 0235767378601**

This is not a bill - Please compare this information to the bill you receive from your provider for these charges, then pay the provider directly when they bill you.

**Date of Service:** 11/11/09  
**Member Name:** NELVA  
**Member ID:** 852243769  
**Provider:** P MAUK

**Process Date:** 12/02/09  
**Group Name:** CHEVRON  
**Group #:** 0247848

|              | Originally Billed by Provider | Health Plan Discount | Paid by Health Plan | You Owe the Provider | Applied to Your Deductible |
|--------------|-------------------------------|----------------------|---------------------|----------------------|----------------------------|
| SURGERY      | \$670.00                      | ...                  | ...                 | ...                  | \$33.84                    |
| <b>TOTAL</b> | <b>\$670.00</b>               | <b>\$0.00</b>        | <b>\$0.00</b>       | ...                  | <b>\$33.84</b>             |

- MEDICARE HAS PAID \$135.34.
- THE PLAN BENEFIT FOR THESE SERVICES WAS DETERMINED BY USING THE AMOUNT APPROVED BY MEDICARE. THIS PHYSICIAN OR HEALTH CARE PROFESSIONAL HAS AGREED TO ACCEPT THAT AMOUNT. THE PATIENT IS RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE MEDICARE ALLOWED AMOUNT AND THE TOTAL AMOUNT PAID BY BOTH PLANS.

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**Please see the next page for more information**



## Get the most out of your plan

### Website Registration

Register today online at [www.myuhc.com](http://www.myuhc.com) so that you can begin using your personal website! You'll need your ID card handy to register.

#### Stop The Flu Before It Stops You!

The flu is a serious illness. Each year more than 200,000 people are hospitalized from flu complications. Even more suffer from symptoms such as high fever, headache, and extreme tiredness. Getting the flu is likely to be a major disruption in your home and work life. The single best way to protect against the flu is to get vaccinated each year. Call your doctor today to schedule an appointment for your flu shot, and stop the flu before it stops you!

#### Now is the Time to Prevent Diabetes

A recent study on diabetes prevention showed that people with pre-diabetes can prevent the development of Type 2 Diabetes by making changes in their diet and increasing their physical activity. Just 30 minutes a day of moderate activity, coupled with a 5 to 10 percent reduction in body weight resulted in a 58 percent reduction in diabetes. For more information on how to manage diabetes, talk to your doctor or call the number on the back of your ID card.



## About your rights

Insurance fraud adds millions to the cost of health care. If services are listed which you did not receive or service you were told would be free, call (800) 654-0079.

#### MEDICAL OR PHARMACY CLAIMS ONLY

A review of this benefit determination may be requested by submitting your appeal to us in writing at the following address: UnitedHealthcare Appeals, P.O. Box 30432, Salt Lake City, UT 84130-0432. The request for your review must be made within 180 days from the date you receive this statement. If you request a review of your claim denial, we will complete our review no later than 30 days after we receive your request for review.

You may have the right to file a civil action under ERISA if all required reviews of your claim have been completed.

Maintaining the privacy and security of individuals' personal information is very important to us at UnitedHealthcare. To protect your privacy, we implemented strict confidentiality practices. These practices include the ability to use a unique individual identifier. You may see the unique individual identifier on UnitedHealthcare correspondence, including medical ID cards (if applicable), letters, explanation of benefits (EOBs), and provider remittance advices (PRAs). If you have any questions about the unique individual identifier or its use, please contact your customer care professional at the number shown at the bottom of this Statement.

## Contact us

Questions? You can reach Customer Care at our toll free number, 1-800-654-0079, Monday through Friday or log into your personal website at [www.myuhc.com](http://www.myuhc.com).

UNITEDHEALTHCARE INSURANCE COMPANY  
OLDSMAR SERVICE CENTER  
PO BOX 30555  
SALT LAKE CITY, UT 84130-0555  
PHONE: 1-800-654-0079  
VISIT WWW.MYUHC.COM FOR SELF SERVICE



PAGE: 1 OF 2  
DATE: 10/29/09  
ID #: A 840246620  
EMPLOYEE: ELMER BRUNSTING  
CONTRACT: 0247848  
BENEFIT PLAN: CHEVRON



NELVA BRUNSTING  
13630 PINE ROCK  
HOUSTON TX 77079-5914

## EXPLANATION OF BENEFITS

### SERVICE DETAIL

| PATIENT/RELAT CLAIM NUMBER   | PROVIDER/SERVICE       | DATE OF SERVICE | AMOUNT CHARGED | NOT COVERED   | AMOUNT ALLOWED | COPAY/ DEDUCTIBLE | PLAN COVERS | BENEFIT AVAILABLE | REMARK CODE |      |                 |        |  |
|--|------------------------|-----------------|----------------|---------------|----------------|-------------------|-------------|-------------------|-------------|------|-----------------|--------|--|
| NELVA<br>3933873101  | SP R POHIL             |                 |                |               |                |                   |             |                   |             |      |                 |        |  |
|  | OFFICE VISITS          | 07/07/09        | 215.00         | 215.00        |                |                   |             | 0.00*             | 07          |      |                 |        |  |
|  | RADIOLOGY SERVICES     | 07/07/09        | 57.00          | 57.00         |                |                   |             | 0.00*             | 07          |      |                 |        |  |
|  | <b>TOTAL</b>           |                 | <b>272.00</b>  | <b>272.00</b> |                |                   |             | <b>0.00</b>       |             |      |                 |        |  |
| <table border="1" style="margin-left: auto;"> <tr> <td>PLAN PAYS</td> <td>0.00</td> </tr> <tr> <td>** PATIENT PAYS</td> <td>272.00</td> </tr> </table> |                        |                 |                |               |                |                   |             |                   | PLAN PAYS   | 0.00 | ** PATIENT PAYS | 272.00 |  |
| PLAN PAYS  | 0.00                   |                 |                |               |                |                   |             |                   |             |      |                 |        |  |
| ** PATIENT PAYS  | 272.00                 |                 |                |               |                |                   |             |                   |             |      |                 |        |  |
| NELVA<br>4388286501  | SP RADIOLOGY WEST LLC  |                 |                |               |                |                   |             |                   |             |      |                 |        |  |
|  | RADIOLOGY SERVICES     | 07/09/09        | 319.00         | 319.00        |                |                   |             | 0.00*             | 07          |      |                 |        |  |
|  | <b>TOTAL</b>           |                 | <b>319.00</b>  | <b>319.00</b> |                |                   |             | <b>0.00</b>       |             |      |                 |        |  |
| <table border="1" style="margin-left: auto;"> <tr> <td>PLAN PAYS</td> <td>0.00</td> </tr> <tr> <td>** PATIENT PAYS</td> <td>319.00</td> </tr> </table> |                        |                 |                |               |                |                   |             |                   | PLAN PAYS   | 0.00 | ** PATIENT PAYS | 319.00 |  |
| PLAN PAYS  | 0.00                   |                 |                |               |                |                   |             |                   |             |      |                 |        |  |
| ** PATIENT PAYS  | 319.00                 |                 |                |               |                |                   |             |                   |             |      |                 |        |  |
| NELVA<br>4059156101  | SP HOUSTON OPTICAL 140 |                 |                |               |                |                   |             |                   |             |      |                 |        |  |
|  | VISION SERVICES        | 05/01/09        | 85.00          | 85.00         |                |                   |             | 0.00*             | 07          |      |                 |        |  |
|  | VISION SERVICES        | 05/01/09        | 80.00          | 80.00         |                |                   |             | 0.00*             | 07          |      |                 |        |  |
|  | VISION SERVICES        | 05/01/09        | 75.00          | 75.00         |                |                   |             | 0.00*             | 07          |      |                 |        |  |
|  | <b>TOTAL</b>           |                 | <b>240.00</b>  | <b>240.00</b> |                |                   |             | <b>0.00</b>       |             |      |                 |        |  |
| <table border="1" style="margin-left: auto;"> <tr> <td>PLAN PAYS</td> <td>0.00</td> </tr> <tr> <td>** PATIENT PAYS</td> <td>240.00</td> </tr> </table> |                        |                 |                |               |                |                   |             |                   | PLAN PAYS   | 0.00 | ** PATIENT PAYS | 240.00 |  |
| PLAN PAYS  | 0.00                   |                 |                |               |                |                   |             |                   |             |      |                 |        |  |
| ** PATIENT PAYS  | 240.00                 |                 |                |               |                |                   |             |                   |             |      |                 |        |  |
| NELVA<br>2438672601  | SP P MAUK              |                 |                |               |                |                   |             |                   |             |      |                 |        |  |
|  | OFFICE VISITS          | 06/22/09        | 129.00         | 129.00        |                |                   |             | 0.00*             | 07          |      |                 |        |  |
|  | <b>TOTAL</b>           |                 | <b>129.00</b>  | <b>129.00</b> |                |                   |             | <b>0.00</b>       |             |      |                 |        |  |
| <table border="1" style="margin-left: auto;"> <tr> <td>PLAN PAYS</td> <td>0.00</td> </tr> <tr> <td>** PATIENT PAYS</td> <td>129.00</td> </tr> </table> |                        |                 |                |               |                |                   |             |                   | PLAN PAYS   | 0.00 | ** PATIENT PAYS | 129.00 |  |
| PLAN PAYS  | 0.00                   |                 |                |               |                |                   |             |                   |             |      |                 |        |  |
| ** PATIENT PAYS  | 129.00                 |                 |                |               |                |                   |             |                   |             |      |                 |        |  |

(\*) INDICATES PAYMENT ASSIGNED TO PROVIDER

\*\* DEFINITION: "PATIENT PAYS" IS THE AMOUNT, IF ANY, OWED YOUR PROVIDER. THIS MAY INCLUDE AMOUNTS ALREADY PAID TO YOUR PROVIDER AT TIME OF SERVICE.

REMARK CODE(S) LISTED BELOW ARE REFERENCED IN THE "SERVICE DETAIL" SECTION UNDER THE HEADING "REMARK CODE"  
(07) THESE CHARGES ARE FOR SERVICES PROVIDED AFTER THIS PATIENT'S COVERAGE WAS CANCELED, THEREFORE, THEY ARE NOT COVERED.

| SATISFIED 2009 TO-DATE | DEDUCTIBLE      | OUT OF POCKET    | LIFETIME MAXIMUM APPLIED           |
|------------------------|-----------------|------------------|------------------------------------|
| NELVA SP               | \$300.00        | \$287.58         | \$21242.57                         |
| <b>PLAN YEAR 2009</b>  | INDIV: \$300.00 | INDIV: \$1500.00 | LIFETIME PLAN MAXIMUM \$5000000.00 |

A REVIEW OF THIS BENEFIT DETERMINATION MAY BE REQUESTED BY SUBMITTING YOUR APPEAL TO US IN WRITING AT THE FOLLOWING ADDRESS: UNITEDHEALTHCARE APPEALS, P.O. BOX 30432, SALT LAKE CITY, UT 84130-0432. THE REQUEST FOR YOUR REVIEW MUST BE MADE WITHIN 180 DAYS FROM THE DATE YOU RECEIVE THIS STATEMENT. IF YOU REQUEST A REVIEW OF YOUR CLAIM DENIAL, WE WILL COMPLETE OUR REVIEW NOT LATER THAN 30 DAYS AFTER WE RECEIVE YOUR REQUEST FOR REVIEW.

YOU MAY HAVE THE RIGHT TO FILE A CIVIL ACTION UNDER ERISA IF ALL REQUIRED REVIEWS OF YOUR CLAIM HAVE BEEN COMPLETED.

FURTHER EXPLANATION OF BENEFITS INFORMATION IS ON CONTINUATION PAGE(S)

P5596

**THIS IS NOT A BILL**

BRUNSTING000506



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PO BOX 30555  
SALT LAKE CITY, UT 84130-0555  
PHONE: 1-800-654-0079  
VISIT WWW.MYUHC.COM FOR SELF SERVICE



PAGE: 2 OF 2  
DATE: 10/29/09  
ID #: A 840246620  
EMPLOYEE: ELMER BRUNSTING  
CONTRACT: 0247848  
BENEFIT PLAN: CHEVRON



NELVA BRUNSTING  
13630 PINE ROCK  
HOUSTON TX 77079-5914

# EXPLANATION OF BENEFITS

\*\*\*\*\*

YOU CAN MEET MANY OF YOUR NEEDS ONLINE AT WWW.MYUHC.COM. AT ALMOST ANYTIME DAY OR NIGHT, YOU CAN REVIEW CLAIMS, CHECK ELIGIBILITY, LOCATE A NETWORK PHYSICIAN, REQUEST AN ID CARD, REFILL PRESCRIPTIONS IF ELIGIBLE, AND MORE! FOR IMMEDIATE, SECURE SELF-SERVICE, VISIT WWW.MYUHC.COM.

HOW TO REGISTER?  
YOU CAN REGISTER AND BEGIN USING MYUHC IN THE SAME SESSION. ACCESS WWW.MYUHC.COM TO REGISTER. THE INFORMATION REQUIRED IS ON YOUR INSURANCE ID CARD (FIRST NAME, LAST NAME, MEMBER ID, GROUP NUMBER AND DATE OF BIRTH).

\*\*\*\*\*

MAINTAINING THE PRIVACY AND SECURITY OF INDIVIDUALS' PERSONAL INFORMATION IS VERY IMPORTANT TO US AT UNITEDHEALTHCARE. TO PROTECT YOUR PRIVACY, WE HAVE IMPLEMENTED STRICT CONFIDENTIALITY PRACTICES. THESE PRACTICES INCLUDE THE ABILITY TO USE A UNIQUE INDIVIDUAL IDENTIFIER. YOU MAY SEE THE UNIQUE INDIVIDUAL IDENTIFIER ON UNITEDHEALTHCARE CORRESPONDENCE, INCLUDING MEDICAL ID CARDS (IF APPLICABLE), LETTERS, EXPLANATION OF BENEFITS (EOBS) AND PROVIDER REMITTANCE ADVICES (PRAS). IF YOU HAVE ANY QUESTIONS ABOUT THE UNIQUE INDIVIDUAL IDENTIFIER OR ITS USE, PLEASE CONTACT YOUR CUSTOMER CARE PROFESSIONAL AT THE NUMBER SHOWN AT THE TOP OF THIS STATEMENT.

Detach ← Use the Claim Transmittal form below ONLY to submit bills which do not display your Social Security Number. → Detach

MAIL TO:

OLDSMAR SERVICE CENTER  
PO BOX 30555  
SALT LAKE CITY, UT 84130-0555



## Claim Transmittal

CONTRACT: 0247848  
PLAN OF: CHEVRON  
EMPLOYEE: ELMER BRUNSTING  
ID #: A 840246620

ACTIVE  RETIRED

EMPLOYEE ADDRESS (IF CHANGED): \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ NATURE OF ILLNESS OR INJURY: \_\_\_\_\_

DO YOU HAVE ANOTHER EMPLOYER?  NO  YES (IF YES, GIVE NAME & ADDRESS OF OTHER EMPLOYER) OTHER EMPLOYER'S TELEPHONE NUMBER \_\_\_\_\_

IF THE ATTACHED EXPENSES ARE ALSO COVERED UNDER A DEPENDENT'S BENEFIT PLAN, INDICATE:

DEPENDENT NAME: \_\_\_\_\_ DEPENDENT SOC. SEC. NO.: \_\_\_\_\_

DEPENDENT EMPLOYER: \_\_\_\_\_

DEPENDENT BENEFIT PLAN NO. AND INSURER: \_\_\_\_\_

I HEREBY DIRECT PAYMENT BE MADE TO:  MY PHYSICIAN  MYSELF

ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT OF CLAIM CONTAINING FALSE, INCOMPLETE, OR MISLEADING INFORMATION MAY BE GUILTY OF A CRIMINAL ACT PUNISHABLE UNDER LAW.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

UNITEDHEALTHCARE INSURANCE COMPANY  
OLDSMAR SERVICE CENTER  
PO BOX 30555  
SALT LAKE CITY, UT 84130-0555  
PHONE: 1-800-654-0079  
VISIT WWW.MYUHC.COM FOR SELF SERVICE



PAGE: 1 OF 2  
DATE: 10/28/09  
ID #: A 840246620  
EMPLOYEE: ELMER BRUNSTING  
CONTRACT: 0247848  
BENEFIT PLAN: CHEVRON



NELVA BRUNSTING  
13630 PINE ROCK  
HOUSTON TX 77079-5914

# EXPLANATION OF BENEFITS

## SERVICE DETAIL

| PATIENT/RELAT<br>CLAIM NUMBER | PROVIDER/<br>SERVICE                     | DATE OF<br>SERVICE | AMOUNT<br>CHARGED | NOT<br>COVERED | AMOUNT<br>ALLOWED | COPAY/<br>DEDUCTIBLE | PLAN<br>COVERS | BENEFIT<br>AVAILABLE | REMARK<br>CODE |
|-------------------------------|--|--------------------|-------------------|----------------|-------------------|----------------------|----------------|----------------------|----------------|
| NELVA<br>5732159501           | SP P MAUK<br>OFFICE VISITS               | 07/31/09           | 129.00            | 129.00         |                   |                      |                | 0.00*                | 07             |
|                               | TOTAL                                    |                    | 129.00            | 129.00         |                   |                      |                | 0.00                 |                |
|                               |  |                    |                   |                |                   |                      |                | PLAN PAYS            | 0.00           |
|                               |  |                    |                   |                |                   |                      |                | ** PATIENT PAYS      | 129.00         |
| NELVA<br>3121037501           | SP ROSEWOOD FAMILY PHYS<br>OFFICE VISITS | 06/04/09           | 115.00            | 115.00         |                   |                      |                | 0.00*                | 07             |
|                               | TOTAL                                    |                    | 115.00            | 115.00         |                   |                      |                | 0.00                 |                |
|                               |  |                    |                   |                |                   |                      |                | PLAN PAYS            | 0.00           |
|                               |  |                    |                   |                |                   |                      |                | ** PATIENT PAYS      | 115.00         |

(\*) INDICATES PAYMENT ASSIGNED TO PROVIDER

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(07 ) THESE CHARGES ARE FOR SERVICES PROVIDED AFTER THIS PATIENT'S COVERAGE WAS CANCELED, THEREFORE, THEY ARE NOT COVERED.

| SATISFIED<br>2009 TO-DATE | DEDUCTIBLE      | OUT OF POCKET    | LIFETIME MAXIMUM<br>APPLIED           |
|---------------------------|-----------------|------------------|---------------------------------------|
| NELVA SP                  | \$300.00        | \$295.51         | \$21258.22                            |
| PLAN YEAR<br>2009         | INDIV: \$300.00 | INDIV: \$1500.00 | LIFETIME PLAN MAXIMUM<br>\$5000000.00 |

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YOU MAY HAVE THE RIGHT TO FILE A CIVIL ACTION UNDER ERISA IF ALL REQUIRED REVIEWS OF YOUR CLAIM HAVE BEEN COMPLETED.

\*\*\*\*\*

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\*\*\*\*\*

FURTHER EXPLANATION OF BENEFITS INFORMATION IS ON CONTINUATION PAGE(S)

P5598

**THIS IS NOT A BILL**

BRUNSTING000508

UNITEDHEALTHCARE INSURANCE COMPANY  
OLDSMAR SERVICE CENTER  
PO BOX 30555  
SALT LAKE CITY, UT 84130-0555  
PHONE: 1-800-654-0079  
VISIT WWW.MYUHC.COM FOR SELF SERVICE



PAGE: 2 OF 2  
DATE: 10/28/09  
ID #: A 840246620  
EMPLOYEE: ELMER BRUNSTING  
CONTRACT: 0247848  
BENEFIT PLAN: CHEVRON



NELVA BRUNSTING  
13630 PINE ROCK  
HOUSTON TX 77079-5914

# EXPLANATION OF BENEFITS

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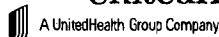
Detach

Use the Claim Transmittal form below ONLY to submit bills which do not display your Social Security Number.

Detach

MAIL TO:

OLDSMAR SERVICE CENTER  
PO BOX 30555  
SALT LAKE CITY, UT 84130-0555



## Claim Transmittal

CONTRACT: 0247848  
PLAN OF: CHEVRON  
EMPLOYEE: ELMER BRUNSTING  
ID #: A 840246620

ACTIVE  RETIRED

EMPLOYEE ADDRESS (IF CHANGED): \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ NATURE OF ILLNESS OR INJURY: \_\_\_\_\_

DO YOU HAVE ANOTHER EMPLOYER?  NO  YES (IF YES, GIVE NAME & ADDRESS OF OTHER EMPLOYER) OTHER EMPLOYER'S TELEPHONE NUMBER \_\_\_\_\_

IF THE ATTACHED EXPENSES ARE ALSO COVERED UNDER A DEPENDENT'S BENEFIT PLAN, INDICATE:

DEPENDENT NAME: \_\_\_\_\_ DEPENDENT SOC. SEC. NO.: \_\_\_\_\_

DEPENDENT EMPLOYER: \_\_\_\_\_

DEPENDENT BENEFIT PLAN NO. AND INSURER: \_\_\_\_\_

I HEREBY DIRECT PAYMENT BE MADE TO:  MY PHYSICIAN  MYSELF

ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT OF CLAIM CONTAINING FALSE, INCOMPLETE, OR MISLEADING INFORMATION MAY BE GUILTY OF A CRIMINAL ACT PUNISHABLE UNDER LAW. **P5599**

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

BRUNSTING000509

UNITEDHEALTHCARE INSURANCE COMPANY  
OLDSMAR SERVICE CENTER  
PO BOX 30555  
SALT LAKE CITY, UT 84130-0555  
PHONE: 1-800-654-0079  
VISIT WWW.MYUHC.COM FOR SELF SERVICE



PAGE: 1 OF 2  
DATE: 07/31/09  
ID #: A 840246620  
EMPLOYEE: ELMER BRUNSTING  
CONTRACT: 0247848  
BENEFIT PLAN: CHEVRON



NELVA BRUNSTING  
13630 PINE ROCK  
HOUSTON TX 77079-5914

# EXPLANATION OF BENEFITS

## SERVICE DETAIL

| PATIENT/RELAT CLAIM NUMBER   | PROVIDER/SERVICE                                  | DATE OF SERVICE | AMOUNT CHARGED | NOT COVERED   | AMOUNT ALLOWED | COPAY/ DEDUCTIBLE | PLAN COVERS | BENEFIT AVAILABLE | REMARK CODE   |       |           |      |
|--|---|-----------------|----------------|---------------|----------------|-------------------|-------------|-------------------|---------------|-------|-----------|------|
| NELVA<br>3121037501  | SP ROSEWOOD FAMILY PHYS<br>OFFICE VISITS          | 06/04/09        | 115.00         | 53.16         | 115.00         |                   | 80%         | 9.90*             | 51            |       |           |      |
|  |   | <b>TOTAL</b>    | <b>115.00</b>  | <b>53.16</b>  | <b>115.00</b>  |                   |             | <b>9.90</b>       |               |       |           |      |
| <table border="1"> <tr> <td>MEDICARE PAID</td> <td>49.47</td> </tr> <tr> <td>PLAN PAYS</td> <td>9.90</td> </tr> </table> |   |                 |                |               |                |                   |             |                   | MEDICARE PAID | 49.47 | PLAN PAYS | 9.90 |
| MEDICARE PAID  | 49.47   |                 |                |               |                |                   |             |                   |               |       |           |      |
| PLAN PAYS  | 9.90  |                 |                |               |                |                   |             |                   |               |       |           |      |
| NELVA<br>3933873101  | SP R POHIL<br>OFFICE VISITS<br>RADIOLOGY SERVICES | 07/07/09        | 215.00         | 215.00        |                |                   | 80%         | 0.00*             | UW<br>51      |       |           |      |
|  |   | <b>TOTAL</b>    | <b>272.00</b>  | <b>239.82</b> | <b>57.00</b>   |                   |             | <b>5.15</b>       |               |       |           |      |
| <table border="1"> <tr> <td>MEDICARE PAID</td> <td>25.74</td> </tr> <tr> <td>PLAN PAYS</td> <td>5.15</td> </tr> </table> |   |                 |                |               |                |                   |             |                   | MEDICARE PAID | 25.74 | PLAN PAYS | 5.15 |
| MEDICARE PAID  | 25.74   |                 |                |               |                |                   |             |                   |               |       |           |      |
| PLAN PAYS  | 5.15  |                 |                |               |                |                   |             |                   |               |       |           |      |

(\*) INDICATES PAYMENT ASSIGNED TO PROVIDER

REMARK CODE(S) LISTED BELOW ARE REFERENCED IN THE "SERVICE DETAIL" SECTION UNDER THE HEADING "REMARK CODE"  
(51) THE PLAN BENEFIT FOR THESE SERVICES WAS DETERMINED BY USING THE AMOUNT APPROVED BY MEDICARE. THIS PHYSICIAN OR HEALTH CARE PROFESSIONAL HAS AGREED TO ACCEPT THAT AMOUNT. THE PATIENT IS RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE MEDICARE ALLOWED AMOUNT AND THE TOTAL AMOUNT PAID BY BOTH PLANS.  
(UW) MEDICARE DID NOT APPROVE THIS SERVICE OR INDICATES YOU ARE NOT RESPONSIBLE FOR THE EXPENSE. SINCE YOU HAVE NO RESPONSIBILITY FOR THIS EXPENSE, YOUR PLAN HAS NO BALANCE TO CONSIDER.

| BENEFIT PLAN PAYMENT SUMMARY INFORMATION |        |
|--|--------|
| ROSEWOOD FAMILY PHYS                     | \$9.90 |
| R POHIL                                  | \$5.15 |

| SATISFIED 2009 TO-DATE | DEDUCTIBLE      | OUT OF POCKET    | LIFETIME MAXIMUM APPLIED          |
|------------------------|-----------------|------------------|-----------------------------------|
| NELVA SP               | \$300.00        | \$292.44         | \$21231.08                        |
| PLAN YEAR 2009         | INDIV: \$300.00 | INDIV: \$1500.00 | LIFETIME PLAN MAXIMUM \$500000.00 |

A REVIEW OF THIS BENEFIT DETERMINATION MAY BE REQUESTED BY SUBMITTING YOUR APPEAL TO US IN WRITING AT THE FOLLOWING ADDRESS: UNITEDHEALTHCARE APPEALS, P.O. BOX 30432, SALT LAKE CITY, UT 84130-0432. THE REQUEST FOR YOUR REVIEW MUST BE MADE WITHIN 180 DAYS FROM THE DATE YOU RECEIVE THIS STATEMENT. IF YOU REQUEST A REVIEW OF YOUR CLAIM DENIAL, WE WILL COMPLETE OUR REVIEW NOT LATER THAN 30 DAYS AFTER WE RECEIVE YOUR REQUEST FOR REVIEW.

YOU MAY HAVE THE RIGHT TO FILE A CIVIL ACTION UNDER ERISA IF ALL REQUIRED REVIEWS OF YOUR CLAIM HAVE BEEN COMPLETED.

\*\*\*\*\*

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\*\*\*\*\*

FURTHER EXPLANATION OF BENEFITS INFORMATION IS ON CONTINUATION PAGE(S)

P5600

**THIS IS NOT A BILL**

BRUNSTING000510

UNITEDHEALTHCARE INSURANCE COMPANY  
OLDSMAR SERVICE CENTER  
PO BOX 30555  
SALT LAKE CITY, UT 84130-0555  
PHONE: 1-800-654-0079  
VISIT WWW.MYUHC.COM FOR SELF SERVICE



PAGE: 1 OF 2  
DATE: 08/12/09  
ID #: A 840246620  
EMPLOYEE: ELMER BRUNSTING  
CONTRACT: 0247848  
BENEFIT PLAN: CHEVRON



NELVA BRUNSTING  
13630 PINE ROCK  
HOUSTON TX 77079-5914

## EXPLANATION OF BENEFITS

### SERVICE DETAIL

| PATIENT/RELAT CLAIM NUMBER | PROVIDER/SERVICE                            | DATE OF SERVICE | AMOUNT CHARGED | NOT COVERED | AMOUNT ALLOWED | COPAY/ DEDUCTIBLE | PLAN COVERS | BENEFIT AVAILABLE | REMARK CODE |
|----------------------------|---|-----------------|----------------|-------------|----------------|-------------------|-------------|-------------------|-------------|
| NELVA 4388286501           | SP RADIOLOGY WEST LLC<br>RADIOLOGY SERVICES | 07/09/09        | 319.00         | 246.30      | 319.00         |                   | 80%         | 11.63*            | 51          |
|                            |   | TOTAL           | 319.00         | 246.30      | 319.00         |                   |             | 11.63             |             |
|                            |   |                 |                |             |                |                   |             | MEDICARE PAID     | 58.16       |
|                            |   |                 |                |             |                |                   |             | PLAN PAYS         | 11.63       |
| NELVA 4059156101           | SP HOUSTON OPTICAL 140<br>VISION SERVICES   | 06/16/09        | 85.00          | 85.00       |                |                   |             | 0.00*             | G6          |
|                            | VISION SERVICES                             | 06/16/09        | 80.00          | 14.34       | 13.13          |                   | 80%         | 10.50*            | 51          |
|                            | VISION SERVICES                             | 06/16/09        | 75.00          | 75.00       |                |                   |             | 0.00*             | G6          |
|                            |   | TOTAL           | 240.00         | 174.34      | 13.13          |                   |             | 10.50             |             |
|                            |   |                 |                |             |                |                   |             | MEDICARE PAID     | 52.53       |
|                            |   |                 |                |             |                |                   |             | PLAN PAYS         | 10.50       |

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(G6 ) ACCORDING TO YOUR PLAN, ONLY EXPENSES COVERED BY MEDICARE PART B ARE COVERED BY YOUR PLAN.

| BENEFIT PLAN PAYMENT SUMMARY INFORMATION |         |
|--|---------|
| RADIOLOGY WEST LLC                       | \$11.63 |
| HOUSTON OPTICAL 140                      | \$10.50 |

| SATISFIED 2009 TO-DATE | DEDUCTIBLE      | OUT OF POCKET    | LIFETIME MAXIMUM APPLIED           |
|------------------------|-----------------|------------------|------------------------------------|
| NELVA SP               | \$300.00        | \$297.98         | \$21253.21                         |
| PLAN YEAR 2009         | INDIV: \$300.00 | INDIV: \$1500.00 | LIFETIME PLAN MAXIMUM \$5000000.00 |

A REVIEW OF THIS BENEFIT DETERMINATION MAY BE REQUESTED BY SUBMITTING YOUR APPEAL TO US IN WRITING AT THE FOLLOWING ADDRESS: UNITEDHEALTHCARE APPEALS, P.O. BOX 30432, SALT LAKE CITY, UT 84130-0432. THE REQUEST FOR YOUR REVIEW MUST BE MADE WITHIN 180 DAYS FROM THE DATE YOU RECEIVE THIS STATEMENT. IF YOU REQUEST A REVIEW OF YOUR CLAIM DENIAL, WE WILL COMPLETE OUR REVIEW NOT LATER THAN 30 DAYS AFTER WE RECEIVE YOUR REQUEST FOR REVIEW.

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\* \* \* \* \*

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\* \* \* \* \*

FURTHER EXPLANATION OF BENEFITS INFORMATION IS ON CONTINUATION PAGE(S)

P5601

**THIS IS NOT A BILL**

BRUNSTING000511

UNITEDHEALTHCARE INSURANCE COMPANY  
OLDSMAR SERVICE CENTER  
PO BOX 30555  
SALT LAKE CITY, UT 84130-0555  
PHONE: 1-800-654-0079  
VISIT WWW.MYUHC.COM FOR SELF SERVICE

**UnitedHealthcare**  
A UnitedHealth Group Company

PAGE: 1 OF 1  
DATE: 07/15/09  
ID #: A 840246620  
EMPLOYEE: ELMER BRUNSTING  
CONTRACT: 0247848  
BENEFIT PLAN: CHEVRON



NELVA BRUNSTING  
13630 PINE ROCK  
HOUSTON TX 77079-5914

# EXPLANATION OF BENEFITS

### SERVICE DETAIL

| PATIENT/RELAT<br>CLAIM NUMBER | PROVIDER/<br>SERVICE       | DATE OF<br>SERVICE | AMOUNT<br>CHARGED | NOT<br>COVERED | AMOUNT<br>ALLOWED | COPAY/<br>DEDUCTIBLE | PLAN<br>COVERS | BENEFIT<br>AVAILABLE | REMARK<br>CODE |
|-------------------------------|----------------------------|--------------------|-------------------|----------------|-------------------|----------------------|----------------|----------------------|----------------|
| NELVA<br>2438672601-          | SP P MAUK<br>OFFICE VISITS | 06/22/09           | 129.00            | 35.78          | 129.00            |                      | 80%            | 14.91*               | 51             |
|                               | <b>TOTAL</b>               |                    | <b>129.00</b>     | <b>35.78</b>   | <b>129.00</b>     |                      |                | <b>14.91</b>         |                |
|                               |                            |                    |                   |                |                   |                      |                | MEDICARE PAID        | 74.58          |
|                               |                            |                    |                   |                |                   |                      |                | PLAN PAYS            | 14.91          |

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| BENEFIT PLAN PAYMENT SUMMARY INFORMATION |         |
|--|---------|
| P MAUK                                   | \$14.91 |

| SATISFIED<br>2009 TO-DATE | DEDUCTIBLE      | OUT OF POCKET    | LIFETIME MAXIMUM<br>APPLIED           |
|---------------------------|-----------------|------------------|---------------------------------------|
| NELVA SP                  | \$300.00        | \$288.68         | \$21216.03                            |
| PLAN YEAR<br>2009         | INDIV: \$300.00 | INDIV: \$1500.00 | LIFETIME PLAN MAXIMUM<br>\$5000000.00 |

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P5602

**THIS IS NOT A BILL**

BRUNSTING000512

NEVISA-UN Health CARE  
SERVICES  
DIVISION

P5603

BRUNSTING000513

2011 Open Enrollment Worksheet

**Chevron Corporation**  
 Human Resources Service Center  
 P.O. Box 436  
 Little Falls, NJ 07424

1-888-TALK2HR (1-888-825-5247)  
 Outside the U.S. 610-669-8595



0290880.0064.0078

NELVA E BRUNSTING  
 13630 PINE ROCK  
 HOUSTON TX 77079

September 20, 2010

Welcome to the 2010 open enrollment period for your Chevron benefits.

**If You Don't Make Changes**

If you do not make any elections, you will be assigned the following coverage as of January 1, 2011.

| Plan    | Default Option                          |
|---------|---|
| Medical | Chevron Medicare Plus Plan for You Only |
| Dental  | No Coverage                             |

**Medical Plan**

**Current Coverage: Chevron Medicare Plus Plan for You Only**

**Monthly Cost for 2011 by Coverage Level**

| Your 2011 Options                                 | You Only | You and One Adult | You and Child(ren) or Other Dependents | You and Family |
|---|----------|-------------------|--|----------------|
| 5 0 1 Chevron Medicare Plus Plan                  | \$183.10 | N/A               | N/A                                    | N/A            |
| 5 0 2 Chevron Senior Care Plan                    | \$106.70 | N/A               | N/A                                    | N/A            |
| 5 0 3 Chevron Medicare Standard Plan              | \$129.40 | N/A               | N/A                                    | N/A            |
| 7 1 2 Chevron Medical Plan Option 1 (UHC)/CSCP♦   | N/A      | \$487.70          | \$240.70                               | \$620.70       |
| 7 1 5 Chevron Medical Plan Option 2 (UHC)/CSCP♦   | N/A      | \$436.70          | \$212.70                               | \$542.70       |
| 7 0 4 Chevron Medical Plan Option 1 (UHC)/CMPP♦   | N/A      | \$564.10          | \$317.10                               | \$697.10       |
| 7 0 5 Chevron Medical Plan Option 2 (UHC)/CMPP♦   | N/A      | \$513.10          | \$289.10                               | \$619.10       |
| 7 9 0 Chevron Medical Plan Option 3 (UHC)/CMPP♦   | N/A      | \$397.10          | \$231.10                               | \$446.10       |
| 7 9 3 Chevron Medical Plan Option 3 (UHC)/CSCP♦   | N/A      | \$320.70          | \$154.70                               | \$369.70       |
| 7 8 0 Chevron Medical Plan - Option 1 (UHC)/CMSP♦ | N/A      | \$510.40          | \$263.40                               | \$643.40       |
| 7 8 1 Chevron Medical Plan - Option 2 (UHC)/CMSP♦ | N/A      | \$459.40          | \$235.40                               | \$565.40       |
| 7 8 3 Chevron Medical Plan - Option 3 (UHC)/CMSP♦ | N/A      | \$343.40          | \$177.40                               | \$392.40       |
| 0 0 0 No Coverage                                 | \$0.00   | \$0.00            | \$0.00                                 | \$0.00         |

The 2011 monthly company contribution for your medical plan and coverage tier shown above in the "If You Don't Make Changes" section is \$88.90.

- ♦ If you choose this option, members not eligible for Medicare are enrolled in the first plan listed, a non-Medicare plan. Members eligible for Medicare are enrolled in the second plan listed, a Medicare Advantage HMO or a Medicare Supplement plan. The costs for this option are based on assumptions about the dependents you will cover. Please speak with a Customer Service Representative if you have any questions. The Medicare supplement plans are administered by UnitedHealthcare (UHC).

**P5604**



**Dental Plan****Current Coverage: No Coverage****Monthly Cost for 2011 by Coverage Level**

| <b>Your 2011 Options</b>      | <b>You Only</b> | <b>You and One Adult</b> | <b>You and Child(ren) or Other Dependents</b> | <b>You and Family</b> |
|-------------------------------|-----------------|--------------------------|---|-----------------------|
| Dental PPO - United Concordia | \$37.21         | \$74.42                  | \$63.26                                       | \$99.13               |
| Dental HMO - United Concordia | \$16.06         | \$32.12                  | \$27.28                                       | \$42.00               |
| No Coverage                   | \$0.00          | \$0.00                   | \$0.00  | \$0.00                |

If you choose the Dental HMO - United Concordia, you must designate a participating dentist. If you don't designate a participating dentist, United Concordia will select one for you. Please note that it is your responsibility to check with the plan to determine whether the dentist you have selected is a network provider.

**Enrollment Agreement**

By enrolling in Chevron's benefit plans, you acknowledge and agree that:

- The elections you make under the terms and conditions of the plan(s) will be effective January 1, 2011. If you do not make an election, you will be deemed to have made the "default" election as shown in the "If You Don't Make Changes" section of the worksheet.
- You authorize the elections you make (whether by actual enrollment or by "default") under the terms and conditions of the plan(s). **Employee:** You agree to all deductions from your pay required to maintain these benefit elections. Your medical, dental, vision and Voluntary Group Accident Insurance Plan deductions will be made on a before-tax basis, unless you have elected to participate on an after-tax basis; however, contributions for a domestic partner's coverage will be made on an after-tax basis (unless otherwise eligible to elect contributions on a before-tax basis). Deductions for medical, dental and vision plans must be made on either a before-tax or after-tax basis. **Retiree:** You authorize Chevron to make deductions from your monthly pension check or bill you to maintain these benefit elections. You understand that if you fail to remit the required contributions in advance of the first day of the month, your coverage, if eligible, under the medical, dental or retiree-paid life insurance plans may be terminated. **COBRA:** You agree to be billed monthly.
- You authorize anyone providing services to you or your dependents to release to the health plan(s) any information or medical records relating to the services obtained. The health plan(s) may use or disclose this information for treatment, payment and health care operations and as otherwise permitted in accordance with applicable federal and state laws. For example, the health plan(s) may disclose this information to other organizations or persons for the purpose of coordination of benefits.
- Your children are under age 26 and your natural, legally adopted child, foster child or stepchild or the natural or legally adopted child, foster child or stepchild of your domestic partner. Your other dependents are not married, are financially dependent on you for a minimum of 50% of their financial support, a member of your household, and you act as a guardian for them.
- Enrollment in certain plans may constitute an agreement to have any dispute decided by binding arbitration and waiver of any right to a jury or court trial. The enrollment information or group agreement, available from the health plan, describes whether and how this agreement applies to your plan.
- **Employee:** During the year, you can change your elections in the following plans only if you have a qualifying life event as described under the plan documents and under the Internal Revenue Code: medical plan, dental plan, vision plan, Health Care Spending Account, Dependent Day Care Spending Account and Voluntary Group Accident Insurance Plan. For the Voluntary Group Accident Insurance Plan, this restriction does not apply if you are contributing on an after-tax basis. **Retiree:** Generally, you can change your medical plan and dental plan elections only when you have a qualifying life event as described under the plan documents. **COBRA:** Generally, you can change your medical plan, dental plan or Mental Health and Substance Abuse Plan elections only when you have a qualifying life event as described under the plan documents.
- If you make false representations about your participation in the health care plans, the plan has the right to terminate coverage permanently for you and all of your eligible dependents. Also, the plan may seek financial damages caused by the misrepresentations and may pursue legal action against you. False representation includes, but is not limited to, adding a dependent who is ineligible (for instance, adding a child who doesn't meet the plan qualifications of an eligible dependent).
- You must notify the HR Service Center should your dependent's status change during the year. If your dependents do not meet the Internal Revenue Code section 152 definition of a Qualifying Child or a Qualifying Relative, you must notify the HR Service Center. Contributions for such dependents' coverage will be changed to an after-tax basis. In addition, any employer contributions for such dependents' coverage will be considered imputed income to you. (Be sure to provide names of dependents to the HR Service Center).

**Current Dependent Information — Medical, Dental and Vision Plans**

You do not have any dependents on file.

**2011 BENEFIT SUMMARY**  
**Chevron Medicare Plus Plan — 501**

**Member Services phone number:**

UHC: 1-800-654-0079; Medco: 1-800-935-6215

**Internet address:**

[www.myuhc.com](http://www.myuhc.com)

**Plan Group Number (use when calling the plan):** 247848

**Plan Type:** Medicare Supplement

Medco Prescription Plan Group Number: CMD3896

**Medical Deductible:**

\$300 per person

**Medical Out-of-Pocket (OOP) Maximum:**

\$1,500 per person (does not include deductible)

**Prescription Drugs - Brand Deductible:**

\$310 per person

**Prescription Drugs Out-of-Pocket (OOP):**

\$4,550 per person (including deductible); After OOP is met, coverage level is 95%

| <b>BENEFIT CATEGORY</b>                     | <b>BENEFIT SUMMARY<sup>Ⓞ</sup></b>   |
|---|--|
| <b>PREVENTIVE CARE</b>                      |  |
| Physical Exam                               | Not covered  |
| <b>OUTPATIENT CARE</b>                      |  |
| Office Visits                               | 80%; after Medicare payment and deductible   |
| Surgery                                     | 80%; after Medicare payment and deductible   |
| Lab/X-Ray                                   | 80%; after Medicare payment and deductible   |
| <b>INPATIENT HOSPITAL EXPENSES</b>          |  |
| Room  | 80%; after Medicare payment and deductible   |
| Surgery                                     | 80%; after Medicare payment and deductible   |
| Lab/X-Ray                                   | 80%; after Medicare payment and deductible   |
| <b>EMERGENCY SERVICES</b>                   | 80%; after Medicare payment and deductible   |
| <b>PRESCRIPTION DRUGS</b>                   |  |
| Retail (30-day supply)                      | Generics: \$5 copay; Preferred Brand-Name: After deductible, \$21 copay; Non-Preferred Brand-Name: After deductible, \$42 copay; Specialty, after deductible: 25% to a max of \$50; Medco's Medicare formulary and Medicare network apply. Drugs that are not on the Medco Medicare formulary are not covered. No coverage at out-of-network pharmacies except for certain emergency situations. |
| Mail Order (90-day supply)                  | Generics: \$10 copay; Preferred Brand-Name: After deductible, \$42 copay; Non-Preferred Brand-Name: After deductible, \$84 copay; Specialty: After deductible, member pays 25% to a maximum of \$100; Drugs that are not on the Medco Medicare formulary are not covered.  |
| <b>VISION<sup>Ⓞ</sup></b>                   |  |
| In-Network                                  | 100% comprehensive eye exam, including dilation as needed, per calendar year   |
| Out-of-Network                              | 100% comprehensive eye exam, including dilation as needed, up to a <b>\$45 maximum</b> , per calendar year   |
| <b>CHIROPRACTIC CARE</b>                    | 80%; after Medicare payment and deductible   |
| <b>PHYSICAL THERAPY</b>                     |  |
| Inpatient                                   | 80%; after Medicare payment and deductible   |
| Outpatient                                  | 80%; after Medicare payment and deductible   |
| <b>HOME HEALTH CARE</b>                     | 80%; after Medicare payment and deductible   |
| <b>SKILLED NURSING FACILITY<sup>Ⓞ</sup></b> | 80%; after Medicare payment and deductible   |

**Benefit changes for the 2011 plan year are in bold.**

Benefits described above are for comparison purposes only. Please refer to the Chevron summary plan description (SPD) for a complete list of benefits and exclusions. If there are any discrepancies between the information above and the SPD and plan documents, the SPD and plan documents prevail. You can access the SPD via the internet at [hr2.Chevron.com](http://hr2.Chevron.com).

Drug coverage provided through the Medco Medicare Prescription Plan for Chevron, administered by Medco Health Solutions, Inc. ([www.medco.com](http://www.medco.com)). Drugs that are not on the Medco Medicare formulary are not covered. Please call Medco or reference your Medco Medicare Prescription Plan Evidence of Coverage for more details.

Medical charges covered by both federal Medicare and the Plan are based on Medicare-approved amounts. Medical charges covered only by the Plan are based on the UnitedHealthcare allowable amount. Covered charges for prescription drugs are determined by Medco.

**P5607**

**BRUNSTING000517**

## 2011 BENEFIT SUMMARY

### Chevron Medicare Plus Plan — 501

- ❶ Deductible is in addition to Medicare Parts A and B deductible; however, plan will pay 80% of each Medicare deductible after you have paid the plan deductible.
- ❷ After the prescription drug out-of-pocket (OOP) amount is reached, the plan pays 95% and you pay 5%. Maximum copays apply.
- ❸ For medical charges, in general, the plan pays 80% of the portion of the covered medical charge that remains after Medicare has made their payment.
- ❹ Administered separately by VSP: [www.vsp.com/go/chevron](http://www.vsp.com/go/chevron).
- ❺ For the 21st through 100th day of confinement.

#### For More Information

Visit the Benefits Connection web site through the internet at [www.benefitsweb.com/chevron.html](http://www.benefitsweb.com/chevron.html). Please note you will need your personal identification number (PIN) to access the Benefits Connection web site. If you have forgotten your PIN, and have not registered for the *Forgot Your PIN* service, call the Chevron Human Resources (HR) Service Center at 1-888-TALK2HR (1-888-825-5247) and speak with a Customer Service Representative. If you've already signed up for the service, click the *Forgot Your PIN* link. You can also access additional information and the summary plan description (SPD) at [hr2.Chevron.com](http://hr2.Chevron.com).

**2011 BENEFIT SUMMARY**  
**Chevron Senior Care Plan — 502**

**Member Services phone number:**

UHC: 1-800-654-0079; Medco: 1-800-935-6215

**Plan Group Number (use when calling the plan):** 247848

Medco Prescription Plan Group Number: CMD3896

**Internet address:**

www.myuhc.com

**Plan Type:** Medicare Supplement

**Medical Deductible/Out-of-Pocket Maximum:**

\$2,500 per person (includes deductible)

**Prescription Drugs - Brand Deductible:**

\$310 per person

**Prescription Drugs Out-of-Pocket (OOP):**

\$4,550 per person (including deductible); After OOP is met, coverage level is 95%

| BENEFIT CATEGORY  | BENEFIT SUMMARY   |
|---|---|
| <b>PREVENTIVE CARE</b><br>Physical Exam   | Not covered   |
| <b>OUTPATIENT CARE</b><br>Office Visits<br>Surgery<br>Lab/X-Ray                       | 100%; after Medicare payment and OOP Max is reached<br>100%; after Medicare payment and OOP Max is reached<br>100%; after Medicare payment and OOP Max is reached   |
| <b>INPATIENT HOSPITAL EXPENSES</b><br>Room<br>Surgery<br>Lab/X-Ray                    | 80%; of Part A deductible, then 100% after Medicare payment and OOP Max is reached<br>100%; after Medicare payment and OOP Max is reached<br>100%; after Medicare payment and OOP Max is reached  |
| <b>EMERGENCY SERVICES</b>   | 100%; after Medicare payment and OOP Max is reached   |
| <b>PRESCRIPTION DRUGS</b><br>Retail (30-day supply)<br><br>Mail Order (90-day supply) | Generics: \$5 copay; Preferred Brand-Name: After deductible, \$21 copay; Non-Preferred Brand-Name: After deductible, \$42 copay; Specialty, after deductible: 25% to a max of \$50; Medco's Medicare formulary and Medicare network apply. Drugs that are not on the Medco Medicare formulary are not covered. No coverage at out-of-network pharmacies except for certain emergency situations.<br><br>Generics: \$10 copay; Preferred Brand-Name: After deductible, \$42 copay; Non-Preferred Brand-Name: After deductible, \$84 copay; Specialty: After deductible, member pays 25% to a maximum of \$100; Drugs that are not on the Medco Medicare formulary are not covered. |
| <b>VISION</b><br>In-Network<br>Out-of-Network   | 100% comprehensive eye exam, including dilation as needed, per calendar year<br>100% comprehensive eye exam, including dilation as needed, up to a <b>\$45 maximum</b> , per calendar year  |
| <b>CHIROPRACTIC CARE</b>  | 100%; after Medicare payment and OOP Max is reached   |
| <b>PHYSICAL THERAPY</b>   | 100%; after Medicare payment and OOP Max is reached   |
| <b>HOME HEALTH CARE</b>   | Not covered   |
| <b>SKILLED NURSING FACILITY</b>   | 80%; after Medicare payment; <b>not subject to OOP limit</b>  |

**Benefit changes for the 2011 plan year are in bold.**

Benefits described above are for comparison purposes only. Please refer to the Chevron summary plan description (SPD) for a complete list of benefits and exclusions. If there are any discrepancies between the information above and the SPD and plan documents, the SPD and plan documents prevail. You can access the SPD via the internet at [hr2.Chevron.com](http://hr2.Chevron.com).

Drug coverage provided through the Medco Medicare Prescription Plan for Chevron, administered by Medco Health Solutions, Inc. ([www.medco.com](http://www.medco.com)). Drugs that are not on the Medco Medicare formulary are not covered. Please call Medco or reference your Medco Medicare Prescription Plan Evidence of Coverage for more details.

Medical charges covered by both federal Medicare and the Senior Care Plan are based on Medicare-approved amounts. Medical charges covered only by the Senior Care Plan are based on the UnitedHealthcare allowable amount. Covered charges for prescription drugs are determined by Medco.

## 2011 BENEFIT SUMMARY

### Chevron Senior Care Plan — 502

- ❶ The Chevron plan does not pay for any services until the \$2,500 per person annual deductible/out-of-pocket maximum is reached. However, for certain types of expenses, you don't have to reach the out-of-pocket maximum before the plan pays benefits. For example, the plan (together with any Medicare payments) pays 80 percent of your Medicare Part A deductible, as well as 80 percent of covered charges for certain private-duty nursing and skilled nursing facility care expenses. Once you reach the \$2,500 out-of-pocket maximum, the plan pays 100 percent of covered expenses up to any specific benefit limits.
- ❷ After the prescription drug out-of-pocket (OOP) amount is reached, the plan pays 95% and you pay 5%. Maximum copays apply.
- ❸ Administered separately by VSP: [www.vsp.com/go/chevron](http://www.vsp.com/go/chevron).
- ❹ For the 21st through 100th day of confinement.

#### For More Information

Visit the Benefits Connection web site through the internet at [www.benefitsweb.com/chevron.html](http://www.benefitsweb.com/chevron.html). Please note you will need your personal identification number (PIN) to access the Benefits Connection web site. If you have forgotten your PIN, and have not registered for the *Forgot Your PIN* service, call the Chevron Human Resources (HR) Service Center at 1-888-TALK2HR (1-888-825-5247) and speak with a Customer Service Representative. If you've already signed up for the service, click the *Forgot Your PIN* link. You can also access additional information and the summary plan description (SPD) at [hr2.Chevron.com](http://hr2.Chevron.com).

**2011 BENEFIT SUMMARY  
Chevron Medicare Standard Plan — 503**

**Member Services phone number:**

UHC: 1-800-654-0079; Medco: 1-800-935-6215

**Internet address:**

[www.myuhc.com](http://www.myuhc.com)

**Plan Group Number (use when calling the plan):** 247848

Medco Prescription Plan Group Number: CMD3896

**Medical Deductible:**

\$300 per person

**Medical Out-of-Pocket (OOP) Maximum:**

\$1,500 per person (does not include deductible)

**Prescription Drugs - Brand Deductible:**

\$310 per person

**Prescription Drugs Out-of-Pocket (OOP):**

\$4,550 per person (including deductible); After OOP is met, coverage level is 95%

| <b>BENEFIT CATEGORY</b>                     | <b>BENEFIT COVERAGE<sup>o</sup></b>  |
|---|--|
| <b>PREVENTIVE CARE</b>                      |  |
| Physical Exam                               | Not covered  |
| <b>OUTPATIENT CARE</b>                      |  |
| Office Visits                               | 80% after deductible, minus amount paid by Medicare  |
| Surgery                                     | 80% after deductible, minus amount paid by Medicare  |
| Lab/X-Ray                                   | 80% after deductible, minus amount paid by Medicare  |
| <b>INPATIENT HOSPITAL EXPENSES</b>          |  |
| Room  | 80% after deductible, minus amount paid by Medicare  |
| Surgery                                     | 80% after deductible, minus amount paid by Medicare  |
| Lab/X-Ray                                   | 80% after deductible, minus amount paid by Medicare  |
| <b>EMERGENCY SERVICES</b>                   | 80% after deductible, minus amount paid by Medicare  |
| <b>PRESCRIPTION DRUGS</b>                   |  |
| Retail (30-day supply)                      | Generics: \$5 copay; Preferred Brand-Name: After deductible, \$21 copay; Non-Preferred Brand-Name: After deductible, \$42 copay; Specialty, after deductible: 25% to a max of \$50; Medco's Medicare formulary and Medicare network apply. Drugs that are not on the Medco Medicare formulary are not covered. No coverage at out-of-network pharmacies except for certain emergency situations. |
| Mail Order (90-day supply)                  | Generics: \$10 copay; Preferred Brand-Name: After deductible, \$42 copay; Non-Preferred Brand-Name: After deductible, \$84 copay; Specialty: After deductible, member pays 25% to a maximum of \$100; Drugs that are not on the Medco Medicare formulary are not covered.  |
| <b>VISION<sup>o</sup></b>                   |  |
| In-Network                                  | 100% comprehensive eye exam, including dilation as needed, per calendar year   |
| Out-of-Network                              | 100% comprehensive eye exam, including dilation as needed, up to a <b>\$45 maximum</b> , per calendar year   |
| <b>CHIROPRACTIC CARE</b>                    | 80% after deductible, minus amount paid by Medicare  |
| <b>PHYSICAL THERAPY</b>                     | 80% after deductible, minus amount paid by Medicare  |
| <b>HOME HEALTH CARE</b>                     | 80% after deductible, minus amount paid by Medicare  |
| <b>SKILLED NURSING FACILITY<sup>o</sup></b> | 80% after deductible, minus amount paid by Medicare  |

**Benefit changes for the 2011 plan year are in bold.**

Benefits described above are for comparison purposes only. Please refer to the Chevron summary plan description (SPD) for a complete list of benefits and exclusions. If there are any discrepancies between the information above and the SPD and plan documents, the SPD and plan documents prevail. You can access the SPD via the internet at [hr2.Chevron.com](http://hr2.Chevron.com).

Drug coverage provided through the Medco Medicare Prescription Plan for Chevron, administered by Medco Health Solutions, Inc. ([www.medco.com](http://www.medco.com)). Drugs that are not on the Medco Medicare formulary are not covered. Please call Medco or reference your Medco Medicare Prescription Plan Evidence of Coverage for more details.

Medical charges covered by both federal Medicare and the Medicare Standard Plan are based on Medicare-approved amounts. Medical charges covered only by the Medicare Standard Plan are based on the UnitedHealthcare allowable amount. Covered charges for prescription drugs are determined by Medco.

**P5611**

**BRUNSTING000521**

## 2011 BENEFIT SUMMARY

### Chevron Medicare Standard Plan — 503

- ❶ After the prescription drug out-of-pocket (OOP) amount is reached, the plan pays 95% and you pay 5%. Maximum copays apply.
- ❷ The benefit amount paid is determined by calculating the amount the Medicare Standard Plan would pay and subtracting the amount payable by Medicare. The difference, if any, is the amount payable under the Medicare Standard Plan.
- ❸ Administered separately by VSP: [www.vsp.com/go/chevron](http://www.vsp.com/go/chevron).
- ❹ For the 21st through 100th day of confinement.

#### For More Information

Visit the Benefits Connection web site through the internet at [www.benefitsweb.com/chevron.html](http://www.benefitsweb.com/chevron.html). Please note you will need your personal identification number (PIN) to access the Benefits Connection web site. If you have forgotten your PIN, and have not registered for the *Forgot Your PIN* service, call the Chevron Human Resources (HR) Service Center at 1-888-TALK2HR (1-888-825-5247) and speak with a Customer Service Representative. If you've already signed up for the service, click the *Forgot Your PIN* link. You can also access additional information and the summary plan description (SPD) at [hr2.Chevron.com](http://hr2.Chevron.com).



**2011 BENEFIT SUMMARY**  
**Medical PPO (Option 1) - UHC – 312**

**Member Services phone number:**

UHC: 1-800-654-0079

Medco: 1-800-987-8368

**Plan Group Number (use when calling the plan): 247848**

**Internet address:**

www.myuhc.com

**Plan Type: PPO**

**Medical Deductible:**

\$300 You Only

\$600 You and One Adult

\$600 You and Child(ren)

\$900 You and Family

**Medical Out-of-Pocket (OOP) Maximum:**

\$2,000 You Only

\$4,000 You and One Adult

\$4,000 You and Child(ren)

\$6,000 You and Family

**Prescription Drugs - Retail Deductible:**

\$310 You Only

\$620 You and Family (2 or more)

**Prescription Drugs Out-of-Pocket (OOP) Maximum:**

\$4,240 You Only

\$8,480 You and Family (2 or more)

| BENEFIT CATEGORY  | IN-NETWORK COVERAGE  | OUT-OF-NETWORK COVERAGE <sup>o</sup>  |
|---|--|---|
| <b>PREVENTIVE CARE</b><br>Physical Exam<br>Well-Baby  | 100%, no deductible<br>100%, no deductible   | 100%, no deductible<br>100%, no deductible  |
| <b>OUTPATIENT CARE</b><br>Office Visits<br>Surgery <sup>o</sup><br>Lab/X-Ray                      | 100% after a \$25 copay, no deductible<br>90%, after deductible<br>90%, after deductible   | 80%, after deductible<br>80%, after deductible<br>80%, after deductible   |
| <b>INPATIENT HOSPITAL EXPENSES<sup>o</sup></b><br>Room<br>Surgery<br>Lab/X-Ray                    | 90%, after deductible<br>90%, after deductible<br>90%, after deductible  | 80%, after deductible<br>80%, after deductible<br>80%, after deductible   |
| <b>MATERNITY CARE</b><br>Office Visits<br>Hospital  | 100% after \$25 copay for first visit only, no deductible<br>90%, after deductible   | 80%, after deductible<br>80%, after deductible  |
| <b>EMERGENCY SERVICES<sup>o</sup></b>   | 90%, after deductible  | 90%, after deductible   |
| <b>PRESCRIPTION DRUGS<sup>o</sup></b><br>Retail (30-day supply)<br><br>Mail Order (90-day supply) | <b>After separate deductible: Generics: \$5 copay; Preferred Brand-Name: 80% with a \$15 minimum copay; Non-Preferred Brand-Name: 70% with a \$30 minimum copay; Maintenance Drug Refills: 40% with a \$5 (generic), \$15 (brand), \$30 (non-preferred brand) minimum copay; Specialty: One fill allowed at retail</b><br><b>Generics: \$15 member copay; Preferred Brand-Name: 85% with a \$35 minimum copay; Non-Preferred Brand-Name: 75% with a \$75 minimum copay</b> | Same as in-network. In addition you will pay the cost of the difference between the in-network price of the drug and the out-of-network price of the drug. You will also be required to submit a paper claim form.<br><br>Not covered |
| <b>VISION<sup>o</sup></b>   | 100% comprehensive eye exam, including dilation as needed, per calendar year   | 100% comprehensive eye exam, including dilation as needed, up to a <b>\$45 maximum</b> , per calendar year  |
| <b>CHIROPRACTIC CARE<sup>o</sup></b><br>Office Visit<br>Treatment in Outpatient Facility          | 100% after a \$25 copay, no deductible<br>90%, no deductible   | 80%, after deductible<br>80%, after deductible  |
| <b>PHYSICAL THERAPY<sup>o</sup></b><br>Office Visit<br>Treatment in Outpatient Facility           | 100% after a \$25 copay, no deductible<br>90%, no deductible   | 80%, after deductible<br>80%, after deductible  |
| <b>HOME HEALTH CARE<sup>o</sup></b><br>up to 60 visits per year                                   | 100%, no deductible  | 70%, no deductible  |
| <b>SKILLED NURSING FACILITY<sup>o</sup></b>   | 90%, after deductible  | 80%, after deductible   |

Benefit changes for the 2011 plan year are in bold.

Benefits described above are for comparison purposes only. Please refer to the Chevron summary plan description (SPD) for a complete list of benefits and exclusions. If there are any discrepancies between the information above and the SPD and plan documents, the SPD and plan documents prevail. You can access the SPD via the internet at [hr2.Chevron.com](http://hr2.Chevron.com).

**P5613**

**BRUNSTING000523**

## 2011 BENEFIT SUMMARY

### Medical PPO (Option 1) - UHC — 312

- ❶ Out-of-network plan payments are based on allowable charges. You may be responsible for any difference between the billed amount and the allowable charges.
- ❷ Administered separately by Medco Health Solutions, Inc.: [www.medco.com](http://www.medco.com). For brand name medications purchased via retail or mail order, when a generic equivalent is available, you will pay the generic copayment plus the difference in the cost between the brand drug and the generic drug. If you fill any prescription **out-of-network**, then you will pay the applicable costs plus the difference between the non-network price and the discounted network price for the drug. **Specialty drugs are covered at mail order only after the first fill.**
- ❸ Certain services require notification to UnitedHealthcare.
- ❹ Administered separately by VSP: [www.vsp.com/go/chevron](http://www.vsp.com/go/chevron).
- ❺ Up to 20 visits per calendar year (network and out-of-network combined).
- ❻ Up to 90 visits per calendar year for physical, speech and occupational therapy combined (network and out-of-network combined).
- ❼ Up to 120 days per calendar year (network and out-of-network combined).

#### For More Information

Visit the Benefits Connection web site through the internet at [www.benefitsweb.com/chevron.html](http://www.benefitsweb.com/chevron.html) or the intranet (if you are an employee) at <http://hr.Chevron.com/northamerica/us>. Through this site, you can access additional information based on your available coverage options, including a tool to assist you with finding network providers, and a tool to help you compare and evaluate your health care options based on your personal preferences. Please note you will need your personal identification number (PIN) to access the Benefits Connection web site. If you have forgotten your PIN, and have not registered for the *Forgot Your PIN* service, call the Chevron Human Resources (HR) Service Center at 1-888-TALK2HR (1-888-825-5247) and speak with a Customer Service Representative. If you've already signed up for the service, click the *Forgot Your PIN* link.

**2011 BENEFIT SUMMARY**  
**Medical PPO (Option 2) - UHC — 315**

**Member Services phone number:**

UHC: 1-800-654-0079  
 Medco: 1-800-987-8368

**Internet address:**

www.myuhc.com

**Plan Group Number (use when calling the plan): 247848**

**Plan Type: PPO**

**Medical Deductible:**

\$600 You Only  
 \$1,200 You and One Adult  
 \$1,200 You and Child(ren)  
 \$1,800 You and Family

**Medical Out-of-Pocket (OOP) Maximum:**

\$3,000 You Only  
 \$6,000 You and One Adult  
 \$6,000 You and Child(ren)  
 \$9,000 You and Family

**Prescription Drugs - Retail Deductible:**

\$310 You Only  
 \$620 You and Family (2 or more)

**Prescription Drugs Out-of-Pocket (OOP) Maximum:**

\$4,240 You Only  
 \$8,480 You and Family (2 or more)

| BENEFIT CATEGORY  | IN-NETWORK COVERAGE  | OUT-OF-NETWORK COVERAGE <sup>Ⓞ</sup>  |
|---|--|---|
| <b>PREVENTIVE CARE</b><br>Physical Exam<br>Well-Baby  | 100%, no deductible<br>100%, no deductible   | 100%, no deductible<br>100%, no deductible  |
| <b>OUTPATIENT CARE</b><br>Office Visits<br>Surgery <sup>Ⓞ</sup><br>Lab/X-Ray                      | 100% after a \$25 copay, no deductible<br>90%, after deductible<br>90%, after deductible   | 80%, after deductible<br>80%, after deductible<br>80%, after deductible   |
| <b>INPATIENT HOSPITAL EXPENSES<sup>Ⓞ</sup></b><br>Room<br>Surgery<br>Lab/X-Ray                    | 90%, after deductible<br>90%, after deductible<br>90%, after deductible  | 80%, after deductible<br>80%, after deductible<br>80%, after deductible   |
| <b>MATERNITY CARE</b><br>Office Visits<br>Hospital  | 100% after \$25 copay for first visit only, no deductible<br>90%, after deductible   | 80%, after deductible<br>80%, after deductible  |
| <b>EMERGENCY SERVICES<sup>Ⓞ</sup></b>   | 90%, after deductible  | 90%, after deductible   |
| <b>PRESCRIPTION DRUGS<sup>Ⓞ</sup></b><br>Retail (30-day supply)<br><br>Mail Order (90-day supply) | <b>After separate deductible: Generics: \$5 copay; Preferred Brand-Name: 80% with a \$15 minimum copay; Non-Preferred Brand-Name: 70% with a \$30 minimum copay; Maintenance Drug Refills: 40% with a \$5 (generic), \$15 (brand), \$30 (non-preferred brand) minimum copay; Specialty: One fill allowed at retail</b><br><b>Generics: \$15 member copay; Preferred Brand-Name: 85% with a \$35 minimum copay; Non-Preferred Brand-Name: 75% with a \$75 minimum copay</b> | Same as in-network. In addition you will pay the cost of the difference between the in-network price of the drug and the out-of-network price of the drug. You will also be required to submit a paper claim form.<br><br>Not covered |
| <b>VISION<sup>Ⓞ</sup></b>   | 100% comprehensive eye exam, including dilation as needed, per calendar year   | 100% comprehensive eye exam, including dilation as needed, up to a <b>\$45 maximum</b> , per calendar year  |
| <b>CHIROPRACTIC CARE<sup>Ⓞ</sup></b><br>Office Visit<br>Treatment in Outpatient Facility          | 100% after a \$25 copay, no deductible<br>90%, no deductible   | 80%, after deductible<br>80%, after deductible  |
| <b>PHYSICAL THERAPY<sup>Ⓞ</sup></b><br>Office Visit<br>Treatment in Outpatient Facility           | 100% after a \$25 copay, no deductible<br>90%, no deductible   | 80%, after deductible<br>80%, after deductible  |
| <b>HOME HEALTH CARE<sup>Ⓞ</sup></b><br>up to 60 visits per year                                   | 100%, no deductible  | 70%, no deductible  |
| <b>SKILLED NURSING FACILITY<sup>Ⓞ</sup></b>   | 90%, after deductible  | 80%, after deductible   |

Benefit changes for the 2011 plan year are in bold.

Benefits described above are for comparison purposes only. Please refer to the Chevron summary plan description (SPD) for a complete list of benefits and exclusions. If there are any discrepancies between the information above and the SPD and plan documents, the SPD and plan documents prevail. You can access the SPD via the internet at [hr2.Chevron.com](http://hr2.Chevron.com).

**P5615**

**BRUNSTING000525**

## 2011 BENEFIT SUMMARY

### Medical PPO (Option 2) - UHC — 315

- ① Out-of-network plan payments are based on allowable charges. You may be responsible for any difference between the billed amount and the allowable charges.
- ② Administered separately by Medco Health Solutions, Inc.: [www.medco.com](http://www.medco.com). For brand name medications purchased via retail or mail order, when a generic equivalent is available, you will pay the generic copayment plus the difference in the cost between the brand drug and the generic drug. If you fill any prescription **out-of-network**, then you will pay the applicable costs plus the difference between the non-network price and the discounted network price for the drug. **Specialty drugs are covered at mail order only after the first fill.**
- ③ Certain services require notification to UnitedHealthcare.
- ④ Administered separately by VSP: [www.vsp.com/go/chevron](http://www.vsp.com/go/chevron).
- ⑤ Up to 20 visits per calendar year (network and out-of-network combined).
- ⑥ Up to 90 visits per calendar year for physical, speech and occupational therapy combined (network and out-of-network combined).
- ⑦ Up to 120 days per calendar year (network and out-of-network combined).

#### For More Information

Visit the Benefits Connection web site through the internet at [www.benefitsweb.com/chevron.html](http://www.benefitsweb.com/chevron.html) or the intranet (if you are an employee) at <http://hr.Chevron.com/northamericalus>. Through this site, you can access additional information based on your available coverage options, including a tool to assist you with finding network providers, and a tool to help you compare and evaluate your health care options based on your personal preferences. Please note you will need your personal identification number (PIN) to access the Benefits Connection web site. If you have forgotten your PIN, and have not registered for the *Forgot Your PIN* service, call the Chevron Human Resources (HR) Service Center at 1-888-TALK2HR (1-888-825-5247) and speak with a Customer Service Representative. If you've already signed up for the service, click the *Forgot Your PIN* link.

**2011 BENEFIT SUMMARY**  
**Medical PPO (Option 3) - UHC — 390**

**Member Services phone number:**

UHC: 1-800-654-0079  
 Medco: 1-800-987-8368

**Internet address:**

www.myuhc.com

**Plan Group Number (use when calling the plan):** 247848

**Plan Type:** PPO

**Medical Deductible:**

\$2,500 You Only  
 \$5,000 You and One Adult  
 \$5,000 You and Child(ren)  
 \$7,500 You and Family

**Medical Out-of-Pocket (OOP) Maximum:**

\$4,000 You Only  
 \$8,000 You and One Adult  
 \$8,000 You and Child(ren)  
 \$12,000 You and Family

**Prescription Drugs - Retail Deductible:**

\$310 You Only  
 \$620 You and Family (2 or more)

**Prescription Drugs Out-of-Pocket (OOP) Maximum:**

\$4,240 You Only  
 \$8,480 You and Family (2 or more)

| BENEFIT CATEGORY  | IN-NETWORK COVERAGE  | OUT-OF-NETWORK COVERAGE <sup>Ⓞ</sup>  |
|---|--|---|
| <b>PREVENTIVE CARE</b><br>Physical Exam<br>Well-Baby  | 100%, no deductible<br>100%, no deductible   | 100%, no deductible<br>100%, no deductible  |
| <b>OUTPATIENT CARE</b><br>Office Visits<br>Surgery <sup>Ⓞ</sup><br>Lab/X-Ray                      | 90%, after deductible<br>90%, after deductible<br>90%, after deductible  | 80%, after deductible<br>80%, after deductible<br>80%, after deductible   |
| <b>INPATIENT HOSPITAL EXPENSES<sup>Ⓞ</sup></b><br>Room<br>Surgery<br>Lab/X-Ray                    | 90%, after deductible<br>90%, after deductible<br>90%, after deductible  | 80%, after deductible<br>80%, after deductible<br>80%, after deductible   |
| <b>MATERNITY CARE</b><br>Office Visits<br>Hospital  | 100%, no deductible<br>90%, after deductible   | 80%, after deductible<br>80%, after deductible  |
| <b>EMERGENCY SERVICES<sup>Ⓞ</sup></b>   | 90%, after deductible  | 90%, after deductible   |
| <b>PRESCRIPTION DRUGS<sup>Ⓞ</sup></b><br>Retail (30-day supply)<br><br>Mail Order (90-day supply) | <b>After separate deductible: Generics: \$5 copay; Preferred Brand-Name: 80% with a \$15 minimum copay; Non-Preferred Brand-Name: 70% with a \$30 minimum copay; Maintenance Drug Refills: 40% with a \$5 (generic), \$15 (brand), \$30 (non-preferred brand) minimum copay; Specialty: One fill allowed at retail<br/>Generics: \$15 member copay; Preferred Brand-Name: 85% with a \$35 minimum copay; Non-Preferred Brand-Name: 75% with a \$75 minimum copay</b> | Same as in-network. In addition you will pay the cost of the difference between the in-network price of the drug and the out-of-network price of the drug. You will also be required to submit a paper claim form.<br><br>Not covered |
| <b>VISION<sup>Ⓞ</sup></b>   | 100% comprehensive eye exam, including dilation as needed, per calendar year   | 100% comprehensive eye exam, including dilation as needed, up to a <b>\$45 maximum</b> , per calendar year  |
| <b>CHIROPRACTIC CARE<sup>Ⓞ</sup></b><br>Office Visit<br>Treatment in Outpatient Facility          | 90%, after deductible<br>90%, after deductible   | 80%, after deductible<br>80%, after deductible  |
| <b>PHYSICAL THERAPY<sup>Ⓞ</sup></b><br>Office Visit<br>Treatment in Outpatient Facility           | 90%, after deductible<br>90%, after deductible   | 80%, after deductible<br>80%, after deductible  |
| <b>HOME HEALTH CARE<sup>Ⓞ</sup></b><br>up to 60 visits per year                                   | 90%, after deductible  | 70%, after deductible   |
| <b>SKILLED NURSING FACILITY<sup>Ⓞ</sup></b>   | 90%, after deductible  | 80%, after deductible   |

Benefit changes for the 2011 plan year are in bold.

Benefits described above are for comparison purposes only. Please refer to the Chevron summary plan description (SPD) for a complete list of benefits and exclusions. If there are any discrepancies between the information above and the SPD and plan documents, the SPD and plan documents prevail. You can access the SPD via the internet at [hr2.Chevron.com](http://hr2.Chevron.com).

## 2011 BENEFIT SUMMARY

### Medical PPO (Option 3) - UHC — 390

- ❶ Out-of-network plan payments are based on allowable charges. You may be responsible for any difference between the billed amount and the allowable charges.
- ❷ Administered separately by Medco Health Solutions, Inc.: [www.medco.com](http://www.medco.com). For brand name medications purchased via retail or mail order, when a generic equivalent is available, you will pay the generic copayment plus the difference in the cost between the brand drug and the generic drug. If you fill any prescription **out-of-network**, then you will pay the applicable costs plus the difference between the non-network price and the discounted network price for the drug. **Specialty drugs are covered at mail order only after the first fill.**
- ❸ Certain services require notification to UnitedHealthcare.
- ❹ Administered separately by VSP: [www.vsp.com/go/chevron](http://www.vsp.com/go/chevron).
- ❺ Up to 20 visits per calendar year (network and out-of-network combined).
- ❻ Up to 90 visits per calendar year for physical, speech and occupational therapy combined (network and out-of-network combined).
- ❼ Up to 120 days per calendar year (network and out-of-network combined).

#### For More Information

Visit the Benefits Connection web site through the internet at [www.benefitsweb.com/chevron.html](http://www.benefitsweb.com/chevron.html) or the intranet (if you are an employee) at <http://hr.Chevron.com/northamericalus>. Through this site, you can access additional information based on your available coverage options, including a tool to assist you with finding network providers, and a tool to help you compare and evaluate your health care options based on your personal preferences. Please note you will need your personal identification number (PIN) to access the Benefits Connection web site. If you have forgotten your PIN, and have not registered for the *Forgot Your PIN* service, call the Chevron Human Resources (HR) Service Center at 1-888-TALK2HR (1-888-825-5247) and speak with a Customer Service Representative. If you've already signed up for the service, click the *Forgot Your PIN* link.

## 2011 BENEFIT SUMMARY

### Dental PPO – United Concordia

**Member Services:**  
 1-877-424-3876 (toll-free number)  
 (717) 260-7601 (toll number)  
 uccimail@ucci.com

**Internet address:**  
[www.ucci.com](http://www.ucci.com)

**Network:** National Fee for Service

**Member Services hours:**  
 Representatives are available  
 from 5 a.m. to 5 p.m. Pacific time,  
 Monday through Friday

#### Plan highlights

United Concordia (UCCI) is the claims administrator for the Chevron Dental Plan. The Chevron Dental Plan is a preferred provider organization (PPO) that provides both a network and out-of-network benefit. Dentists and specialists in the network have agreed to accept United Concordia's discounted fees, as the full payment for covered services after you pay any applicable coinsurance.

**Whenever the amount of a proposed treatment is more than \$300 you are encouraged to request that your provider submit a predetermination to UCCI.**

| Coverage   | Network Coverage <sup>1</sup>        | Out-of-Network Coverage <sup>2</sup>  |
|--|--------------------------------------|---|
| Deductible   | No deductible                        | \$100 You only, \$200 You and one adult, \$200 You and Child(ren), \$300 You and family |
| Annual Plan Maximum <sup>3</sup>   | \$2,000 per person per calendar year | \$1,500 per person per calendar year  |
| Oral Exams, X-rays (Bitewing) & Routine Cleanings - (two per calendar year, three for pregnant participants) | 100%                                 | 100%, no deductible   |
| Basic Restorative (fillings), Amalgams, Composites (anterior teeth only)                                     | 90%                                  | 80%, after deductible   |
| Molar Root Canal Therapy   | 90%                                  | 80%, after deductible   |
| Single Tooth Extraction  | 90%                                  | 80%, after deductible   |
| Porcelain Crown, Fused to Base Metal   | 50%                                  | 50%, after deductible   |
| Complete Upper or Lower Denture, Partial, Bridges  | 50%                                  | 50%, after deductible   |
| Implants   | 50%                                  | 50%, after deductible   |
| TMJ Services (non-surgical)  | 50%                                  | 50%, after deductible   |
| TMJ Lifetime Maximum <sup>3</sup>  | \$750                                | \$750   |
| Orthodontics (24-month treatment)  |                                      |   |
| • Adults   | 50%                                  | 50%, no deductible  |
| • Children up to age 19  | 50%                                  | 50%, no deductible  |
| Orthodontic Lifetime Maximum <sup>3</sup>  | \$1,500                              | \$1,000   |
| Specialist Referral Required   | No                                   | No  |

Benefits described above are for comparison purposes only. Please refer to the Chevron summary plan description (SPD) for a complete list of benefits and exclusions. If there are any discrepancies between the information above and the SPD and plan documents, the SPD and plan documents prevail. You can access the SPD via the internet at [hr2.Chevron.com](http://hr2.Chevron.com).

#### Note:

<sup>1</sup> In-network dentists accept United Concordia's discounted fees for covered services as full payment after you pay any applicable coinsurance. You will not be liable for any difference between these discounted fees and the dentist's usual fees for covered services.

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<sup>2</sup> When your deductible is paid, the out-of-network dentists will typically bill you for any difference between their full fee and United Concordia's allowance. You are responsible for paying the difference.

<sup>3</sup> The Annual Maximums are combined: any network benefits used count toward the annual maximum for out-of-network benefits; any out-of-network benefits used count toward the annual maximum for network benefits. Additionally, the network and out-of-network amounts paid towards the Orthodontic Lifetime Maximum, and separately the TMJ Lifetime Maximums, are combined to count toward the respective Lifetime Maximums.

**Your cost for services**

Each time you need dental care, you may use a network or out-of-network dentist. However, when you use a network dentist, your out-of-pocket costs are generally lower than when you access out-of-network services. If you decide to use an out-of-network dentist, you may have to submit your own claim forms and you will have to pay the difference between the dentist's usual fees and United Concordia's allowable allowance. This will be in addition to any required annual deductible and the coinsurance percentage.

**Need more details now?**

Call United Concordia toll-free at 1-877-424-3876 if you have questions about the Chevron Dental Plan, to check if your current dentist is a member of the network or to find a network dentist. Specially trained representatives are available from 5 a.m. to 5 p.m., Pacific time, Monday through Friday. You can also visit United Concordia's web site at [www.ucci.com](http://www.ucci.com) on the Internet.



**2011 BENEFIT SUMMARY**  
**Dental HMO – United Concordia**  
**AL, CA, DC, KY, MD, MI, MO, NJ, OH, PA, TX**

**Member Services toll-free phone number:**  
 1-877-889-6149

**Internet address:**  
[www.ucci.com](http://www.ucci.com)

**Member Services hours:**  
 Representatives are available from 5 a.m. to 5 p.m.  
 Pacific time, Monday through Friday

**Plan highlights**

Concordia Plus is a dental health maintenance organization (HMO) administered by United Concordia (UCCI). The Concordia Plus network is made up of primary dentists and specialists who coordinate all of your dental care. Concordia Plus generally covers the same types of services as the Chevron Dental Plan, which is also administered by UCCI. There are no deductibles or annual maximums in the Concordia Plus plan, and you are required to use a network provider for services.

When you enroll in this plan, you and your dependents must designate a participating dentist in the Concordia Plus network. If you don't designate a participating dentist, the plan will select one for you. If your dentist leaves the Concordia Plus network during the year, you must select another network dentist in your service area (generally the area within 30 miles of your home). Before you join this plan, you need to determine how far you are willing to travel to any of the participating dentists in your area.

**Please note that it is your responsibility to check with United Concordia to determine whether the dentist you have selected is a network provider with this plan. If you enroll and use a dentist outside of the network, there is no coverage and you pay the full cost for services.**

| Coverage   | Benefit Summary<br>Your Copayment <sup>1</sup> |
|--|--|
| Deductible   | No deductible                                  |
| Annual Plan Maximum  | No maximum                                     |
| Oral Exams   | No charge                                      |
| X-rays (Bitewing) & Routine Cleanings <sup>2</sup><br>(one per six consecutive months) | No charge                                      |
| One 3-Surface Filling (amalgam) <sup>3</sup>   | No charge                                      |
| Molar Root Canal Therapy   | \$193  |
| Single Tooth Extraction  | No charge                                      |
| Porcelain Crown, Fused to Base Metal <sup>3</sup>                                      | \$207  |
| Complete Upper or Lower Denture  | \$266  |
| Implants   | Not covered                                    |
| Orthodontics (24-month treatment)  |  |
| • Adults   | \$2,300  |
| • Children up to age 19  | \$2,100  |
| Specialist Referral Required   | Yes  |

<sup>1</sup> This is a summary of services provided under Concordia Plus. Copayments may vary by state. To obtain a complete Schedule of Benefits, please call United Concordia toll-free at 1-877-889-6149.

<sup>2</sup> Participants who are pregnant are allowed 3 cleanings per year.

<sup>3</sup> Your copayment for fillings and crowns vary according to the number of surfaces included and type of filling used. Please refer to the Schedule of Benefits for more information.

**Do you have eligible dependents that live in a different state?**

Concordia Plus only covers services received in the state where you live. This means that dependents living in a different state will not have coverage (except for emergency care).

**How to find a dentist**

Call United Concordia toll-free at 1-877-889-6149 or visit their Web site at [www.ucci.com](http://www.ucci.com) on the Internet. You can choose different dentists for your family members.

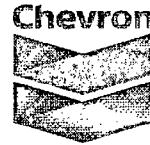
**Need more details now?**

Call United Concordia toll-free at 1-877-889-6149 if you have questions about Concordia Plus benefits.

## 2011 Retiree Cover Letter

**Chevron Corporation**  
Human Resources Service Center  
P.O. Box 436  
Little Falls, NJ 07424

1-888-TALK2HR (1-888-825-5247)  
Outside the U.S. 610-669-8595



0290880.0064.0078

NELVA E BRUNSTING  
13630 PINE ROCK  
HOUSTON TX 77079

September 20, 2010

Enclosed is your 2011 open enrollment worksheet. Please take a few moments to review your plan options and premium billing information. You'll also find instructions on how to enroll in the coverage option you choose.

### Important Premium Billing Information

Chevron's grace period for payment of health and welfare coverage premiums is 30 calendar days. Your payment due date is the first day of each month. Please note if your payment is not received within the grace period, your coverage will be terminated. For example, your January 2011 premium payment is due January 1, 2011, and must be received by January 31, 2011, or your coverage will be terminated retroactively to December 31, 2010. To help avoid the possibility of a late payment, we recommend setting up a direct debit of your premiums from a U.S. savings or checking account. You can sign up for direct debit by clicking on the *Coverage Payment* button in the **Health and Welfare** section of the Benefits Connection Web site at [www.benefitsweb.com/chevron.html](http://www.benefitsweb.com/chevron.html). Or, you may contact the HR Service Center to request a *Direct Debit Authorization Form*.

Please note that there will be no reinstatement of coverage if you miss a payment or make a late payment. If you are a **retiree**, you are eligible to re-enroll at the next open enrollment for coverage in the following year. If you are a **survivor**, you are not eligible to re-enroll once coverage is terminated.

### Important Medicare Part D Information

- **If you are Medicare-eligible, you will need to decide whether it is appropriate for you to enroll in a separate non-Chevron Medicare prescription drug plan.** All of the plans Chevron offers will continue to include prescription drug coverage. Medicare does not allow you to be enrolled in more than one Medicare prescription drug plan. You cannot be enrolled in any other non-Chevron medical plan that offers Medicare prescription drug coverage (even if you choose an option that doesn't include drug coverage).
  - If you wish to continue prescription drug coverage through your Chevron retiree medical plan in 2011, you should not enroll in a separate Medicare prescription drug plan or any other plan that includes prescription drug coverage.
  - If you do enroll in a separate non-Chevron sponsored Medicare prescription drug plan or any other health plan with Medicare prescription drug coverage, your Chevron medical and prescription drug coverage will be terminated.

### Important Open Enrollment Information: Next Steps

Open enrollment is Monday, October 18 through Friday, October 29, 2010. Here's what you need to do next:

- **Carefully review your enclosed 2011 open enrollment worksheet to:**
  - Make sure your health plan is still available. Some HMOs are changing their service areas. If you're no longer eligible for your plan because of a service area change and you don't enroll and make an election, *you'll automatically be covered in the medical plan shown in the If You Don't Make Changes section of the worksheet.* You won't be able to make a change until the next open enrollment period.
  - Review your 2011 health care options and your cost for coverage.

Human Resources Service Center  
P.O. Box 436, Little Falls, NJ 07424  
Phone: 1-888-825-5247 • Fax: 1-888-329-8647  
[www.benefitsweb.com/chevron.html](http://www.benefitsweb.com/chevron.html)  
Outside the US: 610-669-8595

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- Look in the *If You Don't Make Changes* section of the worksheet to see the coverage you'll receive if you don't make any elections during open enrollment.
- **Refer to the October 2010 U.S. Retiree Benefits newsletter** for information about what's changing, where to find open enrollment information and how to enroll. This newsletter was recently mailed to your home. You can also access it online at [hr2.Chevron.com](http://hr2.Chevron.com).
- **Reference Your Chevron Benefits in Retirement - Summary Plan Descriptions (SPDs)**. If you cannot locate your SPD, you can access a copy on the Benefits Connection Web site at [hr2.Chevron.com](http://hr2.Chevron.com) or you can request a copy from the HR Service Center toll-free at 1-888-TALK2HR (1-888-825-5247).
- **Make sure you have your personal identification number (PIN)**. If you've lost or forgotten your PIN, and have not registered for the *Forgot Your PIN* service, call the HR Service Center toll-free at 1-888-TALK2HR (1-888-825-5247) and speak to a Customer Service Center Representative. If you've already signed up for the *Forgot Your PIN* service, log on to the Benefits Connection Web site at [hr2.Chevron.com](http://hr2.Chevron.com) and click the *Forgot Your PIN* link. Act quickly — it can take up to two weeks to receive another PIN reminder in the mail.
- **Enroll between October 18 and October 29, 2010**, if you want to make a change or if your plan is no longer available in 2011.
  - *Plan ahead*. If you'll be traveling or on vacation during open enrollment, remember to take your PIN with you, as well as the HR Service Center phone number and Benefits Connection Web site address.
  - *Avoid peak hours*. If you need to speak with a Customer Service Representative, keep your wait time as short as possible by calling outside of peak hours, which are Mondays and during the lunch hour on all other weekdays.

Beginning on **October 18**, the information on your open enrollment worksheet, as well as general health plan information (benefit summaries), will be available through the Benefits Connection Web site and the HR Service Center:

- **Benefits Connection Web site**: through the HR2 Web site on the Internet at [hr2.Chevron.com](http://hr2.Chevron.com).
- **HR Service Center**: toll-free at **1-888-TALK2HR (1-888-825-5247)**. HR Service Center Customer Service Representatives are available from 9 a.m. to 8 p.m., Eastern time (6 a.m. to 5 p.m., Pacific time), Monday through Friday, except on holidays. If you are outside the U.S. and unable to access toll-free numbers, you can contact the HR Service Center at 610-669-8595.

**Please note that we cannot accept elections made on paper - your open enrollment worksheet is for your reference only.** You must enroll either on the Benefits Connection Web site, or by calling the HR Service Center.

Thank you,

Chevron Human Resources Service Center

*Mem Medical Insurance*

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— ST. FARM INSURANCE

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46,023  
 5875  


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 40,148  
 450  


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 39,698  
 200  


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 39,498

dried macaroni  
 Canned veggie  
 16,490 dried chicken  
 7 min. potatoes  


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 1,490 tomato sauce  
 spaghetti  
 dice  


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 7  
 16. dried peas  
 turn  
 peanut butter

MAY 28  
 66.13.53

United Health  
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Kosch

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800:654-0079

Health: 911-87726-04

ID- 852243769

Group: 247848

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**Anita Brunsting**

**From:** Carole Brunsting [cbrunsting@sbcglobal.net]  
**Sent:** Sunday, February 24, 2008 8:36 PM  
**To:** akbrunsting@suddenlink.net  
**Subject:** Ins info

United Healthcare numbers

840246620 Group number 247848 or 87726

Their number is 800-654-0079

Mother's medicare number is 282-32-8905 -B

Mother misses the company of having some there. I told her she could still have someone come by every other day to help or just visit.

\$300  
\$300

84024

800 of balance of medicare allowance

Name  
Address  
Phone

133-422  
133-422  
133-422  
133-422



# Medicare Summary Notice

Page 1 of 3

July 7, 2011


## CUSTOMER SERVICE INFORMATION

Your Medicare Number: XXX-XX-8905D

If you have questions, call:

Call: 1-800-MEDICARE  
(1-800-633-4227) (18003)  
Ask for Medical Supplies

TTY (tele-typewriter) and TDD users only  
should call: 1-877-486-2048

  
 NELVA E BRUNSTING  
 13630 PINEROCK LN  
 HOUSTON TX 77079-5914

**BE INFORMED:** Beware of telemarketers or advertisements offering free or discounted Medicare items and services.

This is a summary of claims processed from 04/08/2011 through 07/07/2011.

### PART B MEDICAL INSURANCE - ASSIGNED CLAIMS

| Dates of Service  | Services Provided                                    | Amount Charged | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|---|--|----------------|-------------------|------------------------|-------------------|-------------------|
| Claim number 11111724543000   |  |                |                   |                        |                   |                   |
| <b>DUKE MEDICAL EQUIPMENT, L, 4305 HUGH ECHOLS BLVD, BAYTOWN, TX 77521-3366</b> |  |                |                   |                        |                   |                   |
| Referred by: RICHARD J POHIL  |  |                |                   |                        |                   |                   |
| 04/20/11  | 1.0 Nebulizer with compression (E0570-RRKJKX) Rental | \$25.00        | \$12.67           | \$10.14                | \$2.53            | a                 |
| Claim number 11143750185000   |  |                |                   |                        |                   |                   |
| <b>DUKE MEDICAL EQUIPMENT, L, 4305 HUGH ECHOLS BLVD, BAYTOWN, TX 77521-3366</b> |  |                |                   |                        |                   |                   |
| Referred by: RICHARD J POHIL  |  |                |                   |                        |                   |                   |
| 05/20/11  | 1.0 Nebulizer with compression (E0570-RRKJKX) Rental | \$25.00        | \$12.67           | \$10.14                | \$2.53            | a                 |
| Claim number 11171766526000   |  |                |                   |                        |                   |                   |
| <b>DUKE MEDICAL EQUIPMENT, L, 4305 HUGH ECHOLS BLVD, BAYTOWN, TX 77521-3366</b> |  |                |                   |                        |                   |                   |
| Referred by: RICHARD J POHIL  |  |                |                   |                        |                   |                   |
| 06/20/11  | 1.0 Nebulizer with compression (E0570-RRKJKX) Rental | \$25.00        | \$12.67           | \$10.14                | \$2.53            | a                 |

**THIS IS NOT A BILL - Keep this notice for your records. P5630**

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**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS**

(continued)

| Dates of Service   | Services Provided                         | Amount Charged  | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|--|---|-----------------|-------------------|------------------------|-------------------|-------------------|
| Claim number 11115824023000<br><b>MED - CONNECT, 2200 CENTRAL PKWY, STE D, HOUSTON, TX 77092-7710</b><br>Referred by: ROBERT E WHITE |   |                 |                   |                        |                   |                   |
| 04/22/11   | 1.0 Oxygen concentrator (E1390-RR) Rental | \$276.20        | \$173.31          | \$138.65               | \$34.66           | b                 |
| 04/22/11   | 1.0 Portable gaseous O2 (E0431-RR) Rental | 43.43           | 28.74             | 22.99                  | 5.75              | b                 |
| <b>Claim Total</b>   |   | <b>\$319.63</b> | <b>\$202.05</b>   | <b>\$161.64</b>        | <b>\$40.41</b>    |                   |
| Claim number 11143795358000<br><b>MED - CONNECT, 2200 CENTRAL PKWY, STE D, HOUSTON, TX 77092-7710</b><br>Referred by: ROBERT E WHITE |   |                 |                   |                        |                   |                   |
| 05/22/11   | 1.0 Portable gaseous O2 (E0431-RR) Rental | \$43.43         | \$28.74           | \$22.99                | \$5.75            | b                 |
| 05/22/11   | 1.0 Oxygen concentrator (E1390-RR) Rental | 276.20          | 173.31            | 138.65                 | 34.66             | b                 |
| <b>Claim Total</b>   |   | <b>\$319.63</b> | <b>\$202.05</b>   | <b>\$161.64</b>        | <b>\$40.41</b>    |                   |

**Notes Section:**

- a Payment is reduced by 25 percent beginning the 4th month of rental.
- b Medicare will pay for you to rent this equipment for up to 36 months (or until you no longer need the equipment). After the 36 month rental period, Medicare will continue to pay for delivery of liquid and gaseous contents, as long as it is still medically necessary.

**Deductible Information:**

You have met the Part B deductible for 2011.

**General Information:**

You have the right to make a request in writing for an itemized statement which details each Medicare item or service which you have received from your physician, hospital, or any other health supplier or health professional. Please contact them directly, in writing, if you would like an itemized statement.

Compare the services you receive with those that appear on your Medicare Summary Notice. If you have questions, call your doctor or provider. If you feel further investigation is needed due to possible fraud or abuse, call the phone number in the Customer Service Information Box.

Want to see your latest claims? Visit MyMedicare.gov on the web any time, day or night, and get the most out of your Medicare. Your personalized Medicare information is waiting for you online.

(continued)

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**BRUNSTING001653**

# IMPORTANT INFORMATION ABOUT YOUR MEDICARE PART B MEDICAL INSURANCE BENEFITS

For more information about services covered by Medicare, please see your Medicare Handbook.

**MEDICARE PART B MEDICAL INSURANCE:** Medicare Part B helps pay for doctors' services, diagnostic tests, ambulance services, durable medical equipment, and other health care services. Medicare Part A Hospital Insurance helps pay for inpatient hospital care, inpatient care in a skilled nursing facility following a hospital stay, home health care and hospice care. You will be sent a separate notice if you received Part A services or any outpatient facility services.

**MEDICARE ASSIGNMENT:** Medicare Part B claims may be assigned or unassigned. Providers who accept assignment agree to accept the Medicare approved amount as total payment for covered services. Medicare pays its share of the approved amount directly to the provider. You may be billed for unmet portions of the annual deductible and the coinsurance. You may contact us at the address or telephone number in the Customer Service Information box on the front of this notice for a list of participating providers who always accept assignment. You may save money by choosing a participating provider.

Doctors who submit unassigned claims have not agreed to accept Medicare's approved amount as payment in full. Generally, Medicare pays you 80% of the approved amount after subtracting any part of the annual deductible you have not met. A doctor who does not accept assignment may charge you up to 115% of the Medicare approved amount. This is known as the Limiting Charge. Some states have additional payment limits. The NOTES section on the front of this notice will tell you if a doctor has exceeded the Limiting Charge and the correct amount to pay your doctor under the law.

**YOUR RESPONSIBILITY:** The amount in the **You May Be Billed** column is your share of cost for the services shown on this notice. You are responsible for:

- **annual deductible:** taken from the first Medicare Part B approved charges each calendar year,
- **coinsurance:** 20% of the Medicare approved amount, after the deductible has been met for the year,
- the amount billed, up to the **limiting charge**, for unassigned claims, and
- charges for services/supplies that are **not covered** by Medicare. You may not have to pay for certain denied services. If so, a NOTE on the front will tell you.

If you have supplemental insurance, it may help you pay these amounts. If you use this notice to claim supplemental benefits

from another insurance company, make a copy for your records.

**WHEN OTHER INSURANCE PAYS FIRST:** All Medicare payments are made on the condition that you will pay Medicare back if benefits could be paid by insurance that is primary to Medicare. Types of insurance that should pay before Medicare include employer group health plans, no-fault insurance, automobile medical insurance, liability insurance and workers' compensation. Notify us right away if you have filed or could file a claim with insurance that is primary to Medicare.

**YOUR RIGHT TO APPEAL:** If you disagree with what Medicare approved for these services, you may appeal the decision. You must file your appeal within **120 days of the date you receive this notice**. Unless you show us otherwise, we assume you received this notice 5 days after the date of this notice. Follow the appeal instructions on the front of the last page of the notice. If you want help with your appeal, a friend or someone else can help you. Also, groups such as legal aid services may provide free assistance. To contact us for the names and telephone numbers of groups in your area, please see our Customer Service Information box on the front of this notice.

**HELP STOP MEDICARE FRAUD:** Fraud is a false representation by a person or business to get Medicare payments. Some examples of fraud include:

- offers of goods or money in exchange for your Medicare Number,
- telephone or door-to-door offers of free medical services or items, and
- claims for Medicare services or items you did not receive.

If you think a person or business is involved in fraud, you should call Medicare at the Customer Service telephone number on the front of this notice.

**INSURANCE COUNSELING AND ASSISTANCE:** Insurance Counseling and Assistance programs are located in every State. These programs have volunteer counselors who can give you free assistance with Medicare questions, including enrollment, entitlement, Medigap and premium issues. If you would like to know how to get in touch with your local Insurance Counseling and Assistance Program Counselor, please call us at the number shown in the Customer Service Information box on the front of this notice.

*Centers for Medicare & Medicaid Services*

Your Medicare Number: XXX-XX-8905D

Page 3 of 3  
July 7, 2011

**General Information: (continued)**

If you aren't due a payment check from Medicare, your Medicare Summary Notices (MSN) will now be mailed to you on a quarterly basis. You will no longer get a monthly statement in the mail for these types of MSNs. You will now get a statement every 90 days summarizing all of your Medicare claims. Your provider may send you a bill that may need to pay before you get your MSN. When you get your MSN, look to see if you paid more than the MSN says is due. If you paid more, call your provider about a refund. If you have any questions about the bill from your provider, you should call your provider.

Please have your complete Medicare number with you when you call 1-800-MEDICARE so your record can be located. For your protection this MSN does not include your entire number.

If you change your address, contact the Social Security Administration by calling 1-800-772-1213.

Glaucoma may cause blindness. Medicare helps pay for a yearly dilated eye exam for people at high risk for Glaucoma. African-American people over 50, and people with diabetes or a family history of glaucoma are at higher risk. Talk to your doctor to learn if this exam is right for you.

**Appeals Information - Part B**

If you disagree with any claims decisions on this notice, your appeal must be received by **November 9, 2011**. Follow the instructions below:

- 1) Circle the item(s) you disagree with and explain why you disagree.
- 2) Send this notice, or a copy, to the following address: CGS - DME MAC Jurisdiction C, Attn: Redetermination Dept, P. O. Box 20009, Nashville, TN 37202.

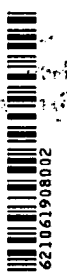
(You may also send any additional information you may have about your appeal.)

- 3) Sign here \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_
- 4) Medicare Number \_\_\_\_\_

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Chevron HRSC  
PO Box 436  
Little Falls, NJ 07424-0436

**Medco Medicare Prescription Plan®(PDP)**



July 26, 2011

Your member numbers are:

Member ID: 358657422574

Group Number: #CMD3896

031611904439//6056//3896//  
Cyc4570//0000676//0006



Nelva E Brunsting  
13630 Pinerock Ln  
Houston, TX 77079-5914

MD06000600067601040000

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## Your Monthly Prescription Drug Summary

For June, 2011

This summary is your "Explanation of Benefits" (EOB) for your Medicare prescription drug coverage (Part D). Please review this summary and keep it for your records. (This is not a bill.)

Here are the sections in this summary:

- SECTION 1. Your prescriptions during the past month
- SECTION 2. Which "drug payment stage" are you in?
- SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)
- SECTION 4. Updates to the plan's Drug List that will affect drugs you take
- SECTION 5. If you see mistakes on this summary or have questions, what should you do?
- SECTION 6. Important things to know about your drug coverage and your rights

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### Need large print or another format?

To get this material in other formats, or ask for language translation services, call Medco Medicare Prescription Plan for Chevron (PDP) Member Services (the number is on this page).

### For languages other than English:

Español 1-800-935-6215 (Spanish)

Medco Medicare Prescription Plan for Chevron (PDP) is operated by Medco Medicare Prescription Plan

### Member Services

If you have questions or need help, call us 24 hours a day, 7 days a week. Calls to these numbers are free.

**1-800-935-6215**

TTY users call: 1-800-716-3231

On the Web at: [www.medco.com](http://www.medco.com)

## SECTION 1. Your prescriptions during the past month

- Chart 1 shows your prescriptions for covered Part D drugs for the past month.
- Please look over this information about your prescriptions to be sure it is correct. If you have any questions or think there is a mistake, Section 5 tells what you should do.

### CHART 1.

Your prescriptions for covered Part D drugs  
June 2011

|   | Plan paid | You paid | Other payments<br>(made by programs or organizations; see Section 3)                                    |
|---|-----------|----------|---|
| <b>SPIRIVA 18 MCG CP-HANDHALER</b><br>6/1/2011, WALGREENS #3328<br>Rx# 000001540089, 30 day supply  | \$97.16   | \$21.00  | \$49.19<br>(paid by "Medicare Coverage Gap Discount Program")<br>\$49.19<br>(paid by "Commercial Wrap") |
| <b>RIFAMPIN 300 MG CAPSULE</b><br>6/1/2011, WALGREENS #3328<br>Rx# 000001534698, 30 day supply      | \$93.44   | \$5.00   | \$0.00  |
| <b>SERTRALINE HCL 50 MG TABLET</b><br>6/1/2011, WALGREENS #3328<br>Rx# 000001542698, 30 day supply  | \$13.13   | \$2.50   | \$2.50<br>(paid by "Medicare Coverage Gap Discount Program")  |
| <b>ETHAMBUTOL HCL 400 MG TABLET</b><br>6/1/2011, WALGREENS #3328<br>Rx# 000001534700, 30 day supply | \$118.54  | \$5.00   | \$0.00  |
| <b>LEVOTHYROXINE 50 MCG TABLET</b><br>6/1/2011, WALGREENS #3328<br>Rx# 000001544277, 30 day supply  | \$1.36    | \$2.50   | \$2.50<br>(paid by "Medicare Coverage Gap Discount Program")  |

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**CHART 1.**  
 Your prescriptions for covered Part D drugs  
 June 2011

|  | Plan paid | You paid | Other payments<br>(made by programs or organizations; see Section 3)                                    |
|--|-----------|----------|---|
| <b>METOPROLOL TARTRATE 50 MG TAB</b><br>6/1/2011, WALGREENS #3328<br>Rx# 000001534699, 30 day supply | \$0.00    | \$4.38   | \$0.00  |
| <b>CLONIDINE HCL 0.1 MG TABLET</b><br>6/25/2011, WALGREENS #3328<br>Rx# 000001559120, 5 day supply   | \$0.00    | \$2.60   | \$0.00  |
| <b>PLAVIX 75 MG TABLET</b><br>6/25/2011, WALGREENS #3328<br>Rx# 000001559118, 30 day supply          | \$0.00    | \$21.00  | \$95.63<br>(paid by "Medicare Coverage Gap Discount Program")<br>\$75.62<br>(paid by "Commercial Wrap") |
| <b>AMLODIPINE BESYLATE 5 MG TAB</b><br>6/25/2011, WALGREENS #3328<br>Rx# 000001559119, 30 day supply | \$10.37   | \$5.00   | \$0.00  |



**CHART 1.**  
**Your prescriptions for covered Part D drugs**  
**June 2011**

**Totals for the month of June 2011**  
**Your "out-of-pocket costs" amount is \$218.80.** (This is the amount you paid this month (\$68.98) plus the amount of "other payments" made this month that count toward your "out-of-pocket costs" (\$25.01). See definitions in Section 3.)  
**Your "total drug costs" amount is \$677.61.** (This is the total for this month of all payments made for your drugs by the plan (\$334.00) and you (\$68.98) plus "other payments" (\$149.82).)

| Plan paid                         | You paid  | Other payments<br>(made by programs or organizations; see Section 3)   |
|-----------------------------------|---|--|
| \$334.00<br>(total for the month) | \$68.98<br>(total for the month)<br><br>(Of this amount, \$25.01 counts toward your "out-of-pocket costs". See definitions in Section 3.) | \$149.82<br>(total for the month)<br><br>(Of this amount, \$25.01 counts toward your "out-of-pocket costs". See definitions in Section 3.) |

**Year-to-date totals**  
**1/1/2011 through 6/30/2011**

**Your year-to-date amount for "out-of-pocket costs" is \$748.70.**  
**Your year-to-date amount for "total drug costs" is \$3,399.45.**  
 For more about "out-of-pocket costs" and "total drug costs", see Section 3.

| Plan paid                          | You paid   | Other payments<br>(made by programs or organizations; see Section 3)   |
|------------------------------------|--|--|
| \$2,525.94<br>(year-to-date total) | \$598.88<br>(year-to-date total)<br><br>(Of this amount, \$598.88 counts toward your "out-of-pocket costs".) | \$274.63<br>(year-to-date total)<br><br>(Of this amount, \$149.82 counts toward your "out-of-pocket costs". See definitions in Section 3.) |



## SECTION 2. Which "drug payment stage" are you in?

As shown below, your prescription drug coverage has "drug payment stages." How much you pay for a prescription depends on which payment stage you are in when you fill it. During the calendar year, whether you move from one payment stage to the next depends on how much is spent for your drugs.

### STAGE 1 Yearly Deductible

- During this payment stage, you (or others on your behalf) pay the full cost of your brand-name drugs.
- You generally pay the full cost of your brand-name drugs until you (or others on your behalf) have paid \$310.00 for your brand-name drugs (\$310.00 is the amount of your brand name deductible).

### STAGE 2 Initial Coverage

- During this payment stage, the plan pays its share of the cost of your drugs and you (or others on your behalf) pay your share of the cost.
- You generally stay in this stage until the amount of your year-to-date "total drug costs" reaches \$2,840.00. Then you move to payment stage 3, Coverage Gap.

### You are in this stage:

### STAGE 3 Coverage Gap

- Once you reach this Stage, manufacturer discounts apply when you purchase brand drugs so that when coupled with the amount the Plan pays, the amount you pay is similar to what you pay prior to entry into the Coverage Gap stage.
- You generally stay in this stage until the amount of your year-to-date "out-of-pocket costs" reaches \$4,550.00. As of 06/30/2011 your year-to-date "out-of-pocket costs" was \$748.70 (see Section 3).

### STAGE 4 Catastrophic Coverage

- During this payment stage, the plan pays most of the cost for your covered drugs.
- You generally stay in this stage for the rest of the calendar year (through December 31, 2011).

### What happens next?

- Once you (or others on your behalf) have paid an additional \$3,801.30 in "out-of-pocket costs", you move to the next payment stage (stage 4, Catastrophic Coverage).

### SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)

We're including this Section to help you keep track of your "out-of-pocket costs" and "total drug costs" because these costs determine which drug payment stage you are in. As explained in Section 2, the payment stage you are in determines how much you pay for your prescriptions.

#### Your "out-of-pocket costs"

\$218.80 month of June 2011

\$748.70 year-to-date (since January 2011)

#### DEFINITION:

##### "Out-of-pocket costs" includes:

- What you pay when you fill or refill a prescription for a covered Part D drug. (This includes payments for your drugs, if any, that are made by family or friends.)
- Payments made for your drugs by any of the following programs or organizations: "Extra Help" from Medicare; Medicare's Coverage Gap Discount Program; Indian Health Service; AIDS drug assistance programs; most charities; and most State Pharmaceutical Assistance Programs (SPAPs).

##### It does not include:

- Payments made for: a) plan premiums, b) drugs not covered by our plan, c) non-Part D drugs (such as drugs you receive during a hospital stay), d) drugs covered by our plan's Supplemental Drug Coverage, e) drugs obtained at a non-network pharmacy that does not meet our out-of-network pharmacy access policy.
- Payments made for your drugs by any of the following programs or organizations: employer or union health plans; some government-funded programs, including TRICARE and the Veteran's Administration; Worker's Compensation; and some other programs.

**Learn More:** Medicare has made the rules about which types of payments count and do not count toward "out-of-pocket costs" and "total drug costs". The definitions on this page give you only the main rules. For details, including more about "covered Part D drugs", see the *Evidence of Coverage*, our benefits booklet (for more about the *Evidence of Coverage*, see Section 6).

#### Your "total drug costs"

\$677.61 month of June 2011

\$3,399.45 year-to-date (since January 2011)

#### DEFINITION:

"Total drug costs" is the total of all payments made for your covered Part D drugs. It includes:

- What the plan pays.
- What you pay.
- What others (programs or organizations) pay for your drugs.

**NOTE:** Our plan offers Supplemental Drug Coverage for some drugs not generally covered by Medicare. If you have filled any prescriptions for these drugs this month, they are listed in a separate chart (Chart 2) in Section 1. The amounts paid for these drugs do not count toward your out-of-pocket costs or total drug costs.

## SECTION 4. Updates to the plan's Drug List that will affect drugs you take

At this time, there are no upcoming changes to our Drug List that will affect the coverage or cost of **drugs you take**. (By "drugs you take", we mean any plan-covered drugs for which you filled prescriptions in 2011 as a member of our plan.)

## SECTION 5. If you see mistakes on this summary or have questions, what should you do?

**If you have questions, call us**

If something is confusing or doesn't look right on this monthly prescription drug summary, please call us at Medco Medicare Prescription Plan Member Services (phone numbers are on the cover of this summary). You can also find answers to many questions at our website: [www.medco.com](http://www.medco.com).

**What about possible fraud?**

Most health care professionals and organizations that provide Medicare services are honest. Unfortunately, there may be some who are dishonest.

If this monthly summary shows drugs you're not taking, or anything else that looks suspicious to you, please contact us.

- Call us at Medco Medicare Prescription Plan Member Services (phone numbers are on the cover of this summary).
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.

## SECTION 6. Important things to know about your drug coverage and your rights

**Your "Evidence of Coverage" has the details about your drug coverage and costs**

The *Evidence of Coverage* is our plan's benefits booklet. It explains your drug coverage and the rules you need to follow when you are using your drug coverage.

We have sent you a copy of the *Evidence of Coverage*. If you need another copy, please call us (phone numbers are on the cover of this summary).

Remember, to get your drug coverage under our plan you must use pharmacies in our network, except in certain circumstances. Also, quantity limitations and restrictions may apply.

**What if you have problems related to coverage or payments for your drugs?**

Your *Evidence of Coverage* has step-by-step instructions that explain what to do if you have problems related to your drug coverage and costs. Here are the chapters to look for:

- Chapter 5. Asking the plan to pay its share of a bill you have received for covered services or drugs.
- Chapter 7. What to do if you have a problem or complaint (coverage decisions, appeals, complaints).

Here are things to keep in mind:

- When we decide whether a drug is covered and how much you pay, it's called a "coverage decision". If you disagree with our coverage decision, you can appeal our decision (see Chapter 7 of the *Evidence of Coverage*).
- Medicare has set the rules for how coverage decisions and appeals are handled. These are legal procedures and the deadlines are important. The process can be done if your doctor tells us that your

health requires a quick decision.

Please ask for help if you need it. Here's how:

- You can call us at Medco Medicare Prescription Plan for Chevron Member Services (phone numbers are on the cover of this monthly summary).
- You can call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- You can call your State Health Insurance Assistance Program (SHIP). The name and phone numbers for this organization are in Chapter 2, Section 3 of your *Evidence of Coverage*.

**Did you know there are programs to help people pay for their drugs?**

- "Extra Help" from Medicare. You may be able to get Extra Help to pay for your prescription drug premiums and costs. This program

is also called the "low-income subsidy" or LIS. People whose yearly income and resources are below certain limits can qualify for this help. To see if you qualify for getting Extra Help, see Section 3 of your *Medicare & You 2011* handbook or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week. You can also call the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778. You can also call your State Medicaid Office.

- **Help from your state's pharmaceutical assistance program.** Many states have State Pharmaceutical Assistance Programs (SPAPs) that help some people pay for prescription drugs based on financial need, age, or medical condition. Each state has different rules. Check with your State Health Insurance Assistance Program (SHIP). The name and phone numbers for this organization are in Chapter 2, Section 3 of your *Evidence of Coverage*.



NELVA E. BRUNSTING  
 13630 PINEROCK  
 HOUSTON TX 77079-5914

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**CUSTOMER SERVICE INFORMATION**

**Your Medicare Number: XXX-XX-8905D**

If you have questions, call 1-800-Medicare  
 (1-800-633-4227)(#04001)

**Ask for Hospital Services**

TTY for Hearing Impaired:1-877-486-2048

**BE INFORMED:** You may see claims that have been adjusted. For an explanation see the General Information section.

This is a summary of claims processed from 06/02/2011 through 06/20/2011.

**PART B MEDICAL INSURANCE - OUTPATIENT FACILITY CLAIMS**

| Dates of Service   | Services Provided                    | Amount Charged | Non-Covered Charges | Deductible and Coinsurance | You May Be Billed | See Notes Section |
|--|--------------------------------------|----------------|---------------------|----------------------------|-------------------|-------------------|
| Control number 21115100890104TXA<br>Memorial Hermann Hospital System<br>921 Gessner Rd<br>Memorial Hermann Memorial City<br>Houston, TX 77024-2501 |                                      |                |                     |                            |                   | a                 |
| Referred by: Ajay Jain   |                                      |                |                     |                            |                   |                   |
| 05/16/11-05/17/11  | Pharmacy                             | \$146.00       | \$0.00              | \$0.00                     | \$0.00            | b                 |
|  | Blood gases any combination (82803)  | 93.50          | 0.00                | 0.00                       | 0.00              | c                 |
|  | Metabolic panel total ca (80048)     | 132.00         | 0.00                | 0.00                       | 0.00              | c                 |
|  | Comprehen metabolic panel (80053)    | 142.75         | 0.00                | 0.00                       | 0.00              | c                 |
|  | Assay of ck (cpk) (82550)            | 122.50         | 0.00                | 0.00                       | 0.00              | c                 |
|  | Creatine mb fraction (82553)         | 270.00         | 0.00                | 0.00                       | 0.00              | c                 |
|  | Assay of lactic acid (83605)         | 41.75          | 0.00                | 0.00                       | 0.00              | c                 |
|  | Natriuretic peptide (83880)          | 69.25          | 0.00                | 0.00                       | 0.00              | c                 |
|  | Assay of total thyroxine (84436)     | 53.25          | 0.00                | 0.00                       | 0.00              | c                 |
|  | Assay thyroid stim hormone (84443)   | 57.00          | 0.00                | 0.00                       | 0.00              | c                 |
|  | Assay of thyroid (t3 or t4) (84479)  | 198.50         | 0.00                | 0.00                       | 0.00              | c                 |
|  | Assay of troponin quant (84484)      | 278.00         | 0.00                | 0.00                       | 0.00              | c                 |
|  | Complete cbc w/auto diff wbc (85025) | 98.00          | 0.00                | 0.00                       | 0.00              | c                 |
|  |                                      |                |                     |                            |                   | (continued)       |

**THIS IS NOT A BILL - Keep this notice for your records.**

## IMPORTANT INFORMATION YOU SHOULD KNOW ABOUT YOUR MEDICARE BENEFITS

For more information about services covered by Medicare, please see your Medicare Handbook.

### PART A HOSPITAL INSURANCE (INPATIENT)

helps pay for inpatient hospital care, inpatient care in a skilled nursing facility following a hospital stay, home health care and hospice care. Inpatient services are measured in benefit periods. A benefit period begins the first time you receive Medicare covered inpatient hospital care and ends when you have been out of the hospital or skilled nursing facility for 60 consecutive days. There is no limit to the number of benefit periods you may have.

**THE AMOUNT YOU MAY BE BILLED** for Part A services includes:

- an inpatient hospital deductible once during each benefit period,
- a coinsurance amount for the 61st through the 90th days of a hospital stay during each benefit period,
- a coinsurance amount for each Lifetime Reserve Day, which can be used if you have to stay in the hospital more than 90 days in one benefit period. Lifetime Reserve Days may be used only once.
- a blood deductible for the first three pints of unreplaced blood furnished to you in a calendar year in some states,
- an inpatient coinsurance for the 21st through the 100th days of a Medicare covered stay in a skilled nursing facility,
- charges for services or supplies that are not covered by Medicare. You may not have to pay for certain denied services. If so, a NOTE on the front will tell you.

**PART B MEDICAL INSURANCE (OUTPATIENT FACILITIES)** helps pay for care provided by certified medical facilities, such as hospital outpatient departments, renal dialysis facilities, and community health centers.

**THE AMOUNT YOU MAY BE BILLED** for Part B services includes:

- an annual deductible, taken from the first Medicare Part B charges each year;
- after the deductible has been met for the year, depending on services received, a coinsurance amount (20 percent of the amount charged), or a fixed copayment for each service; and
- charges for services or supplies that are not covered by Medicare. You may not have to pay for certain denied services. If so, a note on the front will tell you.

If you have supplemental insurance, it may help to pay the amounts you may be billed. If you use this notice to claim supplemental benefits from another insurance company,

make a copy for your records.

**WHEN OTHER INSURANCE PAYS FIRST:** All Medicare payments are made on the condition that you will pay Medicare back if benefits could be paid by insurance that is primary to Medicare. Types of insurance that should pay before Medicare include employer group health plans, no-fault insurance, automobile medical insurance, liability insurance and worker's compensation. Notify us right away if you have filed or could file a claim with insurance that is primary to Medicare.

**YOUR RIGHT TO APPEAL:** If you disagree with what Medicare approved for these services, you may appeal the decision. You must file your appeal within 120 days of the date you receive this notice. Unless you show us otherwise, we assume you received this notice 5 days after the date of this notice. Follow the appeal instructions on the front of the last page of this notice. If you want help with your appeal, a friend or someone else can help you. Also, groups such as legal aid services may provide free assistance. To contact us for the names and telephone numbers of groups in your area, please see our Customer Service Information box on the front of this notice

**HELP STOP MEDICARE FRAUD:** Fraud is a false representation by a person or business to get Medicare payments. Some examples of fraud include:

- offers of goods or money in exchange for your Medicare Number
- telephone or door to door offers of free medical services or items, and
- claims for Medicare services/items you did not receive.

If you think a person or business is involved in fraud, you should call Medicare at the Customer Service telephone number on the front of this notice.

### INSURANCE COUNSELING AND ASSISTANCE:

Insurance Counseling and Assistance programs are located in every state. These programs have volunteer counselors who can give you free assistance with Medicare questions, including enrollment, entitlement, Medigap, and premium issues. If you would like to know how to get in touch with your local Insurance Counseling and Assistance Program Counselor, please call us at the number shown in the Customer Service Information box on the front of this notice.

*CENTERS for MEDICARE & MEDICAID SERVICES*

**PART B MEDICAL INSURANCE - OUTPATIENT FACILITY CLAIMS (continued)**



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0002 OF 0004

| Dates of Service   | Services Provided                    | Amount Charged    | Non-Covered Charges | Deductible and Coinsurance | You May Be Billed | See Notes Section |
|--|--------------------------------------|-------------------|---------------------|----------------------------|-------------------|-------------------|
| <b>This Claim was continued from the previous page.</b>  |                                      |                   |                     |                            |                   |                   |
| 05/16/11-05/17/11  | Prothrombin time (85610)             | 32.75             | 0.00                | 0.00                       | 0.00              | c                 |
|  | Thromboplastin time partial (85730)  | 41.75             | 0.00                | 0.00                       | 0.00              | c                 |
|  | Blood culture for bacteria (87040)   | 131.50            | 0.00                | 0.00                       | 0.00              | c                 |
|  | Chest x-ray (71010)                  | 360.00            | 0.00                | 8.96                       | 8.96              |                   |
|  | Gait training therapy (97116)        | 2.98              | 0.00                | 0.00                       | 0.00              | e,f               |
|  | Gait training therapy (97116)        | 26.27             | 0.00                | 4.65                       | 4.65              | g                 |
|  | Therapeutic activities (97530)       | 30.00             | 0.00                | 5.63                       | 5.63              | h                 |
|  | Pt evaluation (97001)                | 126.41            | 0.00                | 0.00                       | 0.00              | e,f               |
|  | Pt evaluation (97001)                | 72.84             | 0.00                | 13.09                      | 13.09             |                   |
|  | Therapeutic activities (97530)       | 30.00             | 0.00                | 5.63                       | 5.63              | i                 |
|  | Self care mngrmt training (97535)    | 27.00             | 0.00                | 5.40                       | 5.40              | j                 |
|  | Ot evaluation (97003)                | 97.99             | 0.00                | 0.00                       | 0.00              | e,f               |
|  | Ot evaluation (97003)                | 80.26             | 0.00                | 16.05                      | 16.05             |                   |
|  | Hydration iv infusion init (96360)   | 369.50            | 0.00                | 15.03                      | 15.03             |                   |
|  | Emergency dept visit (99284)         | 1,249.50          | 0.00                | 142.03                     | 142.03            |                   |
|  | Normal saline solution infus (J7040) | 50.00             | 0.00                | 0.00                       | 0.00              | b                 |
|  | Electrocardiogram tracing (93005)    | 359.75            | 0.00                | 5.43                       | 5.43              | k                 |
|  | Hospital observation per hr (G0378)  | 227.00            | 0.00                | 0.00                       | 0.00              | b                 |
|  | Hospital observation per hr (G0378)  | 1,644.50          | 0.00                | 0.00                       | 0.00              | b                 |
|  | <b>Claim Total</b>                   | <b>\$6,662.50</b> | <b>\$0.00</b>       | <b>\$221.90</b>            | <b>\$221.90</b>   |                   |
| <p>Control number 21116600290504TXA<br/>                 Memorial Hermann Hospital Syste<br/>                 921 Gessner Rd<br/>                 Memorial Hermann Memorial City<br/>                 Houston, TX 77024-2501<br/>                 Referred by: Ajay Jain</p> |                                      |                   |                     |                            |                   |                   |
| 05/16/11-05/17/11  | Pharmacy                             | \$146.00          | \$0.00              | \$0.00                     | \$0.00            | b                 |
|  | Blood gases any combination (82803)  | 93.50             | 0.00                | 0.00                       | 0.00              | c                 |
|  | Metabolic panel total ca (80048)     | 132.00            | 0.00                | 0.00                       | 0.00              | c                 |
|  | Comprehen metabolic panel (80053)    | 142.75            | 0.00                | 0.00                       | 0.00              | c                 |
|  | Assay of ck (cpk) (82550)            | 122.50            | 0.00                | 0.00                       | 0.00              | c                 |
|  | Creatine mb fraction (82553)         | 270.00            | 0.00                | 0.00                       | 0.00              | c                 |
|  | Assay of lactic acid (83605)         | 41.75             | 0.00                | 0.00                       | 0.00              | c                 |
|  | Natriuretic peptide (83880)          | 69.25             | 0.00                | 0.00                       | 0.00              | c                 |
|  | Assay of total thyroxine (84436)     | 53.25             | 0.00                | 0.00                       | 0.00              | c                 |
|  | Assay thyroid stim hormone (84443)   | 57.00             | 0.00                | 0.00                       | 0.00              | c                 |
|  | Assay of thyroid (t3 or t4) (84479)  | 198.50            | 0.00                | 0.00                       | 0.00              | c                 |
|  | Assay of troponin quant (84484)      | 278.00            | 0.00                | 0.00                       | 0.00              | c                 |
|  | Complete cbc w/auto diff wbc (85025) | 98.00             | 0.00                | 0.00                       | 0.00              | c                 |

(continued)



## PART B MEDICAL INSURANCE - OUTPATIENT FACILITY CLAIMS (continued)

| Dates of Service  | Services Provided                    | Amount Charged    | Non-Covered Charges | Deductible and Coinsurance | You May Be Billed | See Notes Section |
|---|--------------------------------------|-------------------|---------------------|----------------------------|-------------------|-------------------|
| <b>This Claim was continued from the previous page.</b> |                                      |                   |                     |                            |                   |                   |
| 05/16/11-05/17/11                                       | Prothrombin time (85610)             | 32.75             | 0.00                | 0.00                       | 0.00              | c                 |
|   | Thromboplastin time partial (85730)  | 41.75             | 0.00                | 0.00                       | 0.00              | c                 |
|   | Blood culture for bacteria (87040)   | 131.50            | 0.00                | 0.00                       | 0.00              | c                 |
|   | Chest x-ray (71010)                  | 360.00            | 0.00                | 8.96                       | 8.96              |                   |
|   | Airway inhalation treatment (94640)  | 574.75            | 0.00                | 15.39                      | 15.39             | n                 |
|   | Gait training therapy (97116)        | 2.98              | 0.00                | 0.00                       | 0.00              | e,f               |
|   | Gait training therapy (97116)        | 26.27             | 0.00                | 4.65                       | 4.65              | o                 |
|   | Therapeutic activities (97530)       | 30.00             | 0.00                | 5.63                       | 5.63              | p                 |
|   | Pt evaluation (97001)                | 126.41            | 0.00                | 0.00                       | 0.00              | e,f               |
|   | Pt evaluation (97001)                | 72.84             | 0.00                | 13.09                      | 13.09             |                   |
|   | Therapeutic activities (97530)       | 30.00             | 0.00                | 5.63                       | 5.63              | q                 |
|   | Self care mngmt training (97535)     | 27.00             | 0.00                | 5.40                       | 5.40              | r                 |
|   | Ot evaluation (97003)                | 97.99             | 0.00                | 0.00                       | 0.00              | e,f               |
|   | Ot evaluation (97003)                | 80.26             | 0.00                | 16.05                      | 16.05             |                   |
|   | Hydration iv infusion init (96360)   | 369.50            | 0.00                | 15.03                      | 15.03             |                   |
|   | Emergency dept visit (99284)         | 1,249.50          | 0.00                | 142.03                     | 142.03            |                   |
|   | Normal saline solution infus (J7040) | 50.00             | 0.00                | 0.00                       | 0.00              | b                 |
|   | Electrocardiogram tracing (93005)    | 359.75            | 0.00                | 5.43                       | 5.43              | s                 |
|   | Hospital observation per hr (G0378)  | 227.00            | 0.00                | 0.00                       | 0.00              | b                 |
|   | Hospital observation per hr (G0378)  | 1,644.50          | 0.00                | 0.00                       | 0.00              | b                 |
|   | <b>Claim Total</b>                   | <b>\$7,237.25</b> | <b>\$0.00</b>       | <b>\$237.29</b>            | <b>\$237.29</b>   |                   |

## Notes Section:

- a The amount Medicare paid the provider for this claim is \$1,123.19.
- b Payment is included in another service received on the same day.
- c This service is paid at 100% of the Medicare approved amount.
- d The approved amount is based on a special payment method.
- e This amount is the difference in billed amount and Medicare approved amount.
- f You should not be billed for this service. You do not have to pay this amount.
- g The following policies L26832 were used when we made this decision.

(continued)

**Notes Section: (continued)**

h. The following policies L26832 were used when we made this decision.

i. The following policies L26832 were used when we made this decision.

j. The following policies L26832 were used when we made this decision.

k. The following policies L26535 were used when we made this decision.

l. The amount Medicare paid the provider for this claim is \$1,164.92.

m. This is an adjustment to a previously processed claim and/or deductible record.

n. The following policies L26722 were used when we made this decision.

o. The following policies L26832 were used when we made this decision.

p. The following policies L26832 were used when we made this decision.

q. The following policies L26832 were used when we made this decision.

r. The following policies L26832 were used when we made this decision.

s. The following policies L26535 were used when we made this decision.

**Deductible Information:**

You have met the Part B deductible for 2011.



770996 006226  
0003 OF 0004

## General Information:

If the coinsurance amount you paid is more than the amount shown on your notice, you are entitled to a refund, please contact your provider.

Glaucoma may cause blindness. Medicare helps pay for a yearly dilated eye exam for people at high risk for Glaucoma. African-Americans over 50 and people with diabetes or a family history of glaucoma are at higher risk. Talk to your doctor to learn if this exam is right for you.

Medicare covers benefits to help control diabetes. Benefits include your diabetes self-testing equipment and supplies, diabetes self-management training and medical nutrition therapy.

If you have not received your flu vaccine it is not too late. Please contact your health care provider about getting the flu vaccine.

Want to see your latest claims? Visit [MyMedicare.gov](http://MyMedicare.gov) on the web any time, day, or night, and get the most out of your Medicare. Your personalized Medicare information is waiting for you online.

Please send written appeal requests to: Medicare Part A  
P.O. Box 660155 Dallas, TX 75266-0155.  
Send routine written inquiries to: General Medicare-BIC, P.O. Box 100297,  
Columbia, SC 29202-3297.

If you aren't due a payment check from Medicare, your Medicare Summary Notices (MSN) will now be mailed to you on a quarterly basis. You will no longer get a monthly statement in the mail for these types of MSNs. You will now get a statement every 90 days summarizing all of your Medicare claims. Your provider may send you a bill that you may need to pay before you get your MSN. When you get your MSN, look to see if you paid more than the MSN says is due. If you paid more, call your provider about a refund. If you have any questions about the bill from your provider, you should call your provider.

Electronic prescribing can save you time at the pharmacy, Reduce the chance of getting the wrong medication or dose, and save money. When you go to the doctor, ask "Do you e-prescribe?"

Caring for someone with Medicare? We know it's not easy. Visit "Ask Medicare" at [medicare.gov/caregivers](http://medicare.gov/caregivers) for up-to-the-minute information, resources, and tips on making the most of Medicare.

If you change your address, contact the Social Security Administration by calling 1-800-772-1213.

**General Information (continued):**

Please have your complete Medicare number with you when you call 1-800-MEDICARE so your record can be located. For your protection this MSN does not include your entire number.

January is cervical cancer prevention month. The Pap test is the most effective way to screen for cervical cancer. Medicare helps pay for screening Pap tests every 2 years. For more information on Pap tests, call your Medicare carrier.

Your claims may have been adjusted since Medicare changed how it pays for certain services in 2010. You can compare claims that have been changed to previous statements you received in the past. Your provider may owe you a refund or you may have to pay more coinsurance. Call your provider or 1-800-MEDICARE.

Medicare helps pay for many preventive services including flu and pneumococcal shots, tests for cancer, diabetes monitoring supplies and other. Call 1-800-MEDICARE (1-800-633-4227) for more information.

**Appeals Information - Part B (Outpatient)**

**If you disagree with any claims decisions on this notice, your appeal must be received by October 27, 2011.**

Follow the instructions below:

- 1) Circle the item(s) you disagree with and explain why you disagree.
- 2) Send this notice, or a copy, to the following address:

**TRAILBLAZER HEALTH ENTERPRISES, LLC  
PO BOX 660155  
DALLAS, TX 75266-0155**

(You may also send any additional information you may have about your appeal.)

- 3) Sign here \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_
- 4) Medicare Number: \_\_\_\_\_

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0004 of 0004

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**P5649**

**BRUNSTING001671**



P.O. Box 30573, Salt Lake City, UT 84130-0573

06/28/2011

NELVA BRUNSTING  
13630 PINE ROCK  
HOUSTON TX 77079

RE: RADIOLOGY WEST LLP

Date of Service (includes but not limited to): 05/16/2011

Date of Our Receipt of the Appeal: 06/27/2011

Dear Member or Provider:

You are not required to respond to this letter. This is an acknowledgment that we received the appeal request or a request on your behalf to review our previous benefit decision. We're currently reviewing your request, the documentation submitted, our payment policies, and the coverage document. If your request qualifies for an appeal, grievance or complaint, we will complete our review and send you a letter about our decision within 30 days from the date the written complaint or one-page complaint form is received. Decision letters will include a statement of the specific medical determination, clinical basis, and contractual criteria used to reach the final decision. Letters will also include the toll-free telephone number and address of the Texas Department of Insurance. All other requests will be handled as normal course of business. If you have requested an expedited appeal because your appeal relates to a denial involving a life-threatening condition or emergency care or a continued hospital stay, we will complete our review within one business day.

We want to make decisions about our customers' requests based on complete information. If your complaint or appeal relates to a claim for payment or an adverse determination, your request should include the following information, if it has not already been provided:

- The patient's name and the identification number from the ID card.
- The date(s) of medical service(s)
- The provider's name
- The reason you believe the claim should be paid
- Any new information to support your request for claim payment

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P5650

BRUNSTING001672

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P5651

BRUNSTING001673

If you, a representative or a physician has information that might help us in our review, send the information as soon as possible to:

**FOR MEMBERS AND OTHERS:**

Member Appeal Information:

UnitedHealthcare

Central Escalation Unit

P. O. Box 30573

Salt Lake City, UT 84130-0573

**FOR NETWORK PROVIDERS:**

Provider Appeal Information:

UnitedHealthcare

Central Escalation Unit

P.O. Box 30559

Salt Lake City, UT 84130-0573

*ATTENTION MEMBERS OF TEXAS HMO PLANS ONLY: If you are a member of a UnitedHealthcare HMO plan, the following provides your appeal rights if your appeal request is not resolved to your satisfaction.*

*Your Appeal Rights*

*Second Level Review: If your first level appeal request is not resolved to your satisfaction, you have the right to a Second Level Review and complaint appeal hearing. We will appoint a committee to resolve or recommend the resolution of your appeal. The hearing may be scheduled at the site where you normally receive health care services, or at another site mutually agreed upon. You also may choose to hold the hearing telephonically. If your appeal is related to clinical matters, the committee will include health care professionals who did not make the initial determination. We may consult with, or seek the participation of, medical experts as part of the appeal resolution process.*

The appeal process will be complete within 30 days of receiving an appeal.

To request a second level review, please call us at the telephone number listed on the back of your UnitedHealthcare health care ID card or write to:-

UnitedHealthcare Central Escalation Unit

P.O. Box 30573

Salt Lake City, UT 84130-0573

Your request should include (1) a specific request for a hearing; (2) the name, address, and ID number of the plan enrollee; (3) the name and address of any authorized representative with whom you are consulting; (4) information regarding the service(s) for which coverage was denied; and (5) any new relevant information that was not already provided in conjunction with your initial appeal.



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*We will: (1) Contact you to determine your selected method and place of the hearing, i.e. in person or telephonically; (2) notify you at least five (5) business days before the scheduling of your hearing in writing; (3) at least five (5) business days before the hearing, send you or your designated representative a letter with the following: (a) the date and time of the hearing; (b) instructions on how to participate in the hearing; (c) information about your right to designate a representative to participate in the hearing on your behalf and to present other expert testimony (excluding legal counsel); (d) information about your right to send a written appeal to the hearing panel; (e) information about your right to request the presence of, and question, any individuals involved in the decision that led you to request a Complaint Appeal Hearing; (f) the names and affiliations of the hearing panel members who will consider your case, including the specialization of physicians or providers consulted with expertise in the medical area of your case who were not involved in the previous decisions about your case; and (g) copies of all documentation being provided to the panel for its consideration; and (4) send you written notice of the panel's decision within 30 days of receiving your hearing request.*

*Texas complaint appeal panels will be composed of an equal number of health maintenance organization (HMO) staff members, physicians or other providers, and enrollees. A member of a complaint appeal panel may not have been previously involved in the disputed decision. The enrollee members of a complaint appeal panel may not be employees of the HMO.*

**APPEALS INVOLVING ADVERSE DETERMINATION DECISIONS:**

**External Review:** *If your appeal was decided on the basis of medical necessity, and you are not satisfied with the decision of the review, you may request a review by an independent review company. Your decision to request a review by an external group will not affect your rights to any other benefits under your benefit plan. For more information or to initiate this process, you or your authorized representative may call us at the telephone number listed on the back of your UnitedHealthcare health care ID card or write to the address shown below.*

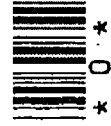
*UnitedHealthcare  
Central Escalation Unit  
4316 Rice Lake Road  
Duluth, MN 55811*

You or your authorized representative may at any time contact the Texas Department of Insurance to obtain information on companies, coverage and rights or to file a complaint:

Texas Department of Insurance  
P.O. Box 149104  
Austin, TX 78714-9104  
Phone: (800) 252-3439  
Fax: (512) 475-1771

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**P5655**

**BRUNSTING001677**

You may request verbal translation of this letter and future appeal correspondence into a non-English language. In order to request language translation, please call the Customer Care phone number on the back of your UnitedHealthcare ID card, or send your request to:

UnitedHealthcare Central Escalation Unit  
ATTN: Language Translation  
4316 Rice Lake Road  
Duluth, MN 55811

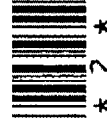
Your satisfaction is important to us. As part of our continuing efforts to increase member satisfaction, it is our goal to thoroughly review appeals and provide you with a prompt and complete response. If you have any questions, please call us at the telephone number listed on the back of your health care ID card.

We want to help you make the most of your health plan benefits. For personalized benefits information, claim status, the latest health information and more, visit [www.MyUHC.com](http://www.MyUHC.com).

Sincerely,

Resolving Analyst  
Central Escalation Unit

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P.O. Box 30573, Salt Lake City, UT 84130-0573

07/18/2011

NELVA BRUNSTING  
13630 PINE ROCK  
HOUSTON TX 77079

RE: RADIOLOGY WEST

Date of Service (includes but not limited to): 06/06/2011

Date of Our Receipt of the Appeal: 07/15/2011

Dear Member or Provider:

You are not required to respond to this letter. This is an acknowledgment that we received the appeal request or a request on your behalf to review our previous benefit decision. We're currently reviewing your request, the documentation submitted, our payment policies, and the coverage document. If your request qualifies for an appeal, grievance or complaint, we will complete our review and send you a letter about our decision within 30 days from the date the written complaint or one-page complaint form is received. Decision letters will include a statement of the specific medical determination, clinical basis, and contractual criteria used to reach the final decision. Letters will also include the toll-free telephone number and address of the Texas Department of Insurance. All other requests will be handled as normal course of business. If you have requested an expedited appeal because your appeal relates to a denial involving a life-threatening condition or emergency care or a continued hospital stay, we will complete our review within one business day.

We want to make decisions about our customers' requests based on complete information. If your complaint or appeal relates to a claim for payment or an adverse determination, your request should include the following information, if it has not already been provided:

- The patient's name and the identification number from the ID card.
- The date(s) of medical service(s)
- The provider's name
- The reason you believe the claim should be paid
- Any new information to support your request for claim payment

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BRUNSTING001680

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**P5659**

**BRUNSTING001681**

If you, a representative or a physician has information that might help us in our review, send the information as soon as possible to:

**FOR MEMBERS AND OTHERS:**

Member Appeal Information:

UnitedHealthcare

Central Escalation Unit

P. O. Box 30573

Salt Lake City, UT 84130-0573

**FOR NETWORK PROVIDERS:**

Provider Appeal Information:

UnitedHealthcare

Central Escalation Unit

P.O. Box 30559

Salt Lake City, UT 84130-0573

*ATTENTION MEMBERS OF TEXAS HMO PLANS ONLY: If you are a member of a UnitedHealthcare HMO plan, the following provides your appeal rights if your appeal request is not resolved to your satisfaction.*

*Your Appeal Rights*

*Second Level Review: If your first level appeal request is not resolved to your satisfaction, you have the right to a review and complaint appeal hearing. We will appoint a committee to resolve or recommend the resolution of your appeal. The hearing may be scheduled at the site where you normally receive health care services, or at another site mutually agreed upon. You also may choose to hold the hearing telephonically. If your appeal is related to clinical matters, the committee will include health care professionals who did not make the initial determination. We may consult with, or seek the participation of, medical experts as part of the appeal resolution process.*

The appeal process will be complete within 30 days of receiving an appeal.

To request a review, please call us at the telephone number listed on the back of your UnitedHealthcare health care ID card or write to:

UnitedHealthcare Central Escalation Unit

P.O. Box 30573

Salt Lake City, UT 84130-0573

Your request should include (1) the name, address, and ID number of the plan enrollee; (2) the name and address of any authorized representative with whom you are consulting; (3) information regarding the service(s) for which coverage was denied; and (4) any new relevant information that was not already provided in conjunction with your initial appeal.



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BRUNSTING001683

We will: (1) Contact you to determine your selected method and place of the hearing, i.e. in person or telephonically; (2) notify you at least five (5) business days before the scheduling of your hearing in writing; (3) at least five (5) business days before the hearing, send you or your designated representative a letter with the following: (a) the date and time of the hearing; (b) instructions on how to participate in the hearing; (c) information about your right to designate a representative to participate in the hearing on your behalf and to present other expert testimony (excluding legal counsel); (d) information about your right to send a written appeal to the hearing panel; (e) information about your right to request the presence of, and question, any individuals involved in the decision that led you to request a Complaint Appeal Hearing; (f) the names and affiliations of the hearing panel members who will consider your case, including the specialization of physicians or providers consulted with expertise in the medical area of your case who were not involved in the previous decisions about your case; and (g) copies of all documentation being provided to the panel for its consideration; and (4) send you written notice of the panel's decision within 30 days of receiving your hearing request.

Texas complaint appeal panels will be composed of an equal number of health maintenance organization (HMO) staff members, physicians or other providers, and enrollees. A member of a complaint appeal panel may not have been previously involved in the disputed decision. The enrollee members of a complaint appeal panel may not be employees of the HMO.

#### APPEALS INVOLVING ADVERSE DETERMINATION DECISIONS:

**External Review:** If your appeal was decided on the basis of medical necessity, and you are not satisfied with the decision of the review, you may request a review by an independent review company. Your decision to request a review by an external group will not affect your rights to any other benefits under your benefit plan. For more information or to initiate this process, you or your authorized representative may call us at the telephone number listed on the back of your UnitedHealthcare health care ID card or write to the address shown below.

UnitedHealthcare  
Central Escalation Unit  
4316 Rice Lake Road  
Duluth, MN 55811

You or your authorized representative may at any time contact the Texas Department of Insurance to obtain information on companies, coverage and rights or to file a complaint:

Texas Department of Insurance  
P.O. Box 149104  
Austin, TX 78714-9104  
Phone: (800) 252-3439  
Fax: (512) 475-1771

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**P5663**

**BRUNSTING001685**

Questions or concerns may also be addressed with the Texas Consumer Health Assistance Program, Texas (CHAP) at the following:

Texas Consumer Health Assistance Program  
Texas Department of Insurance  
Mail Code 111-1A  
333 Guadalupe  
P.O. Box 149091  
Austin, TX 78714  
Toll-free telephone: 1-855-839-2427 (1-855-TEX-CHAP)  
Web site: [www.texashealthoptions.com](http://www.texashealthoptions.com)  
E-mail: [chap@tdi.state.tx.us](mailto:chap@tdi.state.tx.us)

You may request translation of this letter and future appeal correspondence into a non-English language. In order to request language translation, please call the Customer Care phone number on the back of your UnitedHealthcare ID card, or send your request to:

UnitedHealthcare Central Escalation Unit  
ATTN: Language Translation  
4316 Rice Lake Road  
Duluth, MN 55811

Your satisfaction is important to us. As part of our continuing efforts to increase member satisfaction, it is our goal to thoroughly review appeals and provide you with a prompt and complete response. If you have any questions, please call us at the telephone number listed on the back of your health care ID card.

We want to help you make the most of your health plan benefits. For personalized benefits information, claim status, the latest health information and more, visit [www.MyUHC.com](http://www.MyUHC.com).

Sincerely,

Resolving Analyst  
Central Escalation Unit

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**P5665**

**BRUNSTING001687**



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**NOTE: Please place in Envelope and send via US MAIL.**

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Show this in from of the Envelope Window

NELVA BRUNSTING  
13630 PINE ROCK  
HOUSTON TX 77079

**P5666**

BRUNSTING001688

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Your account continues to show an outstanding balance. The balance must be paid in full within 15 days to prevent further collection action.

|                             |                 |
|-----------------------------|-----------------|
| <b>EKG/EEG</b>              | <b>359.75</b>   |
| <b>EMERGENCY SERVICES</b>   | <b>1,619.00</b> |
| <b>LABORATORY</b>           | <b>1,762.50</b> |
| <b>PHARMACY</b>             | <b>196.00</b>   |
| <b>PHARMACY/SELF ADMIN</b>  | <b>491.75</b>   |
| <b>RADIOLOGY</b>            | <b>360.00</b>   |
| <b>RESPIRATORY SERVICES</b> | <b>65.50</b>    |
| <b>ROOM CHARGES</b>         | <b>1,871.50</b> |
| <b>SUPPLIES</b>             | <b>745.25</b>   |
| <b>THERAPY SERVICES</b>     | <b>493.75</b>   |

| PATIENT NAME       | ACCOUNT NUMBER           | ADMIT/SERVICE DATE     | DISCHARGE DATE    | SERVICE     |
|--------------------|--------------------------|------------------------|-------------------|-------------|
| BRUNSTING, NELVA E | 0343169227509            | 05/16/11               | 05/17/11          | OUTPATIENT  |
| TOTAL CHARGES      | TOTAL INSURANCE PAYMENTS | TOTAL PATIENT PAYMENTS | TOTAL ADJUSTMENTS | BALANCE DUE |
| \$7,965.00         | \$-1,342.44              | \$0.00                 | \$-6,562.79       | \$59.77     |

Our Customer Service Department is available:  
Monday-Friday 8:00a.m. to 8:00p.m. cst  
Saturday 8:00a.m. - 12:00 Noon

Memorial Hermann Hospital System  
P.O. BOX 4370  
Houston, TX 77210-4370

patient.billing@memorialhermann.org

Pay your bill on-line at: [www.memorialhermann.org](http://www.memorialhermann.org)  
Para la ayuda en español, llame (713)448-5502.

**Local Phone:**  
(713)448-5502

**Toll Free:**  
(800)526-2121

|                                      |          |
|--------------------------------------|----------|
| <b>BALANCE LAST STATEMENT</b>        | \$59.77  |
| <b>PAYMENTS SINCE LAST STATEMENT</b> | \$0.00   |
| <b>STATEMENT DATE</b>                | 07/31/11 |
| <b>DUE DATE</b>                      | 08/17/11 |

PAYMENTS POSTED TO YOUR ACCOUNT AFTER THIS STATEMENT DATE WOULD NOT BE REFLECTED IN THE CURRENT BALANCE DUE

**MEMORIAL  
HERMANN**

**P5668**

**BRUNSTING001690**



**Memorial Hermann Healthcare System  
Charity Care Program**

Memorial Hermann Healthcare System's Charity Policy and Admissions Policy govern how charity care is provided. On the basis of these policies, a determination will be made regarding a patient's eligibility for charity care.

Payment from all other possible payment sources must be exhausted before a patient can be considered for the charity care program. For patients who do not have insurance coverage, alternate funding and payment plan options may be available. Our staff or contracted agents work with patients to identify potential options.

Charity care may be available to patients who do not have the means to pay for their healthcare expenses and do not qualify for any government or other programs. A patient may qualify for charity based on federal poverty guidelines.

To be considered for this program, patients are required to provide financial information for the household by completing a Financial Information Form along with supporting documentation. To verify income, the most current Federal Income Tax Return should be provided. Other pieces of supporting documentation may be requested in addition to or instead of the Tax Return, including: Last two Employer paycheck stubs, written documentation from income sources, and a copy of all bank statements for the last three months. Memorial Hermann reserves the right to review an applicant's credit report, property tax records, and/or other public or personal documents prior to a determination regarding program eligibility.

To request a Financial Information Form, please contact our Customer Service Department at the phone number listed on the reverse side of this statement.

**Sistema de Atención de la Salud del Memorial Hermann  
Programa de Atención de Beneficencia**

La Política de Beneficencia del Sistema de Atención de la Salud y la Política de Admisiones del Memorial Hermann, rigen la manera como se suministra la atención de beneficencia. Basados en estas políticas, se hará una determinación respecto a la elegibilidad del paciente para dicha atención.

El pago proveniente de toda otra fuente de pago posible debe agotarse antes de que un paciente pueda ser considerado para el programa de atención de beneficencia. Para pacientes que no tienen cobertura de seguro, podrían estar disponibles opciones alternativas de fondos y planes de pago. Nuestro personal o agentes contratados trabajan conjuntamente con los pacientes para identificar las posibles opciones.

La atención de beneficencia podría estar disponible para pacientes que no tienen medios para pagar los gastos de atención de su salud y que no califican para ningún programa del gobierno u otros programas. Un paciente puede calificar para beneficencia, en base a las pautas federales de pobreza.

Para ser considerado para este programa, los pacientes necesitan suministrar la información financiera del hogar, al llenar el Formulario de Información Financiera junto con documentación comprobante. Para verificar los ingresos, debe suministrarse la última Planilla de los Impuestos Federales Sobre la Renta. Se podrían exigir otros documentos comprobantes, además o en lugar de la Planilla del Impuesto sobre la Renta, incluyendo: los dos últimos talones de los cheques de pago de su Empleador; documentación escrita de fuentes de ingreso y una copia de todas las cuentas de bancos correspondientes a los últimos tres meses. Memorial Hermann se reserva el derecho de revisar un reporte de crédito de un solicitante, los registros de impuestos sobre bienes y/o otros documentos públicos previo a la determinación acerca de la elegibilidad para el programa. Para solicitar un Formulario de Información Financiera, por favor póngase en contacto con el Departamento de Servicio al Cliente en el número telefónico que aparece en el reverso de este comunicado.

**P5669**

**BRUNSTING001691**



Fixed Product Administration  
P.O. Box 9512  
Portsmouth, NH 03802-9512

JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)

GB7-001758279 06 N

NELVA E BRUNSTING  
13630 PINE ROCK  
HOUSTON TX 77079-5914

7076 10001 XXXXX8905 201 101

GROSS AMOUNT 30.40  
DEDUCTIONS/CREDITS AMOUNT  
FEDERAL W/H 0.00

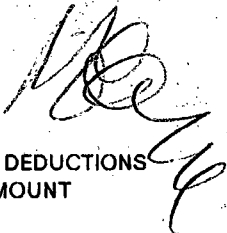
DUE DATE 07/29/2011 CHECK NUMBER GB7-001758279

ID NO. 7076 10001 XXXXX8905 201 101

FOR QUESTIONS PLEASE CALL: 1-800-624-5155

SEND REQUESTS TO: JOHN HANCOCK LIFE INSURANCE CO. (U.S.A.)

PO BOX 9512  
PORTSMOUTH, NH 03802-9512

  
TOTAL DEDUCTIONS 0.00  
NET AMOUNT 30.40  
TAX REPORTING AMOUNT  
TAXABLE AMT 30.40

Deposited 8.18.11

P5670

BRUNSTING001692

4006730

**IMPORTANT NOTICE TO RECIPIENTS FOR PENSION OR ANNUITY  
PAYMENTS ONLY**

If Federal Income Taxes have been withheld from the payments you are receiving and if you do not wish to have taxes withheld, please let us know. However, if you elect not to have withholding apply to your payments, or if you do not have enough Federal Income Tax withheld from your payment, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. Withholding is merely a method of paying taxes which you owe and therefore does not change your total liability.

If Federal Income Taxes are not being withheld from your payment because you have elected not to have withholding apply and if you wish to revoke that election and have Federal Income Taxes withheld from your payments, please let us know.

Payments made to United States citizens and delivered to an address outside the United States may be subject to federal withholding tax. The recipient is not allowed to elect out of federal tax withholding. Unless there is an election on file, the standard withholding amount for periodic payments is based on married with three withholding allowances. Generally, payments made to Non-Resident Aliens are subject to a 30% United States federal tax withholding. To the extent that some non-resident aliens are resident in countries that have reduced withholding rates pursuant to tax treaties with the United States, lower withholding rates would be applied. In order to withhold taxes at a lower rate, we must have a valid W8-BEN form on file for the person or entity to which the payment was made. Failure to complete a valid W8-BEN will result in a 30% tax withholding from the payment.

**P5671**

**BRUNSTING001693**



Customer  
Receipt

All items are credited subject to verification, collection, and conditions of the Rules and Regulations of this Bank and as otherwise provided by law. Payments are accepted when credit is applied to outstanding balances and not upon issuance of this receipt. Transactions received after the Bank's posted cut-off time or Saturday, Sunday, and Bank Holidays, are dated and considered received as of the next business day.

Please retain this receipt until you receive your account statement.

Thank you for banking with Bank of America.

Save time. Save energy. Fast, reliable deposits, withdrawals and account management at more than 18,000 convenient ATM locations.

08/18/2011 12:31 NTX T00015 R540740134  
Acct# \*\*\*\*\*9546 CC 0008517 T1-00003

|                         |            |
|-------------------------|------------|
| Less Cash               | \$0.00     |
| Total EDeposit To CHK   | \$702.72   |
| Credit Pending Posts on | 08/18/2011 |

Member FDIC  
95-14-2005B 05-2009

P5672

BRUNSTING001694

**CARDIOLOGY ASSOCIATES OF HOUSTON, P.A.**

Elmer H. Brunsting

503 · PATIENT AND INS. REFUNDS

O/P Refund

7/21/2011

22897

76.27

Deposited

8.13.11

Bank Of Texas

76.27

**P5673**

**BRUNSTING001695**



**eFile + direct deposit  
= *Fast Refund***

**[www.state.ia.us/tax/](http://www.state.ia.us/tax/)**

**IOWA  Department of REVENUE**

***Is your refund amount different than expected?***

**← ← ← ← *Read the other side.* → → → →**

41-033a (10/15/09)

**P5674**

**BRUNSTING001696**

***Is the amount of your Iowa tax refund different than you expected?***

- Check your return or claim. If the amount is different, an adjustment may have been made. If so, you will receive a letter from the Iowa Department of Revenue that will fully explain the reason(s) your refund amount was adjusted. Because the letter is prepared separately, there is often a delay of several days between receipt of the refund check and the letter.
- If you do not receive your letter in 10 days, call 515/281-3363. If you have questions about the adjustment to your refund amount *after* you receive the letter of explanation, please follow the directions on that letter.
- If your refund is larger than you requested, it may include interest. If the only reason for a larger refund is interest, you will not receive a follow-up letter.

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**ELECTRONIC FILING = FASTER REFUNDS**

**(SEE OTHER SIDE)**

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41-033b (06/08/09)

**P5675**

**BRUNSTING001697**

Detach Here

| DATE     | INVOICE#  | DESCRIPTION                        | PROVIDER            | DEBITS   | CREDITS  |
|----------|-----------|------------------------------------|---------------------|----------|----------|
| 01/16/11 | 98211454  | EMERGENCY DEPT VISIT               | CHENG MD, THANH CHI | \$860.00 |          |
| 01/16/11 | 98211454  | ELECTROCARDIOGRAM REPORT           | CHENG MD, THANH CHI | \$78.00  |          |
| 03/08/11 | 98211454  | EDI AUTOMATIC MEDICARE/RR PAYMENT  |                     |          | \$144.62 |
| 03/08/11 | 98211454  | CONTRACTUAL ADJUSTMENT             |                     |          | \$757.22 |
| 04/04/11 | 98211454  | EDI AUTOMATIC MANAGED CARE PAYMENT |                     |          | \$28.93  |
| 05/16/11 | 101335671 | EMERGENCY DEPT VISIT               | WADE DO, SHAWNA N   | \$860.00 |          |
| 05/16/11 | 101335671 | ELECTROCARDIOGRAM REPORT           | WADE DO, SHAWNA N   | \$78.00  |          |
| 06/18/11 | 101335671 | EDI AUTOMATIC MEDICARE/RR PAYMENT  |                     |          | \$144.62 |
| 06/18/11 | 101335671 | CONTRACTUAL ADJUSTMENT             |                     |          | \$757.22 |
| 07/14/11 | 101335671 | EDI AUTOMATIC MANAGED CARE PAYMENT |                     |          | \$28.93  |
| 04/18/11 |           | EDI AUTOMATIC SELF PAY PAYMENT     |                     |          | \$7.23   |

PAID  
CHECK # 299

THIS IS YOUR PHYSICIAN SERVICES BILL AND IS SEPARATE FROM THE HOSPITAL BILL

ACCOUNT NUMBER: 32622571-106-2667 STATEMENT DATE: 07/31/11 TOTAL NOW DUE: \$7.23

YOUR INSURANCE HAS BEEN FILED. ANY BALANCE DUE IS YOUR RESPONSIBILITY. PLEASE REMIT BALANCE DUE OR VISIT OUR WEBSITE AT WWW.TEAMHEALTH.COM TO PAY BY CREDIT CARD.

For Billing Inquiries, call 1-888-952-6772 on Monday through Friday, from 8am to 8pm and Saturday from 10am to 3pm Eastern Time.

SEND US YOUR INFORMATION OVER THE WEB!

You may now provide insurance information and make credit card payments at [www.teamhealth.com](http://www.teamhealth.com).

Detach Here

P5676

BRUNSTING001698



## MAILING INSTRUCTIONS

### To Send Insurance or Change of Address Information:

If mailing insurance or address information, please use the top coupon and check Department A on Front.

### To Send Credit Card Payments:

If paying by credit card, please use the top coupon and check Department B on the front.

## BILLING RIGHTS SUMMARY

If you believe this statement is incorrect, or if you need additional information, contact us in writing or by phone. The billing inquiry number is listed on the front. We must hear from you no later than 60 days after the initial statement. You may telephone us, however doing so will not preserve your rights.

When you contact us, please provide the following information.

- Your name and account number
- Describe the error or problem

Please pay in U.S. Dollars. Checks should be written from a U.S. Bank. If a check is written from a Foreign Bank, add \$35.00 for U.S. Bank processing fees or pay by an American Express Money Order.

Team Health or its check recovery agent may collect a return check processing fee in addition to electronically collecting the face amount of the check for any check which is returned by the Bank for Non-Sufficient Funds (NSF) or account closed or otherwise unpaid. This fee will cover the expense incurred by Team Health for Bank Fees, extra processing to correct the account balance and additional statement processing. This fee, regulated by your State, may be collected from the check writer's checking account electronically or via printed draft, if possible.

We are required by applicable federal and state law to maintain the privacy of your health information. Therefore, if you contact us regarding this statement, we will ask you to provide certain information to identify yourself. Please notify us if you want another person to act as your representative regarding this statement or your account. Your representative will also be asked to provide specific identifying information related to you. We will only discuss information regarding your account that is directly relevant to the payment of your account, e.g., providing the account balance, taking insurance information, and setting up budget plans. We will not discuss any health information related to diagnosis or medical treatment with any caller, including you. Since we do not maintain your original medical record, all requests for information in your medical records should be made directly to the treating facility.

Payments or correspondence for disputed balances should be sent to Department C. Please check Department C on the front of the top coupon and return the top coupon.

**P5677**

**BRUNSTING001699**

**PAYMENT COUPON - RETURN WHEN PAYING BY CHECK OR MONEY ORDER**

PATIENT NAME: NELVA E BRUNSTING ACCT#: 32622571-106-2667 CHECK#: \_\_\_\_\_ AMT PAID: \_\_\_\_\_

PHYSICIAN SERVICES RENDERED AT: MEMORIAL HERMANN MEMORIAL CITY

DO NOT STAPLE OR TAPE YOUR CHECK OR MONEY ORDER TO THIS COUPON

CHECK HERE FOR CHANGE OF ADDRESS

MAKE CHECKS PAYABLE TO:

32622571-106-2667  
Nelva E Brunsting  
13630 Pinerock Ln  
Houston TX 77079-5914

106  
ACS PRIMARY CARE PHYS SW PA  
PO BOX 740021  
CINCINNATI OH 45274-0021  
|||||

018000326225711018106333380266700000072379

**P5678**

BRUNSTING001700

**Change of Address:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**ONLY RETURN THIS COUPON WHEN PAYING BY CHECK**

**P5679**

**BRUNSTING001701**

V-992000000

| Patient Name       | Patient ID | Service Date  | Procedure                | Service Provider | Amount   | Amount Due |  |
|--------------------|------------|---|--------------------------|------------------|----------|------------|--|
| Brunsting, Nelva E | 27901163   | 06/11/11  | 99223 1st Hosp Care Pr D | Khan, Azmat      | \$388.00 | \$7.47     |  |
|                    |            | Your insurance company has applied this balance to your co-insurance. Therefore the balance due is your responsibility. |                          |                  |          |            |  |
|                    |            | 07/13/11  | Insurance Payment        |                  |          | -\$149.30  |  |
|                    |            | 07/13/11  | Adjustment - Contractual |                  |          | -\$201.37  |  |
|                    |            | 07/25/11  | Insurance Payment        |                  |          | -\$29.86   |  |
| Brunsting, Nelva E | 27901163   | 06/12/11  | 99232 Sbsq Hosp Care Pr  | Khan, Azmat      | \$141.00 | \$2.66     |  |
|                    |            | Your insurance company has applied this balance to your co-insurance. Therefore the balance due is your responsibility. |                          |                  |          |            |  |
|                    |            | 07/13/11  | Insurance Payment        |                  |          | -\$53.26   |  |
|                    |            | 07/13/11  | Adjustment - Contractual |                  |          | -\$74.42   |  |
|                    |            | 07/25/11  | Insurance Payment        |                  |          | -\$10.66   |  |
|                    |            | 07/25/11  | Pmt adj - charges pd by  |                  | \$0.00   |            |  |

PAID Check #297

|         |              |              |              |               |                               |                |
|---------|--------------|--------------|--------------|---------------|-------------------------------|----------------|
| CURRENT | OVER 30 DAYS | OVER 60 DAYS | OVER 90 DAYS | OVER 120 DAYS | <b>PLEASE PAY THIS AMOUNT</b> | <b>\$10.13</b> |
| \$10.13 | \$0.00       | \$0.00       | \$0.00       | \$0.00        |                               |                |

|                             |                                  |
|-----------------------------|----------------------------------|
| STATEMENT DATE<br>7/27/2011 | ACCOUNT NUMBER<br>11908-27901163 |
|-----------------------------|----------------------------------|

MAKE CHECKS PAYABLE TO: AZMAT KHAN MD PA

PATIENT IS RESPONSIBLE FOR "PATIENT BALANCE" SHOWN.



**P5680**

**BRUNSTING001702**



Always There.®

**QUESTIONS OR COMMENTS?**

CenterPoint Energy  
PO BOX 2628  
HOUSTON TX 77252-2628  
Billing & Service:  
In Houston Area 713-659-2111  
Toll Free 1-800-752-8036  
Monday-Friday Call 7 a.m. - 6 p.m.  
CenterPointEnergy.com

**DID YOU KNOW?**

To report gas leaks, carbon monoxide and other gas emergencies, please call 1-888-876-5786. We appreciate your understanding that billing inquiries cannot be answered on this line.

The customer charge includes a \$0.15 GRIP surcharge.

**\$500 OFF your natural gas bill** when you install a natural gas standby generator from a participating dealer. For details, visit CenterPointEnergy.com/generators.

Keep this part of your bill.

|                         |                   |
|-------------------------|-------------------|
| Customer name           | ELMER H BRUNSTING |
| Account number          | 3850291-0         |
| Date mailed             | 08/08/2011        |
| <b>Date due</b>         | <b>08/23/2011</b> |
| <b>Total amount due</b> | <b>\$ 52.48</b>   |

**ACCT SUMMARY**

|                         |             |                |
|-------------------------|-------------|----------------|
| Previous balance        | Gas charges | \$27.29        |
| Payment                 |             | 0.00           |
| Balance forward         |             | \$ 27.29       |
| Current billing         |             | 25.19          |
| <b>Total amount due</b> |             | <b>\$52.48</b> |

**SERVICE ADDRESS**

13630 Pinerock Ln  
Houston TX 77079-5914

**YOUR GAS USAGE**

|                       |                               |                       |
|-----------------------|-------------------------------|-----------------------|
| 32 Day billing period | 06/30/2011 to 08/01/2011      | Meter # 3798500640542 |
| Current reading       | 08/01/2011                    | 1022                  |
| Previous reading      | 06/30/2011                    | 1010                  |
| Metered usage         | 1 CCF = 100 cubic feet of gas | 12                    |

**YOUR BILL IN DETAIL**

|                                      |                        |                     |         |
|--------------------------------------|------------------------|---------------------|---------|
| Customer charge                      |                        | R-2080-GRIP 2011-CH | \$13.69 |
| Base amount                          | 12 CCF @ \$0.03080/CCF |                     | 0.37    |
| Gas cost adjustment                  | 12 CCF @ \$0.73917/CCF |                     | 8.87    |
| Rate case surcharge                  |                        |                     | 0.24    |
| Hurricane cost surcharge             |                        |                     | 0.02    |
| Reimbursement of local franchise fee |                        |                     | 1.25    |
| Reimbursement of State GRT           |                        |                     | 0.50    |
| City sales tax                       | 1.00%                  |                     | 0.25    |

**Total current charges \$25.19**

PAID Check # 296

10409

Avg daily gas use: This period this yr 0.4 CCF; this period last yr 0.5 CCF

Page 1 of 1

Avg daily temp: This period this year 87°F; this period last year 84°F

P5681

BRUNSTING001703



Always There.®

### A SAFETY MESSAGE FROM CENTERPOINT ENERGY

**Do not use or store flammable products such as gasoline in the same room or area near the water heater or any other gas appliance.** No use ni almacene productos inflamables tales como gasolina en la misma habitación o en áreas cercanas a un calentador de agua u otro tipo de aparato a gas.

## UNDERSTANDING YOUR BILL

**Total amount due.** This is the difference between your previous balance and your payment, with any adjustments to your account, plus your current charges.

**Customer charge and base amount.** Covers fixed costs for reading meters, issuing bills, maintaining facilities and gas lines, postage, etc. These costs occur even if you do not use gas during a billing period.

**Gas cost adjustment (GCA).** This is the portion of your bill caused by the fluctuating cost of gas that CenterPoint Energy purchases for your use. The adjustment is subject to change each month, up or down, depending on the supply of gas and current market rates. The amount of the adjustment represents your share of CenterPoint Energy's actual costs. CenterPoint Energy does not mark up the cost of gas.

**Meter readings, CCF.** The difference between the current and previous meter readings shown on your bill measures the volume of gas you used in CCFs (hundreds of cubic feet).

**Historical information.** Historical usage information is available at no charge, upon the consumer's request.

**Payment arrangements.** If you need to make payment arrangements on your gas bill, or enter into a delayed payment agreement, please call the local or toll free number listed on the front of your bill.

**Additional services.** Additional services also include the following: Automatic Bank Draft, Average Monthly Billing, third party billing, assistance to elderly and handicapped customers, notification of certified medical emergency and Energy Assistance Programs.

**In accordance with Federal Reserve Board guidelines, personal checks that you send us for payment may be processed electronically.** This means your check will not be returned by your financial institution. Please contact the customer service number printed on your invoice with questions concerning this process. For further information, visit [CheckConversionEducation.org](http://CheckConversionEducation.org).

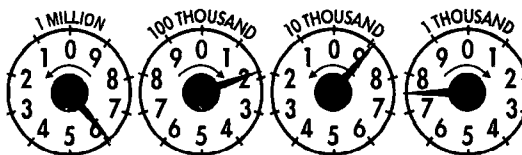
**Factors affecting your gas bill.** Any one, or combination, of these factors can change the amount of your bill:

- Colder or warmer weather;
- Wholesale cost of gas;

- Differences in the number of days billed;
- Changes in living habits, number of people, appliances, or weatherization.

The following is an example of how to read a typical meter index:

Look at the four dials with their curved arrows. Read from right to left as follows:



1. Read the "thousand-foot" dial as 7, the last number that the pointer passed. Note that the curved arrow on the dial shows a clockwise movement of the pointer.
2. Read the next dial, the "10-thousand" dial. The curved arrow on the dial above shows a counterclockwise direction. The pointer is near the 9, but to be sure whether to read it as that number or the lower number 8, the previously mentioned "Same or Lower Number Rule" must be applied. Since the pointer in the "thousand-foot" dial to the right is nearer the 8 and the pointer has not reached the 0, the "10-thousand" dial should be read as 8.
3. Read the "100-thousand" dial, it seems to point to 2. Double-check by using the rule above. Since the pointer of the "10-thousand" dial is between 8 and 9, take the lower reading number, 1, for the "100-thousand" dial.
4. Read the left-most dial, the "million-foot" dial. The pointer is near the 6. Using the "Same or Lower Number Rule," we find the pointer on the dial to the right is between 1 and 2, so we read the "million-foot" dial exactly as the number it is on or near, 6.

The entire meter reading is 6187.

**Online Billing.** Pay at [CenterPointEnergy.com](http://CenterPointEnergy.com). Go to your service area and select Online Billing to view and pay your monthly bill online.

**Moving?** Please call us at the number on the front of this bill at least two weeks before you move, or let us know online at [CenterPointEnergy.com](http://CenterPointEnergy.com). We will take gas service out of your name at your old address and make sure you have gas service at your new address when you need it. Thank you.

# P & M HEATING & AIR CONDITIONING COMPANY

P.O. BOX 266105 • HOUSTON, TEXAS 77207  
 6734 RUPLEY CIRCLE • HOUSTON, TEXAS 77087  
 TACLA-27684C • (713) 644-9285 • TACLA-8987E  
 www.pmhvac.com

73910  
 DATE 7/19/11  
 P.O. NUMBER

NAME Brunsting SERIAL NUMBER 77079  
 STREET 13630 Pinerock STATE TX  
 CITY HOUSTON ZIP 77079  
 MAKE \_\_\_\_\_ MODEL \_\_\_\_\_  
 WARRANTY  CONTRACT   
 SERVICE CONTRACT  NORMAL   
 RES.  COMM.

DESCRIPTION OF WORK  
Performed spring check  
Fans drain R. filter replace w/p  
Flushed out on and left drainins.  
Evap coil AUTORIZED P/A FILTERS  
clean & replace filter supply air  
boxes with sealed paper.  
Recommen & installing T-X-V  
sealing supply boxes Reinstalling  
Plenum fuse box & the wires Docm

LABOR CHARGES \_\_\_\_\_ HRS. @ \_\_\_\_\_  
 TECHNICIAN SIGNATURE JOHN I/HF = \_\_\_\_\_  
 CENT.# \_\_\_\_\_  
 TOTAL CHARGES > 63 38  
 SUB-TOTAL \_\_\_\_\_  
 MISC. MAT'L \_\_\_\_\_  
 TAX \_\_\_\_\_  
 TOTAL AMOUNT DUE 148 38

TERMS: DUE UPON COMPLETION  
 MISC. MATERIALS CONSISTS OF TAPE, SCREWS, WIRE NUTS, GLUE, ETC.  
 FINANCE CHARGES: Balances due over 30 days 1 1/2% ANNUAL RATE will be imposed.

PLEASE PAY FROM THIS INVOICE  
 CHECK # \_\_\_\_\_ TDL # \_\_\_\_\_  
 VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_  
 DISCOVER \_\_\_\_\_ AMEX \_\_\_\_\_

ABOVE ORDERED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY.

X

| CHECK LIST   | QUANTITY | ITEM OR PART DESCRIPTION | PRICE           |
|--|----------|--------------------------|-----------------|
| <input type="checkbox"/> COMPRESSOR                |          | <u>Clear drain line</u>  | <u>\$ 63.38</u> |
| <input type="checkbox"/> CONDENSATE AREAS          |          | <u>Cond.</u>             |                 |
| <input type="checkbox"/> AIR FILTERS               |          | <u>M# 585TA110</u>       |                 |
| <input type="checkbox"/> HEATING ASSY.             |          | <u>S# 4903AV128</u>      |                 |
| <input type="checkbox"/> ELECTRICAL COMPTS.        |          | <u>M# 58X140481AE</u>    |                 |
| <input type="checkbox"/> RELAYS                    |          | <u>S# 09070558 63</u>    |                 |
| <input type="checkbox"/> THERMOSTAT                |          | <u>17 AT</u>             |                 |
| <input type="checkbox"/> O.K.                      |          |                          |                 |
| <input type="checkbox"/> RELOCATE                  |          |                          |                 |
| <input type="checkbox"/> CLEANED                   |          |                          |                 |
| <input type="checkbox"/> REPLACED                  |          |                          |                 |
| <input type="checkbox"/> BURNER & HEAT EXCHANGER   |          |                          |                 |
| <input type="checkbox"/> FUEL SUPPLY & PRESSURE    |          |                          |                 |
| <input type="checkbox"/> PILOT ASSEMBLY            |          |                          |                 |
| <input type="checkbox"/> FLAME ADJUSTMENT          |          |                          |                 |
| <input type="checkbox"/> PRIMARY RELAY & FLUE      |          |                          |                 |
| <input type="checkbox"/> FAN & LIMIT SWITCH OPER.  |          |                          |                 |
| <input type="checkbox"/> BLOWER ASSEMBLY           |          |                          |                 |
| <input type="checkbox"/> R/V VALVE                 |          |                          |                 |
| <input type="checkbox"/> STRIP HEAT                |          |                          |                 |
| <input type="checkbox"/> DEFROST CYCLE             |          |                          |                 |
| <input type="checkbox"/> ELECTRICAL COMPTS.        |          |                          |                 |
| <input type="checkbox"/> RELAYS                    |          |                          |                 |
| <input type="checkbox"/> CONTACTORS                |          |                          |                 |
| <input type="checkbox"/> OVERLOAD                  |          |                          |                 |
| <input type="checkbox"/> PRESS. SWITCH             |          |                          |                 |
| <input type="checkbox"/> THERMOSTAT                |          |                          |                 |
| <input type="checkbox"/> O.K.                      |          |                          |                 |
| <input type="checkbox"/> RELOCATE                  |          |                          |                 |
| <input type="checkbox"/> CLEAN COIL & CHECK FIN    |          |                          |                 |
| <input type="checkbox"/> ENT DB _____ F            |          |                          |                 |
| <input type="checkbox"/> ENT WB _____ F            |          |                          |                 |
| <input type="checkbox"/> ENT DB _____ F            |          |                          |                 |
| <input type="checkbox"/> ENT WB _____ F            |          |                          |                 |
| <input type="checkbox"/> CONDENSATE AREAS          |          |                          |                 |
| <input type="checkbox"/> INSPECT & CLEAN DRAIN PAN |          |                          |                 |
| <input type="checkbox"/> INSPECT & CLEAN DRAIN     |          |                          |                 |
| <input type="checkbox"/> AIR FILTERS               |          |                          |                 |
| <input type="checkbox"/> CLEANED                   |          |                          |                 |
| <input type="checkbox"/> REPLACED                  |          |                          |                 |
| <input type="checkbox"/> BURNER & HEAT EXCHANGER   |          |                          |                 |
| <input type="checkbox"/> FUEL SUPPLY & PRESSURE    |          |                          |                 |
| <input type="checkbox"/> PILOT ASSEMBLY            |          |                          |                 |
| <input type="checkbox"/> FLAME ADJUSTMENT          |          |                          |                 |
| <input type="checkbox"/> PRIMARY RELAY & FLUE      |          |                          |                 |
| <input type="checkbox"/> FAN & LIMIT SWITCH OPER.  |          |                          |                 |
| <input type="checkbox"/> BLOWER ASSEMBLY           |          |                          |                 |
| <input type="checkbox"/> R/V VALVE                 |          |                          |                 |
| <input type="checkbox"/> STRIP HEAT                |          |                          |                 |
| <input type="checkbox"/> DEFROST CYCLE             |          |                          |                 |
| <input type="checkbox"/> ELECTRICAL COMPTS.        |          |                          |                 |
| <input type="checkbox"/> RELAYS                    |          |                          |                 |
| <input type="checkbox"/> CONTACTORS                |          |                          |                 |
| <input type="checkbox"/> OVERLOAD                  |          |                          |                 |
| <input type="checkbox"/> PRESS. SWITCH             |          |                          |                 |
| <input type="checkbox"/> THERMOSTAT                |          |                          |                 |
| <input type="checkbox"/> O.K.                      |          |                          |                 |
| <input type="checkbox"/> RELOCATE                  |          |                          |                 |
| <input type="checkbox"/> CLEAN COIL & CHECK FIN    |          |                          |                 |
| <input type="checkbox"/> ENT DB _____ F            |          |                          |                 |
| <input type="checkbox"/> ENT WB _____ F            |          |                          |                 |
| <input type="checkbox"/> ENT DB _____ F            |          |                          |                 |
| <input type="checkbox"/> ENT WB _____ F            |          |                          |                 |
| <input type="checkbox"/> CONDENSATE AREAS          |          |                          |                 |
| <input type="checkbox"/> INSPECT & CLEAN DRAIN PAN |          |                          |                 |
| <input type="checkbox"/> INSPECT & CLEAN DRAIN     |          |                          |                 |
| <input type="checkbox"/> AIR FILTERS               |          |                          |                 |
| <input type="checkbox"/> CLEANED                   |          |                          |                 |
| <input type="checkbox"/> REPLACED                  |          |                          |                 |
| <input type="checkbox"/> BURNER & HEAT EXCHANGER   |          |                          |                 |
| <input type="checkbox"/> FUEL SUPPLY & PRESSURE    |          |                          |                 |
| <input type="checkbox"/> PILOT ASSEMBLY            |          |                          |                 |
| <input type="checkbox"/> FLAME ADJUSTMENT          |          |                          |                 |
| <input type="checkbox"/> PRIMARY RELAY & FLUE      |          |                          |                 |
| <input type="checkbox"/> FAN & LIMIT SWITCH OPER.  |          |                          |                 |
| <input type="checkbox"/> BLOWER ASSEMBLY           |          |                          |                 |
| <input type="checkbox"/> R/V VALVE                 |          |                          |                 |
| <input type="checkbox"/> STRIP HEAT                |          |                          |                 |
| <input type="checkbox"/> DEFROST CYCLE             |          |                          |                 |
| <input type="checkbox"/> ELECTRICAL COMPTS.        |          |                          |                 |
| <input type="checkbox"/> RELAYS                    |          |                          |                 |
| <input type="checkbox"/> CONTACTORS                |          |                          |                 |
| <input type="checkbox"/> OVERLOAD                  |          |                          |                 |
| <input type="checkbox"/> PRESS. SWITCH             |          |                          |                 |
| <input type="checkbox"/> THERMOSTAT                |          |                          |                 |
| <input type="checkbox"/> O.K.                      |          |                          |                 |
| <input type="checkbox"/> RELOCATE                  |          |                          |                 |

LABOR CHARGES \_\_\_\_\_ HRS. @ \_\_\_\_\_  
 TECHNICIAN SIGNATURE JOHN I/HF = \_\_\_\_\_  
 CENT.# \_\_\_\_\_  
 TOTAL CHARGES > 63 38  
 SUB-TOTAL \_\_\_\_\_  
 MISC. MAT'L \_\_\_\_\_  
 TAX \_\_\_\_\_  
 TOTAL AMOUNT DUE 148 38

By accepting the goods and services supplied to the Customer by P & M Air Conditioning pursuant to this transaction, the Customer agrees that P & M Air Conditioning will not be liable to the Customer for injury to the Customer's home, business, or property, arising out of, or occasioned by, directly or indirectly, the failure or defectiveness of any item, or any services, furnished by P & M Air Conditioning pursuant to this Agreement, including all cases in which the defect or failure, or the resultant injury results from, the design, manufacture, marketing, distribution, servicing, or operation of any item supplied under this Agreement, or from any services provided by P & M Air Conditioning under this Agreement, or from the failure of P & M Air Conditioning to provide timely warnings concerning the items supplied or the services performed under the Agreement whether or not that failure or defectiveness is the sole or contributory cause of the resultant injury. This section shall expressly pertain to any claims of toxic mold contamination or other environmental hazard, and any injuries or damages consequential thereto, alleged to be in any way occasioned or caused, directly or indirectly, by any product sold, installed, or serviced, or by any services provided by P & M Air Conditioning.

It is the expressed intention of the Customer and P & M Air Conditioning that this section is designed and intended to protect P & M Air Conditioning from the consequences of defects in the design, manufacture, marketing, distribution, servicing, or operation of any item supplied, or any services rendered, under the terms of this Agreement, or from the failure of P & M Air Conditioning to provide timely warnings concerning the items supplied or the services rendered under the terms of this Agreement.

REGULATED BY:  
 THE TEXAS DEPARTMENT OF LICENSING AND REGULATION  
 P.O. BOX 12157  
 AUSTIN, TX 78711  
 1-800-803-9202  
 OR  
 1-812-463-6599  
 www.license.state.tx.us

Customer Signature \_\_\_\_\_ DATE \_\_\_\_\_

**DIAGRAM  
HERE**

| LABOR RECORD  |           |      |            |
|---------------|-----------|------|------------|
| EMP. NO.      | OPER. NO. | COST | TIME CLOCK |
|               |           |      | OFF        |
|               |           |      | ON         |
|               |           |      | OFF        |
|               |           |      | ON         |
|               |           |      | OFF        |
|               |           |      | ON         |
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|               |           |      | ON         |
|               |           |      | OFF        |
|               |           |      | ON         |
| <b>TOTALS</b> |           |      |            |

**P5684**



Please detach and return above portion with your payment

**HOUSTON CHRONICLE**  
chron.com

HOUSTON CHRONICLE  
8010 KEMPWOOD  
HOUSTON, TX 77055

# Convert to EZ-Pay and receive a \$10 gift card.

EZ-Pay can simplify your busy life, and get you \$10 gift card! Just sign up for the Houston Chronicle EZ-Pay program and have your payments automatically charged to your credit or debit card. No more envelopes, stamps or having to remember to mail your payment on time. It's automatic and will continue until you notify us to stop. Enroll today and you'll have one less thing to do each month!

Enroll today at [chron.com/ez](http://chron.com/ez)  
or call 713-362-7211.



**HOUSTON CHRONICLE**  
chron.com/ez

The listed merchants are in no way affiliated with the Houston Chronicle nor are the listed merchants considered sponsors or co-sponsors of this program. Uses of merchant names and/or logos are by permission of each respective merchant and all trademarks are the property of their respective owners. Terms and conditions are applied to gift cards/certificates. Please see the merchant gift card/certificate for additional terms and conditions, which are subject to change at merchant's sole discretion. Merchants are not liable for any actual or alleged claims related to this offer. All logos are registered trademarks. All rights reserved. Must be 18 years or older to participate. Valid for current subscribers coming up for renewal in 60 days or less. While supplies last. A U.S. address is required for delivery. Other restrictions may apply.

## SUBSCRIPTION RENEWAL

Choose your renewal option and enter the amount on your remittance.

6 Months \$138.00 to pay thru 2/16/2012  
12 Months \$276.00 to pay thru 8/17/2012

Renewing is easy! It would be our privilege to continue to provide you with local, state, national news and entertainment. But to do so, we need to hear from you now.

To renew, visit <http://www.chron.com/subscribers> and click on the "Make a Payment" link or call 713-362-7211 to remit your next payment.

Many subscribers have chosen E-Z Pay for its many conveniences, such as no more envelopes, stamps or having to remember to mail payments.

Thank you for being a valued subscriber. We appreciate your business and the opportunity to serve you.

Do not include any written correspondence on your payment or remittance. If a payment has been made, please disregard this notice.

### Subscription Account Information

|                        |              |
|------------------------|--------------|
| Notice Sent            | 07/31/2011   |
| Account Number         | 30658779     |
| Subscription Frequency | DAILY SUNDAY |

### Subscription History

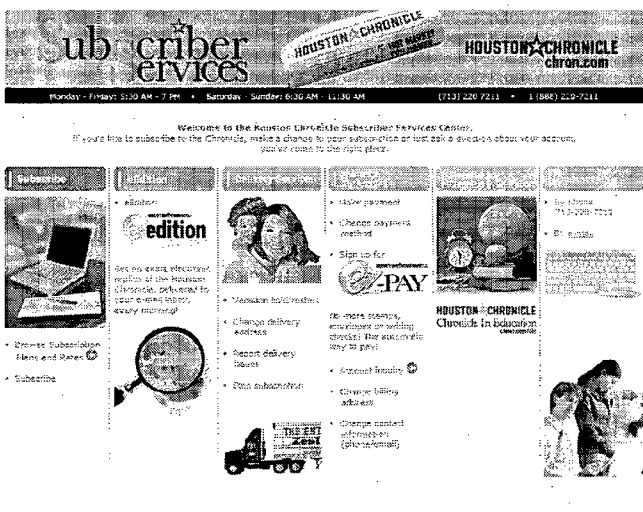
|                                    |            |
|------------------------------------|------------|
| Last Payment Received - Thank You! | \$126.00   |
| Last Payment Date                  | 09/08/2010 |
| Last Payment Paid Thru             | 08/18/2011 |
| Credit Days - 0                    | \$0.00     |
| Vacation Days                      |            |

Your renewal date is automatically extended for temporary stops and other credits.

PD. Check # 294

Thirty

# MANAGE YOUR ACCOUNT ONLINE 24/7/365 @ Chron.com/subscribers



## Help teach kids by donating the value of your unused vacation newspapers!

With a telephone call or the click of your mouse, you can give Houston Chronicle eEditions to local schools. Teachers appreciate readers like you who provide this tool that makes learning fun!

To donate your papers to Chronicle in Education, call 713-362-7211, or log on to [chron.com/vacationdonation](http://chron.com/vacationdonation) today.

**PRICES ARE SUBJECT TO CHANGE:** The Houston Chronicle continues to make a concerted effort to keep the cost of subscriptions at a minimum for our readers. When a price change or frequency of delivery change occurs, each subscriber's expiration date will be adjusted based on the credit balance on their account.

## Subscriber Services

713-362-7211 or 1-888-220-7211

Monday – Friday 5:30 a.m. to 7 p.m.

Weekends and Holidays 6:30 a.m. to 11:30 a.m.

To replace missing or wet newspapers, call by 10:00 a.m. on weekdays and by 11:30 a.m. on weekends.

Our Automated Phone Service is here to serve you with questions about your account, 24 hours a day.

Or, you can also manage your account online at [chron.com/subscribers](http://chron.com/subscribers)

## Payments

Payments should be mailed to the address specified on the payment coupon. When you mail your check to this address, you authorize the Chronicle to convert the check to a one-time electronic funds transfer for the amount of the check. Please note that funds may be withdrawn from your account the same day your check is received. Your check will not be returned to your financial institution. For other payment options, please call Chronicle Subscriber Services.

## Make life EASIER with EZ-PAY

Simplify your life – sign up for the Houston Chronicle EZ-Pay program and have your payments automatically charged to your credit or debit card.

No more envelopes, stamps or having to remember to mail your payment on time. It's automatic and will continue until you notify us to stop. Enroll today and you'll have one less thing to do each month!

Go to [www.chron.com/ezpay](http://www.chron.com/ezpay) or call 713-362-7211 to enroll.

All subscriptions include delivery of the Thanksgiving Day newspaper, which is the largest edition of the year, charged at the published Sunday only rate. This will result in an adjustment to the subscription expiration date.

hsthou-111412

**STATEMENT OF SERVICES RENDERED**

Schleicher-Read Dental, PLLC  
 9099 Katy Freeway Ste.180  
 Houston, TX 77024

(713)932-0441

**CHART NO.**  
BR0017

**PAGE NO.**  
1

**BILLING DATE**  
06/29/2011

**GUARANTOR NAME AND MAILING ADDRESS**

Elmer H Brunsting  
 13630 Pinerock  
 Houston, TX 77029

| PATIENT | TOOTH | SURF | DESCRIPTION                                     | CHARGE | CREDIT  |
|---------|-------|------|---|--------|---------|
| Nelva   |       |      | Periodic oral evaluation                        | 20.00  |         |
| Nelva   |       |      | Intraoral-periapical-1st film                   | 12.00  |         |
| Nelva   |       |      | Intraoral-periapical-each add'l                 | 6.00   |         |
| Nelva   |       |      | Bitewing, four films                            | 30.00  |         |
| Nelva   |       |      | Periodontal maintenance                         | 75.00  |         |
| Nelva   |       |      | Check Payment - Thank You<br><i>Check # 260</i> |        | -143.00 |

| PRIOR BALANCE | CURRENT CREDITS | CURRENT CHARGES | NEW BALANCE | DENTAL INS. EST. | PLEASE PAY |
|---------------|-----------------|-----------------|-------------|------------------|------------|
| 0.00          | 143.00          | 143.00          | 0.00        | 0.00             | 0.00       |

| PATIENT | DATE | TIME | REASON |
|---------|------|------|--------|
|         |      |      |        |

YOUR INSURANCE DID NOT PAY FULL AMOUNT OF CLAIM

Mr. Pham Chan  
 13410 Beechglan Lane  
 Houston, Texas 77083  
 Cell: 832-283-1755

Invoice: .....

Date: 7/21/11

NAME: .....

ADDRESS: 13630 pinerock

CITY, STATE: .....

PHONE: .....

| DESCRIPTION               | AMOUNT    |
|---------------------------|-----------|
| Liquid & Dry Lawn Service |           |
| Full Service 6-24-11      | 25        |
| Partial Service           |           |
| Landscaping 6-30-11       | 25        |
| Clean-up                  |           |
| Mulching 7-7-11           | 25        |
| Tree Trimming             |           |
| Tree Cutting 7-15-11      | 25        |
| Fertilizer                |           |
| Planting Bushes 7-21-11   | 25        |
| Planting Flowers          |           |
| Labor                     |           |
|                           | SUB-TOTAL |
|                           | SALES TAX |
|                           | TOTAL 125 |

*Thank You*  
*pd. July 22*  
*Friday*

P5688

BRUNSTING001710

Mr. Pham Chan  
 13410 Beechglan Lane  
 Houston, Texas 77083  
 Cell: 832-283-1755

Invoice: .....

Date: 7/21/11

NAME: .....

ADDRESS: 13630 pinerock

CITY, STATE: .....

PHONE: .....

| DESCRIPTION               | AMOUNT    |
|---------------------------|-----------|
| Liquid & Dry Lawn Service |           |
| Full Service 6-24-11      | 25        |
| Partial Service           |           |
| Landscaping 6-30-11       | 25        |
| Clean-up                  |           |
| Mulching 7-7-11           | 25        |
| Tree Trimming             |           |
| Tree Cutting 7-15-11      | 25        |
| Fertilizer                |           |
| Planting Bushes 7-21-11   | 25        |
| Planting Flowers          |           |
| Labor                     |           |
|                           | SUB-TOTAL |
|                           | SALES TAX |
|                           | TOTAL 125 |

*Thank You*  
*pd. July 22*  
*Friday*

P5689

BRUNSTING001711

LEGENDS PHARMACY

4535 FREDERICKSBURG #223 SAN ANTONIO, TX 78201

866-877-2477

| DATE                             | RX NUMBER | QTY. | DESCRIPTION      | DPT CD | N/L | MED DED | AMOUNT | SALES TAX | ITEM TOTAL |
|----------------------------------|-----------|------|------------------|--------|-----|---------|--------|-----------|------------|
| ** ACTIVITY FOR BRUNSTING, NELVA |           |      |                  |        |     |         |        |           |            |
| 07/11/11                         | 6048463   | 60   | BROVANA 15 MCG/2 | 01     |     | *       | 42.00  | .00       | 42.00c     |
| PD<br>Check # 293                |           |      |                  |        |     |         |        |           |            |

|       |       |  |  |  |  |  |  |     |           |
|-------|-------|--|--|--|--|--|--|-----|-----------|
| 42.00 | 42.00 |  |  |  |  |  |  | .00 | TOTAL TAX |
|-------|-------|--|--|--|--|--|--|-----|-----------|

|                  |                    |                |               |                          |            |
|------------------|--------------------|----------------|---------------|--------------------------|------------|
| PREVIOUS BALANCE | CHARGES THIS MONTH | FINANCE CHARGE | TOTAL CHARGES | TOTAL PAYMENTS & CREDITS | AMOUNT DUE |
| .00              | 42.00              | .00            | 42.00         | .00                      | 42.00      |

50\_244580

REORDER FROM: INTEGRAL SOLUTIONS GROUP 800-235-0767 FORM # 501311 www.integralsupplies.com

PD Cmt# 293

P5690

BRUNSTING001712

MAKE CHECKS PAYABLE TO:  
 MEMORIAL HERMANN MEDICAL GROUP  
 PO BOX 848662  
 BOSTON, MA 02284-8662

FOR ACCOUNT QUESTIONS CALL:  
 713-448-5566  
 DUE DATE: 08/21/2011  
 PAGE: 1 of 2

| DATE       | DESCRIPTION  | CHGS/CREDITS | OUTSTANDING |
|------------|--|--------------|-------------|
| PATIENT:   | NELVA BRUNSTING                                      |              |             |
| 06/08/2011 | INIT HOSP-DAY E&<br>PROVIDER: HAROLD A CONDARA JR MD | \$ 351.00    |             |
| 07/22/2011 | CREDIT INSURANCE ADJUSTMENT                          | \$ -154.55   |             |
| 07/22/2011 | CREDIT INSURANCE PAYMENT                             | \$ -157.16   |             |
| 08/02/2011 | CREDIT INSURANCE PAYMENT                             | \$ -31.43    |             |
|            | ACCORDING TO YOUR INSURANCE, PATIENT BALANCE DUE IS: |              |             |
|            | PATIENT BALANCE DUE - COINSURANCE                    |              | \$ 7.86     |
| 06/09/2011 | SUBSQT HSP-DAY E<br>PROVIDER: HAROLD A CONDARA JR MD | \$ 129.00    |             |
| 07/22/2011 | CREDIT INSURANCE ADJUSTMENT                          | \$ -58.92    |             |
| 07/22/2011 | CREDIT INSURANCE PAYMENT                             | \$ -56.06    |             |
| 08/02/2011 | CREDIT INSURANCE PAYMENT                             | \$ -11.22    |             |
|            | ACCORDING TO YOUR INSURANCE, PATIENT BALANCE DUE IS: |              |             |
|            | PATIENT BALANCE DUE - COINSURANCE                    |              | \$ 2.80     |
| 06/10/2011 | SUBSQT HSP-DAY E<br>PROVIDER: HAROLD A CONDARA JR MD | \$ 129.00    |             |
| 07/22/2011 | CREDIT INSURANCE ADJUSTMENT                          | \$ -58.92    |             |
| 07/22/2011 | CREDIT INSURANCE PAYMENT                             | \$ -56.06    |             |
| 08/02/2011 | CREDIT INSURANCE PAYMENT                             | \$ -11.21    |             |

| CURRENT | OVER 30 DAYS | OVER 60 DAYS | OVER 90 DAYS | OVER 120 DAYS | TOTAL ACCOUNT BALANCE | INSURANCE PENDING | CURRENT BALANCE DUE |
|---------|--------------|--------------|--------------|---------------|-----------------------|-------------------|---------------------|
| 13.47   | 0.00         | 0.00         | 0.00         | 0.00          | 13.47                 | 0.00              | 13.47               |

CLOSING ACCOUNT  
 DATE: 08/03/2011 NUMBER: 163085A1087 7890



P5691

BRUNSTING001713



MAKE CHECKS PAYABLE TO:  
 MEMORIAL HERMANN MEDICAL GROUP  
 PO BOX 848662  
 BOSTON, MA 02284-8662

FOR ACCOUNT QUESTIONS CALL:  
 713-448-5566

DUE DATE: 08/21/2011

PAGE: 2 of 2

| DATE     | DESCRIPTION     | CHGS/CREDITS | OUTSTANDING |
|----------|-----------------|--------------|-------------|
| PATIENT: | NELVA BRUNSTING |              |             |

*PAID Check # 298*

ACCORDING TO YOUR INSURANCE, PATIENT BALANCE DUE IS:  
 PATIENT BALANCE DUE - COINSURANCE \$ 2.81

FOR YOUR CONVENIENCE, YOU MAY ALSO USE OUR TOLL FREE NUMBER TO INQUIRE ABOUT  
 YOUR ACCOUNT AT (866) 715-0064.

THANK YOU FOR YOUR PROMPT PAYMENT.

| CURRENT | OVER 30 DAYS | OVER 60 DAYS | OVER 90 DAYS | OVER 120 DAYS | TOTAL ACCOUNT BALANCE | INSURANCE PENDING | CURRENT BALANCE DUE |
|---------|--------------|--------------|--------------|---------------|-----------------------|-------------------|---------------------|
| 13.47   | 0.00         | 0.00         | 0.00         | 0.00          | 13.47                 | 0.00              | 13.47               |

CLOSING DATE: 08/03/2011

ACCOUNT NUMBER: 163085A1087

7890

612893

34035\*TA40P746D002429



**P5692**

BRUNSTING001714

000608 0102

000000197-A



medco®

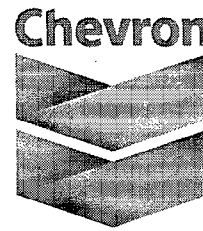
Medco Medicare Prescription Plan® (PDP)



000523632-0000452

023684416552//6087//3896//LSP1279//A09//09302009

NELVA E BRUNSTING  
13630 PINEROCK LN  
HOUSTON, TX 77079-5914



October 2009

Dear NELVA E BRUNSTING:

Here are three documents with important information for you.

1. Please start by reading the Annual Notice of Changes for 2010. It gives you a summary of changes to your benefits and costs for next year. These changes will take effect on January 1, 2010.
  - Please take a moment *very soon* to look through this summary and see how the changes might affect you.
  - If you decide to stay with **Medco Medicare Prescription Plan® (PDP)** for Chevron for 2010—you do not have to tell us or fill out any paperwork. You will automatically remain enrolled as a member of **Medco Medicare Prescription Plan (PDP)**, unless you cancel or change your Chevron medical coverage.
2. We're including a copy of next year's Evidence of Coverage. It's the legal, detailed description of your benefits and costs for 2010 if you stay enrolled as a member of **Medco Medicare Prescription Plan (PDP)**. It also explains your rights and rules you need to follow when using your coverage for prescription drugs. Please look through this document so you know what's in it, then keep it handy for reference.
3. We're also including a copy of the **Medco Medicare Prescription Plan (PDP)**'s List of Covered Drugs (Formulary), effective in January 2010.

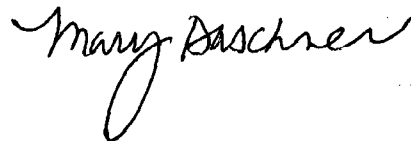
If you have questions, we're here to help. Please call Customer Service at **1-800-935-6215**. (TTY/TDD only, call **1-800-716-3231**.) Hours are 24 hours a day, 7 days a week (except Thanksgiving and Christmas), and calls to these numbers are free. Customer Service is available in English and other languages. You can also visit our website, **www.medco.com**.

LT389506  
**P5693**

BRUNSTING001715

We value your membership and hope to continue to serve you next year.

Sincerely,



Mary Daschner  
Group President  
Medco Retiree Solutions®



**P5694**

**BRUNSTING001716**

# Prescription Benefit Update

Explanation of Benefits (EOB) for Your Medicare Prescription Drug Coverage (Part D)

**Medco Medicare Prescription Plan™**



Prepared for:

3896 0001818  
Nelva E Brunsting  
13630 Pinerock Ln  
Houston, TX 77079-5914



MD10574500181801040000

Your personalized Prescription Benefit Update provides you with more than a summary of your prescription drug purchases each month. We also provide other useful information that can help you get the best value from **Medco Medicare Prescription Plan for Chevron.**

## Customer Service Information

If you have any questions, call 1-800-935-6215, 24 hours a day, 7 days a week, except Thanksgiving and Christmas. TTY/TDD users should call 1-800-716-3231. Or, visit [www.medco.com](http://www.medco.com) on the Web.



The Plan has retail, retail maintenance, mail-order, long-term care, home infusion and Indian/Tribal/Urban pharmacies in its network. A network pharmacy is a pharmacy where beneficiaries obtain prescription drug benefits provided by the Plan. In most cases, your prescriptions are covered under the Plan only if they are filled at a network pharmacy or through our mail-order pharmacy service. Once you go to one, you are not required to continue going to the same pharmacy to fill your prescription; you can go to any of our network pharmacies. We will fill prescriptions at out-of-network pharmacies under certain circumstances, as described in your Evidence of Coverage.

Member Number: 358657422574  
Group Number: CMD3896

**THIS IS NOT A BILL.**  
Keep this notice for your records.

## This Notice Includes

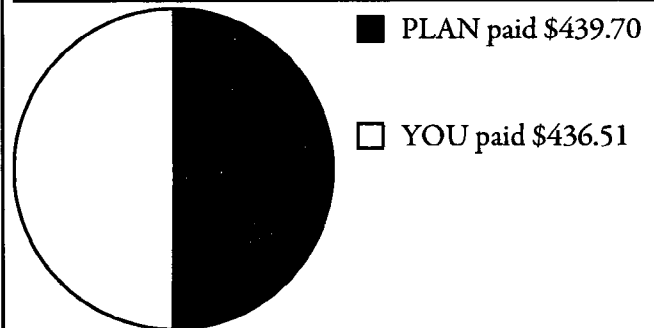
- Coverage Status

How much you've paid so far this year for your prescriptions. You are in Period 2 — Initial Coverage. See full details on page 2.

- Rx Month at a Glance

Your recent claims for prescriptions for October are on page 5.

## Benefit Highlights



Your total drug costs for 2010 ..... \$876.21

|   |          |
|---|----------|
| <b>Medco Medicare Prescription Plan for Chevron</b> |          |
| paid .....  | \$439.70 |
| YOU paid .....                                      | \$436.51 |

# Coverage Status

Where you are in the 3 periods

## Summary of Your Year-to-Date Medicare Prescription Drug Costs

Here you'll find an explanation of each period and where you are within the periods as of October 2010. There are 3 periods in your prescription drug benefit. The chart below shows you which period you're in to take full advantage of your coverage.

Your benefit is based on a calendar year. You start at Period 1 each January 1st.

You are currently in Period 2—Initial Coverage



\$4,550.00 limit



↑ You are here—Total OUT OF POCKET: \$436.51

|   | Total PLAN paid: | Total you/others on your behalf paid: | Total you/others on your behalf paid that counts toward your out-of-pocket costs: | Total you/others on your behalf paid that didn't count toward your out-of-pocket costs: | Amount remaining to move to next period:                                |
|---|------------------|---------------------------------------|---|---|---|
| <b>Period 1. Yearly Deductible</b><br>\$310.00  | \$0.00           | \$310.00                              | \$310.00  | \$0.00  | Total Drug Costs left to move to the initial coverage period:<br>\$0.00 |
| <p>The amount of total drug costs you and/or all others making payments on your behalf must pay before the <b>Medco Medicare Prescription Plan</b> begins to pay for covered brand-name drugs. There is no deductible for generics. Only the amount you and/or others making payments on your behalf pay for brand-name drugs counts toward the deductible.</p> |                  |                                       |   |   |   |

P5696

BRUNSTING001718

# Coverage Status continued

|   | Total PLAN paid: | Total you/others on your behalf paid: | Total you/others on your behalf paid that counts toward your out-of-pocket costs: | Total you/others on your behalf paid that didn't count toward your out-of-pocket costs: | Amount remaining to move to next period:                          |
|---|------------------|---------------------------------------|---|---|---|
| <p><b>Period 2. Initial Coverage</b><br/>                     The initial coverage period begins after you meet the yearly deductible. You generally pay a co-payment for each prescription during this period. The initial coverage period ends when your total out-of-pocket costs reach \$4,550.00 during the coverage year. During the initial coverage period, total out-of-pocket costs for your drugs include amounts paid for your prescriptions so far this year by you, Medicare, and/or others making payments on your behalf.</p> | \$439.70         | \$126.51                              | \$126.51  | \$0.00  | Out-of-Pocket Costs left before catastrophic coverage: \$4,113.49 |

|   |        |        |  |  |  |
|---|--------|--------|--|--|--|
| <p><b>Period 3. Catastrophic Coverage</b><br/>                     This period begins once your out-of-pocket drug costs reach \$4,550.00. This is the period where you pay 5% with a \$21.00 maximum for up to a 34-day supply for brand-name drugs, 5% with a \$5.00 maximum for up to a 34-day supply for generics at retail and 5% with a \$42.00 maximum for brand-name drugs, 5% with a \$10.00 maximum for generics at mail for your covered drugs for the remainder of the coverage year.</p> | \$0.00 | \$0.00 |  |  |  |
|---|--------|--------|--|--|--|

**TOTAL Out-of-Pocket Costs 2010:** \$436.51

**TOTAL Drug Costs for 2010:** \$876.21

# Coverage Status continued

- **Out-of-Pocket Costs** Includes payments that you and/or certain others on your behalf paid for covered drugs during the coverage year. This includes payments made in the deductible and/or initial coverage period this coverage year. Payments made by certain others that count toward your out-of-pocket costs include those made by family members, State Pharmaceutical Assistance Programs (SPAPs), and most charities. This amount does not include amounts paid by **Medco Medicare Prescription Plan** or certain others making payments on your behalf.

Payments made by certain others that don't count toward your out-of-pocket costs include those made by group health plans (like from your spouse's current or former employer), other insurance, or government-funded health programs.

Once your out-of-pocket costs reach \$4,550.00, you move into the catastrophic coverage period.

- **Total Drug Costs** This is the total amount spent on your covered drugs this coverage year by **Medco Medicare Prescription Plan**, you, and/or all others making payments on your behalf during all coverage periods.

**Note:** We offer extra coverage for some drugs not generally covered by Medicare. These drugs are noted on your summary of claims in the Rx Month at a Glance section. The amounts paid for these drugs don't count toward your out-of-pocket costs or total drug costs.



# Rx Month at a Glance

For October 2010

This chart shows you a summary of Prescription Claims Processed from 10/01/2010 through 10/31/2010. It enables you to track and manage your expenses.

| Date Prescription Filled   | Name of Drug / Claim Number           | Quantity Filled | Amount     |          | Amount Paid by Secondary Coverage / Other Sources | Notes* |
|--|---------------------------------------|-----------------|------------|----------|---|--------|
|  |                                       |                 | PLAN Paid  | YOU Paid |   |        |
| 10/21/10   | ALENDRONATE SODIUM / 000001482935     | 4               | \$9.00     | \$5.00   | \$0.00  |        |
| 10/29/10   | SULFAMETHOXAZOLE-TRIME / 000001485427 | 6               | \$0.00     | \$2.62   | \$0.00  |        |
| <b>TOTAL from 10/01/10 to 10/31/10:</b>                                    |                                       |                 | \$9.00     | \$7.62   | \$0.00  |        |
| <b>TOTAL Out-of-Pocket Costs from 10/01/10 to 10/31/10:</b>                |                                       |                 | \$7.62     |          |   |        |
| <b>TOTAL Drug Costs from 10/01/10 to 10/31/10:</b>                         |                                       |                 | \$16.62    |          |   |        |
| <b>TOTAL Amount YOU paid for 2010:</b>                                     |                                       |                 | \$436.51   |          |   |        |
| <b>Total Out-of-Pocket Costs left to pay before catastrophic coverage:</b> |                                       |                 | \$4,113.49 |          |   |        |

**TOTAL Out-of-Pocket Costs for 2010: \$436.51**

**TOTAL Drug Costs for 2010: \$876.21**

# Rx Month at a Glance

For October 2010 Continued

The amount listed in "Amount Paid by Secondary Coverage/Other Sources" includes payments made by all sources other than yourself or extra help from Medicare. Amounts paid on your behalf that do not count toward your out-of-pocket costs described in the Coverage Status section include those made by group health plans (like from a current or former employers or union), other insurance, or Government-funded health programs. Amounts paid on your behalf that do count toward your out-of-pocket costs include those made by family members, Medicare's extra help, State Pharmaceutical Assistance Programs (SPAPs), and most charities.

P5700

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Claim number 10263760176000

**DUKE MED EQUIP LLC, 4305 HUGH ECHOLS BLVD,  
BAYTOWN, TX 77521-3366**

Referred by: RICHARD POHIL

|          |   |         |         |         |        |   |
|----------|---|---------|---------|---------|--------|---|
| 09/20/10 | 1.0 Nebulizer with compression<br>(E0570-RRKIKX) Rental | \$25.00 | \$16.91 | \$13.53 | \$3.38 | a |
|----------|---|---------|---------|---------|--------|---|

Claim number 10253722787000

**WALGREEN CO, PO BOX 90482,  
CHICAGO, IL 60696-0482**

Referred by: BHAKTI D GIDVANI

|          |  |                 |                |                |                |   |
|----------|--|-----------------|----------------|----------------|----------------|---|
| 08/17/10 | 1.0 Dispense fee initial 30 day (G0333)  | \$57.00         | \$57.00        | \$45.60        | \$11.40        |   |
| 08/17/10 | 150.0 Albuterol non-comp unit (J7613-KO) | 57.99           | 10.35          | 8.28           | 2.07           | b |
|          | <b>Claim Total</b>                       | <b>\$114.99</b> | <b>\$67.35</b> | <b>\$53.88</b> | <b>\$13.47</b> |   |

**THIS IS NOT A BILL - Keep this notice for your records.**

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**P5701**

**BRUNSTING001723**

the 6 months before you retire to update your records. Make sure your health care bills are paid correctly.

**ALERT:** Coverage by Medicare is limited to \$1840 in 2009 and \$1860 for 2010 for outpatient physical therapy and speech-language pathology combined. Occupational therapy services have the same limits. Medicare pays up to 80 percent of the limits after the deductible has been met. Exceptions to these limits apply to therapy billed by hospital outpatient departments and may also apply to medically necessary services.

Please have your complete Medicare number with you when you call 1-800-MEDICARE so your record can be located. For your protection this MSN does not include your entire number.

If you change your address, contact the Social Security Administration by calling 1-800-772-1213.

Early detection is your best protection. Schedule your mammogram today, and remember that Medicare helps pay for screening mammograms.

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**P5702**

**BRUNSTING001724**

**For more information**

For more detailed information about your **Medco Medicare Prescription Plan** prescription drug coverage, please refer to your Evidence of Coverage and plan formulary.

If you have any questions, please contact Customer Service at 1-800-935-6215, 24 hours a day, 7 days a week, except Thanksgiving and Christmas, or visit [www.medco.com](http://www.medco.com) on the Web. TTY/TDD users should call 1-800-716-3231.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-935-6215. Los usuarios de TTY/TDD deben llamar al 1-800-716-3231.

**What to do if you disagree with the accuracy of this Explanation of Benefits**

If you have a complaint or disagree with any information contained in this document, you have a right to file a grievance with us. Grievances should be sent to us at Medco Health Solutions, PO Box 630246, Irving, TX 75063-0115, 1-800-935-6215.

**What to do if you disagree with Medco Medicare Prescription Plan's coverage decision**

If we deny your request for a drug you haven't received, or deny your request to pay you back for a drug you have received, we will send you a letter explaining our decision. If you disagree with our decision, you can request an appeal within 60 calendar days from the date of our first decision. You can request a standard or fast (expedited) appeal. We will automatically give you a fast appeal if your physician tells us that your life or health may be seriously jeopardized by waiting for a standard decision. You can request an appeal by:

- Writing a letter to Medco Health Solutions, PO Box 630367, Irving, TX 75063
- Calling 1-800-864-1135
- We do not accept standard requests by phone.
- Sending a fax to 1-888-235-8551

Your doctor needs to give us a statement explaining that the drug you need is medically necessary to treat your condition, if you or your doctor believe(s):

- You need a drug that isn't on our list of covered drugs (formulary),
- The plan should waive a coverage rule or limit on a drug you need, or
- You can't take any of the drugs on our preferred tier for your condition, and you would like us to cover a non-preferred drug at the preferred cost-sharing amount.

Your doctor needs to give us a statement by sending it to Medco Health Solutions, PO Box 630367, Irving, TX 75063, fax number 1-888-235-8551, or by calling us at 1-800-864-1135.

**Suspect fraud?**

If you suspect fraud, please contact **MEDCO HEALTH SOLUTIONS, PO BOX 630246, IRVING, TX 75063-0115, 1-800-303-9373. Or, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.**

**Do you have limited income and resources?**

You may qualify for extra help paying your Medicare prescription drug costs. For more information about applying for extra help, visit [www.socialsecurity.gov](http://www.socialsecurity.gov) on the Web or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

Medco Medicare Prescription Plan is a Medicare Part D approved sponsor.

Call us toll free 1-800-935-6215  
TTY/TDD users call 1-800-716-3231  
Visit us online at [www.medco.com](http://www.medco.com)

MD10574500181804040000



# Medicare Summary Notice

Page 1 of 3

October 28, 2010

## CUSTOMER SERVICE INFORMATION


Your Medicare Number: **XXX-XX-8905D**

If you have questions, call:

Call: **1-800-MEDICARE**  
**(1-800-633-4227) (18003)**

Ask for Medical Supplies

**TTY (tele-typewriter) and TDD users only**  
 should call: **1-877-486-2048**

  
**NELVA BRUNSTING**  
**13630 PINEROCK LN**  
**HOUSTON TX 77079-5914**

**BE INFORMED:** Starting January 1, 2011, you may have to use certain Medicare-contracted suppliers to get certain medical equipment and supplies. Visit [www.medicare.gov](http://www.medicare.gov) or call 1-800-MEDICARE for details.

This is a summary of claims processed from 07/30/2010 through 10/28/2010.

## PART B MEDICAL INSURANCE - ASSIGNED CLAIMS

| Dates of Service   | Services Provided  | Amount Charged | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|--|--|----------------|-------------------|------------------------|-------------------|-------------------|
| Claim number 10245730473000  |  |                |                   |                        |                   |                   |
| <b>DUKE MED EQUIP LLC, 4305 HUGH ECHOLS BLVD,<br/>BAYTOWN, TX 77521-3366</b> |  |                |                   |                        |                   |                   |
| Referred by: RICHARD POHIL   |  |                |                   |                        |                   |                   |
| 08/20/10   | 1.0 Nebulizer with compression<br>(E0570-RRKHXX) Rental  | \$25.00        | \$16.91           | \$13.53                | \$3.38            | a                 |
| Claim number 10245730474000  |  |                |                   |                        |                   |                   |
| <b>DUKE MED EQUIP LLC, 4305 HUGH ECHOLS BLVD,<br/>BAYTOWN, TX 77521-3366</b> |  |                |                   |                        |                   |                   |
| Referred by: RICHARD POHIL   |  |                |                   |                        |                   |                   |
| 08/20/10   | 1.0 Nondisposable nebulizer set<br>(A7005-NUKX) Purchase | \$27.51        | \$27.51           | \$22.01                | \$5.50            |                   |

P5704

BRUNSTING001726

**Your Medicare Number: XXX-XX-8905D**

Page 2 of 3  
October 28, 2010

**Notes Section:**

- a Monthly rental payments can be made for up to 13 months from the first paid rental month or until the equipment is no longer needed; whichever comes first. After the 13 month of rental is paid, your supplier must transfer title of this equipment to you.
- b The approved amount is based on a special payment method.

**Deductible Information:**

You have met the Part B deductible for 2010.

**General Information:**

You have the right to make a request in writing for an itemized statement which details each Medicare item or service which you have received from your physician, hospital, or any other health supplier or health professional. Please contact them directly, in writing, if you would like an itemized statement.

Compare the services you receive with those that appear on your Medicare Summary Notice. If you have questions, call your doctor or provider. If you feel further investigation is needed due to possible fraud or abuse, call the phone number in the Customer Service Information Box.

Want to see your latest claims? Visit [MyMedicare.gov](http://MyMedicare.gov) on the web any time, day or night, and get the most out of your Medicare. Your personalized Medicare information is waiting for you online.

If you aren't due a payment check from Medicare, your Medicare Summary Notices (MSN) will now be mailed to you on a quarterly basis. You will no longer get a monthly statement in the mail for these types of MSNs. You will now get a statement every 90 days summarizing all of your Medicare claims. Your provider may send you a bill that may need to pay before you get your MSN. When you get your MSN, look to see if you paid more than the MSN says is due. If you paid more, call your provider about a refund. If you have any questions about the bill from your provider, you should call your provider.

Planning to retire? Does your current insurance pay before Medicare pays? Call Medicare within

**P5705**

**BRUNSTING001727**

# IMPORTANT INFORMATION ABOUT YOUR MEDICARE PART B MEDICAL INSURANCE BENEFITS

For more information about services covered by Medicare, please see your Medicare Handbook.

**MEDICARE PART B MEDICAL INSURANCE:** Medicare Part B helps pay for doctors' services, diagnostic tests, ambulance services, durable medical equipment, and other health care services. Medicare Part A Hospital Insurance helps pay for inpatient hospital care, inpatient care in a skilled nursing facility following a hospital stay, home health care and hospice care. You will be sent a separate notice if you received Part A services or any outpatient facility services.

**MEDICARE ASSIGNMENT:** Medicare Part B claims may be assigned or unassigned. Providers who accept assignment agree to accept the Medicare approved amount as total payment for covered services. Medicare pays its share of the approved amount directly to the provider. You may be billed for unmet portions of the annual deductible and the coinsurance. You may contact us at the address or telephone number in the Customer Service Information box on the front of this notice for a list of participating providers who always accept assignment. You may save money by choosing a participating provider.

Doctors who submit unassigned claims have not agreed to accept Medicare's approved amount as payment in full. Generally, Medicare pays you 80% of the approved amount after subtracting any part of the annual deductible you have not met. A doctor who does not accept assignment may charge you up to 115% of the Medicare approved amount. This is known as the Limiting Charge. Some states have additional payment limits. The NOTES section on the front of this notice will tell you if a doctor has exceeded the Limiting Charge and the correct amount to pay your doctor under the law.

**YOUR RESPONSIBILITY:** The amount in the **You May Be Billed** column is your share of cost for the services shown on this notice. You are responsible for:

- **annual deductible:** taken from the first Medicare Part B approved charges each calendar year,
- **coinsurance:** 20% of the Medicare approved amount, after the deductible has been met for the year,
- the amount billed, up to the limiting charge, for unassigned claims, and
- charges for services/supplies that are **not covered** by Medicare. You may not have to pay for certain denied services. If so, a NOTE on the front will tell you.

If you have supplemental insurance, it may help you pay these amounts. If you use this notice to claim supplemental benefits

from another insurance company, make a copy for your records.

**WHEN OTHER INSURANCE PAYS FIRST:** All Medicare payments are made on the condition that you will pay Medicare back if benefits could be paid by insurance that is primary to Medicare. Types of insurance that should pay before Medicare include employer group health plans, no-fault insurance, automobile medical insurance, liability insurance and workers' compensation. Notify us right away if you have filed or could file a claim with insurance that is primary to Medicare.

**YOUR RIGHT TO APPEAL:** If you disagree with what Medicare approved for these services, you may appeal the decision. You must file your appeal within **120 days of the date you receive this notice**. Unless you show us otherwise, we assume you received this notice 5 days after the date of this notice. Follow the appeal instructions on the front of the last page of the notice. If you want help with your appeal, a friend or someone else can help you. Also, groups such as legal aid services may provide free assistance. To contact us for the names and telephone numbers of groups in your area, please see our Customer Service Information box on the front of this notice.

**HELP STOP MEDICARE FRAUD:** Fraud is a false representation by a person or business to get Medicare payments. Some examples of fraud include:

- offers of goods or money in exchange for your Medicare Number,
- telephone or door-to-door offers of free medical services or items, and
- claims for Medicare services or items you did not receive.

If you think a person or business is involved in fraud, you should call Medicare at the Customer Service telephone number on the front of this notice.

**INSURANCE COUNSELING AND ASSISTANCE:** Insurance Counseling and Assistance programs are located in every State. These programs have volunteer counselors who can give you free assistance with Medicare questions, including enrollment, entitlement, Medigap and premium issues. If you would like to know how to get in touch with your local Insurance Counseling and Assistance Program Counselor, please call us at the number shown in the Customer Service Information box on the front of this notice.

Centers for Medicare & Medicaid Services

Your Medicare Number: XXX-XX-8905D

Page 3 of 3  
October 28, 2010

**Appeals Information - Part B**

If you disagree with any claims decisions on this notice, your appeal must be received by **March 2, 2011**.  
Follow the instructions below:

- 1) Circle the item(s) you disagree with and explain why you disagree.
- 2) Send this notice, or a copy, to the following address: CIGNA Government Services,  
Attn: Redetermination Dept, P. O. Box 20009, Nashville, TN 37202.

(You may also send any additional information you may have about your appeal.)

- 3) Sign here \_\_\_\_\_ Phone number ( ) \_\_\_\_\_
- 4) Medicare Number \_\_\_\_\_



**P5707**

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0001 of 0004

NELVA E. BRUNSTING  
 13630 PINEROCK  
 HOUSTON TX 77079-5914

**CUSTOMER SERVICE INFORMATION**

**Your Medicare Number: XXX-XX-8905D**

If you have questions, call 1-800-Medicare  
 (1-800-633-4227)(#04001)

**Ask for Hospital Services**

TTY for Hearing Impaired:1-877-486-2048

**BE INFORMED:** Protect your Medicare number as you would a credit card number.

This is a summary of claims processed from 09/21/2010 through 10/29/2010.

**PART A HOSPITAL INSURANCE - INPATIENT CLAIMS**

| Dates of Service  | Benefit Days Used | Non-Covered Charges | Deductible and Coinsurance | You May Be Billed | See Notes Section                |
|---|-------------------|---------------------|----------------------------|-------------------|----------------------------------|
| Control number 21027100618104TXA<br>Memorial Hermann Hospital Syste<br>921 Gessner Rd<br>Memorial Hermann Memorial City<br>Houston, TX 77024-2501<br>Referred by: David W. Hsu<br>09/17/10-09/20/10 | 3 days            | \$0.00              | \$1,100.00                 | \$1,100.00        | a<br><br><br><br><br><br><br>b,c |

**THIS IS NOT A BILL - Keep this notice for your records.**



## IMPORTANT INFORMATION YOU SHOULD KNOW ABOUT YOUR MEDICARE BENEFITS

For more information about services covered by Medicare, please see your Medicare Handbook.

### **PART A HOSPITAL INSURANCE (INPATIENT)**

helps pay for inpatient hospital care, inpatient care in a skilled nursing facility following a hospital stay, home health care and hospice care. Inpatient services are measured in benefit periods. A benefit period begins the first time you receive Medicare covered inpatient hospital care and ends when you have been out of the hospital or skilled nursing facility for 60 consecutive days. There is no limit to the number of benefit periods you may have.

**THE AMOUNT YOU MAY BE BILLED** for Part A services includes:

- an inpatient hospital deductible once during each benefit period,
- a coinsurance amount for the 61st through the 90th days of a hospital stay during each benefit period,
- a coinsurance amount for each Lifetime Reserve Day, which can be used if you have to stay in the hospital more than 90 days in one benefit period. Lifetime Reserve Days may be used only once.
- a blood deductible for the first three pints of unreplaced blood furnished to you in a calendar year in some states,
- an inpatient coinsurance for the 21st through the 100th days of a Medicare covered stay in a skilled nursing facility,
- charges for services or supplies that are not covered by Medicare. You may not have to pay for certain denied services. If so, a NOTE on the front will tell you.

**PART B MEDICAL INSURANCE (OUTPATIENT FACILITIES)** helps pay for care provided by certified medical facilities, such as hospital outpatient departments, renal dialysis facilities, and community health centers.

**THE AMOUNT YOU MAY BE BILLED** for Part B services includes:

- an annual deductible, taken from the first Medicare Part B charges each year;
- after the deductible has been met for the year, depending on services received, a coinsurance amount (20 percent of the amount charged), or a fixed copayment for each service; and
- charges for services or supplies that are not covered by Medicare. You may not have to pay for certain denied services. If so, a note on the front will tell you.

If you have supplemental insurance, it may help to pay the amounts you may be billed. If you use this notice to claim supplemental benefits from another insurance company,

make a copy for your records.

**WHEN OTHER INSURANCE PAYS FIRST:** All Medicare payments are made on the condition that you will pay Medicare back if benefits could be paid by insurance that is primary to Medicare. Types of insurance that should pay before Medicare include employer group health plans, no-fault insurance, automobile medical insurance, liability insurance and worker's compensation. Notify us right away if you have filed or could file a claim with insurance that is primary to Medicare.

**YOUR RIGHT TO APPEAL:** If you disagree with what Medicare approved for these services, you may appeal the decision. You must file your appeal within 120 days of the date you receive this notice. Unless you show us otherwise, we assume you received this notice 5 days after the date of this notice. Follow the appeal instructions on the front of the last page of this notice. If you want help with your appeal, a friend or someone else can help you. Also, groups such as legal aid services may provide free assistance. To contact us for the names and telephone numbers of groups in your area, please see our Customer Service Information box on the front of this notice.

**HELP STOP MEDICARE FRAUD:** Fraud is a false representation by a person or business to get Medicare payments. Some examples of fraud include:

- offers of goods or money in exchange for your Medicare Number
- telephone or door to door offers of free medical services or items, and
- claims for Medicare services/items you did not receive.

If you think a person or business is involved in fraud, you should call Medicare at the Customer Service telephone number on the front of this notice.

### **INSURANCE COUNSELING AND ASSISTANCE:**

Insurance Counseling and Assistance programs are located in every state. These programs have volunteer counselors who can give you free assistance with Medicare questions, including enrollment, entitlement, Medigap, and premium issues. If you would like to know how to get in touch with your local Insurance Counseling and Assistance Program Counselor, please call us at the number shown in the Customer Service Information box on the front of this notice.

**CENTERS for MEDICARE & MEDICAID SERVICES**

**PART B MEDICAL INSURANCE - OUTPATIENT FACILITY CLAIMS**

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0002 OF 0004

| Dates of Service  | Services Provided                    | Amount Charged  | Non-Covered Charges | Deductible and Coinsurance | You May Be Billed | See Notes Section |
|---|--------------------------------------|-----------------|---------------------|----------------------------|-------------------|-------------------|
| Control number 21025901673701TXA<br>Frances H Brown Medical Facilit<br>2600 Gessner Dr Ste 160<br>Brown Rehabilitation And Treatm<br>Houston, TX 77080-3842<br>Referred by: Richard Pohil |                                      |                 |                     |                            |                   | d,e,f,g           |
| 09/10/10  | Therapeutic procd strg endur (G0237) | \$47.94         | \$0.00              | \$0.00                     | \$0.00            | h,i               |
|   | Therapeutic procd strg endur (G0237) | 20.06           | 0.00                | 4.01                       | 4.01              | j                 |
|   | Oth resp proc, indiv (G0238)         | 51.22           | 0.00                | 0.00                       | 0.00              | h,i               |
|   | Oth resp proc, indiv (G0238)         | 20.78           | 0.00                | 4.16                       | 4.16              | k                 |
|   | Therapeutic exercises (97110)        | 142.75          | 0.00                | 0.00                       | 0.00              | h,i               |
|   | Therapeutic exercises (97110)        | 147.25          | 0.00                | 29.45                      | 29.45             | l                 |
|   | Therapeutic exercises (97110)        | 57.10           | 0.00                | 0.00                       | 0.00              | h,i               |
|   | Therapeutic exercises (97110)        | 58.90           | 0.00                | 11.78                      | 11.78             | m                 |
|   | Self care mngmt training (97535)     | 29.35           | 0.00                | 0.00                       | 0.00              | h,i               |
|   | Self care mngmt training (97535)     | 31.65           | 0.00                | 6.33                       | 6.33              | n                 |
|   | <b>Claim Total</b>                   | <b>\$607.00</b> | <b>\$0.00</b>       | <b>\$55.73</b>             | <b>\$55.73</b>    |                   |
| Control number 21026600380801TXA<br>Frances H Brown Medical Facilit<br>2600 Gessner Dr Ste 160<br>Brown Rehabilitation And Treatm<br>Houston, TX 77080-3842<br>Referred by: Richard Pohil |                                      |                 |                     |                            |                   | d,e,f,g           |
| 09/15/10  | Therapeutic procd strg endur (G0237) | \$47.94         | \$0.00              | \$0.00                     | \$0.00            | h,i               |
|   | Therapeutic procd strg endur (G0237) | 20.06           | 0.00                | 4.01                       | 4.01              | o                 |
|   | Oth resp proc, indiv (G0238)         | 51.22           | 0.00                | 0.00                       | 0.00              | h,i               |
|   | Oth resp proc, indiv (G0238)         | 20.78           | 0.00                | 4.16                       | 4.16              | p                 |
|   | Therapeutic exercises (97110)        | 142.75          | 0.00                | 0.00                       | 0.00              | h,i               |
|   | Therapeutic exercises (97110)        | 147.25          | 0.00                | 29.45                      | 29.45             | q                 |
|   | Therapeutic exercises (97110)        | 57.10           | 0.00                | 0.00                       | 0.00              | h,i               |
|   | Therapeutic exercises (97110)        | 58.90           | 0.00                | 11.78                      | 11.78             | r                 |
|   | Self care mngmt training (97535)     | 29.35           | 0.00                | 0.00                       | 0.00              | h,i               |
|   | Self care mngmt training (97535)     | 31.65           | 0.00                | 6.33                       | 6.33              | s                 |
|   | <b>Claim Total</b>                   | <b>\$607.00</b> | <b>\$0.00</b>       | <b>\$55.73</b>             | <b>\$55.73</b>    |                   |

**PART B MEDICAL INSURANCE - OUTPATIENT FACILITY CLAIMS (continued)**

| Dates of Service                 | Services Provided                 | Amount Charged    | Non-Covered Charges | Deductible and Coinsurance | You May Be Billed | See Notes Section |
|----------------------------------|-----------------------------------|-------------------|---------------------|----------------------------|-------------------|-------------------|
| Control number 21030000791804TXA |                                   |                   |                     |                            |                   |                   |
| Memorial Hermann Hospital System |                                   |                   |                     |                            |                   |                   |
| 921 Gessner Rd                   |                                   |                   |                     |                            |                   |                   |
| Memorial Hermann Memorial City   |                                   |                   |                     |                            |                   |                   |
| Houston, TX 77024-2501           |                                   |                   |                     |                            |                   |                   |
| Referred by: Bhakti D. Gidvani   |                                   |                   |                     |                            |                   |                   |
| 10/13/10                         | F18 fdg (A9552)                   | \$1,205.75        | \$0.00              | \$0.00                     | \$0.00            | u                 |
|                                  | Pet image w/ct, full body (78816) | 7,214.25          | 0.00                | 206.14                     | 206.14            | v                 |
|                                  | <b>Claim Total</b>                | <b>\$8,420.00</b> | <b>\$0.00</b>       | <b>\$206.14</b>            | <b>\$206.14</b>   |                   |

**Notes Section:**

- a The amount Medicare paid the provider for this claim is \$7,682.30.
- b Days are being subtracted from your total inpatient hospital benefits for this benefit period.
- c \$1,100.00 was applied to your inpatient deductible.
- d The amount Medicare paid the provider for this claim is \$222.91.
- e Medicare approves a limited dollar amount each year for physical therapy and speech-language pathology services and a separate limit each year for occupational therapy services when billed by providers, physical and occupational therapists, physicians, and other non-physician practitioners. Medically necessary therapy over these limits is covered when received at a hospital outpatient department or when approved by Medicare.
- f \$1,860.00 has been applied during this calendar year 2010 towards the \$1,860.00 limit on outpatient physical therapy and speech-language pathology benefits.
- g \$1,860.00 has been applied during this calendar year 2010 towards the \$1,860.00 limit on outpatient occupational therapy benefits.
- h This amount is the difference in billed amount and Medicare approved amount.
- i You should not be billed for this service. You do not have to pay this amount.
- j The following policies L26724 were used when we made this decision.

(continued)

**Notes Section: (continued)**

- k The following policies L26724 were used when we made this decision.
- l The following policies L26832 were used when we made this decision.
- m The following policies L26832 were used when we made this decision.
- n The following policies L26832 were used when we made this decision.
- o The following policies L26724 were used when we made this decision.
- p The following policies L26724 were used when we made this decision.
- q The following policies L26832 were used when we made this decision.
- r The following policies L26832 were used when we made this decision.
- s The following policies L26832 were used when we made this decision.
- t The amount Medicare paid the provider for this claim is \$824.51.
- u Payment is included in another service received on the same day.
- v The following policies L26753 were used when we made this decision.

**Deductible Information:**

You have met the Part A deductible for this benefit period.

You have met the Part B deductible for 2010.



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**General Information:**

If the coinsurance amount you paid is more than the amount shown on your notice, you are entitled to a refund, please contact your provider.

Under the Privacy Act, Medicare cannot release information about you to anyone without your consent. Written consent can be for one time or on-going. An on-going consent will be valid until you change it. Verbal consent is valid for 14 days. Medicare is required to verify your name, Medicare number and date of birth with the caller. This must be verified again with you. The only information we can give the caller without prior consent is whether we have received or processed a claim.

**ALERT:** Coverage by Medicare is limited to \$1,840 in 2009 and \$1,860 in 2010 for outpatient physical therapy and speech-language pathology combined. Occupational therapy services have the same limits. Medicare pays up to 80 percent of the limits after the deductible has been met. Exceptions to these limits apply to therapy billed by hospital outpatient departments and may also apply to medically necessary services.

Glaucoma may cause blindness. Medicare helps pay for a yearly dilated eye exam for people at high risk for Glaucoma. African-Americans over 50 and people with diabetes or a family history of glaucoma are at higher risk. Talk to your doctor to learn if this exam is right for you.

Medicare covers expanded benefits to help control diabetes. Benefits include your diabetes self-testing equipment and supplies, diabetes self-management training and medical nutrition therapy.

If you have not received your flu shot, it is not too late. Please contact your health care provider about getting the flu shot.

Want to see your latest claims? Visit [MyMedicare.gov](http://MyMedicare.gov) on the web any time, day, or night, and get the most out of your Medicare. Your personalized Medicare information is waiting for you online.

Please send written appeal requests to: Medicare Part A  
P.O. Box 660155 Dallas, TX 75266-0155.  
Send routine written inquiries to: General Medicare-BIC, P.O. Box 100297,  
Columbia, SC 29202-3297.

Planning to retire? Does your current insurance pay before Medicare pays? Call Medicare within the six months before you retire to update your records. Make sure your health care bills get paid correctly.

**General Information (continued):**

If you aren't due a payment check from Medicare, your Medicare Summary Notices (MSN) will now be mailed to you on a quarterly basis. You will no longer get a monthly statement in the mail for these types of MSNs. You will now get a statement every 90 days summarizing all of your Medicare claims. Your provider may send you a bill that you may need to pay before you get your MSN. When you get your MSN, look to see if you paid more than the MSN says is due. If you paid more, call your provider about a refund. If you have any questions about the bill from your provider, you should call your provider.

Electronic prescribing can save you time at the pharmacy, Reduce the chance of getting the wrong medication or dose, and save money. When you go to the doctor, ask "Do you e-prescribe?"

Caring for someone with Medicare? We know it's not easy. Visit "Ask Medicare" at [medicare.gov/caregivers](http://medicare.gov/caregivers) for up-to-the-minute information, resources, and tips on making the most of Medicare.

If you change your address, contact the Social Security Administration by calling 1-800-772-1213.

**Appeals Information - Part A (Inpatient) and Part B (Outpatient)**

If you disagree with any claims decision on either PART A or PART B of this notice, your appeal must be received by April 26, 2011. Follow the instructions below:

- 1) Circle the item(s) you disagree with and explain why you disagree.
- 2) Send this notice, or a copy, to the following address:

**TRAILBLAZER HEALTH ENTERPRISES, LLC  
PO BOX 660155  
DALLAS, TX 75266-0155**

(You may also send any additional information you may have about your appeal.)

- 3) Sign here \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_
- 4) Medicare Number: \_\_\_\_\_

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**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)**

| Dates of Service   | Services Provided                           | Amount Charged  | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|--|---|-----------------|-------------------|------------------------|-------------------|-------------------|
| Claim number 22-10314-267-670<br>Rosewood Family Physicians, Suite B,<br>2405 South Gessner , Houston, TX 77063-2005<br>Dr. Davis, William D. M.D. |   |                 |                   |                        |                   |                   |
| 10/01/10   | 1.0 Admin influenza virus vac (G0008)       | \$22.00         | \$21.89           | \$21.89                | \$0.00            | l                 |
| 10/01/10   | 1.0 Flu vaccine, 3 yrs & > , im (90658)     | 35.00           | 11.37             | 11.37                  | 0.00              | l                 |
|  | <b>Claim Total</b>                          | <b>\$57.00</b>  | <b>\$33.26</b>    | <b>\$33.26</b>         | <b>\$0.00</b>     |                   |
| Claim number 22-10314-267-860<br>Rosewood Family Physicians, Suite B,<br>2405 South Gessner , Houston, TX 77063-2005<br>Dr. Davis, William D. M.D. |   |                 |                   |                        |                   |                   |
| 10/01/10   | 1.0 Office/outpatient visit, est (99213-25) | \$115.00        | \$67.77           | \$54.22                | \$13.55           |                   |
| Claim number 22-10314-268-020<br>Rosewood Family Physicians, Suite B,<br>2405 South Gessner , Houston, TX 77063-2005<br>Dr. Davis, William D. M.D. |   |                 |                   |                        |                   |                   |
| 10/29/10   | 1.0 Office/outpatient visit, est (99213-25) | \$115.00        | \$67.77           | \$54.22                | \$13.55           |                   |
| 10/29/10   | 1.0 Measure blood oxygen level (94760)      | 45.00           | 0.00              | 0.00                   | 0.00              | i,j,k             |
| 10/29/10   | 1.0 Urinalysis, nonauto w/scope (81000)     | 20.00           | 4.54              | 4.54                   | 0.00              | l                 |
|  | <b>Claim Total</b>                          | <b>\$180.00</b> | <b>\$72.31</b>    | <b>\$58.76</b>         | <b>\$13.55</b>    |                   |
| Claim number 22-10315-753-550<br>Rosewood Family Physicians, Suite B,<br>2405 South Gessner , Houston, TX 77063-2005<br>Dr. White, Robert E. M.D.  |   |                 |                   |                        |                   |                   |
| 11/09/10   | 1.0 Office/outpatient visit, est (99213)    | \$115.00        | \$67.77           | \$54.22                | \$13.55           |                   |

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**Notes Section:**

- a The information provided does not support the need for this service or item.
- b A local medical review policy (LMRP) or local coverage determination (LCD) was used when we made this decision. An LMRP/LCD provides a guide to assist in determining whether a particular item or service is covered by Medicare. A copy of this policy is available from your local intermediary or carrier by calling the number in the customer service information box on page one. You can compare the facts in your case to the guidelines set out in the LMRP/LCD to see whether additional information from your physician would change our decision.
- c The following policies  
L26535  
were used when we made this decision.
- d It appears that you did not know that we would not pay for this service, so you are not liable. Do not pay your provider for this service. If you have paid your provider for this service, you should submit to this office three things: 1) a copy of this notice, 2) your provider's bill and, 3) a receipt or proof that you have paid the bill. You must file your written request for payment within 6 months of the date of this notice. Future services of this type provided to you will be your responsibility.
- e This code is for informational/reporting purposes only. You should not be charged for this code. If there is a charge, you do not have to pay the amount.
- f The name or Medicare number was incorrect or missing. Ask your provider to use the name or number shown on this notice for future claims.
- g Medicare does not pay for this item or service.
- h The following policies  
L28627  
were used when we made this decision.
- i Payment is included in another service received on the same day.
- j You cannot be billed separately for this item or service. You do not have to pay this amount.
- k If you have already paid it, you are entitled to a refund from this provider.
- l This service is paid at 100 percent of the Medicare approved amount.

**Your Medicare Number: XXX-XX-8905D**

### **Deductible Information:**

You have met the Part B deductible for 2010.

### **General Information:**

You have the right to request an itemized statement which details each Medicare item or service which you have received from your physician, hospital, or any other health supplier or health professional. Please contact them directly, in writing, if you would like an itemized statement.

**ALERT:** Coverage by Medicare is limited to \$1,840 in 2009 and \$1,860 in 2010 for outpatient physical therapy and speech-language pathology combined. Occupational therapy services have the same limits. Medicare pays up to 80 percent of the limits after the deductible has been met. Exceptions to these limits apply to therapy billed by hospital outpatient departments and may also apply to medically necessary services.

Want to see your latest claims? Visit [MyMedicare.gov](http://MyMedicare.gov) on the web any time, day, or night, and get the most out of your Medicare. Your personalized Medicare information is waiting for you online.

If you aren't due a payment check from Medicare, your Medicare Summary Notices (MSN) will now be mailed to you on a quarterly basis. You will no longer get a monthly statement in the mail for these types of MSNs. You will now get a statement every 90 days summarizing all of your Medicare claims. Your provider may send you a bill that you may need to pay before you get your MSN. When you get your MSN, look to see if you paid more than the MSN says is due. If you paid more, call your provider about a refund. If you have any questions about the bill from your provider, you should call your provider.

Planning to retire? Does your current insurance pay before Medicare pays? Call Medicare within the 6 months before you retire to update your records. Make sure your health care bills get paid correctly.

Please have your complete Medicare number with you when you call 1-800-MEDICARE so your record can be located. For your protection this MSN does not include your entire number.

If you change your address, contact the Social Security Administration by calling 1-800-772-1213.

Go green by getting your "Medicare & You" handbooks electronically. Visit [www.mymedicare.gov](http://www.mymedicare.gov) to sign up before May 31, 2010.

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**BRUNSTING001740**

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**Appeals Information - Part B**

**If you disagree with any claims decision on this notice, your appeal must be received by April 26, 2011. Follow the instructions below:**

- 1) Circle the item(s) you disagree with and explain why you disagree.
- 2) Send this notice, or a copy, to the following address: Medicare Part B, P.O. Box 660156, Dallas, TX 75266-0156. (You may also send any additional information you may have about your appeal.)
- 3) Sign here \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_
- 4) Medicare Number \_\_\_\_\_



# Medicare Summary Notice

December 22, 2010

## CUSTOMER SERVICE INFORMATION

**Your Medicare Number: XXX-XX-8905D**

If you have questions, call  
**1-800-MEDICARE**  
**(1-800-633-4227) (#04402)**  
 TX

**Ask for Doctor Services**  
 TTY for hearing impaired: 1-877-486-2048

NELVA E BRUNSTING  
 13630 PINEROCK  
 HOUSTON TX 77079-5914

**BE INFORMED:** Be sure you understand anything you are asked to sign.

This is a summary of claims processed from 09/27/2010 through 12/22/2010.

### PART B MEDICAL INSURANCE - ASSIGNED CLAIMS

| Dates of Service   | Services Provided                    | Amount Charged  | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|--|--------------------------------------|-----------------|-------------------|------------------------|-------------------|-------------------|
| Claim number 29-10278-707-620<br>Acs Primary Care Physicians, P O Box 636018,<br>Cincinnati, OH 45263-6018<br>Dr. Hsu, David W. M.D.   |                                      |                 |                   |                        |                   |                   |
| 09/17/10   | 1.0 Emergency dept visit (99285)     | \$748.00        | \$179.66          | \$143.73               | \$35.93           |                   |
| 09/17/10   | 1.0 Electrocardiogram report (93010) | 68.00           | 0.00              | 0.00                   | 0.00              | a,b,c<br>d        |
| 09/17/10   | 1.0 Vital signs recorded (2010F)     | 0.00            | 0.00              | 0.00                   | 0.00              | e                 |
| 09/17/10   | 1.0 O2 saturation doc rev (3028F)    | 0.00            | 0.00              | 0.00                   | 0.00              | e                 |
| 09/17/10   | 1.0 Mental status assess (2014F)     | 0.00            | 0.00              | 0.00                   | 0.00              | e                 |
|  | <b>Claim Total</b>                   | <b>\$816.00</b> | <b>\$179.66</b>   | <b>\$143.73</b>        | <b>\$35.93</b>    |                   |
| -----  |                                      |                 |                   |                        |                   |                   |
| Claim number 29-10348-373-650<br>Acs Primary Care Physicians, P O Box 636018,<br>Cincinnati, OH 45263-6018<br>Dr. Marconi, Andrea M.D. |                                      |                 |                   |                        |                   |                   |
| 11/30/10   | 1.0 Emergency dept visit (99285)     | \$748.00        | \$179.66          | \$143.73               | \$35.93           |                   |
| 11/30/10   | 1.0 Electrocardiogram report (93010) | 68.00           | 9.43              | 7.54                   | 1.89              |                   |

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**THIS IS NOT A BILL - Keep this notice for your records.**

**P5720**

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**IMPORTANT INFORMATION**  
**You Should Know About Your Medicare Part B Benefits**

**For more information about services covered by Medicare, please see your Medicare Handbook.**

**MEDICARE PART B MEDICAL INSURANCE:**

Medicare Part B helps pay for doctors' services, diagnostic tests, ambulance services, durable medical equipment and other health care services. Medicare Part A Hospital Insurance helps pay for inpatient hospital care, inpatient care in a skilled nursing facility following a hospital stay, home health care and hospice care. You will be sent a separate notice if you received Part A services or any outpatient facility services.

**MEDICARE ASSIGNMENT:** Medicare Part B claims may be assigned or unassigned. Providers who accept assignment agree to accept the Medicare approved amount as total payment for covered services. Medicare pays its share of the approved amount directly to the provider. You may be billed for unmet portions of the annual deductible and the coinsurance. You may contact us at the telephone number in the Customer Service Information box on the front of this notice for a list of participating providers who always accept assignment. You may save money by choosing a participating provider.

Doctors who submit unassigned claims have not agreed to accept Medicare's approved amount as payment in full. Generally, Medicare pays you 80 percent of the approved amount after subtracting any part of the annual deductible you have not met. A doctor who does not accept assignment may charge you up to 115 percent of the Medicare approved amount. This is known as the Limiting Charge. Some states have additional payment limits. The NOTES section on the front of this notice will tell you if a doctor has exceeded the Limiting Charge and the correct amount to pay your doctor under the law.

**YOUR RESPONSIBILITY:** The amount in the **You May Be Billed** column is your share of cost for the services shown on this notice. You are responsible for:

- **annual deductible:** taken from the first Medicare Part B approved charges each calendar year,
- **coinsurance:** 20 percent of the Medicare approved amount after the deductible has been met for the year,
- the amount billed, up to the **limiting charge**, for unassigned claims and
- charges for services/supplies that are **not covered** by Medicare. You may not have to pay for certain denied services. If so, a NOTE on the front will tell you.

If you have supplemental insurance, it may help you pay these amounts. If you use this notice to claim supplemental

benefits from another insurance company, make a copy for your records.

**WHEN OTHER INSURANCE PAYS FIRST:** All Medicare payments are made on the condition that you will pay Medicare back if benefits could be paid by insurance that is primary to Medicare. Types of insurance that should pay before Medicare include employer group health plans, no-fault insurance, automobile medical insurance, liability insurance and workers compensation. Notify us right away if you have filed or could file a claim with insurance that is primary to Medicare.

**YOUR RIGHT TO APPEAL:** If you disagree with what Medicare approved for these services, you may appeal the decision. You must file your appeal within **120 days of the date you receive this notice**. Unless you show us otherwise, we assume you received this notice five days after the date of this notice. Follow the appeal instructions on the front of the last page of the notice. If you want **help with your appeal**, a friend or someone else can help you. Also, groups, such as legal aid services, may provide free assistance. To contact us for the names and telephone numbers of groups in your area, please see our Customer Service Information box on the front of this notice.

**HELP STOP MEDICARE FRAUD:** Fraud is a false representation by a person or business to get Medicare payments. Some examples of fraud include:

- offers of goods or money in exchange for your Medicare Number,
  - telephone or door to door offers of free medical services or items and
  - claims for Medicare services or items you did not receive.
- If you think a person or business is involved in fraud, you should call Medicare at the Customer Service telephone number on the front of this notice.

**INSURANCE COUNSELING AND ASSISTANCE:**

Insurance Counseling and Assistance programs are located in every State. These programs have volunteer counselors who can give you free assistance with Medicare questions, including enrollment, entitlement, Medigap and premium issues. If you would like to know how to get in touch with your local Insurance Counseling and Assistance Program Counselor, please call us at the number shown in the Customer Service Information box on the front of this notice.

*Centers for Medicare & Medicaid Services*

Your Medicare Number: XXX-XX-8905D

## PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)

| Dates of Service                          | Services Provided  | Amount Charged  | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|---|--|-----------------|-------------------|------------------------|-------------------|-------------------|
| 11/30/10                                  | 1.0 12-lead ecg performed (3120F)                          | 0.00            | 0.00              | 0.00                   | 0.00              | c                 |
|   | <b>Claim Total</b>   | <b>\$816.00</b> | <b>\$189.09</b>   | <b>\$151.27</b>        | <b>\$37.82</b>    |                   |
| Claim number 29-10266-688-410             |  |                 |                   |                        |                   |                   |
| Cardiology Assoc Of Houston, Suite 400, f |  |                 |                   |                        |                   |                   |
| 925 Gessner , Houston, TX 77024-2545      |  |                 |                   |                        |                   |                   |
| Referred by: Gidvani, Bhakti D            |  |                 |                   |                        |                   |                   |
| Dr. Heine, Jon E.                         |  |                 |                   |                        |                   |                   |
| 09/17/10                                  | 1.0 Initial hospital care (99223)                          | \$240.00        | \$199.00          | \$159.20               | \$39.80           |                   |
| Dr. Heine, Jon E.                         |  |                 |                   |                        |                   |                   |
| 09/18/10                                  | 1.0 Subsequent hospital care (99233-25)                    | 135.00          | 102.85            | 82.28                  | 20.57             |                   |
| 09/18/10                                  | 1.0 Tte w/doppler, complete (93306-26) professional charge | 130.00          | 72.18             | 57.74                  | 14.44             |                   |
| Dr. Heine, Jon E.                         |  |                 |                   |                        |                   |                   |
| 09/19/10                                  | 1.0 Subsequent hospital care (99232)                       | 95.00           | 71.54             | 57.23                  | 14.31             |                   |
|   | <b>Claim Total</b>   | <b>\$600.00</b> | <b>\$445.57</b>   | <b>\$356.45</b>        | <b>\$89.12</b>    |                   |
| Claim number 29-10343-111-110             |  |                 |                   |                        |                   |                   |
| Cardiology Assoc Of Houston, Suite 400, f |  |                 |                   |                        |                   |                   |
| 925 Gessner , Houston, TX 77024-2545      |  |                 |                   |                        |                   |                   |
| Dr. Condara, Harold A. M.D.               |  |                 |                   |                        |                   |                   |
| 11/30/10                                  | 1.0 Initial hospital care (99223)                          | \$240.00        | \$199.00          | \$159.20               | \$39.80           |                   |
| Dr. Condara, Harold A. M.D.               |  |                 |                   |                        |                   |                   |
| 12/02/10                                  | 1.0 Subsequent hospital care (99232)                       | 95.00           | 71.54             | 57.23                  | 14.31             |                   |
| Dr. Condara, Harold A. M.D.               |  |                 |                   |                        |                   |                   |
| 12/03/10                                  | 1.0 Subsequent hospital care (99232)                       | 95.00           | 71.54             | 57.23                  | 14.31             |                   |
|   | <b>Claim Total</b>   | <b>\$430.00</b> | <b>\$342.08</b>   | <b>\$273.66</b>        | <b>\$68.42</b>    |                   |
| Claim number 29-10344-284-420             |  |                 |                   |                        |                   |                   |
| Cardiology Assoc Of Houston, Suite 400, f |  |                 |                   |                        |                   |                   |
| 925 Gessner , Houston, TX 77024-2545      |  |                 |                   |                        |                   |                   |
| Dr. Yeoman, Mark A.                       |  |                 |                   |                        |                   |                   |
| 12/04/10                                  | 1.0 Subsequent hospital care (99232)                       | \$95.00         | \$71.54           | \$57.23                | \$14.31           |                   |

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**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)**

| Dates of Service   | Services Provided                                 | Amount Charged  | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|--|---|-----------------|-------------------|------------------------|-------------------|-------------------|
| Claim number 29-10337-779-960<br>City Of Houston, PO Box 4945,<br>Houston, TX 77210-4945   |   |                 |                   |                        |                   |                   |
| 11/30/10   | 1.0 ALS1-emergency (A0427-RH)                     | \$621.89        | \$0.00            | \$0.00                 | \$621.89          | g,b,h             |
| 11/30/10   | 2.0 Ground mileage (A0425-RH)                     | 15.00           | 0.00              | 0.00                   | 15.00             | g,b,h             |
|  | <b>Claim Total</b>                                | <b>\$636.89</b> | <b>\$0.00</b>     | <b>\$0.00</b>          | <b>\$636.89</b>   |                   |
| Claim number 22-10302-331-700<br>Elizabeth Sue Thompson, 229 Harris Lane,<br>Yantis, TX 75497-9730<br>Referred by: White, Robert E   |   |                 |                   |                        |                   |                   |
| 10/28/10   | 1.0 Measure airflow resistance (94360)            | \$62.00         | \$40.53           | \$32.42                | \$8.11            |                   |
| 10/28/10   | 1.0 Pulmonary stress test/simple<br>(94620-59)    | 180.00          | 63.60             | 50.88                  | 12.72             |                   |
| 10/28/10   | 1.0 Respiratory flow volume loop<br>(94375-59)    | 60.00           | 35.79             | 28.63                  | 7.16              |                   |
|  | <b>Claim Total</b>                                | <b>\$302.00</b> | <b>\$139.92</b>   | <b>\$111.93</b>        | <b>\$27.99</b>    |                   |
| Claim number 32-10277-622-140<br>Houston Progress Radio Assoc, 100,<br>5301 Hollister , Houston, TX 77040-6132<br>Referred by: Gidvani, Bhakti D<br>Dr. Severs Jr, Frederick J. M.D. |   |                 |                   |                        |                   |                   |
| 09/17/10   | 1.0 Chest x-ray<br>(71020-26) professional charge | \$41.00         | \$11.67           | \$9.34                 | \$2.33            |                   |
| Claim number 32-10277-622-130<br>Houston Progress Radio Assoc, 100,<br>5301 Hollister , Houston, TX 77040-6132<br>Referred by: Gidvani, Bhakti D<br>Dr. Attisha, Walid K.            |   |                 |                   |                        |                   |                   |
| 09/19/10   | 1.0 Chest x-ray<br>(71010-26) professional charge | \$38.00         | \$9.44            | \$7.55                 | \$1.89            |                   |

**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)**

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0003 OF 0006

| Dates of Service   | Services Provided   | Amount Charged  | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|--|---|-----------------|-------------------|------------------------|-------------------|-------------------|
| Claim number 32-10277-622-120<br>Houston Progress Radio Assoc, 100,<br>5301 Hollister , Houston, TX 77040-6132<br>Referred by: Gidvani, Bhakti D<br>Dr. Mehta, Snehal D. M.D.  |   |                 |                   |                        |                   |                   |
| 09/20/10   | 1.0 Chest x-ray<br>(71010-26) professional charge                 | \$38.00         | \$9.44            | \$7.55                 | \$1.89            |                   |
| Claim number 22-10334-463-160<br>Houston Progress Radio Assoc, 100,<br>5301 Hollister , Houston, TX 77040-6132<br>Referred by: Gidvani, Bhakti D<br>Dr. Stroh, Brandon C. M.D. |   |                 |                   |                        |                   |                   |
| 10/13/10   | 1.0 Pet image w/ct, full body<br>(78816-26PI) professional charge | \$372.00        | \$134.21          | \$107.37               | \$26.84           |                   |
| Claim number 28-10348-753-470<br>Houston Progress Radio Assoc, 100,<br>5301 Hollister , Houston, TX 77040-6132<br>Referred by: Marconi, Andrea<br>Dr. Lee, Stephen             |   |                 |                   |                        |                   |                   |
| 11/30/10   | 1.0 Chest x-ray<br>(71010-26) professional charge                 | \$38.00         | \$9.44            | \$7.55                 | \$1.89            |                   |
| Claim number 28-10341-602-260<br>Medical Chest Associates PA,<br>902 Frostwood Suite 188 , Houston, TX 77024-2402<br>Dr. Jain, Ajay  |   |                 |                   |                        |                   |                   |
| 11/29/10   | 1.0 Office/outpatient visit, new<br>(99205-25)                    | \$285.00        | \$198.68          | \$158.94               | \$39.74           |                   |
| 11/29/10   | 1.0 Breathing capacity test (94010)                               | 99.00           | 33.38             | 26.70                  | 6.68              |                   |
|  | <b>Claim Total</b>  | <b>\$384.00</b> | <b>\$232.06</b>   | <b>\$185.64</b>        | <b>\$46.42</b>    |                   |



**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)**

| Dates of Service  | Services Provided                        | Amount Charged  | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|---|--|-----------------|-------------------|------------------------|-------------------|-------------------|
| Claim number 28-10348-409-180<br>Medical Chest Associates PA,<br>902 Frostwood Suite 188 , Houston, TX 77024-2402   |  |                 |                   |                        |                   |                   |
| 11/30/10  | 1.0 Observation care (99218-AI)          | \$115.00        | \$66.32           | \$53.06                | \$13.26           | f                 |
| Claim number 28-10348-407-940<br>Medical Chest Associates PA,<br>902 Frostwood Suite 188 , Houston, TX 77024-2402   |  |                 |                   |                        |                   |                   |
| 12/01/10  | 1.0 Subsequent hospital care (99232)     | \$140.00        | \$71.54           | \$57.23                | \$14.31           | f                 |
| 12/02/10  | 1.0 Subsequent hospital care (99232)     | 140.00          | 71.54             | 57.23                  | 14.31             |                   |
|   | <b>Claim Total</b>                       | <b>\$280.00</b> | <b>\$143.08</b>   | <b>\$114.46</b>        | <b>\$28.62</b>    |                   |
| Claim number 28-10271-008-720<br>Memorial Cardiology Associat, Suite 900,<br>915 Gessner , Houston, TX 77024-0000<br>Referred by: Gidvani, Bhakti D<br>Dr. Jacobson, Stuart A. M.D. |  |                 |                   |                        |                   |                   |
| 09/17/10  | 1.0 Electrocardiogram report (93010)     | \$60.00         | \$9.43            | \$7.54                 | \$1.89            |                   |
| Claim number 32-10270-760-230<br>Memorial Cardiology Associat, Suite 900,<br>915 Gessner , Houston, TX 77024-0000<br>Referred by: Gidvani, Bhakti D<br>Dr. Jacobson, Stuart A. M.D. |  |                 |                   |                        |                   |                   |
| 09/18/10  | 1.0 Electrocardiogram report (93010)     | \$60.00         | \$9.43            | \$7.54                 | \$1.89            |                   |
| Claim number 22-10258-017-610<br>Memorial Clinical Associates, Suite 200,<br>1201 Dairy Ashford , Houston, TX 77079-3017<br>Dr. Gidvani, Bhakti D. M.D.                             |  |                 |                   |                        |                   |                   |
| 09/13/10  | 1.0 Office/outpatient visit, est (99214) | \$152.50        | \$101.45          | \$81.16                | \$20.29           | f                 |

December 22, 2010

Your Medicare Number: XXX-XX-8905D

## PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)

| Dates of Service                           | Services Provided                           | Amount Charged | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|--|---|----------------|-------------------|------------------------|-------------------|-------------------|
| Claim number 22-10264-108-830              |   |                |                   |                        |                   |                   |
| Memorial Clinical Associates, Suite 200, f |   |                |                   |                        |                   |                   |
| 1201 Dairy Ashford, Houston, TX 77079-3017 |   |                |                   |                        |                   |                   |
| Dr. Gidvani, Bhakti D. M.D.                |   |                |                   |                        |                   |                   |
| 09/17/10                                   | 1.0 Initial hospital care (99223)           | \$300.00       | \$199.00          | \$159.20               | \$39.80           |                   |
| Claim number 22-10264-108-840              |   |                |                   |                        |                   |                   |
| Memorial Clinical Associates, Suite 200, f |   |                |                   |                        |                   |                   |
| 1201 Dairy Ashford, Houston, TX 77079-3017 |   |                |                   |                        |                   |                   |
| Referred by: Gidvani, Bhakti D             |   |                |                   |                        |                   |                   |
| Dr. Pohil, Richard M.D.                    |   |                |                   |                        |                   |                   |
| 09/18/10                                   | 1.0 Critical care, first hour (99291)       | \$404.00       | \$226.43          | \$181.14               | \$45.29           |                   |
| Claim number 22-10264-108-850              |   |                |                   |                        |                   |                   |
| Memorial Clinical Associates, Suite 200, f |   |                |                   |                        |                   |                   |
| 1201 Dairy Ashford, Houston, TX 77079-3017 |   |                |                   |                        |                   |                   |
| Referred by: Gidvani, Bhakti D             |   |                |                   |                        |                   |                   |
| Dr. Pohil, Richard M.D.                    |   |                |                   |                        |                   |                   |
| 09/19/10                                   | 1.0 Subsequent hospital care (99233)        | \$155.00       | \$102.85          | \$82.28                | \$20.57           |                   |
| Claim number 22-10271-253-560              |   |                |                   |                        |                   |                   |
| Memorial Clinical Associates, Suite 200, f |   |                |                   |                        |                   |                   |
| 1201 Dairy Ashford, Houston, TX 77079-3017 |   |                |                   |                        |                   |                   |
| Dr. Gidvani, Bhakti D. M.D.                |   |                |                   |                        |                   |                   |
| 09/20/10                                   | 1.0 Hospital discharge day (99239)          | \$155.00       | \$103.00          | \$82.40                | \$20.60           |                   |
| Claim number 22-10281-522-320              |   |                |                   |                        |                   |                   |
| Memorial Clinical Associates, Suite 200, f |   |                |                   |                        |                   |                   |
| 1201 Dairy Ashford, Houston, TX 77079-3017 |   |                |                   |                        |                   |                   |
| Dr. Gidvani, Bhakti D. M.D.                |   |                |                   |                        |                   |                   |
| 10/06/10                                   | 1.0 Office/outpatient visit, est (99214-25) | \$152.50       | \$101.45          | \$81.16                | \$20.29           |                   |
| 10/06/10                                   | 1.0 Measure blood oxygen level (94760)      | 15.50          | 0.00              | 0.00                   | 0.00              | i,j,k             |
| Claim Total                                |   | \$168.00       | \$101.45          | \$81.16                | \$20.29           |                   |

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**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)**

| Dates of Service  | Services Provided                           | Amount Charged  | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|---|---|-----------------|-------------------|------------------------|-------------------|-------------------|
| Claim number 32-10295-134-990<br>Memorial Clinical Associates, Suite 200,<br>1201 Dairy Ashford , Houston, TX 77079-3017<br>Dr. Gidvani, Bhakti D. M.D. |   |                 |                   |                        |                   | f                 |
| 10/20/10  | 1.0 Office/outpatient visit, est (99214-25) | \$152.50        | \$101.45          | \$81.16                | \$20.29           |                   |
| 10/20/10  | 1.0 Measure blood oxygen level (94760)      | 15.50           | 0.00              | 0.00                   | 0.00              | i,j,k             |
| 10/20/10  | 1.0 Chest x-ray (71020)                     | 57.00           | 31.22             | 24.98                  | 6.24              |                   |
|   | <b>Claim Total</b>                          | <b>\$225.00</b> | <b>\$132.67</b>   | <b>\$106.14</b>        | <b>\$26.53</b>    |                   |
| Claim number 22-10319-125-470<br>Memorial Clinical Associates, Suite 200,<br>1201 Dairy Ashford , Houston, TX 77079-3017<br>Dr. Gidvani, Bhakti D. M.D. |   |                 |                   |                        |                   | f                 |
| 11/11/10  | 1.0 Office/outpatient visit, est (99213)    | \$102.00        | \$67.77           | \$54.22                | \$13.55           |                   |
| Claim number 38-10336-355-630<br>Memorial Clinical Associates, Suite 200,<br>1201 Dairy Ashford , Houston, TX 77079-3017<br>Hodge, Deborah A.           |   |                 |                   |                        |                   | f                 |
| 11/26/10  | 1.0 Office/outpatient visit, est (99214-25) | \$152.50        | \$86.23           | \$68.98                | \$17.25           |                   |
| 11/26/10  | 1.0 Chest x-ray (71020)                     | 57.00           | 26.54             | 21.23                  | 5.31              |                   |
| 11/26/10  | 1.0 Measure blood oxygen level (94760)      | 15.50           | 0.00              | 0.00                   | 0.00              | i,j,k             |
|   | <b>Claim Total</b>                          | <b>\$225.00</b> | <b>\$112.77</b>   | <b>\$90.21</b>         | <b>\$22.56</b>    |                   |
| Claim number 28-10267-655-160<br>Rosewood Family Physicians, Suite B,<br>2405 South Gessner , Houston, TX 77063-2005<br>Dr. White, Robert E. M.D.       |   |                 |                   |                        |                   |                   |
| 09/17/10  | 1.0 Office/outpatient visit, est (99214-25) | \$170.00        | \$101.45          | \$81.16                | \$20.29           |                   |
| 09/17/10  | 1.0 Electrocardiogram, complete (93000)     | 75.00           | 20.56             | 16.45                  | 4.11              |                   |
|   | <b>Claim Total</b>                          | <b>\$245.00</b> | <b>\$122.01</b>   | <b>\$97.61</b>         | <b>\$24.40</b>    |                   |

# Prescription Benefit Update

Explanation of Benefits (EOB) for Your Medicare Prescription Drug Coverage (Part D)

**Medco Medicare Prescription Plan™**



Prepared for:



3896 00040580002  
Nelva E Brunsting  
13630 Pinerock Ln  
Houston, TX 77079-5914

MD11000200405801040000

Your personalized Prescription Benefit Update provides you with more than a summary of your prescription drug purchases each month. We also provide other useful information that can help you get the best value from **Medco Medicare Prescription Plan for Chevron.**

## Customer Service Information

If you have any questions, call 1-800-935-6215, 24 hours a day, 7 days a week, except Thanksgiving and Christmas. TTY/TDD users should call 1-800-716-3231. Or, visit [www.medco.com](http://www.medco.com) on the Web.



The Plan has retail, retail maintenance, mail-order, long-term care, home infusion and Indian/Tribal/Urban pharmacies in its network. A network pharmacy is a pharmacy where beneficiaries obtain prescription drug benefits provided by the Plan. In most cases, your prescriptions are covered under the Plan only if they are filled at a network pharmacy or through our mail-order pharmacy service. Once you go to one, you are not required to continue going to the same pharmacy to fill your prescription; you can go to any of our network pharmacies. We will fill prescriptions at out-of-network pharmacies under certain circumstances, as described in your Evidence of Coverage.

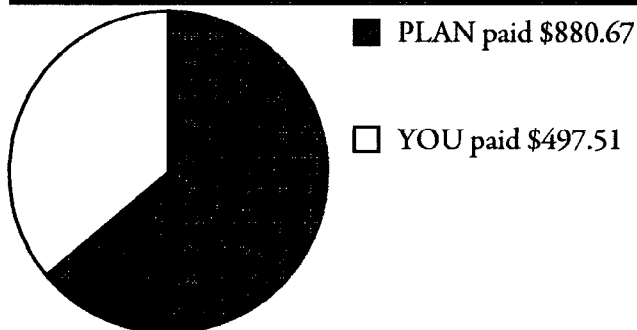
Member Number: 358657422574  
Group Number: CMD3896

**THIS IS NOT A BILL.**  
Keep this notice for your records.

## This Notice Includes

- **Coverage Status**  
How much you've paid so far this year for your prescriptions. You are in Period 2 — Initial Coverage. See full details on page 2.
- **Rx Month at a Glance**  
Your recent claims for prescriptions for November are on page 5.

## Benefit Highlights



|  |            |
|--|------------|
| Your total drug costs for 2010 .....                           | \$1,378.18 |
| <b>Medco Medicare Prescription Plan for Chevron</b> paid ..... | \$880.67   |
| YOU paid.....  | \$497.51   |

# Coverage Status

Where you are in the 3 periods

## Summary of Your Year-to-Date Medicare Prescription Drug Costs

Here you'll find an explanation of each period and where you are within the periods as of November 2010. There are 3 periods in your prescription drug benefit. The chart below shows you which period you're in to take full advantage of your coverage. Your benefit is based on a calendar year. You start at Period 1 each January 1st.

You are currently in Period 2—Initial Coverage

\$4,550.00 limit



↑ You are here—Total OUT OF POCKET: \$497.51

|   | Total PLAN paid: | Total you/others on your behalf paid: | Total you/others on your behalf paid that counts toward your out-of-pocket costs: | Total you/others on your behalf paid that didn't count toward your out-of-pocket costs: | Amount remaining to move to next period:                                       |
|---|------------------|---------------------------------------|---|---|--|
| <b>Period 1. Yearly Deductible</b><br><b>\$310.00</b>   | \$0.00           | \$310.00                              | \$310.00  | \$0.00  | Total Drug Costs left to move to the initial coverage period:<br><b>\$0.00</b> |
| <p>The amount of total drug costs you and/or all others making payments on your behalf must pay before the <b>Medicare Prescription Plan</b> begins to pay for covered brand-name drugs. There is no deductible for generics. Only the amount you and/or others making payments on your behalf pay for brand-name drugs counts toward the deductible.</p> |                  |                                       |   |   |  |



# Coverage Status Continued

| Total PLAN paid: | Total you/others on your behalf paid: | Total you/others on your behalf paid that counts toward your out-of-pocket costs: | Total you/others on your behalf paid that didn't count toward your out-of-pocket costs: | Amount remaining to move to next period:                          |
|------------------|---------------------------------------|---|---|---|
| \$880.67         | \$187.51                              | \$187.51  | \$0.00  | Out-of-Pocket Costs left before catastrophic coverage: \$4,052.49 |

**Period 2. Initial Coverage**  
 The initial coverage period begins after you meet the yearly deductible. You generally pay a co-payment for each prescription during this period. The initial coverage period ends when your total out-of-pocket costs reach \$4,550.00 during the coverage year. During the initial coverage period, total out-of-pocket costs for your drugs include amounts paid for your prescriptions so far this year by you, Medicare, and/or others making payments on your behalf.

**Period 3. Catastrophic Coverage**  
 This period begins once your out-of-pocket drug costs reach \$4,550.00. This is the period where you pay 5% with a \$21.00 maximum for up to a 34-day supply for brand-name drugs, 5% with a \$5.00 maximum for up to a 34-day supply for generics at retail and 5% with a \$42.00 maximum for brand-name drugs, 5% with a \$10.00 maximum for generics at mail for your covered drugs for the remainder of the coverage year.

|  |            |
|--|------------|
| <b>TOTAL Out-of-Pocket Costs for 2010:</b> | \$497.51   |
| <b>TOTAL Drug Costs for 2010:</b>          | \$1,378.18 |

Call us toll free 1-800-935-6215  
 TTY/TDD users call 1-800-716-3231  
 Visit us online at www.medco.com

# Coverage Status Continued

- **Out-of-Pocket Costs** Includes payments that you and/or certain others on your behalf paid for covered drugs during the coverage year. This includes payments made in the deductible and/or initial coverage period this coverage year. Payments made by certain others that count toward your out-of-pocket costs include those made by family members, State Pharmaceutical Assistance Programs (SPAPs), and most charities. This amount does not include amounts paid by **Medco Medicare Prescription Plan** or certain others making payments on your behalf.

Payments made by certain others that don't count toward your out-of-pocket costs include those made by group health plans (like from your spouse's current or former employer), other insurance, or government-funded health programs.

Once your out-of-pocket costs reach \$4,550.00, you move into the catastrophic coverage period.

- **Total Drug Costs** This is the total amount spent on your covered drugs this coverage year by **Medco Medicare Prescription Plan**, you, and/or all others making payments on your behalf during all coverage periods.

**Note:** We offer extra coverage for some drugs not generally covered by Medicare. These drugs are noted on your summary of claims in the Rx Month at a Glance section. The amounts paid for these drugs don't count toward your out-of-pocket costs or total drug costs.



# Rx Month at a Glance

For November 2010

This chart shows you a summary of Prescription Claims Processed from 11/01/2010 through 11/30/2010. It enables you to track and manage your expenses.

| Date Prescription Filled   | Name of Drug / Claim Number       | Quantity Filled | Amount PLAN Paid | Amount YOU Paid | Amount Paid by Secondary Coverage / Other Sources | Notes* |
|--|-----------------------------------|-----------------|------------------|-----------------|---|--------|
| 11/09/10   | CIPROFLOXACIN HCL / 000001488926  | 20              | \$8.63           | \$5.00          | \$0.00  |        |
| 11/11/10   | MEGESTROL ACETATE / 000001489649  | 90              | \$4.21           | \$15.00         | \$0.00  |        |
| 11/23/10   | ALENDRONATE SODIUM / 000001482935 | 4               | \$20.06          | \$5.00          | \$0.00  |        |
| 11/26/10   | LEVAQUIN / 000001494048           | 7               | \$99.28          | \$21.00         | \$0.00  |        |
| 11/29/10   | ETHAMBUTOL HCL / 000001494792     | 90              | \$118.54         | \$5.00          | \$0.00  |        |
| 11/29/10   | AZITHROMYCIN / 000001494789       | 30              | \$96.81          | \$5.00          | \$0.00  |        |
| 11/29/10   | RIFAMPIN / 000001494790           | 60              | \$93.44          | \$5.00          | \$0.00  |        |
| <b>TOTAL from 11/01/10 to 11/30/10:</b>                                    |                                   |                 | \$440.97         | \$61.00         | \$0.00  |        |
| <b>TOTAL Out-of-Pocket Costs from 11/01/10 to 11/30/10:</b>                |                                   |                 | \$61.00          |                 |   |        |
| <b>TOTAL Drug Costs from 11/01/10 to 11/30/10:</b>                         |                                   |                 | \$501.97         |                 |   |        |
| <b>TOTAL Amount YOU paid for 2010:</b>                                     |                                   |                 | \$497.51         |                 |   |        |
| <b>Total Out-of-Pocket Costs left to pay before catastrophic coverage:</b> |                                   |                 | \$4,052.49       |                 |   |        |

**TOTAL Out-of-Pocket Costs for 2010: \$497.51**

**TOTAL Drug Costs for 2010: \$1,378.18**



# Rx Month at a Glance

For November 2010 Continued

The amount listed in "Amount Paid by Secondary Coverage/Other Sources" includes payments made by all sources other than yourself or extra help from Medicare. Amounts paid on your behalf that do not count toward your out-of-pocket costs described in the Coverage Status section include those made by group health plans (like from a current or former employers or union), other insurance, or Government-funded health programs. Amounts paid on your behalf that do count toward your out-of-pocket costs include those made by family members, Medicare's extra help, State Pharmaceutical Assistance Programs (SPAPs), and most charities.

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### For more information

For more detailed information about your **Medco Medicare Prescription Plan** prescription drug coverage, please refer to your Evidence of Coverage and plan formulary.

If you have any questions, please contact Customer Service at 1-800-935-6215, 24 hours a day, 7 days a week, except Thanksgiving and Christmas, or visit [www.medco.com](http://www.medco.com) on the Web. TTY/TDD users should call 1-800-716-3231.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-935-6215. Los usuarios de TTY/TDD deben llamar al 1-800-716-3231.

### What to do if you disagree with the accuracy of this Explanation of Benefits

If you have a complaint or disagree with any information contained in this document, you have a right to file a grievance with us. Grievances should be sent to us at Medco Health Solutions, PO Box 630246, Irving, TX 75063-0115, 1-800-935-6215.

### What to do if you disagree with Medco Medicare Prescription Plan's coverage decision

If we deny your request for a drug you haven't received, or deny your request to pay you back for a drug you have received, we will send you a letter explaining our decision. If you disagree with our decision, you can request an appeal within 60 calendar days from the date of our first decision. You can request a standard or fast (expedited) appeal. We will automatically give you a fast appeal if your physician tells us that your life or health may be seriously jeopardized by waiting for a standard decision. You can request an appeal by:

- Writing a letter to Medco Health Solutions, PO Box 630367, Irving, TX 75063
- Calling 1-800-864-1135
- We do not accept standard requests by phone.
- Sending a fax to 1-888-235-8551

Your doctor needs to give us a statement explaining that the drug you need is medically necessary to treat your condition, if you or your doctor believe(s):

- You need a drug that isn't on our list of covered drugs (formulary),
- The plan should waive a coverage rule or limit on a drug you need, or
- You can't take any of the drugs on our preferred tier for your condition, and you would like us to cover a non-preferred drug at the preferred cost-sharing amount.

Your doctor needs to give us a statement by sending it to Medco Health Solutions, PO Box 630367, Irving, TX 75063, fax number 1-888-235-8551, or by calling us at 1-800-864-1135.

### Suspect fraud?

If you suspect fraud, please contact **MEDCO HEALTH SOLUTIONS, PO BOX 630246, IRVING, TX 75063-0115, 1-800-303-9373. Or, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.**

### Do you have limited income and resources?

You may qualify for extra help paying your Medicare prescription drug costs. For more information about applying for extra help, visit [www.socialsecurity.gov](http://www.socialsecurity.gov) on the Web or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

Medco Medicare Prescription Plan is a Medicare Part D approved sponsor.

Call us toll free 1-800-935-6215  
TTY/TDD users call 1-800-716-3231  
Visit us online at [www.medco.com](http://www.medco.com)

**UnitedHealthcare Insurance Company**  
OLDSMAR SERVICE CENTER  
PO BOX 30555  
SALT LAKE CITY, UT 84130-0555



October 2, 2009

PROF FE MEMORIAL HERMANN HOSP  
PO BOX 201367  
HOUSTON TX 77216-1367

Dear Prof. Fe Memorial Hermann Hosp:

| Claim Information       |                                |
|-------------------------|--------------------------------|
| <b>Patient:</b>         | Nelva Brunsting                |
| <b>Patient Acct #:</b>  | 00198972RRM                    |
| <b>Date of Service:</b> | 07/09/2009                     |
| <b>Provider:</b>        | Prof. Fe Memorial Hermann Hosp |
| <b>Claim ID:</b>        | 840246620/SP/008273            |
| <b>Claim #:</b>         | 2242409134                     |
| <b>Member:</b>          | Elmer Brunsting                |
| <b>Member ID:</b>       | 840246620                      |
| <b>Group:</b>           | CHEVRON                        |
| <b>Group #:</b>         | GA247848/E /028                |
| <b>Letter ID:</b>       | DE 001                         |

We previously notified you that we needed more information to process the above claim for Nelva Brunsting. Unfortunately, we did not receive the information within the time we requested, and we consider this claim denied.

You may request an appeal of this decision. To submit an appeal, please send us:

- A written appeal request asking us to reconsider this claim
- The information we previously requested
- The specific health care service that you would like us to reconsider
- Any other supporting documentation

Mail this information and a copy of this letter to the above return address. Keep a copy for your records. Typically, you have 180 days to submit an appeal request, but refer to the patient's health benefit plan documents for exact time frames and state requirements. After we receive your request, we will review your claim within 30 days and notify you in writing of our decision.

Also, be aware that if the patient is enrolled in an Employee Retirement Income Security Act (ERISA) plan and you have exhausted reconsiderations under the plan, you may bring a civil action under ERISA.

If you have questions about this letter, please call the UnitedHealthcare Health Care Professional Services Line at 1-877-842-3210.

Sincerely,  
UnitedHealthcare

Copy to Member: Elmer Brunsting

Visit [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) to determine patient eligibility and benefits, review reimbursement and medical policies, view claim letters, receive claim estimates or submit claims in real time. Registration is easy and gives you access to useful tools and information that streamline administration.

**P5735**

**BRUNSTING001757**

UnitedHealthcare Insurance Company  
OLDSMAR SERVICE CENTER  
PO BOX 30555  
SALT LAKE CITY, UT 84130-0555



October 2, 2009

ELMER BRUNSTING  
13630 PINE ROCK  
HOUSTON TX 77079-5914

**For your information only - no action required**

Dear Elmer Brunsting:

You are receiving a copy of this letter to keep you informed about the status of this claim. The letter included in this envelope was sent to the physician, facility or other health care professional. **You do not need to respond or take any action at this time.** Please keep a copy of this letter for your records.

Sincerely,  
UnitedHealthcare

**P5736**

**BRUNSTING001758**

UNITEDHEALTHCARE INSURANCE COMPANY  
 OLDSMAR SERVICE CENTER  
 PO BOX 30555  
 SALT LAKE CITY, UT 84130-0555  
 PHONE: 1-800-654-0079  
 VISIT WWW.MYUHC.COM FOR SELF SERVICE



PAGE: 1 OF 1  
 DATE: 12/28/09  
 ID #: A 840246620  
 EMPLOYEE: ELMER BRUNSTING  
 CONTRACT: 0247848  
 BENEFIT PLAN: CHEVRON



NELVA BRUNSTING  
 13630 PINE ROCK  
 HOUSTON TX 77079-5914

## EXPLANATION OF BENEFITS

### SERVICE DETAIL

| PATIENT/RELAT CLAIM NUMBER | PROVIDER/SERVICE       | DATE OF SERVICE | AMOUNT CHARGED | NOT COVERED   | AMOUNT ALLOWED | COPAY/ DEDUCTIBLE | PLAN COVERS | BENEFIT AVAILABLE | REMARK CODE |
|----------------------------|------------------------|-----------------|----------------|---------------|----------------|-------------------|-------------|-------------------|-------------|
| NELVA 7458401501           | SP D TUCKER ANESTHESIA | 04/27/09        | 560.00         | 423.48        | 27.30          |                   | 80%         | 21.84*            | 51          |
|                            |                        | <b>TOTAL</b>    | <b>560.00</b>  | <b>423.48</b> | <b>27.30</b>   |                   |             | <b>21.84</b>      |             |
|                            |                        |                 |                |               |                |                   |             | MEDICARE PAID     | 109.22      |
|                            |                        |                 |                |               |                |                   |             | PLAN PAYS         | 21.84       |

(\*) INDICATES PAYMENT ASSIGNED TO PROVIDER

REMARK CODE(S) LISTED BELOW ARE REFERENCED IN THE "SERVICE DETAIL" SECTION UNDER THE HEADING "REMARK CODE"  
 (51) THE PLAN BENEFIT FOR THESE SERVICES WAS DETERMINED BY USING THE AMOUNT APPROVED BY MEDICARE. THIS PHYSICIAN OR HEALTH CARE PROFESSIONAL HAS AGREED TO ACCEPT THAT AMOUNT. THE PATIENT IS RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE MEDICARE ALLOWED AMOUNT AND THE TOTAL AMOUNT PAID BY BOTH PLANS.

| BENEFIT PLAN PAYMENT SUMMARY INFORMATION |         |
|--|---------|
| D TUCKER                                 | \$21.84 |

| SAISFIED 2009 TO-DATE | DEDUCTIBLE      | OUT OF POCKET    | LIFETIME MAXIMUM APPLIED           |
|-----------------------|-----------------|------------------|------------------------------------|
| NELVA SP              | \$300.00        | \$293.04         | \$21264.41                         |
| PLAN YEAR 2009        | INDIV: \$300.00 | INDIV: \$1500.00 | LIFETIME PLAN MAXIMUM \$5000000.00 |

A REVIEW OF THIS BENEFIT DETERMINATION MAY BE REQUESTED BY SUBMITTING YOUR APPEAL TO US IN WRITING AT THE FOLLOWING ADDRESS: UNITEDHEALTHCARE APPEALS, P.O. BOX 30432, SALT LAKE CITY, UT 84130-0432. THE REQUEST FOR YOUR REVIEW MUST BE MADE WITHIN 180 DAYS FROM THE DATE YOU RECEIVE THIS STATEMENT. IF YOU REQUEST A REVIEW OF YOUR CLAIM DENIAL, WE WILL COMPLETE OUR REVIEW NOT LATER THAN 30 DAYS AFTER WE RECEIVE YOUR REQUEST FOR REVIEW.

YOU MAY HAVE THE RIGHT TO FILE A CIVIL ACTION UNDER ERISA IF ALL REQUIRED REVIEWS OF YOUR CLAIM HAVE BEEN COMPLETED.

\*\*\*\*\*

YOU CAN MEET MANY OF YOUR NEEDS ONLINE AT WWW.MYUHC.COM. AT ALMOST ANYTIME DAY OR NIGHT, YOU CAN REVIEW CLAIMS, CHECK ELIGIBILITY, LOCATE A NETWORK PHYSICIAN, REQUEST AN ID CARD, REFILL PRESCRIPTIONS IF ELIGIBLE, AND MORE! FOR IMMEDIATE, SECURE SELF-SERVICE, VISIT WWW.MYUHC.COM.

#### HOW TO REGISTER?

YOU CAN REGISTER AND BEGIN USING MYUHC IN THE SAME SESSION. ACCESS WWW.MYUHC.COM TO REGISTER. THE INFORMATION REQUIRED IS ON YOUR INSURANCE ID CARD (FIRST NAME, LAST NAME, MEMBER ID, GROUP NUMBER AND DATE OF BIRTH).

\*\*\*\*\*

MAINTAINING THE PRIVACY AND SECURITY OF INDIVIDUALS' PERSONAL INFORMATION IS VERY IMPORTANT TO US AT UNITEDHEALTHCARE. TO PROTECT YOUR PRIVACY, WE HAVE IMPLEMENTED STRICT CONFIDENTIALITY PRACTICES. THESE PRACTICES INCLUDE THE ABILITY TO USE A UNIQUE INDIVIDUAL IDENTIFIER. YOU MAY SEE THE UNIQUE INDIVIDUAL IDENTIFIER ON UNITEDHEALTHCARE CORRESPONDENCE, INCLUDING MEDICAL ID CARDS (IF APPLICABLE), LETTERS, EXPLANATION OF BENEFITS (EOBS) AND PROVIDER REMITTANCE ADVICES (PRAS). IF YOU HAVE ANY QUESTIONS ABOUT THE UNIQUE INDIVIDUAL IDENTIFIER OR ITS USE, PLEASE CONTACT YOUR CUSTOMER CARE PROFESSIONAL AT THE NUMBER SHOWN AT THE TOP OF THIS STATEMENT.

**THIS IS NOT A BILL**

**P5737**

**BRUNSTING001759**

UNITEDHEALTHCARE INSURANCE COMPANY  
 OLDSMAR SERVICE CENTER  
 PO BOX 30555  
 SALT LAKE CITY, UT 84130-0555  
 PHONE: 1-800-654-0079  
 VISIT WWW.MYUHC.COM FOR SELF SERVICE



PAGE: 1 OF 2  
 DATE: 12/28/09  
 ID #: A 852243769  
 EMPLOYEE: NELVA BRUNSTING  
 CONTRACT: 0247848  
 BENEFIT PLAN: CHEVRON



NELVA BRUNSTING  
 13630 PINE ROCK  
 HOUSTON TX 77079

## EXPLANATION OF BENEFITS

### SERVICE DETAIL

| PATIENT/RELAT CLAIM NUMBER | PROVIDER/SERVICE                | DATE OF SERVICE | AMOUNT CHARGED | NOT COVERED    | AMOUNT ALLOWED | COPAY/ DEDUCTIBLE | PLAN COVERS | BENEFIT AVAILABLE          | REMARK CODE     |  |
|----------------------------|---------------------------------|-----------------|----------------|----------------|----------------|-------------------|-------------|----------------------------|-----------------|--|
| NELVA<br>7607645401        | RR PHYSICIANS ENDOSCOPY SURGERY | 11/11/09        | 3052.00        | 2663.11        | 388.89         | 77.78             |             | 0.00*                      | UL              |  |
|                            | <b>TOTAL</b>                    |                 | <b>3052.00</b> | <b>2663.11</b> | <b>388.89</b>  | <b>77.78</b>      |             | <b>0.00</b>                |                 |  |
|                            |                                 |                 |                |                |                |                   |             | MEDICARE PAID<br>PLAN PAYS | 311.11<br>0.00  |  |
| NELVA<br>7607645501        | RR PHYSICIANS ENDOSCOPY SURGERY | 11/18/09        | 3052.00        | 2656.38        | 395.62         | 41.96             | 80%         | 29.73*                     | UL              |  |
|                            | <b>TOTAL</b>                    |                 | <b>3052.00</b> | <b>2656.38</b> | <b>395.62</b>  | <b>41.96</b>      |             | <b>29.73</b>               |                 |  |
|                            |                                 |                 |                |                |                |                   |             | MEDICARE PAID<br>PLAN PAYS | 316.50<br>29.73 |  |
| NELVA<br>7226756001        | RR R POHIL                      |                 |                |                |                |                   |             |                            |                 |  |
|                            | OFFICE VISITS                   | 07/07/09        | 190.00         | 63.76          | 190.00         |                   | 80%         | 25.35*                     | 51              |  |
|                            | RADIOLOGY SERVICES              | 07/07/09        | 57.00          | 24.82          | 57.00          |                   |             | 0.00*                      | 51              |  |
|                            | OFFICE VISITS                   | 07/07/09        | 215.00         | 215.00         |                |                   |             | 0.00*                      | UW              |  |
|                            | RADIOLOGY SERVICES              | 07/07/09        | 57.00          | 57.00          |                |                   |             | 0.00*                      | UW              |  |
| <b>TOTAL</b>               |                                 | <b>519.00</b>   | <b>360.58</b>  | <b>247.00</b>  |                |                   |             | <b>25.35</b>               |                 |  |
|                            |                                 |                 |                |                |                |                   |             | MEDICARE PAID<br>PLAN PAYS | 126.73<br>25.35 |  |

(\*) INDICATES PAYMENT ASSIGNED TO PROVIDER

#### REMARK CODE(S) LISTED BELOW ARE REFERENCED IN THE "SERVICE DETAIL" SECTION UNDER THE HEADING "REMARK CODE"

- (UL) THE AMOUNT CHARGED REPRESENTS THE AMOUNTS INDICATED ON THE MEDICARE EXPLANATION OF BENEFITS AND MAY NOT REFLECT THE CHARGE RECEIVED ON THE BILL. THE NOT COVERED AMOUNT REPRESENTS THE MEDICARE, OR PHYSICIAN OR OTHER HEALTH CARE PROVIDER ADJUSTMENT APPLIED TO THIS CHARGE. THE PATIENT IS RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE MEDICARE ALLOWED AMOUNT AND THE TOTAL AMOUNT PAID BY BOTH PLANS.
- (51) THE PLAN BENEFIT FOR THESE SERVICES WAS DETERMINED BY USING THE AMOUNT APPROVED BY MEDICARE. THIS PHYSICIAN OR HEALTH CARE PROFESSIONAL HAS AGREED TO ACCEPT THAT AMOUNT. THE PATIENT IS RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE MEDICARE ALLOWED AMOUNT AND THE TOTAL AMOUNT PAID BY BOTH PLANS.
- (UW) MEDICARE DID NOT APPROVE THIS SERVICE OR INDICATES YOU ARE NOT RESPONSIBLE FOR THE EXPENSE. SINCE YOU HAVE NO RESPONSIBILITY FOR THIS EXPENSE, YOUR PLAN HAS NO BALANCE TO CONSIDER.

| BENEFIT PLAN PAYMENT SUMMARY INFORMATION |         |
|--|---------|
| PHYSICIANS ENDOSCOPY                     | \$29.73 |
| R POHIL                                  | \$25.35 |

| SATISFIED 2009 TO DATE | DEDUCTIBLE      | OUT OF POCKET    | LIFETIME MAXIMUM APPLIED           |
|------------------------|-----------------|------------------|------------------------------------|
| NELVA RR               | \$300.00        | \$13.77          | \$55.08                            |
| PLAN YEAR 2009         | INDIV: \$300.00 | INDIV: \$1500.00 | LIFETIME PLAN MAXIMUM \$5000000.00 |

A REVIEW OF THIS BENEFIT DETERMINATION MAY BE REQUESTED BY SUBMITTING YOUR APPEAL TO US IN WRITING AT THE FOLLOWING ADDRESS: UNITEDHEALTHCARE APPEALS, P.O. BOX 30432, SALT LAKE CITY, UT 84130-0432. THE REQUEST FOR YOUR REVIEW MUST BE MADE WITHIN 180 DAYS FROM THE DATE YOU RECEIVE THIS STATEMENT. IF YOU REQUEST A REVIEW OF YOUR CLAIM DENIAL, WE WILL COMPLETE OUR REVIEW NOT LATER THAN 30 DAYS AFTER WE RECEIVE YOUR REQUEST FOR REVIEW.

YOU MAY HAVE THE RIGHT TO FILE A CIVIL ACTION UNDER ERISA IF ALL REQUIRED REVIEWS OF YOUR CLAIM HAVE BEEN COMPLETED.

FURTHER EXPLANATION OF BENEFITS INFORMATION IS ON CONTINUATION PAGE(S)

**THIS IS NOT A BILL**

**P5738**

**BRUNSTING001760**

UNITEDHEALTHCARE INSURANCE COMPANY  
OLDSMAR SERVICE CENTER  
PO BOX 30555  
SALT LAKE CITY, UT 84130-0555  
PHONE: 1-800-654-0079  
VISIT WWW.MYUHC.COM FOR SELF SERVICE



PAGE: 2 OF 2  
DATE: 12/28/09  
ID #: A 852243769  
EMPLOYEE: NELVA BRUNSTING  
CONTRACT: 0247848  
BENEFIT PLAN: CHEVRON



NELVA BRUNSTING  
13630 PINE ROCK  
HOUSTON TX 77079

# EXPLANATION OF BENEFITS

\*\*\*\*\*

YOU CAN MEET MANY OF YOUR NEEDS ONLINE AT WWW.MYUHC.COM. AT ALMOST ANYTIME DAY OR NIGHT, YOU CAN REVIEW CLAIMS, CHECK ELIGIBILITY, LOCATE A NETWORK PHYSICIAN, REQUEST AN ID CARD, REFILL PRESCRIPTIONS IF ELIGIBLE, AND MORE! FOR IMMEDIATE, SECURE SELF-SERVICE, VISIT WWW.MYUHC.COM.

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YOU CAN REGISTER AND BEGIN USING MYUHC IN THE SAME SESSION. ACCESS WWW.MYUHC.COM TO REGISTER. THE INFORMATION REQUIRED IS ON YOUR INSURANCE ID CARD (FIRST NAME, LAST NAME, MEMBER ID, GROUP NUMBER AND DATE OF BIRTH).

\*\*\*\*\*

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Detach

Use the Claim Transmittal form below ONLY to submit bills which do not display your Social Security Number.

Detach

MAIL TO:

OLDSMAR SERVICE CENTER  
PO BOX 30555  
SALT LAKE CITY, UT 84130-0555



## Claim Transmittal

CONTRACT: 0247848  
PLAN OF : CHEVRON  
EMPLOYEE: NELVA BRUNSTING  
ID #: A 852243769

ACTIVE  RETIRED

EMPLOYEE ADDRESS (IF CHANGED): \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ NATURE OF ILLNESS OR INJURY: \_\_\_\_\_

DO YOU HAVE ANOTHER EMPLOYER?  NO  YES (IF YES, GIVE NAME & ADDRESS OF OTHER EMPLOYER) OTHER EMPLOYER'S TELEPHONE NUMBER \_\_\_\_\_

IF THE ATTACHED EXPENSES ARE ALSO COVERED UNDER A DEPENDENT'S BENEFIT PLAN, INDICATE:

DEPENDENT NAME: \_\_\_\_\_ DEPENDENT SOC. SEC. NO.: \_\_\_\_\_

DEPENDENT EMPLOYER: \_\_\_\_\_

DEPENDENT BENEFIT PLAN NO. AND INSURER: \_\_\_\_\_

I HEREBY DIRECT PAYMENT BE MADE TO:  MY PHYSICIAN  MYSELF

ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION MAY BE GUILTY OF A CRIMINAL ACT PUNISHABLE UNDER LAW.

P5739

DATE :

SIGNATURE :

BRUNSTING001761

**CMS/ Medicare Summary Notice**  
CENTERS for MEDICARE & MEDICAID SERVICES  
 February 07, 2012



NELVA E. BRUNSTING  
 13630 PINEROCK  
 HOUSTON TX 77079-5914

HHH

**CUSTOMER SERVICE INFORMATION**

**Your Medicare Number: XXX-XX-8905D**

If you have questions, call 1-800-Medicare  
 (1-877-220-6289) (#15004)

**Ask for Hospital Services**  
 TTY for Hearing Impaired: 1-855-294-9889

**Appeals Address:**  
 Please see the General Information Section

**BE INFORMED:** You may see some claims that have been adjusted. For an explanation see the general information section.

This is a summary of claims processed on 12/15/2011.

**HOME HEALTH CARE**

| Dates of Service   | Number of Services Provided | Amount Charged    | Non-Covered Charges | Coinsurance   | You May Be Billed | See Notes Section |
|--|-----------------------------|-------------------|---------------------|---------------|-------------------|-------------------|
| Control number 21134000727902TXR<br>Girling Health Care, Inc.<br>6700 West S Loop 200<br>Bellaire, TX 77401-4120<br>Referred by: Ajay Jain |                             |                   |                     |               |                   | a,b,c             |
| 09/14/11-11/11/11  | 57 Med-Sur Supplies         | \$243.96          | \$0.00              | \$0.00        | \$0.00            |                   |
|  | 7 Physical Therp            | 1,225.00          | 0.00                | 0.00          | 0.00              |                   |
|  | 11 Skilled Nursing          | 1,760.00          | 0.00                | 0.00          | 0.00              |                   |
|  | <b>Claim Total</b>          | <b>\$3,228.96</b> | <b>\$0.00</b>       | <b>\$0.00</b> | <b>\$0.00</b>     |                   |

**Notes Section:**

a What Medicare pays for a service or item may be higher than the billed amount. The Medicare payment amount is correct. Medicare pays this provider less than the billed amount on other claims since payment rates are set in advance for certain services and averaged out over an entire year.

b The amount Medicare paid the provider for this claim is \$3,804.75.

(continued)

**THIS IS NOT A BILL - Keep this notice for your records.**

973779 052516  
 0001 OF 0002



## IMPORTANT INFORMATION YOU SHOULD KNOW ABOUT YOUR MEDICARE BENEFITS

For more information about services covered by Medicare, please see your Medicare Handbook.

### **PART A HOSPITAL INSURANCE (INPATIENT)**

helps pay for inpatient hospital care, inpatient care in a skilled nursing facility following a hospital stay, home health care and hospice care. Inpatient services are measured in benefit periods. A benefit period begins the first time you receive Medicare covered inpatient hospital care and ends when you have been out of the hospital or skilled nursing facility for 60 consecutive days. There is no limit to the number of benefit periods you may have.

**THE AMOUNT YOU MAY BE BILLED** for Part A services includes:

- an **inpatient hospital deductible** once during each benefit period,
- a **coinsurance amount for the 61st through the 90th days** of a hospital stay during each benefit period,
- a **coinsurance amount for each Lifetime Reserve Day**, which can be used if you have to stay in the hospital more than 90 days in one benefit period. Lifetime Reserve Days may be used only once.
- a **blood deductible** for the first three pints of unreplaced blood furnished to you in a calendar year in some states,
- an **inpatient coinsurance for the 21st through the 100th days** of a Medicare covered stay in a **skilled nursing facility**,
- charges for services or supplies that are **not covered** by Medicare. You may not have to pay for certain denied services. If so, a NOTE on the front will tell you.

**PART B MEDICAL INSURANCE (OUTPATIENT FACILITIES)** helps pay for care provided by certified medical facilities, such as hospital outpatient departments, renal dialysis facilities, and community health centers.

**THE AMOUNT YOU MAY BE BILLED** for Part B services includes:

- an **annual deductible**, taken from the first Medicare Part B charges each year;
- after the deductible has been met for the year, depending on services received, a **coinsurance** amount (20 percent of the amount charged), or a fixed copayment for each service; and
- charges for services or supplies that are **not covered** by Medicare. You may not have to pay for certain denied services. If so, a note on the front will tell you.

If you have supplemental insurance, it may help to pay the amounts you may be billed. If you use this notice to claim supplemental benefits from another insurance company,

make a copy for your records.

**WHEN OTHER INSURANCE PAYS FIRST:** All Medicare payments are made on the condition that you will pay Medicare back if benefits could be paid by insurance that is primary to Medicare. Types of insurance that should pay before Medicare include employer group health plans, no-fault insurance, automobile medical insurance, liability insurance and worker's compensation. Notify us right away if you have filed or could file a claim with insurance that is primary to Medicare.

**YOUR RIGHT TO APPEAL:** If you disagree with what Medicare approved for these services, you may appeal the decision. You must file your appeal within **120 days of the date you receive this notice**. Unless you show us otherwise, we assume you received this notice 5 days after the date of this notice. Follow the appeal instructions on the front of the last page of the notice. If you want **help with your appeal**, a friend or someone else can help you. Also, groups such as legal aid services may provide free assistance. To contact us for the names and telephone numbers of groups in your area, please see our Customer Service Information box on the front of this notice.

**HELP STOP MEDICARE FRAUD:** Fraud is a false representation by a person or business to get Medicare payments. Some examples of fraud include:

- offers of goods or money in exchange for your Medicare Number
- telephone or door to door offers of free medical services or items, and
- claims for Medicare services/items you did not receive.

If you think a person or business is involved in fraud, you should call Medicare at the Customer Service telephone number on the front of this notice.

### **INSURANCE COUNSELING AND ASSISTANCE:**

Insurance Counseling and Assistance programs are located in every state. These programs have volunteer counselors who can give you free assistance with Medicare questions, including enrollment, entitlement, Medigap, and premium issues. If you would like to know how to get in touch with your local Insurance Counseling and Assistance Program Counselor, please call us at the number shown in the Customer Service Information box on the front of this notice.

*CENTERS for MEDICARE & MEDICAID SERVICES*

**Notes Section: (continued)**

- c This information is being sent to your private insurer(s).  
Send any questions regarding your benefits to them.

**General Information:**

Medicare may pay for services that you get while on board a ship within the territorial waters of the United States. In rare cases, Medicare may pay for inpatient hospital, doctor, or ambulance services you get if you are traveling through the territorial waters of Canada without unreasonable delay by the most direct route between Alaska and another state when a medical emergency occurs and the Canadian hospital is closer than the nearest U.S. hospital that can treat the emergency. Medicare won't pay for this service since you didn't meet these requirements.

Compare the services you receive with those that appear on your Medicare Summary Notice. If you have questions, call your doctor or provider. If you feel further investigation is needed due to possible fraud or abuse, call the phone number in the Customer Service Information Box.

If you are not due a payment check from Medicare, your Medicare summary notices (MSN) will now be mailed to you on a quarterly basis. You will no longer receive a monthly statement in the mail for these types of MSNs. You will now receive a statement every 90 days summarizing all of your Medicare claims. You may receive a bill from your provider before you receive an MSN. Please compare the MSN with the bill from your provider to ensure you paid the appropriate amount for your services.

Caring for someone with Medicare? We know it's not easy. Visit "Ask Medicare" at [medicare.gov/caregivers](http://medicare.gov/caregivers) for up-to-the-minute information, resources, and tips on making the most of Medicare.

Get a pneumococcal shot. You may only need it once in a lifetime. Contact your health care provider about getting this shot. You pay nothing if your health care provider accepts what Medicare pays.

**NOTICE:** Please send written appeal requests to:  
J15 - HHH Correspondence, CGS Administrators, LLC, PO Box 20014, Nashville,  
TN 37202. This address is only for appeals requests and not general  
correspondence. For a general inquiry address please call: 1-800-MEDICARE

973779 052516  
0002 OF 0002

**General Information (continued):**

Starting July 1, 2008, you may have to use certain Medicare-contracted suppliers to get certain medical equipment and supplies. To find out which suppliers you can use, visit [www.medicare.gov](http://www.medicare.gov) or call 1-800-MEDICARE

Want to see your latest claims? Visit [MyMedicare.gov](http://MyMedicare.gov) on the web any time, day, or night, and get the most out of your Medicare. Your personalized Medicare information is waiting for you online.

Your claims may have been adjusted since Medicare changed how it pays for certain services in 2010. You can compare claims that have been changed to previous statements you received in the past. Your provider may owe you a refund or you may have to pay more coinsurance. Call your provider or 1-800-Medicare.

This is an adjustment to a previously processed claim and/or deductible record.

**Appeals Information - Part A (Inpatient)**

If you disagree with any claims decisions on this notice, your appeal must be received by **June 11, 2012**. Follow the instructions below:

- 1) Circle the item(s) you disagree with and explain why you disagree.
- 2) Send this notice, or a copy, to the following address:

**CGS J15 MAC - HHH REGION  
HHH CORRESPONDENCE  
P O BOX 20014  
NASHVILLE, TN 37202**

(You may also send any additional information you may have about your appeal.)

- 3) Sign here \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_
- 4) Medicare Number: \_\_\_\_\_



# Medicare Summary Notice

000161932 554416439

Page 1 of 14

December 21, 2011

**CUSTOMER SERVICE INFORMATION****Your Medicare Number: XXX-XX-8905D**

If you have questions, call  
**1-800-MEDICARE**  
**(1-800-633-4227) (#04402)**  
 TX

**Ask for Doctor Services**  
 TTY for hearing impaired: 1-877-486-2048

NELVA E BRUNSTING  
 13630 PINEROCK  
 HOUSTON TX 77079-5914

**BE INFORMED:** You may see some claims that have been adjusted. For an explanation see the General Information section.

This is a summary of claims processed from 09/22/2011 through 12/12/2011.

**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS**

| Dates of Service   | Services Provided                    | Amount Charged  | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|--|--------------------------------------|-----------------|-------------------|------------------------|-------------------|-------------------|
| Claim number 29-11279-816-810  |                                      |                 |                   |                        |                   |                   |
| Acs Primary Care Physicians, P O Box 636018, Cincinnati, OH 45263-6018 |                                      |                 |                   |                        |                   |                   |
| Dr. Wade, Shawna   |                                      |                 |                   |                        |                   |                   |
| 09/24/11   | 1.0 Emergency dept visit (99283-25)  | \$405.00        | \$62.05           | \$49.64                | \$12.41           |                   |
| 09/24/11   | 1.0 Control of nosebleed (30901)     | 426.00          | 58.46             | 46.77                  | 11.69             |                   |
|  | <b>Claim Total</b>                   | <b>\$831.00</b> | <b>\$120.51</b>   | <b>\$96.41</b>         | <b>\$24.10</b>    |                   |
| Claim number 39-11315-214-250  |                                      |                 |                   |                        |                   |                   |
| Acs Primary Care Physicians, P O Box 636018, Cincinnati, OH 45263-6018 |                                      |                 |                   |                        |                   |                   |
| Dr. Chambers, Jeffrey J. M.D.  |                                      |                 |                   |                        |                   |                   |
| 10/30/11   | 1.0 Emergency dept visit (99285)     | \$903.00        | \$171.85          | \$137.48               | \$34.37           |                   |
| 10/30/11   | 1.0 Electrocardiogram report (93010) | 82.00           | 8.93              | 7.14                   | 1.79              |                   |
|  | <b>Claim Total</b>                   | <b>\$985.00</b> | <b>\$180.78</b>   | <b>\$144.62</b>        | <b>\$36.16</b>    | a                 |

EOB 1758(05/05)

**THIS IS NOT A BILL - Keep this notice for your records.**

**P5744**

BRUNSTING001766

928272 001795  
0001 of 0008

## IMPORTANT INFORMATION

### You Should Know About Your Medicare Part B Benefits

**For more information about services covered by Medicare, please see your Medicare Handbook.**

#### **MEDICARE PART B MEDICAL INSURANCE:**

Medicare Part B helps pay for doctors' services, diagnostic tests, ambulance services, durable medical equipment and other health care services. Medicare Part A Hospital Insurance helps pay for inpatient hospital care, inpatient care in a skilled nursing facility following a hospital stay, home health care and hospice care. You will be sent a separate notice if you received Part A services or any outpatient facility services.

**MEDICARE ASSIGNMENT:** Medicare Part B claims may be assigned or unassigned. Providers who accept assignment agree to accept the Medicare approved amount as total payment for covered services. Medicare pays its share of the approved amount directly to the provider. You may be billed for unmet portions of the annual deductible and the coinsurance. You may contact us at the telephone number in the Customer Service Information box on the front of this notice for a list of participating providers who always accept assignment. You may save money by choosing a participating provider.

Doctors who submit unassigned claims have not agreed to accept Medicare's approved amount as payment in full. Generally, Medicare pays you 80 percent of the approved amount after subtracting any part of the annual deductible you have not met. A doctor who does not accept assignment may charge you up to 115 percent of the Medicare approved amount. This is known as the Limiting Charge. Some states have additional payment limits. The NOTES section on the front of this notice will tell you if a doctor has exceeded the Limiting Charge and the correct amount to pay your doctor under the law.

**YOUR RESPONSIBILITY:** The amount in the **You May Be Billed** column is your share of cost for the services shown on this notice. You are responsible for:

- **annual deductible:** taken from the first Medicare Part B approved charges each calendar year,
- **coinsurance:** 20 percent of the Medicare approved amount after the deductible has been met for the year,
- the amount billed, up to the **limiting charge**, for unassigned claims and
- charges for services/supplies that are **not covered** by Medicare. You may not have to pay for certain denied services. If so, a NOTE on the front will tell you.

If you have supplemental insurance, it may help you pay these amounts. If you use this notice to claim supplemental

benefits from another insurance company, make a copy for your records.

**WHEN OTHER INSURANCE PAYS FIRST:** All Medicare payments are made on the condition that you will pay Medicare back if benefits could be paid by insurance that is primary to Medicare. Types of insurance that should pay before Medicare include employer group health plans, no-fault insurance, automobile medical insurance, liability insurance and workers compensation. Notify us right away if you have filed or could file a claim with insurance that is primary to Medicare.

**YOUR RIGHT TO APPEAL:** If you disagree with what Medicare approved for these services, you may appeal the decision. You must file your appeal within **120 days of the date you receive this notice**. Unless you show us otherwise, we assume you received this notice five days after the date of this notice. Follow the appeal instructions on the front of the last page of the notice. If you want help with your appeal, a friend or someone else can help you. Also, groups, such as legal aid services, may provide free assistance. To contact us for the names and telephone numbers of groups in your area, please see our Customer Service Information box on the front of this notice.

**HELP STOP MEDICARE FRAUD:** Fraud is a false representation by a person or business to get Medicare payments. Some examples of fraud include:

- offers of goods or money in exchange for your Medicare Number,
- telephone or door to door offers of free medical services or items and
- claims for Medicare services or items you did not receive.

If you think a person or business is involved in fraud, you should call Medicare at the Customer Service telephone number on the front of this notice.

#### **INSURANCE COUNSELING AND ASSISTANCE:**

Insurance Counseling and Assistance programs are located in every State. These programs have volunteer counselors who can give you free assistance with Medicare questions, including enrollment, entitlement, Medigap and premium issues. If you would like to know how to get in touch with your local Insurance Counseling and Assistance Program Counselor, please call us at the number shown in the Customer Service Information box on the front of this notice.

*Centers for Medicare & Medicaid Services*

Your Medicare Number: XXX-XX-8905D

## PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)

| Dates of Service  | Services Provided                              | Amount Charged    | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|---|--|-------------------|-------------------|------------------------|-------------------|-------------------|
| Claim number 22-11315-633-080   |  |                   |                   |                        |                   |                   |
| American Medical Response, Texas Inc P S Amb,<br>P O Box 847343 , Dallas, TX 75284-7343 |  |                   |                   |                        |                   | a                 |
| 11/05/11  | 1.0 bls (A0428-HH)                             | \$611.80          | \$212.43          | \$169.94               | \$42.49           |                   |
| 11/05/11  | 1.9 Ground mileage (A0425-HH)                  | 23.28             | 13.03             | 10.42                  | 2.61              |                   |
|   | <b>Claim Total</b>                             | <b>\$635.08</b>   | <b>\$225.46</b>   | <b>\$180.36</b>        | <b>\$45.10</b>    |                   |
| Claim number 22-11325-092-010   |  |                   |                   |                        |                   |                   |
| Comprehensive Heart Care, Suite 630,<br>925 Gressner , Houston, TX 77024-0000           |  |                   |                   |                        |                   | a                 |
| Referred by: Jain, Ajay<br>Dr. El Hafi, Salah E. M.D.                                   |  |                   |                   |                        |                   |                   |
| 10/30/11  | 1.0 Electrocardiogram report (93010)           | \$20.00           | \$8.93            | \$7.14                 | \$1.79            |                   |
| Claim number 39-11285-241-610   |  |                   |                   |                        |                   |                   |
| Elizabeth Sue Thompson, 229 Harris Lane,<br>Yantis, TX 75497-9730                       |  |                   |                   |                        |                   | a                 |
| Referred by: White, Robert E  |  |                   |                   |                        |                   |                   |
| 10/06/11  | 1.0 Evaluation of wheezing (94070)             | \$150.00          | \$57.54           | \$46.03                | \$11.51           |                   |
| 10/06/11  | 1.0 Measure airflow resistance (94360)         | 62.00             | 42.47             | 33.98                  | 8.49              |                   |
| 10/06/11  | 1.0 Pulmonary stress test/simple<br>(94620-59) | 180.00            | 61.14             | 48.91                  | 12.23             |                   |
| 10/06/11  | 1.0 Respiratory flow volume loop<br>(94375-59) | 60.00             | 36.80             | 29.44                  | 7.36              |                   |
|   | <b>Claim Total</b>                             | <b>\$452.00</b>   | <b>\$197.95</b>   | <b>\$158.36</b>        | <b>\$39.59</b>    |                   |
| Claim number 22-11292-381-330   |  |                   |                   |                        |                   |                   |
| Family Health Consultants, Ste 253,<br>902 Frostwood , Houston, TX 77024-0000           |  |                   |                   |                        |                   | a                 |
| Dr. Hasnain, Syed Z. M.D.   |  |                   |                   |                        |                   |                   |
| 10/12/11  | 1.0 Initial hospital care (99223)              | \$425.00          | \$196.45          | \$157.16               | \$39.29           |                   |
| Dr. Hasnain, Syed Z. M.D.   |  |                   |                   |                        |                   |                   |
| 10/13/11  | 1.0 Subsequent hospital care (99233)           | 275.00            | 100.68            | 80.54                  | 20.14             |                   |
| Dr. Hasnain, Syed Z. M.D.   |  |                   |                   |                        |                   |                   |
| 10/14/11  | 1.0 Hospital discharge day (99239)             | 315.00            | 102.25            | 81.80                  | 20.45             |                   |
|   | <b>Claim Total</b>                             | <b>\$1,015.00</b> | <b>\$399.38</b>   | <b>\$319.50</b>        | <b>\$79.88</b>    |                   |

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## PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)

| Dates of Service   | Services Provided                                     | Amount Charged  | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|--|---|-----------------|-------------------|------------------------|-------------------|-------------------|
| Claim number 29-11293-832-950  |   |                 |                   |                        |                   |                   |
| Houston Arrhythmia Associate,<br>915 Gessner # 585 , Houston, TX 77024-0000                  |   |                 |                   |                        |                   |                   |
| Referred by: Hasnain, Syed Z   |   |                 |                   |                        |                   |                   |
| Dr. Drtil, Alexander F. M.D.   |   |                 |                   |                        |                   |                   |
| 10/12/11   | 1.0 Electrocardiogram report (93010)                  | \$9.21          | \$8.93            | \$7.14                 | \$1.79            |                   |
| Claim number 29-11263-170-410  |   |                 |                   |                        |                   |                   |
| Houston Metropolitan CA, Associates LLP,<br>902 Frostwood Suite 215 , Houston, TX 77024-0000 |   |                 |                   |                        |                   |                   |
| Dr. Manhas, Amit H.  |   |                 |                   |                        |                   |                   |
| 09/14/11   | 1.0 Office/outpatient visit est (99213)               | \$140.00        | \$69.41           | \$55.53                | \$13.88           |                   |
| Claim number 32-11279-166-370  |   |                 |                   |                        |                   |                   |
| Houston Metropolitan CA, Associates LLP,<br>902 Frostwood Suite 215 , Houston, TX 77024-0000 |   |                 |                   |                        |                   |                   |
| Dr. Manhas, Amit H.  |   |                 |                   |                        |                   |                   |
| 09/16/11   | 1.0 Initial hospital care (99223-25)                  | \$395.00        | \$196.45          | \$157.16               | \$39.29           |                   |
| Dr. Manhas, Amit H.  |   |                 |                   |                        |                   |                   |
| 09/17/11   | 1.0 Subsequent hospital care (99232)                  | 140.00          | 70.08             | 56.06                  | 14.02             |                   |
| Dr. Manhas, Amit H.  |   |                 |                   |                        |                   |                   |
| 09/18/11   | 1.0 Subsequent hospital care (99231)                  | 80.00           | 38.84             | 31.07                  | 7.77              |                   |
| Dr. Manhas, Amit H.  |   |                 |                   |                        |                   |                   |
| 09/19/11   | 1.0 Hospital discharge day (99238)                    | 140.00          | 69.62             | 55.70                  | 13.92             |                   |
|  | <b>Claim Total</b>                                    | <b>\$755.00</b> | <b>\$374.99</b>   | <b>\$299.99</b>        | <b>\$75.00</b>    |                   |
| Claim number 32-11279-166-380  |   |                 |                   |                        |                   |                   |
| Houston Metropolitan CA, Associates LLP,<br>902 Frostwood Suite 215 , Houston, TX 77024-0000 |   |                 |                   |                        |                   |                   |
| Dr. Manhas, Amit H.  |   |                 |                   |                        |                   |                   |
| 09/16/11   | 1.0 Extremity study<br>(93970-26) professional charge | \$250.00        | \$35.17           | \$28.14                | \$7.03            |                   |

Your Medicare Number: XXX-XX-8905D

**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)**

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| Dates of Service  | Services Provided  | Amount Charged  | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|---|--|-----------------|-------------------|------------------------|-------------------|-------------------|
| Claim number 32-11279-166-390<br>Houston Metropolitan CA, Associates LLP,<br>902 Frostwood Suite 215 , Houston, TX 77024-0000<br>Dr. Manhas, Amit H.                              |  |                 |                   |                        |                   |                   |
| 09/16/11  | 1.0 Tte w/doppler complete<br>(93306-26) professional charge | \$1,100.00      | \$68.14           | \$54.51                | \$13.63           |                   |
| Claim number 32-11286-774-200<br>Houston Metropolitan CA, Associates LLP,<br>902 Frostwood Suite 215 , Houston, TX 77024-0000<br>Dr. Manhas, Amit H.                              |  |                 |                   |                        |                   |                   |
| 10/10/11  | 1.0 Office/outpatient visit est<br>(99213-25)                | \$140.00        | \$69.41           | \$55.53                | \$13.88           |                   |
| Claim number 28-11292-115-460<br>Houston Metropolitan CA, Associates LLP,<br>902 Frostwood Suite 215 , Houston, TX 77024-0000<br>Dr. Manhas, Amit H.                              |  |                 |                   |                        |                   |                   |
| 10/12/11  | 1.0 Initial hospital care (99222)                            | \$270.00        | \$133.92          | \$107.14               | \$26.78           | a                 |
| 10/13/11  | 1.0 Subsequent hospital care (99232)                         | 140.00          | 70.08             | 56.06                  | 14.02             |                   |
| 10/14/11  | 1.0 Subsequent hospital care (99231)                         | 80.00           | 38.84             | 31.07                  | 7.77              |                   |
|   | <b>Claim Total</b>   | <b>\$490.00</b> | <b>\$242.84</b>   | <b>\$194.27</b>        | <b>\$48.57</b>    |                   |
| Claim number 22-11315-244-660<br>Houston Metropolitan CA, Associates LLP,<br>902 Frostwood Suite 215 , Houston, TX 77024-0000<br>Referred by: Cadenas, Jerson<br>Dr. Haas, Philip |  |                 |                   |                        |                   |                   |
| 11/04/11  | 1.0 Subsequent hospital care (99232)                         | \$140.00        | \$70.08           | \$56.06                | \$14.02           |                   |
| 11/05/11  | 1.0 Subsequent hospital care (99232)                         | 140.00          | 70.08             | 56.06                  | 14.02             |                   |
|   | <b>Claim Total</b>   | <b>\$280.00</b> | <b>\$140.16</b>   | <b>\$112.12</b>        | <b>\$28.04</b>    |                   |



## PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)

| Dates of Service  | Services Provided   | Amount Charged | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|---|---|----------------|-------------------|------------------------|-------------------|-------------------|
| Claim number 22-11335-540-310   |   |                |                   |                        |                   |                   |
| Houston Nephrology Group PA, 915 Gessner #360, Houston, TX 77024-2527 a     |   |                |                   |                        |                   |                   |
| Referred by: Cadenas, Jerson  |   |                |                   |                        |                   |                   |
| Dr. Velasco, Ariel  |   |                |                   |                        |                   |                   |
| 11/06/11  | 1.0 Initial hospital care (99223)                           | \$225.00       | \$196.45          | \$157.16               | \$39.29           |                   |
| Claim number 22-11335-540-320   |   |                |                   |                        |                   |                   |
| Houston Nephrology Group PA, 915 Gessner #360, Houston, TX 77024-2527 a     |   |                |                   |                        |                   |                   |
| Referred by: Cadenas, Jerson  |   |                |                   |                        |                   |                   |
| Dr. Velasco, Ariel  |   |                |                   |                        |                   |                   |
| 11/07 - 11/11   | 5.0 Subsequent hospital care (99232)                        | \$650.00       | \$350.40          | \$280.32               | \$70.08           |                   |
| Claim number 22-11259-914-340   |   |                |                   |                        |                   |                   |
| Houston Progress Radio Assoc, 350, 5301 Hollister, Houston, TX 77040-0000 c |   |                |                   |                        |                   |                   |
| Referred by: Yu, Tsc-Kuan   |   |                |                   |                        |                   |                   |
| Dr. Tsai, Jamie M.D.  |   |                |                   |                        |                   |                   |
| 09/07/11  | 1.0 Chest x-ray (71020-26) professional charge              | \$41.00        | \$10.98           | \$8.78                 | \$2.20            |                   |
| Claim number 28-11297-245-720   |   |                |                   |                        |                   |                   |
| Houston Progress Radio Assoc, 350, 5301 Hollister, Houston, TX 77040-0000 a |   |                |                   |                        |                   |                   |
| Referred by: Manhas, Amit H   |   |                |                   |                        |                   |                   |
| Dr. Klekers, Albert   |   |                |                   |                        |                   |                   |
| 09/17/11  | 1.0 Us exam, abdom, complete (76700-26) professional charge | \$148.00       | \$40.51           | \$32.41                | \$8.10            |                   |

Your Medicare Number: XXX-XX-8905D

**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)**

| Dates of Service  | Services Provided  | Amount Charged  | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|---|--|-----------------|-------------------|------------------------|-------------------|-------------------|
| Claim number 28-11311-027-260<br>Houston Progress Radio Assoc, 350,<br>5301 Hollister , Houston, TX 77040-0000<br>Referred by: Rakkhit, Ronjay<br>Dr. Lee, Stephen          |  |                 |                   |                        |                   |                   |
| 10/14/11  | 1.0 Ct abd & pelvis<br>(74176-26) professional charge            | \$502.00        | \$85.58           | \$68.46                | \$17.12           | a                 |
| 10/14/11  | 1.0 Ct thorax w/o dye<br>(71250-26) professional charge          | 262.00          | 51.47             | 41.18                  | 10.29             |                   |
|   | <b>Claim Total</b>   | <b>\$764.00</b> | <b>\$137.05</b>   | <b>\$109.64</b>        | <b>\$27.41</b>    |                   |
| Claim number 29-11318-293-430<br>Houston Progress Radio Assoc, 350,<br>5301 Hollister , Houston, TX 77040-0000<br>Referred by: Cadenas, Jerson<br>Dr. Chauvin, Dean P. M.D. |  |                 |                   |                        |                   |                   |
| 10/31/11  | 1.0 Puncture peritoneal cavity (49080)                           | \$361.00        | \$70.58           | \$56.46                | \$14.12           | a                 |
| 10/31/11  | 1.0 Echo guide for biopsy<br>(76942-26) professional charge      | 155.00          | 34.01             | 27.21                  | 6.80              |                   |
|   | <b>Claim Total</b>   | <b>\$516.00</b> | <b>\$104.59</b>   | <b>\$83.67</b>         | <b>\$20.92</b>    |                   |
| Claim number 29-11318-294-060<br>Houston Progress Radio Assoc, 350,<br>5301 Hollister , Houston, TX 77040-0000<br>Referred by: Cadenas, Jerson<br>Dr. Raza, Syed A. M.D.    |  |                 |                   |                        |                   |                   |
| 11/05/11  | 1.0 Insert picc cath (36569)                                     | \$305.00        | \$96.12           | \$76.90                | \$19.22           |                   |
| 11/05/11  | 1.0 Diagnostic x-ray<br>(77001-26) professional charge           | 200.00          | 19.61             | 15.69                  | 3.92              |                   |
| 11/05/11  | 1.0 Us guide vascular access<br>(76937-2659) professional charge | 125.00          | 15.51             | 12.41                  | 3.10              |                   |
| 11/05/11  | 1.0 Radxps in end rpt4fluro pxd<br>(6045F-8P)                    | 0.01            | 0.00              | 0.00                   | 0.00              | d                 |
|   | <b>Claim Total</b>   | <b>\$630.01</b> | <b>\$131.24</b>   | <b>\$105.00</b>        | <b>\$26.24</b>    |                   |

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## PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)

| Dates of Service  | Services Provided                    | Amount Charged  | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|---|--------------------------------------|-----------------|-------------------|------------------------|-------------------|-------------------|
| Claim number 28-11327-118-330   |                                      |                 |                   |                        |                   |                   |
| Inpatient Consultants Of Tex, PO Box 92729,<br>Los Angeles, CA 90009-2729 |                                      |                 |                   |                        |                   | a                 |
| Dr. Cadenas, Jerson   |                                      |                 |                   |                        |                   |                   |
| 10/31/11  | 1.0 Initial hospital care (99223-AI) | \$393.00        | \$196.45          | \$157.16               | \$39.29           |                   |
| Dr. Cadenas, Jerson   |                                      |                 |                   |                        |                   |                   |
| 11/01/11  | 1.0 Subsequent hospital care (99233) | 201.00          | 100.68            | 80.54                  | 20.14             |                   |
| Dr. Cadenas, Jerson   |                                      |                 |                   |                        |                   |                   |
| 11/02/11  | 1.0 Subsequent hospital care (99233) | 201.00          | 100.68            | 80.54                  | 20.14             |                   |
| Dr. Cadenas, Jerson   |                                      |                 |                   |                        |                   |                   |
| 11/04/11  | 1.0 Subsequent hospital care (99233) | 201.00          | 100.68            | 80.54                  | 20.14             |                   |
|   | <b>Claim Total</b>                   | <b>\$996.00</b> | <b>\$498.49</b>   | <b>\$398.78</b>        | <b>\$99.71</b>    |                   |
| =====   |                                      |                 |                   |                        |                   |                   |
| Claim number 28-11327-118-510   |                                      |                 |                   |                        |                   |                   |
| Inpatient Consultants Of Tex, PO Box 92729,<br>Los Angeles, CA 90009-2729 |                                      |                 |                   |                        |                   | a                 |
| Dr. Jamison, Nicole M.  |                                      |                 |                   |                        |                   |                   |
| 11/03/11  | 1.0 Subsequent hospital care (99233) | \$201.00        | \$100.68          | \$80.54                | \$20.14           |                   |
| =====   |                                      |                 |                   |                        |                   |                   |
| Claim number 28-11327-117-850   |                                      |                 |                   |                        |                   |                   |
| Inpatient Consultants Of Tex, PO Box 92729,<br>Los Angeles, CA 90009-2729 |                                      |                 |                   |                        |                   | a                 |
| Dr. Navarro, Romel L. M.D.  |                                      |                 |                   |                        |                   |                   |
| 11/06/11  | 1.0 Initial hospital care (99223-AI) | \$393.00        | \$196.45          | \$157.16               | \$39.29           |                   |
| Dr. Navarro, Romel L. M.D.  |                                      |                 |                   |                        |                   |                   |
| 11/11/11  | 1.0 Subsequent hospital care (99233) | 201.00          | 100.68            | 80.54                  | 20.14             |                   |
|   | <b>Claim Total</b>                   | <b>\$594.00</b> | <b>\$297.13</b>   | <b>\$237.70</b>        | <b>\$59.43</b>    |                   |
| =====   |                                      |                 |                   |                        |                   |                   |
| Claim number 28-11327-118-560   |                                      |                 |                   |                        |                   |                   |
| Inpatient Consultants Of Tex, PO Box 92729,<br>Los Angeles, CA 90009-2729 |                                      |                 |                   |                        |                   | a                 |
| Dr. Jamison, Nicole M.  |                                      |                 |                   |                        |                   |                   |
| 11/07/11  | 1.0 Subsequent hospital care (99233) | \$201.00        | \$100.68          | \$80.54                | \$20.14           |                   |
| Dr. Jamison, Nicole M.  |                                      |                 |                   |                        |                   |                   |
| 11/08/11  | 1.0 Subsequent hospital care (99233) | 201.00          | 100.68            | 80.54                  | 20.14             |                   |
|   | <b>Claim Total</b>                   | <b>\$402.00</b> | <b>\$201.36</b>   | <b>\$161.08</b>        | <b>\$40.28</b>    |                   |

**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)**

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| Dates of Service   | Services Provided                        | Amount Charged  | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|--|--|-----------------|-------------------|------------------------|-------------------|-------------------|
| Claim number 28-11327-118-370<br>Inpatient Consultants Of Tex, PO Box 92729,<br>Los Angeles, CA 90009-2729 <span style="float: right;">a</span>            |  |                 |                   |                        |                   |                   |
| Dr. Cadenas, Jerson  |  |                 |                   |                        |                   |                   |
| 11/09/11   | 1.0 Subsequent hospital care (99233)     | \$201.00        | \$100.68          | \$80.54                | \$20.14           |                   |
| Dr. Cadenas, Jerson  |  |                 |                   |                        |                   |                   |
| 11/10/11   | 1.0 Subsequent hospital care (99233)     | 201.00          | 100.68            | 80.54                  | 20.14             |                   |
| <b>Claim Total</b>   |  | <b>\$402.00</b> | <b>\$201.36</b>   | <b>\$161.08</b>        | <b>\$40.28</b>    |                   |
| Claim number 28-11318-359-110<br>Kelsey Seybold Medical, P O Box 840786,<br>Dallas, TX 75284-0786 <span style="float: right;">a</span>                     |  |                 |                   |                        |                   |                   |
| Dr. Austin Tolliver, F. L. M.D.  |  |                 |                   |                        |                   |                   |
| 11/05/11   | 1.0 Hospital discharge day (99238)       | \$203.00        | \$69.62           | \$55.70                | \$13.92           |                   |
| Claim number 28-11265-028-940<br>Medical Chest Associates PA, Ste 188,<br>902 Frostwood Dr , Houston, TX 77024-2402 <span style="float: right;">c</span>   |  |                 |                   |                        |                   |                   |
| Dr. Keith, George T.   |  |                 |                   |                        |                   |                   |
| 05/19/11   | 1.0 MD certification HHA patient (G0180) | \$120.00        | \$53.22           | \$42.58                | \$10.64           |                   |
| Dr. Keith, George T.   |  |                 |                   |                        |                   |                   |
| 07/20/11   | 1.0 MD recertification HHA PT (G0179)    | 90.00           | 40.56             | 32.45                  | 8.11              |                   |
| <b>Claim Total</b>   |  | <b>\$210.00</b> | <b>\$93.78</b>    | <b>\$75.03</b>         | <b>\$18.75</b>    |                   |
| Claim number 28-11276-137-440<br>Medical Chest Associates PA, Ste 188,<br>902 Frostwood Dr , Houston, TX 77024-2402 <span style="float: right;">c,a</span> |  |                 |                   |                        |                   |                   |
| Referred by: Manhas, Amit H  |  |                 |                   |                        |                   |                   |
| Dr. Tran, Minh A. M.D.   |  |                 |                   |                        |                   |                   |
| 09/17/11   | 1.0 Critical care, first hour (99291)    | \$415.00        | \$220.04          | \$176.03               | \$44.01           |                   |
| Dr. Tran, Minh A. M.D.   |  |                 |                   |                        |                   |                   |
| 09/18/11   | 1.0 Subsequent hospital care (99231)     | 105.00          | 38.84             | 31.07                  | 7.77              |                   |
| <b>Claim Total</b>   |  | <b>\$520.00</b> | <b>\$258.88</b>   | <b>\$207.10</b>        | <b>\$51.78</b>    |                   |

## PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)

| Dates of Service   | Services Provided                       | Amount Charged    | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|--|---|-------------------|-------------------|------------------------|-------------------|-------------------|
| Claim number 28-11298-919-120  |   |                   |                   |                        |                   |                   |
| Medical Chest Associates PA, Ste 188,<br>902 Frostwood Dr , Houston, TX 77024-2402 |   |                   |                   |                        |                   | c,a               |
| Dr. Jain, Ajay   |   |                   |                   |                        |                   |                   |
| 09/26/11   | 1.0 Pt vis doc use EHR cer ATCB (G8447) | \$0.01            | \$0.00            | \$0.00                 | \$0.00            | d                 |
| 09/26/11   | 1.0 Office/outpatient visit est (99214) | 140.00            | 102.94            | 82.35                  | 20.59             |                   |
| 09/26/11   | 1.0 Doc cur meds by prov (G8427)        | 0.00              | 0.00              | 0.00                   | 0.00              | d                 |
| 09/26/11   | 1.0 Tobacco non-user (1036F)            | 0.00              | 0.00              | 0.00                   | 0.00              | d                 |
|  | <b>Claim Total</b>                      | <b>\$140.01</b>   | <b>\$102.94</b>   | <b>\$82.35</b>         | <b>\$20.59</b>    |                   |
| Claim number 22-11322-314-410  |   |                   |                   |                        |                   |                   |
| Medical Chest Associates PA, Ste 188,<br>902 Frostwood Dr , Houston, TX 77024-2402 |   |                   |                   |                        |                   | c,a               |
| Referred by: Cadenas, Jerson   |   |                   |                   |                        |                   |                   |
| Dr. Tran, Minh A. M.D.   |   |                   |                   |                        |                   |                   |
| 11/07 - 08/11  | 2.0 Subsequent hospital care (99232)    | \$280.00          | \$140.16          | \$112.13               | \$28.03           |                   |
| Dr. Tran, Minh A. M.D.   |   |                   |                   |                        |                   |                   |
| 11/09 - 10/11  | 2.0 Subsequent hospital care (99232)    | 280.00            | 140.16            | 112.13                 | 28.03             |                   |
| Dr. Tran, Minh A. M.D.   |   |                   |                   |                        |                   |                   |
| 11/11/11   | 1.0 Subsequent hospital care (99232)    | 140.00            | 70.08             | 56.06                  | 14.02             |                   |
|  | <b>Claim Total</b>                      | <b>\$700.00</b>   | <b>\$350.40</b>   | <b>\$280.32</b>        | <b>\$70.08</b>    |                   |
| Claim number 22-11255-588-960  |   |                   |                   |                        |                   |                   |
| Northwoods Urology Associate, PO Box 4959,<br>Houston, TX 77210-4959               |   |                   |                   |                        |                   |                   |
| Referred by: Miro Quesada, Miguel V  |   |                   |                   |                        |                   |                   |
| Dr. Yu, Tse-Kuan M.D.  |   |                   |                   |                        |                   |                   |
| 09/07/11   | 1.0 Ct scan for therapy guide (77014)   | \$650.00          | \$191.24          | \$152.99               | \$38.25           |                   |
| 09/07/11   | 1.0 Radiation tx delivery imrt (77418)  | 2,500.00          | 515.73            | 412.58                 | 103.15            |                   |
| 09/07/11   | 1.0 Radiation tx management, x5 (77427) | 1,000.00          | 182.54            | 146.03                 | 36.51             |                   |
| 09/07/11   | 1.0 Radiation physics consult (77336)   | 500.00            | 51.95             | 41.56                  | 10.39             |                   |
|  | <b>Claim Total</b>                      | <b>\$4,650.00</b> | <b>\$941.46</b>   | <b>\$753.16</b>        | <b>\$188.30</b>   |                   |

Your Medicare Number: XXX-XX-8905D

**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)**

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| Dates of Service  | Services Provided                       | Amount Charged    | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|---|---|-------------------|-------------------|------------------------|-------------------|-------------------|
| Claim number 29-11258-629-700<br>Northwoods Urology Associate, PO Box 4959,<br>Houston, TX 77210-4959<br>Referred by: Miro Quesada, Miguel V<br>Dr. Yu, Tse-Kuan M.D. |   |                   |                   |                        |                   |                   |
| 09/08/11  | 1.0 Ct scan for therapy guide (77014)   | \$650.00          | \$191.24          | \$152.99               | \$38.25           |                   |
| 09/08/11  | 1.0 Radiation tx delivery imrt (77418)  | 2,500.00          | 515.73            | 412.58                 | 103.15            |                   |
|   | <b>Claim Total</b>                      | <b>\$3,150.00</b> | <b>\$706.97</b>   | <b>\$565.57</b>        | <b>\$141.40</b>   |                   |
| Claim number 29-11258-629-580<br>Northwoods Urology Associate, PO Box 4959,<br>Houston, TX 77210-4959<br>Referred by: Miro Quesada, Miguel V<br>Dr. Yu, Tse-Kuan M.D. |   |                   |                   |                        |                   |                   |
| 09/09/11  | 1.0 Ct scan for therapy guide (77014)   | \$650.00          | \$191.24          | \$152.99               | \$38.25           |                   |
| 09/09/11  | 1.0 Radiation tx delivery imrt (77418)  | 2,500.00          | 515.73            | 412.58                 | 103.15            |                   |
|   | <b>Claim Total</b>                      | <b>\$3,150.00</b> | <b>\$706.97</b>   | <b>\$565.57</b>        | <b>\$141.40</b>   |                   |
| Claim number 22-11259-315-190<br>Northwoods Urology Associate, PO Box 4959,<br>Houston, TX 77210-4959<br>Referred by: Miro Quesada, Miguel V<br>Dr. Yu, Tse-Kuan M.D. |   |                   |                   |                        |                   |                   |
| 09/13/11  | 1.0 Ct scan for therapy guide (77014)   | \$650.00          | \$191.24          | \$152.99               | \$38.25           |                   |
| 09/13/11  | 1.0 Radiation tx delivery imrt (77418)  | 2,500.00          | 515.73            | 412.58                 | 103.15            |                   |
|   | <b>Claim Total</b>                      | <b>\$3,150.00</b> | <b>\$706.97</b>   | <b>\$565.57</b>        | <b>\$141.40</b>   |                   |
| Claim number 29-11263-481-180<br>Northwoods Urology Associate, PO Box 4959,<br>Houston, TX 77210-4959<br>Referred by: Miro Quesada, Miguel V<br>Dr. Yu, Tse-Kuan M.D. |   |                   |                   |                        |                   |                   |
| 09/14/11  | 1.0 Ct scan for therapy guide (77014)   | \$650.00          | \$191.24          | \$152.99               | \$38.25           |                   |
| 09/14/11  | 1.0 Radiation tx delivery imrt (77418)  | 2,500.00          | 515.73            | 412.58                 | 103.15            |                   |
| 09/14/11  | 1.0 Radiation tx management, x5 (77427) | 1,000.00          | 182.54            | 146.03                 | 36.51             |                   |

**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)**

| Dates of Service   | Services Provided                        | Amount Charged    | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|--|--|-------------------|-------------------|------------------------|-------------------|-------------------|
| 09/14/11   | 1.0 Radiation physics consult (77336)    | 500.00            | 51.95             | 41.56                  | 10.39             |                   |
|  | <b>Claim Total</b>                       | <b>\$4,650.00</b> | <b>\$941.46</b>   | <b>\$753.16</b>        | <b>\$188.30</b>   |                   |
| <p>Claim number 22-11256-389-640<br/> <b>Oncology Consultants, P. A., PO Box 4418,<br/> Houston, TX 77210-4418</b><br/> Referred by: Dr. Mauk, Paul M.<br/> Dr. Nguyen, Alex P. M.D.</p> |  |                   |                   |                        |                   |                   |
| 09/02/11   | 1.0 Office/outpatient visit est (99213)  | \$135.00          | \$69.41           | \$55.53                | \$13.88           |                   |
| 09/02/11   | 1.0 Complete cbc w/auto diff wbc (85025) | 38.00             | 10.94             | 10.94                  | 0.00              | e                 |
|  | <b>Claim Total</b>                       | <b>\$173.00</b>   | <b>\$80.35</b>    | <b>\$66.47</b>         | <b>\$13.88</b>    |                   |
| <p>Claim number 38-11271-146-680<br/> <b>Oncology Consultants, P. A., PO Box 4418,<br/> Houston, TX 77210-4418</b><br/> Referred by: Dr. Mauk, Paul M.<br/> Dr. Belcheva, Anna M.D.</p>  |  |                   |                   |                        |                   |                   |
| 09/17/11   | 1.0 Subsequent hospital care (99233)     | \$160.00          | \$100.68          | \$80.54                | \$20.14           |                   |
| <p>Claim number 39-11284-291-500<br/> <b>Oncology Consultants, P.A., PO Box 4418,<br/> Houston, TX 77210-4418</b> a</p>  |  |                   |                   |                        |                   |                   |
| <p>Referred by: Dr. Mauk, Paul M.<br/> Dr. Nguyen, Alex P. M.D.</p>  |  |                   |                   |                        |                   |                   |
| 09/19/11   | 1.0 Subsequent hospital care (99233)     | \$160.00          | \$100.68          | \$80.54                | \$20.14           |                   |
| <p>Claim number 39-11284-293-960<br/> <b>Oncology Consultants, P.A., PO Box 4418,<br/> Houston, TX 77210-4418</b> a</p>  |  |                   |                   |                        |                   |                   |
| <p>Referred by: Dr. Mauk, Paul M.<br/> Dr. Nguyen, Alex P. M.D.</p>  |  |                   |                   |                        |                   |                   |
| 09/28/11   | 1.0 Office/outpatient visit est (99213)  | \$135.00          | \$69.41           | \$55.53                | \$13.88           |                   |
| 09/28/11   | 1.0 Complete cbc w/auto diff wbc (85025) | 38.00             | 10.94             | 10.94                  | 0.00              | e                 |
| 09/28/11   | 1.0 Routine venipuncture (36415)         | 15.00             | 3.00              | 3.00                   | 0.00              | e                 |

December 21, 2011

Your Medicare Number: XXX-XX-8905D

## PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)

| Dates of Service   | Services Provided                        | Amount Charged  | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|--|--|-----------------|-------------------|------------------------|-------------------|-------------------|
| 09/28/11   | 1.0 Prothrombin time (85610)             | 28.00           | 5.53              | 5.53                   | 0.00              | e                 |
|  | <b>Claim Total</b>                       | <b>\$216.00</b> | <b>\$88.88</b>    | <b>\$75.00</b>         | <b>\$13.88</b>    |                   |
| <p>Claim number 39-11285-226-560<br/> <b>Oncology Consultants, P.A., PO Box 4418,</b><br/> <b>Houston, TX 77210-4418</b><br/> Referred by: Dr. Mauk, Paul M.<br/> Dr. Nguyen, Alex P. M.D.</p> |  |                 |                   |                        |                   |                   |
| 09/28/11   | 1.0 Office/outpatient visit est (99213)  | \$135.00        | \$0.00            | \$0.00                 | \$0.00            | f                 |
| 09/28/11   | 1.0 Complete cbc w/auto diff wbc (85025) | 38.00           | 0.00              | 0.00                   | 0.00              | f                 |
| 09/28/11   | 1.0 Routine venipuncture (36415)         | 15.00           | 0.00              | 0.00                   | 0.00              | g                 |
| 09/28/11   | 1.0 Prothrombin time (85610)             | 28.00           | 0.00              | 0.00                   | 0.00              | f                 |
|  | <b>Claim Total</b>                       | <b>\$216.00</b> | <b>\$0.00</b>     | <b>\$0.00</b>          | <b>\$0.00</b>     |                   |
| <p>Claim number 39-11300-207-850<br/> <b>Oncology Consultants, P.A., PO Box 4418,</b><br/> <b>Houston, TX 77210-4418</b><br/> Referred by: Dr. Mauk, Paul M.<br/> Dr. Nguyen, Alex P. M.D.</p> |  |                 |                   |                        |                   |                   |
| 10/17/11   | 1.0 Office/outpatient visit est (99214)  | \$210.00        | \$102.94          | \$82.35                | \$20.59           |                   |
| 10/17/11   | 1.0 Complete cbc w/auto diff wbc (85025) | 38.00           | 10.94             | 10.94                  | 0.00              | e                 |
| 10/17/11   | 1.0 Routine venipuncture (36415)         | 15.00           | 3.00              | 3.00                   | 0.00              | e                 |
| 10/17/11   | 1.0 Prothrombin time (85610)             | 28.00           | 5.53              | 5.53                   | 0.00              | e                 |
|  | <b>Claim Total</b>                       | <b>\$291.00</b> | <b>\$122.41</b>   | <b>\$101.82</b>        | <b>\$20.59</b>    |                   |
| <p>Claim number 39-11306-202-510<br/> <b>Oncology Consultants, P.A., PO Box 4418,</b><br/> <b>Houston, TX 77210-4418</b><br/> Referred by: Dr. Mauk, Paul M.<br/> Dr. Nguyen, Alex P. M.D.</p> |  |                 |                   |                        |                   |                   |
| 10/24/11   | 1.0 Office/outpatient visit est (99213)  | \$135.00        | \$69.41           | \$55.53                | \$13.88           |                   |
| 10/24/11   | 1.0 Complete cbc w/auto diff wbc (85025) | 38.00           | 10.94             | 10.94                  | 0.00              | e                 |
| 10/24/11   | 1.0 Routine venipuncture (36415)         | 15.00           | 3.00              | 3.00                   | 0.00              | e                 |
| 10/24/11   | 1.0 Prothrombin time (85610)             | 28.00           | 5.53              | 5.53                   | 0.00              | e                 |
|  | <b>Claim Total</b>                       | <b>\$216.00</b> | <b>\$88.88</b>    | <b>\$75.00</b>         | <b>\$13.88</b>    |                   |

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**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)**

| Dates of Service  | Services Provided                     | Amount Charged | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|---|---------------------------------------|----------------|-------------------|------------------------|-------------------|-------------------|
| Claim number 58-11201-064-620<br>Walgreen CO, PO Box 90482,<br>Chicago, IL 60696-0482 |                                       |                |                   |                        |                   |                   |
| 09/29/09  | 1.0 Flu vaccine 3 yrs & > im (90658)  | \$6.99         | \$6.99            | \$6.99                 | \$0.00            | e,h               |
| 09/29/09  | 1.0 Admin influenza virus vac (G0008) | 18.00          | 18.00             | 18.00                  | 0.00              | e,h               |
|   | <b>Claim Total</b>                    | <b>\$24.99</b> | <b>\$24.99</b>    | <b>\$24.99</b>         | <b>\$0.00</b>     |                   |

**Notes Section:**

- a This information is being sent to your private insurer(s). Send any questions regarding your benefits to them. Your private insurer(s) is UNITEDHEALTHCARE (SUPPLEMENTAL)
- b Your claim was separated for processing. The remaining services may appear on a separate notice.
- c The name or Medicare number was incorrect or missing. Ask your provider to use the name or number shown on this notice for future claims.
- d This code is for informational/reporting purposes only. You should not be charged for this code. If there is a charge, you do not have to pay the amount.
- e This service is paid at 100 percent of the Medicare approved amount.
- f This is a duplicate of a charge already submitted.
- g This allowance has been reduced by the amount previously paid for a related procedure.
- h The approved amount is based on a special payment method.

**Deductible Information:**

You have met the Part B deductible for 2009.

You have met the Part B deductible for 2011.

Your Medicare Number: XXX-XX-8905D

**General Information:**

You have the right to request an itemized statement which details each Medicare item or service which you have received from your physician, hospital, or any other health supplier or health professional. Please contact them directly, in writing, if you would like an itemized statement.

Want to see your latest claims? Visit MyMedicare.gov on the web any time, day, or night, and get the most out of your Medicare. Your personalized Medicare information is waiting for you online.

If you aren't due a payment check from Medicare, your Medicare Summary Notices (MSN) will now be mailed to you on a quarterly basis. You will no longer get a monthly statement in the mail for these types of MSNs. You will now get a statement every 90 days summarizing all of your Medicare claims. Your provider may send you a bill that you may need to pay before you get your MSN. When you get your MSN, look to see if you paid more than the MSN says is due. If you paid more, call your provider about a refund. If you have any questions about the bill from your provider, you should call your provider.

Please have your complete Medicare number with you when you call 1-800-MEDICARE so your record can be located. For your protection this MSN does not include your entire number.

If you change your address, contact the Social Security Administration by calling 1-800-772-1213.

Your claims may have been adjusted since Medicare changed how it pays for certain services in 2010. You can compare claims that have been changed to previous statements you received in the past. Your provider may owe you a refund or you may have to pay more coinsurance. Call your provider or 1-800-MEDICARE.

**Appeals Information - Part B**

If you disagree with any claims decision on this notice, your appeal must be received by April 24, 2012. Follow the instructions below:

- 1) Circle the item(s) you disagree with and explain why you disagree.
- 2) Send this notice, or a copy, to the following address: Medicare Part B, P.O. Box 660156, Dallas, TX 75266-0156. (You may also send any additional information you may have about your appeal.)
- 3) Sign here \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_
- 4) Medicare Number \_\_\_\_\_

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# Medicare Summary Notice

December 27, 2011

### CUSTOMER SERVICE INFORMATION

**Your Medicare Number: XXX-XX-8905D**

If you have questions, call:

**Call: 1-800-MEDICARE  
(1-800-633-4227) (18003)  
Ask for Medical Supplies**

**TTY (tele-typewriter) and TDD users only  
should call: 1-877-486-2048**

**NELVA BRUNSTING  
13630 PINEROCK LN  
HOUSTON TX 77079-5914**

JC

**BE INFORMED:** Beware of telemarketers or advertisements offering free or discounted Medicare items and services.

This is a summary of claims processed from 09/28/2011 through 12/27/2011.

### PART B MEDICAL INSURANCE - ASSIGNED CLAIMS

| Dates of Service  | Services Provided                         | Amount Charged  | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|---|---|-----------------|-------------------|------------------------|-------------------|-------------------|
| Claim number 11297792108000<br><b>MED-CONNECT, INC., 2200 CENTRAL PKWY,<br/>STE D, HOUSTON, TX 77092-7710</b> |   |                 |                   |                        |                   |                   |
| Referred by: ROBERT E WHITE   |   |                 |                   |                        |                   |                   |
| 10/22/11  | 1.0 Oxygen concentrator (E1390-RR) Rental | \$276.20        | \$0.00            | \$0.00                 | \$0.00            | a,b               |
| 10/22/11  | 1.0 Portable gaseous O2 (E0431-RR) Rental | 43.43           | 0.00              | 0.00                   | 0.00              | a,b               |
| <b>Claim Total</b>  |   | <b>\$319.63</b> | <b>\$0.00</b>     | <b>\$0.00</b>          | <b>\$0.00</b>     |                   |
| Claim number 11301772375000<br><b>MED-CONNECT, INC., 2200 CENTRAL PKWY,<br/>STE D, HOUSTON, TX 77092-7710</b> |   |                 |                   |                        |                   |                   |
| Referred by: AJAY JAIN  |   |                 |                   |                        |                   |                   |
| 09/22/11  | 1.0 Portable gaseous O2 (E0431-RR) Rental | \$43.43         | \$28.74           | \$22.99                | \$5.75            | d                 |
| 09/22/11  | 1.0 Oxygen concentrator (E1390-RR) Rental | 276.20          | 173.31            | 138.65                 | 34.66             | d                 |
| <b>Claim Total</b>  |   | <b>\$319.63</b> | <b>\$202.05</b>   | <b>\$161.64</b>        | <b>\$40.41</b>    |                   |
| Claim number 11322770950000<br><b>MED-CONNECT, INC., 2200 CENTRAL PKWY,<br/>STE D, HOUSTON, TX 77092-7710</b> |   |                 |                   |                        |                   |                   |
| Referred by: AJAY JAIN  |   |                 |                   |                        |                   |                   |
| 10/22/11  | 1.0 Oxygen concentrator (E1390-RR) Rental | \$276.20        | \$173.31          | \$138.65               | \$34.66           | d                 |
| 10/22/11  | 1.0 Portable gaseous O2 (E0431-RR) Rental | 43.43           | 28.74             | 22.99                  | 5.75              | d                 |
| <b>Claim Total</b>  |   | <b>\$319.63</b> | <b>\$202.05</b>   | <b>\$161.64</b>        | <b>\$40.41</b>    |                   |

**THIS IS NOT A BILL - Keep this notice for your records.**

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**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS** (continued)

| Dates of Service  | Services Provided   | Amount Charged  | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|---|---|-----------------|-------------------|------------------------|-------------------|-------------------|
| Claim number 11264803432000<br><b>SUN OPTIMUM SUPPLIES, 12834 MURPHY RD,<br/>                     STAFFORD, TX 77477-3902</b><br>Referred by: AJAY JAIN |   |                 |                   |                        |                   |                   |
| 09/21/11  | 1.0 Hosp bed semi-electr w/ matt<br>(E0260-RRK1KX) Rental | \$150.00        | \$126.99          | \$101.59               | \$25.40           | e                 |
| Claim number 11299705076000<br><b>SUN OPTIMUM SUPPLIES, 12834 MURPHY RD,<br/>                     STAFFORD, TX 77477-3902</b><br>Referred by: AJAY JAIN |   |                 |                   |                        |                   |                   |
| 10/21/11  | 1.0 Hosp bed semi-electr w/ matt<br>(E0260-RRKJKX) Rental | \$150.00        | \$95.24           | \$76.19                | \$19.05           | f                 |
| Claim number 11270737453000<br><b>WALGREEN CO, PO BOX 90482,<br/>                     CHICAGO, IL 60696-0482</b><br>Referred by: AJAY JAIN              |   |                 |                   |                        |                   |                   |
| 09/06-10/05/11  | 449.0 Albuterol non-comp unit (J7613-KO)                  | \$131.97        | \$30.08           | \$24.06                | \$6.02            | g                 |
| 09/06/11  | 1.0 Disp fee inhal drugs/30 days (Q0513)                  | 33.00           | 33.00             | 26.40                  | 6.60              |                   |
|   | <b>Claim Total</b>  | <b>\$164.97</b> | <b>\$63.08</b>    | <b>\$50.46</b>         | <b>\$12.62</b>    |                   |

**Notes Section:**

- a This item cannot be paid without a new, revised or renewed certificate of medical necessity.
- b You should not be billed for this service. You are only responsible for any deductible and coinsurance amounts listed in the "You may be billed" column.
- c We have sent your claim to UNITEDHEALTHCARE (SUPPLEMENTAL). Send any questions regarding your benefits to them.
- d Medicare will pay for you to rent this equipment for up to 36 months (or until you no longer need the equipment). After the 36 month rental period, Medicare will continue to pay for delivery of liquid and gaseous contents, as long as it is still medically necessary.
- e Monthly rental payments can be made for up to 13 months from the first paid rental month or until the equipment is no longer needed; whichever comes first. After the 13 month of rental is paid, your supplier must transfer title of this equipment to you.
- f Payment is reduced by 25 percent beginning the 4th month of rental.
- g The approved amount is based on a special payment method.

**Deductible Information:**

You have met the Part B deductible for 2011.

## General Information:

You have the right to make a request in writing for an itemized statement which details each Medicare item or service which you have received from your physician, hospital, or any other health supplier or health professional. Please contact them directly, in writing, if you would like an itemized statement.

Compare the services you receive with those that appear on your Medicare Summary Notice. If you have questions, call your doctor or provider. If you feel further investigation is needed due to possible fraud or abuse, call the phone number in the Customer Service Information Box.

Want to see your latest claims? Visit [MyMedicare.gov](http://MyMedicare.gov) on the web any time, day or night, and get the most out of your Medicare. Your personalized Medicare information is waiting for you online.

If you aren't due a payment check from Medicare, your Medicare Summary Notices (MSN) will now be mailed to you on a quarterly basis. You will no longer get a monthly statement in the mail for these types of MSNs. You will now get a statement every 90 days summarizing all of your Medicare claims. Your provider may send you a bill that you may need to pay before you get your MSN. When you get your MSN, look to see if you paid more than the MSN says is due. If you paid more, call your provider about a refund. If you have any questions about the bill from your provider, you should call your provider.

Please have your complete Medicare number with you when you call 1-800-MEDICARE so your record can be located. For your protection this MSN does not include your entire number.

If you change your address, contact the Social Security Administration by calling 1-800-772-1213.

Medicare covers cardiovascular screenings that check your cholesterol and other blood fat levels and screenings to check for diabetes. Talk to your doctor or call 1-800-MEDICARE (1-800-633-4227) for more information.



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**Appeals Information - Part B**

**If you disagree with any claims decisions on this notice, your appeal must be received by April 30, 2012.**  
Follow the instructions below:


- 1) Circle the item(s) you disagree with and explain why you disagree.
- 2) Send this notice, or a copy, to the following address: CGS - DME MAC Jurisdiction C,  
Attn: Redetermination Dept, P. O. Box 20009, Nashville, TN 37202.

(You may also send any additional information you may have about your appeal.)

- 3) Sign here \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_
- 4) Medicare Number \_\_\_\_\_

# IMPORTANT INFORMATION ABOUT YOUR MEDICARE PART B MEDICAL INSURANCE BENEFITS

For more information about services covered by Medicare, please see your Medicare Handbook.



**MEDICARE PART B MEDICAL INSURANCE:** Medicare Part B helps pay for doctors' services, diagnostic tests, ambulance services, durable medical equipment, and other health care services. Medicare Part A Hospital Insurance helps pay for inpatient hospital care, inpatient care in a skilled nursing facility following a hospital stay, home health care and hospice care. You will be sent a separate notice if you received Part A services or any outpatient facility services.

**MEDICARE ASSIGNMENT:** Medicare Part B claims may be assigned or unassigned. Providers who accept assignment agree to accept the Medicare approved amount as total payment for covered services. Medicare pays its share of the approved amount directly to the provider. You may be billed for unmet portions of the annual deductible and the coinsurance. You may contact us at the address or telephone number in the Customer Service Information box on the front of this notice for a list of participating providers who always accept assignment. You may save money by choosing a participating provider.

Doctors who submit unassigned claims have not agreed to accept Medicare's approved amount as payment in full. Generally, Medicare pays you 80% of the approved amount after subtracting any part of the annual deductible you have not met. A doctor who does not accept assignment may charge you up to 115% of the Medicare approved amount. This is known as the Limiting Charge. Some states have additional payment limits. The NOTES section on the front of this notice will tell you if a doctor has exceeded the Limiting Charge and the correct amount to pay your doctor under the law.

**YOUR RESPONSIBILITY:** The amount in the **You May Be Billed** column is your share of cost for the services shown on this notice. You are responsible for:

- **annual deductible:** taken from the first Medicare Part B approved charges each calendar year,
- **coinsurance:** 20% of the Medicare approved amount, after the deductible has been met for the year,
- the amount billed, up to the limiting charge, for unassigned claims, and
- charges for services/supplies that are not covered by Medicare. You may not have to pay for certain denied services. If so, a NOTE on the front will tell you.

If you have supplemental insurance, it may help you pay these amounts. If you use this notice to claim supplemental benefits

from another insurance company, make a copy for your records.

**WHEN OTHER INSURANCE PAYS FIRST:** All Medicare payments are made on the condition that you will pay Medicare back if benefits could be paid by insurance that is primary to Medicare. Types of insurance that should pay before Medicare include employer group health plans, no-fault insurance, automobile medical insurance, liability insurance and workers' compensation. Notify us right away if you have filed or could file a claim with insurance that is primary to Medicare.

**YOUR RIGHT TO APPEAL:** If you disagree with what Medicare approved for these services, you may appeal the decision. You must file your appeal within **120 days of the date you receive this notice**. Unless you show us otherwise, we assume you received this notice 5 days after the date of this notice. Follow the appeal instructions on the front of the last page of the notice. If you want help with your appeal, a friend or someone else can help you. Also, groups such as legal aid services may provide free assistance. To contact us for the names and telephone numbers of groups in your area, please see our Customer Service Information box on the front of this notice.

**HELP STOP MEDICARE FRAUD:** Fraud is a false representation by a person or business to get Medicare payments. Some examples of fraud include:

- offers of goods or money in exchange for your Medicare Number,
- telephone or door-to-door offers of free medical services or items, and
- claims for Medicare services or items you did not receive.

If you think a person or business is involved in fraud, you should call Medicare at the Customer Service telephone number on the front of this notice.

**INSURANCE COUNSELING AND ASSISTANCE:** Insurance Counseling and Assistance programs are located in every State. These programs have volunteer counselors who can give you free assistance with Medicare questions, including enrollment, entitlement, Medigap and premium issues. If you would like to know how to get in touch with your local Insurance Counseling and Assistance Program Counselor, please call us at the number shown in the Customer Service Information box on the front of this notice.

*Centers for Medicare & Medicaid Services*



# Medicare Summary Notice

June 22, 2011

## CUSTOMER SERVICE INFORMATION

Your Medicare Number: XXX-XX-8905D

If you have questions, call  
**1-800-MEDICARE**  
**(1-800-633-4227) (#04402)**

TX

**Ask for Doctor Services**  
 TTY for hearing impaired: 1-877-486-2048

NELVA E BRUNSTING  
 13630 PINEROCK  
 HOUSTON TX 77079-5914

**BE INFORMED:** You may see some claims that have been adjusted. For an explanation see the General Information section.

This is a summary of claims processed from 04/11/2011 through 06/22/2011.

## PART B MEDICAL INSURANCE - ASSIGNED CLAIMS

| Dates of Service  | Services Provided                    | Amount Charged  | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|---|--------------------------------------|-----------------|-------------------|------------------------|-------------------|-------------------|
| Claim number 28-11152-237-060   |                                      |                 |                   |                        |                   |                   |
| Acs Primary Care Physicians, P O Box 636018,<br>Cincinnati, OH 45263-6018 |                                      |                 |                   |                        |                   |                   |
| Dr. Wade, Shawna  |                                      |                 |                   |                        |                   |                   |
| 05/16/11  | 1.0 Emergency dept visit (99285)     | \$860.00        | \$171.85          | \$137.48               | \$34.37           |                   |
| 05/16/11  | 1.0 Electrocardiogram report (93010) | 78.00           | 8.93              | 7.14                   | 1.79              |                   |
|   | <b>Claim Total</b>                   | <b>\$938.00</b> | <b>\$180.78</b>   | <b>\$144.62</b>        | <b>\$36.16</b>    |                   |
| Claim number 22-11159-357-060   |                                      |                 |                   |                        |                   |                   |
| Amrit N Achari MD PA, 8915 Gaylord St,<br>Houston, TX 77024-2903          |                                      |                 |                   |                        |                   |                   |
| Referred by: Szema, Robert Scott  |                                      |                 |                   |                        |                   |                   |
| Dr. Achari, M.  |                                      |                 |                   |                        |                   |                   |
| 06/06/11  | 1.0 Initial hospital care (99223)    | \$450.00        | \$196.45          | \$157.16               | \$39.29           |                   |
| Dr. Achari, M.  |                                      |                 |                   |                        |                   |                   |
| 06/07/11  | 1.0 Subsequent hospital care (99233) | 250.00          | 100.68            | 80.54                  | 20.14             |                   |
|   | <b>Claim Total</b>                   | <b>\$700.00</b> | <b>\$297.13</b>   | <b>\$237.70</b>        | <b>\$59.43</b>    |                   |

**THIS IS NOT A BILL - Keep this notice for your records.**

**P5764**



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**IMPORTANT INFORMATION**  
**You Should Know About Your Medicare Part B Benefits**

**For more information about services covered by Medicare, please see your Medicare Handbook.**

**MEDICARE PART B MEDICAL INSURANCE:**

Medicare Part B helps pay for doctors' services, diagnostic tests, ambulance services, durable medical equipment and other health care services. Medicare Part A Hospital Insurance helps pay for inpatient hospital care, inpatient care in a skilled nursing facility following a hospital stay, home health care and hospice care. You will be sent a separate notice if you received Part A services or any outpatient facility services.

**MEDICARE ASSIGNMENT:** Medicare Part B claims may be **assigned or unassigned**. Providers who **accept assignment** agree to accept the Medicare approved amount as total payment for covered services. Medicare pays its share of the approved amount directly to the provider. You may be billed for unmet portions of the annual deductible and the coinsurance. You may contact us at the telephone number in the Customer Service Information box on the front of this notice for a list of **participating providers** who always accept assignment. You may save money by choosing a participating provider.

Doctors who submit **unassigned** claims have not agreed to accept Medicare's approved amount as payment in full. Generally, Medicare pays you 80 percent of the approved amount after subtracting any part of the annual deductible you have not met. A doctor who does not accept assignment may charge you up to 115 percent of the Medicare approved amount. This is known as the Limiting Charge. Some states have additional payment limits. The NOTES section on the front of this notice will tell you if a doctor has exceeded the Limiting Charge and the correct amount to pay your doctor under the law.

**YOUR RESPONSIBILITY:** The amount in the **You May Be Billed** column is your share of cost for the services shown on this notice. You are responsible for:

- **annual deductible:** taken from the first Medicare Part B approved charges each calendar year,
- **coinsurance:** 20 percent of the Medicare approved amount after the deductible has been met for the year,
- the amount billed, up to the **limiting charge**, for unassigned claims and
- charges for services/supplies that are **not covered** by Medicare. You may not have to pay for certain denied services. If so, a NOTE on the front will tell you.

If you have supplemental insurance, it may help you pay these amounts. If you use this notice to claim supplemental

benefits from another insurance company, make a copy for your records.

**WHEN OTHER INSURANCE PAYS FIRST: All**

Medicare payments are made on the condition that you will pay Medicare back if benefits could be paid by insurance that is primary to Medicare. Types of insurance that should pay before Medicare include employer group health plans, no-fault insurance, automobile medical insurance, liability insurance and workers compensation. Notify us right away if you have filed or could file a claim with insurance that is primary to Medicare.

**YOUR RIGHT TO APPEAL:** If you disagree with what Medicare approved for these services, you may appeal the decision. You must file your appeal within **120 days of the date you receive this notice**. Unless you show us otherwise, we assume you received this notice five days after the date of this notice. Follow the appeal instructions on the front of the last page of the notice. If you want **help with your appeal**, a friend or someone else can help you. Also, groups, such as legal aid services, may provide free assistance. To contact us for the names and telephone numbers of groups in your area, please see our Customer Service Information box on the front of this notice.

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- offers of goods or money in exchange for your Medicare Number,
  - telephone or door to door offers of free medical services or items and
  - claims for Medicare services or items you did not receive.
- If you think a person or business is involved in fraud, you should call Medicare at the Customer Service telephone number on the front of this notice.

**INSURANCE COUNSELING AND ASSISTANCE:**

Insurance Counseling and Assistance programs are located in every State. These programs have volunteer counselors who can give you free assistance with Medicare questions, including enrollment, entitlement, Medigap and premium issues. If you would like to know how to get in touch with your local Insurance Counseling and Assistance Program Counselor, please call us at the number shown in the Customer Service Information box on the front of this notice.

*Centers for Medicare & Medicaid Services*

**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)**

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0002 OF 0004

| Dates of Service   | Services Provided                                       | Amount Charged  | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|--|---|-----------------|-------------------|------------------------|-------------------|-------------------|
| Claim number 22-11160-428-590<br>Amrit N Achari MD PA, 8915 Gaylord St,<br>Houston, TX 77024-2903<br>Referred by: Szema, Robert Scott<br>Dr. Achari, M.                    |   |                 |                   |                        |                   |                   |
| 06/07/11   | 1.0 Eeg awake and drowsy (95816-26) professional charge | \$300.00        | \$55.23           | \$44.18                | \$11.05           |                   |
| 06/07/11   | 1.0 EEG digital analysis (95957-26) professional charge | 300.00          | 101.25            | 81.00                  | 20.25             |                   |
| Dr. Achari, M.   |   |                 |                   |                        |                   |                   |
| 06/08/11   | 1.0 Subsequent hospital care (99233)                    | 250.00          | 100.68            | 80.54                  | 20.14             |                   |
|  | <b>Claim Total</b>                                      | <b>\$850.00</b> | <b>\$257.16</b>   | <b>\$205.72</b>        | <b>\$51.44</b>    |                   |
| <hr/> Claim number 58-10093-521-670<br>Digestive And Liver Speciali, Suite 850,<br>915 Gessner , Houston, TX 77024-0000<br>Dr. Mauk, Paul M.                               |   |                 |                   |                        |                   |                   |
| 04/06/10   | 1.0 Office/outpatient visit est (99214)                 | \$129.00        | \$99.26           | \$79.41                | \$19.85           |                   |
| <hr/> Claim number 58-10138-215-450<br>Digestive And Liver Speciali, Suite 850,<br>915 Gessner , Houston, TX 77024-0000<br>Dr. Mauk, Paul M.                               |   |                 |                   |                        |                   |                   |
| 05/17/10   | 1.0 Office/outpatient visit est (99213)                 | \$83.00         | \$66.31           | \$53.05                | \$13.26           |                   |
| <hr/> Claim number 58-10097-180-480<br>Houston Progress Radio Assoc, 350,<br>5301 Hollister , Houston, TX 77040-0000<br>Referred by: Marconi, Andrea<br>Dr. Govea, C. M.D. |   |                 |                   |                        |                   |                   |
| 04/04/10   | 1.0 Chest x-ray (71010-26) professional charge          | \$38.00         | \$9.24            | \$7.39                 | \$1.85            |                   |

**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)**

| Dates of Service  | Services Provided  | Amount Charged | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|---|--|----------------|-------------------|------------------------|-------------------|-------------------|
| Claim number 58-10129-426-160<br><b>Houston Progress Radio Assoc, 350,<br/>           5301 Hollister , Houston, TX 77040-0000</b><br>Referred by: Mauk, Paul Martin<br>Dr. Huynh, Khanh D. M.D. |  |                |                   |                        |                   |                   |
| 04/26/10  | 1.0 Ct thorax w/o & w/dye<br>(71270-26) professional charge  | \$284.00       | \$70.94           | \$56.75                | \$14.19           |                   |
| Claim number 58-10129-426-170<br><b>Houston Progress Radio Assoc, 350,<br/>           5301 Hollister , Houston, TX 77040-0000</b><br>Referred by: Mauk, Paul Martin<br>Dr. Huynh, Khanh D. M.D. |  |                |                   |                        |                   |                   |
| 04/26/10  | 1.0 Ct pelvis w/o & w/dye<br>(72194-26) professional charge  | \$284.00       | \$62.93           | \$50.34                | \$12.59           |                   |
| Claim number 58-10129-426-180<br><b>Houston Progress Radio Assoc, 350,<br/>           5301 Hollister , Houston, TX 77040-0000</b><br>Referred by: Mauk, Paul Martin<br>Dr. Huynh, Khanh D. M.D. |  |                |                   |                        |                   |                   |
| 04/26/10  | 1.0 Ct abdomen w/o & w/dye<br>(74170-26) professional charge | \$319.00       | \$72.52           | \$58.02                | \$14.50           |                   |
| Claim number 29-11116-428-020<br><b>Houston Progress Radio Assoc, 350,<br/>           5301 Hollister , Houston, TX 77040-0000</b><br>Referred by: Cheng, Thanh Chi<br>Dr. Lee, Stephen          |  |                |                   |                        |                   |                   |
| 01/16/11  | 1.0 Chest x-ray<br>(71010-26) professional charge            | \$38.00        | \$8.93            | \$7.14                 | \$1.79            |                   |

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**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)**

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0003 OF 0004

| Dates of Service   | Services Provided  | Amount Charged    | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|--|--|-------------------|-------------------|------------------------|-------------------|-------------------|
| Claim number 28-11145-526-480<br>Houston Progress Radio Assoc, 350,<br>5301 Hollister , Houston, TX 77040-0000<br>Referred by: Wade, Shawna<br>Dr. Lee, Stephen            |  |                   |                   |                        |                   |                   |
| 05/16/11   | 1.0 Chest x-ray<br>(71010-26) professional charge          | \$38.00           | \$8.93            | \$7.14                 | \$1.79            |                   |
| Claim number 22-11154-281-280<br>Medical Chest Associates PA, Ste 188,<br>902 Frostwood Dr , Houston, TX 77024-2402<br>Dr. Jain, Ajay                                      |  |                   |                   |                        |                   |                   |
| 05/16/11   | 1.0 Initial observation care (99218-AI)                    | \$115.00          | \$64.95           | \$51.96                | \$12.99           | a                 |
| 05/17/11   | 1.0 Observation care discharge (99217)                     | 150.00            | 70.00             | 56.00                  | 14.00             |                   |
|  | <b>Claim Total</b>   | <b>\$265.00</b>   | <b>\$134.95</b>   | <b>\$107.96</b>        | <b>\$26.99</b>    |                   |
| Claim number 58-10234-144-170<br>Memorial Heramnn Hosp, PO Box 201367,<br>Houston, TX 77216-0000<br>Referred by: Mauk, Paul Martin   |  |                   |                   |                        |                   |                   |
| 04/26/10   | 150.0 LOCM 300-399mg/ml iodine,1ml (Q9967)                 | \$520.00          | \$26.55           | \$21.02                | \$5.53            | b                 |
| 04/26/10   | 1.0 Ct abdomen w/o & w/dye<br>(74170-TC) technical charge  | 3,328.25          | 331.50            | 265.20                 | 66.30             | c                 |
| 04/26/10   | 1.0 Ct thorax w/o & w/dye<br>(71270-TC51) technical charge | 2,996.00          | 225.50            | 180.40                 | 45.10             | c                 |
| 04/26/10   | 1.0 Ct pelvis w/o & w/dye<br>(72194-TC51) technical charge | 2,540.25          | 226.30            | 181.04                 | 45.26             | c                 |
|  | <b>Claim Total</b>   | <b>\$9,384.50</b> | <b>\$809.85</b>   | <b>\$647.66</b>        | <b>\$162.19</b>   |                   |
| Claim number 22-11089-662-250<br>Oncology Consultants, P. A., PO Box 4418,<br>Houston, TX 77210-4418<br>Referred by: Dr. Mauk, Paul M.<br>Dr. Miro Quesada, Miguel V. M.D. |  |                   |                   |                        |                   |                   |
| 03/28/11   | 1.0 Office/outpatient visit est (99213)                    | \$135.00          | \$69.41           | \$55.53                | \$13.88           |                   |

**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)**

| Dates of Service  | Services Provided                          | Amount Charged  | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|---|--|-----------------|-------------------|------------------------|-------------------|-------------------|
| 03/28/11  | 1.0 Complete cbc w/auto diff wbc (85025)   | 38.00           | 10.94             | 10.94                  | 0.00              | d                 |
| 03/28/11  | 1.0 Routine venipuncture (36415)           | 15.00           | 3.00              | 3.00                   | 0.00              | d                 |
|   | <b>Claim Total</b>                         | <b>\$188.00</b> | <b>\$83.35</b>    | <b>\$69.47</b>         | <b>\$13.88</b>    |                   |
| <hr/> <p>Claim number 58-10185-046-160<br/>Rosewood Family Physicians, Suite B,<br/>2405 South Gessner , Houston, TX 77063-2005<br/>Dr. White, Robert E. M.D.</p> |  |                 |                   |                        |                   |                   |
| 01/22/10  | 1.0 Office/outpatient visit est (99213-25) | \$115.00        | \$66.31           | \$0.00                 | \$66.31           | e                 |
| 01/22/10  | 1.0 Routine venipuncture (36415)           | 10.00           | 3.00              | 3.00                   | 0.00              | d                 |
|   | <b>Claim Total</b>                         | <b>\$125.00</b> | <b>\$69.31</b>    | <b>\$3.00</b>          | <b>\$66.31</b>    |                   |
| <hr/> <p>Claim number 58-10192-239-080<br/>Rosewood Family Physicians, Suite B,<br/>2405 South Gessner , Houston, TX 77063-2005<br/>Dr. White, Robert E. M.D.</p> |  |                 |                   |                        |                   |                   |
| 03/19/10  | 1.0 Office/outpatient visit est (99213)    | \$115.00        | \$66.31           | \$0.00                 | \$66.31           | e                 |

**Notes Section:**

- a The name or Medicare number was incorrect or missing. Ask your provider to use the name or number shown on this notice for future claims.
- b \$ 0.28 of this approved amount has been applied toward your deductible.
- c The approved amount is based on a special payment method.
- d This service is paid at 100 percent of the Medicare approved amount.
- e This approved amount has been applied toward your deductible.

**Deductible Information:**

You have now met \$155.00 of your \$155.00 Part B deductible for 2010.

You have met the Part B deductible for 2011.

**General Information:**

You have the right to request an itemized statement which details each Medicare item or service which you have received from your physician, hospital, or any other health supplier or health professional. Please contact them directly, in writing, if you would like an itemized statement.

Want to see your latest claims? Visit MyMedicare.gov on the web any time, day, or night, and get the most out of your Medicare. Your personalized Medicare information is waiting for you online.

If you aren't due a payment check from Medicare, your Medicare Summary Notices (MSN) will now be mailed to you on a quarterly basis. You will no longer get a monthly statement in the mail for these types of MSNs. You will now get a statement every 90 days summarizing all of your Medicare claims. Your provider may send you a bill that you may need to pay before you get your MSN. When you get your MSN, look to see if you paid more than the MSN says is due. If you paid more, call your provider about a refund. If you have any questions about the bill from your provider, you should call your provider.

Please have your complete Medicare number with you when you call 1-800-MEDICARE so your record can be located. For your protection this MSN does not include your entire number.

If you change your address, contact the Social Security Administration by calling 1-800-772-1213.

Your claims may have been adjusted since Medicare changed how it pays for certain services in 2010. You can compare claims that have been changed to previous statements you received in the past. Your provider may owe you a refund or you may have to pay more coinsurance. Call your provider or 1-800-MEDICARE.

**Appeals Information - Part B**

**If you disagree with any claims decision on this notice, your appeal must be received by October 25, 2011. Follow the instructions below:**

- 1) Circle the item(s) you disagree with and explain why you disagree.
- 2) Send this notice, or a copy, to the following address: Medicare Part B, P.O. Box 660156, Dallas, TX 75266-0156. (You may also send any additional information you may have about your appeal.)
- 3) Sign here \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_
- 4) Medicare Number \_\_\_\_\_

**P5770**



771023 021651  
0004 OF 0004



842905 003044  
0001 OF 0003

NELVA E. BRUNSTING  
13630 PINEROCK  
HOUSTON TX 77079-5914

**CUSTOMER SERVICE INFORMATION**

**Your Medicare Number: XXX-XX-8905D**

If you have questions, call 1-800-Medicare  
(1-800-633-4227)(#04001)

**Ask for Hospital Services**

TTY for Hearing Impaired:1-877-486-2048

**BE INFORMED:** You may see claims that have been adjusted. For an explanation see the General Information section.

This is a summary of claims processed from 06/21/2011 through 08/17/2011.

**PART A HOSPITAL INSURANCE - INPATIENT CLAIMS**

| Dates of Service  | Benefit Days Used | Non-Covered Charges | Deductible and Coinsurance | You May Be Billed | See Notes Section |
|---|-------------------|---------------------|----------------------------|-------------------|-------------------|
| Control number 21117100910204TXA<br>Memorial Hermann Hospital Syste<br>921 Gessner Rd<br>Memorial Hermann Memorial City<br>Houston, TX 77024-2501<br>Referred by: Robert S. Szema             |                   |                     |                            |                   |                   |
| 06/06/11-06/11/11   | 5 days            | \$0.00              | \$1,132.00                 | \$1,132.00        | b,c               |
| Control number 21120200543404TXA<br>Memorial Hermann Hospital Syste<br>921 Gessner Rd<br>Memorial Hermann Memorial City<br>Houston, TX 77024-2501<br>Referred by: Monta K. Pattison           |                   |                     |                            |                   |                   |
| 07/11/11-07/15/11   | 4 days            | \$0.00              | \$0.00                     | \$0.00            | b                 |
| Control number 21118701337404TXA<br>Memorial Hermann Rehabilitation<br>21720 Kingsland Blvd #102<br>Memorial Hermann Rehabilitation<br>Katy, TX 77450-2550<br>Referred by: Mubarak A. Khawaja |                   |                     |                            |                   |                   |
| 06/11/11-06/25/11   | 14 days           | \$0.00              | \$0.00                     | \$0.00            | b                 |

**THIS IS NOT A BILL - Keep this notice for your records.**

**P5771**

## IMPORTANT INFORMATION YOU SHOULD KNOW ABOUT YOUR MEDICARE BENEFITS

For more information about services covered by Medicare, please see your Medicare Handbook.

### **PART A HOSPITAL INSURANCE (INPATIENT)**

helps pay for inpatient hospital care, inpatient care in a skilled nursing facility following a hospital stay, home health care and hospice care. Inpatient services are measured in benefit periods. A benefit period begins the first time you receive Medicare covered inpatient hospital care and ends when you have been out of the hospital or skilled nursing facility for 60 consecutive days. There is no limit to the number of benefit periods you may have.

**THE AMOUNT YOU MAY BE BILLED** for Part A services includes:

- an **inpatient hospital deductible** once during each benefit period,
- a **coinsurance amount for the 61st through the 90th days** of a hospital stay during each benefit period,
- a **coinsurance amount for each Lifetime Reserve Day**, which can be used if you have to stay in the hospital more than 90 days in one benefit period. Lifetime Reserve Days may be used only once.
- a **blood deductible** for the first three pints of unreplaced blood furnished to you in a calendar year in some states,
- an **inpatient coinsurance for the 21st through the 100th days** of a Medicare covered stay in a **skilled nursing facility**,
- charges for services or supplies that are **not covered** by Medicare. You may not have to pay for certain denied services. If so, a NOTE on the front will tell you.

**PART B MEDICAL INSURANCE (OUTPATIENT FACILITIES)** helps pay for care provided by certified medical facilities, such as hospital outpatient departments, renal dialysis facilities, and community health centers.

**THE AMOUNT YOU MAY BE BILLED** for Part B services includes:

- an **annual deductible**, taken from the first Medicare Part B charges each year;
- after the deductible has been met for the year, depending on services received, a **coinsurance** amount (20 percent of the amount charged), or a fixed copayment for each service; and
- charges for services or supplies that are **not covered** by Medicare. You may not have to pay for certain denied services. If so, a note on the front will tell you.

If you have supplemental insurance, it may help to pay the amounts you may be billed. If you use this notice to claim supplemental benefits from another insurance company,

make a copy for your records.

**WHEN OTHER INSURANCE PAYS FIRST:** All Medicare payments are made on the condition that you will pay Medicare back if benefits could be paid by insurance that is primary to Medicare. Types of insurance that should pay before Medicare include employer group health plans, no-fault insurance, automobile medical insurance, liability insurance and worker's compensation. Notify us right away if you have filed or could file a claim with insurance that is primary to Medicare.

**YOUR RIGHT TO APPEAL:** If you disagree with what Medicare approved for these services, you may appeal the decision. You must file your appeal within **120 days of the date you receive this notice**. Unless you show us otherwise, we assume you received this notice 5 days after the date of this notice. Follow the appeal instructions on the front of the last page of this notice. If you want **help with your appeal**, a friend or someone else can help you. Also, groups such as legal aid services may provide free assistance. To contact us for the names and telephone numbers of groups in your area, please see our Customer Service Information box on the front of this notice

**HELP STOP MEDICARE FRAUD:** Fraud is a false representation by a person or business to get Medicare payments. Some examples of fraud include:

- offers of goods or money in exchange for your Medicare Number
- telephone or door to door offers of free medical services or items, and
- claims for Medicare services/items you did not receive.

If you think a person or business is involved in fraud, you should call Medicare at the Customer Service telephone number on the front of this notice.

**INSURANCE COUNSELING AND ASSISTANCE:** Insurance Counseling and Assistance programs are located in every state. These programs have volunteer counselors who can give you free assistance with Medicare questions, including enrollment, entitlement, Medigap, and premium issues. If you would like to know how to get in touch with your local Insurance Counseling and Assistance Program Counselor, please call us at the number shown in the Customer Service Information box on the front of this notice.

**CENTERS for MEDICARE & MEDICAID SERVICES**



**PART A HOSPITAL INSURANCE - INPATIENT CLAIMS (continued)**

| Dates of Service   | Benefit Days Used | Non-Covered Charges | Deductible and Coinsurance | You May Be Billed | See Notes Section |
|--|-------------------|---------------------|----------------------------|-------------------|-------------------|
| Control number 21122701115204TXA<br>Memorial Hermann Rehabilitation<br>21720 Kingsland Blvd #102<br>Memorial Hermann Rehabilitation<br>Katy, TX 77450-2550<br>Referred by: Mubarak A. Khawaja<br>06/11/11-06/25/11 |                   |                     |                            |                   |                   |
|  | 14 days           | \$0.00              | \$0.00                     | \$0.00            | f,g<br>b          |
| Control number 21122402271501TXA<br>The Concierge<br>2310 S Eldridge Pkwy<br>Houston, TX 77077<br>Referred by: Jasmin Baleva<br>07/08/11-07/11/11  |                   |                     |                            |                   |                   |
|  | 3 days            | \$0.00              | \$0.00                     | \$0.00            | h,i               |



842905 003044  
0002 OF 0003

**PART B MEDICAL INSURANCE - OUTPATIENT FACILITY CLAIMS**

| Dates of Service   | Services Provided                    | Amount Charged    | Non-Covered Charges | Deductible and Coinsurance | You May Be Billed | See Notes Section |
|--|--------------------------------------|-------------------|---------------------|----------------------------|-------------------|-------------------|
| Control number 21122101254004TXA<br>Memorial Hermann Hospital Syste<br>921 Gessner Rd<br>Memorial Hermann Memorial City<br>Houston, TX 77024-2501<br>Referred by: Miguel V. Miro Quesada |                                      |                   |                     |                            |                   |                   |
| 08/01/11   | Ct thorax w/dye (71260)              | \$2,263.75        | \$0.00              | \$124.99                   | \$124.99          | j<br>k            |
|  | Ct abd&pelv 1+ section/regns (74178) | 5,435.50          | 0.00                | 0.00                       | 0.00              | 1                 |
|  | LOCM 300-399mg/ml iodine,1ml (Q9967) | 424.00            | 0.00                | 0.00                       | 0.00              | 1                 |
|  | <b>Claim Total</b>                   | <b>\$8,123.25</b> | <b>\$0.00</b>       | <b>\$124.99</b>            | <b>\$124.99</b>   |                   |

**Notes Section:**

- a The amount Medicare paid the provider for this claim is \$5,673.14.
- b Days are being subtracted from your total inpatient hospital benefits for this benefit period.
- c \$1,132.00 was applied to your inpatient deductible.

(continued)

**Notes Section: (continued)**

- d The amount Medicare paid the provider for this claim is \$4,264.36.
- e The amount Medicare paid the provider for this claim is \$17,361.40.
- f The amount Medicare paid the provider for this claim is \$18,380.25.
- g This is an adjustment to a previously processed claim and/or deductible record.
- h You have 97 day(s) remaining of your total 100 days of skilled nursing facility benefits for this benefit period.
- i The amount Medicare paid the provider for this claim is \$649.86.
- j The amount Medicare paid the provider for this claim is \$499.92.
- k The following policies L26732 were used when we made this decision.
- l Payment is included in another service received on the same day.

**Deductible Information:**

You have met the Part A deductible for this benefit period.

You have met the Part B deductible for 2011.

**General Information:**

If the coinsurance amount you paid is more than the amount shown on your notice, you are entitled to a refund, please contact your provider.

Glaucoma may cause blindness. Medicare helps pay for a yearly dilated eye exam for people at high risk for Glaucoma. African-Americans over 50 and people with diabetes or a family history of glaucoma are at higher risk. Talk to your doctor to learn if this exam is right for you.

Medicare covers benefits to help control diabetes. Benefits include your diabetes self-testing equipment and supplies, diabetes self-management training and medical nutrition therapy.

**General Information (continued):**

If you have not received your flu vaccine it is not too late. Please contact your health care provider about getting the flu vaccine.

Want to see your latest claims? Visit [MyMedicare.gov](http://MyMedicare.gov) on the web any time, day, or night, and get the most out of your Medicare. Your personalized Medicare information is waiting for you online.

Please send written appeal requests to: Medicare Part A  
P.O. Box 660155 Dallas, TX 75266-0155.  
Send routine written inquiries to: General Medicare-BIC, P.O. Box 100297,  
Columbia, SC 29202-3297.

If you aren't due a payment check from Medicare, your Medicare Summary Notices (MSN) will now be mailed to you on a quarterly basis. You will no longer get a monthly statement in the mail for these types of MSNs. You will now get a statement every 90 days summarizing all of your Medicare claims. Your provider may send you a bill that you may need to pay before you get your MSN. When you get your MSN, look to see if you paid more than the MSN says is due. If you paid more, call your provider about a refund. If you have any questions about the bill from your provider, you should call your provider.

Electronic prescribing can save you time at the pharmacy, Reduce the chance of getting the wrong medication or dose, and save money. When you go to the doctor, ask "Do you e-prescribe?"

Caring for someone with Medicare? We know it's not easy. Visit "Ask Medicare" at [medicare.gov/caregivers](http://medicare.gov/caregivers) for up-to-the-minute information, resources, and tips on making the most of Medicare.

If you change your address, contact the Social Security Administration by calling 1-800-772-1213.

Please have your complete Medicare number with you when you call 1-800-MEDICARE so your record can be located. For your protection this MSN does not include your entire number.

During this flu season, get your flu shot. Contact your health care provider for the flu shot. Get the flu shot, not the flu. You pay nothing if your health care provider accepts Medicare assignment.

842905 003044  
0003 OF 0003

**General Information (continued):**

Your claims may have been adjusted since Medicare changed how it pays for certain services in 2010. You can compare claims that have been changed to previous statements you received in the past. Your provider may owe you a refund or you may have to pay more coinsurance. Call your provider or 1-800-MEDICARE.

Prostate cancer is the second leading cause of cancer deaths in men. Medicare covers prostate screening tests once every 12 months for men with Medicare who are over age 50.

**Appeals Information - Part A (Inpatient) and Part B (Outpatient)**

**If you disagree with any claims decision on either PART A or PART B of this notice, your appeal must be received by January 26, 2012.**

Follow the instructions below:

- 1) Circle the item(s) you disagree with and explain why you disagree.
- 2) Send this notice, or a copy, to the following address:

**TRAILBLAZER HEALTH ENTERPRISES, LLC  
PO BOX 660155  
DALLAS, TX 75266-0155**

(You may also send any additional information you may have about your appeal.)

- 3) Sign here \_\_\_\_\_ Phone number (\_\_\_\_)\_\_\_\_\_
- 4) Medicare Number: \_\_\_\_\_



# Medicare Summary Notice

September 29, 2011


## CUSTOMER SERVICE INFORMATION

Your Medicare Number: **XXX-XX-8905D**

If you have questions, call:

**Call: 1-800-MEDICARE**  
**(1-800-633-4227) (18003)**  
**Ask for Medical Supplies**

**TTY (tele-typewriter) and TDD users only**  
**should call: 1-877-486-2048**

  
**NELVA BRUNSTING**  
**13630 PINEROCK LN**  
**HOUSTON TX 77079-5914**

**BE INFORMED:** Beware of telemarketers or advertisements offering free or discounted Medicare items and services.

This is a summary of claims processed from 07/01/2011 through 09/29/2011.

### PART B MEDICAL INSURANCE - ASSIGNED CLAIMS

| Dates of Service   | Services Provided                                       | Amount Charged  | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|--|---|-----------------|-------------------|------------------------|-------------------|-------------------|
| Claim number 11202715906000<br><b>DUKE MEDICAL EQUIPMENT, L, 4305 HUGH ECHOLS BLVD,<br/>BAYTOWN, TX 77521-3366</b><br>Referred by: RICHARD J POHIL |   |                 |                   |                        |                   |                   |
| 07/20/11   | 1.0 Nebulizer with compression<br>(E0570-RRKJKX) Rental | \$25.00         | \$12.67           | \$10.14                | \$2.53            | a                 |
| Claim number 11234767175000<br><b>DUKE MEDICAL EQUIPMENT, L, 4305 HUGH ECHOLS BLVD,<br/>BAYTOWN, TX 77521-3366</b><br>Referred by: RICHARD J POHIL |   |                 |                   |                        |                   |                   |
| 08/20/11   | 1.0 Nebulizer with compression<br>(E0570-RRKJ) Rental   | \$25.00         | \$12.67           | \$10.14                | \$2.53            |                   |
| Claim number 11178818584000<br><b>MED - CONNECT, 2200 CENTRAL PKWY,<br/>STE D, HOUSTON, TX 77092-7710</b><br>Referred by: ROBERT E WHITE           |   |                 |                   |                        |                   |                   |
| 06/22/11   | 1.0 Oxygen concentrator<br>(E1390-RR) Rental            | \$276.20        | \$173.31          | \$138.65               | \$34.66           | b                 |
| 06/22/11   | 1.0 Portable gaseous O2<br>(E0431-RR) Rental            | 43.43           | 28.74             | 22.99                  | 5.75              | b                 |
| <b>Claim Total</b>   |   | <b>\$319.63</b> | <b>\$202.05</b>   | <b>\$161.64</b>        | <b>\$40.41</b>    |                   |

**THIS IS NOT A BILL - Keep this notice for your records**

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**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS**

(continued)

| Dates of Service  | Services Provided                                      | Amount Charged    | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|---|--|-------------------|-------------------|------------------------|-------------------|-------------------|
| Claim number 11206816762000<br><b>MED - CONNECT, 2200 CENTRAL PKWY,<br/>                     STE D, HOUSTON, TX 77092-7710</b><br>Referred by: ROBERT E WHITE     |  |                   |                   |                        |                   |                   |
| 07/22/11  | 1.0 Portable gaseous O2 (E0431-RR) Rental              | \$43.43           | \$28.74           | \$22.99                | \$5.75            | b                 |
| 07/22/11  | 1.0 Oxygen concentrator (E1390-RR) Rental              | 276.20            | 173.31            | 138.65                 | 34.66             | b                 |
| <b>Claim Total</b>  |  | <b>\$319.63</b>   | <b>\$202.05</b>   | <b>\$161.64</b>        | <b>\$40.41</b>    |                   |
| Claim number 11234820178000<br><b>MED-CONNECT, INC., 2200 CENTRAL PKWY,<br/>                     STE D, HOUSTON, TX 77092-7710</b><br>Referred by: ROBERT E WHITE |  |                   |                   |                        |                   |                   |
| 08/22/11  | 1.0 Oxygen concentrator (E1390-RR) Rental              | \$276.20          | \$173.31          | \$138.65               | \$34.66           | b                 |
| 08/22/11  | 1.0 Portable gaseous O2 (E0431-RR) Rental              | 43.43             | 28.74             | 22.99                  | 5.75              | b                 |
| <b>Claim Total</b>  |  | <b>\$319.63</b>   | <b>\$202.05</b>   | <b>\$161.64</b>        | <b>\$40.41</b>    |                   |
| Claim number 11269824481000<br><b>MED-CONNECT, INC., 2200 CENTRAL PKWY,<br/>                     STE D, HOUSTON, TX 77092-7710</b><br>Referred by: ROBERT E WHITE |  |                   |                   |                        |                   |                   |
| 09/22/11  | 1.0 Portable gaseous O2 (E0431-RR) Rental              | \$43.43           | \$0.00            | \$0.00                 | \$0.00            | c,d               |
| 09/22/11  | 1.0 Oxygen concentrator (E1390-RR) Rental              | 276.20            | 0.00              | 0.00                   | 0.00              | c,d               |
| <b>Claim Total</b>  |  | <b>\$319.63</b>   | <b>\$0.00</b>     | <b>\$0.00</b>          | <b>\$0.00</b>     |                   |
| Claim number 11241841359000<br><b>ONCOLOGY CONSULTANTS, P.A, PO BOX 4827,<br/>                     HOUSTON, TX 77210-4827</b><br>Referred by: ALEX P NGUYEN       |  |                   |                   |                        |                   |                   |
| 08/25/11  | 1.0 Sup fee antiem,antica,immuno (Q0511)               | \$24.00           | \$24.00           | \$19.20                | \$4.80            |                   |
| 08/25/11  | 120.0 Medical service (WW093)                          | 6,654.95          | 2,924.64          | 2,339.71               | 584.93            | e                 |
| <b>Claim Total</b>  |  | <b>\$6,678.95</b> | <b>\$2,948.64</b> | <b>\$2,358.91</b>      | <b>\$589.73</b>   |                   |
| Claim number 11251714283000<br><b>SUN OPTIMUM SUPPLIES, 12834 MURPHY RD,<br/>                     STAFFORD, TX 77477-3902</b><br>Referred by: AJAY JAIN           |  |                   |                   |                        |                   |                   |
| 08/21/11  | 1.0 Hosp bed semi-electr w/ matt (E0260-RRKIKX) Rental | \$150.00          | \$126.99          | \$101.59               | \$25.40           | f                 |

**P5778**  
12723699284

Your Medicare Number: XXX-XX-8905D

Page 3 of 4  
September 29, 2011**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS**

(continued)

| Dates of Service  | Services Provided   | Amount Charged | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|---|---|----------------|-------------------|------------------------|-------------------|-------------------|
| Claim number 11251714451000                                       |   |                |                   |                        |                   |                   |
| SUN OPTIMUM SUPPLIES, 12834 MURPHY RD,<br>STAFFORD, TX 77477-3902 |   |                |                   |                        |                   |                   |
| Referred by: AJAY JAIN  |   |                |                   |                        |                   |                   |
| 07/21/11  | 1.0 Hosp bed semi-electr w/ matt<br>(E0260-RRKHKX) Rental | \$150.00       | \$126.99          | \$101.59               | \$25.40           | f                 |

**Notes Section:**

- a Payment is reduced by 25 percent beginning the 4th month of rental.
- b Medicare will pay for you to rent this equipment for up to 36 months (or until you no longer need the equipment). After the 36 month rental period, Medicare will continue to pay for delivery of liquid and gaseous contents, as long as it is still medically necessary.
- c This item cannot be paid without a new, revised or renewed certificate of medical necessity.
- d You should not be billed for this service. You are only responsible for any deductible and coinsurance amounts listed in the "You may be billed" column.
- e The approved amount is based on a special payment method.
- f Monthly rental payments can be made for up to 13 months from the first paid rental month or until the equipment is no longer needed; whichever comes first. After the 13 month of rental is paid, your supplier must transfer title of this equipment to you.

**Deductible Information:**

You have met the Part B deductible for 2011.

**General Information:**

You have the right to make a request in writing for an itemized statement which details each Medicare item or service which you have received from your physician, hospital, or any other health supplier or health professional. Please contact them directly, in writing, if you would like an itemized statement.

Compare the services you receive with those that appear on your Medicare Summary Notice. If you have questions, call your doctor or provider. If you feel further investigation is needed due to possible fraud or abuse, call the phone number in the Customer Service Information Box.

Want to see your latest claims? Visit [MyMedicare.gov](http://MyMedicare.gov) on the web any time, day or night, and get the most out of your Medicare. Your personalized Medicare information is waiting for you online.

(continued)



**General Information: (continued)**

If you aren't due a payment check from Medicare, your Medicare Summary Notices (MSN) will now be mailed to you on a quarterly basis. You will no longer get a monthly statement in the mail for these types of MSNs. You will now get a statement every 90 days summarizing all of your Medicare claims. Your provider may send you a bill that you may need to pay before you get your MSN. When you get your MSN, look to see if you paid more than the MSN says is due. If you paid more, call your provider about a refund. If you have any questions about the bill from your provider, you should call your provider.

Please have your complete Medicare number with you when you call 1-800-MEDICARE so your record can be located. For your protection this MSN does not include your entire number.

If you change your address, contact the Social Security Administration by calling 1-800-772-1213.

During this flu season, get your flu shot. Contact your health care provider for the flu shot. Get the flu shot, not the flu. You pay nothing if your health care provider accepts Medicare assignment.

**Appeals Information - Part B**

**If you disagree with any claims decisions on this notice, your appeal must be received by February 1, 2012.**  
Follow the instructions below:

- 1) Circle the item(s) you disagree with and explain why you disagree.
- 2) Send this notice, or a copy, to the following address: CGS - DME MAC Jurisdiction C, Attn: Redetermination Dept, P. O. Box 20009, Nashville, TN 37202.

(You may also send any additional information you may have about your appeal.)

- 3) Sign here \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_
- 4) Medicare Number \_\_\_\_\_

**P5780**  
12723699284



## IMPORTANT INFORMATION ABOUT YOUR MEDICARE PART B MEDICAL INSURANCE BENEFITS

For more information about services covered by Medicare, please see your Medicare Handbook.

**MEDICARE PART B MEDICAL INSURANCE:** Medicare Part B helps pay for doctors' services, diagnostic tests, ambulance services, durable medical equipment, and other health care services. Medicare Part A Hospital Insurance helps pay for inpatient hospital care, inpatient care in a skilled nursing facility following a hospital stay, home health care and hospice care. You will be sent a separate notice if you received Part A services or any outpatient facility services.

**MEDICARE ASSIGNMENT:** Medicare Part B claims may be assigned or unassigned. Providers who accept assignment agree to accept the Medicare approved amount as total payment for covered services. Medicare pays its share of the approved amount directly to the provider. You may be billed for unmet portions of the annual deductible and the coinsurance. You may contact us at the address or telephone number in the Customer Service Information box on the front of this notice for a list of participating providers who always accept assignment. You may save money by choosing a participating provider.

Doctors who submit unassigned claims have not agreed to accept Medicare's approved amount as payment in full. Generally, Medicare pays you 80% of the approved amount after subtracting any part of the annual deductible you have not met. A doctor who does not accept assignment may charge you up to 115% of the Medicare approved amount. This is known as the Limiting Charge. Some states have additional payment limits. The NOTES section on the front of this notice will tell you if a doctor has exceeded the Limiting Charge and the correct amount to pay your doctor under the law.

**YOUR RESPONSIBILITY:** The amount in the **You May Be Billed** column is your share of cost for the services shown on this notice. You are responsible for:

- **annual deductible:** taken from the first Medicare Part B approved charges each calendar year,
- **coinsurance:** 20% of the Medicare approved amount, after the deductible has been met for the year,
- the amount billed, up to the limiting charge, for unassigned claims, and
- charges for services/supplies that are not covered by Medicare. You may not have to pay for certain denied services. If so, a NOTE on the front will tell you.

If you have supplemental insurance, it may help you pay these amounts. If you use this notice to claim supplemental benefits

from another insurance company, make a copy for your records.

**WHEN OTHER INSURANCE PAYS FIRST:** All Medicare payments are made on the condition that you will pay Medicare back if benefits could be paid by insurance that is primary to Medicare. Types of insurance that should pay before Medicare include employer group health plans, no-fault insurance, automobile medical insurance, liability insurance and workers' compensation. Notify us right away if you have filed or could file a claim with insurance that is primary to Medicare.

**YOUR RIGHT TO APPEAL:** If you disagree with what Medicare approved for these services, you may appeal the decision. You must file your appeal within **120 days of the date you receive this notice**. Unless you show us otherwise, we assume you received this notice 5 days after the date of this notice. Follow the appeal instructions on the front of the last page of the notice. If you want help with your appeal, a friend or someone else can help you. Also, groups such as legal aid services may provide free assistance. To contact us for the names and telephone numbers of groups in your area, please see our Customer Service Information box on the front of this notice.

**HELP STOP MEDICARE FRAUD:** Fraud is a false representation by a person or business to get Medicare payments. Some examples of fraud include:

- offers of goods or money in exchange for your Medicare Number,
- telephone or door-to-door offers of free medical services or items, and
- claims for Medicare services or items you did not receive.

If you think a person or business is involved in fraud, you should call Medicare at the Customer Service telephone number on the front of this notice.

**INSURANCE COUNSELING AND ASSISTANCE:** Insurance Counseling and Assistance programs are located in every State. These programs have volunteer counselors who can give you free assistance with Medicare questions, including enrollment, entitlement, Medigap and premium issues. If you would like to know how to get in touch with your local Insurance Counseling and Assistance Program Counselor, please call us at the number shown in the Customer Service Information box on the front of this notice.

*Centers for Medicare & Medicaid Services*

**Spring Branch Medical Supply**  
 8700 Longpoint Rd. Suite #106  
 Houston, Tx, 77055  
 713-465-2200

**I N V O I C E**

Ship To: MR. ROBERT LEE CANTU  
 HOUSTON, TX 77064-

Bill To: MR. ROBERT LEE CANTU  
 HOUSTON, TX 77064-

Ph:(281) 382-9451

ATTN: R. CANTU

ATTN: R. CANTU

INVOICE NO. 114895 MCA #134226 10:18 am 07/02/11 Page # 1

| SKU       | DESCRIPTION  | QTY  | Per/Unit PRICE | TOTAL |
|-----------|--|------|----------------|-------|
| ALE501312 | BED WEDGE 12"<br>7-2-11 CUST MAYRETURN BY TUESDAY 6-5-11<br>AS LONG AS NOT OPENED .MCA | 1.00 | 47.95          | 47.95 |

SPRING BRANCH MEDICAL  
 8700 LONG POINT RD 106  
 HOUSTON, TX 77055

07/02/2011 10:18:43  
 Merchant ID: 000000001116190  
 Terminal ID: 02010851  
 455502350990

CREDIT CARD  
 VISA SALE

CARD # XXXXXXXXXXXXX6258  
 INVOICE 0001  
 Batch #: 000586  
 Approval Code: 031811  
 Entry Method: Swiped  
 Approved: Online

**SALE AMOUNT \$51.91**

.T.

|             |          |                 |         |
|-------------|----------|-----------------|---------|
| Master/Visa | \$ 51.91 | Subtotal:       | \$47.95 |
|             |          | Tax:            | \$3.96  |
|             |          | Amount Charged: | \$0.00  |
|             |          | TOTAL:          | \$51.91 |

Mail Your Payment To:



DENTEX DENTAL PLAN, INC.

9099 Katy Freeway, Suite 100  
Houston, TX 77024

Account Number: 7008830

Due Date: 10/13/2011

Statement Date: 8/3/2011

Customer Service Phone: 713-467-4241

NELVA BRUNSTING  
13630 PINE ROCK  
HOUSTON, TX 77029

### Renewal Invoice

## Dentex Dental Plan

For Coverage

From: 10/13/2011 To: 10/13/2012

Your dental coverage with Dentex Dental Plan, Inc. will expire soon!

If payment is not received by renewal date a registration fee may apply to renew.

Please pay the Annual or Monthly Premium Due to continue your coverage. Send your payment, bank draft or credit card information as listed below.

*OK 323*



|                |          |
|----------------|----------|
| Annual Premium | \$155.40 |
|----------------|----------|

Renew Online - [www.dentex.net](http://www.dentex.net)

Tell a friend about your great dental plan! DENTEX

Return the bottom part of this page with your payment to Dentex Dental Plan, Inc.

NELVA BRUNSTING  
13630 PINE ROCK  
HOUSTON, TX 77029

#### I WANT TO PAY MY MONTHLY MEMBERSHIP BY:

Bank Draft

Credit Card

(Attached voided check)

I authorize Dentex to deduct my monthly membership fee on the third business day of each month in the amount of \$12.95

Dentex will continue drafting until notified of cancellation in writing.

Signature

\_\_\_\_\_

| Account # | Credit Card Number | Expires | Signature | Amount Paid |
|-----------|--------------------|---------|-----------|-------------|
| 7008830   |                    | /       |           |             |

P5783

AN APPOINTMENT HAS BEEN RESERVED FOR

M Delva Brunsting

MON  TUES  WED  THURS  FRI  SAT

DATE 2/20/2011 AT 2:45 AM  
P.M.

IF UNABLE TO KEEP APPOINTMENT, PLEASE CALL TO CANCEL

MEDICAL CHEST ASSOCIATES, P.A.

AJAY JAIN, M.D

902 FROSTWOOD, SUITE 188  
HOUSTON, TEXAS 77024  
PHONE (713) 467-8888

701 FRY ROAD, SUITE 116  
KATY, TEXAS 77450  
FAX (713) 467-5569

P5784

Brunsting004411

SALE RECEIPT  
Store #37552 tko 03/31/11 12:46:55  
Trans# 92 Clerk 22 Dwr 1 TRDT 033111  
Receipt # 0000215471 Reg-ID REG-MAIN  
Sales Tx 0.64 Tax B 0.00  
Tax C 0.00 Tax D 0.00  
Tax E 0.00 Tax F 0.00  
\*\*TOTAL 8.43  
AMT TEND 8.43 CHANGE DUE 0.00  
CHANGE DUE\$ 0.00

Approval No: 211388  
Reference No: 211388  
Account No: \*\*\*\*\*6626  
Card Issuer: VISA  
Amount: \$8.43

Take our 1-minute Survey at  
[www.tellsubway.com](http://www.tellsubway.com) and receive a free  
cookie. Keep your receipt and write  
your unique coupon code  
here \_\_\_\_\_.

Host Order ID: 0717.tseE

P5785

**Patient Statement**

**MAKE CHECKS PAYABLE TO:**

**CARDIOLOGY ASSOCIATES OF HOUSTON PA**  
 925 GESSNER  
 SUITE 400  
 HOUSTON, TX 77024-2545



**RETURN SERVICE REQUESTED**

**FOR BILLING INQUIRIES, PLEASE CALL: 713-467-0605**

**Nelva Brunsting**      2      6  
 13630 PINEROCK LN  
 HOUSTON, TX 77079-5914

| IF PAYING BY CREDIT CARD, FILL OUT BELOW |   |                                   |
|--|---|-----------------------------------|
| <input type="checkbox"/> VISA            | <input type="checkbox"/> AMERICAN EXPRESS | <input type="checkbox"/> DISCOVER |
| CARD NUMBER                              | EXP. DATE                                 |                                   |
| SIGNATURE                                | PRINT NAME                                |                                   |
| STATEMENT DATE<br>04/07/2011             | PAY THIS AMOUNT<br>\$28.60                | ACCT. #<br>11426                  |
| SHOW AMOUNT PAID HERE                    |   | \$                                |

**CARDIOLOGY ASSOCIATES OF HOUSTON PA**  
 925 GESSNER  
 STE 400  
 HOUSTON TX 77024-2545

Detach at perforation and return above portion with payment.  
 Make address and insurance changes on reverse side and return entire statement.

| Date   | CPT   | Description  | Total Fee       | Insurance | Patient |
|--|-------|--|-----------------|-----------|---------|
| Patient Nelva Brun Account #:11426 Doctor: Mark A Yeoman MD Code:MC034429 Location:Memorial Hermann Memorial City Hospital |       |  |                 |           |         |
| 12/04/2010   | 99232 | Subsequent hospital care, per day, moderate complexity         | \$95.00         | \$95.00   | \$ .00  |
| 12/30/2010   |       | Insurance Adjustment from Medicare                             | \$ .00          | \$-23.46  | \$ .00  |
| 12/30/2010   |       | Insurance payment Payment from Medicare                        | \$ .00          | \$-57.23  | \$ .00  |
| 01/19/2011   |       | Insurance payment Payment from United Healthcare PPO Options   | \$ .00          | \$-11.45  | \$ .00  |
| 01/19/2011   |       | Transfer from Insurance  | \$ .00          | \$-2.86   | \$2.86  |
| This balance was due to your co-insurance not met for this visit.  |       |  |                 |           |         |
| 02/03/2011   |       | Conveyance Payment from Brunsting, Nelva                       | \$ .00          | \$ .00    | \$-2.47 |
|  |       |  | <b>BALANCE:</b> | \$ .00    | \$ .39  |
| Patient Nelva Brun Account #:11426 Doctor: Harold A Condara Jr Code:OFC13360 Location:Cardiology Associates of Houston P A |       |  |                 |           |         |
| 12/20/2010   | 99214 | Established Patient Detailed                                   | \$145.00        | \$145.00  | \$ .00  |
| 01/10/2011   |       | Insurance Adjustment from Medicare                             | \$ .00          | \$-43.55  | \$ .00  |
| 01/10/2011   |       | Insurance payment Payment from Medicare                        | \$ .00          | \$-81.16  | \$ .00  |
| 01/31/2011   |       | Insurance payment Payment from United Healthcare Choice/Select | \$ .00          | \$-16.23  | \$ .00  |
| 01/31/2011   |       | Transfer from Insurance  | \$ .00          | \$-4.06   | \$4.06  |
| This balance was due to your co-insurance not met for this visit.  |       |  |                 |           |         |
|  |       |  | <b>BALANCE:</b> | \$ .00    | \$4.06  |
| Patient Nelva Brun Account #:11426 Doctor: Charles H Caplan MD Code:MC035192 Location:Memorial Hermann Memorial City       |       |  |                 |           |         |
| 01/16/2011   | 99220 | Initial observation care, high complexity                      | \$245.00        | \$245.00  | \$ .00  |
| 02/11/2011   |       | Insurance Adjustment from Medicare                             | \$ .00          | \$-93.05  | \$ .00  |
| 02/11/2011   |       | Insurance payment Payment from Medicare                        | \$ .00          | \$-121.56 | \$ .00  |
| 03/09/2011   |       | Insurance payment Payment from United Healthcare PPO Options   | \$ .00          | \$-21.50  | \$ .00  |
| 03/09/2011   |       | Transfer from Insurance  | \$ .00          | \$-8.89   | \$8.89  |
| This balance was due to your co-insurance not met for this visit.  |       |  |                 |           |         |
|  |       |  | <b>BALANCE:</b> | \$ .00    | \$8.89  |
| Patient Nelva Brun Account #:11426 Doctor: Harold A Condara Jr Code:MC035204 Location:Memorial Hermann Memorial City       |       |  |                 |           |         |

CONTINUED on next page

Page 1

| Deposit | 0-30 | 31-60 | 61-90 | 91-120 | Total Balance | Ins. Balance | Patient Balance |
|---------|------|-------|-------|--------|---------------|--------------|-----------------|
|         |      |       |       |        |               |              |                 |

**P5786**

**Patient Statement**

**MAKE CHECKS PAYABLE TO:**

**CARDIOLOGY ASSOCIATES OF HOUSTON PA**  
 925 GESSNER  
 SUITE 400  
 HOUSTON, TX 77024-2545



**RETURN SERVICE REQUESTED**

**FOR BILLING INQUIRIES, PLEASE CALL: 713-467-0605**

**Nelva Brunsting**  
 13630 PINEROCK LN  
 HOUSTON, TX 77079-5914

IF PAYING BY CREDIT CARD, FILL OUT BELOW

VISA    
  AMERICAN EXPRESS    
  MasterCard    
  DISCOVER

CARD NUMBER \_\_\_\_\_ EXP. DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_

STATEMENT DATE: 04/07/2011     PAY THIS AMOUNT: \$28.60     ACCT. #: 11426

SHOW AMOUNT PAID HERE \$ \_\_\_\_\_

**CARDIOLOGY ASSOCIATES OF HOUSTON PA**  
 925 GESSNER  
 STE 400  
 HOUSTON TX 77024-2545

Detach at perforation and return above portion with payment.  
 Make address and insurance changes on reverse side and return entire statement.

| Date  | CPT   | Description   | Total Fee | Insurance | Patient |
|---|-------|---|-----------|-----------|---------|
| 01/17/2011  | 99226 | Subsequent observation care, per day, for the evaluation and manage | \$110.00  | \$110.00  | \$ .00  |
| 02/11/2011  |       | Insurance Adjustment from Medicare                                  | \$ .00    | \$ -35.50 | \$ .00  |
| 02/11/2011  |       | Insurance payment Payment from Medicare                             | \$ .00    | \$ -59.60 | \$ .00  |
| 03/08/2011  |       | Insurance payment Payment from United Healthcare PPO Options        | \$ .00    | \$ .00    | \$ .00  |
| 03/08/2011  |       | Transfer from Insurance   | \$ .00    | \$ -14.90 | \$14.90 |
| This charge was applied to your yearly deductible. Please forward your payment.   |       |   |           |           |         |
|   |       |   | BALANCE:  | \$ .00    | \$14.90 |
| Patient: Nelva Brun Account #: 11426     Doctor: Jon E Heine MD     Code: MC035289     Location: Memorial Hermann Memorial City |       |   |           |           |         |
| 01/17/2011  | 93010 | Ekg Interpretation & Reporting Hospital IP or OP                    | \$15.00   | \$15.00   | \$ .00  |
| 02/18/2011  |       | Insurance Adjustment from Medicare                                  | \$ .00    | \$ -6.07  | \$ .00  |
| 02/18/2011  |       | Insurance payment Payment from Medicare                             | \$ .00    | \$ -7.14  | \$ .00  |
| 03/09/2011  |       | Insurance payment Payment from United Healthcare PPO Options        | \$ .00    | \$ -1.43  | \$ .00  |
| 03/09/2011  |       | Transfer from Insurance   | \$ .00    | \$ -.36   | \$ .36  |
| This balance was due to your co-insurance not met for this visit.   |       |   |           |           |         |
|   |       |   | BALANCE:  | \$ .00    | \$ .36  |

PLEASE PAY BALANCE DUE IN PATIENT COLUMN. THANK YOU

| Deposit | 0-30   | 31-60   | 61-90   | 91-120 | Total Balance | Ins. Balance | Patient Balance |
|---------|--------|---------|---------|--------|---------------|--------------|-----------------|
|         | \$9.25 | \$14.90 | \$14.40 | \$ .00 | \$28.60       | \$ .00       | \$28.60         |

**P5787**

| Date                            | ICPT & Reason | Explanation of Activity | Charges & Debits | Insurance Pending | Payments & Credits | Patient Amount |
|---------------------------------|---------------|-------------------------|------------------|-------------------|--------------------|----------------|
| <b>Patient: Nelva Brunsting</b> |               |                         |                  |                   |                    |                |
| <b>Voucher: 2690140</b>         |               |                         |                  |                   |                    |                |
| 10/20/10                        | 99214         | Office/outpatient Visit | 152.50           |                   |                    |                |
| 10/20/10                        | 94760         | Measure Blood Oxygen Le | 15.50            |                   |                    |                |
| 10/20/10                        | 71020         | Chest X-Ray             | 57.00            |                   |                    |                |
| 11/05/10                        | 888546636     | Medicare Payment        |                  |                   | -106.14            |                |
| 11/05/10                        | 888546636     | Medicare Adjustment     |                  |                   | -76.83             |                |
| 11/05/10                        | 888546636     | Medicare Payment        |                  |                   | 0.00               |                |
| 11/05/10                        | 888546636     | Medicare Adjustment     |                  |                   | -15.50             |                |
| 11/05/10                        | 888546636     | Medicare Transfer       |                  |                   |                    |                |
| 12/07/10                        | 1041187587    | Commercial Insurance Pa |                  |                   | -21.22             |                |
| 12/07/10                        | 1041187587    | Commercial Insurance Tr |                  |                   |                    |                |
|                                 |               | ---- Visit Total        |                  |                   |                    | 5.31           |
| <b>Voucher: 2789760</b>         |               |                         |                  |                   |                    |                |
| 11/11/10                        | 99213         | Office/outpatient Visit | 102.00           |                   |                    |                |
| 11/30/10                        | 888727019     | Medicare Payment        |                  |                   | -54.22             |                |
| 11/30/10                        | 888727019     | Medicare Adjustment     |                  |                   | -34.23             |                |
| 11/30/10                        | 888727019     | Medicare Transfer       |                  |                   |                    |                |
| 12/21/10                        | 1QG90026431   | Commercial Insurance Pa |                  |                   | -10.84             |                |
| 12/21/10                        | 1QG90026431   | Commercial Insurance Tr |                  |                   |                    |                |
|                                 |               | ---- Visit Total        |                  |                   |                    | 2.71           |

*pd. 11/13/11*

MEMORIAL CLINICAL ASSOCIATES  
 1201 DAIRY ASHFORD STE 200  
 HOUSTON, TX 77079-3023

Account Number: 969650  
 Office Phone Number: (713) 407-3000

Patient Balance: 8.02

01836 7800893 001837 001837 00001/00001 920966912

92096S11028

**P5788**



| DATE   | INVOICE | QUANTITY | U/M    | DESCRIPTION   | PRICE             | CASH | BUDGET BILLING | DEFERRED | PREPAID | CHARGE |
|--|---------|----------|--------|---|-------------------|------|----------------|----------|---------|--------|
| 12/06  | 15095B  | 150.00   | GAL    | LP-FARM USE-T/W<br>Tank:BARN<br>121874<br>100)ORDER#: 0001589<br>50.00% of Total<br>Ticket Split with:<br>00010900 BEYER, RICHARD<br>00026200 BRUNSTING, E.H. | 1.5900            |      |                |          |         | 238.50 |
|  |         |          |        |   | *** Ticket total: |      |                |          |         | 238.50 |
| Category Summary   |         | Quantity | Amount |   |                   |      |                |          |         |        |
| -----  |         |          | -----  |   |                   |      |                |          |         |        |
| PROPANE:   |         | 150.0000 | 238.50 |   |                   |      |                |          |         |        |
| -----  |         |          | -----  |   |                   |      |                |          |         |        |
| Total:   |         | 150.0000 | 238.50 |   |                   |      |                |          |         |        |
| This summary may not be all-inclusive. Amount due is listed below. |         |          |        |   |                   |      |                |          |         |        |

*pd 1/13/11*

| AGING    | CURRENT | 30 - 60 | 60 - 90 | OVER 90 |
|----------|---------|---------|---------|---------|
| BUDGET   | .00     | .00     | .00     | .00     |
| DEFERRED | .00     | .00     | .00     | .00     |
| PREPAID  | .00     | .00     | .00     | .00     |
| CHARGE   | 238.50  | .00     | .00     | .00     |

|                 | BUDGET BILLING | DEFERRED | PREPAID | CHARGE |
|-----------------|----------------|----------|---------|--------|
| ACCOUNT BALANCE | .00            | .00      | .00     | 238.50 |
| AMOUNT DUE      | .00            | .00      | .00     | 238.50 |

PLEASE PAY THIS AMOUNT BY 01/10/11      238.50

THANK YOU FOR KEEPING YOUR ACCOUNT CURRENT  
REMEMBER TO CHECK THE CONDITION OF YOUR STORED GRAIN.

PLEASE SEE REVERSE SIDE FOR TERMS AND CONDITIONS  
Hull Cooperative Association \* PO Box 811 \* Hull, IA 51239

**P5789**

AMRIT N ACHARI MD PA  
 MADHUREETA ACHARI M D  
 8915 GAYLORD ST  
 HOUSTON TX 77024

NELVA E BRUNSTING  
 13630 PINEROCK LN  
 HOUSTON TX 77079

PD  
 8-02 - G office  
 check # 285

Statement

Account Number Date

07/15/2011

|             |           |
|-------------|-----------|
| Card Number |           |
| Signature   |           |
| Amount      | Exp. Date |

| Amount Due | Amount Paid |
|------------|-------------|
| 24.98      |             |

For assistance please call (713) 780-8144

Please (x) box if above address information is incorrect, and indicate changes on reverse side

Please return this portion of statement with payment

Please  box if above address information is incorrect & indicate changes on reverse side.

| Date     | Description of Service                   | Name              | Insurance | Patient |
|----------|--|-------------------|-----------|---------|
| 06/06/11 | 99223 HOSP CARE/INITIAL/NEW OR ESTABLISH | BRUNSTING NELVA E | 450.00    | 0.00    |
| 06/07/11 | 99233 HOSP/SUBSEQUENT                    | BRUNSTING NELVA E | 250.00    | 0.00    |
| 06/22/11 | MEDICARE PAYMENT                         | BRUNSTING NELVA E | -237.70   | 0.00    |
| 06/22/11 | ADJUSTMENT                               | BRUNSTING NELVA E | -402.87   | 0.00    |
| 06/22/11 | CO-INSURANCE TO SECONDARY                | BRUNSTING NELVA E |           |         |
| 07/14/11 | UNITED HEALTHCARE PAYMENT                | BRUNSTING NELVA E | -47.54    | 0.00    |
| 07/14/11 | CO-INSURANCE TO PATIENT: \$11.89         | BRUNSTING NELVA E | -11.89    | 11.89   |
| 06/07/11 | 95816 EEG AWAKE AND DROWSY               | BRUNSTING NELVA E | 300.00    | 0.00    |
| 06/07/11 | 95957 EEG SPIKE ANALYSIS/ DETECTION      | BRUNSTING NELVA E | 300.00    | 0.00    |
| 06/08/11 | 99233 HOSP/SUBSEQUENT                    | BRUNSTING NELVA E | 250.00    | 0.00    |
| 06/23/11 | MEDICARE PAYMENT                         | BRUNSTING NELVA E | -205.72   | 0.00    |
| 06/23/11 | ADJUSTMENT                               | BRUNSTING NELVA E | -592.84   | 0.00    |
| 06/23/11 | CO-INSURANCE TO SECONDARY                | BRUNSTING NELVA E |           |         |
| 07/14/11 | UNITED HEALTHCARE PAYMENT                | BRUNSTING NELVA E | -41.15    | 0.00    |
| 07/14/11 | CO-INSURANCE TO PATIENT: \$10.29         | BRUNSTING NELVA E | -10.29    | 10.29   |
| 06/09/11 | 99232 HOSP/SUBSEQUENT                    | BRUNSTING NELVA E | 200.00    | 0.00    |
| 06/28/11 | MEDICARE PAYMENT                         | BRUNSTING NELVA E | -56.06    | 0.00    |
| 06/28/11 | ADJUSTMENT                               | BRUNSTING NELVA E | -129.92   | 0.00    |
| 06/28/11 | CO-INSURANCE TO SECONDARY                | BRUNSTING NELVA E |           |         |
| 07/14/11 | UNITED HEALTHCARE PAYMENT                | BRUNSTING NELVA E | -11.22    | 0.00    |

P5790

Statement

AMRIT N ACHARI MD PA  
 MADHUREETA ACHARI M D  
 8915 GAYLORD ST  
 HOUSTON TX 77024

NELVA E BRUNSTING  
 13630 PINEROCK LN  
 HOUSTON TX 77079

Account Number      Date

07/15/2011

|             |           |
|-------------|-----------|
| Card Number |           |
| Signature   |           |
| Amount      | Exp. Date |

| Amount Due | Amount Paid |
|------------|-------------|
| 24.98      |             |

**For assistance please call (713) 780-8144**

Please (x) box if above address information is incorrect, and indicate changes on reverse side

Please return this portion of statement with payment

Please ✓ box if above address information is incorrect & indicate changes on reverse side.

| Date     | Description of Service                   | Name              | Insurance | Patient |
|----------|--|-------------------|-----------|---------|
| 07/14/11 | CO-INSURANCE TO PATIENT: \$2.80          | BRUNSTING NELVA E | -2.80     | 2.80    |
| 07/11/11 | 99223 HOSP CARE/INITIAL/NEW OR ESTABLISH | BRUNSTING NELVA E | 450.00    | 0.00    |
| 07/12/11 | 99233 HOSP/SUBSEQUENT                    | BRUNSTING NELVA E | 250.00    | 0.00    |
| 07/12/11 | 95816 EEG AWAKE AND DROWSY               | BRUNSTING NELVA E | 300.00    | 0.00    |
| 07/12/11 | 95957 EEG SPIKE ANALYSIS/ DETECTION      | BRUNSTING NELVA E | 300.00    | 0.00    |

|              |                               |       |
|--------------|-------------------------------|-------|
| <b>Total</b> | 1,300.00                      | 24.98 |
|              | <b>Please Pay This Amount</b> | 24.98 |

PLEASE REMIT PAYMENT! THANKS!! (if paying by credit card, we accept MC and Visa)

Tax ID

742127802

**P5791**

Thank you for choosing Memorial Hermann for your healthcare needs. Your insurance company has informed us that the balance listed below is your responsibility. If you have any questions about how your claim was processed, call your insurance company. Please send payment in full within 15 days. Thank you.

**CT SCAN** 7,635.50  
**PHARMACY** 424.00  
**SUPPLIES** 97.25

PD CC 324

| PATIENT NAME       |                          | ACCOUNT NUMBER         | ADMIT/SERVICE DATE | DISCHARGE DATE    | SERVICE     |
|--------------------|--------------------------|------------------------|--------------------|-------------------|-------------|
| BRUNSTING, NELVA E |                          | 0343169228500          | 08/01/11           | 08/01/11          | OUTPATIENT  |
| TOTAL CHARGES      | TOTAL INSURANCE PAYMENTS | TOTAL PATIENT PAYMENTS |                    | TOTAL ADJUSTMENTS | BALANCE DUE |
| \$8,156.75         | \$-599.91                | \$0.00                 |                    | \$-7,531.84       | \$25.00     |

Our Customer Service Department is available:  
 Monday-Friday 8:00a.m. to 8:00p.m. cst  
 Saturday 8:00a.m. - 12:00 Noon

Memorial Hermann Hospital System  
 P.O. BOX 4370  
 Houston, TX 77210-4370

patient.billing@memorialhermann.org

Pay your bill on-line at: [www.memorialhermann.org](http://www.memorialhermann.org)  
 Para la ayuda en español, llame (713)448-5502.

Local Phone:  
 (713)448-5502

Toll Free:  
 (800)526-2121

|                                      |          |
|--------------------------------------|----------|
| <b>BALANCE LAST STATEMENT</b>        | \$25.00  |
| <b>PAYMENTS SINCE LAST STATEMENT</b> | \$0.00   |
| <b>STATEMENT DATE</b>                | 08/31/11 |
| <b>DUE DATE</b>                      | 09/17/11 |

PAYMENTS POSTED TO YOUR ACCOUNT AFTER THIS STATEMENT DATE WOULD NOT BE REFLECTED IN THE CURRENT BALANCE DUE

MEMORIAL  
 HERMANN

P5792



**STATEMENT**

This is a statement for professional services rendered by your physician. You may receive a separate bill from the hospital for its services.

| PATIENT NAME      |             |             |
|-------------------|-------------|-------------|
| Nelva E Brunsting |             |             |
| BILL DATE         | ACCOUNT NO. | AMOUNT PAID |
| 09/06/2011        | 17324       |             |

*pd 320  
ck /*

Nelva E Brunsting  
13630 Pinerock Ln.  
Houston TX 77079

THIS IS A STATEMENT OF SERVICES RENDERED BY PHYSICIAN(S) WHO ARE MEMBERS OF:

Dr Mubarak Khawaja PA  
707 S Fry Rd Suite 375  
Katy, TX 774502259  
281-599-8070

| DATE OF SERVICE | DESCRIPTION OF SERVICE  | AMOUNT |
|-----------------|---|--------|
| 06/13/2011      | Claim:34700, Provider: Mubarak, Khawaja, MD   |        |
| 06/13/2011      | 99232 HOSP SUB CARE-MOD CPLX (06/13/2011 - 06/18/2011) 726.00   | 726.00 |
| 07/25/2011      | Medicare Payment  | 336.38 |
| 07/25/2011      | Medicare Adjustment   | 305.52 |
| 08/16/2011      | United Health Care Medco Payment  | 67.28  |
| 09/06/2011      | Coinsurance Amount  |        |
| 09/06/2011      | Your Payment is now due. Thank you for your prompt response.<br><b>Your Balance Due On These Services ...</b> | 16.82  |
| 06/20/2011      | Claim:34712, Provider: Mubarak, Khawaja, MD   |        |
| 06/20/2011      | 99232 HOSP SUB CARE-MOD CPLX 121.00   | 121.00 |
| 06/20/2011      | 99232 HOSP SUB CARE-MOD CPLX (06/21/2011) 121.00  | 121.00 |
| 06/20/2011      | 99232 HOSP SUB CARE-MOD CPLX (06/23/2011) 121.00  | 121.00 |

|                    |                                   |                      |                          |
|--------------------|-----------------------------------|----------------------|--------------------------|
| DATE<br>09/06/2011 | PATIENT NAME<br>Nelva E Brunsting | ACCOUNT NO.<br>17324 | PAY THIS AMOUNT<br>28.04 |
|--------------------|-----------------------------------|----------------------|--------------------------|

**MAKE CHECK PAYABLE TO: Dr Mubarak Khawaja PA**

**IMPORTANT MESSAGE REGARDING YOUR ACCOUNT**

*[Faint, mostly illegible text in the important message section]*

**P5794**

**STATEMENT**

This is a statement for professional services rendered by your physician. You may receive a separate bill from the hospital for its services.

| PATIENT NAME      |             |             |
|-------------------|-------------|-------------|
| Nelva E Brunsting |             |             |
| BILL DATE         | ACCOUNT NO. | AMOUNT PAID |
| 09/06/2011        | 17324       |             |

Nelva E Brunsting  
13630 Pinerock Ln.  
Houston TX 77079

**THIS IS A STATEMENT OF SERVICES RENDERED BY PHYSICIAN(S) WHO ARE MEMBERS OF:**

Dr Mubarak Khawaja PA  
707 S Fry Rd Suite 375  
Katy, TX 774502259  
281-599-8070

| DATE OF SERVICE | DESCRIPTION OF SERVICE  | AMOUNT |
|-----------------|---|--------|
| 06/20/2011      | 99232 HOSP SUB CARE-MOD CPLX (06/24/2011)   | 121.00 |
| 07/25/2011      | Medicare Payment  | 224.24 |
| 07/25/2011      | Medicare Adjustment   | 203.68 |
| 08/16/2011      | United Health Care Medco Payment  | 44.86  |
| 09/06/2011      | Coinsurance Amount  |        |
| 09/06/2011      | Your Payment is now due. Thank you for your prompt response.<br><b>Your Balance Due On These Services ...</b> | 11.22  |

|                           |  |                             |                                 |
|---------------------------|--|-----------------------------|---------------------------------|
| <b>DATE</b><br>09/06/2011 | <b>PATIENT NAME</b><br>Nelva E Brunsting | <b>ACCOUNT NO.</b><br>17324 | <b>PAY THIS AMOUNT</b><br>28.04 |
|---------------------------|--|-----------------------------|---------------------------------|

**MAKE CHECK PAYABLE TO: Dr Mubarak Khawaja PA**

**IMPORTANT MESSAGE REGARDING YOUR ACCOUNT**

**P5795**

# Any Lab Test Now

Any Lab Test Now  
 9742 Katy Freeway  
 Suite 200  
 Houston, TX 77055

713-461-2121

## Sales Receipt

| DATE       | SALE # |
|------------|--------|
| 04/19/2011 | 13979  |

|                  |
|------------------|
| <b>SOLD TO</b>   |
| Brunsting, Carle |

| Service | Activity   | Quantity | Rate  | Amount                 | PMT METHOD | Heard about us? |
|---------|--|----------|-------|------------------------|------------|-----------------|
|         |  |          |       |                        | Visa       | friend          |
| Culture | <b>April 2011</b><br>• UA<br><br>ANY LAB TEST NOW<br>9742 KATY FREEWAY STE D 200<br>HOUSTON, TX 77055<br>7134612121<br>41399800988021<br>Merchant ID: 399800988021 Ref #: 001<br><br><b>Sale</b><br><br>XXXXXXXXXXXXX6626<br>VISA Entry Method: Swiped<br>Total: \$ 59.00<br>04/19/11 16:17:57<br>Inv #: 000013 Appr Code: 619178<br>Apprvd: Online Batch#: 000342<br><br>Customer Copy<br>THANK YOU | 1        | 59.00 | 59.00                  |            |                 |
|         |  |          |       | <b>TOTAL</b>           |            | \$59.00         |
|         |  |          |       | <b>AMOUNT RECEIVED</b> |            | \$59.00         |
|         |  |          |       | <b>BALANCE DUE</b>     |            | \$0.00          |

Thank you for using Any Lab Test Now! Please bring this receipt in for \$10.00 off your next test.

P5796



AKRON BILLING CENTER  
 2620 RIDGEWOOD RD STE 300  
 AKRON OH 44313-3527

**DETACH AND RETURN THIS COUPON WITH  
 THE REVERSE SIDE COMPLETED TO PAY BY  
 CREDIT CARD, TO PROVIDE INSURANCE  
 INFORMATION OR FOR CHANGE OF ADDRESS.**

Patient Name: **NELVA E BRUNSTING** AMT DUE: **\$7.23**  
 PHYSICIAN SERVICES RENDERED AT: **MEMORIAL HERMANN MEMORIAL CITY**

Credit card charges will appear as "Team Health"



32622571-106-2667  
 NELVA E BRUNSTING T152 P1 PS/041172  
 13630 PINEROCK LN  
 HOUSTON TX 77079-5914



106  
 ACS PRIMARY CARE PHYS SW PA  
 DEPT: A  B  C  (check one - see reverse)  
 2620 RIDGEWOOD RD STE 300  
 AKRON OH 44313-3527



018000326225711018106333380266700000072379

↑ Detach Here ↑

| DATE     | INVOICE# | DESCRIPTION                        | PROVIDER           | DEBITS   | CREDITS  |
|----------|----------|------------------------------------|--------------------|----------|----------|
| 11/30/10 | 97046610 | EMERGENCY DEPT VISIT               | MARCONI DO,ANDREA  | \$748.00 |          |
| 11/30/10 | 97046610 | ELECTROCARDIOGRAM REPORT           | MARCONI DO,ANDREA  | \$68.00  |          |
| 01/12/11 | 97046610 | EDI AUTOMATIC MEDICARE/RR PAYMENT  |                    |          | \$151.27 |
| 01/12/11 | 97046610 | CONTRACTUAL ADJUSTMENT             |                    |          | \$626.91 |
| 02/07/11 | 97046610 | EDI AUTOMATIC MANAGED CARE PAYMENT |                    |          | \$30.26  |
| 01/16/11 | 98211454 | EMERGENCY DEPT VISIT               | CHENG MD,THANH CHI | \$860.00 |          |
| 01/16/11 | 98211454 | ELECTROCARDIOGRAM REPORT           | CHENG MD,THANH CHI | \$78.00  |          |
| 03/08/11 | 98211454 | EDI AUTOMATIC MEDICARE/RR PAYMENT  |                    |          | \$144.62 |
| 03/08/11 | 98211454 | CONTRACTUAL ADJUSTMENT             |                    |          | \$757.22 |
| 04/04/11 | 98211454 | EDI AUTOMATIC MANAGED CARE PAYMENT |                    |          | \$28.93  |
| 03/14/11 |          | EDI AUTOMATIC SELF PAY PAYMENT     |                    |          | \$7.56   |

*AA.*

THIS IS YOUR PHYSICIAN SERVICES BILL AND IS SEPARATE FROM THE HOSPITAL BILL

**ACCOUNT NUMBER: 32622571-106-2667 STATEMENT DATE: 04/10/11 TOTAL NOW DUE: \$7.23**

[Empty box for patient use]

For Billing Inquiries, call 1-888-952-6772 on Monday through Friday, from 8am to 8pm and Saturday from 10am to 3pm Eastern Time.

**P5797**

| Date   | CPT   | Description  | Total Fee | Insurance | Patient |
|--|-------|--|-----------|-----------|---------|
| Patient Nelva Brun Account #:11426 Doctor: Mark A Yeoman MD Code:MC034429 Location:Memorial Hermann Memorial City Hospital |       |  |           |           |         |
| 12/04/2010   | 99232 | Subsequent hospital care, per day, moderate complexity         | \$95.00   | \$95.00   | \$0.00  |
| 12/30/2010   |       | Insurance Adjustment from Medicare                             | \$0.00    | \$-23.46  | \$0.00  |
| 12/30/2010   |       | Insurance payment Payment from Medicare                        | \$0.00    | \$-57.23  | \$0.00  |
| 01/19/2011   |       | Insurance payment Payment from United Healthcare PPO Options   | \$0.00    | \$-11.45  | \$0.00  |
| 01/19/2011   |       | Transfer from Insurance  | \$0.00    | \$-2.86   | \$2.86  |
| This balance was due to your co-insurance not met for this visit.  |       |  |           |           |         |
| 02/03/2011   |       | Conveyance Payment from Brunsting, Nelva                       | \$0.00    | \$0.00    | \$-2.47 |
|  |       |  | BALANCE:  | \$0.00    | \$0.39  |
| Patient Nelva Brun Account #:11426 Doctor: Harold A Condara Jr Code:OFC13360 Location:Cardiology Associates of Houston P A |       |  |           |           |         |
| 12/20/2010   | 99214 | Established Patient Detailed                                   | \$145.00  | \$145.00  | \$0.00  |
| 01/10/2011   |       | Insurance Adjustment from Medicare                             | \$0.00    | \$-43.55  | \$0.00  |
| 01/10/2011   |       | Insurance payment Payment from Medicare                        | \$0.00    | \$-81.16  | \$0.00  |
| 01/31/2011   |       | Insurance payment Payment from United Healthcare Choice/Select | \$0.00    | \$-16.23  | \$0.00  |
| 01/31/2011   |       | Transfer from Insurance  | \$0.00    | \$-4.06   | \$4.06  |
| This balance was due to your co-insurance not met for this visit.  |       |  |           |           |         |
|  |       |  | BALANCE:  | \$0.00    | \$4.06  |
| Patient Nelva Brun Account #:11426 Doctor: Charles H Caplan MD Code:MC035192 Location:Memorial Hermann Memorial City       |       |  |           |           |         |
| 01/16/2011   | 99220 | Initial observation care, high complexity                      | \$245.00  | \$245.00  | \$0.00  |
| 02/11/2011   |       | Insurance Adjustment from Medicare                             | \$0.00    | \$-93.05  | \$0.00  |
| 02/11/2011   |       | Insurance payment Payment from Medicare                        | \$0.00    | \$-121.56 | \$0.00  |
| 03/09/2011   |       | Insurance payment Payment from United Healthcare PPO Options   | \$0.00    | \$-21.50  | \$0.00  |
| 03/09/2011   |       | Transfer from Insurance  | \$0.00    | \$-8.89   | \$8.89  |
| This balance was due to your co-insurance not met for this visit.  |       |  |           |           |         |
|  |       |  | BALANCE:  | \$0.00    | \$8.89  |
| Patient Nelva Brun Account #:11426 Doctor: Harold A Condara Jr Code:MC035204 Location:Memorial Hermann Memorial City       |       |  |           |           |         |

CONTINUED on next page

Page 1

| Deposit | 0-30 | 31-60 | 61-90 | 91-120 | Total Balance | Ins. Balance | Patient Balance |
|---------|------|-------|-------|--------|---------------|--------------|-----------------|
|         |      |       |       |        |               |              |                 |

# Patient Statement

**MAKE CHECKS PAYABLE TO:**

**CARDIOLOGY ASSOCIATES OF HOUSTON PA**  
 925 GESSNER  
 SUITE 400  
 HOUSTON, TX 77024-2545



**RETURN SERVICE REQUESTED**

FOR BILLING INQUIRIES, PLEASE CALL: 713-467-0605



**Nelva Brunsting**  
 13630 PINEROCK LN  
 HOUSTON, TX 77079-5914

1 14 *[Signature]*

**IF PAYING BY CREDIT CARD, FILL OUT BELOW**

|   |                            |                  |
|---|----------------------------|------------------|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                            |                  |
| CARD NUMBER   |                            | EXP. DATE        |
| SIGNATURE   |                            | PRINT NAME       |
| STATEMENT DATE<br>03/31/2011  | PAY THIS AMOUNT<br>\$28.60 | ACCT. #<br>11426 |
| SHOW AMOUNT PAID HERE   |                            | \$               |

**CARDIOLOGY ASSOCIATES OF HOUSTON PA**  
 925 GESSNER  
 STE 400  
 HOUSTON TX 77024-2545



Detach at perforation and return above portion with payment.  
 Make address and insurance changes on reverse side and return entire statement.

| Date   | CPT   | Description   | Total Fee | Insurance | Patient |
|--|-------|---|-----------|-----------|---------|
| 01/17/2011   | 99226 | Subsequent observation care, per day, for the evaluation and manage | \$110.00  | \$110.00  | \$ .00  |
| 02/11/2011   |       | Insurance Adjustment from Medicare                                  | \$ .00    | \$ -35.50 | \$ .00  |
| 02/11/2011   |       | Insurance payment Payment from Medicare                             | \$ .00    | \$ -59.60 | \$ .00  |
| 03/08/2011   |       | Insurance payment Payment from United Healthcare PPO Options        | \$ .00    | \$ .00    | \$ .00  |
| 03/08/2011   |       | Transfer from Insurance   | \$ .00    | \$ -14.90 | \$14.90 |
| This charge was applied to your yearly deductible. Please forward your payment.  |       |   |           |           |         |
| <b>BALANCE:</b>  |       |   |           | \$ .00    | \$14.90 |
| Patient: Nelva Brunsting Account #: 11426 Doctor: Jon E Heine MD Code: MC035289 Location: Memorial Hermann Memorial City |       |   |           |           |         |
| 01/17/2011   | 93010 | Ekg Interpretation & Reporting Hospital IP or OP                    | \$15.00   | \$15.00   | \$ .00  |
| 02/18/2011   |       | Insurance Adjustment from Medicare                                  | \$ .00    | \$ -6.07  | \$ .00  |
| 02/18/2011   |       | Insurance payment Payment from Medicare                             | \$ .00    | \$ -7.14  | \$ .00  |
| 03/09/2011   |       | Insurance payment Payment from United Healthcare PPO Options        | \$ .00    | \$ -1.43  | \$ .00  |
| 03/09/2011   |       | Transfer from Insurance   | \$ .00    | \$ -.36   | \$ .36  |
| This balance was due to your co-insurance not met for this visit.  |       |   |           |           |         |
| <b>BALANCE:</b>  |       |   |           | \$ .00    | \$ .36  |

PLEASE PAY BALANCE DUE IN PATIENT COLUMN. THANK YOU

| Deposit | 0-30    | 31-60  | 61-90 | 91-120 | Total Balance | Ins. Balance | Patient Balance |
|---------|---------|--------|-------|--------|---------------|--------------|-----------------|
|         | \$24.15 | \$4.07 | \$.39 | \$.00  | \$28.60       | \$ .00       | \$28.60         |

**P5799**

# Duke Medical Equipment

**Toll Free: 888-329-1338**

281-420-2311

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

HT: \_\_\_\_\_ WT: \_\_\_\_\_

**Call Type:**       **Delivery**       **Service**       **Pickup**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Phone: \_\_\_\_\_

ID#: \_\_\_\_\_ GP#: \_\_\_\_\_ Payor: \_\_\_\_\_

2nd Ins. ID#: \_\_\_\_\_ GP#: \_\_\_\_\_ Payor: \_\_\_\_\_

Phone#: \_\_\_\_\_ Address: \_\_\_\_\_

**Equipment Information**

| Trans<br>(R/P)* | HCPCS-<br>Item Code | D<br>S<br>P | Description | Manufacturer's<br>Brand | Serial/Asset # | Qty |
|-----------------|---------------------|-------------|-------------|-------------------------|----------------|-----|
|                 |                     |             |             |                         |                |     |
|                 |                     |             |             |                         |                |     |
|                 |                     |             |             |                         |                |     |
|                 |                     |             |             |                         |                |     |
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|                 |                     |             |             |                         |                |     |
|                 |                     |             |             |                         |                |     |
|                 |                     |             |             |                         |                |     |
|                 |                     |             |             |                         |                |     |
|                 |                     |             |             |                         |                |     |
|                 |                     |             |             |                         |                |     |
|                 |                     |             |             |                         |                |     |
|                 |                     |             |             |                         |                |     |
|                 |                     |             |             |                         |                |     |

\* Trans type: R=Rental P=Purchase

**By signing below, I acknowledge that:**

**I understand the supplier will bill my insurance claim Assigned, unless I otherwise indicate by checking this box:  Non-Assigned.**

1. I have received the equipment/supplies listed above, in good working condition.
2. I have read, understand, and agree to be bound by the terms and conditions of this agreement, including those on the reverse side of this document, **OR:**
3. I acknowledge that the above equipment, listed as picked-up, was picked up per my request or the request of my physician. Reason for pickup: \_\_\_\_\_
4. I have received written and verbal instruction on the safe use, storage, and handling related to oxygen therapy, if applicable. I understand that smoking or open flames are not allowed within 8 feet of the oxygen equipment of my person while oxygen therapy is used because oxygen supports combustion. Any use of either is at my own risk and considered a safety hazard.

Beneficiary/Third Party Signor      Date      Employee/Lessor

If Beneficiary is unable to sign, complete the following section: (may be completed by employee)

BY: \_\_\_\_\_

Beneficiary Name      Name of Signor      Date      Relationship to Beneficiary

Address of Signor (If not signed by Beneficiary)      Telephone Number of Signor

Why Beneficiary Cannot Sign

**White = Billing Pink = Patient Yellow = File**

**P5800** Rev. 01/2008

# Duke Medical Equipment Patient Agreement and Consent (281-420-2311)

## REQUEST FOR PROVISION OF SERVICES

The undersigned, being the above-named patient (the "Patient") or the guardian or representative payee of the Patient, understands that signing this *Patient Agreement and Consent* indicates his/her desire to purchase health care products or services or both from Duke Medical Equipment or its affiliates.

## ACKNOWLEDGMENT OF MEDICAL RESPONSIBILITY

The undersigned, as or on behalf of the Patient, understands that (A) Patient is under the supervision and control of his/her attending physician; (B) Patient's physician has prescribed the therapy noted as part of Patient's treatment; (C) Duke Medical Equipment services do not include diagnostic, prescriptive or other functions typically performed by licensed physicians and (D) Patient's physician is solely responsible for diagnosing and prescribing drugs and therapy for Patient's condition and otherwise supervising and controlling Patient's medical condition.

## AGREEMENT TO PAY

In consideration of Duke Medical Equipment undertaking to supply Patient with any products and/or services ordered by or on behalf of the Patient, the undersigned agrees that he/she is responsible for payment to Duke Medical Equipment for all such products and/or services provided to Patient. In addition, the undersigned understands that the monthly balance due will be the portion of applicable charges that is unpaid by Patient's insurance, including copayment and deductible amounts. The undersigned agrees to pay the balance due in full upon receipt of and invoice therefor from Duke Medical Equipment. If payment is not made, the undersigned understands that Duke Medical Equipment will pursue its normal collection policy with respect thereto.

## RELEASE OF INFORMATION

Patient's Insurer(s) and any other third party payor(s) which provided Patient with coverage are hereby authorized by or on behalf of Patient to disclose to Duke Medical Equipment any information regarding such coverage, including but not limited to (A) payment made by such insured or third party payor(s) to Patient or the undersigned for products and/or services rendered to Patient by Duke Medical Equipment (B) the scope and extent of coverage from time to time. All medical personnel are hereby authorized by or on behalf of Patient to disclose information to Duke Medical Equipment concerning Patient's medical history as it may relate to the therapy rendered to Patient by Duke Medical Equipment.

In signing the *Patient Agreement and Consent*, the undersigned, as or on behalf of Patient, authorizes any holder of medical or other information about Patient to release to the Social Security Administration, its intermediaries or carriers, or to any third party payor(s), including without limitation Medicare, Medicaid, OCHAMPUS or private payors and their agents any information need to determine applicable benefits and process claims for these or related services.

## CREDIT CHECK AUTHORIZATION

Duke Medical Equipment is hereby authorized to verify any information disclosed by Patient or the undersigned and to perform a credit investigation for the purposes of extending credit for the purchase or rental of medical equipment. In addition, Duke Medical Equipment, is authorized to answer any questions from other creditors about Patient's credit and account experience with Duke Medical Equipment.

## ASSIGNMENT OF BENEFITS

The undersigned, as or on behalf of Patient, hereby authorizes, Duke Medical Equipment to request on Patient's behalf, and to collect directly, all of public and private insurance coverage benefits due for products and/or services supplied to Patient by Duke Medical Equipment. In the event payments for insurance benefits are made directly to Patient or the undersigned, the payee will endorse to Duke Medical Equipment all checks for such payments. **Responsibilities for overpayments accepted per statement.**

## EXTENDED ASSIGNMENT OF MEDICARE AND OTHER BENEFITS

The undersigned certifies that the information provided to Duke Medical Equipment by or on behalf of Patient for payment under Medicare (title XVIII of the Social Security Act) and/or any other medical insurance is correct.

1. Patient, if physically and mentally competent, must sign on his/her own behalf. If Patient cannot sign for himself/herself, a representative payee as designated by Social Security Administration or a legally appointed guardian may sign on behalf of the Patient. The source of the signatory's authority **must** be stated.
2. This *Patient Agreement and Consent* is used in lieu of the Patient's or his/her representative's signature on the "Request for Payment" HCFA-1500 (I-84) and is therefore an extension of that form. Anyone who misrepresents or falsifies essential information in making a Medicare claim may, upon conviction, be subjected to a fine and imprisonment under Federal Law. Penalties may also result from falsification or misrepresentation of other medical insurance claims. The undersigns, as or on behalf of Patient agrees that a copy of this *Patient Agreement and Consent* may be used in place of the original.
3. On assigned Medicare claims, Duke Medical Equipment agrees to accept the applicable Medicare carrier's allowable amount as payment in full for services. The undersigned is responsible for the payment of deductibles, copayments and co-insurance and for non-covered services. The agreements contained in this paragraph may be canceled by mutual agreement of Duke Medical Equipment and the undersigned, as or on behalf of Patient, and any time by written notice to the applicable Medicare carrier.

**A copy of this *Patient Agreement and Consent* shall be considered the same as original.**

The undersigned certifies that he/she has read the foregoing and received a copy of this *Patient Agreement and Consent*, including a copy of the *Patient Responsibilities*, as well as a copy of the *Patient Bill of Rights*. The undersigned further certifies that he/she is the Patient or is duly authorized to execute this *Patient Agreement and Consent* and accepts its terms on behalf of the Patient.

# STATEMENT OF SERVICES RENDERED

Schleicher-Read Dental, PLLC  
 9099 Katy Freeway Ste.180  
 Houston, TX 77024

(713)932-0441

|                     |               |
|---------------------|---------------|
| CHART NO.<br>BR0017 | PAGE NO.<br>1 |
|---------------------|---------------|

|                            |
|----------------------------|
| BILLING DATE<br>08/26/2010 |
|----------------------------|

**GUARANTOR NAME AND MAILING ADDRESS**

Elmer H Brunsting  
 13630 Pinerock  
 Houston, TX 77029

| PATIENT | TOOTH | SURF | DESCRIPTION                         | CHARGE | CREDIT |
|---------|-------|------|-------------------------------------|--------|--------|
| Nelva   |       |      | Periodontal maintenance             | 75.00  |        |
| Nelva   |       |      | Inf.Control/Routine Office Vis      | 10.00  |        |
| Nelva   |       |      | Check Payment - Thank You Ch # 6632 |        | -85.00 |

| PRIOR BALANCE | CURRENT CREDITS | CURRENT CHARGES | NEW BALANCE | DENTAL INS. EST. | PLEASE PAY |
|---------------|-----------------|-----------------|-------------|------------------|------------|
| 0.00          | - 85.00         | + 85.00         | = 0.00      | - 0.00           | = 0.00     |

| PATIENT | DATE                         | TIME     | REASON    |
|---------|------------------------------|----------|-----------|
| Nelva   | Wednesday - February 2, 2011 | 11:00 am | PerioM ex |

YOUR INSURANCE DID NOT PAY FULL AMOUNT OF CLAIM

Chevron HRSC  
PO Box 436  
Little Falls, NJ 07424-0436

**Medco Medicare Prescription Plan® (PDP)**



August 21, 2011

Your member numbers are:

Member ID: 358657422574

Group Number: #CMD3896

031696104181//6056//3896//  
Cyc4572//0003875//0269



Nelva E Brunsting  
13630 Pinerock Ln  
Houston, TX 77079-5914

MD07026900387501040000

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## Your Monthly Prescription Drug Summary

For July, 2011

This summary is your "Explanation of Benefits" (EOB) for your Medicare prescription drug coverage (Part D). Please review this summary and keep it for your records. (This is not a bill.)

Here are the sections in this summary:

- SECTION 1. Your prescriptions during the past month
- SECTION 2. Which "drug payment stage" are you in?
- SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)
- SECTION 4. Updates to the plan's Drug List that will affect drugs you take
- SECTION 5. If you see mistakes on this summary or have questions, what should you do?
- SECTION 6. Important things to know about your drug coverage and your rights

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### Need large print or another format?

To get this material in other formats, or ask for language translation services, call Medco Medicare Prescription Plan for Chevron (PDP) Member Services (the number is on this page).

### For languages other than English:

Español 1-800-935-6215 (Spanish)

Medco Medicare Prescription Plan for Chevron (PDP) is operated by Medco Medicare Prescription Plan

### Member Services

If you have questions or need help, call us 24 hours a day, 7 days a week. Calls to these numbers are free.

**1-800-935-6215**

TTY users call: 1-800-716-3231

On the Web at: [www.medco.com](http://www.medco.com)

## SECTION 1. Your prescriptions during the past month

- Chart 1 shows your prescriptions for covered Part D drugs for the past month.
- Please look over this information about your prescriptions to be sure it is correct. If you have any questions or think there is a mistake, Section 5 tells what you should do.

### CHART 1.

Your prescriptions for covered Part D drugs  
July 2011

|   | Plan paid                        | You paid  | Other payments<br>(made by programs or organizations; see<br>Section 3)   |
|---|----------------------------------|---|---|
| <b>AVELOX 400 MG TABLET</b><br>7/15/2011, WALGREENS #3328<br>Rx# 000001564926, 5 day supply   | \$0.00                           | \$21.00   | \$42.78<br><br>(paid by "Medicare Coverage Gap Discount Program")<br>\$22.77<br><br>(paid by "Commercial Wrap")                           |
| <b>MEGESTROL ACET 40 MG/ML SUSP</b><br>7/15/2011, WALGREENS #3328<br>Rx# 000001564925, 30 day supply  | \$60.05                          | \$5.00  | \$0.00  |
| <b>Totals for the month of July 2011</b><br><br><b>Your "out-of-pocket costs" amount is \$68.78.</b> (This is the amount you paid this month (\$26.00) plus the amount of "other payments" made this month that count toward your "out-of-pocket costs" (\$42.78). See definitions in Section 3.)<br><br><b>Your "total drug costs" amount is \$151.60.</b> (This is the total for this month of all payments made for your drugs by the plan (\$60.05) and you (\$26.00) plus "other payments" (\$65.55).) | \$60.05<br>(total for the month) | \$26.00<br>(total for the month)<br><br>(Of this amount, \$26.00 counts toward your out-of-pocket costs.) | \$65.55<br>(total for the month)<br><br>(Of this amount, \$42.78 counts toward your "out-of-pocket costs". See definitions in Section 3.) |





| Year-to-date totals<br>1/1/2011 through 7/31/2011   | Plan paid                                  | You paid   | Other payments<br>(made by programs or organizations; see Section 3)   |
|---|--|--|--|
| <p><b>Your year-to-date amount for "out-of-pocket costs" is \$817.48.</b></p> <p><b>Your year-to-date amount for "total drug costs" is \$3,551.05.</b></p> <p>For more about "out-of-pocket costs" and "total drug costs", see Section 3.</p> | <p>\$2,585.99<br/>(year-to-date total)</p> | <p>\$624.88<br/>(year-to-date total)</p> <p>(Of this amount, \$624.88 counts toward your "out-of-pocket costs".)</p> | <p>\$340.18<br/>(year-to-date total)</p> <p>(Of this amount, \$192.60 counts toward your "out-of-pocket costs." See definitions in Section 3.)</p> |

## SECTION 2. Which "drug payment stage" are you in?

As shown below, your prescription drug coverage has "drug payment stages." How much you pay for a prescription depends on which payment stage you are in when you fill it. During the calendar year, whether you move from one payment stage to the next depends on how much is spent for your drugs.

|   |   |   |  |
|---|---|---|--|
| <p><b>STAGE 1</b><br/>Yearly Deductible</p> <ul style="list-style-type: none"> <li>• During this payment stage, you (or others on your behalf) pay the full cost of your brand-name drugs.</li> <li>• You generally pay the full cost of your brand-name drugs until you (or others on your behalf) have paid \$310.00 for your brand-name drugs (\$310.00 is the amount of your brand name deductible).</li> </ul> | <p><b>STAGE 2</b><br/>Initial Coverage</p> <ul style="list-style-type: none"> <li>• During this payment stage, the plan pays its share of the cost of your drugs and you (or others on your behalf) pay your share of the cost.</li> <li>• You generally stay in this stage until the amount of your year-to-date "total drug costs" reaches \$2,840.00. Then you move to payment stage 3, Coverage Gap.</li> </ul> | <p><b>You are in this stage:</b></p> <p><b>STAGE 3</b><br/>Coverage Gap</p> <ul style="list-style-type: none"> <li>• Once you reach this Stage, manufacturer discounts apply when you purchase brand drugs so that when coupled with the amount the Plan pays, the amount you pay is similar to what you pay prior to entry into the Coverage Gap stage.</li> <li>• You generally stay in this stage until the amount of your year-to-date "out-of-pocket costs" reaches \$4,550.00. As of 07/31/2011 your year-to-date "out-of-pocket costs" was \$817.48 (see Section 3).</li> </ul> <p><b>What happens next?</b></p> <ul style="list-style-type: none"> <li>• Once you (or others on your behalf) have paid an additional \$3,732.52 in "out-of-pocket costs", you move to the next payment stage (stage 4, Catastrophic Coverage).</li> </ul> | <p><b>STAGE 4</b><br/>Catastrophic Coverage</p> <ul style="list-style-type: none"> <li>• During this payment stage, the plan pays most of the cost for your covered drugs.</li> <li>• You generally stay in this stage for the rest of the calendar year (through December 31, 2011).</li> </ul> |
|---|---|---|--|



### SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)

We're including this Section to help you keep track of your "out-of-pocket costs" and "total drug costs" because these costs determine which drug payment stage you are in. As explained in Section 2, the payment stage you are in determines how much you pay for your prescriptions.

|   |   |
|---|---|
| <p>Your "out-of-pocket costs"<br/> <b>\$68.78 month of July 2011</b><br/> <b>\$817.48 year-to-date</b> (since January 2011)</p> <p><b>DEFINITION:</b><br/> <b>"Out-of-pocket costs" includes:</b></p> <ul style="list-style-type: none"> <li>• What you pay when you fill or refill a prescription for a covered Part D drug. (This includes payments for your drugs, if any, that are made by family or friends.)</li> <li>• Payments made for your drugs by any of the following programs or organizations: "Extra Help" from Medicare; Medicare's Coverage Gap Discount Program; Indian Health Service; AIDS drug assistance programs; most charities; and most State Pharmaceutical Assistance Programs (SPAPs).</li> </ul> <p><b>It does <u>not</u> include:</b></p> <ul style="list-style-type: none"> <li>• Payments made for: a) plan premiums, b) drugs not covered by our plan, c) non-Part D drugs (such as drugs you receive during a hospital stay), d) drugs covered by our plan's Supplemental Drug Coverage, e) drugs obtained at a non-network pharmacy that does not meet our out-of-network pharmacy access policy.</li> <li>• Payments made for your drugs by any of the following programs or organizations: employer or union health plans; some government-funded programs, including TRICARE and the Veteran's Administration; Worker's Compensation; and some other programs.</li> </ul> | <p>Your "total drug costs"<br/> <b>\$151.60 month of July 2011</b><br/> <b>\$3,551.05 year-to-date</b> (since January 2011)</p> <p><b>DEFINITION:</b><br/> <b>"Total drug costs" is the total of all payments made for your covered Part D drugs. It <u>includes</u>:</b></p> <ul style="list-style-type: none"> <li>• What the plan pays.</li> <li>• What you pay.</li> <li>• What others (programs or organizations) pay for your drugs.</li> </ul> <p><b>NOTE:</b> Our plan offers Supplemental Drug Coverage for some drugs not generally covered by Medicare. If you have filled any prescriptions for these drugs this month, they are listed in a separate chart (Chart 2) in Section 1. The amounts paid for these drugs do <u>not</u> count toward your out-of-pocket costs or total drug costs.</p> |
|---|---|

**Learn More:** Medicare has made the rules about which types of payments count and do not count toward "out-of-pocket costs" and "total drug costs". The definitions on this page give you only the main rules. For details, including more about "covered Part D drugs", see the *Evidence of Coverage*, our benefits booklet (for more about the *Evidence of Coverage*, see Section 6).

## SECTION 4. Updates to the plan's Drug List that will affect drugs you take

At this time, there are no upcoming changes to our Drug List that will affect the coverage or cost of **drugs you take**. (By "drugs you take", we mean any plan-covered drugs for which you filled prescriptions in 2011 as a member of our plan.)

## SECTION 5. If you see mistakes on this summary or have questions, what should you do?

**If you have questions, call us**

If something is confusing or doesn't look right on this monthly prescription drug summary, please call us at Medco Medicare Prescription Plan Member Services (phone numbers are on the cover of this summary). You can also find answers to many questions at our website: [www.medco.com](http://www.medco.com).

**What about possible fraud?**

Most health care professionals and organizations that provide Medicare services are honest. Unfortunately, there may be some who are dishonest.

If this monthly summary shows drugs you're not taking, or anything else that looks suspicious to you, please contact us.

- Call us at Medco Medicare Prescription Plan Member Services (phone numbers are on the cover of this summary).
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.

## SECTION 6. Important things to know about your drug coverage and your rights

Your "Evidence of Coverage" has the details about your drug coverage and costs

The *Evidence of Coverage* is our plan's benefits booklet. It explains your drug coverage and the rules you need to follow when you are using your drug coverage.

We have sent you a copy of the *Evidence of Coverage*. If you need another copy, please call us (phone numbers are on the cover of this summary).

Remember, to get your drug coverage under our plan you must use pharmacies in our network, except in certain circumstances. Also, quantity limitations and restrictions may apply.

**What if you have problems related to coverage or payments for your drugs?**

Your *Evidence of Coverage* has step-by-step instructions that explain what to do if you have problems related to your drug coverage and costs. Here are the chapters to look for:

- Chapter 5. Asking the plan to pay its share of a bill you have received for covered services or drugs.
  - Chapter 7. What to do if you have a problem or complaint (coverage decisions, appeals, complaints).
- Here are things to keep in mind:
- When we decide whether a drug is covered and how much you pay, it's called a "coverage decision". If you disagree with our coverage decision, you can appeal our decision (see Chapter 7 of the *Evidence of Coverage*).
  - Medicare has set the rules for how coverage decisions and appeals are handled. These are legal procedures and the deadlines are important. The process can be done if your doctor tells us that your



health requires a quick decision.

Please ask for help if you need it. Here's how:

- You can call us at Medco Medicare Prescription Plan for Chevron Member Services (phone numbers are on the cover of this monthly summary).
- You can call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- You can call your State Health Insurance Assistance Program (SHIP). The name and phone numbers for this organization are in Chapter 2, Section 3 of your *Evidence of Coverage*.

**Did you know there are programs to help people pay for their drugs?**

- **"Extra Help" from Medicare.** You may be able to get Extra Help to pay for your prescription drug premiums and costs. This program

is also called the "low-income subsidy" or LIS. People whose yearly income and resources are below certain limits can qualify for this help. To see if you qualify for getting Extra Help, see Section 3 of your *Medicare & You 2011* handbook or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week. You can also call the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778. You can also call your State Medicaid Office.

- **Help from your state's pharmaceutical assistance program.** Many states have State Pharmaceutical Assistance Programs (SPAPs) that help some people pay for prescription drugs based on financial need, age, or medical condition. Each state has different rules. Check with your State Health Insurance Assistance Program (SHIP). The name and phone numbers for this organization are in Chapter 2, Section 3 of your *Evidence of Coverage*.

Chevron HRSC  
PO Box 436  
Little Falls, NJ 07424-0436

**Medco Medicare Prescription Plan® (PDP)**



September 15, 2011

Your member numbers are:

Member ID: 358657422574

Group Number: #CMD3896

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Cyc4574//0003998//0066



Nelva E Brunsting  
13630 Pinerock Ln  
Houston, TX 77079-5914

MD08006600399801040000

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## Your Monthly Prescription Drug Summary

For August, 2011

This summary is your "Explanation of Benefits" (EOB) for your Medicare prescription drug coverage (Part D). Please review this summary and keep it for your records. (This is not a bill.)

Here are the sections in this summary:

- SECTION 1. Your prescriptions during the past month
- SECTION 2. Which "drug payment stage" are you in?
- SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)
- SECTION 4. Updates to the plan's Drug List that will affect drugs you take
- SECTION 5. If you see mistakes on this summary or have questions, what should you do?
- SECTION 6. Important things to know about your drug coverage and your rights

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### For languages other than English:

Español 1-800-935-6215 (Spanish)

Medco Medicare Prescription Plan for Chevron (PDP) is operated by Medco Medicare Prescription Plan

### Member Services

If you have questions or need help, call us 24 hours a day, 7 days a week. Calls to these numbers are free.

**1-800-935-6215**

TTY users call: 1-800-716-3231

On the Web at: [www.medco.com](http://www.medco.com)

## SECTION 1. Your prescriptions during the past month

- Chart 1 shows your prescriptions for covered Part D drugs for the past month.
- Please look over this information about your prescriptions to be sure it is correct. If you have any questions or think there is a mistake, Section 5 tells what you should do.

### CHART 1. Your prescriptions for covered Part D drugs August 2011

|  | Plan paid | You paid | Other payments<br>(made by programs or organizations; see<br>Section 3)                                     |
|--|-----------|----------|---|
| <b>BROVANA 15 MCG/2 ML SOLUTION</b><br>7/11/2011, LEGENDS PHARMACY II<br>Rx# 000006048463, 15 day supply | \$0.00    | \$42.00  | \$102.79<br>(paid by "Medicare Coverage Gap Discount<br>Program")<br>\$62.79<br>(paid by "Commercial Wrap") |
| <b>LEVOTHYROXINE 50 MCG TABLET</b><br>8/1/2011, WALGREENS #3328<br>Rx# 000001569523, 30 day supply       | \$1.36    | \$2.50   | \$2.50<br>(paid by "Medicare Coverage Gap Discount<br>Program")   |
| <b>PLAVIX 75 MG TABLET</b><br>8/5/2011, WALGREENS #3328<br>Rx# 000001570740, 30 day supply               | \$0.00    | \$21.00  | \$95.63<br>(paid by "Medicare Coverage Gap Discount<br>Program")<br>\$75.62<br>(paid by "Commercial Wrap")  |
| <b>AMLODIPINE BESYLATE 5 MG TAB</b><br>8/5/2011, WALGREENS #3328<br>Rx# 000001570739, 30 day supply      | \$10.37   | \$5.00   | \$0.00  |

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**CHART 1.**  
**Your prescriptions for covered Part D drugs**  
**August 2011**

|   | Plan paid | You paid | Other payments<br>(made by programs or organizations; see Section 3)                                     |
|---|-----------|----------|--|
| <b>ALENDRONATE SODIUM 70 MG TAB</b><br>8/11/2011, WALGREENS #3328<br>Rx# 000001550332, 28 day supply  | \$20.06   | \$5.00   | \$0.00   |
| <b>SPIRIVA 18 MCG CP-HANDIHALER</b><br>8/11/2011, WALGREENS #3328<br>Rx# 000001540089, 30 day supply  | \$0.00    | \$21.00  | \$115.86<br>(paid by "Medicare Coverage Gap Discount Program")<br>\$95.86<br>(paid by "Commercial Wrap") |
| <b>HYDROCODON-ACETAMINOPHEN 5-500</b><br>8/22/2011, WALGREENS #3328<br>Rx# 000001575622, 7 day supply | \$3.64    | \$5.00   | \$0.00   |
| <b>METOPROLOL TARTRATE 50 MG TAB</b><br>8/23/2011, WALGREENS #3328<br>Rx# 000001575953, 30 day supply | \$0.00    | \$4.38   | \$0.00   |
| <b>MEGESTROL ACET 40 MG/ML SUSP</b><br>8/30/2011, WALGREENS #3328<br>Rx# 000001578099, 30 day supply  | \$60.05   | \$5.00   | \$0.00   |
| <b>AMLODIPINE BESYLATE 5 MG TAB</b><br>8/30/2011, WALGREENS #3328<br>Rx# 000001570739, 30 day supply  | \$10.37   | \$5.00   | \$0.00   |



**CHART 1.**  
**Your prescriptions for covered Part D drugs**  
**August 2011**

|  |   |  |   |
|--|---|--|---|
| <p><b>Totals for the month of August 2011</b></p> <p><b>Your "out-of-pocket costs" amount is \$432.66.</b> (This is the amount you paid this month (\$115.88) plus the amount of "other payments" made this month that count toward your "out-of-pocket costs" (\$316.78). See definitions in Section 3.)</p> <p><b>Your "total drug costs" amount is \$772.78.</b> (This is the total for this month of all payments made for your drugs by the plan (\$105.85) and you (\$115.88) plus "other payments" (\$551.05).)</p> | <p><b>Plan paid</b></p> <p>\$105.85<br/>(total for the month)</p> | <p><b>You paid</b></p> <p>\$115.88<br/>(total for the month)</p> <p>(Of this amount, \$115.88 counts toward your out-of-pocket costs.)</p> | <p><b>Other payments</b><br/>(made by programs or organizations; see Section 3)</p> <p>\$551.05<br/>(total for the month)</p> <p>(Of this amount, \$316.78 counts toward your "out-of-pocket costs". See definitions in Section 3.)</p> |
|--|---|--|---|

|  |  |   |  |
|--|--|---|--|
| <p><b>Year-to-date totals</b><br/> <b>1/1/2011 through 8/31/2011</b></p> <p><b>Your year-to-date amount for "out-of-pocket costs" is \$1,250.14.</b></p> <p><b>Your year-to-date amount for "total drug costs" is \$4,323.83.</b></p> <p>For more about "out-of-pocket costs" and "total drug costs", see Section 3.</p> | <p><b>Plan paid</b></p> <p>\$2,691.84<br/>(year-to-date total)</p> | <p><b>You paid</b></p> <p>\$740.76<br/>(year-to-date total)</p> <p>(Of this amount, \$740.76 counts toward your "out-of-pocket costs".)</p> | <p><b>Other payments</b><br/>(made by programs or organizations; see Section 3)</p> <p>\$891.23<br/>(year-to-date total)</p> <p>(Of this amount, \$509.38 counts toward your "out-of-pocket costs." See definitions in Section 3.)</p> |
|--|--|---|--|



## SECTION 2. Which "drug payment stage" are you in?

As shown below, your prescription drug coverage has "drug payment stages." How much you pay for a prescription depends on which payment stage you are in when you fill it. During the calendar year, whether you move from one payment stage to the next depends on how much is spent for your drugs.

**STAGE 1**  
Yearly Deductible

- During this payment stage, you (or others on your behalf) pay the full cost of your brand-name drugs.
- You generally pay the full cost of your brand-name drugs until you (or others on your behalf) have paid \$310.00 for your brand-name drugs (\$310.00 is the amount of your brand name deductible).

**STAGE 2**  
Initial Coverage

- During this payment stage, the plan pays its share of the cost of your drugs and you (or others on your behalf) pay your share of the cost.
- You generally stay in this stage until the amount of your year-to-date "total drug costs" reaches \$2,840.00. Then you move to payment stage 3, Coverage Gap.

**You are in this stage:**

**STAGE 3**  
Coverage Gap

- Once you reach this Stage, manufacturer discounts apply when you purchase brand drugs so that when coupled with the amount the Plan pays, the amount you pay is similar to what you pay prior to entry into the Coverage Gap stage.
- You generally stay in this stage until the amount of your year-to-date "out-of-pocket costs" reaches \$4,550.00. As of 08/31/2011 your year-to-date "out-of-pocket costs" was \$1,250.14 (see Section 3).

**STAGE 4**  
Catastrophic Coverage

- During this payment stage, the plan pays most of the cost for your covered drugs.
- You generally stay in this stage for the rest of the calendar year (through December 31, 2011).

**What happens next?**

- Once you (or others on your behalf) have paid an additional \$3,299.86 in "out-of-pocket costs", you move to the next payment stage (stage 4, Catastrophic Coverage).

### SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)

We're including this Section to help you keep track of your "out-of-pocket costs" and "total drug costs" because these costs determine which drug payment stage you are in. As explained in Section 2, the payment stage you are in determines how much you pay for your prescriptions.

|  |   |
|--|---|
| <p>Your "out-of-pocket costs"<br/> <b>\$432.66 month of August 2011</b><br/> <b>\$1,250.14 year-to-date</b> (since January 2011)</p> | <p><b>DEFINITION:</b><br/> <b>"Out-of-pocket costs" includes:</b></p> <ul style="list-style-type: none"> <li>• What you pay when you fill or refill a prescription for a covered Part D drug. (This includes payments for your drugs, if any, that are made by family or friends.)</li> <li>• Payments made for your drugs by any of the following programs or organizations: "Extra Help" from Medicare; Medicare's Coverage Gap Discount Program; Indian Health Service; AIDS drug assistance programs; most charities; and most State Pharmaceutical Assistance Programs (SPAPs).</li> </ul> <p><b>It does <u>not</u> include:</b></p> <ul style="list-style-type: none"> <li>• Payments made for: a) plan premiums, b) drugs not covered by our plan, c) non-Part D drugs (such as drugs you receive during a hospital stay), d) drugs covered by our plan's Supplemental Drug Coverage, e) drugs obtained at a non-network pharmacy that does not meet our out-of-network pharmacy access policy.</li> <li>• Payments made for your drugs by any of the following programs or organizations: employer or union health plans; some government-funded programs, including TRICARE and the Veteran's Administration; Worker's Compensation; and some other programs.</li> </ul> |
|--|---|

|   |   |
|---|---|
| <p>Your "total drug costs"<br/> <b>\$772.78 month of August 2011</b><br/> <b>\$4,323.83 year-to-date</b> (since January 2011)</p> | <p><b>DEFINITION:</b><br/> <b>"Total drug costs" is the total of all payments made for your covered Part D drugs. It <u>includes</u>:</b></p> <ul style="list-style-type: none"> <li>• What the plan pays.</li> <li>• What you pay.</li> <li>• What others (programs or organizations) pay for your drugs.</li> </ul> <p><b>NOTE:</b> Our plan offers Supplemental Drug Coverage for some drugs not generally covered by Medicare. If you have filled any prescriptions for these drugs this month, they are listed in a separate chart (Chart 2) in Section 1. The amounts paid for these drugs do <u>not</u> count toward your out-of-pocket costs or total drug costs.</p> |
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**Learn More:** Medicare has made the rules about which types of payments count and do not count toward "out-of-pocket costs" and "total drug costs". The definitions on this page give you only the main rules. For details, including more about "covered Part D drugs", see the *Evidence of Coverage*, our benefits booklet (for more about the *Evidence of Coverage*, see Section 6).

## SECTION 4. Updates to the plan's Drug List that will affect drugs you take

At this time, there are no upcoming changes to our Drug List that will affect the coverage or cost of **drugs you take**. (By "drugs you take", we mean any plan-covered drugs for which you filled prescriptions in 2011 as a member of our plan.)

## SECTION 5. If you see mistakes on this summary or have questions, what should you do?

### If you have questions, call us

If something is confusing or doesn't look right on this monthly prescription drug summary, please call us at Medco Medicare Prescription Plan Member Services (phone numbers are on the cover of this summary). You can also find answers to many questions at our website: [www.medco.com](http://www.medco.com).

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Most health care professionals and organizations that provide Medicare services are honest. Unfortunately, there may be some who are dishonest.

If this monthly summary shows drugs you're not taking, or anything else that looks suspicious to you, please contact us.

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## SECTION 6. Important things to know about your drug coverage and your rights

### Your "Evidence of Coverage" has the details about your drug coverage and costs

The *Evidence of Coverage* is our plan's benefits booklet. It explains your drug coverage and the rules you need to follow when you are using your drug coverage.

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Here are things to keep in mind:

- When we decide whether a drug is covered and how much you pay, it's called a "coverage decision". If you disagree with our coverage decision, you can appeal our decision (see Chapter 7 of the *Evidence of Coverage*).
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health requires a quick decision.

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**Did you know there are programs to help people pay for their drugs?**

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Medco Health Solutions, Inc.  
P.O. Box 14235  
Lexington, KY 40512

**Medco Medicare Prescription Plan®(PDP)**

September 30, 2011

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NELVA BRUNSTING  
13630 PINE ROCK  
HOUSTON, TX 77079



Dear NELVA BRUNSTING:

**2011 Chevron Evidence of Coverage (EOC)—Notice of Errata (Correction)**

We are writing to provide you with important information about your EOC document, which explains your Chevron Medicare prescription drug plan costs.

**Catastrophic copayment maximum correction**

Page 74 of the 2011 **Medco Medicare Prescription Plan®** (PDP) for Chevron EOC displays the incorrect *Brand Drug* Catastrophic Coverage stage maximum copayment amounts. **Please note:** The copayments you have been paying are correct.

In 2011, you enter the Catastrophic Coverage stage when your total out-of-pocket costs reach \$4,550. **Your maximum copayments for the 2011 plan year while in the Catastrophic Coverage stage have not changed and remain consistent with prior plan years.** The intent of the maximums is to ensure that your costs do not exceed your standard copayments in the Initial Coverage stage.

The correct Catastrophic Coverage stage maximums for all drugs for the 2011 plan year are listed below:

**At retail:**

**Generic Drugs**

For a 34-day supply: 5% coinsurance with a \$5 maximum  
For a 90-day supply: 5% coinsurance with a \$15 maximum

**Preferred Brand Drugs**

For a 34-day supply: 5% coinsurance with a \$21 maximum  
For a 90-day supply: 5% coinsurance with a \$63 maximum

**Non-Preferred Brand Drugs**

For a 34-day supply: 5% coinsurance with a \$42 maximum  
For a 90-day supply: 5% coinsurance with a \$126 maximum

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**Specialty Tier Drugs**

For a 34-day supply of a drug: 5% coinsurance with a \$50 maximum

For a 90-day supply of a drug: 5% coinsurance with a \$150 maximum

**At mail:**

For up to a 90-day supply of a **Generic Drug**: 5% coinsurance with a \$10 maximum

For up to a 90-day supply of a **Preferred Brand Drug**: 5% coinsurance with a \$42 maximum

For up to a 90-day supply of a **Non-Preferred Brand Drug**: 5% coinsurance with an \$84 maximum

For up to a 90-day supply of a **Specialty Tier Drug**: 5% coinsurance with a \$100 maximum

**Please note:** This error affects only the dollar amounts listed in the Catastrophic Coverage stage and the remainder of the EOC document remains in effect as is.

We apologize for any inconvenience this error may have caused.

If you have any questions or concerns, please call Customer Service toll-free at **1-800-935-6215**. TTY/TDD users should call **1-800-716-3231**. Customer Service is available 24 hours a day, 7 days a week. Customer Service is available in English and other languages.

Sincerely,



Ellie Gilbert  
Vice President/General Manager  
Medicare Customer Service  
Medco

A Medicare-approved Part D sponsor

**P5819**

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Chevron HRSC  
PO Box 436  
Little Falls, NJ 07424-0436

**Medco Medicare Prescription Plan®(PDP)**



October 20, 2011

Your member numbers are:

Member ID: 358657422574

Group Number: #CMD3896

031813401809//6056//3896//  
Cyc4576//0003925//0309



Nelva E Brunsting  
13630 Pinerock Ln  
Houston, TX 77079-5914

MD09030900392501040000

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## Your Monthly Prescription Drug Summary

For September, 2011

This summary is your "Explanation of Benefits" (EOB) for your Medicare prescription drug coverage (Part D). Please review this summary and keep it for your records. (This is not a bill.)

Here are the sections in this summary:

- SECTION 1. Your prescriptions during the past month
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Medco Medicare Prescription Plan for Chevron (PDP) is operated by Medco Medicare Prescription Plan

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**1-800-935-6215**

TTY users call: 1-800-716-3231

On the Web at: [www.medco.com](http://www.medco.com)

A Medicare-approved Part D sponsor

**P5820** Page 1

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## SECTION 1. Your prescriptions during the past month

- Chart 1 shows your prescriptions for covered Part D drugs for the past month.
- Please look over this information about your prescriptions to be sure it is correct. If you have any questions or think there is a mistake, Section 5 tells what you should do.

### CHART 1. Your prescriptions for covered Part D drugs September 2011

|  | Plan paid | You paid | Other payments<br>(made by programs or organizations; see<br>Section 3)                                 |
|--|-----------|----------|---|
| <b>LEVOTHYROXINE 50 MCG TABLET</b><br>9/6/2011, WALGREENS #3328<br>Rx# 000001569523, 30 day supply   | \$1.36    | \$2.50   | \$2.50<br>(paid by "Medicare Coverage Gap Discount Program")  |
| <b>PLAVIX 75 MG TABLET</b><br>9/6/2011, WALGREENS #3328<br>Rx# 000001570740, 30 day supply           | \$0.00    | \$21.00  | \$95.63<br>(paid by "Medicare Coverage Gap Discount Program")<br>\$75.62<br>(paid by "Commercial Wrap") |
| <b>SPIRONOLACTONE 100 MG TABLET</b><br>9/13/2011, WALGREENS #3328<br>Rx# 000001582039, 30 day supply | \$20.95   | \$5.00   | \$0.00  |
| <b>FUROSEMIDE 40 MG TABLET</b><br>9/14/2011, WALGREENS #3328<br>Rx# 000001582564, 30 day supply      | \$0.00    | \$2.69   | \$1.69<br>(paid by "Medicare Coverage Gap Discount Program")  |
| <b>WARFARIN SODIUM 5 MG TABLET</b><br>9/19/2011, WALGREENS #13142<br>Rx# 000000075984, 30 day supply | \$7.46    | \$5.00   | \$0.00  |



**CHART 1.**  
 Your prescriptions for covered Part D drugs  
 September 2011

|   | Plan paid | You paid | Other payments<br>(made by programs or organizations; see Section 3)                                     |
|---|-----------|----------|--|
| <b>CARTIA XT 120 MG CAPSULE</b><br>9/19/2011, WALGREENS #13142<br>Rx# 000000075983, 30 day supply     | \$19.73   | \$5.00   | \$0.00   |
| <b>POTASSIUM CL ER 20 MEQ TABLET</b><br>9/20/2011, WALGREENS #3328<br>Rx# 000001584402, 30 day supply | \$10.11   | \$5.00   | \$0.00   |
| <b>SPIRIVA 18 MCG CP-HANDHALER</b><br>9/22/2011, WALGREENS #3328<br>Rx# 000001584751, 30 day supply   | \$0.00    | \$21.00  | \$115.86<br>(paid by "Medicare Coverage Gap Discount Program")<br>\$95.86<br>(paid by "Commercial Wrap") |
| <b>WARFARIN SODIUM 2 MG TABLET</b><br>9/28/2011, O C PHARMACY<br>Rx# 000006014189, 30 day supply      | \$7.27    | \$5.00   | \$0.00   |

**CHART 1.**  
Your prescriptions for covered Part D drugs  
September 2011

|  | Plan paid                                | You paid  | Other payments<br>(made by programs or organizations; see Section 3)  |
|--|--|---|---|
| <p><b>Totals for the month of September 2011</b></p> <p>Your "out-of-pocket costs" amount is <b>\$287.87</b>. (This is the amount you paid this month (\$72.19) plus the amount of "other payments" made this month that count toward your "out-of-pocket costs" (\$215.68). See definitions in Section 3.)</p> <p>Your "total drug costs" amount is <b>\$526.23</b>. (This is the total for this month of all payments made for your drugs by the plan (\$66.88) and you (\$72.19) plus "other payments" (\$387.16).)</p> | <p>\$66.88<br/>(total for the month)</p> | <p>\$72.19<br/>(total for the month)</p> <p>(Of this amount, \$72.19 counts toward your out-of-pocket costs.)</p> | <p>\$387.16<br/>(total for the month)</p> <p>(Of this amount, \$215.68 counts toward your "out-of-pocket costs". See definitions in Section 3.)</p> |

| Year-to-date totals<br>1/1/2011 through 9/30/2011   | Plan paid                                  | You paid   | Other payments<br>(made by programs or organizations; see Section 3)   |
|---|--|--|--|
| <p>Your year-to-date amount for "out-of-pocket costs" is <b>\$1,538.01</b>.</p> <p>Your year-to-date amount for "total drug costs" is <b>\$4,850.06</b>.</p> <p>For more about "out-of-pocket costs" and "total drug costs", see Section 3.</p> | <p>\$2,758.72<br/>(year-to-date total)</p> | <p>\$812.95<br/>(year-to-date total)</p> <p>(Of this amount, \$812.95 counts toward your "out-of-pocket costs".)</p> | <p>\$1,278.39<br/>(year-to-date total)</p> <p>(Of this amount, \$725.06 counts toward your "out-of-pocket costs". See definitions in Section 3.)</p> |



## SECTION 2. Which "drug payment stage" are you in?

As shown below, your prescription drug coverage has "drug payment stages." How much you pay for a prescription depends on which payment stage you are in when you fill it. During the calendar year, whether you move from one payment stage to the next depends on how much is spent for your drugs.

### STAGE 1 Yearly Deductible

- During this payment stage, you (or others on your behalf) pay the full cost of your brand-name drugs.
- You generally pay the full cost of your brand-name drugs until you (or others on your behalf) have paid \$310.00 for your brand-name drugs (\$310.00 is the amount of your brand name deductible).

### STAGE 2 Initial Coverage

- During this payment stage, the plan pays its share of the cost of your drugs and you (or others on your behalf) pay your share of the cost.
- You generally stay in this stage until the amount of your year-to-date "total drug costs" reaches **\$2,840.00**. Then you move to payment stage 3, Coverage Gap.

### You are in this stage:

### STAGE 3 Coverage Gap

- Once you reach this Stage, manufacturer discounts apply when you purchase brand drugs so that when coupled with the amount the Plan pays, the amount you pay is similar to what you pay prior to entry into the Coverage Gap stage.
- You generally stay in this stage until the amount of your year-to-date "out-of-pocket costs" reaches \$4,550.00. As of 09/30/2011 your year-to-date "out-of-pocket costs" was \$1,538.01 (see Section 3).

### STAGE 4 Catastrophic Coverage

- During this payment stage, the plan pays most of the cost for your covered drugs.
- You generally stay in this stage for the rest of the calendar year (through December 31, 2011).

### What happens next?

- Once you (or others on your behalf) have paid an **additional \$3,011.99 in "out-of-pocket costs"**, you move to the next payment stage (stage 4, Catastrophic Coverage).

### SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)

We're including this Section to help you keep track of your "out-of-pocket costs" and "total drug costs" because these costs determine which drug payment stage you are in. As explained in Section 2, the payment stage you are in determines how much you pay for your prescriptions.

Your "out-of-pocket costs"

**\$287.87 month of September 2011**

**\$1,538.01 year-to-date** (since January 2011)

**DEFINITION:**

**"Out-of-pocket costs" includes:**

- What you pay when you fill or refill a prescription for a covered Part D drug. (This includes payments for your drugs, if any, that are made by family or friends.)
- Payments made for your drugs by any of the following programs or organizations: "Extra Help" from Medicare; Medicare's Coverage Gap Discount Program; Indian Health Service; AIDS drug assistance programs; most charities; and most State Pharmaceutical Assistance Programs (SPAPs).

**It does not include:**

- Payments made for: a) plan premiums, b) drugs not covered by our plan, c) non-Part D drugs (such as drugs you receive during a hospital stay), d) drugs covered by our plan's Supplemental Drug Coverage, e) drugs obtained at a non-network pharmacy that does not meet our out-of-network pharmacy access policy.
- Payments made for your drugs by any of the following programs or organizations: employer or union health plans; some government-funded programs, including TRICARE and the Veteran's Administration; Worker's Compensation; and some other programs.

**Learn More:** Medicare has made the rules about which types of payments count and do not count toward "out-of-pocket costs" and "total drug costs". The definitions on this page give you only the main rules. For details, including more about "covered Part D drugs", see the *Evidence of Coverage*, our benefits booklet (for more about the *Evidence of Coverage*, see Section 6).

Your "total drug costs"

**\$526.23 month of September 2011**

**\$4,850.06 year-to-date** (since January 2011)

**DEFINITION:**

**"Total drug costs" is the total of all payments made for your covered Part D drugs. It includes:**

- What the plan pays.
- What you pay.
- What others (programs or organizations) pay for your drugs.

**NOTE:** Our plan offers Supplemental Drug Coverage for some drugs not generally covered by Medicare. If you have filled any prescriptions for these drugs this month, they are listed in a separate chart (Chart 2) in Section 1. The amounts paid for these drugs do not count toward your out-of-pocket costs or total drug costs.



## SECTION 4. Updates to the plan's Drug List that will affect drugs you take

At this time, there are no upcoming changes to our Drug List that will affect the coverage or cost of **drugs you take**. (By "drugs you take", we mean any plan-covered drugs for which you filled prescriptions in 2011 as a member of our plan.)

## SECTION 5. If you see mistakes on this summary or have questions, what should you do?

**If you have questions, call us**

If something is confusing or doesn't look right on this monthly prescription drug summary, please call us at Medco Medicare Prescription Plan Member Services (phone numbers are on the cover of this summary). You can also find answers to many questions at our website: [www.medco.com](http://www.medco.com).

**What about possible fraud?**

Most health care professionals and organizations that provide Medicare services are honest. Unfortunately, there may be some who are dishonest.

If this monthly summary shows drugs you're not taking, or anything else that looks suspicious to you, please contact us.

- Call us at Medco Medicare Prescription Plan Member Services (phone numbers are on the cover of this summary).
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.

## SECTION 6. Important things to know about your drug coverage and your rights

**Your "Evidence of Coverage" has the details about your drug coverage and costs**

The *Evidence of Coverage* is our plan's benefits booklet. It explains your drug coverage and the rules you need to follow when you are using your drug coverage.

We have sent you a copy of the *Evidence of Coverage*. If you need another copy, please call us (phone numbers are on the cover of this summary).

Remember, to get your drug coverage under our plan you must use pharmacies in our network, except in certain circumstances. Also, quantity limitations and restrictions may apply.

**What if you have problems related to coverage or payments for your drugs?**

Your *Evidence of Coverage* has step-by-step instructions that explain what to do if you have problems related to your drug coverage and costs. Here are the chapters to look for:

- Chapter 5. Asking the plan to pay its share of a bill you have received for covered services or drugs.
  - Chapter 7. What to do if you have a problem or complaint (coverage decisions, appeals, complaints).
- Here are things to keep in mind:
- When we decide whether a drug is covered and how much you pay, it's called a "coverage decision". If you disagree with our coverage decision, you can appeal our decision (see Chapter 7 of the *Evidence of Coverage*).
  - Medicare has set the rules for how coverage decisions and appeals are handled. These are legal procedures and the deadlines are important. The process can be done if your doctor tells us that your

health requires a quick decision.

Please ask for help if you need it. Here's how:

- You can call us at Medco Medicare Prescription Plan for Chevron Member Services (phone numbers are on the cover of this monthly summary).
- You can call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- You can call your State Health Insurance Assistance Program (SHIP). The name and phone numbers for this organization are in Chapter 2, Section 3 of your *Evidence of Coverage*.

**Did you know there are programs to help people pay for their drugs?**

- **"Extra Help" from Medicare.** You may be able to get Extra Help to pay for your prescription drug premiums and costs. This program

is also called the "low-income subsidy" or LIS. People whose yearly income and resources are below certain limits can qualify for this help. To see if you qualify for getting Extra Help, see Section 3 of your *Medicare & You 2011* handbook or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week. You can also call the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778. You can also call your State Medicaid Office.

- **Help from your state's pharmaceutical assistance program.** Many states have State Pharmaceutical Assistance Programs (SPAPs) that help some people pay for prescription drugs based on financial need, age, or medical condition. Each state has different rules. Check with your State Health Insurance Assistance Program (SHIP). The name and phone numbers for this organization are in Chapter 2, Section 3 of your *Evidence of Coverage*.

## **Medco Medicare Prescription Plan®(PDP)**

As a Medicare Part D prescription drug plan approved by the Centers for Medicare & Medicaid Services, Medco is required to detect, correct, and prevent fraud, waste, and abuse. We take this responsibility seriously and are asking for your help in this important matter.

### **Examples of fraud, waste, and abuse:**

- A Medicare Part D card is stolen or is used illegally.
- A Medicare plan member is asked for money or for his/her personal information (e.g., Medicare or Social Security numbers, bank account number, credit card number, etc.) by someone pretending to represent Medicare, Social Security, and/or the plan sponsor.
- A plan member is asked to use his/her Medicare prescription drug card to obtain drugs for another person.
- A plan member is asked to sell his/her Medicare prescription drug card.
- Several payers, including Medicare Part D, are billed for the entire cost of the same prescription.
- The Explanation of Benefits statement lists prescriptions for medications the member is not taking.

### **What you should do if you suspect fraud, waste, or abuse**

If you suspect any instances of fraud, waste, or abuse, we urge you to call Medco's Medicare Fraud, Waste, and Abuse Hotline toll-free at **1-800-303-9373**. This hotline is available 24 hours a day, 7 days a week.

When you call the hotline, you may leave your name and number or choose to remain anonymous. The information you provide will be treated in the strictest confidence.

Thank you for your attention to this important matter. Your help is greatly appreciated.



## **Medco Medicare Prescription Plan® (PDP)**

En su condición de plan de medicamentos recetados Medicare Parte D aprobado por los Centers for Medicare & Medicaid Services, se le requiere a Medco detectar, corregir e impedir el fraude, desperdicio y abuso. Nos tomamos esta responsabilidad en serio y solicitamos su ayuda en este asunto importante.

### **Ejemplos de fraude, desperdicio y abuso:**

- Alguien roba una tarjeta de Medicare Parte D o la usa ilegalmente.
- Alguien le pide a un miembro de un plan Medicare dinero o su información personal (por ejemplo, el número de Medicare o de Social Security, el número de su cuenta bancaria, el número de su tarjeta de crédito, etc.) y tal persona finge representar a Medicare, a la agencia Social Security y/o al patrocinador del plan.
- Alguien le pide a un miembro del plan que use su tarjeta de medicamentos recetados Medicare para obtener medicamentos para otra persona.
- Alguien le pide a un miembro del plan que venda su tarjeta de medicamentos recetados Medicare.
- Varias entidades a cargo de los pagos, inclusive Medicare Parte D, reciben una factura por el costo total de la misma receta.
- El informe de Explicación de beneficios enumera los medicamentos recetados que el miembro no está tomando.

### **Lo que debe hacer si sospecha que hay un fraude, desperdicio o abuso**

Si sospecha cualquier instancia de fraude, desperdicio o abuso, lo instamos a comunicarse con la línea telefónica gratuita de Medco sobre fraude, desperdicio y abuso en relación con Medicare al **1-800-303-9373**. Esta línea gratuita está disponible las 24 horas del día, los 7 días de la semana.

Cuando se comunique con la línea gratuita, puede declarar su nombre y número o puede optar por permanecer en el anonimato. La información que provee será considerada en forma estrictamente confidencial.

Agradecemos su atención con respecto a este asunto importante. Valoramos enormemente su ayuda.

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Un programa de patrocinio de Medicare Parte D aprobado por Medicare

**P5829**

Brunsting004456

# YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location  
12850 Memorial Drive  
Houston, TX 77024  
(713)722-7247

| PATIENT  | DOCTOR      | DRUG DESCRIPTION |
|--|-------------|------------------|
| NELVA BRUNSTING  | A. JAIN, MD | LIQUID           |
| BIRTH DATE 10/08/26  |             |                  |
| MEDICATION BROVANA 15MCG/2ML INH SOL 30X2ML  |             |                  |
| QUANTITY 120   |             |                  |
| DIRECTIONS INHALE 1 VIAL VIA NEBULIZER TWICE DAILY   |             |                  |
| <p><b>INGREDIENT NAME:</b> ARFORMOTEROL (ar-formo-ter-ole)</p> <p><b>COMMON USES:</b> This medicine is a long-acting beta-agonist bronchodilator used for long-term treatment of chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema. It may also be used to treat other conditions as determined by your doctor.</p> <p><b>BEFORE USING THIS MEDICINE:</b> WARNING: LONG-ACTING BETA-AGONISTS SUCH AS THIS MEDICINE HAVE BEEN RARELY ASSOCIATED WITH AN INCREASED RISK OF ASTHMA-RELATED DEATH. Long-acting beta-agonists should not be used in asthma patients. This medicine has not been approved to treat asthma. Safety and effectiveness of this medicine in patients with asthma have not been confirmed. <b>SOME MEDICINES MAY INTERACT</b> with this medicine. <b>DO NOT TAKE THIS MEDICINE</b> if you are using any of the following: a long-acting beta-agonist (eg, prednisone), diuretics (eg, furosemide, hydrochlorothiazide), xanthines (eg, theophylline), catechol-O-methyltransferase (COMT) inhibitors (eg, entacapone), beta-blockers (eg, propranolol). This may not be a complete list of all interactions that may occur. Ask your health care provider if this medicine may interact with other medicines you take. <b>DO NOT START OR STOP any medicine</b> without first talking to your doctor. <b>Do not start or stop your regular medical conditions, including a history of other breathing problems (eg, asthma), diabetes, heart problems, high or irregular heartbeat, heart blood vessel problems, liver problems, high or low blood pressure, low blood potassium levels, seizures, an overactive thyroid, or you take high-dose diuretics.</b> You may have recently been hospitalized for breathing problems; have ever had life-threatening breathing problems; or have had an unusual reaction to a sympathomimetic medicine (eg, ephedrine, pseudoephedrine, or other decongestant); or have ever had severe trouble sleeping. Tell your doctor if you have taken a MAOI (eg, a phenazine) or a tricyclic antidepressant (eg, amitriptyline) within the last 14 days. <b>USE OF THIS MEDICINE IS NOT RECOMMENDED</b> if you are having severe breathing problems (eg, sudden onset wheezing or chest tightness) such as not currently using a long-term asthma-control medicine (eg, inhaled corticosteroids), or if you have asthma that is, already, well controlled with the use of a long-term asthma-control medicine. <b>THIS MEDICINE SHOULD NOT BE USED</b> if you are allergic to any ingredient in this medicine. Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.</p> <p><b>HOW TO USE THIS MEDICINE:</b> Follow the directions for using this medicine provided by your doctor. This medicine comes with a MEDICATION GUIDE approved by the U.S. Food and Drug Administration. Read it carefully each time you refill this medicine. Ask your doctor, nurse, or pharmacist any questions that you may have about this medicine. <b>THIS MEDICINE'S</b> Health Care Provider will tell you how to use the nebulizer. Be sure you know what type of nebulizer to use with this medicine, and how to use it. Follow the procedures you are taught when you use a dose. Contact your health care provider if you have any questions. <b>DO NOT USE</b> a pouch or the vial until right before use. <b>IF THE MEDICINE CONTAINS</b> the following PARTICLES, is cloudy or discolored, or if the vial is cracked or damaged in any way, do not use it. <b>DO NOT MIX THIS MEDICINE WITH OTHER MEDICINES</b> in the nebulizer reservoir. Do not use the nebulizer reservoir to mix with other nebulizer reservoir contents into the nebulizer reservoir. <b>CONNECT THE NEBULIZER</b> to the compressor. Sit in a comfortable, upright position. <b>PLACE THE NEBULIZER</b> in your mouth (or put on the face mask) and turn on the nebulizer. <b>ALLOW THE MEDICINE TO NEBULIZE FOR 5 TO 10 MINUTES.</b> <b>CLEAN THE NEBULIZER</b> according to the instructions. Failure to properly clean the nebulizer could lead to bacteria entering the medicine. This may lead to an infection. To avoid bacteria in the nebulizer chamber (about 5 to 10 minutes). <b>CLEAN THE NEBULIZER</b> after each use. <b>DO NOT STORE THIS MEDICINE IN THE REFRIGERATOR</b> between 36 and 46 degrees F (2 and 8 degrees C). Do not freeze. <b>UNOPENED POUCHES MAY BE STORED</b> at room temperature between 68 and 77 degrees F (20 and 25 degrees C) or up to 6 weeks. Store away from heat, moisture, and light. <b>DO NOT USE</b> this medicine if it is past the expiration date on the container. <b>KEEP THIS MEDICINE</b> out of the reach of children and away from pets. <b>CONTINUE TO USE THIS MEDICINE</b> even if you feel well. Do not miss any doses. If you miss a dose, do not use 2 doses at once. Use the missed dose and go back to your regular dosing schedule. Do not use 2 doses at once.</p> <p><b>CAUTIONS:</b> <b>DO NOT USE THIS MEDICINE</b> if you are allergic to any ingredient in this medicine or if you have ever had a severe allergic reaction to any ingredient in this medicine. <b>DO NOT USE THIS MEDICINE</b> if you are taking other prescription or over-the-counter medicine with your doctor or pharmacist. <b>LAB TESTS,</b> including lung function and blood potassium levels, may be performed while you use this medicine. These tests may be used to monitor your condition or check your medication. <b>AVOID ALCOHOL</b> while you use this medicine. If you take it with alcohol or certain medicines, use this medicine with caution. Do not drive or perform other possibly unsafe tasks until you know how you react to this medicine. <b>DO NOT STOP SUDDENLY.</b> Sudden stopping of this medicine may lead to severe breathing problems that may occur between doses of this medicine (eg, severe or sudden onset of wheezing or cough). <b>DO NOT TAKE THIS MEDICINE</b> if you have any questions about which medicines you should use with this medicine. <b>Short-acting bronchodilators</b> are normally used with this medicine to treat breathing problems that may occur between doses. <b>DO NOT STOP THIS MEDICINE</b> if you have any breathing problems that may occur between doses of this medicine. <b>Short-acting bronchodilators</b> are normally used with this medicine to treat breathing problems that may occur between doses. <b>DO NOT TAKE THIS MEDICINE</b> if you have any questions about which medicines you should use with this medicine. <b>Short-acting bronchodilators</b> are normally used with this medicine to treat breathing problems that may occur between doses. <b>DO NOT TAKE THIS MEDICINE</b> if you have any questions about which medicines you should use with this medicine. <b>Short-acting bronchodilators</b> are normally used with this medicine to treat breathing problems that may occur between doses. <b>DO NOT TAKE THIS MEDICINE</b> if you have any questions about which medicines you should use with this medicine. <b>Short-acting bronchodilators</b> are normally used with this medicine to treat breathing problems that may occur between doses. <b>DO NOT TAKE THIS MEDICINE</b> if you have any questions about which medicines you should use with this medicine. <b>Short-acting bronchodilators</b> are normally used with this medicine to treat breathing problems that may occur between doses.</p> <p><b>Breathing medicine:</b> unless your doctor tells you otherwise, <b>DO NOT TAKE THIS MEDICINE</b> if you are allergic to any ingredient in this medicine or if you have ever had a severe allergic reaction to any ingredient in this medicine. <b>DO NOT TAKE THIS MEDICINE</b> if you are taking other prescription or over-the-counter medicine with your doctor or pharmacist. <b>LAB TESTS,</b> including lung function and blood potassium levels, may be performed while you use this medicine. These tests may be used to monitor your condition or check your medication. <b>AVOID ALCOHOL</b> while you use this medicine. If you take it with alcohol or certain medicines, use this medicine with caution. Do not drive or perform other possibly unsafe tasks until you know how you react to this medicine. <b>DO NOT STOP SUDDENLY.</b> Sudden stopping of this medicine may lead to severe breathing problems that may occur between doses of this medicine (eg, severe or sudden onset of wheezing or cough). <b>DO NOT TAKE THIS MEDICINE</b> if you have any questions about which medicines you should use with this medicine. <b>Short-acting bronchodilators</b> are normally used with this medicine to treat breathing problems that may occur between doses. <b>DO NOT TAKE THIS MEDICINE</b> if you have any questions about which medicines you should use with this medicine. <b>Short-acting bronchodilators</b> are normally used with this medicine to treat breathing problems that may occur between doses. <b>DO NOT TAKE THIS MEDICINE</b> if you have any questions about which medicines you should use with this medicine. <b>Short-acting bronchodilators</b> are normally used with this medicine to treat breathing problems that may occur between doses.</p> <p><b>Additional information:</b> If your symptoms do not improve or if they become worse, check with your doctor. <b>DO NOT SHARE THIS MEDICINE</b> with others for whom it was not prescribed. <b>DO NOT USE THIS MEDICINE</b> for other health conditions. <b>ASK YOUR DOCTOR</b> if you have any questions about other health conditions. <b>ASK YOUR DOCTOR</b> if you have any questions about other health conditions. <b>ASK YOUR DOCTOR</b> if you have any questions about other health conditions. <b>ASK YOUR DOCTOR</b> if you have any questions about other health conditions.</p> |             |                  |

Call your doctor for medical advice about side effects.  
You may report side effects to FDA at 1-800-FDA-1088

WIC# 957918

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

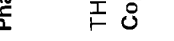
|   |   |
|---|---|
| <p><b>NELVA BRUNSTING</b><br/>13630 Pinerock, Houston, TX 77079/517<br/>(713)464-4391</p> <p><b>RX # 1540088-03328</b></p> <p><b>BROVANA 15MCG/2ML INH SOL 30X2ML</b><br/>QTY: 120      2 REFILLS BEFORE 04/21/12<br/>Copy      NDC:63402-0911-30</p> <p>A. JAIN, MD<br/>MFG:SEPRACOR<br/>XXX/RJW/KHT/ /PBP</p> | <p><b>NELVA BRUNSTING</b><br/>13630 Pinerock, Houston, TX 77079/517<br/>(713)464-4391</p> <p><b>RX # 1540088-03328</b></p> <p><b>BROVANA 15MCG/2ML INH SOL 30X2ML</b><br/>QTY: 120      2 REFILLS BEFORE 04/21/12<br/>Copy      NDC:63402-0911-30</p> <p>A. JAIN, MD<br/>MFG:SEPRACOR<br/>XXX/RJW/KHT/ /PBP</p> |
| <p>DATE: 04/21/11</p> <p><b>\$ 527.99</b></p>   | <p>DATE: 04/21/11</p> <p><b>\$ 527.99</b></p>   |



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PH: (713)722-7247

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|   |   |
|---|---|
| <p><b>NELVA BRUNSTING</b><br/>13630 Pinerock, Houston, TX 77079/517<br/>(713)464-4391</p> <p><b>RX # 1540088-03328</b></p> <p><b>BROVANA 15MCG/2ML INH SOL 30X2ML</b><br/>QTY: 120      2 REFILLS BEFORE 04/21/12<br/>Copy      NDC:63402-0911-30</p> <p>A. JAIN, MD<br/>MFG:SEPRACOR<br/>XXX/RJW/KHT/ /PBP</p> | <p><b>NELVA BRUNSTING</b><br/>13630 Pinerock, Houston, TX 77079/517<br/>(713)464-4391</p> <p><b>RX # 1540088-03328</b></p> <p><b>BROVANA 15MCG/2ML INH SOL 30X2ML</b><br/>QTY: 120      2 REFILLS BEFORE 04/21/12<br/>Copy      NDC:63402-0911-30</p> <p>A. JAIN, MD<br/>MFG:SEPRACOR<br/>XXX/RJW/KHT/ /PBP</p> |
| <p>DATE: 04/21/11</p> <p><b>\$ 527.99</b></p>   | <p>DATE: 04/21/11</p> <p><b>\$ 527.99</b></p>   |



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Customer Receipt

# Save up to 30% on your prescriptions

Enroll today for only \$19.95!

The AARP® Prescription Discount Program from Walgreens saves you up to 30 percent on all your FDA-approved prescriptions. This includes generic, brand name and specialty medications.

**AARP** Prescription Discount Program  
from *Walgreens*



## How Does It Work?

Your AARP Prescription Discount Program card can be used for drugs not covered by your insurance plan or if you have no prescription insurance. Simply present your AARP Prescription Discount Program card to your Walgreens pharmacist — after any other insurance card you may also have — when you fill or refill a prescription.

Note: This program is not a prescription drug insurance plan or a Medicare Part D plan, and does not replace such coverage.

## How Do I Enroll?

You must be an AARP member to enroll. We can enroll you into both programs with one easy call. Just dial 1-877-4AARP19 (1-877-422-7719). You can also enroll online by visiting us at [www.aarp-pharmacy.com](http://www.aarp-pharmacy.com).

## What If I Have Questions?

Visit [aarp-pharmacy.com](http://aarp-pharmacy.com) or call the Walgreens Customer Care Center toll free, 24/7 at 1-877-4AARP19 (1-877-422-7719), or TTY 1-800-925-0178.

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BR



\*1540088 0501 3 0052799 5\*

THU 5:16PM

\$527.99

EXPRESS PAY

NELVA BRUNSTING

13630 Pinerock

Houston, TX 770797517


(713)464-4391

- PAIDMPP: Prior Authorization Required
- Prescription Savings Club could save you \$117.29! Ask if you qualify.

04/21/11

Copy

REFRIGERATE  
MED GUIDE



## Personal Prescription Information

### LOOK INSIDE FOR IMPORTANT INFORMATION ABOUT YOUR MEDICATION.

Take advantage of these convenient services:

- **Touch Tone Refills**  
Save time by using our automated system for a refill. Just dial the number on your prescription label.
- **Auto Refills**  
We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.

**Walgreens**  
The Pharmacy America Trusts • Since 1901™

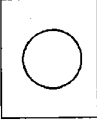
Visit us online at [Walgreens.com](http://Walgreens.com)

**Thank you for choosing Walgreens!**

**P5831**

# YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location  
12850 Memorial Drive  
Houston, TX 77024  
(713)722-7247

|   |                           |   |
|---|---------------------------|---|
| <b>PATIENT</b> NELVA BRUNSTING                          | <b>DOCTOR</b> A. JAIN, MD | <b>DRUG DESCRIPTION</b>   |
| <b>BIRTH DATE</b> 10/08/26                              |                           |  |
| <b>MEDICATION</b> METOPROLOL TARTRATE 50MG TABLETS      | <b>PATIENT ALLERGIES</b>  | PINK  |
| <b>QUANTITY</b> 60                                      |                           | FRONT: m 32   |
| <b>DIRECTIONS</b> TAKE 1 TABLET BY MOUTH EVERY 12 HOURS |                           |   |

**INGREDIENT NAME:** METOPROLOL (me-TOE-proe-lole)

**COMMON USES:** This medicine is a beta-adrenergic blocking agent (beta-blocker) used to treat high blood pressure. It may be used alone or with other medicines. It is also used for the long-term treatment of chest pain (angina) and to reduce the risk of death due to heart problems in certain patients who have had a heart attack. It may also be used for other conditions as determined by your doctor.

**BEFORE USING THIS MEDICINE:** WARNING: Do not suddenly stop taking this medicine; sharp chest pain, irregular heartbeat and some times heart attack may occur. The risk may be greater if you have certain types of heart disease. Your doctor should slowly lower your dose over several weeks if you need to stop taking it, even if you only take it for high blood pressure. Heart disease is common and you may not know you have it. Limit physical activity while you are lowering your dose. If new or worsened chest pain or other heart problems occur, contact your doctor or dentist that you take this medicine before you receive any medical or dental care, emergency care, or surgery. Tell your doctor if you have a history of diabetes or take medicine to lower your blood sugar (eg, glyburide, insulin). This medicine may hide signs of low blood sugar such as fast heartbeat. Tell your doctor right away if you notice other signs of low blood sugar such as anxiety, chills, dizziness, drowsiness, fainting, headache, tremor, unusual sweating, vision changes, or weakness. This medicine should not usually be used by patients who have a history of certain lung or breathing problems (eg, asthma) or a certain type of adrenal gland tumor (pheochromocytoma). It may worsen these conditions. Tell your doctor if you have a history of these conditions. Your doctor may need to adjust your dose or prescribe additional medicine to reduce the risk of side effects. Tell your doctor if you have a history of overactive thyroid (eg, fast heartbeat). Do not suddenly stop taking this medicine; suddenly stopping this medicine could worsen your symptoms if you need to stop taking it. Check with your doctor for more information. Some interactions with other medicines may occur. Tell your doctor if you are taking any other medicine. **DO NOT TAKE THIS MEDICINE IF YOU ARE TAKING MIBEFRADIL. ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION may be needed if you are taking** amiodarone, bupropion, certain HIV protease inhibitors (SSRIs) (ritonavir, certain selective serotonin reuptake inhibitors (SSRIs) (eg, fluoxetine, paroxetine), cimetidine, digoxin, diphendramine, disopyramide, flecainide, hormonal contraceptives (eg, birth control pills), hydralazine, hydroxychloroquine, ketanserin, mefloquine, phenothiazines (eg, thioridazine), propafenone, quinoxalines (eg, alfuzosin), quinidine, terbinafine, propylthiouracil, verapamil, barbiturates (eg, phenobarbital), indomethacin, phenylpropanolamine, bupivacaine, lidocaine, or clonidine. **DO NOT START OR STOP any other medical conditions including lung or breathing problems (eg, asthma, bronchitis, chronic obstructive pulmonary disease [COPD]), diabetes, low blood pressure, thyroid problems, or adrenal gland tumor (pheochromocytoma), allergies, pregnancy, or breast-feeding.** Tell your doctor if you have a history of heart attack, slow or irregular heartbeat, heart failure, or other heart problems; chest pain or angina; blood vessel or circulation problems; liver disease; **USE OF THIS MEDICINE SUGGESTS YOU SHOULD NOT DRIVE if you have a very slow heartbeat (bradycardia). Certain types of irregular heartbeat (eg, atrioventricular (AV) block, sick sinus syndrome), moderate to severe heart failure, very low systolic blood pressure (less than 100 mm Hg), or severe blood circulation problems.** Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

**HOW TO USE THIS MEDICINE:** Follow the directions for taking this medicine provided by your doctor. TAKE THIS MEDICINE BY MOUTH WITH FOOD or immediately following a meal at the same time each day. STORE THIS MEDICINE at room temperature, between 59 and 86 degrees F (15 and 30 degrees C). Store away from heat, moisture, and light. Do not store in the bathroom. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

**CAUTIONS:** DO NOT USE THIS MEDICINE if you are allergic to any ingredient in this medicine or to another beta-blocker (eg, propranolol). IF YOU HAVE A HISTORY OF ANY SEVERE ALLERGIC REACTION, talk with your doctor. You may be at risk for an even more severe allergic reaction if you come into contact with the substance that caused your allergy. Some medicines used to treat

severe allergies may also not work as well while you are using this medicine. LAB TESTS, including liver and kidney function blood pressure, and complete blood cell counts, should be performed while you use this medicine. These tests should be used to monitor your condition or check for side effects. Be sure to keep all doctor and lab appointments. THIS MEDICINE MAY CAUSE DROWSINESS, DIZZINESS, OR LIGHtheadEDNESS. These effects may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. Do not drive or perform other possibly unsafe tasks until you know how you react to it. This medicine may cause dizziness, lightheadedness, or fainting; alcohol, hot weather, exercise, or fever may increase these effects. To prevent them, sit up or stand slowly, especially in the morning. Sit or lie down at the first sign of any of these effects. PATIENTS WHO TAKE MEDICINE FOR HIGH BLOOD PRESSURE often feel tired or run down for a few weeks after starting treatment. Be sure to take your medicine even if you may not feel "normal." Tell your doctor if you develop any new symptoms. DO NOT SUDDENLY STOP TAKING THIS MEDICINE without first consulting your doctor. If your doctor decides you should no longer use this medicine, you will need to stop this medicine gradually according to your doctor's instructions. IF YOUR DOCTOR HAS INSTRUCTED YOU TO CHECK YOUR BLOOD PRESSURE and heart rate regularly, be sure to do so. TELL YOUR DOCTOR OR DENTIST that you take this medicine before you receive any medical or dental care, emergency care, or surgery. BEFORE YOU BEGIN TAKING ANY NEW MEDICINES, either prescription or over-the-counter, check with your doctor or pharmacist. Do not take any medicines used to treat colds or congestion without first talking with your doctor or pharmacist. FOR WOMEN: If you become pregnant, contact your doctor. You will need to discuss the benefits and risks of using this medicine while you are pregnant. The benefits and risks of using this milk, if you are on this product, feeding while you use this medicine. **DIABETES PATIENTS:** this medicine may hide signs of low blood sugar such as rapid heartbeat. Be sure to watch for other signs of low blood sugar. Low blood sugar may make you anxious, sweaty, weak, dizzy, drowsy, or faint. It may also make your vision change; give you a headache, chills, or tremors; or make you more hungry. Check blood sugar levels closely. Ask your doctor before you change the dose of your diabetes medicine.

**POSSIBLE SIDE EFFECTS:** SIDE EFFECTS that may occur while taking this medicine include constipation, diarrhea, dizziness, dry mouth/eyes, gas, headache, heartburn, lightheadedness, mild drowsiness, muscle aches, nausea, stomach pain, trouble sleeping, unusual tiredness or weakness, or vomiting. If they continue or are bothersome, check with your doctor. **CONTACT YOUR DOCTOR IMMEDIATELY** if you experience blue or unusually cold hands or feet; chest pain; fainting; hallucinations; mood or mental changes (eg, confusion, depression); pounding in the chest; severe dizziness or lightheadedness; shortness of breath; slow or irregular heartbeat; swelling of the arms, hands, and feet; vision changes; wheezing; yellowing of the skin or eyes. AN ALLERGIC REACTION to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist. This is not a complete list of all side effects that may occur. If you have any questions about side effects, contact your healthcare provider. Call your doctor about side effects about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**OVERDOSE:** If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include chest pain, seizures, very slow heart beat, severe dizziness, fainting, and difficult or slowed breathing.

**ADDITIONAL INFORMATION:** DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE OUT of the reach of children and pets. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out. CHECK WITH YOUR PHARMACIST about how to dispose of unused medicine.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

NELVA BRUNSTING  
13630 Pinerock, Houston, TX 770797517  
(713)464-4391

RX # 1534699-03328

DATE: 04/29/11

METOPROLOL TARTRATE 50MG TABLETS  
QTY: 60 1 REFILL BEFORE 04/05/12

Refill NDC: 00378-0032-10

Retail Price: \$16.66 Your Insurance Saved You: \$12.28

\$ 4.38

A. JAIN, MD  
MFG:MYLAN  
XXX/PBP/PBP /PBP

PLAN: PATIDMPD  
GROUP# CMD3896  
CLAIM REF# SLOMDCX



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# Cold or flu? Antibiotics aren't for you.

Antibiotics kill bacteria,  
not viruses.

- Antibiotics can cure most bacterial infections, such as sore throats caused by strep and bacterial sinus infections.
- Using antibiotics for viral illness, like the common cold, will not help you feel better or prevent spreading it.

Please follow your healthcare provider's advice. And to learn more about antibiotics, visit [www.cdc.gov/getsmart](http://www.cdc.gov/getsmart) today.

57495



# When you're sick, antibiotics aren't always the answer.

To avoid antibiotic-resistant infections and adverse drug events, avoid seeking an antibiotic prescription for colds, coughs and sniffles.

- Taking antibiotics when they are not needed causes some bacteria to become resistant to the antibiotic.
- Resistant bacteria are stronger and make future bacterial illnesses harder to treat.

To learn more, talk with your  
Walgreens pharmacist today.

OPF: 2875 677 119 0963941

INPO: 0917 00378003210

57495

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PAIDMPD \*1534699 0302 3 0000438 5\*

NELVA BRUNSTING  
13630 Pinerock  
Houston, TX 770797517  
(713)464-4391

- Store TT 2 of 5
- Your Insurance Saved You: \$12.28


SUN 11:00AM

\$4.38

EXPRESS PAY

04/29/11

Refill



## Personal Prescription Information

### LOOK INSIDE FOR IMPORTANT INFORMATION ABOUT YOUR MEDICATION.

Take advantage of this convenient service:

- **Auto Refills**  
We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.



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***Thank you for choosing Walgreens!***

**P5833**

# YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location  
12850 Memorial Drive  
Houston, TX 77024  
(713)722-7247

|   |                           |   |
|---|---------------------------|---|
| <b>PATIENT</b> NELVA BRUNSTING                      | <b>DOCTOR</b> A. JAIN, MD | <b>DRUG DESCRIPTION</b>   |
| <b>BIRTH DATE</b> 10/08/26                          |                           |  |
| <b>MEDICATION</b> ETHAMBUTOL 400MG TABLETS          | <b>PATIENT ALLERGIES</b>  | WHITE   |
| <b>QUANTITY</b> 90                                  |                           | FRONT: L U  |
| <b>DIRECTIONS</b> TAKE 3 TABLETS BY MOUTH EVERY DAY |                           | BACK: C32   |

**INGREDIENT NAME:** ETHAMBUTOL (e-THAM-byoo-tole)

**COMMON USES:** This medicine is an antibacterial used to treat tuberculosis (TB).

**BEFORE USING THIS MEDICINE: INFORM YOUR DOCTOR OR PHARMACIST** of all prescription and over-the-counter medicine that you are taking. Inform your doctor of any other medical conditions, allergies, pregnancy, or breast-feeding.

**HOW TO USE THIS MEDICINE:** Follow the directions for using this medicine provided by your doctor. **THIS MEDICINE MAY BE TAKEN WITH FOOD** if it upsets your stomach. **STORE THIS MEDICINE** at room temperature in a tightly-closed container, away from heat and light. **IF YOU MISS A DOSE OF THIS MEDICINE**, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

**CAUTIONS: DO NOT STOP USING THIS MEDICINE** without first checking with your doctor. **THIS MEDICINE MAY CAUSE** dizziness. Do not drive, operate machinery, or do anything else that could be dangerous until you know how you react to this medicine. **HAVE REGULAR EYE EXAMINATIONS** while you are taking this medicine even if you do not notice changes in your vision. **BEFORE YOU BEGIN TAKING ANY NEW MEDICINE**, either prescription or over-the-counter, check with your doctor or pharmacist.

**POSSIBLE SIDE EFFECTS: SIDE EFFECTS**, that may go away during

treatment, include nausea, headache, or dizziness. If they continue or are bothersome, check with your doctor. **CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE** if you experience changes in vision, vomiting, skin rash, itching, fever, confusion, or numbness or tingling of extremities. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**OVERDOSE:** If overdose is suspected, contact your local poison control center or emergency room immediately.

**ADDITIONAL INFORMATION:** If your symptoms do not improve within 2 to 3 weeks, or if they become worse, check with your doctor. **DO NOT SHARE THIS MEDICINE** with others for whom it was not prescribed. **DO NOT USE THIS MEDICINE** for other health conditions. **KEEP THIS MEDICINE** out of the reach of children. **IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME**, obtain refills before your supply runs out.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain. WIC# 957918

**KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.**

NELVA BRUNSTING  
13630 Pinerock, Houston, TX 770797517  
(713)464-4391  
RX # 1534700-03328

DATE: 04/29/11

ETHAMBUTOL 400MG TABLETS

QTY: 90 1 REFILL BEFORE 04/05/12  
Refill NDC: 68180-0281-01  
Retail Price: \$153.59 Your Insurance Saved You: \$148.59

\$ 5.00

A. JAIN, MD  
MFG: LUPIN GROUP# CMDS3896  
XXX/PBP/PBP/ /PBP CLAIM REF# 7C1HH79

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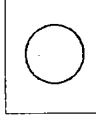
12850 MEMORIAL DRIVE HOUSTON, TX 77024  
PH: (713)722-7247

Customer Receipt

Pharmacy use only

SUN 11:00AM  
Refill ETHAMBUTOL 400MG TABLETS  
68180-0281-01  
ALPHA

QTY 90



WHITE  
FRONT: L U  
BACK: C32

XXX/PBP/PBP/ /PBP

NELVA BRUNSTING  
13630 Pinerock, Houston, TX 770797517  
(713)464-4391

RX # 1534700-03328

DATE: 04/29/11

ETHAMBUTOL 400MG TABLETS

QTY: 90 1 REFILL BEFORE 04/05/12  
Refill NDC: 68180-0281-01  
Retail Price: \$153.59 Your Insurance Saved You: \$148.59

\$ 5.00

A. JAIN, MD  
MFG: LUPIN GROUP# CMDS3896  
XXX/PBP/PBP/ /PBP CLAIM REF# 7C1HH79

**Walgreens**

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PH: (713)722-7247

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# Take your antibiotics the right way.

- Precisely follow usage directions.
- Do not skip doses.
- Do not share them with others.
- Finish the prescription even if you feel better.
- Do not save them for future use.

## Why is this checklist so important?

Using an antibiotic the wrong way can make infections stronger and harder to treat. You can prevent this problem by getting smart about antibiotics.

For more information talk to your Walgreens pharmacist. Or call 1-800-CDC-INFO or visit [www.cdc.gov/getsmart](http://www.cdc.gov/getsmart).

# Do you have a higher risk of getting pneumonia?

## Are you:

- Age 19 through 64 and smoke or have asthma?
- Age 64 or younger and have diabetes, heart disease, lung disease, leukemia, lymphoma, Hodgkin's disease, kidney problems, HIV or other condition that lowers the body's resistance to infection?
- Age 64 or younger and are taking a drug or treatment that lowers the body's resistance to infection, such as long-term steroids, certain cancer drugs or radiation therapy?
- Age 65 or older?

If you answered, "yes" to any of these questions, the Centers for Disease Control & Prevention (CDC) recommends that you receive a pneumonia vaccination.

**Talk to your Walgreens pharmacist  
to get vaccinated today!**

No out-of-pocket cost for Medicare Part B beneficiaries\*

There's a way to stay well.

\*Medicare Part B generally covers the pneumonia vaccine once per beneficiary. Vaccine subject to availability. State, age and health condition-related restrictions may apply. See pharmacy for details.

8  
BR



PAIDMPD \*1534700 0302 3 0000500 1\*

SUN 11:00AM

\$5.00

EXPRESS PAY

04/29/11

Refill

NELVA BRUNSTING

13630 Pinerock  
Houston, TX 770797517  
(713)464-4391

- Store TT 1 of 5
- Your Insurance Saved You: \$148.59



## Personal Prescription Information

OPF: 2875 677 119 0964305 INPO: 0917 68180028101

## LOOK INSIDE FOR IMPORTANT INFORMATION ABOUT YOUR MEDICATION.

Take advantage of this convenient service:

- **Auto Refills**  
We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.

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Visit us online at [Walgreens.com](http://Walgreens.com)

**Thank you for choosing Walgreens!**

**P5835**



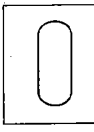
# YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location  
12850 Memorial Drive  
Houston, TX 77024  
(713)722-7247

PATIENT NELVA BRUNSTING  
BIRTH DATE 10/08/26  
MEDICATION SERTRALINE 50MG TABLETS  
QUANTITY 30

DOCTOR A. JAIN, MD

DRUG DESCRIPTION



DIRECTIONS TAKE 1 TABLET BY MOUTH EVERY DAY

PATIENT ALLERGIES

BLUE

FRONT: G 4900

BACK: 50MG

## INGREDIENT NAME: SERTRALINE (SER-tra-leen)

**COMMON USES:** This medicine is a selective serotonin reuptake inhibitor (SSRI) used to treat depression, panic disorder, obsessive compulsive disorder (OCD), post-traumatic stress disorder (PTSD), social anxiety disorder (social phobia), and a severe form of premenstrual syndrome called premenstrual dysphoric disorder (PMDD). It may also be used for other conditions as determined by your doctor.

**BEFORE USING THIS MEDICINE:** WARNING: Antidepressants may increase the risk of suicidal thoughts or actions in children, teenagers, and young adults. However, depression and certain other mental problems may also increase the risk of suicide. Talk with the patient's doctor to be sure that the benefits of using this medicine outweigh the risks. Family and caregivers must closely watch patients who take this medicine. It is important to keep in close contact with the patient's doctor. Tell the doctor right away if the patient has symptoms like worsened depression, suicidal thoughts, or changes in behavior. Discuss any questions with the patient's doctor. Some medicines or medical conditions may interact with this medicine. **INFORM YOUR DOCTOR OR PHARMACIST** of all prescription and over-the-counter medicine that you are taking. **DO NOT TAKE THIS MEDICINE** if you are taking a trinitrofurazone derivative (eg, dextrofenfluramine), nefazodone, pimozide, sibutramine, or thioridazine. **DO NOT TAKE THIS MEDICINE** if you are taking or have taken a monoamine oxidase inhibitor (MAOI) (eg, phenelzine), selegiline, or St. John's wort within the last 14 days. **ADDITIONAL MONITORING OR YOUR DOSE OR CONDITION** may be needed if you are taking antidepressants (eg, phenelzine); linezolid; metoprolol; serotonergic (eg, MAOIs); aspirin; antiarrhythmics (eg, flecainide, propafenone, sotalol, propafenone); tramadol; phenothiazines (eg, chlorpromazine); carbamazepine; cyproheptadine; atipirazole; clozapine; digoxin; flecainide; lithium; phenylethanolamine; risperidone; tricyclic antidepressants (eg, amitriptyline); or valproate (eg, valproic acid). **DO NOT START OR STOP** any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, including if you have a history of seizures; heart problems; liver problems; stomach or bowel bleeding; metabolic problems; allergies; pregnancy; or breast-feeding. Tell your doctor if you or a family member has a history of bipolar disorder (manic-depression), other mental or mood problems, suicidal thoughts or attempted, or alcohol or substance abuse. Tell your doctor if you are dehydrated, have low blood sodium levels, drink alcohol, or if you will be having electroconvulsive therapy (ECT). Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

**HOW TO USE THIS MEDICINE:** Follow the directions for taking this medicine provided by your doctor. This medicine has a MEDICATION GUIDE approved by the U.S. Food and Drug Administration. Read it carefully. Ask your doctor, nurse, or pharmacist any questions that you may have about taking this medicine. This medicine may be taken with or without food. **DO NOT TAKE THIS MEDICINE** at 75 or without food. **DO NOT TAKE THIS MEDICINE** at 75 or without food. **DO NOT TAKE THIS MEDICINE** if you are taking or have taken a monoamine oxidase inhibitor (MAOI) (eg, phenelzine), selegiline, or St. John's wort within the last 14 days. **ADDITIONAL MONITORING OR YOUR DOSE OR CONDITION** may be needed if you are taking antidepressants (eg, phenelzine); linezolid; metoprolol; serotonergic (eg, MAOIs); aspirin; antiarrhythmics (eg, flecainide, propafenone, sotalol, propafenone); tramadol; phenothiazines (eg, chlorpromazine); carbamazepine; cyproheptadine; atipirazole; clozapine; digoxin; flecainide; lithium; phenylethanolamine; risperidone; tricyclic antidepressants (eg, amitriptyline); or valproate (eg, valproic acid). **DO NOT START OR STOP** any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, including if you have a history of seizures; heart problems; liver problems; stomach or bowel bleeding; metabolic problems; allergies; pregnancy; or breast-feeding. Tell your doctor if you or a family member has a history of bipolar disorder (manic-depression), other mental or mood problems, suicidal thoughts or attempted, or alcohol or substance abuse. Tell your doctor if you are dehydrated, have low blood sodium levels, drink alcohol, or if you will be having electroconvulsive therapy (ECT). Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

**CAUTIONS:** DO NOT USE THIS MEDICINE if you are allergic to any ingredient in this medicine. **THIS MEDICINE MAY CAUSE DROWSINESS OR DIZZINESS.** These effects may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. **DO NOT DRIVE OR PERFORM OTHER POSSIBLY UNSAFE TASKS** until you know how you react to it. **DO NOT DRINK ALCOHOL** while you are taking this medicine. Check with your doctor before you use medicines that may cause drowsiness (eg, sleep aids, muscle relaxers) while you are taking this medicine; it may add to their effects. Ask your pharmacist if you have questions about which medicines may cause drowsiness. **Severe allergic reactions (swelling symptoms) improve. DO NOT TAKE MORE THAN THE RECOMMENDED DOSE,** change your dose, or use this medicine for longer than prescribed without checking with your doctor. **IF YOUR DOCTOR**

NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517  
(713)464-4391

RX # 1515376-03328

DATE: 03/02/11

SERTRALINE 50MG TABLETS

QTY: 30 1 REFILL BEFORE 02/02/12

Refill NDC: 59762-4900-05

Retail Price: \$29.99 Your Insurance Saved You: \$24.99

\$ 5.00

A. JAIN, MD  
MFG: GREENSTONE  
XXX/KMIN/KMIN/ /KMIN

PLAN: PAIDMPD  
GROUP# CMD3896  
CLAIM REF# OXHXMT3

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SERTRALINE 50MG TABLETS  
59762-4900-05

QTY 30  
20 DRAM

FRONT: G 4900  
BACK: 50MG

CELL 29

XXX/KMIN/KMIN/ /KMIN

Med Guide

**TELLS YOU TO STOP TAKING THIS MEDICINE.** You will need to wait for several weeks before beginning to take certain other medicines (eg, MAOIs, nefazodone). Ask your doctor when you should start to take your new medicines after you have stopped taking this medicine. **SERTONIN SYNDROME** and **NEUROLEPTIC MALIGNANT SYNDROME (NMS)** are possibly fatal syndromes that can be caused by this medicine. Your risk may be greater if you take this medicine with certain other medicines (eg, "triptans", MAOIs, antidepressants). Symptoms of these syndromes may include blood pressure changes; agitation; confusion; hallucinations; other mental or mood changes; coma; fever; fast or irregular heartbeat; tremor; excessive sweating; rigid muscles; and nausea, vomiting, or diarrhea. Contact your doctor at once if you have any of these symptoms. **BEFORE YOU BEGIN TAKING ANY NEW MEDICINES,** either prescription or over-the-counter, check with your doctor or pharmacist. Caution is advised when using this medicine in the elderly; they may be more sensitive to its effects, especially low blood sodium levels. Caution is advised when using this medicine in CHILDREN; they may be more sensitive to its effects, especially increased risk of suicidal thoughts or actions. **THIS MEDICINE MAY CAUSE WEIGHT CHANGES.** CHILDREN AND TEENAGERS may need regular weight and growth checks while they take this medicine. **FOR MEN: THIS MEDICINE MAY RARELY CAUSE** a prolonged, painful erection. This could happen even when you are not having sex. If this is not treated right away, it could lead to permanent sexual problems such as impotence. **THIS MEDICINE MAY CAUSE HEADACHE TO THE POINTS IF YOU ARE TAKING IT.** **IF YOU ARE TAKING IT WITH OTHER MEDICINES, YOU WILL NEED TO DISCUSS THE BENEFITS AND RISKS OF USING THIS MEDICINE** while you are pregnant. **IT IS NOT KNOWN IF THIS MEDICINE IS FOUND** in breast milk. **IF YOU ARE OR WILL BE BREAST-FEEDING** while you use this medicine, check with your doctor. Discuss any possible risks to your baby.

**POSSIBLE SIDE EFFECTS:** SIDE EFFECTS that may occur while taking this medicine include anxiety; constipation; decreased sexual desire or ability; diarrhea; dizziness; drowsiness; dry mouth; increased sweating; loss of appetite; nausea; nervousness; stomach upset; tiredness; trouble sleeping; vomiting; or weight loss. If they continue or are bothersome, check with your doctor. **CONTACT YOUR DOCTOR IMMEDIATELY** if you experience bizarre behavior; black or bloody stools; chest pain; decreased bladder control; exaggerated reflexes; fast or irregular heartbeat; fever; hallucinations; loss of coordination; new or worsening agitation, hostility, exaggerated aggressiveness, impulsiveness, irritability, inability to sit still, feeling of well-being, restlessness, or inability to sit still; erection; red, swollen, blistered, or peeling skin; seizures; severe or persistent anxiety or trouble sleeping; stomach pain; suicidal thoughts or attempts; tremor; unusual bruising or bleeding; unusual or severe mental or physical changes; vision changes; or worsening of depression. **ADDITIONAL MEDICAL ATTENTION** is likely if you experience any of the following symptoms: difficulty breathing; faintness in the chest; swelling of the mouth, face, lips, or tongue. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your health care provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**OVERDOSE:** IF OVERDOSE IS SUSPECTED, contact your local poison control center or emergency room immediately. Symptoms may include coma; fainting; fast, slow, or irregular heartbeat; hair loss; hallucinations; seizures; severe or persistent dizziness, drowsiness, diarrhea, nausea, or vomiting; or tremor.

**ADDITIONAL INFORMATION:** DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. **DO NOT USE THIS MEDICINE** for other health conditions. **KEEP THIS MEDICINE** out of the reach of children and pets. **IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME,** obtain refills before your supply runs out.

NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517  
(713)464-4391

RX # 1515376-03328

DATE: 03/02/11

SERTRALINE 50MG TABLETS

QTY: 30 1 REFILL BEFORE 02/02/12

Refill NDC: 59762-4900-05

Retail Price: \$29.99 Your Insurance Saved You: \$24.99

\$ 5.00

A. JAIN, MD  
MFG: GREENSTONE  
XXX/KMIN/KMIN/ /KMIN

PLAN: PAIDMPD  
GROUP# CMD3896  
CLAIM REF# OXHXMT3

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PH: (713)722-7247

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Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.





Ask if grapefruit juice affects your medication.

From the breakfast table.



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- Over-the-counter product and prescription interactions
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INFO-0908 59762490005

53858

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PAIDMPD \*1515376 0202 3 0000500 1\*

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Houston, TX 770797517  
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- Store TT 5 of 6
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\$5.00  
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03/02/11  
Refill  
MED GUIDE



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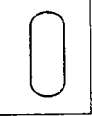
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**P5837**

# YOUR PERSONAL PRESCRIPTION INFORMATION

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Houston, TX 77024  
(713)722-7247

|  |                           |   |
|--|---------------------------|---|
| <b>PATIENT</b> NELVA BRUNSTING                     | <b>DOCTOR</b> A. JAIN, MD | <b>DRUG DESCRIPTION</b>   |
| <b>BIRTH DATE</b> 10/08/26                         |                           |  |
| <b>MEDICATION</b> AZITHROMYCIN 250MG TABLETS       | <b>PATIENT ALLERGIES</b>  |   |
| <b>QUANTITY</b> 30                                 |                           | PINK  |
| <b>DIRECTIONS</b> TAKE 1 TABLET BY MOUTH EVERY DAY |                           | FRONT: 93<br>BACK: 7146   |

### INGREDIENT NAME: AZITHROMYCIN (az-ZITH-roe-MYE-sin)

**COMMON USES:** This medicine is a macrolide antibiotic used to treat bacterial infections.

**BEFORE USING THIS MEDICINE:** Some medicines or medical conditions may interact with this medicine. INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. DO NOT TAKE THIS MEDICINE if you are also taking dofetilide, nitroimid, propafenone, pimozide, or tetraabenazine. ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION may be needed if you are taking antiarrhythmics (eg, disopyramide), anticoagulants (eg, warfarin), arsenic, astemizole, carbamazepine, cisapride, digoxin, domperidone, meprobamate, methadone, nefinavir, cyclosporine, ergot alkaloids (eg, ergotamine), paliperidone, phenytoin, quinolones (eg, levofloxacin), rifampin, terfenadine, theophylline, triazolam, tyrosine kinase inhibitors (eg, dasatinib), or medicines that may affect your heartbeat. Ask your doctor if you are unsure if any of the medicines you are taking may affect your heartbeat. Inform your doctor of any other medical conditions including irregular heartbeat, kidney problems, liver problems, myasthenia gravis, allergies, pregnancy or breastfeeding. Contact your doctor or pharmacist if you have any questions or concerns about taking this medicine.

**HOW TO USE THIS MEDICINE:** Follow the directions for using this medicine provided by your doctor. This medicine may be taken on an empty stomach or with food. DO NOT TAKE THIS MEDICINE within 1 hour before or 2 hours after aluminum- or magnesium-containing antacids. STORE THIS MEDICINE at room temperature, away from heat and light. TO CLEAR UP YOUR INFECTION COMPLETELY, continue taking this medicine for the full course of treatment even if you feel better in a few days. Do not miss any doses. Taking this medicine at the same time each day will make it easier to remember. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. If you miss a dose, do not take 2 doses at once.

**CAUTIONS:** DO NOT TAKE THIS MEDICINE if you have had an allergic reaction to it, to other macrolide antibiotics (such as erythromycin), to ketolide antibiotics (such as telithromycin), or if you are allergic to any ingredient in this product. DO NOT TAKE THIS MEDICINE IF YOU HAVE HAD A SEVERE ALLERGIC REACTION to erythromycin or any macrolide or ketolide antibiotic. A severe reaction includes a severe rash, hives, breathing difficulties, or dizziness. If you have a question about whether you are allergic to this medicine, contact your doctor or pharmacist. IF YOU EXPERIENCE difficulty breathing; tightness of chest; swelling of eyelids, face, or lips; or if you develop a rash or hives, tell your doctor immediately. Do not take any more of this medicine unless your doctor tells you to do so. This medicine may cause drowsiness, dizziness, or lightheadedness. DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. THIS

MEDICINE MAY CAUSE increased sensitivity to the sun. Avoid exposure to the sun, sunlamps, or tanning booths until you know how you react to this medicine. Use a sunscreen or protective clothing if you must be outside for a prolonged period. MILD DIARRHEA IS COMMON with antibiotic use. However, a more serious form of diarrhea (pseudomembranous colitis) may rarely occur. This may develop while you use the antibiotic or within several months after you stop using it. Contact your doctor right away if stomach pain or cramps, severe diarrhea, or bloody stools occur. Do not treat diarrhea without first checking with your doctor. BEFORE YOU HAVE ANY MEDICAL OR DENTAL TREATMENTS, EMERGENCY CARE, OR SURGERY, tell the doctor or dentist that you are using this medicine. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. IT IS UNKNOWN IF THIS MEDICINE IS EXCRETED in breast milk. IF YOU ARE OR WILL BE BREAST-FEEDING while you are using this medicine, check with your doctor or pharmacist to discuss the risks to your baby.

**POSSIBLE SIDE EFFECTS:** SIDE EFFECTS, that may go away during treatment, include mild diarrhea, headache, nausea, or stomach pain or upset. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience vomiting, changes in hearing, or ringing in the ears. CONTACT YOUR DOCTOR IMMEDIATELY if you experience chest pain; swelling of your hands, legs, face, lips, eyes, throat, or tongue; difficulty swallowing, speaking, or breathing; irregular heartbeats; vision problems; fainting; hearing loss; irregular heartbeats; muscle weakness; reddened, blistered, or swollen skin; seizures; severe stomach pain, cramps, or diarrhea; bloody stools; unusual vaginal itching, odor, or discharge; or yellowing of the eyes or skin. An allergic reaction to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash, itching, swelling, dizziness, trouble breathing, or unusual hoarseness. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**OVERDOSE:** If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include nausea, vomiting, stomach upset, and diarrhea.

**ADDITIONAL INFORMATION:** DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children and pets.

Call your doctor for medical advice about side effects  
You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.  
WIC# 957918

NELVA BRUNSTING  
13630 Pinerock, Houston, TX 770797517  
(713)464-4391

RX # 1494789-03328

DATE: 03/02/11

AZITHROMYCIN 250MG TABLETS  
QTY: 30 NO REFILLS - DR. AUTH REQUIRED  
Refill NDC: 00093-7146-56  
Retail Price: \$195.79 Your Insurance Saved You: \$190.79

\$ 5.00

A. JAIN, MD  
MFG: TEVA  
XXXI / /KMIN/KMIN  
PLAN: PAIDMPD  
GROUP# CMD3896  
CLAIM REF# FKRWQHHL

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00093-7146-56  
ALPHA

NELVA BRUNSTING

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(713)464-4391

RX # 1494789-03328

DATE: 03/02/11

AZITHROMYCIN 250MG TABLETS  
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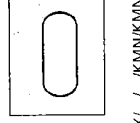
\$ 5.00

A. JAIN, MD  
MFG: TEVA  
XXXI / /KMIN/KMIN  
PLAN: PAIDMPD  
GROUP# CMD3896  
CLAIM REF# FKRWQHHL

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FRONT: 93  
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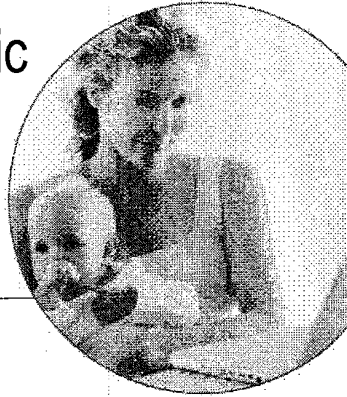
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8359

Ask if an antibiotic  
is causing her  
diaper rash.

*Without leaving her side.*



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# YOUR PERSONAL PRESCRIPTION INFORMATION

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Houston, TX 77024  
(713)722-7247

PATIENT **NELVA BRUNSTING** DOCTOR **A. JAIN, MD** DRUG DESCRIPTION **LIQUID**  
 BIRTH DATE **10/08/26**  
 MEDICATION **BROVANA 15MCG/2ML INH SOL 30X2ML**  
 QUANTITY **120**  
 DIRECTIONS **INHALE 1 VIAL VIA NEBULIZER TWICE DAILY**  
 PATIENT ALLERGIES

**Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.**

**INGREDIENT NAME:** ARFORMOTEROL (ar-for-MOE-ter-ole)

**COMMON USES:** This medicine is a long-acting beta-agonist bronchodilator used for long-term treatment of chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema. It may also be used to treat other conditions as determined by your doctor.

**BEFORE USING THIS MEDICINE:** WARNING: LONG-ACTING BETA-AGONISTS SUCH AS THIS MEDICINE HAVE BEEN RARELY ASSOCIATED WITH AN INCREASED RISK OF ASTHMA-RELATED DEATH. Long-acting beta-agonists should be used only as a maintenance therapy and not for the relief of asthma symptoms (eg, wheezing, coughing, chest tightness, or shortness of breath). This medicine has not been approved to treat asthma. Safety and effectiveness of this medicine in patients with asthma have not been confirmed. **SOME MEDICINES MAY INTERACT** with this medicine. **DO NOT TAKE** beta-agonist (eg, salmeterol) or **TELL YOUR HEALTH CARE PROVIDER** if you are taking any other medicines, especially any of the following: corticosteroids (eg, prednisone), diuretics (eg, furosemide, hydrochlorothiazide), xanthines (eg, theophylline), catecholamine (MAO) inhibitors (eg, phenylephrine), tricyclic antidepressants (eg, amitriptyline) or beta-blockers (eg, propranolol). This may not be a complete list of all interactions that may occur. Ask your health care provider if this medicine may interact with other medicines you take. **DO NOT STOP** any medical conditions, including an history of other breathing problems (eg, asthma), diabetes, heart problems (eg, fast or irregular heartbeat, heart blood vessel problems), liver problems (eg, fast or irregular heartbeat, heart blood vessel problems), pregnancy, or breast-feeding. Tell your doctor if you have recently been hospitalized for breathing problems; have ever had life-threatening breathing problems; are on oxygen therapy; or have ever had a regular heartbeat, overexcitement, or severe trouble sleeping. Tell your doctor if you have taken a MAOI (eg, L-DOPA, phenylephrine) or a tricyclic antidepressant (eg, amitriptyline) within the last 14 days. **USE OF THIS MEDICINE IS NOT RECOMMENDED** if you are having severe chest tightness, cough, shortness of breath, wheezing, or you have asthma and you are not currently using a long-term asthma-control medicine (eg, inhaled corticosteroids), or if you have asthma that is, **always well controlled with the USE OF INHALERS**, safety and effectiveness in children have not been confirmed. Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

**HOW TO USE THIS MEDICINE:** Follow the directions for using this medicine provided by your doctor. This medicine comes with a MEDICATION GUIDE approved by the U.S. Food and Drug Administration. Read it carefully each time you refill this medicine. Ask your doctor, pharmacist, or pharmacist any questions about using this medicine. **NEBULIZER:** Do NOT inject or swallow it. A health care provider will teach you how to use the nebulizer. Be sure you know what type of nebulizer to use with this medicine, and how to use it. Follow the procedures you are taught. **NEBULIZER:** Use a pouch of the vial until right before use. **IF THE MEDICINE CONTAINS PARTICLES:** is cloudy or discolored, or if the vial is cracked or damaged in any way, do not use the medicine. **DO NOT USE THIS MEDICINE** just open the top of the vial and pour the entire contents into the nebulizer reservoir. **CONNECT THE NEBULIZER RESERVOIR** to the mouthpiece or face mask. **CONNECT THE NEBULIZER RESERVOIR** to the compressor. Sit in a comfortable, upright position. **BREATHE AS CALMLY,** deeply and evenly as possible until no more mist is formed in the nebulizer chamber (about 5 to 10 minutes). **CLEAN THE NEBULIZER** according to the instructions. Failure to properly clean the nebulizer could lead to bacteria or mold growing in the nebulizer. **DO NOT** use the nebulizer or mouthpiece to breathe the medicine. Use the medicine in the nebulizer immediately after opening the vial for the first time. **STORE THIS MEDICINE IN THE REFRIGERATOR**, between 36 and 46 degrees F (2 and 8 degrees C). Do not freeze. **UNOPENED POUCHES MAY BE STORED** at room temperature between 68 and 77 degrees F (20 and 25 degrees C) at room temperature. Throw it away after 6 weeks. **DO NOT USE** this medicine if it is past the expiration date on the container. **KEEP THIS MEDICINE** out of the reach of children and away from pets. **CONTINUE TO USE** this medicine until you have used all the medicine. Do not use this medicine if you notice redness, itching, or a rash on the skin that has not gone away. Do not use 2 doses at once.

**CAUTIONS:** **DO NOT USE THIS MEDICINE** if you are allergic to any ingredient in this medicine, or to formoterol. **BEFORE YOU BEGIN TAKING ANY NEW MEDICINES** (either prescription or over-the-counter), check with your doctor or pharmacist. **LAB TESTS**, including lung function and blood potassium levels, may be performed while you use this medicine. These tests may be used to monitor your appointments. **THIS MEDICINE MAY CAUSE DIZZINESS.** This effect may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. Do not drive or perform other possibly unsafe tasks until you know how you react to **HAVE ALREADY STARTED.** Be sure to carry a short-acting bronchodilator inhaler (eg, albuterol) with you at all times to treat any breathing problems that may occur between doses of this medicine (eg, severe or sudden onset of wheezing or shortness of breath). If you have any questions about **YOU HAVE BEEN REGULARLY USING A SHORT-ACTING BRONCHODILATOR INHALER**, talk with your doctor about how to use it with this medicine. Short-acting bronchodilators are normally used only during the first few days of treatment. Breathing problems that may be greater if you use this medicine in high doses. **DO NOT** use more than recommended dose or use more often than prescribed. **TELL YOUR DOCTOR AT ONCE** if you notice that your short-acting bronchodilator inhaler does not work as well as you expect. **DO NOT STOP** using this medicine until you have been told to do so by your doctor. **FOR YOUR SAFETY, ALWAYS TAKE CARE WITH YOUR BREATHING PROBLEMS** that worsen quickly, or if you use your short-acting bronchodilator and do not get relief. **TALK WITH YOUR DOCTOR OR PHARMACIST** about all of your breathing medicines and how to use them. Do not start, stop, or change the dose or any

breathing medicine unless your doctor tells you to. **THE MEDICINE MAY CAUSE SEVERE BREATHING PROBLEMS RIGHT AFTER YOU USE A DOSE.** If this happens, use your short-acting bronchodilator. Contact your doctor or seek other medical care at once. **THIS MEDICINE MAY RAISE YOUR BLOOD SUGAR.** High blood sugar may make you feel confused, thirsty, or hungry. If these symptoms occur, tell your doctor right away. **PREGNANCY and BREAST-FEEDING:** If you become pregnant, contact your doctor. You will need to discuss the benefits and risks of using this medicine while you are pregnant. It is not known if this medicine is found in breast milk. If you are breastfeeding your baby, discuss with your doctor. Discuss any possible risks to your baby.

**POSSIBLE SIDE EFFECTS:** SIDE EFFECTS that may occur while taking this medicine include: fast, pain, dizziness, sleepiness, headache, nervousness, or both. Tell your doctor if you have any of these SEVERE side effects occur: chest pain; fast or irregular heartbeat; fever, chills, or persistent sore throat; leg swelling, new or worse leg pain, bleeding, or severe or persistent headache, dizziness, tremor, or nervousness; severe or persistent muscle pain or cramps; symptoms of high blood sugar (eg, increased thirst, urination, hunger, or frequent urination); unusual weakness or drowsiness; confusion; trouble breathing; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, tongue, or throat; unusual hoarseness. This is not a complete list of all side effects that may occur. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**OVERDOSE:** IF OVERDOSE IS SUSPECTED, contact your local poison control center or hospital emergency room. **DO NOT** take more medicine than directed. Irregular heartbeat; severe or persistent dizziness; dry mouth; fatigue; headache; muscle pain or cramps; nausea; nervousness; trouble sleeping; or tremors; severe or persistent symptoms of high blood sugar (eg, increased thirst, urination, or hunger; drowsiness; flushing of the skin; confusion; fruit-like breath odor).

**ADDITIONAL INFORMATION:** If your symptoms do not improve or if they become worse, check with your doctor. **DO NOT SHARE THIS MEDICINE** with others for whom it was not prescribed. **KEEP THIS MEDICINE** in its original container and obtain refills before your supply runs out. **CHECK WITH YOUR PHARMACIST** about how to dispose of unused medicine.



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13630 Pinerock, Houston, TX 770797517  
(713)464-4391

**RX # 1496587-03328**

DATE: 02/18/11

**BROVANA 15MCG/2ML INH SOL 30X2ML**  
QTY: 120 1 REFILL BEFORE 12/05/11  
Refill NDC: 63402-0911-30

\$ 527.99

A. JAIN, MD  
MFG:SEPRACOR  
HMC/ / / /KDM

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PH: (713)722-7247

CUSTOMER Receipt

Pharmacy use only

TUE 12:00PM  
Refill  
BROVANA 15MCG/2ML INH SOL 30X2ML  
63402-0911-30  
REFRIG

QTY 120

LIQUID

HMC/ / / /KDM

Med Guide



**NELVA BRUNSTING**  
13630 Pinerock, Houston, TX 770797517  
(713)464-4391

**RX # 1496587-03328**

DATE: 02/18/11

**BROVANA 15MCG/2ML INH SOL 30X2ML**  
QTY: 120 1 REFILL BEFORE 12/05/11  
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\$ 527.99

A. JAIN, MD  
MFG:SEPRACOR  
HMC/ / / /KDM

**Walgreens**

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PH: (713)722-7247

Duplicate Receipt

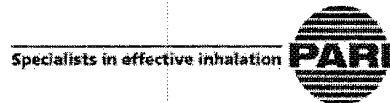
Don't take a chance with your lungs — get a PARI Nebulizer cup now.



Did you know a PARI nebulizer was used to prove safety and efficacy of your inhaled medication? PARI nebulizers are the clinical choice, make them your choice.

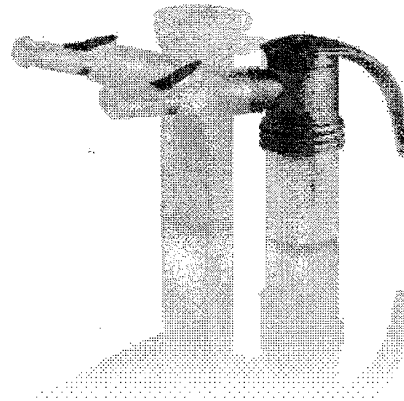
**The Benefits of PARI Reusable Nebulizers**

- Short treatment times
- Consistent, efficient delivery of medication to the lungs
- Reusable, designed to last 6 months
- Easy to clean: boilable and dishwasher safe
- Cost effective



PARI LC® Plus used in clinical trial.

53444



**Continue to effectively manage your COPD by using a PARI Nebulizer.**

Chronic obstructive pulmonary disease (COPD) is with you all of the time, even when you don't have symptoms. That is why it's important to use the PARI Nebulizer system, to deliver your medication to you effectively.

**If you're not using a PARI nebulizer cup, you may not be getting the most benefit from your aerosol medication.**

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For more information contact PARI at 1.800.FAST.NEB (327.8632) or your Walgreens pharmacist. Visit [www.PARI.com](http://www.PARI.com).

**Talk to your doctor or pharmacist today about the PARI Reusable Nebulizer cup.**

This message was developed and paid for by PARI Respiratory Equipment, Inc.

OPL: 2875 677 049 0537281

INFO: 0906 63402091130

53444

8 BR



\*1496587 2203 3 0052799 0\*

TUE 12:00PM  
\$527.99  
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NELVA BRUNSTING

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Houston, TX 770797517  
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- MEDICARE: Patient Not Eligible- Use New Plan or charge Cash
- Store TT 1 of 1
- Prescription Savings Club could save you \$117.29! Ask if you qualify.

02/18/11  
Refill

REFRIGERATE  
MED GUIDE



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Prescription  
Information

**LOOK INSIDE FOR IMPORTANT INFORMATION ABOUT YOUR MEDICATION.**

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# YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location  
12850 Memorial Drive  
Houston, TX 77024  
(713)722-7247

PATIENT NELVA BRUNSTING  
BIRTH DATE 10/08/26  
MEDICATION SPIRIVA CAPS 30'S & HANDIHALER  
QUANTITY 30

DRUG DESCRIPTION

DOCTOR A. JAIN, MD

DIRECTIONS INHALE CONTENTS OF ONE CAPSULE  
ONCE DAILY USING HANDIHALER

PATIENT ALLERGIES

**INGREDIENT NAME:** TIOTROPIUM BROMIDE (TYE-oh-TROE-pee-um BROE-mide)

**COMMON USES:** This medicine is an anticholinergic agent used to treat the symptoms of chronic obstructive pulmonary disease, including chronic bronchitis and emphysema. It may also be used to treat other conditions as determined by your doctor.

**BEFORE USING THIS MEDICINE:** Some medicines or medical conditions may interact with this medicine. **INFORM YOUR DOCTOR OR PHARMACIST** of all prescription and over-the-counter medicine that you are taking. **DO NOT TAKE THIS MEDICINE** if you are taking another anticholinergic (eg, ipratropium). Ask your doctor if you are unsure if any of your medicines are anticholinergics. **DO NOT START OR STOP** any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, including if you have trouble urinating; an enlarged prostate; bladder blockage; glaucoma; kidney problems; allergies (including milk proteins); pregnancy; or breast-feeding. Tell your doctor if you are having an asthma attack or increased difficulty breathing. Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

**HOW TO USE THIS MEDICINE:** Follow the directions for using this medicine provided by your doctor. An additional patient information leaflet is available with this medicine. Read it carefully. Ask your doctor, nurse, or pharmacist any questions that you may have before using this medicine. **DO NOT ALLOW THE CAPSULES, THE CAPSULES ARE USED WITH A SPECIAL INHALER. DO NOT** remove a capsule from the packaging until you are ready to use it. To remove a capsule from the packaging, carefully peel the foil back to expose the capsule. **DO NOT** shake the capsule out of the blister. **DO NOT** cut, crush, or share the capsule with anyone. When you are removing a capsule for use, it must be discarded. Do not save the capsule for later. Place the capsule in the special inhaler device immediately. The device will puncture the capsule so that the medicine inside may be inhaled into the lungs through the mouthpiece. Exhale slowly and deeply. **DO NOT** breathe into the mouthpiece of the inhaler. Position the inhaler mouthpiece between your lips and try to rest your tongue flat. Keep your head upright. Do not block the air vents on the inhaler. **TAKE A SLOW, DEEP BREATH.** You should hear as long as it feels comfortable, then exhale slowly through pursed lips. Breathe out completely. To be sure all of the medicine has been inhaled from the capsule, inhale from the mouthpiece a second time following the same process. **ASK YOUR DOCTOR OR PHARMACIST** if you are unclear on how to use this device or inhale the medicine. **CLEAN THE INHALER DEVICE** once a month according to the instructions in the patient leaflet. Each inhaler device may be used for up to 1 year and then should be replaced. **STORE THIS MEDICINE** at room temperature at 77 degrees F (25 degrees C), away from heat, moisture, and light. Brief storage between 59 and 86 degrees F (15 and 30 degrees C) is permitted. Do not store in the bathroom. This medicine will work best if used regularly. Taking your dose at the same time each day will help you to remember. **IF YOU MISS A DOSE** OF THIS MEDICINE, use it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not use 2 doses at once. **DO NOT** use this medicine more often than 1 time every 24 hours.

**CAUTIONS:** DO NOT USE THIS MEDICINE if you are allergic to any ingredient in this medicine or to atropine or related medicines (eg, ipratropium). THIS MEDICINE WILL NOT STOP AN ASTHMA ATTACK once one has started. **IF YOU ARE ALSO USING A RESCUE INHALER** (eg, albuterol), be sure to always carry the bronchodilator inhaler with you to use during asthma attacks. **DO NOT EXCEED THE RECOMMENDED DOSE** without checking with your doctor. **DO NOT STOP USING THIS MEDICINE** without first checking with your doctor. This medicine may cause dizziness or blurred vision. These effects may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. **DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE** THAT COULD BE DANGEROUS until you know how you react to this medicine. **AVOID GETTING THIS MEDICINE IN YOUR EYES.** If you get the medicine in your eyes and eye pain, blurred vision, or other vision changes occur, contact your doctor immediately. THIS MEDICINE MAY SOMETIMES CAUSE SEVERE BREATHING PROBLEMS right after you use a dose. If this happens, use your short-acting bronchodilator inhaler. Contact your doctor or seek other medical care at once. **BEFORE YOU BEGIN TAKING ANY NEW MEDICINE,** either prescription or over-the-counter, check with your doctor or pharmacist. **USE THIS MEDICINE WITH CAUTION** in the ELDERLY; they may be more sensitive to its effects, especially constipation and urinary tract infections. **FOR WOMEN: IF YOU**

**PLAN ON BECOMING PREGNANT,** discuss with your doctor the benefits and risks of using this medicine during pregnancy. **IT IS NOT KNOWN IF THIS MEDICINE IS FOUND** in breast milk. **IF YOU ARE OR WILL BE BREAST-FEEDING** while you are using this medicine, check with your doctor or pharmacist to discuss the risks to your baby.

**POSSIBLE SIDE EFFECTS:** SIDE EFFECTS that may occur while using this medicine include dry mouth, constipation, sinus inflammation, throat irritation, stomach pain, vomiting, blurred vision, or mild nosebleed. If they continue or are bothersome, check with your doctor. **CONTACT YOUR DOCTOR IMMEDIATELY** if you experience irritation, pain, or white patches in your mouth or on your tongue; mouth sores; severe or persistent nosebleeds; severe or persistent constipation; difficult or painful urination; eye pain or discomfort; vision changes (eg, halos, colored images); chest pain; fast or irregular heartbeat; difficulty swallowing; new or worsened breathing problems; or wheezing. **AN ALLERGIC REACTION** to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue; unusual hoarseness. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**OVERDOSE:** IF OVERDOSE IS SUSPECTED, contact your local poison control center in emergency room immediately. Symptoms may include mental changes; severe constipation; stomach pain; or tremors.

**ADDITIONAL INFORMATION:** DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. **DO NOT USE THIS MEDICINE** for other health conditions. **KEEP THIS MEDICINE** out of the reach of children and pets. **IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME,** obtain refills before your supply runs out.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

NELVA BRUNSTING  
13630 Pinerock, Houston, TX 770797517  
(713)464-4391

NELVA BRUNSTING  
13630 Pinerock, Houston, TX 770797517  
(713)464-4391

RX # 1496586-03328

RX # 1496586-03328

DATE: 01/01/11

DATE: 01/01/11

SPIRIVA CAPS 30'S & HANDIHALER  
QTY: 30 2 REFILLS BEFORE 12/05/11  
Refill NDC: 00597-0075-41  
Retail Price: \$260.99 Your Insurance Saved You: \$44.45

SPIRIVA CAPS 30'S & HANDIHALER  
QTY: 30 2 REFILLS BEFORE 12/05/11  
Refill NDC: 00597-0075-41  
Retail Price: \$260.99 Your Insurance Saved You: \$44.45

\$ 216.54

\$ 216.54

A. JAIN, MD  
MFG: BOEHRINGER  
XXXJJC/JIC/ /RJW  
CLAIM REF# MRWHDCC

A. JAIN, MD  
MFG: BOEHRINGER  
XXXJJC/JIC/ /RJW  
CLAIM REF# MRWHDCC

PLAN: PATIWPB

PLAN: PATIWPB

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Customer Receipt

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SUN 12:00PM  
Refill

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prescriptions at Walgreens.**

8  
BR



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Houston, TX 770797517

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• Store TT 5 of 5

• Your Insurance Saved You: \$44.45



**Personal  
Prescription  
Information**

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INFO: 0900 00597007541

39231

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# YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location  
12850 Memorial Drive  
Houston, TX 77024  
(713)722-7247

|  |   |                                   |
|--|---|-----------------------------------|
| <b>PATIENT</b><br>NELVA BRUNSTING<br><b>BIRTH DATE</b> 10/08/26<br><b>MEDICATION</b> BROVANA 15MCG/2ML INH SOL 30X2ML<br><b>QUANTITY</b> 120<br><b>DIRECTIONS</b> INHALE 1 VIAL VIA NEBULIZER<br>TWICE DAILY | <b>DOCTOR</b> A. JAIN, MD<br><br><br><b>PATIENT ALLERGIES</b> | <b>DRUG DESCRIPTION</b><br>LIQUID |
|--|---|-----------------------------------|

**INGREDIENT NAME:** ARFORMOTEROL (air-for-MOE-ter-ole)

**COMMON USES:** This medicine is a long-acting beta-agonist bronchodilator used for long-term treatment of chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema. It may also be used to treat other conditions as determined by your doctor.

**BEFORE USING THIS MEDICINE:** **WARNING: LONG-ACTING BETA-2-AGONISTS SUCH AS THIS MEDICINE MAY BE USED WITH A SHORT-ACTING BETA-2-AGONIST (eg, inhaled corticosteroids). This medicine has not been approved to treat asthma.** Read the important information that comes with this medicine. Tell your doctor if you are taking any other long-acting beta-agonist (eg, salmeterol) or if you are taking any other medicines, especially any of the following: corticosteroids (eg, prednisone), diuretics (eg, furosemide), tricyclic antidepressants (eg, amitriptyline), monoamine oxidase inhibitors (MAOIs) (eg, phenelzine), tricyclic antidepressants (eg, amitriptyline), or beta-blockers (eg, propranolol). This may not be a complete list of all interactions that may occur. Ask your health care provider (HCP) or pharmacist about all interactions that may occur. **STOP ALL OTHER SYMPTOMATIC MEDICINE WITHOUT YOUR DOCTOR'S APPROVAL.** Inform your doctor of any medical conditions, including a history of other breathing problems (eg, asthma), diabetes, heart problems (eg, fast or irregular heartbeat, heart blood vessel problems, an irregular heartbeat), low potassium levels, high blood pressure, allergies, pregnancy, or breast-feeding. Tell your doctor if you have recently been hospitalized for breathing problems (eg, asthma), if you have a history of frequent colds, if you have a history of seizures, if you have a heart rhythm disorder (eg, atrioventricular block), or if you have been taking any of the following: pseudoephedrine, such as fast or irregular heartbeat, overexcitement, or severe trouble sleeping; Tell your doctor if you have taken a MAOI (eg, a phenelzine) or a MAO-B inhibitor (eg, rasagiline) within 14 days before using this medicine. **IF YOU ARE BREAST-FEEDING:** Tell your doctor if you are having severe breathing problems (eg, sudden, severe onset or worsening of COPD symptoms such as chest tightness, cough, shortness of breath, wheezing), you have asthma and you are not currently using a long-term asthma-control medicine (eg, inhaled corticosteroids) or asthma-control medicine. **THIS MEDICINE SHOULD NOT BE USED IN CHILDREN;** safety and effectiveness in children have not been confirmed. Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

**HOW TO USE THIS MEDICINE:** Follow the directions for using this medicine provided by your doctor. This medicine comes with a MEDICATION GUIDE approved by the U.S. Food and Drug Administration. Read it carefully each time you may have about this medicine. **THIS MEDICINE SHOULD ONLY BE INHALED USING A NEBULIZER.** Do NOT inject or swallow it. A health care provider will teach you how to use the nebulizer. Be sure you know what type of nebulizer to use. With this medicine, read your health care provider if you have any questions. **STORE THIS MEDICINE in the original foil pouch in a dry place. Do not remove from the foil pouch or the vial until right before use.** If the MEDICINE CONTAINS any PARTICLES, is cloudy or discolored, or has MEDICAL SIGNS OF OTHER MEDICINES in your nebulizer reservoir, DO NOT USE THIS MEDICINE. Twist open the top of the vial and pour the entire contents into the nebulizer reservoir. **CONNECT THE NEBULIZER RESERVOIR to the nebulizer or face mask.** **CONNECT PLATE THE MOUTHPIECE in your mouth or put on the face mask and turn on the nebulizer. BREATHE AS CALMLY, deeply, and evenly as possible until no more mist is formed in the nebulizer chamber (about 5 to 10 minutes). CLEAN THE NEBULIZER** according to the instructions. This may lead to an infection. To avoid bacteria entering the medicine, use the entire contents right after opening the vial for the first time. **STORE THIS MEDICINE IN THE REFRIGERATOR** (between 36 and 46 degrees F (2 and 8 degrees C), do not freeze) or **at room temperature** (between 20 and 25 degrees C or 68 and 77 degrees F) for up to 6 weeks. Store away from heat, moisture, and light. If this medicine is stored at room temperature, throw it away after 6 weeks. **DO NOT USE** this medicine if it is past the expiration date on the container. **KEEP CONTINUING TO USE THIS MEDICINE** even if you feel well. Do not miss any doses. If you miss a dose of this medicine, skip the missed dose and go back to your regular dosing schedule. Do not use 2 doses at once.

**CAUTIONS:** **DO NOT USE THIS MEDICINE if you are allergic to any ingredient in this medicine** or to formoterol. **BEFORE YOU BEGIN TAKING ANY NEW MEDICINES**, either prescription or over-the-counter, check with your doctor or pharmacist. **LAB TESTS**, including lung function tests, may be needed to monitor your condition or check for side effects. Be sure to keep all doctor and lab appointments. **THIS MEDICINE MAY CAUSE DIZZINESS.** This effect may be worse if you take it with alcohol or certain medicines. Use this medicine with caution (at least to do this MEDICINE) until you know how it affects you. **DO NOT DRIVE OR OPERATE MACHINERY UNTIL YOU KNOW HOW THIS MEDICINE AFFECTS YOU.** **IF YOU ARE ALREADY STARTED** Be sure to carry a short-acting bronchodilator inhaler (eg, albuterol) with you at all times to treat any breathing problems that may occur between doses of this medicine. **DO NOT use any other medicines (eg, oral or injected corticosteroids) with you at all times to treat any breathing problems that may occur between doses of this medicine.** Short-acting bronchodilators may occur between doses of this medicine. **SHORTLY AFTER YOU TAKE THIS MEDICINE, you may experience symptoms of a short-acting bronchodilator inhaler (eg, albuterol) with you at all times to treat any breathing problems that may occur between doses of this medicine.** Short-acting bronchodilators may occur between doses of this medicine. **THE RISK OF SERIOUS HEART PROBLEMS** (eg, irregular heartbeat) may be greater if you use this medicine in high doses. Do NOT use more than the recommended dose or use more often than prescribed. **TELL YOUR DOCTOR AT ONCE if you notice that you are short of breath, have chest pain or tightness, or if you have any other symptoms of a heart problem or if your breathing problems get worse. CONTACT YOUR DOCTOR FOR SEEK MEDICAL CARE RIGHT AWAY** if you have breathing problems that worsen quickly. **IF YOU USE YOUR SHORT-ACTING BRONCHODILATOR and do not get relief, TALK WITH YOUR DOCTOR.** Do not start, stop, or change the dose of any medicines and how to use them.

**SOME TIMES CAUSE SEVERE BREATHING PROBLEMS:** **RIGHT AFTER YOU USE A DOSE**, if this happens, use your short-acting bronchodilator. **CONTACT YOUR DOCTOR** right after this happens as you may need to take more of this medicine. It can also make you flush, breathe faster, or have a fruit-like breath odor. If these symptoms occur, tell your doctor right away. **PREGNANCY AND BREAST-FEEDING:** If you become pregnant, contact your doctor for advice. **IT IS NOT KNOWN** if this medicine is found in breast milk. **IF YOU ARE OR WILL BE BREAST-FEEDING** while you use this medicine, check with your doctor. Discuss any possible risks to your baby.

**POSSIBLE SIDE EFFECTS:** **SIDE EFFECTS** that may occur while taking this medicine include: back pain, diarrhea, dry mouth, headache; nausea; nervousness; stuffy nose; tiredness; tremor; trouble sleeping; vomiting. **IF THEY CONTINUE AWAY** if bothersome, check with your doctor. **SEEK MEDICAL ATTENTION RIGHT AWAY** if any of these SEVERE side effects occur: chest pain; coughing or worsening breathing problems (eg, increased chest tightness, coughing, shortness of breath, wheezing); severe or persistent headache, dizziness, tremor, or nervousness; severe or persistent muscle pain or cramps; symptoms of high blood sugar (eg, increased thirst, hunger, drowsiness; flushing of the skin; confusion; fruit-like breath odor); immediate medical attention if it occurs. Symptoms of an allergic reaction include rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the face or lips. **IF ANY OF THESE SEVERE SIDE EFFECTS OCCUR, STOP TAKING THIS MEDICINE and contact your health care provider.** Call your doctor if you have questions about side effects.

**OVERDOSE:** IF OVERDOSE IS SUSPECTED, contact your local poison control center or emergency room immediately. Symptoms may include chest pain; fast or irregular heartbeat; severe or persistent dizziness; dry mouth, fatigue, headache, muscle pain or cramps; nausea and vomiting; increased thirst; urination or hunger; drowsiness; flushing of the skin; confusion; fruit-like breath odor.

**ADDITIONAL INFORMATION:** **IF YOUR SYMPTOMS DO NOT IMPROVE** or if they become worse, contact your doctor. **DO NOT USE THIS MEDICINE** for other health conditions. **IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME,** obtain refills before your supply runs out. **CHECK WITH YOUR PHARMACIST** about how to dispose of unused medicine.

**Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.**



**NELVA BRUNSTING**  
13630 Pinerock, Houston, TX 770797517  
(713)464-4391  
**RX # 1496587-03328**

**DATE:** 01/13/11

**REFILLS** 2 REFILLS BEFORE 12/05/11  
NDC: 63402-0911-30

**\$ 527.99**

**WALGREENS**  
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PH: (713)722-7247

Duplicate Receipt

Med Guide



**NELVA BRUNSTING**  
13630 Pinerock, Houston, TX 770797517  
(713)464-4391  
**RX # 1496587-03328**

**DATE:** 01/13/11

**REFILLS** 2 REFILLS BEFORE 12/05/11  
NDC: 63402-0911-30

**\$ 527.99**

**WALGREENS**  
12850 MEMORIAL DRIVE HOUSTON, TX 77024  
PH: (713)722-7247

Customer Receipt

Pharmacy use only

**THU 4:15PM**  
**REFILL**

BROVANA 15MCG/2ML INH SOL 30X2ML  
63402-0911-30  
REFRIG

QTY 120

LIQUID

JDC/SSH/SSH/ /KSC



Med Guide

5844

Brunsting004471

WIC# 959810

**KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.**



Don't take a chance with your lungs — get a PARI Nebulizer cup now.



Did you know a PARI nebulizer was used to prove safety and efficacy of your inhaled medication? PARI nebulizers are the clinical choice, make them your choice.

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- Cost effective



PARI LC® Plus used in clinical trial.

**Continue to effectively manage your COPD by using a PARI Nebulizer.**

Chronic obstructive pulmonary disease (COPD) is with you all of the time, even when you don't have symptoms. That is why it's important to use the PARI Nebulizer system, to deliver your medication to you effectively.

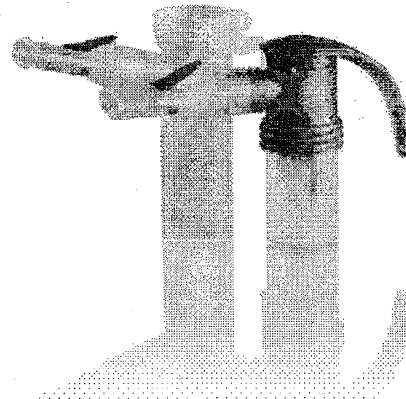
**If you're not using a PARI nebulizer cup, you may not be getting the most benefit from your aerosol medication.**

PARI reusable nebulizers feature breath enhanced technology resulting in increased aerosol delivery with decreased medication waste.

For more information contact PARI at 1.800.FAST.NEB (327.8632) or your Walgreens pharmacist. Visit [www.PARI.com](http://www.PARI.com).

**Talk to your doctor or pharmacist today about the PARI Reusable Nebulizer cup.**

This message was developed and paid for by PARI Respiratory Equipment, Inc.



8 BR



\*1496587 0902 3 0052799 0\*


NELVA BRUNSTING  
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- MEDICARE: Patient Not Eligible- Use New Plan or charge Cash
- Store TT 1 of 1
- Prescription Savings Club could save you \$117.29! Ask if you qualify.

THU 4:15PM  
**\$527.99**  
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01/13/11  
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**REFRIGERATE**



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**P5845**

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# YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location  
12850 Memorial Drive  
Houston, TX: 77024  
(713)722-7247

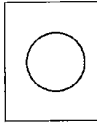
**PATIENT** NELVA BRUNSTING  
**BIRTH DATE** 10/08/26  
**MEDICATION** ETHAMBUTOL 400MG TABLETS  
**QUANTITY** 90  
**DIRECTIONS** TAKE 3 TABLETS BY MOUTH EVERY DAY

**DOCTOR** A. JAIN, MD

**DRUG DESCRIPTION**

**PATIENT ALLERGIES**

**PATIENT ALLERGIES**



WHITE  
FRONT: L U  
BACK: C32

**INGREDIENT NAME:** ETHAMBUTOL  
(e-THAM-byoo-tole)

treatment, include nausea, headache, or dizziness. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience changes in vision, vomiting, skin rash, itching, fever, confusion, or numbness or tingling of extremities. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**COMMON USES:** This medicine is an antibacterial used to treat tuberculosis (TB).

**BEFORE USING THIS MEDICINE: INFORM YOUR DOCTOR OR PHARMACIST** of all prescription and over-the-counter medicine that you are taking. Inform your doctor of any other medical conditions, allergies, pregnancy, or breast-feeding.

**HOW TO USE THIS MEDICINE:** Follow the directions for using this medicine provided by your doctor. THIS MEDICINE MAY BE TAKEN WITH FOOD if it upsets your stomach. STORE THIS MEDICINE at room temperature in a tightly-closed container, away from heat and light. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

**CAUTIONS: DO NOT STOP USING THIS MEDICINE** without first checking with your doctor. THIS MEDICINE MAY CAUSE dizziness. Do not drive, operate machinery, or do anything else that could be dangerous until you know how you react to this medicine. HAVE REGULAR EYE EXAMINATIONS while you are taking this medicine even if you do not notice changes in your vision. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist.

**POSSIBLE SIDE EFFECTS: SIDE EFFECTS**, that may go away during

**OVERDOSE:** If overdose is suspected, contact your local poison control center or emergency room immediately.

**ADDITIONAL INFORMATION:** If your symptoms do not improve within 2 to 3 weeks, or if they become worse, check with your doctor. DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

NELVA BRUNSTING  
13630 Pinerock, Houston, TX 770797517  
(713)464-4391

RX # 1494792-03328

DATE: 01/01/11

NELVA BRUNSTING  
13630 Pinerock, Houston, TX 770797517  
(713)464-4391

RX # 1494792-03328

DATE: 01/01/11

ETHAMBUTOL 400MG TABLETS

QTY: 90 2 REFILLS BEFORE 11/29/11

Refill NDC: 68180-0281-01

Retail Price: \$153.59 Your Insurance Saved You: \$148.59

\$ 5.00

A. JAIN, MD  
MFG: LUPIN  
GROUP# C1MD3896  
XXXJJC/JIC/ /RJW CLAIM REF# SQA93NQ

ETHAMBUTOL 400MG TABLETS

QTY: 90 2 REFILLS BEFORE 11/29/11

Refill NDC: 68180-0281-01

Retail Price: \$153.59 Your Insurance Saved You: \$148.59

\$ 5.00

A. JAIN, MD  
MFG: LUPIN  
GROUP# C1MD3896  
XXXJJC/JIC/ /RJW CLAIM REF# SQA93NQ



P5846

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PH: (713)722-7247

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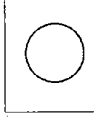
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PH: (713)722-7247

Duplicate Receipt

SUN 12:00PM  
Refill

ETHAMBUTOL 400MG TABLETS  
68180-0281-01  
ALPHA

QTY 90



WHITE  
FRONT: L U  
BACK: C32

XXXJJC/JIC/ /RJW

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## Your pharmacist will:

- Review your medications and look for ways to help save you money
- Talk about other things you can do to stay well
- Check for potential drug interactions



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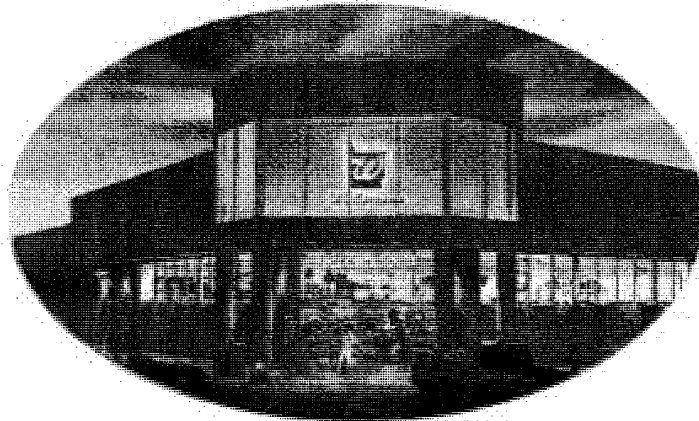
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8  
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PAIDMPD

\*1494792 0202 3 0000500 7\*

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13630 Pinerock

Houston, TX 770797517

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- Store TT 2 of 5
- Your Insurance Saved You: \$148.59

SUN 12:00PM

\$5.00

EXPRESS PAY

01/01/11

Refill



## Personal Prescription Information

LOOK INSIDE FOR IMPORTANT INFORMATION

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- Auto Refills

We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.

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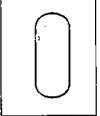
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Thank you for choosing Walgreens!

P5847

# YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location  
12850 Memorial Drive  
Houston, TX 77024  
(713)722-7247

|  |                           |   |
|--|---------------------------|---|
| <b>PATIENT</b> NELVA BRUNSTING                     | <b>DOCTOR</b> A. JAIN, MD | <b>DRUG DESCRIPTION</b>   |
| <b>BIRTH DATE</b> 10/08/26                         |                           |  |
| <b>MEDICATION</b> AZITHROMYCIN 250MG TABLETS       | <b>PATIENT ALLERGIES</b>  | PINK  |
| <b>QUANTITY</b> 30                                 |                           | FRONT: 93   |
| <b>DIRECTIONS</b> TAKE 1 TABLET BY MOUTH EVERY DAY |                           | BACK: 7146  |

**INGREDIENT NAME:** AZITHROMYCIN  
(av-zith-roe-MYE-sin)

**COMMON USES:** This medicine is a macrolide antibiotic used to treat bacterial infections.

**BEFORE USING THIS MEDICINE:** Some medicines or medical conditions may interact with this medicine. INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. DO NOT TAKE THIS MEDICINE if you are also taking dofetilide, nifedipine, propafenone, pimozide, or tetrabenazine. ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION may be needed if you are taking antiarrhythmics (eg, disopyramide), anticoagulants (eg, warfarin), arsenic, astemizole, carbamazepine, cisapride, digoxin, domperidone, maprotiline, methadone, nefinavir, cyclosporine, ergot alkaloids (eg, ergotamine), paliperidone, phenytoin, quinolones (eg, levofloxacin), rifampin, terfenadine, theophylline, triazolam, tyrosine kinase inhibitors (eg, dasatinib), or medicines that may affect your heartbeat. Ask your doctor if you are unsure if any of the medicines you are taking may affect your heartbeat. Inform your doctor of any other medical conditions including irregular heartbeat, kidney problems, liver problems, myasthenia gravis, allergies, pregnancy or breastfeeding. Contact your doctor or pharmacist if you have any questions or concerns about taking this medicine.

**HOW TO USE THIS MEDICINE:** Follow the directions for using this medicine provided by your doctor. This medicine may be taken on an empty stomach or with food. DO NOT TAKE THIS MEDICINE within 1 hour before or 2 hours after aluminum- or magnesium-containing antacids. STORE THIS MEDICINE at room temperature, away from heat and light. TO CLEAR UP YOUR INFECTION COMPLETELY, continue taking this medicine for the full course of treatment even if you feel better in a few days. Do not miss any doses. Taking this medicine at the same time each day will make it easier to remember. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. If you miss a dose, do not take 2 doses at once.

**CAUTIONS:** DO NOT TAKE THIS MEDICINE if you have had an allergic reaction to it, to other macrolide antibiotics (such as erythromycin), to ketolide antibiotics (such as telithromycin), or if you are allergic to any ingredient in this product. DO NOT TAKE THIS MEDICINE IF YOU HAVE HAD A SEVERE ALLERGIC REACTION to erythromycin or any macrolide or ketolide antibiotic. A severe reaction includes a severe rash, hives, breathing difficulties, or dizziness. If you have a question about whether you are allergic to this medicine, contact your doctor or pharmacist. IF YOU EXPERIENCE difficulty breathing; tightness of chest; swelling of eyelids, face, or lips; or if you develop a rash or hives, tell your doctor immediately. Do not take any more of this medicine unless your doctor tells you to do so. This medicine may cause drowsiness, dizziness, or lightheadedness. DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. THIS

MEDICINE MAY CAUSE increased sensitivity to the sun. Avoid exposure to the sun, sunlamps, or tanning booths until you know how you react to this medicine. Use a sunscreen or protective clothing if you must be outside for a prolonged period. MILD DIARRHEA IS COMMON with antibiotic use. However, a more serious form of diarrhea (pseudomembranous colitis) may rarely occur. This may develop while you use the antibiotic or within several months after you stop using it. Contact your doctor right away if stomach pain or cramps, severe diarrhea, or bloody stools occur. Do not treat diarrhea without first checking with your doctor. BEFORE YOU HAVE ANY MEDICAL OR DENTAL TREATMENTS, EMERGENCY CARE, OR SURGERY, tell the doctor or dentist that you are using this medicine. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. IT IS UNKNOWN IF THIS MEDICINE IS EXCRETED in breast milk. IF YOU ARE OR WILL BE BREAST-FEEDING while you are using this medicine, check with your doctor or pharmacist to discuss the risks to your baby.

**POSSIBLE SIDE EFFECTS:** SIDE EFFECTS, that may go away during treatment, include mild diarrhea, headache, nausea, or stomach pain or upset. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience vomiting, changes in hearing, or ringing in the ears. CONTACT YOUR DOCTOR IMMEDIATELY if you experience chest pain; swelling of your hands, legs, face, lips, eyes, throat, or tongue; difficulty swallowing, speaking, or breathing; eye or vision problems; fainting; hearing loss; irregular heartbeat; muscle weakness; reddened, blistered, or swollen skin; seizures; severe stomach pain, cramps, or diarrhea; bloody stools; unusual vaginal itching, odor, or discharge; or yellowing of the eyes or skin. An allergic reaction to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash, itching, swelling, dizziness, trouble breathing, or unusual hoarseness. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**OVERDOSE:** If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include nausea, vomiting, stomach upset, and diarrhea.

**ADDITIONAL INFORMATION:** DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children and pets.

Call your doctor for medical advice about side effects  
You may report side effects to FDA at 1-800-FDA-1088

WIC# 957918

Do not flush unused medications or pour down a sink or drain.

NELVA BRUNSTING  
13630 Pinerock, Houston, TX 770797517  
(713)464-4391  
RX # 1494789-03328

DATE: 01/01/11

AZITHROMYCIN 250MG TABLETS  
QTY: 30 2 REFILLS BEFORE 11/29/11  
Refill NDC: 00093-7146-56  
Retail Price: \$195.79 Your Insurance Saved You: \$190.79

\$ 5.00

A. JAIN, MD  
MFG: TEVA  
XXX/KHN/KHN/KHN/RJW  
CLAIM REF# SQA93N1

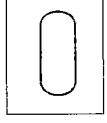
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SUN 12:00PM  
Refill  
AZITHROMYCIN 250MG TABLETS  
00093-7146-56  
ALPHA



PINK  
FRONT: 93  
BACK: 7146

NELVA BRUNSTING  
13630 Pinerock, Houston, TX 770797517  
(713)464-4391  
RX # 1494789-03328

DATE: 01/01/11

AZITHROMYCIN 250MG TABLETS  
QTY: 30 2 REFILLS BEFORE 11/29/11  
Refill NDC: 00093-7146-56  
Retail Price: \$195.79 Your Insurance Saved You: \$190.79

\$ 5.00

A. JAIN, MD  
MFG: TEVA  
XXX/KHN/KHN/KHN/RJW  
CLAIM REF# SQA93N1

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*Smarter. Stronger. Healthier.*

\*AARP card must be presented at time of purchase. For complete program terms and conditions, visit [Walgreens.com/aarpcard](http://Walgreens.com/aarpcard). AARP receives a royalty for the use of its intellectual property. Amounts paid are used for the general purposes of AARP and its members.

OPT: 2875 677 002 0240067 INFO: 0900 00093714656

54381

8  
BR




NELVA BRUNSTING  
13630 Pinerock  
Houston, TX 770797517  
(713)464-4391

- Store TT 3 of 5
- Your Insurance Saved You: \$190.79

SUN 12:00PM  
**\$5.00**  
EXPRESS PAY

01/01/11  
Refill



## Personal Prescription Information

### LOOK INSIDE FOR IMPORTANT INFORMATION

**ABOUT YOUR MEDICATION.**  
Take advantage of this convenient service:

- **Auto Refills**  
We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.

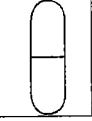
# Walgreens

The Pharmacy America Trusts • Since 1901™  
Visit us online at [Walgreens.com](http://Walgreens.com)

**Thank you for choosing Walgreens!**  
**P5849**

# YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location  
12850 Memorial Drive  
Houston, TX 77024  
(713)722-7247

|  |                           |   |
|--|---------------------------|---|
| <b>PATIENT</b> NELVA BRUNSTING                       | <b>DOCTOR</b> A. JAIN, MD | <b>DRUG DESCRIPTION</b>   |
| <b>BIRTH DATE</b> 10/08/26                           |                           |  |
| <b>MEDICATION</b> RIFAMPIN 300MG CAPSULES            | <b>PATIENT ALLERGIES</b>  | DARK REDDISH-BROWN  |
| <b>QUANTITY</b> 60                                   |                           | FRONT: LANNETT  |
| <b>DIRECTIONS</b> TAKE 2 CAPSULES BY MOUTH EVERY DAY |                           | BACK: 1315  |

### INGREDIENT NAME: RIFAMPIN (rif-AM-pin)

**COMMON USES:** This medicine is a rifamycin antibiotic used to treat tuberculosis (TB), as well as to treat those who have been exposed to meningitis-causing bacteria before they become sick. This drug does not treat acute meningitis. It may also be used to treat other conditions as determined by your doctor.

**BEFORE USING THIS MEDICINE:** Some medicines or medical conditions may interact with this medicine. INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. DO NOT TAKE THIS MEDICINE if you are also taking HIV protease inhibitors, pyrazinamide, or birth control pills. ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION may be needed if you are taking anticoagulants, cyclosporine, digitoxin, isoniazid, itraconazole, macrolide antibiotics, mexiletine, nevirapine, quinidine, progestins, theophylline, tocamide, verapamil, or medicine for anxiety, sleep, or seizures. DO NOT START OR STOP any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, allergies, pregnancy, or breast-feeding. Contact your doctor or pharmacist if you have any questions or concerns about taking this medicine.

**HOW TO USE THIS MEDICINE:** Follow the directions for using this medicine provided by your doctor. Take this medicine on an empty stomach at least 1 hour before or 2 hours after eating. THIS MEDICINE MAY BE TAKEN WITH FOOD if it upsets your stomach. STORE THIS MEDICINE at room temperature in a tightly-closed container, away from heat and light. TO CLEAR UP YOUR INFECTION COMPLETELY, continue taking this medicine for the full course of treatment. Do not miss any doses. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

**CAUTIONS:** IT MAY TAKE SEVERAL WEEKS for this medicine to work. Do not stop using this medicine without checking with your doctor. DO NOT DRIVE OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. THIS MEDICINE MAY CAUSE urine, feces, saliva, sweat, and tears to turn orange or red. THIS MEDICINE MAY PERMANENTLY STAIN soft contact lenses. KEEP ALL DOCTOR AND LABORATORY

APPOINTMENTS while you are using this medicine. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. USING THIS MEDICINE while you are taking birth control pills may decrease the effectiveness of your birth control pills. To prevent pregnancy, use an additional form of birth control. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy.

**POSSIBLE SIDE EFFECTS:** SIDE EFFECTS, that may go away during treatment, include stomach upset, heartburn, loss of appetite, nausea, gas, abdominal cramping, headache, drowsiness, dizziness, menstrual changes, joint pain, or leg cramps. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience vomiting, diarrhea, fever, chills, changes in vision, or confusion. CONTACT YOUR DOCTOR IMMEDIATELY if you experience severe stomach pain, dark urine, or yellowing of eyes or skin. AN ALLERGIC REACTION to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash, itching, swelling, severe dizziness, or trouble breathing. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**OVERDOSE:** If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include swelling of face or around eyes, itching over the entire body, orange or red discoloration of skin or eyes, nausea, vomiting, drowsiness, and loss of consciousness.

**ADDITIONAL INFORMATION:** DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

NELVA BRUNSTING  
13630 Pinerock, Houston, TX 770797517  
(713)464-4391  
RX # 1494790-03328

DATE: 01/01/11

RIFAMPIN 300MG CAPSULES  
QTY: 60 2 REFILLS BEFORE 11/29/11  
Refill NDC: 00527-1315-30  
Retail Price: \$113.89 Your Insurance Saved You: \$108.89

\$ 5.00

A. JAIN, MD  
MFG: LANNETT  
XXX/KH/KH/KH/RJ/RJ  
CLAIM REF# ONA TTWP

*Walgreens*

12850 MEMORIAL DRIVE HOUSTON, TX 77024  
PH: (713)722-7247

Customer Receipt

NELVA BRUNSTING  
13630 Pinerock, Houston, TX 770797517  
(713)464-4391  
RX # 1494790-03328

DATE: 01/01/11

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MFG: LANNETT  
XXX/KH/KH/KH/RJ/RJ  
CLAIM REF# ONA TTWP

*Walgreens*

12850 MEMORIAL DRIVE HOUSTON, TX 77024  
PH: (713)722-7247

Duplicate Receipt

585P

Pharmacy use only

SUN 12:00PM Refill  
RIFAMPIN 300MG CAPSULES  
00527-1315-30  
ALPHA

QTY 60  
20 DRAM



DARK REDDISH-BROWN  
FRONT: LANNETT  
BACK: 1315



Brunsting004477

XXX/KH/KH/KH/RJ/RJ





## Are you getting the most from your Medicare Part D plan?

We can help you find out with a **FREE one-on-one plan review session** with your pharmacist. We'll review your medications, look for ways to help save you money and more.

*Make your appointment today!*

# Walgreens

There's a way to stay well.

Information provided by Walgreens is not a substitute for your own research concerning your healthcare, including Medicare.

## Prescription Transfers Easy as 1-2-3

1. Gather your prescription bottles.
2. Call or visit your local Walgreens.
3. We'll take care of the rest!



Avoid potentially harmful drug interactions by filling all your prescriptions at one pharmacy. By choosing Walgreens, our pharmacists can screen your prescriptions and warn you of potential interactions.

**For the Walgreens nearest you,  
call 1-800-WALGREENS  
or visit Walgreens.com/findastore.**

Another great service from

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8  
BR



NELVA BRUNSTING  
13630 Pinerock  
Houston, TX 770797517  
(713)464-4391

- Store TT 4 of 5
- Your Insurance Saved You: \$108.89


SUN 12:00PM

**\$5.00**

EXPRESS PAY

**01/01/11**

Refill



## Personal Prescription Information

### LOOK INSIDE FOR IMPORTANT INFORMATION

#### ABOUT YOUR MEDICATION.

Take advantage of this convenient service:

• **Auto Refills**

We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.

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***Thank you for choosing Walgreens!***

**P5851**

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Your Walgreens Pharmacy Location  
12850 Memorial Drive  
Houston, TX 77024  
(713)722-7247

|                   |                                       |                          |             |                         |  |
|-------------------|---------------------------------------|--------------------------|-------------|-------------------------|--|
| <b>PATIENT</b>    | NELVA BRUNSTING                       | <b>DOCTOR</b>            | A. JAIN, MD | <b>DRUG DESCRIPTION</b> | <br>PINK<br>FRONT: m 32 |
| <b>BIRTH DATE</b> | 10/08/26                              | <b>PATIENT ALLERGIES</b> |             |                         |  |
| <b>MEDICATION</b> | METOPROLOL TARTRATE 50MG TABLETS      |                          |             |                         |  |
| <b>QUANTITY</b>   | 60                                    |                          |             |                         |  |
| <b>DIRECTIONS</b> | TAKE 1 TABLET BY MOUTH EVERY 12 HOURS |                          |             |                         |  |

#### INGREDIENT NAME: METOPROLOL (me-TOE-proe-tole)

**COMMON USES:** This medicine is a beta-adrenergic blocking agent (beta-blocker) used to treat high blood pressure. It may be used with other medicines. It is also used for the long-term treatment of chest pain (angina) and to reduce the risk of death due to heart problems in certain patients who have had a heart attack. It may also be used for other conditions as determined by your doctor.

**BEFORE USING THIS MEDICINE:** WARNING: Do not suddenly stop taking this medicine; sharp chest pain, irregular heartbeat, and sometimes heart attack may occur. The risk may be greater if you have certain types of heart disease. Your doctor should slowly lower your dose over several weeks if you need to stop taking it, even if you only take it for high blood pressure. Heart disease is common and you may not know you have it. Limit physical activity while you are lowering your dose. If new or worsened chest pain or other heart problems occur, contact your doctor right away. You may need to start taking this medicine again. Tell your doctor or dentist that you take this medicine before you receive any medical or dental care, emergency care, or surgery. Tell your doctor if you have a history of diabetes or take medicine to lower your blood sugar (eg, glyburide, insulin). This medicine may hide signs of low blood sugar such as fast heartbeat. Tell your doctor right away if you notice other signs of low blood sugar such as anxiety, chills, dizziness, drowsiness, fainting, headache, tremor, unusual sweating, weakness, or weakness. This medicine should be used only as directed by patients who have a history of certain types of breathing problems (eg, asthma) or a certain type of tumor (pheochromocytoma). It may cause these conditions. Tell your doctor if you have a history of these conditions; your doctor may need to adjust your dose or prescribe additional medicine to reduce the risk of side effects. Tell your doctor if you have a history of overactive thyroid. This medicine may hide symptoms of overactive thyroid (eg, fast heartbeat). Do not suddenly stop taking this medicine; stopping this medicine could worsen your condition. Your doctor should slowly lower your dose over several weeks if you need to stop taking it. Check with your doctor for more information. Some medicines or medical conditions may interact with this medicine. **INFORM YOUR DOCTOR OR PHARMACIST** of all prescription and over-the-counter medicine that you are taking. **DO NOT TAKE THIS MEDICINE** if you are taking mibefradil. **ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION** may be needed if you are taking amiodarone, bupropion, certain HIV protease inhibitors (eg, zidovudine, zalcitabine, didanosine, zalcitabine, zalcitabine, zalcitabine), certain selective serotonin reuptake inhibitors (SSRIs) (eg, fluoxetine, fluoxetine), cimetidine, digoxin, diphendramine, disopyramide, flecainide, hormonal contraceptives (eg, birth control pills), hydralazine, hydrochloroquine, ketanserin, metoprolol, phenothiazines (eg, thioridazine), propafenone, quinazolinones (eg, amlurazol), quinidine, terbinafine, thiamines (eg, propylthiouracil), verapamil, barbiturates (eg, phenobarbital), indomethacin, phenylpropenolamine, bupivacaine, lidocaine, or clonidine. **DO NOT START OR STOP** any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions including or breathing problems (COPD), diabetes, low blood pressure, thyroid problems, disease of the heart, low blood pressure, obstructive pulmonary disease, COPD, diabetes, low blood pressure, thyroid pregnancy, or breastfeeding. Tell your doctor if you have a history of heart attack, slow or irregular heartbeat, heart failure, or other heart problems; chest pain or angina; blood vessel or circulation problems; liver disease; or if you will be having surgery or receiving anesthesia. **USE OF THIS MEDICINE IS NOT RECOMMENDED** if you have a very slow heartbeat (eg, bradycardia), certain types of irregular heartbeat (eg, atrioventricular [AV] block, sick sinus syndrome), moderate to severe heart failure, very low systolic blood pressure (less than 100 mm Hg), or severe blood circulation problems. Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

**HOW TO USE THIS MEDICINE:** Follow the directions for taking this medicine provided by your doctor. TAKE THIS MEDICINE BY MOUTH WITH FOOD or immediately following a meal at the same time each day. STORE THIS MEDICINE at room temperature, between 59 and 86 degrees F (15 and 30 degrees C). Store away from heat, moisture, and light. Do not store in the bathroom. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

**CAUTIONS:** DO NOT USE THIS MEDICINE if you are allergic to any ingredient in this medicine or if you are taking any beta-blocker. **ADDITIONAL INFORMATION:** Talk with your doctor. You may be at risk for an even more severe allergic reaction if you come into contact with the substance that caused your allergy. Some medicines used to treat

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13630 Pinerock, Houston, TX 770797517  
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RX # 1496588-03328

DATE: 01/01/11

NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517  
(713)464-4391

RX # 1496588-03328

DATE: 01/01/11

METOPROLOL TARTRATE 50MG TABLETS  
QTY: 60 2 REFILLS BEFORE 12/05/11

Refill NDC: 00378-0032-10

Retail Price: \$ 14.99 Your Insurance Saved You: \$ 10.61

\$ 4.38

A-JAIN-MD  
MFG:MYLAN GROUP# CMD3896  
XXXJJC/JC/ /R/W CLAIM REF# YXEP3F1

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Call your doctor for medical advice about side effects  
You may report side effects to FDA at 1-800-FDA-1088

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

KEEP OUT OF REACH OF CHILDREN; STORE IN SAFETY CONTAINER OR SECURE AREA.



5852

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PH: (713)722-7247

Customer Receipt

SUN 12:00PM Refill  
METOPROLOL TARTRATE 50MG TABLETS  
00378-0032-10  
CELL 138

QTY 60  
20 DRAM

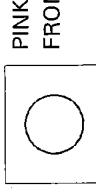


PINK  
FRONT: m 32

*Walgreens*

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PH: (713)722-7247

Duplicate Receipt



PINK  
FRONT: m 32

XXXJJC/JC/ /R/W



# Educate Yourself About Stroke

Stroke kills more women than breast cancer, cervical cancer, uterine cancer, and ovarian cancer combined<sup>1</sup>

## Be Prepared...

### ACT F.A.S.T!

### Stroke risk factors

|               |   |   |
|---------------|---|---|
| <b>FACE</b>   | Facial droop<br>Uneven smile                              | High blood pressure<br>High cholesterol<br>Heart disease<br>Diabetes<br>Smoking |
| <b>ARM</b>    | Arm numbness<br>Arm weakness                              | Heavy alcohol use<br>Physical inactivity and obesity                            |
| <b>SPEECH</b> | Slurred speech<br>Difficulty speaking<br>or understanding | Atrial fibrillation<br>(irregular heartbeat)                                    |
| <b>TIME</b>   | Call 911 and get to the<br>hospital immediately.          | Family history of stroke  |

### Check out National Stroke Association's Virtual Health Fair, January 19, 2011 and beyond

- Register now and get comprehensive, accurate, and up-to-date education on and resources for stroke prevention and recovery
- Visit [www.stroke.org/catalina](http://www.stroke.org/catalina), hosted by National Stroke Association

For more information on stroke,  
visit [www.getstrokeinfo.com](http://www.getstrokeinfo.com)

Reference: 1. Heron M, Hoyert DL, Murphy SL, Xu J, Kochanek KD, Tejada-Vera B. Deaths: final data for 2008. *Natl Vital Stat Rep.* 2009;57(14):1-134.

Brought to you by **Genentech**  
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# You're taking action

by managing the most important part of your life, your health.



Having your prescriptions refilled on time is a positive step towards managing your condition, but it's just one part of managing it. Eating healthy foods and getting proper exercise are also important factors for total health. If you don't already have a diet and exercise regimen, then talk to your doctor about the best plan for you.

You are taking **metoprolol** to help control your high blood pressure. Below are some key points to remember about **metoprolol**.

- Follow the directions on your prescription bottle carefully.
- Take your medicine exactly as your doctor prescribed.
- Continue to take it even if you feel well. Give your body time to adjust to the medicine.
- To help you remember, take it around the same time(s) every day.
- Check your blood pressure regularly.
- If you have any questions, ask one of our pharmacists on the pharmacy team or call your doctor. It's important for you to keep all scheduled appointments for lab testing.
- Talk to your doctor about how you feel and about any symptoms you have during the starting of this medicine.

The information above is brought to you as a courtesy from your pharmacist.

8  
BR



SUN 12:00PM

\$4.38

EXPRESS PAY

NELVA BRUNSTING

13630 Pinerock


Houston, TX 770797517

(713)464-4391

- Store TT 1 of 5
- Your Insurance Saved You: \$10.61

01/01/11

Refill



## Personal Prescription Information

### LOOK INSIDE FOR IMPORTANT INFORMATION

#### ABOUT YOUR MEDICATION.

Take advantage of this convenient service:

#### • Auto Refills

We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.

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**Thank you for choosing Walgreens!**

**P5853**

To stop receiving sponsored info at this pharmacy, call 888-336-5744 or visit [remove-me.net](http://remove-me.net) Use code:2875677 002 0240051

Brunsting004480

# YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location  
12850 Memorial Drive  
Houston, TX 77024  
(713)722-7247

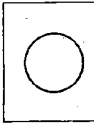
PATIENT NELVA BRUNSTING  
BIRTH DATE 10/08/26  
MEDICATION METOPROLOL TARTRATE 50MG TABLETS  
QUANTITY 60

DOCTOR A. JAIN, MD

DRUG DESCRIPTION

DIRECTIONS TAKE 1 TABLET BY MOUTH EVERY 12 HOURS

PATIENT ALLERGIES



PINK  
FRONT: m 32

9am 3 qpm

INGREDIENT NAME: METOPROLOL (me-TOE-pro-leole)

**COMMON USES:** This medicine is a beta-adrenergic blocking agent (beta-blocker) used to decrease blood pressure, to be used in the treatment of chest pain (angina) and to reduce the risk of death due to heart problems in certain patients who have had a heart attack. It may also be used for other conditions as determined by your doctor.

**BEFORE USING THIS MEDICINE:** WARNING: Do not suddenly stop taking this medicine; sharp chest pain, irregular heartbeat, and sometimes heart attack may occur. The risk may be greater if you have certain types of heart disease. Your doctor should slowly lower your dose over several weeks if you need to stop taking it, even if you only may not know you have it. Limit physical activity while you are lowering your dose. If new or worsened chest pain or other heart problems occur, contact your doctor right away. You may need to start taking this medicine again. Tell your doctor or dentist that you take this medicine before you receive any medical or dental care, emergency care, or surgery. Tell your doctor if you have a history of diabetes or take medicine to lower your blood sugar (eg, glyburide, insulin). This medicine may hide signs of low blood sugar such as fast heartbeat. Tell your doctor right away if you notice other signs of low blood sugar such as anxiety, chills, dizziness, drowsiness, fainting, headache, tremor, unusual sweating, vision changes, or weakness. This medicine should not usually be used by patients who have a history of adrenal gland tumor (pheochromocytoma). It may worsen these conditions. Tell your doctor if you have a history of these conditions. Your doctor may need to adjust your dose or prescribe additional medicine to reduce the risk of side effects. Tell your doctor if you have a history of overactive thyroid. This medicine may hide symptoms of overactive thyroid (eg, fast heartbeat). Do not suddenly stop taking this medicine; suddenly stopping this medicine could worsen your condition. Your doctor should slowly lower your dose over several weeks if you need to stop taking it. Check with your doctor for more information. Some medicines or medical conditions may interact with this medicine. **INFORM YOUR DOCTOR OR PHARMACIST** of all prescription and over-the-counter medicine that you are taking. **DO NOT TAKE THIS MEDICINE IF YOU ARE TAKING mibefradil.** **ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION** may be needed if you are taking amiodarone, bupropion, certain HIV protease inhibitors (eg, ritonavir), certain selective serotonin reuptake inhibitors (SSRIs) (eg, fluoxetine, paroxetine), cimetidine, digoxin, diphenyhydramine, disopyramide, flecainide, hormonal contraceptives (eg, birth control pills), flunitrazepam, hydroxyzine, ketanserin, metolol, phenothiazines (eg, thioridazine), propafenone, quinazolinones (eg, atiruzosin), quinidine, teriparatide, thiamines (eg, propylthiouracil), verapamil, zolmitriptan (eg, zelnorm), or zolmitriptan. **DO NOT START OR STOP** any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions including lung or breathing problems (eg, asthma), bronchitis, chronic obstructive pulmonary disease (COPD), diabetes, blood pressure, liver disease, pregnancy, or breastfeeding. Tell your doctor if you have a history of heart attack, slow or irregular heartbeat, heart failure, or other heart problems; chest pain or angina; blood vessel or circulation problems; liver disease; or if you will be having surgery or receiving anesthesia. **USE OF THIS MEDICINE IS NOT RECOMMENDED** if you have a very slow heartbeat (eg, bradycardia), certain types of irregular heartbeat (eg, atrioventricular [AV] block, sick sinus syndrome), moderate to severe heart failure, very low systolic blood pressure (less than 100 mm Hg), or severe blood circulation problems. Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

**HOW TO USE THIS MEDICINE:** Follow the directions for taking this medicine provided by your doctor. **TAKE THIS MEDICINE BY MOUTH WITH FOOD** or immediately following a meal at the same time each day. **STORE THIS MEDICINE** at room temperature, between 59 and 86 degrees F (15 and 30 degrees C). Store away from heat, moisture, and light. Do not store in the bathroom. If you MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

**CAUTIONS:** DO NOT USE THIS MEDICINE if you are allergic to any ingredient in this medicine or to other beta-blockers (eg, propranolol). **IF YOU HAVE A HISTORY OF ANY SEVERE ALLERGIC REACTION,** talk with your doctor. You may be at risk for a life-threatening severe allergic reaction if you combine contact with a substance that caused your allergy. Some medicines used to treat

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

NELVA BRUNSTING  
13630 Pinerock, Houston, TX 770797517  
(713)464-4391

RX # 1496588-03328

DATE: 12/05/10

METOPROLOL TARTRATE 50MG TABLETS

QTY: 60 3 REFILLS BEFORE 12/05/11

New NDC: 00378-0032-10

Retail Price: \$14.99 Your Insurance Saved You: \$10.61

A. JAIN, MD  
MFG/MYLAN  
TP-LRWJ/RJW / RJW  
PLAN: PATMPPD  
GROUP# C/M/D/3896  
CLAIM# REF# YRKNMEWD

\$ 4.38

*Walgreens*

12850 MEMORIAL DRIVE HOUSTON, TX 77024  
PH: (713)722-7247

Customer Receipt

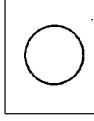
Pharmacy use only

SUN 1:29PM

METOPROLOL TARTRATE 50MG TABLETS  
00378-0032-10

CELL 138

QTY 60  
20 DRAM



PINK  
FRONT: m 32

TP-LRWJ/RJW / RJW

severe allergies may also not work as well while you are using this medicine, and certain blood cell counts may be performed while you use this medicine. These tests may be used to monitor your condition or check for side effects. Be sure to keep all doctor and lab appointments. **THIS MEDICINE MAY CAUSE DROWSINESS, DIZZINESS, OR LIGHT-HEADEDNESS.** These effects may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. Do not drive or perform other possibly unsafe tasks until you know how you react to it. This medicine may cause dizziness, lightheadedness, or fainting; alcohol, hot weather, exercise, or fever may increase these effects. To prevent them, sit up or stand slowly, especially in the morning. Sit or lie down at the first sign of any of these effects. **PATIENTS WHO TAKE MEDICINE FOR HIGH BLOOD PRESSURE** often feel tired or run down for a few weeks after starting treatment. Be sure to take your medicine even if you may not feel "normal." Tell your doctor if you develop any new symptoms. **DO NOT SUDDENLY STOP TAKING THIS MEDICINE** without first consulting your doctor. If your doctor decides you should no longer use this medicine, you will need to stop this medicine gradually according to your doctor's instructions. **IF YOUR DOCTOR HAS INSTRUCTED YOU TO CHECK YOUR BLOOD PRESSURE** and heart rate regularly, be sure to do so. **TELL YOUR DOCTOR OR DENTIST** that you take this medicine before you receive any medical or dental care, emergency care, or surgery. **BEFORE YOU BEGIN TAKING ANY NEW MEDICINES,** either prescription or over-the-counter, check with your doctor or pharmacist. **FOR MEN:** Tell your doctor if you are taking or treating colds or asthma. **FOR WOMEN:** If you become pregnant, contact your doctor. You will need to discuss the benefits and risks of using this medicine while you are pregnant. This medicine is found in breast milk. If you are or will be pregnant, discuss any possible risks to your baby. **DIABETES PATIENTS:** this medicine may hide signs of low blood sugar, such as rapid heartbeat. Be sure to watch for low signs or low blood sugar. Low blood sugar may make you anxious, sweaty, weak, dizzy, drowsy, or faint. It may also make your vision change; give you a headache, chills, or tremors; or make you more hungry. Check blood sugar levels closely. Ask your doctor before you change the dose of your diabetes medicine.

**POSSIBLE SIDE EFFECTS:** SIDE EFFECTS that may occur while taking this medicine include constipation, diarrhea, dizziness, dry mouth/eyes, gas, headache, heartburn, lightheadedness, mild drowsiness, muscle aches, nausea, stomach pain, trouble sleeping, unusual tiredness or weakness, or vomiting. If they continue or are bothersome, check with your doctor. **CONTACT YOUR DOCTOR IMMEDIATELY** if you experience blue or unusually cold hands or feet; chest pain; fainting; hallucinations; mood or mental changes (eg, confusion, depression); pounding in the chest; severe dizziness; swelling of the arms, hands, and feet; **STOP DRUGS**; wheezing; yellowing of the skin or eyes; **AN ALLERGIC REACTION** to this medicine is unlikely but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash, hives, itching, difficulty breathing, or a severe allergic reaction. These rash, hives, or itching may occur on the mouth, face, lips, or tongue. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**OVERDOSE:** If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include chest pain, seizures, very slow heart beat, severe dizziness, fainting, and difficult or slowed breathing.

**ADDITIONAL INFORMATION:** DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. **DO NOT USE THIS MEDICINE** for other health conditions. **KEEP THIS MEDICINE** out of the reach of children and pets. **IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME,** obtain refills before your supply runs out. **CHECK WITH YOUR PHARMACIST** about how to dispose of unused medicine.

NELVA BRUNSTING  
13630 Pinerock, Houston, TX 770797517  
(713)464-4391

RX # 1496588-03328

DATE: 12/05/10

METOPROLOL TARTRATE 50MG TABLETS

QTY: 60 3 REFILLS BEFORE 12/05/11

New NDC: 00378-0032-10

Retail Price: \$14.99 Your Insurance Saved You: \$10.61

A. JAIN, MD  
MFG/MYLAN  
TP-LRWJ/RJW / RJW  
PLAN: PATMPPD  
GROUP# C/M/D/3896  
CLAIM# REF# YRKNMEWD

\$ 4.38

*Walgreens*

12850 MEMORIAL DRIVE HOUSTON, TX 77024  
PH: (713)722-7247

Duplicate Receipt

5854

# Educate Yourself About Stroke

Stroke kills more women than breast cancer, cervical cancer, uterine cancer, and ovarian cancer combined<sup>1</sup>

## Be Prepared...

### ACT F.A.S.T!

### Stroke risk factors

|               |  |   |
|---------------|--|---|
| <b>FACE</b>   | Facial droop<br>Uneven smile                           | High blood pressure<br>High cholesterol<br>Heart disease              |
| <b>ARM</b>    | Arm numbness<br>Arm weakness                           | Diabetes<br>Smoking   |
| <b>SPEECH</b> | Slurred speech<br>Difficulty speaking or understanding | Heavy alcohol use<br>Physical inactivity and obesity                  |
| <b>TIME</b>   | Call 911 and get to the hospital immediately.          | Atrial fibrillation (irregular heartbeat)<br>Family history of stroke |

### Check out National Stroke Association's Virtual Health Fair, January 19, 2011 and beyond

- Register now and get comprehensive, accurate, and up-to-date education on and resources for stroke prevention and recovery
- Visit [www.stroke.org/catalina](http://www.stroke.org/catalina), hosted by National Stroke Association

For more information on stroke, visit [www.getstrokeinfo.com](http://www.getstrokeinfo.com)

Reference: 1. Heron M, Hoyert DL, Murphy SL, Xu J, Kochanek KD, Tejada-Vera B. Deaths: final data for 2006. *Natl Vital Stat Rep*. 2009;57(14):1-134.

Brought to you by **Genentech**  
A Member of the Roche Group

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# You're taking action

by managing the most important part of your life, your health.



Having your prescriptions refilled on time is a positive step towards managing your condition, but it's just one part of managing it. Eating healthy foods and getting proper exercise are also important factors for total health. If you don't already have a diet and exercise regimen, then talk to your doctor about the best plan for you.

You are taking **metoprolol** to help control your high blood pressure. Below are some key points to remember about **metoprolol**.

- Follow the directions on your prescription bottle carefully.
- Take your medicine exactly as your doctor prescribed.
- Continue to take it even if you feel well. Give your body time to adjust to the medicine.
- To help you remember, take it around the same time(s) every day.
- Check your blood pressure regularly.
- If you have any questions, ask one of our pharmacists on the pharmacy team or call your doctor. It's important for you to keep all scheduled appointments for lab testing.
- Talk to your doctor about how you feel and about any symptoms you have during the starting of this medicine.

The information above is brought to you as a courtesy from your pharmacist.

8  
BR



SUN 1:29PM

\$4.38

EXPRESS PAY

NELVA BRUNSTING

13630 Pinerock


Houston, TX 770797517

(713)464-4391

• Your Insurance Saved You: \$10.61

12/05/10

New



## Personal Prescription Information

### LOOK INSIDE FOR IMPORTANT INFORMATION

#### ABOUT YOUR MEDICATION.

#### Take advantage of these convenient services:

- **Touch Tone Refills**  
Save time by using our automated system for a refill. Just dial the number on your prescription label.
- **Auto Refills**  
We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.

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**Thank you for choosing Walgreens!**

**P5855**

To stop receiving sponsored info at this pharmacy, call 888-336-5744 or visit [remove-me.net](http://remove-me.net) Use code:2875677 339 0223746

# YOUR PERSONAL PRESCRIPTION INFORMATION

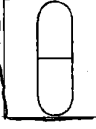
Your Walgreens Pharmacy Location  
12850 Memorial Drive  
Houston, TX 77024  
(713)722-7247

**PATIENT** NELVA BRUNSTING  
**BIRTH DATE** 10/08/26  
**MEDICATION** RIFAMPIN 300MG CAPSULES  
**QUANTITY** 60  
**DIRECTIONS** TAKE 2 CAPSULES BY MOUTH EVERY  
**DAY**

Evening

**DOCTOR** A. JAIN, MD

**DRUG DESCRIPTION**



**PATIENT ALLERGIES**

DARK REDDISH-BROWN  
FRONT: LANNETT  
BACK: 1315

**INGREDIENT NAME:** RIFAMPIN (rif-AM-pin)

**COMMON USES:** This medicine is a rifamycin antibiotic used to treat tuberculosis (TB), as well as to treat those who have been exposed to meningitis-causing bacteria before they become sick. This drug does not treat acute meningitis. It may also be used to treat other conditions as determined by your doctor.

**BEFORE USING THIS MEDICINE:** Some medicines or medical conditions may interact with this medicine. INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. DO NOT TAKE THIS MEDICINE if you are also taking HIV protease inhibitors, pyrazinamide, or birth control pills. ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION may be needed if you are taking anticoagulants, cyclosporine, digtoxin, isoniazid, itraconazole, macrolide antibiotics, mexiletine, nevirapine, quinidine, progestins, theophylline, tocanide, verapamil, or medicine for anxiety, sleep, or seizures. DO NOT START OR STOP any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, allergies, pregnancy, or breast-feeding. Contact your doctor or pharmacist if you have any questions or concerns about taking this medicine.

**HOW TO USE THIS MEDICINE:** Follow the directions for using this medicine provided by your doctor. Take this medicine on an empty stomach at least 1 hour before or 2 hours after eating. THIS MEDICINE MAY BE TAKEN WITH FOOD if it upsets your stomach. STORE THIS MEDICINE at room temperature in a tightly-closed container, away from heat and light. TO CLEAR UP YOUR INFECTION COMPLETELY, continue taking this medicine for the full course of treatment. Do not miss any doses. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

**CAUTIONS:** IT MAY TAKE SEVERAL WEEKS for this medicine to work. Do not stop using this medicine without checking with your doctor. DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. THIS MEDICINE MAY CAUSE urine, feces, saliva, sweat, and tears to turn orange or red. THIS MEDICINE MAY PERMANENTLY STAIN soft contact lenses. KEEP ALL DOCTOR AND LABORATORY

APPOINTMENTS while you are using this medicine. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. USING THIS MEDICINE while you are taking birth control pills may decrease the effectiveness of your birth control pills. To prevent pregnancy, use an additional form of birth control. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy.

**POSSIBLE SIDE EFFECTS:** SIDE EFFECTS, that may go away during treatment, include stomach upset, heartburn, loss of appetite, nausea, gas, abdominal cramping, headache, drowsiness, dizziness, menstrual changes, joint pain, or leg cramps. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience vomiting, diarrhea, fever, chills, changes in vision, or confusion. CONTACT YOUR DOCTOR IMMEDIATELY if you experience severe stomach pain, dark urine, or yellowing of eyes or skin. AN ALLERGIC REACTION to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash, itching, swelling, severe dizziness, or trouble breathing. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**OVERDOSE:** If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include swelling of face or around eyes, itching over the entire body, orange or red discoloration of skin or eyes, nausea, vomiting, drowsiness, and loss of consciousness.

**ADDITIONAL INFORMATION:** DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out.

Call your doctor for medical advice about side effects.  
You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.  
WIC# 957918

NELVA BRUNSTING  
13650 Pinerock, Houston, TX 77079/7517  
(713)464-4391

RX # 1494790-03328

DATE: 11/29/10

RIFAMPIN 300MG CAPSULES

QTY: 60 3 REFILLS BEFORE 11/29/11

New NDC: 00527-1315-30

Retail Price: \$113.89 Your Insurance Saved You: \$108.89

\$ 5.00

A. JAIN, MD  
MFC:LANNETT  
KKP/IKP/IKP/IKP/NFH

PLAN: PAIDMPD  
GROUP# CMD3896  
CLAIM REF# XML13FK

**Walgreens**

12850 MEMORIAL DRIVE HOUSTON, TX 77024  
PH: (713)722-7247

Customer Receipt

NELVA BRUNSTING

13650 Pinerock, Houston, TX 77079/7517  
(713)464-4391

RX # 1494790-03328

DATE: 11/29/10

RIFAMPIN 300MG CAPSULES

QTY: 60 3 REFILLS BEFORE 11/29/11

New NDC: 00527-1315-30

Retail Price: \$113.89 Your Insurance Saved You: \$108.89

\$ 5.00

A. JAIN, MD  
MFC:LANNETT  
KKP/IKP/IKP/IKP/NFH

PLAN: PAIDMPD  
GROUP# CMD3896  
CLAIM REF# XML13FK

**Walgreens**

12850 MEMORIAL DRIVE HOUSTON, TX 77024  
PH: (713)722-7247

Duplicate Receipt

Pharmacy use only

MON 5:55PM

RIFAMPIN 300MG CAPSULES

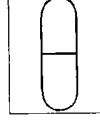
QTY 60

20 DRAM

New

ALPHA

00527-1315-30



DARK REDDISH-BROWN  
FRONT: LANNETT  
BACK: 1315

KKP/IKP/IKP/IKP/NFH

585P

Brunsting004483



Don't take chances with your health:

# Fill ALL your prescriptions at one pharmacy.

At Walgreens we'll automatically screen for drug interactions and may be able to offer advice on money-saving alternatives.

**For details, speak to our pharmacy staff.**

# Walgreens

There's a way to stay well.



## If your prescription needs to be refilled, Walgreens can help with **Auto Refills**

We'll automatically refill your prescription before it runs out, then call or e-mail when it's ready. This free service can help you stay on track with your medications and reduce the chances of missed doses.

Speak to our pharmacy staff or visit [Walgreens.com/pharmacy](http://Walgreens.com/pharmacy) to see if your prescription is eligible for Auto Refills.

# Walgreens

There's a way to stay well.

8  
BR




MON 5:55PM  
**\$5.00**  
EXPRESS PAY

NELVA BRUNSTING  
13630 Pinerock  
Houston, TX 770797517  
(713)464-4391

**11/29/10**  
New

• Your Insurance Saved You: \$108.89



## Personal Prescription Information

### LOOK INSIDE FOR IMPORTANT INFORMATION ABOUT YOUR MEDICATION.

Take advantage of these convenient services:

- **Auto Refills**  
We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.
- **Touch Tone Refills**  
Save time by using our automated system for a refill. Just dial the number on your prescription label.

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**Thank you for choosing Walgreens!**

**P5857**

OPT: 2875 677 333 0193642

INFO: 0895 00527131530

51695

51696

# YOUR PERSONAL PRESCRIPTION INFORMATION

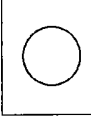
Your Walgreens Pharmacy Location  
12850 Memorial Drive  
Houston, TX 77024  
(713)722-7247

PATIENT NELVA BRUNSTING  
BIRTH DATE 10/08/26  
MEDICATION ETHAMBUTOL 400MG TABLETS  
QUANTITY 90  
DIRECTIONS TAKE 3 TABLETS BY MOUTH EVERY DAY

DOCTOR A. JAIN, MD

DRUG DESCRIPTION

PATIENT ALLERGIES



WHITE  
FRONT: L U  
BACK: C32

3 @ once / w food

**INGREDIENT NAME:** ETHAMBUTOL  
(e-THAM-byoo-tole)

**COMMON USES:** This medicine is an antibacterial used to treat tuberculosis (TB).

**BEFORE USING THIS MEDICINE:** INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. Inform your doctor of any other medical conditions, allergies, pregnancy, or breast-feeding.

**HOW TO USE THIS MEDICINE:** Follow the directions for using this medicine provided by your doctor. THIS MEDICINE MAY BE TAKEN WITH FOOD if it upsets your stomach. STORE THIS MEDICINE at room temperature in a tightly-closed container, away from heat and light. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

**CAUTIONS:** DO NOT STOP USING THIS MEDICINE without first checking with your doctor. THIS MEDICINE MAY CAUSE dizziness. Do not drive, operate machinery, or do anything else that could be dangerous until you know how you react to this medicine. HAVE REGULAR EYE EXAMINATIONS while you are taking this medicine even if you do not notice changes in your vision. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist.

**POSSIBLE SIDE EFFECTS:** SIDE EFFECTS, that may go away during

**KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.**

treatment, include nausea, headache, or dizziness. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience changes in vision, vomiting, skin rash, itching, fever, confusion, or numbness or tingling of extremities. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**OVERDOSE:** If overdose is suspected, contact your local poison control center or emergency room immediately.

**ADDITIONAL INFORMATION:** If your symptoms do not improve within 2 to 3 weeks, or if they become worse, check with your doctor. DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

NELVA BRUNSTING  
13630 Pinecock, Houston, TX 77079/517  
(713)464-4391

RX # 1494792-03328

DATE: 11/29/10

ETHAMBUTOL 400MG TABLETS

QTY: 90 3 REFILLS BEFORE 11/29/11

New NDC: 68180-0281-01

Retail Price: \$153.59 Your Insurance Saved You: \$148.59

\$ 5.00

A. JAIN, MD  
MFG: LUPIN  
KKP/KKP/KKP/ /NFH

PLAN: PAIDMPD  
GROUP# CVD3896  
CLAIM REF# RCFCF1F

**Walgreens**

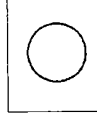
12850 MEMORIAL DRIVE HOUSTON, TX 77024  
PH: (713)722-7247

Customer Receipt

Pharmacy use only

MON 5:55PM  
New  
ETHAMBUTOL 400MG TABLETS  
68180-0281-01  
ALPHA

QTY 90



WHITE  
FRONT: L U  
BACK: C32

KKP/KKP/KKP/ /NFH

NELVA BRUNSTING  
13630 Pinecock, Houston, TX 77079/517  
(713)464-4391

RX # 1494792-03328

DATE: 11/29/10

ETHAMBUTOL 400MG TABLETS

QTY: 90 3 REFILLS BEFORE 11/29/11

New NDC: 68180-0281-01

Retail Price: \$153.59 Your Insurance Saved You: \$148.59

\$ 5.00

A. JAIN, MD  
MFG: LUPIN  
KKP/KKP/KKP/ /NFH

PLAN: PAIDMPD  
GROUP# CVD3896  
CLAIM REF# RCFCF1F

**Walgreens**

12850 MEMORIAL DRIVE HOUSTON, TX 77024  
PH: (713)722-7247

Duplicate Receipt



585P

Brunsting004485





## If your prescription needs to be refilled, Walgreens can help with **Auto Refills**

We'll automatically refill your prescription before it runs out, then call or e-mail when it's ready. This free service can help you stay on track with your medications and reduce the chances of missed doses.

Speak to our pharmacy staff or visit [Walgreens.com/pharmacy](http://Walgreens.com/pharmacy) to see if your prescription is eligible for Auto Refills.

# Walgreens

There's a way to stay well.



## Are you getting the most from your **Medicare Part D** plan?

We can help you find out with a **FREE one-on-one plan review session** with your pharmacist. We'll review your medications, look for ways to help save you money and more.

*Make your appointment today!*

# Walgreens

There's a way to stay well.

Information provided by Walgreens is not a substitute for your own research concerning your healthcare, including Medicare.

8  
BR



PAIDMPD

\*1494792 0101 3 0000500 1\*

MON 5:55PM

\$5.00

EXPRESS PAY

NELVA BRUNSTING

13630 Pinerock  
Houston, TX 770797517  
(713)464-4391

• Your Insurance Saved You: \$148.59

11/29/10

New



## Personal Prescription Information

### LOOK INSIDE FOR IMPORTANT INFORMATION ABOUT YOUR MEDICATION.

Take advantage of these convenient services:

• **Auto Refills**

We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.

• **Touch Tone Refills**

Save time by using our automated system for a refill. Just dial the number on your prescription label.

# Walgreens

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*Thank you for choosing Walgreens!*

**P5859**

OPT: 2875 677 333 0192835

INFO: 0895 68180028101

249770

516036

# YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location  
12850 Memorial Drive  
Houston, TX 77024  
(713)722-7247

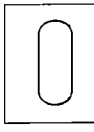
PATIENT NELVA BRUNSTING  
BIRTH DATE 10/08/26  
MEDICATION AZITHROMYCIN 250MG TABLETS  
QUANTITY 30

DOCTOR A. JAIN, MD

DRUG DESCRIPTION

DIRECTIONS TAKE 1 TABLET BY MOUTH EVERY DAY

PATIENT ALLERGIES



PINK

FRONT: 93

BACK: 7146

**INGREDIENT NAME:** AZITHROMYCIN  
(az-ZITH-roe-MYE-sin)

**COMMON USES:** This medicine is a macrolide antibiotic used to treat bacterial infections.

**BEFORE USING THIS MEDICINE:** Some medicines or medical conditions may interact with this medicine. INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. DO NOT TAKE THIS MEDICINE if you are also taking dofetilide, nilotinib, propafenone, pimozide, or tetrabenazine. ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION may be needed if you are taking antiarrhythmics (eg, disopyramide), anticoagulants (eg, warfarin), arsenic, astemizole, carbamazepine, cisapride, digoxin, domperidone, meprobamate, methadone, nelfinavir, cyclosporine, ergot alkaloids (eg, ergotamine), paliperidone, phenytoin, quinolones (eg, levofloxacin), rifampin, terfenadine, theophylline, triazolam, tyrosine kinase inhibitors (eg, dasatinib), or medicines that may affect your heartbeat. Ask your doctor if you are unsure if any of the medicines you are taking may affect your heartbeat. Inform your doctor of any other medical conditions including irregular heartbeat, kidney problems, liver problems, myasthenia gravis, allergies, pregnancy or breastfeeding. Contact your doctor or pharmacist if you have any questions or concerns about taking this medicine.

**HOW TO USE THIS MEDICINE:** Follow the directions for using this medicine provided by your doctor. This medicine may be taken on an empty stomach or with food. DO NOT TAKE THIS MEDICINE within 1 hour before or 2 hours after aluminum- or magnesium-containing antacids. STORE THIS MEDICINE at room temperature, away from heat and light. TO CLEAR UP YOUR INFECTION COMPLETELY, continue taking this medicine for the full course of treatment even if you feel better in a few days. Do not miss any doses. Taking this medicine at the same time each day will make it easier to remember. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. If you miss a dose, do not take 2 doses at once.

**CAUTIONS:** DO NOT TAKE THIS MEDICINE if you have had an allergic reaction to it, to other macrolide antibiotics (such as erythromycin), to ketolide antibiotics (such as telithromycin), or if you are allergic to any ingredient in this product. DO NOT TAKE THIS MEDICINE IF YOU HAVE HAD A SEVERE ALLERGIC REACTION to erythromycin or any macrolide or ketolide antibiotic. A severe reaction includes a severe rash, hives, breathing difficulties, or dizziness. If you have a question about whether you are allergic to this medicine, contact your doctor or pharmacist. IF YOU EXPERIENCE difficulty breathing; tightness of chest; swelling of eyelids, face, or lips; or if you develop a rash or hives, tell your doctor immediately. Do not take any more of this medicine unless your doctor tells you to do so. This medicine may cause drowsiness, dizziness, or lightheadedness. DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. THIS

MEDICINE MAY CAUSE increased sensitivity to the sun. Avoid exposure to the sun, sunlamps, or tanning booths until you know how you react to this medicine. Use a sunscreen or protective clothing if you must be outside for a prolonged period. MILD DIARRHEA IS COMMON with antibiotic use. However, a more serious form of diarrhea (pseudomembranous colitis) may rarely occur. This may develop while you use the antibiotic or within several months after you stop using it. Contact your doctor right away if stomach pain or cramps, severe diarrhea, or bloody stools occur. Do not treat diarrhea without first checking with your doctor. BEFORE YOU HAVE ANY MEDICAL OR DENTAL TREATMENTS, EMERGENCY CARE, OR SURGERY, tell the doctor or dentist that you are using this medicine. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. IT IS UNKNOWN IF THIS MEDICINE IS EXCRETED in breast milk. IF YOU ARE OR WILL BE BREAST-FEEDING while you are using this medicine, check with your doctor or pharmacist to discuss the risks to your baby.

**POSSIBLE SIDE EFFECTS:** SIDE EFFECTS, that may go away during treatment, include mild diarrhea, headache, nausea, or stomach pain or upset. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience vomiting, changes in hearing, or ringing in the ears. CONTACT YOUR DOCTOR IMMEDIATELY if you experience chest pain; swelling of your hands, legs, face, lips, eyes, throat, or tongue; difficulty swallowing, speaking, or breathing; or vision problems; fainting; hearing loss; irregular heartbeat; muscle weakness; reddened, blistered, or swollen skin; seizures; severe stomach pain, cramps, or diarrhea; bloody stools; unusual vaginal itching, odor, or discharge; or yellowing of the eyes or skin. An allergic reaction to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash, itching, swelling, dizziness, trouble breathing, or unusual hoarseness. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**OVERDOSE:** If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include nausea, vomiting, stomach upset, and diarrhea.

**ADDITIONAL INFORMATION:** DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children and pets.

Call your doctor for medical advice about side effects.  
You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

NELVA BRUNSTING  
13630 Pinerock, Houston, TX 770797517  
(713)464-4391

DATE: 11/29/10

DATE: 11/29/10

RX # 1494789-03328

RX # 1494789-03328

AZITHROMYCIN 250MG TABLETS  
QTY: 30 3 REFILLS BEFORE 11/29/11  
New NDC: 00093-7146-56

Retail Price: \$195.79 Your Insurance Saved You: \$190.79

\$ 5.00

\$ 5.00

A. JAIN, MD  
MFG: TEVA  
KKP/IKP/IKP/IKP/NFH

PLAN: PAIDMPD  
GROUP# CMD3896  
CLAIM REF# H3AEA7R

PLAN: PAIDMPD  
GROUP# CMD3896  
CLAIM REF# H3AEA7R

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PH: (713)722-7247

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PH: (713)722-7247

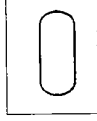
Duplicate Receipt

Customer Receipt

Pharmacy use only

MON 5:55PM  
New  
AZITHROMYCIN 250MG TABLETS  
00093-7146-56  
ALPHA

QTY 30  
10 DRAM



PINK

FRONT: 93

BACK: 7146

KKP/IKP/IKP/IKP/NFH

985P

Brunsting004487





## If your prescription needs to be refilled, Walgreens can help with **Auto Refills**

We'll automatically refill your prescription before it runs out, then call or e-mail when it's ready. This free service can help you stay on track with your medications and reduce the chances of missed doses.

Speak to our pharmacy staff or visit [Walgreens.com/pharmacy](http://Walgreens.com/pharmacy) to see if your prescription is eligible for Auto Refills.

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There's a way to stay well.

## Get a **FREE** one-on-one **Medicare Part D** review session!

### Your pharmacist will:

- Review your medications and look for ways to help save you money
- Talk about other things you can do to stay well
- Check for potential drug interactions



*Make your appointment today!*

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There's a way to stay well.

Information provided by Walgreens is not a substitute for your own research concerning your healthcare, including Medicare.

8  
BR



PAIDMPD

\*1494789 0101 3 0000500 9\*

NELVA BRUNSTING

13630 Pinerock  
Houston, TX 770797517  
(713)464-4391

• Your Insurance Saved You: \$190.79

MON 5:55PM

**\$5.00**

EXPRESS PAY

11/29/10

New  
CAP



## Personal Prescription Information

### LOOK INSIDE FOR IMPORTANT INFORMATION ABOUT YOUR MEDICATION.

Take advantage of these convenient services:

- **Auto Refills**  
We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.
- **Touch Tone Refills**  
Save time by using our automated system for a refill. Just dial the number on your prescription label.

# Walgreens

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Visit us online at [Walgreens.com](http://Walgreens.com)

Thank you for choosing Walgreens!

**P5861**

# YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location  
12850 Memorial Drive  
Houston, TX 77024  
(713)722-7247

**PATIENT** NELVA BRUNSTING

**DOCTOR** A. JAIN, MD

**BIRTH DATE** 10/08/26

**MEDICATION** SPIRIVA CAPS 30'S & HANDIHALER

**QUANTITY** 30

**DIRECTIONS** INHALE CONTENTS OF ONE CAPSULE ONCE DAILY USING HANDIHALER

**PATIENT ALLERGIES**

③ LUNCH

**INGREDIENT NAME:** TIOTRORIUM BROMIDE (TYE-oh-TROE-pee-uh-BROE-mide)

**COMMON USES:** This medicine is an anticholinergic agent used to treat the symptoms of chronic obstructive pulmonary disease, including chronic bronchitis and emphysema. It may also be used to treat other conditions as determined by your doctor.

**BEFORE USING THIS MEDICINE:** Some medicines or medical conditions may interact with this medicine. **INFORM YOUR DOCTOR** of all the medicines you are taking, including over-the-counter medicines, vitamins, and herbal products. **DO NOT TAKE THIS MEDICINE** if you are taking another anticholinergic (eg, ipratropium). Ask your doctor if you are unsure if any of your medicines are anticholinergics. **DO NOT START OR STOP** any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, including if you have trouble urinating; an enlarged prostate; bladder blockage; glaucoma; kidney problems; allergies (including milk proteins); pregnancy; or breast-feeding. Tell your doctor if you are having an asthma attack or increased difficulty breathing. Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

**HOW TO USE THIS MEDICINE:** Follow the directions for using this medicine provided by your doctor. An additional patient information leaflet is available with this medicine. Read it carefully. Ask your doctor, nurse, or pharmacist any questions that you may have before using this medicine. **DO NOT ALLOW THE CAPSULES OR NEBULIZER SOLUTIONS TO BE USED WITH A SPECIAL INHALER.** **DO NOT** remove a capsule from the packaging until you are ready to use it. To remove a capsule from the packaging, carefully peel the foil back to expose the capsule, then flip the capsule out of the blister. Do not cut or use sharp objects to open the capsule. The capsule is for oral use only. Do not swallow the capsule or remove it from the packaging. The capsule must be discarded. Do not save the capsule for later. Place the capsule in the special inhaler device immediately. The device will puncture the capsule so that the medicine inside may be inhaled into the lungs through the mouthpiece. Exhale slowly and deeply. **DO NOT** breathe into the mouthpiece of the inhaler. Position the inhaler mouthpiece between your lips and try to rest your tongue flat. Keep your head upright. Do not block the air vents on the inhaler. **TAKE A SLOW, DEEP BREATH.** You should hear or feel the capsule vibrate inside the inhaler. Hold your breath as long as it feels comfortable, then exhale slowly through pursed lips. Breathe out completely. To be sure all of the medicine has been inhaled from the capsule, inhale from the mouthpiece a second time following the same process. **ASK YOUR DOCTOR OR PHARMACIST** if you are unclear on how to use this device or inhale the medicine. **CLEAN THE INHALER DEVICE** once a month according to the instructions in the patient leaflet. Each inhaler device may be used for up to 1 year, and then should be replaced. **STORE THIS MEDICINE** at room temperature at 77 degrees F (25 degrees C), away from heat, moisture, and light. Brief storage between 59 and 86 degrees F (15 and 30 degrees C) is permitted. Do not store in the bathroom. This medicine will work best if used regularly. Taking your dose at the same time each day will help you to remember. **IF YOU MISS A DOSE** OF THIS MEDICINE, use it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not use 2 doses at once. **DO NOT** use this medicine more often than 1 time every 24 hours.

**CAUTIONS:** DO NOT USE THIS MEDICINE if you are allergic to any ingredient in this medicine or to atropine or related medicines (eg, ipratropium). **THIS MEDICINE WILL STOP AN ASTHMA ATTACK** once one has started. **IF YOU ARE ALSO USING A RESCUE INHALER** (eg, albuterol), be sure to always carry the bronchodilator inhaler with you to use during asthma attacks. **DO NOT EXCEED THE RECOMMENDED DOSE** without checking with your doctor. **DO NOT STOP USING THIS MEDICINE** without first checking with your doctor. This medicine may cause dizziness or blurred vision. These effects may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. **DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS** until you know how you react to this medicine. **AVOID GETTING THIS MEDICINE IN YOUR EYES.** If you get the medicine in your eyes and eye pain, blurred vision, or other vision changes occur, contact your doctor immediately. **THIS MEDICINE MAY SOMETIMES CAUSE SEVERE BREATHING PROBLEMS** right after you use a dose. If this happens, use your short-acting bronchodilator inhaler. Contact your doctor or seek other medical care at once. **BEFORE YOU BEGIN TAKING ANY NEW MEDICINE,** either prescription or over-the-counter, check with your doctor or pharmacist. **USE THIS MEDICINE WITH CAUTION** in the elderly. They may be more sensitive to its effects, especially constipation and urinary tract infections. **FOR WOMEN: IF YOU**

**PLAN ON BECOMING PREGNANT,** discuss with your doctor the benefits and risks of using this medicine during pregnancy. **IT IS NOT KNOWN IF THIS MEDICINE IS FOUND** in breast milk. **IF YOU ARE OR WILL BE BREAST-FEEDING** while you are using this medicine, check with your doctor or pharmacist to discuss the risks to your baby.

**POSSIBLE SIDE EFFECTS:** SIDE EFFECTS that may occur while using this medicine include dry mouth, constipation, sinus inflammation, throat irritation, stomach pain, vomiting, blurred vision, or mild nosebleed. If they continue or are bothersome, check with your doctor. **CONTACT YOUR DOCTOR IMMEDIATELY** if you experience irritation, pain, or white patches in your mouth or on your tongue; mouth sores; severe or persistent nosebleeds; severe or persistent constipation; difficult or painful urination; eye pain or discomfort; vision changes (eg, halos, colored images); chest pain; fast or irregular heartbeat; difficulty swallowing; new or worsened breathing problems; or wheezing. **AN ALLERGIC REACTION** to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue; unusual hoarseness. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**OVERDOSE:** IF OVERDOSE IS SUSPECTED, contact your local poison control center or emergency room immediately. Symptoms may include mental changes; severe constipation; stomach pain; or tremors.

**ADDITIONAL INFORMATION:** DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. **DO NOT USE THIS MEDICINE** for other health conditions. **KEEP THIS MEDICINE OUT** of the reach of children and pets. **IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME,** obtain refills before your supply runs out.

Call your doctor for medical advice about side effects.  
You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

**NELVA BRUNSTING**  
13630 Pinerock, Houston, TX 770797517  
(713)464-4391

**RX # 1496586-03328**

DATE: 12/05/10

**SPIRIVA CAPS 30'S & HANDIHALER**

QTY: 30 3 REFILLS BEFORE 12/05/11

New NDC: 00597-0075-41

Retail Price: \$236.99 Your Insurance Saved You: \$215.99

\$ 21.00

A. JAIN, MD  
MFG:BOEHRINGER  
TPL/RJW/RJW/RJW/RJW

PLAN: PAID/MPD  
GROUP# CMDS896  
CLAIM REF# RDC9TAQ

**Walgreens**

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PH: (713)722-7247

Customer Receipt

Pharmacy use only

SUN 1:29PM  
New

SPIRIVA CAPS 30'S & HANDIHALER  
00597-0075-41  
ALPHA

QTY 30

TPL/RJW/RJW/RJW/RJW



**NELVA BRUNSTING**  
13630 Pinerock, Houston, TX 770797517  
(713)464-4391

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**Walgreens**

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# Get a **FREE** one-on-one **Medicare Part D** review session!

## Your pharmacist will:

- Review your medications and look for ways to help save you money
- Talk about other things you can do to stay well
- Check for potential drug interactions



*Make your appointment today!*

# Walgreens

There's a way to stay well.

Information provided by Walgreens is not a substitute for your own research concerning your healthcare, including Medicare.



Don't take chances with your health:

# Fill ALL your prescriptions at one pharmacy.

At Walgreens we'll automatically screen for drug interactions and may be able to offer advice on money-saving alternatives.

For details, speak to our pharmacy staff.

# Walgreens

There's a way to stay well.

8  
BR



PAIDMPD \*1496586 0101 3 0002100

NELVA BRUNSTING  
13630 Pinerock  
Houston, TX 770797517  
(713)464-4391

• Your Insurance Saved You: \$215.99


SUN 1:29PM

\$21.00

EXPRESS PAY

12/05/10

New



## Personal Prescription Information

### LOOK INSIDE FOR IMPORTANT INFORMATION ABOUT YOUR MEDICATION.

Take advantage of these convenient services:

- **Auto Refills**  
We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.
- **Touch Tone Refills**  
Save time by using our automated system for a refill. Just dial the number on your prescription label.

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**P5863**

OPT: 2875 677 339 023751

INFO: 0896 00597007541

50695

49770

*Anita Brunsting*

NO. 2012-14538

IN RE: CARL HENRY BRUNSTING      §      IN THE DISTRICT COURT OF  
   §      HARRIS COUNTY, TEXAS  
   §      80<sup>th</sup> JUDICIAL DISTRICT  
   §

**NOTICE TO MEDICAL CHEST ASSOCIATES, PA OF HEARING ON PETITION TO  
TAKE DEPOSITION IN ANTICIPATION OF SUIT**

**TO:** *Medical Chest Associates, PA, c/o G. Thomas Keith, 902 Frostwood Drive, Suite 188,  
Houston, Texas 77024*

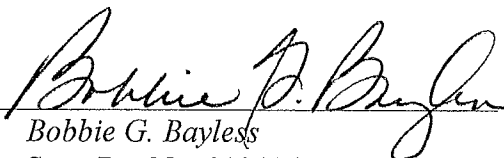
Petitioner, Carl Henry Brunsting, has filed a petition asking the court for permission to take the deposition on oral examination and/or written questions from MEDICAL CHEST ASSOCIATES, PA, and for the production of documents to investigate a potential claim in anticipation of a lawsuit by Petitioner.

You received this notice because Medical Chest Associates, PA is an entity whose deposition is sought by the petition.

A hearing is set on the petition for April 13, 2012, at 9:45 a.m., in the courtroom of the Honorable Larry Weiman, presiding judge of the 80<sup>th</sup> District Court, sitting in Harris County Courthouse, located at 201 Caroline, 9<sup>th</sup> Floor, Houston, Harris County, Texas.

Respectfully submitted,

BAYLESS & STOKES

By:   
*Bobbie G. Bayless*  
State Bar No. 01940600  
2931 Ferndale  
Houston, Texas 77098  
Telephone: (713) 522-2224  
Telecopier: (713) 522-2218

*Attorneys for Petitioner*



SELECT SPECIALTY HOSPITAL  
416 HOUSTON WEST  
9430 Old Katy Road  
Houston, TX 77055

BRUNSTING, NELVA E  
MR# 8905 , PT# 68342  
DOB: 10/08/1926  
AP: Jerson Cadenas, M.D.  
ADMITTED: 11/05/2011  
DISCHARGED: 11/11/2011

**\* DISCHARGE SUMMARY \***  
**DEATH SUMMARY**

**FINAL DIAGNOSES:**

1. Acute respiratory failure.
2. Metastatic biliary tract carcinoma.
3. Adult failure to thrive.
4. Severe protein-calorie malnutrition.
5. Anxiety.
6. Restlessness and agitation.
7. Sepsis secondary to urinary tract infection.

**HOSPITAL COURSE:**

The patient is an 85-year-old female with a significant diagnosis of metastatic biliary tract carcinoma. The patient was originally admitted to Memorial Hermann Memorial City Medical Center for mental status changes, failure to thrive and poor nutritional support. The patient's daughter did not want to transfer the patient to hospice care while she was at the acute hospital. They wanted to continue with total parenteral nutrition, aggressive intravenous antibiotics and telemetry monitoring. The patient was then transferred to Select Specialty Hospital for long-term acute care.

During her hospital stay, the patient was seen by infectious disease and continued with her aggressive intravenous antibiotics. Dr. Tran, pulmonary specialist, also has been consulted to manage with pulmonary issues as well as Dr. Velasco of renal service because of the acute renal failure. During her hospital stay, the patient continued to decline and did not have any improvement even after continuing the total parenteral nutrition and the antibiotics. The family has agreed for the patient to be **DO NOT RESUSCITATE**. They have signed the consent to be transferred to VITAS Inpatient Hospice Unit. However, the patient did not make it to hospice care because the patient's overall status declined. She became hypotensive and had developed cardiorespiratory arrest. She was pronounced dead at 4:50 in the afternoon on 11/11/2011.

---

Jerson Cadenas, M.D. Date/Time

JC/490

Job #: 41631812 Doc #: 00070091 D: 12/16/2011 11:20 T: 12/16/2011 18:18

**SELECT SPECIALTY HOSPITAL**  
416 HOUSTON WEST  
9430 Old Katy Road  
Houston, TX 77055

**BRUNSTING, NELVA E**  
MR# 8905, PT# 68342  
DOB: 10/08/1926  
AP: Jerson Cadenas, M.D.  
ADMITTED: 11/04/2011  
ROOM/BED: 2EAS2211

**\* HISTORY AND PHYSICAL \***

**HISTORY OF PRESENT ILLNESS:**

This is a pleasant 85-year-old female with past medical history of biliary carcinoma, chronic obstructive pulmonary disease, history of atypical mycobacterium infection, deep venous thrombosis, supraventricular tachycardia, anemia, and chronic renal insufficiency who was brought into the hospital secondary to decreased appetite, poor oral intake, and malnourished. She was found to have altered mental status. The patient was found to have acute renal insufficiency. The patient was treated for a urinary tract infection and given intravenous fluids. She was subsequently brought here for evaluation and ongoing rehabilitation. She is currently on total parenteral nutrition, taking oral intake. She has brown secretions. She is confused. Her caregiver is in the room.

**PAST MEDICAL HISTORY:**

1. Metastatic biliary carcinoma.
2. Chronic obstructive pulmonary disease.
3. Mycobacterium infection, status post therapy.
4. Urinary tract infection.
5. Left lower extremity deep venous thrombosis.
6. Supraventricular tachycardia.
7. Anemia of chronic disease.
8. Renal Insufficiency.

**ALLERGIES:**

No known drug allergies.

**MEDICATIONS:**

Reviewed.

**FAMILY HISTORY:**

Noncontributory.

**SOCIAL HISTORY:**

She is a nonsmoker, no alcohol, no drugs. She has a 24-hour caregiver.

**REVIEW OF SYSTEMS:**

Unavailable.

**PHYSICAL EXAMINATION**

**GENERAL:**

Awake, in mild distress.

**VITAL SIGNS:**

Blood pressure 144/60, pulse 102, respirations 19, temperature 96.6.

**LUNGS:**

Crackles bilaterally.

**SELECT SPECIALTY HOSPITAL**  
**416 HOUSTON WEST**  
9430 Old Katy Road  
Houston, TX 77055

**BRUNSTING, NELVA E**  
MR# 8905 , PT# 68342  
DOB: 10/08/1926  
AP: Jerson Cadenas, M.D.  
ADMITTED: 11/04/2011  
ROOM/BED: 2EAS2211

**\* HISTORY AND PHYSICAL \***

**CARDIAC:**  
S1, S2.

**ABDOMEN:**  
Soft.

**EXTREMITIES:**  
Have pitting edema.

**LABORATORY DATA:**  
Prealbumin less than 3, white blood cell count 14.2, hemoglobin 9.6, platelet count 63,000, sodium 131, potassium 5.9, chloride 99, bicarbonate 20, BUN 92, creatinine 2.24.

**ASSESSMENT:**

1. Sepsis.
2. Urinary tract infection.
3. Failure to thrive.
4. Acute renal insufficiency.
5. Metastatic biliary cancer.
6. Amyotrophia.
7. Chronic obstructive pulmonary disease.
8. Hyperkalemia.
9. Deep venous thrombosis.
10. Supraventricular tachycardia.
11. Anemia.

**PLAN:**

1. Continue with supportive therapy.
2. Total parenteral nutrition.
3. Swallow evaluation.
4. Make the patient nothing by mouth.
5. Pulmonary hygiene.
6. Total parenteral nutrition.
7. Continue Coumadin.
8. Intravenous antibiotics per infectious disease.
9. Poor overall prognosis. Consider hospice as patient is clinically declining. Discussed with caregiver at bedside.

Ajay Jain, MD Date/Time

AJ/93 Job #: 41630648 Doc #: 00068931 D: 11/06/2011 11:29 T: 11/06/2011 15:45





Page 1 of 1

BRUNSTING NELVA E HSV: XM  
PT #: 0068342 MR #: 000008905  
DOB: 10/06/1926 AGE: 85 SEX: F  
ATT: CADENAS JERSON # 1400  
ADMIT: 11/04/11 RM/BD: /



**HISTORY AND PHYSICAL UPDATE**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that in lieu of performing another history and physical exam, the previous exam dated 10/31/11 and the list of changes or exceptions documented here accurately reflect the current health status and care plan for the patient. This will serve as the history and physical for admission to Select Specialty Hospital.

Reason for admission to Select Specialty Hospital (Long Term Acute Care) IV antibiotics, TPN,

Changes / exceptions necessary to update the attached history and physical are as follows:

- Current and past medical history, family history and social history: metastatic breast cancer, severe malnutrition, Hb DVT, COPD, Anasarca/ascites, SUT, anemia, UTI had large volume paracentesis at neuroid & she was started on TPN
- Pertinent findings resulting from an assessment of all body systems: pt is cachectic, no resp distress but very ill-looking, she is alert but not oriented X3. VS okay; she has nausea. good S.I., lungs are crepts; ascites appears to be building up again. Anasarca. no jaundice.
- Impression and plan for Select Specialty Hospital admission: She is here for IV Abx of UTI; she will be given TPN for nutritional support since she is eating poorly + nauseated. She needs palliative care. Hospice being considered.

Physician Signature: [Signature]  
Date: 11/6/11 10am.





ADMISSION ORDERS

Page 1 of 3

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Admitting height \_\_\_\_\_ ft. \_\_\_\_\_ in.  actual  estimated

Admitting weight \_\_\_\_\_ lbs.  actual  estimated

Completed by: \_\_\_\_\_

BRONSTING NELVA E      RV: XM  
 PT #: 0268342      MR #: 000008905  
 DOB: 10/08/1926 AGE: 85      SEX: F  
 ATT: CADENAS JERSON      N 1400  
 ADMIT: 11/04/11      RM/BED: /



Patient Information

DO NOT USE: U, IU, QD, QOD, Trailing Zero, Lack of Leading Zero, MS, MSO4, MgSO4

| DATE/TIME       | TREATMENT   | NURSE'S NOTES  |
|-----------------|---|----------------|
| 11/5/11<br>1745 | 1. ADMIT TO SELECT SPECIALTY HOSPITAL OR REGENCY HOSPITAL <i>Post admission</i>   | (C/P/D)        |
|                 | 2. PRINCIPAL REASONS FOR ADMISSION: <i>Stroke, 10/11 dysphagia</i>  |                |
|                 | 3. CODE STATUS: <i>DNK</i>  |                |
|                 | 4. ALLERGIES: <i>NS</i>   |                |
|                 | 5. ISOLATION: <input type="checkbox"/> CONTACT <input type="checkbox"/> DROPLET <input type="checkbox"/> AIRBORNE <input type="checkbox"/> NEUTROPENIC  |                |
|                 | 6. WEIGH ON ADMISSION AND every <i>daily</i> <input type="checkbox"/> DAY   |                |
|                 | 7. VITAL SIGNS: <input type="checkbox"/> every 4 hrs <input type="checkbox"/> every 8 hrs <input type="checkbox"/> NEURO CHECK <input checked="" type="checkbox"/> OTHER: <i>routine</i>  |                |
|                 | 8. I & O: <i>2 12 hr</i>  |                |
|                 | 9. TELEMETRY: <i>sinus bradycardia</i>  |                |
|                 | 10. SPECIALTY BED/MATRESS/OVERLAY: type <i>air flow</i>   |                |
|                 | 11. FOLEY: _____  |                |
|                 | 12. <input type="checkbox"/> NG TUBE <input type="checkbox"/> SUCTION _____   |                |
|                 | 13. ACTIVITY: <input type="checkbox"/> COMPLETE BEDREST <input checked="" type="checkbox"/> UP AD LIB <input type="checkbox"/> UP WITH ASSISTANCE<br><input type="checkbox"/> BSC <input type="checkbox"/> OTHER _____  |                |
|                 | 14. DIET: <i>algebra diet (pursed &amp; chicken liquids diet)</i>   | <i>reorder</i> |
|                 | 15. TUBE FEEDING AND RATE: _____  |                |
|                 | 16. LABS: <i>CBC, CMP, pro albumin, UA in last hour</i>   |                |
|                 | 17. RESPIRATORY:<br><input type="checkbox"/> EVALUATE & TREAT <input type="checkbox"/> CPAP <input type="checkbox"/> BIPAP<br><input type="checkbox"/> MECHANICAL VENTILATOR <input type="checkbox"/> CPAP VIA VENT<br>MODE: <input type="checkbox"/> SIMV <input type="checkbox"/> Assist / Control <input type="checkbox"/> PSV <input type="checkbox"/> MMV <input type="checkbox"/> HFV<br>SETTINGS:<br>RATE: _____<br>FIO2: _____<br>TV: _____<br>PEEP: _____<br><input type="checkbox"/> HEATING AEROSOL TREATMENT <input type="checkbox"/> CHEST PERCUSSION FREQ _____<br><input type="checkbox"/> CONTINUOUS PULSE OX <input type="checkbox"/> PRN PULSE OX<br><input type="checkbox"/> O2@ _____ <input type="checkbox"/> LMIN VIA <input type="checkbox"/> CANNULA <input type="checkbox"/> MASK<br><input type="checkbox"/> ET TUBE SIZE _____ <input type="checkbox"/> TRACH TUBE SIZE _____ <input type="checkbox"/> TRACH CARE FREQ _____ |                |
|                 | 18. VAP BUNDLE:<br>1. HOB MAINTAINED AT 30 DEGREES.<br>2. RT PROVIDES ORAL CARE INCLUDING DEEP ORO-PHARANGEAL SUCTIONING AND TRACHEAL SUCTIONING WITH FIRST VENTILATOR CHECK.<br>3. NURSING AND/OR RT TO PROVIDE ORAL CARE EVERY 4 HOURS.<br>4. DAILY "SEDATION VACATION" IF APPLICABLE.  |                |
|                 | <p><i>Dr. Cadenas Jerison</i>      <i>11/5/11 1745</i></p> <p>PHYSICIAN'S SIGNATURE _____ DATE / TIME _____</p>   |                |

*Handwritten notes in left margin*

*Handwritten signature and date*





ADMISSION ORDERS Page 2 of 3


Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

BRUNETTING NELVA E HSV: XM  
PT #: 0069342 MK #: 00000905  
DOB: 10/08/1926 AGE: 85 SEX: F  
ATT: CADENAS JERSON # 1400  
ADMIT: 11/04/11 RM/RED: /



Patient Information

DO NOT USE: U, IU, QD, QOD, Trailing Zero, Lack of Trailing Zero, MS, MSO4, MgSO4

| DATE/TIME   | TREATMENT  | NURSE'S NOTES |
|---|--|---------------|
| 11/5/11<br>1745   | <b>VAP BUNDLE (CONT')</b><br>5. RT TO ENSURE PATIENT GETS OOB TWICE DAILY IF MEDICALLY STABLE.<br>6. GI PROPHYLAXIS: _____   |               |
| 18.   | <b>DVT PROPHYLAXIS:</b><br><input type="checkbox"/> LMWH: _____<br><input type="checkbox"/> HEPARIN 5,000 UNITS SUBQ q8h<br><input type="checkbox"/> SCDS (SEQUENTIAL COMPRESSION DEVICES)<br><input type="checkbox"/> OTHER _____ |               |
| 19.   | <b>WOUND CARE:</b> <i>Assess &amp; Dress</i>   |               |
| 20.   | <b>EVALUATE &amp; TREAT:</b> <input checked="" type="checkbox"/> PT <input checked="" type="checkbox"/> OT <input checked="" type="checkbox"/> SPEECH <input checked="" type="checkbox"/> DIETARY                                  |               |
| 21.   | <b>CONSULT DOCTOR:</b> <i>Dr. Michel - ID, Dr. Juan Del</i>  |               |
| 22.   | <b>NUTRITIONAL CONSULT:</b> <i>3:00 PM 11/5/11</i>   |               |
| 23.   | <b>NUTRITIONAL LABS:</b> <i>11/5/11</i>  |               |
| 24.   | <b>IV SITE:</b> <i>PICC R UA</i>   |               |
| 25.   | <b>IV FLUIDS:</b> <i>Continue TPN</i> TPN: <i>@ home</i>   |               |
| <i>Sum 2 hr<br/>Mouth Care 4 hr<br/>TO RB Dr. Navarro &amp; Wanda Lewis</i><br> |  |               |
| PHYSICIAN'S SIGNATURE   | DATE / TIME  |               |





ADMISSION ORDERS Page 3 of 3

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

BRUNSTING NELVA E MSV: XM  
PT #: 0068342 HR #: 000008905  
DOB: 10/08/1926 AGE: 85 SEX: F  
ATT: CADENAS JERSON R 1400  
ADMIT: 11/04/11 RM/BED: /



Patient Information

DO NOT USE: U, IU, QD, QOD, Trailing Zero, Lack of Trailing Zero, MS, M504, MgSO4

| DATE/TIME        | TREATMENT   | NURSE'S NOTES     |
|------------------|---|-------------------|
|                  | <b>MEDICATIONS</b>  |                   |
| 11/5/11<br>1745  | <p>Neuro 325 mg/5cm - take PO q 6hr PRN pain</p> <p>Synalgin 100mg PO daily @ 0630</p> <p>NS 10mg IV q 12hr + PRN</p> <p>Synalgin 15mg INH daily</p> <p>Dexam 500mg IV q 12hr</p> <p>Levamisole 0.125mg PO daily</p> <p>TPD @ 60ml/hr</p> <p>Chenimex 4.25/5</p> <p>Amino acids 42.5 gm/l</p> <p>Dextrose 50 gm/l</p> <p>Na 35 meq/l</p> <p>K 30 meq/l</p> <p>Acetate 70 meq/l</p> <p>Cl 39 meq/l</p> <p>Ca 4.5 meq/l</p> <p>Magnesium 5 meq/l</p> <p>Phosphorus 15 mmol/l</p> <p>Multivitamin 10 ml/day</p> <p>Trace elements 5 ml/day</p> <p>Folic acid 1mg/day</p> |                   |
| 11/27/11<br>1745 | <p>OTC RB R. [unclear] [unclear] [unclear]</p>  |                   |
|                  | MEDICATION RECONCILIATION COMPLETE <input type="checkbox"/>   |                   |
|                  | PHYSICIAN'S SIGNATURE _____   | DATE / TIME _____ |





# PHYSICIAN'S ORDERS

ORDERS: Another brand of a generically equivalent product identical in dosage form and content of active ingredient may be administered unless checked.

WRITE ON IMPRINT PATIENT INFORMATION BELOW

DATE START 11/5 2:20  
 Reglan 5mg po Q AC  
 Zofran 4mg Q 4H IV PRN  
 CXR AM <sup>Dep 11/6/11</sup>  
 increase dose Hydrocodone 7.5mg 1 Q 6H PRN

TIME A.M. P.M.  
 JORB DR Navarro / emulsi6n RV  
 Sign:   
 Date: 11/6/11 Time: 12 A

Imprint Patient Name Here

DRUG ALLERGIES

Will start 11/6/11 08:00am

Be sure No. shows before WRITING

START NEW ORDERS BELOW

DATE START 11/6/11  
 0945 Kayexalate 60 gram po stat  
 JORB DR Navarro / emulsi6n RV

TIME A.M. P.M.  
 Sign:   
 Date: 11/6/11 Time: 10 AM

Imprint Patient Name Here

BRUNSTING RESIWA R MR E: 000093905  
 PR N: 0068342 MR E: 000093905  
 DOB: 10/08/1926 AGE: 85 SEX: F  
 APT: CALERIAS JESSOP RM/RED:  
 ADMIT: 11/04/11  
 HSN: XM  
 000093905  
 R 1400  
 /

DRUG ALLERGIES

START NEW ORDERS BELOW

Be sure No. shows before WRITING

DATE START 11/6/11  
 1000 AM add BT to earlier lab -  
 Consult Dr Velasco for renal  
 failure

TIME A.M. P.M.  
 Fat emulsion 2 to 4 @  
 52 ml/hr MWF  
 Consult dietitian for nutritional  
 needs.

Imprint Patient Name Here

DRUG ALLERGIES

Be sure No. shows before WRITING

USE BALLPOINT PEN - PRESS HARD - 5 COPIES  
To remove orders from set, lift face sheet & tear at proper perforation





# RHC PHYSICIAN'S ORDERS

ORDERS: Another brand of a generically equivalent product identical in dosage form and content of active ingredient may be administered unless checked.

WRITE OR IMPRINT PATIENT INFORMATION BELOW

DATE START 11/6/11

TIME A.M. 10A

change Kayexalate to retention enema  
 D10W at 60 ml/hr + D1C  
 once new TPN bag starts - *[Signature]*  
 Change Keftan to 500 mg q 8 Hrs.

Imprint Patient Name Here

DRUG ALLERGIES START NEW ORDERS BELOW

DATE START

TIME A.M. PM.

morphine 0.5 mg IV q 6  
 prn for pain > 8  
 Change Hydrocodone 7.5/500 mg  
 po q 12 prn pain < 8  
 (limit frequency due to potential hepatotoxicity of acetaminophen in pt w/ history cancer)

Imprint Patient Name Here

DRUG ALLERGIES START NEW ORDERS BELOW

DATE START

TIME A.M. PM.

Protonix 40 mg IV daily  
 CBC, BMP in AM.  
 Atrovent / albuterol neb QID  
 hold if asleep.  
 Follow new TPN order *[Signature]*

Imprint Patient Name Here

DRUG ALLERGIES

Be sure No shows before WRITING

BRUNSTON MELVA E MR #1 060608505  
 FE # 0603342  
 BOB: 10/08/1926 AGE: 85 SEX: F # 1408  
 NPT: CADENAS JERSON  
 ADULT: 11/04/11 SRV/DRD1

HSV1 XM  
 # 1408

Be sure No shows before WRITING

Be sure No shows before WRITING

USE BALLPOINT PEN - PRESS HARD - 5 COPIES  
To remove orders from set, lift face sheet & tear at proper perforation





# RHC PHYSICIAN'S ORDERS

ORDERS: Another brand of a generically equivalent product identical in dosage form and content of active ingredient may be administered unless checked.

WRITE OR IMPRINT PATIENT INFORMATION BELOW

DATE START 11.6.11 NPO until goalow clear

TIME A.M. P.M. 0 Dexam 0.125g IV daily  
A Simvastatin to 0.05 IV daily

*[Handwritten signature]*

Imprint Patient Name Here

DRUG ALLERGIES

START NEW ORDERS BELOW

Be sure No. shows before WRITING

DATE START

TIME A.M. P.M. 1330

① INSERT Foley cath  
② STRICT NPO  
③ Random urine for

Imprint Patient Name Here

DRUG ALLERGIES

START NEW ORDERS BELOW

Be sure No. shows before WRITING

DATE START

TIME A.M. P.M.

- Nat  
- creat  
- EOSINOPHILS  
- URINKAUS

① Pleat ultra cut  
② Rgt KT level 5 hours p Kaye call

*[Handwritten signature]*

Imprint Patient Name Here

DRUG ALLERGIES

Be sure No. shows before WRITING

USE BALLPOINT PEN - PRESS HARD - 5 COPIES  
To remove orders from set, lift face sheet & tear at proper perforation



TPN ORDER FORM

DAILY ADULT HYPERALIMENTATION ORDER SHEET - ALL-IN-ONE ADMIXTURE PROGRAM

INSTRUCTIONS: Use ball point pen and press firmly. Unless specified, ALL orders are for administration over 24 hours. Pharmacy will indicate infusion rate for a 24 hour period on IV label unless other wise instructed.

STANDARD ADDITIVES: Check box to prescribe standard additives for corresponding base solution volume

If standard additives are NOT desired, please specify all additive amounts per 24 hours. Any alteration to standard additive profile requires writing the entire formulation in full.

| BASE SOLUTION: | PLEASE SPECIFY ONE: | ADDITIVES PER ADMIXTURE | SPECIFIED 24 HR AMOUNTS | STANDARD ADDITIVE FORMULA |          |          |
|----------------|---------------------|-------------------------|-------------------------|---------------------------|----------|----------|
|                |                     |                         |                         | PER 1000                  | PER 1500 | PER 2000 |

SUGGESTED DAILY REGIMENS:

| CENTRAL FORMULA VOLUME          | 1000   | 1500   | 2000    |
|---------------------------------|--------|--------|---------|
| TRAVASOL 10%                    | 500 ml | 750 ml | 1000 ml |
| DEXTROSE 50%                    | 500 ml | 750 ml | 1000 ml |
| INTRALIPID 20%                  | 250 ml | 250 ml | 500 ml  |
| TO RUN SEPARATELY OVER 24 HOURS |        |        |         |
| TOTAL CALORIES                  | 1550   | 2075   | 2600    |
| TOTAL PROTEIN                   | 50gm   | 75gm   | 100gm   |

| ADDITIVES:                          | PER 1000 | PER 1500 | PER 2000 |
|-------------------------------------|----------|----------|----------|
| SODIUM CHLORIDE                     | 50 mEq   | 50 mEq   | 70 mEq   |
| SODIUM ACETATE                      | — mEq    | 20 mEq   | 30 mEq   |
| POTASSIUM CHLORIDE                  | — mEq    | 20 mEq   | 30 mEq   |
| POTASSIUM PHOSPHATE                 | — mM     | 12 mM    | 18 mM    |
| (1.5 mEq K+ / mM PO4)               | —        | —        | —        |
| CALCIUM GLUCONATE                   | 4.6 mEq  | 4.8 mEq  | 6.4 mEq  |
| MAGNESIUM SULFATE                   | 16 mEq   | 24 mEq   | 32 mEq   |
| TRACE ELEMENTS (Cu, Zn, Cr, Mn, Se) | 3 ml     | 3 ml     | 3 ml     |
| MVI-12                              | 10 ml    | 10 ml    | 10 ml    |

| CENTRAL FORMULA II VOLUME       | 1000   | 1500   | 2000    |
|---------------------------------|--------|--------|---------|
| TRAVASOL 8.5%                   | 500 ml | 750 ml | 1000 ml |
| DEXTROSE 50%                    | 500 ml | 750 ml | 1000 ml |
| INTRALIPID 20%                  | 250 ml | 250 ml | 500 ml  |
| TO RUN SEPARATELY OVER 24 HOURS |        |        |         |
| TOTAL CALORIES                  | 1520   | 1905   | 1890    |
| TOTAL PROTEIN                   | 49gm   | 64gm   | 85gm    |

TPN-STANDARD FORMULA: CENTRAL  PERIPHERAL

OTHER ADDITIVES PER ADMIXTURE

|             |      |        |
|-------------|------|--------|
| AMINO ACID: | 10 % | 500 ml |
| DEXTROSE    | 50 % | 500 ml |
| INTRALIPID  | 20 % | 250 ml |

*Handwritten notes:*  
 → 60 ml/hr. daily  
 → 50 ml/hr. q fast today (then NWP)

RECOMMENDED TESTS/PROCEDURES

CHECK BOX FOR TESTS / PROCEDURES TO BE PERFORMED WHILE PATIENT ON THERAPY.

- SMA 20 TWICE WEEKLY
- SERUM MAGNESIUM PRIOR TO THERAPY AND WEEKLY THEREAFTER
- CBC PRIOR TO THERAPY AND THEN WEEKLY
- PT PRIOR TO THERAPY AND WEEKLY

- PTT PRIOR TO THERAPY
- WEIGHT PERFORMED DAILY
- I AND O RECORDED DAILY

ALLERGIES:

PHYSICIAN'S SIGNATURE: *[Signature]*

DATE: 3/6/12 TIME: 10:30am

NURSE'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

227

SKUNOOLAH DELVA E  
 MR #: 0026342 MR #: 900068905  
 DOB: 10/06/1926 AGE: 85 SEX: F  
 ATT: GARDNER JERSON R 1400  
 ADMIT: 11/04/11 RN/BSN: /





# PHYSICIAN'S ORDERS

ORDERS: Another brand of a generically equivalent product identical in dosage form and content of active ingredient may be administered unless checked.

WRITE OR IMPRINT PATIENT INFORMATION BELOW

DATE START: 11/6/11  
 TIME: 1330  
 ORDER: ACROSS P 100 mg qd  
SO 5 weeks

Impound Patient Name Here

### DRUG ALLERGIES

START NEW ORDERS BELOW

Be sure Mr. shows before WRITING

DATE START: 11/6/11  
 TIME: 1445  
 ORDER: Morphine 1mg IV q 6 hr for pain as needed (PRN)  
(The above morphine order is PRN HOLD if slow)  
 TO RB NO Navarro / C. Mathew RN  
 Sign: \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_

Impound Patient Name Here

### DRUG ALLERGIES

START NEW ORDERS BELOW

WRITING

DATE START: 11/6/11  
 TIME: 1745  
 ORDER: chest x ray - cont  
↓ q PRN to Home / his  
low x - 40 mg IV 1 dose now  
 TO RB NO Navarro / C. Mathew RN

Impound Patient Name Here

### DRUG ALLERGIES

Be sure Mr. shows before WRITING

BRUNSTING MEDWA E  
 VC #: 8066232 MR #: 00808905  
 DOB: 10/08/1926 AGE: 85 SEX: F  
 ATR: CADOMAS JERSON # 1400  
 ADMIT: 11/04/11 RN/BCP



# PHYSICIAN'S ORDERS

ORDERS: Another brand of a generically equivalent product identical in dosage form and content of active ingredient may be administered unless checked.

WRITE OR IMPRINT PATIENT INFORMATION BELOW

DATE

START

11/6/11 2045 RT CC Drip  
11/7/11 27 CC Chamber 0200

TIME

A.M.  
P.M.

DRUG ALLERGIES

START NEW ORDERS BELOW

DATE

START

11/7/11 - EKG now stat

- Hemo  
- 27 cc Chamber

TIME

A.M.  
P.M.

- 22 web to x-ray...  
and...  
Commit  
D. Trivelpoli  
K...  
and...  
stat

DRUG ALLERGIES

START NEW ORDERS BELOW

DATE

START

*[Handwritten signature]*

TIME

A.M.  
P.M.

11/7/11 11:00 cc Digoxin 2.5mg  
27 cc Metoprolol 2.5mg stat  
12:05 PM  
11/7/11 08:12 AM  
D. Trivelpoli

DRUG ALLERGIES

Imprint Patient Name Here

Imprint Patient Name Here

Imprint Patient Name Here

Be sure No. shows before WRITING

BROOKSTING MELBA E  
PRN: 0068342  
DOB: 10/08/1926 AGE: 85  
ATT: CADENAS JESSOR  
ADMIT: 11/04/11 RM/BSO:  
RSV1 08  
PRN #: 00000995  
SEX: F  
# 1A00

WRITING

Be sure No. shows before WRITING

USE BALLPOINT PEN - PRESS HARD - 5 COPIES  
To remove orders from set, lift tape sheet & tear at proper perforation



P-5878



# PHYSICIAN'S ORDERS

ORDERS: A single tablet of a generically equivalent product identical in dosage form and content of active ingredient may be administered unless checked.

WFS (TE OR IMPRINT) PATIENT INFORMATION DEL.

DATE START 11/7/11  
 TIME 7:30  
 A.M.  
 P.M.  
 [Signature]

Imprint Patient Name Here

DRUG ALLERGIES

START NEW ORDERS BELOW

DATE START 11/7/11 P 7:00 12:00  
 TIME 12:00  
 A.M.  
 P.M.  
 [Signature]

Imprint Patient Name Here

DRUG ALLERGIES

START NEW ORDERS BELOW

DATE START 11/7/11 @ 1800  
 TIME 1800  
 A.M.  
 P.M.  
 @ KAYEKORATE 30 gran  
 as retention known x  
 2 hour  
 c. PEARL panel MAB 08204  
 LE I TOA TO GO out / h  
 [Signature]

Imprint Patient Name Here

DRUG ALLERGIES

USE BALLPOINT PEN - PRESS HARD - 5 COPIES  
To remove orders from set, lift face sheet & tear at proper perforation

Be sure to show doctor WRITING

INDICATING RELVA  
 PG #: 0068342  
 DOB: 10/08/1926 AGE: 85  
 APT. ADDRESS: JERSON  
 ADMIT: 11/04/11 BM/SEX: M 1400  
 MR #: 00008905  
 SEX: F  
 RSV: XM

WRITING

Be sure to show doctor WRITING

45879



Page 1 of 1

Primary Language:

English  Other

Translation date & time:

Interpreter ID:

BRUNTING NELVA E RSV: XM  
PT #: 0068342 MR #: 00008905  
DOB: 10/08/1926 AGE: 85 SEX: F  
ATT: CADENA JERSON # 1400  
ADMIT: 11/04/11 RM/BED: /



Patient Identification

### RESUSCITATION ORDERS / CONSENT

Patient Name: \_\_\_\_\_

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

Time: \_\_\_\_\_

MARK APPROPRIATE AREA OF FORM WITH AN "X" CIRCLE YES / NO IF LR IS MARKED.

#### DO NOT RESUSCITATE (DNR)

Do not resuscitate. Always check for Airway Obstruction.

#### FULL RESUSCITATION (FR)

All indicated methods of resuscitation are to be used.

#### LIMITED RESUSCITATION (LR)

Always check for Airway Obstruction.

#### RESUSCITATION TECHNIQUE (Circle Yes or No)

| Yes | No |  |
|-----|----|--|
|     |    | Chest Compression                      |
|     |    | Ventilation with "Ambu-Bag"            |
|     |    | Intubation and Mechanical Ventilation  |
|     |    | Intravenous Medications as Indicated   |
|     |    | Defibrillation or Cardioversion        |
|     |    | Transvenous or Transthoracic Pacemaker |
|     |    | External Pacemaker                     |

The absence of an order for limited care in the case of cardiac or respiratory arrest will result in a full code being implemented.

I have discussed this order with the patient or his/her surrogate and have received informed consent. Space for documentation of additional details regarding discussion with patient or his/her surrogate provided here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Physician

11/09/11 21:30  
Date/Time

I hereby give my informed consent to this order.

SIGNATURE OF PATIENT OR HIS/HER SURROGATE (IF AVAILABLE)

11/5/11  
Date

WITNESS

11/5/11  
Date

Order Noted: \_\_\_\_\_

Date/Time: \_\_\_\_\_





# RHC PHYSICIAN'S ORDERS

ORDERS: Another brand of a generically equivalent product identical in dosage form and content of active ingredient may be administered unless checked.

WRITE OR IMPRINT PATIENT INFORMATION BELOW

| DATE | START   | ORDER                                 | TIME | A.M. | P.M. |
|------|---------|---------------------------------------|------|------|------|
|      | 11/7/11 | 1850 12 <sup>o</sup> chaxt V Miley RN |      |      |      |
|      | 11/8/11 | 12 <sup>o</sup> cc DORT               |      |      |      |
|      | 11/8/11 | 24 <sup>o</sup> cc Oxamnolam 0200     |      |      |      |
|      | 11/8/11 | 9 am: Stool for C. difficile          |      |      |      |
|      | 11/8/11 | 1100 12 <sup>o</sup> cc               |      |      |      |

Impoint Patient Name Here

Corq Mihy, MD  
S. Lutz

DRUG ALLERGIES

### START NEW ORDERS BELOW

| DATE | START   | ORDER   | TIME | A.M. | P.M. |
|------|---------|---|------|------|------|
|      | 11-8-11 | ① Rental pump in AM                                 |      |      |      |
|      | 1410    | ② Kayexalate 30grams as retention average X 2 hours |      |      |      |

Impoint Patient Name Here

11-8-11  
1420

DRUG ALLERGIES

### START NEW ORDERS BELOW

| DATE | START   | ORDER                           | TIME | A.M. | P.M. |
|------|---------|---------------------------------|------|------|------|
|      | 11-8-11 | 12 <sup>o</sup> cc (M... 78-11) |      |      |      |
|      | 11-8-11 | 12 <sup>o</sup> cc 1415         |      |      |      |

Impoint Patient Name Here

DRUG ALLERGIES

BRONSTEIN MELVA E  
 PT #: 8088342 MR #: 00003905  
 DOR: 10/08/1926 AGE: 55 SEX: F  
 APT: CAUSAS JESSON  
 ADMI: 11/04/11 RN/BSO:  
 HSV: XM  
 # 1490

Be sure No shows before WRITING

P5881

USE BALLPOINT PEN - PRESS HARD - 5 COPIES



# PHYSICIAN'S ORDERS

ORDERS: Another brand of a generically equivalent product identical in dosage form and content of active ingredient may be administered unless checked.

WRITE OR IMPRINT PATIENT INFORMATION BELOW

DATE START

11/8/11  
1800  
A.M.  
P.M.

① ALBUMIN 12.5 gm 1UPD  
followed by LASIX 20g  
1UP X 1

Imprint Patient Name Here

11/8/11  
2030

DRUG ALLERGIES  
Penicillin / amoxicillin

START NEW ORDERS BELOW

DATE START

11/8/11  
2030  
11/9/11  
0700  
A.M.  
P.M.

12° chest check Barbara Lewis R  
12° chest check Barbara Lewis R

BRUNSTING MELVA E  
PT #: 0068342 MR #: 000008905  
DOB: 10/08/1926 AGE: 85 SEX: F  
ATTN: CADENAS JERSON N 1400  
ADMIT: 11/04/11 RN/BDP: /

Imprint Patient Name Here

DRUG ALLERGIES

START NEW ORDERS BELOW

DATE START

11/9/11  
710  
A.M.  
P.M.

Garden Drug 100 9.115 gm  
11/9/11 710  
11/9/11 710

Imprint Patient Name Here

DRUG ALLERGIES

Be sure No. shows before WRITING

P5882

USE BALLPOINT PEN - PRESS HARD - 5 COPIES





# RHC PHYSICIAN'S ORDERS

ORDERS: Another brand of a generically equivalent product identical in dosage form and content of active ingredient may be administered unless checked.

WRITE OR (IMPRINT) PATIENT INFORMATION BELOW

DATE START *11/9/11* *11:00*

*CBC, Chem 7, BNP and stool for occult blood x3.*

*T.A.R.B. Dr. Mamik / Barbara Lumb*

TIME *11:00 AM*

Imprint Patient Name Here

DRUG ALLERGIES

START NEW ORDERS BELOW

Be sure No. shows before WRITING

DATE START *11-9-11* *11:00*

*12 HR RT Clot v Ant Bldg*

*EA-6P.*

*11/9/11 @ Kaye Roberts Boggs*

TIME *12:16*

*Read report, MABAS*

DRUG ALLERGIES *17*

Imprint Patient Name Here



BRUNSTING NELVA E  
 PT #: 0068342 MR #: 000008905  
 DOB: 10/08/1926 AGE: 85 SEX: F  
 APT: CADENAS JERSON # 1400  
 ADMIT: 11/04/11 Rm/Bed:

START NEW ORDERS BELOW

DATE START *11-9-11* *1315*

*ALBUMIN 25gms 10P Follow*

*by LASIX 20mg 10P x1*

TIME *11-9-11 1315*

DRUG ALLERGIES

Imprint Patient Name Here

Be sure No. shows before WRITING

5883





221

BRUNSTING NELVA E HSV: XM  
PT #: 0068342 MR #: 000008905  
DOB: 10/08/1926 AGE: 85 SEX: F  
ATT: CADENAS JERSON # 1400  
ADMIT: 11/04/11 RM/BED: /

STANDARDIZED SUPPLEMENTAL INSULIN ORDER

Principal Diagnosis:  
*Deposits ARF UTI Diabetic Ketoacidosis*

ALLERGIES:  
*NKA*

Weight (kg): *191.5* Height (cm): *5' 10"*

Medications may be stopped based on the current Medical Staff Bylaws for automatic stop orders policy

Use a Ball Point Pen

Use a new Physician Orders form for any subsequent orders or changes

Standardized Supplemental Insulin Orders (Target FSBG 80-150mg/dL)

\*\*Orders are not applicable for patients who are in DKA or in pre, intra or post-operative

- Discontinue all Supplemental Insulin and Finger Stick Blood Glucose (FSBG) order
- Insulin type:  Regular human insulin: -or-  Insulin aspart (Novolog®)  
*R.Ph and RN to verify if patient was on insulin therapy previously & acquire vial, if available before dispensing*  
*If insulin type not indicated use insulin aspart*
- If patient is eating regularly or on bolus enteral feedings:
  - Measure FSBG BEFORE EACH MEAL ONLY (AC)
  - Administer rapid acting insulin aspart (Novolog®) just before meals according to scale
  - Administer regular insulin 30 minutes prior to meals according to scale
- If patient is receiving continuous enteral feedings, TPN, or is ordered NPO
  - Measure FSBG every:  2 hours  4 hours -OR-  8 hours. (MD to select one. If not selected, monitor every 4 hours)
  - Administer insulin aspart (Novolog®) or regular insulin according to scale
- Indicate initial insulin regime in the table below. (If not indicated, start Low Dose Regimen)

All Supplemental insulin will be administered via Subcutaneous Route

| Glucose Level (mg/dL) | <input checked="" type="checkbox"/> Low Dose Regime                 | <input type="checkbox"/> Medium Dose Regime                         | <input type="checkbox"/> High Dose Regime                           |
|-----------------------|---|---|---|
| Less than 60          | Give 1 amp of D50 or 4 oz of juice if patient tolerates oral intake | Give 1 amp of D50 or 4 oz of juice if patient tolerates oral intake | Give 1 amp of D50 or 4 oz of juice if patient tolerates oral intake |
| 60 - 120              | 0 units   | 0 units   | 0 units   |
| 121 - 150             | 2 units   | 4 units   | 5 units   |
| 151 - 200             | 4 units   | 6 units   | 10 units  |
| 201 - 250             | 6 units   | 8 units   | 14 units  |
| 251 - 300             | 8 units   | 10 units  | 17 units  |
| 301 - 350             | 10 units  | 16 units  | 20 units  |
| 351 - 399             | 12 units  | 18 units  | 24 units  |
| 400 or More           | 14 units and call MD  | 20 units and call MD  | 26 units and call MD  |

- At 12 PM nurse to review the last 24 hour's FSBG results
- IF TWO READING ARE GREATER THAN 180 mg/dL AND NONE ARE LESS THAN 100 mg/dL:
- ADVANCE to next HIGHER supplemental insulin regime
- If patient is on the HIGH DOSE REGIME already, notify the physician the following morning of the FSBG results and need for added coverage or a diabetes consult
- IF TWO READING ARE LOWER THAN 60 mg/dL:
- DECREASE to the next LOWER supplemental insulin regime
- If patient is on the LOW-DOSE REGIME already call MD for additional orders
- All changes in supplemental insulin regime will be documented by writing a medication order
- If patient does not require and supplemental insulin for 48 hours, contact physician to discontinue the orders
- Forward or Fax Physician Order Sheet to Pharmacy

Physicians Signature: *DR. V. Cadenas* Date/Time: *11/9/11 1400*

*11-9-11 1600*  
*6/2/11*





# RHC PHYSICIAN'S ORDERS

ORDERS: Another brand of a generically equivalent product identical in dosage form and content of active ingredient may be administered unless checked.

WRITE OR IMPRINT PATIENT INFORMATION BELOW

DATE START 11/9/11

Blood cultures today x2

Stool for C. difficile <sup>Aug 11/9/11 15:05</sup>

TIME A.M. P.M. 11:00 AM

Imprint Patient Name Here Cora Miller, MD

DRUG ALLERGIES

*Brunsting*

START NEW ORDERS BELOW

DATE START 12:00 11/9/11 16:00

12:00 11/9/11 16:00

Be sure No. shows before WRITING



## Critical Test/Diagnostic Results

Patient Identification

Date: 11-9-11 Patient Name: Brunsting

Critical Test/Diagnostic Result: Glucose 831

Result(s) were read back & verified

When you received lab/or diagnostic test result(s):

Date: 11/9/11 Time: 1330

Date: 11/9/11 Time: 1140

Date & Time lab/diagnostic test was done:

Notification of physician

| Call # | Date           | Time        | Physician       | Spoke w/physician                   | Message Left       | If message left, date and time physician was given results |
|--------|----------------|-------------|-----------------|-------------------------------------|--------------------|--|
| 1      | <u>11/9/11</u> | <u>1350</u> | <u>Cardenas</u> | <input checked="" type="checkbox"/> | <u>[Signature]</u> | <u>21:30</u>   |
| 2      |                |             |                 | <input type="checkbox"/>            |                    |  |
| 3      |                |             |                 | <input type="checkbox"/>            |                    |  |

If patient has other physicians consulted contact the most appropriate physician or contact the Medical Director.

Orders received:  Yes, see physician order on order sheet  No

Licensed Practitioner Signature: [Signature]

SM-NU-749-3 (4-11)

(Place this label on Physician Order sheet)

BRUNSTING NEENA B VER 91 000089905  
 FT B: 00683442  
 DOB: 10/08/1926 AGE: 85 SEX: F  
 ATR: CADERAS JERSON # 1400  
 ADMITE: 11/04/11 RW/95D

DATE START 11/09/11

TIME A.M. P.M. 21:30

Imprint Patient Name Here [Signature]

DRUG ALLERGIES

IV ativan 1mg x1 now then q4h prn restlessness.

Hospice eval - family requested treatment Hospice.

Refer to [Signature] 11/9/11 2200

Be sure No. shows before WRITING

USE BALLPOINT PEN - PRESS HARD - 5 COPIES





# RHC PHYSICIAN'S ORDERS

ORDERS: Another brand of a generically equivalent product identical in dosage form and content of active ingredient may be administered unless checked.

WRITE OR IMPRINT PATIENT INFORMATION BELOW

DATE START 11/9/11 2300 12" BTOCC ~~BOERT~~  
 24" Cl ~~Asomunha~~

TIME A.M. P.M.

Imprint Patient Name Here

DRUG ALLERGIES

START NEW ORDERS BELOW

Be sure No. shows before WRITING

DATE START 11/10/11 72c  
 11-10-11 10:15 ~~10:15~~

TIME A.M. P.M.

110 AM 130 HPC Koffman ~~130~~

Imprint Patient Name Here

DRUG ALLERGIES

START NEW ORDERS BELOW

Be sure No. shows before WRITING

DATE START 11/10/11 14:30

TIME A.M. P.M.

DIC Telemetry.  
 May transfer to Home Care and accepted.

11-10-11 1540 ~~1540~~

Imprint Patient Name Here

DRUG ALLERGIES

Be sure No. shows before WRITING

BRUNSTING MELVA R  
 PT # : 0068342  
 DOB : 10/08/1926 AGE : 85  
 RFEI : CADENAS JERSON  
 ADMIT : 11/04/11  
 RND/BDQ :  
 HCV : X4  
 ICR # : 00008905  
 SEK : 8  
 # 1400





# RHC PHYSICIAN'S ORDERS

ORDERS: Another brand of a generically equivalent product identical in dosage form and content of active ingredient may be administered unless checked.

WRITE OR IMPRINT PATIENT INFORMATION BELOW



## Critical Test/Diagnostic Results

Date: 11-10-2011

Patient Name: NEENA BRUNSTING

Critical Test/Diagnostic Result: Grown positive cocci in clusters (aerobic lab culture)

Result(s) were read back & verified

When you received lab/diagnostic test result(s):

Date: 11/10/11

Time: 2230

Date & Time lab/diagnostic test was done:

Date: 11-9-11

Time: 1745

### Notification of physician

| Call #   | Date            | Time        | Physician         | Spoke w/physician                   | Message Left                        | If message left, date and time physician was given results |
|--|-----------------|-------------|-------------------|-------------------------------------|-------------------------------------|--|
| 1  | <u>11-10-11</u> | <u>2257</u> | <u>DR. PARAKH</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |  |
| 2  |                 |             |                   | <input type="checkbox"/>            | <input type="checkbox"/>            |  |
| <i>If patient has other physicians consulted contact the most appropriate physician or contact the Medical Director.</i> |                 |             |                   |                                     |                                     |  |
| 3  |                 |             |                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |  |

Orders received:

Yes, see physician order on order sheet

No

Licensed Practitioner Signature: [Signature]

(Place this label on Physician Order sheet)

SM-NU-749-3 (4-11)

Be sure No. shows before WRITING

| DATE                                  | START          | TIME           | A.M. | P.M. | DRUG ALLERGIES |
|---------------------------------------|----------------|----------------|------|------|----------------|
| <u>11/11/11</u>                       | <u>2:45</u>    | <u>2:45</u>    |      |      |                |
| <u>11/11/11</u>                       | <u>12:00</u>   | <u>12:00</u>   |      |      |                |
| <u>11/11/11</u>                       | <u>0133</u>    | <u>12:00</u>   |      |      |                |
| <u>11/11/11</u>                       | <u>7:25 AM</u> | <u>7:25 AM</u> |      |      |                |
| <u>Typing TDN @ 10cc/hr until off</u> |                |                |      |      |                |

Imprint Patient Name Here

BRUNSTING NEENA E MR # : 00008395  
 FE # : 0063142  
 DOB : 10/09/1926 AGE : 85  
 SEX : F  
 NIT : CADENAS JERSON  
 ADMITE : 11/04/11 RN/ABD :  
 HST : 206  
 P5887

| DATE   | START        | TIME         | A.M. | P.M. | DRUG ALLERGIES |
|--|--------------|--------------|------|------|----------------|
| <u>11/11/11</u>                                      | <u>1230</u>  | <u>1230</u>  |      |      |                |
| <u>Change Morphine Sulfate long IV Q2hr prn pain</u> |              |              |      |      |                |
| <u>telephone order Dr. Navarra / Paul Lopez M</u>    |              |              |      |      |                |
| <u>11/11/11</u>                                      | <u>12:30</u> | <u>12:30</u> |      |      |                |

Imprint Patient Name Here

Sign: \_\_\_\_\_ Time: \_\_\_\_\_  
Date: \_\_\_\_\_

Be sure No. shows before WRITING

P5887





BRUNTING NELVA E HSV: XM  
PT #: 0068342 MR #: 000008905  
DOB: 10/08/1926 AGE: 85 SEX: F  
ATT: CADENAS JERSON H 1400  
ADMIT: 11/04/11 RM/BD: /



PROGRESS NOTES

Page 1 of 2

| DATE / TIME     | PLEASE NOTE DATE AND TIME  |
|-----------------|--|
| 11/6/11<br>9am  | ID Staff   |
|                 | <p>Full consult note dictated</p> <p>E. - metastatic biliary duct carcinoma</p> <p>- W/D, hyp of ? atypical mycobacterial infection</p> <p>- new with dehydration about UTI</p> <p>Cultures are pending; data from M/MC indicates polymicrobial flora</p>          |
|                 | <p>Rec - continue Meropenem</p> <p>- await ID &amp; subseqt.</p> <p>- PMU CPE, wt, LFTs</p> <p>Discussed at length with daughter.</p> <p><i>[Signature]</i></p> <p>Cora Mihai, MD</p> <p>713-444-1201</p>  |
| 11/6/11<br>1375 | <p><i>[Signature]</i></p> <p># 306.49</p> <p><i>[Signature]</i></p>  |
| 11/7/0930       | <p>P.T. PT IS tachycardic (HR 138-139) AND add to extremities. UNABLE to obtain saturation level. 11/6/11 AM NURSE notified, 11/6/11 PM NURSE notified. REQUEST to a H/O lateral to XOPENED DUE to tachycardia</p> <p><i>[Signature]</i></p> <p>Frank - York -</p> |







BRUNTING MELVA E HSV: XM  
PT #: 0068342 MR #: 000008905  
DOB: 10/08/1926 AGE: 85 SEX: F  
ATT: CADENAS JERSON # 1400  
ADMIT: 11/04/11 RM/BD: /



PROGRESS NOTES

Page 1 of 2

| DATE / TIME | PLEASE NOTE DATE AND TIME  |
|-------------|--|
|             | Chest  |
| 4/7/11      | P. 2.00 PM - 4.00 PM - 6.00 PM - 8.00 PM - 10.00 PM - 12.00 AM   |
| 4/7/11      | H/O Bilary Cancer  |
| A           | <ul style="list-style-type: none"> <li>(1) COPD</li> <li>(2) HTN</li> <li>(3) Dyslipidemia</li> <li>(4) Renal failure / uremia</li> <li>(5) Pericarditis, ? due to HTN</li> <li>(6) DVT</li> </ul> |
|             | P. 1.00 PM - 3.00 PM   |
|             | (1) Steroids   |
|             | (2) 1.0K Oxygen, no utility here.  |
|             | (3) <del>1.0K Oxygen</del> B-blocker if needed   |
|             | (4) Hospital needs to be considered  |
|             | <p>not filled. I think you BT than / vs. Cancer -<br/>         Are allowing my to stay in hospital - in your report, just<br/>         [Signature]</p>   |



BRUNSTING NELVA E  
 PT #: 0068342 MR #: 000086905  
 DOB: 10/08/1926 AGE: 85 SEX: F  
 ATT: CADRNAS JERSON # 1400  
 ADMIT: 11/04/11 RM/RED: /



PROGRESS NOTES

Page 2 of 2

| DATE / TIME                    | PLEASE NOTE DATE AND TIME   |
|--------------------------------|---|
|                                | JIC PM  |
| 11/7/11                        | ⑤ Patient riding bicycle, confused not answering questions very well. Events noted. Concerns re bedside, updated.   |
| Med<br>rev                     | ⑥ 12/1/11 P-130 8-24 98.7<br>Gen - Awake, began to speak but uninterpretable, pulse - weak<br>IV - heparin, NS 1+5  |
| Lab                            | Lab - status noted ⑤  |
| Med 15                         | Att. updated ① food since 10:30 included  |
| Med 4:30                       | Est 3-4 per day since ②   |
| U-57                           | News - no cat, body enough to speak, very weak  |
| TSH - 9.69                     |   |
| 2/7/52                         | B/P ① Biliary Canal, obstruction - ② further blood work<br>③ COPD exacerbation - pt on Keppra, Percocet, Soma IV<br>④ T-tubing / SFT / CAT - history per, d. u. w. need |
| 28   104   23                  | ⑤ Bone pain / urem - w. med. Call to monitor.   |
| 55   12-3                      | ⑥ Serum theophylline / SFT on 10/10   |
| 6-3-4                          | ⑦ UTE / Septal - cont w. rxn<br>⑧ Dysphagia - SF included. Please feed  |
| Car - 5/11                     | ⑨ Dental prognosis - very poor. She should be considered for hospice  |
| ⑩ admission<br>patient engaged | Home health wants to continue<br>⑪ DNR.   |





BRUNSTING NELVA E  
PT #: 0068342 MR #: 00008905  
DOB: 10/08/1926 AGE: 85 SEX: F  
ATT: CADENAS JERSON # 1400  
ADMIT: 11/04/12 RM/BED: /



PROGRESS NOTES

Page 1 of 2

| DATE / TIME   | PLEASE NOTE DATE AND TIME              |
|---------------|--|
| 11-11         | D.D. Staff                             |
| 9:45 am       | Remains lethargic, minimally aroused   |
|               | 924 127/45 130 24                      |
| A3c           | Dry mucous membranes                   |
| u/s micogener | lungs @ ronchi                         |
| 500912        | C.S. distal, tachy                     |
|               | Ald. distended ↓ BS, NT                |
|               | (-) Rom Proc 5 erythema                |
|               | air + 2 pitting edema                  |
|               | No new labs; UIC (P)                   |
|               | I. Advanced biliary carcinoma          |
|               | Polymicrobial UTI                      |
|               | Hx of atypical mycobacterial infection |
|               | CRT                                    |
|               | Rec - continue antimicrobials          |
|               | - await cultures                       |
|               | Cec.                                   |
|               | Corn Mihu, MD                          |
|               | Speech Pathology                       |
| 11-7-11       | Bedside swallow eval admitted          |
| 10:30         | become 1) continue normal              |
|               | nutrition from 2) modified Barium      |
|               | Swallow Study.                         |
|               | g. Hays, MACE/KP                       |







PROGRESS NOTES  
Page 1 of 2

BRUNSTING NELVA E  
PT #: 0058342 MR #: 00008905  
DOB: 10/08/1926 AGE: 85 SEX: F  
ATT: CADENAS JERSON # 1400  
ADMIT: 11/04/11 RM/BED: /



FORM 10-10-00

| DATE/ TIME | PLEASE NOTE DATE AND TIME             |
|------------|---------------------------------------|
| 11/7/11    | Pul                                   |
| 17W        | S - great, cough, not in diet         |
|            | Pul: I/O 1624/600                     |
|            | Ox: 1 to H <sub>2</sub> O             |
|            | Not on enteral                        |
|            | Lab from 10/24/11 Pul 1286            |
|            | Wght = 8.2 130 / 104 / 104 = phylisip |
|            | T <sub>2</sub> 55 / 21 / 23 (123)     |
|            | Hypertension - beta blockers          |
|            | C. pneumoniae due to by p. ill.       |
|            | low volume                            |
|            | Pul 17P                               |
|            | C. pneumoniae                         |
|            | [Signature]                           |



BRUNTING NELVA E MR #: 000008905  
PT #: 0068342 DOB: 10/08/1926 AGE: 85 SEX: F  
ATT: CADENAS JERSON # 1400  
ADMIT: 11/04/11 RM/BRD: /

PROGRESS NOTES

Page 2 of 2

REVISIT 11/11/11 (11/11/11) 11/11

| DATE / TIME | PLEASE NOTE DATE AND TIME  |
|-------------|--|
| 11/11/11    | Looks like getting more comfortable with<br>vs. 11/10/11 P. 114, 112, 24 |
| 11/11/11    | Cognitive, regular   |
| 11/11/11    | Med: Fluoxetine, 40mg  |
| 11/11/11    | C/O. 11/7 visited  |
| 11/11/11    | 11/11, 8:30, c/o military, CA, (K1/Capt/415) (Nurse)                     |
| 11/11/11    | renal output, malnutrition -> 3rd specimen                               |
| 11/11/11    | Will review  |
|             |  |
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*[Handwritten signature]*





PROGRESS NOTES

Page 1 of 2

BRUNSTING MELVA E  
PT #: 0068342 MR #: 00008905  
DOB: 10/08/1926 AGE: 85 SEX: F  
ATT: CADENAS JERSON # 1400  
ADMIT: 11/04/11 RM/BD: /



| DATE / TIME        | PLEASE NOTE DATE AND TIME                            |
|--------------------|--|
| 11/2/11<br>8:55 am | I.D. staff   |
| 11/5               | More about her medications no new complaints.        |
| Allergies          | 97% 10/1/07 117 22 96% on 2L                         |
|                    | Chemically ill appearing, NAD                        |
|                    | Lungs: 4/5 lobes = 1/2                               |
|                    | 2/2 R/S, 1/2 L/S                                     |
|                    | A/C: distended, bibs, 1/T                            |
|                    | w/ R arm PICC 5 replacement                          |
|                    | Ext: +2 pitting edema bil                            |
|                    | Skin: pale, dry                                      |
| 11/7               | 6.3 / 58 vit 2.4 UO ⊕                                |
|                    | No 90%   |
|                    | US on 11/6: scattered abdominal ascites collections  |
|                    | bil pleural effusions                                |
|                    | I Advanced biliary carcinoma                         |
|                    | Polymicrobial UTI                                    |
|                    | Hx of atypical mycobacterial inf. (lungs)            |
|                    | CRT  |
|                    | Asites: 5p drainage last week                        |
|                    | ↑ leukocytes   |
|                    | RxC - continue mech. vent                            |
|                    | - F/U CBC → if further ↑ will need more              |
|                    | - will F/U on 11/10: MTT 200 and further output 1200 |
|                    | - continue to monitor                                |
|                    | - ✓ C. diff/bil                                      |
|                    | C.C.C.   |
|                    | 10/11/11, 11/7                                       |



BRUNSTING NELVA E HSV: XM  
PT #: 8068342 MR #: 00008905  
DOB: 10/08/1926 AGE: 85 SEX: F  
ATT: CADENAS JERSON # 1400  
ADMIT: 11/04/11 RM/BRD: /

PROGRESS NOTES

Page 2 of 2

SMALL UNIDENTIFIED

| DATE / TIME                             | PLEASE NOTE DATE AND TIME  |
|---|--|
| 11-8-11<br>1400                         | Renal<br>S: Pt is awake & alert - neb tx in<br>progress - on TEN   |
|   | O: BP 101/61 P 114 R22 Temp 97.2<br>F/O 1620/1625<br>128 99 409 219<br>(5.6) 18 2.4  |
| Ccr 8.3<br>A/G 1.6<br>P/H 4.9<br>Mg 2.3 | GEN: NAD<br>Lungs: @ Rhonchi<br>Heart: S <sub>2</sub> tachy<br>Abd: B5@<br>Ext: @ Edema @ LE @ ARM 2@  |
| A:                                      | ① ARF/CKD<br>② hyperkalemia<br>③ biliary CA  |
| P:                                      | Teds in Am<br>Repeat Kayexalate<br>Renal seen & present per above<br>- not in lab, Pt has persistent hypotension<br>- will try K <sub>2</sub> MAN & furosemide, BC<br>Labs out<br>Mm dat 11/8/11 |





PROGRESS NOTES

Page 1 of 2

BRUNSTING MELVA E  
PT #: 0068342 MR #: 000008905  
DOB: 10/08/1926 AGE: 85 SEX: F  
ATT: CADENAS JERSON # 1400  
ADMIT: 11/04/11 RM/BED: /



| DATE / TIME   | PLEASE NOTE DATE AND TIME   |
|---------------|---|
| 11/9/11       | I/E PN  |
|               | <p>Ⓣ Pt 5 events &amp; FEVERS @ N.V.D Pt had SOB from event<br/>         Continues on TPN @ SOB @ pain</p>                    |
| Meds          | <p>Ⓣ 101/67 114 97.2 22</p>   |
| REV           | <p>96a - A. nite, moderate distress<br/>         CV - tachycardia, at S1+S2</p>   |
| Labs          | <p>Lungs - (Ⓣ) rales with gurgles &amp; crackles<br/>         A/E - SOB, tachycardia @ BS or chills</p>                       |
| 129/99/109/64 | <p>Es 2 - Edema Ⓣ LG</p>  |
| 5.6/18/24     | <p>Neuro - remains all extensor @ focal deficits</p>  |
| Alb-1.6       | <p>AcP 1) Metabolic Biliang CA -</p>  |
| Mg-2.3        | <p>2) COPD &amp; exacerbated</p>  |
| Phos-2.9      | <p>3) Tachycardia / SVT - stable</p>  |
|               | <p>4) Rales of base, tachycardia - stable, tachycardia @ SOB, tachycardia @ SOB</p>   |
|               | <p>5) LFT / Sepsis - cont Abx per Dr. Thon</p>  |
|               | <p>6) Dysphagia - SE -&gt; MAS today</p>  |
|               | <p>7) DNR</p>   |
|               | <p>8) Mucositis - TPN per nurse. <span style="float: right;">Mueja, 10</span></p>   |
| 11-8-11       | <p>Speech Pathology</p>   |
| 16:00         | <p>1) The patient is severe oral<br/>         dysphagia. Stage 2 dysphagia on modified<br/>         barium swallow study.</p> |
|               | <p>Recommend: 1) non oral feeding<br/>         2) Dysphagia 4 3) reassess in<br/>         4 weeks</p>                         |
|               | <p>J. Shabay MD</p>   |





BRUNSTING NELVA E RSV: KM  
PT #: 0068342 MR #: 000008905  
DOB: 10/08/1926 AGE: 85 SEX: F  
ATT: CARMENAS JERSON # 1400  
ADMIT: 11/04/11 RM/BED: /



**PROGRESS NOTES**

Page 1 of 2

| DATE / TIME       | PLEASE NOTE DATE AND TIME  |
|-------------------|--|
| 4/9/11<br>7:30 AM | <p><i>Card</i></p> <p>Disturb sleep due to Confusion.<br/>V.S. BP = 99/65, P = 132, R = 16<br/>Cv: today, regular<br/>Rx: Pharelin<br/>abd: soft, @ 15, @ 20<br/>Rt: <del>advent</del> 3F @ 12 edura<br/>Puls: 11/8 w/et<br/>A.P. 80y.o. Jadny: chokongca, taduplandas,<br/>Confusion - Agree &amp; godan.</p> <p><i>Overall</i></p> |
| 11/9/11<br>1223   | <p><i>Renal</i></p> <p>S= 5th on Nauro drink and rest<br/>Cv: 104/65 Dp' 163d/3w<br/>Cv: below av enty<br/>Ht: per - 160cm<br/>Ex: # enty<br/>Jt: 129/95/116<br/>59/20/20 (153)</p> <p><i>Top 2/3 per le cardis</i><br/><i>C ART</i><br/><i>Thony CA</i><br/><i>10/10/11 @ 10/10/11 &amp; albu</i><br/><i>C art 7 per</i></p>        |







BRUNSTING MELVA S      HSV: XM  
 PT #: 0068342      MR #: 000008905  
 DOB: 10/08/1926 AGE: 85      SEX: F  
 ATT: CADENAS JERSON      # 1400  
 ADMIT: 11/04/11      RM/BD: /



PROGRESS NOTES

Page 1 of 2

| DATE / TIME    | PLEASE NOTE DATE AND TIME  |
|----------------|--|
| 11/9/11        | ID Staff   |
| ABX            | Alert. No new complaints. Minimal cough.   |
| 11/5 Meropenem | <p>97' 109/65 130 RR 18 100%</p> <p>chronically ill appearing</p> <p>lungs: ⊕ crackles bil</p> <p>S, pink, today</p> <p>Abd. distended, firm, NT, ⊕ BS ⊕ R/O G</p> <p>Ext: +2 pitting edema bil</p> <p>Skin: pale and dry</p>                                    |
| 7.4-7.7        | <p>wt 2.6 Ucp 11/6 No growth</p> <p>NR 97%</p>   |
| I:             | <p>Advanced biliary carcinoma</p> <p>Polymicrobial UTI → recent Uls ⊕</p> <p>Hx of pulmonary atypical mycobacteriosis</p> <p>CFI</p> <p>Ascites s/p drainage</p> <p>↑ Leukocytes → new infectious process: ? BSI</p> <p>? peritonitis.</p> <p>No new fevers.</p> |
| Rec            | <ul style="list-style-type: none"> <li>- continue Meropenem</li> <li>- Blood cultures Today</li> <li>- F/U CBC</li> <li>- ✓ C. difficile</li> <li>- ? diagnostics / therapeutic precautions</li> </ul>   |
|                | <p><i>CLM</i></p> <p>Cora Miller, MD</p>   |









PROGRESS NOTES

Page 1 of 2

BRONSTING NELVA E  
PT #: 0068342 MR #: 00008905  
DOB: 10/08/1926 AGE: 85 SEX: F  
ATT: CADENAS JERSON # 1400  
ADMIT: 11/04/11 RM/BED: /



| DATE / TIME  | PLEASE NOTE DATE AND TIME   |
|--|---|
| 11/09/11<br>21:00  | TPC - Internal Medicine Notes:<br>Admission for several nights.<br>Subjective: very weak  |
| BP: 96/52  | General: <del>NTND</del> WD/WN <u>NAD</u>   |
| HR: 73   | HEENT: <u>EOMI</u> /PERLA   |
| T: 47.3  | Neck: <u>Supple</u> JVD Scar Mass Bruits  |
| RR: 20   | Chest: <u>CTA&amp;P</u> Wheezes decreased <u>lung sounds</u><br>Cardio: <u>RRR</u> Irregular Irregularly irregular Murmur <u>3/6 PM</u> |
|  | Abdomen: <u>Soft</u> <u>NTND</u> Tender Distended Bowel sounds normal/hypoactive  |
|  | Extremities: <u>Edema</u> Cyanosis Clubbing Pulses good Calves non-tender   |
|  | Neuro: <u>Awake</u> A & O Moves all extremities <u>very weak</u>  |
|  | Spine: Non-tender/non-deformed <u>calves</u>  |
|  | Skin: Intact <u>Decubiti</u> Rash <u>small skin</u>   |
|  | Labs/Imaging: <u>Reviewed</u> <u>large renal ulcers.</u><br>No new labs/No new x-rays   |
| ASSESSMENT AND PLAN:   |   |
| <p>Admission to Home<br/>           Adm. Bilateral foot ulcers<br/>           severe protein cal. malnour.<br/>           Anxiety D/O<br/>           Restlessness/Agitation<br/>           UTI - Jexin</p> |   |
| <p>Cont. to supportive care<br/>           TPN per nutrition.<br/>           Attention IV prn<br/>           Care: DNR</p>   |   |
| <p>Hospice local admission<br/>           per Houston Hospice.</p>   |   |
| <br>Jerson Cadenas, MD<br>IPC 713.960.8008   |   |





PROGRESS NOTES

Page 1 of 2

BRUNTING NELVA E  
PT #: 0068342 MR #: 00008905  
DOB: 10/08/1926 AGE: 85 SEX: F  
ATT: CADENAS JERSON # 1400  
ADMIT: 11/04/11 RM/BED: /



| DATE / TIME      | PLEASE NOTE DATE AND TIME             |
|------------------|---------------------------------------|
| 11/21/11 11:00am |                                       |
| 11/21/11 12:40   | Pt very somnolent. Very congested.    |
| 11/21/11 7:15    | ROS-N/A                               |
|                  | 97% SpO2/45-50 75-132 97 <sup>3</sup> |
|                  | w-acc                                 |
|                  | chest mild crackles                   |
|                  | Aldo 2003/WT                          |
|                  | Nana - somnolent                      |
|                  | -ACE                                  |
|                  | -CO2                                  |
|                  | -Sx                                   |
|                  | -HT                                   |
|                  | -insomnia                             |
|                  | -encephalopathy                       |
|                  | plan progress for pneumonia by qwen   |
|                  | -Hx of stroke                         |
|                  | -Hx of ID                             |
|                  | -hypertensive case                    |
|                  | TREAT                                 |
| 11/21/11 12:40   | Pt                                    |
|                  | S = somnolent                         |
|                  | - DO 1590/300                         |
|                  | - RA 8/10                             |
|                  | 90% SpO2 110-120                      |
|                  | 10/11/11 11/11/11                     |
|                  | Oct 128/09/115 (134)                  |
|                  | 5-2/18/20                             |
|                  | Eyes Alt                              |
|                  | C mild Hx of stroke                   |
|                  | C mild Hx of stroke                   |
|                  | Pt poor candidate for AD - will       |

11/21/11 8:00am - average  
left to sleep



BRUNTING MELVA E  
PT #: 0068842 MR #: 00008905  
DOB: 10/08/1926 AGE: 85 SEX: F  
ATT: CADENAS JERSON # 1400  
ADMIT: 11/04/11 RM/BED: /

PROGRESS NOTES

Page 2 of 2



| DATE / TIME                          | PLEASE NOTE   | DATE |
|--------------------------------------|---|------|
| 4/10/11<br>7:05<br>A                 | <p>Resting, had given Arwan ear loer.<br/>           B, P, 86/45, P, 118, R, 16<br/>           E, tachy, regular<br/>           abd: ascites @ ves<br/>           ext: 2+ edema</p>   |      |
|                                      | <p>g: CTA @ ant<br/>           abd: 11/9 noted<br/>           AFP: 857 u. Jcty = cholangiocarc, tender peritoneum<br/>           Bxpts; w/ w/ GUN report, poor prognosis.</p>   |      |
| 11/10/11<br>6:15 pm                  | <p>50 supp<br/>           events noted more lethargic today<br/>           97% 86/45 118 16 97% on 2L NC</p>  |      |
| 11/5<br>ASX<br>Meningeum<br>cat 2.56 | <p>Chronically HE appearance<br/>           lungs: (+) nonchri<br/>           SS: RAL, Ecthy<br/>           Abol: distended, soyo.<br/>           +2 pitting edema bil</p>  |      |
|                                      | <p>I Advanced biliary carcinoma<br/>           Polypoidal UTI → recent UTI ⊕<br/>           Hx of atypical pulmonary mycobacterial infection<br/>           CRP ↑<br/>           Ascites SIP drainage.<br/>           ↑ Leukocytes<br/>           No fever.</p> |      |
|                                      | <p>Rec. - continue Meningeum<br/>           - currently being evaluated for hospice care<br/>           - Ptu on ⊕ cultures</p>   |      |

*[Signature]*

*[Signature]*  
Cora Miku, MD





*PHLEBOTOMY*

**PROGRESS NOTES**

Page 1 of 2

Patient Identification

# 221

| DATE / TIME   | PLEASE NOTE DATE AND TIME   |
|---|---|
| 11/10/11<br>7:00  | IPC - Internal Medicine Notes:<br><i>ully dring; dachpa at bedside.</i>                 |
|   | Subjective:   |
| BP: <i>ditas</i>  | General: AT/NC WD/WN NAD <i>athazic</i>   |
| HR:   | HEENT: EOMI/PBRLA   |
| T: <i>Abundant</i>  | Neck: <i>Supple</i> JVD Scar Mass Bruits  |
| RR:   | Chest: CTA&P Wheezes <i>decreased pleural rales.</i>                                    |
|   | Cardio: RRR <i>Irregular</i> Irregularly irregular Murmur <i>4/6 stern.</i>             |
|   | Abdomen: <i>Soft</i> (RT ND) Tender Distended Bowel sounds normal/hypoactive            |
|   | Extremities: <i>Edema</i> Cyanosis Clubbing Pulses <i>good</i> <i>Calves non-tender</i> |
|   | Neuro: Awake A & OX Moves all extremities <i>dring. delirium.</i>                       |
|   | Spine: <i>non-tender</i> non-deformed   |
|   | Skin: Intact <i>Decubid</i> Rash <i>large nasal ulcer.</i>                              |
|   | Labs/Imaging: <i>Reviewed</i> No new labs No new x-rays                                 |
| <b>ASSESSMENT AND PLAN:</b>   |   |
| <i>U77 - Vagus<br/>Failure to thrive<br/>Met. <i>Polycy cancer</i><br/>Vill protein Cal. <i>Multitumor.</i><br/><i>Hypertension.</i><br/><i>Encapsulating<br/>Dementia</i></i>      |   |
| <i>cont. current mgmt.<br/>Hopecare eval.<br/>with D/C TPN once transferred<br/>to hospice.<br/>Wash hospice from LA pt.<br/>Hospice <i>not</i> send doc<br/>back Home Hospice.</i> |   |

*Jerson Cadenas, MD  
IPC 713.960.8008*





PROGRESS NOTES

Page 1 of 2

BRUNTING NELVA E  
PT #: 0068342 MR #: 00008905  
DOB: 10/08/1926 AGE: 85 SEX: F  
ATT: CADENAS JERSON # 2400  
ADMIT: 11/04/11 RM/BED: /



| DATE / TIME | PLEASE NOTL  |
|-------------|--|
| 11/11/11    | p/c  |
| 7:20        | P. secondary hypotension   |
| meds held   | @ clinic   |
| late        | T/SA sat 90 = 100%   |
|             | 90-90  |
|             | diab - mild cholest  |
|             | Hyp - 0.95   |
|             | Neuro secondary  |
|             | P/c - signs  |
|             | - acute on chronic failure   |
|             | - failure of Hous  |
|             | - met. bilacur Cancer  |
|             | COPD   |
|             | Plan - hospice<br>- med TPR<br>- admit hospice<br>- Blue family<br>- TPR |



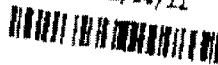


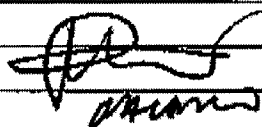
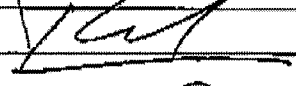


PROGRESS NOTES

Page 1 of 2

BRUNSTING NELVA E  
PT #: 0069342 MR #: HSV: XM  
DOB: 10/08/1926 AGE: 85 000008905  
ATT: CADENAS JERSON SEX: F  
ADMIT: 11/04/11 RM/BED: # 1400



| DATE / TIME | PLEASE NOTE DATE AND TIME   |
|-------------|---|
| 11/11/11    | IM cover  |
| 8 AM        | S> pt is lethargic.   |
|             | O> Gd/so 10/14 96<br>morbund, gasping respirations<br>good S.O. reflex<br>lungs are crackles<br>abd soft.               |
|             | AD ① End stage urinary carcinoma<br>- admit her for hospice<br>- keep comfortable.<br>② Renal insuff.<br>③ Malnutrition |
|             |                                    |
| 11/11/11    |                                      |
| 1509        | S= pt appears fairly in bed<br>Rt 7/8   |
|             | G= abd lb<br>Rt 7/8<br>Rt 7/8 = 118/25  |
|             | T= 102<br>C= Bilious  |
|             | AD - pt is terminally ill, fully declared<br>organ problems include H/O - pt is unable<br>now, will stop                |







Report

Page 1 of 2

Accession: MRN: 8905 Name: BRUNSTING, NELVA E



WEST Select Houston  
campus

221

|                   |                    |                   |                 |
|-------------------|--------------------|-------------------|-----------------|
| <b>Name:</b>      | BRUNSTING, NELVA E | <b>Exam Date:</b> | 11/6/2011       |
| <b>DOB:</b>       | 10/8/1926 (Age 85) | <b>Accession:</b> |                 |
| <b>MRN:</b>       | 8905               | <b>Exam:</b>      | P CXR/DYSPHAGIA |
| <b>Account #:</b> |                    | <b>Physician:</b> |                 |

History: 85 year-old female.

Comment:

A frontal chest radiograph was obtained at the bedside at 8:39 a.m.

Patchy interstitial airspace disease surrounds the hila. Small bilateral pleural effusions are present.

The cardiac silhouette, hila, and mediastinum are unremarkable. The aortic arch is mildly uncoiled and calcified. The skeleton is intact, and the surrounding soft tissues are unremarkable.

A right upper extremity PICC line terminates in the superior vena cava.

Impression:

Findings in this patient's chest suggest a diagnosis of congestive heart failure.

Dictated By: Allen M.D., Robert

A handwritten signature in black ink, appearing to read "Allen M.D., Robert", written over a horizontal line.

Signed By: Allen M.D., Robert

Signed On: 11/6/2011 9:29:47 AM

Thank you for referring to WEST Select Houston campus.

Report

Page 1 of 2

Accession: MRN: 8905 Name: BRUNSTING, NELVA E



WEST Select Houston campus

|                   |                           |                   |               |
|-------------------|---------------------------|-------------------|---------------|
| <b>Name:</b>      | <b>BRUNSTING, NELVA E</b> | <b>Exam Date:</b> | 11/6/2011     |
| <b>DOB:</b>       | 10/8/1926 (Age 85)        | <b>Accession:</b> |               |
| <b>MRN:</b>       | 8905                      | <b>Exam:</b>      | RENAL/BLADDER |
| <b>Account #:</b> | 001                       | <b>Physician:</b> |               |

History: 85 year-old female with renal failure.

Comment:

Real time ultrasound imaging of this patient's retroperitoneum was obtained.

The right and left kidneys are sonographically unremarkable appearance. The right kidney measures 9.2 x 4.7 x 4.5 cm, and the left kidney measures 9.1 x 4.6 x 3.8 cm.

The ureters are not identified.

The urinary bladder is decompressed via Foley catheter.

Scattered collections of ascites are present in the abdomen, and small bilateral pleural effusions are noted.

Impression:

1. Unremarkable retroperitoneal ultrasound examination.
2. Scattered collections of abdominal ascites are present.
3. Bilateral pleural effusions are present.

Dictated By: Allen M.D., Robert

Signed By: Allen M.D. Robert

Signed On: 11/6/2011 5:30:44 PM

**Progress Notes**

**Patient:** Brunsting, Nelva  
**DOB:** 10/08/1926 **Age:** 84 Y **Sex:** Female  
**Phone:** 713-464-4391  
**Address:** 13630 Pinerock Lane, Houston, TX-77079-5914

**Provider:** Ajay Jain, MD  
**Date:** 09/26/2011

**Subjective:****CC:**

1. Cough.

**HPI:**HPI Note:

The patient is here today for follow-up from recent ER visit. The patient was therefore a nosebleed. She had been on Coumadin secondary to deep vein thromboses as well as a blood clot in her abdomen. No one had been monitoring her PT/INR. The patient states that she does have a cough with sinus drainage. She denies any fevers, chills, night sweats or weight loss. She had no further evidence of any epistaxis. The patient still complains of lower extremities swelling. She has completed her radiation therapy..

**ROS:**Follow-Up Review of Systems:

Cardiology: Negative for chest pain, leg swelling, palpitations, orthopnea/PND. Endocrinology: no new/worsening of hot flashes. Gastroenterology: no reflux symptoms while asleep, occasional nausea/vomiting. General: Negative for, fatigue, fever, loss of appetite, sleepy. GU Negative for, diarrhea, dysuria, genital lesions, frequent urinary tract infections. HEENT Negative for, allergic rhinitis, congestion, headache, sore throat. Musculoskeletal Negative for, joint pain, joint swelling, muscle pain. Neurology: no indication of nocturnal seizures. Psychology: Negative for anxiety. Pulmonology: See HPI.

**Medical History:** Atypical mycobacterium infection, Osteoporosis, Dyslipidemia, Biliary ductal carcinoma, Multifocal atrial tachycardia, TIA , CVA, Hypothyroidism, Failure to thrive, Depression, DVT .

**Family History:**

**Social History:** Tobacco Use Are you a: Never Smoker. no Alcohol. no Recreational Drug Use. no Occup. exposure.

**Medications:** Lipitor 20 MG Tablet 1 tablet Once a day, Aspir-81 81 MG Tablet Delayed Release 1 tablet Once a day, Alendronate Sodium 10 MG Tablet 1 tablet Once a day, Clonidine HCl 0.1 MG Tablet 1 tablet Twice a day, Metoprolol Tartrate 50 MG Tablet TAKE 1 TABLET BY MOUTH EVERY 12 HOURS , Norvasc 5 MG Tablet 1 tablet Once a day, Megace Oral 40 MG/ML Suspension 1 drop Twice a day, Zolof 50 MG Tablet 1 tablet Once a day, Tylenol 325 MG Tablet 1 tablet as needed every 6 hrs, Rifampin 300 MG Capsule as directed , Plavix 75 MG Tablet 1 tablet Once a day, Ethambutol HCl 400 MG Tablet as directed , Spiriva HandiHaler 18 MCG Capsule INHALE CONTENTS OF ONE CAPSULE ONCE DAILY USING HANDIHALER Once a day, Albuterol Sulfate (2.5 MG/3ML) 0.083% Nebulization Solution 3 ml as needed every 4 hrs, Megestrol Acetate 40 MG/ML Suspension TAKE 10 ML BY MOUTH EVERY DAY X 1 MONTH , Brovana 15 MCG/2ML Nebulization Solution 2 ml Twice a day, Metoprolol & Diet Manage Prod 50 MG Miscellaneous as directed , Medication List reviewed and reconciled with the patient

**Allergies:** N.K.D.A.

**Objective:**

**Vitals:** Ht 70, Inital O2 saturation 96, Wt 153, BMI 21.95, BP 110/70, HR 135.

**Examination:**Examination, General:

GENERAL APPEARANCE: well nourished, well developed, no acute distress. HEENT: unremarkable, unremarkable. NECK: no masses. CHEST: symmetrical. LUNGS: clear to auscultation bilaterally. HEART: regular rate and rhythm. ABDOMEN: soft, no masses felt, non-tender/non-distended. EXTREMITIES:

Positive for edema bilaterally

. SKIN: no rashes.

**Assessment:****Assessment:**

1. Deep Vein Thrombophlebitis - 451.19 (Primary)

**P5912**

2. Allergic rhinitis - 477.9

**Plan:****1. Deep Vein Thrombophlebitis**

Prior to reinitiating Coumadin the patient will need a PT/INR done. I've explained to them that we will reinitiate Coumadin depending on her INR level. She will need weekly checks every Thursday by home health.

**2. Allergic rhinitis**

Samples of veramyst was given. Patient and try over-the-counter chlorpheniramine for her postnasal drainage.

**Immunizations:****Labs:**

**Procedure Codes:** G8427 DOC MEDS VERIFIED W/PT OR RE, 1036F TOBACCO NON-USER

**Preventive:**

**Follow Up:** 4 Months

**Provider:** Ajay Jain, MD

**Patient:** Brunsting, Nelva **DOB:** 10/08/1926 **Date:** 09/26/2011



**Electronically signed by Ajay Jain , MD on 03/21/2012 at 10:56 AM CDT**

**Sign off status: Pending**

**P5913**

**Progress Notes**

**Patient:** Brunsting, Nelva  
**DOB:** 10/08/1926 **Age:** 84 Y **Sex:** Female  
**Phone:** 713-464-4391  
**Address:** 13630 Pinerock Lane, Houston, TX-77079-5914

**Provider:** Ajay Jain, MD  
**Date:** 09/19/2011

**Subjective:**

**CC:**

1. 1 MONTH F/U.

**HPI:**

**Medical History:** Atypical mycobacterium infection, Osteoporosis, Dyslipidemia, Biliary ductal carcinoma, Multifocal atrial tachycardia, TIA , CVA, Hypothyroidism, Failure to thrive, Depression.

**Family History:**

**Social History:**

**Medications:** None

**Allergies:**

**Objective:**

**Examination:**

**Assessment:**

**Assessment:**

**Plan:**

**Immunizations:**

**Labs:**

**Preventive:**

**Provider:** Ajay Jain, MD  
**Patient:** Brunsting, Nelva **DOB:** 10/08/1926 **Date:** 09/19/2011



**Electronically signed by Ajay Jain , MD on 03/21/2012 at 10:57 AM CDT**  
**Sign off status: Pending**

**P5914**

**Progress Notes**

**Patient:** Brunsting, Nelva  
**DOB:** 10/08/1926 **Age:** 84 Y **Sex:** Female  
**Phone:** 713-464-4391  
**Address:** 13630 Pinerock Lane, Houston, TX-77079-5914

**Provider:** Ajay Jain, MD  
**Date:** 08/15/2011

**Subjective:****CC:**

1. Follow-up.

**HPI:**HPI Note:

The patient is here today for follow-up atypical mycobacterium infection. The patient is clinically doing well. She's gained about 9 pounds of weight. She started radiation therapy for her biliary cancer. Her chest CT showed that it was increasing in size. However all the nodules and cavitory lesions seen on her x-rays and CAT scans have resolved. She does have any fevers chills or night sweats. The caregiver states that she does have some issues swallowing with water. She denies any fevers, chills, night sweats. She is tolerating good p.o. intake. Still continues to be weak requiring physical therapy..

**ROS:**Follow-Up Review of Systems:

Cardiology: Negative for chest pain, leg swelling, palpitations, orthopnea/PND. Endocrinology: no new/worsening of hot flashes. Gastroenterology: no reflux symptoms while asleep, occasional nausea/vomiting. General: Negative for, fatigue, fever, loss of appetite, sleepy. GU Negative for, diarrhea, dysuria, genital lesions, frequent urinary tract infections. HEENT Negative for, allergic rhinitis, congestion, headache, sore throat. Musculoskeletal Negative for, joint pain, joint swelling, muscle pain. Neurology: no indication of nocturnal seizures. Psychology: Negative for anxiety. Pulmonology: See HPI.

**Medical History:** Atypical mycobacterium infection, Osteoporosis, Dyslipidemia, Biliary ductal carcinoma, Multifocal atrial tachycardia, TIA , CVA, Hypothyroidism, Failure to thrive, Depression.

**Family History:**

**Social History:** Tobacco Use Are you a: Never Smoker. no Alcohol. no Recreational Drug Use. no Occup. exposure.

**Medications:** Ethambutol HCl 400 MG Tablet as directed , Plavix 75 MG Tablet 1 tablet Once a day, Rifampin 300 MG Capsule as directed , Tylenol 325 MG Tablet 1 tablet as needed every 6 hrs, Zoloft 50 MG Tablet 1 tablet Once a day, Megace Oral 40 MG/ML Suspension 1 drop Twice a day, Spiriva HandiHaler 18 MCG Capsule 1 capsule by mouth Once a day, Norvasc 5 MG Tablet 1 tablet Once a day, Clonidine HCl 0.1 MG Tablet 1 tablet Twice a day, Alendronate Sodium 10 MG Tablet 1 tablet Once a day, Aspirin 81 MG Tablet Delayed Release 1 tablet Once a day, Lipitor 20 MG Tablet 1 tablet Once a day, Metoprolol & Diet Manage Prod 50 MG Miscellaneous as directed , Brovana 15 MCG/2ML Nebulization Solution 2 ml Twice a day, Medication List reviewed and reconciled with the patient

**Allergies:** N.K.D.A.

**Objective:**

**Vitals:** Ht 70, Inital O2 saturation 98, Wt 130, BMI 18.65, BP 120/76, HR 84.

**Examination:**Examination, General:

GENERAL APPEARANCE: well nourished, well developed, no acute distress. HEENT: unremarkable, unremarkable. NECK: no masses. CHEST: symmetrical. LUNGS: clear to auscultation bilaterally. HEART: regular rate and rhythm. ABDOMEN: soft, no masses felt, non-tender/non-distended. EXTREMITIES: no clubbing, cyanosis, edema. SKIN: no rashes.

**Assessment:****Assessment:**

1. COPD-Chronic - 491.20 (Primary)
2. Atypical MB pulmonary infection - 031.0

**Plan:****1. COPD-Chronic**

Will continue Brovana and spiriva. Oxygen as needed.

**P5915**

**2. Atypical MB pulmonary infection**

I reviewed the CT scans of the chest most the nodules and cavitary lesions have resolved the the patient has no symptoms. I will go ahead and stop her antituberculosis meds at this time. I know that she will receiving chemotherapy therapy as well as radiation therapy for her biliary cancer and may have risk of reinfection. We'll continue to monitor her closely. I have discussed this with the caregiver and the daughter at bedside.

**Immunizations:****Labs:**

**Procedure Codes:** 3023F SPIROM DOC REV, G8427 DOC MEDS VERIFIED W/PT OR RE, 1036F TOBACCO NON-USER

**Preventive:**

**Follow Up:** 4 Weeks

**Provider:** Ajay Jain, MD

**Patient:** Brunsting, Nelva **DOB:** 10/08/1926 **Date:** 08/15/2011



**Electronically signed by Ajay Jain , MD on 03/21/2012 at 10:58 AM CDT**

**Sign off status: Pending**

**P5916**



**Progress Notes**

**Patient:** Brunsting, Nelva  
**DOB:** 10/08/1926 **Age:** 84 Y **Sex:** Female  
**Phone:** 713-464-4391  
**Address:** 13630 Pinerock Lane, Houston, TX-77079-5914

**Provider:** Ajay Jain, MD  
**Date:** 07/07/2011

**Subjective:****CC:**

1. F/U MCH.

**HPI:**HPI Note:

The patient is here today for She is doing well. She states that she her functionality is regained after her stroke. She did have a good appetite when at the rehabilitation. Family states that her appetite has become poor when she has been here. They have plan to admit her to come see sheet. She states that her breathing is very well. She has an occasional cough. She denies any fevers chills or night sweats. She is continuing to take become weak as physical therapy is only coming twice a week. She is compliant with her medications..

**ROS:**Follow-Up Review of Systems:

Cardiology: Negative for chest pain, leg swelling, palpitations, orthopnea/PND. Endocrinology: no new/worsening of hot flashes. Gastroenterology: no reflux symptoms while asleep, occasional nausea/vomiting. General: Negative for, fatigue, fever, loss of appetite, sleepy. GU Negative for, diarrhea, dysuria, genital lesions, frequent urinary tract infections. HEENT Negative for, allergic rhinitis, congestion, headache, sore throat. Musculoskeletal Negative for, joint pain, joint swelling, muscle pain. Neurology: no indication of nocturnal seizures. Psychology: Negative for anxiety. Pulmonology: See HPI.

**Medical History:** Atypical mycobacterium infection, Osteoporosis, Dyslipidemia, Biliary ductal carcinoma, Multifocal atrial tachycardia, TIA , CVA, Hypothyroidism, Failure to thrive, Depression.

**Hospitalization/Major Diagnostic Procedure:** CVA , TIA but thought .

**Family History:** Non-Contributory  
Noncontributory.

**Social History:** Tobacco Use Are you a: Never Smoker. no Alcohol. no Recreational Drug Use. no Occup. exposure.

**Medications:** Brovana 15 MCG/2ML Nebulization Solution 2 ml Twice a day, Spiriva HandiHaler 18 MCG Capsule 1 capsule by mouth Once a day, Alendronate Sodium 10 MG Tablet 1 tablet Once a day, Amlodipine Besylate 10 MG Tablet 1 tablet Once a day, Aspirin 81 MG Tablet Chewable 1 tablet Once a day, Atorvastatin Calcium 10 MG Tablet 1 tablet Once a day, Ethambutol HCl 400 MG Tablet as directed , Plavix 75 MG Tablet 1 tablet Once a day, Levothyroxine Sodium 50 MCG Tablet 1 tablet every morning on an empty stomach Once a day, Megace Oral 40 MG/ML Suspension 10 cc daily, Metoprolol Succinate 100 MG Tablet Extended Release 24 Hour 1 tablet Once a day, Rifampin 300 MG Capsule as directed , Zolof 50 MG Tablet 1 tablet Once a day, Medication List reviewed and reconciled with the patient

**Allergies:** N.K.D.A.

**Objective:**

**Vitals:** Ht 70, Inital O2 saturation 97, Wt 128, BMI 18.36, BP 110/70, HR 88.

**Examination:**Examination, General:

GENERAL APPEARANCE: well nourished, well developed, no acute distress. HEENT: unremarkable, unremarkable. NECK: no masses. CHEST: symmetrical. LUNGS: clear to auscultation bilaterally. HEART: regular rate and rhythm. ABDOMEN: soft, no masses felt, non-tender/non-distended. EXTREMITIES: no clubbing, cyanosis, edema. SKIN: no rashes.

**Assessment:****Assessment:**

1. Atypical MB pulmonary infection - 031.0 (Primary)
2. Acute, but ill-defined, cerebrovascular disease - 436

**Plan:**

1. Atypical MB pulmonary infection

**P5917**

Diagnostic Imaging: Chest wo contrast CT Reyna, Monica 7/14/2011 9:15:25 AM > Pts daughter will call when ready to have ct done.

She is clinically stable. She has no symptoms of fevers chills night sweats or weight loss. Will repeat CAT scan after her skilled nursing facility visit. Otherwise continue with current regimen.

**2. Acute, but ill-defined, cerebrovascular disease**

Continue with rehabilitation. Patient is for concierge.

**Immunizations:**

**Labs:**

**Procedure Codes:** G8427 DOC MEDS VERIFIED W/PT OR RE, 1036F TOBACCO NON-USER

**Preventive:**

**Follow Up:** 4 Weeks

**Provider:** Ajay Jain, MD

**Patient:** Brunsting, Nelva **DOB:** 10/08/1926 **Date:** 07/07/2011



**Electronically signed by Ajay Jain , MD on 03/21/2012 at 10:58 AM CDT**

**Sign off status: Pending**

**P5918**

|                     |
|---------------------|
| <b>FINAL RESULT</b> |
|---------------------|

Medical Chest Associates PA  
902 Frostwood Ste 188  
Houston, TX 77024-2402  
713-467-8888

**PHYSICIAN INFORMATION**

Requesting: Jain, Ajay  
Ordering: Jain, Ajay

**PATIENT INFORMATION**

Name: Brunsting, Nelva  
DOB: 10/08/1926  
Sex: female  
Tel: 713-464-4391

**REPORT DETAILS**

Name: **PROTHROMBIN TIME-INR**  
Accession ID: HU561417W  
Lab Ref Id: 0006960

**REPORT DATES**

Order: 09/26/2011  
Collection: 09/26/2011 17:00:00  
Report: 09/27/2011 05:20:01  
Result: 00/00/null null

| NAME                                  | VALUE       | REF RANGE             | LAB        |
|---------------------------------------|-------------|-----------------------|------------|
| <b>F INR</b>                          | <b>3.2</b>  | <b>H</b>              | <b>RGA</b> |
| - Reference Range                     | 0.9-1.1     |                       |            |
| - Moderate-intensity Warfarin Therapy | 2.0-3.0     |                       |            |
| - Higher-intensity Warfarin Therapy   | 3.0-4.0     |                       |            |
| -                                     |             |                       |            |
| <b>F PT</b>                           | <b>32.5</b> | <b>H 9.0-11.5 sec</b> | <b>RGA</b> |

**ADDITIONAL NOTES**

PERFORMING LAB: RGA, Quest Diagnostics-Houston, 5850 Rogerdale Road, Houston, TX, 77072-1602 - Suzanne Kreisberg

Patient: Brunsting, Nelva DOB: 10/08/1926

**P5919**

**Brunsting, Nelva**

13630 Pinerock Lane, Houston, TX, US 77079-5914

**DOB:** 10/08/1926 **Age:** 85 Y **Sex:** female

**Home:** 713-464-4391

**Work:**

**Cell:**

**Email:**

**Primary Insurance:** Medicare Part B

**PCP:** Ajay Jain

**Allergies :** N.K.D.A

**Medical History**

**Active Problem List**

Problem List has not been verified

**Past Medical History**

- atypical mycobacterium infection
- osteoporosis
- dyslipidemia
- biliary ductal carcinoma
- multifocal atrial tachycardia
- TIA

**Medications**

**Name strength formulation, Sig: take route frequency**

- Metoprolol & Diet Manage Prod 50 MG Miscellaneous, Sig: as directed Orally
- Brovana 15 MCG/2ML Nebulization Solution, Sig: 2 ml Inhalation Twice a day
- Megestrol Acetate 40 MG/ML Suspension, Sig: TAKE 10 ML BY MOUTH EVERY DAY X 1 MONTH
- Albuterol Sulfate (2.5 MG/3ML) 0.083% Nebulization Solution, Sig: 3 ml as needed Inhalation every 4 hrs
- Spiriva HandiHaler 18 MCG Capsule, Sig: INHALE CONTENTS OF ONE CAPSULE ONCE DAILY USING HANDIHALER Inhalation Once a day
- Ethambutol HCl 400 MG Tablet, Sig: as directed Orally
- Plavix 75 MG Tablet, Sig: 1 tablet Orally Once a day
- Rifampin 300 MG Capsule, Sig: as directed Orally
- Tylenol 325 MG Tablet, Sig: 1 tablet as needed Orally every 6 hrs
- Zoloft 50 MG Tablet, Sig: 1 tablet Orally Once a day
- Megace Oral 40 MG/ML Suspension, Sig: 1 drop Orally Twice a day
- Norvasc 5 MG Tablet, Sig: 1 tablet Orally Once a day
- Metoprolol Tartrate 50 MG Tablet, Sig: TAKE 1 TABLET BY MOUTH EVERY 12 HOURS
- Clonidine HCl 0.1 MG Tablet, Sig: 1 tablet Orally Twice a day
- Alendronate Sodium 10 MG Tablet, Sig: 1 tablet Orally Once a day
- Aspir-81 81 MG Tablet Delayed Release, Sig: 1 tablet Orally Once a day
- Lipitor 20 MG Tablet, Sig: 1 tablet Orally Once a day

**Hospitalization**

| Date | Reason          |
|------|-----------------|
|      | CVA             |
|      | TIA but thought |

**Social History**

| Name                   | Value                   |
|------------------------|-------------------------|
| Tobacco Use:           | Are you a: Never Smoker |
| Alcohol:               | no                      |
| Recreational Drug Use: | no                      |
| Occup. exposure:       | no                      |

**Vitals**

| Name                 | Date       | Value  |
|----------------------|------------|--------|
| BP                   | 09/26/2011 | 110/70 |
| HR                   | 09/26/2011 | 135    |
| Ht                   | 09/26/2011 | 70     |
| Wt                   | 09/26/2011 | 153    |
| BMI                  | 09/26/2011 | 21.95  |
| Inital O2 saturation | 09/26/2011 | 96     |

**P5920**

## Patient Encounters

| Date       | Visit | Reason                             | Diagnosis  |
|------------|-------|------------------------------------|--|
| 10/05/2011 | TEL   | Needs call back from Medical Staff |  |
| 09/26/2011 | F/U   |                                    | Deep Vein Thrombophlebitis<br>Allergic rhinitis                                    |
| 09/22/2011 | TEL   |                                    |  |
| 09/19/2011 | F/U   | 1 MONTH F/U                        |  |
| 09/06/2011 | TEL   |                                    |  |
| 08/15/2011 | F/U   |                                    | COPD-Chronic<br>Atypical MB pulmonary infection                                    |
| 08/02/2011 | TEL   | Needs call back from Medical Staff |  |
| 07/07/2011 | F/U   | f/u                                | Atypical MB pulmonary infection<br>Acute, but ill-defined, cerebrovascular disease |
| 06/20/2011 | TEL   | Needs referral                     |  |

## Health Maintenance

| Name      | Last Done | DueDate    | Result/Comment |
|-----------|-----------|------------|----------------|
| Influenza |           | 03/21/2012 |                |

P5921

Chest 1view

BRUNSTING, NELVA E - 34316922

\* Final Report \*

Result type: Chest 1view  
Result date: 20 September 2010 7:10  
Result status: Auth (Verified)  
Result title: Chest 1view  
Performed by: Mehta, Snehal D on 20 September 2010 7:26  
Signed by: Mehta, Snehal D on 20 September 2010 7:26  
Encounter info: 343169220260, MC Mem City, Inpatient, 9/17/2010 - 9/20/2010

\* Final Report \*

Reason For Exam  
Hemoptysis

**Radiology Report**

Exam: Chest X-ray, 1 view

History: chest pain

Comparison: September 19, 2010

Findings: Single frontal portable view of the chest.

No remarkable interval changes are noted. Evidence of a spiculated density in the right lung base with partial obscuration of the right hemidiaphragm and surrounding increased interstitial markings are again noted. Nonspecific increase in reticular nodular pattern is also noted in the left lung base. Asymmetric right apical pleural thickening, areas of subpleural scarring in both upper lobes are again noted. ~~The heart size is normal and tortuous thoracic aorta is noted.~~ Scoliosis of the Thoracolumbar spine is seen.

**Impression:**

1. No remarkable interval change. Persistent spiculated density measuring 2.9 cm in diameter in the right lung base. Small pleural effusion and interstitial lung disease.

**Signature Line**

-  
-

Read by: Mehta, Snehal D  
Dictated Date/time: 09/20/10 7:26 am  
Electronically Signed by: Mehta, Snehal D, MD 09/20/10 7:26 am  
FINAL REPORT

Printed by: Jain, Ajay MD  
Printed on: 11/29/2010 14:41

Page 1 of 2  
(Continued)

P5922

\* Final Report \*

Result type: PET CT Tumor Imaging-whole body  
Result date: 13 October 2010 12:50  
Result status: Modified  
Result title: PET CT Tumor imaging-whole body  
Performed by: Stroh, Brandon Christian on 13 October 2010 13:26  
Signed by: Stroh, Brandon Christian on 14 October 2010 13:30  
Encounter info: 343169227508, RM Mem City, Outpt Diag Services, 10/13/2010 - 10/13/2010

\* Final Report \*

**Reason For Exam**

liver ca

**Radiology Report**

REASON FOR EXAMINATION: 84 year old female with a history of liver carcinoma. The patient is not currently on chemotherapy or radiation therapy. No pertinent surgical history per the patient questionnaire.

COMPARISON: PET CT dated 05/26/2010.

Height: 5 feet, 10 inches

Weight: 140 lbs

Recent blood sugar level: 110 mg/dl

Injection time: 1047 hours

Scan time: Approximately one hour later

TECHNIQUE: Following the intravenous administration of 14.5 millicuries F-18 FDG, tomographic images were obtained from the scalp vertex through the feet using a standard full tomograph. Thin slice axial CT was performed for purposes of attenuation correction, PET CT fusion, and anatomical mapping.

**FINDINGS:**

There is normal physiologic distribution of radiotracer within the brain, myocardium, liver, and colon. Excreted activity is noted within the urinary tract.

Head and neck: There is no evidence of FDG avid malignancy.

Chest: Increased uptake is present within a cystic lesion within the right upper lobe apical segment. This is anterior and subpleural in location. The maximum SUV measures 4.0. This is relatively unchanged in size. The entire area involved measures 2.7 cm in greatest diameter. No increased metabolic activity was present on the prior examination. Please see image A. A 4.0 x 3.8 cm cavitating lesion within the superior segment of the right lower lobe is relatively unchanged. The maximum SUV measures 4.7. The maximum SUV previously measured 4.5. Please see image B. There are 2 right lower lobe posterior segment cystic lesions which measure 5.4 x 2.1 cm in aggregate. These previously were not abutting each other. One measured 1.8 cm and the other measured 2.6 cm. The maximum SUV previously measured 5.5 within the smaller nodule which was not centrally cystic at that time. Please see image C. Within the right middle lobe there is an anterior based, subpleural 3.1 cm cystic lesion. The maximum

Printed by: Jain, Ajay MD  
Printed on: 11/29/2010 14:41

Page 1 of 3  
(Continued)

P5923

## \* Final Report \*

SUV measures 1.2. The maximum SUV previously measured 1.3. Please see image C. Within the right lung base within the right middle lobe and in the right lower lobe there are multiple pulmonary nodules. The majority are larger than previously seen. The most prominent nodule is within the right middle lobe measuring 3.3 x 2.0 cm. The maximum SUV measures 13.3. This previously measured 1.1 cm with the maximum SUV measuring 1.7. Please see image D. There is a cystic lesion within the left lower lobe posterior medial segment which is relatively unchanged in size measuring 3.7 x 1.8 cm. The maximum SUV is increased. The maximum SUV measures 4.4. The maximum SUV previously measured 3.0. Please see image E. Stable, scattered other hypermetabolic cystic lesions are present within the left upper lobe. The largest left upper lobe pulmonary nodule measures 1.8 cm which is cystic centrally. The maximum SUV measures 2.5. This is unchanged in size and metabolic activity. Please see image F. Once again, there is a area of increased uptake within the subcarinal region corresponding to a lymph node which is difficult to measure. The maximum SUV measures 2.8. The maximum SUV previously measured 3.5. Please see image H.

Abdomen/pelvis: Within the left lobe of the liver there is an ill-defined hypermetabolic lesion which appears larger than previously seen. The metabolic activity is also increased. The maximum SUV measures 36 on this examination. The maximum SUV previously measured 25.7. Please see image G.

Osseous skeleton: There is no evidence of FDG avid malignancy.

Lesions measuring 5 mm or less maybe below the resolution of PET. False negative findings can be seen in bronchoalveolar cell carcinoma and carcinoid tumor. False positive findings may be seen in granulomatous, infectious, inflammatory, posttraumatic, and postsurgical states.

## IMPRESSION:

Overall, primary hepatic lesion with diffuse pulmonary metastatic disease is worse than previously seen. Please see above.

## Signature Line

Read by: Stroh, Brandon Christian

Dictated Date/time: 10/13/10 1:26 pm

Electronically Signed by: Stroh, Brandon Christian , MD 10/14/10 1:30 pm

FINAL REPORT

## Completed Action List:

- \* Order by Gidvani, Bhakti Deepak on 13 October 2010 10:56
- \* Perform by Williams, Keith on 13 October 2010 12:50
- \* ~~VERIFY by Stroh, Brandon Christian on 14 October 2010 13:30~~
- \* Modify by Stroh, Brandon Christian on 14 October 2010 13:30

Printed by: Jain, Ajay MD  
Printed on: 11/29/2010 14:41

Page 2 of 3  
(Continued)



\* Final Report \*

Result type: PET CT Tumor Imaging-whole body  
Result date: 13 October 2010 12:50  
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\* Final Report \*

**Reason For Exam**

liver ca

**Radiology Report**

REASON FOR EXAMINATION: 84 year old female with a history of liver carcinoma. The patient is not currently on chemotherapy or radiation therapy. No pertinent surgical history per the patient questionnaire.

COMPARISON: PET CT dated 05/26/2010.

Height: 5 feet, 10 inches  
Weight: 140 lbs  
Recent blood sugar level: 110 mg/dl  
Injection time: 1047 hours  
Scan time: Approximately one hour later

TECHNIQUE: Following the intravenous administration of 14.5 millicuries F-18 FDG, tomographic images were obtained from the scalp vertex through the feet using a standard full tomograph. Thin slice axial CT was performed for purposes of attenuation correction, PET CT fusion, and anatomical mapping.

**FINDINGS:**

There is normal physiologic distribution of radiotracer within the brain, myocardium, liver, and colon. Excreted activity is noted within the urinary tract.

Head and neck: There is no evidence of FDG avid malignancy.

Chest: Increased uptake is present within a cystic lesion within the right upper lobe apical segment. This is anterior and subpleural in location. The maximum SUV measures 4.0. This is relatively unchanged in size. The entire area involved measures 2.7 cm in greatest diameter. No increased metabolic activity was present on the prior examination. Please see image A. A 4.0 x 3.8 cm cavitating lesion within the superior segment of the right lower lobe is relatively unchanged. The maximum SUV measures 4.7. The maximum SUV previously measured 4.5. Please see image B. There are 2 right lower lobe posterior segment cystic lesions which measure 5.4 x 2.1 cm in aggregate. These previously were not abutting each other. One measured 1.8 cm and the other measured 2.6 cm. The maximum SUV previously measured 5.5 within the smaller nodule which was not centrally cystic at that time. Please see image C. Within the right middle lobe there is an anterior based, subpleural 3.1 cm cystic lesion. The maximum

Printed by: Jain, Ajay MD  
Printed on: 11/29/2010 14:41

Page 1 of 3  
(Continued)

P5925

PULMONARY H&P

Name: Nelva Ernisting

Date: 11/29/10 cc: SOB

HPI:

McGowan  
- Dohi  
- Gudvani

8/4/4

Gudvani/Dohi → weight gain SOB  
- Any activity make SOB 2x/7  
- Several years - progressively  
- Minimal activity SOB

Since 3 months on oxygen 2x/7.

Wheezed - (Advair) Leva  
(Spiriva) help  
+ Leva  
occ. cough (mild)

- cough - occasional  
- 2 episodes of XS coughing  
- Leva → pneumonia got better  
- does not do much activity

⊕ Semis change → for T hum needs help  
⊕ relation to drugs "feel better" & change in SOB

ADMTB → 9 meds

Pneumonia 3 years ago - Pneumonia/bronchial  
infection x 7 months → SOB, July Bile  
Duct Cancer - Sept →

10 years ago (atypical Mycobacterium)

Dr of Bile Duct CA

bronchial wash

PMHx

COPD  ASTHMA  ILD  HTN  CAD  CHF  DM  HDL  PVD  TB

FAMILY HISTORY:  COPD  ASTHMA  LUNG CA  ILD

SOCIAL HISTORY:  Smoking  PACK YEARS  ETOH  DRUGS  TB  Asbestos

ROS (neg unless checked)

GENERAL:  WEIGHT CHANGE  NIGHT SWEATS  FEVER

HEENT:  VISUAL CHANGES  SORETHROAT  SNORING  APNEAS

NECK:  LAD

CVS:  CHEST PAIN  PND  ORTHOPNEA

LUNGS:  HEMOPTYSIS  DYSPNEA  SOB  COUGH PLEURITIC  CHEST PAIN

ABDOMEN:  N/V  HEMETEMESIS  MELENA  ABDOMINAL PAIN

GU:  DYSURIA  HEMETURIA

HEME:  BRUISING  BLEEDING

ENDO:  POLYPHAGIA  POLYDIPSIA

NEURO:  WEAKNESS  VERTIGO  TINNITUS HEADACHE

PYSCH:  ANXIETY

MAI

PULMONARY H & P

OBJECTIVE:

Vital Signs: BP: 100/66 P: 96 R: T: Weight: 142 Height:

Pulse Oximetry: 98% @ 2L

PHYSICAL EXAM:

- HEENT:  Normal
- LUNGS:  Clear  Diminished BS  Prolonged expiratory Phase  Rales/Ronchi
- HEART:  Normal Sinus Rhythm  Tachycardic  Irregular  Murmur
- ABDOMEN:  Soft Non Tender  Abnormal
- EXTREMITIES:  No Cynosis clubbing or edema  Edema

MEDICATIONS:

- Spiriva  Advair  Combivent  Albuterol  Xopenex  Nebulizer
- Flonase  Prednisone  Anti-Histamine  Antibiotic  Other

Radiology/Lab:

ASSESSMENT / PLAN: ① Dyspnea → MAI  
→ Metastatic CA  
→ PE.

likely MAI

Start meds

- Refran ✓
- Azithro
- Ethambutol

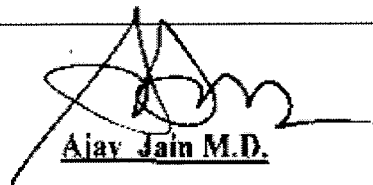
Discontinue @ length  
side effects etc.

- / smoking

Smoking Cessation Consulting:

Follow Up in

Minh A. Tran M.D.

  
Ajay Jain M.D.

Version: 1.2.0 BEST 3 FVC/FEV1 REPORT

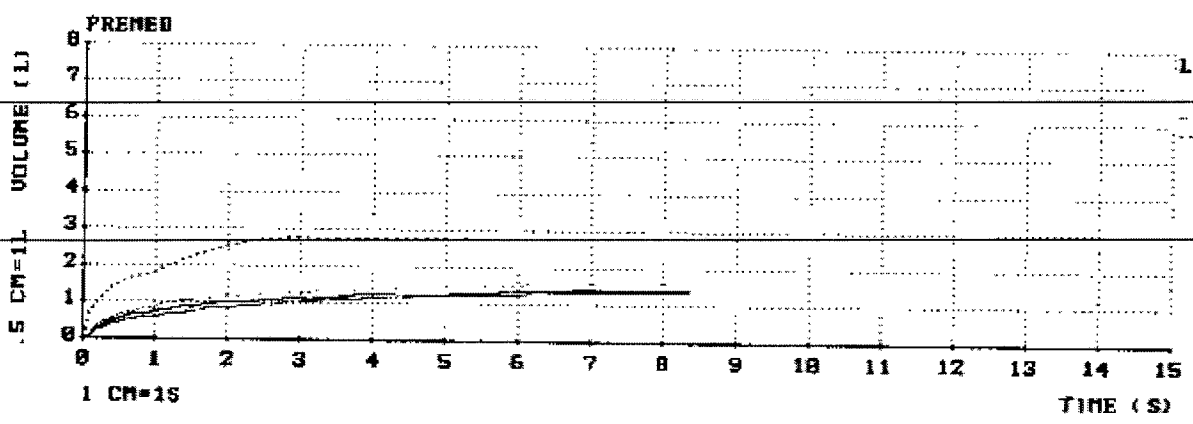
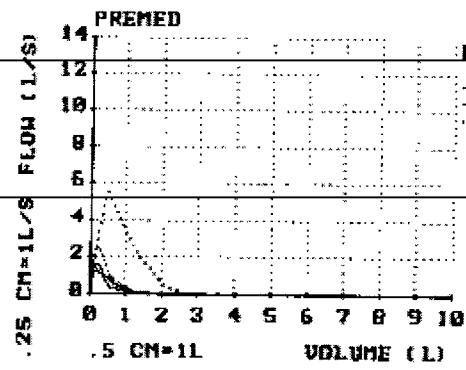
|                      |                                 |             |                           |
|----------------------|---------------------------------|-------------|---------------------------|
| ID: 481304685        | Height: 69"                     | Physician:  | Sensor Code: 538116       |
| Name: MELVA BRUSTING | Age: 84YRS                      | Technician: | Temperature: 72F          |
| Gender: FEMALE       | Weight: 147LBS                  |             | Barometric Press: 760mmHg |
| Medication:          | Smoker: NO                      |             | BIPS Correction: 1.104    |
| Dosage:              | Ethnicity/Correction: CAUCASIAN | 100.0%      | Normals: KNUDSON 83       |

Clinical Format: PREMID - 04:39PM \* Indicates Best Value < Indicates Below LLN  
 Best Criteria: VAI

| MEASUREMENT    | Unit | 3Pred | Trial 2 | Trial 3 | Pred | LLN  |
|----------------|------|-------|---------|---------|------|------|
| FVC (L)        | * <  | 60    | 1.48 <  | 1.42 <  | 2.80 | 2.01 |
| FEV1 (L)       | * <  | 53    | 0.81 <  | 0.67 <  | 1.82 | 1.32 |
| FEV1%          | * <  | 77    | 55 <    | 47 <    | 74   | 63   |
| FEF25-75 (L/S) | *    | 32    | 0.34    | 0.27    | 1.21 |      |
| PEF (L/S)      | *    | 55    | 2.22    | 1.76    | 5.74 |      |
| PIT (S)        | *    |       | 1.08    | 1.79    |      |      |
| BEST FEV1%     | * <  |       |         |         |      |      |

Report Summary:  
 Pre Med: Tests 3 Acceptable 3 Reproducible 0 FVC VAR: 218ML FEV1 VAR: 159ML PIT VAR: 989ML/S

ATS Interpretation: PREMID - Moderately Severe Obstruction  
 Comment:



**PULMONARY PROGRESS NOTE**

Name: Nelva Bunting

Date of Visit: 12/27/10 cc: heap flc

SUBJECTIVE: Domy better, +500,  
+ energy, physical therapy  
+ wal  
When off O<sub>2</sub> feel very SOB  
Cough mild @ wheezing

ROS: Negative unless checked  Cough  Fever  Chills  Night sweats  Dyspnea  Chest pain  Lower extedema

OBJECTIVE: 110/78  
Vital Signs: BP: 110/78 P: 2 R: \_\_\_\_\_ T: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Pulse Oximetry: 99% on 2L on all three

**PHYSICAL EXAM:**

HEENT:  Normal  
LUNGS:  Clear  Diminished BS  Prolonged expiratory Phase  Rales/Ronchi/Wheeze  
HEART:  Normal Sinus Rhythm  Tachycardic  Irregular  
ABDOMEN:  Soft Non Tender  Abnormal  
EXTREMITIES:  No Cynosis clubbing or edema  Edema

side effects  
to medication

**MEDICATIONS:**

Spiriva  Advair  Combivent  Albuterol  Xopenex  Nebulizer  
 Flonase  Prednisone  Avelox  Antibiotic  Allegra

Radiology/Lab/PFT:

**ASSESSMENT / PLAN:**

① MAI

② Severe COPD

③ ? MAT

Plan  
- Bronn Rehab

- Cont. Asthma

Relax

- Oxygen

- Brevana

Smoking Cessation

G. Thomas Keith M.D.

Minh A. Tran M.D.

Alav Jain M.D.

# Memorial MRI & Diagnostic

*Jan. A*

PATIENT: NELVA BRUNSTING  
 DATE OF BIRTH: 10/08/1926  
 DATE OF EXAM: 2/22/2011 3:15:09 PM  
 PATIENT ID: 969650

REF. PHYSICIAN: ~~GEORGE~~

## CHEST X-RAY

HISTORY: Dyspnea.

TECHNIQUE: PA and lateral views compared to November 26, 2010.

## FINDINGS:

Interstitial scarring is seen throughout both lungs. There is a persistent nodular opacity at the right base. Followup is recommended to exclude neoplasm. The right pleural effusion has resolved since the last exam. There is no other consolidation. The heart size is normal. Calcification is seen in the aorta.

## IMPRESSION:

1. Interstitial fibrosis.
2. Diminished right pleural effusion but persistent nodular mass at the right base. Followup is recommended.

Stephen Parven, M.D.

SP/ejp/mms DD: 02/24/2011 DT: 02/24/2011

*Stephen Parven M.D.*

Dr. Stephen Parven

Board Certified Radiologist

*See to ordering  
Physician.*

*LS  
2/28/11*

Thank you for the opportunity to assist in your patient's care.

This fax contains confidential health information. As the recipient, you are required to maintain this information in a safe and secure manner. This information is to remain confidential. Re-disclosure of this information is prohibited.

MEMORIAL MRI & DIAGNOSTIC  
 1346 Campbell Road & 1241 Campbell Road  
 Houston, Texas 77055

MEMORIAL WOMEN'S CENTER  
 8800 Katy Freeway Suite #105  
 Houston, Texas 77024

Phone (713) 461-3399 • Fax (713) 461-1969  
[www.memorialdiagnostic.com](http://www.memorialdiagnostic.com)

P5930

**PULMONARY PROGRESS NOTE**

Name: BRUNSTING, Nelva

Date of Visit: 2-28-11 cc: fl4

SUBJECTIVE: Breathing ok as long as on oxygen  
& coughing & wheezing & fever cleared  
on Meds - feels congested  
@ time w/ no O2 constantly

ROS: Negative unless checked  Cough  Fever  Chills  Night sweats  Dyspnea  Chest pain  Lower extedema

OBJECTIVE:  
Vital Signs: BP: 110/74 P: 75 R: \_\_\_\_\_ T: \_\_\_\_\_ Weight: 136 Height: \_\_\_\_\_

Pulse Oximetry: 99%

**PHYSICAL EXAM:**

HEENT:  Normal  
LUNGS:  Clear  Diminished BS  Prolonged expiratory Phase  Rales/Ronchi/Wheeze  
HEART:  Normal Sinus Rhythm  Tachycardic  Irregular  
ABDOMEN:  Soft Non Tender  Abnormal  
EXTREMITIES:  No Cynosis clubbing or edema  Edema

**MEDICATIONS:**

Spiriva  Advair  Combivent  Albuterol  Xopenex  Nebulizer  
 Flonase  Prednisone  Avelox  Antibiotic  Allegra

Radiology/Lab/PFT:

**ASSESSMENT / PLAN:**

① MAI

② Severe COPD

③ Metastatic Breast CA.

Plan

cont Abx

O2  
Bronoma / Spiriva  
Flu CT in 4 months

Smoking Cessation

G. Thomas Keith M.D.

Minh A. Tran M.D.

Ajay Jain M.D.



# GIRLING HEALTH CARE

6700 West Loop South, Suite 200

Bellaire, TX 77401

Phone: (713) 781-6691

Fax: (713) 432-0807

## Fax

To: R. Jain, RN From: Anna Jarl - Office Manager  
 Fax: 713 041 67-351890 Pages: 6 Including Cover Sheet  
 Phone: \_\_\_\_\_ Date: 10.4.11  
 Re: Brunstina, Nelva cc: \_\_\_\_\_

- Urgent     For Review     Please Comment     Please Reply     Please Recycle

For M.O. To Sign, Date or Return

### HOME HEALTH FACE TO FACE ENCOUNTER INCLUDED

If Marked >>> PLEASE COMPLETE ALL SECTIONS WITH ASTERISK BESIDE IT

**\*\*\*REMINDER\*\*\***

The Encounter Date has to either be 90 days before the Start Of Care (SOC) date or 30 days after.  
I have included the (Date Range) on the Face To Face to help you pinpoint the encounter date.

Thank you for your prompt response.

Anna Jarl- Office Manager

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1910801514

HOME HEALTH FACE TO FACE ENCOUNTER



1. Provider's Name, Address and Telephone Number:  
 HOUSTON CERTIFIED  
 GIRLING HEALTH CARE INC  
 6700 W LOOP SOUTH STE 200  
 BELLAIR, TX 77401  
 7137818697

2. Physician's Name and Address:  
 JAIN, AJAY  
 902 FROSTWOOD DRIVE  
 SUITE 188  
 HOUSTON, TX 77024  
 713-467-8888

Return # 7134320807

3. Patient's Name:  
 BRUNSTING, NELVA E

SOC 7-16-11

Date Range 4-18-11 - 8-14-11

4. Medical Record No.:  
 00366734-00445343

5. Date of Birth:  
 10/08/1926

6. Sex:  
 M X F

Date of P2P encounter: I certify that this patient is under my care and that I, or a nurse practitioner or physician's assistant working with me, had a face-to-face encounter that meets the physician face-to-face encounter requirements with this patient on: Date: 9-26-11

Face to Face Encounter related to primary reason for homecare?: Y N (circle one)

The encounter with the patient was in whole, or in part, for the following medical condition, which is the primary reason for home health care (List medical condition):

\* Failure to thrive  
 Anthyromia

I certify that, based on my findings, the following services are medically necessary home health services (Check all that apply):

\*  Nursing  Physical therapy  Speech language pathology

My clinical findings support the need for the above services because:

\* Very weak, multiple medications  
 Poor po intake

Further, I certify that my clinical findings support that this patient is homebound (i.e. absences from home require considerable and tiring effort and are for medical reasons or religious services or infrequently or of short duration when for other reasons) because:

\* Homebound due to weakness, & walking ability

Physician's Signature and Date Signed:

Date Provider Received Signed Document:

\* *[Signature]*  
 JAIN, AJAY

\* *[Signature]*

Document Author and Signature Date:

WENFAM, AMY RN/EX/PCN

10/12/11

**FAXED**  
 OCT 04 2011  
 By *[Signature]*

HOME HEALTH CERTIFICATION AND PLAN OF CARE

\$ \* \* ) / ) \* / 1 , \$

|   |                                   |  |  |                  |
|---|-----------------------------------|--|--|------------------|
| 1. Patient's HC Claim No.<br>282320905D | 2. Start of Care Date<br>07/16/11 | 3. Certification Period<br>From: 09/14/11 To: 11/12/11 | 4. Medical Record No.<br>00365734-00445345 | 5. CCM<br>457222 |
|---|-----------------------------------|--|--|------------------|

|   |   |
|---|---|
| 6. Patient's Name and Address<br>BRUNSTING, MELVA B<br>13630 PINE ROCK<br>HOUSTON, TX 77079<br>713-464-4391 | 7. Provider's Name, Address and Telephone Number<br>HOUSTON CERTIFIED<br>GIRLING HEALTH CARE INC<br>6700 W LOOP SOUTH STE 200<br>BELLAIR, TX 77401<br>7137816691<br><i>Return Fax 713438-0807</i> |
|---|---|

|                            |                 |   |
|----------------------------|-----------------|---|
| 8. Date of Birth<br>100826 | 9. Sex<br>M X F | 10. Medications: Dose/Frequency/Route (Change)<br>CALCIUM WITH VITAMIN D 600 mg (1,500 ug)-200 unit TABLET<br>1 ORAL 2 times daily<br>ASPIRIN 81 mg TABLET<br>1 ORAL Daily<br>OXYGEN GAS (See Addendum) |
|----------------------------|-----------------|---|

|  |   |  |
|--|---|--|
| 11. ICD-9-CM<br>43851<br>12. ICD-9-CM<br>N/A<br>13. ICD-9-CM<br>43812<br>49121<br>0319 | Principal Diagnosis<br>LT HF CHL PARAL DO-1<br>Surgical Procedure<br>Date<br>071611 | Other Pertinent Diagnoses<br>LATE EFF CV DIS-EY-F<br>Date<br>071611<br>OBS CHR BRONC W(AC)<br>Date<br>071611<br>MICOBACTERIAL DIS -O<br>(See Addendum)<br>Date<br>071611 |
|--|---|--|

|   |   |
|---|---|
| 14. DME and Supplies:<br>Has - Walker (standard) Has - (see Addendum) | 15. Safety Measures:<br>1 - Establish emergency plan 2 - (See Addendum) |
|---|---|

|   |                                   |
|---|-----------------------------------|
| 16. Nutritional Req.: 1 - Regular; 2 (See Addendum) | 17. Allergies: No Known Allergies |
|---|-----------------------------------|

|  |   |
|--|---|
| 18.A. Functional Limitations<br>1 Amputation 5 X Paralysis 9 Legally Blind<br>2 X Bowel/Bladder (Incontinence) 6 X Edema 8 X Dyspnea With Minimal Exertion<br>3 Contracture 7 X Ambulation<br>4 Hearing 8 X Speech 9 Other (Specify) | 18.B. Activities Permitted<br>1 Complete Bedrest 6 Partial Weight Bearing Independent At Room<br>2 Bedrest BAF 7 Independent At Room<br>3 X Up As Tolerated 8 Crutches<br>4 X Transfer Bed/Chair 9 Cane<br>3 Exercises Prescribed |
|--|---|

|  |   |
|--|---|
| 19. Mental Status:<br>1 Oriented 3 X Forgetful<br>2 Confused 4 Depressed | 5 Disoriented 7 Agitated<br>6 Lethargic 8 Other |
|--|---|

|                                      |                           |
|--------------------------------------|---------------------------|
| 20. Prognosis:<br>1 Poor 2 X Guarded | 3 Fair 4 Good 5 Excellent |
|--------------------------------------|---------------------------|

21. Orders for Discipline and Treatment (Specify Amount/Frequency/Duration)  
SN 1 Week 1; 2 Week 6; 3 As Needed  
CERT PERIOD: 8/14/11-12/12/11

SIGNED ORDERS RECEIVED FROM DR. JAIN

EFFECTIVE DATE: 9/29/11

SN 1W1, 2W6; 3 AS NEEDED (NON AB. THUR)

SN TEACH/ASSESS DISEASE, DIET, RESPIRATION PRECAUTIONS, WOUND CARE TO STAGE 2 PU ULCER, CLEANSE WITHNS, CA ALGINATE WITH SILVER AND HYDROCOLLOID TO SACRU CHANGE 2 X WEEK, PT/INR DRAWS WEEKLY ON THURSDAYS  
SUPPLIES INCLUDE SNS, 4X4, FOAM DRESSING WITH ADHESIVE.  
SKILLED OBS/EVAL OF THE FOLLOWING SYSTEMS/STATUS: CARDIOVASCULAR, CIRCULATORY, RESPIRATORY, ELIMINATION, NUTRITION/HYDRATION, INTELLECTUAL, EMOTIONAL, NEUROLOGICAL. REPORT TO MD: BP >170/90 <90/50, HR >104 <50, RR >32 <12, TEMP >100.9, PAIN >5 ON 1-10 SCALE WITH INTERVENTIONS. BG >250 OR <50 RANDOM.  
(See Addendum)

**FAXED**  
OCT 04 2011  
By *[Signature]*

|   |
|---|
| 22. Goals/Rehabilitation Potential/Discharge Plans<br>Goals: (See Addendum) |
|---|

|   |                                  |
|---|----------------------------------|
| 23. Nurse's Signature and Date of Verbal SOC (Where Applicable)<br><i>[Signature]</i> | 24. Date NHA Received Signed POT |
|---|----------------------------------|

|  |   |
|--|---|
| 25. Physician's Name and Address<br>WENHAM, AMY RN/BS/FGS<br>JAIN, AJAY<br>902 FROSTWOOD DRIVE<br>SUITE 108<br>HOUSTON, TX 77024<br>713-467-8088 | 26. I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan and will periodically review the plan. |
|--|---|

|  |  |
|--|--|
| 27. Attending Physician's Signature and Date Signed<br><i>[Signature]</i> 10/12/11 | 28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws. |
|--|--|

ADDENDUM TO: X PLAN OF TREATMENT MEDICAL UPDATE

|   |                             |  |  |                  |
|---|-----------------------------|--|--|------------------|
| 1. Patient's HI Claim<br>N282328905D    | 2. Start Of Case<br>8/15/11 | 3. Certification Period<br>From: 091411 To: 111211 | 4. Medical Record No.<br>00366734-00445345 | 5. CCN<br>487222 |
| 6. Patient's Name<br>BRUNSTING, MELVA E |                             | 7. Provider Name<br>HOUSTON CERTIFIED              |  |                  |

8. Item No.

10 2L NASAL Daily

NETOPROLOL TARTRATE 50 mg TABLET  
1 ORAL Every 12 hours

SPIRIVA 18 mcg CAP W/C N  
1 INHALATION Daily

CALCIUM 1,200 mg (calc. us)-1,000 unit TAB CHEW  
1 ORAL Daily

NITROGLYCERIN 0.4 mg TAB SUBL  
1 SUBLINGUAL As needed

CENITRUM 400 mcg-152 mg 18 mg-300 mcg-2 TABLET  
1 ORAL Daily

LEVOTYRONSINE SODIUM 5 mg TABLET  
1 ORAL Daily

ETHANBUTOL HCL 400 mg TABLET  
3 ORAL Daily

ALENDRONATE SODIUM 70 mg TABLET  
1 ORAL Weekly

MORVASC 5 mg TABLET  
1 ORAL Daily

CLOZIDINE HCL 0.1 mg TABLET  
1 ORAL As needed: PRN P PARAMETERS

IPULCOLAX STOOL SOFTENER 100 mg CAPSULE  
1 ORAL As needed

MILK OF MAGNESIA 400 mg / 5 mL ORAL SUSP  
1 ORAL As needed

PLAVIX 75 mg TABLET  
1 ORAL Daily

TYLENOL 650 MG TABLET  
ORAL As needed: PRN TH P CR PAIN Q4 HRS

MEGESTROL ACETATE 40 mg TABLET  
ORAL Daily

AVELOX 400 mg TABLET  
ORAL Daily

ZOLOFT 25 mg TABLET (.)

9. Signature of Physician

*[Handwritten Signature]*

11. Optional Name/Signature of Nurse/Therapist

NAME: MR. JN/EX/PCN

10. Date

*[Handwritten Date: 10/12/11]*

12. Date

091411

**ADDENDUM TO: X PLAN OF TREATMENT MEDICAL UPDATE**

|                                      |                         |   |   |               |
|--------------------------------------|-------------------------|---|---|---------------|
| 1. Patient's HI Claim No. 002328909D | 2. Start Of Care 071611 | 3. Certification Period From: 091411 To: 111211 | 4. Medical Record No. 00366734-00445345 | 5. CCN 457223 |
| 6. Patient's Name BRUNSTING, MELVA E |                         | 7. Provider Name HOUSTON CERTIFIED              |   |               |

10 1 ORAL Daily  
 HYDROCODONE-ACETAMINOP-EM 5 mg-500 mg TABLET (N)  
 1-2 ORAL Every 4 hours. As needed for pain

XELONA 500 mg TABLET (N)  
 3 ORAL 2 times daily; After a meal while patient is receiving radiation

ALBUTEROL SULFATE 0.63 mg/3 ML VIAL-WEB (N)  
 1 INHALATION 2 times daily

13 5. 4019 HYPERTENSION OS 071611  
 6. 1561 MAL NEO EXTRA EPAT D 071611  
 7. 70705 PRESSURE ULCER, BUTT 071611  
 8. 70722 PRESSURE ULCER, STAG 071611

14 Wheelchair Has - Hospital bed Has - Bed side commode

15 Establish fire response plan 3 - Establish emergency disaster plan 4 - Implement a falls prevention program (e.g., remove throw rugs, teach safe use of assist/safety devices) 8 - Teach proper/safe use of medications

16 9 - Teach standard precautions (e.g., handwashing, safe disposal of contaminated sharps and supplies)  
 - Low sodium/No salt added 1 - Soft solids 2 - Ground meat 4 - Thickened liquids

21 SN TO TEACH PT/CC RE: NEW/CHANGED MEDICATIONS, DISEASE PROCESS, DIET, S/S TO REPORT TO SN/MD, SAFETY PRECAUTIONS IN THE HOME, PLAN OF CARE OR CHANGE IN PLAN OF CARE AND ANY KNOWLEDGE DEFICITS RELATED TO PT CARE THAT ARE ASSESSED

SN TO PERFORM NON-BILLABLE VISITS TO COLLECT OASIS DATA AND SUPERVISE STAFF AS NEEDED. SN MAY PERFORM POST-HOSPITAL VISIT TO ASSESS PT STATUS/SKILLED NEEDS AFTER PT HOSPITALIZATION AND MAY RESUME PREVIOUS ORDERS AND LEVEL OF CARE UNLESS OTHERWISE INDICATED BY MD.

PT 2 Week 4  
 CERT PERIOD: 9/14/11-11/12/11  
 SIGNED ORDERS RECEIVED FROM DR. JAIN  
 EFFECTIVE DATE: 10/03/11

PT: IM2  
 PT: TO PERFORM THERAPEUTIC EXERCISES, LOWER EXTREMITY EXERCISES, TRANSFER, BALANCE, GAIT TRAINING AND INSTRUCT IN HEP

9. Signature of Physician *[Signature]* 10. Date 10/12/11

11. Optional Name/Signature of user/Therapist *[Signature]* 12. Date

WYHAM, ANY PN/EX/CK 091411

ADDENDUM TO: X PLAN OF TREATMENT MEDICAL UPDATE

|                                      |                         |   |   |               |
|--------------------------------------|-------------------------|---|---|---------------|
| 1. Patient's RI Claim No: 02328903D  | 2. Start Of Care 011611 | 3. Certification Period From: 091411 To: 111211 | 4. Medical Record No. 00366734-00449395 | 5. OCN 487222 |
| 6. Patient's Name BRUNSTING, MELVA J |                         | 7. Provider Name ROUSTON CERTIFIED              |   |               |

8. Item No. 22

Patient and or caregiver will demonstrate knowledge of safety instructions and perform HSP as evidenced by an accurate return demonstration of the program.

Patient/caregiver will verbalize E/S to report to RN or physician

Patient will demonstrate ability to maintain safety in home environment without injury/falls.

Patient will demonstrate ability to maintain condition in the home without hospitalization, ER visit, or unplanned physician's visit.

Patient/caregiver will demonstrate knowledge of disease process, treatment goals and self-care management.

Patient will maintain stable physiological status within normal limits for patient

Patient/caregiver will demonstrate effective disease management practices.

Patient will achieve adequate symptom control through use of medications or other therapies/treatments.

Patient will remain free of S/S of infection.

Patient will demonstrate compliance with treatment plan, diet, meds, exercise, other.

Patient/caregiver will verbalize appropriate measures for managing changes in body image/lifestyle.

Patient/caregiver will verbalize community services available and how to contact them.

64 YEAR OLD FEMALE LIVES IN OWN HOME WITH 24 HOUR PAID CAREGIVERS WITH PDR TO INCLUDE CVA, MEN, ATYPICAL MYCOBACTERIUM INFECTION, COPD, BILIARY DUCTAL NEOPLASM, HYPOTHYROIDISM, TIA, HOSPITALIZED TIA FROM KATE REBAR. ARND, HEART IRREGULAR LUNGS SHORT OF BREATH WITH MINIMAL EXERTION AND RONCHI RIGHT MIDDLE AND LOWER LOBES, OXYGEN THERAPY AS NEEDED. INCONTINENT BOWEL AND BLADDER. WEIGHT LOSS 10 POUNDS LAST MONTH, DIET IS AS TOLERATED WITH THICKEN LIQUIDS AND SOFT FOODS WITH SUPPLEMENTS DAILY. CAREGIVER PROVIDES ASS AID/TALES AND MANAGE ORAL MEDICATIONS. HAS STAGE 2 PRESSURE ULCER COCCYX. UNABLE TO AMBULATE BUT CAN STAY AND STAY TO TRANSFER WITH MAXIMUM ASSISTANCE. ADMITTED BY NURSE/ASSESS AND WOUND MANAGEMENT. PT TO BE EVAL AND TREAT, WOUND CARE NEEDED.

Rehab Potential:

- 1 - Limited ambulation 2 - Unsteady gait/poor balance 3 - SOB with minimal exertion 4 - Mental confusion
- 7 - Wheelchair bound 8 - Guarded

Discharge Plans: DISCHARGE TO OWN HOME ONCE GOALS MET AND NO FURTHER NEEDS IDENTIFIED.

9. Signature of Physician

*[Handwritten Signature]*

10. Date

10/12/11

11. Optional Name/Signature of Nurse/Therapist

*[Handwritten Signature]*

12. Date

091411

WHRAM, AMT RN/BS/BCN

**Texas O2 Testing**  
229 Harris Lane  
Yantis, Texas 75497

Test date: 10/06/11  
Doctor: Robert White

Start: 10/06/11 10:54:11  
End: 10/06/11 10:57:51

Brunstring, Nelva  
ID#: 282328905

**Oximetry: Comprehensive Report**  
Comments: Exertion Test on RA

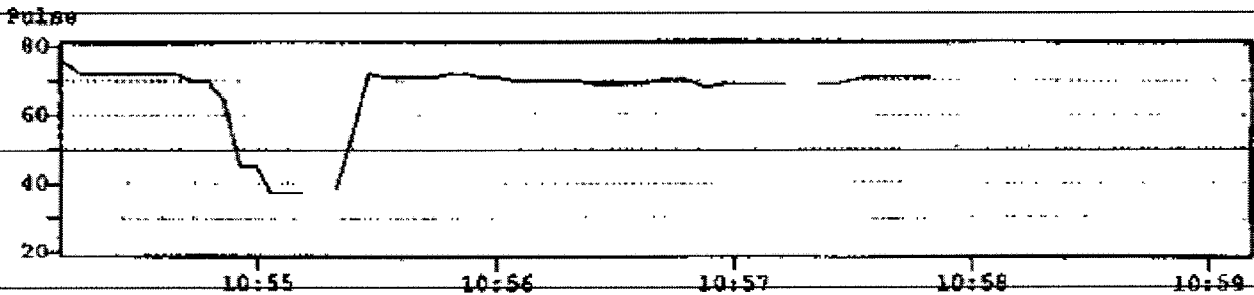
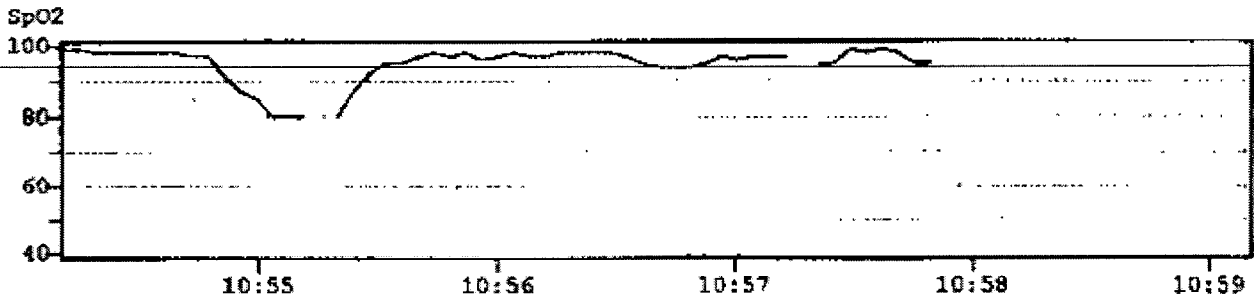
|                                |                   |                   |
|--------------------------------|-------------------|-------------------|
| Recording time: 00:03:40       | Highest pulse: 75 | Highest SpO2: 99% |
| Excluded sampling: 00:00:08    | Lowest pulse: 37  | Lowest SpO2: 80%  |
| Total valid sampling: 00:03:32 | Mean pulse: 67    | Mean SpO2: 94.8%  |

|                    |          |       |
|--------------------|----------|-------|
| Time with SpO2<90: | 0:00:28, | 13.2% |
| Time with SpO2<80: | 0:00:00, | 0.0%  |
| Time with SpO2<70: | 0:00:00, | 0.0%  |
| Time with SpO2<60: | 0:00:00, | 0.0%  |
| Time with SpO2<88: | 0:00:28, | 13.2% |

The longest continuous time with saturation  $\leq 88$  was 00:00:20, which started at 10/06/11 10:54:55.

A desaturation event was defined as a decrease of saturation by 4 or more.  
No events were excluded due to artifact.  
There were no desaturation events over 3 minutes duration.

There were 2 desaturation events of less than 3 minutes duration during which:  
The mean high was 98.5%. The mean low was 87.08.  
The mean length of events that were  $\geq 10$  sec &  $\leq 3$  mins was: 40.0 sec.  
Desaturation event index (number of events per hour): 34.0



**Texas O2 Testing**  
229 Harris Lane  
Yantis, Texas 75497

Test date: 10/06/11  
Doctor: Robert White

Start: 10/06/11 10:48:51  
End: 10/06/11 10:49:27

Brunstring, Nelva  
ID#: 282328905

**Oximetry: Comprehensive Report**  
Comments: RA Oximetry at Rest

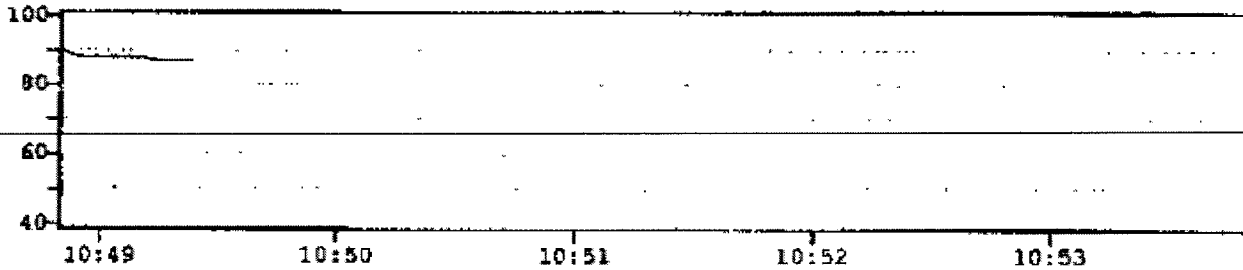
|                                |                   |                   |
|--------------------------------|-------------------|-------------------|
| Recording time: 00:00:36       | Highest pulse: 87 | Highest SpO2: 90% |
| Excluded sampling: 00:00:00    | Lowest pulse: 65  | Lowest SpO2: 87%  |
| Total valid sampling: 00:00:36 | Mean pulse: 74    | Mean SpO2: 87.9%  |

|                    |          |       |
|--------------------|----------|-------|
| Time with SpO2<90: | 0:00:32, | 98.9% |
| Time with SpO2<80: | 0:00:00, | 0.0%  |
| Time with SpO2<70: | 0:00:00, | 0.0%  |
| Time with SpO2<60: | 0:00:00, | 0.0%  |
| Time with SpO2<88: | 0:00:12, | 33.3% |

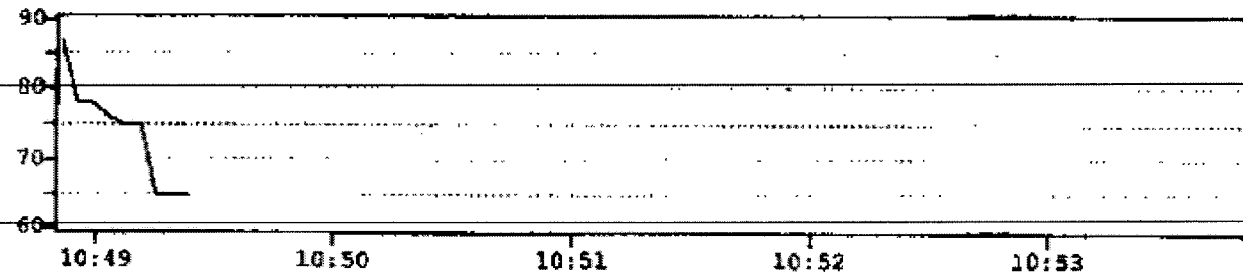
The longest continuous time with saturation <=88 was 00:00:32, which started at 10/06/11 10:48:55.

A desaturation event was defined as a decrease of saturation by 4 or more.  
No events were excluded due to artifact.  
There were no desaturation events over 3 minutes duration.  
There were no desaturation events of less than 3 minutes duration.

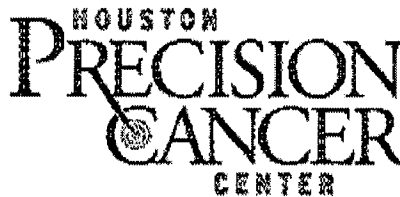
SpO2



Pulse



10405 Katy Freeway, Suite 150 E  
 Houston, TX 77024  
 713-722-9660  
 713-722-9664 (Fax)  
 www.HoustonPrecisionCC.com



Chris Phan, M.D.  
 ABR Board Certified,  
 Radiation Oncology  
 Kuan Yu, M.D., Ph.D  
 ABR Board Certified,  
 Radiation Oncology

**Radiation Therapy Completion Summary**

**Patient:** Nelva E Brunsting

**Diagnosis & Staging:**

155.1 - Malignant neoplasm of intrahepatic bile ducts, Diagnosed 8/9/2011 (Active) ,

**Radiation Oncologist:** Kuan Yu , MD

Dear Dr. Miguel Miro-Quesada

Nelva E Brunsting has completed radiation treatment as described below. The patient has tolerated the treatment fairly well. The patient developed some fatigue. I will follow to monitor side-effects and response.

Start date: 08/12/2011

Completion date: 09/26/2011

|   | Plan/Site of Treatment | Dose     |
|---|------------------------|----------|
| <input checked="" type="checkbox"/> Primary; <input type="checkbox"/> Boost | IMRT Liver             | 4500 cGy |
| <input type="checkbox"/> Primary; <input checked="" type="checkbox"/> Boost | IMRT Liver Boost       | 540 cGy  |
|   | Total Dose:            | 5040 cGy |
|   | Total Fractions:       | 28       |

Thank you very much for allowing us to take care of your patient. If you have any questions please call us at 713-722-9660.

Sincerely,

Kuan Yu

cc:

- Ajay Jain
- Martin Mauk
- Miguel Miro-Quesada
- Alex Nguyen

Electronically approved by: Kuan Yu, MD **R5940**  
 Approved date/time: 10/21/2011 2:29:53 PM



# Oncology Consultants, PA

www.oncologyconsultants.com

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NORTHWEST  
1631 North Loop West  
Suite 155  
Houston, Texas 77008  
(713) 802-9000  
Fax (713) 802-2701

## Facsimile Transmittal

To: AJAY JAIN

Fax Number (713) 4675569

From: Oncology Consultants  
(713) 800-3201

Pages: 4

Time Sent: Friday, Aug 5, 2011 12:05PM

Subject: NOTE: NELVA BRUNSTING FROM MIGUEL MIRO-QUESADA

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P5941

**Patient:** Nelva Brunsting

**Date:** Aug 03, 2011

**DOB:** Oct 08, 1926

**Physician:** Miguel Miro-Quesada

**Age:** 84

**Note Type:** Follow-Up Note

**MRN:** 41166

**Oncology Consultants**

**925 Gessner, #600**

**Houston, TX 77024**

**(713)827-9525**

**Reason for Visit:**

Follow up for cholangiocarcinoma

**History of Present Illness:**

Primary - 155.1 - Malignant neoplasm of intrahepatic bile ducts, Diagnosed May 20, 2010 (Active).

This is an 84-year-old lady who has a diagnosis of cholangiocarcinoma localized in the left lower lobe. This has been originally a slow evolution. It had grown just a little bit prior to my evaluation in July 2010. At that time the maximum diameter of the tumor was 3.5 cm. I made an initial attempt to send her for resection but the patient was very sick with pulmonary infections, respiratory problems, etc. Eventually this has been treated by Dr. Jain and improved although she remains weak with a decrease performance status. About two weeks ago, I discussed this with the patient and family and they want to revisit the tumor situation so we did a CT scan which show the tumor has grown to a maximum diameter of 8 cm and at the present time there were also few aspect of the left lower liver which are new. She also has developed an obstruction of left portal vein. These are all evidence of progression in approximately a year. The patient herself is beginning to have vague abdominal pain located in the left hepatic area.

**Allergies:**

No Known Allergies.

**Current Medications:**

Metoprolol Tartrate, Rifampin, Ethambutol HCl, Zolof, Actonel

**Laboratory and Imaging:**

Test performed on Aug 03, 2011 13:55

|                |                            |              |                               |
|----------------|----------------------------|--------------|-------------------------------|
| WBC            | 9.45 10 <sup>3</sup> /uL   | RBC          | 3.60 10 <sup>6</sup> /uL(LOW) |
| HGB            | 11.05 g/dL(LOW)            | HCT          | 33.77 %(LOW)                  |
| MCV            | 93.89 fl                   | MCH          | 30.71 pg                      |
| MCHC           | 32.71 g/dL                 | RDW          | 12.38 %                       |
| Platelet Count | 210.00 10 <sup>3</sup> /uL | MPV          | 7.30 fl                       |
| Neutrophils    | 7.64 10 <sup>3</sup> /uL   | Lymphocytes  | 0.68 10 <sup>3</sup> /uL(LOW) |
| Monocytes      | 0.97 10 <sup>3</sup> /uL   | Eosinophils  | 0.10 10 <sup>3</sup> /uL      |
| Basophils      | 0.06 10 <sup>3</sup> /uL   | Neutrophil % | 80.80 %(HIGH)                 |
| Lymphocyte %   | 7.20 %(LOW)                | Monocyte %   | 10.30 %(HIGH)                 |
| Eosinophil %   | 1.10 %                     | Basophil %   | 0.60 %                        |

**History:**

Ms. Brunsting's medical history consists of Atypical TB and chronic obstructive pulmonary disease..

Ms. Brunsting's surgical/procedural history consists of liver biopsy in 2010, cataract removal in 2009, carpal tunnel in 2006, knee replacement in 2002 - both 2002 and 2005, broken wrist in 1982, and appendectomy in 1936..

**Vital Signs:**

2 - Ambulatory/capable of all self-care, unable to perform any work activities. Up and about more than 50% of waking hours. (ECOG). Performed on Aug 03, 2011 14:40: HT - 69.00 in, WT - 130.80 lbs (HIGH), BSA - 1.72 sq.m, BMI - 19.32, T - 97.70 F, P - 87.00 /min, R - 18.00 /min, BP - 112/74 mm(hg), O2 - 98.00 %, and Pain - 0.00..

**Review of Systems:**

|                       |  |
|-----------------------|--|
| Constitutional        | Normal - Denies lack of appetite, fever, malaise, night sweats and weight loss.  |
| Allergic/Immunologic  | Normal - Denies allergies.   |
| Eyes                  | Normal - Denies blurred vision, lacrimation and visual difficulties.   |
| ENMT                  | Normal - Denies dysphagia, ear pain, epistaxis, esophagitis, problems with hearing, mouth dryness, stomatitis, altered taste and tinnitus. |
| Endocrine             | Normal - Denies diabetes and hot flashes.  |
| Hematologic/Lymphatic | Normal - Denies easy bruising and tender or enlarged lymph nodes.  |
| Breasts               | Normal - Denies breast masses and pain.  |
| Respiratory           | Normal - Denies cough, dyspnea and hemoptysis.   |
| Cardiovascular        | Normal - Denies chest pain, edema, orthopnea and palpitations.   |
| Gastrointestinal      | Abnormal - Beginning to have vague abdominal pain located in the left hepatic area.  |
| Genitourinary (F)     | Normal - Denies dysuria, frequency, hematuria, incontinence, urgency, urine color change and vaginal discharge / bleeding.                 |
| Musculoskeletal       | Normal - Denies bone pain, joint pain and muscle weakness.   |
| Integumentary         | Normal - Denies blistering, bruising, dry skin, nail changes, pruritus, rash and urticaria.  |
| Neurologic            | Normal - Denies disorientation, dizziness, abnormal gait, headaches, memory loss and motor weakness.                                       |
| Psychiatric           | Normal - Denies hallucinations, mood swings and depression.  |

**Physical Exam:**

|                       |   |
|-----------------------|---|
| Constitutional        | No evidence of impaired alertness, inadequate appearance, premature or advanced chronologic age, uncooperativeness, altered mood and affect and disorientation. |
| Head                  | No evidence of alopecia and scars.  |
| Eyes                  | No evidence of conjunctivitis, nonreactive pupil(s) and scleral abnormalities.  |
| ENMT                  | No evidence of ear abnormalities, oral abnormalities, nasal obstruction, oropharynx obstruction, sinusitis, throat abnormalities and tongue abnormalities.      |
| Neck                  | No evidence of distension, neck abnormalities, restricted range of motion and enlarged thyroid gland.   |
| Hematologic/Lymphatic | No evidence of tender or enlarged lymph nodes and petechiae / purpura / ecchymosis.   |
| Respiratory           | No evidence of abnormal breath sounds.  |
| Cardiovascular        | No evidence of abnormal heart rate and abnormal heart sounds.   |
| Chest                 | No evidence of chest abnormalities.   |
| Abdomen               | No evidence of abdominal abnormalities, abnormal bowel sounds, hepatomegaly and splenomegaly.   |
| Back/Spine            | No evidence of reduced flexibility.   |
| Extremities           | No evidence of lower extremities abnormalities and upper extremities abnormalities.   |
| Musculoskeletal       | No evidence of bone abnormalities, joint abnormalities and restricted range of motion.  |
| Integumentary         | No evidence of blistering, bruising, erythema, rash and urticaria.  |
| Neurologic            | No evidence of uncoordinated gait, motor impairment and a sensory deficit.  |

**Impression:**

Cholangiocarcinoma affecting the left lower lobe of the liver and possible obstruction of the left portal vein.

**Plan:**

I discussed with the patient and daughter and I told them that in my estimation, she is not a good patient for surgery due to her age, clinical status and the fact that the tumor maybe involving the portal vein. For palliative purposes, we have the alternative chemotherapy versus radiation. I have spoken to Dr. Yu and we will explore the possibility of radiation for this patient. I mentioned the chemotherapies an alternative but it maybe more immunosuppressive and therefore more harmful to the pulmonary infection. We will consult with Dr. Yu.

Miguel Miro-Quesada, M.D.

CC: Martin P Mauk, MD  
Ajay Jain, MD  
Kuan Yu, MD

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## Facsimile Transmittal

To: AJAY JAIN

Fax Number (713) 4675569

From : Oncology Consultants  
(713) 800-3201

Pages : 4

Time Sent : Monday, Oct 24, 2011 09:13AM

Subject : NOTE: NELVA BRUNSTING FROM ALEX P NGUYEN

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P5945

**Patient:** Nelva Brunsting  
**DOB:** Oct 08, 1926  
**MRN:** 41166

**Date:** Oct 17, 2011  
**Physician:** Alex P Nguyen  
**Note Type:** Follow-Up Note  
**Oncology Consultants**  
**925 Gessner, #600**  
**Houston, TX 77024**  
**(713)827-9525**

**Chief Complaint:**

Follow up for DVT and cholangiocarcinoma. Discuss CT results.

**History:**

Ms. Nelva Brunsting is a 85 year old female with history of Primary 453.41 - Acute venous embolism and thrombosis of deep vessels of proximal lower extremity, Diagnosed Sep, 2011 (Active) and Primary 155.1 - Malignant neoplasm of intrahepatic bile ducts, Diagnosed May 20, 2010 (Active)..

History of cholangiocarcinoma diagnosed 5/2010 when she was found to have a 3.5 cm liver mass. CT guided biopsy showed a moderate to poorly differentiated adenocarcinoma and molecular profiling with Biotheranostics suggested biliary origin consistent with cholangiocarcinoma. She was not able to undergo resection due to comorbidities.

Interval CT scan 8/2011 showed significant tumor progression. The liver mass measured 8 cm. In addition, several new, small lesions were noted in the left hepatic lobe along with evidence of thrombus in the left portal vein. Started on concurrent chemoradiation with xeloda but xeloda was quickly discontinued due to poor tolerance. Radiation therapy completed 9/2011.

ECHO 8/2011 by Dr. Manhas showed normal EF of 50-55%. Abdominal US showed a patent IVC. Liver lesions were measured up to 2.4 cm. Doppler US showed DVT involving the left superficial femoral and proximal greater saphenous veins.

Follow up CT of the chest/abd/pelvis 10/2011 showed progressive liver metastasis and ascites. Bilateral lung nodules were also noted but stable compared to 8/2011.

Ms. Brunsting's medical history consists of Atypical TB and chronic obstructive pulmonary disease.

**Current Medications:**

Coumadin (1 mg) Tablet Oral Take as Directed, Spironolactone 1 (100 mg) Tablet Oral daily, Hydrocodone-Acetaminophen 1 - 2 (5-500 mg) Tablet Oral q 4 hours PRN, Metoprolol Tartrate 2 Tablet Oral daily, Rifampin 2 Capsule Oral daily, Ethambutol HCl 3 (400 mg) Tablet Oral daily, Zoloff 1 (25 mg) Tablet Oral daily, Actonel Tablet Oral

**Allergies:**

No Known Allergies.

**Laboratory and Imaging:**

Test performed on Oct 17, 2011 16:42

|                          |                         |                      |                         |
|--------------------------|-------------------------|----------------------|-------------------------|
| Glucose                  | 124.00 mg/dL(HIGH)      | BUN                  | 52.00 mg/dL(HIGH)       |
| Creatinine               | 1.86 mg/dL(HIGH)        | Cr Clearance (Est)   | 24.45 mL/min(LOW)       |
| GFR Non-African-American | 24.00 mL/min/1.73 (LOW) | GFR African-American | 28.00 mL/min/1.73 (LOW) |
| BUN/Creat Ratio          | 28.00 (HIGH)            | Sodium               | 131.00 mmol/L(LOW)      |
| Potassium                | 5.30 mmol/L(HIGH)       | Chloride             | 94.00 mmol/L(LOW)       |
| CO2                      | 26.00 mmol/L            | Calcium              | 8.40 mg/dL(LOW)         |
| Protein, Total           | 5.40 g/dL(LOW)          | Albumin              | 2.50 g/dL(LOW)          |
| Globulin                 | 2.90 g/dL               | A/G Ratio            | 0.90 (LOW)              |

|                      |                   |                  |            |
|----------------------|-------------------|------------------|------------|
| Alkaline Phosphatase | 201.00 IU/L(HIGH) | ALT (SGPT)       | 11.00 IU/L |
| AST (SGOT)           | 24.00 IU/L        | Bilirubin, Total | 0.90 mg/dL |

Test performed on Oct 17, 2011 15:43

|                |                                |              |                               |
|----------------|--------------------------------|--------------|-------------------------------|
| WBC            | 10.99 10 <sup>3</sup> /uL      | RBC          | 3.36 10 <sup>6</sup> /uL(LOW) |
| HGB            | 9.97 g/dL(LOW)                 | HCT          | 30.73 %(LOW)                  |
| MCV            | 91.36 fl                       | MCH          | 29.63 pg                      |
| MCHC           | 32.44 g/dL                     | RDW          | 14.74 %                       |
| Platelet Count | 145.00 10 <sup>3</sup> /uL     | MPV          | 8.06 fl                       |
| Neutrophils    | 7.60 10 <sup>3</sup> /uL       | Lymphocytes  | 2.05 10 <sup>3</sup> /uL      |
| Monocytes      | 1.13 10 <sup>3</sup> /uL(HIGH) | Eosinophils  | 0.15 10 <sup>3</sup> /uL      |
| Basophils      | 0.04 10 <sup>3</sup> /uL       | Neutrophil % | 69.20 %                       |
| Lymphocyte %   | 18.70 %(LOW)                   | Monocyte %   | 10.30 %(HIGH)                 |
| Eosinophil %   | 1.40 %                         | Basophil %   | 0.40 %                        |

Test performed on Oct 17, 2011 15:40

|                        |                                     |                    |              |
|------------------------|-------------------------------------|--------------------|--------------|
| Coumadin, Current Dose | Since Thursday been off of warfarin | Coumadin, New Dose | 0.5 mg daily |
| PT (POC)               | 18.90 sec(HIGH)                     | INR (POC)          | 1.90 INR     |

**Review of Systems:**

Constitutional Abnormal - Complains of fatigue, ENMT Normal - Denies dysphagia, epistaxis and stomatitis, Hematologic/Lymphatic Abnormal - Complains of easy bruising, Respiratory Normal - Denies cough, dyspnea and hemoptysis, Cardiovascular Normal - Denies chest pain, edema and palpitations, Gastrointestinal Abnormal - Complains of abdominal pain, Musculoskeletal Normal - Denies bone pain and joint pain, Neurologic Abnormal - Complains of motor weakness.

Performance Status: 3 - Capable of only limited self-care, confined to bed or chair more than 50% of waking hours. (ECOG)

**Vital Signs:**

Performed on Oct 17, 2011 15:52: HT - 69.00 in, T - 97.50 F, P - 97.00 /min, R - 16.00 /min, BP - 100/60 mm(hg), O2 - 97.00 %, and Pain - 0.00.

**Physical Exam:**

|                       |   |
|-----------------------|---|
| Constitutional        | No evidence of impaired alertness, uncooperativeness and disorientation.  |
| Head                  | No evidence of alopecia.  |
| Eyes                  | No evidence of scleral icterus.   |
| ENMT                  | No evidence of oropharynx lesions.  |
| Neck                  | No evidence of restricted range of motion.  |
| Hematologic/Lymphatic | No evidence of tender or enlarged lymph nodes and petechiae / purpura / ecchymosis.   |
| Respiratory           | No evidence of abnormal breath sounds.  |
| Cardiovascular        | No evidence of abnormal heart rate and heart arrhythmia.  |
| Chest                 | No evidence of chest abnormalities.   |
| Abdomen               | Presents with an abdominal ascites.   |
| Back/Spine            | No evidence of reduced flexibility.   |
| Extremities           | Presents with edema of a lower extremity(ies).  |
| Musculoskeletal       | No evidence of bone abnormalities and joint abnormalities.  |
| Integumentary         | No evidence of erythema and rash.   |
| Neurologic            | Presents with uncoordinated gait and motor impairment.  |
| Psychiatric           | No evidence of flat affect, lack of comprehension, or inappropriate behavior and anxiety which is inappropriate to the current situation. |

**Impression:**

Primary - 453.41 - Acute venous embolism and thrombosis of deep vessels of proximal lower extremity, Diagnosed Sep 2011 (Active)

Primary - 155.1 - Malignant neoplasm of intrahepatic bile ducts, Diagnosed May 20, 2010 (Active)

Unresectable cholangiocarcinoma completed radiation 9/2011. Now with disease progression. Her performance status is poor, ECOG 3-4.

DVT on coumadin.

**Plan:**

Coumadin dose adjusted.

Lengthy discussion with patient and daughter regarding her poor prognosis. I recommended hospice, but she is not ready to stop treatment.

Will give a trial of xeloda starting at a reduced dose of 1g bid.

Re-evaluate in 1 week.

Alex P Nguyen

cc: Martin P Mauk, MD

Ajay Jain, MD

Kuan Yu, MD



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## Facsimile Transmittal

To: AJAY JAIN

Fax Number (713) 4675569

From: Oncology Consultants  
(713) 800-3201

Pages: 4

Time Sent: Thursday, Oct 27, 2011 09:25AM

Subject: NOTE: NELVA BRUNSTING FROM ALEX P NGUYEN

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**Patient: Nelva Brunsting**

**DOB:** Oct 08, 1926

**MRN: 41166**

**Date:** Oct 24, 2011

**Physician:** Alex P Nguyen

**Note Type:** Follow-Up Note

**Oncology Consultants**

**925 Gessner, #600**

**Houston, TX 77024**

**(713)827-9525**

**Chief Complaint:**

Follow up for DVT and cholangiocarcinoma.

**History:**

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ECHO 8/2011 by Dr. Manhas showed normal EF of 50-55%. Abdominal US showed a patent IVC. Liver lesions were measured up to 2.4 cm. Doppler US showed DVT involving the left superficial femoral and proximal greater saphenous veins.

Follow up CT of the chest/abd/pelvis 10/2011 showed progressive liver metastasis and ascites. Bilateral lung nodules were also noted but stable compared to 8/2011.

Ms. Brunsting's medical history consists of Atypical TB and chronic obstructive pulmonary disease.

**Current Medications:**

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**Allergies:**

No Known Allergies.

**Laboratory and Imaging:**

Test performed on Oct 24, 2011 16:38

|                |                                 |              |                               |
|----------------|---------------------------------|--------------|-------------------------------|
| WBC            | 11.24 10 <sup>3</sup> /uL(HIGH) | RBC          | 3.78 10 <sup>6</sup> /uL(LOW) |
| HGB            | 11.43 g/dL(LOW)                 | HCT          | 34.95 %(LOW)                  |
| MCV            | 92.36 fl                        | MCH          | 30.22 pg                      |
| MCHC           | 32.72 g/dL                      | RDW          | 14.33 %                       |
| Platelet Count | 116.00 10 <sup>3</sup> /uL(LOW) | MPV          | 8.19 fl                       |
| Neutrophils    | 8.09 10 <sup>3</sup> /uL(HIGH)  | Lymphocytes  | 1.96 10 <sup>3</sup> /uL      |
| Monocytes      | 0.98 10 <sup>3</sup> /uL        | Eosinophils  | 0.18 10 <sup>3</sup> /uL      |
| Basophils      | 0.03 10 <sup>3</sup> /uL        | Neutrophil % | 72.00 %                       |
| Lymphocyte %   | 17.40 %(LOW)                    | Monocyte %   | 8.70 %                        |

|              |        |            |        |
|--------------|--------|------------|--------|
| Eosinophil % | 1.60 % | Basophil % | 0.30 % |
|--------------|--------|------------|--------|

Test performed on Oct 24, 2011 16:30

|                        |                  |                    |          |
|------------------------|------------------|--------------------|----------|
| Coumadin, Current Dose | COUMADIN .5MG QD | Coumadin, New Dose | same     |
| PT (POC)               | 18.30 sec(HIGH)  | INR (POC)          | 1.80 INR |

Test performed on Oct 17, 2011 16:42

|                          |                         |                      |                         |
|--------------------------|-------------------------|----------------------|-------------------------|
| Glucose                  | 124.00 mg/dL(HIGH)      | BUN                  | 52.00 mg/dL(HIGH)       |
| Creatinine               | 1.86 mg/dL(HIGH)        | Cr Clearance (Est)   | 24.45 mL/min(LOW)       |
| GFR Non-African-American | 24.00 mL/min/1.73 (LOW) | GFR African-American | 28.00 mL/min/1.73 (LOW) |
| BUN/Creat Ratio          | 28.00 (HIGH)            | Sodium               | 131.00 mmol/L(LOW)      |
| Potassium                | 5.30 mmol/L(HIGH)       | Chloride             | 94.00 mmol/L(LOW)       |
| CO2                      | 26.00 mmol/L            | Calcium              | 8.40 mg/dL(LOW)         |
| Protein, Total           | 5.40 g/dL(LOW)          | Albumin              | 2.50 g/dL(LOW)          |
| Globulin                 | 2.90 g/dL               | A/G Ratio            | 0.90 (LOW)              |
| Alkaline Phosphatase     | 201.00 IU/L(HIGH)       | ALT (SGPT)           | 11.00 IU/L              |
| AST (SGOT)               | 24.00 IU/L              | Bilirubin, Total     | 0.90 mg/dL              |

**Review of Systems:**

Constitutional Abnormal - Complains of fatigue, ENMT Normal - Denies dysphagia, epistaxis and stomatitis, Hematologic/Lymphatic Abnormal - Complains of easy bruising, Respiratory Normal - Denies cough, dyspnea and hemoptysis, Cardiovascular Normal - Denies chest pain, edema and palpitations, Gastrointestinal Abnormal - Complains of abdominal pain, Musculoskeletal Normal - Denies bone pain and joint pain, Neurologic Abnormal - Complains of motor weakness.

Performance Status: 4 - Completely disabled, totally confined to bed or chair. Cannot carry on any self-care. (ECOG)

**Vital Signs:**

Performed on Oct 24, 2011 16:52: HT - 69.00 in, T - 98.00 F, R - 16.00 /min, BP - 100/60 mm(hg), and Pain - 0.00.

**Physical Exam:**

|                       |   |
|-----------------------|---|
| Constitutional        | No evidence of impaired alertness, uncooperativeness and disorientation.  |
| Head                  | No evidence of alopecia.  |
| Eyes                  | No evidence of scleral icterus.   |
| ENMT                  | No evidence of oropharynx lesions.  |
| Neck                  | No evidence of restricted range of motion.  |
| Hematologic/Lymphatic | No evidence of tender or enlarged lymph nodes and petechiae / purpura / ecchymosis.   |
| Respiratory           | No evidence of abnormal breath sounds.  |
| Cardiovascular        | No evidence of abnormal heart rate and heart arrhythmia.  |
| Chest                 | No evidence of chest abnormalities.   |
| Abdomen               | Presents with an abdominal ascites.   |
| Back/Spine            | No evidence of reduced flexibility.   |
| Extremities           | Presents with edema of a lower extremity(ies).  |
| Musculoskeletal       | No evidence of bone abnormalities and joint abnormalities.  |
| Integumentary         | No evidence of erythema and rash.   |
| Neurologic            | Presents with uncoordinated gait and motor impairment.  |
| Psychiatric           | No evidence of flat affect, lack of comprehension, or inappropriate behavior and anxiety which is inappropriate to the current situation. |

**Impression:**

Primary - 453.41 - Acute venous embolism and thrombosis of deep vessels of proximal lower extremity, Diagnosed Sep 2011 (Active)

Primary - 155.1 - Malignant neoplasm of intrahepatic bile ducts, Diagnosed May 20, 2010 (Active)

Unresectable cholangiocarcinoma completed radiation 9/2011. Now with disease progression. Her performance status is poor, ECOG 3-4.

Previously recommended hospice but she was not ready. Want to try xeloda but her tolerance was poor even with low dose.

DVT on coumadin.

**Plan:**

Again discussed with patient and daughter regarding her poor prognosis, and re-iterated the recommendation for hospice.

She is now in agreement.

Alex P Nguyen

cc: Martin P Mauk, MD

Ajay Jain, MD

Kuan Yu, MD

HOUSTON  
**P**RECISION  
CANCER  
CENTER

Kuan Yu, MD | Chris Phan, MD  
Board Certified Radiation Oncologist  
10405 Katy Freeway, Suite 150E  
Houston, Texas 77024  
Phone: (713) 722-9660 Fax: (713) 722-9664

**FAX**

TO: Dr. Jain

FAX: 713-467-5569

DATE: 11/1/11

FROM: Dr. Kuan Yu

RE: Nelva Brunsting

THIS COVER PAGE IS 1 OF 4 PAGES

**NOTE:**

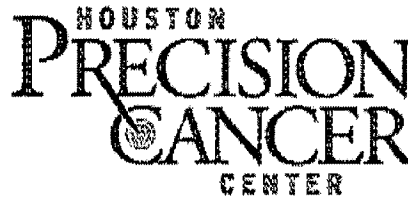
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**Attached: Consult or follow-up note from Dr. Kuan Yu or imaging reports ordered by Dr. Yu – for your records.**

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**P5953**

10405 Katy Freeway, Suite 150 E  
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713-722-9660  
713-722-9664 (Fax)  
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Chris Phan, M.D.  
ABR Board Certified,  
Radiation Oncology  
Kuan Yu, M.D., Ph.D.  
ABR Board Certified,  
Radiation Oncology

## FOLLOW-UP Note

Name: Nelva E Brunsting  
DOB: 10/8/1926  
MR#: KY10256

DATE: 10/26/2011

Requesting Physician: Miguel Miro-Qucsada, MD  
Radiation Oncologist: Kuan Yu, MD  
Diagnosis: 155.1 - Malignant neoplasm of intrahepatic bile ducts

**Xrt:** Dose: 5040 cGy      Completed On: 9/26/11

**History of Present Illness:** Patient is 84 year-old with cholangiocarcinoma of the left lobe of the liver. She is not a good surgical candidate with a typical TB of the lung. The mass is noted to have grown over the past couple months. It is causing some discomfort. There's limited systemic therapy options. She radiation therapy to her liver mass. She is here for follow up after the completion of radiation treatments. Patient has been placed on Xeloda for systemic therapy.

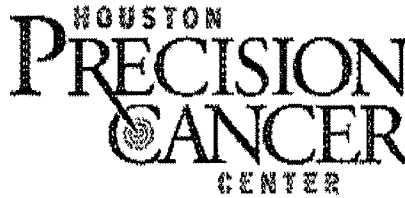
She had restaging CAT scan on 10/14/11 that revealed again multiple masses throughout the left hepatic lobe. There were lesions throughout the right hepatic lobe as well that were new compared to 8/1/11. She had continued lung findings from her TB infection.

She is not feeling well today she is having chills and feels very cold. She had a reaction to Xeloda last week and was taken off of it on Friday. Her lips were swollen and she had sores in her mouth both are improving now. She also has had a blood clot and edema in her legs recently and was started on Lasix and Coumadin. Her family and caregiver report increasing abdominal ascities. She denied having abdominal pain though.

### Review Of Systems:

|                |   |
|----------------|---|
| Constitutional | Complains of lack of appetite, fatigue and rigors / chills. Denies fever and night sweats.  |
| Head           | Denies alopecia.  |
| Eyes           | Denies blurred vision, double vision, lacrimation, night blindness, visual difficulties and photophobia.  |
| ENMT           | Complains of mouth dryness. Denies dysphagia, ear pain, epistaxis, esophagitis, problems with hearing, oral bleeding, otitis, sinusitis, sputum production, stomatitis, altered taste and tinnitus. |
| Neck           | Denies neck masses, muscle weakness, neck pain, decreased range of motion and swelling of the neck.   |
| Integumentary  | Complains of dry skin. Denies alopecia, blistering, bruising, facial burning, nail changes, photosensitivity, pruritus, rash and urticaria. Skin is fragile and is easily torn.                     |
| Breasts        | Denies breast masses, nipple discharge, nipple inversion and pain.  |
| Cardiovascular | Complains of edema. Denies arrhythmias, chest pain, dyspnea, orthopnea and palpitations.  |
| Respiratory    | Denies cough, dyspnea, hemoptysis, hiccoughs, pleuritic chest pain and  |

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**Chris Phan, M.D.**  
 ABR Board Certified,  
 Radiation Oncology  
**Kuan Yu, M.D., Ph.D**  
 ABR Board Certified,  
 Radiation Oncology

wheezing.

**Gastrointestinal** Complains of nausea and satiety. Denies abdominal pain, change in bowel habits, constipation, diarrhea, heartburn / dyspepsia, hematemesis, hematochezia, hemorrhoids, melena / GI bleeding, pain / cramping and vomiting. Patient has ascities.

**Genitorurinary (F)** Denies dysuria, frequency, genital masses, hematuria, nocturia and urgency. Patient has urinary incontinence.

**Musculoskeletal** Complains of muscle weakness and decreased range of motion.

**Neurologic** Complains of disorientation and abnormal gait. Denies headaches, insomnia, paralysis, seizure and stroke.

**Psychiatric** Denies delusions and hallucinations.

**Hematologic/Lymphatic** Denies easy bruising and tender or enlarged lymph nodes.

**Past Medical History:**

Atypical Tb, COPD, Hypertension, No Previous Chemotherapy, No Previous Radiation and Thyroid Problems.

**Past Surgical History:**

Appendectomy, Biopsy (Liver), Carpal Tunnel, Cataracts and Knee Replacement.

**Medications:** See Electronic Medical Record for complete list.

**Vitals:** afebrile

**Physical Exam:**

**Constitutional** Presents with impaired alertness and the patient remains focused during the examination. Presents with appearance moderate fatigue. No evidence of premature or advanced chronologic age, uncooperativeness, developmental delays, altered mood and affect and disorientation.

**Head** No evidence of alopecia and abnormal cephalic.

**Eyes**

**ENMT** Presents with oral ulcer(s). Presents with tongue abnormalities characterized by dryness.

**Cardiovascular** No evidence of abnormal heart rate and heart arrhythmia.

**Respiratory** No evidence of abnormal breath sounds.

**Abdomen** Presents with abdominal abnormalities (distended, but no tenderness ) and hepatomegaly. No evidence of abnormal bowel sounds.

**Extremities** No evidence of lower extremities abnormalities and upper extremities abnormalities.

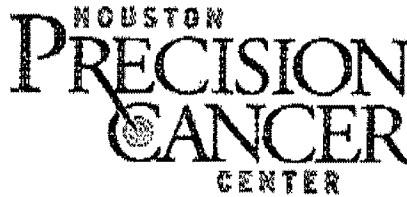
**Back/Spine** Presents with reduced flexibility and abnormal spinal curvature.

**Musculoskeletal** Presents with compromised muscle tone and restricted range of motion.

**Neurologic** Presents with impaired gait / uncoordination of a generalized nature characterized by a loss of strength (She is in wheelchair ). Presents with fine and gross motor skill impairment of a generalized nature. No evidence of impaired cranial nerve(s).

**Psychiatric** No evidence of altered affect, lack of comprehension and disorientation.

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ABR Board Certified,  
Radiation Oncology

**Assessment/Plan:** recent CAT scan about two weeks following the radiation therapy noted no change in the irradiated liver masses. It is too early to observe the response to radiation therapy since additional time is needed for cell death. However, there new lesions was noted in the right lobe that is indicating progression of disease. We have provided the maximum tolerable radiation therapy with minimal risk of complication to the liver. We are not able to provide additional radiation therapy safely. Dr. Nguyen had stopped the Xeloda as well. He had refer the patient to hospice. Patient is currently comfortable, so there's no role for palliative radiation therapy either. I concur with the hospice care. Patient has enlarged ascites, which her daughter will contact Dr. Nguyen for direction to have it tapped for comfort. I will leave the follow-up open at this time.

cc: Ajay Jain  
Martin Mauk  
Miguel Miro-Quesada  
Alex Nguyen



**PULMONARY PROGRESS NOTE**

Name: Brunsting, Nelva

Date of Visit: \_\_\_\_\_ CC: \_\_\_\_\_

SUBJECTIVE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ROS: Negative unless checked  Cough  Fever  Chills  Night sweats  Dyspnea  Chest pain  Lower extedema

**OBJECTIVE:**

Vital Signs: BP: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_ T: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Pulse Oximetry: \_\_\_\_\_

**PHYSICAL EXAM:**

HEENT:  Normal  
LUNGS:  Clear  Diminished BS  Prolonged expiratory Phase  Rales/Ronchi/Wheeze  
HEART:  Normal Sinus Rhythem  Tachycardic  Irregular  
ABDOMEN:  Soft Non Tender  Abnormal \_\_\_\_\_  
EXTREMITIES:  No Cynosis clubbing or edema  Edema

**MEDICATIONS:**

Spiriva  Advair  Combivent  Albuterol  Xopenex  Nebulizer  
 Flonase  Prednisone  Avelox  Antibiotic  Allegra

Radiology/Lab/PFT:

**ASSESSMENT / PLAN:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Smoking Cessation

G. Thomas Keith M.D.

Minh A. Tran M.D.

Ajay Jain M.D.

**PULMONARY PROGRESS NOTE**

Name: Brunsting, Nelva

Date of Visit: 2-28-11 cc: flw

SUBJECTIVE: Breathless as long as on oxygen  
& coughing & wheezing & fever chills  
on Meds feels congested  
@ home needs O2 constantly

ROS: Negative unless checked  Cough  Fever  Chills  Night sweats  Dyspnea  Chest pain  Lower extedema

OBJECTIVE: Vital Signs: BP: 110/74 P: 75 R:      T:      Weight: 136 Height:     

Pulse Oximetry: 99%

**PHYSICAL EXAM:**

HEENT:  Normal  
LUNGS:  Clear  Diminished BS  Prolonged expiratory Phase  Rales/Ronchi/Wheeze  
HEART:  Normal Sinus Rhythm  Tachycardic  Irregular  
ABDOMEN:  Soft Non Tender  Abnormal  
EXTREMITIES:  No Cynosis clubbing or edema  Edema

**MEDICATIONS:**

Spiriva  Advair  Combivent  Albuterol  Xopenex  Nebulizer  
 Flonase  Prednisone  Avelox  Antibiotic  Allegra

Radiology/Lab/PFT:

ASSESSMENT / PLAN: ① MAI  
② Severe COPD  
③ Metastatic Breast CA.

Smoking Cessation

Phu  
cont Abs  
O2  
Bronroma/Sprai  
Flu ct on 4 months  
Ajay Jain M.D.

G. Thomas Keith M.D.

Minh A. Tran M.D.

**PULMONARY PROGRESS NOTE**

Name: Nelva Bunnings

Date of Visit: 12/27/10 CC: hosp flc

SUBJECTIVE: Doing better, +500,  
+ energy, physical therapy  
+ eval  
when off O<sub>2</sub> feels very SOB,  
⊕ cough mild ⊖ wheezing

ROS: Negative unless checked  Cough  Fever  Chills  Night sweats  Dyspnea  Chest pain  Lower extedema

OBJECTIVE: 110/78  
Vital Signs: BP: 110/78 P: 2 R:      T:      Weight:      Height:     

Pulse Oximetry: 99% on 2L on all three  
Asx

PHYSICAL EXAM:  
HEENT:  Normal  
LUNGS:  Clear  Diminished BS  Prolonged expiratory Phase  Rales/Ronchi/Wheeze  
HEART:  Normal Sinus Rhythm  Tachycardic  Irregular  
ABDOMEN:  Soft Non Tender  Abnormal  
EXTREMITIES:  No Cyanosis clubbing or edema  Edema  
→ ⊕ side effects to medication

MEDICATIONS:  
 Spiriva  Advair  Combivent  Albuterol  Xopenex  Nebulizer  
 Flonase  Prednisone  Avelox  Antibiotic  Allegra

Radiology/Lab/PFT:

ASSESSMENT / PLAN:  
① MAI  
② Severe COPD  
③ ? MAT.  
Plan  
→ Brown Rehab  
- Cont. Azithro  
Refu  
etna  
- Oxygen  
- Brovana

G. Thomas Keith M.D.

Minh A. Tran M.D.

Ajay Jain M.D.

PULMONARY H & P

OBJECTIVE:

Vital Signs: BP: 100/66 P: 96 R: T: Weight: 142 Height:

Pulse Oximetry: 98% @ 2L.

PHYSICAL EXAM:

- HEENT: [x] Normal
LUNGS: [x] Clear [ ] Diminished BS [ ] Prolonged expiratory Phase [ ] Rales/Ronchi
HEART: [ ] Normal Sinus Rhythm [ ] Tachycardic [ ] Irregular [ ] Murmur
ABDOMEN: [ ] Soft Non Tender [ ] Abnormal
EXTREMITIES: [ ] No Cynosis clubbing or edema [ ] Edema

MEDICATIONS:

- [ ] Spiriva [ ] Advair [ ] Combivent [ ] Albuterol [ ] Xopenex [ ] Nebulizer
[ ] Flonase [ ] Prednisone [ ] Anti-Histamine [ ] Antibiotic [ ] Other

Radiology/Lab:

ASSESSMENT / PLAN: 1 Dyspnea + MAI -> Metastatic CA -> PE.
Likely MAI
Start med:
- Refun...
- Azith...
- Ethambutol
D/W fully @ center
side effects etc.
- /sponting

Smoking Cessation Consulting:

Follow Up in

Minh A. Tran M.D.

[Signature]
Ajay Jain M.D.

**PULMONARY H&P**

Name: Nelva Ernusting

Date: 11/29/10 CC: S.O.B

HPI:

Alc. Gout  
Pohel  
Gout

8/10/10

brother/pohel -> weight gain SOB  
- Any activity make SOB worse  
- Several years - progressively  
- Minimal activity SOB

Amic 3 months on oxygen 2L/7.

Wheezing - (Adrenal) bron  
(Spirom) help  
-> cough - occasional  
- 2 episodes of RS coughing  
- Levogen -> pneumonia got better  
- does not do much activity  
B. sinus changes -> for 7 hrs not help  
& relation to drugs "feel better" & change in SOB

APMTB -> of mets  
Pneumonia 3 years ago - pneumonia/bronchial  
infection x 7 months -> SOB; July. Bole  
Duct Cancer - Sept ->

10 years ago (Atypical Mycobacterium) (Bole Overt CA) Bronchial cancer

- PMHx
- COPD  ASTHMA  ILD  HTN  CAD  CHF  DM  HDL  PVD  TB
- FAMILY HISTORY:  COPD  ASTHMA  LUNG CA  ILD
- SOCIAL HISTORY:  Smoking  PACK YEARS  ETOH  DRUGS  TB  Asbestos
- ROS (neg unless checked)
- GENERAL:  WEIGHT CHANGE  NIGHT SWEATS  FEVER
- HEENT:  VISUAL CHANGES  SORETHROAT  SNORING  APNEAS
- NECK:  LAD
- CVS:  CHEST PAIN  PND  ORTHOPNEA
- LUNGS:  HEMOPTYSIS  DYSPNEA  SOB  COUGH PLEURITIC  CHEST PAIN
- ABDOMEN:  N/V  HEMETEMESIS  MELENA  ABDOMINAL PAIN
- GU:  DYSURIA  HEMETURIA
- HEME:  BRUISING  BLEEDING
- ENDO:  POLYPHAGIA  POLYDIPSIA
- NEURO:  WEAKNESS  VERTIGO  TINNITUS HEADACHE
- PYSCH:  ANXIETY

MAI

# Patient General Information Form

Please fill out this form to the best of your ability. Thank You.

**NAME:** Nelva E. Brunsting Today's Date: 11/29/10  
FIRST MIDDLE LAST

**ADDRESS:** 13630 Pinerock Houston TX 77079  
STREET APT. # CITY STATE ZIP

**HOME PHONE:** (713) 464-4391 **CELL PHONE:** ( ) \_\_\_\_\_

| PERSONAL  | PRIMARY INSURANCE INFORMATION          |
|---|--|
| Age: <u>84</u> yr. Date of Birth: <u>10-8-26</u>            | Insurance Company: _____               |
| Sex M _____ F <input checked="" type="checkbox"/>           | Name of Subscriber: _____              |
| Marital Status: S M D <input checked="" type="checkbox"/> W | Policy #: _____                        |
| Social Security #: <u>486-30-11655</u>                      | Group #: _____                         |
| Drivers License #: <u>01934029</u>                          | Phone #: _____                         |
| <b>EMPLOYMENT</b>   | Relation to Patient: _____             |
| Patient employed by: _____                                  | Date of Birth: _____                   |
| Work Address: _____   | Employed by: _____                     |
| Business Phone: _____                                       | Occupation: _____                      |
| Occupation: _____   | Business Address: _____                |
| <b>SPOUSE (if married) or PARENT/GUARDIAN (if minor)</b>    | Business Phone: _____                  |
| Name: _____   | <b>SECONDARY INSURANCE INFORMATION</b> |
| Address: _____  | Insurance Company: _____               |
| Home Phone: _____   | Name of Subscriber: _____              |
| Cell Phone: _____   | Policy #: _____                        |
|   | Group #: _____                         |
|   | Phone #: _____                         |
| <b>EMERGENCY CONTACT: RELATIVE OR FRIEND</b>                | Relation to Patient: _____             |
| Name: <u>CAROLE BRUNSTING</u>                               | Date of Birth: _____                   |
| Address: <u>5122 JASON</u>                                  | Employed by: _____                     |
| Home Phone: _____   | Occupation: _____                      |
| Cell Phone: <u>713-560-6381</u>                             | <b>REFERRED BY</b>                     |
|   | Name: _____                            |

**EMERGENCY CONTACT: RELATIVE OR FRIEND**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

**EMERGENCY CONTACT: RELATIVE OR FRIEND**  
 Name: CAROLE BRUNSTING  
 Address: 5122 JASON  
 Home Phone: \_\_\_\_\_  
 Cell Phone: 713-560-6381

**NOTICE CONCERNING COMPLAINTS**

Complaints about physicians, as well as other licensees and registrants of the Texas State Board of Medical Examiners, may be reported for investigation at the following address:

Texas State Board of Medical Examiners, Attention: Investigations  
 1812 Centre Creek Drive, Suite 300, P.O. Box 149134, Austin, Texas 78714-9134  
 Telephone: 1-800-201-9353.

Please remember that insurance is considered a method of reimbursing the patient for the fees paid to the doctor and is not a substitute for payment. Some companies pay fixed allowances for certain procedures and others pay a percentage of the charge. It is your responsibility to pay any deductible amount, co-insurance, or any other balance not paid by your insurance.

IN ORDER TO CONTROL YOUR COST OF BILLINGS, WE REQUEST THAT OUR CHARGES FOR OFFICE VISITS BE PAID AT THE CONCLUSION OF EACH VISIT.

To the extent necessary to determine liability for payment and to obtain reimbursement, I authorize disclosure of portions of the patient's record. I hereby assign all medical and/or surgical benefits to include major medical benefits to which I am entitled including Medicare, private insurance, and other health plans to Medical Chest Association. The assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I understand that I am financially responsible for all charges withheld or not paid by said insurance. I hereby authorize said assignee to release all information necessary to secure payment.

Signed \_\_\_\_\_ Date \_\_\_\_\_

P5962

TEXAS  
DEPARTMENT OF PUBLIC SAFETY  
DRIVER LICENSE

*Thomas A. Davis, Jr.* DIRECTOR

CLASS: C DL: 01934029  
DOB: 10-08-26 HT: 5-10  
EXPIRES: 10-08-11 EYES: HZL  
REST: A SEX: F  
END:



BRUNSTING, NELVA RENSINK  
13630 PINEROCK  
HOUSTON TX 77079

*Nelva E. Brunsting*

05264015979



Health Plan (80840) 911-87726-04

Member ID: 852243769 Group Number: 247848

Member:  
NELVA E BRUNSTING

Payer ID 87726

CHEVRON  
MEDICARE PLUS PLAN

0503

UnitedHealthcare Options PPO  
Administered by UnitedHealthcare Insurance Company

Printed: 12/10/09



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For Members [www.myuhc.com](http://www.myuhc.com) 800-654-0079

For Providers: [www.unitedhealthcareonline.com](http://www.unitedhealthcareonline.com) 877-842-3210  
Medical Claims: PO BOX 30555, Salt Lake City, UT 84130-0555

*M-Care = Primary*

P5963

# Patient General Information Form

Please fill out this form to the best of your ability. Thank You.

**NAME:** Nelva E. Brunsting Today's Date: 11 129 10  
FIRST MIDDLE LAST

**ADDRESS:** 13630 Pinerock Houston TX 77079  
STREET APT. # CITY STATE ZIP

**HOME PHONE:** (713) 464-4391 **CELL PHONE:** ( ) \_\_\_\_\_

**PERSONAL**

Age: 54 yr. Date of Birth: 10-8-26

Sex M \_\_\_\_\_ F

Marital Status: S M D (W)

Social Security #: 481-30-4695

Drivers License #: 01934029

**PRIMARY INSURANCE INFORMATION**

Insurance Company: \_\_\_\_\_

Name of Subscriber: \_\_\_\_\_

Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relation to Patient: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Employed by: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

**EMPLOYMENT**

Patient employed by: \_\_\_\_\_

Work Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

**SPOUSE (if married) or PARENT/GUARDIAN (if minor)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**SECONDARY INSURANCE INFORMATION**

Insurance Company: \_\_\_\_\_

Name of Subscriber: \_\_\_\_\_

Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relation to Patient: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Employed by: \_\_\_\_\_

Occupation: \_\_\_\_\_

**EMERGENCY CONTACT: RELATIVE OR FRIEND**

Name: CAROLE BRUNSTING

Address: 5322 JASON

Home Phone: \_\_\_\_\_

Cell Phone: 713-560-6381

**REFERRED BY**

Name: \_\_\_\_\_

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IN ORDER TO CONTROL YOUR COST OF BILLINGS, WE REQUEST THAT OUR CHARGES FOR OFFICE VISITS BE PAID AT THE CONCLUSION OF EACH VISIT.

To the extent necessary to determine liability for payment and to obtain reimbursement, I authorize disclosure of portions of the patient's record. I hereby assign all medical and/or surgical benefits to include major medical benefits to which I am entitled including Medicare, private insurance, and other health plans to Medical Chest Ass. The assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I understand that I am financially responsible for all charges withheld or not paid by said insurance. I hereby authorize said assignee to release all information necessary to secure payment.

**P5964**

Signed \_\_\_\_\_ Date \_\_\_\_\_





Girling Health Care, Inc.  
Home Health Division  
**FAXED PHYSICIAN ORDER**

Pt. ID #: \_\_\_\_\_

Adm #/Eps #: 445345

Unit: 40-110 Cert Period: 9/14-11/12/11 Effective Date of New Orders: once signed  
 Patient Name: Nelva Brunsting Patient's Date of Birth: 10/8/26  
 Physician: Dr. Jain Fax #: \_\_\_\_\_  
 Patient Status (change in patient condition - new diagnosis, etc.): ACTIVE - due for recert

New / Changed Orders

Discipline: SN LOC: ZW 7+ 3PRN Discipline: \_\_\_\_\_ LOC: \_\_\_\_\_  
 Discipline: PT LOC: re-eval + treat Discipline: \_\_\_\_\_ LOC: \_\_\_\_\_  
 Discipline: \_\_\_\_\_ LOC: \_\_\_\_\_ Discipline: \_\_\_\_\_ LOC: \_\_\_\_\_

New / Changed Order: (Meds, Tx's, etc.):

SN: To wound: sacrum: Cleanse w/ NS, pat dry, Calcium Alginate Silver to wound bed, Cover w/ hydrocolloid, q 2x week

PT: re-eval + treat

Supplies / DME: \_\_\_\_\_

Progress Towards Goals: \_\_\_\_\_

Goals: \_\_\_\_\_

For Physician Use Only:

Additional Orders

✓ PT/INR every week on Thursday!  
Call c results

Orders will not be effective (and may result in a delay in or missed services, i.e., Tx's, visits, etc.) until signed and returned to Agency or by receipt of your verbal approval.

Nurse/Therapist

Amy Wenham RN

Physician: X

[Signature]

Date: 9/26/11

Time: 0900

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

Sign and return to Agency and keep original copy for your records.

Amy 837  
490  
367A



PHYSICIAN'S ORDER

PATIENT: RELVA BRUNSTING  
13630 PINEROCK LANE  
HOUSTON, TX 77079  
(713)464-4391

COMPANY: SOS MEDICAL SUPPLIES, LTD.  
12834 MURPHY RD  
OFC HOUR 8:30-5/24HRS ON CALL  
STAFFORD, TX 77477  
(713)957-4848  
Fax (713)957-1011 OR 957-4170

POLICY NUMBER: 282328905D

NPI: 1497825731

ACCOUNT: 12499

DOCUMENT: 15365

DATE OF BIRTH: 10/8/1926

DIAGNOSIS (ICD-9): 496 COPD  
435.8 OTHER SPECIFIED TRANSIENT CEREBRAL ISCHEMIA

PROGNOSIS:

EFFECTIVE DATE: 7/21/2011

LENGTH OF NEED: 99

| QUANTITY | FREQUENCY | CODE  | DESCRIPTION              |
|----------|-----------|-------|--------------------------|
| 1.0/EACH | Monthly   | E0260 | BED SEMI ELEC W/MATT RLS |

SUPPLIER'S CHARGE \$150.00 RENTAL EQUIPMENT

1. Does the patient require positioning of the body in ways not feasible with an ordinary bed due to a medical condition which is expected to last at least one month? Yes or No
2. Does the patient require, for the alleviation of pain, positioning of the body in ways not feasible with an ordinary bed? Yes or No
3. Does the patient require the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or aspiration? Yes or No
4. Does the patient require traction which can only be attached to a hospital bed? Yes or No
5. Does the patient require a bed height different than a fixed height hospital bed to permit transfers to chair, wheelchair, or standing position? Yes or No
6. Does the patient require frequent changes in body position and /or have an immediate need for a change in body position? Yes or No

I, the undersigned, certify that the above prescribed equipment/supplies is medically necessary as part of my treatment for this patient. In my opinion, the equipment prescribed is reasonable and necessary for accepted standards of medical practice and treatment of this patient's condition and has not been prescribed as "convenience equipment".

Physician's Signature

Date

PHYSICIAN: AJAY JAIN  
902 FROSTWOOD  
SUITE 188  
Houston, TX 77024  
(713)467-8888  
Fax (713)467-5569  
UPIN:  
NPI: 1063426674



INTERNAL MEDICINE - PULMONARY DISEASES

902 FROSTWOOD, SUITE # 188  
HOUSTON, TEXAS 77024  
PHONE: 713-467-8888 FAX: 713-467-5569

G. Thomas Keith, M.D.  
Minh A. Trau, M.D.  
Ajay Jain, M.D.

Fax Cover Sheet

CAUTION: CONTAINS  
CONFIDENTIAL HEALTH CARE  
INFORMATION

To: SOS Medical Supplies

Fax: 713-457-1011

Date: 8-31-11

Re: Nelva Brunsting

From:

Dr. S. Jain

Phone: 713-467-8888

Fax: 713-467-5569

Pages:

3

COMMENTS:

Confidentiality Notice

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P5968

**Patient:** Nelva Brunsting

**Date:** Mar 28, 2011

**DOB:** Oct 08, 1926

**Physician:** Miguel Miro-Quesada

**Age:** 84

**Note Type:** Follow-Up Note

**MRN:** 41166

**Oncology Consultants**

**925 Gessner, #600**

**Houston, TX 77024**

**(713)827-9525**

**Chief Complaint:** Follow up for cholangiocarcinoma

**History:** This lady has had two problems since my initial evaluation in July 2010: The first one is cholangiocarcinoma located in the left lower liver which was a slight slow progressive and which still asymptomatic without any jaundice, abdominal pain, weight loss, etc. The second one is more significant. She had to be hospitalized last year with pulmonology problem associated with bronchiectasis typical with bronchoscopy and currently being diagnosed with pneumonia. She has continued to use constant oxygen. She is also being medicated with TB with ethambutol repumping. An attempt to go to MD Anderson for evaluation of her liver disease was tormented by the need to use supplemental oxygen which made her unacceptable.

**Past Medical History:** Ms. Brunsting's medical history consists of Atypical TB and chronic obstructive pulmonary disease..

**Past Surgical History:** Ms. Brunsting's surgical/procedural history consists of liver biopsy in 2010, cataract removal in 2009, carpal tunnel in 2006, knee replacement in 2002 - both 2002 and 2005, broken wrist in 1982, and appendectomy in 1936..

**Allergies:** No Known Allergies.

**Current Medications:**

|                     |                              |
|---------------------|------------------------------|
| Actonel             | Tablet Oral                  |
| Ethambutol HCl      | 3 (400 mg) Tablet Oral daily |
| Metoprolol Tartrate | 2 Tablet Oral daily          |
| Rifampin            | 2 Capsule Oral daily         |
| Zolof               | 1 (25 mg) Tablet Oral daily  |

**Laboratory and Imaging:**

Test performed on Mar 28, 2011 15:48

|                |                            |              |                               |
|----------------|----------------------------|--------------|-------------------------------|
| WBC            | 6.86 10 <sup>3</sup> /uL   | RBC          | 3.89 10 <sup>6</sup> /uL(LOW) |
| HGB            | 12.26 g/dL                 | HCT          | 36.21 %(LOW)                  |
| MCV            | 92.98 fl                   | MCH          | 31.49 pg                      |
| MCHC           | 33.87 g/dL                 | RDW          | 12.04 %                       |
| Platelet Count | 163.00 10 <sup>3</sup> /uL | MPV          | 7.42 fl                       |
| Neutrophils    | 4.82 10 <sup>3</sup> /uL   | Lymphocytes  | 1.15 10 <sup>3</sup> /uL      |
| Monocytes      | 0.69 10 <sup>3</sup> /uL   | Eosinophils  | 0.19 10 <sup>3</sup> /uL      |
| Basophils      | 0.01 10 <sup>3</sup> /uL   | Neutrophil % | 70.30 %                       |
| Lymphocyte %   | 16.70 %(LOW)               | Monocyte %   | 10.10 %(HIGH)                 |
| Eosinophil %   | 2.70 %                     | Basophil %   | 0.20 %                        |

**Vital Signs:** Performance Status:2 - Ambulatory/capable of all self-care, unable to perform any work activities. Up and about more than 50% of waking hours. (ECOG). Performed on Mar 28, 2011 15:32: HT - 69.00 in, WT - 136.00 lbs, BSA - 1.75 sq.m, T - 97.50 F, P - 76.00 /min, R - 18.00 /min, BP - 116/70 mm(hg), O2 - 98.00 %, and Pain - 0.00.

**Review Of Systems:**

Constitutional

Denies lack of appetite, fever, malaise, night sweats and weight loss.

|                       |   |
|-----------------------|---|
| Allergic/Immunologic  | Denies allergies.   |
| Eyes                  | Denies blurred vision, lacrimation and visual difficulties.   |
| ENMT                  | Denies dysphagia, ear pain, epistaxis, esophagitis, problems with hearing, mouth dryness, stomatitis, altered taste and tinnitus. |
| Endocrine             | Denies diabetes and hot flashes.  |
| Hematologic/Lymphatic | Denies easy bruising and tender or enlarged lymph nodes.  |
| Breasts               | Denies breast masses and pain.  |
| Respiratory           | See hpi   |
| Cardiovascular        | Denies chest pain, edema, orthopnea and palpitations.   |
| Gastrointestinal      | See hpi   |
| Genitourinary (F)     | Denies dysuria, frequency, hematuria, incontinence, urgency, urine color change and vaginal discharge / bleeding.                 |
| Musculoskeletal       | Denies bone pain, joint pain and muscle weakness.   |
| Integumentary         | Denies blistering, bruising, dry skin, nail changes, pruritus, rash and urticaria.  |
| Neurologic            | Denies disorientation, dizziness, abnormal gait, headaches, memory loss and motor weakness.                                       |
| Psychiatric           | Denies hallucinations, mood swings and depression.  |

**Physical Exam:**

|                       |   |
|-----------------------|---|
| Constitutional        | No evidence of impaired alertness, inadequate appearance, premature or advanced chronologic age, uncooperativeness, altered mood and affect and disorientation. |
| Head                  | No evidence of alopecia and scars.  |
| Eyes                  | No evidence of conjunctivitis, nonreactive pupil(s) and scleral abnormalities.  |
| ENMT                  | No evidence of ear abnormalities, oral abnormalities, nasal obstruction, oropharynx obstruction, sinusitis, throat abnormalities and tongue abnormalities.      |
| Neck                  | No evidence of distension, neck abnormalities, restricted range of motion and enlarged thyroid gland.   |
| Hematologic/Lymphatic | No evidence of tender or enlarged lymph nodes and petechiae / purpura / ecchymosis.   |
| Respiratory           | No evidence of abnormal breath sounds.  |
| Cardiovascular        | No evidence of abnormal heart rate and abnormal heart sounds.   |
| Chest                 | No evidence of chest abnormalities.   |
| Abdomen               | No evidence of abdominal abnormalities, abnormal bowel sounds, hepatomegaly and splenomegaly.   |
| Back/Spine            | No evidence of reduced flexibility.   |
| Extremities           | No evidence of lower extremities abnormalities and upper extremities abnormalities.   |
| Musculoskeletal       | No evidence of bone abnormalities, joint abnormalities and restricted range of motion.  |
| Integumentary         | No evidence of blistering, bruising, erythema, rash and urticaria.  |
| Neurologic            | No evidence of uncoordinated gait, motor impairment and a sensory deficit.  |
| Psychiatric           | No evidence of altered affect, lack of comprehension and disorientation.  |

**Impression:**

Cholangiocarcinoma of the left lobe of the liver.  
 Significant lung disease associated with bronchiectasis and atypical TB

**Plan:**

At the present time this lady is in no condition to receive any form of therapy for cholangiocarcinoma and since this tumor cannot be resected now, it could not possibly be cured so only palliative therapy could become available but at the present time it is not recommended because she is totally asymptomatic and she has significant comorbidities.

# Memorial MRI & Diagnostic

PATIENT: NELVA BRUNSTING  
DATE OF BIRTH: 10/08/1926  
DATE OF EXAM: 2/22/2011 3:15:09 PM  
PATIENT ID: 969650

REF. PHYSICIAN: ~~GIBBY~~

JAN. A

CHEST X-RAY

HISTORY: Dyspnea.

TECHNIQUE: PA and lateral views compared to November 26, 2010.

## FINDINGS:

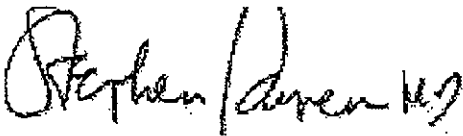
Interstitial scarring is seen throughout both lungs. There is a persistent nodular opacity at the right base. Followup is recommended to exclude neoplasm. The right pleural effusion has resolved since the last exam. There is no other consolidation. The heart size is normal. Calcification is seen in the aorta.

## IMPRESSION:

1. Interstitial fibrosis.
2. Diminished right pleural effusion but persistent nodular mass at the right base. Followup is recommended.

Stephen Parven, M.D.

SP/ejp/mms DD: 02/24/2011 DT: 02/24/2011



Dr. Stephen Parven

Board Certified Radiologist

For to ordering  
Physician.

hy  
2/28/11

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Houston, Texas 77055

MEMORIAL WOMEN'S CENTER  
8300 Katy Freeway Suite #105  
Houston, Texas 77024

Phone (713) 461-3399 - Fax (713) 461-1969  
www.memorialdiagnostic.com

P5971

# Memorial MRI & Diagnostic

JAN. A

PATIENT: NELVA BRUNSTING  
DATE OF BIRTH: 10/08/1926  
DATE OF EXAM: 2/22/2011 3:15:09 PM  
PATIENT ID: 969650

REF. PHYSICIAN: ~~GIYANT~~

CHEST X-RAY

HISTORY: Dyspnea.

TECHNIQUE: PA and lateral views compared to November 26, 2010.

**FINDINGS:**

Interstitial scarring is seen throughout both lungs. There is a persistent nodular opacity at the right base. Followup is recommended to exclude neoplasm. The right pleural effusion has resolved since the last exam. There is no other consolidation. The heart size is normal. Calcification is seen in the aorta.

**IMPRESSION:**

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2. Diminished right pleural effusion but persistent nodular mass at the right base. Followup is recommended.

Stephen Parven, M.D.  
SF/ejp/mms DL: 02/24/2011 DT: 02/24/2011

Dr. Stephen Parven  
Board Certified Radiologist

*fax to ordering  
Physician*

*2/24/11*

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Houston, Texas 77055

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8800 Katy Freeway Suite #105  
Houston, Texas 77024

Phone (713) 461-3599 - Fax (713) 461-0663

P5972



# Memorial MRI & Diagnostic

PATIENT: NELVA BRUNSTING  
DATE OF BIRTH: 10/08/1926  
DATE OF EXAM: 2/22/2011 3:15:09 PM  
PATIENT ID: 969650

REF. PHYSICIAN: ~~GEDVANT~~

JAN. A

CHEST X-RAY

HISTORY: Dyspnea.

TECHNIQUE: PA and lateral views compared to November 26, 2010.

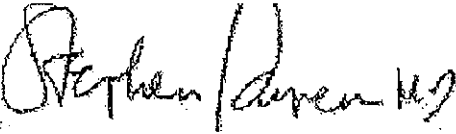
### FINDINGS:

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1. Interstitial fibrosis.
2. Diminished right pleural effusion but persistent nodular mass at the right base. Followup is recommended.

Stephen Parven, M.D.  
SP/ejp/mms DD: 02/24/2011 DT: 02/24/2011



Dr. Stephen Parven  
Board Certified Radiologist

For ordering  
Physician.

2/24/2011

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P5973

# Memorial MRI & Diagnostic

PATIENT: NELVA BRUNSTING  
DATE OF BIRTH: 10/08/1926  
DATE OF EXAM: 2/22/2011 3:15:09 PM  
PATIENT ID: 969650

JAN. A

REF. PHYSICIAN: ~~GIB VANT~~

CHEST X-RAY

HISTORY: Dyspnea.

TECHNIQUE: PA and lateral views compared to November 26, 2010.

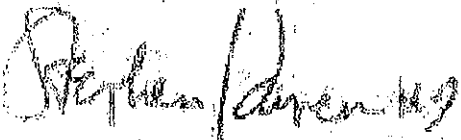
**FINDINGS:**

Interstitial scarring is seen throughout both lungs. There is a persistent nodular opacity at the right base. Followup is recommended to exclude neoplasm. The right pleural effusion has resolved since the last exam. There is no other consolidation. The heart size is normal. Calcification is seen in the aorta.

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Stephen Parven, M.D.  
SP/eip/mms DD: 02/24/2011 DT: 02/24/2011



Dr. Stephen Parven  
Board Certified Radiologist

*See to ordering  
Physician*

*2/24/11*

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Houston, Texas 77024

Phone (713) 407-3899 Fax

P5974

Spirometry Report  
Puritan-Bennett Renaissance II  
S/N: G050702765  
Version: 1.2.0

MEDICAL CHEST

Session Date: 29NOV2010  
Session Time: 04:38PM  
Last Cal Check: 13OCT2010

BEST 3 FVC/FVL REPORT

|                      |                                 |             |                           |
|----------------------|---------------------------------|-------------|---------------------------|
| ID: 481304685        | Height: 69"                     | Physician:  | Sensor Code: 538116       |
| Name: NELVA BRUSTING | Age: 84YRS                      | Technician: | Temperature: 72F          |
| Gender: FEMALE       | Weight: 142LBS                  |             | Barometric Press: 760mmHg |
| Medication:          | Smoker: NO                      |             | BTPS Correction: 1.104    |
| Dosage:              | Ethnicity/Correction: CAUCASIAN | 100.0%      | Normals: KNUDSON 83       |

Clinical Format: PREMED - 04:39PM      \* Indicates Best Value  
Best Criteria: VAL      < Indicates Below LLN

| MEASUREMENT    | Best 1 | %Pred | Trial 2 | Trial 3 | Pred | LLN  |
|----------------|--------|-------|---------|---------|------|------|
| FVC (L)        | 2.80*  | 60    | 1.48 <  | 1.42 <  | 2.80 | 2.01 |
| FEV1 (L)       | 1.82*  | 53    | 0.81 <  | 0.67 <  | 1.82 | 1.32 |
| FEV1%          | 65*    | 77    | 55 <    | 47 <    | 74   | 63   |
| FEF25-75 (L/S) | 1.21*  | 32    | 0.34    | 0.27    | 1.21 |      |
| PEF(L/S)       | 5.74*  | 55    | 2.22    | 1.74    | 5.74 |      |
| FET (S)        | 7.79*  |       | 7.08    | 7.79    |      |      |

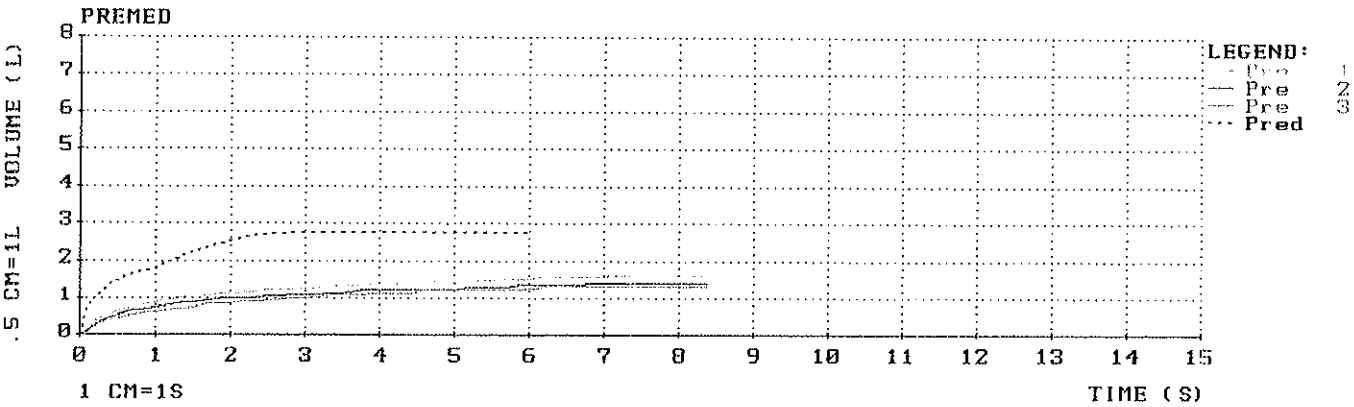
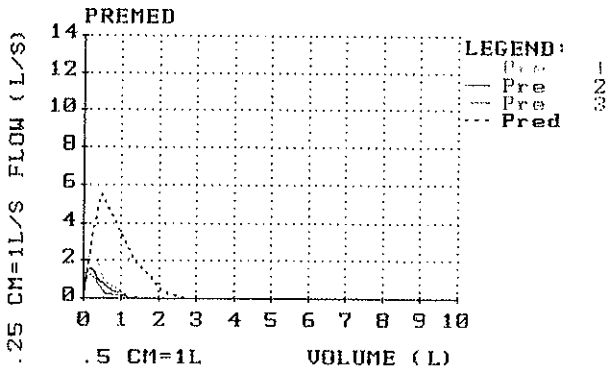
BEST FEV1% 65\*

Report Summary:

Pre Med: Tests 3 Acceptable 3 Reproducible 0 FVC VAR: 218ML FEV1 VAR: 159ML PEF VAR: 989ML/S

ATS Interpretation: PREMED - Moderately Severe Obstruction

Comment:



\* Final Report \*

Result type: PET CT Tumor imaging-whole body  
Result date: 13 October 2010 12:50  
Result status: Modified  
Result title: PET CT Tumor imaging-whole body  
Performed by: Stroh, Brandon Christian on 13 October 2010 13:26  
Signed by: Stroh, Brandon Christian on 14 October 2010 13:30  
Encounter info: 343169227508, RM Mem City, Outpt Diag Services, 10/13/2010 - 10/13/2010

**\* Final Report \*****Reason For Exam**

liver ca

**Radiology Report**

REASON FOR EXAMINATION: 84 year old female with a history of liver carcinoma. The patient is not currently on chemotherapy or radiation therapy. No pertinent surgical history per the patient questionnaire.

COMPARISON: PET CT dated 05/26/2010.

Height: 5 feet, 10 inches  
Weight: 140 lbs  
Recent blood sugar level: 110 mg/dl  
Injection time: 1047 hours  
Scan time: Approximately one hour later

TECHNIQUE: Following the intravenous administration of 14.5 millicuries F-18 FDG, tomographic images were obtained from the scalp vertex through the feet using a standard full tomograph. Thin slice axial CT was performed for purposes of attenuation correction, PET CT fusion, and anatomical mapping.

**FINDINGS:**

There is normal physiologic distribution of radiotracer within the brain, myocardium, liver, and colon. Excreted activity is noted within the urinary tract.

Head and neck: There is no evidence of FDG avid malignancy.

Chest: Increased uptake is present within a cystic lesion within the right upper lobe apical segment. This is anterior and subpleural in location. The maximum SUV measures 4.0. This is relatively unchanged in size. The entire area involved measures 2.7 cm in greatest diameter. No increased metabolic activity was present on the prior examination. Please see image A. A 4.0 x 3.8 cm cavitating lesion within the superior segment of the right lower lobe is relatively unchanged. The maximum SUV measures 4.7. The maximum SUV previously measured 4.5. Please see image B. There are 2 right lower lobe posterior segment cystic lesions which measure 5.4 x 2.1 cm in aggregate. These previously were not abutting each other. One measured 1.8 cm and the other measured 2.6 cm. The maximum SUV previously measured 5.5 within the smaller nodule which was not centrally cystic at that time. Please see image C. Within the right middle lobe there is an anterior based, subpleural 3.1 cm cystic lesion. The maximum

Printed by: Jain, Ajay MD  
Printed on: 11/29/2010 14:41

Page 1 of 3  
(Continued)

**P5976**

\* Final Report \*

SUV measures 1.2. The maximum SUV previously measured 1.3. Please see image C. Within the right lung base within the right middle lobe and in the right lower lobe there are multiple pulmonary nodules. The majority are larger than previously seen. The most prominent nodule is within the right middle lobe measuring 3.3 x 2.0 cm. The maximum SUV measures 13.3. This previously measured 1.1 cm with the maximum SUV measuring 1.7. Please see image D. There is a cystic lesion within the left lower lobe posterior medial segment which is relatively unchanged in size measuring 3.7 x 1.8 cm. The maximum SUV is increased. The maximum SUV measures 4.4. The maximum SUV previously measured 3.0. Please see image E. Stable, scattered other hypermetabolic cystic lesions are present within the left upper lobe. The largest left upper lobe pulmonary nodule measures 1.8 cm which is cystic centrally. The maximum SUV measures 2.5. This is unchanged in size and metabolic activity. Please see image F. Once again, there is a area of increased uptake within the subcarinal region corresponding to a lymph node which is difficult to measure. The maximum SUV measures 2.8. The maximum SUV previously measured 3.5. Please see image H.

Abdomen/pelvis: Within the left lobe of the liver there is an ill-defined hypermetabolic lesion which appears larger than previously seen. The metabolic activity is also increased. The maximum SUV measures 36 on this examination. The maximum SUV previously measured 25.7. Please see image G.

Osseous skeleton: There is no evidence of FDG avid malignancy.

Lesions measuring 5 mm or less maybe below the resolution of PET. False negative findings can be seen in bronchoalveolar cell carcinoma and carcinoid tumor. False positive findings may be seen in granulomatous, infectious, inflammatory, posttraumatic, and postsurgical states.

**IMPRESSION:**

Overall, primary hepatic lesion with diffuse pulmonary metastatic disease is worse than previously seen. Please see above.

**Signature Line**

Read by: Stroh, Brandon Christian

Dictated Date/time: 10/13/10 1:26 pm

Electronically Signed by: Stroh, Brandon Christian , MD

10/14/10 1:30 pm

FINAL REPORT

**Completed Action List:**

- \* Order by Gidvani, Bhakti Deepak on 13 October 2010 10:56
- \* Perform by Williams, Keith on 13 October 2010 12:50
- \* VERIFY by Stroh, Brandon Christian on 14 October 2010 13:30
- \* Modify by Stroh, Brandon Christian on 14 October 2010 13:30

Printed by: Jain, Ajay MD  
Printed on: 11/29/2010 14:41

Page 2 of 3  
(Continued)

**P5977**

\* Final Report \*

Result type: Chest 1view  
 Result date: 20 September 2010 7:10  
 Result status: Auth (Verified)  
 Result title: Chest 1view  
 Performed by: Mehta, Snehal D on 20 September 2010 7:26  
 Signed by: Mehta, Snehal D on 20 September 2010 7:26  
 Encounter info: 343169220260, MC Mem City, Inpatient, 9/17/2010 - 9/20/2010

**\* Final Report \***

**Reason For Exam**

Hemoptysis

**Radiology Report**

Exam: Chest X-ray, 1 view

History: chest pain

Comparison: September 19, 2010

Findings: Single frontal portable view of the chest.

No remarkable interval changes are noted. Evidence of a spiculated density in the right lung base with partial obscuration of the right hemidiaphragm and surrounding increased interstitial markings are again noted. Nonspecific increase in reticular nodular pattern is also noted in the left lung base. Asymmetric right apical pleural thickening, areas of subpleural scarring in both upper lobes are again noted. The heart size is normal and tortuous thoracic aorta is noted. Scoliosis of the Thoracolumbar spine is seen.

**Impression:**

1. No remarkable interval change. Persistent spiculated density measuring 2.9 cm in diameter in the right lung base. Small pleural effusion and interstitial lung disease.

**Signature Line**

-  
-

Read by: Mehta, Snehal D  
 Dictated Date/time: 09/20/10 7:26 am  
 Electronically Signed by: Mehta, Snehal D, MD 09/20/10 7:26 am  
 FINAL REPORT

\* Final Report \*

**Progress Notes**

**Patient:** Brunsting, Nelva  
**DOB:** 10/08/1926 **Age:** 84 Y **Sex:** Female  
**Phone:** 713-464-4391  
**Address:** 13630 Pinerock Lane, Houston, TX-77079-5914

**Provider:** Ajay Jain, MD  
**Date:** 09/26/2011

**Subjective:****CC:**

1. Cough.

**HPI:**HPI Note:

The patient is here today for follow-up from recent ER visit. The patient was therefore a nosebleed. She had been on Coumadin secondary to deep vein thromboses as well as a blood clot in her abdomen. No one had been monitoring her PT/INR. The patient states that she does have a cough with sinus drainage. She denies any fevers, chills, night sweats or weight loss. She had no further evidence of any epistaxis. The patient still complains of lower extremities swelling. She has completed her radiation therapy..

**ROS:**Follow-Up Review of Systems:

Cardiology: Negative for chest pain, leg swelling, palpitations, orthopnea/PND.  
Endocrinology: no new/worsening of hot flashes. Gastroenterology: no reflux symptoms while asleep, occasional nausea/vomiting. General: Negative for, fatigue, fever, loss of appetite, sleepy.  
GU Negative for, diarrhea, dysuria, genital lesions, frequent urinary tract infections.  
HEENT Negative for, allergic rhinitis, congestion, headache, sore throat. Musculoskeletal Negative for, joint pain, joint swelling, muscle pain. Neurology: no indication of nocturnal seizures.  
Psychology: Negative for anxiety. Pulmonology: See HPI.

**Medical History:** Atypical mycobacterium infection, Osteoporosis, Dyslipidemia, Biliary ductal carcinoma, Multifocal atrial tachycardia, TIA , CVA, Hypothyroidism, Failure to thrive, Depression, DVT .

**Family History:**

**Social History:** Tobacco Use Are you a: Never Smoker. no Alcohol. no Recreational Drug Use. no Occup. exposure.

**Medications:** Lipitor 20 MG Tablet 1 tablet Once a day, Aspir-81 81 MG Tablet Delayed Release 1 tablet Once a day, Alendronate Sodium 10 MG Tablet 1 tablet Once a day, Clonidine HCl 0.1 MG Tablet 1 tablet Twice a day, Metoprolol Tartrate 50 MG Tablet TAKE 1 TABLET BY MOUTH EVERY 12 HOURS , Norvasc 5 MG Tablet 1 tablet Once a day, Megace Oral 40 MG/ML Suspension 1 drop Twice a day, Zolof 50 MG Tablet 1 tablet Once a day, Tylenol 325 MG Tablet 1 tablet as needed every 6 hrs, Rifampin 300 MG Capsule as directed , Plavix 75 MG Tablet 1 tablet Once a day, Ethambutol HCl 400 MG Tablet as directed , Spiriva HandiHaler 18 MCG Capsule INHALE CONTENTS OF ONE CAPSULE ONCE DAILY USING HANDIHALER Once a day, Albuterol Sulfate (2.5 MG/3ML) 0.083% Nebulization Solution 3 ml as needed every 4 hrs, Megestrol Acetate 40 MG/ML Suspension TAKE 10 ML BY MOUTH EVERY DAY X 1 MONTH , Brovana 15 MCG/2ML Nebulization Solution 2 ml Twice a day, Metoprolol & Diet Manage Prod 50 MG Miscellaneous as directed , Medication List reviewed and reconciled with the patient

**Allergies:** N.K.D.A.

**Objective:**

**Vitals:** Ht 70, Inital O2 saturation 96, Wt 153, BMI 21.95, BP 110/70, HR 135.

**Examination:**Examination, General:

GENERAL APPEARANCE: well nourished, well developed, no acute distress.  
HEENT: unremarkable, unremarkable. NECK: no masses. CHEST: symmetrical. LUNGS: clear to auscultation bilaterally. HEART: regular rate and rhythm. ABDOMEN: soft, no masses felt, non-tender/non-distended. EXTREMITIES:

**P5980**



Positive for edema bilaterally

. SKIN: no rashes.

**Assessment:****Assessment:**

1. Deep Vein Thrombophlebitis - 451.19 (Primary)
2. Allergic rhinitis - 477.9

**Plan:****1. Deep Vein Thrombophlebitis**

Prior to reinitiating Coumadin the patient will need a PT/INR done. I've explained to them that we will reinitiate Coumadin depending on her INR level. She will need weekly checks every Thursday by home health.

**2. Allergic rhinitis**

Samples of veramyst was given. Patient and try over-the-counter chlorpheniramine for her postnasal drainage.

**Immunizations:****Labs:**

**Procedure Codes:** G8427 DOC MEDS VERIFIED W/PT OR RE, 1036F TOBACCO NON-USER

**Preventive:**

**Follow Up:** 4 Months

**Provider:** Ajay Jain, MD

**Patient:** Brunsting, Nelva **DOB:** 10/08/1926 **Date:** 09/26/2011



**Electronically signed by Ajay Jain , MD on 03/22/2012 at 01:33 PM CDT**  
**Sign off status: Pending**

**P5981**

**Progress Notes**

**Patient:** Brunsting, Nelva  
**DOB:** 10/08/1926 **Age:** 84 Y **Sex:** Female  
**Phone:** 713-464-4391  
**Address:** 13630 Pinerock Lane, Houston, TX-77079-5914

**Provider:** Ajay Jain, MD  
**Date:** 09/19/2011

**Subjective:****CC:**

1. 1 MONTH F/U.

**HPI:**

**Medical History:** Atypical mycobacterium infection, Osteoporosis, Dyslipidemia, Biliary ductal carcinoma, Multifocal atrial tachycardia, TIA , CVA, Hypothyroidism, Failure to thrive, Depression.

**Family History:****Social History:**

**Medications:** None

**Allergies:****Objective:****Examination:****Assessment:****Assessment:****Plan:****Immunizations:****Labs:****Preventive:**

**Provider:** Ajay Jain, MD

**Patient:** Brunsting, Nelva **DOB:** 10/08/1926 **Date:** 09/19/2011



Electronically signed by Ajay Jain , MD on 03/22/2012 at 01:33 PM CDT

Sign off status: Pending

**P5982**

**Progress Notes**

**Patient:** Brunsting, Nelva  
**DOB:** 10/08/1926 **Age:** 84 Y **Sex:** Female  
**Phone:** 713-464-4391  
**Address:** 13630 Pinerock Lane, Houston, TX-77079-5914

**Provider:** Ajay Jain, MD  
**Date:** 08/15/2011

**Subjective:****CC:**

1. Follow-up.

**HPI:**HPI Note:

The patient is here today for follow-up atypical mycobacterium infection. The patient is clinically doing well. She's gained about 9 pounds of weight. She started radiation therapy for her biliary cancer. Her chest CT showed that it was increasing in size. However all the nodules and cavitary lesions seen on her x-rays and CAT scans have resolved. She does have any fevers chills or night sweats. The caregiver states that she does have some issues swallowing with water. She denies any fevers, chills, night sweats. She is tolerating good p.o. intake. Still continues to be weak requiring physical therapy..

**ROS:**Follow-Up Review of Systems:

Cardiology: Negative for chest pain, leg swelling, palpitations, orthopnea/PND.  
Endocrinology: no new/worsening of hot flashes. Gastroenterology: no reflux symptoms while asleep, occasional nausea/vomiting. General: Negative for, fatigue, fever, loss of appetite, sleepy.  
GU Negative for, diarrhea, dysuria, genital lesions, frequent urinary tract infections.  
HEENT Negative for, allergic rhinitis, congestion, headache, sore throat. Musculoskeletal Negative for, joint pain, joint swelling, muscle pain. Neurology: no indication of nocturnal seizures.  
Psychology: Negative for anxiety. Pulmonology: See HPI.

**Medical History:** Atypical mycobacterium infection, Osteoporosis, Dyslipidemia, Biliary ductal carcinoma, Multifocal atrial tachycardia, TIA , CVA, Hypothyroidism, Failure to thrive, Depression.

**Family History:**

**Social History:** Tobacco Use Are you a: Never Smoker. no Alcohol. no Recreational Drug Use. no Occup. exposure.

**Medications:** Ethambutol HCl 400 MG Tablet as directed , Plavix 75 MG Tablet 1 tablet Once a day, Rifampin 300 MG Capsule as directed , Tylenol 325 MG Tablet 1 tablet as needed every 6 hrs, Zolof 50 MG Tablet 1 tablet Once a day, Megace Oral 40 MG/ML Suspension 1 drop Twice a day, Spiriva HandiHaler 18 MCG Capsule 1 capsule by mouth Once a day, Norvasc 5 MG Tablet 1 tablet Once a day, Clonidine HCl 0.1 MG Tablet 1 tablet Twice a day, Alendronate Sodium 10 MG Tablet 1 tablet Once a day, Aspirin 81 MG Tablet Delayed Release 1 tablet Once a day, Lipitor 20 MG Tablet 1 tablet Once a day, Metoprolol & Diet Manage Prod 50 MG Miscellaneous as directed , Brovana 15 MCG/2ML Nebulization Solution 2 ml Twice a day, Medication List reviewed and reconciled with the patient

**Allergies:** N.K.D.A.

**Objective:**

**Vitals:** Ht 70, Inital O2 saturation 98, Wt 130, BMI 18.65, BP 120/76, HR 84.

**Examination:**Examination, General:

GENERAL APPEARANCE: well nourished, well developed, no acute distress.  
HEENT: unremarkable, unremarkable. NECK: no masses. CHEST: symmetrical. LUNGS: clear to auscultation bilaterally. HEART: regular rate and rhythm. ABDOMEN: soft, no masses felt, non-tender/non-distended. EXTREMITIES: no clubbing, cyanosis, edema. SKIN: no rashes.

**Assessment:****P5983**

**Assessment:**

1. COPD-Chronic - 491.20 (Primary)
2. Atypical MB pulmonary infection - 031.0

**Plan:****1. COPD-Chronic**

Will continue Brovana and spiriva. Oxygen as needed.

**2. Atypical MB pulmonary infection**

I reviewed the CT scans of the chest most the nodules and cavitary lesions have resolved the the patient has no symptoms. I will go ahead and stop her antituberculosis meds at this time. I know that she will receiving chemotherapy therapy as well as radiation therapy for her biliary cancer and may have risk of reinfection. We'll continue to monitor her closely. I have discussed this with the caregiver and the daughter at bedside.

**Immunizations:****Labs:**

**Procedure Codes:** 3023F SPIROM DOC REV, G8427 DOC MEDS VERIFIED W/PT OR RE, 1036F TOBACCO NON-USER

**Preventive:**

**Follow Up:** 4 Weeks

**Provider:** Ajay Jain, MD

**Patient:** Brunsting, Nelva **DOB:** 10/08/1926 **Date:** 08/15/2011



**Electronically signed by Ajay Jain , MD on 03/22/2012 at 01:34 PM CDT**

**Sign off status: Pending**

**P5984**

**Progress Notes**

**Patient:** Brunsting, Nelva  
**DOB:** 10/08/1926 **Age:** 84 Y **Sex:** Female  
**Phone:** 713-464-4391  
**Address:** 13630 Pinerock Lane, Houston, TX-77079-5914

**Provider:** Ajay Jain, MD  
**Date:** 07/07/2011

**Subjective:****CC:**

1. F/U MCH.

**HPI:**HPI Note:

The patient is here today for She is doing well. She states that she her functionality is regained after her stroke. She did have a good appetite when at the rehabilitation. Family states that her appetite has become poor when she has been here. They have plan to admit her to come see sheet. She states that her breathing is very well. She has an occasional cough. She denies any fevers chills or night sweats. She is continuing to take become weak as physical therapy is only coming twice a week. She is compliant with her medications..

**ROS:**Follow-Up Review of Systems:

Cardiology: Negative for chest pain, leg swelling, palpitations, orthopnea/PND.  
Endocrinology: no new/worsening of hot flashes. Gastroenterology: no reflux symptoms while asleep, occasional nausea/vomiting. General: Negative for, fatigue, fever, loss of appetite, sleepy.  
GU Negative for, diarrhea, dysuria, genital lesions, frequent urinary tract infections.  
HEENT Negative for, allergic rhinitis, congestion, headache, sore throat. Musculoskeletal Negative for, joint pain, joint swelling, muscle pain. Neurology: no indication of nocturnal seizures.  
Psychology: Negative for anxiety. Pulmonology: See HPI.

**Medical History:** Atypical mycobacterium infection, Osteoporosis, Dyslipidemia, Biliary ductal carcinoma, Multifocal atrial tachycardia, TIA , CVA, Hypothyroidism, Failure to thrive, Depression.

**Hospitalization/Major Diagnostic Procedure:** CVA , TIA but thought .

**Family History:** Non-Contributory  
Noncontributory.

**Social History:** Tobacco Use Are you a: Never Smoker. no Alcohol. no Recreational Drug Use. no Occup. exposure.

**Medications:** Brovana 15 MCG/2ML Nebulization Solution 2 ml Twice a day, Spiriva HandiHaler 18 MCG Capsule 1 capsule by mouth Once a day, Alendronate Sodium 10 MG Tablet 1 tablet Once a day, Amlodipine Besylate 10 MG Tablet 1 tablet Once a day, Aspirin 81 MG Tablet Chewable 1 tablet Once a day, Atorvastatin Calcium 10 MG Tablet 1 tablet Once a day, Ethambutol HCl 400 MG Tablet as directed , Plavix 75 MG Tablet 1 tablet Once a day, Levothyroxine Sodium 50 MCG Tablet 1 tablet every morning on an empty stomach Once a day, Megace Oral 40 MG/ML Suspension 10 cc daily, Metoprolol Succinate 100 MG Tablet Extended Release 24 Hour 1 tablet Once a day, Rifampin 300 MG Capsule as directed , Zolof 50 MG Tablet 1 tablet Once a day, Medication List reviewed and reconciled with the patient

**Allergies:** N.K.D.A.

**Objective:**

**Vitals:** Ht 70, Inital O2 saturation 97, Wt 128, BMI 18.36, BP 110/70, HR 88.

**Examination:**Examination, General:

GENERAL APPEARANCE: well nourished, well developed, no acute distress.  
HEENT: unremarkable, unremarkable. NECK: no masses. CHEST: symmetrical. LUNGS: clear to auscultation bilaterally. HEART: regular rate and rhythm. ABDOMEN: soft, no masses felt, non-tender/non-distended. EXTREMITIES: no clubbing, cyanosis, edema. SKIN: no rashes.

**P5985**

**Assessment:****Assessment:**

1. Atypical MB pulmonary infection - 031.0 (Primary)
2. Acute, but ill-defined, cerebrovascular disease - 436

**Plan:****1. Atypical MB pulmonary infection**

Diagnostic Imaging: Chest w/ contrast CT Reyna, Monica 7/14/2011 9:15:25 AM > Pts daughter will call when ready to have ct done.

She is clinically stable. She has no symptoms of fevers chills night sweats or weight loss. Will repeat CAT scan after her skilled nursing facility visit. Otherwise continue with current regimen.

**2. Acute, but ill-defined, cerebrovascular disease**

Continue with rehabilitation. Patient is for concierge.

**Immunizations:****Labs:**

**Procedure Codes:** G8427 DOC MEDS VERIFIED W/PT OR RE, 1036F TOBACCO NON-USER

**Preventive:**

**Follow Up:** 4 Weeks

**Provider:** Ajay Jain, MD

**Patient:** Brunsting, Nelva **DOB:** 10/08/1926 **Date:** 07/07/2011



**Electronically signed by Ajay Jain , MD on 03/22/2012 at 01:34 PM CDT**

**Sign off status: Pending**

**P5986**

CLARENCE F. KENDALL, II  
AND ASSOCIATES, P.C.  
ATTORNEYS AT LAW  
3318 MERCER ROAD  
HOUSTON, TEXAS 77027  
(713) 961-9393  
FAX (713) 961-9402

March 27, 2012

VIA HAND DELIVERY

Bobbie G. Bayless  
Bayless & Stokes  
2931 Ferndale  
Houston, Texas  
77098

RE: Cause No. 2012-14538; INRE: Carl Henry Brunsting; In the 80<sup>th</sup> District  
Court of Harris County

Dear Ms. Bayless:

Enclosed please find a copy of the Medical Records of Mrs. Nelva Brunsting from  
Dr. Robert E. White per our discussion and agreement.

Very truly yours,

  
Clarence F. Kendall, II

P5987



*Signature*  
*Blazy*

|   |                            |                            |                           |                  |
|---|----------------------------|----------------------------|---------------------------|------------------|
| SPECIMEN<br>119-720-2111-0                        | TYPE<br>S                  | PRIMARY LAB<br>HD          | REPORT STATUS<br>COMPLETE | Page #: 1        |
| ADDITIONAL INFORMATION                            |                            |                            |                           | SS#: ***.**-4685 |
| FASTING: N<br>PHONE: 713-464-4391 DOB: 10/08/1926 |                            |                            |                           |                  |
| PATIENT NAME<br>BRUNSTING,NELVA                   |                            | SEX<br>F                   | AGE(YR./MOS.)<br>84 / 6   |                  |
| PT. ADD.: I3630 PINEROCK<br>Houston TX 77079-0000 |                            |                            |                           |                  |
| DATE OF COLLECTION TIME<br>4/29/2011 17:29        | DATE RECEIVED<br>4/29/2011 | DATE REPORTED<br>4/30/2011 | TIME<br>18:07             | 7513             |
| TEST  |                            | RESULT                     |                           | LIMITS           |

|  |                   |                            |
|--|-------------------|----------------------------|
| CLINICAL INFORMATION<br>CD- 51066468422  |                   |                            |
| PHYSICIAN ID.<br>NGUYEN T  | NPI<br>1841228970 | PATIENT ID.<br>481-30-4685 |
| ACCOUNT: Dr. Thien Nguyen<br>2405 S. Gessner, Suite B<br>Houston TX 77063-0000 |                   |                            |
| ACCOUNT NUMBER: 42210730   |                   |                            |

| TEST   | RESULT         | LIMITS      | LAB |
|--|----------------|-------------|-----|
| CBC With Differential/Platelet   |                |             |     |
| WBC  | 10.4 x10E3/uL  | 4.0 - 10.5  | 01  |
| RBC  | 4.20 x10E6/uL  | 3.80 - 5.10 | 01  |
| Hemoglobin   | 13.1 g/dL      | 11.5 - 15.0 | 01  |
| Hematocrit   | 38.9 %         | 34.0 - 44.0 | 01  |
| MCV  | 93 fL          | 80 - 98     | 01  |
| MCH  | 31.2 pg        | 27.0 - 34.0 | 01  |
| MCHC   | 33.7 g/dL      | 32.0 - 36.0 | 01  |
| RDW  | 14.5 %         | 11.7 - 15.0 | 01  |
| Platelets  | 165 x10E3/uL   | 140 - 415   | 01  |
| > Neutrophils  | 78 H %         | 40 - 74     | 01  |
| > Lymphs   | 11 L %         | 14 - 46     | 01  |
| Monocytes  | 10 %           | 4 - 13      | 01  |
| Eos  | 1 %            | 0 - 7       | 01  |
| Basos  | 0 %            | 0 - 3       | 01  |
| > Neutrophils (Absolute)   | 8.1H x10E3/uL  | 1.8 - 7.8   | 01  |
| Lymphs (Absolute)  | 1.1 x10E3/uL   | 0.7 - 4.5   | 01  |
| Monocytes (Absolute)   | 1.0 x10E3/uL   | 0.1 - 1.0   | 01  |
| Eos (Absolute)   | 0.2 x10E3/uL   | 0.0 - 0.4   | 01  |
| Baso (Absolute)  | 0.0 x10E3/uL   | 0.0 - 0.2   | 01  |
| Immature Granulocytes  | 0 %            | 0 - 1       | 01  |
| Immature Grans (Abs)   | 0.0 x10E3/uL   | 0.0 - 0.1   | 01  |
| Comp. Metabolic Panel (14)   |                |             |     |
| > Glucose, Serum   | 124 H mg/dL    | 65 - 99     | 01  |
| BUN  | 20 mg/dL       | 8 - 27      | 01  |
| Creatinine, Serum  | 0.82 mg/dL     | 0.57 - 1.00 | 01  |
| eGFR If NonAfricn Am   | 66 mL/min/1.73 | >59         |     |
| eGFR If Africn Am  | 76 mL/min/1.73 | >59         |     |
| Note: A persistent eGFR <60 mL/min/1.73 m2 (3 months or more) may indicate chronic kidney disease. An eGFR >59 mL/min/1.73 m2 with an elevated urine protein also may indicate chronic kidney disease. Calculated using CKD-EPI formula. |                |             |     |
| BUN/Creatinine Ratio   | 24             | 11 - 26     |     |
| Sodium, Serum  | 135 mmol/L     | 135 - 145   | 01  |
| Potassium, Serum   | 5.1 mmol/L     | 3.5 - 5.2   | 01  |
| > Chloride, Serum  | 93 L mmol/L    | 97 - 108    | 01  |
| Carbon Dioxide, Total  | 23 mmol/L      | 20 - 32     | 01  |
| Calcium, Serum   | 9.4 mg/dL      | 8.6 - 10.2  | 01  |
| Protein, Total, Serum  | 6.7 g/dL       | 6.0 - 8.5   | 01  |
| Albumin, Serum   | 4.0 g/dL       | 3.5 - 4.7   | 01  |

|                           |                     |                        |             |
|---------------------------|---------------------|------------------------|-------------|
| Pat Name: BRUNSTING,NELVA | Pat ID: 481-30-4685 | Spec #: 119-720-2111-0 | Seq #: 7513 |
|---------------------------|---------------------|------------------------|-------------|

Results are Flagged in Accordance with Age Dependent Reference Ranges

**P5988**

Continued on Next Page

LCM Version: 03.25.00





LabCorp Houston  
7207 North Gessner, Houston, TX 77040-3143

Phone: 713-856-8288

|   |                            |                            |                           |           |
|---|----------------------------|----------------------------|---------------------------|-----------|
| SPECIMEN<br>119-720-2111-0                        | TYPE<br>S                  | PRIMARY LAB<br>HD          | REPORT STATUS<br>COMPLETE | Page #: 2 |
| ADDITIONAL INFORMATION SS#: ***.**-4685           |                            |                            |                           |           |
| FASTING: N<br>PHONE: 713-464-4391 DOB: 10/08/1926 |                            |                            |                           |           |
| PATIENT NAME<br>BRUNSTING,NELVA                   |                            | SEX<br>F                   | AGE(YR./MOS.)<br>84 / 6   |           |
| PT. ADD.: 13630 PINEROCK<br>Houston TX 77079-0000 |                            |                            |                           |           |
| DATE OF COLLECTION TIME<br>4/29/2011 17:29        | DATE RECEIVED<br>4/29/2011 | DATE REPORTED<br>4/30/2011 | TIME<br>18:07             | 7513      |

|  |                   |                            |
|--|-------------------|----------------------------|
| CLINICAL INFORMATION<br>CD- 51066468422  |                   |                            |
| PHYSICIAN ID.<br>NGUYEN T  | NPI<br>1841228970 | PATIENT ID.<br>481-30-4685 |
| ACCOUNT: Dr. Thien Nguyen<br>2405 S. Gessner, Suite B<br>Houston TX 77063-0000<br>ACCOUNT NUMBER: 42210730 |                   |                            |

| TEST  | RESULT        | LIMITS                   | LAB |
|---|---------------|--------------------------|-----|
| Globulin, Total   | 2.7 g/dL      | 1.5 - 4.5                |     |
| A/G Ratio   | 1.5           | 1.1 - 2.5                |     |
| > Bilirubin, Total  | 1.6H mg/dL    | 0.0 - 1.2                | 01  |
| Alkaline Phosphatase, S   | 89 IU/L       | 25 - 165                 | 01  |
| AST (SGOT)  | 21 IU/L       | 0 - 40                   | 01  |
| ALT (SGPT)  | 14 IU/L       | 0 - 40                   | 01  |
| Lipid Panel   |               |                          |     |
| Cholesterol, Total  | 198 mg/dL     | 100 - 199                | 01  |
| Triglycerides   | 114 mg/dL     | 0 - 149                  | 01  |
| > HDL Cholesterol   | 37 L mg/dL    | >39                      | 01  |
| Comment   |               |                          |     |
| According to ATP-III Guidelines, HDL-C >59 mg/dL is considered a negative risk factor for CHD.  |               |                          |     |
| VLDL Cholesterol Cal  | 23 mg/dL      | 5 - 40                   |     |
| > LDL Cholesterol Calc  | 138 H mg/dL   | 0 - 99                   |     |
| Vitamin B12 and Folate  |               |                          |     |
| > Vitamin B12   | >1999 H pg/mL | 211 - 946                | 01  |
| Folate (Folic Acid), Serum  | 18.0 ng/mL    | >3.0                     | 01  |
|   |               | Indeterminate: 2.2 - 3.0 |     |
|   |               | Deficient: <2.2          |     |
| TSH   |               |                          |     |
| > TSH   | 6.980H uIU/mL | 0.450 - 4.500            | 01  |
| Vitamin D, 25-Hydroxy   |               |                          |     |
| > Vitamin D, 25-Hydroxy   | 27.2L ng/mL   | 32.0 - 100.0             | 02  |
| Recent studies consider the lower limit of 32.0 ng/mL to be a threshold for optimal health.<br>Hollis BW. J Nutr. 2005 Feb;135(2):317-22. |               |                          |     |
| RPR   | Non Reactive  | Non Reactive             | 01  |

|   |                               |
|---|-------------------------------|
| LAB: 01 HD LabCorp Houston<br>7207 North Gessner, Houston, TX 77040-3143        | DIRECTOR: Pamela Holder D MD  |
| LAB: 02 DA LabCorp Dallas<br>7777 Forest Lane Suite 350C, Dallas, TX 75230-0000 | DIRECTOR: Celeste Vardaman MD |

|                           |                     |                        |             |
|---------------------------|---------------------|------------------------|-------------|
| Pat Name: BRUNSTING,NELVA | Pat ID: 481-30-4685 | Spec #: 119-720-2111-0 | Seq #: 7513 |
|---------------------------|---------------------|------------------------|-------------|

Results are Flagged in Accordance with Age Dependent Reference Ranges

P5989

Last Page of Report

LCM Version: 03.25.00



LabCorp Houston  
7207 North Gessner, Houston, TX 77040-3143

Phone: 713-856-8288

|   |                             |                             |                           |           |
|---|-----------------------------|-----------------------------|---------------------------|-----------|
| SPECIMEN<br>302-004-1263-0                        | TYPE<br>S                   | PRIMARY LAB<br>HD           | REPORT STATUS<br>COMPLETE | Page #: 1 |
| ADDITIONAL INFORMATION SS#: ***-**-4685           |                             |                             |                           |           |
| FASTING: N<br>PHONE: 713-464-4391 DOB: 10/08/1926 |                             |                             |                           |           |
| PATIENT NAME<br>BRUNSTING,NELVA                   |                             | SEX<br>F                    | AGE(YR./MOS.)<br>84 /     |           |
| PT. ADD.: 13630 PINEROCK<br>Houston TX 77079-0000 |                             |                             |                           |           |
| DATE OF COLLECTION TIME<br>10/29/2010 12:00       | DATE RECEIVED<br>10/29/2010 | DATE REPORTED<br>10/30/2010 | TIME<br>7:15              | 4715      |

|   |                   |                            |
|---|-------------------|----------------------------|
| CLINICAL INFORMATION<br>CD- 51066465891   |                   |                            |
| PHYSICIAN ID.<br>TRINH J  | NPI<br>1952594616 | PATIENT ID.<br>481-30-4685 |
| ACCOUNT: Juliette Depue, DO<br>2405 S.Gessner, Ste B<br>HOUSTON TX 77063-0000<br>ACCOUNT NUMBER: 42019580 |                   |                            |

| TEST                           | RESULT        | LIMITS      | LAB |
|--------------------------------|---------------|-------------|-----|
| CBC With Differential/Platelet |               |             |     |
| WBC                            | 7.4 x10E3/uL  | 4.0 - 10.5  | 01  |
| RBC                            | 4.22 x10E6/uL | 3.80 - 5.10 | 01  |
| Hemoglobin                     | 12.0 g/dL     | 11.5 - 15.0 | 01  |
| Hematocrit                     | 37.7 %        | 34.0 - 44.0 | 01  |
| MCV                            | 89 fL         | 80 - 98     | 01  |
| MCH                            | 28.4 pg       | 27.0 - 34.0 | 01  |
| > MCHC                         | 31.8L g/dL    | 32.0 - 36.0 | 01  |
| RDW                            | 14.9 %        | 11.7 - 15.0 | 01  |
| Platelets                      | 163 x10E3/uL  | 140 - 415   | 01  |
| > Neutrophils                  | 76 H %        | 40 - 74     | 01  |
| > Lymphs                       | 13 L %        | 14 - 46     | 01  |
| Monocytes                      | 9 %           | 4 - 13      | 01  |
| Eos                            | 2 %           | 0 - 7       | 01  |
| Basos                          | 0 %           | 0 - 3       | 01  |
| Neutrophils (Absolute)         | 5.6 x10E3/uL  | 1.8 - 7.8   | 01  |
| Lymphs (Absolute)              | 1.0 x10E3/uL  | 0.7 - 4.5   | 01  |
| Monocytes (Absolute)           | 0.7 x10E3/uL  | 0.1 - 1.0   | 01  |
| Eos (Absolute)                 | 0.1 x10E3/uL  | 0.0 - 0.4   | 01  |
| Baso (Absolute)                | 0.0 x10E3/uL  | 0.0 - 0.2   | 01  |
| Immature Granulocytes          | 0 %           | 0 - 1       | 01  |
| Immature Grans (Abs)           | 0.0 x10E3/uL  | 0.0 - 0.1   | 01  |

LAB: 01 HD LabCorp Houston DIRECTOR: Pamela Holder D MD  
7207 North Gessner, Houston, TX 77040-3143

|                           |                     |                        |             |
|---------------------------|---------------------|------------------------|-------------|
| Pat Name: BRUNSTING,NELVA | Pat ID: 481-30-4685 | Spec #: 302-004-1263-0 | Seq #: 4715 |
|---------------------------|---------------------|------------------------|-------------|

Results are Flagged in Accordance with Age Dependent Reference Ranges

**P5990**

Last Page of Report

LCM Version: 03.25.00



LabCorp Houston  
7207 North Gessner, Houston, TX 77040-3143

Phone: 713-856-8288

|                            |           |                   |                           |           |
|----------------------------|-----------|-------------------|---------------------------|-----------|
| SPECIMEN<br>302-004-1223-0 | TYPE<br>S | PRIMARY LAB<br>HD | REPORT STATUS<br>COMPLETE | Page #: 1 |
|----------------------------|-----------|-------------------|---------------------------|-----------|

|                        |                     |                  |
|------------------------|---------------------|------------------|
| ADDITIONAL INFORMATION |                     | SS#: ***-**-4685 |
| SRC: URINE             | FASTING: N          |                  |
| SRC: VA                | PHONE: 713-464-4391 | DOB: 10/08/1926  |

|                      |  |  |
|----------------------|--|--|
| CLINICAL INFORMATION |  |  |
| CD- 51066465904      |  |  |

|  |          |                       |
|--|----------|-----------------------|
| PATIENT NAME<br><b>BRUNSTING,NELVA</b> | SEX<br>F | AGE(YR./MOS.)<br>84 / |
|--|----------|-----------------------|

|                          |                   |                            |
|--------------------------|-------------------|----------------------------|
| PHYSICIAN ID.<br>TRINH J | NPI<br>1952594616 | PATIENT ID.<br>481-30-4685 |
|--------------------------|-------------------|----------------------------|

|   |
|---|
| PT. ADD.: 13630 PINEROCK<br>Houston TX 77079-0000 |
|---|

|  |
|--|
| ACCOUNT: Juliette Depue, DO                    |
| 2405 S.Gessner, Ste B<br>HOUSTON TX 77063-0000 |
| ACCOUNT NUMBER: 42019580                       |

|   |                             |                             |               |      |
|---|-----------------------------|-----------------------------|---------------|------|
| DATE OF COLLECTION TIME<br>10/29/2010 17:11 | DATE RECEIVED<br>10/29/2010 | DATE REPORTED<br>10/31/2010 | TIME<br>10:06 | 4723 |
|---|-----------------------------|-----------------------------|---------------|------|

| TEST | RESULT | LIMITS | LAB |
|------|--------|--------|-----|
|------|--------|--------|-----|

|   |              |  |    |
|---|--------------|--|----|
| Urine Culture, Routine                    | Final report |  | 01 |
| Result 1                                  |              |  | 01 |
| Mixed urogenital flora                    |              |  |    |
| 25,000-50,000 colony forming units per mL |              |  |    |

|  |                              |
|--|------------------------------|
| LAB: 01 HD LabCorp Houston                 | DIRECTOR: Pamela Holder D MD |
| 7207 North Gessner, Houston, TX 77040-3143 |                              |

|                           |                     |                        |             |
|---------------------------|---------------------|------------------------|-------------|
| Pat Name: BRUNSTING,NELVA | Pat ID: 481-30-4685 | Spec #: 302-004-1223-0 | Seq #: 4723 |
|---------------------------|---------------------|------------------------|-------------|

Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report

LCM Version: 03.25.00

**P5991**



LabCorp Houston  
7207 North Gessner, Houston, TX 77040-3143

Phone: 713-856-8288

|   |                             |                             |                           |                  |
|---|-----------------------------|-----------------------------|---------------------------|------------------|
| SPECIMEN<br>302-004-1263-0                        | TYPE<br>S                   | PRIMARY LAB<br>HD           | REPORT STATUS<br>COMPLETE | Page #: 1        |
| ADDITIONAL INFORMATION                            |                             |                             |                           | SS#: ***-**-4685 |
| FASTING: N<br>PHONE: 713-464-4391 DOB: 10/08/1926 |                             |                             |                           |                  |
| PATIENT NAME<br><b>BRUNSTING, NELVA</b>           |                             | SEX<br>F                    | AGE(YR./MOS.)<br>84 /     |                  |
| PT. ADD.: 13630 PINEROCK<br>Houston TX 77079-0000 |                             |                             |                           |                  |
| DATE OF COLLECTION TIME<br>10/29/2010 12:00       | DATE RECEIVED<br>10/29/2010 | DATE REPORTED<br>10/30/2010 | TIME<br>7:15              | 4715             |

|   |                   |                            |
|---|-------------------|----------------------------|
| CLINICAL INFORMATION<br>CD- 51066465891   |                   |                            |
| PHYSICIAN ID.<br>TRINH J  | NPI<br>1952594616 | PATIENT ID.<br>481-30-4685 |
| ACCOUNT: Juliette Depue, DO<br>2405 S.Gessner, Ste B<br>HOUSTON TX 77063-0000<br>ACCOUNT NUMBER: 42019580 |                   |                            |

| TEST | RESULT | LIMITS | LAB |
|------|--------|--------|-----|
|------|--------|--------|-----|

CBC With Differential/Platelet

|                        |       |          |             |    |
|------------------------|-------|----------|-------------|----|
| WBC                    | 7.4   | x10E3/uL | 4.0 - 10.5  | 01 |
| RBC                    | 4.22  | x10E6/uL | 3.80 - 5.10 | 01 |
| Hemoglobin             | 12.0  | g/dL     | 11.5 - 15.0 | 01 |
| Hematocrit             | 37.7  | %        | 34.0 - 44.0 | 01 |
| MCV                    | 89    | fL       | 80 - 98     | 01 |
| MCH                    | 28.4  | pg       | 27.0 - 34.0 | 01 |
| > MCHC                 | 31.8L | g/dL     | 32.0 - 36.0 | 01 |
| RDW                    | 14.9  | %        | 11.7 - 15.0 | 01 |
| Platelets              | 163   | x10E3/uL | 140 - 415   | 01 |
| > Neutrophils          | 76 H  | %        | 40 - 74     | 01 |
| > Lymphs               | 15 L  | %        | 14 - 46     | 01 |
| Monocytes              | 9     | %        | 4 - 13      | 01 |
| Eos                    | 2     | %        | 0 - 7       | 01 |
| Basos                  | 0     | %        | 0 - 3       | 01 |
| Neutrophils (Absolute) | 5.6   | x10E3/uL | 1.8 - 7.8   | 01 |
| Lymphs (Absolute)      | 1.0   | x10E3/uL | 0.7 - 4.5   | 01 |
| Monocytes (Absolute)   | 0.7   | x10E3/uL | 0.1 - 1.0   | 01 |
| Eos (Absolute)         | 0.1   | x10E3/uL | 0.0 - 0.4   | 01 |
| Baso (Absolute)        | 0.0   | x10E3/uL | 0.0 - 0.2   | 01 |
| Immature Granulocytes  | 0     | %        | 0 - 1       | 01 |
| Immature Grans (Abs)   | 0.0   | x10E3/uL | 0.0 - 0.1   | 01 |

LAB: 01 HD LabCorp Houston DIRECTOR: Pamela Holder D MD  
7207 North Gessner, Houston, TX 77040-3143

|                            |                     |                        |             |
|----------------------------|---------------------|------------------------|-------------|
| Pat Name: BRUNSTING, NELVA | Pat ID: 481-30-4685 | Spec #: 302-004-1263-0 | Seq #: 4715 |
|----------------------------|---------------------|------------------------|-------------|

Results are Flagged in Accordance with Age Dependent Reference Ranges

**P5992**

Last Page of Report

LCM Version: 03.25.00

Mark A. Yeoman, M.D., F.A.C.C.  
 Jon E. Heine, M.D., F.A.C.C.  
 Charles H. Caplan, M.D., F.A.C.C.  
 Harold A. Condera, M.D., F.A.C.C.

**Cardiology Associates of Houston P.A.**

Medical Plaza 4  
 925 Gessner, Suite 400  
 Houston, TX 77024  
 (713) 467-0605

|                               |                                 |                 |
|-------------------------------|---------------------------------|-----------------|
| Name BRUNSTING, NELVA E.      | Patient Id 11426                | Date 04/15/2008 |
| Birthdate 10/08/1926          | Age 81                          | Sex Female      |
| Height 175.3 cm (5 ft 9.0 in) | Weight 61.2 kg (135.0 lbs)      | Tech: MDA       |
| Referral Reasons              | Ref. Doc. M.D. WHITE, ROBERT E. | Ref. Doc.       |

USA421

**Echo Findings**

**Study indications:** Referred for evaluation of dyspnea.

**ECG rhythm:** Sinus rhythm.

**Study quality:** The study was technically adequate.

**Left Ventricle:** The left ventricle size is normal. Left ventricular wall thickness is normal. Overall left ventricular systolic function is normal, with an EF of >55%.

**Left Atrium:** The left atrial size is normal.

**Right Ventricle:** The right ventricle is normal in size measuring < 33 mm.

**Right Atrium:** The right atrial size is normal.

**Aortic Valve:** The aortic valve is mildly sclerotic. There is no evidence of aortic regurgitation. There is no evidence of aortic stenosis.

**Mitral Valve:** The mitral valve is normal. There is trace mitral regurgitation.

**Tricuspid Valve:** Tricuspid valve and right sided chambers are normal. RVSP is normal at < 40 mmHg.

**Pulmonic Valve:** The pulmonic valve was not well visualized.

**Pericardium:** No pericardial effusion.

**Conclusions:**

1. Overall left ventricular systolic function is normal, with an EF of >55%.

|           | <u>M-Mode</u>      | <u>MV Doppler</u>                 | <u>AO Doppler</u>             |
|-----------|--------------------|-----------------------------------|-------------------------------|
| Ao Diam   | 3.2 cm (2.0 - 3.7) | MV E Vel 0.63 m/s                 | LVOT Vmax 1.23 m/s            |
| LA Diam   | 3.7 cm (1.9 - 3.7) | MV DecT 200 ms                    | LVOT maxPG 6.01 mmHg          |
| AV Cusp   | 1.5 cm (1.5 - 2.6) | MV Dec Slope 3.1 m/s <sup>2</sup> | AV Vmax 1.28 m/s              |
| LA/Ao     | 1.17               | MV A Vel 0.81 m/s                 | AV maxPG 6.52 mmHg            |
|           |                    | MV E/A Ratio 0.77                 | AV VTI 22.7 cm                |
|           |                    | MV PHT 58 ms                      | AVA Vmax 2.8 cm <sup>2</sup>  |
|           |                    | MVA By PHT 3.8 cm <sup>2</sup>    | AVA (VTI) 2.9 cm <sup>2</sup> |
|           |                    | E/E' 7.70                         |                               |
|           |                    | MV meanPG 1.40 mmHg               |                               |
|           |                    | IVRT 111 ms                       |                               |
|           | <u>2-D</u>         | <u>PV Doppler</u>                 | <u>TV Doppler</u>             |
| IVSd      | 1.0 cm             | PV Vmax 0.66 m/s                  | TR Vmax 2.54 m/s              |
| LVIDd     | 3.7 cm             | PV maxPG 1.74 mmHg                | TR maxPG 25.77 mmHg           |
| LVPWd     | 0.8 cm             |                                   | RVSP 35.77 mmHg               |
| IVSs      | 1.3 cm             |                                   |                               |
| LVIDs     | 2.8 cm             |                                   |                               |
| LVPWs     | 1.1 cm             |                                   |                               |
| EF(Teich) | 50 %               |                                   |                               |
| LVOT Diam | 1.9 cm             |                                   |                               |
| RA Diam   | 4.3 cm             |                                   |                               |

Exam Date: 04/15/2008 Reading Doc: MD CONDARA, HAROLD A.

*[Handwritten signature]*

## PROGRESS NOTE

**PATIENT: BRUNSTING, Nelva**  
August 16, 2010 OFFICE VISIT:

I last saw her back in April of 2008. She is a patient of Dr. Robert White and more recently a patient of Dr. Pohil and Dr. Gidvani, who have diagnosed with an atypical TB. She has also been seeing Dr. Mauk, was having some digestive issues and sometime within the past month, was diagnosed with a bile duct tumor. She was seen by Dr. Kevin Wheeler about two weeks ago as a surgical consultation to see if she was a candidate for that and he did not think she was a good candidate for surgery, but they are going to be seeing somebody at MD Anderson for another opinion. In the meantime, over the last few weeks, she has become gradually more short of breath. She does sleep elevated. She has been going to some sort of a respiratory rehab for breathing exercise three to four times a week recently. She has not had syncope, near syncope or significant edema. As far as she knows she is not anemic, but does not recall blood work in the last few weeks.

**Physical Examination:** Her weight was stable at 136 pounds. It was 135 pounds in April 2008 when she was here. Blood pressure was about 150/80. Heart rate was about 127. He was in sinus tachycardia on the EKG. When I checked her pressure, I got it about 120/70. She was generally pale looking. Her carotids were palpable without bruits. Her breath sounds were equal. I did not appreciate rales or wheezes. Her heart rate was tachycardiac and regular. She did have possible slight rub. Her abdomen was quite nontender. Femoral pulses were palpable. Extremities, there was no edema.

**Studies:** EKG looks sinus tachycardia with the first degree AV block and slight RV conduction defect.

**Assessment and Plan:** I would like her to have blood work to see if she is anemic or not. I would like to an echocardiogram to be done and they are going to be seeing pulmonologist again tomorrow. I could see her soon back after the blood work and the echo.

**Dictated but not read.**

Harold A. Condara, Jr., M.D., F.A.C.C.  
HAC:ama/ACCU # D: 08/16/10 T: 08/17/10

cc: Bhakti D. Gidvani, M.D.  
Richard J. Pohil, M.D.  
Robert White, M.D.

*BRUNSTING*

NAME Nelva Brunsting DOB 10/8/26 SMOKER: Yes  No

| GENERAL        | DATE: | 6/15/06 | 7/20/06 | 1/16/07 | 4/23/07 | 4/3/08 | 8/16/10 |  |
|----------------|-------|---------|---------|---------|---------|--------|---------|--|
| WEIGHT         |       | 153     | 151     | 152     | 149     | 135    | 136     |  |
|                |       | 5'9"    |         |         |         |        |         |  |
| B/P            | R     | 160/98  | 140/80  | 138/80  | 156/90  | 130/92 | 150/80  |  |
|                | L     | 158/98  |         |         |         |        |         |  |
| HR             |       | 64      | 68      | 80      | 64      | 81     | 127     |  |
|                |       | Reg.    | Ry.     | Ry.     | irreg   | Reg.   |         |  |
| B/P - LYING    |       |         |         |         |         |        |         |  |
| B/P - STANDING |       |         |         |         |         |        |         |  |
|                |       | SP02    |         |         |         |        | 79      |  |

DATE: 7/6/05 8/16/10

| DRUG        |     |         |  |  |  |  |  |
|-------------|-----|---------|--|--|--|--|--|
| TOTAL CHOL. | 204 |         |  |  |  |  |  |
| HDL / LDL   | 80  |         |  |  |  |  |  |
| RATIO       | 107 |         |  |  |  |  |  |
| TRIG.       | 87  |         |  |  |  |  |  |
| LFT'S       | WNL | WNL     |  |  |  |  |  |
| BUN         | 19  | 31      |  |  |  |  |  |
| CREAT.      | 0.8 | 1.13    |  |  |  |  |  |
| K+          | 4.4 | 5.8     |  |  |  |  |  |
| FBS         | 82  | 137     |  |  |  |  |  |
| DIG. LEVEL  |     |         |  |  |  |  |  |
| Che         |     | See lab |  |  |  |  |  |
| GFR         |     | 56      |  |  |  |  |  |
| BUN         |     | 4.2     |  |  |  |  |  |
| BUN         |     | 98.3    |  |  |  |  |  |

|              |        |         |         |
|--------------|--------|---------|---------|
| EKG          | 6/6/06 | 4/3/08  | 8/16/10 |
| TST          | 7/6/06 |         |         |
| H.M.         |        |         |         |
| HEART ECHO.  | 7/6/06 | 4/15/08 | 8/16/10 |
| CAROTID U.S. |        |         |         |
| ABD. U.S.    |        |         |         |
| HEART CATH.  |        |         |         |

## DISCHARGE SUMMARY

PERFORMED BY: BHAKTI D. GIDVANI

ATTENDING PHYSICIAN: BHAKTI D GIDVANI

## DISCHARGE DIAGNOSES

1. Right lower lobe pneumonia, most likely gram-negative. Sputum cultures negative.
2. Bronchiectasis due to MAI.
3. Right lower lobe spiculated density. In July 2010, she had bronchoscopy with bronchial wash, which was negative for malignancy. Her cultures grew out MAI and Penicillium. The patient had a PET scan in May 2010, which was reported with a hypermetabolic right lower lobe pulmonary nodule associated with cavity and also left hepatic segment mass, which was compatible with malignancy. She has an appointment with MD Anderson for liver carcinoma next week, and even though the bronchial washings have come back as MAI, if her chest x-ray does not improve in 10 days, then I would recommend doing an FNAC of her right lower lobe for metastasis.
4. History of knee replacement.
5. Hemoptysis, resolved.

## DISCHARGE SUMMARY

The patient is an elderly lady who presented with hemoptysis. She has a history of bronchiectasis and MAI. She has opted not to be treated because of the side effects of the medications and the poor efficacy and her generalized medical condition. She presented to her primary care's office with high-grade fever, cough and hemoptysis. She came to the emergency room and was found to have a white count of 17. The patient had an increased infiltrate in the right lower lobe. She was treated in the hospital with Cefepime and Avelox. Her bronchodilators were continued. The patient improved, and on discharge, she was afebrile. Her white count was 11. She was ambulating on the floor. There was no hemoptysis. Oxygen saturation was 96% to 97% on room air. The patient was discharged home on Levaquin.

## DISCHARGE MEDICATION

Please see medication reconciliation sheet.

## FOLLOWUP

In the office in 10 days. She will need a repeat chest x-ray and further discussion on FNAC of her right lower lobe mass depending on what MD Anderson's evaluation suggests.

Dictated by: BHAKTI D. GIDVANI

Memorial City Hospital

PRELIMINARY REPORT

Patient: NELVA E BRUNSTING  
 DOB/Sex: 10/08/1926/F  
 Account#: 343169220260  
 Location: 717 00  
 Pt Type: IP  
 Adm/Dc Date: 09/17/2010/ 09/20/2010



DISCHARGE SUMMARY

PERFORMED BY: BHAKTI D. GIDVANI

cc: ROBERT ERICKSON WHITE MD

Dictated : 09/20/2010 08:52:26 CST/29908  
Confirmation : 1518623  
Dictation ID : 1653840//dt/cken422525  
Transcribed : 09/20/2010 09:36:11 CST / M: 09/20/2010 15:22:09 CST

Memorial City Hospital

PRELIMINARY REPORT

Patient: NELVA E BRUNSTING  
DOB/Sex: 10/08/1926/F  
Account#: 343169220260  
Location: 717 00  
Pt Type: IP  
Adm/Dc Date: 09/17/2010/ 09/20/2010

Mark A. Yeoman, M.D., F.A.C.C.  
 Jon E. Heine, M.D., F.A.C.C.  
 Charles H. Caplan, M.D., F.A.C.C.  
 Harold A. Condara, M.D., F.A.C.C.

**Cardiology Associates of Houston P.A.**

Medical Plaza 4  
 925 Gessner, Suite 400  
 Houston, TX 77024  
 (713) 467-0605



|                             |                                |                               |
|-----------------------------|--------------------------------|-------------------------------|
| Name: BRUNSTING, NELVA E.   | Patient ID: 11426              | Date: 08/16/2010              |
| Birthdate: 10/08/1926       | Age: 83                        | Reading phy: HAC              |
| Weight: 61.7 kg (136.0 lbs) | Tech: KM                       | Ref. Reasons: SOB/TACHY       |
| Sex: Female                 | Height: 175.3 cm (5 ft 9.0 in) | Ref. Phy.: ROBERT WHITE, M.D. |

|           | M-Mode |             | MV Doppler   |                      | AO Doppler |                     |
|-----------|--------|-------------|--------------|----------------------|------------|---------------------|
| Ao Diam   | 2.6 cm | (2.0 - 3.7) | MV E Vel     | 0.58 m/s             | LVOT Vmax  | 0.89 m/s            |
| LA Diam   | 3.3 cm | (1.9 - 3.7) | MV DecT      | 222 ms               | LVOT maxPG | 3.17 mmHg           |
| AV Cusp   | 1.7 cm | (1.5 - 2.6) | MV Dec Slope | 2.6 m/s <sup>2</sup> | AV Vmax    | 1.03 m/s            |
| LA/Ao     | 1.26   |             | MV A Vel     | 0.75 m/s             | AV maxPG   | 4.22 mmHg           |
|           |        |             | MV E/A Ratio | 0.78                 | AV meanPG  | 2.14 mmHg           |
|           |        |             | MV PHT       | 64 ms                | AV VTI     | 17.1 cm             |
|           |        |             | MVA By PHT   | 3.4 cm <sup>2</sup>  | AVA Vmax   | 3.1 cm <sup>2</sup> |
|           |        |             | E/E'         | 8.04                 | AVA (VTI)  | 3.3 cm <sup>2</sup> |
|           |        |             | MV meanPG    | 0.89 mmHg            |            |                     |
|           |        |             | IVRT         | 128 ms               |            |                     |
|           | 2-D    |             | PV Doppler   |                      | TV Doppler |                     |
| IVSd      | 0.6 cm |             | PV Vmax      | 0.48 m/s             | TR Vmax    | 1.57 m/s            |
| LVIDd     | 4.1 cm |             | PV maxPG     | 0.93 mmHg            | TR maxPG   | 9.84 mmHg           |
| LVPWd     | 0.9 cm |             |              |                      | RVSP       | 19.84 mmHg          |
| IVSs      | 1.3 cm |             |              |                      |            |                     |
| LVIDs     | 3.0 cm |             |              |                      |            |                     |
| LVPWs     | 1.1 cm |             |              |                      |            |                     |
| EF(Teich) | 52 %   |             |              |                      |            |                     |
| LVOT Diam | 2.1 cm |             |              |                      |            |                     |

**Echo Findings:**

Study indications: Referred for evaluation of dyspnea.

ECG rhythm: Sinus rhythm.

Study quality: This was a technically difficult study with suboptimal views.

Left Ventricle: The left ventricle size is normal. Left ventricular wall thickness is normal. Overall left ventricular systolic function is normal, with an EF of >55%. The diastolic filling pattern indicates impaired relaxation.

Left Atrium: The left atrial size is normal.

Right Ventricle: The right ventricle is normal in size measuring < 33 mm.

Right Atrium: The right atrial size is normal.

Aortic Valve: The aortic valve is sclerotic. There is no evidence of aortic regurgitation. There is no evidence of aortic stenosis.

Mitral Valve: There is trace mitral regurgitation. Mild mitral annular calcification present.

Tricuspid Valve: Tricuspid valve and right sided chambers are normal. RVSP is normal at < 40 mmHg. Trace tricuspid regurgitation present.

Pulmonic Valve: The pulmonic valve was not well visualized.

Pericardium: No pericardial effusion.

HAROLD A. CONDARA, M.D., F.A.C.C.

cc: ROBERT WHITE, M.D.

SM 8127

*Let pt know heart function looks good - unchanged from 4/15/2008*

*SPC PT (W) 8/17/10 P5998*

## PROGRESS NOTE

**PATIENT: BRUNSTING, Nelva**

August 16, 2010 OFFICE VISIT:

I last saw her back in April of 2008. She is a patient of Dr. Robert White and more recently a patient of Dr. Pohil and Dr. Gidvani, who have diagnosed with an atypical TB. She has also been seeing Dr. Mauk, was having some digestive issues and sometime within the past month, was diagnosed with a bile duct tumor. She was seen by Dr. Kevin Wheeler about two weeks ago as a surgical consultation to see if she was a candidate for that and he did not think she was a good candidate for surgery, but they are going to be seeing somebody at MD Anderson for another opinion. In the meantime, over the last few weeks, she has become gradually more short of breath. She does sleep elevated. She has been going to some sort of a respiratory rehab for breathing exercise three to four times a week recently. She has not had syncope, near syncope or significant edema. As far as she knows she is not anemic, but does not recall blood work in the last few weeks.

**Physical Examination:** Her weight was stable at 136 pounds. It was 135 pounds in April 2008 when she was here. Blood pressure was about 150/80. Heart rate was about 127. He was in sinus tachycardia on the EKG. When I checked her pressure, I got it about 120/70. She was generally pale looking. Her carotids were palpable without bruits. Her breath sounds were equal. I did not appreciate rales or wheezes. Her heart rate was tachycardiac and regular. She did have possible slight rub. Her abdomen was quite nontender. Femoral pulses were palpable. Extremities, there was no edema.

**Studies:** EKG looks sinus tachycardia with the first degree AV block and slight RV conduction defect.

**Assessment and Plan:** I would like her to have blood work to see if she is anemic or not. I would like to an echocardiogram to be done and they are going to be seeing pulmonologist again tomorrow. I could see her soon back after the blood work and the echo.

**Dictated but not read.**

---

Harold A. Condara, Jr., M.D., F.A.C.C.  
HAC:ama/ACCU # D: 08/16/10 T: 08/17/10

cc: Bhakti D. Gidvani, M.D.  
Richard J. Pohil, M.D.  
Robert White, M.D.

*BRUNSTING*

**P5999**

Brunsting, Nelva  
ID: #100917114410

09/17/2010 11:44:24

D.O.B.: 10/08/1926 83 YEARS

B/P:

Meds:  
Class:  
Dr: Dr white  
Tech: Nada  
User Field: FAA:

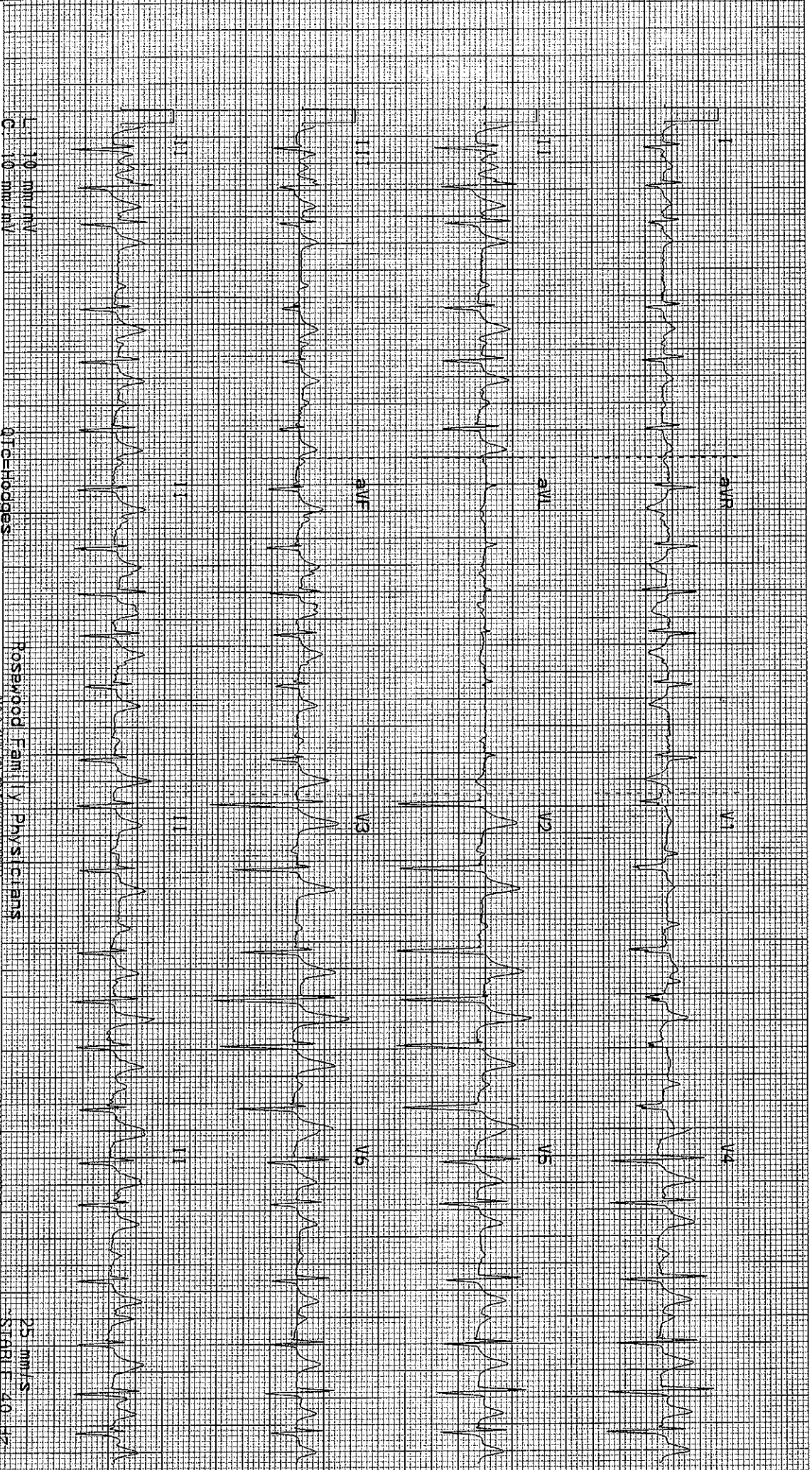
|                |                                   |
|----------------|-----------------------------------|
| Vent. Rate:    | 60 bpm                            |
| RR Interval:   | 998 ms                            |
| PR Interval:   |                                   |
| QRS Duration:  | 68 ms                             |
| QT Interval:   | 438 ms                            |
| QTc Interval:  | 438 ms                            |
| QT Dispersion: | 150 ms                            |
| P-R-T AXIS:    | $\circ -112^{\circ}$ $76^{\circ}$ |

Atrial fibrillation.  
Left axis deviation  
Anterolateral T wave changes are nonspecific

Abnormal ECG

\* Unconfirmed Analysis \*

P6000



LS 10 mm/mV  
C: 10 mm/mV

OrthoHodges

Rosewood Family Physicians  
Attn: STUW INT 7874207/10/19/09/917

25 mm/s  
STABLE 40 Hz

TELEPHONE CONVERSATION

BRUNSTING, NELVA

04/29/10:

I spoke with Nelva regarding her CT scan. I reviewed the CT scan with two separate radiologists this morning and that scan shows significant active pulmonary disease. The patient reports that she is seeing Dr. Pohil and has not been on antibiotic. The patient also was advised that a new lesion has appeared in the liver and it appears easily accessible to biopsy/aspirate. The patient was therefore advised to schedule such and she was sent over to the office staff to accomplish this. The patient was also advised to continue her routine follow-up with Dr. White. I also suggest that she contact Dr. Pohil promptly regarding the CT scan results.

PMM:ati/raz

05/05/10

cc: Robert E. White, M.D.

cc: Richard J. Pohil, M.D.

P. MARTIN MAUK, M.D.

A handwritten signature in black ink, appearing to be 'P. Martin Mauk', written over a horizontal line.

P6001

OFFICE VISIT

BRUNSTING, NELVA E.

04/06/10:

Nelva comes in today reporting that she has been having some slight uneasy gurgling in the lower abdomen. She also has some slight nausea but no vomiting. She admits that she has been under a significant amount of stress since her husband passed away. She intermittently has some slight amount of constipation. She denies unexplained fever, chills or night sweats. She is eating well and fees like she is maintaining her weight. Recently, she has been having some respiratory problems and has an appointment to see Dr. Pohil in the next couple of days.

|                              |  |
|------------------------------|--|
| <u>PHYSICAL EXAMINATION:</u> | She is well developed somewhat thin, but in no acute distress.   |
| LYMPHATIC:                   | No cervical, supraclavicular, infraclavicular nor inguinal adenopathy.   |
| ABDOMEN:                     | Soft and nontender, without hepatosplenomegaly, distention, ascites or evidence of portal hypertension. Bowel sounds are present. Murphy's sign is absent. |
| NEUROLOGIC:                  | The patient is alert and oriented times three, with clear, coherent speech.  |

IMPRESSION:

1. Nonspecific abdominal upset may be functional related to stress. She has had substantial degree of preceding evaluation, please refer to the records regarding such. Her CEA level when last checked was actually falling spontaneously, but nevertheless requires follow-up.
2. Currently on antibiotics for pulmonary infection. Her pulmonary specialist is Dr. Pohil. Data from her recent Emergency Room visit for pulmonary problems indicates fungal elements in her sputum. I have suggested that she make sure Dr. Pohil is made aware of this.

PLAN:

1. Repeat CEA level.
2. Dietary advice was provided.
3. The patient is to touch base within one week to discuss results, report progress and make additional plans as might be appropriate.
4. The patient is to continue her routine follow-up with Dr. White.
5. As noted above, the patient is to notify Dr. Pohil regarding Emergency Room sputum findings.

PMM:ati/raz

03/09/10

cc: Robert E. White, M.D.

cc: Richard J. Pohil, M.D.

P. MARTIN MAUK, M.D.



P6002

OFFICE VISIT

BRUNSTING, NELVA E.

12/11/09:

Nelva comes in today in routine follow-up. She has been undergoing a degree of evaluation initially for weight loss and more recently for an elevated CEA level. Her weight loss stopped and she has actually gained several pounds. She states that she feels entirely normal. She specifically denies nausea, vomiting, abdominal pain, diarrhea, constipation, melena, hematochezia, unexplained fever, chills, night sweats, dysuria, pyuria, gross hematuria, passage of stones, unusual vaginal discharge or unexplained vaginal bleeding.

|                              |   |
|------------------------------|---|
| <u>PHYSICAL EXAMINATION:</u> | She is well developed, somewhat thin, but in no acute distress.   |
| HEENT:                       | Normocephalic and atraumatic. Pupils equal, round and reactive to light. Extraocular movements are intact. Sclerae are without icterus and appear uninflamed. The remainder of the HEENT examination is unremarkable. |
| NECK:                        | Supple, without thyromegaly.  |
| LYMPHATIC:                   | No cervical, supraclavicular, infraclavicular nor inguinal adenopathy.  |
| LUNGS:                       | Clear to percussion and auscultation.   |
| CV:                          | Regular rate and rhythm, without murmurs, rubs or gallops.  |
| ABDOMEN:                     | Soft and nontender, without hepatosplenomegaly, distention, ascites or evidence of portal hypertension. Bowel sounds are present. Murphy's sign is absent.  |
| GU:                          | No costovertebral angle tenderness.   |
| EXTREMITIES:                 | No clubbing, cyanosis or edema.   |
| NEUROLOGIC:                  | The patient is alert and oriented times three, with clear, coherent speech.   |

IMPRESSION: Rising CEA level of uncertain etiology. The patient has undergone a substantial degree of preceding evaluation with no evidence of malignancy being encountered. Her previous weight loss appears situational due to stress. She is eating well and now gaining weight.

PLAN:

1. Repeat CEA level.
2. Extensive discussion was held today with the patient and her daughter regarding the clinical circumstances. We specifically discussed interpretation of CEA levels and the possibility of an occult underlying malignancy yet to be discovered. We also discussed in detail the pancreatic cystic findings on radiographic studies. The patient is to touch base next week to discuss results, report progress and make additional plans as might be appropriate.

PMM:ati/raz

12/15/09

cc: Robert E White, M.D.

P. MARTIN MAUK, M.D.



P6003



**PHYSICIANS ENDOSCOPY CENTER**  
 3030 S. Gessner, Suite 150 • Houston, Texas 77063  
 (713) 587-0909 • (800) 55-COLON • (713) 587-0912 fax



**Robert E White , M.D.**  
 9000 Westheimer #100  
 Houston , Tx 77063

**Date:** Wednesday, November 18, 2009  
**Patient:** ~~\_\_\_\_\_~~ Neiva E Brunsting  
**Birth Date:** 10/8/1926 (83 years)  
**ID #:** 93308  
**Endoscopist (s):** P. Martin Mauk, MD

Dear Dr. White ,

Ms. Brunsting underwent outpatient Colonoscopy on 11/18/2009.

**INDICATIONS:**

- Rising CEA level
- The digital exam was abnormal. Tiny external hemorrhoids were noted.

**FINDINGS ON THE COLONOSCOPY:**

- Protruding Lesions:* Tiny external hemorrhoids were noted.
- Excavated Lesions:* Several diverticula were seen in the sigmoid colon.

There were no complications.

**IMPRESSIONS:**

- Diverticulosis of the sigmoid colon
- External hemorrhoids The digital exam was abnormal. Tiny external hemorrhoids were noted.
- Otherwise normal colonoscopy to cecum

**RECOMMENDATIONS:**

- Call Dr Mauk's office in 5-7 working days to discuss results, report progress, and receive any further recommendations.
- Follow-up with you as needed
- Resume taking your current medications
- Please eat diet high in fiber. Women should try to get at least 20-25 grams of fiber daily; men should try to get 30 grams or more. If you cannot get this amount of fiber in your diet, you should use a fiber supplement (Metamucil, Citrucel, Benefiber, Fibercon, etc.).
- Come in promptly for any unexplained symptoms such as rectal bleeding, change in bowel habits, abdominal discomfort, weight loss, or digestive upset.
- Schedule a follow up office visit in 2 weeks.

Thank you very much for allowing me to participate in the care of Ms. Brunsting.

Sincerely,

\_\_\_\_\_  
 P. Martin Mauk, MD

**P6004**





**PHYSICIANS ENDOSCOPY CENTER**  
3030 S. Gessner, Suite 150 • Houston, Texas 77063  
(713) 587-0909 • (800) 55-COLON • (713) 587-0912 fax



**Robert E White, M.D.**  
9000 Westheimer #100  
  
Houston, Tx 77063

**Date:** Wednesday, November 11, 2009  
**Patient:** Nelva E Brunsting  
**Birth Date:** 10/8/1926 (83 years)  
**ID #:** 93308  
**Endoscopist (s):** P. Martin Mauk, MD

Dear Dr. White,

Ms. Brunsting underwent outpatient EGD on 11/11/2009.

**INDICATIONS:**

- Weight loss, abnormal
- Dyspepsia
- Elevated CEA level

**FINDINGS ON THE UPPER ENDOSCOPY:**

Esophagus:

*Lumen:* A sliding moderately large hiatal hernia was seen.

Stomach:

*Mucosa:* Erythema, pinpoint hemorrhages and erosions of the mucosa were noted in the antrum. These findings are compatible with erosive gastritis. Cold forceps biopsies were performed for histology.

Duodenum: Normal duodenum

There were no complications.

**IMPRESSIONS:**

- Hiatal hernia
- Erythema, pinpoint hemorrhages and erosions in the antrum compatible with erosive gastritis (biopsy)
- Otherwise normal EGD to second part of the duodenum

**RECOMMENDATIONS:**

- Call office within 5-7 working days to report progress, discuss results, and receive any further recommendations.
- Follow-up with you as needed
- Make sure you get your biopsy and recent lab results
- Acid suppression therapy as directed
- Continue anti-reflux maneuvers
- Resume taking your current medications as advised
- If possible, avoid anti-inflammatory medications
- Avoid potential upper digestive system irritants such as excess caffeine and alcohol

Thank you very much for allowing me to participate in the care of Ms. Brunsting.

Sincerely,

**P6005**

**OFFICE VISIT**

BRUNSTING, NELVA E.

10/05/09:

Nelva comes in today in routine follow-up. She actually states that she is feeling fine. She has gained a bit of weight. She denies nausea, vomiting, chest pain, palpitations, orthostatic lightheadedness, syncope, abdominal pain, diarrhea, constipation, melena, hematochezia or back pain.

**PHYSICAL EXAMINATION:**

She is well developed and well nourished. She is in no acute distress. She does not appear chronically ill or anemic, though she does appear somewhat thin. She weighs 136 pounds today. Blood pressure is normal. Initial pulse recorded by the staff was 102, however, on my repeat this was 88.

HEENT, NECK, LYMPHATIC and CARDIOPULMONARY examinations are unchanged.

**ABDOMEN:**

Soft and nontender, without hepatosplenomegaly, distention, ascites or evidence of portal hypertension. Bowel sounds are present. Murphy's sign is absent.

**GU:**

No costovertebral angle tenderness.

EXTREMITY and NEUROLOGIC examinations are unchanged.

**IMPRESSION:**

Previous weight loss may have been stress related. She however has had a certain degree of evaluation with some radiographic curiosities in the pancreas and more recently an elevated CEA level. The patient had been having early satiety and had been advised to have an upper endoscopy, but she simply refused to have further test. I am still concerned about the possibility of underlying malignancy notwithstanding her reported feeling well and actually gaining some weight.

**PLAN:**

1. Repeat CEA level. This has been discussed in detail with the patient and she will agree to do this.
2. Possible follow-up CT scan with attention to the pancreas was covered. She agrees to think about this.
3. The patient in any event is to touch base later this week to discuss results, report progress and make additional plans as might be appropriate.
4. The patient is to continue her routine follow-up with Dr. White in the meantime.

PMM:ati/raz

10/06/09

cc: Robert E. White, M.D.

**P. MARTIN MAUK, M.D.**



**P6006**

OFFICE VISIT

BRUNSTING, NELVA E.

08/31/09:

Nelva comes in today in routine follow-up. She actually states that she is feeling fine. On further questioning, she is complaining of inability to actually gain weight. She lost fairly large amount of weight during her husband's illness. She is also reporting a degree of early satiety. She denies nausea, vomiting, dysphagia, odynophagia, chest pain, palpitations, orthostatic lightheadedness or syncope. She has no abdominal pain. She reports her bowel movements are unremarkable with no melena or hematochezia.

PHYSICAL EXAMINATION:

She is well developed, still somewhat thin at 133 pounds. She is in no acute distress. Her weight on 07/31/09 was 134 pounds and her weight on 06/22/09 was 132 pounds.

LYMPHATIC: No cervical, supraclavicular, infraclavicular nor inguinal adenopathy.

ABDOMEN: There is a very slight degree of tenderness on very deep palpation in the epigastrium. I cannot say the tenderness is abnormal, however, for the depth of palpation. There is no detectable hepatosplenomegaly, ascites or evidence of portal hypertension. Bowel sounds are present. Murphy's sign is absent.

RECTAL: Digital rectal examination reveals normal sphincter tone, heme occult negative stool.

NEUROLOGIC: The patient is alert and oriented times three, with clear, coherent speech.

IMPRESSION:

1. Previous weight loss may well have been related to stress/depression. Her weight loss seems to have stopped over the past months.
2. Early satiety. This has been somewhat concerning regarding her overall clinical picture and the possibility of upper GI tract neoplasia is to be entertained.
3. Elevated CEA level. Her CA 19-9 level was normal. The clinical significance of CEA elevation is therefore uncertain at this time.
4. Abnormality with resection of pancreas on previous CT scan. Again clinical significance of these radiographic findings are not clear, but possibility of underlying neoplasia remains a consideration.

PLAN:

1. Repeat CEA and CA 19-9 levels.
2. Upper endoscopy. Indications, technique, risks, complications, alternatives, expectations and limitations were explained in detail and she agrees to proceed.
3. A repeat CT scan of the abdomen with pancreatic protocol.
4. Continue Protonix.
5. The patient is to let us know promptly, should she develop any new or worsening symptoms or have any other questions or concerns.
6. The patient is to continue her routine follow-up with Dr. White as well.

PMM:ati/usm

09/01/09

cc: Robert E. White, M.D.

P. MARTIN MAUK, M.D.  
P6007



**OFFICE VISIT**

BRUNSTING, NELVA E.

07/31/09:

Nelva comes in today in routine follow-up. She is actually feeling quite well. She states that her appetite is not the best, but she is maintaining her weight. She reports that the previous digestive system upset has disappeared completely. She denies abdominal pain, fever, chills, night sweats, melena, hematochezia or genitourinary difficulties.

**PHYSICAL EXAMINATION:**

She is well developed and well nourished. She is in no acute distress. She does not appear chronically ill or anemic.

**LYMPHATIC:**

No cervical, supraclavicular, infraclavicular nor inguinal adenopathy.

**ABDOMEN:**

Soft and nontender, without hepatosplenomegaly, distention, ascites or evidence of portal hypertension. Bowel sounds are present. Murphy's sign is absent.

**IMPRESSION:**

1. Previous digestive system upset has resolved and I suspect was related to gastritis or a self-limited enteric infection.
2. Two small lesions with respect to the pancreas of uncertain clinical significance. I suspect that these are benign based on the radiologist report, but some degree of follow-up is in order.

**PLAN:**

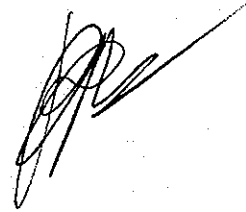
1. Check amylase and lipase.
2. CEA level.
3. CA 19-9 level.
4. The patient is to touch base within the next week to discuss results, report progress and make additional plans as might be appropriate.
5. The patient was advised to plan on repeat CT scan approximately eight weeks after her last scan.
6. The patient is otherwise to continue her routine follow-up with Dr. White as well.

PMM:ati/fas

08/03/09

cc: Robert E. White, M.D.

**P. MARTIN MAUK, M.D.**



# HISTORY PHYSICAL EXAMINATION SHEET

PATIENT NAME: Nelva Brunsting AGE: 82 SEX: F DATE: 4/17/2009  
PRESENT ILLNESS: Decreased vision OS

PAST HISTORY: Appendectomy, P&C, Arthroscopic (R) knee, Knee replacement (B),  
Hypertension, controlled. Chronic inflammatory eye disease (due to chronic infection w/ mycobacterium simial), Osteoporosis. 204

ALLERGIES: None known

CURRENT MEDICATIONS: Actonel 150 (monthly), Benicar 20 tidaily, Nexium

## PHYSICAL EXAMINATION

BLOOD PRESSURE: 122/72 PULSE: 70 RESPIRATIONS: 12

GENERAL: Somewhat Kyphotic, otherwise appears healthy

EYE: \_\_\_\_\_

HEAD & NECK: Essentially w/in normal limits

HEART: No murmur, Regular

LUNGS: Clear to auscultation

ABDOMEN: No organomegaly or masses

EXTREMITIES: Within normal limits

MENTAL STATUS: Clear

OTHER: \_\_\_\_\_

ADMITTING DIAGNOSIS: Cataract OS, I see no apparent contra-  
indication to surgery or anesthesia.

SURGICAL PLAN: \_\_\_\_\_

ADMITTING SURGEON: \_\_\_\_\_ OTHER PHYSICIAN: Robert E. Johnson

**FAXED**  
4/20/09

PATIENT IDENTIFICATION:  
Nelva Brunsting -  
**P6009**



**HOUSTON EYE ASSOCIATES**

**Fiaz Zaman, M.D.**

*Specializing in cataract and refractive surgery,  
glaucoma and general ophthalmology*

Patient: Neeva Brunsting

D.O.B 10-08-26

Surgery Date: April 27, 2009

Our mutual patient is scheduled to undergo outpatient, Intraocular surgery. Peribulbar local anesthesia will be Administered with the assistance of Brevital I.V. sedation.

Anesthesia and patient monitoring will be supervised by an anesthesiologist and nurse anesthetist.

Your pre-operative physical evaluation and recommendations Will be helpful and most appreciated.

Thank you for completing the history and physical evaluation. Please also send a copy of a recent EKG done within last 6 months. Please fax to 713-558-8795.

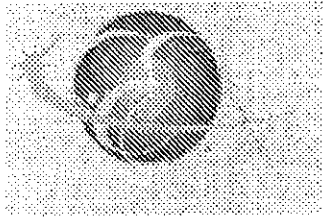
Should you need any further information, please contact me.

Sincerely,

Fiaz Zaman, M.D.

Main Office • (713) 668-6828 • Fax (713) 558-8795 • 2855 Gramercy Street • Houston, Texas • 77025  
Augusta Office • (713) 782-4406 • 1220 Augusta, Suite 100 • Houston, Texas • 77057  
Northwest Office • (281) 444-1677 • 530 Wells Fargo, Suite 117 • Houston, Texas • 77090

26010



**Excel Diagnostic Imaging Clinics**

9701 Richmond Avenue  
Suite 122  
Houston, TX 77042  
Phone: 713-781-6200  
Fax: 713-781-6206

**To:** ROBERT E. WHITE, M.D.  
2405 S. GESSNER STE B  
HOUSTON, TX 77063

**Fax:** 713-978-7801

**Name:** NELVA BRUNSTING

**MRN #:** 04-119169

**Phone:** 713-464-4391

**DOB:** 10/08/1926

**Gender:** Female

**Exam Start:** 8/12/2008 2:55:05PM

**Referring Phys.:** ROBERT E. WHITE, M.D.

**Exam:** CT Pelvis with contrast

**CT SCAN OF THE PELVIS WITH CONTRAST**

**Indication:** Abdominal pain.

**Impression:**

1. Diverticulosis. No evidence of diverticulitis with incomplete distention of the sigmoid colon. If there are clinical symptoms isolated to this area further evaluation with colonoscopy is suggested.
2. Diffuse degenerative changes of the skeleton with mild anterolisthesis of L4 on L5.

**Comments:**

5 mm axial images are obtained from the iliac crest to the pelvis with and without the use of intravenous contrast.

The bowel is of normal caliber and contour. The uterus and ovaries are unremarkable. There are diverticula of the colon without evidence of diverticulitis. There is no evidence of suspicious inguinal or pelvic lymphadenopathy. There is no evidence of free fluid in the pelvis. The regional skeleton is unremarkable. There are diffuse degenerative changes of the skeleton with scoliosis of the spine. There is also mild anterolisthesis of L4 on L5 with a suggestion of a minimal disc bulge.

ST/ngb081208

Sincerely,

Saween Thompson M.D.

Electronically Signed: 8/13/08 10:24 am



**BRUNSTING, NELVA (Exam 81090)**

**MRN #: 04-119169**

**CC:**

BILLING/DIAGNOSTIC MEDSOL

**Thank you for referring NELVA BRUNSTING to Excel Diagnostic Imaging Clinics.**





|   |                            |                            |                           |                |
|---|----------------------------|----------------------------|---------------------------|----------------|
| SPECIMEN<br>220-720-4398-0                        | TYPE<br>S                  | PRIMARY LAB<br>HD          | REPORT STATUS<br>COMPLETE | Page #: 1      |
| ADDITIONAL INFORMATION                            |                            |                            |                           | SS#: ****-4685 |
| FASTING: N<br>PHONE: 713-464-4391 DOB: 10/08/1926 |                            |                            |                           |                |
| PATIENT NAME<br><b>BRUNSTING, NELVA</b>           |                            | SEX<br>F                   | AGE(YR./MOS.)<br>81 / 9   |                |
| PT. ADD.: 13630 PINEROCK<br>Houston TX 77079-0000 |                            |                            |                           |                |
| DATE OF COLLECTION TIME<br>8/07/2008 12:16        | DATE RECEIVED<br>8/08/2008 | DATE REPORTED<br>8/08/2008 | TIME<br>7:20              | 3892           |

|  |     |                            |
|--|-----|----------------------------|
| CLINICAL INFORMATION<br>CD- 51066423843  |     |                            |
| PHYSICIAN ID.<br>WHITE R   | NPI | PATIENT ID.<br>481-30-4685 |
| ACCOUNT: Robert White, M.D.<br><br>2405 S. Gessner, Suite B<br>Houston TX 77063-0000<br>ACCOUNT NUMBER: 42888092 |     |                            |

| TEST | RESULT | LIMITS | LAB |
|------|--------|--------|-----|
|------|--------|--------|-----|

CBC With Differential/Platelet

|                        |       |          |             |    |
|------------------------|-------|----------|-------------|----|
| WBC                    | 8.1   | x10E3/uL | 4.0 - 10.5  | 01 |
| RBC                    | 4.43  | x10E6/uL | 3.80 - 5.10 | 01 |
| Hemoglobin             | 12.7  | g/dL     | 11.5 - 15.0 | 01 |
| Hematocrit             | 40.3  | %        | 34.0 - 44.0 | 01 |
| MCV                    | 91    | fL       | 80 - 98     | 01 |
| MCH                    | 28.7  | pg       | 27.0 - 34.0 | 01 |
| > MCHC                 | 31.6L | g/dL     | 32.0 - 36.0 | 01 |
| > RDW                  | 15.2H | %        | 11.7 - 15.0 | 01 |
| Platelets              | 207   | x10E3/uL | 140 - 415   | 01 |
| > Neutrophils          | 75 H  | %        | 40 - 74     | 01 |
| Lymphs                 | 15    | %        | 14 - 46     | 01 |
| Monocytes              | 8     | %        | 4 - 13      | 01 |
| Eos                    | 2     | %        | 0 - 7       | 01 |
| Basos                  | 0     | %        | 0 - 3       | 01 |
| Neutrophils (Absolute) | 6.1   | x10E3/uL | 1.8 - 7.8   | 01 |
| Lymphs (Absolute)      | 1.2   | x10E3/uL | 0.7 - 4.5   | 01 |
| Monocytes (Absolute)   | 0.6   | x10E3/uL | 0.1 - 1.0   | 01 |
| Eos (Absolute)         | 0.2   | x10E3/uL | 0.0 - 0.4   | 01 |
| Baso (Absolute)        | 0.0   | x10E3/uL | 0.0 - 0.2   | 01 |

Comp. Metabolic Panel (14)

|                     |       |        |             |    |
|---------------------|-------|--------|-------------|----|
| > Glucose, Serum    | 102 H | mg/dL  | 65 - 99     | 01 |
| BUN                 | 25    | mg/dL  | 5 - 26      | 01 |
| Creatinine, Serum   | 0.84  | mg/dL  | 0.50 - 1.50 | 01 |
| Glom Filt Rate, Est | >60   | mL/min | 60 - 128    |    |
| If African-American | >60   | mL/min | 60 - 128    |    |

Note: Persistent reduction for 3 months or more in an eGFR <60 mL/min/1.73 m2 defines CKD. Patients with eGFR values >/=60 mL/min/1.73 m2 may also have CKD if evidence of persistent proteinuria is present. Additional information may be found at [www.kdoqi.org](http://www.kdoqi.org).

|                        |      |        |            |    |
|------------------------|------|--------|------------|----|
| > BUN/Creatinine Ratio | 30 H |        | 8 - 27     |    |
| Sodium, Serum          | 137  | mmol/L | 135 - 145  | 01 |
| Potassium, Serum       | 4.5  | mmol/L | 3.5 - 5.2  | 01 |
| Chloride, Serum        | 98   | mmol/L | 97 - 108   | 01 |
| Carbon Dioxide, Total  | 28   | mmol/L | 20 - 32    | 01 |
| Calcium, Serum         | 9.6  | mg/dL  | 8.5 - 10.6 | 01 |
| Protein, Total, Serum  | 7.1  | g/dL   | 6.0 - 8.5  | 01 |
| Albumin, Serum         | 4.0  | g/dL   | 3.5 - 4.7  | 01 |
| Globulin, Total        | 3.1  | g/dL   | 1.5 - 4.5  |    |

|                            |                     |                        |             |
|----------------------------|---------------------|------------------------|-------------|
| Pat Name: BRUNSTING, NELVA | Pat ID: 481-30-4685 | Spec #: 220-720-4398-0 | Seq #: 3892 |
|----------------------------|---------------------|------------------------|-------------|

Results are Flagged in Accordance with Age Dependent Reference Ranges

**P6013**

Continued on Next Page

LCM Version: 03.21.00



LabCorp Houston  
7207 North Gessner, Houston, TX 77040-0000

Phone: 713-856-8288

|                            |           |                   |                           |           |
|----------------------------|-----------|-------------------|---------------------------|-----------|
| SPECIMEN<br>220-720-4398-0 | TYPE<br>S | PRIMARY LAB<br>HD | REPORT STATUS<br>COMPLETE | Page #: 2 |
|----------------------------|-----------|-------------------|---------------------------|-----------|

|                                     |  |                  |
|-------------------------------------|--|------------------|
| ADDITIONAL INFORMATION              |  | SS#: ***-**-4685 |
| FASTING: N                          |  |                  |
| PHONE: 713-464-4391 DOB: 10/08/1926 |  |                  |

|  |          |                         |
|--|----------|-------------------------|
| PATIENT NAME<br><b>BRUNSTING,NELVA</b> | SEX<br>F | AGE(YR./MOS.)<br>81 / 9 |
|--|----------|-------------------------|

|                          |    |            |
|--------------------------|----|------------|
| PT. ADD.: 13630 PINEROCK |    |            |
| Houston                  | TX | 77079-0000 |

|                         |               |               |      |      |
|-------------------------|---------------|---------------|------|------|
| DATE OF COLLECTION TIME | DATE RECEIVED | DATE REPORTED | TIME |      |
| 8/07/2008 12:16         | 8/08/2008     | 8/08/2008     | 7:20 | 3892 |

|                      |  |  |
|----------------------|--|--|
| CLINICAL INFORMATION |  |  |
| CD- 51066423843      |  |  |

|                          |     |                            |
|--------------------------|-----|----------------------------|
| PHYSICIAN ID.<br>WHITE R | NPI | PATIENT ID.<br>481-30-4685 |
|--------------------------|-----|----------------------------|

|                            |    |            |
|----------------------------|----|------------|
| ACCOUNT: Robert White,M.D. |    |            |
| 2405 S. Gessner, Suite B   |    |            |
| Houston                    | TX | 77063-0000 |
| ACCOUNT NUMBER: 42888092   |    |            |

| TEST                    | RESULT    | LIMITS    | LAB |
|-------------------------|-----------|-----------|-----|
| A/G Ratio               | 1.3       | 1.1 - 2.5 |     |
| Bilirubin, Total        | 0.4 mg/dL | 0.1 - 1.2 | 01  |
| Alkaline Phosphatase, S | 89 IU/L   | 25 - 165  | 01  |
| AST (SGOT)              | 29 IU/L   | 0 - 40    | 01  |
| ALT (SGPT)              | 16 IU/L   | 0 - 40    | 01  |

|  |                              |
|--|------------------------------|
| LAB: 01 HD LabCorp Houston                 | DIRECTOR: Pamela Holder D MD |
| 7207 North Gessner, Houston, TX 77040-0000 |                              |

|                           |                     |                        |             |
|---------------------------|---------------------|------------------------|-------------|
| Pat Name: BRUNSTING,NELVA | Pat ID: 481-30-4685 | Spec #: 220-720-4398-0 | Seq #: 3892 |
|---------------------------|---------------------|------------------------|-------------|

Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report

**P6014**

LCM Version: 03.21.00

|   |                            |                            |                           |                  |
|---|----------------------------|----------------------------|---------------------------|------------------|
| SPECIMEN<br>022-720-5382-0                        | TYPE<br>S                  | PRIMARY LAB<br>HD          | REPORT STATUS<br>COMPLETE | Page #: 1        |
| ADDITIONAL INFORMATION                            |                            |                            |                           | SS#: ***.**-4685 |
| FASTING: N<br>PHONE: 713-464-4391 DOB: 10/08/1926 |                            |                            |                           |                  |
| PATIENT NAME<br><b>BRUNSTING,NELVA</b>            |                            | SEX<br>F                   | AGE(YR./MOS.)<br>83 / 3   |                  |
| PT. ADD.: 13630 PINEROCK<br>Houston TX 77079-0000 |                            |                            |                           |                  |
| DATE OF COLLECTION TIME<br>1/22/2010 11:24        | DATE RECEIVED<br>1/23/2010 | DATE REPORTED<br>1/23/2010 | TIME<br>8:18              | 698              |

|   |                   |                            |
|---|-------------------|----------------------------|
| CLINICAL INFORMATION<br>CD- 51066461437   |                   |                            |
| PHYSICIAN ID.<br>WHITE R  | NPI<br>1437187549 | PATIENT ID.<br>481-30-4685 |
| ACCOUNT: Robert White,M.D.<br><br>2405 S. Gessner, Suite B<br>Houston TX 77063-0000 |                   |                            |
| ACCOUNT NUMBER: 42888092  |                   |                            |

| TEST | RESULT | LIMITS | LAB |
|------|--------|--------|-----|
|------|--------|--------|-----|

CBC With Differential/Platelet

|   |       |             |             |    |
|---|-------|-------------|-------------|----|
| WBC   | 8.1   | x10E3/uL    | 4.0 - 10.5  | 01 |
| RBC   | 4.40  | x10E6/uL    | 3.80 - 5.10 | 01 |
| Hemoglobin  | 13.1  | g/dL        | 11.5 - 15.0 | 01 |
| Hematocrit  | 39.5  | %           | 34.0 - 44.0 | 01 |
| MCV   | 90    | fL          | 80 - 98     | 01 |
| MCH   | 29.9  | pg          | 27.0 - 34.0 | 01 |
| MCHC  | 33.2  | g/dL        | 32.0 - 36.0 | 01 |
| RDW   | 14.1  | %           | 11.7 - 15.0 | 01 |
| Platelets   | 184   | x10E3/uL    | 140 - 415   | 01 |
| > Neutrophils   | 78 H  | %           | 40 - 74     | 01 |
| > Lymphs  | 12 L  | %           | 14 - 46     | 01 |
| Monocytes   | 8     | %           | 4 - 13      | 01 |
| Eos   | 2     | %           | 0 - 7       | 01 |
| Basos   | 0     | %           | 0 - 3       | 01 |
| Neutrophils (Absolute)  | 6.3   | x10E3/uL    | 1.8 - 7.8   | 01 |
| Lymphs (Absolute)   | 1.0   | x10E3/uL    | 0.7 - 4.5   | 01 |
| Monocytes (Absolute)  | 0.6   | x10E3/uL    | 0.1 - 1.0   | 01 |
| Eos (Absolute)  | 0.2   | x10E3/uL    | 0.0 - 0.4   | 01 |
| Baso (Absolute)   | 0.0   | x10E3/uL    | 0.0 - 0.2   | 01 |
| Comp. Metabolic Panel (14)  |       |             |             |    |
| > Glucose, Serum  | 108 H | mg/dL       | 65 - 99     | 01 |
| BUN   | 20    | mg/dL       | 5 - 26      | 01 |
| Creatinine, Serum   | 0.95  | mg/dL       | 0.57 - 1.00 | 01 |
| > eGFR  | 56 L  | mL/min/1.73 | >59         | 01 |
| eGFR AfricanAmerican  | >59   | mL/min/1.73 | >59         | 01 |
| Note: Persistent reduction for 3 months or more in an eGFR <60 mL/min/1.73 m2 defines CKD. Patients with eGFR values >/=60 mL/min/1.73 m2 may also have CKD if evidence of persistent proteinuria is present. Additional information may be found at www.kdoqi.org. |       |             |             |    |
| BUN/Creatinine Ratio  | 21    |             | 8 - 27      | 01 |
| Sodium, Serum   | 139   | mmol/L      | 135 - 145   | 01 |
| Potassium, Serum  | 4.5   | mmol/L      | 3.5 - 5.2   | 01 |
| Chloride, Serum   | 99    | mmol/L      | 97 - 108    | 01 |
| Carbon Dioxide, Total   | 28    | mmol/L      | 20 - 32     | 01 |
| Calcium, Serum  | 9.9   | mg/dL       | 8.6 - 10.2  | 01 |
| Protein, Total, Serum   | 7.2   | g/dL        | 6.0 - 8.5   | 01 |
| Albumin, Serum  | 3.9   | g/dL        | 3.5 - 4.7   | 01 |
| Globulin, Total   | 3.3   | g/dL        | 1.5 - 4.5   | 01 |

|                           |                     |                        |            |
|---------------------------|---------------------|------------------------|------------|
| Pat Name: BRUNSTING,NELVA | Pat ID: 481-30-4685 | Spec #: 022-720-5382-0 | Seq #: 698 |
|---------------------------|---------------------|------------------------|------------|

Results are Flagged in Accordance with Age Dependent Reference Ranges

**P6015**

Continued on Next Page

LCM Version: 03.23.00



LabCorp Houston  
7207 North Gessner, Houston, TX 77040-0000

Phone: 713-856-8288

|                            |           |                   |                           |           |
|----------------------------|-----------|-------------------|---------------------------|-----------|
| SPECIMEN<br>022-720-5382-0 | TYPE<br>S | PRIMARY LAB<br>HD | REPORT STATUS<br>COMPLETE | Page #: 2 |
|----------------------------|-----------|-------------------|---------------------------|-----------|

|   |  |                |
|---|--|----------------|
| ADDITIONAL INFORMATION                            |  | SS#: ****-4685 |
| FASTING: N<br>PHONE: 713-464-4391 DOB: 10/08/1926 |  |                |

|   |  |  |
|---|--|--|
| CLINICAL INFORMATION<br>CD- 51066461437 |  |  |
|---|--|--|

|   |          |                         |
|---|----------|-------------------------|
| PATIENT NAME<br><b>BRUNSTING, NELVA</b> | SEX<br>F | AGE(YR./MOS.)<br>83 / 3 |
|---|----------|-------------------------|

|                          |                   |                            |
|--------------------------|-------------------|----------------------------|
| PHYSICIAN ID.<br>WHITE R | NPI<br>1437187549 | PATIENT ID.<br>481-30-4685 |
|--------------------------|-------------------|----------------------------|

|   |  |  |
|---|--|--|
| PT. ADD.: 13630 PINEROCK<br>Houston TX 77079-0000 |  |  |
|---|--|--|

|  |  |  |
|--|--|--|
| ACCOUNT: Robert White, M.D.<br><br>2405 S. Gessner, Suite B<br>Houston TX 77063-0000<br>ACCOUNT NUMBER: 42888092 |  |  |
|--|--|--|

|  |                            |                            |              |     |
|--|----------------------------|----------------------------|--------------|-----|
| DATE OF COLLECTION TIME<br>1/22/2010 11:24 | DATE RECEIVED<br>1/23/2010 | DATE REPORTED<br>1/23/2010 | TIME<br>8:18 | 698 |
|--|----------------------------|----------------------------|--------------|-----|

| TEST | RESULT | LIMITS | LAB |
|------|--------|--------|-----|
|------|--------|--------|-----|

|   |              |               |    |
|---|--------------|---------------|----|
| A/G Ratio   | 1.2          | 1.1 - 2.5     |    |
| Bilirubin, Total  | 0.4 mg/dL    | 0.1 - 1.2     | 01 |
| Alkaline Phosphatase, S   | 71 IU/L      | 25 - 165      | 01 |
| AST (SGOT)  | 24 IU/L      | 0 - 40        | 01 |
| ALT (SGPT)  | 13 IU/L      | 0 - 40        | 01 |
| Thyroid Panel With TSH  |              |               |    |
| TSH   | 3.040 uIU/mL | 0.450 - 4.500 | 01 |
| ***Effective January 25, 2010, TSH reference interval for**<br>11 - 19 years will be changing to: 0.450 - 4.500 uIU/mL<br>Reference interval for all other ages will NOT be affected. |              |               |    |
| Thyroxine (T4)  | 6.7 ug/dL    | 4.5 - 12.0    | 01 |
| T3 Uptake   | 33 %         | 24 - 39       | 01 |
| Free Thyroxine Index  | 2.2          | 1.2 - 4.9     |    |

|  |                              |
|--|------------------------------|
| LAB: 01 HD LabCorp Houston<br>7207 North Gessner, Houston, TX 77040-0000 | DIRECTOR: Pamela Holder D MD |
|--|------------------------------|

|                            |                     |                        |            |              |
|----------------------------|---------------------|------------------------|------------|--------------|
| Pat Name: BRUNSTING, NELVA | Pat ID: 481-30-4685 | Spec #: 022-720-5382-0 | Seq #: 698 | <b>P6016</b> |
|----------------------------|---------------------|------------------------|------------|--------------|

Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report

LCM Version: 03.23.00

## PROGRESS NOTE


**PATIENT: BRUNSTING, NELVA**  
April 3, 2008 CLINIC NOTE:

Ms. Brunsting is the patient of Dr. Robert White. She evidently did not hospitalize. She had flu in January 2008, followed by bacterial pneumonia in February 2008 and was treated by Dr. White with antibiotics. She has had significant weight loss over that time. She does get some shortness of breath, but she does not have any chest pain. She just feels generally weak at times. She is trying to increase her calorie intake and restore her weight.

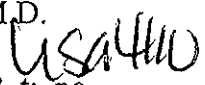
**Physical Examination:** When I examined her, her weight was 135 pounds, the nurse got her blood pressure 130/92 and I got 140/84 with a heart rate at rest between 96 and 100. Her carotid pulses are palpable with no bruits. Her breath sounds are equal. I do not appreciate wheezes. Her heart rate is borderline tachycardic, but no S3 gallop appreciated. PMI is just lateral to the mid axillary line. Abdomen is flat and nontender. Femoral pulses are palpable. Extremities: There is no edema. Distal pulses are fairly palpable.

**Diagnostic Studies:** On an echocardiogram in a followup, she has a sinus rhythm with heart rate of 87 and it appears to be similar except for the rate compared to an EKG of June 6, 2006.

**Assessment:** 1. Weight loss secondary to generally feeling ill with pneumonia etc, which she is getting over and relatively elevated heart rate at rest. I would like her to have an echocardiogram to compare to the study done in July 2006. At that time, overall LV function appear to be normal. On return visit, I am going to recheck her heart rate and blood pressure as well as weight. If her heart rate is still elevated and if the echo is normal, we may consider doing thyroid function testing.

  
Harold A. Condara, Jr., M.D., F.A.C.C.

cc: Robert E. White, M.D.

dd: 04.03.08 dt: 04.04.08 t: nc  


P6017



## Radiology Exam Report

Patient Name: BRUNSTING, NELVA E

MRN: 34316922

FIN: 343169228145

Patient Type: EC Emergency Center

Accession No: 08-145-002009

Exam Date/Time: 5/24/2008 10:26 PM

Ordering Physician: Trujillo, Jorge D

Transcribed Date/Time: 5/24/2008 10:26 PM

Radiologist: Mehta, Snehal D

Reason for Exam: Pain

DOB/Age/Sex: 10/8/1926 81 Years Female

Location: MC JEC5/ EC05/ 38

Exam: Abdomen acute series comp w chest 1 view

Exam Status: Completed

Transcriptionist: Mehta, Snehal D

Report Status: Final

Resident:

Co-Sign: Mehta, Snehal D

---

### Radiology Report

Exam: Abdomen three views

History: Abdominal pain

Comparison Study: CT chest dated September 1, 2005

Findings: Supine and upright views of the abdomen demonstrate presence of contrast in this, presumably from earlier administration for CT scan. Nonspecific bowel gas pattern is noted. There is no evidence of free intraperitoneal air. Scoliosis of the thoracic lumbar spine is noted convex to the right in the upper portion and convex to the left, and L3-L4 level. Obvious calculi or calcifications or not seen. Artifacts related to visons clothing noted. Chronic changes are seen in the lung bases. Subpleural thickening and scarring is seen in the right apex and right mid and lower lung field. Presence of 2 nodular densities are seen in the left midlung field of unknown etiology. Multiple nodular densities in cavitory lesions were seen on the prior CT examination of the chest on September 1, 2005. The 2 nodular densities noted on the left side seem to correspond to the nodular density seen on current examination.

Impression:

1. Two nodular densities noted in the left mid and lower lung fields are probably unchanged when compared to prior CT scan of September 1, 2005. Chronic pleural-parenchymal changes are seen. Nonspecific bowel gas pattern.

Read by: Mehta, Snehal D

Dictated Date/time: 05/24/08 10:45 pm

Electronically Signed by: Mehta, Snehal D, M.D. 05/24/08 10:45 pm

FINAL REPORT

P6019

\*\*\* END OF REPORT \*\*\*

Page 1

Printed Date/Time: 6/2/2008 11:40:58 AM

## Memorial Hermann - Memorial City

Emergency Department  
920 Frostwood Drive  
Houston, TX 77024  
(713) 932-3070

**DISCHARGE INSTRUCTIONS FOR:**  
**FOR TODAY'S VISIT ON:**

**Nelva Brunsting**  
**Saturday 5/24/2008**

Care provided by Brusatori, Nika MD with the diagnosis of Abdominal Pain , Pneumonia, Hyperkalemia.

Thank you for using Memorial Hermann - Memorial City for your treatment today. The discharge instructions for today's visit are outlined below.

- 
- ABDOMINAL PAIN, Unknown Cause
  - HYPERKALEMIA
  - Zithromax (Z-pak) 1 (one) Dose Pak AS DIRECTED
- Hasnain, Syed Z MD (Family Practice, Internal Medicine, General Internal Med)
- Prvt MD Tomorrow
  - Selected Referral MD as needed

---

**Special Notes:**

YOU WERE GIVEN KAYEXALATE IN THE ER. RETURN FOR ANY REPEAT ABDOMINAL PAIN, FEVER, OR OTHER NEW CONCERNS.

---

Thanks again for using Memorial Hermann - Memorial City for your care today. It is important for you to know that the examination, treatment and x-ray reading you have received in the Emergency Care Center today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

**X-RAYS and LAB TESTS:**

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get results. If there is a change in the x-ray diagnosis or a positive culture we will contact you. **(Make sure we have your local phone number.)**

**MEDICATIONS:**

If you received a prescription for medication(s) today it is important that when you fill this you let the pharmacists know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

**I hereby acknowledge that I have received and understand the above instructions and prescriptions (if any).**

---

Nelva Brunsting

---

ED Physician or Nurse



MRN # 034316922

Date \_\_\_\_\_

**Patient Copy**

---

## PROBLEM(S)

### ABDOMINAL PAIN, UNCERTAIN CAUSE

Based on your visit today, the exact cause of your abdominal (stomach) pain is not certain. Your condition does not seem serious now; however, the signs of a serious problem may take more time to appear. Therefore, it is important for you to watch for any new symptoms or worsening of your condition.

#### HOME CARE:

- 1) Rest until you are feeling better.
- 2) Eat a light diet with foods that are easy to digest. Avoid fried or fatty foods, meat, alcohol and spicy foods, until you are feeling better.
- 3) Watch for the warning signs below.

**FOLLOW UP** with your doctor or this facility as instructed, or if your pain does not begin to improve in the next 24 hours.

**RETURN PROMPTLY** or contact your doctor if any of the following new symptoms occur:

- Pain gets worse or moves to the right lower abdomen
- Vomiting or diarrhea
- Fever over 100 (oral)
- Blood in vomit or bowel movements (dark red or black color)
- Jaundice (yellow color of eyes and skin)
- Weakness, dizziness or fainting
- Painful urination or blood in urine
- Chest, arm, back, neck or jaw pain
- Cough, trouble breathing, colored or bloody sputum
- Vaginal discharge
- Unexpected or heavy vaginal bleeding or passage of tissue (gray or pink membrane)

### HYPERKALEMIA

Hyperkalemia is a condition caused by too much potassium in the blood. Most often this occurs in patients taking potassium supplements, or those with severe kidney disease.

Mild hyperkalemia usually causes no symptoms. It is only discovered with a blood test. As the potassium level rises, symptoms may include weakness, heart palpitations (rapid or irregular heartbeats), nausea, vomiting or diarrhea.

#### HOME CARE:

Follow your doctor's advice about any potassium supplements and diuretics (water pills) you may be taking. Additional prescription medicines may also be given to remove excess potassium.

**FOLLOW UP** with your doctor for a repeat blood test within the next week, unless told otherwise.

**RETURN PROMPTLY** if you experience any of the following:

- Increasing weakness
- Dizziness
- Irregular heartbeat, extra beats, very fast or very slow heart rate
- Fainting spell

---

## **PRESCRIPTION(S)**

---

## **REFERRAL(S)**

You are being referred to the following physician(s)

**Hasnain, Syed Z MD (Family Practice, Internal Medicine, General Internal Med)**  
902 Frostwood Dr Ste 253  
Houston, Texas 77024  
713-461-4500

---

## **WHEN TO FOLLOW-UP**

Follow up with your private physician TOMORROW. If symptoms worsen, return to the Emergency Department.

Follow up with Hasnain, Syed Z MD as needed. If symptoms worsen, return to ED.

\* Final Report \*

CT examination of the pelvis demonstrates no evidence of mass or lymphadenopathy. The urinary bladder appears unremarkable. The uterus is atrophic and appears normal. Ovaries are atrophic and not identified. There is no evidence of inguinal lymphadenopathy. Scoliosis of the lumbar spine and facet arthropathy in the lower lumbar spine are noted.

Impression:

1. Consolidation in the left lower lobe. A few nodular densities in the lung bases. Consolidation in the left lung base demonstrates interval change compared to prior CT examination of 2005 and further evaluation may be considered with CT scan of the chest as well as correlation with the patient's clinical presentation. Evidence of scoliosis and degenerative changes in the lumbar spine. Left renal cyst.

Signature Line

-  
-

Read by: Mehta, Snehal D

Dictated Date/time: 05/25/08 1:09 am

Electronically Signed by: Mehta, Snehal D , M.D. 05/25/08 1:09 am

FINAL REPORT

Completed Action List:

- \* Order by Trujillo, Jorge D on May 24, 2008 9:53 PM
- \* Perform by Perez, Marlene R on May 25, 2008 12:41 AM
- \* VERIFY by Mehta, Snehal D on May 25, 2008 1:09 AM

\* Final Report \*

Result type: CT Abdomen/Pelvis w contrast and Abdomen  
Result date: May 25, 2008 12:41 AM  
Result status: Auth (Verified)  
Result title: Abdomen/Pelvis w contrast and Abd wo CT  
Performed by: Mehta, Snehal D on May 25, 2008 1:09 AM  
Cosigned by: Mehta, Snehal D on May 25, 2008 1:09 AM  
Verified by: Mehta, Snehal D on May 25, 2008 1:09 AM  
Encounter info: 343169228145, MC Mem City, EC Emergency Center, 5/24/2008 -

**\* Final Report \***

**Reason For Exam**

Abdominal Pain

**Radiology Report**

Exam: CT abdomen with and without contrast; CT pelvis with contrast:

History: Abdominal pain & pelvis

Comparison Study: None.

Findings: Following oral contrast administration, contiguous axial sections are obtained through the abdomen. Following intravenous administration of 100 cc of Omnipaque-300, contiguous axial sections are obtained through the abdomen and pelvis including delayed imaging, as per protocol.

A large area of consolidation is noted in the left lower lobe with air bronchograms. Two nodular densities are noted in the lung bases bilaterally. The kidneys demonstrate no evidence of renal calculi or calcifications. The liver and spleen are normal in size, attenuation, enhancement and outline.

Normal appearance of the gallbladder, biliary tree, pancreas and adrenal glands are noted. The kidneys demonstrate normal size shape and outline demonstrating normal enhancement and contrast excretion. A cyst in the lower pole of the left kidney is noted and measures 1.6 cm in maximum diameter. Normal appearance of the aorta, IVC and retroperitoneum are noted.

The visualized bowel loops appear normal. There is no evidence of free intraperitoneal fluid or air.

Appendix is not identified and may be absent surgically. No evidence of free intraperitoneal fluid or air is noted.

Printed by: Brusatori, Nika Elizabeth MD  
Printed on: 5/25/2008 1:21 AM

Page 1 of 2  
(Continued)

**P6025**

Flowsheet Print Request

Patient: BRUNSTING, NELVA E  
MRN: 34316922

Date Range: 5/23/2008 12:49 AM - 5/26/2008 12:49 AM

Printed by: Brusatori, Nika Elizabeth MD  
Printed on: 5/25/2008 1:22 AM

| Quick View              | 5/25/2008 12:41 | 5/24/2008 10:26 | 5/24/2008 9:50 | 5/24/2008 12:00 |
|-------------------------|-----------------|-----------------|----------------|-----------------|
|                         | AM              | PM              | PM             | AM              |
| <b>ELECTROLYTES</b>     |                 |                 |                |                 |
| ☐ SODIUM LEVEL          |                 |                 | 139            |                 |
| ☐ POTASSIUM LEVEL       |                 |                 | 5.4 H          |                 |
| ☐ CHLORIDE LEVEL        |                 |                 | 101            |                 |
| ☐ CO2 LEVEL             |                 |                 | 33 H           |                 |
| ☐ ANION GAP             |                 |                 | 10             |                 |
| <b>CHEM PANEL</b>       |                 |                 |                |                 |
| ☐ CREATININE            |                 |                 | 0.8            |                 |
| ☐ BUN                   |                 |                 | 17             |                 |
| ☐ GLUCOSE LEVEL         |                 |                 | 99             |                 |
| ☐ PROTEIN TOTAL         |                 |                 | 6.8            |                 |
| ☐ ALBUMIN               |                 |                 | 3.3 L          |                 |
| ☐ CALCIUM LEVEL         |                 |                 | 10.0           |                 |
| ☐ ALT (SGPT)            |                 |                 | 17             |                 |
| ☐ AST (SGOT)            |                 |                 | 30             |                 |
| ☐ ALK PHOS              |                 |                 | 69             |                 |
| ☐ BILIRUBIN TOTAL       |                 |                 | 0.5            |                 |
| ☐ AMYLASE LEVEL         |                 |                 | 62             |                 |
| ☐ LIPASE LEVEL          |                 |                 | 32             |                 |
| <b>CBC</b>              |                 |                 |                |                 |
| ☐ WBC                   |                 |                 | 7.8            |                 |
| ☐ RBC                   |                 |                 | 4.26           |                 |
| ☐ HEMOGLOBIN            |                 |                 | 12.4           |                 |
| ☐ HEMATOCRIT            |                 |                 | 37.3           |                 |
| ☐ MCV                   |                 |                 | 87.5           |                 |
| ☐ MCH                   |                 |                 | 29.0           |                 |
| ☐ MCHC                  |                 |                 | 33.2           |                 |
| ☐ RDW                   |                 |                 | 13.3           |                 |
| ☐ PLATELET              |                 |                 | 229            |                 |
| ☐ MPV                   |                 |                 | 7.8            |                 |
| <b>DIFF</b>             |                 |                 |                |                 |
| ☐ SEGMENTED NEUTROPHILS |                 |                 | 64.0           |                 |
| ☐ BANDS                 |                 |                 | 0.0            |                 |
| ☐ LYMPHOCYTES           |                 |                 | 23.1           |                 |
| ☐ ATYPICAL LYMPHS       |                 |                 | .0             |                 |
| ☐ MONOCYTES             |                 |                 | 10.0           |                 |
| ☐ EOSINOPHILS           |                 |                 | 2.7            |                 |
| ☐ BASOPHILS             |                 |                 | .2             |                 |
| ☐ SEG-BAND#             |                 |                 | 5.0            |                 |
| ☐ LYMPH#                |                 |                 | 1.8            |                 |
| ☐ MONO#                 |                 |                 | .8             |                 |
| ☐ EOS#                  |                 |                 | .2             |                 |
| ☐ BASO#                 |                 |                 | .0             |                 |
| <b>URINALYSIS</b>       |                 |                 |                |                 |
| U TURBIDITY             |                 |                 | CLEAR          |                 |
| U COLOR                 |                 |                 | YELLOW         |                 |
| U PH                    |                 |                 | 7.5            |                 |
| U SPEC GRAVITY          |                 |                 | 1.010          |                 |

Flowsheet Print Request

Patient: BRUNSTING, NELVA E  
MRN: 34316922

Date Range: 5/23/2008 12:49 AM - 5/26/2008 12:49 AM

Printed by: Brusatori, Nika Elizabeth MD  
Printed on: 5/25/2008 1:22 AM

| Quick View                               | 5/25/2008 12:41 | 5/24/2008 10:26 | 5/24/2008 9:50 | 5/24/2008 12:00  |
|--|-----------------|-----------------|----------------|------------------|
|  | AM              | PM              | PM             | AM               |
| U GLUCOSE                                |                 |                 | NEGATIVE       |                  |
| U BLOOD                                  |                 |                 | SMALL          |                  |
| U KETONES                                |                 |                 | NEGATIVE       |                  |
| U PROTEIN                                |                 |                 | NEGATIVE       |                  |
| U UROBILINOGEN                           |                 |                 | 0.2            |                  |
| U BILIRUBIN                              |                 |                 | NEGATIVE       |                  |
| U LEUKOCYTE ESTER                        |                 |                 | NEGATIVE       |                  |
| U NITRITE                                |                 |                 | NEGATIVE       |                  |
| U WBC/HPF                                |                 |                 | 0-2            |                  |
| U RBC/HPF                                |                 |                 | 0-2            |                  |
| U BACTERIA/HPF                           |                 |                 | NON SEEN       |                  |
| <b>RAD CT</b>                            |                 |                 |                |                  |
| CT Abdomen/Pelvis w contrast and Abdomen |                 | CT Abdomen/Pel  |                |                  |
| <b>RAD GU</b>                            |                 |                 |                |                  |
| ABDOMEN 3 VIEWS                          |                 | Abdomen 3 view  |                |                  |
| <b>Consent Documents (Imaged)</b>        |                 |                 |                |                  |
| Consent for Treatment (Imaged)           |                 |                 |                | Consent for Trea |
| <b>FINANCIAL AGREEMENTS IMAGED</b>       |                 |                 |                |                  |
| Financial Agreement (Imaged)             |                 |                 |                | Financial Agree  |

**Excel Diagnostic Imaging Clinics**

9701 Richmond Avenue

Suite 122

Houston, TX 77047

Phone: 713-781-6200

Fax: 713-781-6206

**To: ROBERT E. WHITE, M.D.**  
**2405 S. GESSNER STE B**  
**HOUSTON, TX 77063**

**Fax: 713-266-4744**

**Name: NELVA BRUNSTING**

**MRN #: 04-114513**

**Phone: 713-464-4391**

**DOB: 10/08/1926**

**Gender: Female**

**Exam Start: 4/18/2008 1:54:08PM**

**Referring Phys.: ROBERT E. WHITE, M.D.**

**EXAM:** CT Chest with contrast

**EXAM: CT CHEST WITH AND WITHOUT CONTRAST**

**IMPRESSION:**

1. Scattered bilateral lower lung tree-in-bud airspace opacities with mucous plugging and left basilar consolidation, infiltrates as described suggestive of inflammatory, infectious process.
2. Cavitory lesion within the right middle and lower lobes as described suggestive of prior chronic inflammatory, infectious process. Clinical work-up is required.
3. Approximately 5mm left thyroid hypodensity. Consider correlation with ultrasound to better evaluate if clinically warranted.

**HISTORY:** Persistent infiltrate and nodule of lung.

**TECHNIQUE:** Serial axial CT images of the chest with and without IV contrast at 5 mm thickness and intervals from the lung apices through the upper aspect of the abdomen using soft tissue, lung, and bone windows were obtained. Additionally, sagittal and coronal reconstruction images of the chest with IV contrast were obtained.

**CT CHEST FINDINGS:** PA and lateral chest x-ray from 01/30 and 02/11/08 are available for comparison.

There is an approximately 2.7 cm cavitory lesion within the superior segment of the right lower lobe best visualized on images 30 to 33 using lung windows at the level of the right hilum consistent with prior chest x-rays. Slightly more inferior is another cavitory lesion within the anterior aspect of the medial segment of the right middle lobe measuring 2.2 cm which correlates with prior chest x-rays as well. There is approximately 7 mm nodular density within the lateral segment of the right middle lobe visualized on image 37, series 3 using lung windows. There is mild scattered tree-in bud airspace opacities involving the lower half of both lungs predominantly involving the basilar segments of the right lower lobe. There is no significant change in the biapical pleural scarring.

There is scattered mucous plugging involving the lingular segments of the left upper lobe, as well as scattered throughout the left lower lobe with moderate consolidation, infiltrates involving the posterior aspect of the left lung base.

**FAXED**  
**P6028**  
**5/7/08**



**BRUNSTING, NELVA (Exam 73084)**

**MRN #: 04-114513**

The caliber of the aorta and pulmonary vasculature, as well as heart size are within normal limits. There is no lymphadenopathy, pleural effusion, or pneumothorax.

There is an approximately 5 mm hypodensity within the anterolateral aspect of the lower mid left thyroid gland as visualized on image 9, series 3. The limited images of the upper abdomen are grossly unremarkable.

There is no suspicious lytic or sclerotic lesions throughout the visualized bony structures.

**Babak Rejaie, MD**  
DR/cb 04/18/08

Sincerely,

Babak Rejaie, M.D.  
Electronically Signed: 4/20/08 5:11 pm



**FAXED**

**Thank you for referring NELVA BRUNSTING to Excel Diagnostic Imaging Clinics.**



LabCorp Houston  
7207 North Gessner, Houston, TX 77040-0000

Phone: 713-856-8288

|                            |           |                   |                           |           |
|----------------------------|-----------|-------------------|---------------------------|-----------|
| SPECIMEN<br>113-720-4711-0 | TYPE<br>S | PRIMARY LAB<br>HD | REPORT STATUS<br>COMPLETE | Page #: 1 |
|----------------------------|-----------|-------------------|---------------------------|-----------|

ADDITIONAL INFORMATION SS#: \*\*\*\*-\*\*-4685  
FASTING: N  
PHONE: 713-464-4391 DOB: 10/08/1926

|  |     |                            |
|--|-----|----------------------------|
| CLINICAL INFORMATION<br>CD- 51066422320  |     |                            |
| PHYSICIAN ID.<br>WHITE R   | NPI | PATIENT ID.<br>481-30-4685 |
| ACCOUNT: Robert White, M.D.<br>2405 S. Gessner, Suite B<br>Houston TX 77063-0000<br>ACCOUNT NUMBER: 42888092 |     |                            |

|   |                            |  |
|---|----------------------------|--|
| PATIENT NAME<br>BRUNSTING, NELVA                  | SEX<br>F                   | AGE (YR./MOS.)<br>.81 / 6                  |
| PT. ADD.: 13630 PINEROCK<br>Houston TX 77079-0000 |                            |  |
| DATE OF COLLECTION TIME<br>4/22/2008 11:59        | DATE RECEIVED<br>4/23/2008 | DATE REPORTED TIME<br>4/23/2008 10:27 2452 |

| TEST | RESULT | LIMITS | LAB |
|------|--------|--------|-----|
|------|--------|--------|-----|

Thyroid Panel With TSH

|   |              |               |    |
|---|--------------|---------------|----|
| TSH   | 4.913 uIU/mL | 0.350 - 5.500 | 01 |
| Adult TSH concentrations below 5.5 uIU/mL does not rule out the presence of subclinical hypothyroidism. |              |               |    |
| Thyroxine (T4)  | 6.3 ug/dL    | 4.5 - 12.0    | 01 |
| T3 Uptake   | 36 %         | 24 - 39       | 01 |
| Free Thyroxine Index  | 2.3          | 1.2 - 4.9     |    |

C-Reactive Protein, Cardiac

> C-Reactive Protein, Cardiac 13.12H mg/dL 0.00 - 3.00 01

Relative Risk for Future Cardiovascular Event

|         |             |
|---------|-------------|
| Low     | <1.00       |
| Average | 1.00 - 3.00 |
| High    | >3.00       |

|                               |          |        |    |
|-------------------------------|----------|--------|----|
| Sedimentation Rate-Westergren | 18 mm/hr | 0 - 30 | 01 |
|-------------------------------|----------|--------|----|

LAB: 01 HD LabCorp Houston DIRECTOR: Pamela Holder D MD  
7207 North Gessner, Houston, TX 77040-0000

*Pamela*  
5/17/08

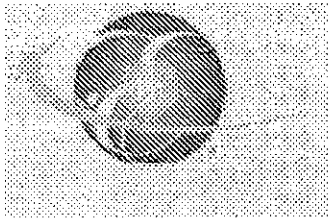
|                            |                     |                        |             |
|----------------------------|---------------------|------------------------|-------------|
| Pat Name: BRUNSTING, NELVA | Pat ID: 481-30-4685 | Spec #: 113-720-4711-0 | Seq #: 2452 |
|----------------------------|---------------------|------------------------|-------------|

**P6030**

Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report

LCM Version: 03.21.00



**Excel Diagnostic Imaging Clinics**

9701 Richmond Avenue

Suite 122

Houston, TX 77042

Phone: 713-781-6200

Fax: 713-781-6206

**To:** ROBERT E. WHITE, M.D.  
2405 S. GESSNER STE B  
HOUSTON, TX 77063

**Fax:** 713-266-4744

**Name:** NELVA BRUNSTING

**MRN #:** 04-114513

**Phone:** 713-464-4391

**DOB:** 10/08/1926

**Gender:** Female

**Exam Start:** 4/18/2008 1:54:08PM

**Referring Phys.:** ROBERT E. WHITE, M.D.

**Exam:** CT Chest with contrast

**EXAM:** CT CHEST WITH AND WITHOUT CONTRAST

**IMPRESSION:**

1. Scattered bilateral lower lung tree-in-bud airspace opacities with mucous plugging and left basilar consolidation, infiltrates as described suggestive of inflammatory, infectious process.
2. Cavitory lesion within the right middle and lower lobes as described suggestive of prior chronic inflammatory, infectious process. Clinical work-up is required.
3. Approximately 5mm left thyroid hypodensity. Consider correlation with ultrasound to better evaluate if clinically warranted.

**HISTORY:** Persistent infiltrate and nodule of lung.

**TECHNIQUE:** Serial axial CT images of the chest with and without IV contrast at 5 mm thickness and intervals from the lung apices through the upper aspect of the abdomen using soft tissue, lung, and bone windows were obtained. Additionally, sagittal and coronal reconstruction images of the chest with IV contrast were obtained.

**CT CHEST FINDINGS:** PA and lateral chest x-ray from 01/30 and 02/11/08 are available for comparison.

There is an approximately 2.7 cm cavitory lesion within the superior segment of the right lower lobe best visualized on images 30 to 33 using lung windows at the level of the right hilum consistent with prior chest x-rays. Slightly more inferior is another cavitory lesion within the anterior aspect of the medial segment of the right middle lobe measuring 2.2 cm which correlates with prior chest x-rays as well. There is approximately 7 mm nodular density within the lateral segment of the right middle lobe visualized on image 37, series 3 using lung windows. There is mild scattered tree-in-bud airspace opacities involving the lower half of both lungs predominantly involving the basilar segments of the right lower lobe. There is no significant change in the biapical pleural scarring.

There is scattered mucous plugging involving the lingular segments of the left upper lobe, as well as scattered throughout the left lower lobe with moderate consolidation, infiltrates involving the posterior aspect of the left lung base.

The caliber of the aorta and pulmonary vasculature, as well as heart size are within normal limits. There is no

**BRUNSTING, NELVA (Exam 73084)**

**MRN #: 04-114513**

lymphadenopathy, pleural effusion, or pneumothorax.

There is an approximately 5 mm hypodensity within the anterolateral aspect of the lower mid left thyroid gland as visualized on image 9, series 3. The limited images of the upper abdomen are grossly unremarkable.

There is no suspicious lytic or sclerotic lesions throughout the visualized bony structures.

**Babak Rejaie, MD**

**BR/cb 04/18/08**

Sincerely,

Babak Rejaie, M.D.

Electronically Signed: 4/20/08 5:11 pm



**Thank you for referring NELVA BRUNSTING to Excel Diagnostic Imaging Clinics.**



LabCorp Houston  
7207 North Gessner, Houston, TX 77040-0000

Phone: 713-856-8288

|   |                            |                            |                           |            |  |
|---|----------------------------|----------------------------|---------------------------|------------|--|
| SPECIMEN<br>106-720-3706-0                        | TYPE<br>S                  | PRIMARY LAB<br>HD          | REPORT STATUS<br>COMPLETE | Page #: 1  |  |
| ADDITIONAL INFORMATION                            |                            |                            | SS#: ***-**-4685          |            |  |
| FASTING: N<br>PHONE: 713-464-4391 DOB: 10/08/1926 |                            |                            |                           |            |  |
| PATIENT NAME<br>BRUNSTING, NELVA                  |                            | SEX<br>F                   | AGE (YR./MOS.)<br>81 / 6  |            |  |
| PT. ADD.: 13630 PINEROCK<br>Houston TX 77079-0000 |                            |                            |                           |            |  |
| DATE OF COLLECTION TIME<br>4/15/2008 14:26        | DATE RECEIVED<br>4/16/2008 | DATE REPORTED<br>4/16/2008 | TIME<br>7:30              | 2363       |  |
| TEST  |                            | RESULT                     |                           | LIMITS LAB |  |

|  |     |                            |
|--|-----|----------------------------|
| CLINICAL INFORMATION<br>CD- 51066422219  |     |                            |
| PHYSICIAN ID.<br>WHITE R   | NPI | PATIENT ID.<br>481-30-4685 |
| ACCOUNT: Robert White, M.D.<br>2405 S. Gessner, Suite B<br>Houston TX 77063-0000<br>ACCOUNT NUMBER: 42888092 |     |                            |

Comp. Metabolic Panel (14)

|   |                         |      |        |            |    |
|---|-------------------------|------|--------|------------|----|
| > | Glucose, Serum          | 61 L | mg/dL  | 65 - 99    | 01 |
|   | BUN                     | 26   | mg/dL  | 5 - 26     | 01 |
|   | Creatinine, Serum       | 0.9  | mg/dL  | 0.5 - 1.5  | 01 |
| > | BUN/Creatinine Ratio    | 29 H |        | 8 - 27     |    |
|   | Sodium, Serum           | 140  | mmol/L | 135 - 145  | 01 |
|   | Potassium, Serum        | 4.6  | mmol/L | 3.5 - 5.2  | 01 |
|   | Chloride, Serum         | 98   | mmol/L | 97 - 108   | 01 |
|   | Carbon Dioxide, Total   | 29   | mmol/L | 20 - 32    | 01 |
|   | Calcium, Serum          | 9.6  | mg/dL  | 8.5 - 10.6 | 01 |
|   | Protein, Total, Serum   | 6.7  | g/dL   | 6.0 - 8.5  | 01 |
|   | Albumin, Serum          | 3.5  | g/dL   | 3.5 - 4.7  | 01 |
|   | Globulin, Total         | 3.2  | g/dL   | 1.5 - 4.5  |    |
|   | A/G Ratio               | 1.1  |        | 1.1 - 2.5  |    |
|   | Bilirubin, Total        | 0.4  | mg/dL  | 0.1 - 1.2  | 01 |
|   | Alkaline Phosphatase, S | 88   | IU/L   | 25 - 165   | 01 |
|   | AST (SGOT)              | 35   | IU/L   | 0 - 40     | 01 |
|   | ALT (SGPT)              | 17   | IU/L   | 0 - 40     | 01 |

LAB: 01 HD LabCorp Houston  
7207 North Gessner, Houston, TX 77040-0000

DIRECTOR: Pamela Holder D MD

|                            |                     |                        |             |
|----------------------------|---------------------|------------------------|-------------|
| Pat Name: BRUNSTING, NELVA | Pat ID: 481-30-4685 | Spec #: 106-720-3706-0 | Seq #: 2363 |
|----------------------------|---------------------|------------------------|-------------|

**P6033**

Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report

LCM Version: 03.21.00

**Excel Diagnostic Imaging Clinics**

9701 Richmond Avenue

Suite 122

Houston, TX 77042

Phone: 713-781-6200

Fax: 713-781-6206

**To:** TOM MCGOWAN, M.D.  
902 FROSTWOOD  
#261  
HOUSTON, TX 77024  
Fax: 832-358-1602

**Name:** NELVA BRUNSTING  
**MRN #:** 04-114513  
**Phone:** 713-464-4391  
**DOB:** 10/08/1926      **Gender:** Female  
**Exam Start:** 2/11/2008 4:21:55PM  
**Referring Phys.:** TOM MCGOWAN, M.D.

**Exam:** CHEST  
**X-RAY OF THE CHEST (2-VIEW)**

**Indication:** Cough, shortness of breath.

**Impression:**

Stable cavitory lesion of the right lung with a nodule of the left mid lung and persistent left lower lobe alveolar opacity. Chest CT correlation is suggested.

**Comments:**

PA and lateral chest obtained on 2/11/08. Comparison is made to a prior study of 1/30/08.

The cavitory area of the right mid lung is again evident. There is improved aeration of the left lower lobe however there is persistent alveolar opacity. Chest CT correlation is suggested. In addition, there is a nodular area of the left mid lung. Giving the cavitory lesion and the nodule, neoplastic involvement is of concern and chest CT correlation is suggested.

The right costophrenic sulcus is sharp. The left costophrenic sulcus is blunted due to the alveolar opacity.

ST/ngb021208

Sincerely,

Saween Thompson M.D.  
Electronically Signed: 2/12/08 9:43 am

P6034

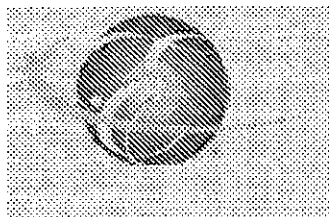
P6035

BRUNSTING, NELVA (Exam 68273)

MRN #: 04-114513



Thank you for referring NELVA BRUNSTING to Excel Diagnostic Imaging Clinics.

**Excel Diagnostic Imaging Clinics**

9701 Richmond Avenue  
Suite 122  
Houston, TX 77042  
Phone: 713-781-6200  
Fax: 713-781-6206

**To:** ROBERT E. WHITE, M.D.  
2405 S. GESSNER STE B  
HOUSTON, TX 77063

**Fax:** 713-266-4744

**Name:** NELVA BRUNSTING

**MRN #:** 04-114513

**Phone:** 713-464-4391

**DOB:** 10/08/1926

**Gender:** Female

**Exam Start:** 1/30/2008 11:45:28AM

**Referring Phys.:** ROBERT E. WHITE, M.D.

**Exam:** CHEST

**X-RAY OF THE CHEST (2-VIEW)**

**Indication:** Cough and fever.

**Impression:**

1. Left lower lobe alveolar opacity due to atelectasis and/or pneumonia.
2. Cystic cavitory area of the right mid lung with a vague nodular opacity over the left upper lung on the left seventh rib posteriorly and right lower lobe. Correlation with prior chest x-rays are suggested.

**Comments:**

PA and lateral chest obtained on 1/30/08.

There is alveolar opacity of the left lower lobe consistent with pneumonia. The left costophrenic sulcus is blunted. The right costophrenic sulcus is sharp. There is biapical, right greater than left, pleural thickening and nodularity. There is also a cystic cavitory area of the right mid lung field with some nodularity which could represent old TB. There is also a nodular area of the left mid lung with vague alveolar opacity in this region. Correlation with prior chest x-rays is suggested to be certain that there is no evidence of active TB as well. Follow-up for clearing of the left lower lobe pneumonia is suggested. The heart and hila are of normal configuration. There is mild tortuosity of the descending thoracic aorta with scoliosis of the spine and degenerative changes.

ST/ngb013008

Sincerely,



Saween Thompson M.D.

Electronically Signed: 1/31/08 11:44 am

**Addendum A**

**ADDENDUM:**

**Impression:**

1. Stable biapical pleural thickening.
2. Cavitory lesion of the right upper lobe and a right lung nodule which have progressed.
3. New left lower lobe alveolar opacity due to pneumonia. Chest CT correlation is suggested.

**Comments:**

Comparison to prior chest x-ray from 12/01/04 from Memorial Hermann Memorial City.

The left lower lobe alveolar opacity is new, consistent with pneumonia. The cavitory area of the right hilar region with a possible air fluid level is also new. This was not evident on prior chest x-ray. The nodule/nodular area of the right upper lobe may be involved in a cavitory lesion on the current examination. Further evaluation with chest CT is suggested. There is progression of disease in the right lung relative to the prior examination. The right apical pleural thickening and left apical pleural thickening are stable.

ST/ngb020408

Interpreting Radiologist

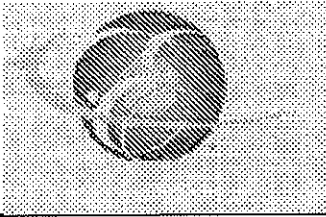
Saween Thompson M.D.

Addendum Electronically Signed: 2/4/08 4:49 pm

**Thank you for referring NELVA BRUNSTING to Excel Diagnostic Imaging Clinics.**

**Excel Diagnostic Imaging Clinics**

9701 Richmond Avenue  
Suite 122  
Houston, TX 77042  
Phone: 713-781-6200  
Fax: 713-781-6206



**To:** ROBERT E. WHITE, M.D.  
2405 S. GESSNER STE B  
HOUSTON, TX 77063  
  
Fax: 713-266-4744

**Name:** NELVA BRUNSTING  
**MRN #:** 04-114513  
**Phone:** 713-464-4391  
**DOB:** 10/08/1926 **Gender:** Female  
**Exam Start:** 1/30/2008 11:45:28AM  
**Referring Phys.:** ROBERT E. WHITE, M.D.

**Exam:** CHEST  
**X-RAY OF THE CHEST (2-VIEW)**

**Indication:** Cough and fever.

**Impression:**

1. Left lower lobe alveolar opacity due to atelectasis and/or pneumonia.
2. Cystic cavitary area of the right mid lung with a vague nodular opacity over the left upper lung on the left seventh rib posteriorly and right lower lobe. Correlation with prior chest x-rays are suggested.

**Comments:**

PA and lateral chest obtained on 1/30/08.

There is alveolar opacity of the left lower lobe consistent with pneumonia. The left costophrenic sulcus is blunted. The right costophrenic sulcus is sharp. There is biapical, right greater than left, pleural thickening and nodularity. There is also a cystic cavitary area of the right mid lung field with some nodularity which could represent old TB. There is also a nodular area of the left mid lung with vague alveolar opacity in this region. Correlation with prior chest x-rays is suggested to be certain that there is no evidence of active TB as well. Follow-up for clearing of the left lower lobe pneumonia is suggested. The heart and hila are of normal configuration. There is mild tortuosity of the descending thoracic aorta with scoliosis of the spine and degenerative changes.

ST/ngb013008

Sincerely,

**BRUNSTING, NELVA (Exam 67304)**

**MRN #: 04-114513**

Saween Thompson M.D.

*Electronically Signed: 1/31/08 11:44 am*

---

**Thank you for referring NELVA BRUNSTING to Excel Diagnostic Imaging Clinics.**

ID: #STAT#050516143906

D.O.B.: 10/08/1926 78 YEARS

in. lbs. B/P:

Meds:

Class:

Loc: 1

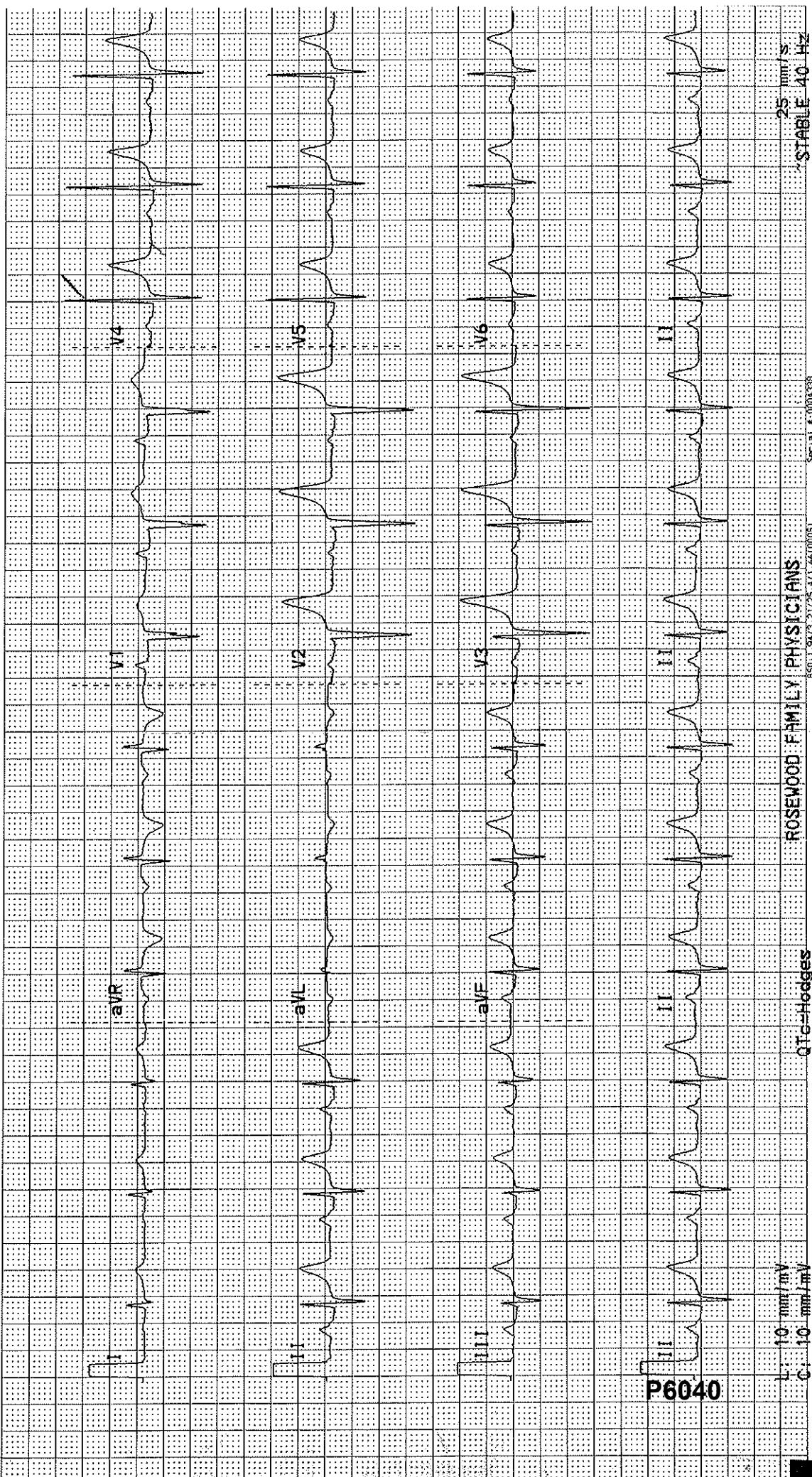
Dr:

|                |             |
|----------------|-------------|
| Vent. Rate:    | 72 bpm      |
| RR Interval:   | 828 ms      |
| PR Interval:   | 220 ms      |
| QRS Duration:  | 72 ms       |
| QT Interval:   | 374 ms      |
| QTc Interval:  | 395 ms      |
| QT Dispersion: | 32 ms       |
| P-R-T AXIS:    | 82° 16° 75° |

Abnormal ECG

\* Unconfirmed Analysis \*

Possible right atrial abnormality



P6040

L: 10 mm/mV  
C: 10 mm/mV

25 mm/s  
STABLE 40 Hz

ROSEWOOD FAMILY PHYSICIANS  
8501 9473 2/25-4/1 6610051

QTc=Hodges



|  |               |                            |                            |              |
|--|---------------|----------------------------|----------------------------|--------------|
| SPECIMEN<br>129-596-2482-0                         | TYPE<br>S     | PRIMARY LAB<br>HD          | REPORT STATUS<br>COMPLETE  | Page #: 1    |
| ADDITIONAL INFORMATION                             |               |                            | SS#: 481-30-4685           |              |
| FASTING: N<br>DOB: 10/08/1926                      |               |                            |                            |              |
| PATIENT NAME<br><b>BRUNSTING, NELVA</b>            |               | SEX<br>F                   | AGE(YR./MOS.)<br>78 / 7    |              |
| PT. ADDR.: 13630 PINEROCK<br>Houston TX 77079-0000 |               |                            |                            |              |
| DATE OF SPECIMEN<br>5/09/2005                      | TIME<br>11:25 | DATE RECEIVED<br>5/09/2005 | DATE REPORTED<br>5/10/2005 | TIME<br>7:21 |
|  |               |                            |                            | 6243         |

|  |                            |
|--|----------------------------|
| CLINICAL INFORMATION<br>CD- 51066406544  |                            |
| PHYSICIAN ID.<br>WHITE R   | PATIENT ID.<br>481-30-4685 |
| ACCOUNT: Robert White, M.D.<br><br>9000 Westheimer, Ste. #100<br>Houston TX 77063-0000 |                            |
| ACCOUNT NUMBER: 42888092   |                            |

| TEST | RESULT | LIMITS | LAB |
|------|--------|--------|-----|
|------|--------|--------|-----|

CMP12+LP+TP+TSH+4AC+CBC/D/Plt

Chemistries

|                             |      |        |            |    |
|-----------------------------|------|--------|------------|----|
| Glucose, Serum              | 81   | mg/dL  | 65 - 99    | HD |
| Uric Acid, Serum            | 4.1  | mg/dL  | 2.4 - 8.2  | HD |
| BUN                         | 19   | mg/dL  | 5 - 26     | HD |
| Creatinine, Serum           | 0.8  | mg/dL  | 0.5 - 1.5  | HD |
| BUN/Creatinine Ratio        | 24   |        | 8 - 27     |    |
| Sodium, Serum               | 140  | mmol/L | 135 - 148  | HD |
| Potassium, Serum            | 4.7  | mmol/L | 3.5 - 5.5  | HD |
| Chloride, Serum             | 102  | mmol/L | 96 - 109   | HD |
| Calcium, Serum              | 10.0 | mg/dL  | 8.5 - 10.6 | HD |
| Phosphorus, Serum           | 3.5  | mg/dL  | 2.5 - 4.5  | HD |
| Protein, Total, Serum       | 7.3  | g/dL   | 6.0 - 8.5  | HD |
| Albumin, Serum              | 4.3  | g/dL   | 3.5 - 4.8  | HD |
| Globulin, Total             | 3.0  | g/dL   | 1.5 - 4.5  |    |
| A/G Ratio                   | 1.4  |        | 1.1 - 2.5  |    |
| Bilirubin, Total            | 0.7  | mg/dL  | 0.1 - 1.2  | HD |
| Alkaline Phosphatase, Serum | 80   | IU/L   | 25 - 165   | HD |
| LDH                         | 186  | IU/L   | 100 - 250  | HD |
| AST (SGOT)                  | 34   | IU/L   | 0 - 40     | HD |
| ALT (SGPT)                  | 20   | IU/L   | 0 - 40     | HD |

Lipids

|                    |     |       |           |    |
|--------------------|-----|-------|-----------|----|
| Cholesterol, Total | 193 | mg/dL | 100 - 199 | HD |
| Triglycerides      | 112 | mg/dL | 0 - 149   | HD |

|                   |      |       |         |    |
|-------------------|------|-------|---------|----|
| > HDL Cholesterol | 71 H | mg/dL | 40 - 59 | HD |
|-------------------|------|-------|---------|----|

Comment

HDL cholesterol values >59 mg/dL are associated with reduced cardiac risk.

Thyroid

|                      |       |        |               |    |
|----------------------|-------|--------|---------------|----|
| TSH                  | 3.384 | uIU/mL | 0.350 - 5.500 | HD |
| Thyroxine (T4)       | 7.9   | ug/dL  | 4.5 - 12.0    | HD |
| T3 Uptake            | 32    | %      | 24 - 39       | HD |
| Free Thyroxine Index | 2.5   |        | 1.2 - 4.9     | HD |

Hematology

|                              |      |          |             |    |
|------------------------------|------|----------|-------------|----|
| White Blood Cell (WBC) Count | 5.4  | x10E3/uL | 4.0 - 10.5  | HD |
| Red Blood Cell (RBC) Count   | 4.58 | x10E6/uL | 3.80 - 5.10 | HD |
| Hemoglobin                   | 13.5 | g/dL     | 11.5 - 15.0 | HD |

|                            |                     |                        |             |
|----------------------------|---------------------|------------------------|-------------|
| Pat Name: BRUNSTING, NELVA | Pat ID: 481-30-4685 | Spec #: 129-596-2482-0 | Seq #: 6243 |
|----------------------------|---------------------|------------------------|-------------|

Results are Flagged in Accordance with Age Dependent Reference Ranges

**P6041**

Continued on Next Page



LabCorp Houston  
7207 North Gessner, Houston, TX 77040-0000

Phone: 713-856-8288

|  |               |                            |                            |              |      |
|--|---------------|----------------------------|----------------------------|--------------|------|
| SPECIMEN<br>129-596-2482-0                         | TYPE<br>S     | PRIMARY LAB<br>HD          | REPORT STATUS<br>COMPLETE  | Page #: 2    |      |
| ADDITIONAL INFORMATION                             |               |                            | SS#: 481-30-4685           |              |      |
| FASTING: N<br>DOB: 10/08/1926                      |               |                            |                            |              |      |
| PATIENT NAME<br>BRUNSTING,NELVA                    |               | SEX<br>F                   | AGE(YR./MOS.)<br>78 / 7    |              |      |
| PT. ADDR.: 13630 PINEROCK<br>Houston TX 77079-0000 |               |                            |                            |              |      |
| DATE OF SPECIMEN<br>5/09/2005                      | TIME<br>11:25 | DATE RECEIVED<br>5/09/2005 | DATE REPORTED<br>5/10/2005 | TIME<br>7:21 | 6243 |

|   |                            |
|---|----------------------------|
| CLINICAL INFORMATION<br>CD- 51066406544   |                            |
| PHYSICIAN ID.<br>WHITE R  | PATIENT ID.<br>481-30-4685 |
| ACCOUNT: Robert White,M.D.<br><br>9000 Westheimer, Ste. #100<br>Houston TX 77063-0000 |                            |
| ACCOUNT NUMBER: 42888092  |                            |

| TEST        | RESULT       | LIMITS      | LAB |
|-------------|--------------|-------------|-----|
| Hematocrit  | 40.1 %       | 34.0 - 44.0 | HD  |
| MCV         | 88 fL        | 80 - 98     | HD  |
| MCH         | 29.4 pg      | 27.0 - 34.0 | HD  |
| MCHC        | 33.5 g/dL    | 32.0 - 36.0 | HD  |
| RDW         | 14.4 %       | 11.7 - 15.0 | HD  |
| Platelets   | 157 x10E3/uL | 140 - 415   | HD  |
| Neutrophils | 60 %         | 40 - 74     | HD  |
| Lymphs      | 27 %         | 14 - 46     | HD  |
| Monocytes   | 8 %          | 4 - 13      | HD  |
| Eos         | 4 %          | 0 - 7       | HD  |
| Basos       | 1 %          | 0 - 3       | HD  |

LAB: HD LabCorp Houston  
7207 North Gessner, Houston, TX 77040-0000

DIRECTOR:

|                           |                     |                        |             |
|---------------------------|---------------------|------------------------|-------------|
| Pat Name: BRUNSTING,NELVA | Pat ID: 481-30-4685 | Spec #: 129-596-2482-0 | Seq #: 6243 |
|---------------------------|---------------------|------------------------|-------------|

Results are Flagged in Accordance with Age Dependent Reference Ranges

**P6042**

Last Page of Report

21-6

## **DIRECTIVE TO PHYSICIANS AND FAMILY OR SURROGATES**

### **Instructions for completing this document:**

This is an important legal document known as an Advance Directive. It is designed to help you communicate your wishes about medical treatment at some time in the future when you are unable to make your wishes known because of illness or injury. These wishes are usually based on personal values. In particular, you may want to consider what burdens or hardships of treatment you would be willing to accept for a particular amount of benefit obtained if you were seriously ill.

You are encouraged to discuss your values and wishes with your family or chosen spokesperson, as well as your physician. Your physician, other health care provider, or medical institution may provide you with various resources to assist you in completing your advance directive. Brief definitions are listed below and may aid you in your discussions and advance planning. Initial the treatment choices that best reflect your personal preferences. Provide a copy of your directive to your physician, usual hospital, and family or spokesperson. Consider a periodic review of this document. By periodic review, you can best assure that the directive reflects your preferences.

In addition to this advance directive, Texas law provides for two other types of directives that can be important during a serious illness. These are the Medical Power of Attorney and the Out-of-Hospital Do-Not-Resuscitate Order. You may wish to discuss these with your physician, family, hospital representative, or other advisers. You may also wish to complete a directive related to the donation of organs and tissues.

### **DIRECTIVE**

I, **NELVA ERLEEN BRUNSTING**, also known as **NELVA E. BRUNSTING**, recognize that the best health care is based upon a partnership of trust and communication with my physician. My physician and I will make health care decisions together as long as I am of sound mind and able to make my wishes known. If there comes a time that I am unable to make medical decisions about myself because of illness or injury, I direct that the following treatment preferences be honored:

If, in the judgment of my physician, I am suffering with a terminal condition from which I am expected to die within six months, even with available life-sustaining treatment provided in accordance with prevailing standards of medical care:

NLB I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and my physician allow me to die as gently as possible; OR

\_\_\_\_\_ I request that I be kept alive in this terminal condition using available life-sustaining treatment. (THIS SELECTION DOES NOT APPLY TO HOSPICE CARE.)

If, in the judgment of my physician, I am suffering with an irreversible condition so that I cannot care for myself or make decisions for myself and am expected to die without life-sustaining treatment provided in accordance with prevailing standards of care:

NLB I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and my physician allow me to die as gently as possible; OR

\_\_\_\_\_ I request that I be kept alive in this irreversible condition using available life-sustaining treatment. (THIS SELECTION DOES NOT APPLY TO HOSPICE CARE.)

Additional requests: (After discussion with your physician, you may wish to consider listing particular treatments in this space that you do or do not want in specific circumstances, such as artificial nutrition and fluids, intravenous antibiotics, etc. Be sure to state whether you do or do not want the particular treatment.)

---

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After signing this directive, if my representative or I elect hospice care, I understand and agree that only those treatments needed to keep me comfortable would be provided and I would not be given available life-sustaining treatments.

If the persons named in my Medical Power of Attorney are not available, or if I have not designated a spokesperson, I understand that a spokesperson will be chosen for me following standards specified in the laws of Texas. If, in the judgment of my physician, my death is imminent within minutes to hours, even with the use of all available medical treatment provided within the prevailing standard of care, I acknowledge that all treatments may be withheld or removed except those needed to maintain my comfort. I understand that under Texas law this directive has no effect if I have been diagnosed as pregnant. This directive will remain in effect until I revoke it. No other person may do so.



WITNESS MY HAND on June 5, 2001.

*Nelva E. Brunsting*  
NELVA E. BRUNSTING  
Houston, Texas 77079  
Harris County, Texas

Two competent adult witnesses must sign below, acknowledging the signature of the declarant. The witness designated as Witness 1 may not be a person designated to make a treatment decision for the patient and may not be related to the patient by blood or marriage. This witness may not be entitled to any part of the estate and may not have a claim against the estate of the patient. This witness may not be the attending physician or an employee of the attending physician. If this witness is an employee of a health care facility in which the patient is being cared for, this witness may not be involved in providing direct patient care to the patient. This witness may not be an officer, director, partner, or business office employee of a health care facility in which the patient is being cared for or of any parent organization of the health care facility.

*Charlotte Allman*  
Signature of First Witness

*CHARLOTTE ALLMAN*  
11511 Katy Freeway, Suite 520  
Houston, Texas 77079  
Address

*Sherrie A. McCall*  
Signature of Second Witness

**SHERRIE A. MCCALL**  
11511 KATY FREEWAY, SUITE 520  
HOUSTON, TEXAS 77079  
Address

## DEFINITIONS:

**"Artificial nutrition and hydration"** means the provision of nutrients or fluids by a tube inserted in a vein, under the skin in the subcutaneous tissues, or in the stomach (gastrointestinal tract).

**"Irreversible condition"** means a condition, injury, or illness:

- (1) that may be treated, but is never cured or eliminated;
- (2) that leaves a person unable to care for or make decisions for the person's own self; and
- (3) that, without life-sustaining treatment provided in accordance with the prevailing standard of medical care, is fatal.

Explanation: Many serious illnesses such as cancer, failure of major organs (kidney, heart, liver, or lung), and serious brain disease such as Alzheimer's dementia may be considered irreversible early on. There is no cure, but the patient may be kept alive for prolonged periods of time if the patient receives life-sustaining treatments. Late in the course of the same illness, the disease may be considered terminal when, even with treatment, the patient is expected to die. You may wish to consider which burdens of treatment you would be willing to accept in an effort to achieve a particular outcome. This is a very personal decision that you may wish to discuss with your physician, family, or other important persons in your life.

**"Life-sustaining treatment"** means treatment that, based on reasonable medical judgment, sustains the life of a patient and without which the patient will die. The term includes both life-sustaining medications and artificial life support such as mechanical breathing machines, kidney dialysis treatment, and artificial hydration and nutrition. The term does not include the administration of pain management medication, the performance of a medical procedure necessary to provide comfort care, or any other medical care provided to alleviate a patient's pain.

**"Terminal condition"** means an incurable condition caused by injury, disease, or illness that according to reasonable medical judgment will produce death within six months, even with available life-sustaining treatment provided in accordance with the prevailing standard of medical care.

Explanation: Many serious illnesses may be considered irreversible early in the course of the illness, but they may not be considered terminal until the disease is fairly advanced. In thinking about terminal illness and its treatment, you again may wish to consider the relative benefits and burdens of treatment and discuss your wishes with your physician, family, or other important persons in your life.

CYTOLOGY REPORT:  Vaginal, Cervical & Endocervical;  Oral;  Sputum;  Other \_\_\_\_\_

- Class I: No evidence of malignancy  
 Class II: Atypical cells but no evidence of malignancy  
 Class III: Abnormal cells suspicious of malignancy  
 Class IV: Cells fairly conclusive of malignancy  
 Class V: Cells and cell clusters conclusive of malignancy

LEUKOCYTES (POLYS):  Few;  Moderate;  Many

RED BLOOD CORPUSCLES:  Cervical;  Vaginal;  None;  Few;  Moderate;  Many;  Old Blood

BACTERIAL FLORA:  Mixed;  Coccoid Bacteria      PARASITES:  Trichomonas

MYCOTIC FLORA:  Spores;  Mycelia;  Monilia;  Leptothrix

SUGGESTED RE-EXAM.:  After therapy;  1 Mo.;  3 Mo.;  6 Mo.;  1 Yr.

HORMONE LEVEL: Moderate estrogen effect.

COMMENTS

PREVIOUS SMEARS  
(WHEN PERTINENT)

Harold Wood, M.D.  
HAROLD WOOD, M.D.

# 56265

Brunsting, Mrs. E. H.  
13630 Pinerock  
Houston, Texas 77024

Robert E. White M.D.  
9099 Katy -Suite E.  
Houston, Texas 77024

AGE: 48  
SEX: F  
PHYSICIAN:  
L.M.P.: 6-13-75  
HORMONE THERAPY: None  
PREVIOUS RADIATION:  
DATE OBTAINED: 6-20-75  
DATE RECEIVED: 6-23-75  
DATE REPORTED: -----

|            |
|------------|
| PAP SMEARS |
| 7.00       |
| CHARGE     |

REC JUN 25 PM 4 40

AREA CODE 713  
TELEPHONE 781-1272

LABORATORY MEDICINE DATA, INC.  
HAROLD WOOD, M.D., DIRECTOR  
P. O. BOX 22282  
HOUSTON, TEXAS 77027

CYTOLOGY

P6047

CYTOLOGY REPORT:  Cervical & Vaginal;  Oral;  Sputum;  Other: \_\_\_\_\_

Class I: No evidence of malignancy

Class II: Atypical cells but no evidence of malignancy

Class III: Abnormal cells suspicious of malignancy

Class IV: Cells fairly conclusive of malignancy

Class V: Cells and cell clusters conclusive of malignancy

LEUKOCYTES (POLYS):  Few;  Moderate;  Many

RED BLOOD CORPUSCLES:  Cervical;  Vaginal;  None;  Few;  Moderate;  Many;  Old Blood

BACTERIAL FLORA:  Mixed;  Hemophilus Vaginalis PARASITES:  Trichomonas

MYCOTIC FLORA:  Spores;  Mycelia;  Probably Manilia;  Leptothrix

SUGGESTED RE-EXAM.:  After therapy;  1 Mo.;  3 Mo.;  6 Mo.;  1 Yr.

HORMONE LEVEL: *Excellent estrogen level for day 15 of cycle*

COMMENTS

PREVIOUS SMEARS  
(WHEN PERTINENT)

*H. Wood*  
HAROLD WOOD, M.D.

# 40718

Mrs. E. H. Burnsting  
13630 Pine Rock  
Houston, Texas 77024

Robert E. White M.D.  
9099 Katy - Suite E.  
Houston, Texas 77024

AGE: 45  
SEX: F  
PHYSICIAN: White  
L.M.P.: 12/1/71  
HORMONE THERAPY: NO

PREVIOUS RADIATION:  
DATE RECEIVED: 12/16/7  
DATE REPORTED: 12/16/7

|            |
|------------|
| PAP SMEARS |
| \$6.00     |
| CHARGE     |

AREA CODE 713  
TELEPHONE 781-2897

LABORATORY MEDICINE DATA, INC.  
HAROLD WOOD, M.D., DIRECTOR  
P. O. BOX 22282  
HOUSTON, TEXAS 77027

CYTOLOG

P6048

CYTOLOGY REPORT:  Cervical & Vaginal;  Oral;  Sputum;  Other:

- Class I: No evidence of malignancy  
 Class II: Atypical cells but no evidence of malignancy  
 Class III: Abnormal cells suspicious of malignancy  
 Class IV: Cells fairly conclusive of malignancy  
 Class V: Cells and cell clusters conclusive of malignancy

LEUKOCYTES (POLYS):  None;  Few;  Moderate;  Many

RED BLOOD CORPUSCLES:  Cervical;  Vaginal;  None;  Few;  Moderate;  Many;  Old Blood

BACTERIAL FLORA:  Normal;  Mixed;  Cocci. PARASITES:  Trichomonas

MYCOTIC FLORA:  Spores;  Mycelia;  Probably Monilia;  Other

SUGGESTED RE-EXAM.:  After inflam. cleared;  1 Mo.;  3 Mo.;  6 Mo.;  1 Yr.

HORMONE LEVEL: *Normal for day 21 of cycle*

COMMENTS

PREVIOUS SMEARS  
(WHEN PERTINENT)

*Inflammatory changes in cervical smear*

# 025709

*H. Wood* M.D.  
HAROLD WOOD, M.D.

Mrs. E.H. Brunsting  
13630 Pinerock  
Houston, Texas 77024

Robert E. White, M.D.  
8803 Gaylord  
Houston, Texas 77024

AGE: 42  
SEX: F  
PHYSICIAN: R.E. White  
L.M.P.: 4-2-69  
HORMONE THERAPY: no  
PREVIOUS RADIATION:  
DATE RECEIVED: 4-24-69  
DATE REPORTED: 4-24-69

AREA CODE 713  
TELEPHONE SU 1-1272

HAROLD WOOD, M. D.  
LABORATORY MEDICINE  
2909 HILLCROFT, SUITE K  
HOUSTON, TEXAS 77027

P6049



**MEMORIAL RADIOLOGY ASSOCIATES**

A TEXAS JOINT STOCK COMPANY

1429 MEMORIAL PROF. BLDG.  
1010 LOUISIANA  
HOUSTON, TEXAS 77002  
224-9658

1717 NORTH LOOP WEST  
SUITE 1  
HOUSTON, TEXAS 77008  
869-7333

D. W. COX, JR., M. D.  
J. M. MOODY, M. D.  
W. S. HARWELL, M. D.  
E. W. BILES, M. D.

J. C. RAMBEAU, JR., M. D.  
R. E. WILDIN, M. D.  
F. M. REMBERT, M. D.  
D. J. SUMERLIN, M. D.

January 25, 1972

Robert E. White, M. D.  
8803 Gaylord  
Houston, Texas 77024

Re: E. H. Burnsting  
X-ray No. 57-099

Dear Doctor White:

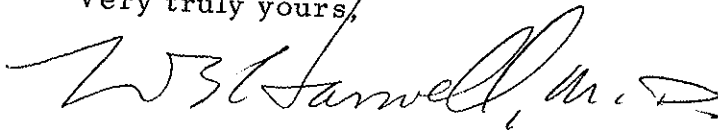
X-ray examination of the paranasal sinuses was done on Mr. Burnsting on 1-25-72.

**SINUSES:** The sinuses are normally developed. There appears to be a slight general clouding of both frontal sinuses. No specific membrane thickening or fluid is shown. The ethmoid, maxillary, and sphenoid sinuses appear well aerated and clear. All of the bony walls appear intact.

**OPINION:** Slight clouding of the frontal sinuses, suggesting some inflammatory change. No other significant abnormality is seen.

Thank you for referring this patient to us.

Very truly yours,



W. S. Harwell, M. D.  
WSH:pvd

P6051

2500 Fondren, Houston, Texas 77063, 713/781-4600

*Sent  
9-8-93*

**RELEASE OF MEDICAL INFORMATION**

*Dr. Robert E. White*

*9000 Westheimer #69*  
ADDRESS

\_\_\_\_\_  
ADDRESS

I HEREBY AUTHORIZE and REQUEST YOU TO RELEASE TO:

**Jean M. Samaan, MD  
2500 Fondren, Suite 110  
Houston, Texas 77063**  
ADDRESS

\_\_\_\_\_  
ADDRESS

MEDICAL INFORMATION CONTAINED IN THE MEDICAL RECORDS IN YOUR POSSESSION CONCERNING MY PAST ILLNESSES and/or TREATMENT, INCLUDING TREATMENT OF H.I.V. POSITIVE TESTING and/or THE TREATMENT FOR H.I.V. VIRUS.

SIGNED *Nelva E. Brunsting*  
Patient

*Nelva E. Brunsting*  
PRINT NAME OF PATIENT

WITNESS:  
*Marge Cleman*

**P6052**



# PRESERVATION

GREG J. JUNGEBLUT, CLU

# PLANNING

820 Gessner, Suite 296  
Houston, Texas 77024  
(713) 827-0491  
Fax: 827-0461

TO: DR. ROBERT E. WHITE

FROM: GREG J. JUNGEBLUT, CLU

DATE: 11-23-96

RE: MR. ELMER H. BRUNSTING and MRS. NELVA E. BRUNSTING  
13630 Pinerock, Houston, Texas 77079

Dear Dr. White,

I am helping your patients, and my insurance clients, MR. AND MRS. BRUNSTING, with an insurance related matter. Because of this, we will need to provide an insurance company with records from their medical chart, reflecting the care you have provided them.

Would you please have someone from your staff, who handles this, give my office a call to tell us how we should go about obtaining this.

Accompanying this memo is a signed authorization, from Mr. and Mrs. Brunsting, giving their approval of me obtaining this material.

Thank you in advance for your help.

Sincerely,



Greg J. Jungeblut

P6053

# ROSEWOOD FAMILY PHYSICIANS, P.L.L.C.

9000 Westheimer Suite 100  
Houston, Texas 77063  
(713) 266 - 7673

MAX C. BUTLER, M.D.

DOUGLAS K. PETERS, M.D.

ROBERT E. WHITE, M.D.

GEORGE O. ZENNER III, M.D.

RE: NELVA BRUNSTING

Date of Birth: 10/8/26

Mrs. Brunsting has been a patient since 1969. She gave a history of an appendectomy at age 9. Thru the years she was seen here for physical examinations on a regular basis with Class I Pap Smears. She had breast screening exams at the St. Jo. Cancer Detection Center. Otherwise she was seen for URI's, a Tenosynovitis in 1977, bronchitis on three occasions, Tendonitis and Costochondritis 1984, and AC separation 1981. In 1973, 1974, and 1975 a cyst left breast was aspirated, the lab reported histiocytes consistent with fibrocystic disease, no malignancy. In 1978 she had a D&C by Gynecologist for postmenopausal bleeding. In 1987 she was seen for an otitis externa with eustachian dysfunction.

**MORE RECENT HISTORY:** In 1991 she had arthroscopic surgery right knee for torn ligament. In 1994 an MRI of the cervical spine was done for possible cervical nerve root compression, reported narrowing of C4-5 disc space with a little associated hypertrophic spurring, no disc herniation seen. Also in 1994 she was seen for a physical examination, essentially negative. Pap smear was Class I. Mammogram report was negative. Wt. 174. Bp 120/80. IN 1995 she was treated for asthmatic bronchitis.

6/12/96 Last physical examination. Wt. 170. BP 136/70.

Diagnosis: Fibrocystic disease, left breast.

Osteoarthritis, right knee.

A copy of chemistry studies done with this exam is attached.

6/24/96 Tendonitis, right hip, treated with Indomethacin.

After she failed to improve she was given Prednisone.

9/4/96 Epistaxis from allergic rhinitis. Wt. 168. BP 130/70.

11/11/96 Right ankle injury. X-ray was negative for fracture or dislocation. A small calcaneal spur was seen. Patient was last seen this date.

There is no history of tobacco use, only rare ethanol. She does exercise regularly.



Robert E. White, M.D.

12/9/96

P6054

AUTHORIZATION TO RELEASE INFORMATION

I authorize any of the following: licensed physician, clinic, lab, hospital, related medical facility, any life insurance company, or insurance related laboratory, to give to Greg J. Jungeblut, CLU information regarding my health.

- 1- This information will be used to determine the possibility of obtaining life insurance coverage. Therefore, I approve of Greg Jungeblut forwarding my medical information to a life insurance company underwriter (of Greg's choosing) for his or her professional underwriting opinion.
- 2- All medical information may be released. This includes: general chart data, diagnosis, lab results, prognosis and treatment.

A copy of this is as valid as the original.

Greg Jungeblut  
WITNESS

Neha E. Brunsting

10-8-26  
DATE OF BIRTH

DATED 11-19-96

**Independent Insurance Services**

P.O. Box 866128  
Plano, TX 75086-6128  
(800) 765-7510

December 3, 1996

Dr. Robert E. White  
Attn: Medical Records- Karen  
9000 Westheimer Rd. #100  
Houston, TX 77063-3604

RE: Nelva E. Brunsting  
DOB: 10-08-26  
SSN: 481-30-4685

Dear Karen:

The above patient has applied for life insurance coverage to the All American Life Insurance Company.

As a part of standard underwriting procedure, it is necessary to obtain photocopies of their medical records for the past five years (including office notes, EKGs, blood studies, pathology reports).

Enclosed is a signed authorization for release of this information. Completion of the underwriting procedure cannot be accomplished until the requested information has been received.

**If possible, please FAX this information to (800) 765-7512.**

**Perhaps the size of this records will not permit you to FAX it to us. In that case, could you indicate the date the records were mailed to us in this space \_\_\_\_\_ and fax a copy of this letter to us. This will eliminate any need for us to inconvenience you further by calling for status. THANK YOU FOR YOUR HELP!**

Sincerely,

  
J.G. Riddle

encl: Medical Authorization  
\$60.00 Check Fax and then mail with the prepayment.  
FAX: 713-266-4744

---

If there is a check enclosed with this request, we expect this fee to cover the entire cost of sending us these records. If no check is enclosed, and you will bill us with the records, we cannot be responsible for fees that exceed \$50.00 without authorization from us at (800) 765-7510. Thank you for your cooperation.

**P6056**

# ROSEWOOD FAMILY PHYSICIANS, P.L.L.C.

9000 Westheimer Suite 100  
Houston, Texas 77063  
(713) 266 - 7673

MAX C. BUTLER, M.D.

DOUGLAS K. PETERS, M.D.

ROBERT E. WHITE, M.D.

GEORGE O. ZENNER III, M.D.

RE: NELVA BRUNSTING  
Date of Birth: 10/8/26

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Diagnosis: Fibrocystic disease, left breast.

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11/11/96 Right ankle injury. X-ray was negative for fracture or dislocation. A small calcaneal spur was seen. Patient was last seen this date.

There is no history of tobacco use, only rare ethanol. She does exercise regularly.

*Robert E. White, MD*

Robert E. White, M.D.  
12/9/96

P6057

**AUTHORIZATION — A photo copy of this authorization shall be as valid as the original.**

I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, the Medical Information Bureau or other organization, institution or person that has any records or knowledge of me or my health, to give All American Life Insurance Company or its reinsurers any such information. This includes that information obtained in connection with the preparation or procurement of an investigative consumer report as defined under the Fair Credit Reporting Act(s) and referred to elsewhere in this application for insurance. To facilitate the rapid submission of such information, I authorize all said sources, except the Medical Information Bureau, to give such records or knowledge to any agency employed by All American Life Insurance Company to collect and transmit such information. This authorization will be valid for 30 months from the date of this application.

11-19-96

*Debra E. Brunsting*

Signature of Proposed Insured (Owner if Proposed Insured under age)

Agency Office  
75710  
Agent  
JUNGERLUT

**Attending Physician's Statement**

Jefferson-Pilot  
Life Insurance Company  
PO Box 21008  
Greensboro, NC 27420

Code  
BLUE  
Policy Number  
JP4432833

Date 12/13/96 Name NEIVA E BRUNSTING Date of Birth 10/08/26

DR. ROBERT WHITE  
ATTN: MEDICAL RECORDS  
9000 WESTHEIMER #100  
HOUSTON TX 77063

No. 010337

*Curtis R. Lashley* M.D.

Curtis R. Lashley, M.D.  
Vice President & Medical Director

Please give details of the conditions for which you attended this patient. Copies of your medical records and EKGs will be appreciated. Your report is confidential and is to be used solely for insurance purposes.

| 1. Dates Attended<br>Month Year                          | Complaints and Abnormal<br>Physical Finding | Duration of<br>Illness | Diagnosis | Describe Treatment<br>or Operation |
|--|---|------------------------|-----------|------------------------------------|
|  | 12-22-96                                    |                        |           |                                    |
| <i>Sent same as for independent lab. Source Plans Tx</i> |   |                        |           |                                    |

2. Laboratory Findings (including x-ray ECG, pathological reports, etc. with dates).

3. Have you diagnosed, treated or counseled this person for any sexually transmitted diseases, including AIDS, AIDS Related Complex, or HIV antibody studies? If so, please give details.

4. Does this person smoke cigarettes?  Yes  No

Date \_\_\_\_\_ Signature \_\_\_\_\_ M.D. S.S. or Tax I.D. Number \_\_\_\_\_

BA7728-Rev. 11-96

**Please Return This Copy With Your Reply**

I hereby declare that I have read all the answers and statements above. To the best of my knowledge and belief, they are complete and true as recorded. They are made by me to induce the Company to issue the insurance applied for.

I authorize the release of any records or information about me or my health to the Jefferson-Pilot Life Insurance Company. This information will be used by the Company in its normal underwriting of applications for insurance and claims procedures. This authorization applies to any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, the Medical Information Bureau or other organization or institution. Except for the Medical Information Bureau, the foregoing are authorized to give such information to any consumer reporting agency acting on behalf of the Company.

I authorize Jefferson-Pilot to give medical information to my personal physician and I waive any privilege to such information. I also authorize Jefferson-Pilot to release any such information to any of its reinsurers.

This authorization is valid for 30 months from its date. A photographic copy of this authorization will be as valid as the original. I know I have the right to receive a copy of this authorization on request.

 11-19-92  
Signature of proposed insured Date

  
Signature of Agent



2-6

## **DIRECTIVE TO PHYSICIANS AND FAMILY OR SURROGATES**

### **Instructions for completing this document:**

This is an important legal document known as an Advance Directive. It is designed to help you communicate your wishes about medical treatment at some time in the future when you are unable to make your wishes known because of illness or injury. These wishes are usually based on personal values. In particular, you may want to consider what burdens or hardships of treatment you would be willing to accept for a particular amount of benefit obtained if you were seriously ill.

You are encouraged to discuss your values and wishes with your family or chosen spokesperson, as well as your physician. Your physician, other health care provider, or medical institution may provide you with various resources to assist you in completing your advance directive. Brief definitions are listed below and may aid you in your discussions and advance planning. Initial the treatment choices that best reflect your personal preferences. Provide a copy of your directive to your physician, usual hospital, and family or spokesperson. Consider a periodic review of this document. By periodic review, you can best assure that the directive reflects your preferences.

In addition to this advance directive, Texas law provides for two other types of directives that can be important during a serious illness. These are the Medical Power of Attorney and the Out-of-Hospital Do-Not-Resuscitate Order. You may wish to discuss these with your physician, family, hospital representative, or other advisers. You may also wish to complete a directive related to the donation of organs and tissues.

### **DIRECTIVE**

I, **NELVA ERLEEN BRUNSTING**, also known as **NELVA E. BRUNSTING**, recognize that the best health care is based upon a partnership of trust and communication with my physician. My physician and I will make health care decisions together as long as I am of sound mind and able to make my wishes known. If there comes a time that I am unable to make medical decisions about myself because of illness or injury, I direct that the following treatment preferences be honored:

If, in the judgment of my physician, I am suffering with a terminal condition from which I am expected to die within six months, even with available life-sustaining treatment provided in accordance with prevailing standards of medical care:

MLB I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and my physician allow me to die as gently as possible; OR

\_\_\_\_\_ I request that I be kept alive in this terminal condition using available life-sustaining treatment. (THIS SELECTION DOES NOT APPLY TO HOSPICE CARE.)

If, in the judgment of my physician, I am suffering with an irreversible condition so that I cannot care for myself or make decisions for myself and am expected to die without life-sustaining treatment provided in accordance with prevailing standards of care:

MLB I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and my physician allow me to die as gently as possible; OR

\_\_\_\_\_ I request that I be kept alive in this irreversible condition using available life-sustaining treatment. (THIS SELECTION DOES NOT APPLY TO HOSPICE CARE.)

Additional requests: (After discussion with your physician, you may wish to consider listing particular treatments in this space that you do or do not want in specific circumstances, such as artificial nutrition and fluids, intravenous antibiotics, etc. Be sure to state whether you do or do not want the particular treatment.)

---

After signing this directive, if my representative or I elect hospice care, I understand and agree that only those treatments needed to keep me comfortable would be provided and I would not be given available life-sustaining treatments.

If the persons named in my Medical Power of Attorney are not available, or if I have not designated a spokesperson, I understand that a spokesperson will be chosen for me following standards specified in the laws of Texas. If, in the judgment of my physician, my death is imminent within minutes to hours, even with the use of all available medical treatment provided within the prevailing standard of care, I acknowledge that all treatments may be withheld or removed except those needed to maintain my comfort. I understand that under Texas law this directive has no effect if I have been diagnosed as pregnant. This directive will remain in effect until I revoke it. No other person may do so.

WITNESS MY HAND on June 5, 2001.

*Nelva E. Brunsting*  
NELVA E. BRUNSTING  
Houston, Texas 77079  
Harris County, Texas

Two competent adult witnesses must sign below, acknowledging the signature of the declarant. The witness designated as Witness 1 may not be a person designated to make a treatment decision for the patient and may not be related to the patient by blood or marriage. This witness may not be entitled to any part of the estate and may not have a claim against the estate of the patient. This witness may not be the attending physician or an employee of the attending physician. If this witness is an employee of a health care facility in which the patient is being cared for, this witness may not be involved in providing direct patient care to the patient. This witness may not be an officer, director, partner, or business office employee of a health care facility in which the patient is being cared for or of any parent organization of the health care facility.

*Charlotte Allman*  
Signature of First Witness

CHARLOTTE ALLMAN  
11511 Katy Freeway, Suite 520  
Houston, Texas 77079  
Address

*Sherrie A. McCall*  
Signature of Second Witness

SHERRIE A. MCCALL  
11511 KATY FREEWAY, SUITE 520  
HOUSTON, TEXAS 77079  
Address

## DEFINITIONS:

**"Artificial nutrition and hydration"** means the provision of nutrients or fluids by a tube inserted in a vein, under the skin in the subcutaneous tissues, or in the stomach (gastrointestinal tract).

**"Irreversible condition"** means a condition, injury, or illness:

- (1) that may be treated, but is never cured or eliminated;
- (2) that leaves a person unable to care for or make decisions for the person's own self; and
- (3) that, without life-sustaining treatment provided in accordance with the prevailing standard of medical care, is fatal.

Explanation: Many serious illnesses such as cancer, failure of major organs (kidney, heart, liver, or lung), and serious brain disease such as Alzheimer's dementia may be considered irreversible early on. There is no cure, but the patient may be kept alive for prolonged periods of time if the patient receives life-sustaining treatments. Late in the course of the same illness, the disease may be considered terminal when, even with treatment, the patient is expected to die. You may wish to consider which burdens of treatment you would be willing to accept in an effort to achieve a particular outcome. This is a very personal decision that you may wish to discuss with your physician, family, or other important persons in your life.

**"Life-sustaining treatment"** means treatment that, based on reasonable medical judgment, sustains the life of a patient and without which the patient will die. The term includes both life-sustaining medications and artificial life support such as mechanical breathing machines, kidney dialysis treatment, and artificial hydration and nutrition. The term does not include the administration of pain management medication, the performance of a medical procedure necessary to provide comfort care, or any other medical care provided to alleviate a patient's pain.

**"Terminal condition"** means an incurable condition caused by injury, disease, or illness that according to reasonable medical judgment will produce death within six months, even with available life-sustaining treatment provided in accordance with the prevailing standard of medical care.

Explanation: Many serious illnesses may be considered irreversible early in the course of the illness, but they may not be considered terminal until the disease is fairly advanced. In thinking about terminal illness and its treatment, you again may wish to consider the relative benefits and burdens of treatment and discuss your wishes with your physician, family, or other important persons in your life.

CYTOLOGY REPORT:  Vaginal, Cervical & Endocervical;  Oral;  Sputum;  Other \_\_\_\_\_

Class I: No evidence of malignancy  
 Class II: Atypical cells but no evidence of malignancy  
 Class III: Abnormal cells suspicious of malignancy  
 Class IV: Cells fairly conclusive of malignancy  
 Class V: Cells and cell clusters conclusive of malignancy

LEUKOCYTES (POLYS):  Few;  Moderate;  Many

RED BLOOD CORPUSCLES:  Cervical;  Vaginal;  None;  Few;  Moderate;  Many;  Old Blood

BACTERIAL FLORA:  Mixed;  Coccoid Bacteria    PARASITES:  Trichomonas

MYCOTIC FLORA:  Spores;  Mycelia;  Monilia;  Leptothrix

SUGGESTED RE-EXAM.:  After therapy;  1 Mo.;  3 Mo.;  6 Mo.;  1 Yr.

HORMONE LEVEL: Moderate estrogen effect.

COMMENTS

PREVIOUS SMEARS  
(WHEN PERTINENT)

Harold Wood, M.D. M.D.  
HAROLD WOOD, M.D.

# 56265 \_\_\_\_\_

Brunsting, Mrs. E. H.  
13630 Pinerock  
Houston, Texas 77024

Robert E. White M.D.  
9099 Katy -Suite E.  
Houston, Texas 77024

AGE: 48  
SEX: F  
PHYSICIAN:  
L.M.P.: 6-13-75  
HORMONE THERAPY: None  
PREVIOUS RADIATION:  
DATE OBTAINED: 6-20-75  
DATE RECEIVED: 6-23-75  
DATE REPORTED: -----

|            |
|------------|
| PAP SMEARS |
| 7.00       |
| CHARGE     |

17 JUN 25 PM 4 40

AREA CODE 713  
TELEPHONE 781-1272

LABORATORY MEDICINE DATA, INC.  
HAROLD WOOD, M.D., DIRECTOR  
P. O. BOX 22262  
HOUSTON, TEXAS 77027

CYTOLOGY

P6065

CYTOLOGY REPORT:  Cervical & Vaginal;  Oral;  Sputum;  Other: \_\_\_\_\_

- Class I: No evidence of malignancy  
 Class II: Atypical cells but no evidence of malignancy  
 Class III: Abnormal cells suspicious of malignancy  
 Class IV: Cells fairly conclusive of malignancy  
 Class V: Cells and cell clusters conclusive of malignancy

LEUKOCYTES (POLYS):  Few;  Moderate;  Many

RED BLOOD CORPUSCLES:  Cervical;  Vaginal;  None;  Few;  Moderate;  Many;  Old Blood

BACTERIAL FLORA:  Mixed;  Hemophilus Vaginalis PARASITES:  Trichomonas

MYCOTIC FLORA:  Spores;  Mycelia;  Probably Manilla;  Leptothrix

SUGGESTED RE-EXAM.:  After therapy;  1 Mo.;  3 Mo.;  6 Mo.;  1 Yr.

HORMONE LEVEL: *Excellent estrogen level for day 15 of cycle*

COMMENTS

PREVIOUS SMEARS  
(WHEN PERTINENT)

*H. Wood* M.  
HAROLD WOOD, M.D.

# 40718

Mrs. E. H. Burnsting  
13630 Pine Rock  
Houston, Texas 77024

Robert E. White M.D.  
9099 Katy -Suite E.  
Houston, Texas 77024

AGE: 45  
SEX: F  
PHYSICIAN: White  
L.M.P.: 12/1/71  
HORMONE THERAPY: No  
PREVIOUS RADIATION:  
DATE RECEIVED: 12/16/7  
DATE REPORTED: 12/16/7

PAP SMEARS  
\$6.00  
CHARGE

AREA CODE 713  
TELEPHONE 761-2897

LABORATORY MEDICINE DATA, INC.  
HAROLD WOOD, M.D., DIRECTOR  
P. O. BOX 22262  
HOUSTON, TEXAS 77027

CYTOLOG

P6066

CYTOLOGY REPORT:  Cervical & Vaginal;  Oral;  Sputum;  Other: \_\_\_\_\_

- Class I: No evidence of malignancy  
 Class II: Atypical cells but no evidence of malignancy  
 Class III: Abnormal cells suspicious of malignancy  
 Class IV: Cells fairly conclusive of malignancy  
 Class V: Cells and cell clusters conclusive of malignancy

LEUKOCYTES (POLYS):  None;  Few;  Moderate;  Many

RED BLOOD CORPUSCLES:  Cervical;  Vaginal;  None;  Few;  Moderate;  Many;  Old Blood

BACTERIAL FLORA:  Normal;  Mixed;  Cocci. PARASITES:  Trichomonas

MYCOTIC FLORA:  Spores;  Mycelia;  Probably Monilia;  Other

SUGGESTED RE-EXAM.:  After inflam. cleared;  1 Mo.;  3 Mo.;  6 Mo.;  1 Yr.

HORMONE LEVEL: *Normal for day 21 of cycle*

*Handwritten signature/initials in a circle*

COMMENTS

PREVIOUS SMEARS  
(WHEN PERTINENT)

*Inflammatory changes in cervical smear*

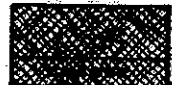
# 025709

*H. Wood* M.D.  
HAROLD WOOD, M.D.

Mrs. E.H. Brunsting  
13630 Pinerock  
Houston, Texas 77024

Robert E. White, M.D.  
8803 Gaylord  
Houston, Texas 77024

AGE: 42  
SEX: F  
PHYSICIAN: R.E. White  
L.M.P.: 4-2-69  
HORMONE THERAPY: no  
PREVIOUS RADIATION:  
DATE RECEIVED: 4-24-69  
DATE REPORTED: 4-24-69



AREA CODE 713  
TELEPHONE SU 1-1272

HAROLD WOOD, M. D.  
LABORATORY MEDICINE  
2909 HILLCROFT, SUITE K  
HOUSTON, TEXAS 77027

P6067





MEMORIAL RADIOLOGY ASSOCIATES

A TEXAS JOINT STOCK COMPANY

1429 MEMORIAL PROF. BLDG.  
1010 LOUISIANA  
HOUSTON, TEXAS 77002  
224-9658

1717 NORTH LOOP WEST  
SUITE 1  
HOUSTON, TEXAS 77008  
869-7333

D. W. COX, JR., M. D.  
J. M. MOODY, M. D.  
W. S. HARWELL, M. D.  
E. W. BILES, M. D.

J. C. RAMBEAU, JR., M. D.  
R. E. WILDIN, M. D.  
F. M. REMBERT, M. D.  
D. J. SUMERLIN, M. D.

January 25, 1972

Robert E. White, M. D.  
8803 Gaylord  
Houston, Texas 77024

Re: E. H. Burnsting  
X-ray No. 57-099

Dear Doctor White:

X-ray examination of the paranasal sinuses was done on Mr. Burnsting on 1-25-72.

**SINUSES:** The sinuses are normally developed. There appears to be a slight general clouding of both frontal sinuses. No specific membrane thickening or fluid is shown. The ethmoid, maxillary, and sphenoid sinuses appear well aerated and clear. All of the bony walls appear intact.

**OPINION:** Slight clouding of the frontal sinuses, suggesting some inflammatory change. No other significant abnormality is seen.

Thank you for referring this patient to us.

Very truly yours,



W. S. Harwell, M. D.  
WSH:pvd

2500 Fondren, Houston, Texas 77063, 713/781-4600

*sent  
9-8-93*

**RELEASE OF MEDICAL INFORMATION**

Mr. Robert E. White

9000 Westheimer #69  
ADDRESS

\_\_\_\_\_  
ADDRESS

I HEREBY AUTHORIZE and REQUEST YOU TO RELEASE TO:

\_\_\_\_\_  
**Jean M. Samaan, MD**  
**2500 Fondren, Suite 110**  
**Houston, Texas 77063**  
ADDRESS

\_\_\_\_\_  
ADDRESS

MEDICAL INFORMATION CONTAINED IN THE MEDICAL RECORDS IN YOUR POSSESSION CONCERNING MY PAST ILLNESSES and/or TREATMENT, INCLUDING TREATMENT OF H.I.V. POSITIVE TESTING and/or THE TREATMENT FOR H.I.V. VIRUS.

SIGNED Nelva E. Bronsting  
Patient

Nelva E. Bronsting  
PRINT NAME OF PATIENT

WITNESS:  
Margo Cleman

**P6070**

# PRESERVATION

GREG J. JUNGEBLUT, CLU

# PLANNING

820 Gessner, Suite 296  
Houston, Texas 77024  
(713) 827-0491  
Fax: 827-0461

TO: DR. ROBERT E. WHITE

FROM: GREG J. JUNGEBLUT, CLU

DATE: 11-23-96

RE: MR. ELMER H. BRUNSTING and MRS. NELVA E. BRUNSTING  
13630 Pinerock, Houston, Texas 77079

Dear Dr. White,

I am helping your patients, and my insurance clients, MR. AND MRS. BRUNSTING, with an insurance related matter. Because of this, we will need to provide an insurance company with records from their medical chart, reflecting the care you have provided them.

Would you please have someone from your staff, who handles this, give my office a call to tell us how we should go about obtaining this.

Accompanying this memo is a signed authorization, from Mr. and Mrs. Brunsting, giving their approval of me obtaining this material.

Thank you in advance for your help.

Sincerely,



Greg J. Jungeblut

P6071

# ROSEWOOD FAMILY PHYSICIANS, P.L.L.C.

9000 Westheimer Suite 100  
Houston, Texas 77063  
(713) 266-7673

MAX C. BUTLER, M.D.

DOUGLAS K. PETERS, M.D.

ROBERT E. WHITE, M.D.

GEORGE O. ZENNER III, M.D.

RE: NELVA BRUNSTING  
Date of Birth: 10/8/26

Mrs. Brunsting has been a patient since 1969. She gave a history of an appendectomy at age 9. Thru the years she was seen here for physical examinations on a regular basis with Class I Pap Smears. She had breast screening exams at the St. Jo. Cancer Detection Center. Otherwise she was seen for URI's, a Tenosynovitis in 1977, bronchitis on three occasions, Tendonitis and Costochondritis 1984, and AC separation 1981. In 1973, 1974, and 1975 a cyst left breast was aspirated, the lab reported histiocytes consistent with fibrocystic disease, no malignancy. In 1978 she had a D&C by Gynecologist for postmenopausal bleeding. In 1987 she was seen for an otitis externa with eustachian dysfunction.

**MORE RECENT HISTORY:** In 1991 she had arthroscopic surgery right knee for torn ligament. In 1994 an MRI of the cervical spine was done for possible cervical nerve root compression, reported narrowing of C4-5 disc space with a little associated hypertrophic spurring, no disc herniation seen. Also in 1994 she was seen for a physical examination, essentially negative. Pap smear was Class I. Mammogram report was negative. Wt. 174. Bp 120/80. IN 1995 she was treated for asthmatic bronchitis.

6/12/96 Last physical examination. Wt. 170. BP 136/70.

Diagnosis: Fibrocystic disease, left breast.

Osteoarthritis, right knee.

A copy of chemistry studies done with this exam is attached.

6/24/96 Tendonitis, right hip, treated with Indomethacin.

After she failed to improve she was given Prednisone.

9/4/96 Epistaxis from allergic rhinitis. Wt. 168. BP 130/70.

11/11/96 Right ankle injury. X-ray was negative for fracture or dislocation. A small calcaneal spur was seen. Patient was last seen this date.

There is no history of tobacco use, only rare ethanol. She does exercise regularly.



Robert E. White, M.D.  
12/9/96

P6072

AUTHORIZATION TO RELEASE INFORMATION

I authorize any of the following: licensed physician, clinic, lab, hospital, related medical facility, any life insurance company, or insurance related laboratory, to give to Greg J. Jungeblut, CLU information regarding my health.

- 1- This information will be used to determine the possibility of obtaining life insurance coverage. Therefore, I approve of Greg Jungeblut forwarding my medical information to a life insurance company underwriter (of Greg's choosing) for his or her professional underwriting opinion.
- 2- All medical information may be released. This includes: general chart data, diagnosis, lab results, prognosis and treatment.

A copy of this is as valid as the original.

Greg Jungeblut  
WITNESS

Neha E. Brumsting

10-8-26  
DATE OF BIRTH

DATED 11-19-96

**Independent Insurance Services**

P.O. Box 866128  
Plano, TX 75086-6128  
(800) 765-7510

December 3, 1996

Dr. Robert E. White  
Attn: Medical Records- Karen  
9000 Westheimer Rd. #100  
Houston, TX 77063-3604

RE: Nelva E. Brunsting  
DOB: 10-08-26  
SSN: 481-30-4685

Dear Karen:

The above patient has applied for life insurance coverage to the All American Life Insurance Company.

As a part of standard underwriting procedure, it is necessary to obtain photocopies of their medical records for the past five years (including office notes, EKGs, blood studies, pathology reports).

Enclosed is a signed authorization for release of this information. Completion of the underwriting procedure cannot be accomplished until the requested information has been received.

**If possible, please FAX this information to (800) 765-7512.**

**Perhaps the size of this records will not permit you to FAX it to us. In that case, could you indicate the date the records were mailed to us in this space \_\_\_\_\_ and fax a copy of this letter to us. This will eliminate any need for us to inconvenience you further by calling for status. THANK YOU FOR YOUR HELP!**

Sincerely,

  
J.G. Riddle

encl: Medical Authorization  
\$60.00 Check Fax and then mail with the prepayment.  
FAX: 713-266-4744

---

If there is a check enclosed with this request, we expect this fee to cover the entire cost of sending us these records. If no check is enclosed, and you will bill us with the records, we cannot be responsible for fees that exceed \$50.00 without authorization from us at (800) 765-7510. Thank you for your cooperation.

**P6074**

# ROSEWOOD FAMILY PHYSICIANS, P.L.L.C.

9000 Westheimer Suite 100  
Houston, Texas 77063  
(713) 266-7673

MAX C. BUTLER, M.D.

DOUGLAS K. PETERS, M.D.

ROBERT E. WHITE, M.D.

GEORGE O. ZENNER III, M.D.

RE: NELVA BRUNSTING  
Date of Birth: 10/8/26

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11/11/96 Right ankle injury. X-ray was negative for fracture or dislocation. A small calcaneal spur was seen. Patient was last seen this date.

There is no history of tobacco use, only rare ethanol. She does exercise regularly.



Robert E. White, M.D.  
12/9/96

P6075

**AUTHORIZATION** — A photo copy of this authorization shall be as valid as the original.

I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, the Medical Information Bureau or other organization, institution or person that has any records or knowledge of me or my health, to give All American Life Insurance Company or its reinsurers any such information. This includes that information obtained in connection with the preparation or procurement of an investigative consumer report as defined under the Fair Credit Reporting Act(s) and referred to elsewhere in this application for insurance. To facilitate the rapid submission of such information, I authorize all said sources, except the Medical Information Bureau, to give such records or knowledge to any agency employed by All American Life Insurance Company to collect and transmit such information. This authorization will be valid for 30 months from the date of this application.

11-19-96

*Debra E. Brewster*

Signature of Proposed Insured (Owner if Proposed Insured under age)



**Attending Physician's Statement**

Jefferson Pilot  
Life Insurance Company  
PO Box 21008  
Greensboro, NC 27420

Agency Office  
75710  
Agent  
JUNGFBLLVT

Code  
BLUE  
Policy Number  
JP4432833

Date 12/13/96 Name MELVA F BRUNSTING Date of Birth 10/08/26

DR ROBERT WHITE  
ATTN: MEDICAL RECORDS  
9000 WESTHEIMER #100  
HOUSTON TX 77063

*Curtis R. Ashley* M.D.  
Vice President & Medical Director

NO. 010337

Please give details of the conditions for which you attended this patient. Copies of your medical records and EKGs will be appreciated. Your reports are confidential and are to be used solely for insurance purposes.

| 1. Dates Attended<br>Month Year | Complaints and Abnormal<br>Physical Finding | Duration of<br>Illness | Diagnosis | Describe Treatment<br>or Operation |
|---------------------------------|---|------------------------|-----------|------------------------------------|
| 12-22-96                        |   |                        |           |                                    |

*Sent same to independent lab. Source Plans TX*

2. Laboratory Findings (including x-ray ECG, pathological reports, etc. with dates)

3. Have you diagnosed, treated or counseled this person for any sexually transmitted diseases, including AIDS, AIDS Related Complex, or HIV antibody studies? If so, please give details.

4. Does this person smoke cigarettes?  Yes  No

Date Signature M.D. S.S. or Tax I.D. Number

**Please Return This Copy With Your Reply**

I hereby declare that I have read all the answers and statements above. To the best of my knowledge and belief, they are complete and true as recorded. They are made by me to induce the Company to issue the insurance applied for.

I authorize the release of any records or information about me or my health to the Jefferson-Pilot Life Insurance Company. This information will be used by the Company in its normal underwriting of applications for insurance and claims procedures. This authorization applies to any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, the Medical Information Bureau or other organization or institution. Except for the Medical Information Bureau, the foregoing are authorized to give such information to any consumer reporting agency acting on behalf of the Company.

I authorize Jefferson-Pilot to give medical information to my personal physician and I waive any privilege to such information. I also authorize Jefferson-Pilot to release any such information to any of its reinsurers.

This authorization is valid for 30 months from its date. A photographic copy of this authorization will be as valid as the original. I know I have the right to receive a copy of this authorization on request.

 11-19-92  
Signature of proposed Insured Date

  
Signature of Agent

713. 464. 4391

O<sub>2</sub> 98% (REST) @ 2L O<sub>2</sub> via NC

PROGRESS NOTE

Name: Nelva Brunsting Date: 10/29/10  
 DOB: 10/8/26 H: \_\_\_\_\_ W: 136 T: \_\_\_\_\_ F: \_\_\_\_\_ BP: 12/80

Nurse's Note: accompanied by daughter -

| HPI   |                                     |                                     |                          |
|---|-------------------------------------|-------------------------------------|--------------------------|
| Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms. |                                     |                                     |                          |
| ROS   |                                     |                                     |                          |
|   | W                                   | M                                   | not                      |
| <u>bluer</u> Const  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Eyes  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| ENT/mouth   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| CV  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <u>↓ SOB @ 2L O<sub>2</sub> via NC</u> Resp   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| GI  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <u>↑ frequency</u> GU   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <u>↑ work</u> Musc  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| Skin/breasts  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| Neuro   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Psych   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Endo  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| Hem/lymph   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| Allerg/immun  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| No noteworthy changes since last visit. See note dated: _____   |                                     |                                     |                          |
| PESH  |                                     |                                     |                          |
|   | W                                   | M                                   | not                      |
| Past  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Family  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Social  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| No noteworthy changes since last visit. See note dated: _____   |                                     |                                     |                          |
| Exam  |                                     |                                     |                          |
|   | W                                   | M                                   | not                      |
| <u>NAD</u> <u>↓ O<sub>2</sub></u> Const   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Eyes  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| ENT/mouth   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Neck  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Resp  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <u>↑ frequency</u> <u>↑ work</u> Chest (breasts)  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| GI (abdomen)  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Lymph   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| GU  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| Musc  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| Skin  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <u>Crossly intact</u> <u>pleasant</u> Neuro   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Psych   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

↓ SOB @ 2L O<sub>2</sub> via NC  
 ↑ frequency  
 ↑ work  
 ↓ occ  
 ↓ work  
 ↓ sleep,  
 BM,  
 appetite

CC: Bloodwork to get into MD Anderson

HPI: Bluer w/ f

25-30 min?  
 Pulm doctor ordered ret scan → picked up actin in lung → ↑ small bile duct ca. Trying to get into MD Anderson for treatment

Res-  
 Now - cough resolved  
 Factually now driving, preparing own meals  
 Nausea → ↓ but still present all day

pan lower pelvic pain  
 ↓ burning to urinate  
 ↑ Frequency

- 1) generic actin
- 2) MRI
- MDA
- 1) Plutix Resolving PNA 9/2010
- 2) Bile duct Ca July 2010
- 3) Atypical TB PNA Specialists

Bile duct Ca

✓ CBC, Hx + Physical as required by MD Anderson  
 fax 713. 792. 4823. Rosalind Mouton  
 phone 713. 792. 4804. MRN #6849718

Frequency  
 ✓ UA Rx actin MD Anderson Resolving PNA  
 ✓ MCx: ↑ PO Bluer ↑ work Cont Dr 2L  
Flu Pulm

Physician's Signature: Juliette Dyer Couns/coord > 50%   
 Total time: \_\_\_\_\_ min.  
 Couns/coord time: \_\_\_\_\_ min.

Glucose 0 Bilirubin 0  
 Ketone 0 Sp Gravity 1.015  
 Blood +++ pH 7.0  
 Protein ++ Urobilinogen 0  
 Nitrite 0 Leukocytes trace

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**PROGRESS NOTE**

Name: Nelva B. 98% O2 Date: 10/11/10  
 DOB: 10/8/26 H: 69" W: 132 T: 97.9 P: 84 BP: 118/74 R: 20

Nurse's Note: Flu Hospital SOB  
ADMISSION 2 WEEKS AGO FROM ALI HOSPITAL FOR PNA

| HPI   |                                     |                                     |
|---|-------------------------------------|-------------------------------------|
| Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms. |                                     |                                     |
| ROS   |                                     |                                     |
| Const   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Eyes  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| ENT/mouth   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| CV  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| SOB Resp  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| GI  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| GU  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Musc  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Skin/breasts  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Neuro   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Psych   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Endo  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Hem/lymph   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Allerg/immun  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| No noteworthy changes since last visit. See note dated: _____   |                                     |                                     |
| PFSH  |                                     |                                     |
| Past  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Family  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Social  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| No noteworthy changes since last visit. See note dated: _____   |                                     |                                     |
| Exam  |                                     |                                     |
| Const   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Eyes  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| ENT/mouth   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Neck  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Resp  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| RAR CV  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Chest (breasts)   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| GI (abdomen)  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Lymph   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| GU  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Musc  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Skin  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Neuro   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Psych   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| No v: no review/exam  |                                     |                                     |

+ADMISSION  
ANALYSIS

+POSTANAL DCP

LABS @ LL

CC: AS ABOVE

HPI: W9 40 PERSISTENT SOB SINCE AC FROM HOSPITAL FOR PNA. TX E IV ABX.

φ ALLERGY SYMPTOMS

HOME ON PRN 2L BASELINE O2 93% NRSURE

STERIODS NASAL SPRAY

LEVAQUINOL 10 days ON DAY 6

PNEUMONIA

Flu e PNA p FINISH e LEVAQUINOL 10 DAYS

Complete course of abx

O2 2L PRN, e EXERTION

AR

S: NeosoneX

Cont e OTC acetaminone

Physician's Signature: Juhel Dey

Couns/coord > 50%

Total time: \_\_\_\_\_ min.

Couns/coord time: \_\_\_\_\_ min.

Name: Melva Brunsting  
 DOB: 10/08/26  
 Allergies: none  
 Date: 04/29/11

CC: Consult & fatigue w/

HPI: pt. w/ complicated history recently has declined significantly. Difficulty working w/ PT. Decrease strength/mobility. Also a decline in memory, esp short term. NO personality changes. Difficulty handling change

Rt -  
 Ethambutol  
 400  
 metoprolol 50  
 Bromocriptin  
 Arithromycin  
 750  
 Spariv 300  
 Rifampin 30  
 sertraline 50  
 Alendronate  
 70  
 Vit D 10,000

ROS: Constitutional  E  
 HEENT  E  
 Cardio BP - stable  
 Resp Recent URI → E Patch  
 GI  E  
 GU  E  
 MSK  E  
 Skin/Breast  E  
 Neuro see HPI  
 Psych  E  
 Endo  E  
 Heme/Lymph/Other  E

Exam: Ht \_\_\_\_\_ Wt 134# BP 110/80 P \_\_\_\_\_ R \_\_\_\_\_ Temp \_\_\_\_\_

HEENT  nl  ab

Neck  nl  ab

Chest  nl  ab

Cardio  nl  ab

GI  nl  ab

GU  nl  ab

MSK  nl  ab

Neuro  nl  ab

Other  nl  ab

PMA  
 Bile duct Ca  
 Postmenopausal TBI  
 HTN  
 MDD  
 Dementia

Slow gait; Strength 5/5  
 ψ - mms 14

Assessment:

Advanced dementia

Bile duct Ca

HTN

MDD

Plan:

To ψ/neuro

✓ owl to re reversible causes  
 per M.D. Anderson

Stable

To ψ

P6081



7134644391

NAME Nelva B.

DOB 10/8/26

ALLERGIES NKA

DRUGS \_\_\_\_\_

| DATE    | HISTORY  | PHYSICAL                    | IMPRESSION           | TREATMENT & LAB  |
|---------|--|-----------------------------|----------------------|--|
| 8/5/10  | ears   | WT 138 @ 92.3               |                      |  |
|         | ears feel full                                       | 134/80<br>Red Thru<br>Eryth | Eustachian<br>dysfct | Neomycin   |
| 9/17/10 | very SOB<br>Coughing<br>48% bloody<br>Sputum         | WT 140 @ 101.9<br>BP 132/74 |                      | O <sub>2</sub> Sat 91%<br>Rate 130 + irregular<br>after walking<br>87% |
|         | PT - Chx of<br>chronic lung<br>infection             | Rales @ base<br>BS =        | Pneumonia            |  |
|         | Today very<br>SOB & heavy<br>↑ cough &<br>hemoptysis |                             |                      |  |

7134644591

NAME Nelva B.

DOB 10/8/26

ALLERGIES NICA

DRUGS \_\_\_\_\_

| DATE    | HISTORY   | PHYSICAL               | IMPRESSION        | TREATMENT & LAB            |
|---------|---|------------------------|-------------------|----------------------------|
| 3/19/10 | ① VS spots on nose                                  | 135 (98) 3             |                   |                            |
|         | ② Shaking   | BP 122/80              |                   | Propranolol 10             |
|         | ③ ? needs had letter for pharmacy for generic forms | seb ker<br>hand tremor | BET               | Koromax 10<br>7 weekly     |
| 5/17    | 1 mark  | Hepatitis non acute    | biopsy            | Prolydifen                 |
|         |   |                        |                   | To Camporosa Quade         |
| 7/1/10  | pain in (L) Arm                                     | WT 136 (95.2)          |                   |                            |
|         | (R) Elbow, SDB nasal drip                           | BP 132/90              |                   |                            |
|         | Pain (L) arm & elbow                                | Tender                 | medial epicondyle | Probid 7.5                 |
|         | & how (R) elbow numbness, R hand 3-4 fingers        | medial epicondyle      |                   | Patience for nasal surgery |
|         | 2) Hoos poorly difca of liver                       |                        |                   |                            |
|         | 3) Seeing Dr. Mohit - chronic sinus ds.             |                        |                   |                            |





7134644391

NAME Nelra B.

DOB 10/18/26

ALLERGIES NKA

DRUGS \_\_\_\_\_

| DATE    | HISTORY   | PHYSICAL   | IMPRESSION                   | TREATMENT AND LAB  |
|---------|---|--|------------------------------|--------------------|
| 3/3/09  | Nausea<br>Upset stomach<br>for last two<br>wks            | WT 134 @ 98.4<br>BP 122/80   | Peptic<br>ulcer<br>Gastritis | Nexium 40<br>T BID |
| 4/1/09  | Blower  |  |                              |                    |
| 4/17/09 | Dr for<br>Surgery<br>Having<br>Cataract OS<br>by Dr Zaman | WT 132 @ 98.0<br>BP 122/80<br>HEENT<br>Neck<br>Lungs<br>abd no<br>exam<br>mildly hypotic | Dr for Surg                  | cont med           |

NAME Nelva B.

DOB 10/8/26

ALLERGIES NKA

DRUGS \_\_\_\_\_

| DATE  | HISTORY        | PHYSICAL     | IMPRESSION  | TREATMENT AND LAB |
|-------|----------------|--------------|-------------|-------------------|
| 10/20 | F/U            | 137 / 1      |             | free stool        |
|       |                | 126/70       |             |                   |
|       | Sx improved    |              |             |                   |
|       | on Nexin       | Ess wey      | Anorexia    | ↑ Nexin to 800    |
|       | BIP, but       | or as before | Probably    | ↓                 |
|       | returned on    | —            | from stress | Reglan 5          |
|       | one daily      |              | in bowel    |                   |
|       | no pain        |              |             |                   |
|       | but a lot of   |              |             |                   |
|       | bumping &      |              |             |                   |
|       | peristalsis    |              |             |                   |
|       | Bad taste      |              |             |                   |
|       | in mouth       |              |             |                   |
|       | Still has      |              |             |                   |
|       | loss of energy |              |             |                   |
|       |                |              |             |                   |
|       |                |              |             |                   |
|       |                |              |             |                   |
|       |                |              |             |                   |
|       |                |              |             |                   |
|       |                |              |             |                   |
|       |                |              |             |                   |
|       |                |              |             |                   |
|       |                |              |             |                   |

713 464 4391

NAME Neelva B.

DOB 10/8/26

ALLERGIES N/A

DRUGS \_\_\_\_\_

| DATE    | HISTORY  | PHYSICAL   | IMPRESSION       | TREATMENT AND LAB   |
|---------|--|--|------------------|---|
| 9/3/08  | F/O meds   | WT 137 1/2 @ 980<br>BP 122/80  |                  |   |
|         | Constant<br>nausea prob - No tender-<br>ably from<br>meds. Ho<br>'bad taste in<br>mouth'   | ness in abd<br>now.  | Diverentials     | Hold med<br>& see if nausea<br>clears;<br>then add<br>back one at<br>a time &<br>see what happens |
| 10/3/08 | Nausea<br>vomited last<br>pm; Bad<br>taste in mouth<br>Burr salad<br>Cough prod<br>clear gms<br>Took Hazy &<br>EMZ - Temp up<br>helps less<br>bloating & no<br>gas | 133 1/2 @ 980<br>BP 120/80<br>tender over<br>epigastrium<br>but not in<br>LLQ. | Peptic gastritis | (Nexium<br>#20<br>T BID<br>for 3-4 d then<br>daily  |

713 464 4391

NAME Nelva R.

DOB 10/8/24

ALLERGIES NKA

DRUGS \_\_\_\_\_

| DATE    | HISTORY  | PHYSICAL                              | IMPRESSION | TREATMENT AND LAB         |
|---------|--|---------------------------------------|------------|---------------------------|
| 8/22/02 | Upset sto -<br>"made"  | 137 @ 980<br>BP: 124/82               |            |                           |
|         | Very tired<br>Not filling<br>"coming better"                             | Tender <del>RT</del>                  | Abel pain  | CBC<br>UA                 |
|         | 2) hives have<br>cleared.  | Right lower<br>quadrant<br>(appendix) |            | Flagyl 250<br>Sm 2 Tsp DS |
|         | but she was<br>on Ciprodol<br>if started<br>& has just<br>started taking |                                       |            |                           |

713 464 4391

NAME Nelva Brumby  
ALLERGIES None

DOB 10/8/26  
DRUGS \_\_\_\_\_

| DATE    | HISTORY   | PHYSICAL | IMPRESSION | TREATMENT AND LAB                                  |
|---------|---|----------|------------|--|
| 8/14/08 | Concise<br>Re: Mom<br>(c Daughter)<br>Cabin<br>"Diet & quality<br>Seems confused<br>end of."<br>"She won't<br>accept help<br>from caregivers" | !        |            |  |
|         |   |          |            | 8/15 "The Coward"<br>Cult + Shout<br>mycobacterium |
| 8/22/08 | Had allergic<br>reaction to mold<br>or etc. Saw<br>first rx<br>c hydroxyzine  |          | urticaria  | Avoid oral<br>steroids.                            |
|         |   |          |            |  |
|         |   |          |            |  |
|         |   |          |            |  |
|         |   |          |            |  |
|         |   |          |            |  |
|         |   |          |            |  |
|         |   |          |            |  |
|         |   |          |            |  |

-1154644391

NAME Nelra B.

DOB 10/8/66

ALLERGIES NKA

DRUGS \_\_\_\_\_

| DATE   | HISTORY  | PHYSICAL                                 | IMPRESSION      | TREATMENT AND LAB                             |
|--------|--|--|-----------------|---|
| 8/7/08 | Consult<br>Re: Health<br>SOB Tired<br>abdominal<br>problem.<br>Gets fatigued<br>easily & has<br>SOB. | 170 @ 7:30<br>140/74                     |                 |   |
|        |  |  | Malaise         | CBC<br>Comp met                               |
|        | 2) Bad taste in<br>mouth, anorexia<br>low abds - low abd<br>comfort -<br>Stools ~ 2x/d               | Tenderness<br>low abd - low abd<br>R & L | diverticulitis? | Cipro 500<br>CT Abd &<br>Pelvis<br>D Contrast |

713 464 4391

NAME Nelva B.

DOB 10/8/26

ALLERGIES Nist

DRUGS \_\_\_\_\_

| DATE    | HISTORY  | PHYSICAL  | IMPRESSION                    | TREATMENT AND LAB  |
|---------|--|---|-------------------------------|--|
| 5/22/08 | Eye surgery<br>sore some<br>HA's<br>↓ energy   | MO @ 960<br>118/82<br>Dry & red                 | Hard skin                     | Factorie<br>5 x daily<br>Garringer<br>Ophthalmic<br>soln |
| 5/2/08  | Flu ER   | 138 @ 980<br>BP 132/70                          |                               |  |
| 5/24    | DXG<br>pneumonia<br>& gi upset<br>CT abd ok<br>except pneumonia<br>in RLL<br>now has<br>malaise<br>flex of blood<br>in sputum<br>etc | Rals in<br>both bases<br>R > L<br>out @ lateral | Pneumonia<br>Ret'n to McGowan |  |



713 464 4391

NAME Nelva Bruner

DOB 10/8/26

ALLERGIES NKA

DRUGS \_\_\_\_\_

| DATE    | HISTORY   | PHYSICAL   | IMPRESSION  | TREATMENT AND LAB  |
|---------|---|--|---|--|
| 4/10/88 | Pain on<br>D arm<br>D hand fingers<br>numb  | M1 @980<br>BP 124/80<br>HEENT ✓<br>Chest - Sc<br>fibrous rals<br>Tender over<br>Ulnar nerve<br>8 synclav space<br>also over<br>CC joints | Ulnar nerve<br>entrapment<br>Cervical radiculopathy | Naprosyn 500<br>#14<br>+ BTD Def<br>Contrast bits<br>On @ Supr<br>Clav Space |
| 4/22/88 | Flu test<br>CT Shaw's cavity<br>Having some<br>hemoptysis<br>no production<br>but cough<br>"annoying" | 138 @920<br>126/70<br>Chest more<br>clear  | Pneumonia<br>Abscess                                | CT 6<br>McGowan  |

713 464 4391

NAME Nelva Bronsing

DOB 10/21/26

ALLERGIES NKA

DRUGS \_\_\_\_\_

| DATE    | HISTORY   | PHYSICAL  | IMPRESSION                | TREATMENT AND LAB   |
|---------|---|---|---------------------------|---|
| 1/30/08 | SOB. Some cough, fever 101.5 AM                 | 132 @ 97.9<br>BP 122/74<br>Bilateral wheeze<br>Some rhonchi | Respiratory<br>Bronchitis | She never used<br>Levofloxacin 500<br>Start<br>Probutodvan<br>in AM only<br>Not better<br>by 2/1<br>CXR |
|         | <del>Reaction</del><br>Clarithromycin 500       |   | Pneumonia                 |   |
| 2/4/08  | Still runny fever<br>mouth very<br>sore 12 days |   |                           | Mycelex troche  |
| 2/28/08 | F/U pre-<br>vmona<br>✓ ears                     | wt 135 @ 96.9<br>BP 130/90<br>Lungs clear<br>now            | Pneumonia<br>resolved     | Restart Benicid<br>20   |
|         |   | Thick sputum  | Constipation<br>diaph     | nasal   |

713 464 4391

NAME Nelva Brunsting

DOB 10/8/26

ALLERGIES \_\_\_\_\_

DRUGS \_\_\_\_\_

| DATE    | HISTORY   | PHYSICAL  | IMPRESSION                         | TREATMENT AND LAB   |
|---------|---|---|------------------------------------|---|
| 11/5/07 | flue shot   | 0.5 U2438AA   |                                    |   |
|         |   | 6/30/08   |                                    |   |
| 11/9/07 | Pain on<br>(R) shoulder<br>lost apple<br>w/les<br>congluping up<br>blood for<br>week<br>Has had<br>w/ln for hemostasis<br>Exemorphosis<br>w/ln in joint | 142 P980<br>BP 126/80<br>Tender<br>long head<br>of biceps<br>Chest - clear<br>to ausc | Tendinitis<br>of shoulder<br>w/lns | Mobic<br>7.5<br>Contrast<br>baths<br>PT Chest<br>& contrast<br>(Lorin 04) |
| 1/25/08 | Flu Flu<br>Congluping<br>very weak  | 138 P981<br>BP 122/80<br>Bilateral wheezing<br>& rhonchi                              | Asthmatic<br>w/lns<br>(post flu)   | (Xerozem 500<br>& Advair 5<br>Tessalon 100<br>Advair 250/50)              |

713 467 4391

NAME Nelva Brunsting  
 ALLERGIES NKA

DOB 10/8/26  
 DRUGS \_\_\_\_\_

| DATE    | HISTORY   | PHYSICAL  | IMPRESSION          | TREATMENT AND LAB                              |
|---------|---|---|---------------------|--|
| 8/27/07 | Quake<br>foot cramps<br>at night<br>for last couple<br>months                           | M6 @ 980<br>BP 124/80<br>. hazy eyes                      | nocturnal<br>cramps | Tonic w/ Vit D<br>may be Hct<br>in BP med - DC |
| ②       | ✓ finger nails<br>nails split   | Fifth finger<br>① - symphysis<br>to mid nail<br>bed clean | probably<br>Moulin  | Keep dry<br>Thrombolitic<br>or Dohu            |
|         |   |   |                     | Bannan pla<br>instead of ctkta                 |
| 9/18/07 | F/U WTV<br>q. QV. Dr. K.  | N5 @ 980<br>BP 122/80                                     |                     | Xopenex pm<br>↓ pulmo ed<br>to med day         |
|         | Saw Dr K &<br>was rx for reactive<br>airways  | No wheezing<br>raw  | Reactive<br>airways |  |
|         | steroid spray but 4 days<br>& bronchodilator response when<br>she scratched<br>her back |   |                     |  |

Name: Bransting, Nelva DOB: 10-8-26 Date: 9-10-07 Allergies: NKDA

CC: headaches

meds  
Amoxyc  
Niacin 250mg BID

HPI: pt fell 2d ago, tripped backward over stationary  
briefcase. landed on tailbone + head onto floor (carpet)  
shock & vision & blood & hematoma  
no dizziness this Am. Trial ASA, the Hx FS Reviewed: ✓  
Tylenol.

ROS: Constnl  
HEENT had neck stiffness - resolved MSK ✓ Breast ✓  
CV ✓ & 2d: tinnitus - & new Skin ✓  
Pulm ✓ Neuro ✓ N.W.T. Other ✓  
GI ✓ Psych ✓  
GU ✓ Endo ✓  
Heme ✓

Gen: NAD vs All affect: nl mood: nl Tob: ✓ quit never 2nd hand

BP: 160/83 P: 75 T: 98.2 R: 18 Ht: 5'9" Wt: 144 BMI: 20.8 LMP: reg irreg  
10/11/07

HEENT: (nl) abnl head occipit & tender

Neck: nl (abnl) tend (L)  
CV: nl (abnl) S3  
Lungs: nl (abnl) exp wheezes ILE  
Abd: nl abnl  
Neuro: nl abnl  
Ext: nl abnl  
Skin: nl abnl  
C: nl abnl

PMH  
migrain HA  
Tinnitus

PMH  
(B) knee TKR.

Labs:

A/P: (1) Headache - Tylenol, Alevin - food HRN  
nsr.

(2) Acute Asthma Exac fluo 2ul.  
- Xopenex  
- pulmicort ofloxacin 180mg  
2 resp BID

(3) Tinnitus - prob 20 minutes dz.  
no multiple med 3 relief

(4) Migrain HA Amoxyc 2-5mg ✓

Soc  
(+) 1st ab occ wmi  
2 ul  
(+) Caffeini  
1 tea/d.  
1/4 c decaff  
coffee/d.  
marrise  
5 tabs  
up 5-44.



NAME Nelva B.  
 ALLERGIES NKA

DOB 10/2/26  
 DRUGS \_\_\_\_\_

| DATE     | HISTORY   | PHYSICAL                            | IMPRESSION                 | TREATMENT AND LAB                              |
|----------|---|-------------------------------------|----------------------------|--|
| 11/27/06 | Lead off  | D-5                                 | Lot U2250AA<br>exp 6/30/07 |  |
| 4/4/07   | Lead off  |                                     |                            |  |
| 4/5/07   | Gym prep  | WT 150 @ 980<br>HT 68"<br>BP 124/78 |                            | UA dp  |
|          | 1) Recently put on Lisinopril for ↑ BP by Cardiac now hoarse              |                                     | Cough 2° to meds           | DC Lisinopril<br>(Benicar 20 2)                |
|          | 2) Not sleeping well (Anxiety) due to hip pain Uses pillow between knees. |                                     |                            | Try mattress on floor<br>(Ultracore 100 16 15) |
|          |   |                                     |                            |  |
|          |   |                                     |                            |  |
|          |   |                                     |                            |  |
|          |   |                                     |                            |  |

over

NAME Delta Brunsting  
 ALLERGIES N/A

DOB 10/8/26  
 DRUGS \_\_\_\_\_

| DATE    | HISTORY                                       | PHYSICAL    | IMPRESSION                 | TREATMENT AND LAB               |
|---------|---|-------------|----------------------------|---------------------------------|
| 7/24/26 | Gyn pap                                       | WT 152 (98) |                            |                                 |
|         |   | HT 68"      |                            |                                 |
|         |   | 122/80      |                            |                                 |
|         | 1) Had<br>Cardio, tests<br>(Bun) e            |             |                            |                                 |
|         | Conducta - haz                                |             |                            | Calan @ pi                      |
|         | 2) Leg cramps<br>especially after<br>exercise |             | nocturnal<br>cramps        | (if no help<br>Quinine sulfate) |
|         | Gen (fem) Healthy<br>He ↓ headaches           |             | malaise                    |                                 |
|         | ea ✓  | ✓           |                            |                                 |
|         | ev ✓  | ✓           | poorly tolerated           |                                 |
|         | N   | ✓           | Calcium tabs               |                                 |
|         | T some hoarseness<br>on staff                 | ✓           |                            |                                 |
|         | Neck ✓  | ✓           | Diaplo seems<br>underrated |                                 |
|         | Chest - ✓                                     | ✓           | no osteoporosis            |                                 |
|         | CV - keep                                     | no @ HSR    |                            |                                 |
|         | Resp - ✓                                      | ✓           |                            |                                 |
|         | BT colonoscopy                                | no masses   |                            |                                 |

Synsage  
 CV - what are  
 lower lip  
 very  
 N/A  
 skin - ✓





DOB 10/08/26

NMA

NAME Nelva Brunking

DATE

HISTORY

PHYSICAL

IMPRESSION

TREATMENT AND LAB

5/26/05 low abdominal 198 P. 98-3  
 Cramps also B 126/74  
 some low back  
 pain, NO UTI  
 problems

No diarrhea  
 (no BM today  
 & ↓ yesterday)  
 Taking Pepto

sl distended  
 diffusely tender

Gastroenteritis  
 legend  
 diet

6/14/05 Pain under 199/12 P. 98-0  
 (2) arm flexes B 126/70  
 getting worse  
 (3) arm

Tenderness med  
 humerus area  
 (4) overhump  
 over bundle.

Pain ↑ when  
 bed et ↓ to study

2 hearts  
 Medrol

11/21/05 flu + pneumo  
 6/24/06 1004P  
 6/30/06 12/18/06

11/29/05 (9) Influenza like  
 illness

Chlorpromazine 10  
 # 20  
 Total 44h  
 per illness

DOB 10/8/44

113 464 4341

NMA

NAME Nadra Brunstey

DATE

HISTORY

PHYSICAL

IMPRESSION

TREATMENT AND I.A.B

5/16/68

gyn/psys

wt 150 @ 90  
HT 69"  
12/2/68

1) had knee surg  
in Dec of fall  
by Luis Campos  
she needed shoes  
EKG because  
of possible MI

EKG

2) /

Cpu - ✓  
Hc ✓

✓  
✓

Ea - ✓

✓

Ev - ✓ had eye - ✓ fundus 0  
No - ✓ 4 yrs ago ✓

Th ✓

✓

Nak - ✓

✓

Chest - ✓

✓

Brst - ✓  
TV - ✓ sept #1

no (w) Reg  
Sept 1st done

lost promocy

Resp - ✓  
wheezes on  
off sept #1

@ sea

GI - ✓

no masses Ectopy of cervix

GU not bx  
multicystic ovaries Ad ✓

ut - cervical ectopy

Pap

Gyne

NM - see pil ✓  
skin ✓

P6103

DOB 10/8/26

713464-4391

NWA

NAME Neva Brunsting

DATE HISTORY PHYSICAL IMPRESSION TREATMENT AND LAB

11/15/04 Sinus infection 11/2 9980  
 for months also 12/26/70  
 average also needs pre-op clearance  
 frontal sinus  
 ① Sinus 4  
 ex-pain behind  
 Denge T by banding  
 for thro. Amig  
 help some

Nasocort  
Praxin

Sphenoid  
sinus  
✓  
cluster

② History  
 knee replaced  
 CV - normal  
 Resp -  
 wheezing  
 abd ✓  
 Ext ✓

no apparent  
abnormal  
to such

1/18/05 Leg problem  
 walking 152 9980  
 155/80  
 Had knee replaced  
 12/6 - double  
 well and it 1/12  
 @ 12 by staff  
 spring out. saw  
 ortho who dx  
 nerve entrapment  
 255  
~~on 1/12/05~~  
 on 1/12/05 - 4th day  
 w/o help

pelvic felt  
DTR non reactive  
very tender  
out-pourness  
brachial plexus  
Tenderness  
Elbow  
long

contrast  
bath

10/08/20

NAME Brunsting, Nelva

| DATE     | HISTORY   | PHYSICAL   | IMPRESSION                                   | TREATMENT AND I.A.B                            |
|----------|---|--|--|--|
| 05/07/01 | Chest feel heavy<br>discomfort<br>Onyx x 1 wk.<br>Then gast. felt<br>twinge under<br>ll breast<br>6 SOB / radiation<br>6 palpitations<br>Denies trauma. | WT: 156<br>BP 142/78<br>HEENT - nl<br>Neck - supple<br>Chest - clear<br>CV - RRR 5 ml/l<br>Tender to palpation<br>RL midsternal. | Chest pain<br>most likely<br>costochondritis | EKG - LAD<br>o/w ⊖<br>Celebrex (s)<br>Flu pain |
| 5/10/01  | P. P. lat next vs CP  |  |  | JEN  |
| 5/13/01  | Gym 570   | WG 158 @ 98-0<br>HT 69"<br>159/74  |  |  |
|          | 1) Pain in chest<br>well see 5/7  | nodular<br>swelling along rib<br>feels like callus   |  | CXR  |
|          | 2) Pelvic discomfort  |  | cause?                                       |  |
|          | 3) Heavy feeling<br>across upper abd<br>usually at night<br>Heart helps some  |  | Reflux?<br>gastitis?                         | Try Nexium                                     |
|          | 4)  |  |  |  |
|          | Grav - ✓<br>↓ energy  | ✓  |  |  |
|          | He ✓  | ✓  |  |  |
|          | EA ✓  | ✓  |  |  |
|          | Ev - ✓ when lgs<br>no sx  | cataracts early<br>myopic pres of fundi  |  |  |
|          | No ✓  | ✓  |  |  |
|          | tin ✓   | ✓  |  |  |

P6105

2/26

Nelva Posumbig

NVP

NAME

IMPRESSION

TREATMENT AND LAB

HISTORY

PHYSICAL

Low back pain  
also pain  
low vaginal  
perineal area

158 9980  
PP-126/70

On pelvic  
exam tender  
over pubic  
area  
Soft tissue  
swelling

lumber  
& pelvic  
area

from bone  
vs soft tissue?

X-ray  
pelvis  
fracture  
pubis  
& lumbar  
area

Pain radiated  
up into  
suprapubic  
area

UA micro  
normal

2/27/04

UA

X-ray suggests  
infrapatellar  
stone

3/1/04

Still low back  
pain on D<sub>12</sub>

wt 157 998.9  
PP-122/70

Rt. hasn't seen  
stone but  
pain comes & goes

No flank tenderness  
suprapubic

lateral

IVP  
Basema

⊙ pelvic pain

Low back pain

P6106

2 BT0

DOB: 10/8/26

Patient Name: Melva Brunsting

nk

| Date    | History  | Physical                           | Impression | Treatment/Lab |
|---------|--|------------------------------------|------------|---------------|
| 4/15/03 | P.P. 666   |                                    |            |               |
| 4/17/03 | Gyn pap  | wt 152 @ 98<br>ht 68"<br>fb 122/72 |            | vag           |
|         | ① neg Oramp<br>lower leg &<br>feet straight              |                                    |            |               |
|         | ② low back pain<br>dull tender<br>point in R low<br>back |                                    | [malaria]  |               |
|         | ③ dizziness & weak<br>some sleep & sneeze                |                                    |            |               |
|         | ④ em - very itchy<br>some hot flashes<br>H frontal hx    |                                    |            |               |
|         | Ea - ✓   | ✓                                  |            |               |
|         | Ea - ✓   | ✓                                  |            |               |
|         | No - ✓   | ✓                                  |            |               |
|         | the  | ✓                                  |            |               |
|         | Nak - ✓  | ✓                                  |            |               |
|         | Chest - ✓  | ✓                                  |            |               |
|         | CV - ✓   | no m nsp                           |            |               |
|         | Resp - ✓<br>some wheezing, clear<br>one off<br>no cough  |                                    |            |               |

D/B 10/8/26

(7B) 464-4391

NKA

NAME

Nelva Brunero

HISTORY

PHYSICAL

IMPRESSION

TREATMENT AND

|         |  |  |   |  |
|---------|--|--|---|--|
| 10/2/02 | Allergy on sinus infection<br>drenise, some<br>amalgam<br>also 3 presynp<br>wants to restart<br>HRT- | wt. 154 @ 98.1<br>Bp. 134/80<br>Erypha<br>chest x<br>nasal muc<br>moyy | Allergic<br>rhinitis<br>Cyclo M<br>e prem 0.625 x<br>90d<br>C. pneumoniae<br>last 15 days |  |
|---------|--|--|---|--|

|          |  |   |   |                       |
|----------|--|---|---|-----------------------|
| 11/25/02 | Joint UTI?<br>but pain on<br>(R) side low back<br>more to (R) leg<br>some low abdominal<br>comp. | wt 156 @ 98.1<br>Bp 126/70<br>DTR ⊖<br>SLR ⊖<br>tender S1 int R | L5/S1 neuralgia<br>entrapment<br>on (R) hip | UTI<br>pulses<br>2/15 |
|----------|--|---|---|-----------------------|

|        |   |   |                                  |  |
|--------|---|---|----------------------------------|--|
| 3/6/03 | lost taste for<br>two months<br>also sinus HA's<br>↓ smell (cancer<br>@ nose)<br>(w/ taste)<br>(w/o smell in mouth) | wt 156 @ 98.4<br>Bp. 122/70<br>nasal muc<br>sinusitis | Avormin<br>Stavudine<br>D. J. H. |  |
|--------|---|---|----------------------------------|--|



115464-4301

D/B 10/8/86

NKA

NAME

Nelva Brunko

HISTORY

PHYSICAL

IMPRESSION

TREATMENT AND LAB

| 4/16/82 | HISTORY  | PHYSICAL                               | IMPRESSION              | TREATMENT AND LAB |
|---------|--|--|-------------------------|-------------------|
|         | Gyn pgs  | wt 156 4980<br>HT 62 1/2"<br>4' 136/80 |                         | UA-U              |
|         | 1) Went to stop<br>prem pro<br>Bone density<br>@ Hatters.    |  |                         |                   |
|         | 2) Clearer<br>better on mobil.                               |  |                         |                   |
|         | 3) Had to follow<br>up of low vision<br>by McCowan today.    |  |                         |                   |
|         | Gen. general weakness<br>He recent has sinus<br>PND - yellow |  | malaria                 | CBC               |
|         | Ca - v Hum AD  | ✓ low defit OD                         | ? macular<br>changes OS | watch             |
|         | EV ✓   |  |                         |                   |
|         | No ✓   |  |                         |                   |
|         | Th ✓   |  |                         |                   |
|         | Neck ✓   | Eustachian                             |                         |                   |
|         | Chest ✓  | Hrt reg norm                           |                         |                   |
|         | CV ✓   | no abd                                 |                         |                   |
|         | Resp ✓   |  |                         |                   |
|         | GI ✓   | Cervical cyst occipital                |                         |                   |
|         | Gyn ✓  |  |                         |                   |
|         | GU ✓   |  |                         |                   |
|         | NM - sleep   |  |                         |                   |
|         | Skin ✓   |  |                         |                   |

DOB: 10/8/26

Patient Name: Melva Brumby NKA

| Date    | History   | Physical   | Impression               | Treatment/Lab            |
|---------|---|--|--------------------------|--------------------------|
| 8/7/01  | Some cough<br>& bloody sputum<br>congestion               | wt 157 @ 980<br>BP 140/70<br>non-hess                            | Hemoptysis<br>per sputum | Cipro 500<br>BID         |
|         | Some flecks of<br>blood in sputum<br>No alveolitis        | Rale @<br>apical lung<br>field.                                  | Sinusitis                | Flonase<br>Mucofalce     |
|         |   |  |                          | CT chest                 |
| 12/7/01 | Aller shot  | lot UP 28A10<br>exp 6/30/02                                      |                          |                          |
| 2/28/02 | Rash on<br>upper chest<br>for couple days<br>some itching | wt 159 @ 980<br>BP 136/70<br>erythema<br>on upper chest<br>wall. | Contact<br>derm          | Cause?<br>Hct 21%<br>e/o |
| 4/9/02  | P.P. lab  | next wk  | CP                       |                          |

(7B) 464-4391

DOB 10/8/24

Patient Name: Nelva Brumby N/A

| Date    | History          | Physical              | Impression   | Treatment/Lab |
|---------|------------------|-----------------------|--------------|---------------|
| 5/2/01  | 4-5 wks          | WT 158 @ 97.5         |              |               |
|         | Chest congestion | P <sub>r</sub> 115/80 | Asth         | Softr #16     |
|         | now in head      | Wheezing              |              | Softr         |
|         | some cough       | E. Mucous             | providing    | Sungulan x4   |
|         |                  |                       |              |               |
|         |                  |                       |              |               |
| 5/3/01  | head / chest     | WT 158 @ 98.0         |              |               |
|         | conceded & cough | P <sub>r</sub> 120/80 | Allergic     | Prednisone 10 |
|         | sinus HA's od    | Rales bases           | rhinitis     | Branix x      |
|         | Ⓟ side           | L > R                 |              | 50            |
|         |                  | no wheeze             |              |               |
|         |                  | R/W                   |              |               |
|         |                  |                       |              |               |
| 7/10/01 | Ck lump          | WT 160 @ 98.8         |              |               |
|         | Cyst under       | P <sub>r</sub> 124/84 | Cause?       | Watch         |
|         | Ⓟ arm            | Some induration       | soft tissue  | Change        |
|         |                  | & tenderness in       | inflammation | - clodrant    |
|         |                  | soft tissue           |              |               |
|         | 2) Some residual |                       |              |               |
|         | in allergy       |                       |              |               |
|         | & cough          |                       |              |               |

DOB: 10/8/26

Patient Name: Nelson Bunnage

NKA

| Date   | History  | Physical  | Impression | Treatment/Lab                          |
|--------|--|---|------------|--|
| 4/6/01 | Gyn: pap   | wt 103 (3.9) 19<br>HT 69"<br>P28 130/72           |            | UAdp                                   |
|        | Abd pain ↓<br>edema<br>metamail !!<br>redness<br>Hof colonscopy<br>11/26 - neg   |   |            |  |
|        | ② Fingers nails<br>pitted, ridges  |   |            |  |
|        | Gen - ✓<br>He looks<br>on a off<br>uses reverse<br>Ca - ✓<br>EV ✓<br>No - ✓<br>Th - ✓<br>neck - ✓<br>Chest - ✓<br>Brest<br>CV. | good tons<br>✓<br>✓<br>✓<br>✓<br>✓<br>Thyroid not |            | Average 2.5<br>Hedmann<br>3/30 Meas Cr |
|        | Temp and<br>wheeze ✓   |   |            |  |

DOB: 10/8/26

Patient Name: Nelra Bunting

| Date     | History  | Physical  | Impression    | Treatment and Lab  |
|----------|--|---|---------------|--|
| 7/21/00  | Direnticuli<br>nausea, also<br>nasal drainage  | HT 165 & 98<br>BP 130/70                                    |               |  |
|          | Had had 2 flus<br>since Jan 02<br>seems to clear<br>& recur  | non trans<br>D max<br>↓ trans P max<br>Frankel's trans well | sinus         | 8mz Temp DS<br>Pzyl 250  |
|          |  | abd tender<br>fullness over UO                              | Direnticuli ↑ |  |
| 11/17/00 | flu shot   | LOT UO 14 BBS   |               |  |
| 2/27/01  | can't hear<br>Abdominal<br>Fid. Discuss<br>Migraine Meds<br>behind eye<br>Had GI w/ W. Japan.<br>pain clears after<br>bmi in Am but<br>increases<br>day progresses<br>until evening. | wt 165 154/90<br>97° P 64 &<br>#E                           |               | Cluster's Emerges<br>Migraine<br>abd pain<br>abd pain<br>abd<br>lotion |

3/30/01 P.P. lab next wk CP Saverage 2.5  
P6113

NAA

(7B) 464-4391

Sheet 1

DOB: 10/8/26

Patient Name: Nelsa Brunsing

| Date    | History   | Physical   | Impression             | Treatment and Lab                          |
|---------|---|--|------------------------|--|
| 1/3/00  | #10 shoulder  | wt 168 EB<br>BP. 120/70<br>Tender traps                      | Biceps tendinitis      | Ice<br>PT<br>ROM exercise                  |
| 2-17-00 | Chcek lump in axillary area   | wt. 170<br>BP. 155/89<br>Tender/par node on R                | Axillary lymphadenitis | no rx                                      |
| 4/4/00  | R knee<br>"feels like dust"<br>- hx of bursitis -   | wt 169<br>BP 152/90<br>Synovial swelling around              | Synovitis              | <del>Ceftriaxone</del><br>Colistin<br>1/00 |
| 6/2/00  | Stomach cramps<br>Low back pain<br>Tired HA's<br>Low abd cramp & nausea - so no help c pepko.<br>Stools @ | wt 166 @ 97.9<br>BP. 120/70<br>Tender sigmoid<br>I'd discuss | Divertergals           | Ceftriaxone<br>500<br>Beats                |

Low back Discomfort  
some night headaches  
& feeling weak  
Dizzy esp c lying down

DOB: 10/8/26

Patient Name: Nelva Brunking

| Date    | History  | Physical   | Impression  | Treatment                            |
|---------|--|--|---|--------------------------------------|
| 11/1/99 | Low abd, no UTI problems<br>CK sore spot on @ breast       | WT 170 @ 98.3<br>BP 115/70                                   |   | and Lab<br>UA dip                    |
|         | 1) Low abd pain for sev wks<br>comes & goes<br>no bowel ex | Tender supra pub<br>area with calm                           |   | UA neg<br>Stool Softener             |
|         | Malaise<br>Epigastric pain<br>#29<br>"Very hungry"         | Pelvic<br>mark-ups<br>Tender gyn pelvic<br>area              | for pelvic<br>tenderness<br>endometriosis?<br>infected? | Hct 25<br>Kovogun 500                |
|         | 2) Breast pain   |  |   | U/E                                  |
| 12/3/99 | (R) Shoulder pain also<br>(R) Knee problem                 | WT 177 1/2 @ 99.2<br>BP 120/70<br>Tender<br>ribs low<br>back | Tenderness<br>throughout                                | Precto<br>2/d, X5<br>1/d, X5<br>Head |

D/B

10/8/26

(713) 464-4391

N/A

NAME

Melva Brumby

TREATMENT AND LAB

HISTORY

PHYSICAL

IMPRESSION

| HISTORY   | PHYSICAL  | IMPRESSION   | TREATMENT AND LAB             |
|---|---|--|-------------------------------|
| <p>4/19 98 still coughing blood</p> <p>Coughed (hacked) up more blood</p> <p>Seemed to be from throat (pharynx)</p> <p>Had melena but w/h - Had feeling of obstruction</p> <p><del>fl</del> fl</p>  | <p>WT 166 @ 97.3</p> <p>BP 136/80</p> <p>Reg except</p> <p>pericardium</p> <p>pharynx</p> | <p>fluff pneumonia</p> <p>Hampton's</p>  |                               |
| <p>7/2 98 Gyn p/po</p> <p>1) Coughed up (spit up) blood yesterday otherwise ok</p> <p>2) nails brittle &amp; not growing</p> <p>3) unrelieved sether cheeks</p> <p>6 cu -</p> <p>Hx ✓</p> <p>2V ✓</p> <p>EA some ✓</p> <p>lyziness ✓</p> <p>No ✓</p> <p>h ✓</p> | <p>WT 166 @ 98.3</p> <p>HT 69"</p> <p>BP 120/70</p>                                       | <p>Hampton's</p> <p>fluff</p> <p>red fluff</p> <p>up &amp; up</p> <p>Hampton's</p> <p>lyziness</p> | <p>Hampton's</p> <p>fluff</p> |



D/B 10/8/26

Neva Bounsting

NK

NAME

HISTORY

PHYSICAL

IMPRESSION

TREATMENT AND LAB

|      |   |  |                                  |  |
|------|---|--|----------------------------------|--|
| 2/2  | <p>48 (1) 1/27<br/>         (1) Oliguria vaginal Psa 125.<br/>         int some bleeding<br/>         low back pain</p> <p>(2) low back pain<br/>         worse at flexion<br/>         (D) = osteoporosis</p> <p>(3) monthly headaches<br/>         over 10 yrs<br/>         usually lasts 2-3d</p>  | <p>WT 168 @ 97.2<br/>         Psa 125/70</p> <p>Ery labia<br/>         but not vaginal<br/>         sore discharge<br/>         no ery</p> | <p>Vaginitis</p> <p>Migraine</p> | <p>UA</p> <p>Diffusion<br/>         ↓<br/>         Prosal</p> <p>Joint/prog back<br/>         sensitivity</p> <p>Smiles<br/>         would<br/>         Amerge</p> |
| 11/9 | <p>98 Over the wk<br/>         coughing up<br/>         blood</p> <p>Cold in m ago<br/>         cough since -<br/>         On Saturday<br/>         coughed up bright<br/>         red blood<br/>         stopped after 3pm<br/>         sweat reduced<br/>         Feels wheezy</p> <p>Awakens i blood in<br/>         mouth x 2 (m ago<br/>         @ again low ago</p> | <p>WT 162 @ 97.4<br/>         Psa 122/70</p> <p>HEENT<br/>         prominent<br/>         veins on (D) post<br/>         faint pulles.</p> | <p>Hemoptysis</p>                | <p>Chest xray</p> <p>Levogy</p>  |

1/B 10/8/26

(70) (7B) 664-4391

WKA

NAME

Melna Pomeroy

HISTORY

PHYSICAL

IMPRESSION

TREATMENT AND PLAN

12/29

Gyn pap

wt 168 @ 979  
HT 5'10 1/2"  
Boo 124/70

Recall (-)  
UA dp

1) Back pain

2) nocturia 3-4x  
~~nocturia~~ drinks  
alot of fluid -

3) Awakenes at night  
because of hip pain

Nocturia cause?  
Try  
melatonin

Gen -

✓

He -

✓

Ea -

✓

EV ✓

✓

No void @ nosebleed

✓

TA -

✓

Neck ✓

✓

Chest - ✓

✓

CV - ✓

no m

Resp - ✓

✓

GI ✓

✓

GU ✓ see pi

marked ectopy  
of cervix utk

NM Pain hyposthenic atrophic admp  
Skin

✓

✓

(#) (713) 464-4391

1/18 10-8-26

NKA

NAME

Melva Brumby

TREATMENT AND LAB

HISTORY

PHYSICAL

IMPRESSION

|         |   |  |   |                     |
|---------|---|--|---|---------------------|
| 9/12 97 | Stomach ache,<br>for months off/on Pr. 140/<br>nausea - cramps<br>no diarrhea<br>or vomiting<br>On morning<br>↑ nausea on she<br>eats & goes through<br>day<br>feels like she<br>did a garden | WT 168 (99/119)<br>Pr. 140<br>120<br>Tender over<br>⑤ lower quad<br>abd. - Pr. 140<br>mod distension | Duodenitis<br>US<br>(garden)<br>US<br>Cystogram | Fluorid<br>8m2 Temp |
|---------|---|--|---|---------------------|

|         |          |  |  |  |
|---------|----------|--|--|--|
| 11/7 97 | flu shot |  |  |  |
|---------|----------|--|--|--|

|        |  |   |  |              |
|--------|--|---|--|--------------|
| 1/2 98 | fever dts<br>loady adeny cough<br>st sick for<br>5 days<br>On Thursday<br>& dyspnea<br>Reflex sv<br>& abd pain | wt 172 (P, 102.8)<br>Pr. 140<br>140<br>Wheezing (L base)<br>& dry rhr | Influenza<br>doubt<br>abundant<br>Duodenitis | Axman<br>875 |
|--------|--|---|--|--------------|

|         |   |  |                             |  |
|---------|---|--|-----------------------------|--|
| 2/24 98 | Low back pain<br>on (D) side<br>Pain (D) flank<br>for sev mos<br>comes & goes<br>esp on arising | wt 170 (P)<br>Pr. 135<br>174<br>Tender (D) base<br>rub area of<br>para sp nerves | Chronic<br>lumbar<br>Strain | Splenome<br>6/22<br>Skelton<br>460<br>P6119<br>Wine<br>Lip |
|---------|---|--|-----------------------------|--|

(4) - 464-4391

Vit  
pres - pres  
Orevil 0.625

10-8-26

Velva Brunstine

NKA

NAME

HISTORY

PHYSICAL

IMPRESSION

TREATMENT  
AND LAB

| -20 | HISTORY  | PHYSICAL                      | IMPRESSION             | TREATMENT AND LAB         |
|-----|--|-------------------------------|------------------------|---------------------------|
| 77  | eggs, pap.   | wt 169 (T) 98.0<br>Bp. 110/70 |                        | Va dx<br>Hemucel<br>(neg) |
|     | 1) Kneepain 2w<br>(cold) worse when<br>really cold | Some exposure P               |                        |                           |
|     | 2) finger nails brittle                            |                               |                        |                           |
|     | Can - ✓  | ✓                             |                        |                           |
|     | He - ✓ headaches periodic<br>each of each month    | ✓                             |                        |                           |
|     | EV - ✓   | ✓                             |                        |                           |
|     | No abd thro  | ✓                             | nodular                |                           |
|     | Neck - ✓   | ✓                             | breast                 |                           |
|     | Chest - ✓  | ✓                             | fibrocystic            | Mammogram                 |
|     | Borst - ✓  | no @ N3R                      | ds breast              |                           |
|     | CV - ✓   | ✓                             |                        |                           |
|     | Resp - ✓   | ✓                             |                        |                           |
|     | GI - ✓   | ✓                             | prominent<br>abd aorta | abd<br>ultra-             |
|     | Gyn - ✓  | marked ectopy<br>of cerv ad ✓ | (probably<br>torques)  | some                      |
|     | Nm - sleep   | ✓                             |                        |                           |
|     | Skin - ✓   | ✓                             |                        |                           |

11 10-8-26

(H) - 464-4571

UW  
Owens

NKA

NAME

Nebra Boushrip

Pres - pro

HISTORY

PHYSICAL

IMPRESSION

TREATMENT  
AND LAB

|          |  |  |  |  |
|----------|--|--|--|--|
| 1-4-96   | Nose bleeds<br>for two weeks   | WT 168 (T) 96.8<br>Pp. 130/90  | Epistaxis<br>from<br>allergic<br>rhinitis            | Vaccines<br>DS<br>Plants<br>Vite 100<br>Held over  |
| 0-2-96   | fever shot   |  | WYETH Fishshield®                                    | 4 968138   |
| 1-11-96  | (R) ankle-ck<br>tripped on stairs<br>Doesn't know<br>exact mechanism<br>of injury<br>1 wk ago<br>Pain in ankle<br>and mid foot | WT 169<br>Pp. 130/90<br>Exam very mild<br>ankle tenderness<br>and some<br>dorsal midfoot<br>tenderness<br>no marked<br>swelling or<br>ecchymoses | Ankle/foot<br>sprain                                 | Will x-r<br>as much<br>not fully<br>known<br>and<br>midfoot<br>pain<br>About 4600<br>bid |
| 11-25-96 | bump on back<br>(C) knee<br>N sharp pain in<br>knee & then she<br>noted swelling<br>when she walked                            | WT 169<br>Pp. 132/90<br>Swelling foot<br>for a knee - Colu<br>5018   | Synovial<br>swelling<br>(Lipid?)<br>(Synovial Cyst?) | DPO<br>x   |

(4) - 464-4391

On work  
price-proc

10-8-26

NKDA

NAME Nana Brunsting

|         | HISTORY  | PHYSICAL  | IMPRESSION          | TREATMENT AND LAB                                     |
|---------|--|---|---------------------|---|
| 6-24-96 | (R) hip pain for about month. more on leg to (L) elbow hurt Cant Coy on (R) Side - Hurts to walk may clear for a few hrs but then returns on Oruval. | WT 168<br>BP 130/75<br>Tender over Suprotroch & Ghutal area | Tender over (R) hip | Inflamm   |
| 7-2-96  | (D) med for "buritis" hasn't helped at all   |   |                     | PREW try II 3X daily - if no help, will try cortisone |
| 7-5-96  | (D) Double dose of Indomethacin hasn't helped  |   |                     | called in 6/medral signal                             |
| 9/11/96 | (D) had good day on 7/9 but now same as before   |   |                     | Cont steroids<br>Preel 5 (30)<br>98768035             |



D/B 10-8-26

H-464-4591 V

NAME Nelva Brunsting

provera  
premor.

UKDA

HISTORY

PHYSICAL

IMPRESSION

TREATMENT  
AND LAB

|      |    |  |  |                                |  |
|------|----|--|--|--------------------------------|--|
| 1-18 | 95 | 5 days of prob<br>tender nodes &<br>Soreness<br>on pressure<br>1/2 bed etc -   | WT. 176<br>B.P. 120/70<br>Very tender<br>625 medially<br>& around nipple                 | Fibrosyctic<br>as of<br>breast | Vit A<br>Vit E<br>mammis   |
| 2/17 | 95 | S.T. cough<br>cough pain<br>chest onset<br>now cough<br>cub 10.2   | WT 175 (97.1)<br>B.P. 120/<br>75<br>Crysha<br>E in nose<br>Wheezing & rales<br>(R) rales | Bronchitis                     | Provera<br>Provera   |
| 7/13 | 95 | rec cough<br>chest problem<br>① Ran tired feeling<br>in chest followed<br>by productive<br>cough & clear<br>phlegm. X mirrored<br>red after swimming<br>& golf.<br>② Hx of<br>cough & blood & T<br>weeks ago. I seen<br>@ that time by<br>pulmonologist who<br>wanted a lung bx -<br>but did not "passed<br>breathing test." | WT. 171<br>B.P. 125/<br>70<br>F & W<br>breast  | Asthmatic<br>bronchitis        | Provera<br>Provera<br>Euphor<br>50x<br>Provera<br>02804P<br>P6124/95 |



H 464-4371

1/10-8-26

NAME

Nelva Brunsting

Remain  
~~Extra~~

TREATMENT  
AND LAB

NKDA

HISTORY

PHYSICAL

IMPRESSION

UA Dip

12-2-94

Gyn, Pap

WT 174

1) Kneel Pain on (R)  
Hx menorrhagia approx  
for 2 m since trip has  
increased.

tender over  
ligament  
tendon

Pain is posterior -  
& feels stiff -  
no click or grating.

(2)

Gen ✓  
He ✓ cough  
Ea when off estrogen  
Ea ✓  
EV no ✓  
TH ✓

✓  
✓  
✓  
✓  
✓

Neck ✓

Chest ✓

CV ✓

120/80 norm  
B SR

Pop ✓

GI ✓

GU no abd when cerv -  
cycles estrogen only multimed  
so stopped previous mass of cervix  
seen by palpation

neoplasm  
US (top  
(289.3)

no note  
last yr  
by Dr. [unclear]  
of cerv ab

Arm ✓ sleep -

wt (w)

Stom ✓

✓

Beign

To Thoms  
ph papers

P6125

12-7-94

Orusid #20  
idandy

D/B 10-8-26

464 4391

NKA

NAME Nelva BEUNSTING

Estroce

|         | HISTORY   | PHYSICAL  | IMPRESSION   | TREATMENT AND LAB  |
|---------|---|---|--|--|
| 1/10/89 | <p>② hand<br/>           painful bruised<br/>           redness up arm<br/>           began 2-3 mo ago<br/>           feels constantly<br/>           throbbing sometimes<br/>           worse</p>  | <p>wt 167# BP 135/74<br/>           tender over (R)<br/>           hand over thenar<br/>           eminence</p> | <p>Muscular<br/>           inflammation</p>  | <p>Nalpan</p>  |
| 10-1-73 | <p>Needs script for<br/>           Estroce<br/>           off all rx for<br/>           3 mos. but ex<br/>           are still bad<br/>           on estrogenics<br/>           for 15 yrs<br/>           was cycling<br/>           monthly w/ b<br/>           bleeding for<br/>           several yrs.</p> | <p>WT 172</p>   | <p>Meprofen<br/>           (6272)</p>  | <p>Procto 625<br/> <del>Procto 625</del><br/>           on daily<br/>           Procto 10<br/>           #10</p> |
| 7-15-94 | <p>Ache starts in<br/>           neck going down<br/>           (R) to wrist - worse<br/>           after being still<br/>           for 1 month</p>  | <p>WT 171<br/>           110/70<br/>           Triceps weakness<br/>           ↓ Biceps reflex</p>              | <p>Cervical<br/>           nerve root<br/>           (C5-6)<br/>           (953.0)</p> | <p>Medrol<br/>           8mg po qd<br/>           X-ray Cervical<br/>           spine</p>                        |

D/B 10/8/26  
n/A

NAME

Nelva Brunsting / Estroze

HISTORY

PHYSICAL

IMPRESSION

TREATMENT AND LAB

|          |   |               |   |  |
|----------|---|---------------|---|--|
| 10/13/26 | (cont)  | HEENT<br>Amel | Migraine<br>vs<br>Trigeminal<br>neuralgia | Inderal 80<br>T. dulc. 80<br>@ onset<br>Furva 23 |
|          | fell 25 y ago.<br>may have been onset<br>pain @ first work<br>episode 10 last part<br>of month, now<br>comes & goes @ various<br>times. |               |   |  |

|          |  |  |  |                         |
|----------|--|--|--|-------------------------|
| 10/21/26 | chest conq -<br>feels like someone<br>beating on chest<br>coughed up blood<br>- tinged phlegm 3d<br>ago no fever | wt 166# 798°<br><br>Wheezing on R<br>0 rales |  | Amox<br>Theophyllin 500 |
|          | not on Inderal<br>tools @ onset for<br>had had cough for<br>+ m on & up.<br>had hemoptysis 3d<br>X chest         |  |  | CXR                     |

|          |   |   |   |                    |
|----------|---|---|---|--------------------|
| 10/30/26 | ear - closing<br>long time feels<br>like pressure<br>inside now e<br>occ'l ache | wt 167# BP 112/74 797°<br><br>Sl tenderness<br>Sl retraction<br>neg otherwise | OT RT<br>Eustachian<br>dysfunction<br>Allergic rhin | Seldane<br>Sudafed |
|----------|---|---|---|--------------------|

11/10/26

P6127

D/B 10-8-26

NCA

NAME Neva Brunsting

Estrace

TREATMENT AND LAB

HISTORY

PHYSICAL

IMPRESSION

|        |  |              |           |  |
|--------|--|--------------|-----------|--|
| 6/6/84 | Nagging cough - mostly when lies down - wheezes then coughs up phlegm began 2-3 mo ago. no Rx's - no fever | wt 159# T 97 | BP 154/82 |  |
|--------|--|--------------|-----------|--|

|         |   |         |   |                          |              |
|---------|---|---------|---|--------------------------|--------------|
| 3/22/85 | neck - (4) post - 2mo radiates to shoulder no injury comes & goes worse 1st thing in AM's & turn head | wt 163# | Tender C7 vert 1st rib & SC arch pulse ↓ & elevated | Thoracic Outlet Syndrome | Naproxen BID |
|---------|---|---------|---|--------------------------|--------------|

|  |   |                  |        |  |  |
|--|---|------------------|--------|--|--|
|  | (2) nails brittle etc on other thumb Rx | thymoid not palp | Cause? |  |  |
|--|---|------------------|--------|--|--|

|         |  |         |                          |                                |                      |
|---------|--|---------|--------------------------|--------------------------------|----------------------|
| 1/30/85 | relk neck - great while on Nap - finished 2 wks ago running to | wt 162# | ↓ SD trays ↓ DTR/R trays | Thoracic outlet Cerv S1-2 CNRC | Restart nap Exercise |
|---------|--|---------|--------------------------|--------------------------------|----------------------|

|         |   |         |  |  |                         |
|---------|---|---------|--|--|-------------------------|
| 2/20/85 | relk neck shld pain el Rad to hand Cervical spine | wt 162# | Tender over Cerv spine & para sp muscles NTR ↓ ↓ hiccups Strength seems better |  | Overhead traction 26 lb |
|---------|---|---------|--|--|-------------------------|

|          |  |         |                  |  |  |
|----------|--|---------|------------------|--|--|
| 01/13/86 | h/a - dizziness began 3 d ago - constant (R) hand side head - has had before 1x month bc. 1-2 days - worse this time. 4pm behind (R) eye, then teeth jaw, ear & neck | wt 167# | BP 160/78 T 98.2 |  |  |
|----------|--|---------|------------------|--|--|

P6128

Handwritten notes and signatures at the bottom right of the page, including a date '1/13/86' and some illegible scribbles.

D/B 0826

UKA

NAME

Nelva Brunetino

HISTORY

PHYSICAL

IMPRESSION

TREATMENT AND LAB

|         |   |   |               |            |
|---------|---|---|---------------|------------|
| 9/20/81 | ✓ R shoulder fell<br>9 landed on -<br>5 days - also in<br>(2) side neck | wt 158# BP 136/90<br><br>Tender over ac<br>joint. | AC separation | Motrin 600 |
|---------|---|---|---------------|------------|

|         |  |  |                           |               |
|---------|--|--|---------------------------|---------------|
| 6/10/83 | Chest Cong Cough -<br>hurts to cough<br>prod - phlegm<br>head congestion - sinus<br>h/a - began 8<br><del>days ago</del><br><del>days</del> 8 days ago<br>no fever | wt 159# T 98° BP 130/80<br><br>Chest clear | Bronchitis<br>Sinusitis?? | Amox<br>Ester |
|---------|--|--|---------------------------|---------------|

|  |   |                        |          |                           |
|--|---|------------------------|----------|---------------------------|
|  | Neckache around Ray<br>down neck & R shoulder<br>area | Sinusitis<br>HEENT WNL | Cluster? | Motrin<br>Tyndex<br>Ester |
|--|---|------------------------|----------|---------------------------|

|         |   |   |                         |                 |
|---------|---|---|-------------------------|-----------------|
| 6/14/83 | neck - still coughing<br>finished Rx feels like<br>"someone sitting<br>on chest" tired -<br><br>Wheezing tickle<br>hurts to breath<br>deep in upper abd<br>& R -<br>no fever. | T 98°<br><br>Tender over<br>R chest 1.5 inch<br>level | Bronchitis<br>Corticoid | Tet 600<br>heat |
|---------|---|---|-------------------------|-----------------|

|        |  |  |                         |   |
|--------|--|--|-------------------------|---|
| 4/5/84 | ① ✓ ankle - swollen<br>painful. no injury<br>began 3-4 wks ago<br>② ✓ pain R chest<br>sudden onset during<br>night - sharp still sore. | wt 159# BP 126/78<br><br>Tender post fib<br>tendon | Tendonitis<br>Corticoid | Motrin 600<br>P8129<br>Tet 600<br>to food |
|--------|--|--|-------------------------|---|

NKA

NAME

Mrs E K Brunsting

HISTORY

PHYSICAL

IMPRESSION

TREATMENT AND LAB

|          |                             |  |                    |                     |
|----------|-----------------------------|--|--------------------|---------------------|
| 12-20-78 | Soreness under Right Breast | T 98.2<br>Tender chest just 5" under sternum<br>Even vent at top | Chronic bronchitis | Bust a lba<br>Heart |
|----------|-----------------------------|--|--------------------|---------------------|

|         |   |   |  |  |
|---------|---|---|--|--|
| 10-8-79 | ✓ (B) lower chest thought might have cracked rib doesn't hurt now<br>headache - passed out during night | T |  |  |
|---------|---|---|--|--|

|  |  |                          |                    |   |
|--|--|--------------------------|--------------------|---|
|  | (1) Much deeper talon (R) sternum, could not stand yesterday. now not tender | tender 40 cent. medially | Costo chond injury | D |
|--|--|--------------------------|--------------------|---|

|  |   |                                    |                 |                   |
|--|---|------------------------------------|-----------------|-------------------|
|  | (2) (B) (L) this wk. now dizzy & feels full in ears | neg HEENT<br>chest clear<br>100/60 | WRS<br>o/colony | Antibiotic<br>Ery |
|--|---|------------------------------------|-----------------|-------------------|

|        |   |  |  |                |
|--------|---|--|--|----------------|
| 2 (12) | (R) lower chest flared up - chills fever coughing | wt 153# T 98.6<br>HEENT.<br>Rales (R) base minimal |  | Erythro<br>PVC |
|--------|---|--|--|----------------|

|        |  |   |  |                        |
|--------|--|---|--|------------------------|
| 2.9.80 | has had cough since last winter - coughed up blood yesterday<br>Low grade cough prod clear sput. - 2 by 1d<br>no fever or night sweats<br>no sput - bright bld -<br>postnasal cough 100 mg doxyc | wt 158# T 98 BP 116/74<br>HEENT<br>OR<br>In RSL base (probably but) not dull to percuss.<br>sl 79w<br>/ | chronic bronch<br>as small segments<br>bronchiectasis<br>VS allergic cough syn | Tet 500 qd<br>Tusornad |
|--------|--|---|--|------------------------|

P6130

X Chest PA & lat

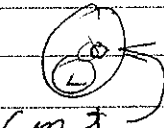

NAME Mrs E. H. Brunsting (Melua)

HISTORY

PHYSICAL

IMPRESSION

TREATMENT AND LA

|         |   |  |                                    |                           |
|---------|---|--|------------------------------------|---------------------------|
| 6-28-74 | Ch. Breasts   | small cyst 198°<br>no discharge  |                                    | aspirated<br>fluid to lab |
| 7-18-74 | Pain jaw  |  |                                    |                           |
| 1-21-74 | Stitches out  |  |                                    |                           |
| 1-20-75 | Gyn check & Pap<br>no complaints<br>RBS Gen                             | Ht 69 1/2 Wt 154   | ✓                                  |                           |
|         | SENT ✓<br>@ V ✓   |  | ✓                                  |                           |
|         | Ref ✓<br>Bust - over base,<br>recurs                                    |  | ✓                                  |                           |
|         | Hbd on const  | <br>cyst<br>Aspirated | Cystic ds                          | Aspirated                 |
|         | Gyn S and period<br>of 6 m.   | Cervix 2 cm<br>over upper lip.   | mild cervicitis<br>early menopause |                           |
|         |   | <br>cyst<br>over lip  |                                    |                           |
|         | Ext - pain legs   | varicosis  |                                    |                           |
| 1-8-76  | Vag. pr -<br>itching mildly<br>no discharge<br>Monostat didn't<br>help. | S ery 204  | NSU                                | all clear                 |

NAME

Mrs E. H. Bransting (Melua)

Age: 49

HISTORY

PHYSICAL

IMPRESSION

TREATMENT AND LAB

|         |   |   |  |   |
|---------|---|---|--|---|
| 11-76   | Spine Ch. & Pap<br>see Eym by<br>Gen - ✓<br>H&ENT ✓<br>CR palp. on<br>"off. irregular"<br>Bist - Had cont<br>that "mole" injury<br>GI neg Bnis<br>recently & S discapt.<br>urin Cytelis. neg<br>Eym -<br>Bleeding intermittently<br>for 2 yrs bleed a 3 times<br>spotted this last Mo<br>after rel.<br>NM - ✓ | Ht 70 1/4 Wt 156<br>✓<br>LW<br>✓  |  |   |
| 1-16-76 | Ch. D Knee<br>Joint pain & stiffness<br>esp after sitting<br>Swelled a 8 mo ago<br>but no injury seen   | Effusion<br>Medial joint tenderness<br>no instability                     |  | motion  |
| X       | <del>Ch. D Knee</del>   |   |  |   |
| 2-7-76  | Ch. D Knee<br>pain localized<br>to med joint  | Tender med<br>joint   |  | Quad exercise<br>Butalva<br>He 1/2 5 for<br>Edunk |
| 2-13-77 | Left leg swollen  | Gry & swelling<br>below & post to<br>pat malleolus<br>over per bre tendon |  | P6132<br>Tenonpout<br>Butalva                     |